2011 Women's Health

STATS & FACTS

ACOG | THE AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS

THE AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS

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Women's Health STATS & FACTS 2011 provides a wide variety of national health data, trends, and other information specific to women's health.

The American Congress of Obstetricians and Gynecologists' Office of Communications is available to provide additional information and resources and to refer journalists to obstetrician-gynecologist experts for commentary.

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Abortion

Estimated Number of Abortions Among US Women Ages 15–44

YEAR	NUMBER	RATE PER 1,000 WOMEN
2008	1,212,350	19.6
2007	1,209,640	19.5
2006	1,242,200	19.9
2005	1,206,200	19.4
2004	1,222,100	19.7
2003	1,250,000	20.2
2002	1,269,000	20.5
2001	1,291,000	20.9
2000	1,313,000	21.3
1995	1,359,400	22.5
1990	1,608,600	27.4
1985	1,588,600	28.0
1981	1,577,300	29.3
1980	1,553,900	29.3
1975	1,034,200	21.7
1974	898,600	19.3

SOURCE: *Guttmacher Institute. www.guttmacher.org*

Abortion Incidence

- The US abortion rate has been trending downward since it peaked in 1981. Although the rate is at its lowest level since 1974, the long-term decline has stalled since 2005.
- The number of women having abortions has dropped by 25% in recent years, from 1.6 million in 1990 to 1.2 million in 2008.
- Nearly half of all pregnancies among US women are unintended, and four in 10 of those end in abortion.
- Each year, 2% of women ages 15–44 have an abortion; half of them have had at least one previous abortion. At least half of American women will experience an unintended pregnancy by age 45, and about one-third will have had an abortion.
- Approximately 75% of pregnancies in women older than 40 are unplanned.
- The majority (58%) of women having abortions are in their 20s. Teens have 18% of all abortions.
- Abortion rates increased by 1% among teens ages 15–19 (19.3 per 1,000 women) in 2006, the first increase in teen abortions since the early 1990s.
- 42% of women obtaining abortions have incomes below 100% of the federal poverty level ($10,830 for a single woman with no children).
- About 61% of abortions occur among women who have had at least one child.

- Women who are not married and are not cohabitating account for 56% of all abortions.
- Each year, about 10,000–15,000 abortions occur among women whose pregnancies resulted from rape or incest.
- 54% of women who have an abortion were using a contraceptive method during the month they became pregnant.
- Abortion rates vary widely by state and by region. In 2008, the highest rates were in DE (40%), NY (37.6%), and NJ (31.3%), while the lowest were in WY (0.9%), MS (4.6%), and KY (5.1%).

Abortion Procedures

- In 2006, nearly nine in 10 abortions (88%) were performed in the first 12 weeks of pregnancy; at least six in 10 abortions (62%) were performed during the first eight weeks of pregnancy; 15.7% were performed at 13–20 weeks; and 1.5% of abortions were performed at 21 weeks' gestation or later.
- In 2008, abortions performed with medication accounted for 17% of all nonhospital abortions, up from 6% in 2001. Medical abortion accounted for approximately 25% of abortions before nine weeks' gestation.
- The risk of complications from abortion is minimal—0.3% of abortions have major complications. The risk of death associated with abortion increases with the length of pregnancy, from one death for every one million abortions at eight or fewer weeks' gestation to one per 29,000 at 16–20 weeks' gestation and one per 11,000 at 21 or more weeks. The risk of death associated with childbirth is more than 12 times that for an abortion.

Abortion Services

- The number of abortion providers in the US declined by 12% between 1996–2005 (from 2,042 to 1,787). In 2008, there were 1,793 abortion providers. In 2008, 87% of all US counties whose populations account for 35% of women in the US had no abortion provider.
- The cost of an abortion varies widely, depending on the kind of facility where it is performed and the weeks of gestation. In 2009, the average cost of an abortion performed at 10 weeks' gestation was $451.

SOURCES:

American Congress of Obstetricians and Gynecologists. www.acog.org
Guttmacher Institute. www.guttmacher.org
National Abortion Federation. www.prochoice.org

Adolescent Health

Puberty

- In North America, the first sign of puberty for young girls—breast budding—normally occurs between ages eight and 13, with an average age of 10 years. The average duration of puberty is four years but can range from 1.5 to 8 years.
- On average, black girls tend to begin puberty at an earlier age than do white girls: between ages eight–nine for black girls, and by age 10 for white girls.
- The first menstrual period for US girls today occurs on average between ages 12–13, compared with age 14 for girls in 1900. Regular ovulation is established by about 20 menstrual cycles after the first period. A normal menstrual cycle lasts about 28 days but can vary from 21–45 days in adolescents.

Top Health Risks

- The primary health risks to adolescents are behavioral, not medical, such as a sedentary lifestyle, poor nutritional habits, depression, cigarette smoking, alcohol and illicit and prescription drug use, unsafe driving, including driving under the influence of alcohol, early initiation of sexual activity, and unprotected sexual activity.
- Nearly half of the 19 million new cases of STDs each year occur among 15–24-year-olds.
- One-third of adolescent females are either overweight or obese.

Sexual Experience

- Nearly half (47.8%) of all high school students in the US have had sex at least once.
- About 10% of adolescent girls who have sex before age 20 report that it was involuntary. This percentage increases the younger the first intercourse occurs.
- A sexually active teen who does not use contraception has a 90% chance of becoming pregnant within a year.

- The majority of sexually experienced teens (74% of females and 82% of males) used contraceptives the first time they had sex. The condom is the most common contraceptive method used at first intercourse.
- A nine-year, $8-million evaluation of federally funded abstinence-only-until-marriage programs found that these programs have no beneficial impact on young people's sexual behavior. Students who received abstinence-only sex education were no more likely to delay sexual initiation, have fewer partners, or use condoms when they did become sexually active than were students who received other forms of sex education.

Pregnancy Rates

- Although the pregnancy, abortion, and birth rates for US teens have dropped in recent years, they all increased in 2006. Pregnancies occur in about 7% of all US teens.
- Between 1990–2005, the pregnancy rate for teens declined by 41% overall. However, the pregnancy rate for teens ages 15–19 increased from 69.5 per 1,000 in 2005 to 71.5 pregnancies per 1,000 in 2006, halting a decade-and-a-half decline.
- In 2006, the US had the highest teen birth rate among comparable countries. It is three times higher than the teen birth rate in Canada, seven times higher than in Denmark and Sweden, and eight times higher than in Japan.
- Although pregnancy rates declined among white, black, and Hispanic teens between 1990–2005, the pregnancy rates for all three groups increased in 2006: up 3% for black teens, 1.6% for white teens, and 1.3% for Hispanic teens.

Birth Rates

Births to Adolescents Ages 15-19

YEAR	NUMBER OF BIRTHS
2009	409,840*
2008	434,758
2007	444,899
2006	435,436
2005	414,593
2000	468,990
1995	499,873
1990	521,826
1985	467,485
1980	552,161
1975	582,238

**Preliminary.*
SOURCE: *National Center for Health Statistics. www.cdc.gov/nchs*

- The preliminary 2009 birth rate for adolescents ages 15–19 (39.1 per 1,000) dropped by almost 6% below the 2008 rate (41.5 per 1,000) and is the lowest in nearly 70 years.
- The preliminary 2009 birth rates fell significantly for adolescents of all races and Hispanic origin. Hispanic teens had the lowest birth rate (70.1 per 1,000) ever reported for this group in the past two decades. In 2009, birth rates declined by 4% for white teens, 6% for black teens, 10% for Hispanic teens, and 10% for Asian or Pacific Islander teens.
- The preliminary 2009 birth rate for women under age 15 (0.5 per 1,000) was the lowest level ever reported.
- The preliminary 2009 birth data show that 87% of births to teens ages 19 and younger were outside of marriage.
- Birth rates for teens tend to be lowest in the North and Northeast and highest in the South and Southwest. These regional patterns are largely a reflection of each state's race and Hispanic origin composition. In 2008, the highest teenage birth rates (number of births per 1,000 women) were in MS (65.7), NM (64.1), TX (63.4), AK (61.8), and OK (61.6). The states with the lowest teenage birth rates were NH (19.8), MA (20.1), VT (21.3), CT (22.9), and NJ (24.5).
- In the US, more than 90% of adolescents who give birth choose to raise the infant themselves.

Abortion Rates

- Although abortion rates for teens have dropped by one-half since 1990, the rate increased from 19.1 per 1,000 in 2005 to 19.3 in 2006, the first increase in teen abortions since the early 1990s.
- From 1986–2006, the proportion of teenage pregnancies ending in abortion declined by almost one-third, from 46% to 32% of pregnancies among 15–19-year-olds.
- In 2005, the teen abortion rates were highest in NY (41 per 1,000), NJ (36), NV (28), DE (27), and CT (26). They were lowest in SD (6 per 1,000), UT (6), KY (6), NE (8), and ND (8).

