**NMCHealth** 

stchester Medical Center Health Network Department of Obstetrics-Gynecology

## BACKGROUND

The average age and number of female students matriculating into medical school has been increasing over recent years.<sup>1,2</sup> Some will spend a large portion of their reproductive years undergoing a grueling education process in pursuit of the opportunity to practice medicine. For many students, the decision as to whether to start a family during medical training, and when specifically, is not an easy one.

While flexibility during the fourth year of medical school may make it an ideal time for childbearing for those who wish, fear of discrimination during residency interviews may be a hindrance for some. In one study of potentially discriminatory questions asked during residency interviews, 30% of interviewees report being asked if they have children at least one time.<sup>3</sup> Additionally, 10% report being asked if they plan to have children during residency.<sup>3</sup> Due to concerns about bias, some medical students may not wish to be visibly pregnant during in-person interviews.

Unprecedented changes to the medical school fourth-year curriculum and the 2020-2021 residency application cycle, including limited away rotations and virtual residency interviews, have been implemented due to the COVID-19 pandemic. We predict that due to these changes brought on by the COVID-19 pandemic, more medical students participating in the upcoming 2020-2021 residency application cycle will consider becoming pregnant before entering residency than in years prior to these changes.

#### **OBJECTIVES**

Evaluate if changes to medical education brought on by the **COVID-19** pandemic have influenced thoughts about family planning among medical students enrolled in US allopathic or osteopathic programs who are participating in the upcoming 2020-2021 residency application cycle.

## METHODS

This is a cross-sectional study of medical students enrolled in a US allopathic or osteopathic program who are participating in the upcoming residency application cycle. A survey evaluating thoughts on family planning during medical school and impact of COVID-19 pandemic was sent to research, student affairs, and/or student contacts at 154 MD and 42 DO programs via email/social media.



NEW YORK MEDICAL COLLEGE

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### **Impact of the COVID-19 Pandemic on U.S. Medical Student Family Planning**

Amanda Kadesh, MS4, Taryn Boucher, MS4, Emily B. Rosenfeld, DO, Julia Keltz, MD New York Medical College, Department of Obstetrics & Gynecology

## RESULTS

Of the 415 students who completed the survey as of August 3, 2020, the average age was 27 (*Table 1*). 327 (78.8%) indicated they do plan to have children at some point in their lives.

Table 1

#### Mean age in years Sex Female Male Non-binary Race White Asian Black or African American Native Hawaiian or Pacific Islander American Indian or Alaska Native Other Ethnicity Hispanic or Latinx Not Hispanic or Latinx **Region of medical school** Northeast Midwest South West **Residency Choice\*** Non-surgical Surgical Undecided Method of childbearing Will personally carry child Someone else will carry child Timing of when to start or grow family During medical school During residency After residency Unsure \*Specialties were categorized as surgical vs. non-surgical based on information obtained from the American College of Surgeons. Surgical: General Surgery, Ob/Gyn, Ophthalmology, Neurosurgery, Orthopaedic Surgery,

71 students (17%) indicated the recent changes have affected their thoughts on starting a family. Of these, **18 students (25.4%)** indicated they are thinking about starting a family earlier. Of the students who planned to start a family earlier, their reasons included:

- Virtual residency interviews (71%)
- Limited away rotations (59%)
- Virtual medical school curriculum (47%)
- Significant other working from home (59%)
- Change in medical school workload (35%)

n (%) or n (SD, range)	Ta
27 (2.9, 23-40)	
272 (66.2) 139 (33.8) 5 (1%)	Re
269 (65.5) 91 (22.1) 24 (5.8) 1 (0.2) 0 (0) 26 (6.3)	Re
42 (10.4) 363 (89.6)	Tir
124 (30.2) 87 (21.2) 147 (35.9) 52 (12.7)	Ag
303 (75.8) 97 (24.1) 3 (0.7)	
251 (63.5) 144 (36.5)	-
7 (1.8) 199 (50.5) 112 (28.4) 76 (19.3)	

Plastic Surgery, Otolaryngology, Urology, Interventional Radiology. Non-surgical: Neurology, Family Medicine, Internal Medicine, Pediatrics, Emergency Medicine, Radiology, Anesthesiology, Psychiatry, PM&R.

#### ble 2 elationship status Married or In a Relationship Single egion of medical Northeast Midwest South West ming of starting During medical so residency After residency ge < 27



# **RESULTS (CONT.)**

Differences were seen based on reported **age** (p=0.009), relationship status (p< 0.019), region (p=0.031), and timing of starting a family (p< 0.001) (Table 2).

	Probably or Definitely Yes	Unsure, Probably Not, or Definitely Not N (%)	P-value
	N (%)		
JS			0.019*
	58 (19.7)	237 (80.3)	
	12 (10.1)	107 (89.9)	
l school			0.031*
	18 (14.5)	106 (85.5)	
	9 (10.3)	78 (89.7)	
	28 (19.0)	119 (81.Ó)	
	15 (28.8)	37 (71.2)	
family	, , ,		< 0.001*
school or			
	51 (24.8)	155 (75.2)	
	7 (6.3)	105 (93.8)	
			0.009*
	25 (12.4)	176 (87.6)	

### CONCLUSIONS

The changes to medical education during the COVID-19 pandemic may affect certain groups of students based on age, region, relationship status, and planned timing of starting a family. It is important for medical educators to recognize the challenges of starting a family during medical training and support students who may consider starting a family.

### REFERENCES

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