

Postgraduate Medical Education (PGME)

Title:	Pregnancy in Residency Policy	Number:	012b
Approved By:	<i>Approved by FREC on November 27, 2012; Approved by FRC on January 22, 2013</i>		
Contact:	postgrad@postgrad.med.ubc.ca		

Preamble

The purpose of this policy is to outline the principles, guidelines, and clinical activity adjustments to support pregnant residents and promote the best health outcomes. This policy outlines the need for each program and site to establish adjustments, as required, for expecting residents to promote the wellbeing of both mother and child. This policy is for all UBC residents and is intended to be implemented with respect for and in collaboration with the PARBC Agreement.

Principles

The Postgraduate Residency Program support residents who are pregnant during training with the primary objective of ensuring the best health outcome for the expecting resident and her child while meeting the educational objectives of the residency program.

GUIDELINES FOR RESIDENTS

1. Expecting residents must ensure that the Program Director is made aware as soon as possible about the pregnancy, especially when conditions or complications occur that require accommodation.
2. Expecting residents should obtain appropriate support from their health care provider to document requirements for accommodation.
3. Expecting residents should eliminate physically strenuous work and heavy lifting, especially after 24 weeks of gestation.
4. Expecting residents should avoid continuous prolonged standing of greater than four hours at a time and, after 32 weeks gestation, does not stand for more than 30 minutes at a stretch.
5. Well in advance of delivery, expecting residents should arrange for Maternity Leave pay through their Employment Insurance Benefit plan. They are also advised to identify and secure arrangements for infant daycare or other domestic and childcare support that will needed to return to work following birth.
6. Early discussion with the Program Director regarding return to work planning is encouraged as this usually makes the return to work transition easier.

Postgraduate Medical Education (PGME)

GUIDELINES FOR CLINICAL ACTIVITIES

1. After 24 weeks of gestation, expecting residents will not be required to work more than 12 continuous hours, as prolonged working hours have been associated with increased risks of pregnancy complications such as hypertension, IUGR, and preterm labour.
2. Expecting residents will be allowed to reduce, alter, or eliminate call whenever this is deemed medically necessary. Should key competencies not be obtained because of this accommodation it may be necessary to extend training until those competencies are reached. In this instance, the resident will be provided with a written document outlining the work required to catch up and the expected timeline to obtain the competencies.
3. Expecting residents should comply with all infectious disease prophylactic measures recommended by occupational health, including opting out of work in circumstances where:
 - Infectious disease/toxic substance/or radiation prophylactic measures (e.g. personal protective equipment) are deemed by an occupational health specialist not to provide sufficient protection.
 - Exposure to infectious diseases and the potential related impact of treatment or post-exposure prophylaxis is determined to be unsafe for mother or fetus.
4. Residents will be advised to start maternity leave at 38 weeks or earlier if recommended by health care provider.

Reference

Physician Health Program of British Columbia: Medicine and Motherhood – Can We Talk: A Consensus Statement (<http://www.physicianhealth.com/medicineandmotherhood>)

Action	Committee	Date	Status
Approved	FREC	November 27, 2012	Live
Approved	FRC	January 22, 2013	Live