Maternal Health Workforce

(Adopted 2023)

Executive Summary of Policy Contained in this Paper

Summaries will lack rationale and background information and may lose the nuance of policy. You are highly encouraged to read the entire paper.

- APAOG supports increased utilization of PAs to respond to maternal health workforce shortages
- APAOG supports PAs providing primary care, gynecologic-obstetric care, and surgical care for persons throughout their lifespan
- APAOG acknowledges the unique expertise of PAs that provide medical care to a high-risk maternal population
- APAOG agrees with optimal team practice guidelines providing team-based care
- APAOG advocates for health policies at federal, state, and local levels that ensure PAs are included in maternal health initiatives
- APAOG seeks to educate policymakers, healthcare systems and hospitals, employers, and insurers that PAs strengthen the maternal health workforce and respond to the maternal morbidity/mortality crisis

Background

In 2021, the NCCPA reported 1,322 (1.2%) PAs practicing in ob-gyn/women's health.[1] This census has increased significantly since 2015. The majority (98.0%) are female, and about half are less than 39 years old (the average age is 38). Office-based practice is the predominant employment setting (54.7%), followed by hospitals (33.9%). The median number of patients seen per week by PAs in ob-gyn is 79.[2.] The majority are of the white race (80%), and 4.6% are of the black race. Latinx make up 8.4% of ob-gyn PAs.

In 2021, the Bureau of Labor Statistics reported 7,750 Certified Nurse-Midwives (CNMs) (down from 11,000 in 2010)[2], and 102 Certified Midwives (CMs) were employed. Less is known about lay midwives. Women's health nurse practitioners (WHNPs), according to a 2018 report in Women's Healthcare, totaled 11,319.[3] The American College of Obstetrics and Gynecology (ACOG) identified a shortage of 9,000 OBGyn physicians and surgeons in 2020 and a projected deficiency of 22,000 by 2050 (Doximity, 2019).[4]

National projections for 2030 include a deficit of 3,360 fewer FTE OB-GYNs in the workforce. Demand for OB-GYNs is expected to increase by 1,810 FTEs between 2018 and 2030, and the supply and demand will result in an overall deficit of 5,170 FTEs nationwide by 2030. Projections for PAs is an increase of 830 FTEs reaching 2,310 by 2030.[5] Additionally, the representation of PAs, NPs, and CNMs was higher in non-metropolitan areas in 2018. With the low anticipated growth of OB-GYNs, the projected growth of women's health clinicians is projected to increase markedly. However, restrictive state laws and hospital policies can hinder a robust response from PAs if we are tied to physicians who will continue to decline.[6] Several anecdotal reports show that the loss of a supervising physician requires the dissolution of a PAs practice leaving thousands of patients without care.

In 2016, ACOG released a report on team-based care in the practice setting in collaboration with the AAPA.[7] The report underscores that all health professionals should be able to function to the full extent of their education, certification, and experience as part of a team-based model of care to meet the needs of the patients.

Conclusion

The role of physician assistant/associate (PA) in the broad spectrum of women's health is growing at a time of shortages in obstetricians and gynecologists (OB-Gyn). PA utilization to meet these shortages in providers of OB-Gyn has not been examined to date, but research is underway. PAs can fill the need in areas of shortage, particularly for underserved individuals needing improved health equity. APAOG supports increased utilization of PAs in maternal health to respond to the maternal health workforce crisis. In addition, the U.S. maternal mortality rate is worsening each year, and PAs are well-suited to provide expert medical and surgical care to this special population. Furthermore, APAOG encourages all PAs to advocate for women's health policies.

References

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