



ASSOCIATION OF  
PHYSICIAN ASSOCIATES IN  
OBSTETRICS & GYNECOLOGY

# Role Delineation of OBGYN PAs

Melissa A. Rodriguez, DMSc, PA-C

Roderick S. Hooker, PhD, MBA, PA

# OBJECTIVES

- ▶ At the conclusion of this session, participants should be able to:
  - ▶ Identify the roles that PAs play in OB/GYN
  - ▶ Discuss the surgical procedures performed by this group of PAs

# INTRODUCTION

- ▶ The US healthcare system faces a shortage across various medical and surgical practices
- ▶ In obstetrics and gynecology (OBGyn), the problem is particularly acute.
- ▶ Nationally, the Health Resources and Services Administration (HRSA) predicts the number of physicians providing OBGyn services will decline from an estimated 50,850 FTEs in 2018 to an estimated 47,490, or 3,360 fewer, by 2030.
- ▶ Certified nurse midwives (CNMs) and nurse practitioners (NPs) in women's health are expected to increase to a national workforce of 10,260 and 20,020, respectively, during this same period (Health Resources and Services Administration, 2021).
- ▶ Family medicine doctors provide some degree of women's health, which is declining (Barreto et al., 2019).

# METHODS

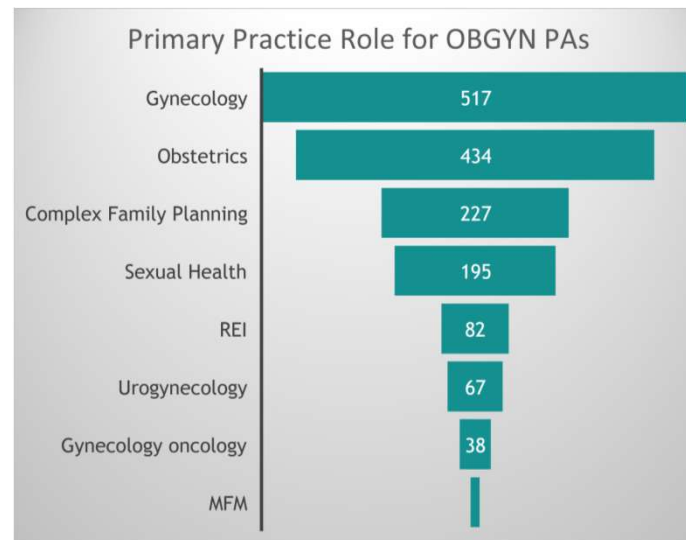
- ▶ A survey of the PAs specializing in OBGyn was undertaken in 2022. The intent was to list ambulatory procedures that were part of their skillset. A vetted questionnaire was sent to the 1,630 American Academy of Physician Associates members who identified themselves in OBGyn, and 729 responded to the survey (44.7%).
- ▶ IRB approval by the Orlando Health Institutional Review Board

