From Training to Practice: Navigating Family Planning and Peripartum Challenges in Otolaryngology A Qualitative Study

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Introduction

- Despite the growing number of women entering otolaryngology, there is a paucity in research on family planning and the peripartum period at different career stages.[1-3]
- This study examines the experiences of family planning and assesses pregnancy-related obstacles faced at different points in the surgical careers of female otolaryngologists.

Methods

- Qualitative study interviewing otolaryngologists who had pregnancy experiences in the last 10 years
- Themes included pregnancy timing, clinical responsibilities, parental leave, childcare, and breastfeeding and pumping at work.
- Data analysis was completed using standard thematic coding and qualitative analysis of transcribed interviews.

Results

Twelve participants from eight institutions were interviewed. Each had an average of 2-3 pregnancies.

Pregnancy Timing

- Six pregnancies were during residency, ten within five years post-residency, and two more than five years post-residency. Most (83.3%) **delayed pregnancy until a research block or after completing training**, citing these as favorable periods for family planning.

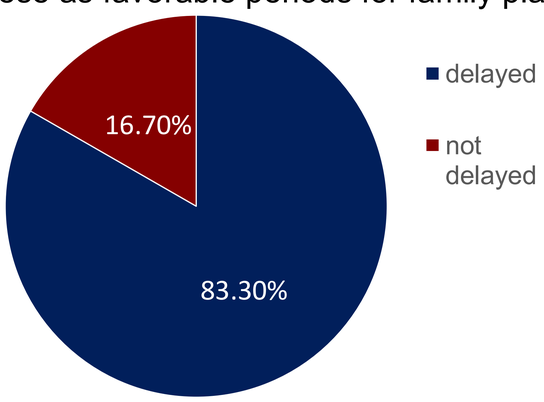

Figure 1. Pregnancy Timing among Participants

Results (cont.)

Clinical Responsibilities

- During residency, participants often **front-loaded calls** and stopped 2-4 weeks before delivery, though some (n=3) took calls until their due date.
- Most **continued OR and clinic duties into late pregnancy**.

"I front-loaded call. I think I didn't take any call after 37 or 38 weeks. I operated until the day I went to the hospital to get induced." (P4)

- Attendings had **more autonomy**. Some (n=3) continued call and operating until delivery, while others (n=8) scaled back at 36–37 weeks.

"I took call right up to the end with my first pregnancy. I was on the OR schedule the day my water broke, and my very supportive boss took over my cases for me because I was two months in as an attending and I didn't want to be less productive. With my second son, I stopped taking on new patients at 36 weeks, stopped operating at 37 weeks, but and then just saw returns the last three weeks in clinic." (P12)

Parental Leave

- **Limited parental leave during residency** (4-6 weeks) was a common challenge, while **attendings had longer leave** (8-13 weeks) but faced productivity pressures before and after returning to work.

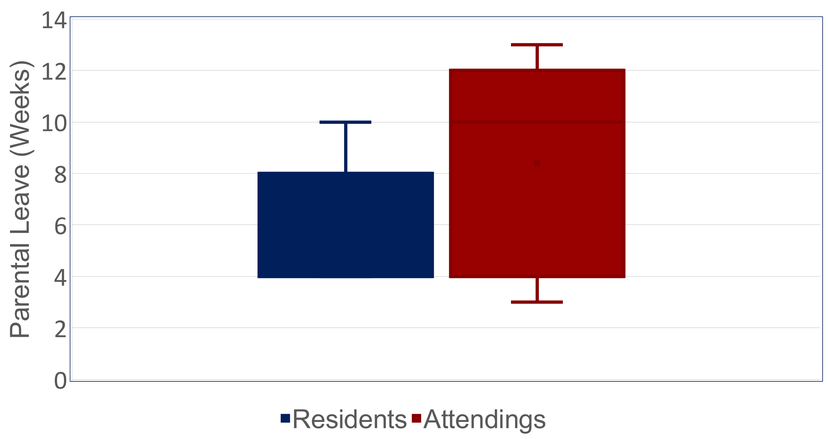

Figure 2. Parental Leave Duration by Training Stage

Results (cont.)

Breastfeeding and Pumping

- Lactation accommodations **varied.**
- While some hospitals had formal lactation areas, over half of participants resorted to **makeshift spaces** with **minimal privacy**.
- Many expressed a need **for self-advocacy** to secure time for pumping.

"I had to schedule my OR cases so I couldn't do long cases in the morning. Because if I didn't set up my turnover time so that I could pump, that was a huge mess. I got mastitis a bunch of times because I was doing traumas or jaw fractures and nobody would come and scrub me out. I remember driving home after doing a mandible with shaking chills and sweats and becoming almost septic in the car." (P7)

Support Gaps

- The smaller size of otolaryngology departments without a recent colleague who went through similar experiences left many participants feeling isolated and had to navigate paperwork on their own.

"My department hadn't had a pregnant resident ever, and so no one knew how maternity leave worked. Like the logistics of it. I have to apply for state disability. I have to go through all the paperwork and HR. And it turned out like our department didn't really have a person dedicated for that." (P12)

Conclusion

- Findings in this study highlight the impact of career stages, policies, and role models on otolaryngologists' family planning decisions.
- Normalizing workplace discussions and advocating for supportive policies are essential to improving quality of life for otolaryngologists.
- Future study should explore peripartum experiences of non-childbearing otolaryngologists.

Contact

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