3.5. Gynaecologists and obstetricians, and midwives

Gynaecologists are concerned with the functions and diseases specific to women, especially those affecting the reproductive system, while obstetricians specialise in pregnancy and childbirth. A doctor will often specialise in both these areas, and the data reported in this section does not distinguish between the two. Midwives provide care and advice to women during pregnancy, labour and childbirth and the post-natal period. They deliver babies working independently or in collaboration with doctors and nurses.

In countries with a medicalised approach to pregnancy, obstetricians provide the majority of care. Where a less medicalised approach exists, trained midwives are the lead professional, often working in collaboration with other health professionals such as general practitioners, although obstetricians may be called upon if complications arise. Regardless of the different mix of providers across countries, the progress achieved over the past few decades in the provision of pre-natal advice and pregnancy surveillance, together with progress in obstetrics to deal with complicated births, has resulted in major reductions in perinatal mortality in all OECD countries.

In 2009, the number of gynaecologists and obstetricians per 100 000 women was the highest in the Czech Republic, Greece, Italy and the Slovak Republic (Figure 3.5.1). These are all countries where obstetricians are given a primary role in providing pre-natal and childbirth care. It was the lowest in Ireland, New Zealand, Canada and Japan.

Since 2000, the number of gynaecologists and obstetricians per 100 000 women has increased in most countries, with an average growth rate of 1.5% per year during that period. The number of gynaecologists and obstetricians has remained relatively stable in Estonia and France, while it declined significantly in Japan and Poland (Figure 3.5.1).

The number of midwives per 100 000 women was highest in Australia, Iceland and Sweden in 2009 (Figure 3.5.2). Iceland and Sweden have traditionally had a large number of midwives assuming primary responsibility for pre-natal care and normal delivery (Johanson, 2002). On the other hand, the number of midwives per capita is the lowest in Canada, Korea and Slovenia. While the number of midwives per women has increased in Canada and Slovenia over the past decade, it has fallen in Korea. This decline has coincided with a continued reduction in fertility rates in Korea. In Estonia and Hungary, the number of midwives per capita also decreased between 2000 and 2009. In Hungary, most of the reduction occurred between 2006 and 2007, as the number of beds in maternity wards was cut by more than one-third in the context of a health reform.

In the Netherlands, the number of midwives has been growing faster than the number of gynaecologists and obstetricians over the past decade and the number of births in hospitals attended by midwives rose from 8% in 1998 to 26% in 2007 (Wiegers and Hukkelhoven, 2010).

The relative mix of providers has both direct and indirect implications for the costs of pre-natal and natal services. Services involving midwives are likely to be cheaper. This reflects in part the lower training time and hence a lower compensating pay for midwives in comparison to gynaecologists and obstetricians. Additionally, obstetricians may be inclined to provide more medicalised services. A study of nine European countries found that the cost of delivery is lower in those countries and hospitals that employ more midwives and nurses than obstetricians (Bellanger and Or, 2008).

There is little evidence that systems that rely more on midwives are less effective. A review of a number of studies finds that midwife-led models of care resulted in fewer complications (Hatem *et al.*, 2008). Another review found that midwives are equally effective in providing pre-natal care and advice in the case of normal pregnancies (Di Mario *et al.*, 2005), although support from obstetricians is required for complications.

Definition and comparability

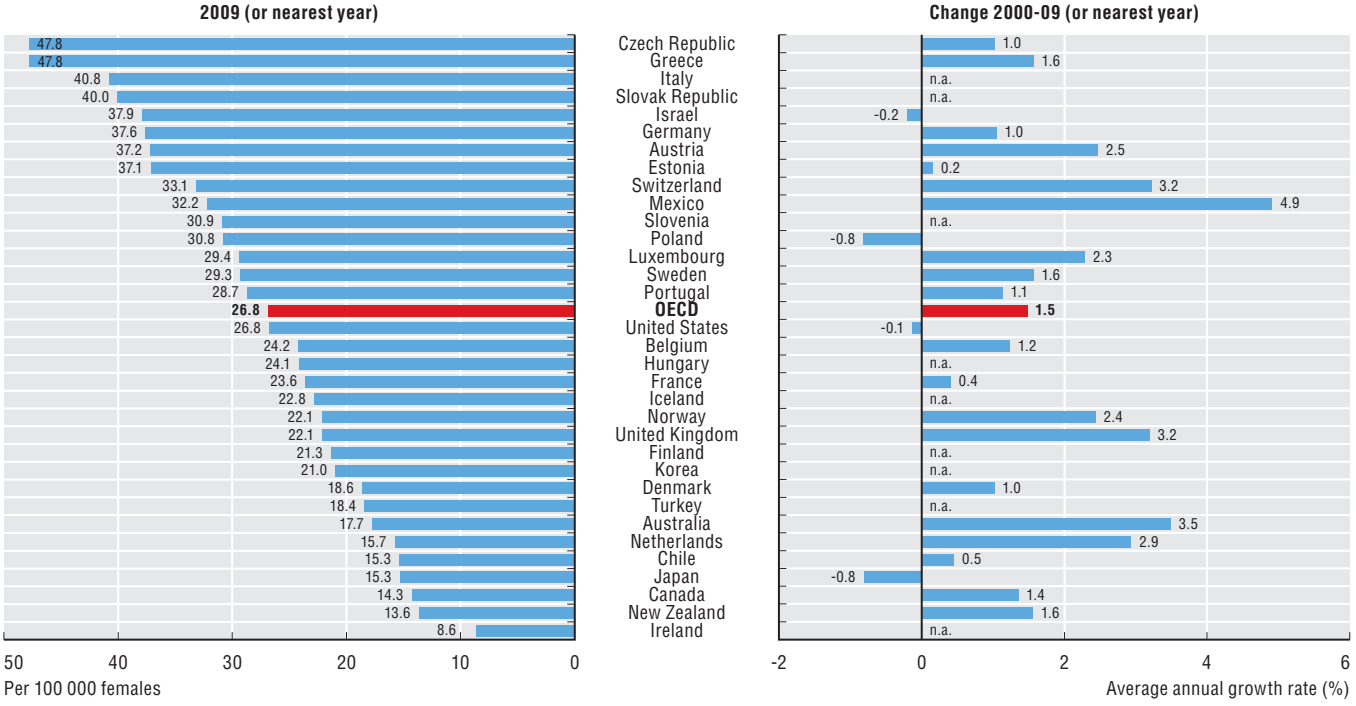
The number of gynaecologists and obstetricians combines these two specialities.

