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Contributors

Workforce Studies and Planning Group of the American Congress of Obstetricians and Gynecologists

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University of New Mexico

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American Congress of Obstetricians and Gynecologists
Legal Affairs Department
The American Congress of Obstetricians and Gynecologists (ACOG) is committed to providing reliable and useful data to support policy making for women’s health care services in the United States. Effective decision making regarding access to health care services requires accurate information at regional, state, and local levels. As the population grows and the demand for women’s health care services expands, the supply of obstetrician–gynecologists is predicted to be insufficient in many locations.

In 2010, 33,316 ACOG Fellows and ACOG Junior Fellows in Practice were documented to practice in the United States, which represented 5% of the total of 661,400 physicians in active practice and yielded a national ratio of 2.62 obstetrician–gynecologists per 10,000 women. The mean number of obstetrician–gynecologists per 10,000 women (or “density” of obstetrician–gynecologists) decreased significantly in metropolitan, micropolitan, and rural counties. A total of 49% (1,550 of 3,143) of the U.S. counties lacked a single obstetrician–gynecologist, and nearly 10 million Americans lived in those predominately rural counties. These counties were present in most states but especially in the Midwest, South, and Mountain West.

In 2011, 2,639 hospitals reported having a maternity center. These centers were categorized into three levels based on provision of different levels of maternity care: 1) level I (uncomplicated obstetric and neonatal care), 2) level II (limited complicated obstetric and neonatal care), or 3) level III (full complicated obstetric and neonatal care). Drive times to the closest maternity centers varied considerably across the United States, with the longest drive times experienced in the Midwest.

The Obstetrician–Gynecologist Distribution Atlas is intended to provide ACOG Fellows, medical schools and residency training programs, health services researchers, health care policy makers, and the public with the most current data available to better understand the national distribution of the obstetrician–gynecologist workforce. The goal is to show the geographic distribution of active obstetrician–gynecologists relative to the population to help practitioners, policy makers, and patients identify places with sufficient or inadequate geographic access to obstetrician–gynecologists.

Please refer to Appendix A for a listing of definitions of terms used in this book. See Appendix B for a table of obstetrician–gynecologists per 10,000 women by state in 2010.
Interpreting the Maps

This collection of maps on national, district, and state scales provides a snapshot of two key areas in access to care: 1) where obstetrician–gynecologists are practicing relative to the population and 2) how long patients need to drive to a hospital with a maternity center. The five categories of shading in the obstetrician–gynecologist distribution maps reflect certain threshold levels of numbers of obstetrician–gynecologists in each geographic area: 1) none, 2) minimal, 3) acceptable, 4) desirable, and 5) maximal. These threshold levels were determined from previous studies, and definitions were approved by ACOG’s Workforce Studies and Planning Group. The driving-distance maps reflect what areas of the country are within 15-minute, 30-minute, and 60-minute drive times to a hospital with a level I, level II, or level III maternity center (see the Preface for the definition of the levels of maternity centers).

The distribution of maternity care centers and obstetrician–gynecologists described and illustrated in this document will likely change because of provider migration and shifts or growth in area populations. Places with greater resources and better living conditions attract health care practitioners with greater ease, whereas areas with fewer amenities and weaker economies may struggle to attract and retain obstetrician–gynecologists.

Data for this publication came from the ACOG membership database, which is continually updated. Only those obstetrician–gynecologists who are ACOG Fellows and ACOG Junior Fellows in Practice, which represent approximately 93–95% of all obstetrician–gynecologists in the United States, were included. Membership information was not intended for research purposes; therefore, data presented here cannot be guaranteed as being absolutely accurate. Data regarding the location of maternity centers were obtained from the American Hospital Association’s annual survey database.

For each state and district, two maps are provided: 1) illustration of the number of general obstetrician–gynecologists per 10,000 women and 2) representation of the drive time required to reach the closest maternity center. The number of women was gathered from the U.S. Census Bureau’s data for 2010 using the American FactFinder database. Maps in this collection were generated by ACOG’s Workforce Studies and Planning Group. Maps were created using ArcGIS software, Version 10, and map colors were derived through ArcGIS color palettes.
National and District Maps
Obstetrician–gynecologists per 10,000 women in the United States, 2010


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Driving times to hospitals with maternity centers in the United States, 2010.


