GME Best Practices Guide for Pregnancy Support

(Preconception, Pregnancy, and Postpartum)

The GME Consortium recognizes the importance of providing a safe and supportive environment for pregnant and lactating trainees. Becoming a parent is a celebratory event. Time for parental bonding is necessary and lactation in a postpartum woman is a basic body function that must be supported during the clinical workday.[1] This document is intended to serve as guidance for trainees, training program leaders and faculty and to provide information and resources to guide conversations. Conversations should be respectful of what trainees choose to share; program leaders should create an environment that allows open conversation.

The institutions comprising the GME Consortium have developed policies to help trainees balance their training activities with their personal and safety needs.

Pre-Conception

Family planning is a challenging process for physicians in training and is complicated by the length of time in training and the complexity of schedules.

Background:

- Estimates suggest that 1 in 4 female physicians will suffer from infertility, well above the estimated incidence (9%–18%) in the U.S. general population. The most comprehensive study of physician fertility to date found that a substantial percentage of female physicians would have attempted to conceive earlier (53.3%) or would have used cryopreservation to preserve fertility (16.7%) had they known infertility would be an issue.[2,3]

Recommendations:

- We recommend that program directors foster a supportive culture for pregnancy planning during training. Resource information related to pregnancy during training maybe available through GME Wellness.
- We recommend that programs identify an individual or multiple individuals that can serve as pregnancy-related advocates or "ambassadors" as a confidential resource for trainees or faculty seeking information, advice or support related to any of the issues covered in this guide. .
- Trainees attempting conception should be excused to attend any necessary medical appointments. Given the need for more frequent appointments, in order to make accommodations, the relevant information and dates may need to be communicated to the program by the trainee in a reasonable amount of time to make arrangements (programs should outline time frames for communication). Urgent/emergent appointments should always be accommodated. All communication will be confidential.
- We recommend that trainees consider childcare accommodations and contact options as early in pregnancy as possible as waitlists for daycare can be extremely long. Childcare information can be found on the WUSM HR website and at the SLCH Child Development Center.

Pregnancy

When a trainee is pregnant, modifications to work may be necessary.

Background:

- In one survey, compared with childbearing partners of male surgeons, female surgeons were more likely to have major pregnancy complications (48% vs. 27%), which was significant after controlling for age, work hours, *in vitro* fertilization use, and multiple gestation. Female surgeons operating 12 or more hours per week during the last trimester of pregnancy were at higher risk of major pregnancy complications compared with those operating less than 12 hours per week.[3]
- A meta-analysis of work-related exposures on adverse pregnancy outcomes identified prolonged standing, shift work, and night work were associated with preterm birth.[4]
- A large registry study demonstrated increased risk of miscarriage after 8 weeks of pregnancy in women that worked 2 or more night shifts in the preceding week.[5]

Recommendations for Programs:

- The trainee and supervising faculty should work collaboratively to decide which specific modifications to work might be anticipated, but also stay flexible as to the changing needs of the pregnant trainee.
- We recommend encouraging and providing time for pregnant trainees to have appropriate breaks for hydration, nourishment, and rest. Ideally this should be facilitated at least every 4 hours. Facilitation may require program directors to work directly with faculty or other scheduling staff to ensure adequate breaks.
- We recommend that first-trimester pregnant trainees (12 weeks or fewer) and third-trimester pregnant trainees (28 weeks or more) not be scheduled prospectively for call nights or night float (sequential night shifts). They may opt into them if they prefer to do so.
- Pregnant trainees must be excused to attend all prenatal appointments and testing as necessary and recommended by the pregnant trainee's care team (per ACGME requirements). At minimum, standard prenatal care is typically at least one appointment every 4 weeks starting in the first trimester until 28 weeks, every 2 weeks from 28 weeks-36 weeks, and every 1 week from 36 weeks until delivery.

Recommendations for Trainees:

- In order for appointment accommodations to be made, the relevant information and dates of appointments should be communicated to the program as soon as the trainee feels comfortable sharing that information. All communication will be confidential.
- If a newly pregnant trainee would like to trade out of sequential night shifts that were scheduled before the pregnancy occurred or became known, this should be supported as much as possible. Complete anonymity in this process is not logistically feasible.
- If desired, pregnant trainees may also contact the Program Director to discuss having their rotation block schedule changed in order to limit rotations with long call (e.g., 28 hour) durations during their third trimester. A change in block scheduling cannot be guaranteed but will be supported by residency/fellowship leadership as much as possible.

Post-Partum

Parental Leave

The GME Consortium supports parental leaves that align with ACGME, ABMS, individual department, and institutional policies. It is the responsibility of the trainee to notify the training

PD and the program coordinator as soon as possible of the need for any parental leave. Taking extended leaves requires approval and paperwork must be filled out. Trainees should notify their PD and work with the hospital GME office (BJH/SLCH-employed trainees) or Wash U GME office (WU-employed trainees) to ensure this documentation is completed.

Trainees should also be afforded needed time for post-natal checkups and well-baby visits. Time for personal medical appointments are an ACGME requirement.

Post-partum Call Shifts

Child-bearing parents are often returning from leave with ongoing sleep deprivation related to newborn care at home. This can be exacerbated by adding additional calls (make up from time on leave) to their regularly scheduled duties. In order to promote parental health and ongoing bonding, we recommend that programs consider options that eliminate or reduce the number of call shifts that a child-bearing parent has to make up upon return from parental leave, **without shifting all or most of the burden to other trainees.** This could potentially take the form of shifting coverage for certain services to include attendings practicing without resident/fellow coverage, advanced practice provider support and/or moonlighting coverage among other options. It is important to discuss with the trainee any training requirements necessary for completion of the training program and how any time off might impact meeting competency requirements for graduation.

