

Introduction

As the average age in medical school and the number of women in medicine increases, so too should awareness of the challenges women face balancing fertility, pregnancy, and families with their career. This project aims to highlight these difficulties and determine if these struggles have changed in the past few decades.

Objective

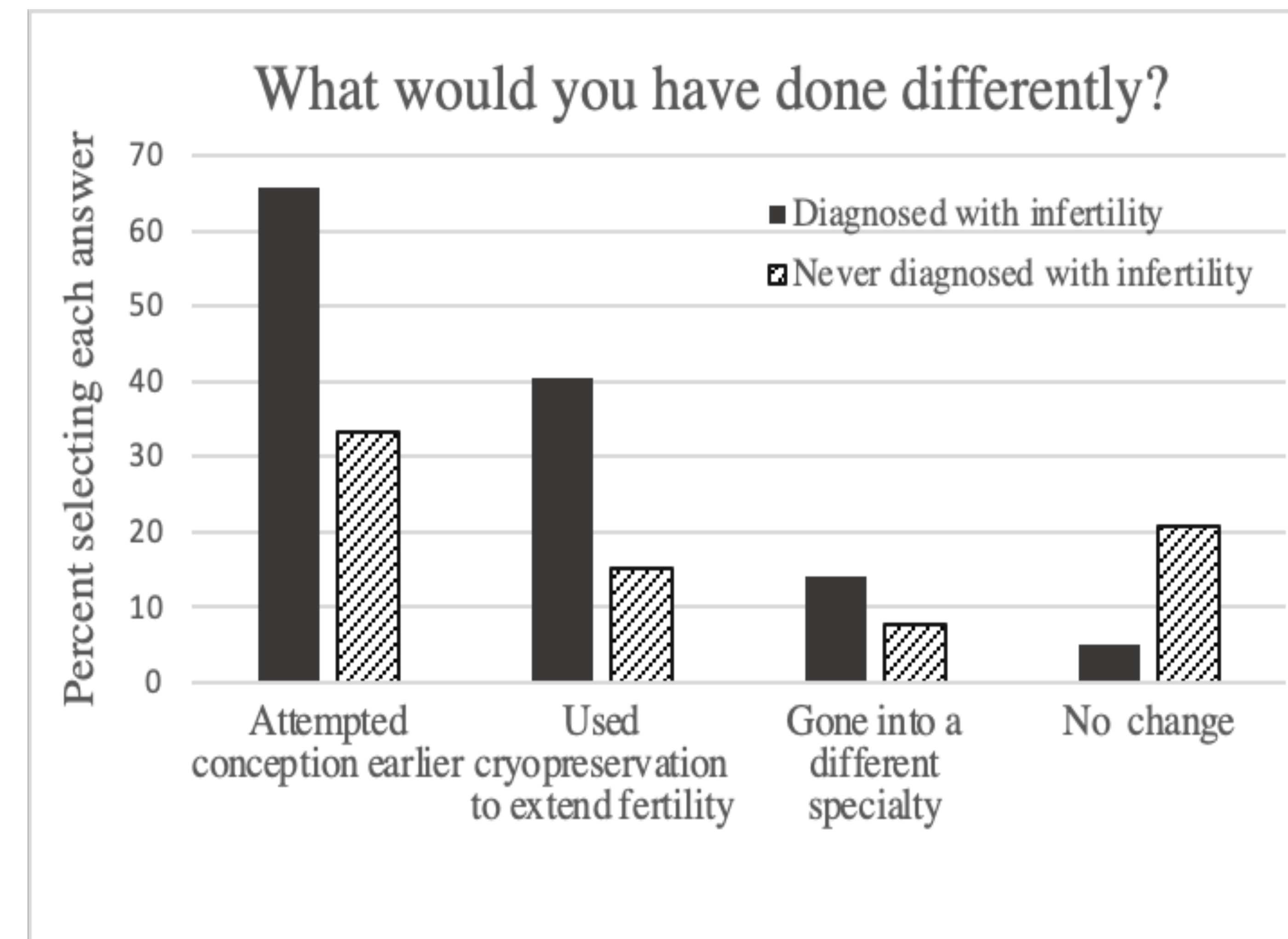
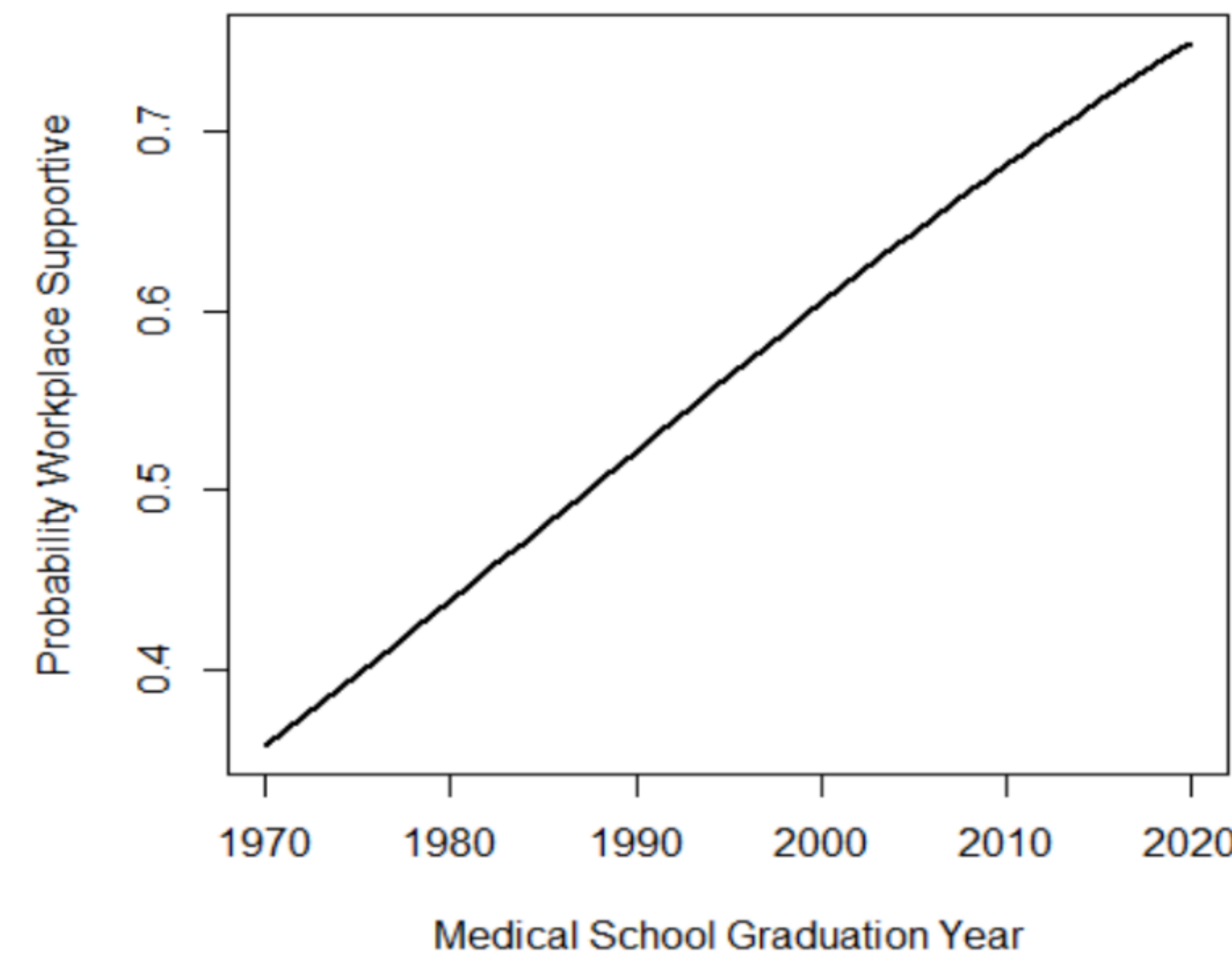
Evaluate childbearing experiences among female otolaryngologists

