Considerations for the Future: Family Planning and Infertility During Psychiatry Training

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During medical school, residency, or fellowship, many trainees struggle to find balance between their careers and starting a family. While some may feel the optimal time for parenthood is after they've completed their training, the effect of increasing age on fertility is a real consideration for female physicians.[1] Several studies have explored the impact of pregnancy during surgical residency, yet little has been published on parenthood during psychiatry training. This is surprising as psychiatry residents often address the challenges of integrating work and parenthood with their patients, yet it has not traditionally been within the culture of medicine to openly discuss this with colleagues. It is critical to address pregnancy and parenthood routinely during training and in the literature to reiterate the importance of work-life integration. In this paper, we discuss current practices for psychiatry residents and advocate for the development of a standardized policy across psychiatry training programs that covers multiple aspects of childbearing including maternal mental health, family leave, and infertility.

Impact of Pregnancy on Medical Training

A medical residency is especially arduous, with ongoing physical and emotional demands. As most programs rely on residents to provide a significant portion of patient care across numerous specialties, a pregnancy can lead to dilemmas for the program with changes in workload and expectations on other residents.[2] In 1992, 58 psychiatry residents responded to a questionnaire regarding pregnancy during residency.[3] The male residents were more likely to expect personal inconvenience from a coresident's pregnancy and to assume it would hinder their own work performance. However, the female residents overestimated the negativity from male coresidents and underestimated the level of supportive accommodations their colleagues would be willing to provide. To our knowledge, these attitudes have not been readdressed in the literature for the past 30 years.

Rangel *et al.* explored the obstacles of pregnancy during a surgical residency.[4] Most residents had no modifications to their work schedules until birth yet worried the lack of modifications negatively affected their health or the health of their baby. Even though psychiatry residents do not work in operating rooms, the intensity of their call schedules and safety of the psychiatric ward must be considered. The psychiatry resident may recognize their own feelings of vulnerability in clinical settings and possible guilt due to work absences. Additionally, pregnancy may impact the therapeutic alliance; for the patient, the physician's pregnancy may lead to heightened maternal transference, infantile feelings, and possible sexual conflicts.[5] Navigating the reactions of both the physician and the patient can be a meaningful part of the patient's therapy.

Family Leave Policies

The policies for family leave during medical training are complicated and often program-specific. Magudia *et al.*[6] studied the policies for childbearing and family leave for residents in multiple specialties at 15 training institutions.[6] Though policies differed among hospitals, the average of 6.6 weeks leave for residents contrasted with policies for faculty members (8.6 weeks) and with the federal law endorsed by the American Academy of Pediatrics (12 weeks).

The American Board of Psychiatry and Neurology (ABPN) has its own leave of absence policy, recently updated in 2022. All training programs must allow at least 4 weeks of leave annually, including vacation and sick days. Programs must allow at least 6 weeks of leave for parental, caregiver, or medical issues at least once during a resident's 4 years of training, yet

this cannot exhaust all other allowed leave or extend training.[7] Therefore, if residents need to take more time than allotted for parental leave, they might consider unpaid leave through the Family and Medical Leave Act (FMLA). While FMLA is a national policy, many residents do not qualify due to its stringent criteria.[8]

Family leave policies are heterogenous across all psychiatry training programs. Developing more standardized policies that align with national goals and interests would help residents' well-being and childbearing experiences. We believe that there would be a greater psychological toll for residents if not given enough time to recover during the postpartum period; residents may have increased anxiety and depression, which can impact mother-infant bonding.

Infertility Services for the Psychiatry Resident

Resident physicians may be at higher risk of infertility and pregnancy complications given older age, night shifts, and prolonged hours. A 2021 national survey among female surgeons revealed a 42% rate of pregnancy loss, more than twice that of the general population.[9] Additionally, a 2016 study of 327 female physicians across multiple specialties demonstrated an infertility rate of 24.1%, nearly double that of the general female population.[10] The survey indicated that 28.6% of these physicians would have tried to conceive earlier, 17.1% would have chosen a different specialty, and 7.0% would have used cryopreservation to extend fertility. Respondents were further subdivided based on those in "controllable" lifestyle (ie, better work-life balance) specialties, such as psychiatry, vs "uncontrollable" lifestyle specialties, such as general surgery. Notably, a statistically significant number of physicians in controllable specialties (18.2%) reported that in hindsight, they would have used cryopreservation to extend their fertility.

Infertility care is expensive, and for many physician trainees, prohibitively so. Based on 2018 national data, 76-89% of medical school graduates have educational debt, with an average debt of $215,900 for medical school alone.[11] Types of fertility treatments are numerous and require meticulous tailoring to the specific needs of each woman. This is further complicated by a lack of universal insurance coverage for fertility services. A recent study by Muncey *et al.* analyzed 24 training programs and found only 16 covered costs, to varying degrees, related to the diagnosis of infertility. Of these, only 10 provided coverage for treatment, with the amount of coverage differing widely among programs.[12] Notably, even amongst the programs with coverage options, nearly all have strict "lifetime maximum" caps below the average cost of one standard infertility treatment cycle. Thus, even with insurance, the cost of infertility services may still be prohibitive, particularly for women who require multiple cycles.

It is also unclear based on the literature how much medical insurance covers to care for the emotional toll of infertility. Though the relationship between emotional stress and infertility has been well documented, helping couples handle stressors is not traditionally included as part of infertility care. Initially, the most prevalent issue is anxiety, yet depression is seen in the second and third years of infertility due to the inability to conceive.[13] Thus, attention must be given to psychiatric services, particularly to those dealing with infertility during residency.

Need for Parity Across Psychiatry Training Programs

In light of this information, we propose a unified approach to policies around maternal mental health, family leave, and infertility services. Respecting the integral role of family in work-life integration would reduce risk of burnout among trainees. By allowing conversations to occur early in residency about pregnancy planning, it may reduce the stigma that female physicians feel when starting families. Instead of colleagues viewing a resident's pregnancy as an inconvenience, it is critical to provide a supportive environment. Additionally, trainees' supervisors can help address the changes in patient-physician dynamics during pregnancy.

We also hope for more practical family leave policies that are aligned with federal laws for other employees. This would help alleviate some of the financial and emotional burden that falls on physician trainees who are also new

parents. Lastly, infertility is burdensome with physical and psychological complications, and residents should feel supported if they choose to undergo assisted reproductive technology.

Take Home Summary

Many psychiatry trainees face challenges when balancing their careers and starting families. Aspects of childbearing including maternal mental health, family leave, and infertility should be addressed on a local and national level in order to alleviate the burden on physicians.

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