

The Role of the Family Physician in Caring Maternal in Pregnancy

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Introduction:

A family physician is a general practitioner who sees people of all ages and diagnoses and treats a wide range of medical conditions. These patients are not carefully chosen, and the physician has a heavy burden of duty in caring for them (Starfield, B., et al., 2005).

The clinical practice of family medicine is focused on the needs and preferences of the patient, guided by scientific data, and oriented towards addressing health problems. It is observed that there are complex health policy concerns that seem to be difficult to solve. Family physicians also engage in research across various areas of primary care to enhance the methodology, clinical studies, health services, health systems, and education related to practice and policy (Starfield, B., 2011). Family physicians has the capacity to effortlessly engage in good communication with patients due to the long-standing trustworthy relationships they develop. Additionally, they establish connections with both families and social service workers to ensure the provision of efficient patient care (Levinson, W., et al., 2010).

A family physician is a highly educated and trained medical professional who specializes in the broad field of family practice. Family physicians have distinct attitudes, abilities, and knowledge that make them qualified to offer ongoing and comprehensive medical care, health maintenance, and preventive services to every family member, regardless of gender, age, or the nature of the issue, whether it be biological, behavioral, or social. These experts, due to their expertise and connections with the family, are the most competent individuals to act as advocates for each patient in all health-related problems, including the proper utilization of consultants, health services, and community resources (Taylor, R. B., 2013).

Pregnant women and their newborns need special attention throughout maternity care, which includes prenatal care, labor and delivery, and the immediate postpartum period. Preventative measures, prenatal education and support, and intervention are all part of maternity care. It is widely acknowledged that in order to ensure the well-being of both the mother and the newborn, among other pregnancy outcomes, it is preferable to minimize interventions that interfere with the woman's natural processes and autonomy (Enkin, M., et al., 2000).

For this reason, women who are not at high risk of difficulties during pregnancy should seek the treatment of primary care physicians, midwives, or family doctors, who are well-versed in the physiological aspects of giving birth. Doctors who specialize in obstetrics treat pregnant women who pose a risk to themselves or their unborn child due to their knowledge of the pathology of pregnancy and delivery. Specialist obstetricians assumed responsibility for both problematic and normal childbirths in most industrialized countries as the birthing site moved from the home to the hospital, with the exception of isolated rural locations (Wagner, M. et al., 2001).

rules for the care of pregnant women and the concerns of residents and students who are not interested in delivering them. He stated that training in pregnancy care should be voluntary, and that experiences should be emphasized for residents and programs that choose to "specialize" in this field. His argument is that we need to be responsive to the present trends in medical student interest in specialties that are more "lifestyle friendly" and to the current issues that many programs are having in maintaining pregnancy care practices (Barr, W. B., 2005).

There are substantial and growing obstacles to maternity care that pregnant women and their families in rural areas of the US encounter. The last decade has seen the closure of one hundred rural hospitals. (Lewis, C., et al., 2019). The fact that many rural hospitals have stopped offering delivery services makes this loss of access even worse.

The reasons why delivery services are often discontinued include low birth volumes, poor Medicaid funding, difficulties in hiring and keeping professionals, and high liability insurance expenses. (Allen, E. H., et al., 2019). The problem of limited access goes beyond mere inconvenience. Decades of research demonstrate that a longer distance to care is linked to worse outcomes for mothers and infants, more interventions, a higher probability of an unanticipated delivery outside of a hospital, and premature delivery.

The Concept of Family Medicine:

Family medicine, sometimes known as FM, is a subspecialty of medicine that focuses on providing comprehensive medical treatment to individuals and families of all ages. In addition, it provides comprehensive and continuing medical treatments that cover all elements of health, including a wide range of disorders and body parts. An awareness of the patient within the context of their family and community is the foundation of this approach, which places an emphasis on the prevention of diseases and the promotion of good health. (Taylor, R. B., 2014).

Among the various subfields that make up the medical sciences, family medicine is a distinct area of study and specialty. Family medicine began as a countercultural movement in response to the rising division of medical care into specialized and subspecialized disciplines in many wealthy countries after World War II. This division of medical care occurred in response to the aftermath of the war. The notion was developed as a response to the growing need among individuals for medical treatment that is individualized, ongoing, and comprehensive. (Alrefaie, K. F., 2021).

