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Current policies and practicing surgeon perspectives on parental leave

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ABSTRACT

Background: The aim of this study is to evaluate the components of current parental leave policies in surgical practice and evaluate surgeon perceptions of parental leave.**Methods:** Practicing surgeons were recruited to complete a survey via social media outlets and e-mail. Participants were asked questions regarding existing policies and their perspectives towards parental leave.**Results:** The survey was completed by 431 surgeons, of which 90% were female and 45% in academics. The majority (84%) of women took <12 weeks leave, and 24% were fully funded. All male respondents took <4 weeks, of which 55% was fully paid. Discrimination was experienced by 31%. The majority support paid parental leave (94%) without impact on time to promotion (87%) or partnership (85%).**Conclusions:** There is variance in current parental leave policies regarding length and compensation. Most respondents support paid parental leave and are in favor of policies that support new parents during and after pregnancy.

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1. Introduction

Studies have shown the positive benefits of parental leave on maternal mental health, child development, as well as father-child bonding.^{1–3} Although FMLA entitles eligible employees 12 weeks of leave per year, this leave is not required to be paid, often resulting in increased financial strain on families requiring early return to work.⁴ Since 2015, over 100 business corporations have set new and expanded paid parental leave policies, which include up to one-year paid leave in select organizations.⁵ However, in academic medicine, only 53% of the top 91 ranked medical schools in the United States offer a paid parental leave policy, and of those, 46% offer 6 weeks of paid leave.⁶ Similarly, the median length of paid leave was 8.6 weeks in the top 12 U.S. academic institutions.⁷

However, in surgical specialties, there is limited data on the length and compensation for parental leave policies across diverse practice types.^{6,7} Due to the unique demands of surgical practice, the need for appropriate amounts of parental leave is often minimized by new parents with concern for discrimination, increased workload on practice partners, risk of delay in promotion, and

perceived repercussions. Parental leave shortcomings and its associated stigma can have important ramifications for surgeon well-being, recruitment, and productivity.

Previous studies investigating parental leave have focused solely on issues surrounding maternity leave and/or leave for physicians-in-training.^{8–12} While these issues are necessary to examine, they do not reflect the concerns and barriers facing surgeons in practice seeking parental leave. There remains a gap in knowledge concerning the availability of formalized parental leave policies and its components, including length of allowable leave and compensation in a diverse group of surgical practices for both women and men.

The objectives of this study are to 1) assess the access to, components of, and utilization of current parental leave policies in surgical practices and to 2) determine the perceptions of parental leave policies among practicing surgeons.

2. Methods

Following institutional IRB approval, practicing surgeons were invited via social media and electronic mail to participate in an anonymous online survey regarding parental leave. The survey was composed of 21 multiple-choice questions focused on practicing surgeons' demographics, access to and components of parental leave policies at their respective practices, and Likert scale

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questions regarding surgeons' perceptions of and attitudes towards maternity and paternity leave policies.^{13,23} Invitations to complete the survey were distributed via various social media outlets comprising of the following: 7 physician-only largely female dominated Facebook groups including the Physicians Mom Group (PMG), a global network of women physicians who are mothers, professional twitter accounts, and e-mails to members of the Mid-Atlantic section American Urology Association and Women in Thoracic Surgery (Supplemental Table 1). E-mails were also sent to the University of Maryland School of Medicine surgical departments. E-mails and online posts encouraged surgeons to forward the survey link to their surgical colleagues. Eight weeks following initial survey distribution, a second survey reminder was sent. The following specialties were defined as surgical: cardiothoracic, colorectal, general, neurosurgery, obstetrics and gynecology, ophthalmology, oral and maxillofacial, orthopaedic, otolaryngology, pediatric, plastic, surgical oncology, transplant, trauma, urology, and vascular. In the questions asking about discrimination, discrimination was defined as subjective with examples such as "unfair call burden before or after leave, loss of opportunities for advancement due to leave, or delay of partnership or promotion due to leave.

Statistical analysis was conducted using descriptive statistics and chi-square analysis for categorical variables, with Likert scale responses being grouped as strongly agree/agree, neutral, and strongly disagree/disagree. Multinomial logistic regression was used to assess the impact of gender, work setting, age, and years in practice on surgeon perceptions with a p-value for significance of 0.05. Statistical analysis was performed using Stata 13.1 (Statacorp, College Station, TX).

