AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: (Assigned by HOD)
(A-26)

Introduced by: Women Physicians Section, American College of Lifestyle Medicine

Subject: Examining the Impact of Circadian Disruption from Shift Work During Pregnancy

Referred to: Reference Committee (Assigned by HOD)

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1 Whereas, circadian rhythm is centrally regulated by the suprachiasmatic nucleus of the
2 hypothalamus and entrained by environmental light-dark cyclic inputs, enabling coordination of
3 hormonal secretion, metabolic function, and physiologic homeostasis;[1] and
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5 Whereas, light exposure during nighttime hours can desynchronize timing signals between the
6 suprachiasmatic nucleus and peripheral cellular circadian rhythms;[2] and
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8 Whereas, emerging evidence in occupational health, sleep medicine, and obstetrics suggests
9 associations between circadian disruption and resulting perturbed melatonin cycles during
10 pregnancy and adverse maternal and fetal outcomes, although existing evidence remains
11 heterogeneous;[3] and
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13 Whereas, a meta-analysis published under American Journal of Obstetrics and Gynecology
14 reported "very low" certainty evidence suggesting higher rates of miscarriage among pregnant
15 women with fixed night shifts in comparison to pregnant women who worked day shifts;[4] and
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17 Whereas, rotating shifts have an association with preterm delivery and gestational
18 hypertension;[4] and
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20 Whereas, studies have demonstrated associations between maternal shift work and adverse
21 neonatal outcomes, including psychological and behavioral problems;[3] and
22
23 Whereas, the timing of labor onset is determined by multifactorial physiologic processes,
24 including sleep disruption and synchronicity between circadian rhythms and light exposure in
25 pregnant physicians, which warrants further study;[2] and
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27 Whereas, there is currently limited consensus guidance on scheduling accommodations for
28 pregnant physicians and other health care workers exposed to shift work, leading to variability in
29 institutional policies; and
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31 Whereas, evidence-informed guidance may help support physician well-being, maternal health,
32 and workforce sustainability while maintaining continuity of patient care; therefore be it
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34 RESOLVED, that our American Medical Association supports the study of the impact of
35 circadian disruption from shift work during pregnancy, including implications for maternal and
36 fetal health; and be it further
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1 RESOLVED, that our AMA encourages dissemination of evidence-informed approaches to
2 scheduling and workplace accommodations for pregnant individuals as appropriate based on
3 the findings of a report on circadian disruption from shift work during pregnancy.
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Fiscal Note: (Assigned by HOD)

Received: 4/10/2026

REFERENCES

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2. Yaw AM, McLane-Svoboda AK, Hoffmann HM. Shiftwork and Light at Night Negatively Impact Molecular and Endocrine Timekeeping in the Female Reproductive Axis in Humans and Rodents. *International Journal of Molecular Sciences*. 2021;22(1):324. doi:https://doi.org/10.3390/ijms22010324
3. Reiter RJ, Tan DX, Korkmaz A, Rosales-Corral SA. Melatonin and stable circadian rhythms optimize maternal, placental and fetal physiology. *Human Reproduction Update*. 2013;20(2):293-307. doi:https://doi.org/10.1093/humupd/dmt054
4. Cai C, Vandermeer B, Khurana R, et al. The Impact of Occupational Shift Work and Working Hours During Pregnancy on Health Outcomes: A Systematic Review and Meta-analysis. *Obstetric Anesthesia Digest*. 2020;40(3):120-121. doi:https://doi.org/10.1097/01.aoa.0000693660.86124.b7

RELEVANT AMA POLICY

H-420.960 Effects of Work on Pregnancy
Our American Medical Association supports the right of employees to work in safe workplaces that do not endanger their reproductive health or that of their unborn children.

