



American Medical Women's Association
The Vision and Voice of Women in Medicine since 1915

American Medical Women's Association
Position Paper on Pregnancy during Schooling, Training, & Early Practice Years

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 pregnancy during schooling, training, and practice years is problematic for women in medical school, internship, residency training, and practice 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 schools or residency training directors have written policies regarding the rights of pregnant women physicians to be or physicians.

The American College of Obstetricians and Gynecologists recommends a two week pre-maternity leave in the case of normal gestation and eight to ten weeks in cases of threatened onset of premature labor, multiple gestation, and complicating diseases such as hypertension, pre-eclampsia, and diabetes. They note the risks of standing more than three hours/day, of lifting more than 10 kilograms, and of unfavorable environments. The latter includes exposure to chemicals, radiation in the first trimester, and open anesthesia. ACOG has also noted increased risks to pregnant women and their babies associated with shift work, a greater than 40 hours work week. The practice of making pregnant women on clinical services pre-pay on call time subjects women to these risks in greater proportion than a regular clinical schedule. In the case of complications requiring bed rest of a month or six weeks pregnant resident physicians or practicing physicians may be forced to make up an entire year of work in contrast to colleagues allowed protracted leave for injuries and the treatment of disease like lymphoma or hepatitis.

Women with uncomplicated pregnancies may suffer from hyperemesis gravidarum (severe vomiting) fatigue in the first and last trimesters, dependent edema, and difficulty sleeping in the last trimester. These complications are often not "certified" by their personal obstetrician in terms of women's ability to obtain a temporarily reduced schedule of hours or absence.

AMWA's Position

1. AMWA believes in a woman's right to choose to raise a family without compromise of her medical career.
2. Pregnant students and physicians should seek an empathic obstetrician familiar with demands of residency training and practice years, and sympathetic to the normal disabilities that may occur in pregnancy, which are not necessarily pathological.
3. Pregnant physicians, students, and residents should be guaranteed two weeks pre-partum leave in an uncomplicated pregnancy.
4. They should be protected from known hazards, open anesthesia, unshielded radiation in the first trimester, teratogenic chemicals, and infections.
5. Maternity leave "on call." Pre-paid time during pregnancy should not be required. Making-up on call should be individually negotiated.

6. Pregnant women should be allowed the same length of disability absence, leave, or reduced schedule as any colleague who suffers from an illness or injury.
7. When complicated pregnancy and subsequent maternity leave mandates extended absences, resident physicians should be allowed to make up equivalent amount of time without being forced to repeat the whole year of training.
8. Vacation leave of two weeks should be allowed regardless of the length of pre-maternity or maternity leave.
9. All programs should allow for adequate sleep, nutrition (regular meals), and obstetrical visits.
10. All programs should be encouraged to find creative solutions to pre-maternity leave such as a monetary pool to purchase on call coverage.
11. All programs should be flexible in terms of assigning less physically demanding responsibilities or assigning reading or research time to coincide with times of illness related to pregnancy and/or with the last trimester.

Adopted by the House of Delegates
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