

Navigating Motherhood and Dermatology Residency

Samantha R. Pop, MD



RESIDENT PEARL

- Female dermatology residents seeking motherhood during training have many obstacles to navigate, including the timing of pregnancy, maternity leave scheduling, planning for breastfeeding while working, and arranging for childcare. With supportive policies and resources, motherhood and dermatology training can be rewarding complements to one another.

With women comprising the majority of dermatologists and dermatology residents, childbearing and childrearing during training years should be anticipated and supported. Timing of pregnancy, maternity leave scheduling, planning for breastfeeding while working, and arranging for childcare are issues that the aspiring female dermatology resident must consider. This article highlights these considerations and reports methods for their successful navigation.

Cutis. 2022;109:E16-E18.

Motherhood and dermatology residency are both full-time jobs. The thought that a woman must either be superhuman to succeed at both or that success at one must come at the expense of the other is antiquated. With careful navigation and sufficient support, these two roles can complement and heighten one another. The most recent Accreditation Council for Graduate Medical Education (ACGME) report showed that nearly 60% of dermatology residents are women,¹ with most women in training being of childbearing age. One study showed that female dermatologists were

most likely to have children during residency (51% of those surveyed), despite residents reporting more barriers to childbearing at this career stage.² Trainees thinking of starting a family have many considerations to navigate: timing of pregnancy, maternity leave scheduling, breastfeeding while working, and planning for childcare. For the first time in the history of the specialty, most active dermatologists in practice are women.³ Thus, the future of dermatology requires supportive policies and resources for the successful navigation of these issues by today's trainees.

Timing of Pregnancy

Timing of pregnancy can be a source of stress to the female dermatology resident. Barriers to childbearing during residency include the perception that women who have children during residency training are less committed to their jobs; concerns of overburdening fellow residents; and fear that residency may need to be extended, thereby delaying the ability to sit for the board examination.² However, the potential increased risk for infertility in delaying pregnancy adds to the stress of pregnancy planning. A 2016 survey of female physicians (N=327) showed that 24.1% of respondents who had attempted conception were diagnosed with infertility, with an average age at diagnosis of 33.7 years.⁴ This is higher than the national average, with the Centers for Disease Control and Prevention reporting that approximately 19% of women aged 15 to 49 years with no prior births experience infertility.⁵ In a 1992 survey of female physician residents (N=373) who gave birth during residency, 32% indicated that they would not recommend the

From the Department of Dermatology, Eastern Virginia Medical School, Norfolk.

The author reports no conflict of interest.

Correspondence: Samantha R. Pop, MD, 721 Fairfax Ave, Norfolk, VA 23507 (pops@evms.edu).

doi:10.12788/cutis.0527

experience to others; of the 68% who would recommend the experience, one-third encouraged timing delivery to occur in the last 2 months of residency due to benefits of continued insurance coverage, a decrease in clinic responsibilities, and the potential for extended maternity leave during hiatus between jobs.⁶ Although this may be a good strategy, studying and sitting for board examinations while caring for a newborn right after graduation may be overly difficult for some. The first year of residency was perceived as the most stressful time to be pregnant, with each subsequent year being less problematic.⁶ Planning pregnancy for delivery near the end of the second year and beginning of the third year of dermatology residency may be a reasonable choice.

Maternity Leave

The Family and Medical Leave Act entitles eligible employees of covered employers to take unpaid, job-protected leave, with 12 workweeks of leave in a 12-month period for the birth of a child and to care for the newborn child within 1 year of birth.⁷ The actual length of maternity leave taken by most surveyed female dermatologists (n=96) is shorter: 25% (24/96) took less than 4 weeks, 42.7% (41/96) took 4 to 8 weeks, 25% (24/96) took 9 to 12 weeks, and 7.3% (7/96) were able to take more than 12 weeks of maternity leave.²

The American Board of Dermatology implemented a new Resident Leave policy that went into effect July 1, 2021, stipulating that, within certain parameters, time spent away from training for family and parental leave would not exhaust vacation time or require an extension in training. Under this policy, absence from training exceeding 8 weeks (6 weeks leave, plus 2 weeks of vacation) in a given year should be approved only under exceptional circumstances and may necessitate additional training time to ensure that competency requirements are met.⁸ Although this policy is a step in the right direction, institutional policies still may vary. Dermatology residents planning to start a family during training should consider their plans for fellowship, as taking an extended maternity leave beyond 8 weeks may jeopardize a July fellowship start date.

Lactation and Residency

The American Academy of Pediatrics recommends exclusive breastfeeding for approximately 6 months, with continuation of breastfeeding for 1 year or longer as mutually desired by the mother and infant.⁹ Successful lactation and achieving breastfeeding goals can be difficult during medical training. A national cross-sectional survey of female residents (N=312) showed that the median total time of breastfeeding and pumping was 9 months, with 74% continuing after 6 months and 13% continuing past 12 months. Of those surveyed, 73% reported residency limited their ability to lactate, and 37% stopped prior to their desired goal.¹⁰ As of July 1, 2020, the ACGME requires that residency programs and sponsoring institutions provide

clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care.¹¹ There has been a call to dermatology program leadership to support breastfeeding residents by providing sufficient time and space to pump; a breastfeeding resident will need a 20- to 30-minute break to express milk approximately every 3 hours during the work day.¹² One innovative initiative to meet the ACGME lactation requirement reported by the Kansas University Medical Center Graduate Medical Education program (Kansas City, Kansas) was the purchase of wearable breast pumps to loan to residents. The benefits of wearable breast pumps are that they are discreet and can allow mothers to express milk inconspicuously while working, can increase milk supply, require less set up and expression time than traditional pumps, and can allow the mother to manage time more efficiently.¹³ Breastfeeding plans and goals should be discussed with program leadership before return from leave to strategize and anticipate gaps in clinic scheduling to accommodate the lactating resident.