# RESULTS

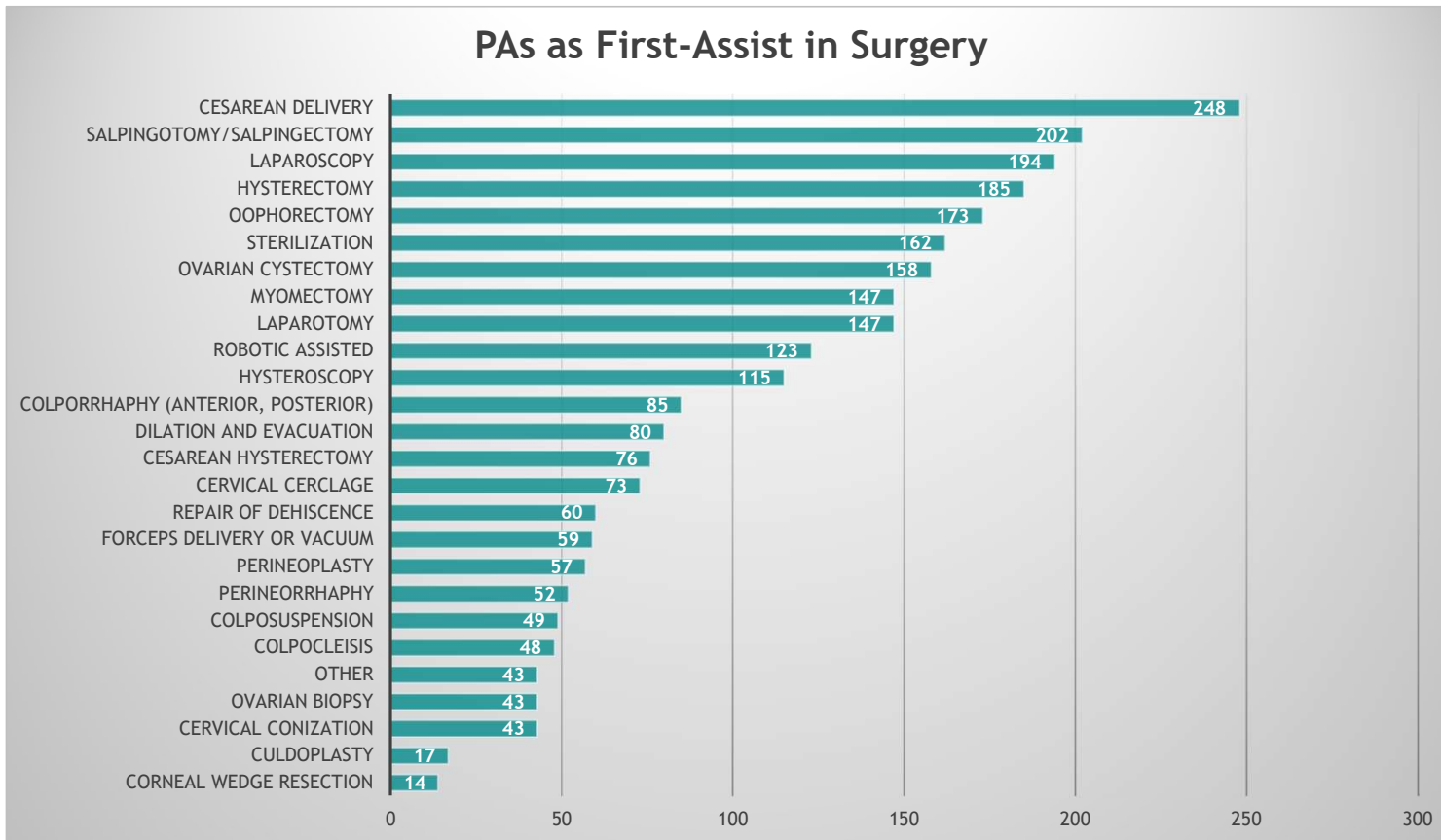


# What is your primary practice role?

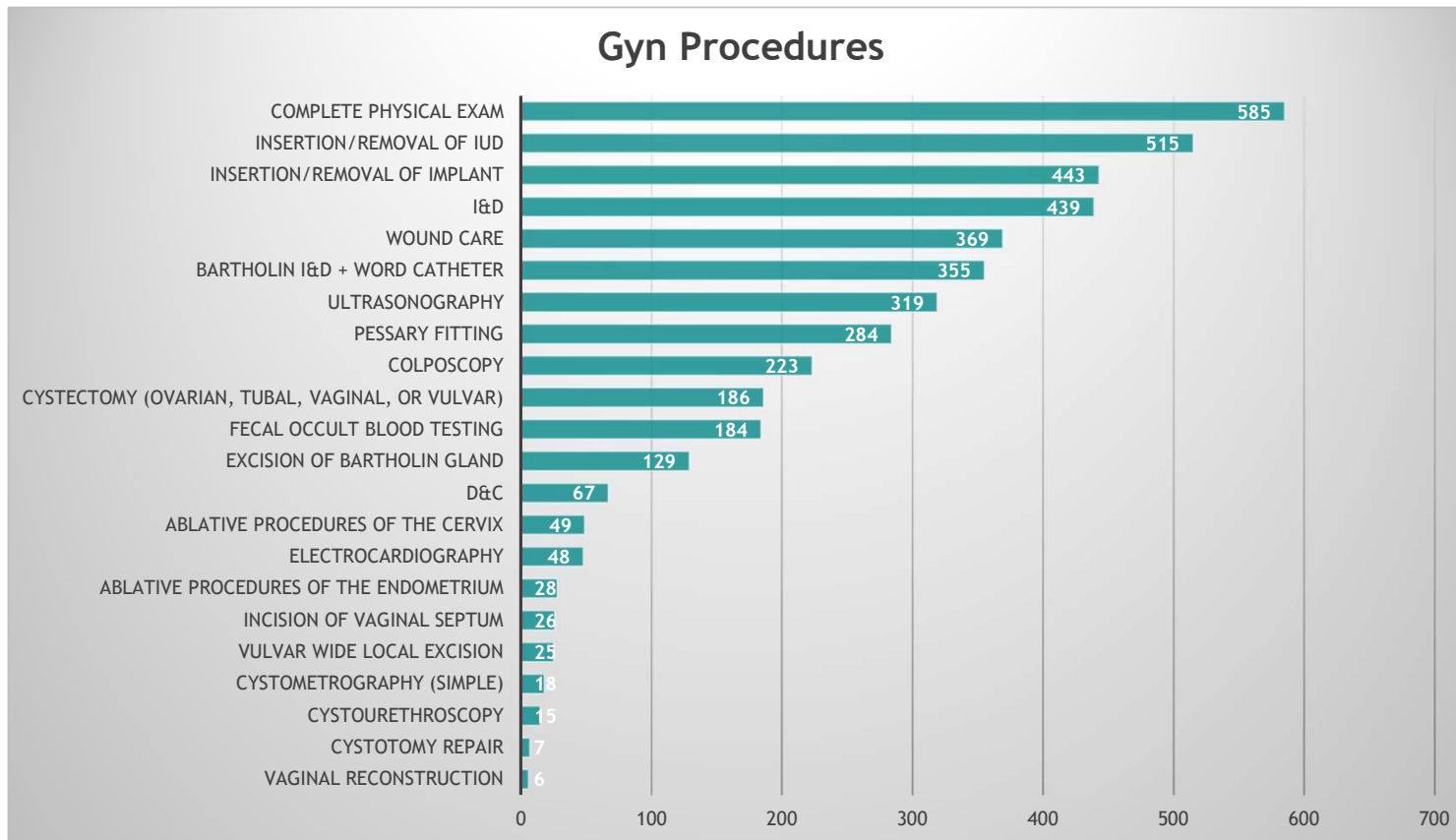
- ▶ (60%) responded with obstetrics
- ▶ (71%) with gynecology
- ▶ 67 respondents for urogynecology
- ▶ 38 for gynecology oncology
- ▶ 82 for reproductive endocrinology and infertility
- ▶ 195 for sexual health and gynecology,
- ▶ 47 for gynecology and abortion services