Lactating Trainees

Recognizing that infrequent or insufficient expression can decrease supply and lead to plugged ducts and mastitis, GME has developed these recommendations in order to support the wellness of lactating trainees.

Background: Trainees may need as much as 30 minutes every 3-4 hours for pumping. Keep in mind that infrequent emptying can lead to adverse health events, including but not limited to clogged ducts, mastitis, abscesses, and decrease in milk production. Milk removal is the primary mechanism controlling supply. Regular lactation breaks are crucial for breastfeeding mothers and their infants.[6]

Recommendations:

- Lactating trainees have an ongoing commitment to patient care and should consider clinical continuity when determining appropriate times to express milk
- Trainees are encouraged to notify the faculty, fellows, and residents on their team of their need to pump at the start of each block as well as of their specific pumping needs. In operating rooms, this can also occur during the pre-procedure time out if comfortable for the trainee.
- Faculty, fellows, and co-residents are encouraged to provide clinical coverage during non-critical portions of OR cases and for other clinical duties and obligations.
- Lactating trainees should review the lactation facilities list and map (multiple locations) and may register for the Washington University lactation program. Registration for the WU program ensures access to any WU lactation rooms. BJC lactation rooms do not require registration.
- Opportunities to express milk include the following:
    - Trainee on inpatient units

        - Service-specific call rooms or other designated lactation rooms should be designated and prioritized as a daytime lactation room. We recommend appropriate signage on these spaces.
    - Trainee in clinic
        - We recommend blocking a time in clinic schedules at an appropriate interval to allow trainees to leave clinic to pump
        - Programs should provide the necessary support for trainees to work with clinic schedulers to build this time into the clinic day
    - Trainee in operating room
        - Trainee should notify attending or fellows (if applicable) on service that they will require lactation breaks during or between prolonged procedures or OR days
        - If possible, the trainee and/or attending should identify the need for a break during the time out. Standardizing this process provides the needed support for the lactating trainee (or faculty member) and helps to reduce stigma and develop this cultural norm.
        - Trainee will minimize interruption to operating team by pumping between cases when possible and will not leave during critical portions of procedure
        - If possible, trainee will identify available team member to substitute in their absence
    - Trainee in conference
        - Trainees should be allowed to leave mandatory teaching conferences for pumping
        - Programs should also acknowledge that some trainees may choose to remain in conference to pump with appropriate privacy coverage. This should be normalized for other trainees
- Lactation rooms are available for trainees to pump and reasonable time accommodations for trainees to travel to/from lactation rooms are encouraged
- The program director should review with the trainee the available lactation facilities and discuss proximity to patient care (per page 6- I.D.2.c) ACGME guideline). If no facility is available in close proximity to patient care, alternative private rooms for pumping should be arranged.

Pregnancy Complication Considerations

Recognizing that each individual's need will be different, the following is intended as a general guideline for accommodating trainees experiencing potential or confirmed pregnancy loss or other pregnancy complications.

Background:

Of 692 female surgeons surveyed, 290 (42.0%) had a pregnancy loss, more than twice the rate of the general population.[3]

Recommendations:

- In order to provide accommodations, the trainee must communicate information regarding the absence with their appropriate program contact in accordance with applicable policy**.** All communication will be kept confidential.
- If a trainee is concerned they may be experiencing a pregnancy loss or has a confirmed pregnancy loss or other complication, they should alert the appropriate program contact

immediately to arrange time off. Coverage for clinical duties, including if the loss or complication occurs at work, and/or coverage for any upcoming shifts should be arranged in discussion with the trainee.

- Trainees that experience pregnancy loss or other complications should be reminded of GME mental health resources and encouraged and supported in seeking care, including ensuring time for appointments during the regular work day.

Occupational Safety/Environmental Exposures

A full list of potential toxin exposures (chemical agents), infectious exposures (communicable diseases), and radiation safety guidance pertaining to pregnant women can be found in the BJC Prenatal Reference Guide and the WUSM Prenatal radiation exposure document. Radiation dose exposure information can be found here and other radiation safety information can be found on their website. For individual radiation exposure questions or advice we recommend that the trainee reach out to radiation safety personnel directly:

Contacts in Radiation Safety

- Radiation Safety: phone: 314-362-3476, email: radsafety@wustl.edu
- Connie Turnbough (Dosimetry Coordinator): phone: 314-362-3475 ; email: turnbouc@wustl.edu
- Joseph Lake (Radiation Safety Specialist): phone: 314-362-3400; email: lakejoseph@wustl.edu
- Max Amurao (Radiation Safety Officer): phone: 314-362-2988; email: maxwell.amurao@wustl.edu

In the clinical setting, for toxin or infectious exposures, please follow appropriate personal protective equipment and isolation precautions as listed on isolation precaution signs on the patient's doorway. In the laboratory or research setting, please follow appropriate personal protective equipment guidelines as indicated by the laboratory policy. Consult with occupational health and environmental health and safety to ensure all risks are being taken into consideration and to maximize protection. Additional guidance can be found at The National Institute for Occupational Safety and Health (NIOSH)- Occupational Exposures and Pregnancy Guidelines

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