Supporting Pregnancy and Parental Responsibility in the Orthopaedic Profession and Throughout Orthopaedic Training

A Position Statement from the Canadian Orthopaedic Association

Summary of recommendations

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July 2024

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"We always talk about supporting women being surgeons… but why aren't we supporting surgeons being women."

– Dr. Lisa Howard

INTRODUCTION

The Canadian Orthopaedic Association (COA) recognizes that a successful surgical career should not preclude an orthopaedic surgeon's choice to be a parent. Orthopaedic surgeons who choose to have children (through the pregnancy of the surgeon or the surgeon's partner, a surrogate, or adoption) have made an equivalent commitment and investment in their surgical careers as those who choose not to have children. Becoming a parent does not detract from one's full professional commitments as an orthopaedic surgeon. The COA supports healthy pregnancy outcomes and strongly believes there should not be punitive repercussions on surgeons who choose to have children and/or take parenting leave to care for their children.

Pregnancy is a physiologic condition, not an illness or injury, but a condition requiring medical care. It has both physical and mental components which must be taken into consideration. All pregnancies will require some accommodation in the workplace to ensure a healthy mother and baby. Higher-risk pregnancies will require a more individualized response regarding workplace adaptation. Considerations for pregnancy include accommodation and leave for fertility treatments, prenatal care, pregnancy, pregnancy-related complications, including miscarriage, as well as the peri- and post-partum periods.

Parental leave refers to leave for all new parents, including the birthing parent, partner of the birthing parent, adoptive parents, and parents through surrogacy. Parents taking time to spend with children after birth or adoption is associated with significant benefits for the child and parents. Although Canada has robust pregnancy and parenting leave legislation for salaried workers, there is no standard parental leave policy for orthopaedic surgeon consultants in Canada. Pregnancy and parental leave are left to local administration and colleagues with little oversight. As a result, taking time off for pregnancy or parenting is difficult to navigate and places surgeons at the relative mercy of collaborative colleagues. Resident provincial associations have guidelines built into their contracts; however, these are inconsistent and there is no standardization across provinces.

Orthopaedic surgery faculty and program support is essential for a surgeon or trainee to experience successful pregnancy or parental leave. Efforts must be made to ensure support is available during pregnancy and parental leave. Creating evidence-based and family-friendly guidelines for parental leave is important to the progress of academic medicine in the modern era, as it supports parental and child health, promotes wellness, and reduces gender disparities in surgery to the benefit of all.

The following summarizes our recommendations with regard to parental leave. The full document including background discussion and available supporting literature on each topic can be found here: xxx.

GUIDING PRINCIPLES

- Pregnancy is a physiologic condition requiring medical care.
- Pregnancy leave includes prenatal care, incapacity related to pregnancy including after pregnancy loss and birth of a child.
- Parental leave includes the birthing parent, partner of the birthing parent, and parents by adoption or surrogacy.
- Surgeons and trainees deserve pregnancy and parenting leave guidelines consistent with legislated guidelines.

ANTENATAL

Appointments

1. Appointments and treatments for fertility-related issues or pregnancy monitoring should be considered as medically necessary, often time-sensitive appointments, and be afforded the same support as any other medical appointment.
2. Support should be given for surgeon and trainee partners of pregnant individuals to attend prenatal appointments.

Pregnancy Symptoms and Complications

1. Given common pregnancy symptoms and higher risk of pregnancy-related complications in orthopaedic surgeons, policies should be in place to allow and support the pregnant operating surgeon's autonomy over their workplace environment (duty hours, call schedule, heavy lifting, etc.).
2. Surgeons must be supported in having children at any point in their careers without fear of negative repercussions on their professional lives.

High Physical Demands and Extended Duty Hours

1. Pregnant surgeons and trainees should limit their working hours to decrease the risk of pregnancy complications to no more than 60 hours per week. Surgeons and trainees should not work shifts longer than twelve hours after 28 weeks of gestation or earlier if deemed medically necessary.

Call Schedule Guidelines

1. National guidelines should be in place that specifically mandate call restrictions on pregnant surgeons and trainees. Call requirements should end at 28 weeks of gestation, with earlier accommodations to this timing based on the needs and condition of the individual.
2. Pregnant surgeons should not be required to "make up" missed call duties due to their pregnancy and necessary medical care or to take extra call before their leave to compensate for time away.
3. Call coverage for a pregnant surgeon must be worked out with the individual departments with cooperation from the hospital administration.

Exposure to Airborne Toxins

1. The use of vacuum mixers and protective personal hoods should be available to pregnant surgeons to decrease exposure to MMA.
2. Pregnant surgeons should consider waiting outside of the operating room during the induction of anaesthesia.
3. Although the evidence available at this time is reassuring, pregnant surgeons should exercise caution in cases where they will be exposed to MMA and/or anesthetic gases and modulate their exposure based on their preference and comfort level.

Exposure to Blood-Borne Pathogens

1. Properly fitting personal protective equipment, including protective personal hoods, should be available to pregnant surgeons and trainees.
2. Where possible, pregnant surgeons should be limited in their exposure to high-risk cases. They should have the option to opt out of high-risk elective and non-emergent urgent cases by transferring the patient to a colleague.
3. Trainees should have the choice to opt out of a high-risk case without consequence.

Exposure to Radiation

1. Standard and well-maintained 0.25mm protective lead gowns with axillary protection wings should be available for pregnant surgeons to wear when exposed to radiation.
2. A dosimeter should be provided to the pregnant surgeon for monitoring of radiation exposure.
3. Residents should be able to choose to opt out of surgical cases which cause severe discomfort (due to heat and weight of lead) or they feel is risky to their health or the foetus.

