Childbearing and pregnancy trends among female plastic and orthopaedic/trauma surgeons in German-speaking countries

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Objective

To characterize the perception of female plastic and orthopaedic and trauma surgeons towards pregnancy, childbearing, and experiences with work-related burdens and complications in Germany, Switzerland, and Austria.

Methods

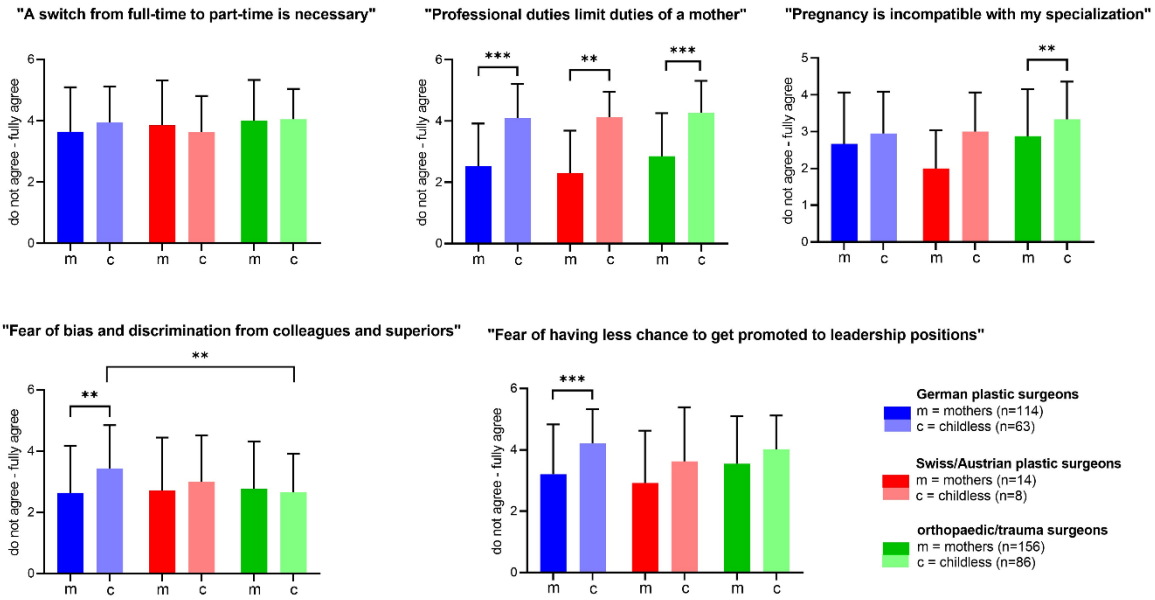
A multicentric online survey was distributed via the Association of the German Society for Plastic, Reconstructive and Aesthetic Surgery (DGRPRAEC), the Association of the Austrian Society for Plastic, Aesthetic and Reconstructice Surgery (OGPAERC), the Swiss Plastic Surgery (SGPRAC), and the Germany Society for Orthopaedics and Trauma Surgery (DGOU). The survey included basic demographic questions, pregnancy history including complications, activities and work ban during pregnancy, opinions towards burdens having children as a plastic or orthopaedic/trauma surgeon, and fertility issues. Complication rates were compared to a US population reported in the previous literature.

Results

Mean age during first pregnancy was 33 years. More than a third of all surgeons intentionally postponed pregnancy for professional reasons. About a third of the German surgeons was banned from clinical work during pregnancy while six percent of all Swiss/Austrian surgeons were banned. In accordance, the Swiss/Austrian surgeons were operating more often during pregnancy. Obstetric complications ranged from 41% to 58%. The Swiss/Austrian plastic surgeons had the least total complication rate. The rate of cervical insufficiency was approximately 4% which was higher than in the normal population and in US surgeons while fertility issues and miscarriage were lower in the German-speaking plastic surgeons. Specifically, the childless German plastic surgeons were fearing discrimination from colleagues/superiors in case of motherhood.

Conclusion

Obstetric complication rates of surgeons in German-speaking countries and the US were similar. Cervical insufficiency was even more prevalent in the study population which could be associated with a higher age of the expectants. Therefore, certain measures need to be implemented, e. g. work modification instead of bans as well as proactive consideration of potential family planning by training institutions. Education of female employees concerning pregnancy could aid in overcoming the obstacles of gender gap in the surgical specialties, which is essential given the current gender distribution amongst medical students.



Attitudes towards pregnancy and motherhood and their compatibility with the surgeons` profession. Comparisons between mothers and childless women within each group were performed via Mann-Whitney test. Multiple comparisons between different groups were performed via Kruskal-Wallis test with Dunn's multiple comparison. **p < 0.01. ***p < 0.001.