3.6. 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 allow a distinction between these two specialties. Midwives provide care and advice to women during pregnancy, labour and childbirth and the post-natal period for cases without complications. 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 professionals, often working in collaboration with other health professionals like 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, have resulted in major reductions in perinatal mortality in all OECD countries.

The number of gynaecologists and obstetricians per 100 000 women is the highest in Greece, Czech Republic, Slovak Republic, Germany and Austria (Figure 3.6.1). These are all countries where obstetricians are given a primary role in providing pre-natal and childbirth care. It was the lowest in Ireland, the Netherlands, New Zealand and Canada.

Since 1995, the number of gynaecologists and obstetricians per woman has increased in most countries, with an average growth rate of just over 1% per year during that period. The number of gynaecologists and obstetricians per woman has remained relatively stable in Canada, France, Ireland and the United States, while it declined in Japan and Hungary (Figure 3.6.2).

The number of midwives per 100 000 women is highest in Australia, Iceland and Sweden (Figure 3.6.3). These two Nordic countries have a large number of midwives assuming primary responsibility for prenatal care and normal delivery (Johanson, 2002). On the other hand, the number of midwives per woman is the lowest in the United States, Canada and Korea. In Canada and the United States, the number of midwives has increased at a rapid pace since 1995, but still remains very low compared with most other OECD countries (Figure 3.6.4). In Hungary, the number of midwives per woman has come down, with most of the reduction occurring between 2006 and 2007, as the number of beds in maternity wards was cut down by more than one-third in the context of a health reform. In the Czech Republic, the number of midwives per woman has also decreased, although part of the decline is due to a change in methodology in reporting midwives following the introduction of a new legislation in 2004.

The relative mix of providers has direct and indirect implications on 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 required 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).

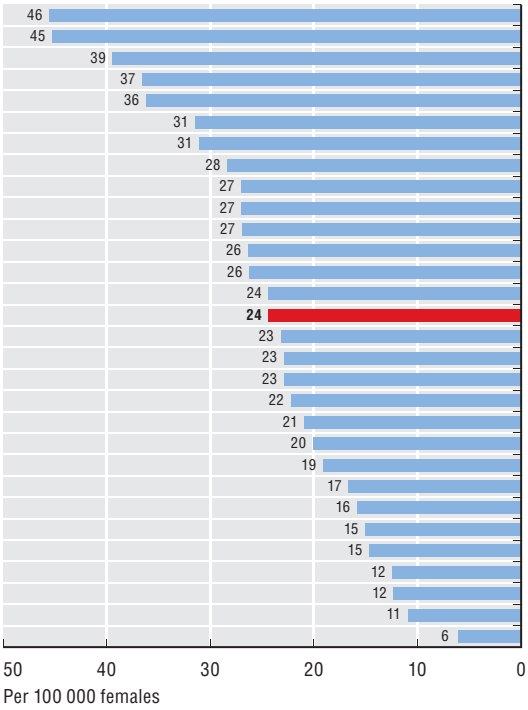
There is little evidence that systems that rely more on midwives are less effective. A review of a number of studies finds that midwives are equally effective in providing pre-natal care and advice in the case of normal pregnancies (Di Mario *et al.*, 2005), although support from obstetricians is required for complications. Some evidence from the United States suggests a better performance in term of neonatal mortality for midwife attended births (Miller, 2006).

Definition and deviations

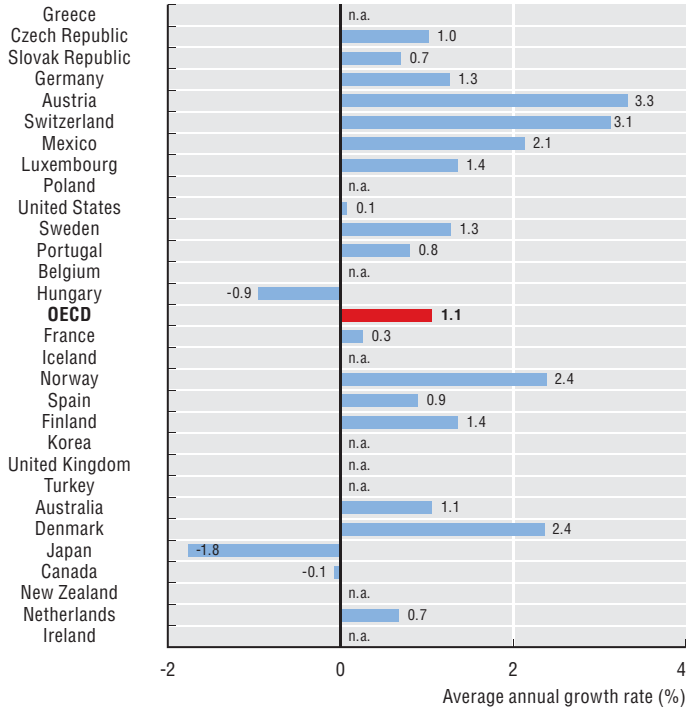
The number of gynaecologists and obstetricians combines these two specialities.

