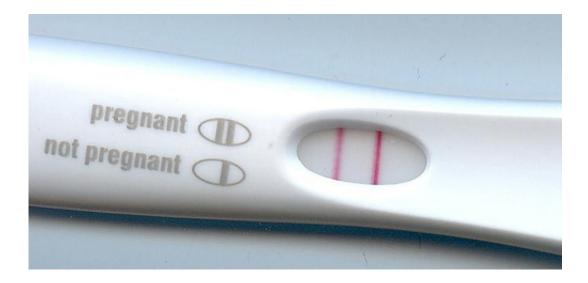


Nearly half of surveyed female surgeons experience major pregnancy complications

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Pregnancy test. Credit: public domain

While only one in five practicing surgeons in the U.S. is female, women are entering the surgical field in increasing numbers. Women comprised 38 percent of surgical residents in 2018, but they nonetheless continue to face well-known challenges related to childbearing, with national surveys documenting pregnancy-related stigma, unmodified work schedules, brief maternity leave options, and little support for childcare and lactation needs after delivery. With many female trainees choosing to delay pregnancy until after the age of 35—a risk factor for pregnancy complications—researchers from Brigham and Women's Hospital and elsewhere surveyed 1,175 surgeons and surgical trainees from across the



U.S. to study their or their partner's pregnancy experiences. They found that 48 percent of surveyed female surgeons experienced major pregnancy complications, with those who operated 12-or-more hours per week during the last trimester of pregnancy at a higher risk compared to those who did not. Their findings are published in *JAMA Surgery*.

"The way <u>female surgeons</u> are having children today makes them inherently a high-risk <u>pregnancy</u> group," said corresponding author Erika L. Rangel, MD, MS, of the Division of General and Gastrointestinal Surgery. "In addition to long working hours, giving birth after age 35 and multiple gestation—which is associated with increased use of assisted reproductive technologies—is a risk factor for having major pregnancy complications, including <u>preterm birth</u> and conditions related to placental dysfunction."

The researchers found that over half (57 percent) of female surgeons worked more than 60 hours per week during pregnancy and over a third (37 percent) took more than six overnight calls. Of the 42 percent of women who experienced a miscarriage—a rate twice that of the general population— three-quarters took no days off of work afterwards.

"As a woman reaches her third trimester, she should not be in the operating room for more than 12 hours a week," Rangel said. "That workload should be offset by colleagues in a fair way so that it does not add to the already-existing stigma that people face in asking for help, which is unfortunately not a part of our surgical culture."

The authors developed their survey with the input of surgeons, obstetricians, and gynecologists, distributing it electronically to a variety of surgical societies and practices. Male and female surgeons were asked to respond, with nonchildbearing surgeons answering questions regarding their partners' pregnancies. Overall, female surgeons had 1.7 greater odds than female nonsurgeon partners of experiencing major <u>pregnancy</u>



<u>complications</u>, along with greater odds of musculoskeletal disorders, nonelective cesarean delivery, and <u>postpartum depression</u>, which was reported by 11 percent of female surgeons.

"The data we have accumulated is useful because it helps institutions understand the need to invest in a top-down campaign to support pregnant surgeons and change the culture surrounding childbearing," Rangel said. "We need to start with policy changes at the level of residency programs, to make it easier and more acceptable for women to have children when it's healthier, while also changing policies within surgical departments. It is a brief period of time that a woman is pregnant, but supporting them is an investment in a surgeon who will continue to practice for another 25 or 30 years."

More information: Rangel EL et al. "Incidence of Infertility and Pregnancy Complications in US Female Surgeons" *JAMA Surgery* DOI: <u>10.1001/jamasurg.2021.3301</u>

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