Are Children Allowed? A Survey of Childcare and Family Policies at Academic Medical Conferences

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Conference attendance and networking have long been a staple of career advancement in medicine. Presenting one's own research or chairing a conference panel provides academic physicians with the visibility necessary for career advancement and promotion.[1]

Unfortunately, this pathway to career advancement may be obstructed for some physicians. Women physicians bear a larger proportion of domestic responsibilities (including childcare),[2] which may constitute a limitation to their participation in conferences. This in turn may ultimately be a barrier to their career development and promotion.

Literature addressing the gender promotion gap has specifically highlighted this barrier to conference attendance and suggested making "academic conferences family-friendly" as a potential solution[3] but the definition of both this problem and the solution are vague. Such ambiguities affect those with academic careers, specifically women in medicine, in concrete ways. For example, policies banning children from poster sessions have prevented physicians from presenting their own research when childcare becomes unavailable.[4] Without clear evidence-based recommendations in this regard, conference organizers are left without guidance and affected participants are left without support.

We thus asked the question: what are current practices relating to conference attendance relevant to those with childcare responsibilities? We sought to understand the landscape of childcare and lactation support and to ascertain if those policies differed across medical specialties, as a first step toward developing best practices in this area.

There is no consensus in the literature regarding essential characteristics that define conference accessibility for those with childcare responsibilities. Thus, we drafted an initial list of relevant information based on previous work[5] reflecting childcare and family support policies. The list was iteratively discussed and revised by the study team for applicability until consensus was reached.

Data collection took place in August to October 2018. Specialties were selected to represent a range of gender distribution of residents as identified by the 2014 American Association of Medical Colleges data, including orthopedic surgery (14.8% female), emergency medicine (37.3%), neurology (48.4%), dermatology (62.9%), and obstetrics and gynecology (82.8%). Since we were cold calling representatives of numerous specialties, many of whom were outside our own specialty, we limited this study to five specialties for scope considerations, to minimize variation in responders, and to maximize response rates.

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For each organization, the most well-attended conference (as per the organizing body contacted) was included. We decided to include two organizations within emergency medicine given the intended audience of this study. The hosting society or conference organizer was contacted via e-mail or phone call. Data for the most recent 2 years of the conference were collected. No follow-up was required. Consent to participate in the study was confirmed before collecting data from each conference. The Johns Hopkins Medicine Institutional Review Board approved this study.

All conferences took place between 2016 and 2018 (see Data Supplement S1 [available as supporting information in the online version of this paper]). Attendance at each conference ranged from 3,896 to 18,830 participants.

No two specialty conferences were associated with the same childcare policy profile. No conference reported the availability of entirely subsidized onsite childcare. Only two conferences provided participants with local childcare resources. The American College of Emergency Physicians (ACEP) conferences in 2017 provided subsidized onsite childcare. The American College of Obstetricians and Gynecologists (ACOG) conferences (in both 2017 and 2018) provided onsite childcare that was available but paid for entirely by the attendee.

Regarding policies associated with the inclusion of children and families in conferences, there was less heterogeneity among specialties. Children under the age of 16 were prohibited in the exhibit halls of multiple conferences (the American Academy of Orthopaedic Surgeons [AAOS] and the American Academy of Dermatology [AAD]). Only emergency medicine conferences (both ACEP and the Society for Academic Emergency Medicine [SAEM]) reported expressly allowing children in the exhibit hall. Children were allowed in lectures at some conferences, and most conferences (except AAOS) allowed children at social events. The AAOS conferences in 2017 and 2018 explicitly prohibited children in the exhibit hall or at lectures or events. They had no childcare events during conferences and provided no information to parents about local childcare resources.

All conferences offered lactation facilities. Only the AAD conferences reported a statement supporting breastfeeding during the conference.

Among major academic conferences in the included specialties across a spectrum of gender representation, we found heterogeneity in reported policies and practices relevant to childcare.

At many of the conferences, children were expressly prohibited from being at the conference exhibits or lecture hall. One respondent said that children were prohibited from exhibit halls "for their safety" but we could not find any evidence of a child sustaining an injury in a medical conference hall. While we appreciate the desire to anticipatorily protect children, this practice must be weighed against the barrier to participation and attendance it imposes on physician caregivers.

No conference reported the availability of free childcare; ACEP reported subsidized onsite childcare, and ACOG offered paid onsite childcare. One organizer reported cancelling a subsidized childcare program due to low utilization, stating that it was not a worthwhile expenditure. The perceived cost-ineffectiveness of providing or subsidizing childcare, whether or not empirically based, may be an implementation barrier not previously identified.

We suggest strategies to address these issues. A childcare committee would be a beneficial addition to conference planning teams; we suggest routine adoption of this measure. This committee could help to create a family-inclusive environment, reviewing any existing policies prohibiting children from conference events and working to develop childcare resources for participants. These can include free or subsidized on-site childcare. We understand that such a service would incur additional costs; corporate sponsorship or partnership might help defray costs. A "low utilization" of childcare may reflect lack of knowledge of such a resource rather than lack of interest.

Every conference included provided a dedicated lactation space. We are encouraged by this consistent practice across specialties. Prior to the conference, a written statement detailing family-inclusive resources should be sent to all potential attendees. During the conference, a statement should be displayed to encourage breastfeeding during lectures and events and discourage harassment of these women. The addition of an onsite live video stream would encourage women to pump or breastfeed their child without missing the conference. It would also allow anyone with a young child to watch the event without disrupting other participants. These strategies may help to increase participation of all physician parents at academic conferences but will likely have a disproportionate benefit for young parents, specifically mothers.

We only surveyed a subset of medical specialty conferences. We did not survey attendees about their

knowledge of the policies and did not attempt to ascertain whether those eligible to attend might have been influenced by the presence or absence of relevant policies.

Childcare and family-inclusion policies among medical subspecialty conferences are heterogeneous. Lactation rooms are common while on-site childcare is uncommon. Policies exist prohibiting children from conference spaces. Such policies might represent a significant barrier to the participation of faculty with parenting responsibilities, especially women, and consideration of inclusive policies a priori might encourage such participation.

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Supporting Information

The following supporting information is available in the online version of this paper available at http://onlinelibrary.wiley.com/doi/10.1111/acem.13693/full

Data Supplement S1: Characteristics of medical specialty conferences surveyed and their childcare and family inclusion policies.