

Pregnancy and Parental Leave in Canadian Obstetrics and Gynaecology Residency Programmes

This Committee Opinion has been reviewed and approved by the SOGC Executive.

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The shift in gender roles, revision of traditional family roles, and changes in career and personal expectations pose challenges for new parents, as well as increasing questioning of our concepts of parents' roles and responsibilities. These challenges impact upon the practice of medicine and residency training programmes.

Residents in obstetrics and gynaecology are becoming a diverse group of physicians in terms of age, family status, career and personal goals, and parenting roles. More women are entering residency programmes,¹ and more male residents are taking parental leave to be with their families. Increasing diversity of family structure among residents includes the challenges of single parenting, adoptive parenting, and men expanding their traditional role as care givers. Reflecting Canadian society, residents are attempting to meet increasing personal and career expectations of staff physicians, resident colleagues, and

family members. Many residents are trying to achieve an acceptable balance between clinical commitments and family responsibilities.

It is important to be aware of and understand issues that impact on women, pregnancy, and families, and to recognize both the value of parenting and uniqueness of experiencing pregnancy. Although pregnancy and parental leave policies exist in all provinces, application and understanding in residency training programmes vary among provinces and even among programmes within provinces. Provincial policies and recommendations from the Royal College of Physicians and Surgeons of Canada² outline guidelines for allowable leave time, salary, and unemployment insurance requirements, and options for special circumstances during pregnancy, maternity leave, and parental leave, as well as appropriate adaptations for those residents becoming adoptive parents.

These guidelines reflect emerging clinical and scientific advances as of the date issued and are subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed. Local institutions can dictate amendments to these opinions. They should be well documented if modified at the local level. None of the contents may be reproduced in any form without prior written permission of SOGC.

Common educational, professional, and personal concerns surround issues of maternity and parental leave. These concerns may be expressed by those residents taking leave, fellow residents in training programmes, staff physicians, the resident's partner, and other family members. Some educational concerns include the fear of inability to meet core training requirements, on call demands, and other clinical service expectations. Pressure is often experienced by the pregnant resident to fulfill her clinical duties, despite policies regarding call expectations and allocated leave time. The issue of extended time to complete residency training is also a realistic concern for many residents taking leave.

Professional questions arise, including the application of time management skills and career development, and being available to fulfill clinical responsibilities. Fellow residents and staff often become alarmed by the potential increase in their workload created by filling in for the resident on parental leave, and are often resentful of that resident. Residents on leave often worry that their personal needs have placed a burden on their colleagues.

Personal and family concerns of importance include difficulty in balancing clinical and family duties and ensuring equity of parenting responsibilities. Residents with families often search for departmental role models in their pursuit of equilibrium between work and family. These struggles may place undue strain on relationships with colleagues and families.

Given these concerns, the following principles should be endorsed by all parties involved:

1. Develop programmes and policies to meet the changing needs of residents, partners, and families experiencing a pregnancy during residency.
2. Ensure that training programme policies, staff physicians, and residents be proactive and supportive of residents experiencing or contemplating a pregnancy during their residency years.
3. Organize flexible rotation schedules and on call options.
4. Provide educational strategies that incorporate innovative technologies to meet the needs of parenting and pregnant residents.
5. Ensure those implementing leave programmes understand and apply the maternity and parental leave policies of the Canadian Association of Interns and Residents as well as the Royal College guidelines. The application of these policies and guidelines will create a more balanced approach to pregnancy during residency.

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REFERENCES

1. The CARMS Residency Match Report 2000: 11.
2. General Information and Regulations on Residency Requirements and Examinations Leading to Certification (Green Book). The Royal College of Physicians and Surgeons of Canada, September 1999, 10-1.