Parenting vs Patient Care

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It is with great distress that I write this editorial. How can I possibly express, in several hundred words, the difficulties of a woman physician who tries to have and rear children during her medical career? Having a child is a very personal and private decision. Yet, for those of us who are women and physicians, this issue is often dragged out for public scrutiny and comment. How can we be dedicated to both our careers *and* our families? How can we leave our infants in surrogate child care situations when we know the importance of maternal bonding?

By the year 2010 it is estimated that approximately one third of the physicians in the United States will be women.[1] Women continue to enter medicine at an increasing rate, and there is no evidence of a plateau in sight.[2] Compounding the problem, over 50% of all women physicians marry another physician. What is to be done with women physicians' maternity leave?

It seems that there should be simple answers to the questions "How long is an appropriate maternity leave?" and "How does being a physician adversely affect your pregnancy?" but there are no simple answers. Phelan surveyed over 1000 women physicians about their obstetrical complications. She found that the incidence of pregnancy-induced hypertension in physicians was 12% compared with 5% in the general population.[3] Another study[4] reported an increased risk of spontaneous abortions among women anesthesiologists exposed to anesthetic gases. Greenbaum's study of almost 500 pregnant obstetricians[5] showed that primagravidas who gave birth during their residency had a significantly higher percentage of low birthweight infants than the general population. Seven and one-half percent of these infants showed intrauterine growth retardation. This is not surprising. Surely none of us would recommend to our *patients* that *they* stay on their feet 30 to 100 hours a week and deprive themselves of sleep during their entire pregnancy.

Butwell and Borgen[6] found that in almost 100 pregnancies of physicians, one quarter of the physicians were absent from work sometime during their pregnancy. The majority of these absences occurred during the third trimester as a consequence of a major medical complication. Even more interesting in their study was that 21% of the women reported that their plans to have children affected their specialty choice. One third of the women who planned to never have children cited an incompatibility of their career with pregnancy or childbearing as a major influencing factor.

As recently as 1986, most health care institutions were unprepared for maternity leave by their employees.[7] Four fifths of the residency programs surveyed had no written maternity leave policy. While standard length of leave after giving birth is 8 weeks for many occupations, 60% of physicians take leaves of 6 weeks or less.[7,8] Do we, as family physicians, think that after 6 weeks it is appropriate for a mother to return to work?

What do other industrialized nations provide? In Canada the national policy allows 20 weeks' paid maternity leave.[9] The average resident in Canada takes off 16 weeks postpartum. England allows 18 weeks and France allows 16 weeks off for maternity leave.[10] Most other industrialized nations provide the mother with 12 weeks of leave.[7]

How did the United States adopt a policy that allows only 6 to 8 weeks maternity leave? We know that at 6 weeks, the mother comes back into the office for a routine postpartum checkup to see if the perineum is healed. While the perineum may be healed, is the mother appropriately bonded with the child? Is the mother in the midst of new-parent sleep deprivation at 6 weeks? Is the mother capable of both returning to medical practice and continuing her breast feeding at 6 weeks? We tell our patients that breast feeding is the ideal way for a mother to feed her child, and then expect our colleagues to return to a busy environment that is seldom conducive to breast feeding.

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We simply do not know the appropriate time for a new mother to return to work. All maternity leave policies should abide by this rule: if the policy is not one you would impose on your wife, your daughter, or your patients, do not impose it on your female colleagues.

There are many areas for research on this subject. What is the mental status of female physicians after delivery compared with that of the general population? Is there greater illness postpartum because of their stressful call schedules? Is the incidence of postpartum depression among women physicians comparable to that of the general population? None of these issues have ever been formally studied. It would be very helpful to us in the profession to understand exactly what we are doing to pregnant physicians.

Perhaps we did not originally choose 6 weeks as the ideal length of maternity leave, but we do not have to be the ones to perpetuate it. By week 6, the perineum has healed but the work of mothering has barely begun.

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