PGY-Parent Handbook

Vanderbilt University Medical Center

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Updated 9/2024

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You are going to be a House Staff parent – congrats!

Most importantly – CONGRATULATIONS! Becoming a new parent is both exciting and nerve-racking. Parenting is a time in life that you will need to be the most flexible. Residency, however, is often the least flexible. For those who decide to become parents (or already are parents) during training, there are unique challenges physician parents in training face. We hope to offer some guidance in this handbook.

Initial steps

Alerting your program or GME

Disclosing pregnancy or consideration of adoption is 100% voluntary. It is often helpful to let your program know that you, or your partner, are pregnant or planning to adopt so considerations can be made for your schedule before and after parental leave. If you are going to disclose your pregnancy, it is recommended to alert the person who does your scheduling (often chief residents), the person who assists with the Family Medical Leave Act (FMLA) application (often program administrators), and your program director so they can ensure you are aware of timing allowed for parental leave while maintaining eligibility to sit for board examinations.

Some House staff may not feel comfortable alerting their program, especially earlier in their pregnancy. Audrey Patrick, manager of GME, serves as the contact to **confidentially** direct all questions about leave, pregnancy safety, connection with obstetrical care (including the MyMaternity bundle) and point person for House staff as they navigate any potential challenges associated with becoming a parent. This is completely confidential and will not be shared with your program unless you agree. You can contact Audrey by email at audrey.o.patrick@gme.org.

Finding obstetrical care and the option of the maternity bundle

For pregnant persons who have insurance through VUMC, you can be enrolled in the Vanderbilt My Maternity bundle. From the Bundle team "MyMaternityHealth provides enhanced medical care and service experience with low to no out-of-pocket costs. The bundle includes coordinated, proactive maternity care for the entire length of the pregnancy, from the initial prenatal visit through the delivery, and 12 weeks after the delivery. Please reach out to one of the patient navigators for questions and/or to enroll at 615-936-2635 or visit MyHealthBundles.org for more information. Please note enrollment needs to be completed before your first prenatal visit." **Note: This needs to be done *before* your first prenatal visit.**

Notably, if you enroll in the Maternity bundle and choose to and/or are recommended to have genetic testing in your first trimester, we recommend reaching out to the Maternity bundle team about their discounted rate (as it is not included in the bundle). As of 3/2024 there is a special rate for those enrolled in the VUMC Maternity bundle for testing to cost ~$100.

Many House Staff will take advantage of telemedicine visits as it can be difficult to make it to appointments at One Hundred Oaks (OHO) or Melrose OB clinics. Some pregnant trainees use the lactation spaces for these telemedicine visits.

Other options for maternity care include St. Thomas, TriStar, and several other private practices in town including Heritage Medical Group and TN Women's Care. If you have Vanderbilt Aetna insurance and

choose to work with an outside OB provider, you may have to pay more for your prenatal care and delivery.

Arranging childcare (earlier the better)

Residency and fellowship hours can be long and unpredictable, making childcare arrangements a source of stress for trainee parents. One of the few things that truly MUST be done as soon as possible is arranging childcare if you will need it. You do *not* have to wait until your first prenatal appointment to sign up for all daycares; however, some childcare centers will require a physician to confirm pregnancy (requiring note from your doctor after your first visit – however is NOT required for the VUMC daycare waitlist). Note that the waitlist for most daycares in Nashville is exceptionally long (~1.5 year on average) so signing up early is imperative (this includes VUMC daycare).

Keep in mind that there are also dependent daycare flexible savings accounts through VUMC for up to $5000/ year to help pay for childcare. This can save over $1000/year for some employees. For more information, go to VUMC benefits page.

Daycares

Things to keep in mind with daycare are hours and location. There are very few daycares that have hours that fit most house staff schedules.

A few things to keep in mind about daycare...

- Multiple holidays and staff in-service days throughout the year.
- In the COVID era, it is also important to think about each daycare's policy for positive COVID child and positive household contacts (or other viral illness). Note that the emergency childcare offered through VUMC with care.com cannot be used for these absences.
- Most daycares in Nashville are affiliated with religious communities but not necessarily with religious curriculum.
- Most daycares have waitlist application fees that range $25 - $100.
- Given daycare hours and discrepancy with house staff hours, some families elect to also hire a babysitter or nanny to help with pick up and/or drop off.
- Some daycare centers provide meals/formula. Most allow you to bring your own breast milk but keep in mind that the health department policy mandates that milk must be thrown away within two hours if your child does not drink the milk.

