

# Maternity Leave in Graduate Medical Education: Determinants and Wellness Outcomes

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## Background

- Resident maternity leave was last studied in 1993 and showed:
  - 30% of residents took < 4 weeks of maternity leave
  - 66% of residents took < 8 weeks of maternity leave<sup>1</sup>
- The **Family Medical Leave Act (FMLA)** was passed in 1993.
- 2017 is the first year that **women outnumber men** in undergraduate medical education.
- The number of women across the academic pipeline has also increased.
- The average age of an entering medical student today is **24 years old**.
- In the past 25 years, no study has focused on resident maternity leave.
- Our study describes **current maternity leave practices and outcomes across specialties**.



Figure adapted from *The State of Women in Academic Medicine*, AAMC, 2014

## Aims

- Characterize maternity leave taken by trainees across specialties and the factors influencing its length.
- Describe the impact of maternity leave on trainee and infant wellbeing.

## Methods

- Anonymous, web-based survey of **female residents**
- 24 GME programs** at the University of Washington (May 2016)
- The survey tool was developed based on factors and survey items from current literature relating to the topic at hand.
- The survey measured:
  - Maternity leave practices (length,
  - Personal factors (ie age, partner status, partner employment)
  - Program factors (ie gender ratios, size, program director gender)
  - Measures of wellbeing (breastfeeding, depression, burnout, perceptions of support from colleagues, attendings, and program directors, and satisfaction with childbearing in residency)
- A final open ended question was included asking for additional thoughts.

## Results

- 44% (214/481) response rate.
- Among 50 residents who are parents or currently pregnant:
  - 34% (17) had two or more children
  - 75% (35) reported pregnancy during residency
  - 50% (25) reported maternity leave during residency
  - 18% (9) reported current pregnancies
- Average maternity leave: **8.4 weeks** (SD 2.6 weeks).
- There was no significant difference between surgical, medical and hospital based specialties and length of maternity leave.

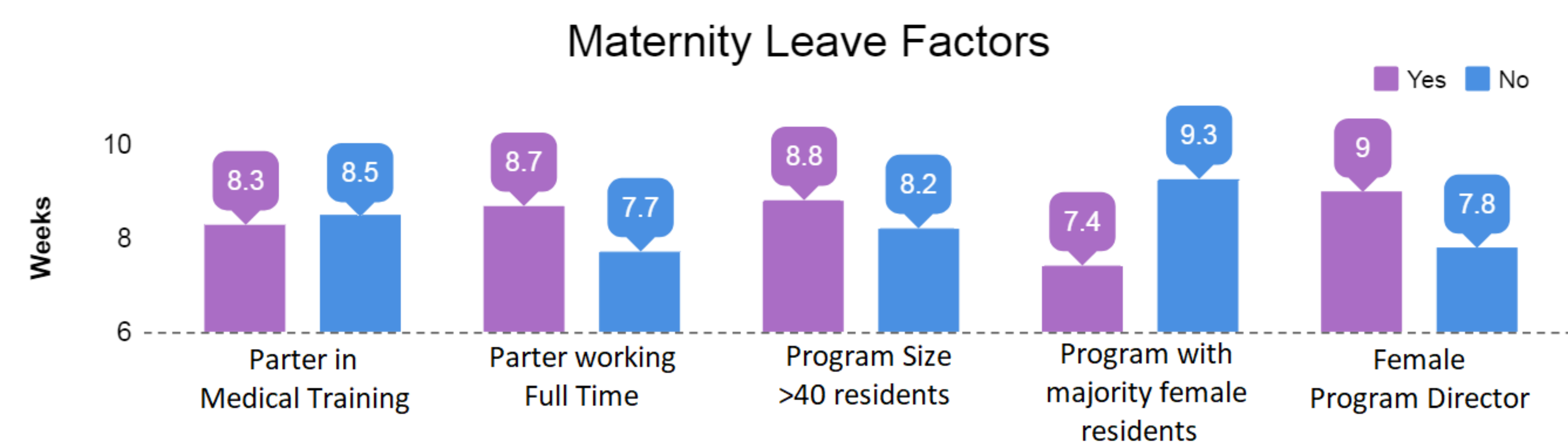


Figure 2: The effect of personal and program characteristics on length of maternity leave.

