

To the Editor: Children of Residents: What About Their Well-Being?

We read with great interest the recent article by Eskander et al, “Evaluating Wellness Interventions for Resident Physicians: A Systematic Review.”¹ The authors should be commended for their efforts to review the interventions developed thus far.

While there are many wellness initiatives for residents, we want to alert the readership to the concerning lack of initiatives addressing the stress on a resident’s family, specifically children, within this systematic review.¹ These stresses may start as early as in utero. Residents have higher rates of miscarriage, gestational hypertension, placental abruption, and intrauterine growth restriction.² The high-pressure nature and long working hours that are characteristic of residency training have been associated with adverse pregnancy outcomes.³

After delivery, the resident may encounter issues with taking maternity leave. While the American Board of Surgery allows for parental leave under their medical leave policy, residents are largely unaware of their ability to utilize this clause as only 3.9% know the policy, and it does not cover leave for the non-pregnant partner.⁴ Approximately one-third of residents in all specialties feel that taking parental leave during the clinical years puts a strain on the program, and approximately one-quarter experience a perceived or actual lack of support at work.⁴ If a trainee feels guilt or lack of support, it may result in a shorter length of maternity leave, which may decrease bonding in these early days.

Upon returning to work, the demands of work and family must be balanced, particularly for residents who breastfeed. A study of surgical residents revealed that those who breastfed felt that there was a lack of available time, a specific area to pump and store milk, and support for breastfeeding from peers and faculty.⁵ These factors may result in early weaning and thus have a detrimental effect on both the emotional and physical health of the child.

While the well-being and decreased burnout of the individual trainee should be prioritized, the stress and psychological distress residency train-

ing has on children should also be recognized. What occurs at work often permeates the resident’s home life, and thus the following should be considered when developing wellness programs for residents:

1. Develop formal support systems designed specifically for residents with young children.
2. Encourage flexibility in the curriculum to ensure that the resident achieves the competency necessary for their specialty while simultaneously meeting their unique personal needs.
3. Foster a culture change that meets the individual resident’s needs and encourages the well-being of residents and their family members.

Programs should enable residents to ensure that their children have all elements necessary to grow, develop, and be psychologically safe. This, however, can occur only if the residency program considers the resident and their family to be of equal importance. Having a child during residency should be a joyous occasion. Overlooking this important aspect of human life may limit the impact residency wellness programs have on trainees and ultimately on the quality and safety of patient care.

Lindsay Buzzelli , BS

Fourth-Year Medical Student, Penn State College of Medicine—University Park

Conrad Krawiec, MD

Associate Professor, Department of Pediatrics, Penn State Milton S. Hershey Medical Center, Penn State Hershey College of Medicine, Penn State Hershey Children’s Hospital

References

1. Eskander J, Rajaguru PP, Greenberg PB. Evaluating wellness interventions for resident physicians: a systematic review. *J Grad Med Educ*. 2021;13(1):58–69. doi:10.4300/JGME-D-20-00359.1
2. Behbehani S, Tulandi T. Obstetrical complications in pregnant medical and surgical residents. *J Obstet Gynaecol Can*. 2015;37(1):25–31. doi:10.1016/s1701-2163(15)30359-5
3. Bonzini M, Coggon D, Palmer K. Risk of prematurity, low birth weight, and pre-eclampsia in relation to working hours and physical activities: a systematic review. *Occup Environ Med*. 2007;64(4):228–243. doi:10.1136/oem.2006.026872

DOI: <http://dx.doi.org/10.4300/JGME-D-22-00074.1>

4. Altieri MS, Salles A, Bevilacqua LA, et al. Perceptions of surgery residents about parental leave during training. *JAMA Surg.* 2019;154(10):952–958. doi:10.1001/jamasurg.2019.2985
5. Merchant S, Hameed M, Melck A. Pregnancy among residents enrolled in general surgery (PREGS): a survey of residents in a single Canadian training program. *Can J Surg.* 2011;54(6):375–380. doi:10.1503/cjs.015710