



Parental leave policies can improve residents' physical, mental health

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Katiana Garagozlo, M.D., and Jennifer C. Takagishi, M.D., FAAP

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Residency and fellowship training are among the most stressful periods in a physician's life. As the medical community focuses on physician wellness and mitigation of stress and burnout, it is paramount that training programs develop parental leave policies that protect trainees and their families and encourage their overall health.

Paid leave benefits both parents and infants. It has been shown to lower infant mortality by increasing initiation and duration of breastfeeding and allowing time for parents to ensure their child receives essential immunizations and postnatal care (Heymann J, et al. *Public Health Rev.* 2017;38:21). Longer leave duration also is associated with decreased maternal depressive symptoms until six months postpartum (Dagher RK, et al. *J Health Polit Policy Law.* 2014;39:369-416).

The Accreditation Council for Graduate Medical Education (ACGME) requires training programs to provide written policies regarding leaves of absence, including parental leave. While these policies must comply with legislation such as the Family and Medical Leave Act, they vary considerably.

Many pediatricians have experienced the impact of insufficient parental leave policies. One colleague shared her experience with parental leave during training. She planned to use her allotted four weeks of vacation time during her final year of residency to cover her maternity leave. However, she experienced unanticipated health complications after the child's birth and needed an additional two weeks of leave. This delayed her graduation. Her story highlights the constraints of parental leave policies and how they can affect trainees' career trajectories.

The impact of insufficient parental leave is not limited to the perinatal period. Issues with breastfeeding arise from deficient return-to-work policies. Numerous colleagues have shared their struggles to find private, safe locations to pump breastmilk during work hours. They also shared how breaks to pump breastmilk are treated as an inconvenience rather than a natural and necessary part of child care. This culture may prevent training programs from creating a nurturing and supportive environment for trainees.

The definition of families also has become quite diverse, and parental leave policies may not take these changes into account. The lack of inclusivity of all types of families can lead to marginalization of such groups. Every type of family should have equal opportunity and support when it comes to parental leave as they are subject to the same work hours and stresses of pediatric training.

AAP policy supports residents

A revised AAP policy statement aims to change the culture around parental leave for trainees to support early childhood health and promote the mental health of future pediatricians. The policy *Parental Leave for Residents and Pediatric Training Programs*, from the Council on Early Childhood and Section on Pediatric Trainees, is available at <https://doi.org/10.1542/peds.2021-055988> and will be published in the March issue of *Pediatrics*.

The policy recommends the following:

- The ACGME should require programs to have a written parental leave policy stipulating that all residents who become parents, regardless of gender or type of parenting, can take a minimum of 12 weeks off after a new child enters their family. The policy should explain potential ramifications for board examination times and fellowship/employment commencement. Medical training programs should update terminology to be more inclusive.
- Pediatric societies should work with the American Board of Pediatrics to expand competency-based residency completion and add flexible examination dates for parenting residents.
- Residency program directors should build a culture that supports trainees in sharing information about their own or their partner's pregnancy or other additions to their families (adoption, foster care) as early as they are comfortable. This will allow adequate time to adjust schedules to better accommodate resident trainees and their colleagues.
- Pediatric training programs should alter the culture to embrace parenting residents.
- Training institutions should consider creating 24-hour onsite child care and sick child care centers or facilitate access to these services in a convenient location.
- Programs should have lactation sites and equipment available at all resident work locations and provide residents adequate protected time to pump.
- Training programs should design flexible scheduling options to allow less strenuous rotations for pregnant and returning residents. Creative training opportunities such as remote learning platforms, parenting electives and mentored research or scholarly activities should be explored to decrease time off.
- Programs should work with the Centers for Medicare & Medicaid Services, hospitals, universities and the private sector to fund paid parental leave.

Pediatricians know that paternal and maternal bonding is critical for child and family wellness. Therefore, they should advocate for parental leave policy reform to improve the wellness of trainees and their families.

In addition, AAP leadership can exemplify how to navigate the challenges of changing parental leave policies so they promote the health and well-being of trainees and their children. They also can act as a beacon for other fields to emulate.

The result will be improved physical and mental health for physicians and especially for trainees.

Drs. Garagozlo and Takagishi are lead authors of the policy statement. Dr. Takagishi is a member of the AAP Council on Early Childhood.