Below is a list of specific daycares and House Staff/faculty who have sent their children. These daycare centers are happy to be contacted. Other daycares can be found at this website. Some offer a Vanderbilt discount, so it never hurts to ask!

- Vanderbilt University Medical Center Daycare (multiple locations, Patterson/Knob/Dakota 7AM – 5:30PM; Belcourt location 6AM - 5PM)
    - Note this is separate from the Vanderbilt University Acorn School
    - VUMC contact: Jamie Pfaff
- St. Mary Villa (6AM – 6PM)
    - VUMC contacts: Katie & Sudeep Sunthankar
- The Temple Preschool (7:15am – 5:30pm)
    - VUMC contact: Jeff Singer

- Belle Meade Children's Center (7 am – 6 pm)
- Calvary Children's Center (7:30 am – 5:30 pm)
- West End Preschool (7am – 5:30 pm)
- Jewish Community Center (7:30am – 5:30 pm)
- Blakemore Children's Center (7 am – 5:30 pm)
- Green Hills Child (7:30am -5:30 pm)
- Primrose School – multiple locations
- Equally Created
- Currey-Ingram (7:15 am – 5:00 pm)
    - VUMC contact: Sarah Myers

Nanny/Au Pairs

There are many avenues to find a nanny. We suggest signing up for PGY-Mom and sending an email to the group to see if someone is about to leave VUMC and their nanny will be looking for a new position. Other options include Care.com (free access available through VUMC, see below) as well as nanny agencies. Two commonly used agencies are Nannies of Green Hills (used by Jamie Kowal, an EP fellow at VUMC) and Haven Nanny services. These have upfront costs but take the leg work out of vetting nannies, such as what you would have to do on Care.com.

Nanny shares

Nanny share is an option that may help buffer the cost of having a nanny solely dedicated to your family, however not all nannies are willing to reduce cost in caring for multiple children so worth discussing up front. Common places where nanny shares are advertised are:

- VHA Facebook group
- PGY Mom Facebook group
- Email listservs for both PGY Mom and VHA

Back up/ emergency childcare

- Back up care on Vanderbilt's Sitter Service - https://hwip.app.vumc.org/hwip/cfc_status.jsp - through the health and wellness portal is a search portal for babysitters that are Vanderbilt students and employees. The postings do not represent VUMC's recommendation, nor is it a reflection of opinion regarding the quality of service or level of safety the sitter provides.
- Care.com offers Vanderbilt University Medical Center employees backup in-home childcare at a subsidized rate (vumc.care.com). You may use up to a combined total of 20 calendar days (note each day is only 10 hours, i.e. having a babysitter for > 10 hours is seen as 2 days) from July 1 through June 30 and must use your vumc.care.com account to book. This can also be used for summer camps. You will pay at least $7/hour as the copay for this benefit and get the rest reimbursed. You may have additional funds to pay as well but these are difficult to predict (still quite less and usually a sizeable reimbursement!). The steps to use this service are briefly detailed below:
    - Create a care.com account through the above link. You will need your Employee ID number which can be found on the c2hr page.
    - Click on "My Care Benefits" and then scroll down and click "Childcare Reimbursement".
    - Follow the prompts to complete information about care used.

    - To use your own sitter, if you do not have a receipt (venmo receipt does not count), you will need to complete care.com receipt which is available through the website. It is important to get this form printed before the babysitter comes as you *must* have the childcare provider sign to confirm services were provided (easiest way is to print out multiple and have them available to be signed right after childcare is delivered).
    - Your reimbursement is often direct deposited within 7 business days.
    - **The above process is not needed for reimbursement if you use a sitter sent by the Care.com team.**
- Wyndy (More information about both options: here)
- Check out additional resources available through VUMC wellbeing navigator.

Staying safe as a pregnant person

Infections

Pregnant people are at increased risk of more serious infections as well as infections that can be transmitted to the fetus. TORCH infections can be seen frequently while in the inpatient setting. Those at risk of being transmitted to pregnant persons from patients include varicella, rubella, CMV and parvovirus B19. Other infections that can sometimes be more serious when contracted by a pregnant person include influenza and COVID-19. Importantly, the use of routine infection prevention practices can mitigate the risk of acquiring these infections by pregnant healthcare personnel (HCP). This approach is currently endorsed by the CDC and VUMC. In fact, there are *no* infections that pregnant HCP should discreetly avoid or require additional precautions outside of the previously recommended precautions.