# Figure 1. Type of surgeries

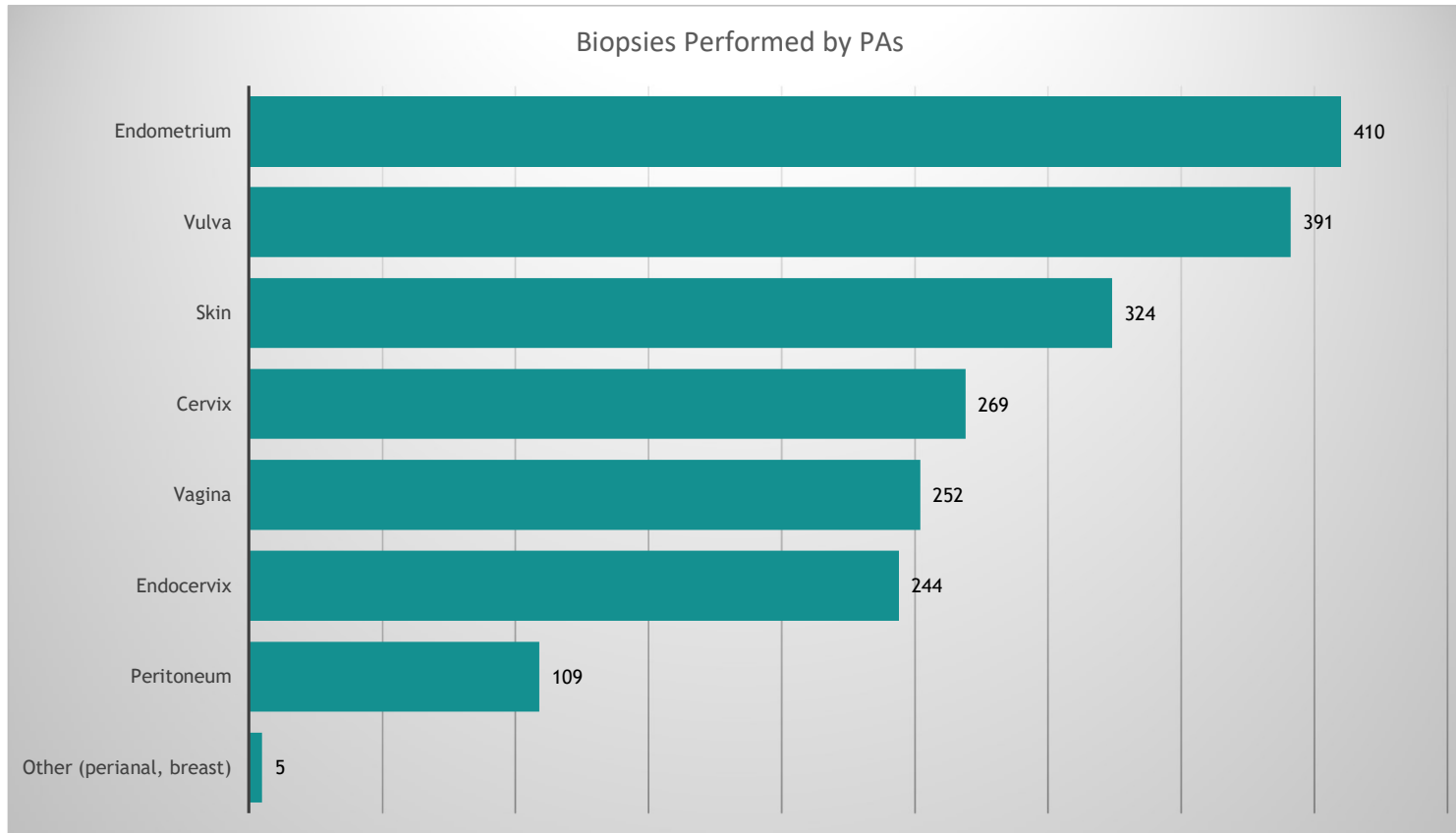


## Figure 2. Gynecologic procedures

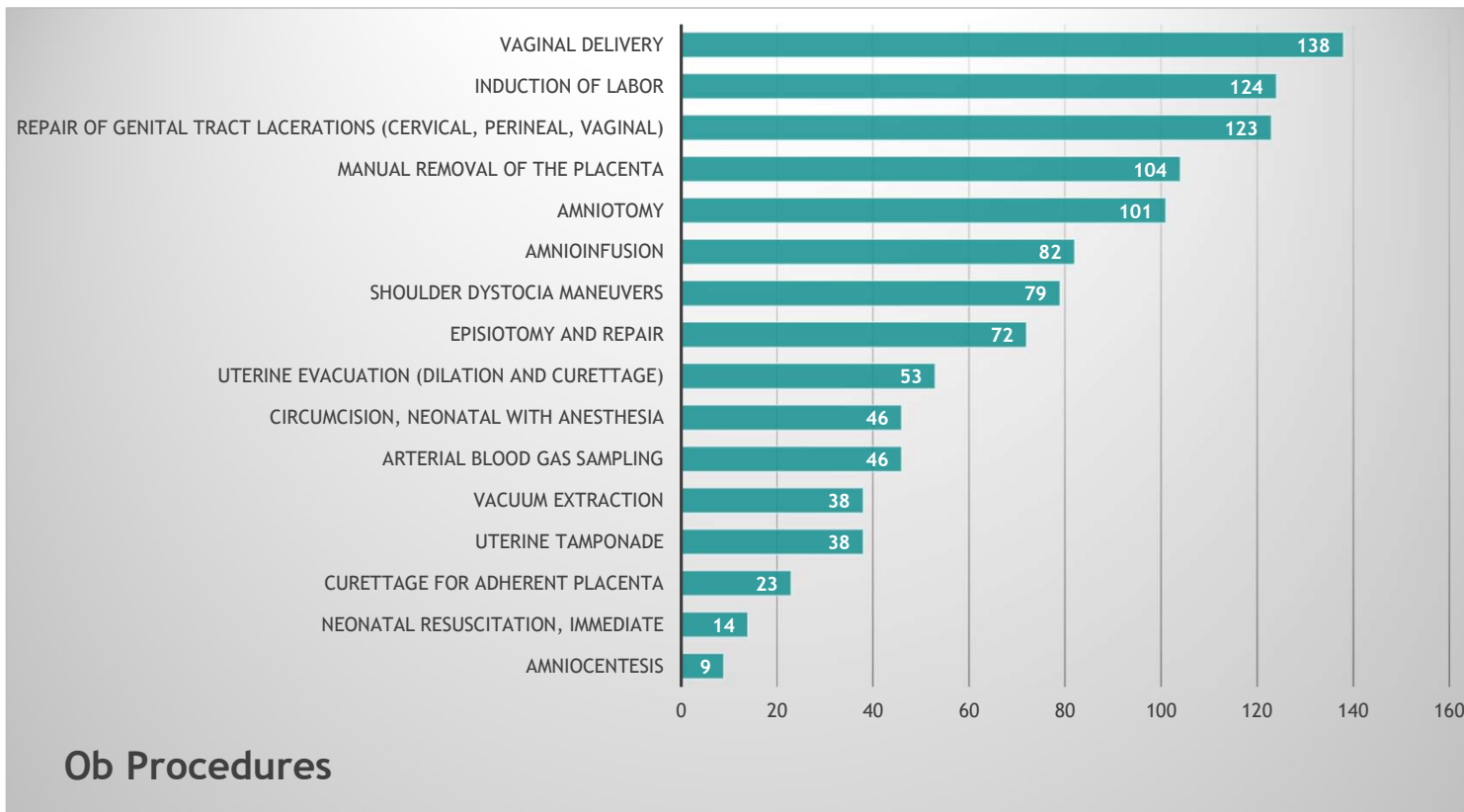




### Figure 3. Biopsies Performed



## Figure 4. Obstetric procedures



# Table 1. Other types of procedures

Table 1. (Combined four survey questions)  
Types of outpatient procedures

	Percent of respondents	Total Number
Pessaries	58.33%	189
Ovulation induction	35.29%	60
Paracervical block	16.67%	54
Intrauterine insemination	22.94%	39
Cerclage removal	48.72%	38
Hysterosalpingogram	18.82%	32
Urodynamics	8.95%	29
Cerclage placement	23.08%	18
Amniocentesis	16.67%	13
Transvaginal tape procedure	3.40%	11
Percutaneous Umbilical Cord Sampling	5.13%	4
Chorionic Villus Sampling	2.56%	2

## Table 2. Selection of the open comments

- ▶ *[A] “Many patients think I’m the MA or nurse and are surprised I can diagnose and treat my patients. Many are confused and think they’re seeing the doctor. Once I explain what I do and the visit is over, patients [appear] satisfied. Other times some patients don’t care to listen and only want to see the doctor, but that’s rare.”*
- ▶ *[B] Majority of “pushback” or obstacles I face as a PA in OBGYN are primarily in the hospital setting. I was one of the first PAs in L&D at the specific hospital. Many nurses/professional medical teams didn’t understand my role or accept my capabilities. My supervising physician was determined to expand the acceptance of a PA in L&D, and we accomplished a great deal within 2 1/2 years. Much more acceptance is needed with PAs in L&D, especially in Florida. We are an asset in this specialty.*