3. Results

A total of 431 surgeons participated in the survey of which 90% were female, and the majority were between the ages of 25–40 (73%), in practice less than 5 years (60%), white (71%), and from the United States (96%). The three most frequently represented specialties were urology (29%), general surgery (22%), and obstetrics/gynecology (14%). The majority of respondents accessed the survey via Facebook (82%) (Table 1). Of those that were aware of their employers' leave policy, the majority had a maternity leave policy in place with available leave from 6 to 12 weeks (58%) and a paternity leave policy of 4 weeks or less (75%). When asking respondents how much time they felt should be given for parental leave, 42% felt that maternity leave should be greater than 12 weeks, and 67% believed paternity leave should be greater than 4 weeks. (Fig. 1) (see Table 2).

Only 11 male respondents reported taking parental leave, all of which were 4 weeks or less in duration, of which 55% was fully paid by their employer and 18% completely unpaid. In comparison, 299 female respondents reported taking leave, with only 49 (16%) taking greater than 12 weeks of leave. Compensation for leave varied by length of leave; 20–26% of respondents taking leave up to 16 weeks had their leave paid fully by their employer. Nearly 40% of women who took 4 weeks or less of leave were unpaid for that duration of time, and another 40% required sick and/or vacation time to receive payment for leave (Fig. 2). Of respondents who took leave, 31% felt they experienced discrimination in relation to their parental leave. Of women respondents who reported nursing (n = 304), 18% reported experiencing discrimination due to time taken for lactation.

The large majority of respondents agreed/strongly agreed (A/SA) that parental leave should be paid (93%) and there should be support for women (90%) and men (69%) going back to work part-time after completing their leave. Most respondents disagreed or

Table 1
Demographics of survey respondents.

Demographic	n (%)
Gender	
Female	390 (90)
Male	41 (10)
Age	
25–40	312 (73)
41–50	96 (22)
51+	22 (5)
Ethnicity	
White	304 (71)
Asian	72 (17)
Black/American Indian	14 (3)
Other	37 (9)
Region	
Northeast	109 (25)
Southeast	77 (18)
Southwest	47 (11)
Midwest	84 (19)
West	97 (23)
Outside of the United States	17 (4)
Surgical Specialty	
Urology	123 (29)
General Surgery	94 (22)
Obstetrics and Gynecology	62 (14)
Other	152 (35)
Work Setting	
Private Practice (any)	135 (31)
Academic Medical center	193 (45)
Private Hospital	50 (12)
Other	53 (12)
Years in Practice	
0–5 years	258 (60)
6–10 years	113 (26)
>10 years	60 (14)
Method by Which Survey Accessed	
Facebook	352 (82)
Email	59 (14)
Twitter	20 (4)

strongly disagreed that time off for leave strains other partners in the surgical practice (56%), that men (79%) and women (73%) should be required to make-up call for their parental leave, and that leave should delay the pathway to promotion (87%) or partnership (85%). However, respondents answered heterogeneously to the perceptions in regards to equal leave for men and women and the requirement of overhead payment during leave (Fig. 3).

In a multinomial logistic regression model incorporating gender, age, years in practice, and work setting, gender did impact respondents' perceptions. Male respondents were less likely to A/SA that length of parental leave policy would impact their choice of employer (RRR 0.3, [0.1–0.6], $p = 0.001$). They also more often A/SA that parental leave puts an unreasonable strain on other partners in the practice (RRR 4.8, [2.2–10.6], $p < 0.001$) and time off for leave should delay the pathway to partnership (RRR 9.0, [1.6–49.2], $p = 0.01$) and promotion (RRR 5.6, [1.4–22.7], $p = 0.015$). Respondents older than 40 years of age were also less likely to A/SA that support should be available for women going back to work part-time after maternity leave (RRR 0.3, [0.1–0.8], $p = 0.02$). Similar to male gender, participants in practice for greater than 10 years were more likely to A/SA that parental leave placed an unreasonable strain on partners (RRR 2.9, [1.1–8.0], $p = 0.037$).

4. Discussion

Our study is the first to evaluate current parental leave policies and surgeon perceptions, including a male perspective, of parental leave across a diverse group of surgical practice settings. Our results indicate that the majority of surgeon respondents agree that

Table 2
Parental Leave Perceptions of Survey Respondents Based on Gender, Age and Years in Training.

