

Is There Ever a Right Time? An Evaluation of Family Planning During Otolaryngology Residency

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Background

- Female surgical residents face unique challenges **balancing demanding training with family planning**.
- Otolaryngology has the **highest infertility rate** among surgical specialties (29%), with most residents delaying childbirth until after training.
- While assisted reproductive technologies (ART), such as oocyte freezing and IVF, offer fertility preservation options, **few residency programs provide education or benefits** supporting their use.

Understanding residents' experiences and institutional support can guide development of more family-friendly training environments.

Objectives

- To **assess fertility and family planning perspectives** among female otolaryngology residents.
- To **evaluate availability of institutional education and benefits** related to assisted reproductive technologies (ART).
- To **identify barriers** to pregnancy and fertility preservation during residency.

Methods

- Design:** Cross-sectional survey study (June 2024–August 2025).
- Participants:** Female residents at ACGME-accredited U.S. otolaryngology programs.
- Instrument:** 15-question anonymous REDCap survey assessing demographics, reproductive goals, pregnancy postponement, and program support for ART.
- Analysis:** Descriptive statistics summarized as counts and percentages.

Results

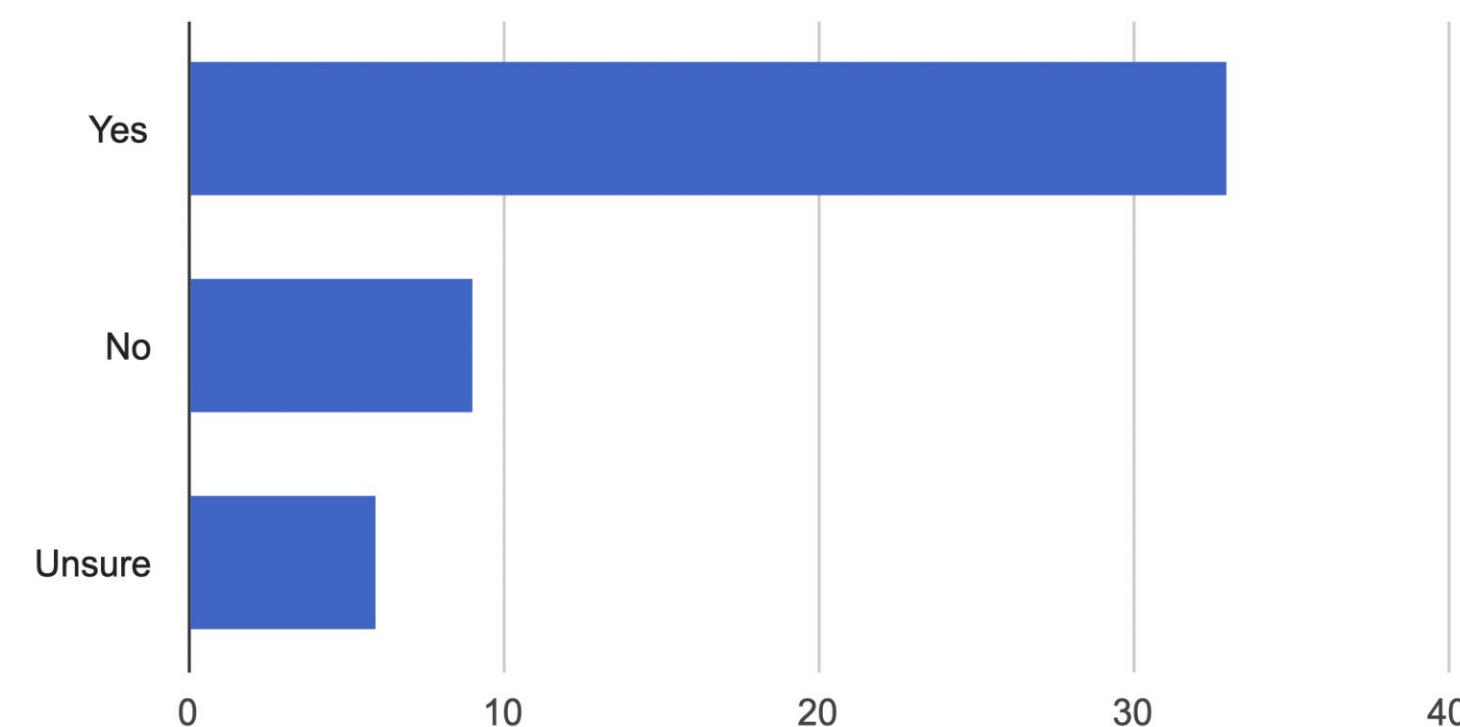


Figure 1: Responses to the question item: "Would you consider freezing your own oocytes to preserve your fertility and postpone pregnancy?"

- Respondents:** 48 residents (6.5% response rate); majority aged 26–34 years.
- 83.3% felt compelled to postpone pregnancy** due to residency demands.
- Top concerns:** impact on co-residents (73.8%), childcare (71.4%), and career plans (64.3%).
- 68.8% interested in oocyte freezing; only 18.8% reported fertility-related employee benefits.
- 89.6% received no program education on oocyte freezing.

Discussion

- Residency demands and workplace culture strongly influence family planning decisions among female trainees.
- Interest in fertility preservation is high, yet awareness and **institutional support remain low**.
- Integrating fertility education, expanding benefits, and normalizing discussion** of reproductive health could enhance resident well-being and retention.
- Residency programs could leverage partnerships with fertility benefit providers and **implement low-cost educational initiatives**.

Conclusions

Female otolaryngology residents face significant barriers to family planning during training. Institutional gaps in education and fertility support exacerbate these challenges. Enhancing access to ART education, fertility benefits, and family-friendly policies could empower residents to achieve personal and professional goals.

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