

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 321  
(A-22)

Introduced by: Michigan

Subject: Improving and Standardizing Pregnancy and Lactation Accommodations for Medical Board Examinations

Referred to: Reference Committee C

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- 1 Whereas, There are known complications of pregnancy, including but not limited to, carpal  
2 tunnel syndrome, gestational diabetes, gastroesophageal reflux, morning sickness including  
3 hyperemesis gravidarum, urinary tract or bladder infections, chronic migraines, and pelvic and  
4 back pain, that can be disruptive to women's ability to complete workplace responsibilities; and  
5  
6 Whereas, Complications of pregnancy qualify as disabilities under the American Disability Act,  
7 which requires employers to provide appropriate accommodations; and  
8  
9 Whereas, 53 percent of pregnant, working women felt the need to modify job requirements; and  
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11 Whereas, 70 percent of women report morning sickness in the first trimester; and  
12  
13 Whereas, In 2019, women accounted for 50.5% of all matriculating medical students; and  
14  
15 Whereas, Medical student parents face unique barriers to coordinating medical school  
16 graduation requirements; and  
17  
18 Whereas, The majority of medical schools have scheduled licensing exam study periods and  
19 deadlines by which students must complete testing with relative inflexibility in timing; and  
20  
21 Whereas, The Prometric testing sites for the USMLE exam provide minimal pregnancy  
22 accommodations, limited to a trackball computer mouse, pillows for physical comfort, and  
23 private testing rooms; and  
24  
25 Whereas, The Prometric testing sites for the USMLE exam provide minimal lactation  
26 accommodations, limited to curtains or a pop-up tent for privacy during nursing or pumping; and  
27  
28 Whereas, The Personal Item Exceptions (PIEs) list of pre-approved items allowed within the  
29 secure testing area provides limited pregnancy comfort aids, including glucose tablets, non-  
30 electric heating pads, ice packs, pillow/lumbar support, and stools for limb elevation; and  
31  
32 Whereas, Neither the National Board of Medical Education (NBME) nor the contracted  
33 Prometric Testing sites have a public, unified list of common pregnancy accommodations for the  
34 USMLE exams, leaving candidates to find and cite multiple webpages to identify previously  
35 approved accommodations for the USMLE; and  
36  
37 Whereas, The state of California provides graduate students in their public institutions the same  
38 accommodations and support services to pregnant students and those recovering from  
39 childbirth-related conditions as it would to other students with temporary medical conditions; and

1 Whereas, The American Board of Internal Medicine considers pregnancy and breastfeeding to  
2 be medical conditions worthy of accommodation for board exams and offers a core set of  
3 accommodations offered to all pregnant or nursing examinees, including extra break time and  
4 the opportunity to take the exam over two days; and  
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6 Whereas, Basic guidelines for lactation support at standardized testing centers have already  
7 been recognized by academic journals, including a private space for milk expression and  
8 storage of breastmilk ("lactation station") that is close to the testing site with furniture to support  
9 lactation including a chair to sit on while pumping, a power outlet, a sink for washing hands  
10 and/or cleaning pump parts, and a refrigerator and freezer to store expressed milk; therefore  
11 be it  
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13 RESOLVED, That our American Medical Association support and advocate for the  
14 implementation of 60 minutes of additional, scheduled break time for medical students and  
15 residents who have pregnancy complications and/or lactation needs for all NBME administered  
16 examinations, consistent with American Board of Internal Medicine accommodations (New HOD  
17 Policy); and be it further  
18

19 RESOLVED, That our AMA support and advocate for the addition of pregnancy comfort aids,  
20 including but not limited to, ginger teas, saltines, wastebaskets, and antiemetics, to the USMLE  
21 pre-approved list of Personal Item Exemptions (PIEs) permitted in the secure testing area for  
22 pregnant individuals. (New HOD Policy)

Fiscal Note: Not yet determined

Received: 05/11/22

**Sources:**

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13. How to Support Breastfeeding at Conferences and Testing Centers. (n.d.). ACEP Now. Retrieved February 2, 2021, from <https://www.acepnow.com/article/how-to-support-breastfeeding-at-conferences-and-testing-centers/>

## RELEVANT AMA POLICY

### AMA Support for Breastfeeding H-245.982

1. Our AMA: (a) recognizes that breastfeeding is the optimal form of nutrition for most infants; (b) endorses the 2012 policy statement of American Academy of Pediatrics on Breastfeeding and the use of Human Milk, which delineates various ways in which physicians and hospitals can promote, protect, and support breastfeeding practices; (c) supports working with other interested organizations in actively seeking to promote increased breastfeeding by Supplemental Nutrition Program for Women, Infants, and Children (WIC Program) recipients, without reduction in other benefits; (d) supports the availability and appropriate use of breast pumps as a cost-effective tool to promote breast feeding; and (e) encourages public facilities to provide designated areas for breastfeeding and breast pumping; mothers nursing babies should not be singled out and discouraged from nursing their infants in public places.
2. Our AMA: (a) promotes education on breastfeeding in undergraduate, graduate, and continuing medical education curricula; (b) encourages all medical schools and graduate medical education programs to support all residents, medical students and faculty who provide breast milk for their infants, including appropriate time and facilities to express and store breast milk during the working day; (c) encourages the education of patients during prenatal care on the benefits of breastfeeding; (d) supports breastfeeding in the health care system by encouraging hospitals to provide written breastfeeding policy that is communicated to health care staff; (e) encourages hospitals to train staff in the skills needed to implement written breastfeeding policy, to educate pregnant women about the benefits and management of breastfeeding, to attempt early initiation of breastfeeding, to practice "rooming-in," to educate mothers on how to breastfeed and maintain lactation, and to foster breastfeeding support groups and services; (f) supports curtailing formula promotional practices by encouraging perinatal care providers and hospitals to ensure that physicians or other appropriately trained medical personnel authorize distribution of infant formula as a medical sample only after appropriate infant feeding education, to specifically include education of parents about the medical benefits of breastfeeding and encouragement of its practice, and education of parents about formula and bottle-feeding options; and (g) supports the concept that the parent's decision to use infant formula, as well as the choice of which formula, should be preceded by consultation with a physician.
3. Our AMA: (a) supports the implementation of the WHO/UNICEF Ten Steps to Successful Breastfeeding at all birthing facilities; (b) endorses implementation of the Joint Commission Perinatal Care Core Measures Set for Exclusive Breast Milk Feeding for all maternity care facilities in the US as measures of breastfeeding initiation, exclusivity and continuation which should be continuously tracked by the nation, and social and demographic disparities should be addressed and eliminated; (c) recommends exclusive breastfeeding for about six months, followed by continued breastfeeding as complementary food are introduced, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant; (d) recommends the adoption of employer programs which support breastfeeding mothers so that they may safely and privately express breast milk at work or take time to feed their infants; and (e) encourages employers in all fields of healthcare to serve as role models to improve the public health by supporting mothers providing breast milk to their infants beyond the postpartum period.
4. Our AMA supports the evaluation and grading of primary care interventions to support breastfeeding, as developed by the United States Preventive Services Task Force (USPSTF).
5. Our AMA's Opioid Task Force promotes educational resources for mothers who are breastfeeding on the benefits and risks of using opioids or medication-assisted therapy for opioid use disorder, based on the most recent guidelines.

Citation: CSA Rep. 2, A-05; Res. 325, A-05; Reaffirmation A-07; Reaffirmation A-12; Modified in lieu of Res. 409, A-12 and Res. 410, A-12; Appended: Res. 410, A-16; Appended: Res. 906, I-17; Reaffirmation: I-18

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