VIEWPOINT

A Pregnant Pause—Time to Address Mentorship for Expectant Residents

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As physician burnout and its consequences gain national attention, there is increased focus on resident well-being and health, including greater understanding of the elevated obstetric risks and workplace challenges that pregnant trainees face.[1] Women who have children during training face pregnancy-related stigma, biased assessments of the quality of their work, foreshortened maternity leave, and little support for lactation or childcare.[2] Pregnant trainees rarely adjust their work schedules,[2] although night shifts and prolonged operative hours in the third trimester are associated with a higher risk of major obstetric complications.[1,3] Many childbearing residents alter their career trajectory by changing fellowship training plans in favor of ones perceived to be more family friendly, but more than half still report career dissatisfaction owing to perceptions of incompatibility between career and children.[4] As surgical residency programs and medical school matriculants reach gender parity and pregnancy during residency becomes more common, the current training system threatens our workforce by deterring medical students who observe childbearing residents struggling to balance pregnancy and work duties, or considering leaving their training programs.[2] To reflect contemporary priorities and recruit the most talented and diverse individuals, surgical training programs will require greater flexibility to support pregnant, postpartum, and lactating trainees.

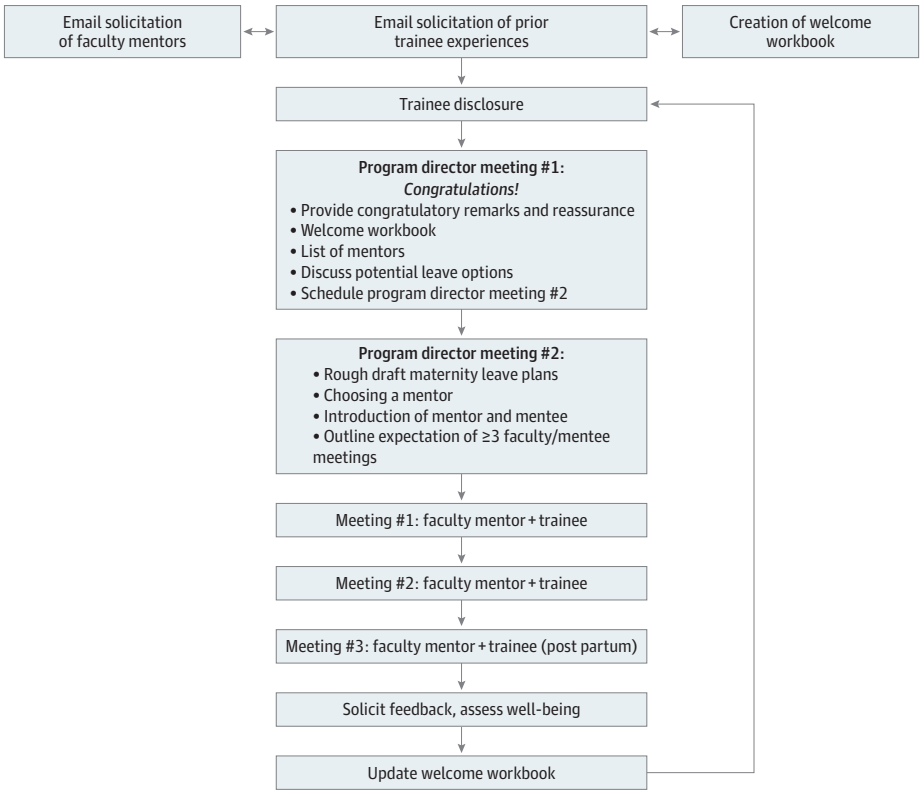
Recently, there has been significant progress in improving parental leave policies for trainees. In alignment with new American Board of Medical Specialties policies, the American Board of Surgery now permits 6 weeks away from training for family/maternity leave while maintaining some vacation, and there are upcoming mandates for salary support among Accreditation Council for Graduate Medical Education–accredited programs.[5] However, many surgical programs lack structured support policies that empower expectant residents to advocate for their health. Mentorship is a cornerstone of career development and retention for surgeons, yet over two-thirds of pregnant residents found mentorship for integrating a surgical career with family to be lacking.[2] With a historic surgical ethos of work above personal needs and a traditional hierarchical training structure, pregnant surgical trainees face cultural challenges in asking for changes to their schedule, requesting time off for an obstetric appointment, or negotiating for time to express breast milk during long operative cases. Prioritizing personal health may lead to feelings of guilt and identity violation. A formal mentorship program provides legitimacy and structured support for the needs of expectant residents, which may improve career satisfaction and a successful transition into a trainee's new dual roles as surgeon and parent.

