



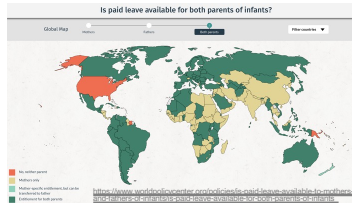
Parental Leave During Anesthesiology Fellowship

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BACKGROUND

Parental leave is an important consideration for many residents and fellows. Up to 40% of residents and fellows plan to have children during training.¹ The International Labor Organization recommends 18 weeks of maternity leave due to studies correlating the length of leave with decreased infant mortality and increased breastfeeding, which has health benefits for both mother and baby.²



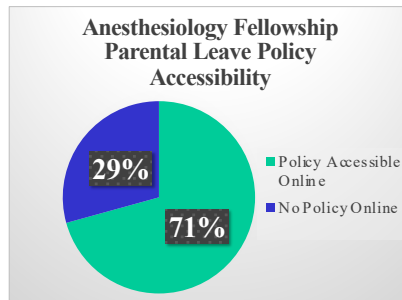
A study in 1991 demonstrated that 82% of Boston-area hospital program directors had official maternity leave policies.³ These policies vary from specialty to specialty, with a review in 2017 sharing that 42% of urology programs had maternity leave policies versus 90% in pediatrics.⁴ In obstetrics-gynecology, 69% of programs had paternity leave policies.⁵ As trainees evaluate programs, is the parental leave policy easily accessible online?

METHODS

There are 140 ACGME-approved anesthesiology fellowships including 60 pediatric, 74 adult cardiothoracic, 63 critical care, 39 regional and acute pain medicine, 41 obstetric, 111 chronic pain medicine & 1 clinical informatic program.

We performed online searches of each program's website to look for institutional policies on parental leave. The average attention span of an internet user is 8-12 seconds, but we allotted 10 minutes, assuming a prospective fellow would be highly motivated and persistent. If the policy was discovered within that time frame, it was considered "easily accessible."

RESULTS



99 out of 140 (71%) programs had parental leave policies easily accessible online.

41 out of 140 (29%) programs did not.

Of these, 6 programs required a log-in for access.

DISCUSSION

The United States ranks last amongst developed economies in government-mandated paid leave for new parents.² Graduate medical education falls short from the international recommendation of 18 weeks of maternity leave. GME training programs should be transparent about their parental leave policies. Easily accessible policies demonstrate a commitment to employee wellness, work-life balance, and a supportive environment for new parents. We found that 29% of anesthesiology fellowship programs did not have easily accessible parental leave policies available online.

Challenges to parental leave for trainees include increased burden on colleagues, heavier workload upon return, delayed program completion, and concerns about performance evaluations. One study demonstrated that becoming a parent was perceived to negatively affect a female trainee's work, despite no difference in case numbers and board pass rates.⁴ Challenges to parental leave for programs include determining trainee competency, eliminating bias, rotation scheduling, and sources of funding.

CONCLUSION

With increasing emphasis on employee wellness, work-life balance, and diversity, equity, and inclusion, anesthesiology fellowship programs and other ACGME training programs should be encouraged to make their parental leave policies easily accessible online and progress toward international standards.

REFERENCES

