Stanford Surgery Safe and Supportive Pregnancy and Parental Leave Policy for Residents

The Department of Surgery desires to provide all trainees a safe and supportive environment for reproductive health needs, pregnancy, and parental leave across the timeline from preconception to postpartum and return to work, regardless of age, gender, ethnicity, level of training, or sexual orientation. This policy applies to all new parents independent of birthing parent status, and applies to pregnancy, surrogacy, foster care, or adoption.

This document lays out best practices as determined by the Stanford Surgery Committee for Safe and Supportive Pregnancy for Residents. Use of all available time is allowed and encouraged however this may extend training time if the leave is greater than that allowed by the respective boards.

I. Preconception and Fertility Preservation

Surgical training is long and coincides with peak fertility and child-bearing years for many residents. As a result, it is important that training programs have policies in place to minimize the impact of surgical residency on the ability of trainees to have children during or after training. The Stanford Department of Surgery is supportive of residents pursuing fertility preservation and assisted reproductive technology (ART) during clinical or research time. This includes, but is not limited to, egg or sperm cryopreservation and in vitro fertilization (IVF). By nature, procedures and treatments for fertility preservation or infertility are unpredictable and time consuming, in addition to being emotionally and physically demanding.

Therefore, it is the policy of the Department and our residency programs that residents:

1) Have time off to attend necessary appointments for consultations, lab draws, imaging studies, and procedures related to fertility preservation or ART; and
2) Can pursue this treatment with the expectation of confidentiality beyond designated Advocates to help coordinate scheduling, as outlined in this policy.

Anticipated accommodations that will be made to facilitate fertility preservation and ART include:

1) Attending or co-resident coverage for rounding and first start cases to allow time for early morning appointments
2) Days off (sick leave) for relevant procedures, recognizing that the time needed will vary depending on the procedure and physician recommendations
3) Flexibility to leave the OR for medication administration as needed
4) Option to avoid 24-hr calls/night float if anticipated to adversely affect cycle

This policy is intended to mitigate stress associated with family planning and infertility treatment for surgical residents and applies to both male and female residents.

II. Early Pregnancy: 1st – 2nd Trimesters

Resources/Advocates

Pregnancy and Parental Leave Advocates

We suggest that trainees contact one of the individuals listed as a Pregnancy and Parental Leave Advocates (outlined in Section VI of this policy) as soon as accommodations are desired. While, the timing is entirely up to the resident, initiating this process early will facilitate desired accommodations. Discussions with them will remain confidential except as explicitly discussed. The Advocate applies to birthing and non-birthing parents and for trainees pursuing preconception treatments, fertility preservation, pregnancy, surrogacy, foster care, or adoption.
Program Directors and Administrative Chiefs
We suggest informing the Program Director(s) and Administrative Chiefs as early as the resident feels comfortable, ideally by the end of the first trimester, to inform them of the due date and desired/anticipated schedule changes (avoiding night/weekend call, adjusting block schedule). The Admin Chiefs can help facilitate schedule changes as needed based on the accommodation and leave plan arranged by the resident, Advocate, and Program Director(s). These discussions will remain confidential.

Accommodations During the 1st and 2nd Trimesters

General OR Accommodations
Pregnant residents may require accommodations in the operating room to manage nausea, remain adequately hydrated, get consistent nutrition, and use the restroom. We encourage pregnant residents to inform the attending surgeon of these needs ahead of time and encourage attending surgeons aware of a resident’s pregnancy to encourage the resident to take regular breaks. Having a “back up” resident available to step in is helpful if available, but not required. Pregnant residents are encouraged to inform the rest of the team in the operating room of their pregnancy to minimize other unknown risks such as inhalation agents and the electrosurgical smoke plume.

HIPEC Cases
Pregnancy: Resident may participate in the cytoreductive portion of the operation but should not participate in the infusion or closure afterwards. A mid-level or junior resident on service should join for the second half of the case, and the pregnant resident can cover other clinical duties.

Lactation: There is no clear data on HIPEC exposure and lactation. Overall, the risk is low when using the closed approach to infusion and all standard precautions are taken. The resident may discuss with the attending whether any additional precautions need to be taken. If desired, the resident is excused from the infusion and closure.