SOURCES:
American Congress of Obstetricians and Gynecologists. www.acog.org
Centers for Disease Control and Prevention. www.cdc.gov
Guttmacher Institute. www.guttmacher.org
National Center for Health Statistics. www.cdc.gov/nchs
United Nations Statistics Division. www.unstats.un.org

Annual Visit

- ACOG recommends that all women have an annual well-woman exam with their ob-gyn which typically consists of a general examination (height, weight, body mass index, and blood pressure), a breast exam, and a pelvic exam—with or without a Pap test—to assess reproductive health. Annual exams may also include blood, urine, and STD screenings; bone mineral testing; colorectal cancer screening; and testing for cholesterol and sugar levels to assess heart disease and diabetes risk.
- ACOG recommends that an adolescent girl's first ob-gyn visit occur between ages 13–15. This first visit provides health guidance, screening, and preventive health services, but does not need to include a pelvic exam.
- Certain recommended screenings, tests, vaccinations, and counseling are based on an individual woman's risk factors, including her age, family and genetic history, lifestyle, and health history.

Routine Screenings, Evaluations, and Counseling

- Pelvic exam
- Height, weight, and BMI
- Blood pressure
- Breast exam
- Abdomen
- Neck: adenopathy, thyroid
- Diet/nutrition
- Physical activity/exercise
- Tobacco, alcohol, and other drug use
- Relationship/family abuse and neglect
- Sexual activity
- Use of complementary and alternative medicine
- Contraceptive needs and preconception care
- Vaccination
- Sexually transmitted diseases

Cervical Cancer Screening

- ACOG recommends that women have their first Pap test at age 21 and continue having one every two years until age 30. Women ages 30 and older with three consecutive normal test results should have a Pap test every three years. Women ages 65–70 with three or more negative cytology results in a row and no abnormal test results in the past 10 years may discontinue cervical cancer screening.

Mammography

- ACOG recommends that women begin mammography at age 40 and continue mammography screening every one to two years throughout their 40s. Women ages 50 and older should receive annual mammography screening. High-risk women may need to begin mammography earlier than age 40 and need more frequent screening.

STD Screening

- ACOG recommends routine chlamydia and gonorrhea testing for sexually active adolescent girls and women ages 13–25.
- ACOG recommends routine HIV testing for sexually active adolescents ages 13–18, and for all women ages 19–64.

Vaccinations

- ACOG recommends the HPV vaccine for women ages 26 and younger.
- ACOG recommends the annual influenza vaccine for all adolescents and women, including pregnant women.
- ACOG recommends the herpes zoster (shingles) vaccine for women ages 65 and older who have not been previously immunized. It also recommends a one-time pneumococcal vaccine for this age group.

SOURCE:
American Congress of Obstetricians and Gynecologists. www.acog.org

Births

Number of Live Births in the US

YEAR	NUMBER	BIRTHS PER 1,000 POPULATION
2009	4,131,019*	13.5*
2008	4,247,694	14.0
2007	4,316,233	14.3
2006	4,265,555	14.2
2005	4,138,349	14.0
2000	4,058,814	14.4
1995	3,899,589	14.6
1990	4,158,212	16.7
1985	3,760,561	15.8
1980	3,612,258	15.9
1975	3,144,198	14.6
1970	3,731,386	18.4
1960	4,257,850	23.7
1950	3,632,000**	24.1
1940	2,559,000**	19.4

**Preliminary data.*
*** Births adjusted for underregistration.*

- The average age of US women at first birth in 2008 was 25, compared with age 22 in 1970.
- In 2008, 53.4% of all live births were to white women, 24.5% were to Hispanic women, 14.7% were to black women, 6% were to Asian or Pacific Islander women, and 1.7% were to American Indian/Alaska Native women.
- In 2008, more than half (53%) of all births were to women in their 20s.
- Birth rates for women in their 30s are at the highest levels reported since 1964. The birth rates in 2008 were 99.3 per 1,000 for women ages 30–34, and 46.9 per 1,000 for women ages 35–39.
- In 2008, the birth rate for women ages 40–44 was 9.8 births per 1,000 women, the highest rate for this age group since 1967 (10.6). There were 105,973 live births to women in this age group.
- In 2008, women ages 45–49 had 7,109 live births, just over 26% of these were first births for these women.
- In 2008, there were 541 live births to women ages 50 and older, just over 30% of these were first births.

- There were 1,048 male live births for every 1,000 female live births in 2008.
- In 2008, more babies were born in August (375,384) than in any other month; the fewest number of babies was born in November (323,788).
- The average number of births on any given day in 2008 was 11,606. In 2008, Tuesday was the most common day to deliver. Since 1990, Tuesday has been the day with the highest number of births. As in previous years, infants in 2008 were much less likely to be born on weekends—least likely on Sunday followed by Saturday.

Multiple Births

- Between 1980–2008, the number of twin births more than doubled, from 68,339 to 138,660. In 2008, the twin birth rate increased by 1% to 32.6 per 1,000 births, the highest rate on record.
- In 2008, there were 6,268 triplet/+ births, a drop of 2.5% from 2007, the lowest number reported in more than a decade.
- Most of the general increase in multiple births can be traced to two trends—the use of fertility treatments and childbearing among women older than 30, who are more likely to conceive multiples.

Multiple Births in the US

YEAR	TWINS	TWIN BIRTH RATE*	TRIPLETS/+	MULTIPLE BIRTH RATE**
2008	138,660	32.6	6,268	34.1
2007	138,961	32.2	6,427	33.7
2006	137,085	32.1	6,540	33.7
2005	133,122	32.2	6,694	33.8
2000	118,916	29.3	7,325	31.1
1995	96,736	24.8	4,973	26.1
1990	93,865	22.6	3,028	23.3
1985	77,102	20.5	1,925	21.0
1980	68,339	18.9	1,337	19.3

**The number of live births in twin deliveries per 1,000 live births.*
*** The number of live births in all multiple deliveries per 1,000 live births.*

Preterm Birth

- The preterm birth rate in the US in 2008 was 12.3%, the second straight year of decline. The percentage of preterm births has risen by more than 20% since 1990 and 36% since the early 1980s.
- Preterm birth remains a leading cause of infant morbidity and mortality.
- The preterm birth rate has risen fairly steadily, averaging about 1% a year.
- In 2008, the percentage of preterm black newborns remained significantly higher (17.5%) than that of preterm Hispanic newborns (12.1%) and white newborns (11.1%). The 2008 preterm rate for black newborns is the lowest reported since 2000.

Live Births by Gestational Age, 2008

WEEK	NUMBER OF LIVE BIRTHS
<28	31,579
28–31	52,645
32–33	66,648
34–36	372,161
37–38	1,181,269
39	1,129,245
40–41	1,167,543
42+	240,795
Not stated	5,809

Birth Weight

- The low birth weight rate declined slightly from 8.22% in 2007 to 8.18% in 2008. The percentage of low birth weight infants has generally been rising slowly since 1984.
- In 2008, 12.4% of babies born to women younger than 15 were of low birth weight, compared with 7.4% of those born to women ages 25–29. About one out of five (22%) babies born to women ages 45 and older was low birth weight.
- In 2008, 13.7% of black newborns had low birth weight, compared with 7.2% of white newborns and 7% of Hispanic newborns.

Preterm and Low Birth Weight in the US

YEAR	% BORN PRETERM	% BORN LOW BIRTH WEIGHT
2009	12.2*	8.2*
2008	12.3	8.2
2007	12.7	8.2
2006	12.8	8.3
2005	12.7	8.2
2000	11.6	7.6
1995	11.0	7.3
1990	10.6	7.0
1985	9.8	6.8

**Preliminary data.*

SOURCE: *National Center for Health Statistics. www.cdc.gov/nchs*

Contraception

Women and Contraception Use

- To avoid an unintended pregnancy, the typical US woman must use contraception for roughly three decades of her life.
- In 2006–2008, virtually all (99%) sexually experienced women ages 15–44 reported ever having used some method of contraception.
- In 2006–2008, about 62% of the more than 62 million US women of childbearing age 15–44 used contraception. Less than one-third (31%) of childbearing-age women did not need a contraceptive method because they were sterile, were pregnant or trying to become pregnant, had never had intercourse, or were not sexually active. The remaining 7% of women of childbearing age at risk of pregnancy did not use a contraceptive method.
- Among the 62% of women using a method of contraception in 2006–2008, the oral contraceptive pill was the most popular method, used by 17.3% of women, followed by female sterilization used by 16.7% of women. Male sterilization was used as contraception by 6.1% of women.
- Nearly half (49%) of the more than 6 million pregnancies that occur each year are unplanned. Of the women having unplanned pregnancies, more than half (53%) are using a contraceptive method. The majority of unintended pregnancies among contraceptive users occur with inconsistent or incorrect use of contraceptives.
- In a 2009 Gallup survey, 3% of women reported having stopped using a birth control method in the past year because they couldn't afford it. This rose to 6% among women using hormonal contraception.
- In a 2009 Gallup survey, roughly 10% of women currently using some form of birth control were worried they might be unable to continue to afford it. This rose to 13% among women using hormonal contraception.
- In a 2003 Gallup survey, 28% of female ob-gyns cited the IUD as the method of contraception they would select if they didn't want any (or any more) children, followed by sterilization (22%), oral contraceptives (20%), and a vasectomy for their partner (13%). In contrast, among the general population of US women, sterilization is the number-one contraceptive overall, and the IUD is rarely used.