As a pregnant person it can be difficult to navigate these situations (especially when you have not disclosed your pregnancy and are worried about exposure). One of the best things to do for varicella and rubella is to ensure you are appropriately vaccinated before conception (these are live vaccines so cannot be given while pregnant). If you are non-immune to rubella and pregnant, the CDC recommends you do not care for rubella positive patients.

According to a 2015 ACOG Practice Bulletin, routine screening of seropositivity for parvovirus B19 and CMV is not recommended – especially since maternal immunity does not prevent reinfection. This is something you can discuss with your obstetrician if it would be helpful to get antibody titers. Unfortunately for those who work in the organ transplant realm where CMV is prevalent, this can be near-to-impossible. Therefore, in general, avoid when/where you can and continue to practice excellent hand hygiene. As of spring 2024, the CDC is updating guidelines for healthcare workers and interactions with CMV positive patients, however they are not finalized yet. When finalized they will be accessible here: https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/index.html

Radiation

Pregnant people should wear *two* radiation badges - one outside their lead on the collar and another inside their lead on their waist band. For those exposed to heavy amounts of radiation (cardiac catheterization lab, interventional radiology, fluoroscopy), pregnant persons often wear additional lead skirts. This may be another time when you can request a schedule change to avoid this risk.

Pregnant House Staff can also declare their pregnancy (optional, although strongly recommended) to radiation safety to receive a fetal radiation badge. It's handled by Radiation Safety, that way a

resident/employee can declare pregnancy without having to yet disclose it to their own program leadership until they are ready (although it is difficult to hide the fetal badge). Badges are discreetly available for pick up and return through the Radiation Safety Office in MCN or can be mailed directly to your home address

https://www.vumc.org/safety/rad/declared-pregnant-worker

To protect against radiation, pregnant persons should wear their usual lead and can consider the addition of a lead skirt (available in most areas where radiation is common – IR suite, cardiac catheterization labs – you will need to ask charge nurse to check out the equipment) or utilize maternal lead (slightly thicker than usual lead). GME has maternal lead available for loan. Please reach out to Audrey Patrick (audrey.o.patrick@vumc.org) if you would like to check this out.

Chemotherapy and other medications

In general, asking a pharmacist is a good start regarding care for patients receiving active chemotherapy or if there are other medications you are concerned about exposure to. They will often suggest avoiding touching patients when possible. When they do need to be touched, wear gloves. In discussion with multiple pharmacists, the only other overtly teratogenic medication is inhaled ribavirin. At the VA sometimes there continues to be concern about inhaled epoprostenol, however, multiple retrospective studies have confirmed it is safe for pregnant persons.

Scheduling considerations

As above, disclosure of your pregnancy to your program is voluntary but may be useful for scheduling considerations. Each specialty is unique but general guidelines that we consider helpful are to avoid working overnight and extended call shifts (I.e., 28-hour call shifts) in the third trimester, as able if that is desired by the pregnant person. Though the end of pregnancy can be physically and mentally challenging, the postpartum period may be equally so depending on your situation. All resident physicians can take 6 weeks of paid maternity in addition to protected vacations (leave addressed below – note that this amount of leave may not be consistent with board eligibility depending on your specialty). Many birthing persons experience mental fog and depression in the postpartum period. We would consider advocating, if able, to avoid prolonged call shifts and high-level acuity settings (I.e., ICU) until at least 12 weeks postpartum for patient, House Staff and child safety. Keep in mind that many babies don't sleep through the night for many months, therefore those longer shifts can be even more difficult when you are unable to get adequate rest at home.

While it is important for patient accountability and training that job expectations are met by all trainees, there may be creative ways that a program can adjust schedules to ensure lighter workload during months that are critical to infants and parents. An approach to this is detailed below so each pregnant person and their program can determine which is best for them:

- Programs are encouraged to change rotation schedules (as long as they are equivalent throughout training)—to reduce rotations with night or 24 hour call in general in the months prior to delivery and returning to work if preferred.
- Programs cannot approach residents and suggest changing their schedule due to pregnancy (as pregnancy is not a disability and so would not want residents to feel that they are being perceived as having a disability and having their educational and/or service requirements changed when they feel they are capable of or want to continue the typical schedule).

