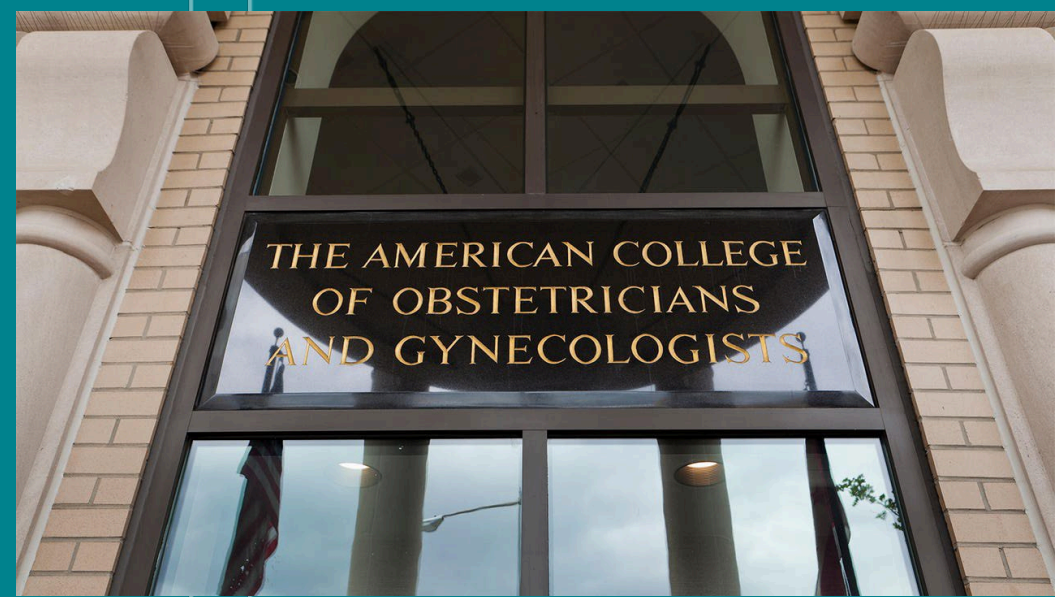


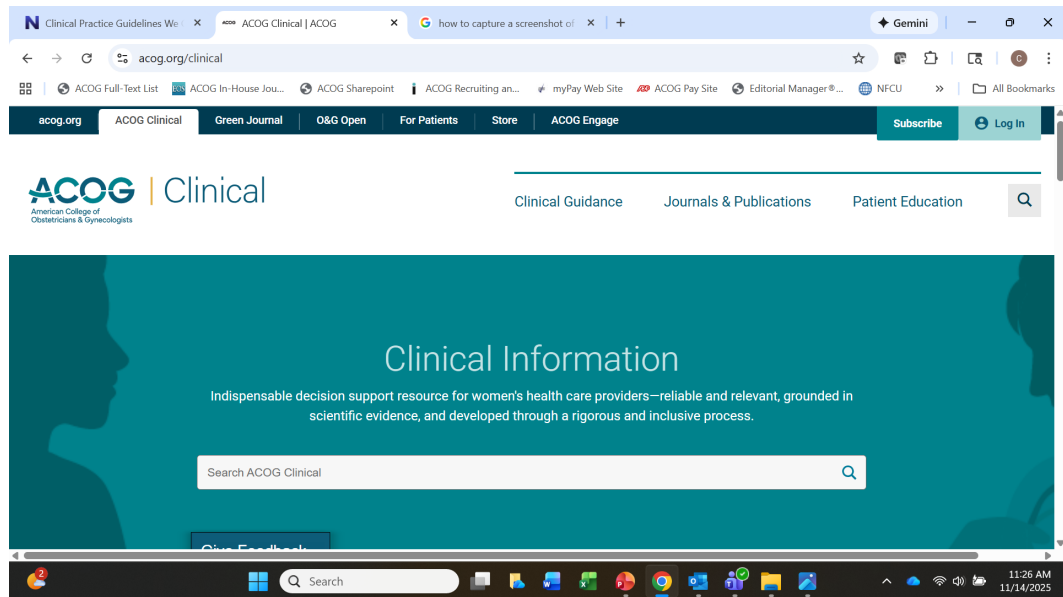
# Update from ACOG: Guidance/Policy Development and Future of the Specialist in General OB/GYN



South Atlantic Association of Obstetricians  
and Gynecologists: January 2026



# ACOG Clinical Guidance



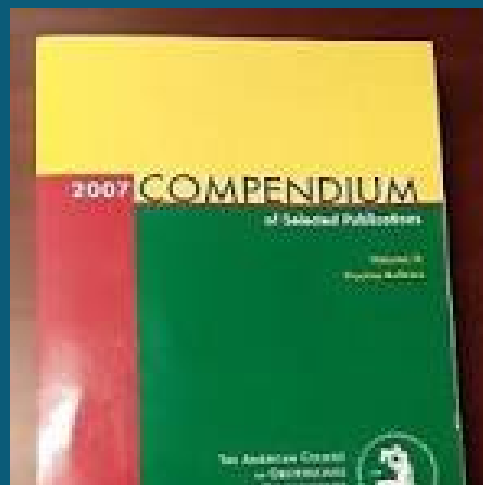
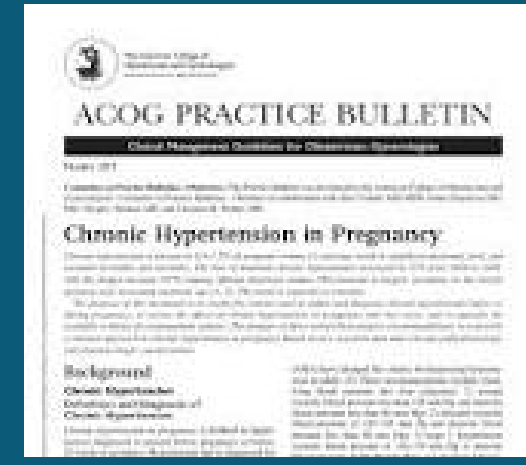
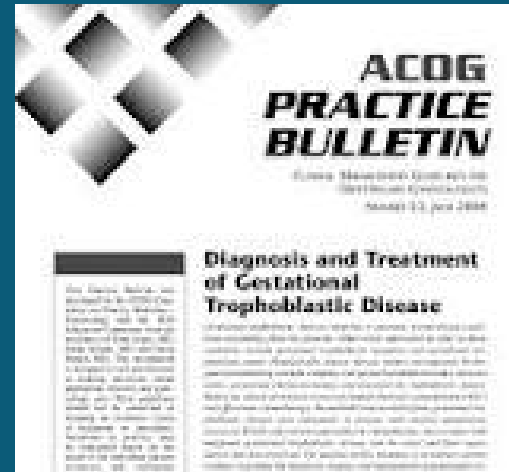
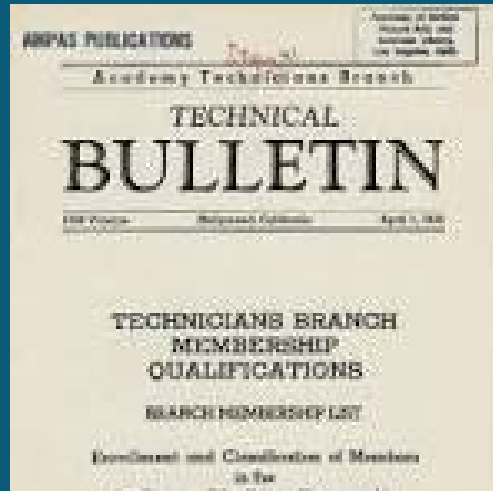
Identified as the primary reason for ACOG membership

- Guidance for members
- Quality care for patients

Foundation of ACOG's work

- Advocacy
- Legal (Amicus Briefs)
- Government Relations
- Education
- Patient education and resources