Parental Leave Perceptions (n%)	Male gender %	Age >40%	Training years (5–10) %	Training Years (10+) %	Male vs. Female		Age ≤40 vs. Age >40		Training 5–10 years vs. < 5 years		Training years 10 + vs. <5 years		
					p-value	RRR (95%CI)	p-value	RRR (95%CI)	p-value	RRR (95%CI)	p-value	RRR (95%CI)	
Neutral	Parental leave should be paid.	10	10	4	17	0.77	0.740 (0.097–5.651)	0.59	0.731 (0.236–2.261)	0.99	0 (–)	0.99	0 (–)
	Women and men should receive the same amount of parental leave.	32	26	34	27	0.68	0.840 (0.366–1.933)	0.12	0.733 (0.495–1.085)	0.66	1.154 (0.611–2.181)	0.65	1.270 (0.452–3.571)
	The amount of parental leave offered by an employer could sway my decision when choosing one employer over another.	20	21	14	23	0.25	0.568 (0.214–1.500)	0.67	0.889 (0.513–1.539)	0.44	1.517 (0.522–4.403)	0.95	0.959 (0.263–3.490)
	Time off for parental leave puts an unreasonable strain on other partners in the practice.	20	26	22	27	0.34	1.583 (0.621–4.036)	0.51	1.135 (0.780–1.651)	0.94	0.978 (0.521–1.835)	0.35	1.613 (0.590–4.408)
	Males who take paternity leave should be required to make-up call.	12	16	9	13	0.99	1.009 (0.363–2.809)	0.01	1.193 (1.204–3.093)	0.05	0.400 (0.158–1.014)	0.1	0.372 (0.114–1.212)
	Females who take maternity leave should be required to make-up call.	32	19	12	22	0.01	2.675 (1.243–5.757)	0.17	1.344 (0.877–2.058)	0.15	0.565 (0.258–1.236)	0.75	0.839 (0.291–2.420)
	Females who are pregnant should work until their due date.	32	26	33	25	0.8	0.910 (0.434–1.905)	0.35	0.849 (0.601–1.199)	0.5	1.219 (0.691–1.199)	0.64	1.254 (0.487–3.226)
	Females who are pregnant should be excluded from call during the last month of pregnancy.	12	23	18	13	0.12	0.399 (0.124–1.285)	0.95	1.012 (0.624–1.656)	0.63	0.803 (0.331–1.947)	0.44	0.587 (0.154–2.246)
	New parents should be responsible for paying overhead in private practices during parental leave.	24	36	40	32	0.16	0.550 (0.238–1.271)	0.5	1.123 (0.801–1.581)	0.4	0.791 (0.459–1.364)	0.97	0.984 (0.380–2.551)
	For women who want to breastfeed after delivery their baby, time should be provided for lactation during their day-to-day-schedule.	5	5	7	3	0.65	0.579 (0.054–6.241)	0.33	0.422 (0.075–2.374)	0.68	2.117 (0.061–74.053)	0.47	0.241 (0.005–11.239)
	There should be support for women going back to work part-time after ending their leave.	10	9	6	12	0.88	1.159 (0.169–7.936)	0.06	0.346 (0.115–1.046)	0.39	2.719 (0.283–26.086)	0.65	1.696 (0.169–17.066)
	There should be support for men going back to work part-time after ending their leave.	24	27	17	23	0.98	0.986 (0.345–2.820)	1.8	1.646 (0.949–2.854)	0.11	0.439 (0.160–1.204)	0.02	0.199 (0.052–0.761)
	Parental leave should delay pathway to partnership.	34	20	15	18	0	4.940 (2.277–10.719)	0.09	1.433 (0.946–2.173)	0.68	1.181 (0.540–2.587)	0.74	0.833 (0.282–2.459)
	Parental leave should delay time to promotion.	20	14	9	15	0.02	2.825 (1.144–6.973)	0.21	1.369 (0.834–2.245)	0.78	0.874 (0.341–2.243)	0.92	1.063 (0.312–3.622)
SD/D	Parental leave should be paid.	5	1	5	8	0.33	0.409 (0.068–2.442)	0.36	0.661 (0.272–1.608)	0.99	0 (–)	0.99	0 (–)
	Women and men should receive the same amount of parental leave.	34	27	32	35	0.31	0.661 (0.296–1.475)	0.95	1.012 (0.705–1.454)	0.16	0.635 (0.339–1.192)	0.49	0.718 (0.280–1.845)
	The amount of parental leave offered by an employer could sway my decision when choosing one employer over another.	37	11	11	33	0.001	0.250 (0.113–0.556)	0.04	0.621 (0.398–0.969)	0.37	1.486 (0.631–3.505)	0.25	0.534 (0.185–1.541)
	Time off for parental leave puts an unreasonable strain on other partners in the practice.	32	61	57	33	0	4.781 (2.162–10.572)	0.41	1.181 (0.798–1.750)	0.35	1.385 (0.701–2.738)	0.04	2.914 (1.065–7.972)
	Males who take paternity leave should be required to make-up call.	75	71	80	73	0.56	1.365 (0.481–3.871)	0.21	1.364 (0.836–2.224)	0.97	0.983 (0.408–2.366)	0.87	0.904 (0.258–3.163)
	Females who take maternity leave should be required to make-up call.	56	63	77	58	0.6	1.332 (0.461–3.852)	0.06	1.56 (0.982–2.471)	0.68	0.835 (0.354–1.968)	0.83	1.134 (0.361–3.565)
	Females who are pregnant should work until their due date.	49	51	52	45	0.05	0.318 (0.104–0.972)	0.49	0.857 (0.557–1.320)	0.36	0.718 (0.354–1.454)	0.13	2.257 (0.779–6.537)
		16	19	15	18	0.31	0.640 (0.273–1.501)	0.11	0.713 (0.469–1.085)	0.27	1.518 (0.724–3.181)	0.16	2.166 (0.732–6.411)

