

I. INTRODUCTION

Boston Medical Center General Surgery Residency Program believes that investment in our trainees as future surgeons should include investment in preservation of their health. Boston Medical Center Department of Surgery acknowledges that fertility, pregnancy, breastfeeding and the demands of new parenting can be challenging for anyone, especially when balancing surgical training. We have therefore created the following set of policies and guidelines to ease some of the difficulty balancing surgical training with family building, to foster open communication, and to support our trainees. Supporting a healthy pregnancy and delivery for parent and child paves the way for easier transition back to work- both mentally and physically- for the parent-trainee. ***From pre-conception to postpartum recovery to lactation and return to work, we support guidelines and policies that mitigate the well-established increased risk found to impact surgical residents in fertility, pregnancy loss, pregnancy outcomes, lactation, and bonding as well as mental health for trainees and attrition.*** Support from the Department of Surgery through these guidelines/policies and in practice will make clear that the Department of Surgery cares about the wellbeing of trainees and their families.

II. PURPOSE

This policy is meant to assist in guiding trainees, faculty and program administrators during periods of family planning, pregnancy, parental leave, and lactation for general surgery trainees. Although it addresses most situations, this policy is not comprehensive and may not be applicable to all unique individual circumstances. The Program Director in conjunction with the trainee may make decisions that reflect the best interest of that individual trainee given specific circumstances.

III. POLICY

Family Planning

Recognizing that family planning needs vary widely, the following is the minimum coverage but is not necessarily comprehensive.

- Protected time (with pager coverage/flexibility to leave the operating room) will be provided for fertility-related medical appointments, medication administration, and procedures, including in-vitro fertilization.
- For individuals wishing to elect for fertility-preserving procedures, including egg or sperm banking, protected time (with pager coverage/flexibility to leave the operating room) will be provided for related appointments, medication administration, and procedures.
 - Of note, Massachusetts requires that insurers provide coverage for fertility treatments, including in-vitro fertilization. Fertility-preservation measures, including sperm and egg conservation, remain an out-of-pocket cost.

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- Trainees are encouraged to seek support for fertility-related issues and if desired will be connected to faculty/peer support with similar experiences.

Pregnancy

Schedule Modifications

- As per American College of Surgeons (ACS) guidelines, pregnant residents will be removed from 24-hour call starting at 30 weeks of pregnancy.
- As per ACS guidelines, pregnant residents will be removed from overnight shifts starting at 30 weeks of pregnancy.
- Pregnant residents and residents with pregnant partners will be provided protected time (with pager covered) to attend all necessary pregnancy-related medical appointments, with the understanding that, at a minimum, this will include monthly appointments during weeks 8-28, bimonthly appointments during weeks 28-36, and weekly appointments starting at week 36. Additional necessary appointments will be accommodated, given that there is a wide variation in medical needs during pregnancy.
- Wherever possible, rotation schedules will be arranged such that less operative- and hour-intensive rotations are scheduled during the 3rd trimester. Additionally, away rotations that require significant travel should not be scheduled in the third trimester.
- As per ACS guidelines, pregnant residents will not be assigned to cases involving fluoroscopy, recognizing the significant risks associated with fetal radiation exposure.

Additional Support

- Pregnant residents will be permitted to take 20–30-minute breaks every 3 hours from operating room responsibilities.
- A family advocate/mentor will be provided to support the childbearing resident and/or residents whose partners are pregnant, for support in pregnancy and return to work. This will include at least one faculty member and one resident who have children (if available, preference for mentors will be given to faculty and residents who had children during training).

Complicated Pregnancy

- In the event of a high-risk pregnancy or one in which complications arise, modifications to the above accommodations will be necessary. The exact nature of these modifications will be at the discretion of the program director, with the input of the trainee advocate and the obstetric care team.
- These modifications will be based on the medical recommendations and will be dealt with on a case-to-case basis with the health of the trainee and fetus as the priority.

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Pregnancy Loss

Recognizing that pregnancy loss is common, especially among surgical trainees, and that medical treatment is often required, BMC Surgery supports the following.

- Trainees will be granted immediate time off for a period of 5 days with modification if medical treatment necessitates longer leave.
- Trainees are encouraged to seek support after pregnancy loss and, if desired, will be provided access to mental health professionals and connection to a faculty/peer support with similar experiences.

Family Leave

BMC Surgery recognizes that residency coincides with a time when many people wish to start families and supports residents in starting families during training. We provide the maximum leave allowed by the ABS and provide additional options for residents who want or need additional time beyond that. This policy is exclusive of parent gender and manner in which the new child is added to the family.

In keeping with current American Board of Surgery (ABS) policies, residents are permitted to take a 4-week family leave twice during clinical years of residency, once during the first three years (PGY 1-3) and once during the last two years (PGY4-5), without extending their training. This time is in addition to 4 weeks of annual vacation time, any or all of which can be added to family leave to create a total of 8 weeks of consecutive leave time.

Alternative options for residents who desire or require additional time off for family leave will result in an extension of training. In keeping with Accreditation Council for Graduate Medical Education (ACGME) requirements, residents are permitted to take up to 6 weeks of paid family leave and up to 12 weeks of total leave (not including their 4 weeks of vacation time). For residents who choose to do so, the additional weeks of family leave (beyond 4) are made up at the end of PGY5 year (per ABS requirements). Per the BMC resident union contract, up to 20 weeks of leave will be compensated at your salary level (using a combination of PFML and BMC salary). Additionally, the hospital will compensate you at your PGY level during any makeup time, and your benefits and malpractice insurance will continue. If desired, residents are permitted to extend their training to 6 clinical years, however, this requires advance approval from the ABS and is contingent on availability of clinical positions. Finally, as per the BMC resident union policy, a resident may take an unpaid year of leave (academic year July-June), so long as their program has a spot for them to return to.

During leave, all academic responsibilities will be postponed to allow for bonding. This includes the Absite examination if it falls during the leave time – the trainee may elect to take this exam, however it is not a requirement.

Return to Work

BMC Surgery recognizes that return to work can be a challenging time and thus, with focus on continuing to support parental bonding, we provide the following:

- Wherever possible, rotation schedules will be arranged such that away rotations that require significant travel are scheduled further out from return to work to allow for bonding.
- A family advocate/mentor will be provided to support the trainee/new parent transition back to work.

Lactation Policy

- For the first 12 months after delivery, lactating residents will be provided with breastfeeding and/or breast pumping breaks every 3 hours or as often as needed for adequate feeding/expressing for their child. These breaks may take up to 40 minutes, recognizing the time required for setup, feeding or pumping, cleaning breast pump supplies, and storing expressed milk. Trainees should not be challenged or questioned when taking these breaks.
- A protected space will be provided for breast pumping (currently, this space is a private call room, with a refrigerator, in the SICU and a shared lactation pod in the Menino OR).
- The trainee will provide clear communication with the program director, attending surgeons, and colleagues regarding specific needs for lactation (including resources required, private space, time interval and duration, OR coverage). If barriers to the necessary resources are encountered, the trainee will work with the program to troubleshoot.

Compliance, Standards, and Practices

- Trainee notification of Program Director as soon as they are comfortable announcing to allow reasonable time to plan and for scheduling accommodations/modifications.
- Trainee and Program Director meet and establish a concrete plan that allows the trainee to meet all training requirements unless an exception is requested.
- Coverage to be coordinated by administrative chief residents and is not the responsibility of the trainee.

IV. BIBLIOGRAPHY

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