# The “Old” Days.....



# The Need for Change.....



# Content Transformation Initiative (CTI)



CTI: part of ACOG 2020 initiative



Involved two major changes:

Methodology  
Format



New clinical format: Clinical Practice Guidelines (CPG) and Clinical Consensus (CC)

Committee Statements for Ethics,  
Committee on Advancing Equity  
Position Statements: separate



Timeline:

CPG and CC launch: fall 2021 (September)  
Committee Statements: January 2022

# Clinical Guidance Foundation

## Align

ALIGN with National Academy of Science, Engineering and Medicine (formerly Institute of Medicine) “Clinical Practice Guideline We Can Trust” criteria

## Ensure

ENSURE members continue to have up to date, accurate, actionable clinical guidance

## Reinforce

REINFORCE ACOG’s reputation for developing high-quality, highly valued clinical guidance for payers, hospitals, and other external stakeholders

# Guideline Development External Alignment



Peer organizations

ASCO, ACC, ACCP/CHEST, WHO,  
EPCs



Member Market Research

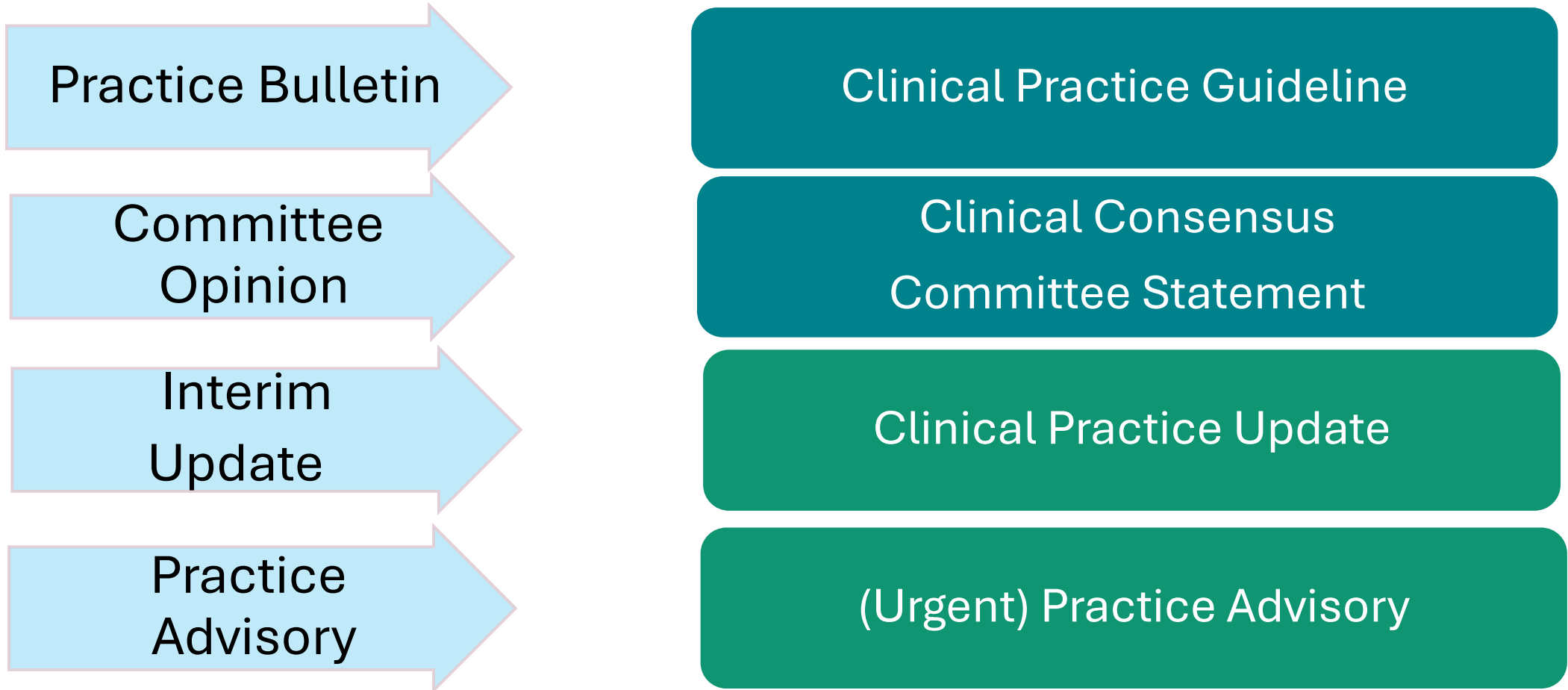
Guidance often #1 reason for ACOG  
membership



Industry standards

GRADE Working Group  
Guidelines International Network  
NASEM (formerly IOM)

# Transition of Document Series



# Clinical Guidance

- Developed by 6 standing committees
- Highly regarded as trustworthy clinical guidelines by ACOG members and others, including institutions, payers, other specialties
- Adhere to industry standards for high quality guidance
- Much of ACOG materials are derived from clinical guidance content