Females who are pregnant should be excluded from call during the last month of pregnancy.	39	45	40	32	0.1	1.978 (0.876–4.467)	0.04	1.572 (1.023–2.416)	0.26	0.634(0.286–1.405)	0.36	1.636 (0.567–4.720)
New parents should be responsible for paying overhead in private practices during parental leave.	5	4	1	7	0.35	0.410 (0.064–2.632)	0.28	0.410 (0.081–2.071)	0.99	0.988 (0.033–29.472)	0.44	0.264 (0.009–7.562)
For women who want to breastfeed after delivery their baby, time should be provided for lactation during their day-to-day-schedule.	5	1	2	10	0.85	0.851 (0.165–4.391)	0.02	0.323 (0.125–0.838)	0.33	2.757 (0.359–21.162)	0.89	0.879 (0.133–5.801)
There should be support for women going back to work part-time after ending their leave.	20	10	13	25	0.36	0.650 (0.261–1.620)	0.49	0.847 (0.527–1.360)	0.65	0.829 (0.371–1.851)	0.11	0.384 (0.121–1.221)
There should be support for men going back to work part-time after ending their leave.	59	88	83	75	0.01	8.982 (1.638–49.251)	0.76	1.182 (0.407–3.429)	0.36	2.857 (0.299–27.323)	0.16	6.365 (0.494–82.068)
Parental leave should delay pathway to partnership.	71	90	87	78	0.02	5.648 (1.404–22.726)	0.47	1.336 (0.604–2.953)	0.12	3.823 (0.705–20.715)	0.27	3.260 (0.404–26.298)
Parental leave should delay time to promotion.												

parental leave should be paid, support should be provided for returning to work part-time, and that leave should not require make-up call or delay to partnership or promotion. Nearly one-third of respondents reported experiencing discrimination due to parental leave.

The overwhelming majority of survey respondents (92%) posited that parental leave should be compensated. Only 58% of respondents had a parental leave policy in place through their employer. Of respondents who took a leave, only 38% had fully or partially paid leave provided by employer, leaving greater than 60% taking unpaid leave or using vacation and/or sick time to fund it. This can contribute to the wage gap between men in women in companies where unused vacation/sick time can be traded in for additional compensation. These results are analogous to a previous study which found that 68% of women proceduralists did not have a designated maternity leave policy in their most recent contract, requiring the use of short-term disability (24%) or savings (38%) to support family expenses during leave.⁸ Similarly, in 2003, a survey of 1532 actively practicing members of the American College of Surgeons (ACS) in private and academic practice found that a formal leave policy was available in only 41% of respondents employment benefits and only 20% had a designated paternity leave.¹⁴