## Table 2. Continued comments

- ▶ *[C] “I’ve worked in inpatient ob-gyn since graduation, and although my first two jobs were unique in that the practice understood the role of PAs in inpatient obstetrics, most practices are not that way, and it is a rare position for PAs. I recently switched to a new hospital, and the goal is for me to practice inpatient obstetrics, which I have plenty of experience with now, but the practice has never had a PA with OB experience and isn’t used to working with PAs in Labor & Delivery. Some of the doctors are more open to my involvement than others. Even the ones that are open to it are still learning what that looks like and what I’m capable of doing (i.e., uncomplicated/low-risk labor management, vaginal deliveries, 1st and 2nd-degree repairs, suturing). I can be helpful in many ways, but not everyone understands yet or is open to this. Historically, the PA in my role has 2nd assisted in gyn cases, which is a waste of my skills. I’m working on changing that, but it’s tough, frustrating, and exhausting sometimes.”*
- ▶ *[D] “As a PA that has worked in OB/L&D, I think it is a common misconception that PAs can’t do vaginal deliveries or manage labor, which is not the case. I still had the experience that many MDs (and even midwives) expect that PAs cannot be the primary provider for these things. While some additional training experience is needed (less labor experience in school than midwives, for example), PAs are wonderfully versatile members of the care team that can cover all aspects of L&D, including the OR. I now work in GYN surgical oncology, mostly on the inpatient side, but I cover outpatient/inpatient/OR, and again, I love how I can work everywhere!”*

## The following were additional procedures:

- Intrauterine insemination
- Laser treatments
- Pelvic organ prolapse assessment
- Mental health care and assessments
- Trigger point injections
- Trichloroacetic acid
- Egg retrievals
- Mock Transfers
- Saline sonohysterogram

# DISCUSSION

- ▶ The rationale for undertaking a study on procedures was based on anecdotal beliefs that PAs may be more procedurally oriented than NPs or CNMs.
- ▶ The premise was that access to obstetrical and gynecological care is declining, which was more significant in underserved populations (Carroll et al., 2022).
  - ▶ who would fill the provider gap?
- ▶ The same HRSA report predicted the women's health PA supply would grow by 56 percent (from 1,480 to 2,310 Full-Time Equivalents), and CNM and NP supply would increase by 32% and 89%, respectively, by 2030.
- ▶ The work presented here is intended to complement that report and set the stage for more granular work in outcomes of care, role delineation, productivity, patient satisfaction, and optimal team use.

# DISCUSSION

- ▶ There is a rising need for improved maternal-child health outcomes in the USA (Gunja et al., 2022; Markus & Pillai, 2021).
- ▶ The '*Healthy Starts*' initiative provided more than \$115 million to fund 101 community undertakings to improve access to perinatal care in the face of the nation's maternal mortality rate increasing from 17.4 deaths per 100,000 live births in 2018 to 23.8 deaths in 2020 (Sonenberg & Mason, 2023).
  - ▶ 2021: 1,205 women died of maternal causes → rate was 32.9 deaths per 100k live births
- ▶ 'Maternity care deserts' in the US result from childbearing services becoming scarcer and women's health providers leaving areas without clinics and maternity services (Sonenberg, 2023)(Markus & Pillai, 2021).



# Limitations

- ▶ Not all invited PAs participated.
- ▶ Some PAs who identified as OBGYN to AAPA no longer worked in the specialty
- ▶ AAPA profiles had invalid/outdated email addresses
- ▶ Thus, these findings may underestimate the full extent of procedures by certified PAs practicing OBGYN in the US.
- ▶ PAs in other specialties, such as family medicine and general surgery, who provide care to women were not accounted for in this study.
- ▶ Our research relied on self-reported health workforce data, which has inherent limitations, including misinterpretation of questions and potential recall and acquiescence biases.

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Thank you