Clinical Practice  
Guidelines –  
Obstetrics

Clinical Practice  
Guidelines –  
Gynecology

Clinical Consensus  
– Obstetrics

Clinical Consensus  
– Gynecology

Committee on  
Ethics

Advancing Equity in  
Obstetric and  
Gynecologic Health  
Care Committee

# Additional Document Types

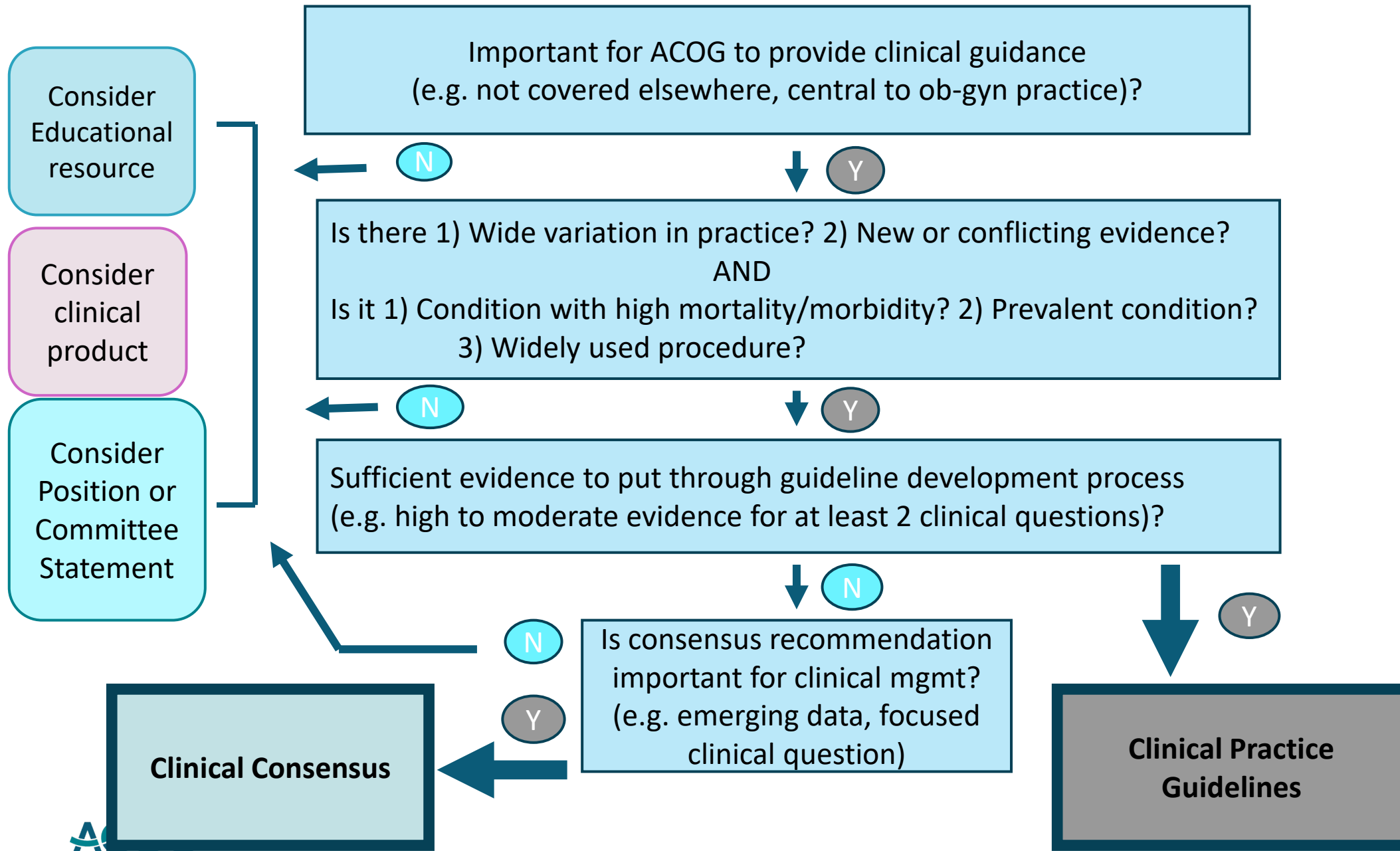
## Practice Advisory

- Brief focused clinical recommendations issued rapidly in response to emergent clinical issue
- Consensus of best medical expert opinion and any available evidence
- Issue as needed

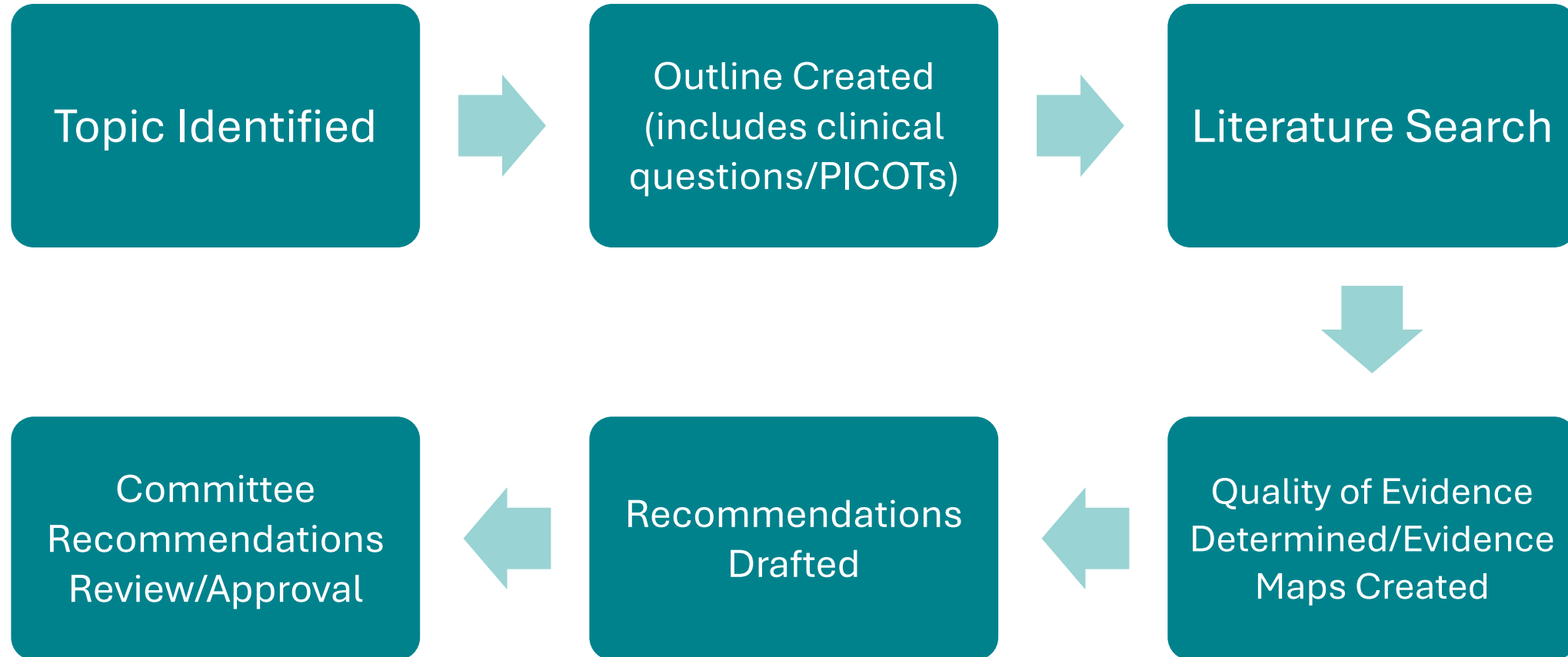
## Clinical Practice Update

- Timely update to current guidance
- Focus on evidence driven updates to CPG or CC documents
- Aligns with series methodology
- Published in O&G

# ACOG Clinical: Clinical Guidance Topic Selection



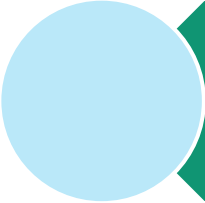
# ACOG Guidance Development – Process Overview



# ACOG Guidance Development: Process Overview



# Clinical Practice Guidelines: Development Process



Rigorous evidence review process  
(PICO, Covidence, RoB, Evidence tables and maps)



Recommendation listed by strength and evidence  
quality

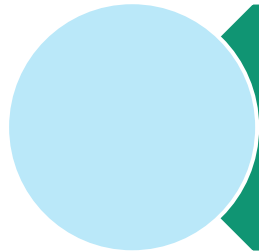


Prioritize number of clinical questions for each topic  
(3-4 that will benefit from evidence analysis)

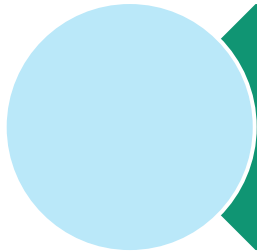


Committee oversight with designated writing group,  
including outside SME author

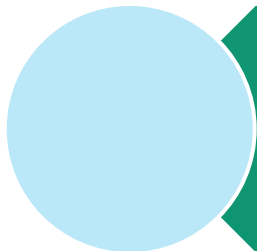
# Clinical Consensus: Development Process



Evaluate and incorporate existing evidence, but not grading evidence (includes PICO outline, literature search, evidence map)

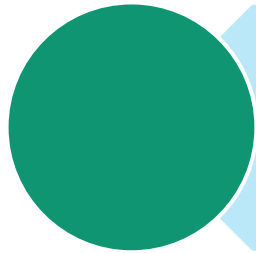


Focused topic scope, limited to 1-2 specific clinical questions

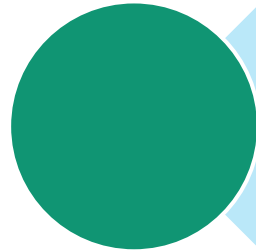


Clinical recommendations based on careful examination of available scientific data and expert consensus when evidence is limited.

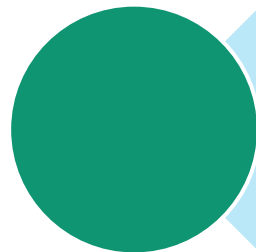
# Committee Statement: Development Process



Focused on issues not requiring in depth evidence review (e.g. advocacy, implementation)



Allows for limited evidence and incorporation and expert opinion



Recommendation can be based on other guidance, with additional context or considerations (e.g. CDC, partner orgs)

# Evidence Map Example

GSM



Purpose driven. Patient focused.

# Why the Rigor???



Adherence to NAS trustworthy guidelines and Guidelines International Network guidance

ACOG's reputation for excellence is not only maintained, but "kicked up a notch"....

