WHEREAS, the DSM-V notes postpartum depression to be as a major depressive episode with onset of symptoms within 4 weeks of delivery; and

WHEREAS, clinical research shows postpartum depression may occur up to 12 months after delivery; and

WHEREAS, an estimated 80% of female physicians become mothers; and

WHEREAS, 6.5% to 20% of women in the general population develop postpartum depression; and

WHEREAS, resident physicians have reported a nearly four times greater rate of postpartum depression than the general population; and

WHEREAS, the rate of matriculation of female students into medical school in 2022 was 55.6% and has been increasing every year; and

WHEREAS, many physicians report lack of support during both pregnancy and the postpartum period by both colleagues and their workplace; and

WHEREAS, symptoms of postpartum depression are noted to be worse in jobs where women perceive a decreased sense of control over both work-life and family-life or jobs with less flexibility; and

WHEREAS, female physicians have reported feeling discriminated at the workplace based on their status as mothers; and

WHEREAS, untreated postpartum depression severely affects a woman’s ability to return to normal function and results in poorer outcomes for both the mother and infant; and

WHEREAS, 63% of physicians report symptoms or signs of burnout at least once per week in 2021; and

WHEREAS, suicide is a major cause of mortality for physicians relative to the general public; and
WHEREAS, untreated postpartum depression is a risk factor for suicide; and

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

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

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

RESOLVED, that our AMA recognize that postpartum depression be defined as symptoms of major depressive disorder experienced within the postpartum period extending up to 12 months after childbirth and is a significant issue for many practicing female physicians, fellows, residents, and medical students; and be it further

RESOLVED, that our AMA work with stakeholders to identify ways to increase recognition of postpartum depression and reduce stigma surrounding postpartum depression in practicing physicians, fellows, residents, and medical students; and be it further

RESOLVED, that our AMA advocate for improving structural and systemic barriers to the diagnosis and treatment of postpartum depression in practicing physicians, fellows, residents, and medical students.

Fiscal Note: (Assigned by HOD)

Received:

REFERENCES:


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]