The average doctor's visit lasts less than 15 minutes. And between the time wasted on nervous chatter and trying to tie the paper gown, you're looking at just 10 minutes (or less) of poking, prodding, and question-answering. So you don't want to waste precious moments on a doc who's second-rate. But how to find the right one? Start with our list of the best M.D.s in the country...in the specialties most crucial to you.

AMERICA'S TOP DOCTORS FOR WOMEN

By Jennifer Rainey Marquez • Photographs by Craig Cutler
Ready to make your appointment?

WH has teamed up with the research firm Castle Connoly to create an exhaustive list of America’s best docs for women. You can find more information about every physician listed at womenshealthmag.com/topdocs. And for a limited time, get free access on our site to Castle Connoly’s complete physician database of more than 22,000 primary-care doctors and specialists across the U.S.
CARDIOLOGY AND INTERNAL MEDICINE

There are only two risk factors for heart disease (your age and family history) that you can't do anything about—yet it's the No. 1 killer of American women. "A healthy lifestyle is a long way out, but most Americans live on fast food and the most exercise they get is when they go to work," says Barbara H. Roberts, M.D., director of the Women's Cardiac Center at the Miriam Hospital in Providence, Rhode Island. The first step toward preventing the disease, she says, is convincing patients to alter their daily activities (for instance, exercising for just half an hour, five days a week, cut your risk by 30 percent). That's where the internists and cardiologists listed to the right—selected for their focus on risk factors like high blood pressure, high cholesterol, and obesity—step in.

Crunch your numbers. "If you're not getting a physical every year, ask your ob-gyn to check your blood pressure, blood sugar, and cholesterol at your annual appointment," Roberts says. "These are problems that often go undetected in young adults, and by the time you've figured out that your numbers are high, you could already have caused severe damage." Clear the air. "Get real about smoking," says Sharonne N. Hayes, M.D., director of the Women's Heart Clinic at the Mayo Clinic. "It's the most powerful risk factor for heart disease, but many young women will say, 'I'm not a smoker. I only have one or two cigarettes when I go out with my friends.' They don't realize that every cigarette counts. In fact, your risk for having a heart attack drops just 24 hours after quitting.

DERMATOLOGY

Melanoma is the second most common cancer in women in their late twenties. But if it's detected early, the cure rate tops 85 percent. "New imaging tools allow us to spot cancer in earlier stages," says Lynn Cornelius, M.D., chief of dermatology at Washington University. "There are even a few vaccines in clinical trials."

Pick a better blocker. "I use sunscreen with an SPF of at least 30 to protect against UVB (longer, more penetrating rays) and UVA (shorter, more burning rays)," Cornelius says. "Look for ingredients like avobenzone and helioplex, which stabilize the UVA-absorbing ingredients so they don't degrade as quickly."

Ban the bed. "Tanning salons are bad news," says Susan Swetter, M.D., associate professor of dermatology at Stanford University. "Studies show that up to 35 percent of adolescent girls use indoor tanning regularly, despite a 75 percent increased lifetime melanoma risk for anyone who has used a tanning bed before age 35."

OBSTETRICS & GYNECOLOGY

Pap smears and pregnancy tests—that's what it's come to men's minds when they think of their ob-gyn. But now doctors must be prepared to advise patients on everything from HPV vaccine to designer vaginoplasties (hint: they're not recommended). "We've seen many developments in the last decade," says Laura Riley, M.D., medical director of labor and delivery at Massachusetts General Hospital. "Our biggest challenge is still making people aware of basic issues like premature delivery, which occurs in no more than 12 percent of pregnancies in this country."

Get painless results. "To make your Pap smear more comfortable, pop a Tylenol 30 minutes before you come in, and try not to schedule your appointment during the week of your period, when you tend to be more sensitive," Riley says. "If you're coming in because of symptoms like itching or burning, stop using OTC meds the day before your visit. Topical creams make it tougher to get a proper diagnosis."

Take your best shot. "If you're under 26, get the HPV vaccine," Riley says. "Along with significantly lowering the risk for cervical cancer, it can reduce the risk for dysplasia (abnormal cervical cells that can later turn into cancer)."

ENDOCRINOLOGY

In 1980, at-home blood-sugar monitors were the biggest thing in diabetes care since insulin. The monitors have gotten fancier since then, but the number of people with the disease has also gotten a whole lot bigger. With 33 percent of the population tipping the obesity scales and the diabetes rate edging toward 10 percent, endocrinologists in the U.S. are facing a crisis. "Fortunately, diabetes is a manageable condition," says Irl Hirsch, M.D., professor of medicine in the division of metabolic endocrinology, and nutrition at the University of Washington School of Medicine. "But unless you make controlling your blood sugar a priority, you're looking at some devastating complications down the road, including nerve damage or blindness."

Keep an inside track. "Diabetes is a disease of the details," Hirsch says. "Along with your glucose meter, bring to your checkups a three-day written log of what you've eaten, what your blood sugar readings have been, and the insulin doses you've taken. We can use that to figure out whether you're managing the disease effectively."

Make your own odds. "If you develop high blood sugar during pregnancy, don't assume that you'll be out of the woods after you deliver," says Ellen Seely, M.D., director of clinical research in the endocrinology, diabetes, and hypertension division at Brigham and Women's Hospital in Boston. "Restecheck shows that women who are diagnosed with gestational diabetes have a 30 percent risk of developing type 2 diabetes in the next five years. But you can make lifestyle changes that can prevent the disease."
Gastroenterology

Irritable bowel syndrome, a condition marked by abdominal pain, cramping, bloating, and digestive distress, affects one in five adults. Yet not long ago it was considered to be a disorder of the mind, not the gut. Docs used to chalk up symptoms to stress alone, but later studies showed that many other factors are at play. “We’ve learned that it is a real disease and we now recognize triggers that can exacerbate it in addition to stress, including foods like red meat, coffee, and artificial sweeteners,” says Marie Borum, M.D., M.P.H., director of the division of gastroenterology and liver diseases at the George Washington University. “This discovery has allowed patients to live more normal lives.”