- Highly regarded in clinical, government, payor/insurer, quality and safety communities
- Critically important for provision of quality care AND payor/insurer coverage
- ACOG has good relationships with payors/insurers to advocate for coverage of our recommendations

Critical to maintain – quality care and payment

# ACOG Guidance Review - Numbers

| Review Entity                             | Approximate Number of People Involved |
|---|---------------------------------------|
| Committee                                 | 25 - 35                               |
| Clinical or Ethics Document Review Panels | 5 – 6 per Panel                       |
| Legal                                     | 1 - 2                                 |
| CEO                                       | 1                                     |
| Other Divisions/Departments               | Varies; may be 1 - 5                  |
| Board of Directors                        | 29                                    |
| Copyediting                               | 1 - 2                                 |

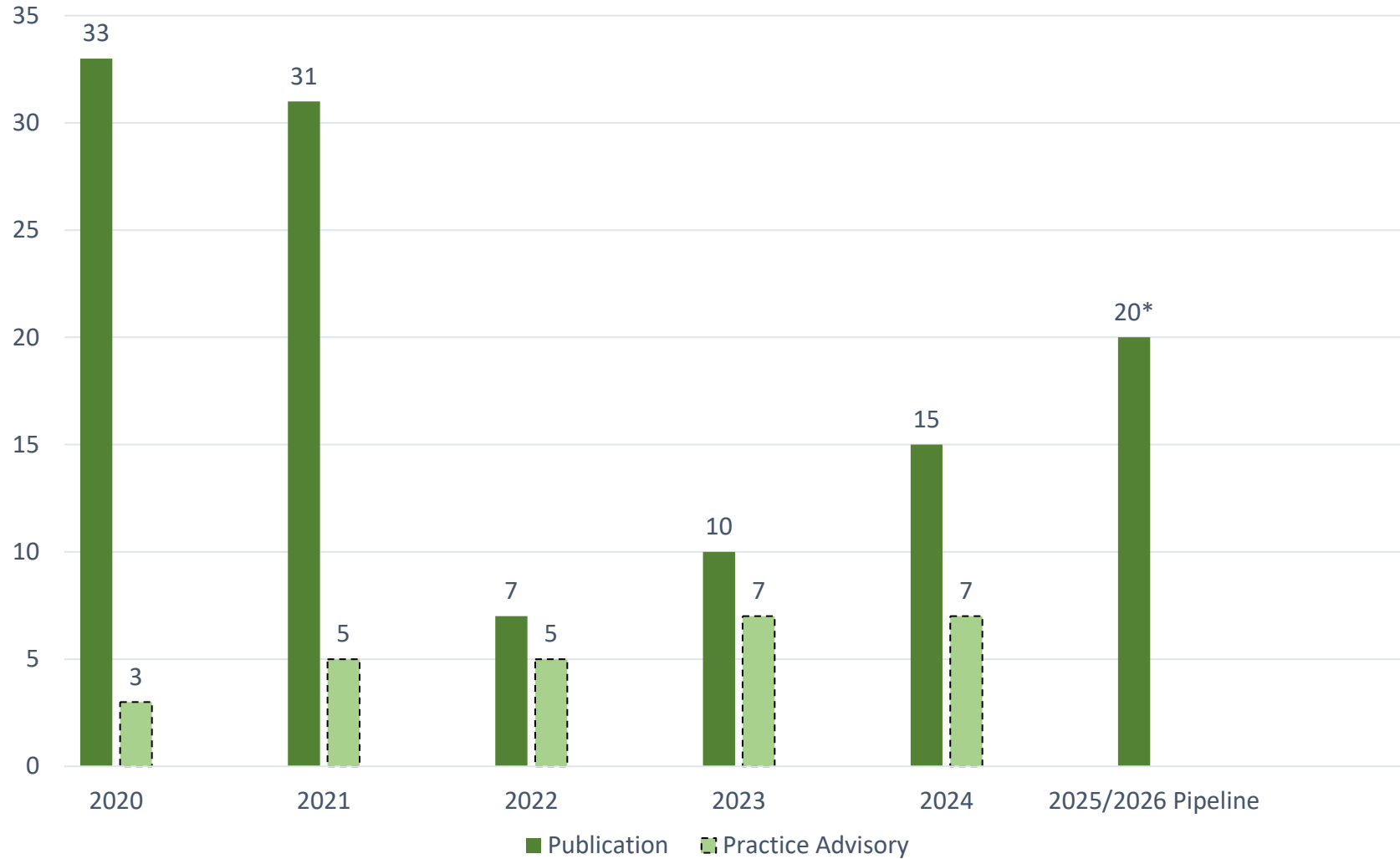
# Some Data...

| Committee        | Document | Title  | Time Frame for Website Downloads | Website Downloads | GJ Access | Ovid Usage |
|------------------|----------|--|----------------------------------|-------------------|-----------|------------|
| Advancing Equity | CO 498   | Adult Manifestations of Childhood Sexual Abuse | Jan–Dec 2024                     | 167,492           | 6         | 79         |
|                  | CO 518   | Intimate Partner Violence                      |                                  | 22,845            | 21        | 313        |
| CC-GYN           | CO 557   | Management of Acute Abnormal Uterine Bleeding  | Aug 2024–Jan 2025                | 179,709           | 3,547     | 1,386      |
|                  | CO 739   | Role of Transvaginal Ultrasonography           |                                  | 77,810            | 1,932     | 509        |
| CC-OB            | CC 4     | UTI in Pregnant Individuals                    | March 2024–March 2025            | 177,794           | 46,141    | 12,832     |
|                  | CO 743   | Low-Dose Aspirin Use During Pregnancy          |                                  | 332,468           | 2,550     | 1,249      |

# Some More Data...

| Committee | Document | Title  | Time Frame for Website Downloads | Website Downloads | GJ Access | Ovid Usage |
|-----------|----------|--|----------------------------------|-------------------|-----------|------------|
| CPG-OB    | CPG 8    | First and Second Stage Labor Management        | March 2024–<br>March 2025        | 117,997           | 13,202    | 8,513      |
|           | PB 217   | Prelabor Rupture of Membranes                  |                                  | 65,415            | 3,495     | 7,038      |
| CPG-GYN   | PB 200   | Early Pregnancy Loss                           | April 2024–<br>April 2025        | 151,190           | 2,114     | 4,158      |
|           | PB 225   | Medication Abortion up to 70 Days of Gestation |                                  | 136,234           | 3,176     | 1,216      |
| Ethics    | CO 410   | Ethical Issues in Genetic Testing              | Sep 2024–<br>Feb 2025            | 38,947            | 2         | 133        |
|           | CO 803   | Confidentiality in Adolescent Health Care      |                                  | 28,806            | 391       | 185        |

# ACOG Committee Publications



\*Six published as of May 2025

# Challenges: Timeliness and Currency

---

- Guidance documents unquestionably take time
- Maintaining methodology is critical for:
  - Evidence-based guidance (best practice and best defense)
  - Reputation in guidance-producing organization sphere
  - Publication (including citation and GJ impact factor)
  - Payor support
- All documents are “current” if they’re live....
  - Reaffirmation date may not be recognized.....
- All documents undergo periodic review (assigned to Committee members and supported with literature searches)
  - Reaffirmation, revision, or withdrawal determined by the Committee
  - PA’s and CPU’s provide interim updates
- ACOG’s productivity is “in the middle of the pack”

# Clinical Guidance: How is it Used?

---

- Data regarding time spent on a document is only part of the picture
  - Doesn't capture full-read of the published version
- But.... not surprising
  - The age of instant gratification...
  - Many may just read the recommendations
- We still need the “parent” documents
  - Provides the evidence for the recommendations
  - Critical for reputation and considerations listed earlier
- Can we do more to get it into the hands of clinicians?
  - And implemented in practice?

