Survey questions

INTRO QUESTIONS

Do you have children?

 No  Yes

Currently pregnant

Do you plan to have children in the future?

 No  Yes

Is your decision to not have children related to work or training?

 No Yes

Have you ever been pregnant?

 No  Yes

**How many children/pregnancies have you had?** (Including if you are currently pregnant.)

 One  Two

Three

Four or more

Were you pregnant prior to, or did you have any children prior to residency training?

 No Yes

Were you pregnant during, or did you have any children during your residency or fellowship training?

 No  Yes

How many pregnancies/children did you have during your residency or fellowship training?

Pregnancies/children during your residency or fellowship.

Were you pregnant or did you have any children during your practice?

 No  Yes

 Currently training

How many pregnancies/children did you have during your practice?

Pregnancies/children during your practice..

PREGNANCIES - DURING TRAINING

PREGNANCY/CHILDREN DURING YOUR RESIDENT/FELLOWSHIP TRAINING

The following questions are regarding pregnancy/child

during residency/fellowship training.

Was this pregnancy/child primarily during residency or fellowship?

 Residency Fellowship

Was this child adopted?

 No  Yes

Did you have a surrogate for this child?

 No Yes

Did you have a surrogate because of medical necessity?

 No  Yes

Did this pregnancy end in miscarriage or stillbirth?

 No  Yes

Not applicable

Did this pregnancy end in an elective abortion?

 No  Yes

 Not applicable

Why was this pregnancy terminated?

 It was unplanned  Personal reasons  Financial reasons  Work-related issues

Medical complications of fetus or mother



Other, please specify:

Was this pregnancy planned?

 No  Yes

Was the delivery for this pregnancy:

 A vaginal delivery

 A cesarean section delivery Not applicable

Did you experience any postpartum affective disorders?

 No

 Undiagnosed postpartum depression  Diagnosed postpartum depression  Diagnosed postpartum psychosis

Not applicable

Did you experience any complications during this pregnancy?

 No  Yes

Not applicable

**Which of the following complications did you experience?** (Mark all that apply.)

 Preeclampsia Eclampsia

 Placenta abruption  Placenta accrete  Placenta percreta  Placenta previa

 Retained placenta  Incompetent cervix  Premature labor  PROM

 PPROM

 Short NICU stay

 Extended NICU stay

 Amniotic fluid embolism  Short bedrest

 Prolonged bedrest

 Postpartum depression

 Prolonged hospitalization for you  Blood transfusion for you

 Significant back pain  GERD

 Grade 3-4 laceration



Other, please specify:

 Didn't have any complications Not applicable

Did you require infertility treatment for this pregnancy?

 No  Yes

Not applicable

Was this pregnancy a multiple gestation?

 No  Yes

 Not applicable

How many weeks did you take off, or plan to take off, for maternity leave for this pregnancy/child?

weeks

${e://

How many weeks of your maternity leave were paid or will be paid for this pregnancy/child?

weeks

${e://

How much time did you take off, or plan to take off, prior to delivery (excluding days on required bedrest) for this pregnancy/child?

weeks

${e://

days

${e://

How much vacation time did you use or plan to use for maternity leave during this pregnancy/child?

weeks

${e://

days

${e://

**Did you use or do you expect to use sick time for maternity leave for this pregnancy/child?**

 No  Yes

Unsure

**Did you use or do you expect to use disability for maternity leave for this pregnancy/child?**

 No  Yes

Unsure

Did you have to or will you make up time for your maternity leave for this pregnancy/child?

 No  Yes

Did you ever skip an obstetric appointment due to work?

 No  Yes

Not applicable

Did you feel discouraged from taking more time for maternity leave for this pregnancy/child?

 No  Yes

**Please indicate why/who you felt discouraged by.** (Mark all that apply.)

 Chair

 Program Director  Co-residents/fellows

 Not wanting to fall behind peers  Need to make up time

 Financial reasons

Being off cycle and at a possible disadvantage for fellowship or job application



Other, please specify:

Did you or will you have to make up call days you missed while on maternity leave for this pregnancy/child?

