



Otolaryngology-Head & Neck Surgery

Department of Surgery UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH

Current state of safe pregnancy policies for the US surgical trainee

A review of the trends and specific risks in US surgical residency

Hayley Mann, MD University of Wisconsin Department of Surgery, Division of Otolaryngology Head and Neck Surgery October 21, 2023



Outline

- Background

- Gender disproportionality in surgical training
- Training implications for pregnant trainees
- Results of surveys sent to surgical programs

- Next steps



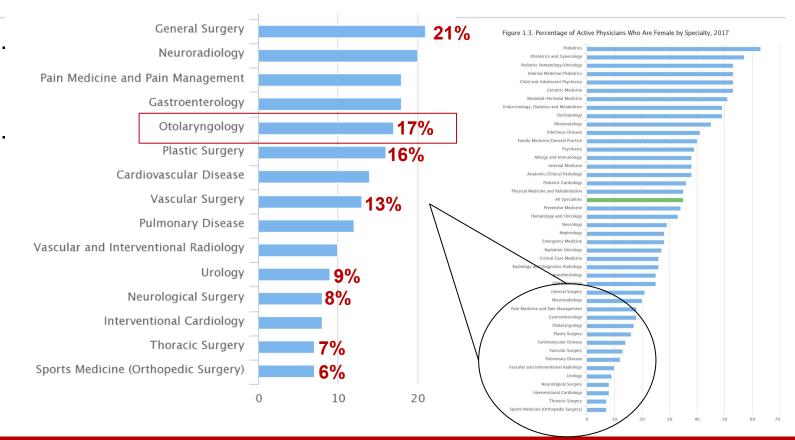
Disclosures

We have no conflicts of interest associated with this project



Remarkable People, Remarkable Results.

Composition of Medicine: Female Surgeons





Pregnancy During Surgical Training

- <u>48-98% of female trainees delay childbearing, citing reasons including:</u>
 - avoid disruption of training
 - avoid burdening others with call/shift coverage
 - stigma of being a pregnant surgeon
 - fear of OB complications due to high stress & workload of training
 - lack of formal policy or support from their program
- Of women who had a child during residency: 40% strongly considered leaving their career
 - nearly 30% would discourage a surgical career for female medical students, specifically because of the difficulties of balancing pregnancy and motherhood with training



-

Effects of Training on Pregnant Residents

- Female surgical residents have:
 - Fewer children than their male counterparts (18%-28% vs 32%-54%)
 - Their first child later in life (**30-34 vs 25 years old**)
 - Fewer children overall (0.6-2.1 vs 2.7)
 - Higher infertility rates than in the general population (30%-32% vs 11%)
 - Higher need for **assisted reproductive technology** rates (8%-13% vs 1.7%)
 - Female surgical residents are more likely than non-surgeon female partners to have major pregnancy complications (48.3% versus 27.2%).



What are residency programs currently doing to "protect" pregnant female residents?



Survey: Design and Distribution

- 20 question survey to program directors & coordinators

- Internally validated
- Otolaryngology, plastic surgery, vascular surgery, & general surgery
- Nov 2022 Jan 2023
- IRB exemption by the Minimal Risk Research IRB (ID number 2022-1370)

- Questions included:

- Presence of current policy
- Inclusion of safety education
- Call/overnight shift work requirements
- Workplace protection and safety policies
- Satisfaction with current protocol



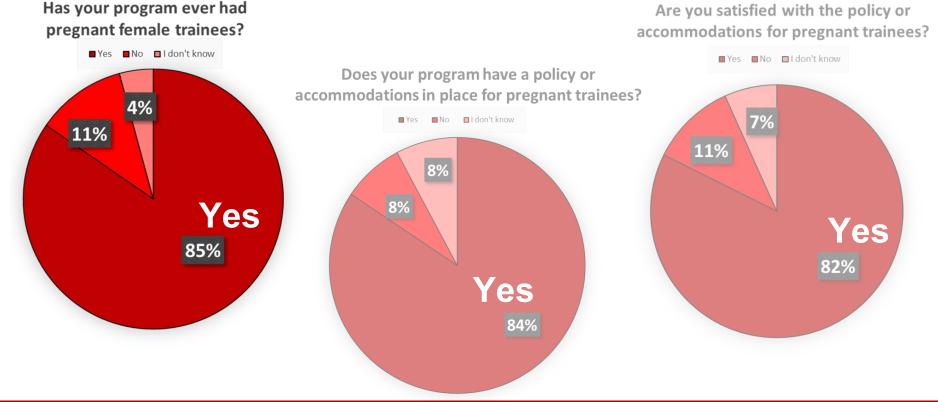
Survey Response Rate

Total of 608 programs emailed

- Response rate 23.5% (143/608)
- General surgery (70), OHNS (45), plastic surgery (20), and vascular surgery (8)

