

Title: Lack of Standardization in Maternity Leave and Postpartum Resources May Contribute to Rising Infertility in Female Physicians

Abstract:

Background: Infertility is a substantial issue in the United States, affecting 11% of women. Unfortunately, within the population of female physicians it poses an even greater issue, affecting 24.3% of women.

Despite the magnitude of the issue, female physician infertility is scarcely studied and actionable solutions are often difficult to scale to appropriately address the problem. There are many different causes of infertility, including anovulation (ie. Polycystic Ovarian Syndrome, stress), uterine abnormalities (ie. endometriosis) and decreased ovarian reserve (ie. advanced maternal age). Infertility arises due to one or a mix of these causative agents and is therefore difficult to treat. Due to the arduous nature of training, female physicians (FPs) are a particularly vulnerable population and the issue of their fertility needs to be institutionally addressed.

Methods: In this study, we surveyed the twenty-five largest internal medicine residency programs in the United States that subscribe to The Accreditation Council for Graduate Medical Education (ACGME). We asked questions geared towards each program's policies regarding parental leave, paid leave, and lactation rooms. These questions were either answered through publicly listed policies on program websites or by requesting this information from internal medicine departments themselves. One program was not included in our results because they did not have any information available publicly and did not respond to several attempts to contact them. In each of these residency programs, the length of maternity leave, possibility of parental leave, financial compensation during the leave, and availability of designated lactation rooms and supplies were studied in order to assess the standard of care given to female residents that are pregnant.

Results: Our analysis of the top twenty-five largest internal medicine residency programs showed that only an average of 6 weeks maternity leave was given to internal medicine female residents. Maternity leave at these programs ranged from 0 weeks to 12 weeks with options for additional leave through the Family and Medical Leave Act (FMLA). Our study also revealed that only 73.91% of the programs offered paternity leave. Additionally, only 68% of the twenty-five programs offered paid maternity leave and 72% offered lactation rooms for postpartum physicians.

Conclusion: These results show that there is a lack of standardization among internal medicine residency programs regarding parental leave policies as well as resources available for postpartum physicians. There needs to be an institutional shift within medicine to promote standardized care for pregnant and postpartum female physicians. By implementing a more standardized level of care for pregnant and postpartum physicians, the multifaceted issue of FP infertility can be mitigated.