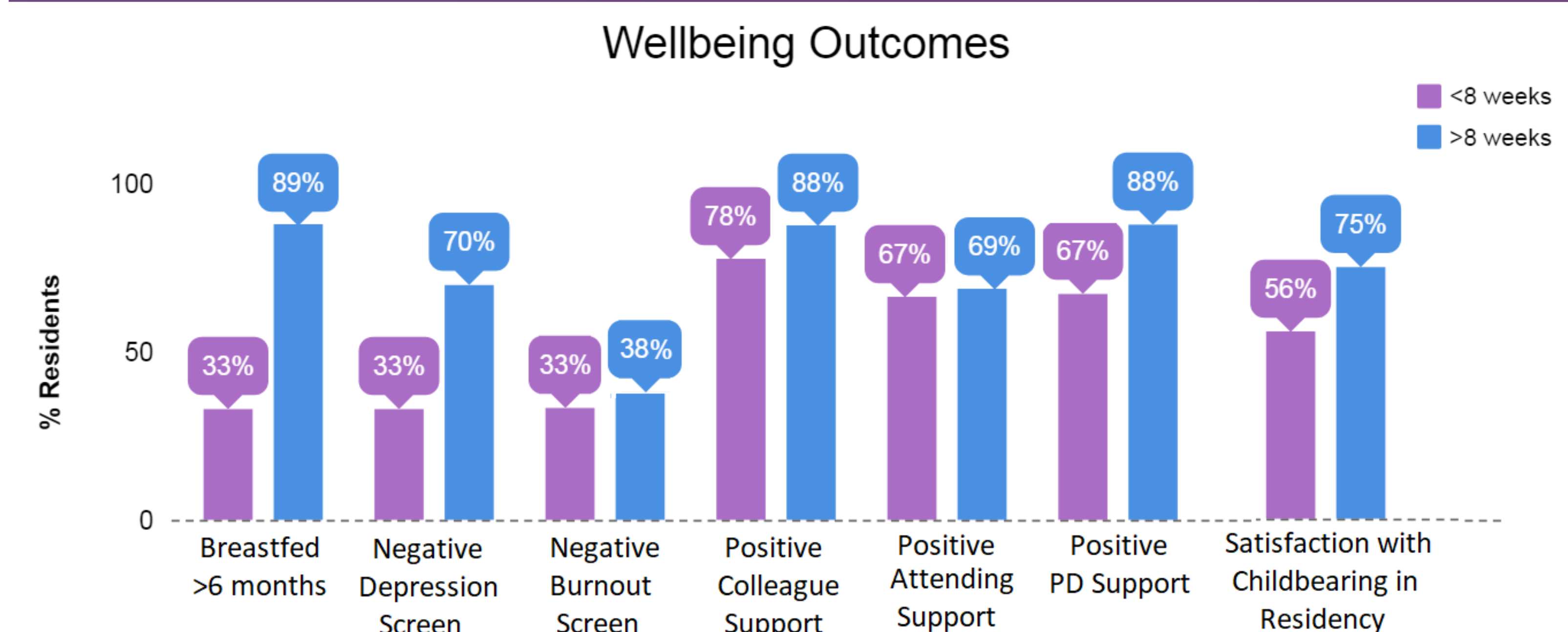


Figure 3: Longer maternity leaves trended toward better wellbeing outcomes.

