# American Association for Women in Radiology (AAWR)
# Official Statement regarding Paid Family and Medical Leave (PFML)

Adopted by the AAWR Board April 28, 2025

## Introduction

Work / life balance acknowledges the dynamic interplay between personal and professional responsibilities and is essential for promoting overall well-being (1). According to the National Wellness Institute, wellness is "a conscious self-directed and evolving process of achieving full potential." (2) Attaining wellness as a health care provider is not solely an individual pursuit—it requires a supportive team, including departmental and hospital administrators, physician colleagues, technologists, nurses, and staff – and the collective wellness of individuals can lead to wellness overall for a practice group and or department and ultimately the patients for whom they care.

The addition of a child to a family, the responsibility of caring for a sick loved one, or managing one's own health crisis can have a profound impact on an individual's well-being. Without proper support, these life changes can negatively affect a health care provider's ability to provide optimal patient care. The United States is the only industrialized country that lacks universally available paid family and medical leave (PFML), despite the benefits it would have for the child and family health and well-being (3). PFML is not only crucial for the well-being of children and their families, but also contributes to better patient outcomes, as physician well-being is linked to the quality of the care they provide.

Too often, individuals must choose between their career and income versus taking unpaid leave to care for a newborn or adopted child, a sick immediate family member or themselves. In particular, the absence of paid family leave exacerbates health and wealth inequities across gender, race, ethnicity and socioeconomic status (3). Furthermore, parental involvement in early childhood is critical for development, and studies have shown that paid leave is associated with improved health outcomes (4, 5).

In 1993, the Family and Medical Leave Act (FMLA) was enacted, granting eligible employees up to 12 weeks of *un*paid, job-protected leave within a 12-month period. During this time, the employers are required to maintain the employee's health benefits (6). FMLA applies to all public agencies, public and private schools, and private companies with fifty or more employees. Qualifying reasons for leave include:

- The birth and care of a newborn child
- Adoption or foster care placement of a child
- Care for an immediate family member (i.e., spouse, child, or parent) with a serious health condition.
- A serious health condition that prevents the employee from performing their job.

While FMLA provides job security, many workers are ineligible due to restrictions on new or part-time employee status, business size, independent contractor classification, or the worker simply not understanding the policy (7). Additionally, because the FMLA does not provide paid leave, many employees – particularly caregivers and primary earners – are unable to take advantage of the program. Again, this disproportionately affects racial and ethnic minorities and low-income families.

Some states have implemented state-specific leave policies, offering either paid leave or unpaid time off that extends beyond the federal FMLA provisions. Evidence from these states and other countries with paid policies suggest significant benefits, including improved financial stability for families, increased paternal involvement, and enhanced maternal, infant, and child health (8). In many countries, paid family and medical leave is a standard part of the social insurance system, with some nations providing a year of paid medical and family leave (8).

**The Need for Consistent Paid Leave in Medicine**

PFML policies vary across professions, institutions, and training programs. Establishing a consistent, standardized policy is essential to supporting professionals throughout their careers. Several medical societies have advocated for family and medical leave including Society of Chairs of Academic Radiology (SCARD), Association of Program Directors in Radiology (APDR), American Board of Medical Specialties (ABMS), American College of Radiology (ACR) and American Board of Radiology (ABR) (10,11, 12, 13, 14). In 2021, the Accreditation Council for Graduate Medical Education promoted institutional requirements that physician residents and fellows in accredited programs be allowed at least one six-week paid family/medical leave during training (9). In April 2022, the American College of Radiology (ACR) passed a resolution, which was spearheaded by AAWR, affirming its commitment to radiologists' well-being as a fundamental part of high-quality, safe patient care. This resolution directs that "diagnostic radiology, interventional radiology, radiation oncology, medical physics, and nuclear medicine practices, departments and training programs strive to provide 12 weeks of paid family/medical leave in a 12-month period for its attending physicians, medical physicists, and members in training as needed." (10). In alignment with these recommendations, the American Academy of Pediatrics also endorsed 12 weeks of paid family leave, citing significant benefits for both physicians and their patients.

