

## Supplemental Digital Appendix 1

### Women in Residency Survey

This survey was sent to all residents in graduate medical education at participating institutions. Branching logic determined which questions were asked of whom. Below are the items asked of female residents for this study.

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#### Thank you for participating in this national survey!

The following questions will assess your opinions and experiences. Your answers are **confidential** and the results will be presented in aggregate and not by training program in order to protect the identity of participants.

Completion of this survey should take approximately **3-10 minutes**.

#### We greatly appreciate your participation!

**ACCEPTANCE: By clicking "Yes", you indicate that you agree to be in this study.**

Yes

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## Section 1: Demographic information

### For all participants

1. What sex were you assigned at birth, on your original birth certificate?
  - a. Male
  - b. Female
  
2. Please indicate your academic degree(s): (choose all that apply)
  - a. MD, DO, or MBBS
  - b. PhD
  - c. MPH
  - d. MBA
  - e. Other masters or higher degree
  
3. Please provide your age:  
text (integer, Min: 10, Max: 80)
  
4. Please indicate your current PGY status:  
dropdown menu (PGY 1, PGY 2, PGY 3, PGY 4, PGY 5, PGY 6, PGY 7, PGY 8, PGY 9, PGY 10+)
  
5. Please indicate your current training program:  
dropdown menu listing all participating programs
  
6. What are your current plans upon completion of residency?
  - a. Fellowship
  - b. Academic practice in my field of training
  - c. Private practice in my field of training
  - d. Industry/Healthcare Administration/Consultant
  - e. Undecided
  - f. Other (Please specify)
  
7. Please indicate your current marital status:
  - a. Married
  - b. Live with Partner
  - c. Single
  - d. Separated
  - e. Divorced or Widowed

### For those who are married or live with a partner:

8. Is your spouse/partner employed?
  - a. Yes, full time
  - b. Yes, part time
  - c. No

9. Is your spouse/partner also in medical training?

- a. Yes
- b. No

For all participants:

10. Do you have children (not including current pregnancies)?

- a. Yes
- b. No

For those with children:

11. How many children (biological, adopted, foster, and step-children) do you have?

dropdown menu (1, 2, 3, 4, 5, 6, 7, 8, 9+)

12. At what career stage(s) did you have a child? (check all that apply)

- a. Before residency
- b. During residency

13. What are the current ages of your children?

text entry

For all participants:

14. What is your approximate annual household income before taxes?

dollars (please do not use commas)

text entry

15. How many people are currently supported by this income?

dropdown menu (1, 2, 3, 4, 5, 6, 7, 8, 9+)

16. To your knowledge, have you worked with a pregnant resident during your current residency program?

- a. Yes
- b. No
- c. I am not sure

17. Have you worked with a resident who has struggled with issues around pregnancy and maternity leave in your current residency program?

- a. Yes
- b. No
- c. I am not sure

## Section 2: Parenthood Planning

### For those who are married or live with a partner, without children:

18. Do you want to have children in the future?

- a. Yes
- b. No
- c. I am not sure

### For those who are married or live with a partner, with children:

19. Do you want to have more children in the future?

- a. Yes
- b. No
- c. I am not sure

### For those who want children in the future:

20. Are you choosing to avoid childbearing during residency?

- a. Yes
- b. No

### For those avoiding childbearing in residency:

21. Why are you choosing to avoid childbearing during residency? (choose up to 3)

- a. Busy work schedule
- b. Desire to not delay taking my board exam
- c. Desire to not extend my residency training
- d. Discouraged to have children during residency by senior faculty
- e. Fellowship or Job start date restrictions
- f. Finances
- g. Lack of access to child care (i.e. daycare)
- h. Parental leave would burden my colleagues
- i. My partner is not ready
- j. Residency training might increase pregnancy complications
- k. Other (Please specify)

22. How satisfied are you with the decision to delay parenthood?

- a. Very Satisfied
  - b. Satisfied
  - c. Neither
  - d. Dissatisfied
  - e. Very dissatisfied
-

### Section 3: Pregnancy During Residency

For all participants:

23. Have you ever become pregnant (include miscarriages and abortions) during residency? (choose all that apply)

- a. Yes, I have
- b. Yes, my partner has
- c. No

24. Are you currently pregnant?

- a. Yes
- b. No

For those who are currently pregnant

25. During what year of your residency will you deliver?

dropdown menu (After residency, PGY 1, PGY 2, PGY 3, PGY 4, PGY 5, PGY 6, PGY 7, PGY 8, PGY 9, PGY 10+)

26. Will you deliver during a research year?

- a. Yes
- b. No

27. What will be your age at the time of delivery?

text (integer, Min: 10, Max: 80)

For those who have been pregnant during residency:

28. How many times have you become pregnant during your current residency program?

dropdown menu (0, 1, 2, 3, 4+)

28. How many of those pregnancies were delivered during your current residency program?

dropdown menu (0, 1, 2, 3, 4+)

For those who have delivered during residency (this section repeats for up to 4 children):

29. During what year of residency did you deliver your most recent child?

dropdown menu (PGY 1, PGY 2, PGY 3, PGY 4, PGY 5, PGY 6, PGY 7, PGY 8, PGY 9+)

30. Was this delivery complicated by any of the following? (check all that apply)

- a. Cesarean Section
- b. Multiple birth (i.e. twins)
- c. Other infant complication
- d. Other maternal complication (Please specify)

31. Was this delivery during a research year?

- a. Yes
- b. No

32. How old were you?

text (integer, Min: 10, Max: 70)

*For those who have delivered during residency:*

33. How long ago did you most recently give birth?

- a. 0 to < 6 months ago
  - b. 6 to < 12 months ago
  - c. > 12 months ago
-

**Section 4: Support**

*For those who are currently or have been pregnant during residency:*

34. During your most recent pregnancy, how emotionally supported did you feel by...

	Not Supported	Somewhat not supported	Neutral	Somewhat supported	Well-supported
Your co-residents					
Your attendings					
Your Program Director					
Your program administration					

35. During your most recent pregnancy, how logistically supported did you feel by...

	Not Supported	Somewhat not supported	Neutral	Somewhat supported	Well-supported
Your co-residents					
Your attendings					
Your Program Director					
Your program administration					

## Section 5: Maternity Leave

### For those who have delivered during residency:

36. LEADING UP TO your most recent child's birth, approximately how many weeks of maternity leave did you take? *weeks*

text (integer)

37. AFTER your most recent child's birth, approximately how many weeks of maternity leave did/will you take? *weeks*

text (integer)

38. AFTER your most recent child's birth, approximately how many weeks of maternity leave did YOUR PARTNER take? *weeks*

text (integer)

39. Please choose UP TO 3 factors that most determined the length of your maternity leave.

- a. Ability to obtain child care
- b. Desire to not delay taking my board exam
- c. Desire to not extend my residency training further
- d. Finances
- e. Fellowship or Job start date restrictions
- f. Infant health complications
- g. Maternal health complications
- h. Newborn bonding
- i. Partner's parental leave
- j. Program mandated leave
- k. Repercussions to my colleagues
- l. Repercussions to my relationships with supervising physicians
- m. Other (Please specify)

40. By how many weeks will your training be extended by maternity leave? (leave blank if this has not been determined yet) *weeks*

text (number)

41. Did your maternity leave include (check all that apply):

- a. Sick Leave
- b. Vacation
- c. Neither



42. Was any part of your maternity leave paid (aside from sick leave or vacation)?
- Yes
  - No
43. Approximately what percentage of your salary were you paid?  
slider (number, Slider labels: 0, 50, 100)
44. For how many weeks of leave were you paid (excluding sick leave and vacation)?  
text (integer, Min: 0)
45. How satisfied are you with the length of your maternity leave?
- Less than I would like
  - About right
  - More than I would like
47. When you returned/return to work, how was/will your schedule be adjusted for reentry? (choose all that apply)
- No adjustments, returned to full time work
  - Part time
  - Research time
  - Less inpatient time
  - Other (Please specify)
48. Do you need to "pay back" call that was/will be missed over your maternity leave?
- Yes
  - No
  - I am not sure

