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CASE AND RESEARCH LETTER

The Role of the European Dermatological Associations in the Promotion of Maternity-Friendly Policies During the Dermatology Residency



El papel de las asociaciones dermatológicas europeas en la promoción de políticas favorables a la maternidad durante la residencia en dermatología

To the Editor,

Despite common beliefs concerning the supposedly stress-free lifestyle of the female dermatologists,¹ studies presenting real-life data with regard to maternity issues during the dermatology residency often suggest otherwise.²

A survey by Mattessich et al. in 183 female dermatologists documented significant difficulties in terms of balancing motherhood and work life among the participants.² These included the short duration of maternity leave, the stress of creating an impression of reduced commitment to the residency responsibilities, as well as practical barriers to breastfeeding, such as lack of sufficient time and adequate facilities to allow milk expression during hospital hours.² Among the logistic difficulties that the dermatology residents frequently face, is the fact that contrary to specialties such as internal medicine, dermatology programs usually have fewer residents to cope with large patient volumes.³ This can result in stressful work conditions for the pregnant or newly returned female residents, that can subsequently lead to further problematic situations: missed pumping sessions with discontinuation of breastfeeding, or elevated anxiety levels and feelings of guilt due to a potential overburdening of the fellow residents during pregnancy and parental leave.¹⁻³

While the duration of maternity leave in Europe is generally dictated by the legislation system of each country,⁴ the everyday work conditions of the female residents pre- and postpartum are defined mostly by the regulations of each dermatology department.³ The national and international European dermatological associations could,

therefore, advocate in favour of supporting policies towards women who decide to have children during residency, and actually manage to have a positive effect on the well-being of the latter.

The positioning of important dermatological societies in favour of maternity protection strategies during the residency is extremely important and relevant, given the fact that the number of women of a reproductive age in dermatology is increasing, and therefore pregnancy is a rather anticipated event.⁵ The endorsement of maternity accommodation approaches by the dermatological associations could constitute an important step towards their gradual introduction in the everyday practice of the dermatology clinics. An issue that could be addressed is the support of breastfeeding mothers with the creation of designated lactation rooms, so as to avoid milk expression sessions in inadequate spaces such as toilets or examination rooms.³ Equally important is the adaptation of the residents' clinic schedule in order to be able to perform uninterrupted pumping sessions without missing on educational activities.³ Other aspects include encouraging a flexibility of the residents' rotation planning, so as to avoid the care of patients with infectious diseases that are potentially harmful for a fetus or a new-born infant,⁵ or allowing time off for necessary pre- and post-natal doctor appointments, without the need to make use of regular vacation leave.

The active support of dermatological societies towards female dermatology residents during their maternity journey can have a significant impact on their personal development as academics and physicians, and therefore also on patient care overall. Hopefully such actions would set an example in the future for other specialties as well.

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