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Obstetrician–gynecologists per 10,000 women in the American Congress of Obstetricians and Gynecologists’ District I, 2010


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Driving times to hospitals with maternity centers in the American Congress of Obstetricians and Gynecologists’ District I, 2010.


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Obstetrician–gynecologists per 10,000 women in the American Congress of Obstetricians and Gynecologists’ District II, 2010.


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Driving times to hospitals with maternity centers in the American Congress of Obstetricians and Gynecologists’ District II, 2010


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Obstetrician–gynecologists per 10,000 women in the American Congress of Obstetricians and Gynecologists’ District III, 2010


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Driving times to hospitals with maternity centers in the American Congress of Obstetricians and Gynecologists’ District III, 2010


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Obstetrician–gynecologists per 10,000 women in the American Congress of Obstetricians and Gynecologists’ District IV, 2010


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Driving times to hospitals with maternity centers in the American Congress of Obstetricians and Gynecologists’ District IV, 2010


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None
0.1–1.9
2–2.4
2.5–2.9
3 or more


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Driving times to hospitals with maternity centers in the American Congress of Obstetricians and Gynecologists’ District V, 2010


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Obstetrician–gynecologists per 10,000 women in the American Congress of Obstetricians and Gynecologists’ District VI, 2010


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Driving times to hospitals with maternity centers in the American Congress of Obstetricians and Gynecologists’ District VIII, 2010


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Obstetrician–gynecologists per 10,000 women in the American Congress of Obstetricians and Gynecologists’ District IX, 2010


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Obstetrician–gynecologists per 10,000 women in Idaho, 2010


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Obstetrician–gynecologists per 10,000 women in Pennsylvania, 2010


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Driving times to hospitals with maternity centers in Vermont, 2010


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Obstetrician–gynecologists per 10,000 women in Wyoming, 2010


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Driving times to hospitals with maternity centers in Wyoming, 2010


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Appendix A

Definitions*

Active physicians: Physicians who report working in administration, direct patient health care, medical research, or other nonpatient health care activities. Physicians whose major professional activity is unclassified also are considered active. Excluded are physicians in training (residents and fellows) and those who are retired, semi-retired, temporarily not in practice, or not active for other reasons.

Active patient care physicians: This group is a subset of active physicians. It comprises only those physicians whose self-reported type of practice is direct patient health care.

Fellows†: Physicians whose professional activities are devoted to the practice of obstetrics, gynecology, or both. Practicing board-certified obstetrician–gynecologists in the geographic confines of the American Congress of Obstetricians and Gynecologists may apply for membership under this category.

Junior Fellows†: Residents in obstetrics and gynecology in an approved program (by the American Council of Graduate Medical Education) in the United States or Canada, recent graduates of an approved program who are not yet board certified (board candidates), or residents in obstetrics and gynecology in Mexico, Central America, Argentina, Dominican Republic, Chile, or the West Indies.

Metropolitan‡: A statistical area containing at least one urban area of 50,000 or more inhabitants.

Micropolitan‡: A statistical area with at least one urban area with a population between 10,000 inhabitants and 50,000 inhabitants.

Reproductive age§: Age of a woman between 16 years and 44 years based on fertility rates.

Rural¶: A statistical area with a population less than 10,000 inhabitants.

Woman§: A female person aged 15 years and older.


§An arbitrarily chosen age range that corresponds with ages reported by the U.S Census Bureau.

¶An arbitrary definition derived from the definitions of “metropolitan” and “micropolitan” and designed to account for the remaining statistical areas (ie, areas with less than 10,000 inhabitants).
### Appendix B

**Obstetrician–Gynecologists per 10,000 Women by State, 2010**

<table>
<thead>
<tr>
<th>State</th>
<th>Total ACOG Fellows and ACOG Junior Fellows in Practice*</th>
<th>Total Women†</th>
<th>Number of Fellows per 10,000 Women</th>
</tr>
</thead>
<tbody>
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<td>460</td>
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(continued)
<table>
<thead>
<tr>
<th>State</th>
<th>Total ACOG Fellows and ACOG Junior Fellows in Practice*</th>
<th>Total Women†</th>
<th>Number of Fellows per 10,000 Women</th>
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</thead>
<tbody>
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Bibliography