The disconnect between current perspectives on what parental leave should be and the reality of what is offered warrants further attention and policy change. The ACS has publicly supported clear and transparent parental leave policies with a minimum of 6 weeks of leave, encouraging financial support and discouraging the requirement of make-up of call responsibilities.¹⁵ In 2017, New York Presbyterian implemented a program for paid parental leave to set an example for the next generation of physicians and to demonstrate they value their employees. By doing so they closed the gap between perspectives and reality.¹⁶ Our data reveals that current policies of our respondents' employers are not in line with what surgeons believe parental leave should entail and is likely indicative of the parental leave landscape in medicine around the United States.

The majority of respondents believed that maternity leave should range from greater than 6 weeks to 6 months in duration, and 64% reported recommended paternity leave should be greater than 4 weeks in length. This is similar to findings reported by Troppmann et al., who found the ideal duration of maternity leave recommended by 895 American board of surgery-certified surgeons was 7–8 weeks with women being significantly more likely than men to rate paternity leave as important.¹⁷ We again found that these recommended lengths of parental leave were in contrast to current policies reported by our respondents, with 35% of females receiving less than 6 weeks of leave and 75% of males receiving less than 4 weeks of leave. This directly mirrors results of Schroen et al., who found that 37% of women proceduralists took a leave of 4 weeks or less.⁸ The disparity between the length of paternity leave taken and length of leave in which respondents thought fathers were entitled may be due to insufficient coverage or compensation rather than the length of leave desired.

While we found that most respondents disagreed that call shifts should be made up following leave, Schroen et al. reported that 23% of women proceduralists were required to make up missed call shifts and 20% owed a productivity bonus after taking leave.⁸ Interestingly, when asking respondents if new parents should be required to pay overhead during parental leave, results were mixed with 41% feeling neutral and 18% strongly agreeing or agreeing. This may reflect the challenges in running a financially productive practice with the loss of significant income from one provider on leave and consistent overhead costs. This likely has stifled the widespread implementation of leave policies, particularly in private

