

**University of Colorado Department of Surgery**  
**General Surgery Residency Pregnancy and Parental Leave Policy**

Draft 4/8/2022

**Background:**

The University of Colorado Department of Surgery is committed to supporting our trainees who choose to pursue building a family during training regardless of their role in this process (for example partner, gestational carrier, surrogate, or adoptive parent). Pregnancy and childcare during training has multiple systemic, local, and cultural barriers that can make family planning more challenging. Further, there are higher rates of pregnancy-related complications for surgeons, which also impacts the health of the child.

**Applicability:**

This policy applies to all preliminary and categorical General Surgery residents on any rotation at all University of Colorado training sites. Other department trainees (i.e. integrated residents, Urology residents, fellows, etc.), will be eligible for these policies when on general surgery rotations. We will share this policy with all training programs in the department and recommend instituting similar policies.

**Recent National and Local Policy Updates:**

1. The American Board of Surgery (policy as of fall of 2021). It is now acceptable to the Board of Surgery to take 6 weeks medical leave plus 2 weeks' vacation (for our residents, that would be 4 weeks' paid leave plus 2 weeks paid sick leave plus 2 weeks unpaid leave) up to twice per residency. Per ABS policy, this leave can be taken once in PGY-1 through 3 years, and a second time once in the PGY-4 to 5 years without extending training. Additional leave may be taken, but may have impact on timing of graduation.
2. CU GME policy (policy as of January 2021) includes 4 weeks of education, vacation, and sick leave and now includes up to 2 additional weeks of sick/bereavement time with PD's discretion.
3. Colorado Parent, Family, and Medical Leave (policy as of spring 2022, anticipated start January, 2024)
  - a. Worked at least 180 days and earned at least \$2500 in wages
  - b. Applies to birth, adoption, or fostering
  - c. Benefits
    - i. Up to 12 weeks in one calendar year
    - ii. Job and benefits protection
    - iii. Paid leave up to \$1100 weekly starting 1/2024 (adjusted annually thereafter)

**Fertility Support (If applicable):**

1. All residents may be offered to use the half day protected time for medical appointments to consider consultation with Reproductive Endocrinology and Infertility (REI) for individualized fertility preservation advice if desired by the individual resident.
2. Advocate with local GME and national organizations for fertility treatment coverage.
3. Provide annual education sessions about family planning, fertility, or related topics.
4. Include fertility discussions as onboarding to research years, especially as it relates to financial planning.
5. The program will treat routine clinic, lab, and imaging appointments for fertility preservation for themselves or their partner as necessary medical appointments. Residents may request formal medical leave for additional medical events, such as procedures (as the patient or the patient's partner).

### **During Pregnancy:**

Pregnancy is a medical event that is known to be more high risk for trainees in surgery than the average population. The degree of additional risk may be further mitigated or exacerbated by personal medical conditions. Additional modifications may be required based on medical recommendations from a pregnant trainee's physician.

1. When a resident is pregnant and chooses to share this information with the program, they will meet with one of the program directors and program coordinators to review this policy document and all other relevant active, up to date policies and create an individualized pregnancy plan, using the "pregnancy and parental leave worksheet".
  - a. There is no requirement to disclose pregnancy status. Pregnancy status can be disclosed at any point during gestation. However, we encourage residents to disclose, and we hope to create a department culture in which it is safe to do so, in order to provide resources and details of the support available.
2. Residents can attend routine pre-natal care (appointments, imaging, lab draws) for themselves or their partner during rotations without using medical leave. If additional personal pregnancy-related care is required, the program directors will work with site directors, administrative chief residents, and the pregnant resident for reasonable medical accommodations, preserving their ability to maintain clinically active status as much as possible.
  - a. If specific medical conditions of pregnancy require further accommodations, these will be coordinated with the Program Director, administrative chiefs, and site directors as appropriate. This can include: limiting exposure to ionizing radiation or intraoperative chemotherapy by arranging case coverage or moving rotation schedules, limiting exposure to patients with varicella, rubella, or other high risk infections.
3. Work modifications:
  - a. Night Float: Residents may request to have their night float rotation (if there is one during their pregnancy) moved to either earlier in pregnancy (pre-third trimester) or after parental leave as the academic calendar allows. This rotation will need to be completed, but can be moved to accommodate.

- b. Transplant: Residents will not rotate on Transplant after 30 weeks of pregnancy, and the program directors and coordinators will work with the administrative chief residents to alter the annual rotation schedule.
- c. Call: On non-night float services, residents will not be on in house overnight call more than 1x per week (2x per week for home call, 1 weekend per 3 weeks for Thoracic) until 30 weeks gestation. There will be no in house overnight call after 30 weeks gestation (1x per week for home call, 1 weekend per 4 weeks for Thoracic).

