Physician mothers frequently stitch together a patchwork of sick days, vacation and unpaid time off to recover from childbirth, provide care and bond with the baby before returning to work. This often leads to career dissatisfaction and physician burnout, according to a survey of more than 800 physician moms conducted prior to the onset of the COVID-19 pandemic.

AMA policy encourages medical group practices to incorporate development of leave policies, including parental, family and medical leave policies, as part of the physician’s standard benefit agreement. The AMA also recently adopted policy encouraging all employers to implement improved parental leave policies.

Every September, the AMA celebrates women physicians, residents and students during Women in Medicine Month. In 2020, the pandemic has posed another set of challenges for women physicians to surmount. This September, the AMA is thanking and recognizing women physicians tirelessly advancing equity and creating change.

Published in *JAMA Network Open*, the study, “Family Leave and Return-to-Work Experiences of Physician Mothers,” was written by researchers in the department of physical medicine and rehabilitation at the University of Texas Southwestern Medical Center in Dallas.

This cross-sectional U.S. survey, fielded in late 2018, evaluated the experiences of 844 physician mothers and was administered electronically. It found that more than one-third of physician mothers were less than satisfied with their maternity leave experience. Adding to that, more than two-thirds were dissatisfied with the paternity leave their partner received.

It is important to note, though, that while a physician mother may have access to maternity leave, she may not take it. This is often due to the pressure to return to clinical responsibilities, threat of prolonged training and financial factors.
Here are the top four frustrations physician moms often experience when returning to work after maternity leave.

**Difficulty obtaining child care**

In the early years after childbirth, work-life integration is especially challenging. This is often because of child care availability and needing to make up clinical time missed during leave. More than one-third of first-time mothers found it was difficult to acquire child care. Adding to that, about one-fourth of physician moms needed additional child care support beyond the usual.

The study also found that more than one-third of women had to make up time taken for leave during the postpartum period. This is particularly difficult because it is an emotionally and physically vulnerable time for these mothers.

Learn more about why women physicians are more likely to experience burnout.

**Negative experiences upon return**

Another barrier to the success and well-being of physician mothers has to do with conscious and unconscious discrimination in the workplace. For example, this study found that many women delayed family planning due to financial constraints or threat of prolonged training. As a result, some regretted their decision to delay family planning because of difficulty with conception.

Some other negative experiences include:

- Discussion regarding anticipated delay in partnership status.
- Anger directed toward you in response to rescheduled appointments.
- Increased difficulty acquiring operating room times.
- Longer workdays.
- Derogatory words.

Read this in-depth *AMA Moving Medicine* profile of Tiffani Bell, MD, an assistant professor in child and adolescent psychiatry at Wake Forest University in Winston-Salem who has her hands full with a two-year-old and newborn twins, “Supporting physician mothers on their journey.”

**Discrimination based on time gone**
Many physician moms also reported discrimination for having taken maternity or family leave. They also felt pressured by their employer to return to work while on maternity leave. Some even received verbal admonishment for the higher workload for covering physicians.

Discrimination was predominantly from colleagues, supervisors, other residents and attending physicians. However, discrimination can also come from family members, administration, nurses, chief residents, attendings, and hospital or office staff, among others.

Learn more about the widespread professional mistreatment of physician moms.

**Lack of breastfeeding, pumping rooms**

Nearly all respondents reported that they breastfed or pumped breast milk at work. However, there was a consistent lack of access to lactation facilities. Lack of adequate time for pumping breast milk was also cited as the most common negative experiences on returning to work.

“Lactation support is not only a vital asset to physician mothers, but also a legal requirement that is often not accessible to women in medicine because of unpredictable schedules and inconvenience for patients,” says the study.

AMA policy supports breastfeeding and providing appropriate lactation services for mothers.

The AMA Women Physicians Section works to increase the number and influence of female physicians in leadership roles. The section also advocates for and advances the understanding of women's health issues.