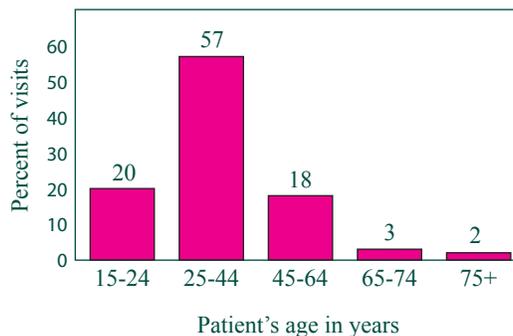


Factsheet

OBSTETRICS/GYNECOLOGY

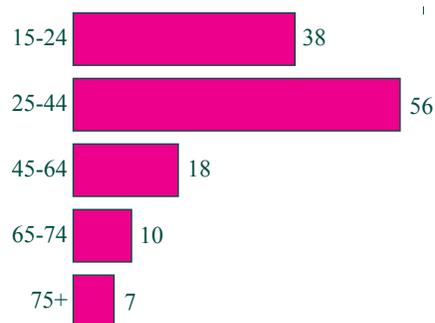
In 2010, there were an estimated 79 million visits to nonfederally employed, office-based physicians specializing in obstetrics and gynecology in the United States. More than half of the visits were made by women 25–44 years of age.

Percent distribution of office visits by females according to patient's age: 2010



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

Annual office visit rates by patient's age: 2010



Number of visits per 100 females per year

Expected source(s) of payment included:

- Private insurance — 68%
- Medicaid/CHIP — 18%
- Medicare — 6%
- No insurance¹ — 2%

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 — 71%
- New problem — 16%
- Pre- or post-surgery/injury follow-up — 6%
- Chronic problem, routine — 4%
- Chronic problem, flare-up — 3%

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

- Gynecological examination
- Routine prenatal examination
- Progress visit
- Complications of pregnancy and puerperium
- Postpartum examination

The top 4 diagnoses were:

- Normal pregnancy
- Gynecological examination
- High risk pregnancy
- Postpartum follow-up

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

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

For more information, contact the Ambulatory and Hospital 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, including *JAMA*, *American Journal of Obstetrics & Gynecology*, and *Obstetrics and Gynecology*. Here are a few recent publications using NAMCS data:

Kepka D, Berkowitz Z, Yabroff KR, Roland K, Saraiya M. Human papillomavirus vaccine practices in the USA: do primary care providers use sexual history and cervical cancer screening results to make HPV vaccine recommendations? *Sex Transm Infect.* 88(6):433-435. Oct 2012.

Siddique J, Lantos JD, Vanderweele TJ, Lauderdale DS. Screening tests during prenatal care: does practice follow the evidence? *Matern Child Health J.* 16(1):51-59. Jan 2012.

Lee JW, Berkowitz Z, Saraiya M. Low-risk human papillomavirus testing and other nonrecommended human papillomavirus testing practices among US health care providers. *Obstet Gynecol.* 118(1):4-13. Jul 2011.

Roland KB, Soman A, Benard VB, Saraiya M. Human papillomavirus and Papanicolaou tests screening interval recommendations in the United States. *Am J Obstet Gynecol.* 205(5):447.e1-8. Jun 2011.

Burris HH, Werler MM. US provider reported folic acid or multivitamin ordering for non-pregnant women of childbearing age: NAMCS and NHAMCS, 2005-2006. *Matern Child Health J.* 15(3):352-359. Apr 2011.

Cohen D, Coco A. Trends in the provision of preventive women's health services by family physicians. *Fam Med.* 43(3):166-171. Mar 2011.

Saraiya M, McCaig LF, Ekwueme DU. Ambulatory care visits for Pap tests, abnormal Pap test results, and cervical cancer procedures in the United States. *Am J Manag Care.* 16(6):e137-e144. Jun 2010.

Sung VW, Washington B, Raker CA. Costs of ambulatory care related to female pelvic floor disorders in the United States. *Am J Obstet Gynecol.* 202(5):483.e1-4. May 2010.

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.* 201(5):508.e1-6. Nov 2009.

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

A complete list of publications using NAMCS data, which includes articles and reports, can be found at our Web site: http://www.cdc.gov/nchs/ahcd/ahcd_products.htm