



## Are fewer nonpregnant women seeing ObGyns?

**Yes**, according to data from a national population health survey, and that includes women who saw only an ObGyn and those who saw an ObGyn plus a general physician in the previous year. Reasons for these trends are likely multifactorial and remain to be explored.

*Simon AE, Uddin SF. Trends in seeing an obstetrician-gynecologist compared with a general physician among US women, 2000-2015. Obstet Gynecol. 2017;130(4):677-683.*

### ► EXPERT COMMENTARY

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2015. Furthermore, the percentage of women who saw both an ObGyn and a general physician declined from a peak of 35% in 2003 to 30% in 2015.

### Study strengths and weaknesses

The data used in this study were from a

### FAST TRACK

The percentage of nonpregnant women who saw an ObGyn declined from 42% in 2011 to 38% in 2015

Health care services for women are fragmented due to multiple types of providers who offer a variety of care. Simon and Uddin's recent research analysis indicates that the percentage of nonpregnant women who visit a general ObGyn, whether alone or in combination with an internist, family physician, or general practitioner, has declined.

### Details of the study

The authors used data from the National Health Interview Survey of a representative sample of US women age 18 or older. They sought to identify whether the women saw or talked to a physician who either specialized in women's health (presumably an ObGyn) or treated a variety of illnesses during the previous 12 months.

While the percentage of women who saw a general physician remained essentially the same (70%-74%), it declined for seeing an ObGyn from 45% to 41% between 2003 and 2007, and from 42% to 38% between 2011 and

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### WHAT THIS EVIDENCE MEANS FOR PRACTICE

The decline in the percentage of women seeking care from ObGyns is likely related to the patient's age, reason for seeking care, and access to care. The US population of adult women, especially those who are beyond the reproductive years, is rising in relation to the number of physicians in general ObGyn practice. Providing a team-based collaborative model of care should allow for improved access and value. Defining the roles of what constitutes evidence-based care also will impact when a person needs to see a women's health care specialist. Geographic distribution of ObGyns in relation to the patient population will invariably impact on the percentage of women who seek care at the office of an ObGyn alone, in combination with another general physician, or not at all. Given the overlap in care provided at more than one physician's office, continued surveillance is needed to minimize redundant costs and optimize resource utilization. I look forward to what unfolds over the next 15 years.

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nationally representative, cross-sectional, multistage sample, population health survey conducted by the Centers for Disease Control and Prevention. The study period was sufficient to draw conclusions.

From my perspective, the study had 2 major limitations: 1) only physicians, not mid-level providers, were included in the analysis, and 2) no breakdown of the women's age groups was provided.

Many ObGyn offices employ nurse practitioners and midwives, and these providers' roles are increasingly important for

improving frontline access to care and different levels of care. Women aged 19 to 39 seek almost all their health care from ObGyns or family physicians, and significant sharing of care exists across these provider groups.<sup>1</sup> Women aged 45 to 64 are more likely to obtain care exclusively at the offices of family physicians or general internists than at those of ObGyns.<sup>2</sup> Most ObGyns are engaged to some degree with women aged 65 years or older, especially for preventive care, disease screening and early detection, and urogenital conditions.<sup>3</sup> 

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**References**

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