Fluoroscopy
Effort should be made to minimize pregnant residents’ radiation exposure, by adhering to ALARA principles and/or by avoiding portions of procedures involving fluoroscopy that are not critical to the educational process.

All trainees routinely involved in fluoroscopy cases should be wearing a dosimeter over their lead that is exchanged monthly to monitor ongoing radiation exposure. At the start of pregnancy it is recommended that the trainee contact the Health Physics Dosimetry Coordinator to obtain a second dosimeter which should be worn under the lead at the level of the abdomen. This will be monitored on a monthly basis to assess for fetal radiation exposure and can be done independently of the training program itself to confer privacy.

- The form can be filled out here: https://ehs.stanford.edu/forms-tools/declaration-pregnancy
- The current contacts are:
  - LeAnne Amoroso: leannew@stanford.edu
  - Patrisha Cherry: pcherry@stanford.edu
- During pregnancy the Health Physics group of Stanford EH&S monitors fetal dosing and alerts pregnant persons if they exceed the monthly limit of 50 millirem fetal dose. For context, to attempt to mitigate the risk to the fetus, the National Council on Radiation Protection and measurement has published recommended limits to occupational exposure of expectant mothers at < 500 mrem total and < 50 mrem/mo, which are consistent with Stanford’s policies.
- If trainees exceed this amount, the recommendation is for the trainee to abstain from cases requiring fluoroscopy until Stanford EH&S has been contacted and a plan put in place regarding safety recommendations during the remainder of pregnancy, which may include further reduction in or total abstinence from participation of cases requiring fluoroscopy.
- Throughout pregnancy the trainee should continue to practice basic radiation safety and wear appropriate safety equipment as well as abide by as low as reasonably achievable (ALARA)
radiation safety principles. The trainee may opt to wear an extra waist shield in addition to their standard lead, although this is not required and has not been shown to be of significant benefit. According to the literature, an appropriately worn fetal dosimeter should be sufficient, but residents may feel more comfortable knowing that they are wearing double thickness lead coverage and we support the trainee’s decision either way.
  - The pregnant resident may require additional hydration or rest breaks in the OR and should be accommodated.

- How to inform the operating attending surgeon
  - Residents are encouraged to inform the operating surgeon ahead of the rotation for anticipated accommodations. The Advocate can help with this communication at the discretion of the resident.

Other Oncologic Therapeutics
Some intralesional therapies used in surgical oncology clinics (such as oncolytic virus) carry hypothetical risk to immunosuppressed persons. As a general precaution, any person who may be pregnant should not be exposed directly to these agents as transmissibility or impact on the developing fetus has not been defined. Residents who are preconception, pregnant, or lactating should be permitted but are prohibited from handling these agents or performing any wound care to treated fields in the 7 days following therapy. Attendings administering these therapies should inform any trainees assisting with the care of intralesionally treated patients that these restrictions exist.

Call Schedule/Night Call
The data on miscarriage and preterm delivery suggest a small to moderately increased risk related to night shift work, heavy lifting, and prolonged standing. However, studies are severely limited by their observational nature. Given this, the program will make accommodations in the schedule to reduce night and 24-hour call for the pregnant resident if requested during the 1st trimester.

Prenatal Appointments
We support birthing and non-birthing parents to attend prenatal appointments, ultrasounds, and procedures for pregnancy, surrogacy, or adoption. The resident should provide advanced notice of anticipated absences or accommodations when possible. The resident should inform their team and the attending surgeon at the start of the rotation (or the Parental Leave Advocate if confidentiality is desired) or as soon as possible of any anticipated appointments. The resident should be excused with adequate time to travel to appointments and back. We recognize that additional appointments may be needed depending on the individual circumstance. Unanticipated visits should be communicated with the chief resident or attending, with the clear understanding that the pregnant resident is excused as needed to attend appointments. Appropriate communication with the chief resident or attending is expected. Residents should make an effort, when possible, to schedule appointments during less busy clinical or operative days to limit missed educational opportunities.