Call Type	20-30 weeks	30 weeks-Leave
In-house overnight	1 night/week	0 night/week
Weeknight home call	2 nights/week	1 night/week
Weekend home call	1 weekend/3 weeks	1 weekend/4 weeks

- i. Residents may be assigned additional day time or weekend cross cover duties (with adherence to appropriate ACGME work hour restrictions) or moonlighting, fellow, or APP call pools will be utilized.
  - ii. Examples:
    - 1. A chief resident who is >30 weeks pregnant may be scheduled for a 12 hour weekend daytime call shift, but not a 24 hour weekend call shift or 12 hour overnight call shift.
    - 2. Home call coverage for chief residents on an elective service at UCH will be covered by a different chief resident on an elective service.
- 4. Duration of parental leave:
  - a. Any amount of maternity leave can be accommodated, but may not be fully paid and may alter completion date of residency. The program will advocate for appropriate changes in local and national policies.
  - b. Parental leave for non-gestational carriers is encouraged.
  - c. Vacation does not need to be used, but may be used.
  - d. Current ABS Leave Policy: <https://www.absurgery.org/default.jsp?policygsleave>
  - e. Current CU GME Leave Policy: [https://medschool.cuanschutz.edu/docs/librariesprovider101/gme-document-librar/gme-policies-procedures/leave-policy.pdf?sfvrsn=8dc148b9\\_30](https://medschool.cuanschutz.edu/docs/librariesprovider101/gme-document-librar/gme-policies-procedures/leave-policy.pdf?sfvrsn=8dc148b9_30)
- 5. Education:
  - a. Best practices for pregnant women who are working include adequate sleep, adequate nutrition, and adequate hydration. We will review these with the resident and any barriers to accomplishing appropriate self-care. Education for faculty will also be addressed (see “Department Wide Activities”).
- 6. Mentorship:
  - a. The program will offer to assign a faculty member who has experienced pregnancy as a resident, fellow, or faculty member of the department to any resident as a resource for support, troubleshooting, coaching, and advocacy.

**Postpartum Support:**

- 1. Work modifications:

- a. For the first 12 weeks after birth (inclusive of time taken off), residents with a new child (either as the gestational carrier, partner, or adoptive parent) will have no in house overnight call (1x per week for home call, 1 weekend per 4 weeks for Thoracic). Residents may be assigned additional day time or weekend cross cover duties (as able to accommodate with appropriate work hour restrictions) or moonlighting, fellow, or APP call pools will be utilized. See examples in prior section.

Call Type	Up to 12 weeks post birth
In-house overnight	0 night/week
Weeknight home call	1 night/week
Weekend home call	1 weekend/4 weeks

- b. Night Float/Transplant rotations may be moved to a different time of year for the first 12 weeks after birth for residents with a new child as above. The administrative chief residents will work on appropriate trades to accommodate this.

2. Lactation:

- a. Residents who are lactating and pumping may leave the OR or clinic at any time and as much as necessary. Time for lactation support includes adequate time to travel to an appropriate lactation space, express milk, store milk, and travel back to clinical duties.
- b. The department will investigate purchasing a shared-resource wearable pump, such as a Willow, to provide to interested residents. A specific policy for use will be created if this is purchased.
- c. There are ACA-compliant lactation rooms at all sites to allow for expression of breast milk. Site Directors for each clinical training site can provide specific room information.
  - i. GME website: [https://medschool.cuanschutz.edu/docs/librariesprovider101/gme-document-librar/cugme-benefits/lactation-rooms-at-uch-chco-dh.pdf?sfvrsn=9ac948b9\\_8](https://medschool.cuanschutz.edu/docs/librariesprovider101/gme-document-librar/cugme-benefits/lactation-rooms-at-uch-chco-dh.pdf?sfvrsn=9ac948b9_8)

3. Childcare:

- a. The program will work with administrative chief residents and residents with children to compile a resource list.

**Department wide activities:**

- 1. Request to present at faculty meeting annually to inform faculty of these policies, any subsequent updates, and to demonstrate and promote culture change with respect to maternity/paternity leave/adoption leave.
- 2. Request annual Grand Rounds topic in relation to maternal and fetal health of surgeons, family planning, or related topics.
- 3. Inclusion of review of policy for residents at Education Grand Rounds annually in July, and review for new interns at Program Orientation in June.

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