The Obstetric Experience among Vascular Surgery Trainees

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Background

- Females compose of 1/3 of vascular trainees and less than 10% of practicing vascular surgeons in the U.S.
- Significant challenges have deterred many pursuing surgical career
- Vascular surgery poses unique risks during pregnancy, including long hours, physically demanding work, and radiation exposure.



Objectives

To analyze trainees' experience of pregnancy and parenthood in vascular surgery:

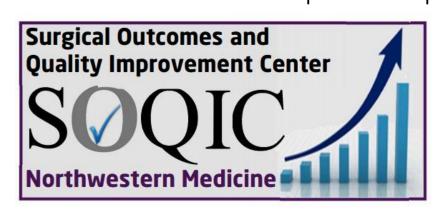
- Describe trainee perceptions and experiences of pregnancy and parenthood
- Examine the prevalence of obstetric complications and the associated learning environment factors
- Determine the impact of obstetric complications on trainees wellbeing

Methods

- Optional and anonymous survey after 2021 VSITE
- Perceptions of pregnancy and parenthood
- Prevalence of obstetric complications
- Trainee parents' wellbeing including burnout, thoughts of attrition, and suicidal thoughts
- ➤ Bivariate analysis and multivariable logistic regression were used to evaluate association for obstetric complications and wellbeing

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Results

- > Study cohort: 123 vascular surgery training programs
 - ➤ N= 510 trainees
 - N= 128 experienced pregnancy during clinical years
 - > Female 52.8% vs. Male 30.2%