Given that nearly all workers will, at some point, experience childbirth, serious illness, or the responsibility of caregiving, there is a clear and widespread need for comprehensive paid family and medical leave policies.

**AAWR Recommendations:**

In accordance with the ACR, the American Association for Women Radiologists (AAWR) recommends that diagnostic radiology, interventional radiology, radiation oncology, medical physics, and nuclear medicine departments, practices and training programs *provide* a minimum of 12 weeks of *paid* family/medical leave within a 12-month period for attending physicians, medical physicists and trainees.

Rationale: Paid family and medical leave promote physician well-being, diversity, equity, and inclusion, benefiting patient care (15). The AAWR remains committed to supporting radiologists', radiation oncologists' and allied specialists' health and well-being, recognizing its integral role in delivering safe, high-quality patient care.

The AAWR supports the development of institutional policies to ensure adequate coverage while employees are out on leave. This is especially critical in maintaining collegial relationships, as many individuals taking leave are trainees or early-career faculty. Furthermore, institutions should provide a safe clean private space with adequate time to be able to continue lactating when back at work, consistent with the Fair Labor Standards Act (FSLA) and the 2022 PUMP Act (Providing Urgent Maternal Protections) (16). The Affordable Care Act of 2010 states that employers provide "reasonable break time" to allow women to pump while they are at work (17). However, the time constraints that physicians face due to procedure time and increasing volumes, often prevents mothers from this "protected time" for lactation. Future policies need to incorporate adequate "time" and "space" to allow for an effective pumping environment, with a special focus on trainees who frequently report difficulty finding time for pumping with greater demands of being present for training (18). Institutionally subsidized childcare options are also recommended, including on site and backup options if possible.

**Evidence Supporting Paid Family and Medical Leave**

**Infant and Child Health:**
A substantial body of scientific evidence highlights the positive impact of parental presence on an infant's mental and physical development (3,8,19). In the absence of paid leave, mothers in the United States typically return to work within three weeks after childbirth, while fathers typically take only one week off (20,21). Access to paid family leave has been associated with reduced infant mortality and hospital admissions, as well as lower rates of preterm birth and low birth weight (23). Additionally, studies show that paid leave increases breastfeeding by up to 18 days, with even greater benefits, up to 65 days, for

economically disadvantaged mothers (24). Breastfeeding is a critical source of nutrition, linked to strengthened immunity, lower rates of post-neonatal and SIDS mortality, and reduced hospitalizations due to infectious diseases and respiratory infections. Breastfed children experience lower risks of obesity, type II diabetes and asthma (24). Beyond infancy, paid leave has been linked to a lower incidence of physical health conditions and ADHD in childhood, with the most significant benefits observed among economically disadvantaged children (25). Paid family and medical leave provides economic security, allowing parents the necessary time to care for their infants and secure quality, affordable childcare, and education before returning to work.

**Parental Health:**
Paid parental leave policies not only benefit children but also significantly impact parents' mental, physical, and financial well-being. The economic strain of unpaid leave can take a severe toll on families. Studies indicate that access to PFML increases employment rates for both parents and boosts maternal earnings 10-17%, along with an increase in hours and weeks worked (20, 21, 22). Additionally, some evidence suggests that paid leave may reduce a family's reliance on public assistance programs (26). Maternal mental health is also a critical concern, as 1 in 5 women in the United States experiences a mental health or substance use disorder during the perinatal period (pregnancy through the first year postpartum). According to the CDC, 22.7% of pregnancy-related deaths are associated with mental health conditions (27). Paid leave can play a vital role in reducing perinatal mental health disorders, preventing tragic outcomes, and promoting maternal well-being. Breastfeeding provides additional health benefits to mothers, including a reduced risk of breast and ovarian cancer, type II diabetes and postpartum depression. Moreover, paid leave for fathers has been shown to increase paternal engagement with their children, both during the period of leave and long after it ends, reduce household conflicts and increase life satisfaction (28, 29).