- In 2010, there were more than 82 million prescriptions dispensed for oral contraceptives; more than 5.5 million prescriptions dispensed for the contraceptive vaginal ring; more than 1.5 million prescriptions dispensed for the contraceptive patch; more than 1.6 million prescriptions dispensed for injectable contraception; and 14,000 prescriptions dispensed for the IUD. Prescription data is unavailable for the contraceptive implant.

SOURCES:
American Congress of Obstetricians and Gynecologists. www.acog.org
Guttmacher Institute. www.guttmacher.org
IMS Health.® www.imshealth.com
National Center for Health Statistics. www.cdc.gov/nchs

First-Year Contraceptive Failure Rates*

METHOD	RATE WITH PERFECT USE	RATE WITH TYPICAL USE
No method (chance)	85.0	85.0
Periodic abstinence	1.0–9.0	25.3
Cervical cap	9.0–26.0	16.0–32.0
Diaphragm	6.0	16.0
Withdrawal	4.0	18.4
Spermicides	18.0	29.0
Male condom	2.0	17.4
IUD (ParaGard®)	0.6	1.0
IUD (Mirena®)	0.1	0.1
1-month injectable	0.05	3.0
3-month injectable	0.3	6.7
Tubal sterilization	0.5	0.7
Pill	0.3	8.7
Vasectomy	0.1	0.2
Implants	0.05	1.0
Patch	0.3	8.0
Female condom	5.0	27.0
Sponge	9.0–20.0	16.0–32.0

**Estimated percentage of women experiencing an unintended pregnancy in the first year of contraception use.*

source: Guttmacher Institute. www.guttmacher.org

Emergency Contraception

- Emergency contraception (EC) pills can help prevent pregnancy if taken within 72 hours of unprotected intercourse. One EC product, Ella™, can be taken up to five days after unprotected intercourse.

- Almost all oral contraceptives can be used as EC, but specific dosing for each depends on the particular formulation. Currently, there are four FDA-approved prepackaged products designated for EC use: Plan B One-Step®, Plan B®, NextChoice™, and Ella™.
- Unlike abortion, EC does not terminate an existing pregnancy. If a woman is already pregnant, EC will not work.
- In 2006–2008, 10% of women ages 15–44 reported ever having used EC, an increase from 4% in 2002.
- An estimated 22,000 pregnancies resulting from rape could be prevented every year if women who were victims of assault had access to EC.
- Fewer than half of US states explicitly address the issue of refusals to provide medication to patients in the pharmacy. Eight states require pharmacists or pharmacies to ensure that patients receive their medication. Seven states allow refusals but prohibit pharmacists from obstructing patient access to medication. Only six states permit refusals without critical protections for patients, such as requirements to refer or transfer prescriptions.

SOURCES:
American College of Preventive Medicine. www.acpm.org
American Congress of Obstetricians and Gynecologists. www.acog.org
Guttmacher Institute. www.guttmacher.org

Insurance Coverage of Contraception

- In 2008, more than 17.4 million women in the US were in need of subsidized family planning services. This number is likely to be higher in 2011 due to the economic climate.
- Even when a woman does have health insurance, coverage for contraceptive services lags far behind insurance coverage for obstetric care, abortion, and sterilization.
- Federal employees have guaranteed insurance coverage for contraception.
- Today, nine in 10 employer-based insurance plans cover a full range of prescription contraceptives, which is three times the proportion from just a decade ago.

- As of 2010, 26 states had some requirement (through laws, regulations, or attorney general opinions) that insurers that cover prescription drugs and services also cover contraceptive drugs, devices, and related services. Twenty of those states include an exemption allowing employers or insurers, or both entities, to refuse to provide or pay for contraception coverage if they object on religious or moral grounds.

SOURCES:
American Congress of Obstetricians and Gynecologists. www.acog.org
Guttmacher Institute. www.guttmacher.org
National Women's Law Center. www.nwlc.org

Gynecology

- There were an estimated 69,436,000 office visits to ob-gyns in 2006.

Top 12 Reasons for Ob-Gyn Visits (All Ages), 2006

	ESTIMATED NUMBER OF VISITS
Prenatal examination, routine	19,869,962
Gynecologic examination	14,670,084
Postoperative visit	2,844,066
Postpartum examination	2,379,024
General medical examination	1,711,034
Uterine and vaginal bleeding	1,429,676
Pap test	1,365,928
Pelvic symptoms	1,278,519
Diagnosed complications of pregnancy	981,819
Cytology findings	958,968
Problems of pregnancy and postpartum	900,862
Stomach pain, cramps, and spasms	879,985

SOURCE: *National Center for Health Statistics. www.cdc.gov/nchs*

Selected Gynecologic and Other Women's Health Conditions

DISORDER	PREVALENCE
Chronic Pelvic Pain	Approximately 15–20% of women ages 18–50 have chronic pelvic pain of more than a year's duration. An estimated 40–50% of women with the condition have a history of physical or sexual abuse.
Dysmenorrhea	An estimated 75% of women have some pain during their period; 15% of women report severe menstrual cramps and other symptoms.
Endometriosis	This gynecologic condition occurs in 7–10% of women in the general population and up to 50% of premenopausal women, with a prevalence of 38% in infertile women and 71–87% in women with chronic pelvic pain.
Interstitial cystitis	Also called "painful bladder syndrome," this condition affects an estimated 1 million Americans, up to 90% of whom are women. The cause is unknown.
Osteoporosis	An estimated 10 million Americans have osteoporosis, and another 34 million are estimated to have low bone mass. Nearly 80% of those with osteoporosis are women. Osteoporosis is responsible for 1.5 million fractures annually, and approximately 50% of women older than 50 will experience an osteoporosis-related fracture.

Pelvic inflammatory disease (PID)	More than 1 million women are diagnosed with PID every year, many of them teens. One-fourth of women with PID are hospitalized. About one in five women with PID becomes infertile.
Polycystic ovary syndrome (PCOS)	Approximately 4–6% of women have this disorder. High levels of male hormones cause ovulation problems.
Premenstrual syndrome (PMS)	As many as 85% of menstruating women report one or more premenstrual symptoms. However, only 5–10% of women report significant impairment in their lifestyle because of PMS.
Premenstrual dysphoric disorder (PMDD)	The symptoms of PMDD are similar to those of PMS but are generally more severe and debilitating. Symptoms occur during the last week of most menstrual cycles and usually improve within a few days after the period starts. Researchers estimate that PMDD affects 3–8% of reproductive-age women.
Urinary incontinence	Some 13 million Americans, nearly 85% of them women, suffer from some type of urinary incontinence.
Urinary tract infection	At least one-third of all women experience a urinary tract infection in their lifetime.
Uterine fibroids	These benign growths cause symptoms in 25–50% of women, although the prevalence may be as high as 80%. Fibroids are most common in women ages 30–40. They are the reason for nearly 39% of all hysterectomies performed each year in the US.
Vulvodynia	Chronic pain and burning in the vulva are symptoms of vulvodynia. Approximately 6 million women in the US suffer from this condition, whose cause is unknown.
Yeast infection	Three-quarters of women get at least one yeast infection during their lifetime.

SOURCES:

American Congress of Obstetricians and Gynecologists. www.acog.org
National Institute of Diabetes and Digestive and Kidney Diseases. www.niddk.nih.gov
National Institutes of Health. www.nih.gov
National Kidney and Urologic Diseases Information Clearinghouse. www.kidney.niddk.nih.gov
National Osteoporosis Foundation. www.nof.org
National Vulvodynia Association. www.nva.org

Hysterectomy

Estimated Number and Rate in the US*

YEAR	NUMBER	RATE PER 10,000 POPULATION/FEMALE
2008	512,563	33.0
2007	539,000	35.2
2006	569,000	37.5
2005	575,000	38.3
2004	617,000	41.4
2003	615,000	41.7
2002	669,000	45.7
2001	649,000	44.8
2000	633,000	44.6
1995	583,000	42.9
1990	591,000	45.7
1985	670,000	54.9
1980	649,000	55.6

**Inpatient hysterectomies only. These numbers and rates do not reflect the increasing number of outpatient hysterectomies.*

SOURCES:

Agency for Healthcare Research and Quality. www.ahrq.gov
National Center for Health Statistics. www.cdc.gov/nchs

- Hysterectomy is the second most frequently performed major surgical procedure after cesarean delivery among reproductive-age women.
- In 2008, the four conditions most often associated with hysterectomy were uterine fibroids, menstrual disorders, uterine prolapse, and endometriosis.
- In 2008, approximately 31% of inpatient hysterectomies were performed vaginally, including laparoscopically-assisted vaginal hysterectomy (LAVH). About 9% of all inpatient hysterectomies were performed using a laparoscope, and about 13% were LAVH.
- In 2008, approximately 18% of all hysterectomies (about 112,000) in the US were performed as same-day, outpatient surgeries.
- In 2008, overall hysterectomy rates were highest among women ages 40–44 and 45–49 at 9.6 and 9.7 per 1,000 women respectively. The rate among women ages 35–39 was 6.5, and 5.6 for women ages 50–54.
- Reasons for hysterectomy differ by age: The primary diagnosis for women ages 35–54 is uterine fibroids, while the most common diagnosis for women ages 55 or older is either uterine prolapse or cancer.
- The proportion of hysterectomies due to fibroids has decreased significantly since 2000. In 2000, fibroids accounted for 44% of hysterectomies compared with 31% in 2008.