Figure 1. Perceptions of Pregnancy and Parenthood

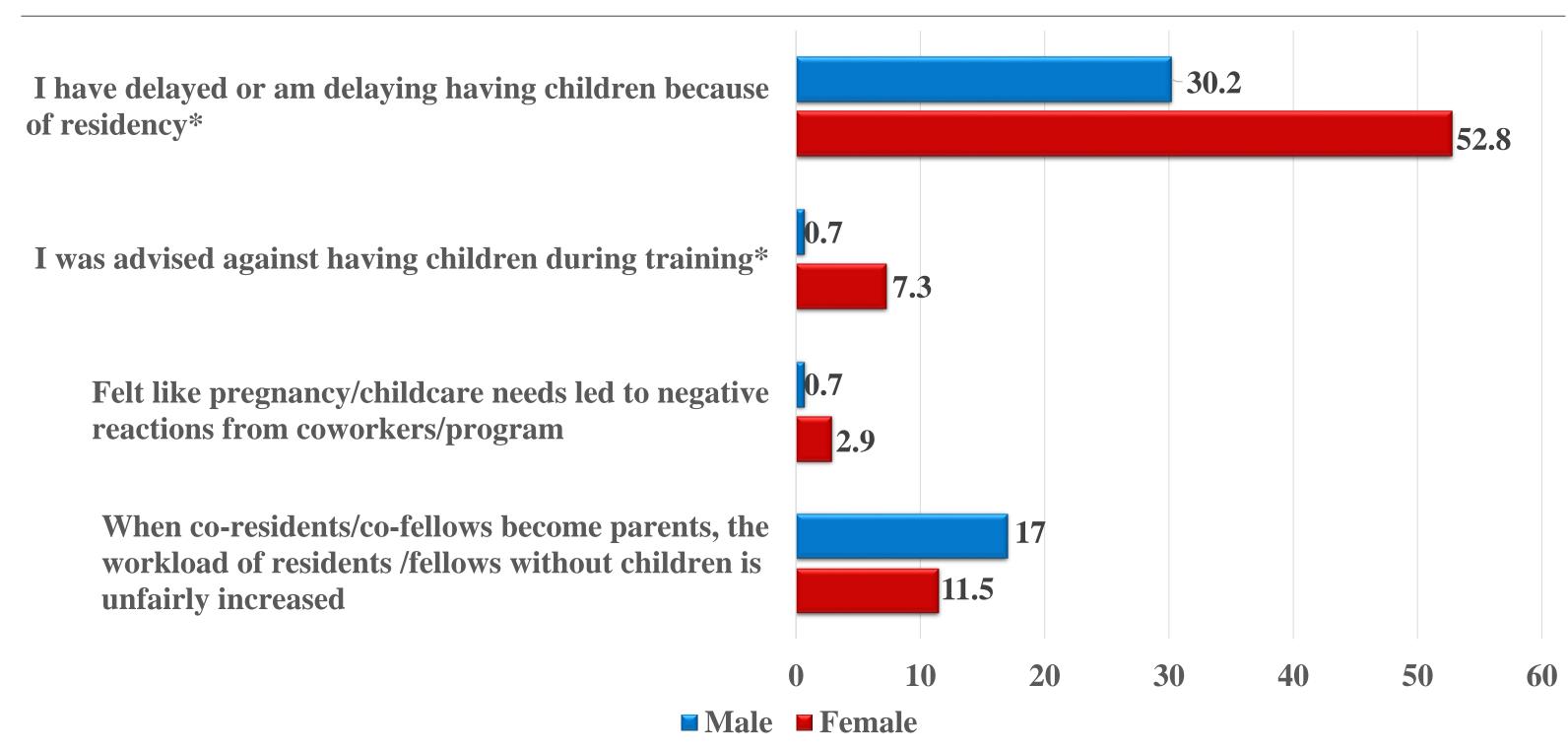


Figure 2. Mistreatment for Parents vs. Non-Parent Residents

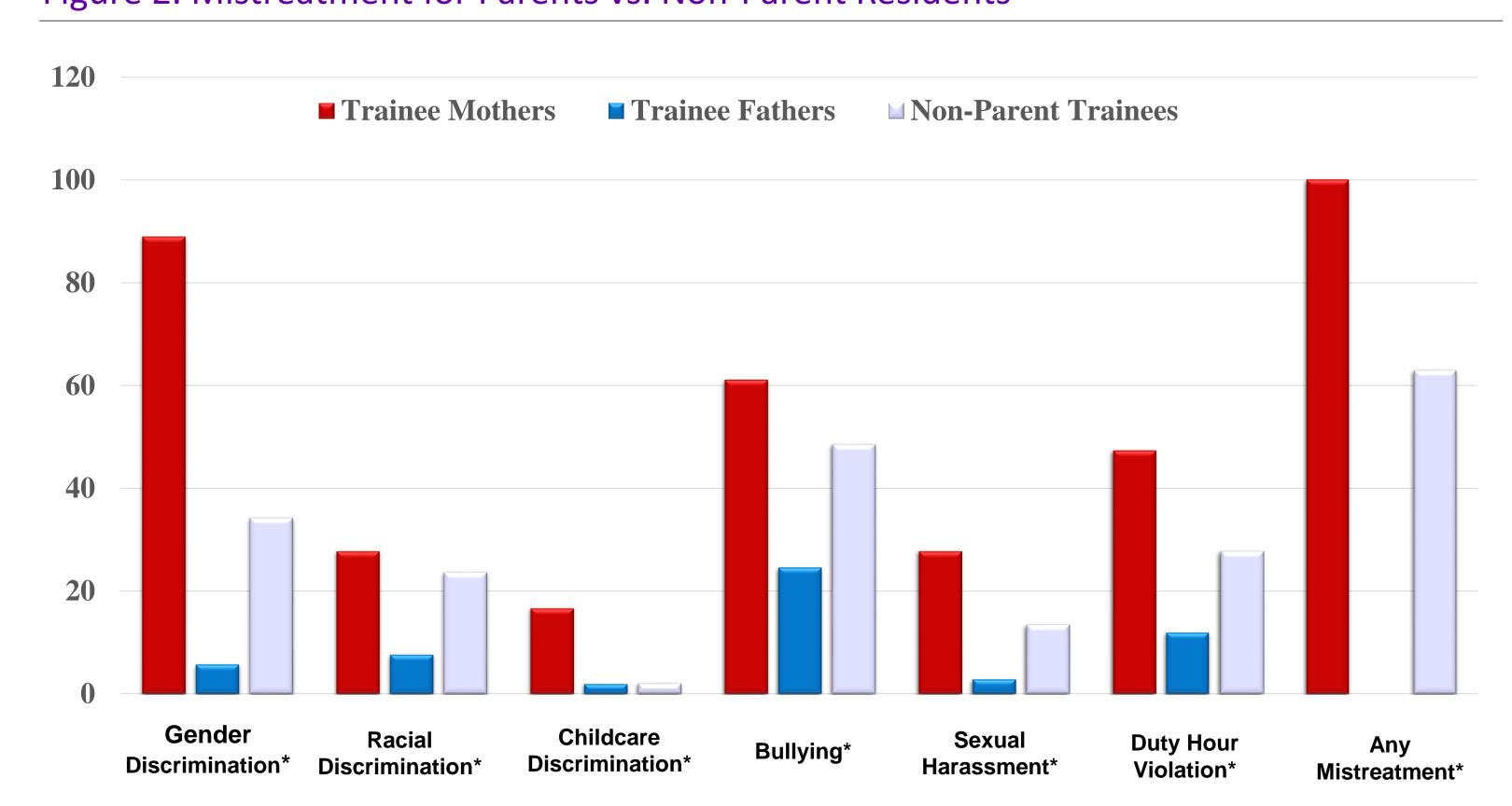


Figure 3. Wellness Outcomes among Trainee Parents

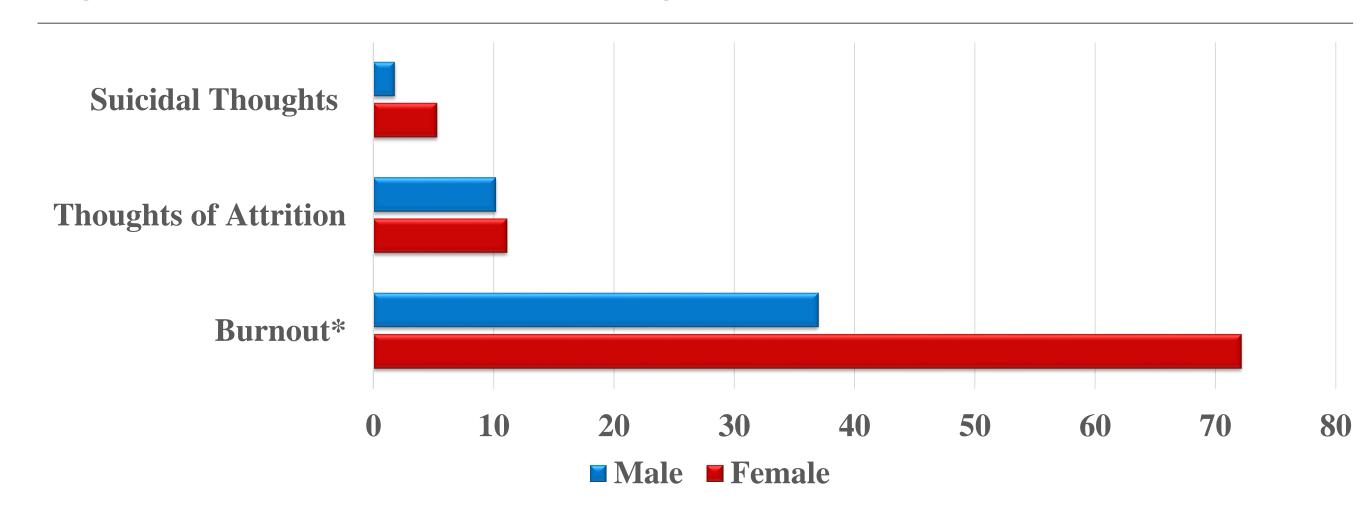


Table 1. Factors Associated with Burnout

	Exclude Mistreatment & Duty Hour Violations*	Include Mistreatment & Duty Hour Violations*
Gender Male Female	Ref 3.5 (1.1 – 11.0)	Ref 0.6 (0.1 – 2.4)
Obstetric Complications	1.35 (0.6 – 2.9)	1.4 (0.6 – 3.3)
Duty Hour Violations		17.3 (2.7 – 109.2)
Any Mistreatment		3.8 (1.4 – 10.1)

*Includes adjustment for resident & program characteristics

Limitations

- Timing of survey
- Cross-sectional analysis demonstrates association, not causation
- Recall bias
- Mistreatment measure and 80 hour violations were of the current academic year while pregnancy may have occurred in previous clinical years

Conclusions

- Female trainees experienced more external pressure related to family planning decisions
- Trainee mothers experienced more mistreatment than trainee fathers which is associated with burnout
- Improving parental support for trainees is necessary to maintain a diverse workforce wellness, and maternal-fetal health