Methods

Conduct a national survey of female otolaryngologists using the AAO-HNSF membership to evaluate personal fertility and childbearing history, reflections regarding decision making, and perceptions of workplace support. A second section evaluated general fertility knowledge.

Results

398 respondents across the U.S. completed the survey. When compared to the general population, female otolaryngologists were older at first birth (32.3 vs. 26.9) and had nearly three times higher rates of infertility (30.4% vs. 12.5%). When asked if they would have changed anything about the past, only 10.0% of all respondents and 5.1% of those diagnosed with infertility had no regrets.



Overall workplace support for pregnancy has gone up significantly over the past several decades ($p = 0.007$). Greater support was still perceived if pregnancy occurred post-training rather than during training (70.0% vs. 55.0%, $p = 0.01$).



Link to full abstract

Summary

Our study demonstrates ongoing challenges for female otolaryngologists with regards to achieving their familial goals in concert with their career aspirations. While this study demonstrates significant progress with regards to workplace support, 90.0% of all respondents and 94.9% of those diagnosed with infertility would have changed something with regards to their pregnancy and fertility choices. This data should be used by otolaryngologists, program directors, and the surgical community to increase awareness of the struggles faced by female otolaryngologists and to develop policies that encourage everyone an opportunity to have a family if and when desired without risk of adverse effects on their career.

Acknowledgements

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“Being judged for babies in residency and punished financially for babies in practice is suffocating.”

-anonymous respondent