



OLLSCOIL NA  
GAILLIMHE  
UNIVERSITY  
OF GALWAY

THE  
**MPS** |   
FOUNDATION

The Medicine  
and Motherhood  
(MAM) Project  
— May 2026

---

**Policy Brief #1**

## POLICY BRIEF

# MEDICINE AND MOTHERHOOD, UNDERSTANDING THE EXPERIENCES OF WOMEN DOCTORS IN THE REPUBLIC OF IRELAND

*Future proofing the workforce through enhancing understanding of, and support for, women doctors balancing a medical career and a family*

Dr Sinéad Lydon and Ms Sanjana Biju,  
on behalf of the Medicine And Motherhood (MAM) Research Team

## EXECUTIVE SUMMARY

**THE ISSUE:** As the numbers of women in medicine in Ireland grows, understanding their experiences is critical for workforce sustainability. The Medicine and Motherhood (MAM) survey examined women doctors' experiences of fertility, family planning, pregnancy, and motherhood in Ireland.

**KEY INSIGHTS:** Data from 770+ women doctors shows that: family considerations influence career choices; infertility may be more common for women doctors than others and accessing fertility treatments can be

challenging; arranging and taking maternity leave can be difficult; and uptake of parental leave is low. While rates of breastfeeding are high, many are dissatisfied with their duration of breastfeeding.

**POLICY IMPLICATIONS:** Challenges to balancing work and family exist for women doctors working in Ireland. The findings from the MAM project will result in an improved understanding of both the issues faced by women doctors and where targeted actions are required.

## BACKGROUND

**The numbers of women in medicine have grown considerably.** In Ireland, women now comprise more than half of new entrants to medical school<sup>1</sup>, 53% of current trainees<sup>2</sup>, 52% of general practitioners<sup>3</sup>, and 41% of consultants<sup>2</sup>.

**Women doctors' path to becoming mothers, and experience of parenting, may be particularly challenging.** Compared to others, women doctors may be more likely to delay childbearing<sup>4,5</sup>, encounter infertility<sup>4</sup>, experience pregnancy loss and complications<sup>4</sup>, and struggle to balance career and family responsibilities<sup>6</sup>.

**Negative experiences around fertility and family planning, pregnancy, and motherhood** can lead to burnout, poor work–life balance, and career dissatisfaction among women doctors<sup>4,7,8</sup>. This may prompt specialty changes or leaving the profession<sup>4,8,9</sup>. For pressured healthcare systems, understanding the supports women doctors require is critical.

**Improving women doctors' experiences of motherhood, and its pursuit, in Ireland requires greater clarity on why, where, and what issues occur.** The majority of research on women doctors' experiences comes from North America. Experiences of women doctors in Ireland are less well understood.

## RESEARCH OVERVIEW

**The Medicine and Motherhood (MAM) Survey (conducted in late 2024) examined women doctors' experiences of fertility, family planning, pregnancy, and motherhood in the Republic of Ireland (ROI).** The survey gathered data from a representative sample of women doctors working across all specialties, covered the full motherhood journey, and explored how personal, family and professional factors shape experiences.

## THE PARTICIPANTS

- **776 women doctors** (approx. 9% of all women doctors working in the ROI)
- 29% working in General Practice, 55% working in medical specialties, and 12% working in surgical specialties
- 35% NCHDs/Trainees, and 65% Consultants/GPs
- 75% working full-time, 25% working less than full time
- 84% had children, 7% were currently pregnant, and 9% did not have children

## RESEARCH FINDINGS

- **Family considerations influence specialty choice.** More than half of participants (59%) agreed these had impacted their decision-making. GPs were significantly more likely than others to report being influenced by family considerations in their speciality choice.
- **Experiencing infertility was reported more often than we would expect.** Almost a third of participants (29%) self-reported experiencing infertility and, of these, 87% had accessed fertility treatments. This is higher than the approximately 15% EU-wide infertility rate but in line with infertility rates among women doctors internationally<sup>4</sup>. 86% of women accessing treatment reported overall difficulty in navigating treatment while working as a doctor.
- **Pregnancy complications and pregnancy loss occur.** In our sample, 56% had experienced pregnancy complications and 44% had experienced at least one loss. In Ireland, data suggest about 57% of women experience pregnancy complications<sup>11</sup> while international data<sup>12</sup> suggest that approximately 25% of women experience at least one pregnancy loss.
- **Many (47%) participants disagreed that the duration of their maternity leave was sufficient.** GPs took significantly shorter maternity leaves than others. NCHDs/Trainees took significantly longer maternity leaves than more senior colleagues.
- **Arranging maternity leave was not always easy.** More women (76%) agreed that it was easy to arrange maternity leave with team members, compared with Human Resources/Medical manpower (69%), or training scheme/programme (47%). Almost 69% of participants perceived that their maternity leave was a burden to colleagues or team members.
- **Over 90% of respondents breastfed their most recent baby.** This is notable as Ireland has low breastfeeding rates. However, more data on breastfeeding duration among women doctors is necessary as just 53% agreed that the duration was 'about right'.
- **Less than 40% of respondents had taken parental leave** although over 80% had parented a child while working.
- **Experiences differ by specialty.** A number of differences were identified according to specialty. For example, GPs have more children and have them at a younger age. Women in medical specialties took longer maternity leaves than women in GP or surgical specialties.