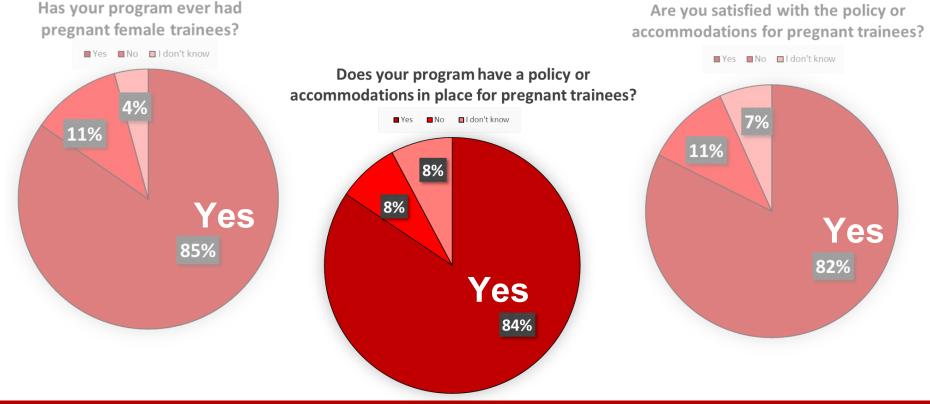


Perceived Need, Presence, and Satisfaction of Existing Protocol



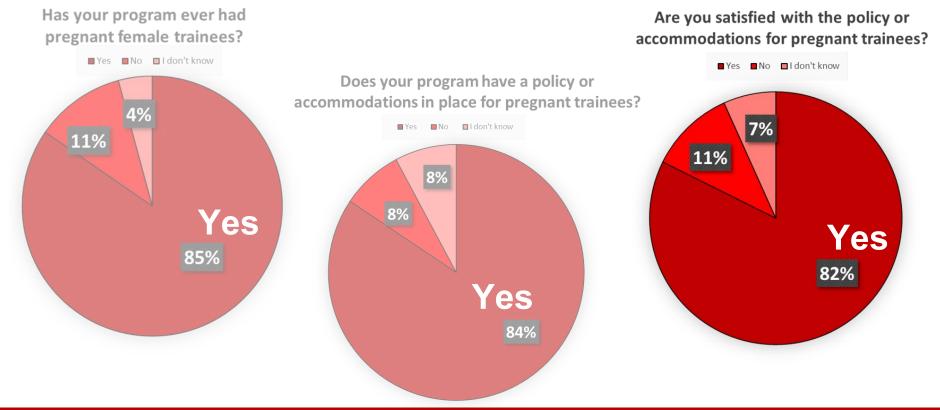


Perceived Need, Presence, and Satisfaction of Existing Protocol



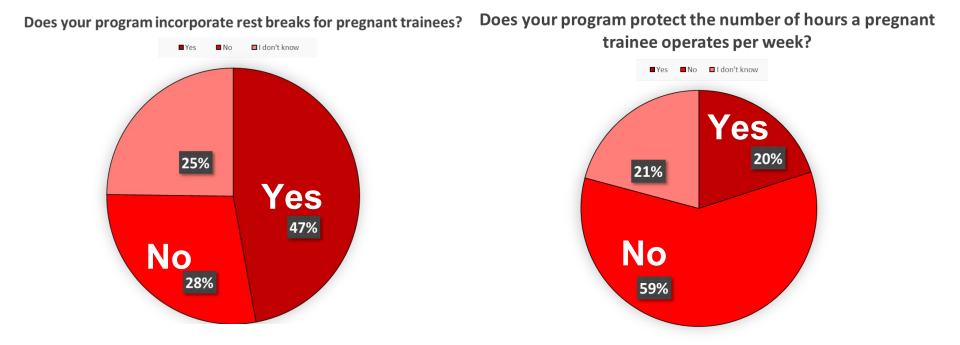


Perceived Need, Presence, and Satisfaction of Existing Protocol





Existing Codified Protections



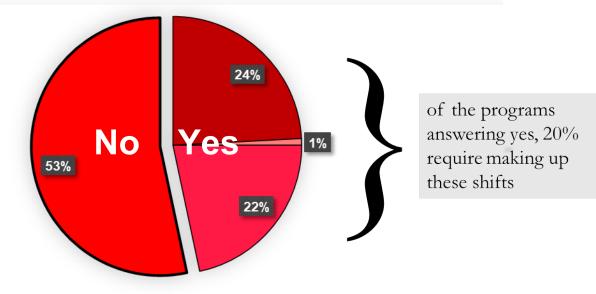


Remarkable People, Remarkable Results.