# Clinical Guidance – “the Kids” .....

---

- Resources to increase access to content “in the right place, with the right amount, at the right time”
- Derivatives of the “parent” documents
- Considerations:
  - Apps
    - Indicated Delivery App, Due Date Calendar App – both very popular
    - But takes a LOT to develop and maintain
  - Clinical decision support tools
    - Dorsata EMR overlay
    - Clinical Recs (former Health IT members)
  - EMR AI voice overlays
  - Others

# Advocacy

— Policy Priorities —

## Equitable Payment Rates for Maternity and Surgical Care

## Access to Obstetric and Gynecologic Health Care

Statement of Policy

News Releases | November 10

ACOG President Says Label Change on Estrogen Will Increase Access to Hormone Therapy



Issue Brief

## Access to Care During Obstetric Emergencies

When an emergency arises during or after a pregnancy, delays in access to care can lead to poor health outcomes. State laws around abortion and what care patients can receive legally can leave some patients unable to access specialized care in their community.

[Read Our Issue Brief](#)

## Institutional Support for Ob-Gyns

Position Statement

# Advocacy Documents

---



Concept/need may come from several areas

Board of Directors, Government Relations, D&S, Health Payment and Policy



Clinical guidance forms the foundation



Multiple levels of review depending on urgency

Urgency is common.....



Includes public-facing messaging

Press Releases, op-eds, Facts are Important, Frontline Voices, Issue Briefs, etc.,

## How is Feedback Handled??



We get a LOT of feedback.....

- Members, industry, public, payors/insurers.....

All feedback is brought to the applicable Committees and staff and seriously considered

- Weighed against totality of the evidence, including quality

If changes are needed, can be done via corrections, Practice Advisories, or CPU's

- Not all feedback results in document edits

# So Now You Know How the Sausage is Made.....



# The Future of the Specialist in General Obstetrics and Gynecology

# ACOG Membership



Over 62,000  
members



Fellows: 29,331



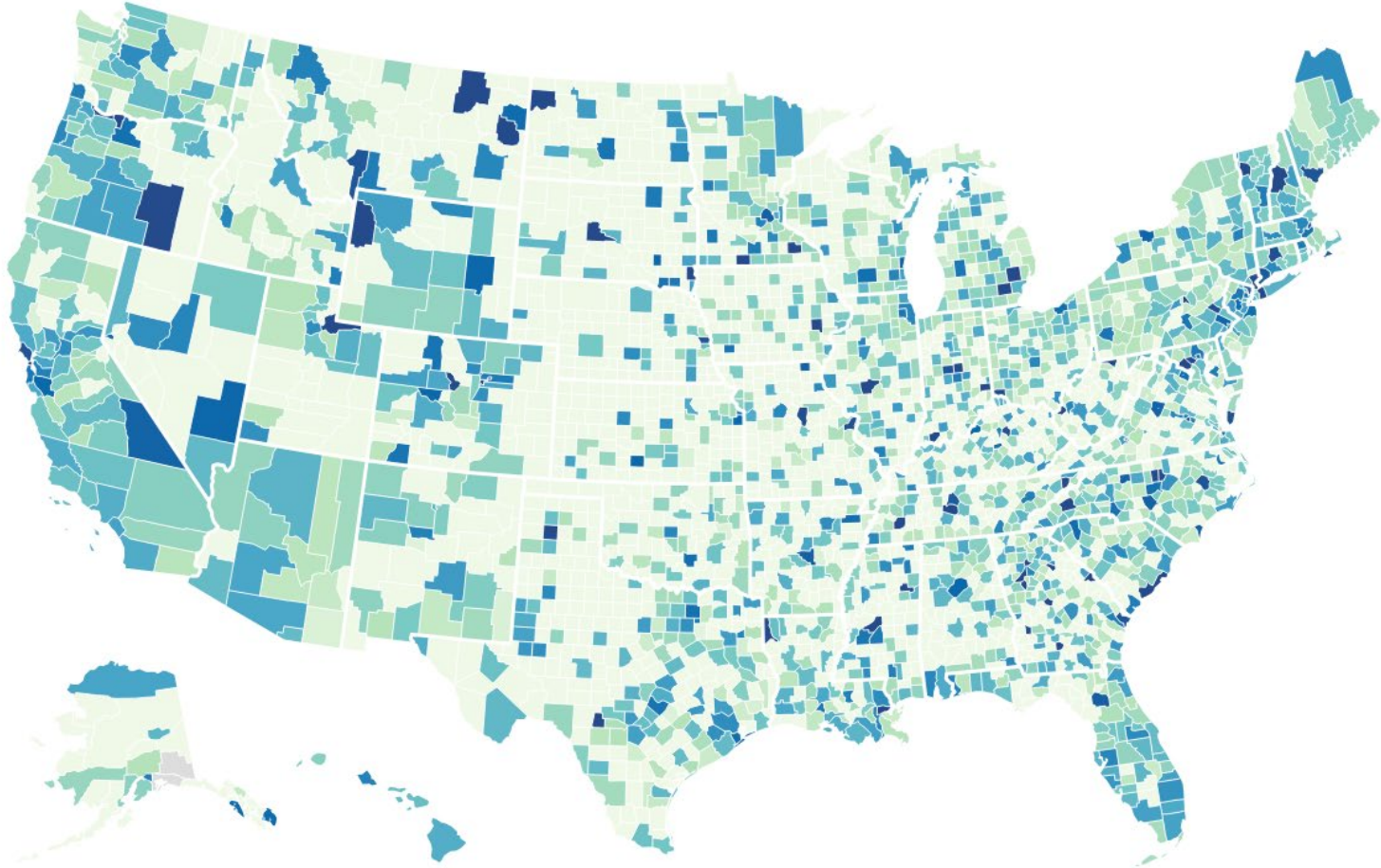
Specialists in  
General Obstetrics  
and Gynecology:  
16,947 (58%)



But..... < 50% of  
the Fellows provide  
their specialty or  
subspecialty in  
their member  
profiles

Figure 1

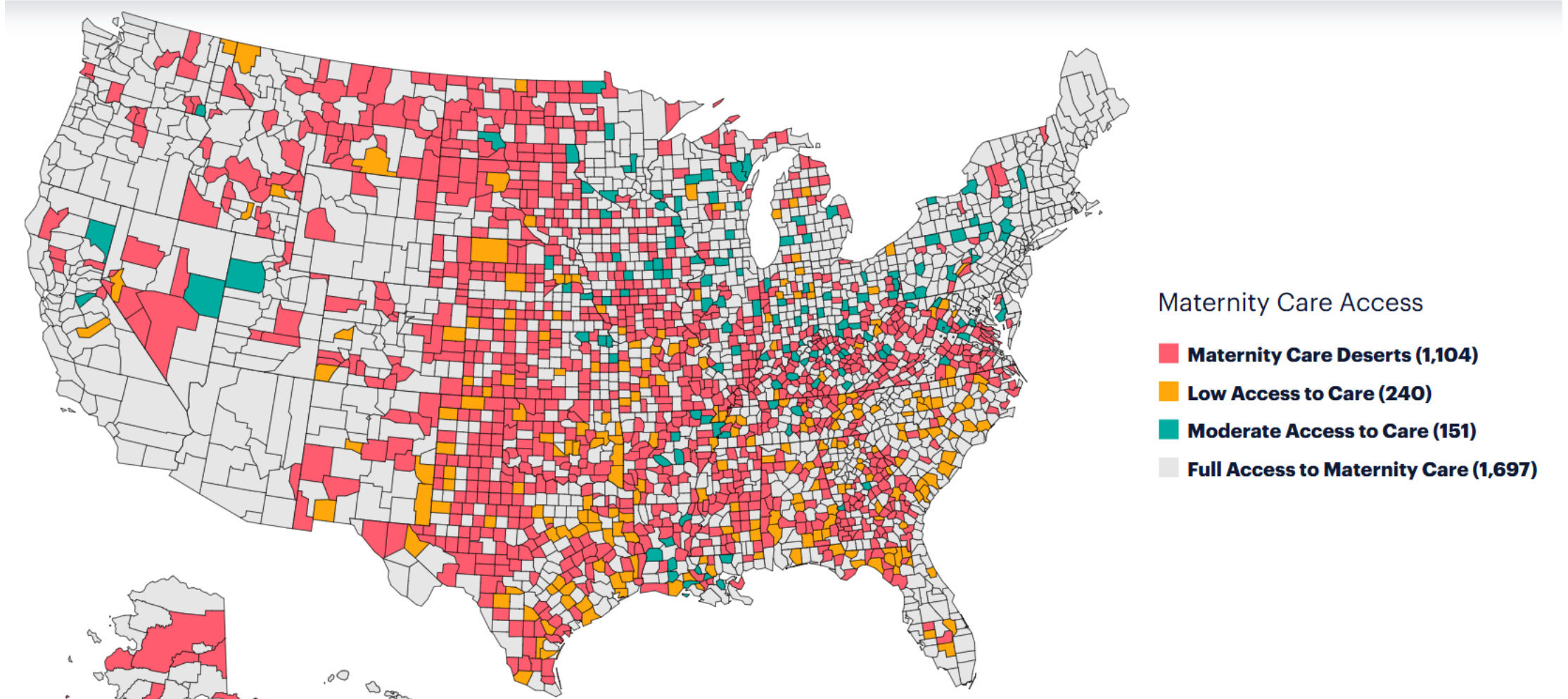
# Number of Practicing OB-GYNs per 100,000 Women Ages 15-64, by County, 2021-2022