## POLICY IMPLICATIONS

- 1. As the Irish population grows, doctor shortages increase, and more women join the medical workforce, it is more critical to understand the challenges women doctors face.** More detail on the specific barriers to motherhood, and its pursuit, experienced by women doctors in the ROI will be crucial to improving the experiences of women doctors. The MAM project will produce this understanding through the analysis of over 3800 survey comments, and 55 interviews completed with doctor-mothers.
- 2. There is a need to consider supports for women doctors experiencing infertility.** Fertility treatments may be difficult to navigate with work responsibilities. Better understanding the experiences of women doctors, and introducing supports, should be priorities.
- 3. Sustaining the medical workforce will require targeted actions to address the unique challenges of different specialties.** This includes making surgery and hospital-based specialties more 'family friendly', and addressing challenges in general practice such as securing cover for leave and income loss experienced during maternity leave.
- 4. Improving policy and practices around maternity leave is essential.** Appropriate scheduling, coverage, and staffing can reduce guilt, ease pressure on colleagues, and support women doctors in taking their desired duration of leave. Formalising leave arrangements and policies across the health service and training schemes is also needed.
- 5. Improve breastfeeding experiences.** Women doctors have high breastfeeding rates. Learning from them could support improving breastfeeding rates in the ROI. Understanding work-related barriers to breastfeeding could improve satisfaction with duration of breastfeeding among women doctors.

## NEXT STEPS

The **MAM project** will run until February 2028. Next, we will interview women doctors who are childfree, childless or have no living children to examine how their career may have contributed to their choices or experiences.

Ultimately MAM project data will inform detailed recommendations, developed with key stakeholders, to improve training and working conditions in order to support women doctors to balance career and family.

## CONTACT THE RESEARCHERS



**Dr Sinéad Lydon,**  
Associate Professor,  
Department of General Practice,  
University of Galway,  
[sinead.lydon@universityofgalway.ie](mailto:sinead.lydon@universityofgalway.ie)



**Ms Sanjana Biju,**  
Research Assistant and PhD Candidate,  
Department of General Practice,  
University of Galway,  
[Sanjana.biju@universityofgalway.ie](mailto:Sanjana.biju@universityofgalway.ie)

## REFERENCES

- 1 Higher Education Authority. (2017). *Higher Education Fact Sheet: Medicine*. 2017. Available from: <https://hea.ie/assets/uploads/2017/04/HEA-Medicine-Factsheet-2017.pdf>.
- 2 HSE National Doctors Training and Planning. (2024). Medical Workforce Analysis Report 2023-2024. Available from: <https://www.hse.ie/eng/staff/leadership-education-development/met/plan/medical-workforce-report-23-24-digital.pdf>
- 3 Irish Medical Council. (2025). Medical Workforce Intelligence Report: 2024. Available from: <https://www.rte.ie/documents/news/2025/07/medical-workforce-intelligence-report-2024.pdf>
- 4 Casilla-Lennon M, Hanchuk S, Zheng S, Kim DD, Press B, Nguyen JV, et al. Pregnancy in physicians: A scoping review. *The American Journal of Surgery*. 2022;223(1):36-46.
- 5 Cusimano MC, Baxter NN, Sutradhar R, McArthur E, Ray JG, Garg AX, et al. Delay of Pregnancy Among Physicians vs Nonphysicians. *JAMA Internal Medicine*. 2021;181(7):905-12.
- 6 Hoffman R, Mullan J, Nguyen M, Bonney AD. Motherhood and medicine: systematic review of the experiences of mothers who are doctors. *Med J Aust*. 2020;213(7):329-34.
- 7 Chesak SS, Yngve KC, Taylor JM, Voth ER, Bhagra A. Challenges and Solutions for Physician Mothers: A Critical Review of the Literature. *Mayo Clinic Proceedings*. 2021;96(6):1578-91. doi:10.1016/j.mayocp.2020.10.008.
- 8 Lyu HG, Davids JS, Scully RE, Melnitchouk N. Association of Domestic Responsibilities With Career Satisfaction for Physician Mothers in Procedural vs Nonprocedural Fields. *JAMA Surg*. 2019;154(8):689-95.
- 9 Lock FK, Carrieri D. Factors affecting the UK junior doctor workforce retention crisis: an integrative review. *BMJ Open*. 2022;12(3):e059397.
- 10 European Society of Human Reproduction and Embryology. Factsheet on infertility – prevalence, treatment and fertility decline in Europe. 2024. Available from: [https://www.eshre.eu/-/media/sitecore-files/ESHRE-internal/EU-Affairs/ESHRE\\_InfertilityFactsheet\\_April2024Final.pdf](https://www.eshre.eu/-/media/sitecore-files/ESHRE-internal/EU-Affairs/ESHRE_InfertilityFactsheet_April2024Final.pdf)
- 11 Butler E, Clarke M, Spirtos M, Keeffe LMO, Dooley N. Pregnancy complications and childhood mental health: is the association modified by sex or adverse social circumstances? Findings from the ‘growing up in Ireland’ national infant cohort study. *Social Psychiatry and Psychiatric Epidemiology*. 2024;59(10):1697-707.
- 12 Lidgaard, Ø., Mikkelsen, A. P., Egerup, P., Kolte, A. M., Rasmussen, S. C., & Nielsen, H. S. (2020). Pregnancy loss: a 40-year nationwide assessment. *Acta Obstetrica et Gynecologica Scandinavica*, 99(11), 1492-1496.

