UW Medicine
SCHOOL OF MEDICINE

Policy #

SECTION: **EDUCATION**

General Topic Title: **Leave Policies – GME Residents, Fellows**

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

Purpose: **The UW-UWHA collective bargaining agreement (CBA) governs aspects of leave and other domains. In addition, the American Board of Medical Specialties (ABMS), American Board of Surgery (ABS) and various ACGME RRCs also have policies, recommendations and guidelines. Where the policies of all of the above are silent or non-specific regarding pregnancy and leave related to the birth or addition of a child, the Department recommends the following guidelines.**

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 resident surgeon and her OB, dependent upon how the pregnancy is progressing.

   Pregnant resident surgeons should not feel compelled to operate until delivery, however, the resident will need to be aware that she must still comply with case number requirements needed for the applicable Residency Review Committee and/or American Board of Medical Specialties Board and plan accordingly. Residents who choose to operate late into their pregnancy should be encouraged by their attending surgeons to take breaks as needed to rest, eat, use the restroom, etc.

2. Clinic: There are different ramifications for residents and faculty in terms of clinic coverage. With few exceptions, residents are a helpful resource in clinic, but it is the attending who is the source of continuity.

   Due to more transient coverage, we believe that residents can readily cover clinics until late in their pregnancy and do not set any specific limits. As with faculty, individual

decisions are ultimately left to the discretion of the resident surgeon and her OB. We do encourage routine breaks and more limited hours in clinic, especially after the 38th week.

3. Call: Based on data from women faculty, who felt that being expected to take call late in pregnancy was detrimental, we recommend that call late in pregnancy also be limited for residents.

   We support a gradual slow down and then stopping call between the 32 to 36th weeks of pregnancy to mirror faculty guidelines, with individual decisions left to the discretion of the resident surgeon and her OB. We realize this may create hardships for the other covering residents and encourage exploration of alternative coverage solutions. When the resident returns from leave, we discourage "make up" call and would recommend that the resident instead resume call at the normal frequency and in keeping with her colleagues.

4. Rotation schedule: There is precedence in other departments to adjust the rotation schedule of pregnant residents such that their last 1 or 2 rotations are less challenging. We realize there will be inherent limitations, but would recommend that for each year of residency, the schedule be analyzed to identify which rotations would be considered less physically taxing. Once determined, we would encourage that pregnant residents be placed on this/these rotation(s) for the last 4-6 weeks of their pregnancy. This would require that the resident inform the Program Director as soon after the end of the 1st trimester as she feel comfortable to ensure that these changes can be made with as much advanced warning to the involved parties as possible.

5. Academic Responsibilities: We believe that 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, Harkins, and the ABSITE.

6. Maternity/Parental Leave: The Residency and ACGME Fellowship Programs have in place leave guidelines and policies that are equal to faculty policies with respect to a welcoming atmosphere, appropriate accommodations and benefits that takes into account the unique nature of being in a training program. After perusing the Collective Bargaining Agreement as well as the American Board of Medical Specialties, the following leave guidelines are described:

   - Pregnant Residents and Fellows are encouraged to seek needed and reasonable accommodations to their schedules and work responsibilities during their pregnancy and for 2 months afterward.

   - Extension of Training: The American Board of Medical Specialties has published a policy with respect to pregnancy leave and possible extension of training: They encourage a minimum of 6 weeks of leave exclusive of vacation and sick time for

all residency trainees without requiring an extension training time, unless the leave is extended beyond 6 weeks. Local implementation of this policy will be with the Program Directors in coordination with the GME office.

- Residents and Fellows are eligible for up to 4 months of leave taken after the birth or adoption of a child to resident, spouse or domestic partner. Depending upon amount of time taken off, there may be an extension of training required.

- Residents and Fellows are eligible for FMLA, consistent with FMLA requirements;

- Residents and Fellows are eligible for PFML consistent with applicable PFML regulations:

The pregnant resident or fellow should work with their Program Director on pregnancy accommodations. They may also contact the Disability Services Office (DSO) for assistance. The Resident may use a combination of vacation, up to 18 weeks of sick time off, personal holiday and/or unpaid time off while on parental leave keeping in mind extension requirements that may be required by national boards or ACGME RRCs.

This policy is adopted by residency programs within the department, exclusive of gender and manner in which the new child is added to the family.

7. Lactation Support: We support 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.

   Trainees within the department should not be challenged or questioned when taking these breaks, nor should there be an expectation that this will be time limited (such as a year) as each resident will have individual goals.

8. Parking: UW students and employees are eligible for up to 6 weeks of disability parking (e.g. in S1) subject to application through 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 trainee, as well as her care team, and would be supported by the department.

Compliance: Compliance with this policy is achieved when:

- Requests for leave are approved by GME, PD, and UW HR
- Program Director and Trainee have a concrete plan
- The plan allows the trainee to meet requirements unless an exception is requested and approved

Standards & Practices: Embedded in this process are that:

- The trainee is coordinating with program director, administrator, GME and UW HR as necessary
- There is a coverage plan for planned (and unplanned) time away
- That academic responsibilities are postponed during leave

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

Source Documents:

Applies to:	**DoS GME Residents and Fellows**
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