## Self-Reported Determinants of Maternity Leave

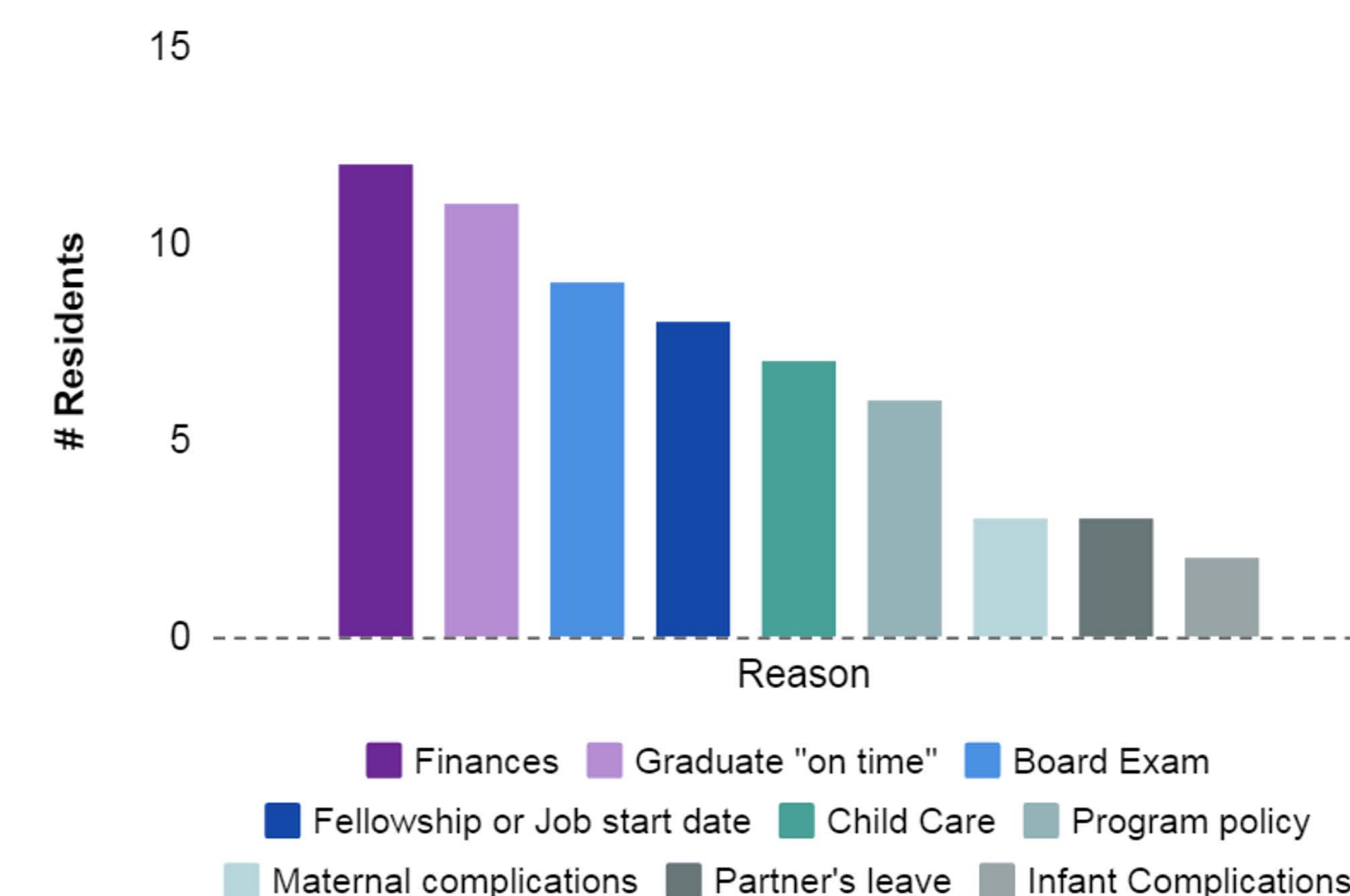


Figure 1: Self reported determinants were related to direct and indirect financial considerations

"I felt like I was **inconveniencing others** and that my superiors were irritated."

"The fact that an attending is able to control my maternity leave [and] there are **no regulations from the GME** is very disturbing."

"I see this burden **disproportionately affecting female members** of our residency program."

## Discussion and Next steps

This hypothesis generating study suggests that length of maternity leave:

- Is primarily driven by **direct financial factors**, such as a partner with a stable income, and **indirect financial factors** such as the anticipated income that is lost by starting a fellowship or job later than expected.
- Is influenced by **concerns for disrupting the training environment** – which could explain why programs with male majorities had nearly 2 week longer maternity leaves.
- Is directly proportional to **positive well-being outcomes**.

A multicenter study is currently underway to further explore these hypotheses.