- However, an individual can apply through HR for accommodations on an individual basis if they have a specific reason (and this would typically qualify as physicians might see that the patient/pregnant House Staff should have no night call). See "request for accommodations" at this site: https://hr.vumc.org/Employee-Relations

Becoming a parent as an LGBTQI trainee

We recognize specific needs may not be addressed in this guide for LGBTQI trainees but offer the following guide as a support/resource:

- Pathway to parenthood for LGBT People – guide written by Fenway Institute

When things do not go as planned...need for abortion, pregnancy loss and ART

For those interested in becoming parents, we all hope that becoming pregnant and pregnancy goes smoothly. Realistically that is not the case for all families. Many couples need to pursue assisted reproductive technology (ART) due to recurrent pregnancy loss, unexplained infertility, PCOS, or other reasons. This process can be emotionally, fiscally, and physically draining. We hope that you, as the trainee, recognize that pregnancy loss and the need to pursue ART are respected by VUMC as medical needs and *should be* accommodated by your program as such. If you are struggling to find advocates to help navigate this process medically or for clinical coverage with your program, please reach out to any of the support persons listed in Appendix II below.

If you and your partner find yourselves needing to use ART, Vanderbilt's Aetna insurance covers Nashville Fertility Center (NFC), which is staffed by 5 physicians as well as APPs. There is also the Vanderbilt Fertility Clinic, which is located in Franklin, TN and has one physician. They offer fertility testing and IUI but do not have the capabilities for egg harvesting and IVF. NFC offers egg freezing for those who want to preserve their fertility as well as IVF for those struggling with infertility. They also offer egg and sperm donation as well as embryo adoption. They are LGBTQ+ friendly and have many options for LGBTQ+ couples as well. VUMC coverage at this time is limited in cost coverage for IVF (some report lifetime maximum of $10,000 which could partially cover one cycle). We acknowledge that while becoming a parent may be difficult, the journey to becoming one is not simple and with its own challenges for many. It is estimated that 1 in 4 pregnancies end in miscarriage and 1 in 6 women experience infertility in their lifetime. Even in the medical field, there is a hesitance to share these losses and struggles with one another, and we rarely take the time we need to heal physically and emotionally. This can lead to feelings of isolation, increased stress, and prolonged grief. Our hope is that the resources below will help you to feel less alone and help you to find ways to cope amidst the trials of medical training, no matter what your story entails. For those experiencing grief related to pregnancy loss, we offer resources from VUMC alumni in Palliative Medicine Dr. Elizabeth Stovicek under 'community resources' below.

Other parents may find themselves needing an abortion. This is illegal in TN except if there is risk of severe, irreversible harm to the mother. VUMC does have reimbursement available for employees seeking abortion care outside of TN, if the employee needs to travel > 100 miles. VUMC has elected to cover travel

and lodging expenses associated with elective abortion services. This coverage only applies to employees who have health insurance through Aetna and prior authorization is not required. This should be pursued through HR, and they will connect you with Aetna and the standardized form that needs to be completed. Ineedana.com is the best website to find the closest clinic to you. More details on the current policy can be found on GME website under a separate link.

Parental leave

VUMC parental/medical leave policy was updated to 6 weeks of paid time in July 2021. ACGME updated their guidelines supporting 6 weeks for paternity or maternity leave in July 2022 with enforcement as of July 2023. Note unlike FMLA – this encompasses all House Staff, even those in their first year. There is a lot of confusion about how much parental leave the non-birthing and birthing person can receive. We hope to provide some clarity. If there are any remaining questions, your program director and the GME office should be the first points of contact for interpretation of policies.

Policies that give you job security

- FMLA (Family Medical Leave Act): enacted in 1993. People who have been employed at an institution of at least 50 people for > 12 months are entitled to 12 weeks of parental and/or medical leave. This guarantees *job security* and has *nothing* to do with payment while out on leave.
- TMLA (TN Maternity Leave Act): enacted in 2005. Residents in the state of TN qualify for up to 16 weeks of job security. Runs concurrently with FMLA and allows employees to extend job security for 4 more weeks in addition to the 12 weeks from FMLA.
- Note that GME here intends to protect your job for any approved medical leave so these policies, while important, are slightly less relevant for House staff.
- If spouses entitled to leave under this policy are both employed by VUMC, the aggregate number of work weeks of FMLA leave to which both is entitled is limited to 12 work weeks during any 12-month period, if such leave is taken:
    1. For the birth or placement of a child
    2. For a parent's serious health condition.

