COVID-19 resource guide: Women in medicine

Updated Aug. 3, 2020

In the United States, women constitute almost 80% of the health care workforce and represent more than one-third of the active physicians, nearly half of all physicians-in-training and more than half of all medical school matriculants. Women often face distinct challenges and burdens that can be exacerbated in times of crisis.

The AMA has curated a selection of resources to assist women in medicine and those who care for women patients during the coronavirus (COVID-19) outbreak to help manage work-life integration, personal well-being, special issues impacting female patients and other critical information. The AMA continues to monitor emerging trends and advocate for physicians, residents and students.

Mental health and well-being

Severe symptoms of depression, anxiety and psychological distress are being reported among women health care providers during this unprecedented time. Here are some resources to help support mental health and well-being:

- **AMA**
  - Mental health resources page—highlights strategies and resources for physicians to care for themselves as well as their staff and their patients.
  - Caring for our caregivers during COVID-19—shares information on ways health system leaders can help physicians and care teams with workload distribution, meals, childcare, emotional and mental well-being resources, and connecting with others.

- **Centers for Disease Control and Prevention (CDC)**
  - Emergency responders: Tips for taking care of yourself — features ways emergency responders can care for themselves and their families during a crisis.
  - Taking care of your emotional health — shares information on self-care as well as...
warning signs of mental and emotional distress.

**Headspace**

- An AMA preferred provider of meditation and mindfulness—is offering U.S.-based health care professionals with a National Provider Identifier a free subscription to Headspace Plus through 2020. AMA members can get a 2-year subscription for free.

**Substance Abuse and Mental Health Services Administration**

- Disaster Distress Helpline — a national hotline dedicated to providing immediate, confidential crisis counseling and is available by calling 800-985-5990 or texting TalkWithUs to 66746.

**Veterans Administration**

- Managing healthcare workers’ stress associated with the COVID-19 virus outbreak (PDF) — provides strategies on various approaches to support stress management.

**Personal protective equipment**

Ongoing personal protective equipment (PPE) shortages have posed additional challenges for physicians. Many physicians are forced to reuse available PPE or implement alternative measures in hopes of minimizing exposure. Further, it has been documented that PPE design is not unisex, placing women at increased risk of exposure to COVID-19. Current efforts have been focused on maximizing PPE use, conserving PPE supply and identifying new sources of PPE.

The AMA collaborated with the not-for-profit Project N95 to reserve quality-certified personal protective equipment (PPE) exclusively for AMA members to purchase with no minimum. Project N95 is the national clearinghouse for critical PPE and medical supplies, and they protect health care and frontline workers by matching procurement teams with vetted suppliers. Of note, surgical N95 respirators are available in size small.

This limited-time offer to arrange exclusive access for AMA members to purchase quality-certified PPE ended July 31 at 2 p.m. Central. If you are interested in potential future offers to purchase quality-certified PPE during COVID-19, you can sign up to be notified if another opportunity becomes available.


Copyright 1995 - 2021 American Medical Association. All rights reserved.
Reentering practice

For various reasons, a considerable number of women physicians (nearly 40 percent) go part-time or leave medicine within six years of completing residency. Although many physicians desire to return to practice, many have found that formal reentry programs are pricey, rigorous and lengthy. The Federation of State Medical Boards’ COVID-19 resource on state actions on license status offers guidance on barriers to reentry that may have been temporarily waived in response to COVID-19.

Gender equity in medicine

The social and economic impact of COVID-19 on gender equity in medicine is currently unknown. The potential exacerbation of workplace bias, discrimination and disparities in pay and advancement could occur as pay cuts, furloughs and shifting responsibilities continue. AMA resources on advancing gender equity in medicine and navigating physician employment during COVID-19 provide useful information as physicians navigate changes in light of COVID-19.

Childcare and eldercare

More often, women are primarily responsible for caregiving and making health care decisions in their families. Daycare and school closures along with shelter-in-place orders are among many factors that challenge working parents and jeopardize work-life integration. Some schools, childcare programs and service organizations provide support by offering temporary or emergency childcare services. Also, some volunteer groups are offering childcare as well as support services for seniors. The AARP and many local departments of aging provide information on caregiving options and ways to keep older individuals safe.

The AMA has recommendations for physicians to keep their families protected when returning home from caring for patients during the COVID-19 pandemic.

Special considerations: COVID-19 and health outcomes for women

Copyright 1995 - 2021 American Medical Association. All rights reserved.
Sex and gender differences

Understanding sex and gender differences in medicine is becoming increasingly important as evidence suggests that studying its impact on health, aging, and disease will help address disparities and lead to overall improvements in human health. Since there are differences in the ways men and women respond to vaccines and treatments, collecting sex-disaggregated data is important as clinical trials are being conducted.

Maternal and infant health

COVID-19 presents new challenges with mitigating infection spread while considering delivery settings and options, potential separation of infant from mother, breastfeeding safety, pregnancy and postpartum health outcomes, and possible impact on maternal mortality – particularly among women of color. Resources from the Centers for Disease Control and Prevention—Considerations for inpatient obstetric healthcare settings and Pregnancy, breastfeeding and caring for young children—provide guidance for physicians and patients.

Domestic violence

While social distancing and quarantine measures are in place to protect the general public, domestic violence situations are likely to worsen as victims may be limited in seeking care or leaving the unsafe situation. Domestic violence is also a contributing factor to adverse health outcomes such as increased risk of chronic disease, depression, post-traumatic stress disorder, and substance use behaviors. Resources and help can be found by contacting the National Domestic Violence Hotline at 1-800-799-SAFE (7233) or reaching out to the Crisis Text Line by texting HOME to 741741.

COVID-19 resource list

- AMA COVID-19 resource center
- JAMA Network coronavirus disease 2019 resource center
- COVID-19 FAQs: Health equity in a pandemic
- COVID-19: A gender lens (American Medical Women’s Association)