**The Importance of Sufficient Leave Duration**
In alignment with the American Academy of Pediatrics, the American College of Obstetricians and Gynecology, the Society for Women in Radiation Oncology, and the AAWR recommend providing 12 weeks of paid parental leave for faculty and residents following childbirth or adoption of a child (3, 30, 31). Studies indicate that mothers who take greater than 12 weeks of maternity leave exhibit greater knowledge of child development, improved parenting skills, and better self-reported well-being, including lower rates of maternal depression and improved physical health (32). Longer leave policies have also been linked to higher breastfeeding rates and duration, increased infant vaccination rates, and reduced hospital admissions for abusive head trauma in children under two (33). In contrast to the six-week ACGME standard for trainees, the AAWR strongly advocates for 12 weeks of non-birthing parental leave to support the well-being of all new parents. All medical specialties should provide leave policies for their trainees with a minimum of 12 weeks, as anything less is not compatible with the 1978 Pregnancy Discrimination Act (PDA), which is an amendment to the Title VII of the Civil Rights Act of 1964, stating that "Title VII is violated if a facially neutral policy has a disproportionate adverse effect on women affected by pregnancy, childbirth, or related medical conditions "(34, 35).

**Health Inequities**
The need for paid family and medical leave has grown in recent decades as most U.S. families now have two working parents (20). Balancing work and family responsibilities is particularly challenging for single-parent and low-income families (20). Paid leave policies would benefit historically marginalized communities, as women, low wage, and immigrant workers, Black, Hispanic, and Indigenous people, as well as members of the LGBTQ+ community are significantly less likely to have access to paid leave (36). Only higher paid professionals at large companies typically receive paid leave benefits, while frontline and lower-wage workers are often excluded. In 2022, the highest-paid workers were eight times more likely than frontline works to have access to paid family leave, remote work options, and flexible scheduling (37).

Paid leave has the greatest impact on disadvantaged families, improving breastfeeding rates, infant health, and school achievements, while reducing financial strain. Establishing universal paid leave policies would allow families to provide essential caregiving while maintaining economic stability and job security, reducing socioeconomic disparities.

**Benefits in Radiology, Radiation Oncology and Allied Specialties**
Despite the well-established benefits of paid family and medical leave, the United States remains one of only six countries in the world without a national paid parental leave policy. Paid leave is particularly important in radiology, radiation oncology and the allied specialties, where careers span several decades, and physicians inevitably face major life events such as having children or a serious medical conditions affecting themselves or their immediate family. To provide the best patient care, radiologists, radiation oncologists and allied specialists must be mentally and physically present, without the distraction of work-life conflicts. Without paid leave, they risk burnout, decreased efficiency, and an increased likelihood of misinterpretation, missed findings and delayed communication with patients - all of which are associated with higher malpractice risks. Paid medical leave, therefore, is essential for physician well-being and optimal patient care (11). Additionally, women and minorities disproportionately bear domestic and caregiving responsibilities, which can impede career advancement, promotion and retention in academic medicine. Paid medical leave has been shown to increase gender and racial diversity in leadership positions and improve workforce retention in radiology, radiation oncology and allied specialties (1).

**The Role of Mentorship in Supporting Leave Policies**
Mentorship plays a critical role in career development, enhances knowledge, skills and leadership opportunities while fostering loyalty and well-being in the workplace. Effective mentorship programs can guide residents and junior faculty through transitions in and out of leave, provide emotional support and career planning assistance, and ensure leave does not lead to missed academic or professional opportunities. Institutions that invest in mentorship programs see higher rates of clinical and academic productivity, employee retention, and faculty promotion.

Women physician faculty are promoted more slowly than men with significantly more men than women on a tenure track (38, 39). While there are many factors attributing to this inequity, establishing an academic career at the time of childbearing and raising children is challenging and is certainly one of the contributory factors. Institutions can address this with flexible career policies such as offering flexible time towards promotion with tenure clock extension, however often there is lack of use of these policies and a “stigma” when used. The AAWR encourages broad implementation and monitoring of these policies to help support and counter flexibility bias and significantly reduce barriers to the use of such policies, which will be beneficial in faculty retention (18).

**Opportunities to achieve paid leave policy for all medical specialties:**
Physicians consistently advise their patients on the importance of self-care, yet they often struggle to prioritize their own health and well-being. Medicine is a profession built on integrity, and it should uphold the principles that it advocates (29, 34). To ensure that physicians receive the support they need, a strategic approach is needed to achieve a 12 week-PFML policy for all medical specialties, as well as to create a national standard for the various radiology-specific leave policies implemented over the years.

