Attitudes and Perceptions of Family Building Amongst All U.S. Trainees: A Cross-Sectional Survey



Amanda Ryan¹, Krista Howard², Tess Chase³

2.Tsai S, Truong T, Eaton JL. Fertility awareness and attitudes among

resident physicians across different specialties. J Assist Reprod Genet.

2022;39(3):655-661. doi:10.1007/s10815-022-02425-z

¹Obstetrics and Gynecology, Orlando Health Bayfront Hospital, St Petersburg, FL, ²Texas State University, San Macros, TX, ³Obstetrics and Gynecology, Johns Hopkins All Childrens Hospital, St Petersburg, FL.

INTRODUCTION	RESULTS						
 Previous studies show many female surgical residents have concern about training affecting fertility, with half interested in oocyte cryopreservation (OC).¹ Similar trends were seen among OB/GYN compared to non-OB/GYN female residents.² These surveys did not specify other reproductive methods or compare sexes across surgical and non-surgical specialties. 		Surgical Residency		Non-Surgical Residency		Residency Comparison	Sex Comparison
		Female N = 99	Male N = 19	Female N = 100	Male N = 60	p-value	p-value
	Had or are Planning to have Child(ren) during Residency	30.3% (30)	36.8% (7)	23.0% (23)*	41.7% (25)*	p = .895	p = .030
 This study examines differences between males and females within surgical and non-surgical residencies on intentions for family building, reproductive services considered, and barriers to use. 	Intentionally Delaying Children because of Residency Yes No	59.6% (59) 34.3% (34)	52.6% (10) 36.8% (7)	57.0% (57)** 34.0% (34)**	26.7% (16)** 68.3% (41)**	p = .098	p < .001
METHODS	Concern about Medical Training will Compromise Future Fertility Yes No	75.8% (75)** 18.2% (18)**	21.1% (4)** 63.2% (12)**	74.0% (74)** 14.0% (14)**	10.0% (6)** 68.3% (41)**	p = .013	p < .001
• A survey on demographics, residency factors, and family building was	Overall Likelihood Using Reproductive Services+	3.84 (1.2)*	3.00 (1.4)*	3.35 (1.6)*	2.75 (1.5)*	p = .001	p < .001
 given to all US medical residents, with 278 participants (Female n=199; Male n=79) were included. Univariate comparisons by sex, stratified by residency type were analyzed using Independent t-tests and Chi-Square/Fisher Exact tests. 	Reproductive Services Considered During Residency Oocyte Cryopreservation Intrauterine Insemination Gestational Carrier Semen Cryopreservation Unsure	63.6% (63)** 19.2% (19)* 2.0% (2)** 4.0% (4) 28.3% (28)*	10.5% (2)** 0.0% (0)* 26.3% (5)** 5.3% (1) 63.2% (12)*	46.0% (46)** 14.0% (14) 5.0% (5) 2.0% (2)** 48.0% (48)*	13.3% (8)** 13.3% (8) 6.7% (4) 21.7% (13)** 71.7% (43)*	p < .001 p = .585 p = .913 p = .101 p < .001	p < .001 p = .171 p = .019 p < .001 p < .001
 All analyses are conducted with SPSS version 27 (IBM, Inc., Chicago) with a two-tailed alpha criterion of 0.05. 	Barriers to Use of Reproductive Services (not mutually exclusive) Time Financial Costs	53.5% (53)* 59.6% (59)	26.3% (5)* 47.4% (9)	46.0% (46)* 55.0% (55)*	23.3% (14)* 30.0% (18)*	p = .052 p = .048	p < .001 p = .001
CONCLUSIONS	Physical Impact Not Applicable	17.2% (17) 36.4% (36)*	0.0% (0) 63.2% (12)*	16.0% (16)* 48.0% (48)*	3.3% (2)* 75.0% (45)*	p = .433 p = .004	p = .001 p < .001
Male non-surgical residents are more likely to have/plan to have children during residency without delaying family building.	Number of Barriers	1.67 (1.3)*	0.95 (1.0)*	1.50 (1.4)*	0.83 (1.3)*	p = .068	p < .001
	Aware of Discounted Programs for Family Building for Residents	35.4% (35)	26.3% (5)	8.0% (8)	5.0% (3)	p < .001	p = .026
 Female residents across specialties have concern about fertility, think more about family building, and find these thoughts distressing. Females have significantly more barriers to reproductive service use 	Desire Services Included in Discounted Programs for Residents No Yes Unsure	14.1% (14) 21.2% (21) 64.6% (64)	15.8% (3) 10.5% (2) 73.7% (14)	15.0% (15) 8.0% (8) 77.0% (77)	10.0% (6) 1.7% (1) 88.3% (53)	p = .001	p = .016
and feel less supported by their programs.	Supported by Training Program to pursue Family Building Goals+	3.83 (1.1)	4.16 (1.1)	3.60 (1.2)*	4.10 (1.1)*	p = .502	p = .009
 Surgical female residents experience even more barriers and concerns. 	Would Ability to Pursue Reproductive Services Impact Timeline for Family Building?+	3.28 (1.3)	3.26 (1.2)	3.36 (1.3)*	2.85 (1.4)*	p = .489	p = .033
	Frequency of Family Planning Thoughts+	2.81 (0.8)	2.58 (0.7)	2.63 (0.8)*	2.33 (1.0)	p = .011	p = .006
Discounted family-building programs should be accessible to all residents, regardless of sex or specialty. REFERENCES	Thought of Family Building Causes Distress	58.6% (58)	47.4% (9)	61.0% (61)*	38.3% (23)*	p = .479	p = .004
	Ever Given Lecture about Family Building Options? No Yes	74.7% (74) 16.2% (16)	84.2% (16) 5.3% (1)	91.0% (91) 7.0% (7)	85.0% (51) 6.7% (4)	p = .025	p = .286
KEFERENCES	Believe GME should offer more education and financial support?	10.270 (10)	5.570(1)	7.070(7)	0.770 (4)		
1.Wang CN, Kurtzman JT, Ratan RB, Brady PC, Badalato GM. Oocyte cryopreservation during graduate medical training: A survey of trainees. <i>Am J Surg.</i> 2023;226(5):717-720. doi:10.1016/j.amjsurg.2023.05.026	No Yes	5.1% (5)* 86.9% (86)*	10.5% (2) * 63.2% (12)*	5.0% (5)* 83.0% (83)*	20.0% (12)* 68.3% (41)*	p = .361	p = .002

*indicates p-value <0.05, **indicates p-value <0.001, +indicates use of a likert-type scale (1-5 scale, 5 being 'Definitely Likely')