

AMERICAN MEDICAL ASSOCIATION WOMEN PHYSICIANS SECTION

Resolution: 1
(A-24)

Introduced by: Astha Bhardwaj, MD

Subject: Perinatal Mental Health Disorders among Medical Students and Physicians

Referred to: Reference Committee (Assigned by HOD)

- 1 WHEREAS, perinatal mental health disorders contribute to 23 percent of maternal deaths; and
- 2
- 3 WHEREAS, one in eight women experience postpartum depression, which is a common
- 4 perinatal mental health disorder; and
- 5
- 6 WHEREAS, the DSM-V notes postpartum depression to be as a major depressive episode with
- 7 onset of symptoms within 4 weeks of delivery; and
- 8
- 9 WHEREAS, clinical research shows postpartum depression may occur up to 12 months after
- 10 delivery; and
- 11
- 12 WHEREAS, an estimated 80% of female physicians become mothers; and
- 13
- 14 WHEREAS, 6.5% to 20% of women in the general population develop postpartum depression;
- 15 and
- 16
- 17 WHEREAS, resident physicians have reported a nearly four times greater rate of postpartum
- 18 depression than the general population; and
- 19
- 20 WHEREAS, the rate of matriculation of female students into medical school in 2022 was 55.6%
- 21 and has been increasing every year; and
- 22
- 23 WHEREAS, many physicians report lack of support during both pregnancy and the postpartum
- 24 period by both colleagues and their workplace; and
- 25
- 26 WHEREAS, symptoms of postpartum depression are noted to be worse in jobs where women
- 27 perceive a decreased sense of control over both work-life and family-life or jobs with less
- 28 flexibility; and
- 29
- 30 WHEREAS, female physicians have reported feeling discriminated at the workplace based on
- 31 their status as mothers; and
- 32
- 33 WHEREAS, untreated postpartum depression severely affects a woman's ability to return to
- 34 normal function and results in poorer outcomes for both the mother and infant; and
- 35
- 36 WHEREAS, 63% of physicians report symptoms or signs of burnout at least once per week in
- 37 2021; and
- 38
- 39 WHEREAS, suicide is a major cause of mortality for physicians relative to the general public;
- 40 and

1 WHEREAS, untreated postpartum depression is a risk factor for suicide; and

2
3 WHEREAS, physicians are less likely to seek treatment for mental health conditions for fear of
4 repercussions; and

5
6 WHEREAS, postpartum depression often goes untreated due to concern from the mother for
7 stigma; and

8
9 WHEREAS, factors that help patients with postpartum depression include maternal-infant
10 bonding, familial and societal support, and maternal rest; therefore be it

11
12 RESOLVED, that our AMA work with relevant stakeholders to identify ways to increase
13 screening for perinatal mental health conditions and reduce stigma surrounding the diagnosis
14 and treatment of perinatal mental health conditions; and be it further

15
16 RESOLVED, that our AMA advocate for reducing structural and systemic barriers to the
17 diagnosis and treatment of perinatal mental health conditions in physicians and medical
18 students.

Fiscal Note: (Assigned by HOD)

Received:

REFERENCES

1. Four in 5 pregnancy-related deaths in the U.S. are preventable. Available at <https://www.cdc.gov/media/releases/2022/p0919-pregnancy-related-deaths.html>.
2. Depression Among Women. Available at <https://www.cdc.gov/reproductivehealth/depression/index.htm>.
3. Bye E, Leval R, Sayles H, Doyle M, Mathes M, Cudzilo-Kelsey L. Parental postpartum depression among medical residents. *Archives of Women's Mental Health*. 2022 Dec;25(6):1129-35.
4. Chesak SS, Yngve KC, Taylor JM, Voth ER, Bhagra A. Challenges and solutions for physician mothers: a critical review of the literature. In *Mayo Clinic Proceedings* 2021 Jun 1 (Vol. 96, No. 6, pp. 1578-1591). Elsevier.
5. Dyrbye LN, West CP, Sinsky CA, Goeders LE, Satele DV, Shanafelt TD. Medical Licensure Questions and Physician Reluctance to Seek Care for Mental Health Conditions. *Mayo Clin Proc*. 2017;92(10):1486-1493. doi:10.1016/j.mayocp.2017.06.020
6. Freeman G, Bharwani A, Brown A, Ruzycski SM. Challenges to navigating pregnancy and parenthood for physician parents: a framework analysis of qualitative data. *Journal of General Internal Medicine*. 2021 Dec;36(12):3697-703.
7. Gila-Díaz A, Carrillo GH, López de Pablo ÁL, Arribas SM, Ramiro-Cortijo D. Association between maternal postpartum depression, stress, optimism, and breastfeeding pattern in the first six months. *International journal of environmental research and public health*. 2020 Oct;17(19):7153.
8. Goldman ML, Shah RN, Bernstein CA. Depression and suicide among physician trainees: recommendations for a national response. *JAMA psychiatry*. 2015 May 1;72(5):411-2.
9. Halley MC, Rustagi AS, Torres JS, Linos E, Plaut V, Mangurian C, Choo E, Linos E. Physician mothers' experience of workplace discrimination: a qualitative analysis. *bmj*. 2018 Dec 12;363.
10. Karl M, Schaber R, Kress V, Kopp M, Martini J, Weidner K, Garthus-Niegel S. Precarious working conditions and psychosocial work stress act as a risk factor for symptoms of postpartum depression during maternity leave: results from a longitudinal cohort study. *BMC public health*. 2020 Dec;20(1):1-1.
11. Mughal S, Azhar Y, Siddiqui W. Postpartum Depression. [Updated 2022 Oct 7]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK519070/>.
12. Paris R, Bolton RE, Weinberg MK. Postpartum depression, suicidality, and mother-infant interactions. *Archives of Women's Mental Health*. 2009 Oct;12:309-21.
13. Shanafelt TD, Balch CM, Dyrbye L, Bechamps G, Russell T, Satele D, Rummans T, Swartz K, Novotny PJ, Sloan J, Oreskovich MR. Special report: suicidal ideation among American surgeons. *Archives of surgery*. 2011 Jan 1;146(1):54-62.
14. Shanafelt TD, West CP, Dyrbye LN, Trockel M, Tutty M, Wang H, Carlisare LE, Sinsky C. Changes in burnout and satisfaction with work-life integration in physicians during the first 2 years of the COVID-19 pandemic. In *Mayo Clinic Proceedings* 2022 Dec 1 (Vol. 97, No. 12, pp. 2248-2258). Elsevier.
15. Stewart DE, Vigod SN. Postpartum depression: pathophysiology, treatment, and emerging therapeutics. *Annual review of medicine*. 2019 Jan 27;70:183-96.
16. Slomian J, Honvo G, Emonts P, Reginster JY, Bruyère O. Consequences of maternal postpartum depression: A systematic review of maternal and infant outcomes. *Women's Health*. 2019 Apr;15:1745506519844044.
17. Table A-7.2: Applicants, first-time applicants, acceptees, and ... - AAMC. AAMC. October 18, 2018. Accessed August 20, 2023. <https://www.aamc.org/media/9576/download>.
18. West CP, Dyrbye LN, Shanafelt TD. Physician burnout: contributors, consequences and solutions. *Journal of internal medicine*. 2018 Jun;283(6):516-29.

RELEVANT AMA POLICY**Improving Mental Health Services for Pregnant and Postpartum Mothers H-420.953**

Our AMA will: (1) support improvements in current mental health services during pregnancy and postpartum periods; (2) support advocacy for inclusive insurance coverage of and sufficient payment for mental health services during gestation, and extension of postpartum mental health services coverage to one year postpartum; (3) support appropriate organizations working to improve awareness and education among patients, families, and providers of the risks of mental illness during gestation and postpartum; (4) continue to advocate for funding programs that address perinatal and postpartum depression, anxiety and psychosis, and substance use disorder through research, public awareness, and support programs; and (5) advocate for evidence-based postpartum depression screening and prevention services to be recognized as the standard of care for all federally-funded health care programs for persons who are pregnant or in a postpartum state. [Res. 102, A-12; Modified: Res. 503, A-17; Modified: Res. 227, A-23]

Study of Medical Student, Resident, and Physician Suicide D-345.983

Our AMA will: (1) explore the viability and cost-effectiveness of regularly collecting National Death Index (NDI) data and confidentially maintaining manner of death information for physicians, residents, and medical students listed as deceased in the AMA Physician Masterfile for long-term studies; (2) monitor progress by the Association of American Medical Colleges, the American Association of Colleges of Osteopathic Medicine, and the Accreditation Council for Graduate Medical Education (ACGME) to collect data on medical student and resident/fellow suicides to identify patterns that could predict such events; (3) support the education of faculty members, residents and medical students in the recognition of the signs and symptoms of burnout and depression and supports access to free, confidential, and immediately available stigma-free mental health and substance use disorder services; (4) collaborate with other stakeholders to study the incidence of and risk factors for depression, substance misuse and substance use disorders, and attempted and completed suicide among physicians, residents, and medical students; and (5) work with appropriate stakeholders to explore the viability of developing a standardized reporting mechanism for the collection of current wellness initiatives that institutions have in place to inform and promote meaningful mental health and wellness interventions in these populations. [CME Rep. 06, A-19; Modified: Res. 326, A-22]

Factors Causing Burnout H-405.948

Our AMA recognizes that medical students, resident physicians, and fellows face unique challenges that contribute to burnout during medical school and residency training, such as debt burden, inequitable compensation, discrimination, limited organizational or institutional support, stress, depression, suicide, childcare needs, mistreatment, long work and study hours, among others, and that such factors be included as metrics when measuring physician well-being, particularly for this population of physicians. [Res. 208, I-22]