Managing Pregnancy Loss
- Miscarriage is common during pregnancy, and unfortunately, more common for surgical residents. Miscarriage may require additional medical appointments or procedures. The program will coordinate coverage for any medical care that needs to be provided during this time.
- In the event of a miscarriage, the resident should contact one of the Advocates to provide assistance with coordinating time off (sick leave and/or personal leave). The department expects and supports that residents will take time off with no clinical duties in the event of a miscarriage for physical and emotional health.
- Residents suffering pregnancy loss are encouraged to contact Dr. Lisa Post, lpost@stanford.edu, and/or WellConnect (https://med.stanford.edu/psychiatry/special-initiatives/wellconnect.html, 650-724-1395, wellconnect@stanford.edu) for mental health resources and support.
III. Late Pregnancy: 3rd trimester

Accommodations During the 3rd Trimester

Call Schedule/Night Call
Birthin parents with a scheduled block of nights in the final 6 weeks of pregnancy will have that block rescheduled by the Admin Chief(s) to a different time period unless the resident explicitly asks otherwise. For residents with scheduled blocks of night during other portions of pregnancy, the resident may request moving blocks of nights to an alternate time in the schedule (for example, after returning to clinical work). This will be coordinated by the program to all extents possible.

Residents will not be scheduled for 24-hour in-house call in the final 6 weeks of pregnancy. Call shifts that would normally be 24-hours will be divided into two 12-hour shifts. Residents will not be scheduled for any in-house call shifts in the final 2 weeks of pregnancy. To reduce night home call, changes in the block schedule (for example, scheduling a rotation with multiple mid-level and senior residents towards the end of pregnancy) can be considered as feasible.

Prenatal Appointments
The same accommodations outlined in Section II for Early Pregnancy apply to 3rd Trimester.

Intraoperative Accommodations
The same OR accommodations outlined in Section II for Early Pregnancy apply to 3rd Trimester, including General OR Accommodations, HIPEC Cases, and Fluoroscopy.

Delivery
We support and welcome any form of delivery based on the joint decision making between the pregnant resident and their medical provider, including spontaneous labor, induction, or C-section. We recognize that spontaneous labor may occur at any time and require unexpected backup.

IV. Parental Leave and Postpartum

Planning for Parental Leave
The Department of Surgery supports both birthing and non-birthing parents, regardless of gender, to take as much time as desired for parental leave for pregnancy, surrogacy, adoption, or foster care up to a maximum allowed by state and federal policies with the following general considerations: 1) The American Board of Surgery or American Board of Plastic Surgery requirements, 2) California (CA) State Programs/Benefits, and 3) Stanford Health Care (SHC) Benefits. These three organizations offer differing levels of protected time/funding and differ for birthing vs. non-birthing parents. Therefore, each resident will determine the right combination of leave length and types of leave for them based on their preferences, financial situation, and childcare situation.

The Department supports the American College of Surgeons recommendation of a minimum of at least 6 weeks of parental leave for all new parents regardless of gender, including both birthing and non-birthing parents.

The Department encourages new parents to take additional leave as desired, outlined by SHC and CA State programs, acknowledging that an extended leave may result in an extension of training and a portion of this leave may be unpaid.

We also recognize that pregnancy and the post-partum period can be unpredictable and unanticipated changes may occur requiring modification of the residents’ parental leave plan. We have attempted to summarize the current standing of these programs and provide an example of how this might apply to a surgical resident.
The resident, to the best of their ability, should inform the program as early as possible of their desired leave time and any accommodations that may be made towards the end of pregnancy. The requirement for several of the state leave programs is at least 30 days of notice. To the extent possible, the earlier the resident notifies the program, the better prepared the program can be to meet the educational needs of the resident and cover patient care.

The resident can seek assistance from the Advocate(s), Program Director(s), and Program Coordinator(s), and SHC HR regarding what types of leave are available and the ABS and ABPS Requirements. The resident is then entitled to take the desired length of parental leave in accordance with federal/state/SHC leave policies. These are summarized in the table below.