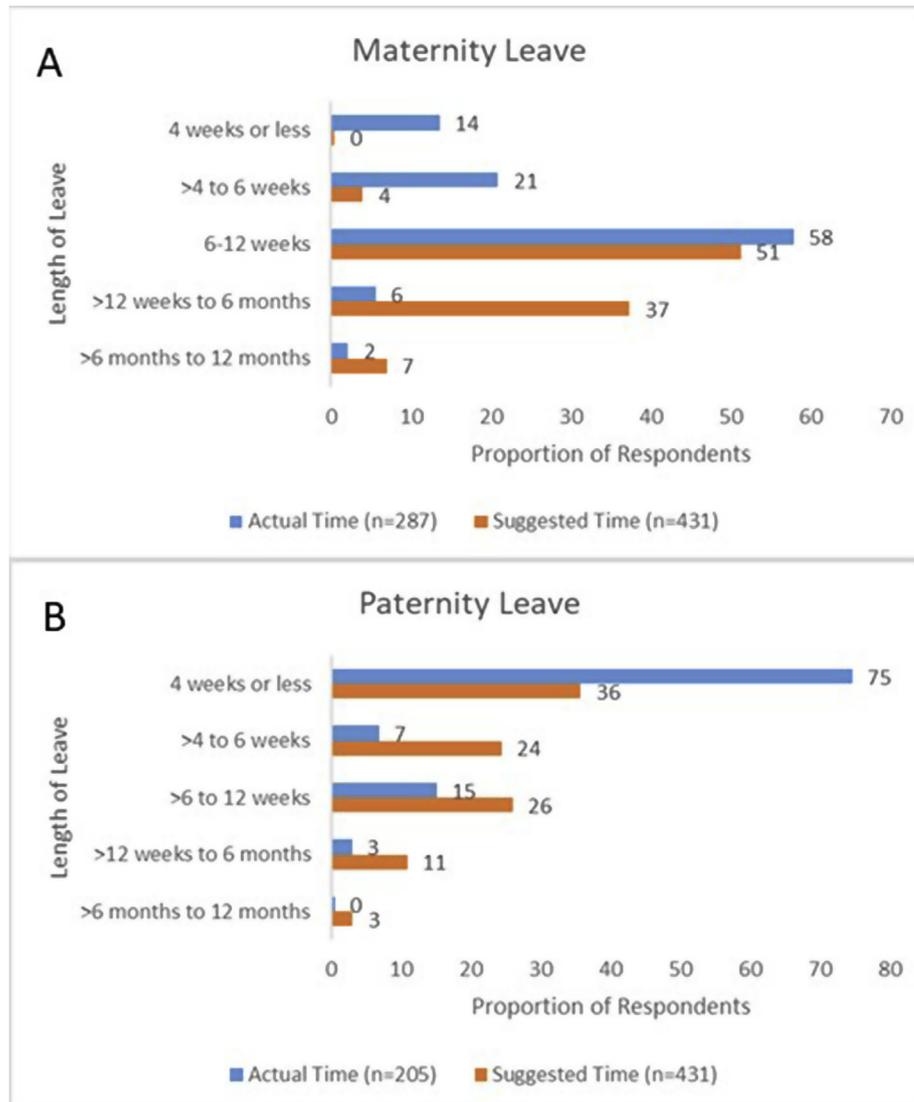


Fig. 1. Length of Actual Parental Leave Offered by Current Employers Compared to the Length of Parental Leave suggested by Survey Respondents by Gender.

settings. However, paid leave may lead to the attraction of high-quality employees, improved employee retention, improved productivity, and reduce burnout resulting in greater profitability in the long-term. While the economics of medicine may provide challenges to the implementation of paid parental leave, these can be overcome with an organized restructuring and dedicated initiative to offer a paid leave in line with the guidelines suggested by the ACS.

Discrimination due to leave was seen in 30% of respondents who took parental leave. Discrimination secondary to parental leave is not a novel topic. A previous analysis of 947 survey responses of physician mothers found maternal discrimination was often seen due to gendered performance expectations, limited opportunities for advancement, financial inequalities, lack of support, and challenging work-life balance. Specific subthemes resulting in discrimination were the expectation that women should delay or avoid childbearing, lack of coverage and scheduling flexibility, and inflexible payment or incentive structure. As one would postulate, mediators of discrimination were administration and colleagues but also included support staff and patients. The discrimination resulted in marked implications related to psychological concerns, career/financial strain, family life, risk to pregnancy, and impact on

health care quality and leadership.¹⁸ There is limited information on discrimination towards fathers in the workplace but likely stems from cultural norms, concerns regarding lack of colleague support, and ultimately, lack of clearly designated leave policies.

The majority of respondents felt that parental leave availability would sway their decision when choosing an employer. This was more common in women compared to men respondents. Competitive leave policies offer an advantage to clinical practices to attract and retain the most qualified surgeons and specifically women. After Google increased its paid maternity leave in 2007 from 12 weeks to 18 weeks, the rate of new moms leaving the company fell by 50%.¹⁹ Additionally, previous investigations have shown that parental leave policies are integral in recruiting and retaining women in biomedical sciences.²⁰

In our analysis, male respondents more often believed that parental leave puts an unreasonable strain on other partners in the practice and that time off for leave should delay the pathway to partnership. As women account for only 18% of hospital CEOs and 16% of all deans and department chairs in the U.S.,²¹ a male perspective mirroring the above beliefs, will continue to promote an environment where taking parental leave is disincentivized. This may potentially discourage women of childbearing age from