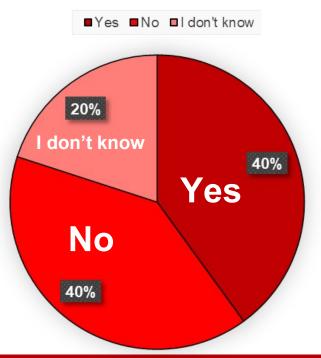
Are overnight shifts or call schedules adjusted for pregnant trainees?

■Yes, but only during the first trimester ■Yes, but only during the third trimester ■No / I don't know



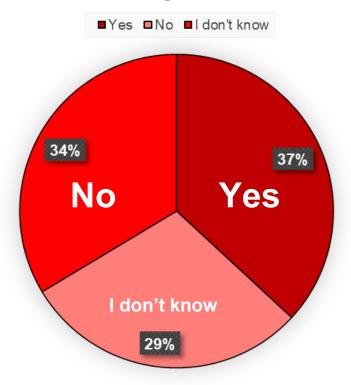


Does your program have a contingency plan for supporting non-child-bearing trainees if their pregnant colleagues' responsibilities are adjusted during pregnancy or post-partum?



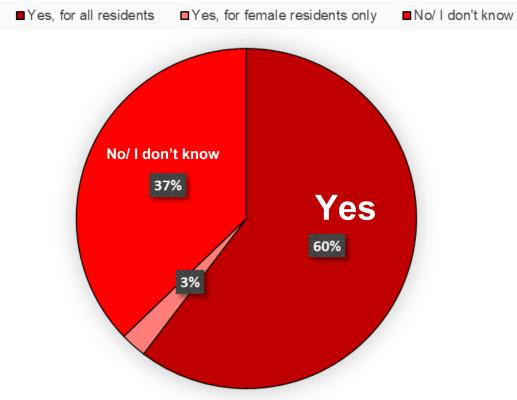


Do you provide information to pregnant trainees regarding workplace exposures that pose a risk of fetal anomaly or miscarriage?





Is there protected time off for bereavement/miscarriage in your program?





Excerpts from Written (Open) Responses

... Pregnant trainees are not required to make up call but they do because they personally do not want to burden their co-residents, this survey makes me realize we should consider formalizing that in our program.

Wish we could offer [more], but understand the potential impact to training length.

The current guidelines regarding pregnancy lack detail regarding reduced work hours ... I think that there should be clear guidelines on how to address reduced duty hours in terms of board eligibility. In my opinion, working/training "part time" should be a clearly defined accomodation option.

Our work force is small, and in a lot of ways, it's nearly pushed to its limit.



Next Steps

- Vast majority of present policies address *parental leave*, with very few addressing the specific risks that trainees face *during pregnancy*
- Propose an *evidence-based policy* intended to be widely adopted across surgical subspecialties nationwide
 - Specific recommendations for:
 - Physical exertion (standing, lifting)
 - Exposure to radiation, anesthetic gases, organic solvents
 - Call shifts
 - Bereavement
 - Safety education and prevention of workplace hazards
 - Stress related to impact of workload for co-trainees
- 2 of 3 women surgeons report a desire for greater mentorship on integrating a surgical career with motherhood and pregnancy



Thank you for your time and attention

Special thank you to: Dr. Tiffany Glazer University of Wisconsin Department of Surgery Safe Pregnancy Committee

Questions?



Remarkable People, Remarkable Results.