# March of Dimes Report

## NOWHERE TO GO: MATERNITY CARE DESERTS ACROSS THE US 2024 REPORT

[Table of Contents](#)

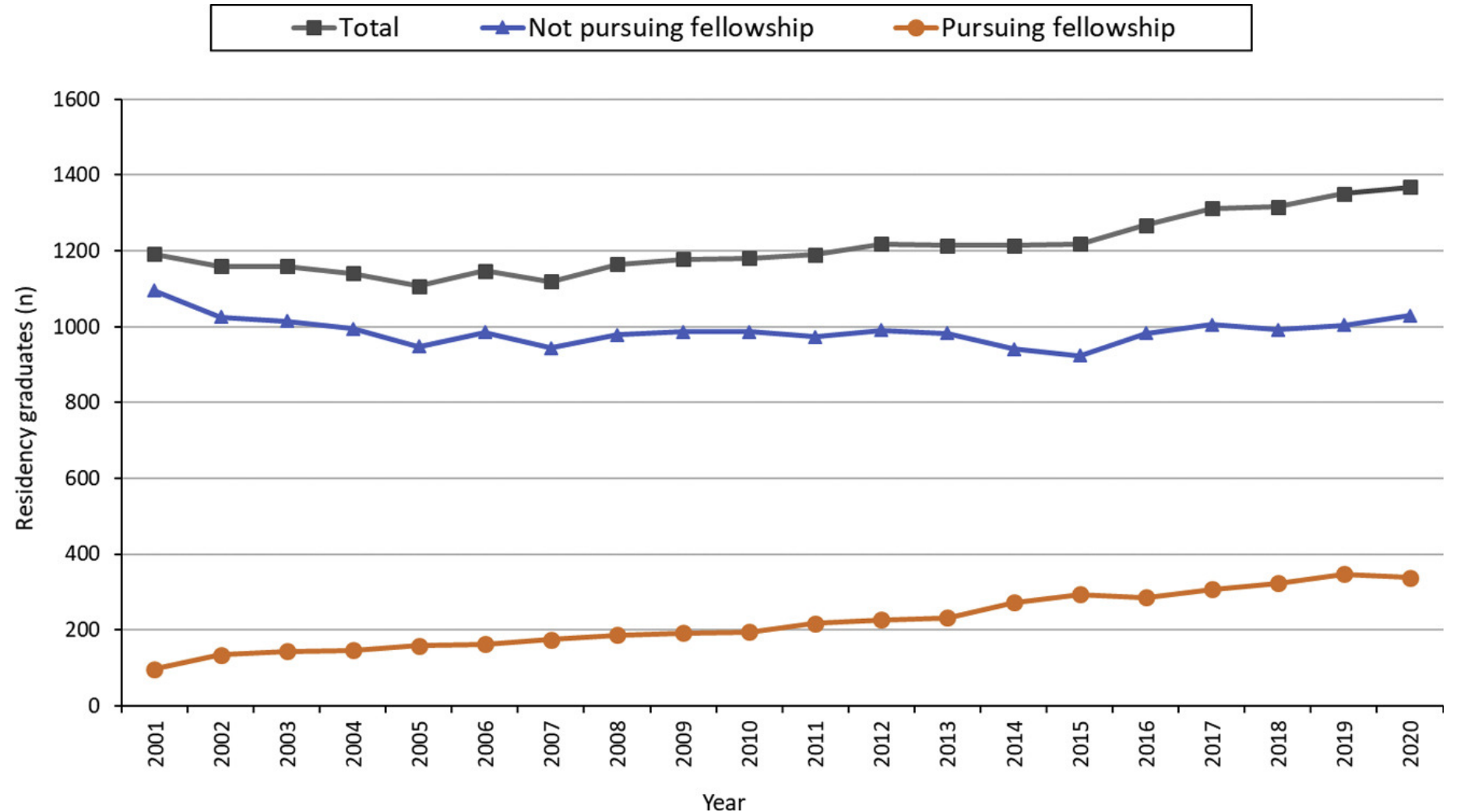


# Residents Entering Subspecialty Training

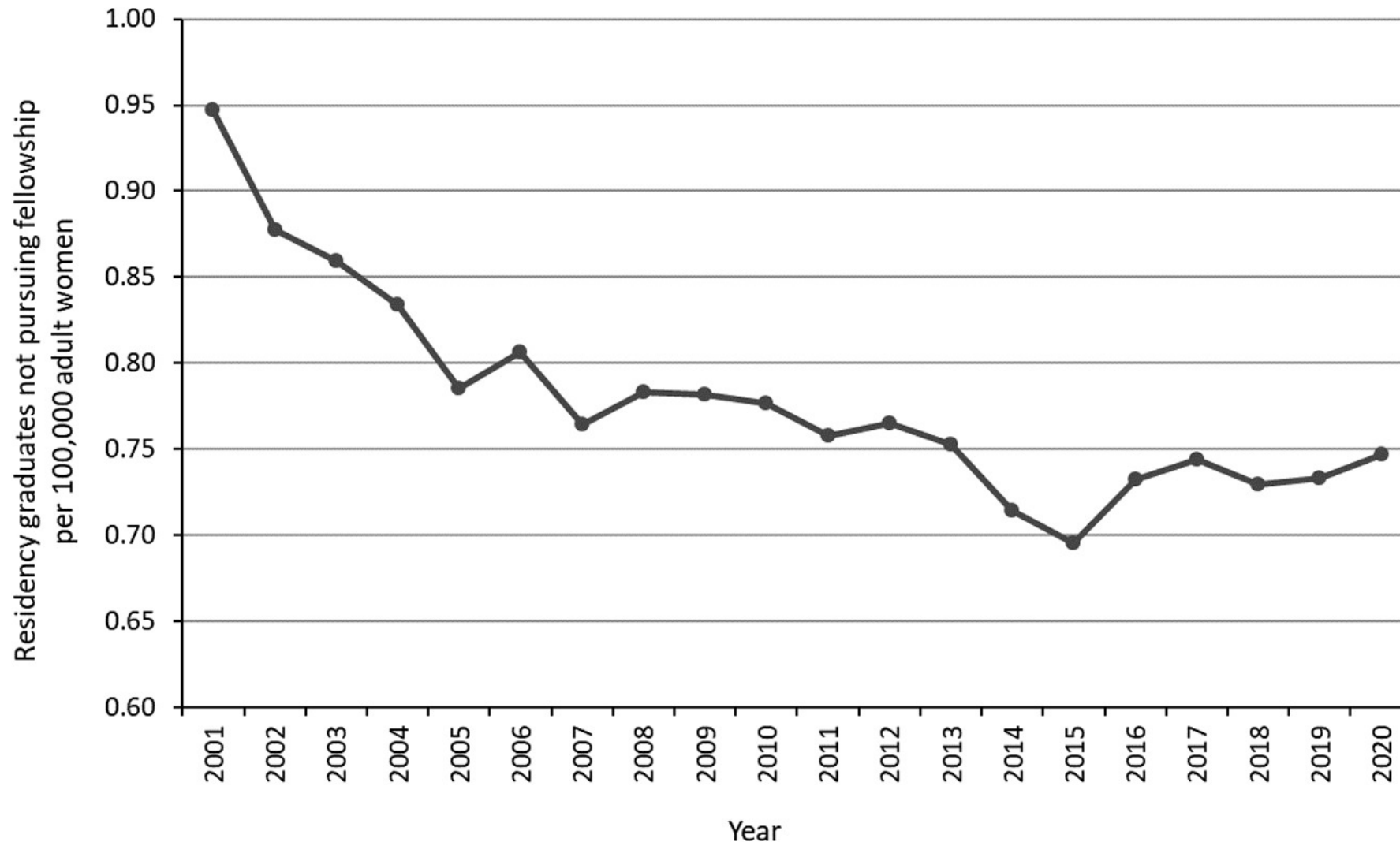
2001: 1 in 12 residents pursued subspecialty training

