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Infertility in training:

I have been fortunate to not struggle with fertility and conceived my first child during residency with regular intercourse and using ovulation sticks to time things correctly (my husband and I are long distance). However, we delayed conceiving so that I would deliver during my research year. Most of the delay is for reasons of needing to study, go back to work full time, and difficulties of paying for childcare for two children on a dual resident salary (my husband is a surgery resident elsewhere). I really want to have a second child before 35 but I worry about whether this will in any way compromise my training and I do not know how it would work for me to go out on maternity leave anyway as our program has traditionally put all women on research when they have a baby and no one has ever had more than one during training. I also worry about exams and how I will study postpartum. I have not thought about freezing my eggs as I hope to not delay past age 35, but I do worry that it will be more difficult the next time around due to age.

I wish I had banked my eggs at the beginning of my Md/PhD. I had planned to have kids in residency, and now I can't because I have no ovarian reserve. It is devastating. Now I have to live with people always asking me if we are going to have kids, and I feel like it isn't polite to hit them with my burden/sadness by responding, oh I wish I could but my ovaries are dead. It is this terrible agony that I feel I have to just carry on my own.

I feel that many couples delay childbearing during residency because of fear of burdening their co-residents and because residency programs are not very forthcoming about their policies for expecting residents.

I am actively trying to conceive and qualify for an evaluation with an REI however, due to training and the cost, it has been very difficult to coordinate. Most of my colleagues have vocalized support for pregnancy but there is still stigma around pregnancy during training. I am concern about delaying pregnancy as I am already >35 years old. I wish there was more support.

We do not have any available time off other than taking a day of PTO to go to doctors appointments so the frequent appointments required for fertility treatment are essentially impossible.

Residency time demands make it very difficult to go through pregnancy and/or complications of pregnancy - as far as scheduling appointments without them negatively impacting your team/clinical demands, and from a personal privacy standpoint (you can't just "sneak out" if multiple appointments are needed). While complications, miscarriages, and infertility are frequent for women in surgical specialties, addressing these still feels taboo (like I am choosing pregnancy/family over surgery) and feels like I am compromising my reputation as a dedicated surgeon.

I imagine other large barriers to pursuing fertility preservation/infertility treatment would be the real or perceived burden the time away would place on colleagues.

I have experienced 3 years of infertility and have struggled significantly with how to approach it in training. There are large practical barriers to trying to even have appointments during residency (ex: you schedule 2 months out on a light rotation and then the provider has to cancel and you have no ability to reschedule a different day). There are of course huge financial barriers (the only way we have even been considering this is that my parents would help with the cost). Most significantly, I feel a great deal of peer pressure against childbearing in training and the notion of trying "this hard" ie going through ART avenues somehow seems even more like people would be angry and unsupportive. At the same time, it is OBGyn and we should be leading the charge in making work places progressive places for women and understanding that waiting until I graduate is never what you would recommend to your own patient in my position.

Just an anecdote, but it took much longer to conceive as a resident (nearly 12 months) than as a medical student (2 months). I felt the stress, long hours and changed circadian rhythm likely had something to do with it.

I think that time is a huge barrier to infertility treatment in residency - there is almost no way I would have been able to do it during residency. My fellowship has a much more flexible schedule, and I only did IUI, never IVF, but

it was still challenging. As far as support, I think it's hard for people in non-OB/Gyn specialties to be supportive (administration or colleagues), because people don't really understand that you can't just schedule appointments and that things change based on hormone levels, etc. The lack of ability to plan means lack of ability to make sure you're covered from responsibilities and adds to the stress of the entire process (and likely to the lack of success of the process).

I delayed childbearing d/t training and then when we decided it was time to try, it was very frustrating and disheartening when we had a lot of trouble. I went for consultation and did IUI treatments but it caused me some stress given our schedule. it was also frustrating that my hospital insurance didn't cover it but if I was at a diff program, it would be 100% covered.

Fertility preservation in training:

Some of my friends who work in business have gotten egg preservation covered by their work and I think this would be an incredible resource for those in residency/fellowship as having children is often delayed due to training and may lead to difficulty with conceiving given advanced age.

Please, please, please make fertility preserving treatments more available to trainees by offering a discount. I worry nearly every day about my future fertility due to my lack of partner, long intended training time, and age. The cost of fertility preservation makes it unobtainable for most trainees at the very time the treatment is needed most.

As we have to pursue more and more specialty training, often resulting in a delay in starting families, fertility preservation should be a subsidized option provided to trainees. Thanks for the survey, this topic is rarely discussed, and I hope the results provide some impetus for change.