 No  Yes

Did you feel or expect that your maternity leave was or will be adequate?

 No  Yes

Unsure

Was your graduation date extended because of parental leave?

 No Yes

Did the presence of female faculty influence your willingness to consider pregnancy/having this child during training?

 No  Yes

Unsure

How accommodating or not accommodating was your program for schedule flexibility related to pregnancy and/or maternity leave with this child?

 Very accommodating

 Somewhat accommodating

 Neither accommodating nor not accommodating  Somewhat not accommodating

 Not at all accommodating

Please indicate your agreement or disagreement with the following statements.

I felt discouraged from being pregnant/having children during training.

There was a negative stigma attached to being pregnant/having children during training with this child.

Strongly agree





Somewhat agree





Neither agree nor disagree





Somewhat disagree





Strongly disagree





I felt unfairly burdened by other

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

    

female trainees taking time off related to pregnancy/motherhood.

I felt guilt associated with burdening co-residents/fellows with additional

call or other responsibilities, related      to my pregnancy and/or maternity

leave with this child.

Would you do it again, have this child during your residency or fellowship training?

 No Yes

How satisfied or dissatisfied are you with your choice to have this child during your residency or fellowship training?

 Very satisfied

 Somewhat satisfied

 Neither satisfied nor dissatisfied  Somewhat dissatisfied

Very dissatisfied

Did you consider leaving training due to the pregnancy, birth, or adoption of this child?

 No  Yes

 Somewhat

Yes, I did leave my program due to this pregnancy/child

Did income loss, related to parental leave with this child, adversely affect your ability to financially support your family?

 No  Yes

Unsure

BREAST FEEDING DURING YOUR RESIDENT/FELLOWSHIP TRAINING

The following questions are regarding breastfeeding for pregnancy **\_\_\_**during residency/fellowship training.

Did you breastfeed?

 No  Yes

How many months did you breastfeed?

Months breastfed:

${e://

Did you meet your desired breastfeeding/pumping duration?

 No  Yes

 Not applicable

**Why did you stop breastfeeding/pumping?** (Mark all that apply.)

 Met goal

 Inadequate time during work to pump  Inadequate space to pump at work  Unsupported by partner at home

 Unsupported by colleagues at work  Difficulty with infants latch

 Inadequate milk supply  Poor infant weight gain  Mastitis/ Clogged ducts

 Illness/ need to take medications and dump milk  Too painful to nurse/pump

 Pumping not worth effort  Wanted to diet



Other, please specify:

Was there a designated space for lactation at work?

(Not a bathroom, must be shielded from view and free from intrusion by coworkers or public.)

 No  Yes

 At certain training locations  Not applicable

Was the designated space easily accessible?

 No  Yes

 Somewhat

 Not applicable

Were you given breaks to pump?

 Always

 Majority of the time  Sometimes

 Never

 Not applicable

Did you feel guilt related to pump breaks at work?

 No  Yes

Not applicable

How supported or not supported did you feel by your coworkers and staff regarding breast feeding?

 Very supported

 Somewhat supported

 Neither supported nor not supported  Somewhat not supported

 Not at all supported  Not applicable

PREGNANCIES - DURING PRACTICE

PREGNANCY/CHILDREN DURING YOUR PRACTICE

The following questions are regarding

pregnancy/child **\_\_\_**

during practice.

What was your practice at the time of this pregnancy/child?

 Private practice  Academic practice

 Employed physician, non-academic Other, please specify:

At the time of this pregnancy/child, during practice, were you working full-time or part-time?

 Full-time Part-time

How long had you been in practice when this pregnancy occurred/child arrived?

 First year

 Second year  Third year  Fourth year

 Five to 10 years Ten years or more

Did you postpone this pregnancy/child due to a job search/expected interviews?

 No  Yes

Was this child adopted?

 No Yes

Did you have a surrogate for this child?

 No  Yes

 Not applicable

Did you have a surrogate because of medical necessity?

 No Yes

Did this pregnancy end in miscarriage or stillbirth?

