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Challenging the inequities of family planning in medical training

Une formation médicale visant à combattre les inégalités en matière de planification familiale

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Many factors contribute to micro-inequities for women in medicine, surgery, and leadership positions, including the challenges of motherhood.

Medical training often overlaps with optimal child-bearing years. A trainee may find herself targeting a delivery date after an exam, truncating maternity leave to fit program timelines, or concluding breastfeeding earlier than desired. The challenges continue upon return to work with insufficient leave time, inadequate breast-pumping support, and difficulty securing childcare. A study involving surgeon mothers found that 39 percent strongly considered leaving their residency program and 29.5 percent would discourage a female student from a career in surgery due to these challenges.² A recent study demonstrated higher pregnancy loss and complications for female surgeons than non-surgeons.³

The question remains - how do we help bridge the gender gap and create a more egalitarian medical culture supportive of physician mothers? Part of the answer lies in the normalization of parenthood. It is imperative that trainees use their collective voices to advocate for meaningful change. One such example was reform of the Royal College of Canada exam eligibility criteria. Previous restrictions on exam timing affecting parental leave were revised after trainee experience-driven advocacy.

Continued advocacy is also needed for consistent paid parental leave and adequate breast-pumping facilities. Imagine if a female medical student were to discover a pumping room with a computer and fridge during her surgical rotation? Suddenly a potential barrier would disappear.

Change is often a by-product of risk-taking that requires trainees to leave the comfort zone of medical tradition to voice solutions against systemic inequities.

Conflicts of Interest: The authors report that there are no conflicts of interest.

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