Achieving this requires a structured, multi-layered approach, beginning with the Society of Chairs of Academic Departments of the specific medical specialties, then the Association of Program Directors of the specific medical specialties, followed by the American College of the medical specialty and ultimately, the American Board of the specific medical specialty. The collective influence and authority of these multiple subspecialities in medicine could lead to the expansion of paid leave programs nationally (29).

**Conclusion**
Despite its proven benefits, the United States lacks universally available PFML. Implementing PFML policies is critical for improving racial, ethnic and gender equity, as well as reducing health disparities. The AAWR, alongside the American Board of Radiology, ACGME, ACR, SCARD, APDR, ABMS, the American Academy of Pediatrics, the Society for Women in Radiation Oncology, and the American College of Obstetricians and Gynecologists, strongly supports paid leave to promote physician well-being, family stability, and optimal patient care.

References:
1. Sharma, S, Walsh, C, Patlas, M and J.Yong Hing, et al. Planning a Successful Mid-Career Transition in Radiology: Integrating Leadership, Growth and Personal Fulfillment.
2. Joy in workplace, 2021

3. Dammann, C, Montez, K, Mather, M. et al. Paid Family and Medical Leave: Policy statement, AAP Nov 2024
4. Zigler E, Muenchow S, Ruhm CJ. Time off with Baby: The Case for Paid care Leave. 2012
5. Lichtman-Sadot S, Pillay Bell N. Child health in elementary School following California's' paid family leave program.
6. US Department of Labor, Wage and Hour Division. Family and Medical Leave Act. Available at https://www.dol.gov/agencies/whd/fmla
7. US Department of Labor. Employee and worksite perspectives of the Family Medical Leave Act: results from the 2018 surveys. https://www.dol.gov/agensies/oasp/evualtion/fmla2018.
8. Coley, Rebekah. Paid Family and Medical Leave Improves the Well-Being of Children and Families.
9. Accreditation Council for Graduate Medical Education (ACGME). ACGME Institutional Requirements. Available from: https://www.acgme.org/globalassets/pfassets/programrequirements/800_institutionalrequirements_2022_tcc.pdf
10. American College of Radiology Resolution Number 13, Digest of Council Actions, 2022, American College of Radiology. American College of Radiology Annual Meeting Announcement. Effective May 2022.
11. Canon, CL, Enzmann DR, Grist TM et al. Society of Chairs of Academic Radiology Departments statement of support for paid parental leave. J Am Coll Radiol 2019; 16:271-272.
12. American Board of Radiology. Residency Leave Policy. June 30,2021. Available from http://www.theabr.org/exam-details/residency-leave-policy.
13. Association of Program Directos in Radiology (APDR), Statement of support for 12 weeks family leave in residency. Available from: https//www.apdr.org/uploaded Files/Contect/Program_Directors/Statement%20of%20support%20for%2012%20weeks%20family%20leave%20in%20residnecy_APDR.pdf
14. American Board of Medical Specialites (ABMS). ABMS Announced Prgoressive Leave Policy for Residents and Fellows. July 13, 2020. Available from: http://www.abms.org/news-events/abms-announces-progressive-leave-policy-for-residents-and-fellows.
15. Magudia, K, Arloe E, Porter K, et al. A Practical Guide for Paid Family and Medical Leave in Radiology, From the AJR Special Series on DEI. Americal Journal of Roentgenology. 2023; 221(5):575-581.
16. [https://www.dol.gov/agencies/whd/nursing-mothers/faq]
17. Section 7® of the Fair Labor Standards Act-Break Time for Nursing Mothers Provision/U.S. Department of Labor. https://www.dol.gov/agencies/whd/nursing-mothers-law.
18. Jain, S, Neaves, S, Royston A, et al. Breastmilk pumping experiences of physician mothers: quantitative and qualitative findings from a nationwide study. J Gen Intern Med 2022; 37(13):3411-8.
19. Bullinger LR. The effect of paid family leave on infant and parental health in the United States. J Health Econ 2019; 66:101-116
20. Bartel AP, Rossin Slater, Ruhm, CJ et al. Paid family leave, fathers' leave taking and leave sharing in dual earner households. Journal of Policy Analysis and Management. 2018; 37:10-37.
21. Rossin, Slater M, Ruhm, C.J. Waldfogel J 2013. The effects of California's paid family leave program on mothers' leave taking and subsequent labor market outcomes. Journal of Policy Analysis and Management, 32, 224-245.
22. Fox, et al. Time for children: Trends in the employment patterns of parents, 2967-2009. Demography, 50, 25-49.
23. Shim J. Family leave policy and child mortality: Evidence from 19 OECD countries from 1969 to 2010. International Journal of Social Welfare. 2016: 25, 215-221.
24. Pac, JE Bartel AP Ruhm CJ Paid family leave and breastfeeding: Evidence from California NBER Wrokign Paper 25784. Cambridge , MA: National Bureau of Economic Research.
25. Broadway, B, Kalb G, Kuehnle, D. & Maeder, M. Paid parental leave and child health in Australia. Economic Recore, 93, 214-237
26. Bartel, A, Doran E, Ruhm C, Waldfogel J California's' paid family leave law improves maternal psychological health. Austin Tx: Population Association of America Annual Meeting 2019.
27. Clarke DE, De Faria L, Alpert JE, The Perinatal Mental Health Advisory Panel, The Perinatal Mental Health Research Team. Perinatal Mental and Substance Use Disorder: White Paper.