The figures for gynaecologists and obstetricians, and for midwives, are presented as head counts, not taking into account full-time or part-time status.

The number of midwives in Canada may be understated, as they may undercount the number of personnel actively practicing midwifery in provinces/territories where there is no regulation requiring licensure as a condition of practice. In Austria, the number of midwives only includes those employed in hospital, resulting in an under-estimation of 40 to 50%.

Information on data for Israel: *http://dx.doi.org/10.1787/888932315602*.

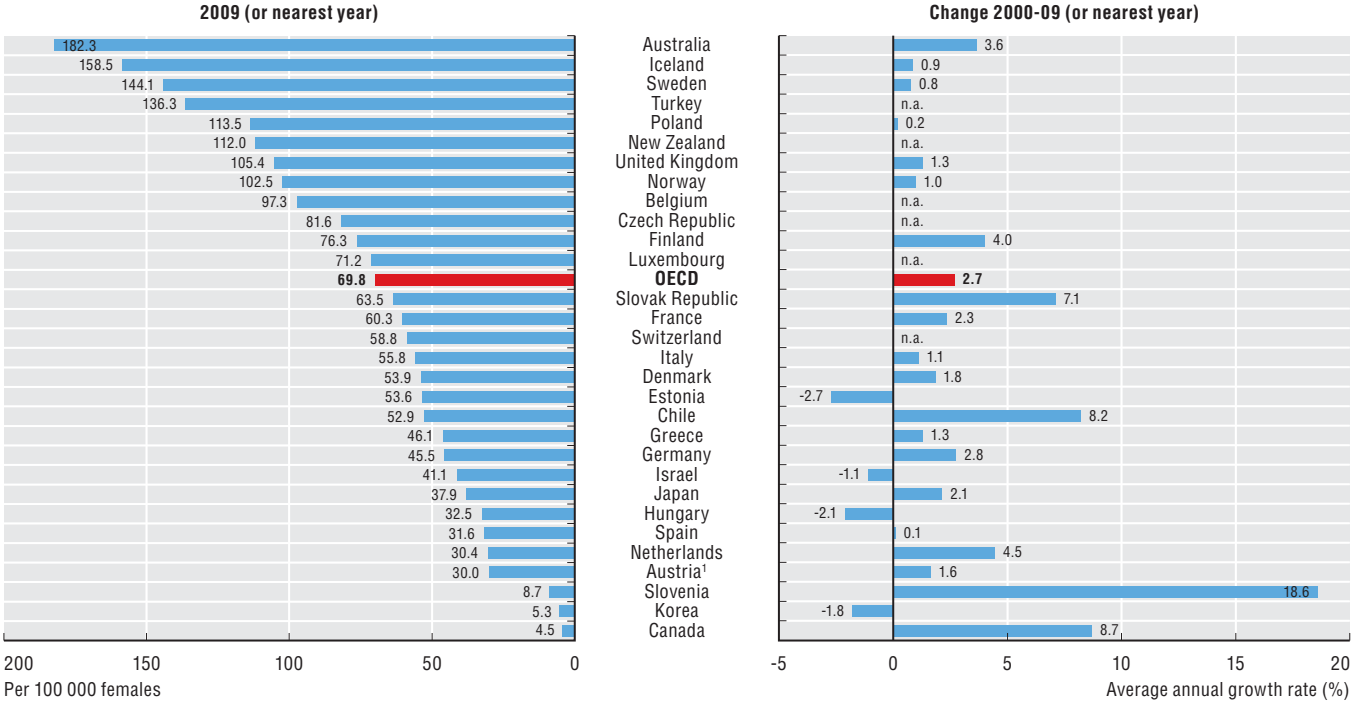
3.5.1 Gynaecologists and obstetricians per 100 000 females, 2009 and change between 2000 and 2009



Source: OECD Health Data 2011.

StatLink http://dx.doi.org/10.1787/888932524203

3.5.2 Midwives per 100 000 females, 2009 and change between 2000 and 2009



1. In Austria, the number of midwives only includes those employed in hospital.

Source: OECD Health Data 2011.

StatLink http://dx.doi.org/10.1787/888932524222

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