  Additional leave time may be available under (Non-FMLA) Medical and Personal Leave of Absence Policy. If there are any questions regarding weeks of leave for spouses simultaneously employed at VUMC, please reach out to HR or GME for further clarification.

Policies that pay you during parental leave

- VUMC GME (Graduate Medical Education) Policy: 6 weeks paid parental leave, with preservation of sick days and vacation for every house staff member (no matter how long they have been at VUMC). This means that you have 6 weeks and you do NOT deplete sick days or vacation. This can be a point of confusion for many. Note that this amount of leave may not be consistent with board eligibility depending on your specialty (see discussion below).
- Sick days: For each month you work at VUMC, you receive 1 day of sick days. For example, working 4 years = 48 days of sick days.
- Sick time donation: There is also the ability to donate sick leave to your fellow house staff members to help them for unforeseen circumstances surrounding the birth such as additional

medical issues and complications from pregnancy for birthing person, non-birthing person or baby. Up to 10 days can be donated per individual House Staff to their fellow House Staff in need.
- Vacation
- Short Term disability: See the House staff manual for further information applying for this as House Staff. Note that you can only use short term disability *before* sick days if you enrolled in the extra buy up with HR. Otherwise you will have to deplete all of your sick days before you can use disability.

Policies that determine if you are board eligible

- ABMS (American Board of Medical Specialties): overarching board of all specialties (surgical, medical, etc.). Allows for 6 weeks leave, with 1 week vacation ensured separate from this leave. This is the least amount of leave that GME programs are required to give. **Note that the VUMC policy allows for more time off but taking more time may result in extending training to meet Board requirements.** See the excerpt below for a statement from ABMS about leave and not utilizing vacation for that leave or lengthening training due to taking this amount of leave:
    - "Member Board eligibility requirements must allow for a minimum of 6 weeks of time away from training for purposes of parental, caregiver and medical leave at least once during training, without exhausting all other allowed time away from training and without extending training."
    - The original ABMS policy was written only for programs at least two years in duration. At VUMC GME, we honor this policy for programs of one year as well.
- Your individual Specialty Board: Boards eligibility for each specialty may allow more leave time than that noted by ABMS above. We recommend referring to your specialty's published policy. You should also contact your program director for further information about program policy regarding weeks allowed without extending training. Note that if your program denotes you as not clinically competent despite taking less time, you may still have to extend training.
    - Non-accredited programs are not under this policy and need for lengthening training should be discussed with your program director.

Special circumstances

- Vacation: The 6 weeks of parental leave does NOT include vacation. Therefore, you cannot be scheduled for vacation during time when you are also away on medical leave. This is because there are two types of leave, and you cannot receive concurrent payment for two types of leave. Additionally, it allows you to preserve your vacation time. If you have been scheduled for vacation during your parental leave, please reach out to your program schedulers or chief residents for an updated schedule that complies with the GME policy and retains your separate vacation. If there is confusion on this, escalate to your PD or GME directly.
- Both parents work for VUMC: the couple is entitled to 12 weeks combined FMLA (policy for non-House staff employees). For example, a birthing person could take the first 8 weeks and a non-birthing person could take 4 weeks (concurrently or subsequently). Unlike faculty, House staff parents are allowed to take a combined > 12 weeks if approved by GME. Note that FMLA has this restriction of 12 weeks as mentioned above but GME does not. This is one of the many excellent protections afforded by GME.

- Intermittent leave: This is *not* allowed under VUMC policy unless you or your child has a serious medical illness.

