

# Pregnancy and parental leave among obstetrics and gynecology residents: results of a nationwide survey of program directors.

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## Abstract

### BACKGROUND:

The health and economic benefits of paid parental leave have been well-documented. In 2016, the American College of Obstetricians and Gynecologists released a policy statement about recommended parental leave for trainees; however, data on adoption of said guidelines are nonexistent, and published data on parental leave policies in obstetrics-gynecology are outdated. The objective of our study was to understand existing parental leave policies in obstetrics-gynecology training programs and to evaluate program director opinions on these policies and on parenting in residency.

### OBJECTIVE:

A Web-based survey regarding parental leave policies and coverage practices was sent to all program directors of accredited US obstetrics-gynecology residency programs.

### STUDY DESIGN:

Cross-sectional Web-based survey.

### RESULTS:

Sixty-five percent (163/250) of program directors completed the survey. Most program directors (71%) were either not aware of or not familiar with the recommendations of the American College of Obstetricians and Gynecologists 2016 policy statement on parental leave. Nearly all responding programs (98%) had arranged parental leave for  $\geq 1$  residents in the past 5 years. Formal leave policies for childbearing and nonchildbearing parents exist at 83% and 55% of programs, respectively. Program directors reported that, on average, programs offer shorter parental leaves than program directors think trainees should receive. Coverage for residents on leave is most often provided by co-residents (98.7%), usually without compensation or schedule rearrangement to reduce work hours at another time (45.4%). Most program directors (82.8%) believed that becoming a parent negatively affected resident performance, and approximately one-half of the program directors believed that having a child in residency decreased well-being (50.9%), although 19.0% believed that it increased resident well-being. Qualitative responses were mixed and highlighted the complex challenges and competing priorities related to parental leave.

### CONCLUSION:

Most residency programs are not aligned with the American College of Obstetricians and Gynecologists recommendations on paid parental leave in residency. Complex issues regarding conflicting policies, burden to covering co-residents, and impaired training were raised.