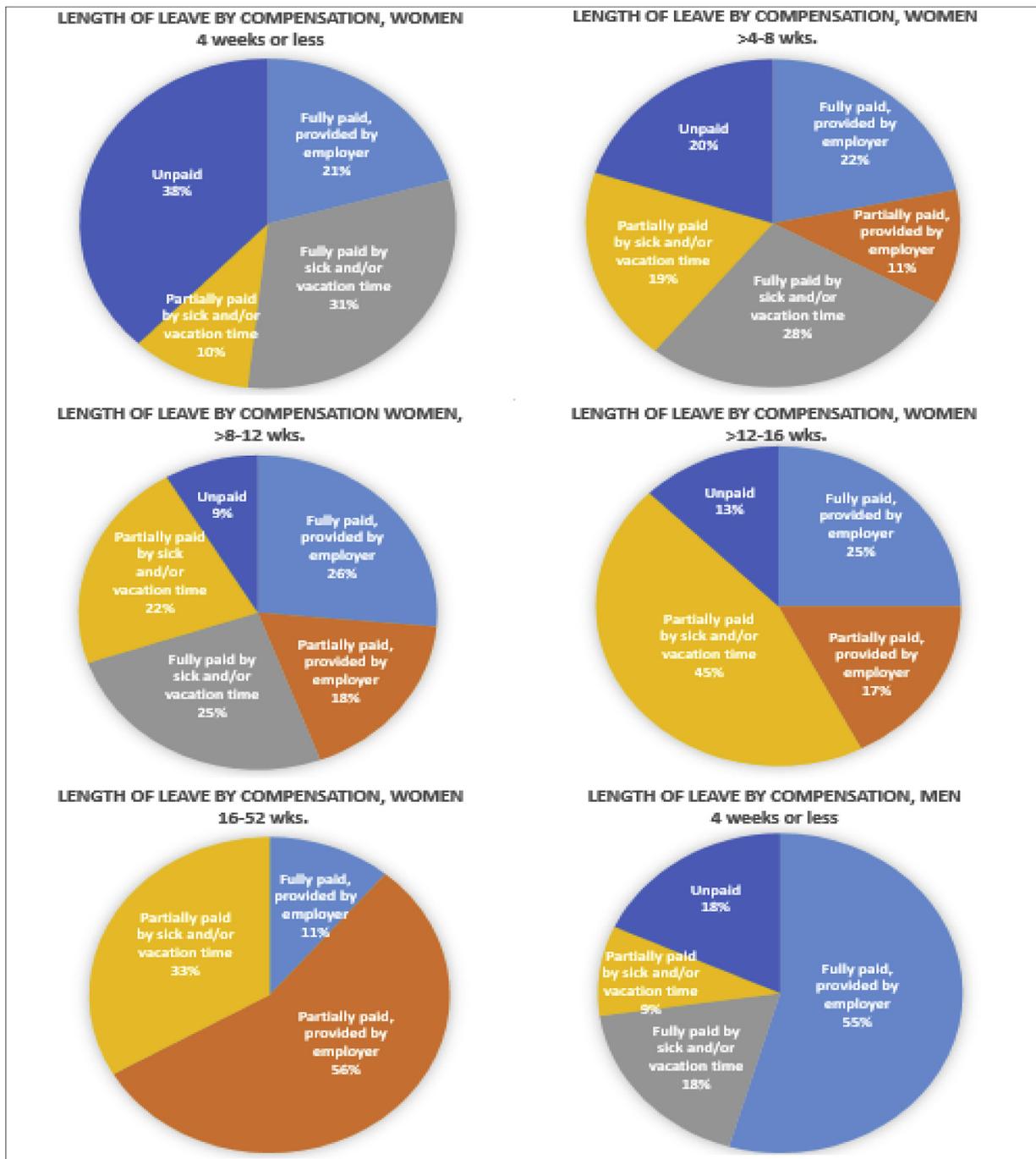


Fig. 2. Modes of compensation for parental leave based on gender and length of leave taken.

pursuing a career in medicine or result in women leaving their roles in clinical medicine. Recent studies have suggested that women offer a valuable perspective in medicine as they often provide more cost-efficient care with improved outcomes compared to their male counterparts.²² Moreover, female surgeons have been found to have a small but statistically significant decreased risk of short-term postoperative death when compared to their male counterparts. Women also offer a much-needed diversity for patients seeking female providers, an important perspective on surgical education, and mentorship for female surgical residents. While the implementation of parental leave policies would improve attraction and retention of women, our study finds that male

respondents also supported the notion of paid parental leave and support for part-time work after leave, indicating that these changes are desirable to a male demographic as well.