Planning for Childcare

Resident hours can be long and erratic, making choices for childcare difficult. In one survey of female residents, 61% of married or partnered respondents (n=447) were delaying childbearing, and 46% cited lack of access to childcare as a reason.¹⁴ Not all dermatology residents are fortunate enough to match to a program near family, but close family support can be an undeniable asset during childrearing and should be weighed heavily when ranking programs. Options for childcare include relying on a stay-at-home spouse or other family member, a live-in or live-out nanny, part-time babysitters, and daycare. It is crucial to have multiple layers and back-up options for childcare available at any given time when working as a resident. Even with a child enrolled in a full-time daycare and a live-in nanny, a daycare closure due to a COVID-19 exposure or sudden medical emergency in the nanny can still leave unpredicted holes in your childcare plan, leaving the resident to potentially miss work to fill the gap. A survey of residents at one institution showed that the most common backup childcare plan for situations in which either the child or the regular caregiver is ill is for the nontrainee parent or spouse to stay home (45%; n=101), with 25% of respondents staying home to care for a sick child themselves, which clearly has an impact on the hospital. The article proposed implementation of on-site or near-site childcare for residents with extended hours or a 24-hour emergency drop-in availability.¹⁵ One institution reported success with the development of a departmentally funded childcare supplementation stipend offered to residents to support daycare costs during the first 6 months of a baby's life.¹⁶

Final Thoughts

Due to the competitiveness of the field, dermatology residents are by nature high performing and academically

successful. For a high achiever, the idea of potentially disappointing faculty and colleagues by starting a family during residency can be guilt inducing. Concerns about one's ability to adequately study the breadth of dermatology while simultaneously raising a child can be distressing; however, there are many ways in which motherhood can hone skills to become a better dermatology resident. Through motherhood one can enhance time management skills, increase efficiency, and improve rapport with pediatric patients and trust with their parents/guardians. A dermatology resident may be her own harshest critic, but it is time that the future generation of dermatologists become their own greatest advocates for establishing supportive policies and resources for the successful navigation of motherhood and dermatology residency.

REFERENCES

1. ACGME residents and fellows by sex and specialty, 2019. Association of American Medical Colleges website. Accessed April 21, 2022. <https://www.aamc.org/data-reports/interactive-data/acgme-residents-and-fellows-sex-and-specialty-2019>
2. Mattessich S, Shea K, Whitaker-Worth D. Parenting and female dermatologists' perceptions of work-life balance. *Int J Womens Dermatol*. 2017;3:127-130. doi:10.1016/j.ijwd.2017.04.001
3. Active physicians by sex and specialty, 2019. Association of American Medical Colleges website. Accessed April 21, 2022. <https://www.aamc.org/data-reports/workforce/interactive-data/active-physicians-sex-and-specialty-2019>
4. Stentz NC, Griffith KA, Perkins E, et al. Fertility and childbearing among American female physicians. *J Womens Health*. 2016;25:1059-1065. doi:10.1089/jwh.2015.5638
5. Infertility. Centers for Disease Control and Prevention website. Updated March 1, 2022. Accessed April 21, 2022. <https://www.cdc.gov/reproductivehealth/infertility/>
6. Phelan ST. Sources of stress and support for the pregnant resident. *Acad Med*. 1992;67:408-410. doi:10.1097/00001888-199206000-00014
7. Family and Medical Leave Act. US Department of Labor website. Accessed April 21, 2022. <https://www.dol.gov/agencies/whd/fmla>
8. American Board of Dermatology. Effective July 2021: new family leave policy. Accessed April 21, 2022. <https://www.abderm.org/public/announcements/effective-july-2021-new-family-leave-policy.aspx>
9. Eidelman AI, Schanler RJ, Johnston M, et al. Breastfeeding and the use of human milk. *Pediatrics*. 2012;129:E827-E841. doi:10.1542/peds.2011-3552
10. Peters GW, Kuczarska-Haas A, Holliday EB, et al. Lactation challenges of resident physicians: results of a national survey. *BMC Pregnancy Childbirth*. 2020;20:762. doi:10.1186/s12884-020-03436-3
11. Common program requirements (residency) sections I-V table of implementation dates. Accreditation Council for Graduate Medical Education website. Accessed April 21, 2022. <https://www.acgme.org/globalassets/PFAssets/ProgramRequirements/CPRResidencyImplementationTable.pdf>
12. Gracey LE, Mathes EF, Shinkai K. Supporting breastfeeding mothers during dermatology residency—challenges and best practices. *JAMA Dermatol*. 2020;156:117-118. doi:10.1001/jama.dermatol.2019.3759
13. McMillin A, Behraves B, Byrne P, et al. A GME wearable breast pump program: an innovative method to meet ACGME requirements and federal law. *J Grad Med Educ*. 2021;13:422-423. doi:10.4300/jgme-d-20-01275.1
14. Stack SW, Jagsi R, Biermann JS, et al. Childbearing decisions in residency: a multicenter survey of female residents. *Acad Med*. 2020;95:1550-1557. doi:10.1097/acm.00000000000003549
15. Snyder RA, Tarpley MJ, Phillips SE, et al. The case for on-site child care in residency training and afterward. *J Grad Med Educ*. 2013;5:365-367. doi:10.4300/jgme-d-12-00294.1
16. Key LL. Child care supplementation: aid for residents and advantages for residency programs. *J Pediatr*. 2008;153:449-450. doi:10.1016/j.jpeds.2008.05.028