1. Our AMA supports workplace policies that minimize the risk of excessive exposure to toxins with known reproductive hazards irrespective of gender or age.
2. Our AMA encourages physicians to consider the potential benefits and risks of occupational activities and exposures on an individual basis and work with patients and employers to define a healthy working environment for pregnant people.
3. Our AMA encourages employers to accommodate increased physical requirements of pregnant people; recommended accommodations include varied work positions, adequate rest and meal breaks, access to regular hydration, and minimizing heavy lifting.
4. Our AMA acknowledges that future research done by interdisciplinary study groups composed of obstetricians/gynecologists, occupational medicine specialists, pediatricians, and representatives from industry can best identify adverse reproductive exposures and appropriate accommodations.
[CSA Rep. 9, A-99; Reaffirmed: CSAPH Rep. 1, A-09; Reaffirmation, A-12; Modified: CSAPH Rep. 1, A-22]

H-405.947 Compassionate Leave for Physicians, Medical Students, Medical Trainees, and Physician Residents and Fellows
Our American Medical Association urges:
a. medical schools, and the Liaison Committee on Medical Education and Commission on Osteopathic College Accreditation to incorporate and/or encourage development of compassionate leave policies. Such compassionate leave policies should consider inclusion of extensive travel and events impacting family planning, pregnancy, or fertility (including pregnancy loss, an unsuccessful round of intrauterine insemination or of an assisted reproductive technology procedure, a failed adoption arrangement, or a failed surrogacy arrangement). These policies should determine how compassionate leave may be incorporated with alternative, timely means of achieving curricular goals when absent from curricular components and to meet competency requirements necessary to complete a medical degree.
b. residency and fellowship training programs, their sponsoring institutions, and Accreditation Council for Graduate Medical Education to incorporate and/or encourage development of compassionate leave policies as part of the physician's standard benefit agreement. Such compassionate leave policies should consider appropriateness of coverage during extensive travel and events impacting family planning,

pregnancy, or fertility (including pregnancy loss, an unsuccessful round of intrauterine insemination or of an assisted reproductive technology procedure, a failed adoption arrangement, or a failed surrogacy arrangement). These policies should also include whether the leave is paid or unpaid, outline what obligations and absences must be made up, and determine how compassionate leave may be incorporated with alternative, timely means of achieving curricular goals when absent from curricular components and to meet competency requirements necessary to achieve independent practice and board eligibility for their specialty.

c. medical group practices to incorporate and/or encourage development of compassionate leave policies as part of the physician's standard benefit agreement. Such compassionate leave policies should consider appropriateness of coverage during extensive travel and events impacting family planning, pregnancy, or fertility (including pregnancy loss, an unsuccessful round of intrauterine insemination or of an assisted reproductive technology procedure, a failed adoption arrangement, or a failed surrogacy arrangement). These policies should also include whether the leave is paid or unpaid and what obligations and absences must be made up.

Our AMA encourages medical schools, residency and fellowship programs, specialty boards, specialty societies and medical group practices to incorporate into their compassionate leave policies a three-day minimum leave, with the understanding that no medical student or physician should be required to take a minimum leave.

Medical students and physicians who are unable to work beyond the defined compassionate leave period because of physical or psychological stress, medical complications of pregnancy loss, or another related reason should refer to their institution’s sick leave policy, family and medical leave policy, and other benefits on the same basis as other physicians who are temporarily unable to work for other reasons.

Our AMA supports the concept of equal compassionate leave for bereavement due to death or loss (e.g., pregnancy loss and other such events impacting fertility in a physician or their partner) as a benefit for physicians, medical students, medical trainees, and physician residents and fellows, regardless of gender or gender identity.

Staffing levels and scheduling are encouraged to be flexible enough to allow for coverage without creating intolerable increases in the workloads of other physicians, particularly those in residency programs.

These guidelines as above should be freely available online and in writing to all applicants to medical school, residency, or fellowship.

[Res. 309, I-22; Modified: CME Rep. 01, I-23]

H-135.932 Light Pollution: Adverse Health Effects of Nighttime Lighting

1. Our American Medical Association supports the need for developing and implementing technologies to reduce glare from vehicle headlamps and roadway lighting schemes, and developing lighting technologies at home and at work that minimize circadian disruption, while maintaining visual efficiency.
2. Our AMA recognizes that exposure to excessive light at night, including extended use of various electronic media, can disrupt sleep or exacerbate sleep disorders, especially in children and adolescents. This effect can be minimized by using dim red lighting in the nighttime bedroom environment.
3. Our AMA supports the need for further multidisciplinary research on the risks and benefits of occupational and environmental exposure to light-at-night.
4. Our AMA supports work environments operating in a 24/7 hour fashion have an employee fatigue risk management plan in place.

[CSAPH Rep. 4, A-12; Reaffirmation: A-22; Reaffirmed: CSAPH Rep. 1, A-22; Reaffirmed: BOT Rep. 30, A-24]