- In 2008, hysterectomy rates varied by US geographic region, with the highest rates in the South and Midwest (4.7 per 1,000 women) and the lowest in the Northeast (3.9 per 1,000 women).

SOURCES:
Agency for Healthcare Research and Quality. www.ahrq.gov
Centers for Disease Control and Prevention. www.cdc.gov

Hysterectomy Alternatives, by Diagnosis

FIBROIDS: *No action* may be needed for these noncancerous uterine tumors as they tend to shrink after menopause. *Myomectomy* surgically removes the fibroid(s) but spares the uterus. In 2006, there were well over 100,000 myomectomies performed.* *Uterine fibroid embolization (UFE)* cuts off blood flow to fibroids and shrinks them by injecting small plastic particles into blood vessels supplying the fibroids. An estimated 13,000–14,000 UFE procedures are performed annually in the US. A noninvasive treatment being studied is *MRI-guided focused ultrasound surgery*, which uses high-intensity ultrasound waves to shrink fibroids. Also being studied is *radio frequency ablation*, which uses low-energy heat to shrink fibroids.

ENDOMETRIOSIS: Scarring from this condition, in which endometrial tissue grows outside the uterus, may respond to *drug treatment*. Another alternative treatment is *endoscopic surgery*, which may help remove patches of scar tissue.

UTERINE PROLAPSE: *Kegel* exercises may restore some muscle tone to tissue holding the uterus in place. A *pessary* device can help support the uterus. *Estrogen, drug therapy*, or *surgery* may reduce incontinence problems.

ABNORMAL UTERINE BLEEDING: Treatment depends on the cause of the problem. *Hormonal* or *drug therapy* may help. A *dilation and curettage (D&C)* procedure may control bleeding. *Endometrial ablation*, which destroys the endometrial lining with heat, freezing, or other method, may be an option when a woman no longer wishes to bear children. The Mirena® intrauterine device, a contraceptive that secretes low-dose progesterone, was recently FDA-approved to treat abnormal uterine bleeding.

**Based on data from 25 states.*

SOURCES:
Agency for Healthcare Research and Quality. www.ahrq.gov
American Congress of Obstetricians and Gynecologists. www.acog.org
National Center for Health Statistics. www.cdc.gov/nchs
Society of Interventional Radiology. www.sirweb.org

Infertility

A Common Problem

- Infertility is defined as the inability to conceive after 12 months of intercourse without contraception. Approximately 12% of women ages 15–44 in the US have impaired fecundity (ability to have children).
- Infertility affects men and women nearly equally. About one-third of infertility cases can be attributed to men; about one-third can be attributed to women; and the remaining one-third are caused by either a combination of problems in both partners or by unknown factors.
- About one-third of infertile couples have more than one factor contributing to their infertility. In about 20% of evaluated infertile couples, no specific cause can be identified.
- Diseases such as diabetes and thyroid disorders, infections (including STDs), congenital abnormalities, certain medications, and environmental factors can contribute to infertility in both men and women. In addition, obesity, poor eating habits, stress, smoking, or alcohol may lead to or worsen infertility.

Infertility and Age

- Age-related infertility is becoming more common as more women delay childbearing. Approximately 20% of American women wait until after age 35 to begin their families.
- A female is born with an estimated 1 million eggs in her ovaries. By the time she reaches puberty she will have about 300,000 eggs left. Of these, only about 300 eggs will be ovulated during her reproductive years, and the rest will undergo a degenerative process known as *atresia*.
- Despite the advances in assisted reproductive technology (ART), a woman's age still affects the success rate in getting pregnant. A healthy 30-year-old woman has about a 20% chance each month of getting pregnant, while a healthy 40-year-old has about a 5% chance each month (in many cases, even when using ART).

Risk of Miscarriage with Increased Age

MATERNAL AGE	% RISK OF MISCARRIAGE
15–19	10
20–24	10
25–29	10
30–34	12
35–39	18
40–44	34
≥45	53

SOURCE: *American Society for Reproductive Medicine. www.asrm.org*

Infertility Treatments

- Most infertility cases (85–90%) can be treated with conventional therapies such as medication or surgery. In vitro fertilization (IVF) accounts for less than 5% of infertility services.

Success Rates

- In 2008, 436 ART clinics in the US reported data to the CDC.
- Through the end of 2008, more than 600,000 babies have been born in the US as a result of ART procedures.
- The average age of women using ART in 2008 was 36.

Women Using ART by Age Group, 2008

AGE	PERCENT
<35	38.8
35–37	21.2
38–40	19.6
41+	20.4

- There were 61,426 live infants born from 46,326 deliveries as a result of ART procedures in 2008, accounting for more than 1% of all births.
- In 2008, of the total ART cycles in which a woman's own, fresh eggs or embryos were used, only 37% resulted in pregnancy. Of these, approximately 81% resulted in a live birth and about 18% resulted in miscarriage, stillbirth, induced abortion, or maternal death.

- Of the 38,631 pregnancies in 2008 achieved from fresh nondonor eggs or embryos that resulted in live births, 66% were singletons, 29% were twins, and 4% were triplets+. Of the 7,123 pregnancies achieved using frozen nondonor embryos that resulted in live births, 77% were singletons, 21.5% were twins, and 1.4% were triplets+. Of the 5,894 pregnancies achieved using fresh donor eggs that resulted in live births, 60% were singletons, 39% were twins, and 1% were triplets+.
- In 2008, fresh nondonor eggs and embryos represented 71% of the total ART procedures. Frozen nondonor embryos represented 17%, followed by fresh donor eggs (8%), and frozen donor embryos (4.3%).

Number of Embryos Transferred Using Fresh Nondonor Eggs or Embryos, 2008

# OF EMBRYOS	% OF TRANSFERS
1	11.9
2	49.8
3	24.8
4	9.0
5	2.9
6	1.0
7+	0.5

- In 2008, 12% of singleton babies from a single-fetus pregnancy achieved through ART were born preterm compared with 19% of singleton babies that began as a multiple-fetus pregnancy; 61% of twins were born preterm; and 96% of triplets+ were born preterm.
- As of 2011, 15 states require that insurance plans cover infertility treatments.

SOURCES:
Centers for Disease Control and Prevention. www.cdc.gov
American Society for Reproductive Medicine. www.asrm.org

Maternal & Infant Mortality

- National infant and maternal mortality dropped by more than 90% during the 20th century. Contributing factors included improved environmental and living conditions; medical advances, such as the use of antibiotics and safer blood transfusions; rising standards of living; declining fertility rates; a focus on prenatal care; safer deliveries in hospitals; fewer birth defects; and advances in neonatal medicine.

Number of Maternal Deaths* in the US

YEAR	NUMBER	DEATHS PER 100,000 LIVE BIRTHS
2007	548	12.7
2006	569	13.3
2005	623	15.1
2000	396	9.8
1995	277	7.1
1990	343	8.2
1985	295	7.8
1980	334	9.2
1975	403	12.8
1970	803	21.5
1960	1,579	37.1
1950	2,960	83.3

**Death of a woman while pregnant or within 42 days of termination of pregnancy from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.*

Maternal Mortality

- The maternal mortality rate in the US is one of the highest in the developed world.
- Each day in the US, 1 to 2 women die of pregnancy complications. As many as half of all deaths from pregnancy complications could be prevented if women had better access to health care, received better quality care, and improved their health and lifestyle habits.
- Overall, the leading causes of pregnancy-related deaths in the US are hemorrhage, blood clots, high blood pressure, infection, stroke, amniotic fluid in the bloodstream, and heart disease.

- Black women in the US have a substantially higher risk of maternal death than do white women. In 2007, the maternal mortality rate for black women was 26.5 deaths per 100,000 live births, compared with 8.9 for Hispanic women and 10.5 for white women.
- The risk of pregnancy-related death increases with age. The risk of pregnancy-related death for women ages 40 and older is nearly four times that for women ages 30–34 and twice that for women ages 35–39.

