

# Physicians experience worse birth outcomes than lawyers, study finds

January 30 2024, by Jon Niccum

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The residency period for physicians typically lines up with their optimal childbearing years. "It can be easy to think, 'Oh, you're just focusing on your career.' But people don't realize how often women are having

children during residency," said Lilly Springer, a doctoral student in the Department of Economics at the University of Kansas.

"Also, we expect physicians to be hyperaware of the medical process. So we assume they should have the best health outcomes because they have the most information possible. But we found that's just not the case."

Her paper, titled "[Occupational Hazard? An Analysis of Birth Outcomes Among Physician Mothers.](#)" compares birth outcomes between physicians and another highly educated group, lawyers, and between surgeons and non-surgeon physicians. The research concludes that physician mothers have overall worse outcomes than a comparable group of lawyer mothers.

It is distributed by both IZA—Institute of Labor Economics and the National Bureau of Economic Research.

"We find that they have lower birth rates, shorter pregnancies and are slightly more likely to deliver preterm," said Springer, who co-wrote the paper with David Slusky, KU professor of economics, and Harvard Medical School professor Anupam Jena, who is both a physician and economist.

Additionally, the researchers determined that the Accreditation Council for Graduate Medical Education (ACGME) duty hour reform introduced in 2011 provided no effect on improving physician health outcomes.

Despite physicians and lawyers having differing skill sets, Springer chose to compare these professions.

"Both lawyers and physicians are highly educated people," said Springer, who is a Madison & Lila Self Graduate Fellow.

"Physicians go through four years of med school before entering residency. Lawyers go through three to four years of law school—so in that sense, they have the same level of dedication and education requirements. But also, those first couple of years of being a lawyer and being a physician—which is primarily the fertility age of women—is incredibly similar stresswise."

The reasons for physicians suffering worse birth outcomes than lawyers are still up for debate. But Springer speculates surgeons may be the ones who are tipping the scale.

"We think it is the time on their feet, the extra hours, the long periods of standing—surgeons have a very physically demanding job," she said. "This is especially demanding because surgeons likely practice in a hospital, versus someone in [internal medicine](#) or dermatology, who tends to practice outside of a clinic."

The researchers examined Texas birth data from 2007–2014. These records included family demographics, race, ethnicity, information about the labor and delivery process, and a variety of birth outcomes. Their subset of data included births where at least one parent had a doctorate or a doctoral-level professional degree.

"Texas is also a microcosm for the United States," Springer said. "When you look at race based on what's in our Texas data sample, it's very similar to that of the country in general."

An Indianapolis native, Springer specializes in health economics and gender economics. She said she hoped this article makes people realize labor and delivery are major medical procedures that can present many complications.

"All of the things experienced during the nine months that you are

pregnant really impacts how the labor and delivery process will occur," she said. "I want people to say, "Let's figure out how we can make the [work environment](#) the best for everybody, even individuals who are pregnant at the moment."

Should these findings dissuade female physicians to not have children of their own?

"No, I would never imply that," she said.

"We want to make sure everyone is cognizant of the fact that physicians have potentially worse [birth outcomes](#). And we believe when policymakers and female [physicians](#) have this information, they'll be able to make better decisions about their own fertility options. Then everyone can help create a more equitable work environment."

**More information:** IZA DP No. 16655: Occupational Hazard? An Analysis of Birth Outcomes among Physician Mothers.

[www.iza.org/publications/dp/16...ng-physician-mothers](http://www.iza.org/publications/dp/16...ng-physician-mothers)

Provided by University of Kansas

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