### Stanford GME/CA State:

<table>
<thead>
<tr>
<th>Program</th>
<th>Eligibility/Time off</th>
<th>Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pregnancy Disability Leave (PDL)</strong></td>
<td>Eligible for Pregnancy Disability Leave (PDL) as of their first day of employment.</td>
<td>The first week of Pregnancy Disability will be paid in full by GME using the resident’s New Parent Leave Pay (5 days) per GME policy.</td>
</tr>
<tr>
<td>(Typically 6-8 weeks, up to 17.3 weeks)</td>
<td>Eligible for (up to) 17.3 weeks of PDL – actual disability period will be determined by their physician (typically 6-8 weeks post-birth).</td>
<td>During the disability leave period, Residents must file for State Disability Insurance (SDI). GME will pay 60% of the resident’s salary during disability. Any unused sick and/or vacation/personal time will be used to maintain 100% salary.</td>
</tr>
<tr>
<td></td>
<td>If a resident exhausts PDL and needs additional time-off for pregnancy-related disability, GME and Human Resources will consider a request for additional leave as a reasonable accommodation under the Americans with Disabilities Act (ADA).</td>
<td>If a resident is not eligible for SDI benefits (new hire, hasn’t worked in CA), GME will maintain 100% salary for a minimum of 6 weeks. 1 week of New Parent Leave pay and any unused sick (up to 4 weeks) and/vacation or personal time (up to 2 weeks) will be used to maintain 100% salary. 1 week of paid time off must be reserved for use outside of a leave. If disability will exceed 90 days, the Resident may be eligible for Long-Term Disability (LTD) benefits.</td>
</tr>
</tbody>
</table>

| California Family Rights Act New Parent/ Bonding Leave                  | Birthing Parent: Once the resident has been medically released from disability, they may be eligible to take an additional 12 weeks for New Parent Bonding Leave.   | Must file for Paid Family Leave (PFL) benefits through the CA State EDD. During time off for baby bonding, Residents must file for Paid Family Leave (PFL) benefits through the CA State EDD. PFL will pay 60% of the resident’s salary for up to 8 weeks. There is no waiting period with the State for PFL benefits. If eligible for PFL, GME will pay the remaining 40% of the Resident's salary to maintain 100% salary for a minimum of 6 weeks during bonding leave. Any unused sick and/or vacation/personal time will be used to maintain 100% salary. |
| Paid Family Leave (PFL)                                                | Non-Birthing Parent: Up to 12 weeks                                                                                                                                                                                   | If a resident is not eligible for PFL benefits (new hire, hasn’t worked in CA), GME will maintain 100% salary for a minimum of 6 weeks during approved bonding leave. 1 week of New Parent Leave pay and any unused sick and/or vacation/personal time will be used. 1 week of paid time off must be reserved for use outside of a leave. |
| (12 weeks total, up to 8 weeks as paid family leave)                  | The resident must have at least 1 year of employment with Stanford Health Care (SHC) and worked 1250 hours within the 12-month period immediately prior to the leave request to be eligible for this additional time-off. This leave can be taken intermittently (minimum of 2 weeks at a time) but cannot be taken after the child’s first birthday. |
|                                                                         | If the resident is not eligible for bonding leave under CFRA, they may use their available vacation/personal time following their release from disability leave. 1 week of paid time off must be reserved for use outside of a leave. |

**Health Care Benefits**

As per GME policy, housestaff benefits will continue for up to six months of leave. House staff on leave greater than six months will have the option to continue coverage through COBRA. Benefits will not be terminated for house staff who are eligible and approved for any Federal or State leaves.

**American Board of Surgery (General & Vascular Surgery)**

Except as outlined in the table below, the ABS requires 48 weeks per year of full-time clinical activity. The remaining four weeks of the year are considered non-clinical time that may be used for any purpose, such as vacation, conferences, interviews, etc.
Averaging
The 48 weeks may be averaged over the first 3 years of residency, for a total of 144 weeks required in the first 3 years, and over the last 2 years, for a total of 96 weeks required in the last 2 years. Thus, non-clinical time may be reduced in one year to allow for additional non-clinical time in another year.

ABS General Surgery Family Leave Policy
Residents may take documented leave for 6 weeks to care for a new child, whether for the birth, the adoption, or placement of a child in foster care; to care for a seriously ill family member (partner, child, or parent); to grieve the loss of a family member (partner, child, or parent); or to recover from the resident's own serious illness.