## Section 6: Breastfeeding

### For those who have delivered during residency:

49. Did you plan to breastfeed your baby?

- a. Yes
- b. No

50. For approximately how many months did you provide breastmilk for your baby, or have you provided so far? (i.e. provide breastmilk for more than 50% of infant feedings) months

text (integer, Min: 0, Max: 60)

51. How satisfied are you with the length of time you were able to provide breastmilk for your baby?

- a. Less than I would like
- b. About right
- c. More than I would like

52. What barriers to breastfeeding did you encounter upon returning to work? (Please select all that apply)

- a. Insufficient time to pump at work
- b. No appropriate place to pump at work
- c. Lack of attending and/or colleague support
- d. Inability to maintain supply
- e. Infant health or lack of infant interest in BF
- f. Other (Please specify)
- g. Not applicable

**Section 7: Overall**

*For those who have delivered during residency:*

53. Would you recommend childbearing during residency?

- a. Yes
  - b. No
  - c. I am not sure
- 

**Section 8: Wellbeing**

For the next few questions, we would like to better understand your wellbeing.

*For all participants:*

54. Overall, based on your definition of burnout, how would you rate your level of burnout?

- a. I enjoy my work. I have no symptoms of burnout
- b. Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out
- c. I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion
- d. The symptoms of burnout that I'm experiencing won't go away. I think about frustration at work a lot
- e. I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help

55. Over the past academic year, how often were you able to do the following:

	It never occurred to me	Never	Rarely	Occasionally	Frequently
Take a break during the workday (i.e. lunch)					
Take time to chat with co-workers					
Arrange your work space so it is comfortable and comforting					
Strive for balance among work, family, relationships, play and rest					

For those who have delivered within the past 1 year:

Please choose the response that comes closest to how you have been feeling IN THE PAST 7 DAYS.

In the past 7 days...

56. I have been able to laugh and see the funny side of things

- a. As much as I always could
- b. Not quite so much now
- c. Definitely not so much now
- d. Not at all

57. I have looked forward with enjoyment to things

- a. As much as I ever did
- b. Rather less than I used to
- c. Definitely less than I used to
- d. Hardly at all

58. I have blamed myself unnecessarily when things went wrong

- a. Yes, most of the time
- b. Yes, some of the time
- c. Not very often
- d. No, never

59. I have been anxious or worried for no good reason

- a. No, not at all
- b. Hardly ever
- c. Yes, sometimes
- d. Yes, very often

60. I have felt scared or panicky for no very good reason

- a. Yes, quite a lot
- b. Yes, sometimes
- c. No, not much
- d. No, not at all

61. Things have been getting on top of me

- a. Yes, most of the time I haven't been able to cope at all
- b. Yes, sometimes I haven't been coping as well as usual
- c. No, most of the time I have coped quite well
- d. No, have been coping as well as ever

62. I have been so unhappy that I have had difficulty sleeping

- a. Yes, most of the time
- b. Yes, sometimes
- c. Not very often
- d. No, not at all

63. I have felt sad or miserable

- a. Yes, most of the time
- b. Yes, quite often
- c. Not very often
- d. No, not at all

64. I have been so unhappy that I have been crying

- a. Yes, most of the time
- b. Yes, quite often
- c. Only occasionally
- d. No, never

65. The thought of harming myself has occurred to me

- a. Yes, quite often
- b. Sometimes
- c. Hardly ever
- d. Never

Edinburgh Postnatal Depression Scale Score: \_\_\_\_\_

[Automatically calculated from Items 1-10 above]

*If your score is >13 points OR the thought of harming yourself has occurred to you, we urge you to seek help through the GME Wellness Service described below. This score is a screening tool. It does not diagnose depression - that is done by appropriately licensed health care professionals.*

*For all participants:*

[Institution specific GME Wellness Service information inserted here describing services offered, hours, and contact information.]

## **Section 9: Final Thoughts**

*For those who are currently or have been pregnant during residency:*

66. What would improve the experience of pregnancy and parenthood in residency?

text (free)

*For all participants:*

67. Do you have additional thoughts that you would like to share?

text (free)

Thank you!