**Supplementary File 1.**

**Pilot Survey of Women Anesthesiologists’ Parental Leave Experiences**

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You are being asked to participate in a survey of women anesthesiologists’ parental leave experiences. We hope to learn more about factors that are important to women anesthesiologists, and improve conditions for women who have a family, especially during training. The survey includes basic demographics and questions about your knowledge, attitudes, and beliefs. There are no known risks to taking this survey, and participation is voluntary. No personally identifying data will be collected about you as a result of this survey.

**Demographic information**

|  |  |  |
| --- | --- | --- |
| Age, years | | X |
|  | 25-35 |  |
|  | 36-44 |  |
|  | 45-54 |  |
|  | 55-64 |  |
|  | ≥65 |  |
| Sex | |  |
|  | Female |  |
|  | Male |  |
| Race/ethnicity | |  |
|  | African-American |  |
|  | Hispanic/Latino |  |
|  | Asian/South Asian |  |
|  | Caucasian/white |  |
|  | Multiracial |  |
|  | Other |  |
| Years in practice, including residency | |  |
|  | 0-5 |  |
|  | 6-10 |  |
|  | 11-20 |  |
|  | 21-30 |  |
|  | 31+ |  |
| Marital status | |  |
|  | Married |  |
|  | Committed partnership |  |
|  | Divorced |  |
|  | Single |  |
| Number of children (including stepchildren) | |  |
|  | 0 |  |
|  | 1 |  |
|  | 2 |  |
|  | 3 |  |
|  | 4 |  |
|  | 5+ |  |
| Residency program type | |  |
|  | Academic |  |
|  | Hybrid |  |
|  | Community |  |
| Country of medical school | |  |
|  | USA |  |
|  | Other |  |
| Medical degree | |  |
|  | MD |  |
|  | DO |  |
|  | Other |  |
| Residency program class size | |  |
|  | >/=12 |  |
|  | <12 |  |
| Year of residency graduation | |  |
|  | Before 1990 |  |
|  | 1991-2000 |  |
|  | 2001-2010 |  |
|  | 2010-current |  |
| Board certified in anesthesiology | |  |
|  | Yes |  |
|  | No |  |
| Member of Alpha Omega Alpha ΑΩΑ or Sigma Sigma Phi ∑∑ɸ | |  |
|  | Yes |  |
|  | No |  |
| Partner works outside the home | |  |
|  | Yes, full time |  |
|  | Yes, part time |  |
|  | No |  |
| Partner is also a physician | |  |
|  | Yes |  |
|  | No |  |
| Current Job Status | |  |
|  | Resident |  |
|  | Fellow |  |
|  | Attending |  |
|  | Retired/other |  |

**Survey: Parental Experience**

Please answer each question as it relates to each of your children. Skip this section and move to General Questions if you do not have children. Include stepchildren if applicable.

|  |  |  |
| --- | --- | --- |
| Child #1 | | |
| Year of birth | | |
|  | 1990 or prior |  |
|  | 1991-2000 |  |
|  | 2001-2010 |  |
|  | 2011-present |  |
| Your work status at time of birth | | |
|  | Med student |  |
|  | Resident |  |
|  | Fellow |  |
|  | Attending |  |
|  | Other |  |
| Method of delivery | | |
|  | Vaginal, no complications |  |
|  | Vaginal, complications |  |
|  | Cesarean, no complications |  |
|  | Cesarean, complications |  |
| Weeks of maternity leave | |  |
| Weeks of sick time used | |  |
| Weeks of vacation used | |  |
| Weeks of disability used | |  |
| Weeks of training extended | |  |
| Did you feel your maternity leave time was adequate? | | |
|  | Yes |  |
|  | No |  |
| Months of lactation | |  |
| Did you feel that lactation duration was adequate? | | |
|  | Yes |  |
|  | No |  |
| If you expressed breastmilk, did you have adequate facilities & time to do so? | | |
|  | Yes |  |
|  | No |  |
| Did you skip medical appointments due to work demands during this time? | | |
|  | Yes |  |
|  | No |  |
| Child #2 | | |
| Year of birth | | |
|  | 1990 or prior |  |
|  | 1991-2000 |  |
|  | 2001-2010 |  |
|  | 2011-present |  |
| Your work status at time of birth | | |
|  | Med student |  |
|  | Resident |  |
|  | Fellow |  |
|  | Attending |  |
|  | Other |  |
| Method of delivery | | |
|  | Vaginal, no complications |  |
|  | Vaginal, complications |  |
|  | Cesarean, no complications |  |
|  | Cesarean, complications |  |
| Weeks of maternity leave | |  |
| Weeks of sick time used | |  |
| Weeks of vacation used | |  |
| Weeks of disability used | |  |
| Weeks of training extended | |  |
| Did you feel your maternity leave time was adequate? | | |
|  | Yes |  |
|  | No |  |
| Months of lactation | |  |
| Did you feel that lactation duration was adequate? | | |
|  | Yes |  |
|  | No |  |
| If you expressed breastmilk, did you have adequate facilities & time to do so? | | |
|  | Yes |  |
|  | No |  |
| Did you skip medical appointments due to work demands during this time? | | |
|  | Yes |  |
|  | No |  |
| Child #3 | | |
| Year of birth | | |
|  | 1990 or prior |  |
|  | 1991-2000 |  |
|  | 2001-2010 |  |
|  | 2011-present |  |
| Your work status at time of birth | | |
|  | Med student |  |
|  | Resident |  |
|  | Fellow |  |
|  | Attending |  |
|  | Other |  |
| Method of delivery | | |
|  | Vaginal, no complications |  |
|  | Vaginal, complications |  |
|  | Cesarean, no complications |  |
|  | Cesarean, complications |  |
| Weeks of maternity leave | |  |
| Weeks of sick time used | |  |
| Weeks of vacation used | |  |
| Weeks of disability used | |  |
| Weeks of training extended | |  |
| Did you feel your maternity leave time was adequate? | | |
|  | Yes |  |
|  | No |  |
| Months of lactation | |  |
| Did you feel that lactation duration was adequate? | | |
|  | Yes |  |
|  | No |  |
| If you expressed breastmilk, did you have adequate facilities & time to do so? | | |
|  | Yes |  |
|  | No |  |
| Did you skip medical appointments due to work demands during this time? | | |
|  | Yes |  |
|  | No |  |

