

## **Pregnancy and Parental Leave During Pediatric Surgical Training – Resources and Support**

Pregnancy is a medical event that is known to be more high risk for surgeons and surgical trainees than the average population.

1. Night shifts and prolonged operative hours in the third trimester are associated with a higher risk of major obstetric complications. <https://pubmed-ncbi-nlm-nih.gov.proxy.hsl.ucdenver.edu/34319353/>
2. Lack of workplace support for reduction in clinical duties is associated with adverse obstetric outcomes for surgeons. <https://pubmed.ncbi.nlm.nih.gov/35758469/>

## **What do the ABS rules require of pediatric surgical trainees to be board eligible:**

### Standard Requirements:

1. Applicants complete **96 weeks** of full-time clinical activity during 2-year fellowship
2. **8 weeks** for vacation, interviews, visa issues, etc. during 2-year fellowship

### Family Leave Policy: (updated 2022-2023)

1. Applicants may take up to an **additional 4 weeks** of documented leave one time during the two years
2. Stipulation: “As allowed by their programs”
3. Can be used to care for a new child, ill family member, grieve the loss of a family member, or recover from trainee’s own illness
4. Arrangements outside this require prior written approval from the ABS. Request must be made by the program director. Which means the additional 4 weeks **DOES NOT** require extra written approval
5. Applies to both childbearing and non-childbearing parent

Bottom line – Must complete **92 clinical weeks** to be board eligible

<https://www.absurgery.org/default.jsp?polycypsleave>

## **What about pay**

ACGME rules – effective July 1, 2022 – Sponsoring institutions must provide residents/fellows with at least the equivalent of **100 percent of their salary** for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken.

[https://www.acgme.org/globalassets/pfassets/programrequirements/800\\_institutionalrequirements\\_2022\\_tcc.pdf](https://www.acgme.org/globalassets/pfassets/programrequirements/800_institutionalrequirements_2022_tcc.pdf)

## **How will APSA help you**

APSA recognizes that the clinical training required to become a pediatric surgeon coincides with childbearing years for many surgeons. In order to recruit and retain the most talented and diverse pediatric surgeons, APSA is committed to supporting pregnant, postpartum and lactating trainees as well as non-childbearing parents. Formal mentorship programs can provide legitimacy and structured support for pregnant trainees, however, for many pediatric surgical trainees, this mentorship may not be readily available at an individual’s institution. For this reason, the following APSA members have agreed to serve as mentors for pediatric surgical trainees to help navigate pregnancy, parental leave, and lactation during training. The resources and summaries included are intended for use by both trainees and program directors to help facilitate discussion, planning, and support.

1. Shannon Acker MD – [shannon.acker@childrenscolorado.org](mailto:shannon.acker@childrenscolorado.org)
2. Erin Perrone MD – [eperrone@med.umich.edu](mailto:eperrone@med.umich.edu)
3. Somala Mohammed MD – [somala.mohammed@childrens.harvard.edu](mailto:somala.mohammed@childrens.harvard.edu)
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5. Jamie Golden MD – [jamie.m.golden@gmail.com](mailto:jamie.m.golden@gmail.com)
6. Eveline Shue MD - [evelineshue@gmail.com](mailto:evelineshue@gmail.com) – mother of twins; happy to answer questions regarding multiples

### **What to do during pregnancy**

1. Identify a mentor who will serve as both your advocate and source of advice, expertise, and support. This can be someone at your own institution or a mentor identified through the list of faculty available from APSA. This person should be available to attend any meetings with your program director if you would like.
2. Decide when you will tell your program director and schedule a meeting. Advanced communication and planning for schedule accommodations is important to allow for the most personalized leave, including leave and clinical duty accommodations both pre- and post-partum
  - a. Topics to discuss at initial meeting:
    - i. Possible parental leave options
    - ii. Any changes to planned rotation schedule for yourself or co-fellows
    - iii. Possible changes to call schedule
3. Schedule a follow up meeting with program director to discuss:
  - a. Final parental leave policy
  - b. Ensure completion of necessary approval from ABS if leave will exceed that listed above
  - c. Create contingency plan for coverage if leave begins prior to planned date so trainee is not left arranging coverage
  - d. Discuss plans for return to work including childcare

### **What are reasonable requests to make of your program?**

1. To be able to attend routine pre-natal care (appointments, imaging, lab draws) for yourself or partner. If additional personal pregnancy-related care is required, the program director should work with you for reasonable medical accommodations, preserving ability to maintain clinically active status as long as possible.
2. Work modifications during 3<sup>rd</sup> trimester: any changes to clinical work schedule will be program dependent and require approval of your individual program director. However, given the available data on this subject, APSA strongly recommends that night shifts be avoided for pregnant trainees in their third trimester to support healthy maternal-fetal dyads.
3. Parental leave and pay per the above outlined ABS and ACGME policies
4. To be able to leave clinic or the OR in order to travel to a private space to express and store breast milk