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In My Opinion

Maternity and medical leave during residency: Time to standardize?☆

I was full of dread the day I went to the pediatrician for my newborn son's three-week checkup. The following week I was to return to my clinical duties as a dermatology resident, just 4 weeks post partum. The pediatrician learned of this and strongly urged me to take more time off. She insisted that 6 weeks is the minimum time needed to establish breast-feeding, strengthen my mother-baby bond, and regain my strength. The time is important not only for me, she, and later my OB-GYN lectured, but also for my new baby. The dread came because I knew that I could not follow my doctor's advice. A maternity leave longer than 4 weeks was not possible for me.

Restrictions from the American Board of Dermatology made the physician recommended maternity leave almost impossible to achieve. Longer than 6 weeks leave during any academic year or over 14 weeks leave over 3 years is grounds for "strongly recommended" make up time after residency. Sick days counted against the 6 weeks, and so I was left with 4. The institutions that certify doctors to advise patients on health at the same time prevent those doctors from pursuing best health practices for themselves.

Throughout the country, residency programs have different policies about the leave they offer to new parents. In dermatology alone, programs range from offering 3 months off, to only offering unused predetermined vacation days each academic year. Up and through the 1970s, residency programs had no guidelines at all on medical and parental leave. In the 1980s and 1990s the American College of Physicians and the American Medical Association took the position that residency programs should establish written policies on parental leave. At that time those policies started to appear. The Accreditation Council for Graduate Medical Education requires that graduate medical educational institutions give trainees printed statements of such policies. Yet often times those policies are both vague and restrictive. This results in inconsistencies among programs and, frequently, very strict policies.

The policies in medical training programs range widely. A recent article in Am J Surgery highlights the lack of program-specific maternity/parenting policies in general surgery residency programs and emphasizes the need for creating such policies (Merchant et al., 2013). A 2001 survey of OB-GYN program directors showed that 93% of OB-GYN programs will require make-up time if their residents exceed 20 weeks of leave over 4 years (Davis et al., 2001). The board of Pediatrics, on the other hand, published a statement in 2013 declaring 6–8 weeks should be the minimum time a resident who becomes a new parent should take off, in addition to their allotted yearly vacation time (Parental Leave for Residents and Pediatric Training Programs 2013).

As a dermatology resident, the American Board of Dermatology issued the guidelines on what my medical leave would look like. In theory, the guidelines set forth allow for flexibility but the flexibility translates into a lack of consistency among residency programs, with many residents ending up in situations like mine. In dermatology, it is far from unique for a resident to return to work after 4 weeks of maternity leave.

The length of maternity leave has an impact on medical training and on physician and infant health. As the number of parents in medical training programs increase, factors such as maternity and medical leave increase in importance when applicants chose a program. A study conducted at Johns Hopkins University and the University of Florida showed a direct correlation between duration of lactation and 1) longer length of maternity leave and 2) not having to make up missed call/work that occurred as result of pregnancy or maternity leave (Satarri et al., 2013). A substantial decrease in infant mortality and in premature birth as well as an increase in infant weight was found when mothers were allowed 12 weeks of maternity leave, as implemented by the Family and Medical Leave Act, as compared to those who did not have that option (Rossin 2011).

Some argue that the demands of residency render it an inopportune time to have children and others point out that residents need a certain number of months in training to become competent physicians which makes extended time off not possible. Program directors find extended leave strenuous on the training program and other residents may need to carry the extra burden of the absent resident. While all these concerns are valid, there needs to be a more reasonable balance between the needs and health of a new mother and of the new baby and the concerns of the training programs. 4 weeks of maternity leave should not be acceptable to anyone.

Finding solutions that satisfy both parties is challenging. One possibility is to allow residents to do an "at home" research elective during maternity leave, where they can be with their newborns but also continue their medical education. Another possibility is to allow residents to pool together vacation days from past or future years to construct a lengthy leave.

As physicians, we encourage and hope patients will follow our advice and recommendations on health. The work we do and the training we need are both important. But perhaps it is time to find a better balance. Perhaps it is time for residency programs to allow residents the mother-infant best health practices that we insist for our own patients.

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