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Records of changes

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1.0	14/02/2025	14/02/2025	Developed by: CHS Vice Dean for Medical Education Reviewed by: GMEC Approved by: CHS Dean	New version

1. Purpose and Principles

Residency training overlaps prime childbearing years. Studies have confirmed that delaying parenthood is common amongst residents, particularly surgeons. For GME residents that embark upon pregnancy, occupational hazards of prolonged standing, long hours and night shifts are associated with pregnancy complications and preterm birth. The challenges around childbearing and perceived stigma are associated with career dissatisfaction and attrition amongst female trainees. With this in mind, VinUni's residency programs seek to intentionally promote the wellness of residents, both childbearing and non-childbearing (including adoption, foster, or partner of a birthing parent), choosing to start a family during training.

2. Scope

This guideline covers all GME trainees directly involved in the care of patients at all teaching hospitals of VinUniversity.

3. Guideline/Procedural Principles

3.1 Implementation and monitoring

Implementation of this guideline is the responsibility of the attending medical staff with respect to their patients, and Departments. Monitoring compliance with this guideline is the responsibility of the Faculty, Program Leaders, and the Department Chair.

Prenatal Health Maintenance:

- Pregnant residents will be allowed to attend ALL scheduled prenatal appointments.
 - o Residents are encouraged to schedule appointments during *nonclinical time* (e.g. weekends/evenings; weekdays in ICU when a day off can/will be scheduled).
 - o If unable to be scheduled during nonclinical time, residents will be allowed to leave clinical duties to attend the appointment with the expectation that they will return after the visit.
 - o Need for higher frequency of appointments or physician directed lighter duties or "bedrest" will be supported and facilitated. The program director and coordinator should be notified as soon as possible. Due to requirements for clinical weeks worked, this may require forfeiture of vacation time and/or require extension of training.
- Early pregnancy: "morning sickness" can be unpredictable and residents may need accommodations to manage nausea, hydrate, obtain nutrition, and use the restroom. The resident should inform the service chief and/or attendings if such accommodation is expected.

- The following accommodations will be arranged for pregnant residents. However, residents may OPT OUT of any or all of the below accommodations. Any accommodations the resident wishes to opt out of should be communicated to the program leadership.
 - o Occupational hazards:
 - Fluoroscopy: Pregnant residents will not participate in fluoroscopy procedures.
 - o 30+ Weeks Gestation (Third Trimester Accommodations):
 - Due to the risks of prolonged shifts/operating, residents in the third trimester and post 30 weeks gestation will not be scheduled for: overnight/prolonged shifts.
 - For surgical residents, scheduled breaks in long operations, suggested every 4-6 hours. Maximum operating time of 30 hours per week to be facilitated by the service chief/attending.
 - Alternative options to facilitate these precluded clinical duties will be coordinated by the program leadership.

Support for Non-Birthing Parents:

We additionally support non-birthing parents and will provide 1-week protected time to attend milestone prenatal and pediatric appointments. Maternity/parental leave of absence shall be exclusive of the standard 4 weeks of allotted vacation time.

We will adopt a 1-week transition period after returning to work from parental leave of absence, during which the resident can choose schedule alterations that best fit their family's needs. Adjustments may include a no 24-hour call, assignment to floor/clinic vs operative duties, shift adjustments to anticipate reliable and predictable work hours.

Support for Post-Partum Mother

- Post-partum mothers may request up to a maximum of 6 months of maternity leave. However, any maternity leave that is beyond one-month will be unpaid, unless the resident elects to use vacation time as part of their leave.
- Any parental leave beyond 1 month will result in a commiserate extension of the training period. The details of the extension will be proposed by the Program Director such that the resident will fulfill all the academic requirements of their program prior to graduation.

- Requests for parental leave should be made to the PD and scheduling resident at least 3 months in advance or as soon as possible.
- Attempts will be made to schedule the residents (both birthing and non-birthing) on “lighter” rotations upon return from parental leave.
- Extended leave due to pregnancy complications or children with serious medical conditions may require extension of training.
- Programs will provide guaranteed protected time for lactation and pumping if requested by the resident, which will include scheduled pump breaks in the morning and afternoon, with the resident being excused from clinical duties as needed.

3.2 Culture of Support and Equity

GME programs will not tolerate discrimination against individuals engaged in family planning or based on parental status. Our culture is supportive of any residents who would like to expand their family during residency. Policy violations will be reviewed by the Program Director, and/or GME Committee, to determine the appropriate corrective action.

3.3 Responsible Parties

- Program Director:
 - Will oversee these guidelines and has the ultimate approval for any service rearrangements.
 - Will intervene or adjudicate if there are concerns about service rearrangements or coverage plans.
- Program Coordinators:
 - Will send these guidelines annually to all residents prior to the beginning of the academic year.
 - Will coordinate with pregnant residents to track prenatal visit attendance.
- Pregnant and Non-Childbearing Residents:
 - Responsible for informing the program director of pregnancy as soon as they feel comfortable, as well as a timeline of confidentiality.
 - Program director should be informed by email AT LEAST 3 months prior to or as soon as possible of any need for rearrangement of service assignments
 - Review options and provide PD and program coordinators of *anticipated* parental leave start and end date as well as vacation days to be used in conjunction with LOA and/or need for extension of training.
 - Start of parental leave can be adjusted *without advanced notice*, based on actual birth/arrival date.

- Inform the program leadership *as soon as possible of actual start date or changes to start date of parental leave* (e.g. scheduled c-section or if there are concerns for possible preterm delivery).
 - If returning before 6 months post-partum, the resident will be required to submit advance written communication that they are physically able to return to residency duties without impacting their health.
 - Any changes to return to work date should be confirmed at least 2 weeks in advance.
- Attendings:
 - Will abide by stated operative accommodations (i.e. due to occupational hazards or health of a pregnant resident).
 - We recommend that any attendings aware of a resident's pregnancy or lactation status take a proactive stance towards ensuring the health of that residents and/or unborn baby by ensuring regular breaks, nutrition, hydration, minimizing electrosurgical smoke plume, etc.

Any concerns about coverage plans should be conveyed to the program director as soon as possible to facilitate more adequate coverage in the future.

4. Abbreviations

GME: Graduate Medical Education

PD: Program Director

Resident: any resident/fellow in a VinUni GME program