

## **POSITION PAPER ON MATERNITY LEAVE DURING TRAINING**

The American Medical Women's Association is an organization of women physicians and medical students with a mission to address health issues affecting women. Since the issue of maternity leave is problematic for women in medical school, internship and residency training, it behooves AMWA to have a position statement on this issue.

### **DEFINITION AND BACKGROUND**

Fifty percent of women physicians will have their first baby during residency training. Twenty-five percent will have a second baby during this period. Very few medical school or residency training directors have written policies in regard to maternity/disability leave. Policies may be different from department to department in a training institution. There is often an inconsistent policy within a single department and therefore maternity/disability leave is open to capricious discrimination. Often house staff do not disclose pregnancy status until their pregnancy becomes unambiguously visible, because of fear of dismissal or harassment. In turn, this self-protectiveness does not allow the residency training director to schedule coverage which will not unduly burden house staff.

Few programs allow for salary or disability payments during recovery from uncomplicated pregnancy.

The American College of Obstetricians and Gynecologists advocates a six-week maternity leave for all working mothers after uncomplicated pregnancy and delivery. This period is designated as the minimum period required by a new mother to return to pre-pregnancy anatomy and physiology. From the point of view of the newborn/mother dyad and other family members, secure bonding may take longer. Scandinavian countries allow physician mothers a prolonged period of paid maternity leave following each birth; Canada allows several months.

### **AMWA'S POSITION**

1. Every residency training program and medical school ought to have a written pregnancy/disability leave policy.
2. Maternity leave should be at least six weeks, in addition to other scheduled leave (vacations, conferences, etc.). If a resident chooses to take time off exceeding that permitted by her specialty board, maternity leave policy should make provisions for the resident to make that time up at a later date.
3. Although pregnancy and childbirth are not a disease process, they do require a period of healing. Therefore, maternity leave should be covered by disability insurance as required by Federal law.
4. All medical schools and residency training programs should publish and distribute maternity leave policy to all applicants.
5. All women physicians or medical students have a duty to notify their residency training director or school about their pregnancy status as early as possible.
6. Residency training directors should respond in a responsible and respectful manner and encourage faculty and house staff to do the same.

7. At a minimum, residency-training programs must be in compliance with the Pregnancy Discrimination Act and state disability laws as those laws apply to pregnancy related disabilities.

AMWA will:

1. Distribute our policy statement to residency training directors.
2. Publicize the availability of our Gender Equity Hotline for individuals experiencing harassment because of pregnancy or maternity leave.

*Adopted by the House of Delegates*

*November 1996*

*Revised 2000*