2021: 1 in 4

Current: 25%-33%



# Residents Not Pursuing Fellowship Training



# Projected OB/GYN Shortage: KFF Analysis



38 OB/GYN's per 100,000 women

Metro counties: 41/100,000, rural counties:  
13/100,000

Equivalent to 1 OB/GYN per 2,600 women



48% of counties did not have a  
practicing OB/GYN

Much higher for rural counties



HHS projection: shortage of 7,980  
OB/GYN's by 2037

Based on supply and growing population of  
adolescent girls and women



Key question: shortage or maldistribution?? Or both??

# Pressures Facing Our Members....

- Burnout
  - 2025 Medscape survey: 30% of OB/GYN reported being burned out
  - 23% reported both burnout and depression
- Work-life balance: not balanced
- EHR challenges
- Business of medicine challenges (administrative and financial burdens)
  - Inadequate payment
  - More OB/GYN's entering an employed model
- Continued growth of technology and knowledge
  - Increasingly difficult to maintain competence in all aspects of care
- Misinformation!!!!



# Bleak?? Or Bright??

- New/enhanced models of care
  - Interprofessional team-based care; team-based collaboration
  - Medical home, “pregnancy home”
- Telehealth
- Hospitalist programs
- Business of medicine training and resources
- Payment advocacy
  - Relationships with CMS and payor community



# ACOG Working to Confront these Challenges

Advocacy

Payment reform

Clinical guidance

Combatting racism

Strengthening residency

Reaching patients

— Policy Priorities —



## Medical Liability Reform

# What Is ACOG Doing??

— Policy Priorities —

## Equitable Payment Rates for Maternity and Surgical Care

---

Share  

## Take Action to Reform Medicare Payment

— Policy Priorities —

## Payment Parity for Obstetric Services

# What Is ACOG Doing??

- Policy Priorities (<https://www.acog.org/advocacy/policy-priorities>)
- Commitment to Policy Action (<https://www.acog.org/advocacy/policy-priorities/commitment-to-policy-action>)
- AMA Delegation
- Abortion and contraception resources
- Mentorship program
- Payment Advocacy and Policy Portal (<https://acogcoding.freshdesk.com/support/login>)
- Combatting misinformation (<https://www.acog.org/contact/media-center/combating-misinformation>)

# The Stanford Model of Professional Fulfillment™

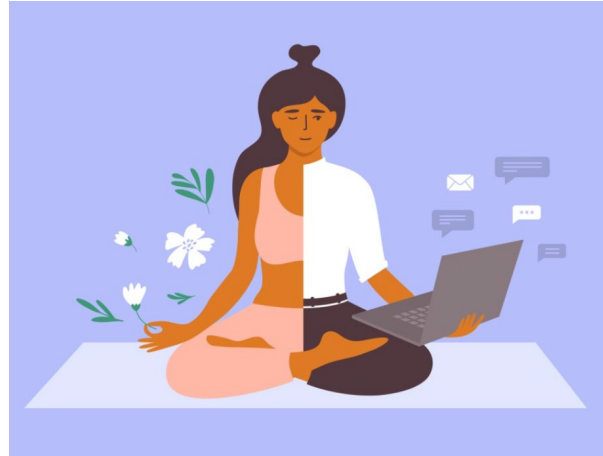
- 3 domains
- Culture of well-being relies on relationships
- Share common mission (individuals and organization)
- Results in feelings of:
  - Value
  - Empowerment
  - Engagement
  - Being part of effective clinical team
  - Belonging, collegiality and community
  - Making contribution to something meaningful, larger than ourselves
  - Purpose
- Affects how we feel, function, collaborate, and communicate
- Workplace coordinated and efficient ➡ highest quality care



# Culture of Wellness

## Strategies to implement

- Wellness:
  - ⑩ Champion – "owns wellness"
  - ⑩ Work group
  - ⑩ Grand rounds
  - ⑩ Meeting agendas
- Give burnout tool
- Social events/Celebrate accomplishments
- Retreats
- Support group/Mentorship/Coaching
- DEI initiatives



## Changing culture

- Normalize conversations about struggles
  - ⑩ Check in, ask – "I care about you, how are things going"
- Normalize discussions about accessing care
  - ⑩ Assist colleagues with finding care
- Culture where vulnerability and struggle are accepted

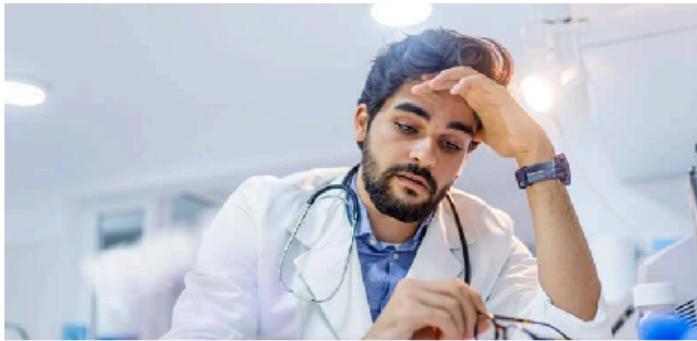
# ACOG Wellness Resources

11/28/25, 10:35 AM

Physician Wellness Tool Kit | ACOG



## Physician Wellness Tool Kit



### ACOG National Wellness Week

Wellness Week aims to promote well-being and prevent burnout.

[Explore Resources](#)

Curricula and Training

<https://www.acog.org/education-and-events/croog/curriculum-resources/physician-satisfaction-and-wellness-initiative/physician-wellness-toolkit>

1/2

11/28/25, 10:35 AM

Physician Wellness Tool Kit | ACOG

Find educational resources and training materials related to physician well-being.



### Residency Program Best Practices

Get ideas for initiatives and programs you can implement to help prevent physician burnout.



### Tools to Assess Wellness

Analyze the effectiveness of your wellness programs with these surveys and questionnaires.



### Wellness References Inspiring and Educational Media and Scientific Literature

Discover books, apps, and reference materials related to physician wellness and mental health.