Examples to highlight these policies

- **PGY-5 stroke fellow who completed four years of neurology residency at VUMC**: this person will be eligible for 6 weeks of paid parental leave. Since they have worked at VUMC for 4+ years, they will also have at least 48 days of accrued sick days that they can use for an additional 9+ weeks paid time off (48 weekdays --> 9.6 work weeks). This would NOT use any additional vacation time (although this person could use vacation after sick days if needed). However, taking 15 weeks would require the trainee to consider the Board requirements to determine if training would need to be extended to meet requirements for Board eligibility.
- **PGY-6 vascular surgery fellow who did residency elsewhere and started at VUMC within the last year**: this person will be eligible for 6 weeks paid parental leave, 1 day of sick time for each month they have worked at VUMC and 3 weeks of vacation/ year. Any time off would not be paid after using all er parental leave, vacation and accumulated sick days. If this person had elected for short-term disability at the time of employment, and conditions met the policy, they would have the option to continue paid leave for longer.
- **PGY-5 cardiology fellow who completed residency elsewhere and started VUMC over 12 months ago**: This person would be eligible for 6 weeks of paid parental leave, 3 weeks of vacation/ year and 1 sick day for each month they have worked at VUMC. Unless they had elected for short term disability upon employment to continue to receive payment from month to month until after they had exhausted parental leave, vacation and all sick leave,then they would move into unpaid leave status after exhausting all forms of paid leave. Extending training would be dependent on the specialty Board.

That's a lot of information... but what do I do right now?

1. Let your program director/coordinator about your pregnancy if you feel comfortable so they can help facilitate the FMLA process in preparation for your leave. We encourage that you verify they are up to date on leave policies per VUMC and your specialty Board.
2. Apply for FMLA as directed by your program coordinator and/or GME through the website below. You will need a physician's note.

References for understanding parental leave

- VUMC FMLA Website
- GME Website with specific steps for applying for FMLA. Note there are departmental differences (specifically regarding if House staff or administrative person within department to send the application).

Return to work

How to end FMLA

To return from parental leave you will need to have a doctor's letter saying you are safe to return to work. This is usually scanned and faxed to GME. Most birthing persons will get this letter at their 6-week post-partum visit (must ask your OB to sign).

Scheduling considerations when returning to work

Returning to work is a major transition. Learning to balance your new commitments (I.e., daycare pickups, pumping, and milk storage) may be more manageable initially on a limited work schedule. If your program can accommodate, we would consider advocating for daytime office hours as opposed to 28-hour calls in the first 6 weeks back (until the child is 3-4 months old and sleeping longer stretches).

Books like "Is Mommy a Doctor or a Superhero?" by Dr. Amy Faith Ho and "Brave New Mama" by Vicki Rivard may offer emotional support to families navigating this challenge (and make great gifts for those undergoing this transition).

Childcare considerations

Many families utilize daycare, babysitters, and nannies (full time or nanny share) if family members are not able to stay home with the baby. See 'Arranging childcare' section above for further resources. Here are some creative logistical tips from house staff parents:

- Pre-chart/pre-round at home
- Finish notes that are not urgent after bedtime
- If on outpatient only rotations, prioritize telemedicine as able.

Lactation

Breastfeeding has been shown to have numerous health benefits for both mothers (decreases risk of hypertension, diabetes, breast and ovarian cancer) and their babies. However, many House Staff face challenges continuing lactation after return to work. In a 2020, BMC Pregnancy and Childbirth study: 73% of residents reported that residency interfered with their ability to lactate, 60% had no place to store expressed breast milk, and 21% had no access to usable lactation rooms within their hospital. The Fair Labor Standards Act of 1938 was amended in March 2010 to require employers to provide lactating mothers with sufficient time to pump, as well as a private, safe location in which to do so while at work. Below you will find a guide to help support breastfeeding when returning to VUMC.

Aetna Vanderbilt insurance offers 6 fully covered home visits by a lactation consultant. This is an amazing resource that we encourage everyone interested in breastfeeding to take advantage of. They will pair you with a lactation consultant and that consultant will bill the insurance – making your life even easier. These visits can be used pre-delivery for hands-on practice, post-delivery (usually 1-2 days after arriving home) and then throughout the newborn period. Many mothers use their last visit 2 weeks before returning to work to establish pumping strategies. Follow the instructions on this website to sign up.

Navigation with busy clinical schedule

Every family's experience with lactation is unique. If you can and choose to breastfeed, there are many unique challenges faced by physicians in training. As may be expected, one of the greatest is time. Consider reaching out to your lactation consultant, reviewing advice in the DR. MILK Facebook group or reaching out to peers through PGY-MOM or us for further advice. We would recommend a wearable (I.e. Elvie, Willow) or portable pumping device (I.e. Spectra, Medela Symphony). Note that while the wearable pumps are very convenient, they do not work for all lactating persons. Most women need to pump every 2-4 hours for up to 30 minutes in addition to 5-10 minutes before and after each pump to assemble parts, clean, and store milk. Guidelines have been given to all programs at VUMC to ensure program leadership

understands the reality of maintaining a pumping schedule. Below are tips and tricks from experienced lactating residents.

