Supporting Pregnancy and Parenthood in Fellowship

By Sarah Rogal and Jessica Mace

https://doi.org/10.62716/kn.000212024

Sarah Rogal, MD, MPH

I gave birth to my daughter just 2 weeks before my pediatric nephrology fellowship was supposed to start. I still remember the anxiety I felt about telling the program about our daughter's due date. Luckily, everyone was supportive, however not fully informed of the new Accreditation Council for Graduate Medical Education (ACGME) leave policies that had recently been updated. Working closely with human resources, I was able to go back to work when my daughter was 10 weeks old.

I was doing a lot of firsts all at once—new city, new home, new job, and a new baby—while navigating parenting, breastfeeding, pumping, and childcare. My husband, also in medicine, was transitioning to a new job as well. In my first week back at work, one of my attendings lent me a breast pump and gave me a box of oat bars so I always had a snack at my desk. In that moment, in which everything else felt uncertain, this act of kindness and attention to the transformation I had just gone through helped me feel comfort among all these firsts.

Jessica Mace, MD

I, on the other hand, having already had a child while in residency, was aware of the ACGME and The American Board of Pediatrics (ABP) policies and knew that there was always uncertainty about how policies are enacted. Years in parenthood and medicine had made me more comfortable living in this world of uncertainty, but what I was not comfortable with were the risks associated with waiting until after fellowship to have my second child. I knew that with my increasing age, my fertility was declining. I also knew that the risk of infertility for women in medicine is higher than that of the general population. In a 2023 survey of 1056 women in medicine, 34% reported infertility, and half of those required in vitro fertilization (commonly known as IVF) compared with national data, in which only 6%–19% of women experience infertility (1). With all of this information, a calculated risk was taken, and I gave birth to my second child 1 month prior to the start date of my pediatric nephrology fellowship. I, too, have been lucky to find support during my training and my journey through motherhood in medicine.

Discussion

In the National Survey of Pregnancy and Parenthood Among Nephrology Trainees, recently published in *CJASN*, 79% of trainees did not want to have more children during fellowship (2). In addition, almost half of the respondents were unsure of their institutions' leave policies when asked about their knowledge of parental leave policies. As a reason for respondents to defer pregnancy, approximately 25% felt that there were perceived negative emotions from programs for taking parental leave. What seemed to be the strongest factor to defer pregnancy was that over 60% of respondents said it was because they did not want to extend training (2).

This conversation comes at a crucial time in pediatrics and pediatric nephrology, as there are mounting concerns about the present and future workforce. Thirty percent of pediatric residency slots went unfilled in 2023, and 62% of pediatric nephrology fellowship slots went unfilled in 2024 (3, 4). Within pediatric nephrology training programs, 22% of fellows do not complete their training, and of those who have completed training, 33% plan to reduce or stop clinical work (5). While parental leave is not the only factor contributing to these gaps, we feel it is of growing concern.

Tables 1 and 2 outline the most up-to-date policies from ACGME and ABP, respectively (6, 7). We call on our colleagues to start having a truly open and honest conversation regarding pregnancy, parenthood, and medical training. As a community of pediatric nephrologists, we are small. It is important that we learn how to support and uplift one another to ensure that our community continues to grow. How can we create systemic changes to help young physicians and their families? We dedicate our careers to the future of children, but to put our best foot forward, we also should be looking inward.

By shifting the mental framework to one in which building a family is celebrated, we can pursue systemic changes that provide better support and that nurture the development of strong and resilient physicians. Starting the conversation is where we can begin to make change and acknowledge that everyone's experience will be different and personal. We hope that by sharing our own experiences, we can holistically help trainees, not just in parenting but with any life event or significant change, supporting their mental, physical, and emotional well-being during a rigorous training period. ■

Table 1. ACGME leave policy

- Sponsoring institutions must "provide residents/fellows with a minimum of 6 weeks of approved medical, parental, and caregiver leave(s) of absence…starting the day they are required to report."
- The leave(s) of absence policy does not mandate vacation or sick leave to be used.
- Provide residents/fellows with at least the equivalent of 100% of their salary for the first 6 weeks of approved medical, parental, or caregiver leave(s) of absence taken.
- Provide residents/fellows with a minimum of 1 week of paid time off reserved for the use outside of the first 6 weeks of the first approved medical, parental, or caregiver leave(s) of absence taken.
- Ensure the continuation of health and disability insurance benefits for residents/fellows and their eligible dependents during their approved medical, parental, or caregiver leave(s) of absence.

Accreditation Council for Graduate Medical Education (6).

Table 2. Summary of the ABP "Absences from Training Policy"

- **Allowed absences**: 1 Month of absence per year for vacation, illness, or family leave
- **Additional leave**: 3-Year programs with up to 8 weeks of parental, medical, or caregiver leave over the entire training period; nonstandard/combined pathways with up to 6 weeks of additional leave over the training period
- **Conditions for extended leave**: Must be for parental, medical, or caregiver reasons. Competence must be verified by the program director and Clinical Competency Committee. All required training and scholarly activity (for fellows) must be completed, excluding elective or research time.
- **Training extensions**: Any absence beyond the allowed limits requires training extension. Interruptions exceeding 24 months (residency) or 12 months (fellowship) require an ABP petition to determine credit for prior training.
- **Vacation "banking" discouraged**: Trainees are encouraged to use vacation time yearly to support health and well-being.
- **Institutional variability**: Leave policies are subject to institutional discretion but must align with ABP guidelines.

The American Board of Pediatrics (7).

Sarah Rogal, MD, MPH, and Jessica Mace, MD, are pediatric nephrology fellows at the Children's National Hospital, Washington, DC.

The authors report no conflicts of interest.

References

1. Bakkensen JB, et al. Childbearing, infertility, and career trajectories among women in medicine. *JAMA Netw Open* 2023; e2326192. doi: 10.1001/jamanetworkopen.2023.26192
2. Dixon A, et al. A national survey of pregnancy and parenthood among nephrology trainees: A focus on nephrology fellowship. *Clin J Am Soc Nephrol* 2024; 19:984–994. doi: 10.2215/CJN.0000000000000486
3. Carroll AE. Opinion: Why doctors aren't going into pediatrics. *New York Times*. July 1, 2024. Accessed November 5, 2024. https://www.nytimes.com/2024/07/01/opinion/pediatrician-shortage.html
4. Schering S.; American Academy of Pediatrics. More pediatric fellowship positions filled in 2024 match, but fill rate dips to 77.5%. *AAP News*. December 4, 2024. https://publications.aap.org/aapnews/news/30918/More-pediatric-fellowship-positions-filled-in-2024
5. Weidemann DK, et al. Moving the needle toward fair compensation in pediatric nephrology. *Front Pediatr* 2022; 10:849826. doi: 10.3389/fped.2022.849826
6. Accreditation Council for Graduate Medical Education. ACGME institutional requirements. September 26, 2021. Accessed November 5, 2024. https://www.acgme.org/globalassets/pfassets/programrequirements/800_institutionalrequirements2022.pdf
7. The American Board of Pediatrics. Absences from training: Parental/medical/caregiver leave details and frequently asked questions. 2021. Accessed November 5, 2024. https://www.abp.org/sites/abp/files/pdf/cic-absencefromtrainingfaq.pdf