The figures for gynaecologists and obstetricians, and for midwives, are presented in head counts, not taking into account how many of them may work full-time or part-time.

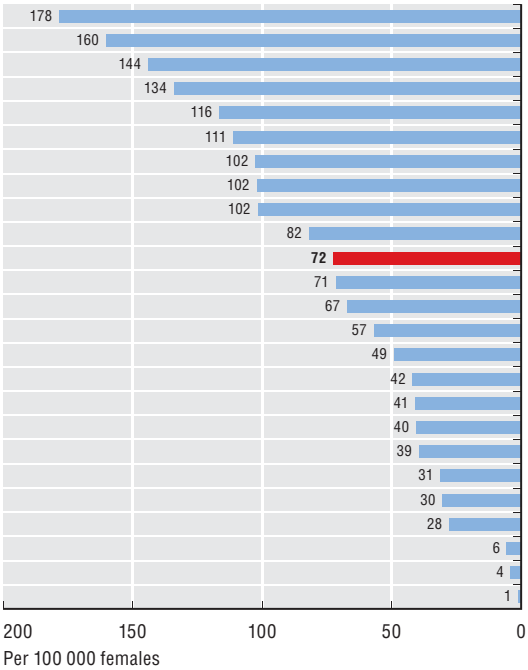
3.6.1 Gynaecologists and obstetricians per 100 000 females, 2007 (or latest year available)



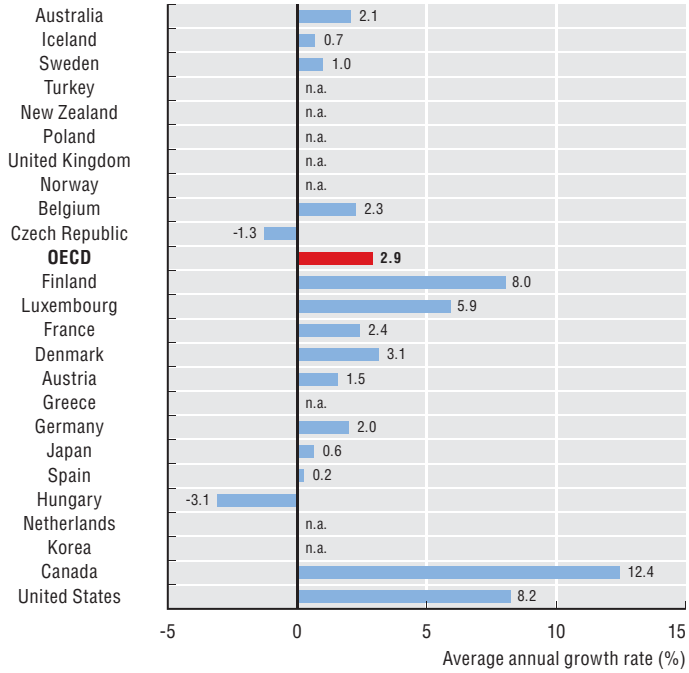
3.6.2 Change in the number of gynaecologists and obstetricians per female, 1995-2007 (or nearest year)



3.6.3 Midwives per 100 000 females, 2007 (or latest year available)

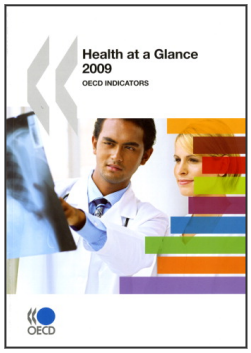


3.6.4 Change in the number of midwives per female, 1995-2007 (or nearest year)



Source: OECD Health Data 2009.

StatLink http://dx.doi.org/10.1787/718151264476



From:
Health at a Glance 2009
OECD Indicators

Access the complete publication at:
https://doi.org/10.1787/health_glance-2009-en

Please cite this chapter as:

OECD (2009), "Gynaecologists and obstetricians, and midwives", in *Health at a Glance 2009: OECD Indicators*, OECD Publishing, Paris.

DOI: https://doi.org/10.1787/health_glance-2009-29-en