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COMMENTARY

Pregnancy Among Women Physicians: How Does this Affect Medical Education?

Michele Fang, MD

Dr. Fang is a member of the Forum *editorial board and can be reached at michele-fang@uiowa.edu.*

Women made up 48% of all American medical school graduates in 2010.[1] Women physicians often struggle with balancing home life with career, particularly at the timing of childbearing. In a study of 457 family medicine residency programs, 34% of residents became pregnant during their PGY1 year, 40% during PGY2 year, and 23% during PGY3 year.[2] Similarly, 38% of surveyed pediatricians reported being pregnant during residency.[3] In contrast, more than 50% of women surgeons delayed childbearing until they were in independent practice or post-training.[4] Residency is already a difficult time with long work hours and emotional and physical stress. Previous studies have shown that pregnant physicians have a 1.86 relative risk of an adverse pregnancy outcome compared to non-physicians of similar socioeconomic status.[5]

The main dissatisfaction with maternity leave was not related to birth timing or maternal age at delivery but to work-related issues such as limited leave time, financial concerns, and pressure from partners/coresidents. The average length of maternity leave for family medicine residents was 6.53 weeks. In contrast, a survey of board-certified female urologists found that 14.5% took less than three weeks of leave, and 70% took no more than eight weeks of leave.[6] Although female urologists in practice were twice as likely to take more than nine weeks compared to those in training, only 30% in practice took this much time. The optimal time for maternity leave was felt to be seven to 12 weeks,[2] with longer maternity leaves extending residency in programs and delaying sitting for boards.

The second most common reason for dissatisfaction was pressure from colleagues who would be obligated to cover missed calls, clinics, and other duties. In a survey of 341 faculty and residents at the Medical College of Ohio, 80% of respondents felt that a pregnant colleague was an inconvenience,[7] as the absent resident's workload would have to be shared among the other residents. Both faculty and male residents who responded to surveys felt that pregnancy was disruptive to the functioning of the department.[8]

Resident satisfaction was also influenced by the availability of childcare close to campus, extended hours, and good quality care. Currently, 84% of birthing residents were either neutral or dissatisfied with their childcare arrangement.[2] In addition, early termination of breastfeeding secondary to the demands of residency or work was another factor leading to less satisfaction.

Given the increase in female physicians and rising maternal age of women entering medical school, these childbearing issues will likely become more important. For both residents and practicing female physicians, well-communicated maternity and paternity leave policies, flexible schedule of rotations and shifts (including part-time options), on-site childcare, breastfeeding facilities, support groups, and mentoring relationships have been recommended by researchers to minimize the impact of pregnancy.[9] It has also been recommended that residents or coworkers who work extra hours to cover residents on leave receive credit for that work. Awareness and a cultural change by residencies and physician leaders to recognize the needs and strengths of female physicians will be even more important in the future.

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