

**P**HYSICALLY strenuous occupations have long been suspected of causing adverse pregnancy outcomes. Occupational factors such as long working hours,<sup>1,2</sup> night work,<sup>1</sup> and lengthy periods of standing<sup>1,3</sup> have been associated with an increased risk of preterm delivery. Prolonged standing at work has also been associated with reduced intrauterine growth.<sup>4</sup> A common criticism of these reports is that women with physically demanding occupations are likely to be of lower socioeconomic status than women with less demanding occupations.<sup>5</sup> To address this issue, it is necessary to separate the effects of occupational physical stress and socioeconomic status.

Residency training provides a unique opportunity to make this separation. Medical residents are highly educated, yet they spend long hours during both day and night in work that includes prolonged standing and great emotional stress. Although residency occurs at an age when many women want to have children, most residency programs have no specific policies re-

garding maternity leave,<sup>6,7</sup> and many pregnant residents perceive resentment of the pregnancy on the part of other house officers and faculty members.<sup>6</sup>

It is commonly believed that pregnant residents are at high risk for a variety of adverse outcomes. Pregnant physicians have been reported to have an increased risk of preterm delivery,<sup>8</sup> intrauterine growth retardation,<sup>9</sup> placental abruption,<sup>10</sup> and pregnancy-induced hypertension.<sup>11</sup> However, not one of the previous studies of pregnancy among residents has used a broad sample of residents and had a response rate sufficient to ensure the validity of the results. The present study is the largest to date that has evaluated the outcomes of pregnancy among women residents.

#### **METHODS**