Infant Mortality

Number of Infant Deaths* in the US

YEAR	NUMBER	DEATHS PER 1,000 LIVE BIRTHS
2009	NA	6.4**
2008	NA	6.6**
2007	29,138	6.7
2006	28,527	6.7
2005	28,440	6.8
2000	28,035	6.9
1995	29,203	7.6
1990	38,351	9.2
1980	45,526	12.6
1970	74,567	20.0
1960	NA	37.1
1950	103,825	29.2

**Under 1 year of age.*
*** Preliminary.*

- In 2007, 65% of all infant deaths occurred among neonates (27 days of age or less).
- The leading cause of infant mortality in the US is congenital abnormalities.
- In 2005, the infant mortality rate for married women was 45% lower than the rate for unmarried women. In the same year, the infant mortality rate for women born in the US was 43% higher than the rate for women born elsewhere.
- In 2005, the infant mortality rate for infants of women who smoked during pregnancy was more than 70% higher than the infant mortality rate of nonsmoking women.

- Between 1950–2000, the mortality rate for black infants dropped by two-thirds. However, the 2006 rate of 13.3 deaths per 1,000 live births of black infants is more than double the rate for white infants (5.6).
- In 2005, mortality rates for infants of teenage mothers (10.3 per 1,000 live births) and mothers ages 40 and older (7.8) were higher than the overall infant mortality rate. The lowest rates were for infants of mothers in their 20s and early 30s.
- In 2005, the infant mortality rate was nearly 31.5 per 1,000 live births for multiple births, more than five times the rate of six per 1,000 for singleton births. The infant mortality rate for twins was nearly five times higher than for singletons, triplets were 10 times higher, and quadruplets were 18 times higher.
- In 2005, although multiples accounted for only 3% of all live births, they represented 15% of all infant deaths.
- In 2007, the overall infant mortality rate for female infants was almost 18% lower than the rate for male infants (6.1 vs. 7.4 per 1,000 live births).
- In 2007, nearly 60% of all infant deaths were due to these top six leading causes:

  20% – Congenital malformations, deformations, and chromosomal abnormalities

  17% – Disorders relating to short gestation and unspecified low birth weight

  8% – Sudden infant death syndrome (SIDS)

  6% – Problems caused by maternal complications of pregnancy

  4% – Accidents (unintentional injuries)

  4% – Newborn affected by complications of placenta, cord, or membranes
- In 2007, Washington, DC, had the highest infant mortality rate at 13.1 per 1,000 live births, followed by MS (10.0), AL (9.9), LA (9.2), and SC (8.6).
- In 2007, WA had the lowest infant mortality rate at 4.8 per 1,000 live births, followed by MA (4.9), VT (5.07), UT (5.1), and NJ (5.2).

Stillbirth

- Stillbirths are fetal deaths occurring after 20 weeks of the standard 40-week gestation. There are about 25,000 stillbirths each year in the US.
- In 2005, there were slightly more than six stillbirths for every 1,000 live births and fetal deaths past 20 weeks' gestation. The stillbirth rate dropped by 1.4% each year from 1990–2003 but has not declined significantly since 2003.
- In 2005, black women experienced 11.1 stillbirths per 1,000 live births, more than twice the rate for white women (4.8), and Hispanic women (5.4).
- In 2005, women carrying triplets+ had the highest rate of stillbirth, at 27.2 stillbirths per 1,000 live births and fetal deaths. The stillbirth rate for twins was 2.7 times that of singletons. For triplets+, the rate was five times that of singletons.
- In 2005, women ages 45 and older had the highest stillbirth rate (15.5 per 1,000 live births), followed by teens under age 15 (12.2) and women ages 40–44 (11.1). The stillbirth rate was lowest for women ages 25–29 (5.5).
- The exact cause of stillbirth is unknown, but some of the risk factors associated with stillbirth include African-American race, age younger than 15, age 35 or older, multiple pregnancy, unmarried marital status, smoking during pregnancy, obesity, hypertension, and diabetes. Identifiable causes include birth defects or genetic abnormalities, problems with the placenta or umbilical cord, and certain medical conditions of the mother.

SOURCES:
Centers for Disease Control and Prevention. www.cdc.gov
National Center for Health Statistics. www.cdc.gov/nchs

Medical Liability

Ob-Gyns and Current Tort System

- More than 90% of ob-gyns have been sued at least once during their career, with an average of 2.7 claims per ob-gyn.
- Nearly 43% of ob-gyns have been sued for care provided during their residency training.
- In the past three years, 45% of ob-gyns were involved in one or more claims; 29% had one claim; 11.5% had two claims; 3.4% had three claims; and 1.2% had four or more claims.
- Of the ob-gyn claims that were reported closed from 2006–2008, 53% were dropped by plaintiffs' attorneys, dismissed, or settled without payment.
- Claims related to a neurologically impaired infant made up 30.5% of the obstetric claims against ob-gyns. Of these, 49% were closed with some payment made to the plaintiff—either settled with payment, closed by way of jury or court award, or closed through some other dispute-resolution mechanism.
- The average payment for claims involving a neurologically impaired infant was $1,155,222.

Liability Impact on Ob-Gyn Practice

- In 2009, nearly six out of 10 (59%) ob-gyns made changes to their practice because of the lack of available or affordable medical liability insurance, and 63% made changes because of the risk or fear of liability claims or litigation. Between 6.5%–8% of ob-gyns stopped practicing obstetrics altogether because of either insurance affordability or availability issues or the risk or fear of being sued.
- In 2009, ob-gyns made the following practice changes because of the risk of liability claims: decreased the number of high-risk obstetric patients (30%); stopped offering/performing VBACs (26%); increased the number of cesarean deliveries (29%); decreased the number of total deliveries (14%); stopped practicing obstetrics (8%); decreased gynecologic surgical procedures performed (15%); stopped doing major gynecologic surgery (5%); stopped performing all surgery (2%).

- In 2009, ob-gyns made the following changes because of insurance costs and availability: decreased the amount of high-risk obstetric patients (21%); stopped offering/performing VBACs (19.5%); increased the number of cesarean deliveries (19.5%); decreased the number of total deliveries (10%); stopped practicing obstetrics (6.5%); decreased the number of gynecologic surgical procedures performed (11%); stopped performing major gynecologic surgery (4.5%); stopped performing all surgery (2%).

Defense Costs and Awards

- In 2009, the average cost to defend an ob-gyn claim (regardless of outcome) was $56,364, a slight decrease from $58,560 in 2008. The average defense costs for ob-gyns were $140,684 per claim in cases where the defendant prevailed at trial, and in cases where the claim was dropped or dismissed, costs to defendants averaged $26,245.
- In 2009, the average indemnity payment for ob-gyns was $401,003, a decrease from an average indemnity payment of $481,077 in 2008.
- The median settlement has risen from $125,000 in 1999 to $200,000 in 2009.
- Overall, 71% of medical liability claims in 2009 were closed without payment to the plaintiff. Of the 7% of claims that went to jury verdict, the defendant won 88% of the time.
- Medical liability cases in general accounted for 57% of jury awards of $1 million or more between 2006–2007.

Medical Liability Insurance Premiums

- Even though reports indicate that rate increases have leveled off in most areas, nationally, insurance premiums for ob-gyns remain at record-level highs. Rates vary widely by state and region. In 2009, premiums for ob-gyns ranged from a low of $13,400 to a high of $204,864, with a national average of $79,026.
- In 2009, 17 states had areas with liability insurance premiums for ob-gyns ranging between $100,000–$200,000.

Impact of Liability Crisis on Medicine Overall

- Between 2007–2009, ob-gyns had 3,128 closed claims against them, second only to physicians practicing internal medicine (3,743).
- Between 2007–2009, ob-gyns had more paid claims (1,008) than any of the other 27 medical specialties. Oral surgeons had the least number of paid claims (3).

Median Awards for All Medical Liability Cases

2007	$1,000,000
2006	$1,300,000
2005	$1,125,862
2004	$1,045,000
2003	$1,000,000
2002	$1,000,000
2001	$863,717
2000	$1,000,000
1999	$700,000
1998	$700,000
1997	$500,000

SOURCES:
American Congress of Obstetricians and Gynecologists. www.acog.org
American Medical Association. www.ama-assn.org
Jury Verdict Research. www.juryverdictresearch.com
Medical Liability Monitor. www.medicalliabilitymonitor.com
Physician Insurers Association of America. www.piaa.us

Menopause

- Menopause is defined as the time when the ovaries cease functioning and menstrual periods stop, marking the end of the reproductive years. A woman is considered to have reached menopause when she has stopped having a monthly period for 12 consecutive months. The average age of US women at menopause is 51.
- While life expectancy has increased over the years, the age of menopause has not changed during the past few centuries.
- Menopause is the culmination of a process that can begin several years before the final menstrual period. The transitional stage leading up to menopause is called perimenopause, which lasts about four years but may be longer or shorter.
- No link has been found between the age of natural menopause and use of oral contraceptives, socioeconomic or marital status, race, or age at menarche. Smoking has been identified as lowering the age at which natural menopause occurs.

