

Postgraduate Medical Education (PGME)

Title:	Pregnancy in Residency Policy	Number:	012b
Approved By:	PGMEC		
Approval Date:	October 29, 2024		
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Preamble

The purpose of this policy is to outline the principles, guidelines, and clinical activity adjustments to support pregnant residents and residents post-delivery, with the intention of promoting the best safety, wellness, and 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 expecting resident and child/children. This policy is for all UBC residents and is intended to be implemented in accordance with the Collective Agreement between HEABC and Resident Doctors of BC. If any provision of this policy is determined in breach of the terms of the Collective Agreement, it will be considered of no force or effect and the provisions of the Collective Agreement will prevail.

For parental/adoption/compassionate leave policies and processes, please refer to:

- [HEABC and Resident Doctors of BC: Collective Agreement](#)
- [UBC PGME Leave of Absence Policy 011](#)

Principles

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

GUIDELINES FOR RESIDENTS

1. Expecting residents are strongly advised to ensure that the Program Director is made aware as soon as possible about the pregnancy. This is to enable the Program Director to make appropriate arrangements for accommodations should conditions or complications occur that may require accommodation. These may arise unexpectedly and at any point in the pregnancy making timely notification important.
2. Expecting residents must obtain appropriate recommendations from their health care provider and supporting documentation should any requirements for accommodation arise.

The Program is expected to support the resident by way of the following:



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, should not stand for more than 30 minutes at a stretch.
5. Prior to delivery, the Program Director will provide the expecting resident a reasonable amount of time to complete necessary paperwork to apply for parental leave compensation through their Employment Insurance Benefit plan. See also: [RDBC parenting resources](#).
6. The Program Director and the expecting resident will arrange a reasonable amount of time to discuss a smooth transition to return to training after the end of the parental leave period.
7. Early discussion with the Program Director regarding return-to-training planning is encouraged as this usually makes this transition easier.

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. Accommodations will be made to the hours of work where recommended by the resident's health care provider.
2. Expecting residents will be allowed to reduce, alter, or eliminate call or other strenuous clinical responsibilities whenever this is deemed medically necessary by their healthcare provider. If an expecting resident is relieved of call, they shall not, post-pregnancy, be required to make up the call that was missed. However, 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's Training Program will provide a written document outlining the work required and the expected timeline to obtain the competencies. Please refer to Article 20.02 (v) and the Memorandum of Understanding re Workload During Pregnancy of the Collective Agreement.
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 their healthcare provider/ an occupational health specialist not to provide sufficient protection.
4. Residents may commence maternity leave anytime in the 13 weeks prior to the expected birth date. It is recommended that maternity leave commence no later than 38 weeks of gestation, or earlier as recommended by their health care professional.
5. Residents may take up to 17 consecutive weeks maternity leave. It is recommended that expecting residents take the full 17 weeks of maternity leave and are strongly encouraged to take parental leave, in accordance with the Collective Agreement, following maternity leave. In no case shall a Resident be required to return to work sooner than six (6) weeks following the birth or termination of their pregnancy.

References

Physician Health Program of British Columbia: Medicine and Motherhood – Can We Talk: A Consensus Statement

<https://www.physicianhealth.com/wp-content/uploads/2021/02/MedicineAndMotherhood2010.pdf>

Resident Doctors of BC: Parenting Resources

<https://residentdoctorsbc.ca/contract-and-benefits/parenting>

HEABC and Resident Doctors of BC: Collective Agreement

<https://residentdoctorsbc.ca/contract-and-benefits/collective-agreement/current-contract>

UBC PGME Leave of Absence Policy 011

https://postgrad.med.ubc.ca/wp-content/uploads/2023/08/011-Leave-of-Absence-Policy-PGME-Policies-and-Procedures_PGMEC-approved-Sept.-7-2021.pdf

Action	Committee	Date	Status
Approved	FREC (PGME Exec)	November 27, 2012	Live
Approved	FRC (PGMEC)	January 22, 2013	Live
Approved with edits	PGME Policy Working Group	February 28, 2023	Recommended to PGME Exec.
Approved	PGME Executive Committee	April, 30, 2024	Recommended to PGMEC
Approved	PGME Committee (PGMEC)	October 29, 2024	Active