|  |  |  |
| --- | --- | --- |
| Child #4 | | |
| Year of birth | | |
|  | 1990 or prior |  |
|  | 1991-2000 |  |
|  | 2001-2010 |  |
|  | 2011-present |  |
| Your work status at time of birth | | |
|  | Med student |  |
|  | Resident |  |
|  | Fellow |  |
|  | Attending |  |
|  | Other |  |
| Method of delivery | | |
|  | Vaginal, no complications |  |
|  | Vaginal, complications |  |
|  | Cesarean, no complications |  |
|  | Cesarean, complications |  |
| Weeks of maternity leave | |  |
| Weeks of sick time used | |  |
| Weeks of vacation used | |  |
| Weeks of disability used | |  |
| Weeks of training extended | |  |
| Did you feel your maternity leave time was adequate? | | |
|  | Yes |  |
|  | No |  |
| Months of lactation | |  |
| Did you feel that lactation duration was adequate? | | |
|  | Yes |  |
|  | No |  |
| If you expressed breastmilk, did you have adequate facilities & time to do so? | | |
|  | Yes |  |
|  | No |  |
| Did you skip medical appointments due to work demands during this time? | | |
|  | Yes |  |
|  | No |  |

**General questions**

|  |  |  |
| --- | --- | --- |
| Was your desired age(s) of childbearing adversely affected by work demands? | | |
|  | Yes |  |
|  | No |  |
| Was your desired number of children adversely affected by work demands? | | |
|  | Yes |  |
|  | No |  |
| Did you receive a modified work schedule during pregnancy? | | |
|  | Yes |  |
|  | No |  |
|  | N/A |  |
| Did income loss related to parental leave adversely affect your ability to financially support your family? | | |
|  | Yes |  |
|  | No |  |
|  | N/A |  |
| Would you counsel a female student against a career in anesthesiology due to obstacles pertaining to motherhood? | | |
|  | Yes |  |
|  | No |  |
| Were you satisfied with your colleagues’ and superiors’ handling of your maternity leave and/or lactation needs? | | |
|  | Yes |  |
|  | No |  |
|  | N/A |  |
| Were you *encouraged* in the workplace to become pregnant and/or breastfeed? | | |
|  | Yes, by peers |  |
|  | Yes, by superiors |  |
|  | Yes, by ancillary staff |  |
|  | No |  |
| Were you *discouraged* in the workplace to become pregnant and/or breastfeed? | | |
|  | Yes, by peers |  |
|  | Yes, by superiors |  |
|  | Yes, by ancillary staff |  |
|  | No |  |
| Do you feel that a statement in support of parental leave, pregnancy, and lactation from the American Society of Anesthesiologists and/or the American Board of Anesthesiology would be beneficial to anesthesiologists and anesthesiology trainees? | | |
|  | Yes |  |
|  | No |  |

**If you were a parent during training, please answer the following:**

|  |  |  |
| --- | --- | --- |
| Was your board certification delayed compared to your peers due to parental reasons? | | |
|  | Yes |  |
|  | No |  |
| Did board certification fees adversely affect your ability to financially support your family? | | |
|  | Yes |  |
|  | No |  |
| If you gave birth/adopted during training, did you consider leaving your program at the time? | | |
|  | Yes |  |
|  | No |  |
|  | N/A |  |
| If you had a delay in training completion or board certification due to parental reasons, did you feel you were at a disadvantage when applying for a job, fellowship, or residency? | | |
|  | Yes |  |
|  | No |  |
|  | N/A |  |
| If you had a delay in training completion or board certification due to parental reasons, was your seniority at work affected compared to your peers? | | |
|  | Yes |  |
|  | No |  |
|  | N/A |  |
| If you expressed breastmilk during board certification exams, did you have adequate time and facilities to do so? | | |
|  | Yes |  |
|  | No |  |
|  | N/A |  |

**Comments:**

**Thank you for taking this survey. Your participation is appreciated.**