Number of Women Reaching Menopause

- An estimated 6,000 US women reach menopause every day. By the year 2020, the number of women who will be older than 55 is estimated to be 46 million.
- With increasing life expectancy, many women will spend up to 40% of their lives in the postmenopausal stage. Half of all women who reach age 50 will live to be at least age 80.

Symptoms

- A major effect of menopause is a significant decrease in estrogen, which can cause vaginal dryness, night sweats, and hot flashes. It is unknown why some women pass through menopause with mild or no symptoms, while others struggle with more bothersome symptoms.
- Approximately 55% of women going through menopause don't do anything at all to treat symptoms.
- Approximately 75% of women experience hot flashes and night sweats at some point during perimenopause.

- About two-thirds of North American postmenopausal women experience hot flashes, and an estimated 10–20% of postmenopausal women have severe hot flashes. Most flashes last between 30 seconds and five minutes.
- Approximately 25% of women who experience hot flashes and night sweats have them for more than five years.
- Estrogen loss can also increase the risk of certain diseases, such as osteoporosis, which leads to hip, wrist, and spine fractures. Approximately 80% of the 44 million Americans with osteoporosis or low bone mass are women. Approximately 50% of women older than 50 will suffer an osteoporosis-related bone fracture, and one-third of white women ages 65 and older will have a fracture of the spine in their lifetime.

Hormone Therapy (HT)

- According to IMS Health, in 2010 more than 38 million prescriptions for HT were dispensed in the US. Of these, more than 26 million were for estrogen-only products; more than 5.2 million were for estrogen-progestin products; more than 5.3 million were for progestin-only products; and 1.4 million were for androgen-estrogen products.
- In 2003, one year after the Women's Health Initiative (WHI) study results were released, there were just over 76 million HT prescriptions dispensed, compared with nearly 129 million prescriptions in 2000.
- Approximately 65% of women on HT stopped therapy after the 2002 WHI study results were released. In 2004, reports suggested that about one in four women who stopped HT went back on it.

SOURCES:
American Congress of Obstetricians and Gynecologists. www.acog.org
Centers for Disease Control and Prevention. www.cdc.gov
IMS Health®. www.imshealth.com
North American Menopause Society. www.menopause.org

Mortality

- In 2007, the life expectancy for women in the US was five years longer (80.4 years) than for men (75.4 years). In 1900, life expectancy in the US was 47.3 years.

Top 10 Causes of Death for Females, All Ages and Races, 2007

1. Heart disease
2. Cancer
3. Cerebrovascular disease (stroke)
4. Chronic lower-respiratory diseases (eg, emphysema, asthma)
5. Alzheimer's disease
6. Accidents (unintentional injuries)
7. Diabetes
8. Influenza and pneumonia
9. Nephritis, nephrotic syndrome, and nephrosis (kidney disorders)
10. Septicemia (blood poisoning)

- Among white women, all ages combined, heart disease, cancer, stroke, chronic lower-respiratory diseases, and Alzheimer's disease were the top five causes of death in 2007. For black women, all ages combined, they were heart disease, cancer, stroke, diabetes mellitus, and kidney disorders. For Hispanic women, all ages combined, they were heart disease, cancer, stroke, diabetes mellitus, and accidents.

Cardiovascular Disease (CVD)

- Heart disease is the leading cause of death among US women. Heart disease killed more than one in every four women who died in 2006. It has claimed the lives of more women than men every year since 1984.
- In 2006, 9% of black women, 6.6% of white women, and 6.3% of Mexican American women in the US were living with heart disease.
- In 2006, women accounted for 50% of all deaths from heart disease in the US. Heart disease and strokes (combined) killed more women than men in 2006.
- US women who smoke increase their risk of heart attack to twice that of men.

- About one-third of heart attacks in women go unnoticed or unreported, partly because the symptoms may be subtle or slightly different from men's. Symptoms such as nausea or dizziness are more common in women than in men, who more frequently feel pain in the center of the chest.
- The ability to recognize the signs of a heart attack is critical, yet four out of 10 women are not sure they would recognize the symptoms. Women are actually more confident about recognizing the signs of a heart attack in a man (with a 72% confidence rate) than in a woman (62% confidence rate). For example, only 36% named sudden weakness/numbness on one side of the face or body as a major symptom in women.
- More than one-third (38%) of women who have a recognized heart attack die within a year, compared with 25% of men.
- Stroke, the third leading specific cause of death for women, killed 82,595 women compared with 54,524 men in 2006. It is the primary cause of serious, long-term disability among women.
- One in four women die within one year of an initial stroke. The percentage is higher among women ages 65 and older.
- Women fear breast cancer almost twice as much as they fear a heart attack, yet each year more than 12 times as many women die of CVD than of breast cancer.

SOURCES:
American Congress of Obstetricians and Gynecologists. www.acog.org
American Heart Association. www.americanheart.org
Centers for Disease Control and Prevention. www.cdc.gov
A Survey of Americans 35 Years and Older: Knowledge of and Attitudes Towards Cardiovascular Disease, prepared by Yankelovich Partners, November 1998.

Cancer

2010 Cancer Estimates—US Women

TYPE	ESTIMATED NEW CASES	ESTIMATED DEATHS
All Cancers	739,940	270,290
Breast	207,090	39,840
Lung	105,770	71,080
Colon+Rectum	70,480	24,790
Uterus	43,470	7,950
Skin	31,400	3,880
Non-Hodgkin's lymphomas	30,160	9,500
Thyroid	33,930	960
Kidney	22,870	4,830
Ovary	21,880	13,850
Pancreas	21,770	18,030
Leukemia	18,360	9,180
Bladder	17,770	4,270
Cervix	12,200	4,210
Oral	11,120	2,450
Brain/nervous system	10,040	5,720

SOURCE: *American Cancer Society. www.cancer.org*

- Following cardiovascular disease, cancer is the second leading cause of death among US women.
- The incidence of breast cancer varies by race: Breast cancer incidence was 123 per 100,000 white women, compared with 113 per 100,000 black women, between 2002–2006. The rate is lowest among American Indian/Alaska Native women (67.2 per 100,000). While black women have a lower incidence of breast cancer than do white women, they have a higher breast cancer mortality rate (33.0 per 100,000) than do white women (23.9).
- Death rates for breast cancer in the US have steadily decreased in women since 1990, with larger decreases in women younger than 50, due largely to progress in earlier detection and improved treatment.
- Overall, blacks are more likely to develop and die from cancer than are any other racial or ethnic group. The death rate from cancer is 17% higher for black women than for white women.

- Colorectal cancer is the second leading cause of cancer death among men and women combined—yet it is largely preventable and curable with regular screening and early detection.
- Colorectal cancer is the third leading cause of cancer death among women in the US, following lung and breast cancer. Each year, it takes the lives of nearly as many women as do ovarian, cervical, and uterine cancers combined.
- Smoking causes approximately 90% of all lung cancer deaths in US women and accounts for at least 30% of all cancer deaths. In the past 50 years, lung cancer deaths have increased by 600% in women in the US and represent the leading cause of cancer mortality. The risk of developing lung cancer is about 23 times higher in male smokers and 13 times higher in female smokers compared with lifelong nonsmokers.
- Since 1987, more women have died each year from lung cancer than from breast cancer.

SOURCES:
American Cancer Society. www.cancer.org
Centers for Disease Control and Prevention. www.cdc.gov
National Institutes of Health. www.nih.gov

Obstetrics

Prenatal Care

- In 2007, approximately 71% of pregnant women in the US initiated prenatal care in the first three months of pregnancy.
- In 2007, black and Hispanic pregnant women were twice as likely as white women to receive late prenatal care (beginning in the third trimester) or no prenatal care.

Maternal Health Characteristics

- The diabetes rate during pregnancy increased from 44.8 per 1,000 women in 2007 to 45.7 per 1,000 women in 2008, continuing a sustained period of rising diabetes rates.
- In 2008, the diabetes rate for pregnant women ages 40 and older was 102.6 per 1,000 women. The diabetes rate for mothers under age 20 was the lowest at 14.2 per 1,000.
- In 2008, the rate of pregnancy-associated hypertension was 39.4 per 1,000 women. Since 2000, this rate has fluctuated only narrowly. In contrast, the rate of chronic hypertension among pregnant women was 12 per 1,000 women in 2007.
- In 2008, approximately one-third of pregnant women had weight gains outside of the recommended Institute of Medicine guidelines. One in five (21%) women gained more than 40 lbs during pregnancy, considered excessive for all women. Another 8% of women gained less than 11 lbs, considered inadequate for even obese women.
- The American Congress of Obstetricians and Gynecologists recommends the following weight gains during pregnancy, based on a woman's pre-pregnancy body mass index (BMI): underweight, 28–40 lbs; normal weight, 25–35 lbs; overweight, 15–25 lbs; obese, 15 lbs; and carrying twins, 35–45 lbs.
- The percentage of infants who were ever breastfed increased from 60% among infants born in 1993–1994 to 73% among those born in 2004–2008. Breastfeeding rates among black women have increased significantly, from 36% in 1993–1994 to 54% in 2004–2008.