American College of Obstetricians and Gynecologists  
409 12th Street SW, Washington, DC 20024-2188

Copyright 2025. All rights reserved.  
[Privacy Statement](#) | [Terms and Conditions of Use](#)

<https://www.acog.org/education-and-events/croog/curriculum-resources/physician-satisfaction-and-wellness-initiative/physician-wellness-toolkit>

2/2

# ACOG Well-Being Program

- Peer support
  - Initially developed in several Districts, now national program
- Curated resources
- Area of focus for our leadership
  - Chief for Education, Workforce, and Well-Being
- Well-being in residency programs
- <https://www.acog.org/career-support/well-being>



# ACOG Payment Reform: Global Maternity Fee No Longer Works....

- Does not represent the work being performed
  - Same pay regardless of complexity or time or length of labor
  - Inability for separate surgeon to receive separate payment from insurance for hysterectomy following cesarean because of add-on code
  - No codes for 3<sup>rd</sup> or 4<sup>th</sup> degree laceration
  - No codes for procedural management of hemorrhage
- Years of global billing resulted in dearth of data for risk adjustment
  - Inability to study large datasets (i.e., claims) for office visits, length of labor, complexity for comorbid conditions of pregnancy and outcomes
- Inconsistent with updated guidance
  - Global based on 13 prenatal visits and 1 postpartum visit within 60-days
- Complicates transfers of care
  - Patient changes physicians (moves, changes in insurance, other)
  - Patient requires transfers during labor or delivery (medical complications)
- Complicates patient billing
  - Prenatal care is preventive care via ACA = no cost sharing
  - Delivery is not = cost sharing
- Causes problems with insurance claims
  - Timely filing due to transfers, cost sharing, etc.
- **ACOG members requested the global go away!**
  - **Surveys and requests from members consistently requested that we “fix the global”**

# Maternity Codes Deleted Effective January 1, 2027

- September 2025 CPT Editorial Panel voted to delete maternity code set and replaced with new codes
- Values will be assigned at January 2026 RUC
- Anticipate inclusion in 2027 Proposed Medicare Physician Fee Schedule
- Active for use by all health plans for January 1, 2027

|                         |                               |                            |  |              |
|-------------------------|-------------------------------|----------------------------|--|--------------|
| Maternity Care Services | ● 59XX1<br>● 59XX2<br>● 59XX3 | D59400<br>D59409<br>D59410 | Accepted <b>addition</b> of codes 59XX1-59X12 for reporting maternity care services with new guidelines for these codes; <b>revision</b> of maternity care guidelines; <b>revision</b> of codes 59412, 59051, 59300, | January 2027 |
|-------------------------|-------------------------------|----------------------------|--|--------------|

3, 2025

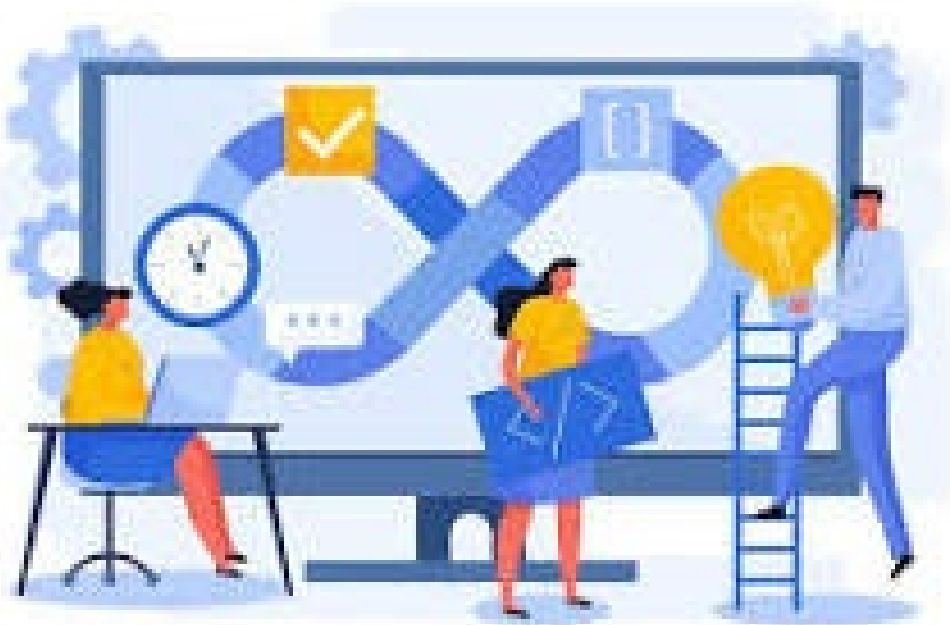
- New
- ▲ Revision
- ✚ Add on
- D Deletion



## CPT® Editorial Panel Summary of Panel Actions September 2025

| Name | Code #  | Panel Action   | Effective Date  |
|------|---|--|---|
|      | ● 59XX4<br>● 59XX5<br>● 59XX6<br>● 59XX7<br>● 59XX8<br>● 59XX9<br>● 59X10<br>● 59X11<br>● 59X12<br>▲ 59412<br>▲ 59414<br>▲ 59051<br>▲ 59300<br>▲ 59898<br>▲ 59899 | D59425<br>D59426<br>D59430<br>D59510<br>D59514<br>D59515<br>D59525<br>D59610<br>D59612<br>D59614<br>D59618<br>D59620<br>D59622 | 59898, 59899; and <b>deletion</b> of codes 59050, 59400, 59409, 59410, 59425, 59426, 59430, 59510, 59514, 59415, 59525, 59610, 59612, 59614, 59618, 59620, 59622. |

# Implementation Plans



Teaching the new  
obstetric codes Fall  
2026

- Getting to every ADM, Online free resources

Working with Medicaid  
and Commercial  
payers on obstetric  
code roll-out

- Already starting this work
- Creating resources for members for their outreach

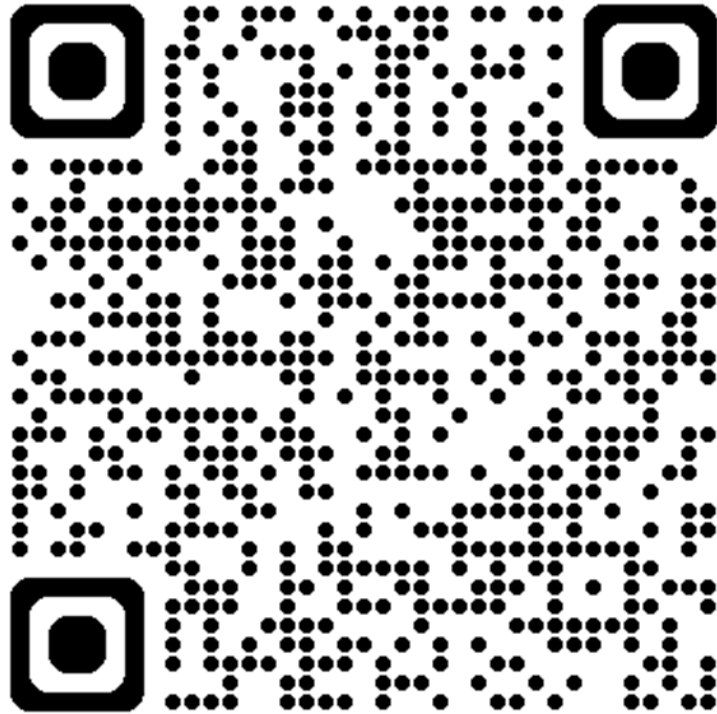
Commercial payer  
data for members

- Developing resources to help members utilize their regional payer data for negotiation

2027 continued roll-  
out

- District/Section curriculum for more teaching and outreach

# Submit Your Coding Questions





# The Society for Academic Specialists in General Obstetrics and Gynecology

- National collaborative network, founded in 2012, to:
  - facilitate our ability to develop new initiatives in women's health care
  - share best practices
  - promote scholarship
  - support leadership within academic departments
- Promotes academic research; research educational programs
- Early career resources and career planning; mentorship
- Pearls of Exxcellence

# Specialists in General Obstetrics and Gynecology

- Absolutely critical role in clinical care and education
- Potential shortage magnified by maldistribution
  - Tied to the obstetric unit closures
- Will require innovative approaches to “grow” the workforce and make redistribution more accessible and attractive
- Multifactorial problem that will need a multidisciplinary response
- Continued advocacy for OB/GYN’s and patients!!



**Thank you!!!!**