Additional Leave for Significant Life Events
Residents may take an additional four (4) weeks off during the first three (3) years of residency, for a total of 140 weeks required, and an additional four (4) weeks off during the last two (2) years of residency, for a total of 92 weeks required. This allows for six (6) weeks of leave for significant life events while preserving two (2) additional weeks for vacation or other uses, as approved by the residency program. No additional ABS approval is needed for this option if taken as outlined. Residents are still required to complete a minimum of 48 weeks of Chief Resident rotations, however, with advance planning, some PGY-4 rotations may be counted towards this requirement.

Extending Chief Year
The ABS will permit, with advance approval, applicants to extend their final year of training through the end of August and still take that year's Qualifying Exam (QE). Upon completion of training, a letter of attestation will be required from the program director stating that the individual has met ABS requirements. The attestation letter must be received by the ABS before registration for a Certifying Exam date is permitted. In addition, prior approval from the RC-Surgery may be needed for the increase in complement.

American Board of Plastic Surgery
Except as outlined in the table below, the American Board of Plastic Surgery requires 48 weeks per year of full-time clinical activity.

<table>
<thead>
<tr>
<th>Averaging</th>
<th>The 48 weeks may be averaged over the length of the training program.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Leave</td>
<td>The board has established an optional 12 weeks of Personal Leave that is available to residents in Independent, Integrated, and Competency-Based plastic surgery residency training programs for the birthing or non-birthing parent, foster care, adoption, or family leave. Personal Leave is not required to be taken as a single block, but can be distributed throughout the entire residency as the training program allows. Effective July 1, 2021, no more than 4 weeks of personal leave can be taken during the last 3 months of plastic surgery residency training. Once the 12 weeks of Personal Leave are exhausted, any additional leave must come from the 4 non-clinical weeks per year currently allowed by the Board. The resident does not have to utilize all available non-clinical weeks before becoming eligible for this Personal Leave. Personal Leave is considered independent of research time (6 weeks for Independent and 12 weeks for Integrated). The 12 weeks of Personal Leave, whether used for maternity, paternity, medical, family, foster care, adoption or elective rotations will count towards the 48 clinical weeks required per year. Program Directors (not residents) must contact the Board in writing for approval of any Personal Leave.</td>
</tr>
<tr>
<td>Extending Training</td>
<td>Personal Leave taken beyond the combination of 12 weeks of personal leave and the 4 non-clinical weeks per year, averaged over the residency, would result in extended plastic surgery residency training.</td>
</tr>
</tbody>
</table>

These are ABS and ABPS policies only and should not be confused with family leave as permitted by the Family and Medical Leave Act (FMLA) and California Family Rights Act (CFRA). Residents can choose to take additional time as permitted by Stanford GME and CA policies; however, this requires advance approval from the respective board and will require the resident to extend their training.

Additional Leave Considerations
- No “Make-Up Call”: Residents taking protected leave time (FMLA, CFRA, PDL, PFL) will not be required to “make-up” call missed during their scheduled leave. This applies particularly to call scheduled in addition to regular clinical duties such as trauma call coverage by senior residents and consult call coverage by junior and PD residents.
- The program will communicate with affected residents the planned schedule changes.
- Residents can choose when to start the leave (i.e. does not need to be immediately after delivery for paternity leave or non-birthing parents).
- We suggest you review your leave considerations with the Program Coordinator and Program Director for assistance.
- Residency training extensions need to be pre-approved by the ABS and ABPS.
- Residents should notify the Stanford GME disability leave company (The Hartford) of the date of birth and route within 24 hours of delivery, according to GME policy.
Postpartum Mental Health
We recognize the unique challenges, stressors, and mental health issues that can arise in the postpartum period for men and women, including fatigue, sleep deprivation, anxiety, and post-partum depression. Thus, Dr. Lisa Post, as the Department of Surgery Psychiatry Liaison, will check in with all new parents during the postpartum period prior to return to clinical duties. Residents are encouraged to contact the Dr. Lisa Post, lpost@stanford.edu, and/or WellConnect for mental health resources and support.

