

# Obstetric Hospitalists Could Ease Work Burden

BY MICHELE G. SULLIVAN

FROM OBSTETRICS & GYNECOLOGY

An ob.gyn. hospitalist can help solve the problems of scheduling and liability that threaten to undermine the specialty in many areas of the United States, according to the American College of Obstetricians and Gynecologists.

The specialist—also known as a “laborist”—can provide dedicated in-hospital care for women whose ob.gyn. can't be there because they begin labor during busy office hours, a scheduled surgery, or on their doctor's much-needed day off. Laborists also can take on the responsibilities of on-call obligations, which for a busy, general ob.gyn. practice often extend beyond 24 hours, said the ACOG committee on patient safety and quality improvement, which wrote committee opinion #459 (Obstet. Gynecol. 2010;116:237-9).

Because a laborist is able to absorb these extra hours of work, they “afford office-based physicians greater autonomy over their personal and family lives,” and, even more important, have the potential to improve patient safety, according to Dr. Louis Weinstein, an expert on the concept who was not involved writing this committee opinion.

Dr. Weinstein, professor and chairman of obstetrics and gynecology at the Thomas Jefferson University, Philadelphia, first developed the idea of a hospital-based obstetrician in 2003. Patient safety was one of his primary goals in developing the concept. Ob.gyns. work notoriously long hours and must be prepared to respond on a dime to the unpredictable demands of labor, regardless of how many hours they have just put in.

“Data show that when you work more than 18 hours, you are potentially an impaired physician,” Dr. Weinstein said in an interview. Some studies have even likened working under a cloud of sleep deprivation to working drunk, he said. “Studies have shown it can be the equivalent of having a blood alcohol level of 0.08%, which is the limit for drunk driving. You may be thinking a little slower, reacting a little slower, and making decisions that are not in the best interest of the patient” (Nature 1997;388:235).

The ACOG committee opinion not only addresses the laborist's potential benefit to office-based ob.gyns. but also suggests that it may be a good career option for new doctors. “For the [laborist], practicing solely in the hospital relieves the pressures of a private practice, such as overhead and collections, and may help with liability premiums. Among the possible benefits may be more predictable schedules, competitive compensation, paid benefits, and guaranteed time off.”

Dr. Weinstein agreed, saying that weekend and night work is particularly appeal-

ing to younger doctors. “Most Generation X physicians are in dual-career couples, and working this kind of predictable schedule allows one partner to always be available for child care. Older physicians like to take the day hours because they know they are going to be going home at a certain time at the end of the day.”

Although the benefits to physicians are clear, ACOG suggested that patients might not fully embrace the concept. “Laborists are challenged by the ongoing desire of patients to continue their doctor-patient relationship and share this very personal and special time of pregnancy with a clinician they know and have come to trust.”

But Dr Weinstein said focus group research shows that women want the best

possible care when they deliver, no matter who provides it. “This concept that patients won't accept it is flawed,” he said. “We asked women, ‘Do you want a physician who is rested and totally devoted to caring for you

or one who may have been working for the last 20 hours?’ They want the person who is able to do the best job for them.”

The paper also addresses the issue of reimbursement. “Private clinicians are concerned about whether labor management or delivery of their patients' babies by a laborist will affect income. ... The economics of this equation—including delivery, consultation, and assistant fees—will require further evaluation.”

Dr. Weinstein, who frequently helps hospitals design laborist programs, said states have different laws about billing separately for delivery and prenatal care. But he suggested that a decrease in liability fees may offset any potential decrease in delivery income.

He agreed with ACOG that communication between the primary care physician and the laborist is crucial. In fact, he said, every case should begin with a phone call from the laborist to the patient's ob.gyn. “The laborist calls the doctor and describes what's going on with the patient, and always gives the doctor the option to come in and take care of her. If the physician can't come in, for whatever reason, then the laborist takes over. But laborists are never meant to do more than 50% of the deliveries.”

The laborist concept might go a long way toward ameliorating the legal, employment, and family-related stresses that are, in some areas of the country, threatening the supply of obstetricians.

Dr. Weinstein put it more bluntly. “This is the salvation of this profession and the biggest thing we can do to improve patient safety.”

**Disclosures:** Dr. Weinstein said he had no conflicts of interest related to this topic. Dr. Patrice M. Weiss, chair of the ACOG committee, had no conflicts of interest related to this topic according to ACOG.



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## VITAL SIGNS

### Who's to Blame for the Health Care System's Problems?

■ A lot of responsibility    □ Some    □ Only a little    □ No responsibility

Entity	A lot of responsibility	Some	Only a little	No responsibility
Insurance companies	56%	27%	12%	3%
Pharmaceutical companies	54%	26%	13%	5%
Federal government	52%	30%	10%	6%
Hospitals	36%	42%	16%	4%
Physicians	30%	42%	19%	7%
Patients themselves	27%	38%	24%	11%
Employers	20%	35%	31%	11%

Notes: Based on a survey of 1,278 adults conducted Aug. 27–Sept. 13, 2009. “Don't know/Refused” responses not shown.

Sources: National Public Radio, Kaiser Family Foundation, Harvard School of Public Health