Neurology

When Joel Saper, M.D., began his career 35 years ago, experts argued that women suffered from migraines more often than men as a result of their “anxious natures.” Saper rejected that idea, and new research linking women’s higher headache rates to estrogen receptors in the brain backs him up. “These days, nearly everyone can find relief thanks to new therapies like neurostimulation, which may turn ‘off’ headaches by using electrical pulses to block the sensation of pain in the brain,” says Saper, director of the head pain treatment unit at Chelsea Community Hospital in Ann Arbor, Michigan.

Oncology

Current genetic research is as tightly intertwined with cancer care as two strands of DNA. From the identification of risk factors like the BRCA mutations (known as the breast cancer genes) to genetic tests to determine how patients will respond to treatments, DNA discoveries have revolutionized cancer care. And though a cure may still elude oncologists’ dreams, “the field is moving rapidly,” says Barbara Goff, M.D., director of gynecologic oncology at the University of Washington Medical Center. “I’m treating patients with drugs I didn’t even know existed a few years ago.”

Put your genes to the test. “Know your family history,” Goff says. The Gynecologic Cancer Foundation has a free online risk assessment tool (wearon.com) that can help women identify whether they’re at risk for the gene mutations associated with cancer.

Take the lead. Ask about clinical trials, says Edith Perez, M.D., professor of medicine at the Mayo Clinic in Jacksonville, Florida. Young adults have the lowest participation rate of any age group, yet “it’s where cutting-edge treatments are born,” she says.

Orthopedics/Sports Medicine

There was a big disparity between the resources available to male athletes and female athletes when Deborah Saint-Phard was growing up. “Twenty years ago, if you weren’t a football player, your injuries weren’t taken seriously,” says the associate professor in the departmnet of physical medicine and rehabilitation at the University of Colorado Denver School of Medicine. “Girls today are even more demanding of their bodies, but we’ve finally started catching up on gender differences affect the risk for sports injuries. Now there are programs and clinics to meet women’s special needs. Researchers are even starting to develop women-specific training programs (Saint-Phard’s pick is called Sportsmetrics) to protect female athletes against injuries.

Steel yourself. “There’s a misperception that strength training isn’t necessary as long as you’re doing aerobic exercise,” Saint-Phard says. “Runners think ‘I run, so I don’t need to weight train my lower body.’ But overuse injuries occur most commonly when there’s weakness in the hips and butt—where all the bones in your legs are aligned.

Don’t push through fatigue, says Jo Hannafin, M.D., Ph.D., codirector of the Women’s Sports Medicine Center in New York City. “People say, ‘I just wanted to do one more run on the ski slope.’ But when you’re tired, you lose your sense of your body’s position in space, and that’s when you become more likely to get hurt.”
Reproductive Medicine & Infertility

Unlike nature's proverbial bunmies, "humans are surprisingly inefficient at reproduction," says David Walmer, M.D., Ph.D., chief of reproductive endocrinology at the Duke University Medical Center. "It's a delicate operation, and each cycle there are so many things that can go wrong." And despite innovations like in vitro fertilization, there's still a big gray area when it comes to fertility. "If a man has no sperm or a woman has blocked tubes, that's an obvious problem. But many infertility cases are caused by a confluence of factors, and that can make a diagnosis difficult.

Do it for the kids. "Three words: Don't delay childbearing. The right age to have kids is the earliest age that you're in the right relationship," Walmer says. "We could get rid of probably 80 percent of the infertility clinics in the U.S. if couples decided to have children at a younger age."

Aim for a healthy weight. "It can keep your reproductive system running smoothly," says Sandra Carson, M.D., professor of obstetrics at Brown University. "Excess fat lowers insulin sensitivity, which is associated with higher levels of androgens (male hormones), which can stop ovulation."

Psyciatry

Not so long ago, experts saw the brain as your body's equivalent of a David Lynch movie: mysterious and tough to interpret. But with new imaging tools, like the functional MRI, which allows doctors to see brain activity in real time, psychiatrists are starting to better understand how the brain works—and how it can become impaired. "Yet despite recent insights, the biggest challenge continues to be the stigma associated with mental illness and the reluctance of patients to seek help," says Jerold F. Rosenbaum, M.D., chief of psychiatry services at Massachusetts General Hospital. "Only half of those with mental disorder receive any form of treatment, and those who do often get only minimal care."

Don't settle for good enough. "Unfortunately, we can't yet match a patient to the best treatment on the first try," Rosenbaum says. "I work with each patient as a team, and I rely on them to keep me informed of how their remedies are working. Don't hesitate to let your doctor know if a drug isn't meeting your expectations or if you can't handle the side effects—eventually, we'll find the combination that's right for you.

Find calm in chaos. "In many ways, the human brain wasn't designed for the sensory overload of modern times, and the amount of stress generated by our fast-paced lives can be unhealthy," says Diana L. Dell, M.D., assistant professor in the departments of psychiatry and of obstetrics and of gynecology at the Duke University Medical Center. "When stress or anxiety starts to overwhelm, give your brain a break. Meditation, exercise, or even mind-numbing chores like folding laundry or organizing your junk drawer can help calm anxieties and return a sense of control.

Additional reporting by Jennifer Bright Heath