References

- 1. AAMC. Active Physicians by Sex and Specialty. Accessed November 27, 2022, https://www.aamc.org/data-reports/workforce/interactive-data/active-physicians-sex-and-specialty-2017
- 2. AAMC. Report on Residents. Accessed March 25, 2023, https://www.aamc.org/data-reports/students-residents/data/report-residents/2022/table-b3-number-active-residents-type-medical-school-gme-specialty-and-gender
- 3. ACOG. Having a Baby After Age 35: How Aging Affects Fertility and Pregnancy. Accessed March 25, 2023, https://www.acog.org/womens-health/faqs/having-a-baby-after-age-35-how-aging-affects-fertility-and-pregnancy#: https://www.acog.org/womens-health/faqs/having-a-baby-after-age-35-how-aging-affects-fertility-and-pregnancy#: https://www.acog.org/womens-health/faqs/having-a-baby-after-age-35-how-aging-affects-fertility-and-pregnancy#: https://www.acog.org/womens-health/faqs/having-a-baby-after-age-35-how-aging-affects-fertility-and-pregnancy#: https://www.acog.org/womens-health/faqs/having-a-baby-after-age-35-how-aging-affects-fertility-and-pregnancy#: https://www.acog.org/womens-health/faqs/having-a-baby-after-age-35-how-aging-affects-fertility-and-pregnancy#: <a href="https://www.acog.org/womens-health/faqs/having-affects-fertility-age-35-how-aging-affects-fertility-age-35-how-aging-affects-fertility-age-35-how-aging-affects-fertility-age-35-how-aging-affects-fertility-age-35-how-aging-affects-fertility-age-35-how-aging-affects-fertility-age-35-how-aging-affects-fertility-age-35-how-aging-35-how-aging-35-how-aging-35-how-aging-35-how-aging-35-how-aging-35-how-aging-35-how-aging-35-how-aging-35-how-aging-35-how-aging-35-how-aging-35-how-35-how-35-how-35-how-35-how-35-how-35-how-35-
- 4. Brown EG, Galante JM, Keller BA, Braxton J, Farmer DL. Pregnancy-related attrition in general surgery. JAMA Surg. Sep 2014;149(9):893-7. doi:10.1001/jamasurg.2014.1227
- 5. Colletti LM, Mulholland MW, Sonnad SS. Perceived obstacles to career success for women in academic surgery. Arch Surg. Aug 2000;135(8):972-7. doi:10.1001/archsurg.135.8.972
- 6. Neumayer L, Kaiser S, Anderson K, et al. Perceptions of women medical students and their influence on career choice. Am J Surg. Feb 2002;183(2):146-50. doi:10.1016/s0002-9610(01)00863-7
- 7. Turner PL, Lumpkins K, Gabre J, Lin MJ, Liu X, Terrin M. Pregnancy among women surgeons: trends over time. Arch Surg. May 2012;147(5):474-9. doi:10.1001/archsurg.2011.1693
- 8. Lawlor C, Kawai K, Tracy L, Sobin L, Kenna M. Women in Otolaryngology: Experiences of Being Female in the Specialty. Laryngoscope. Feb 2021;131(2):E380-e387. doi:10.1002/lary.28917
- 9. Rangel EL, Lyu H, Haider AH, Castillo-Angeles M, Doherty GM, Smink DS. Factors Associated With Residency and Career Dissatisfaction in Childbearing Surgical Residents. JAMA Surg. Nov 1 2018;153(11):1004-1011. doi:10.1001/jamasurg.2018.2571
- 10. Rangel EL, Smink DS, Castillo-Angeles M, et al. Pregnancy and Motherhood During Surgical Training. JAMA Surg. Jul 1 2018;153(7):644-652. doi:10.1001/jamasurg.2018.0153
- 11. Rangel EL, Castillo-Angeles M, Easter SR, et al. Incidence of Infertility and Pregnancy Complications in US Female Surgeons. JAMA Surg. Oct 1 2021;156(10):905-915. doi:10.1001/jamasurg.2021.3301
- 12. Todd AR, Cawthorn TR, Temple-Oberle C. Pregnancy and Parenthood Remain Challenging During Surgical Residency: A Systematic Review. Acad Med. Oct 2020;95(10):1607-1615. doi:10.1097/acm.000000000003351
- 13. Kin C, Yang R, Desai P, Mueller C, Girod S. Female trainees believe that having children will negatively impact their careers: results of a quantitative survey of trainees at an academic medical center. *BMC Med Educ*. Nov 13 2018;18(1):260. doi:10.1186/s12909-018-1373-1
- 14. Mavedatnia D, Ardestani S, Zahabi S, et al. The Experiences of Motherhood in Female Surgeons: A Scoping Review. Ann Surg. Feb 01 2023;277(2):214-222. doi:10.1097/SLA.000000000005730
- 15. 22. Stentz NC, Griffith KA, Perkins E, Jones RD, Jagsi R. Fertility and Childbearing Among American Female Physicians. J Womens Health (Larchmt). Oct 2016;25(10):1059-1065. doi:10.1089/jwh.2015.5638
- 16. Behbehani S, Tulandi T. Obstetrical complications in pregnant medical and surgical residents. J Obstet Gynaecol Can. Jan 2015;37(1):25-31. doi:10.1016/s1701-2163(15)30359-5
- 17. Sandler BJ, Tackett JJ, Longo WE, Yoo PS. Pregnancy and Parenthood among Surgery Residents: Results of the First Nationwide Survey of General Surgery Residency Program Directors. J Am Coll Surg. Jun 2016;222(6):1090-6. doi:10.1016/j.jamcollsurg.2015.12.004
- 18. Merchant SJ, Hameed SM, Melck AL. Pregnancy among residents enrolled in general surgery: a nationwide survey of attitudes and experiences. Am J Surg. Oct 2013;206(4):605-10. doi:10.1016/j.amjsurg.2012.04.005
- 19. Weaver MD, Landrigan CP, Sullivan JP, et al. The Association Between Resident Physician Work-Hour Regulations and Physician Safety and Health. *Am J Med*. Jul 2020;133(7):e343-e354. doi:10.1016/j.amjmed.2019.12.053
- 20. ACOG Committee Opinion No. 733: Employment Considerations During Pregnancy and the Postpartum Period. Obstet Gynecol. Apr 2018;131(4):e115-e123. doi:10.1097/aog.00000000002589