This study is not without limitations. First, inherent to its survey design, response bias may impact our findings. Another limitation of this study is sampling bias as Urologists make up a large proportion of surveyed participants. As the study was distributed through social media outlets, there were distribution limitations and further self-selection bias, as evident from the overwhelming majority of respondents aged 25–40. A response rate could not be calculated as we were unable to monitor how many individuals viewed the survey but did not partake in completing it. While the

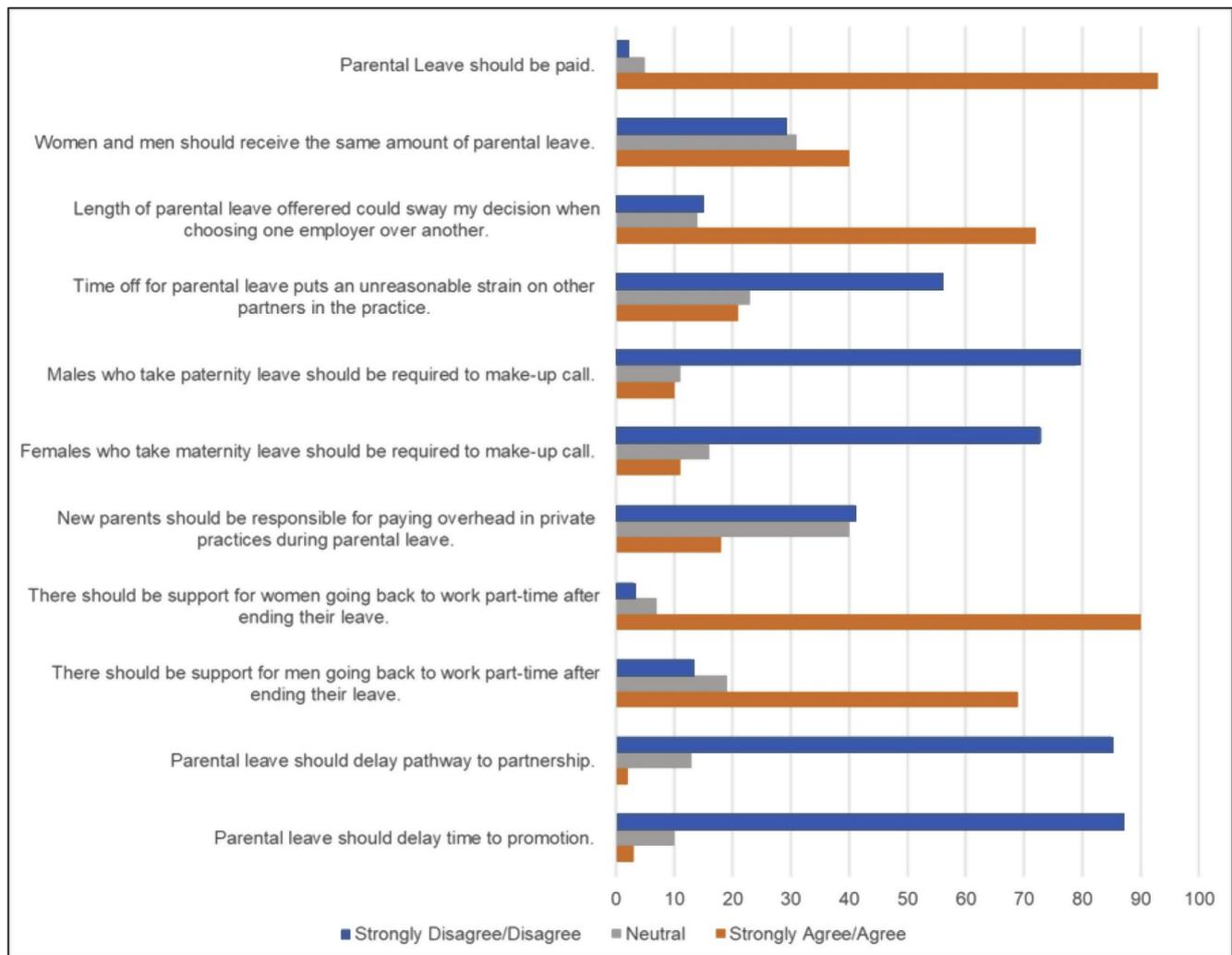


Fig. 3. Parental leave perceptions of survey respondents.

number of responses was modest, we were able to collect quantitative data regarding parental leave perceptions and current policies among practicing surgeons which can serve as a starting point to prompt change in employers' policies.

5. Conclusions

Practicing surgeons desire adequate paid parental leave policies for which they will not be penalized for utilizing. Current practices are in stark contrast to what surgeons want. While some companies are starting to change their parental leave policies to more appropriate and inclusive policies, a significant shift needs to take place to translate perspectives into policies.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.amjsurg.2019.07.019>.

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