

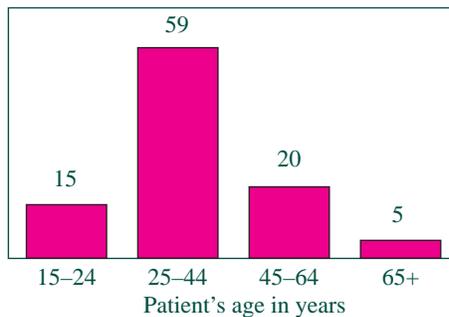


Factsheet

OBSTETRICS/GYNECOLOGY

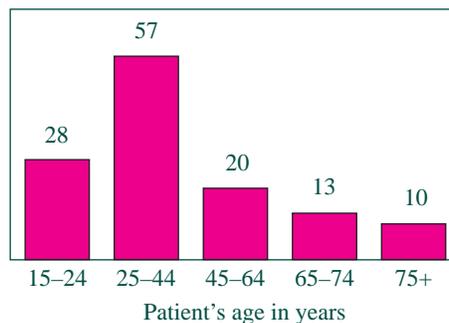
In 2009, there were an estimated 78 million visits to nonfederally employed, office-based physicians specializing in obstetrics and gynecology in the United States. More than half of the visits were made by women 25–44 years of age.

Percent distribution of office visits by females according to patient's age: 2009



NOTE: Females under 15 made <1 percent of visits and are not shown.

Annual office visit rates by patient's age: 2009



Number of visits per 100 females per year

Primary expected source of payment included:

- Private insurance — 76%
- Medicaid — 12%
- Medicare — 6%
- No insurance¹ — 3%

¹ No insurance is defined as having only self-pay, no charge, or charity visits as payment sources.

The major reason for visit was:

- Preventative care — 65%
- New problem — 17%
- Chronic problem, routine — 8%
- Pre- or post-surgery/injury follow-up — 7%
- Chronic problem, flare-up — 2%

The top 5 reasons given by patients for visiting OB/GYNs were:

- Routine prenatal examination
- Gynecological examination
- Progressive visit
- Complications of pregnancy and puerperium
- Postoperative visit

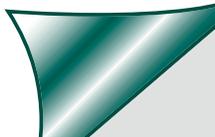
The top 4 diagnoses were:

- Normal pregnancy
- Gynecological examination
- Complications of pregnancy, childbirth, and puerperium
- Other reproduction problems

Medications were provided or prescribed at 62 percent of office visits. The top 5 generic substances utilized were:

- Ergocalciferol; Pyridoxine; Riboflavin; Thiamine; Vitamin A
- Multivitamin
- Levothyroxine
- Ethinyl estradiol with norgestimate
- Estradiol

For more information, contact the Ambulatory Care Statistics Branch at 301-458-4600 or visit our Web site at <www.cdc.gov/namcs>.



NAMCS data are widely used in research studies appearing in nationally recognized medical journals, such as *JAMA*, *Archives of Family Medicine*, and *American Journal of Obstetrics and Gynecology*. Here are just a few recent publications using NAMCS data:

Sung VW, Washington B, Raker CA. Costs of ambulatory care related to female pelvic floor disorders in the United States. *Am J Obstet Gynecol*. Mar 2010. [Epub ahead of print]

Burris HH, Werler MM. U.S. Provider Reported Folic Acid or Multivitamin Ordering for Non-Pregnant Women of Childbearing Age: NAMCS and NHAMCS, 2005–2006. *Matern Child Health J*. Mar 2010. [Epub ahead of print]

Sung VW, Raker CA, Myers DL, Clark MA. Ambulatory care related to female pelvic floor disorders in the United States, 1995–2006. *Am J Obstet Gynecol*. Aug 2009. [Epub ahead of print]

Coco AS, Cohen D, Horst MA, Gambler AS. Trends in prenatal care settings: association with medical liability. *BMC Public Health*. 9:257. Jul 2009.

Coco A. How often do physicians address other medical problems while providing prenatal care? *Ann Fam Med*. 7(2):134–8. Mar–Apr 2009.

Cohen D, Coco A. Declining trends in the provision of prenatal care visits by family physicians. *Ann Fam Med*. 7(2):128–33. Mar–Apr 2009.

Hing E, Brett KM. Changes in U.S. Prescribing Patterns of Menopausal Hormone Therapy, 2001–2003. *Obstetrics & Gynecology*. 108(1):33–40. Jul 2006.

Schwarz EB, Maselli J, Gonzales R. Contraceptive counseling of diabetic women of reproductive age. *Obstet Gynecol*. 107(5):1070–4. May 2006.

Wallace AE, MacKenzie TA, Weeks WB. Women's primary care providers and breast cancer screening: who's following the guidelines? *Am J Obstet Gynecol*. 194(3):744–8. Mar 2006.

Sutton MY, Sternberg M, Zaidi A, St Louis ME, Markowitz LE. Trends in pelvic inflammatory disease hospital discharges and ambulatory visits, United States, 1985–2001. *Sex Transm Dis*. 32(12):778–84. Dec 2005.

The complete list of publications using NAMCS data, which includes hundreds of articles and reports, is available on our Web site.