Creating a culture of support for pregnancy requires a multifaceted approach, which may include adjustment of rotations and work hours, facilitating parental leave, reducing the stress of childcare and lactation needs, and establishing mentorship. Although scheduling considerations vary based on individual program resources (eg, program size, availability of elective rotations), a program for new parents consisting of mentorship and a welcome workbook are scalable, straightforward initiatives. A framework for design and implementation is described herein.

The goals of mentorship include providing practical advice, role-modeling positive behaviors, serving as a reporting system for mistreatment, and acting as an advocate to faculty and program leadership as needed. Program leadership may solicit female surgical faculty who are also parents to mentor pregnant residents. To support trainees in programs with few faculty surgeon mothers, virtual mentorship may expand the availability of mentors, leveraging professional society networks or relationships with other training programs. Surgical residents who have recently had a child during clinical training are an important resource to help create a welcome workbook of pragmatic guidelines that outline leave options, provide examples of how other surgical residents have structured parental leave in compliance with American Board of Surgery and Accreditation Council for Graduate Medical Education policies, and describe local lactation and childcare resources. Introduction of these guidelines during medical school rotations or intern orientation helps establish a culture of family support and encourages open discussion early in training.

Given known perceptions of stigma surrounding pregnancy during residency,[2] the first conversation following a pregnancy announcement to program leadership should begin with "congratulations." This emphasizes that this is a celebratory time and may assuage resident apprehension in discussing this important life event. During the initial meeting, residents should be provided the welcome workbook and a list of mentors. A second meeting should be scheduled before adjourning the first to provide time for the resident to consider leave options and to select a mentor, after which the program director facilitates an introduction between the faculty mentor and resident. To build rapport, mentor-mentee dyads are advised to schedule at least 3 in-person meetings, including after the resident returns to clinical duties when postpartum depression, lactation, and childcare difficulties may manifest. Discussions may focus on the challenges of operating during long cases,

Figure. Schematic for Developing a New Parent Mentorship Program



childcare complexities, perceptions of stigma, difficult rotations, how to accomplish breast milk expression on busy operative days, and mentors sharing personal experiences of how they navigated both a career and motherhood. Mentor-mentee dyads should be encouraged to maintain open dialogue and to meet as challenges arise for the trainee. Additional social gatherings with all participating faculty and residents may promote community and camaraderie (**Figure**).

Similar to recently published lactation policies,[6] the proposed mentorship program addresses a clear gap in support for expectant surgical residents, demonstrates departmental investment in the well-being of childbearing residents, and requires no financial investment. Such practical interventions are low-hanging fruit for programs to establish meaningful cultural change toward promoting a healthy lifestyle that will sustain a long career. Training programs should actively seek feedback from participating residents to optimize support and benchmark improvements in resident well-being. Nonbirthing resident parents face unique stressors related to professional and family balance (eg, gender stereotypes that undervalue their need to bond with a new child),[7] and similar mentorship programs may be created to support their needs. Modern surgical training should promote healthy pregnancies and endorse family needs through structured support during a time of significant personal and professional transition. Enhanced flexibility and investment in the development of new parent trainees is critical to recruit and retain the next generation of surgeons by developing a sense of shared values between personal priorities and the surgical community.

ARTICLE INFORMATION

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