



AWS maternity leave policy for surgical residents:

While this document is specific to maternity issues, it is the intention of the Association of Women Surgeons that this information be incorporated into a broader family leave policy. The following policy is provided as a guideline, emphasizing that surgical residents are entitled to a reasonable maternity leave policy. At a minimum, residency programs should be in compliance with already existing federal policies and laws regarding family leave, thus providing a policy that allows flexibility for the expectant resident, while maintaining quality surgical education and ensuring continuity of patient care.

The following is a proposal to provide guidance to surgical residents and surgical residency programs for maternity leave. We recommend that all programs or institutions have available a policy that residents may take 4 weeks of paid "medical leave" per year without extending the length of training if they have an unexpected medical problem (i.e. broken leg) separate from vacation time.

1. The resident will inform the department chair or program director as soon as possible after the pregnancy or adoption date is confirmed (preferably within the first trimester) in order to facilitate planning. Program directors should be sensitive to the confidential nature of this information during the early part of pregnancy.
2. Under normal circumstances, the expectant surgical resident should be allowed to take up to six weeks of maternity leave without extending the length of training. One month of maternity leave should be provided by the program or institution as "medical leave". In addition, up to 2 weeks of additional time may be added to this period by using vacation time. The resident will be allowed to "save up" vacation time from previous years or "borrow" vacation time from subsequent residency years in order to provide adequate leave time.
3. If a program does not have "medical leave" time, then 4 weeks of maternity leave should be provided separate from vacation time. Up to 2 weeks of additional time for maternity leave may be added by using vacation time as described above.
4. Residents should not be forced to use their vacation time for the first four weeks of maternity leave. Additionally, if they agree to extend their length of training to make up for lost clinical training due to maternity leave, they should not be forced to give up their vacation time for the year of the pregnancy.
5. If there is insufficient vacation time left in the residency, the program involved may extend the chief residency period of the resident without incurring penalty for carrying an excessive number of chief residents. It will be up to the program director to create an appropriate schedule for the extra chief.
6. The resident's obstetrician will determine the date of return to duty. If the resident requires extended maternity leave because of a complication of pregnancy, or because the resident's physician deems her unable to work, the absence will be treated the same as any absence due to illness. The department chair and the program director will be entitled to a full report from the resident's physician documenting the need for extended leave.
7. The resident will continue to receive full pay and benefits during maternity leave. Should maternity leave extend beyond 90 days for medical reasons, the resident's disability insurance should be used for salary compensation and COBRA for continuation of benefits.
8. Loss of time from training for a maternity leave will not be reason for termination from the residency.
9. The resident will comply with OSHA and safety regulations as they apply.
10. The resident will make all reasonable attempts to schedule elective appointments and tests outside of regular working hours. In no case will a resident be told that a medically necessary test or appointment must be canceled simply because it occurs during the normal working day.
11. The resident may take full benefit of the Family Medical Leave Act of 1993 which states that an employee has up to 12 weeks of job-protected leave without pay during any 12 month period if the resident is eligible.
12. Decisions about call during the third trimester and immediate post-partum period will be made with consultation of the residents' obstetrician.
13. Residents should not be expected to "make up" call nights missed while away on maternity leave.
14. As much as possible, residents should schedule less demanding rotations, in the third trimester and for the first month postpartum. In addition, reducing work hours on more difficult rotations, such as by permitting going home post-call can allow the educational experience and patient care to continue without excessively straining the expectant resident. Rotations that are more demanding in terms of personal exposure risk or physical and emotional stress should be avoided in the third trimester.
15. The timing of pregnancy is a highly personal issue. Program directors are encouraged to affirm the resident's autonomy in such personal decisions by discouraging department members, resident colleagues and others from engaging in criticism of the choice to become pregnant and/or to maintain a pregnancy. It is inappropriate for anyone to question the resident as to the circumstances behind the pregnancy or to suggest termination of pregnancy for the sake of surgical training. Faculty who engage in such behavior should be counseled that such comments and behavior are not acceptable and may be actionable.