Definitions:

Definition of Family Medicine Speciality:

Academically, family medicine is at the forefront of and supportive to the family practice specialty. It challenges convention, increases understanding, organizes curiosity, and systematizes observation. As a specialty, family medicine is shaped by the role of family physicians (Taylor, R. B., 2003).

Definition of Family Practice:

As the field of family medicine develops and changes, the doctors who work in it are educated and supported by family practice. It is the goal of family practitioners to put their patients first while also focusing on their families and solving their problems. It is in the same global movement as general practice and has the same historical roots (Phillips, R. L., et al., 2014).

European Definition of Family Doctors:

Family doctors and general practitioners are medical experts who have studied the field's foundational principles. Everyone, regardless of age, sex, or condition, may rely on these personal doctors to provide them with thorough and ongoing care. Respecting the independence of their patients at all times, they provide care within the framework of the patient's family, community, and culture. They are also cognizant of the fact that they will have a civic duty as members of their profession (Europe, W. O. N. C. A., 2002).

History of Family Medicine Specialty:

In the past, medical practitioners received a more comprehensive education. On the other hand, the past half-century has witnessed extraordinary scientific and technological advancements, which have opened up promising new possibilities for the treatment of medical conditions. The subspecialties that have emerged within the field of medicine have made it feasible for us to make recent advancements in our understanding of human diseases. In contrast to the remarkable advancements made by hospital-based subspecialists who specialized in the treatment of specific organs, systems, disorders, or diseases, as well as the performance of specific operations or the utilization of sophisticated and expensive equipment, the generalist approach to medical practice has remained essentially unchanged. (Calman, N. S., et al., 2012).

In addition to being more learned and skilled than the typical practitioner of that era, there was a demand in the community for a physician who could function as a guide, guardian, philosopher, and friend to their patients before, during, and after their treatment. This needed to be accomplished in order to fulfill the needs of the community. The rise of subspecialists and the concentration of those subspecialists in hospitals led to the emergence of this demand. As a consequence of this, family medicine came into being as the methodical continuation of the traditional approaches to general medicine.

Family Medicine Education and Training:

Family medicine residency programs that are recognized by the American Academy of Family Physicians are required to include prenatal care as a component of their curriculum. In order to fulfill the precise requirements, the following list is provided: "residents must demonstrate competence in their ability to provide maternity care, including distinguishing abnormal and normal pregnancies, caring for common medical problems arising from pregnancy or coexisting with pregnancy, performing a spontaneous vaginal delivery, and demonstrating basic skills in managing obstetrical emergencies."

Advanced education in surgical maternity care and other forms of high-risk obstetric treatment may be available through some residency programs and fellowships in maternity care (Barr, W., 2021).

Maternity care is and will continue to be an essential and differentiating feature of our industry. There is no other profession that provides women with comprehensive primary care on a consistent basis, and there is no other profession that provides care for the mother-child pair during the perinatal period. In order for our society and healthcare system to be serious about eliminating health outcomes inequities, particularly for women of color and those living in rural areas, we need to rise to the occasion and train the next generation of family physicians to be able to provide this treatment. (Barr, W., 2021).

Principles of family medicine:

Family physicians treat patients of all ages and both sexes in a variety of settings, including their offices, and provide a wide range of services, such as prevention, diagnosis, treatment of symptoms, and pain management. As a result, their approach to patient care differs from that of hospital-based medicine.

Foundational principles of family medicine as outlined by the College of Family Physicians of Canada (CFPC) to guide family medicine training, residency programs, and research. Here are the key principles:

1. Family doctors need to have strong clinical skills.
2. Communication
3. A family doctor can be an invaluable asset to a certain group of patients.
4. The doctor-patient dynamic

Conclusion:

Family medicine is a vital branch of medicine that focuses on the wellness of the whole family and the identification and treatment of illnesses and injuries affecting people of all ages. In most parts of Saudi Arabia, the number of family doctors practicing medicine has grown significantly. There is a dearth of basic healthcare and family medicine data and statistics since most KSA reviews have ignored these areas. In the current situation, family physicians are left to negotiate the health care system in an effort to offer acceptable perinatal care for pregnant patients who do not have health insurance. There are consequences for medical professionals, for patients, and finally for infants as a result of this predicament. In order to guarantee that all pregnant women in Canada have access to competent medical care during the perinatal period, leadership is essential.

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