I really think this is an issue that should be talked about with trainees, so that they know the resources that their insurance and training institution provides. As a former chief resident, this was something that was rarely talked about in our program, but caused significant stress and anxiety, and I didn't even know the resources or coverage at my institution until I looked into it for a resident. Many female trainees are having children later and it is really important to plan. I contrast this to my sister who is in consulting and the significant resources / coverage / discussions she has within the females in her company (we are way behind).

This is a huge issue that I don't believe is addressed for women trainees especially. Time is a huge barrier. Money is too. I just hope that when we are ready to start trying infertility will not be something we face, but it is something I worry about not infrequently. We have delayed pregnancy due to time (fellowship demands, being on call), as well as lack of financial security to pay for something as expensive as daycare. There is so little support for trainees when it comes to this, and it is a big, difficult and emotional topic for many of us.

For same sex couples, gay or lesbian who may be looking into surrogacy, these options are not traditionally covered by insurance, egg/sperm banking is difficult and expensive, and there is a huge financial burden in considering surrogacy as an option

Time and money are both crucial barriers to fertility preservation in training. I have never seriously considered it as the barriers seem much too great.

This is an extremely important subject. Many of my non-medical friends struggle with similar problems, however they have time to go seek treatment and consult with fertility specialists. I had some lab tests done by my regular OB/Gyn that showed no issues on my part, but my partner (also in medicine) has not had time to get tested for issues on his end. We were approved through our insurance for consultation with a fertility specialist (won/t be covered due to the state we live in, but cost is not an issue for us like it probably is for most residents). However, I have no control over my schedule (surgical subspecialty training) and have not been able to set up an appointment. Additionally, some tests need to be timed with my menstrual cycle, but when you don't know your schedule more than a week or two in advance, making an appointment at a clinic for a timed test with a two month waiting period for scheduling is impossible. So we will just keep trying the old fashioned way (when our schedules permit us to be home at the same time and awake for long enough) as the clock slowly ticks by and our chances of a healthy pregnancy continue to dwindle. I knew I would have to make sacrifices when I chose to devote my life to serving

others, but I didn't account for the fact that it would take something so precious from me.

It seems ridiculous that medicine is so inflexible such that women are having to do egg preservation to preserve fertility due to archane institutions that make it next to impossible to have children and be happy during medical school, residency, and fellowship. Thank you for this work.

I am interested in fertility preservation but there is no way for me to easily bring up this topic with program administration in order to find out more information.

cost of living in our city during training has also significantly delayed our reproductive plans. childcare costs almost as much as an entire trainee salary in our city and we do not have options for trainee discount for child care. thanks for doing this important work!

Considered freezing my eggs due to postponement due to training but couldn't afford it.

Cautions about fertility treatment or fertility preservation in training:

I feel like there is bad information, lots of fearmongering, and no money to support people to address this issue. I am not sure that egg or embryo preservation is even the best way to address the issue, as opposed to changing the structure and expectations of the work.

A "trainee discount" for fertility treatments is just another way to push the burden of work-life balance on to the residents, rather than allowing for systemic change of the medical system. A much healthier and productive solution could be allowing female residents reasonable maternity leave comparable to that of other industrialized nations. In the current training model, residents are highly discouraged from having children, both explicitly and implicitly. Offering incentives to postpone childbirth indefinitely would greatly benefit training program call coverage schedules, but at unknown costs to the trainees and their future families. When are we going to get to live our lives?

I think it is a fine balance between encouraging residents/fellows to practice work/life balance and having programs assist with fertility preservation, especially in subspecialties that encourage women to delay conception. My partner is in neurosurgery and if our genders were reversed, it would be very difficult to have a family. It is already difficult due to distance, time, money, etc. However, I think programs could also use this to entice women to wait until training is finished to start families at a later age.

I sort of think it's a morally superior decision for me as an American physician to focus on the welfare of my patients now and adopt a child from a terrible situation into my life later in life. I think the world is overpopulated and there are many children who need parents. It doesn't really make sense to me to spend public resources helping people have children when there are already plenty of them (although people should be free to invest their own resources in this pursuit); it doesn't strike me as a right the way that other healthcare is a right, although I cognitively understand that some women really want to make their own biological child and would be sad if they couldn't. It's hard for me to be super sympathetic to the plight of the struggles of parents or aspiring parents during residency; it's their right to pursue that path, but I don't think bend-over-backward accommodations are obligatory. Reasonable accommodations are important from a discrimination perspective.