Washington, DC: American Psychiatric Association; 2023 [Available from: https://www.psychiatry.org/maternal].
28. Nepomnyaschy L, Waldfogel J Paternity leave and father's involvement with their young children. Community, Work and Family 10, 427-453.
29. Arleo EK, Porter KK, Magudia K, Englander M, Deitte LA. American College of Radiology Paid Family/Medical Leave Policy: A Call to Action for the House of Medicine. J Womens Health (Larchmt). 2023 Mar;32(3):255-259. doi: 10.1089/jwh.2022.0442. Epub 2023 Jan 12. PMID: 36634250.
30. Baniel, C, Ponce S, Lichter, K, et al. Society for Women in Radiation Oncology Consensus Statement on Family and Medical Leave. International Journal of Radiation Oncology:2022;116:270-275.
31. Paid Parental Leave Statement of Policy. The American College of Obstetricians and Gynecologists. Approved: July 2016.
32. Bergman K, Sarkar, P, OConnor TG, et al. Maternal stress during pregnancy predicts cognitive ability and fearless in infancy. J Am Acad Child Adolesc Psychiatry. 20-7; 46 (11):1454-1463.
33. Klevens J, Luo F, Xu L, Peterson C, et al. Paid family leave's effect on hospital admissions for pediatric abusive head trauma. Inj Prev. 2016; 22(6):442-445.
34. Arleo EK, Deitte LA. Medical Specialty Family/Medical Leave Policies Should Abide by Title VII of the Civil Rights Act and the Pregnancy Discrimination Act. Acad Med. 2021 Oct 1;96(10):1374. doi: 10.1097/ACM.0000000000004177. PMID: 34039857.
35. U.S. Equal Employment Opportunity Commission. Enforcement guidance on pregnancy discrimination and related issues. https://www.eeoc.gov/laws/guidance/enforcement-guidance-pregnancy-discrimination-and-related-issues. Updated June 25, 2015.
36. Earle, A, Joshi P, Geronimo K, et al. Job characteristics among working parents: differences by race, ethnicity, and nativity. https://www.bls.gov/opub/mlr/2014/article/job-characteristics-among-working-parents.htm.
37. Shabo V. As 2022 ends, we have seen what the federal government can do-yet the vast majority of US workers and families are still waiting for paid leave.
38. Singhai A, Porter K, Sorace, A, et al. Navigating parental leave as a leader in radiology: Commentary on challenges and strategies. Clinical Imaging. 2022: 82(58-62).
39. Bingmer, K, Walsh, N.L, Gantt, H.A. et al. Surgeon experience with parental leave policies varies based on practice setting. World J Surg. 2020: 44(7):2144-2161.