PARENTAL LEAVE

Partner Leave

1. Institutions and training programs should have clearly defined parental leave benefits that are easily accessible and permissive for both parents.
2. Orthopaedic departments and training programs should support partner leave without repercussions on the surgeon or trainee.

Duration of Leave

1. Maximal leave durations for pregnant surgeons should align with the Canadian maternity and parental benefits, which include pregnancy leave of up to 17 weeks and parental leave of up to 61 weeks, for a total of up to 78 weeks (18 months).
2. The maximal duration of parental leave for orthopaedic surgeons who are not birthing parents should be consistent with National guidelines for federal employees, with leave up to 63 weeks.
3. Surgeons taking pregnancy and/or parental leave should be able to take the amount of leave desired, up to the maximum durations for Canadian workers as outlined above, without threat to their hospital privileges or academic position.

Locum Coverage

Surgeon and Trainee Recommendations:

1. Locum tenens coverage for surgeons should be considered with collaborative discussion with partners and colleagues.
2. Hospital and clinic administration should collaborate with surgeons to obtain and credential locum tenens positions.
3. Hospital By-laws should clearly state that completing parental leave and hiring a locum should not threaten a surgeon's training position, hospital privileges, or academic career.

Postpartum Depression

1. An open dialogue should be encouraged regarding the mental health repercussions of pregnancy and parenthood. Recognition and treatment for post-partum depression should be supported and encouraged.
2. Accommodations should be supported for new parents with post-partum depression while returning to work.

Pregnancy loss/Stillbirth

1. Surgeons and trainees who have had, or whose partner has had, a pregnancy loss or stillbirth should be afforded physical and mental support to recover from their loss.

RETURN TO WORK

Call Coverage

Surgeon and Trainee Recommendations:

1. Call coverage responsibilities do not accumulate, and no surgeon should be required to "make up" call after pregnancy or parenting leave.

Breastfeeding

1. Surgeons and trainees should have flexibility in their schedules to express breastmilk ("pump") or breastfeed during their workday. They should have access to a private and clean location for their lactating needs. A lactation room equipped with electrical outlets, a sink and a refrigerator for breastmilk storage is required. This room should be near the operating room and equipped with a phone and computer for the surgeon or trainee to work as needed. The provision of a hospital-grade breast pump would add extra convenience.
2. Surgeons and trainees should be allowed to use a wearable pump in the clinic and operating room if they choose to. However, the use of a wearable pump does not replace adequate pumping breaks.
3. A supportive work culture is crucial for allowing lactating surgeons and trainees to continue breastfeeding their child(ren) upon return to work. Education regarding lactation and the needs of lactating physicians should be provided to all healthcare professionals.

Re-entry and Additional Training Time

1. If the surgeon requests it, all efforts should be made to provide the returning surgeon with surgical assistance from a peer as they transition back to surgical practice.
2. Residency completion should be based on competency-based guidelines, with extra training being required only in cases where the leave interfered with the resident's ability to complete the competency-based curriculum.
3. Fellowship completion should follow an individualized plan based on fellowship objectives and case numbers.
4. Job sharing is an acceptable and encouraged way to facilitate return to work for parents who wish to work less than full-time to accommodate family life.

Onsite Childcare and Resources to Find Childcare

1. All hospitals that can do so should have childcare onsite for all hospital workers

Resources

1. Surgeons returning to work after parental leave should be given the same resources they had before their leave, including clinic and operating room time.

SUMMARY OF RECOMMENDATIONS

Pregnancy is a physiologic condition requiring medical care and should be treated as such regarding leave during the antenatal, post-partum and return to work periods. Parental leave encompasses all parents of the child, including the birthing parent, partner to the birthing parent or parents by adoption or surrogacy. Despite good evidence supporting that parental leave improves outcomes for all members of the family unit, there remains a stigma around leave and various issues related to pregnancy, breastfeeding, and post-partum depression, particularly within the medical community. Education around these issues is a very effective way to combat such stigma and promote a much-needed culture change; education on these topics should be readily available and provided to all surgeons, hospital departments, and hospital staff.

Pregnancy and parenting leave policies should be consistent nationwide and readily available for all surgeons. The above guidelines represent the standard to maximize safety for the mother and child and family wellness for all surgeons. A medical note should not be required to implement the above accommodations. However, working beyond these guidelines should require clearance by the treating physician. The COA encourages employers and departments to work with the orthopaedic surgeon and/or trainee to support a safe pregnancy and parental leave. For those in the position to shape their own practice guidelines, the COA encourages the development of a clear pregnancy and parental leave policy for all orthopaedic practices.

GLOSSARY OF TERMS

A "**parent**" includes:

- A birthing parent.
- A parent through adoption.
- A parent through surrogacy, or
- A person who is in an established relationship with the child's parent and who plans on treating the child as their own.

Partner leave – Time off work for the partner of a person who has had a baby, adopted a baby, or had a baby by surrogate.

Parental leave – Time taken off to participate in the early life of a child, including one born to yourself, your partner, adopted or by surrogacy.

Adoption – Process whereby a person assumes the parenting of another from that person’s biological or legal parent(s).

Surrogacy – A form of third-party reproductive practice in which intending parent(s) contract a surrogate mother to give birth to a child.

Pregnancy leave – Time taken off work due to being or having been pregnant. This can be due to the consequences of being or having been pregnant.

Birthing parent – The person who gave birth to a child.