- In 2004–2008, breastfeeding rates were significantly higher (82%) among higher-income women compared with the rate (66–76%) among lower-income women. Breastfeeding rates among mothers ages 30 and older were significantly higher than those of younger mothers.
- The "baby blues" affect approximately 70–85% of women after giving birth. In contrast, postpartum depression is a condition that can occur any time after birth and has symptoms that last two weeks or longer. Approximately 20% of new mothers suffer from clinical postpartum depression.

Obstetric Procedures

Induction of Labor

YEAR	NUMBER PERFORMED	% OF BIRTHS
2008	973,998	23.1
2007	978,604	22.8
2006	959,658	22.5
2005	919,835	22.3
2000	800,448	19.9
1995	618,697	15.9
1990	381,975	9.5

Episiotomy

YEAR	NUMBER PERFORMED	% OF VAGINAL BIRTHS
2007	443,000	14.7
2006	454,000	15.5
2005	537,000	18.7
2000	944,000	30.4
1995	1,410,000	45.6
1991	1,312,000	40.9

Vacuum or Forceps Delivery*

YEAR	% FORCEPS	% VACUUM
2008	0.7	3.2
2007	0.8	3.5
2006	0.8	3.7
2005	0.9	3.9
2000	2.1	4.9
1995	3.5	5.9
1990	5.1	3.9

**Percentage of all live births delivered vaginally via this method.*

- In 2008, the rate of external cephalic version (ECV) for breech fetuses was approximately 2.1 per 1,000 births. About 57% of ECVs were reported as successful.
- Approximately 61% of pregnant women who had a singleton birth in a vaginal delivery had epidural or spinal anesthesia during labor in 2008, according to data representing 65% of all births in the US.

Births by Place of Delivery, 2008

In hospital*	4,204,699
Not in hospital	42,746
Freestanding birthing center	12,014
Clinic or doctor's office	474
Home/residence	28,357
Other	1,901
Not specified	249

**Includes births occurring en route to or upon arrival at hospital.*

- In 2008, 99% of all births occurred in hospitals, a rate that has remained virtually unchanged for several decades.
- Of the 1% out-of-hospital births in 2008, 66% were in a residence and 28% were in a freestanding birthing center.
- Between 2004–2008, the number of home births in the US rose 20%. In 2008, the rate of home births among white women was three to six times higher than for any other race or ethnic group.
- In 2008, 91.3% of all births were delivered by physicians in hospitals, compared with 98.7% of births in 1975.

Top 10 Community Hospitals Based on Number of Births, 2009

Hospital	Births
Northside Hospital/Atlanta, GA	17,218
Orlando Regional Medical Center/Orlando, FL	15,008
Parkland Health & Hospital/Dallas, TX	14,821
New York-Presbyterian Hospital/New York, NY	12,662
Memorial Hermann Northwest Hospital/Houston, TX	12,588
Northwestern Memorial Hospital/Chicago, IL	12,154
Baptist Health System/San Antonio, TX	10,691
Inova Fairfax Hospital/Falls Church, VA	10,495
Magee-Women's Hospital of UPMC/Pittsburgh, PA	9,876
Harris County Hospital Dist/Houston, TX	9,722

SOURCE: *American Hospital Association. www.aha.org*

Cesarean Births

- The cesarean delivery rate rose to 32.3% in 2008, the highest rate ever reported in the US. The cesarean rate has risen for 12 consecutive years and has increased by more than 56% since 1996.
- In 2008, black women had a higher cesarean rate (34.5%) than did either white women (32.4%) or Hispanic women (31%).
- In 2008, NJ had the highest cesarean rate (38.7%), followed by LA (38%), FL (37.6%), MS (36.2%), and WV (35.5%).
- In 2008, UT had the lowest cesarean rate (22%), followed by AK (22.6%), NM (22.9%), ID (24.4%), and WI (25%).

Number of Live Births and Live Births by Cesarean Delivery

YEAR	LIVE BIRTHS	CESAREAN BIRTHS	%
2009	4,131,019*	NA	32.9*
2008	4,247,694	1,369,273	32.3
2007	4,316,233	1,367,340	31.8
2006	4,265,555	1,321,054	31.1
2005	4,138,349	1,248,815	30.3
2000	4,058,814	923,991	22.9
1995	3,899,589	806,722	20.8
1990	4,158,212	914,096	22.7
1985	3,760,561	854,000	22.7
1980	3,612,258	596,000	16.5
1975	3,144,198	327,000	10.4
1970	3,731,386	205,000	5.5

**Preliminary data.*
SOURCE: *National Center for Health Statistics. www.cdc.gov/nchs*

Cesarean Rates by Age (All Races), 2008

AGE	NUMBER OF CESAREANS	CESAREAN DELIVERY RATE
< 20	100,897	23.0
20–24	292,057	27.8
25–29	371,317	31.2
30–34	342,882	36.0
35–39	206,722	42.5
40–54	55,398	49.0

Vaginal Birth After Cesarean (VBAC)

- The VBAC rate increased steadily between 1980 and 1996. The VBAC rate reached 28% in 1996 but has declined every year since. In 2007, the VBAC rate declined to less than 10% of all live births.
- Among suitable candidates for VBAC, approximately 60–80% will have a successful vaginal delivery.

SOURCES:
American Congress of Obstetricians and Gynecologists. www.acog.org
National Center for Health Statistics. www.cdc.gov/nchs

- Precise national data on the number of "patient-choice" cesareans (for which there is no medical indication) is not available, but one study found that the number increased by nearly 37% between 2001–2003, from 1.9% of all deliveries in 2001 to 2.6% of all deliveries in 2003. Between 1999 and 2001, the number of "patient-choice" cesareans increased by 19%.

SOURCE: *HealthGrades. www.healthgrades.com*

- Most ob-gyns earn approximately the same amount per delivery, regardless of whether the delivery was vaginal or cesarean. Ob-gyn charges are separate from hospital charges. The 2011 Medicare physician fees for global obstetric care, which includes perinatal care, delivery, and postpartum care, are:

  Vaginal delivery $1,902.68

  Cesarean delivery $2,118.77

  VBAC delivery $2,004.95

  Many health insurance companies use the national Medicare physician fee schedule to establish their own fee schedules, using a multiplier to determine their payment amounts.

SOURCES:
American Congress of Obstetricians and Gynecologists. www.acog.org
Centers for Medicare & Medicaid Services. www.cms.hhs.gov

Average Hospital Delivery Charges

YEAR	VAGINAL DELIVERY	CESAREAN DELIVERY
2008	$8,919	$16,666
2007	$8,316	$15,872
2006	$7,488	$14,157
2005	$6,973	$13,375
2000	$4,593	$9,482
1995	$3,067	$7,241
1993	$2,774	$6,788

**These are average charges by hospitals to insurers and do not include physician fees.*

SOURCE: *Agency for Healthcare Research and Quality. www.ahrq.gov*

Physician Demographics, US

- In 2009 the ob-gyn specialty had the fourth highest number of physicians (42,855), following internal medicine (162,433), family medicine (86,808), and pediatrics (76,095).
- In 2009, the ob-gyn specialty had the fourth highest number of women physicians (20,138), following internal medicine (54,085), pediatrics (42,495), and family medicine (31,592). Women physicians accounted for 29.6% of the total physician population in 2009, compared with 11.6% in 1980.
- The number of medical school applicants (42,742) for the 2010–2011 school year was the third largest in the nation's history. For the sixth year in a row, men were a modest majority of medical school applicants: 52.7% male vs. 47.3% female. More men (9,909) than women (8,756) also enrolled in medical school for the 2010–2011 entering class.
- In 2009, 97% of ob-gyns were involved in patient care. Of these, 80% were office based, 10.6% were residents in training, and 6.7% were hospital staff physicians who were not residents in training.
- Of the total ob-gyns in the US in 2009, 72.3% (31,147) were board certified by the American Board of Obstetrics and Gynecology (ABOG). In 2009, 64.8% of female ob-gyns and 80% of male ob-gyns were board certified by ABOG.
- As of January 2011, there were 1,140 board-certified gynecologic oncologists, 1,860 board-certified maternal-fetal medicine specialists, and 1,103 board-certified reproductive endocrinologists.
- In 2009, more than half (55%) of all physicians were located in just 10 states; 92% of all physicians were located in metropolitan areas. In 2010, the national ratio of ob-gyns per 10,000 women was 2.1, the lowest ratio in more than 30 years.
- The mean number of ob-gyns per 10,000 women in the US decreases significantly from metropolitan counties (2.9), to micropolitan counties (1.7), to rural counties (0.7).
- In 2009, the five states with the highest number of ob-gyns were CA (4,618), NY (3,283), TX (2,806), FL (1,967), and IL (1,675). The five states with the lowest number of ob-gyns were ND (52), WY (61), AK (71), SD (77), and DE (91).