 No  Yes

Not applicable

Did this pregnancy end in an elective abortion?

 No  Yes

 Not applicable

**Why was this pregnancy terminated?**

 It was unplanned  Personal reasons  Financial reasons  Work-related issues

 Medical complications of fetus or mother



Other, please specify:

Was this pregnancy/child planned?

 No Yes

Was the delivery for this pregnancy:

 Vaginal

 Cesarean Section Not applicable

**Did you experience any postpartum affective disorders?**

 No

 Undiagnosed postpartum depression  Diagnosed postpartum depression  Diagnosed postpartum psychosis

Not applicable

Did you experience any complications during this pregnancy?

 No  Yes

 Not applicable

**Which of the following complications did you experience?** (Mark all that apply.)

 Preeclampsia Eclampsia

 Placenta abruption  Placenta accrete  Placenta percreta  Placenta previa

 Retained placenta  Incompetent cervix

 Miscarriage or Stillbirth  Premature labor

 PROM PPROM

 Short NICU stay

 Extended NICU stay

 Amniotic fluid embolism  Short bedrest

 Prolonged bedrest

 Postpartum depression

 Prolonged hospitalization for you  Blood transfusion for you

 Significant back pain  GERD

 Grade 3-4 laceration



Other, please specify:

 Didn't have any complications Not applicable

Did you require infertility treatment for this pregnancy?

 No  Yes

Not applicable

Was this pregnancy a multiple gestation?

 No  Yes

 Not applicable

**How much time did you take off, or plan to take off, prior to delivery (excluding days on required bedrest) for this pregnancy/child?**

weeks

${e://

**How many weeks did you take off, or plan to take off, for maternity leave for this pregnancy/child?**

weeks

${e://

How many weeks of your maternity leave were paid or will be paid for this pregnancy/child?

weeks

${e://

Did you feel your maternity leave was adequate?

 No  Yes

Unsure

How much time did you take off or plan to take off prior to delivery (excluding days on required bedrest) for this pregnancy/child?

weeks

${e://

days

${e://

How much vacation time did you use or plan to use for maternity leave during this pregnancy/child?

weeks

${e://

days

${e://

Did you use or do you expect to use sick time for maternity leave for this pregnancy/child?

 No  Yes

Unsure

Did you use or do you expect to use disability for maternity leave for this pregnancy/child?

 No  Yes

Unsure

Did you feel discouraged from taking more time for maternity leave for this pregnancy/child?

 No  Yes

 Not applicable

**Please indicate who you felt discouraged by.** (Mark all that apply.)

 Chair

 Colleagues Financial reasons



Other, please specify:

Did you have to or will you make up call days you missed while on maternity leave for this pregnancy/child?

 No  Yes

Not applicable

Did you/will you return to work after maternity leave?

 No  Yes

 Return at reduced FTE Unsure

How accommodating or not accommodating was your job for schedule flexibility related to this pregnancy/child?

 Very accommodating

 Somewhat accommodating

 Neither accommodating nor not accommodating  Somewhat not accommodating

 Not at all accommodating  Not applicable

Please indicate your agreement or disagreement with the following statements.

I felt discouraged from having children while in practice.

There was a negative stigma attached to being pregnant while in practice.

I felt unfairly burdened by other colleagues taking time off related to pregnancy.

Strongly agree







Somewhat agree







Neither agree nor disagree







Somewhat disagree







Strongly disagree







If you could do it again, would you have rather had a pregnancy/child during training?

 No  Yes

Not applicable, I did have a child during training

How satisfied or dissatisfied are you with your choice to have a child after your residency or fellowship training?

 Very satisfied

 Somewhat satisfied

 Neither satisfied nor dissatisfied  Somewhat dissatisfied

 Very dissatisfied

 Not applicable, I did not have a child/pregnancy during training

BREAST FEEDING DURING YOUR PRACTICE

The following questions are regarding breastfeeding for pregnancy **\_\_\_**during your practice.

Did you breastfeed?

 No  Yes

Not applicable

How many months did you breastfeed?

Months breastfed:

${e://

Did you meet your desired breastfeeding/pumping duration?