WellConnect:
- 650-724-1395
- https://med.stanford.edu/psychiatry/special-initiatives/wellconnect.html
- wellconnect@stanford.edu

V. Returning to Clinical Activity

How/When to Express Your Anticipated Return to Work Date
We suggest you discuss various options for parental leave and returning to work with the Program Director(s), Program Coordinator, Admin Chiefs, and/or Advocate(s) as early as you feel comfortable discussing this. A second meeting should take place during the 3rd trimester to solidify an anticipated return to work date.

Requesting Changes to Anticipated Return to Work Date
The program understands that the birthing process and outcomes can be unpredictable. The program will work to be fluid and accommodating to each resident’s individual circumstances. In the event that there is a change to your anticipated return to work date for any reason, please contact the Program Director(s), Admin Chiefs, and/or Advocate(s) who will aid in navigating that process.

Accommodations Upon Returning to Clinical Duties
As during pregnancy, it is expected that parents may require accommodations upon returning to clinical duties, and effort will be made to accommodate requests to start or not start on a particular rotation upon return to clinical duties.

Lactation
Our policy on lactation will be in accordance with the department’s lactation task force guidelines. Residents may excuse themselves from non-critical portions of a case for lactation purposes. If there are any lactation related concerns, e.g. lack of access to refrigerator, lack of access to a private and clean place to pump, or discomfort in excusing oneself from clinical duties for lactation, please contact one of the Advocates.

OBGYN and Pediatrics Appointments
The Department encourages residents to take time for postpartum and pediatric healthcare appointments. The process to request time off to attend appointments is the same as outlined in Section II for prenatal appointments. This notification process can be done directly to the Admin Chiefs by you or via the Advocate on your behalf.

VI. Coverage and Coordination
The policy for ensuring a safe and supportive pregnancy for new parents in the surgery training programs at Stanford has been segmented by the stage of pregnancy to better serve the needs of trainees during the pregnancy timeline. However, there are some overarching themes that are important to address throughout the entire process.
It is essential to ensure that the stated policies are in line with the current policies of the Stanford Hospital Human Resources, the American Board of Surgery and American Board of Plastic Surgery, and other applicable organizations that oversee the certification of surgical trainees. These guidelines will be reviewed with those organizations and a notice of written agreement will be obtained to ensure that trainees are provided with accurate information and do not risk having their training/certification unknowingly delayed. These policies will be updated periodically to reflect any changes in the policies of those aforementioned organizations. All residents must meet duty and work hour rules (no more than 80 hours/week averaged, adequate time off between shifts, 4 days off/month).

Confidential Counseling and Assistance
Pregnancy and Parental Leave Advocate
Discussions with the Advocate(s) will remain confidential except as explicitly discussed. The Advocate is a resource for birthing and non-birthing parents and for trainees pursuing preconception treatments, fertility preservation, pregnancy, surrogacy, adoption, or foster care who desire accommodations. The Advocate(s) can assist the trainee with accommodations in the OR, adjustments the resident may need as early as the first trimester, and anticipated desired time for pregnancy/parental leave.

Role of the Pregnancy and Parental Leave Advocates:
  i) Help trainees understand the benefits and protections to which they are entitled under this policy.
  ii) Help trainees enact these benefits and accommodations.
  iii) Communicate the needs of trainees (on a need-to-know basis and maintaining confidentiality as desired) to chief residents and attendings.

Coverage
This document clearly identifies a number of different instances for which expectant parents or those pursuing fertility preservation or treatments will need time off for scheduled appointments or other accommodations. There are also unplanned instances in which residents may need additional time off for medical related reasons. Non-birthing parents should also be afforded time off to be present with their partners during this time. This coverage will be arranged by the program in conjunction with the Admin Chief(s) and Advocate(s). Trainees are not expected to find their own *ad hoc* coverage for these events (planned or unplanned) in order to:
  ● Eliminate the perception of trainees making additional work for their colleagues
  ● Normalize the culture of asking for help and coverage to ensure a safe and supported pregnancy
  ● Encourage trainees to attend all of the necessary and recommended appointments to ensure a safe pregnancy

Training Sites
It is the expectation of the Department and its residency training programs (General Surgery, Plastic Surgery, and Vascular Surgery) that this policy is followed at all training sites where our residents rotate (Stanford, LPCH, VA, SCVMC, Kaiser, etc.).