- In 2009, race/ethnicity was known for 76.3% of all physicians. Of these, 71% were white; 16% were Asian; 6% were Hispanic; and 4.7% were black. Race/ethnicity was known for 80% of ob/gyns. Of these, 72% were white; 11% were Asian; 9% were black; and 6.6% were Hispanic.

Women in All Specialties

YEAR	TOTAL PHYSICIANS	% WOMEN
2009	972,376	29.6
2008	954,224	29.0
2006	921,904	27.8
2000	813,770	24.0
1995	720,325	20.7
1990	615,421	16.9
1985	552,716	14.6
1980	467,679	11.6
1975	393,742	9.1
1970	334,028	7.6

Women in Ob-Gyn

YEAR	TOTAL OB-GYNS	% WOMEN
2009	42,855	46.9
2008	42,635	46.2
2006	42,333	43.7
2000	40,241	35.1
1995	37,652	29.8
1990	33,697	22.4
1985	30,867	18.1
1980	26,305	12.3
1975	21,731	8.2
1970	18,876	7.1

Ob-Gyn Residents

YEAR	TOTAL RESIDENTS	% WOMEN FIRST YEAR	% WOMEN ALL FOUR YEARS
2010	4,969	82.9	81.3
2009	4,937	83.0	79.5
2008	4,893	80.4	78.0
2007	4,829	75.8	75.5
2000	4,679	72.2	69.6
1995	5,007	60.0	57.9
1990	4,764	49.1	46.5
1985	4,658	48.8	41.8
1980	4,221	33.4	30.6

SOURCES:
American Board of Obstetrics and Gynecology. www.abog.org
American Congress of Obstetricians and Gynecologists. www.acog.org
American Medical Association. www.ama-assn.org
Association of American Medical Colleges. www.aamc.org

Sexually Transmitted Diseases

- There are more than 25 recognized types of STDs.
- Nineteen million new STD cases are diagnosed in the US each year, nearly half occurring among young people ages 15–24.
- Because symptoms are often misleading, STDs can be hard to diagnose in women and can lead to serious health problems.
- Health consequences caused by STDs, such as infertility, tend to be more severe and occur more frequently among women than among men.
- If not adequately treated, up to 40% of women infected with chlamydia or gonorrhea may develop pelvic inflammatory disease (PID), a leading cause of ectopic pregnancy and infertility. One in five women with PID becomes infertile.

Most Common STDs in the US

Chlamydia

- Chlamydia remains the most commonly reported STD in the US. In 2009, there were 1,244,180 chlamydia infections reported to the CDC, the largest number of cases ever reported to the CDC for any condition. Still, most cases are not reported or even diagnosed. An estimated 2.8 million new cases of chlamydia occur each year in the US.
- In 2009, the reported rate of chlamydia infection per 100,000 women was nearly three times higher than that in men (592.2 vs. 219.3). This higher rate likely reflects the fact that women are far more likely to be screened for chlamydia than are men.
- Chlamydia rates among women increased by 20.3% and among men by 37.6% between 2004–2009.
- Women ages 15–19 have the highest rate of chlamydia infection (3,329 per 100,000), followed by women ages 20–24 (3,273.9 per 100,000).
- Most chlamydial infections in women are asymptomatic or produce vague symptoms, causing the majority of women to delay seeking medical care.
- ACOG recommends annual screening for chlamydia of all sexually active women ages 25 and younger, as well as annual screening of other asymptomatic women at high risk for infection.

Gonorrhea

- Gonorrhea is the second most commonly reported STD in the US. In 2009, 301,174 cases of gonorrhea were reported, down 10.5% from 2008. Because many cases of gonorrhea are not reported or diagnosed, it is estimated that there are actually 700,000+ new cases each year in the US.
- The rate of gonorrhea infections declined by 74% between 1975–1997. In recent years, rates have decreased.
- In 2009, the gonorrhea rate among women was 105.5 per 100,000 females and 91.9 per 100,000 males among men .
- The highest rates of gonorrhea were among women ages 15–19 (568.8 per 100,000) and women ages 20–24 (555.3 per 100,000).
- Most gonorrhea infections in women are asymptomatic. When symptoms are present, they are often mild and nonspecific.
- ACOG recommends annual screening for gonorrhea of all sexually active women ages 25 and younger, as well as other asymptomatic women at high risk for infection.

Hepatitis B (HBV)

- In 2008, there were an estimated 38,000 new HBV infections in the US.
- An estimated 800,000 to 1.4 million Americans have chronic HBV.
- In 2008, the rate of reported new HBV infections was the lowest ever recorded, at 1.3 per 100,000. The rate of new infections has declined by approximately 82% since 1990.
- In 2008, the highest rate of HBV occurred in adults ages 25–44. In 2008, the rate for males was approximately 1.8 times higher than for females.
- 70% of sufferers will experience symptoms, which may take up to 25–30 years to surface.
- Approximately 15–25% of people with HBV will develop serious liver conditions, such as cirrhosis or liver cancer.

Herpes

- At least 45 million Americans (one in five) are infected with genital herpes.
- Over the past decade, the percentage of Americans with herpes infections has decreased. However, the vast majority of people with herpes are unaware of their infection because symptoms are often nonexistent, very mild, or easily mistaken for other conditions.
- Approximately 880,000 women have genital herpes during pregnancy each year.

- Herpes is more common in women than in men, infecting approximately one out of four women compared with one out of eight men.

HIV/AIDS

- An estimated 1.1 million people in the US are living with HIV. Twenty-one percent of those are undiagnosed and unaware of their infection.
- In 2007, HIV infection was the sixth leading cause of death of people ages 25–44.
- Women account for 27% of the annual new HIV infections in the US. The vast majority of these infections are the result of high-risk heterosexual contact.
- In 2009, almost 184,000 women and adolescent girls in the US were living with HIV. In 2009, the rate of HIV diagnoses for black adolescent and adult females was nearly 20 times higher than the rate for white females and four times higher than Hispanic females.
- Persons ages 50 and older accounted for 15% of new HIV/AIDS cases in 2005. Older women may be especially at risk because age-related vaginal dryness and thinning can cause tears that may increase the chances of transmission.
- Due to increased prenatal testing and treatment, the maternal-fetal HIV transmission rate has decreased since the beginning of the epidemic, from a 25% chance of transmission to a 2% chance. However, there are still about 100–200 infants born with HIV annually in the US, most born to mothers who did not get tested early enough or who did not receive preventive services.
- ACOG recommends routine HIV screening for all women ages 19–64, regardless of their individual risk factors.

Human Papillomavirus (HPV)

- About 20 million Americans are thought to have an active HPV infection at any given time.
- About 6.2 million new genital HPV cases occur each year.
- More than 50% of sexually active men and women are infected with sexually transmitted HPV at some point in their lives. By age 50, 80% of women will have acquired a genital HPV infection.
- There are more than 100 types of HPV, about 40 of which are sexually transmitted and cause genital HPV.
- HPV is the cause of almost all cases of cervical cancer. It is also thought to be responsible for 85% of anal cancers, 70% of vaginal cancers, and 40% of both vulvar and penile cancers.
- The incidence of HPV-16, which accounts for nearly 50% of all cervical cancer cases, is two times higher in women than in men.

- Genital warts, caused by HPV, affect approximately 1% of sexually active Americans each year.
- Two FDA-approved HPV vaccines are now available. Cervarix® protects against the two strains of HPV that are responsible for 70% of cervical cancers. Gardasil® protects against these two strains plus two other ones that are responsible for 90% of genital warts.

Syphilis

- In 2009, 13,997 cases of primary and secondary syphilis infections were reported in the US. Rates among women decreased by 6.7% from 2008–2009.
- The number of syphilis cases has been on the rise since 2001. The increase in cases is due to more diagnoses in homosexual men, women, and blacks.
- In 2009, 73% of women with syphilis were black, 19% were white, 6.5% were Hispanic, and 1.5% were of other races/ethnicities.
- Mother-to-child transmission of syphilis decreased by nearly 4% from 2008–2009. Untreated early syphilis in pregnant women results in perinatal death in up to 40% of cases and, if acquired during the four years before pregnancy, can lead to infection of the fetus in 80% of cases.

Trichomoniasis

- An estimated 7.4 million new cases of trichomoniasis occur each year in women and men in the US.

Other STDs

Viral Infections

- Cytomegalovirus (CMV)
- Hepatitis A
- Human T-cell lymphotropic virus (HTLV types I and II)
- Molluscum contagiosum

Bacterial Infections

- Bacterial vaginosis and related vaginal infections
- Chancroid
- Donovanosis (granuloma inguinale)
- Mycoplasma hominis
- Nongonococcal urethritis
- Shigellosis

SOURCES:

American Congress of Obstetricians and Gynecologists. www.acog.org
American Social Health Association. www.ashastd.org
Centers for Disease Control and Prevention. www.cdc.gov

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