 No  Yes

Not applicable

**Why did you stop breastfeeding/pumping?** (Mark all that apply.)

 Met goal

 Inadequate time during work to pump  Inadequate space to pump at work  Unsupported by partner at home

 Unsupported by colleagues at work  Difficulty with infants latch

 Inadequate milk supply  Poor infant weight gain  Mastitis/ Clogged ducts

 Illness/ need to take medications and dump milk  Too painful to nurse/pump

 Pumping not worth effort  Wanted to diet



Other, please specify:

**Was there a designated space for lactation at work?**

(Not a bathroom, must be shielded from view and free from intrusion by coworkers or public.)

 No  Yes

 Not applicable

Was the designated space easily accessible?

 No  Yes

Somewhat

Not applicable

Were you given breaks to pump?

 No  Yes

 Sometimes Not applicable

Did you feel guilt or stress related to pump breaks at work?

 No  Yes

Not applicable

How supported or not supported did you feel by your coworkers and staff regarding breast feeding?

 Very supported

 Somewhat supported

 Neither supported nor not supported  Somewhat not supported

 Not at all supported Not applicable

DEMOGRAPHICS

DEMOGRAPHICS

In what year were you born?

Year (YYYY):

${e://

Did you train in the United States?

 No Yes

Do you currently live in the United States?

 No  Yes

In what year did you graduate from medical school?

Year (YYYY):

${e://

In what year did/will you finish residency?

Year (YYYY):

${e://

How many residents are/were in your program?

Number of residents:

${e://

How many female residents are/were in your class?

Number of female residents:

${e://

Are/were there female residents in your program who were pregnant during their training at your residency training program?

 No Yes

Approximately how many clinical faculty members were/are in your residency training program?

Number of faculty:

${e://

Approximately how many female clinical faculty members were/are in your residency training program?

Number of female faculty:

${e://

Was the chief/chair of the Anesthesiology Department during your residency training male or female?

 Male  Female

Was the program director during your residency training male or female?

 Male Female

Did you complete a fellowship?

 No Yes

Are/were there female fellows in your class who were pregnant during their training at your fellowship training program?

 No  Yes

Approximately how many clinical faculty members were/are in your fellowship training program?

Number of faculty:

${e://

Approximately how many female clinical faculty members were/are in your fellowship training program?

Number of female faculty:

${e://

Was the chief/chair of the Anesthesiology Department during your fellowship training male or female?

 Male Female

Was the program director during your fellowship training male or female?

 Male  Female

What is your current job?

 In residency or fellowship  In private practice

 At an academic center  Military

 Not currently working



Other, please specify:

Does/did your residency/fellowship program have a formal maternity leave policy for trainees at the time of your training?

 No  Yes

 Unsure

Does/did your residency/fellowship program have a formal paternity leave policy for trainees at the time of your training?

 No  Yes

Unsure

Are you aware of the ABA policy on absence from residency?

 No  Yes

Unsure

Are you currently in practice?

 No  Yes

 Retired

Was/is your desired age of childbearing/motherhood adversely affected by work demands?

 No  Yes

Unsure

Was your desired number of children adversely affected by work or training demands?

 No  Yes

Not applicable

Did you have to delay board certification due to a pregnancy?

 No Yes

Are you board certified?

 No  Yes

Not yet eligible

Would you counsel a female student against a career in anesthesiology due to obstacles pertaining to motherhood?

 No  Yes

What is your current marital status?

 Single, not in a committed relationship  Single, in a committed relationship

 Engaged  Married  Civil union  Divorced

Widowed

Does your partner work outside the home?

 No  Yes

 Not applicable

Is your partner a physician?

 No  Yes

Not applicable

What is your race/ethnicity?

 African American  Hispanic/Latino  Asian/South Asian  Caucasian/White

Multiracial



Other, please specify:

What is your sexual orientation?

 Heterosexual Homosexual  Bisexual



Other, please specify

THANK YOU FOR COMPLETING THE SURVEY!

**Please click SUBMIT to record your answers.**