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Policy #

**SECTION: FACULTY AFFAIRS**

**General Topic Title: General Faculty Policies**

**Specific Policy Title: Pregnancy and Leave Policy**

**Purpose: We, the Women’s Council of the Department of Surgery, compiled recommendations addressing how to support faculty during pregnancy and after. The following is based upon a representative survey of female faculty in the department and has consensus support.**

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**Policy: Pregnancy Guidelines: Uncomplicated Pregnancy**

1. Operating: As pregnancy progresses, standing and operating becomes increasingly challenging. A gradual slow down and then cessation of operative cases between the 36 and 40th weeks of pregnancy is recommended, with individual decisions left to the discretion of the surgeon and her OB. Pregnant surgeons should not feel compelled to operate until delivery.
2. Clinic: In general, women faculty are comfortable seeing clinic patients until late in their pregnancy. A gradual slow down, especially of new patients, between the 36 and 40th weeks of pregnancy is recommended, with individual decisions left to the discretion of the surgeon and her OB. Post-operative and follow up patients are generally less taxing visits and may continue at the discretion of the attending. Pregnant surgeons are not expected to continue to see new patients that they will not be able to operate on prior to the start of leave.
3. Call: In general, being expected to take call late in pregnancy is detrimental. A gradual slow down and then cessation between the 32 to 36<sup>th</sup> weeks of pregnancy is recommended, with individual decisions left to the discretion of the surgeon and her OB.
4. Academic Responsibilities: Family leave should be about bonding with the new addition and that academic responsibilities detract from this. We recommend that there be no academic expectations or responsibilities during the 12 weeks of leave. This includes being excused from mandatory functions such as Schilling and Harkins. Faculty do have the option to request a clock stop during their mandatory promotion period.

## Department Policy

Department of Surgery  
University of Washington

5. **Maternity/Parental Leave:** The Department of Surgery follows the University & School of Medicine (SoM) policies with respect to maternity and family leave. These are complicated to describe in a policy, so recommendation is to work with the Department Faculty Leaves Manager (currently Evelyn Davis) and the University of WA Academic Leaves Office. There are various ways to construct your time away;
  - For maternity-related events, including pregnancy, delivery and postpartum recovery: the birth mother is eligible for time away (generally 6-8 weeks) as prescribed by their healthcare provider. When this period ends, your parental leave begins.
  - Parental Leave:
    - Eligibility: birth parent, non-birth parent or adoptive/foster parent.
    - Parental leave may be requested for up to 4 months and may be extended at the discretion of your unit
    - Paid Family Medical Leave (PFML): 12-18 weeks, depending on circumstances; see the state's [PFML](#) site for details
    - For non-medical parental leave: Leave without pay may be requested for up to one academic year at a time in 2 consecutive academic years

### How do I get paid while on maternity or parental leave?

You may be eligible for faculty paid sick leave for pregnancy-related events; or for recovery from childbirth as prescribed by a healthcare provider within 90 days of the birth of the child. You may be eligible for PFML partial wage replacement while on authorized leave from the UW. UW employees apply for PFML directly from the state. These links will be useful in further explanation:

<https://ap.washington.edu/ahr/working/leaves/leaves-for-becoming-a-parent/>

PFML: <https://paidleave.wa.gov/>

AP Leaves: <https://ap.washington.edu/ahr/working/leaves/aves>

6. **Lactation Support:** We support faculty and trainees who are lactating and need to pump at work. Individuals should have protected time in all clinical, settings regardless of time of day or night to ensure ongoing success.

We suggest morning, afternoon, evening, and night breaks. This should include time to walk to/from the lactation room, which may be up to a 10 minute walk, the 20-30 minutes it takes time to get prepared, pump, and then clean up.

Faculty and trainees within the department should not be challenged or questioned when taking these breaks, nor should there be an expectation that this will end at a certain time (such as a year) as each faculty member will have individual goals. We recommend that wRVU requirements reflect this decreased time so that the individual is not penalized for pumping.

7. Parking: UW students and employees are eligible for up to 6 weeks of long-term disability parking (e.g. in S1) subject to an application with the [Disability Services Office](#).

**Complicated Pregnancy:** In the event of a high risk pregnancy or one in which complications arise, modification of the plans listed above would be necessary. The exact nature of these modifications would be at the discretion of the faculty member as well as her care team, and would be supported by the department and consistent with federal, state and UW policies.

**Compliance:** Compliance with this policy is achieved when:

- Requests for leave are approved by UW HR
- Service chief and faculty member have a concrete plan

**Standards & Practices:** Embedded in this process are that:

- The faculty member is coordinating with service, chief, faculty affairs and UW HR as necessary
- There is a coverage plan for planned (and unplanned) time away
- That academic responsibilities are postponed during leave
- That productivity adjustments are made consistent with duration of pregnancy and time off

**Inclusions & Exclusions:** **Included: Faculty, non-ACGME fellows only**  
**Excluded: GME Fellows, Residents, Staff**

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Source Documents:

<b>Applies to:</b>	<b>DoS Faculty</b>
<b>Applies to site:</b>	<b>All DoS sites</b>
<b>Responsibility for control/updates:</b>	<b>Women’s Council, DoS Faculty Affairs</b>
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**Department Policy**  
Department of Surgery  
University of Washington

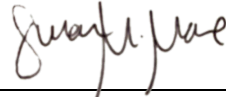
**Approval**



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3/26/2021

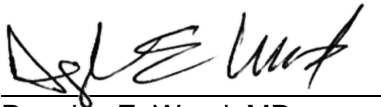
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