Before you come back to work

- Obtain or create a "Working Mom" breastfeeding door tag from program leadership to add privacy to your breast-feeding space.
- Consider reaching out to your chiefs and rotation directors to discuss logistics, including the best place to store breast milk, closest lactation rooms, and goal times for pumping.
- Find pumps that work for you (see below) and practice using them at least a week before returning to work.
- If able, build up stores of frozen milk, especially for immediate return to work period, when many experience a decreased supply in transition.
- Consider sending an email to your team (template below) as you return with your planned pumping times and goal to navigate clinical requirements around those times.

Pump options

There are a variety of portable and stationary lactation pumps available. There are numerous ways to create your own system. One example includes using a stationary pump (I.e. Medela symphony, spectra S2) at home and optimizing use of a wearable pump (I.e., Elvie, willow) at work every 2-4 hours. We recommend testing various pumps and options before returning to work (ideally practicing one pump at home daily around week 5 or 6 postpartum). Consider reaching out over the PGY-Mom listserv to find out if attendings or other residents are open to donating or selling used pumps.

- Wearable – Elvies, Willows, MomCozy and Freemies – These are great but keep in mind they do *not* work for everybody. Unfortunately, you do not know if they will work for you until you make the ~$300-500 investment, unless you are able to connect with someone over a used or loan for a trial period. These are great for those who are on the move constantly (ICU, inpatient, surgery) and don't have time to sit in a lactation space and pump while typing notes (to be honest do any of us have time to do this?). Notably, certain brands are known to be prone to leak unless you are upright (original Elvie if bending over) which should be considered if you are in a procedural specialty. Notably, at the time of this writing, the Elvie stride is one of the more affordable and user-friendly options on the market ($300 without as much leaking for most compared to the original). Consider joining the Dr. MILK Facebook group during your pregnancy as there are often physicians interested in donating their pumps to interested trainees (or selling at a discount).
- Non-wearable – Standard breast pumps. Spectra, Medela, etc. - These can be purchased through your insurance via (www.aeroflow.com). There are also options to rent pumps including the Medela Symphony (hospital grade, with or without battery pack) through VUMC at Carefluent Connect if you are unsure how long you will pump, unable to afford purchase, or simply want a trial period (~$75/month). We recommend the battery pack version if available for portability.
- Keep in mind another option is to use insurance credit on the wearable pumps to cut the cost in half and use the hospital's electric Medela Symphony pumps. These are available in *many* VCH lactation rooms but not readily available currently in most adult hospital lactation spaces. If you plan to pump predominantly in the adult hospital, it would be reasonable to reach out to the lactation team to see if these could be provided in a VUH lactation room.

- Reach out to your insurance company during your pregnancy to clarify which pumps are eligible for reimbursement. Unfortunately, Aetna plus through VUMC at the time of this writing does not reimburse payments for wearable pumps or hospital grade pumps such as the Medela Symphony.

Timing – but *when* do I pump in a busy clinical day?

- Many conferences are still available virtually. Consider asking your leadership to attend conference remotely and watch in call or lactation rooms while pumping.
- Request to block off a 30 minute clinic patient slot during each half day of clinic to pump (pending your typical pumping schedule but halfway through your morning or afternoon is relatively common).

These may seem like "big asks", but this is your right to be able to do this. Hopefully, your program will work with you to be creative and flexible and if you face further logistical challenges consider reaching out to GME for alternative strategies and support.

Location

Where to pump depends on where you are. It is important to try and figure this out before you return to work. Nothing is worse than experiencing breast engorgement and not being able to find a place to pump on your first day back at work. See lactation rooms available here.

- Vanderbilt Children's Hospital There are lactation rooms available on the inpatient side, close to the hospital elevators before entering the units. The NICU is an exception where the lactation suites are on the unit (there are two located outside the RED team fishbowl). Call rooms are another location residents often pump in, the cardiology call room (closest to the hallway) houses an electric pump, all other call rooms will require you to bring your own pump. There is the ability to breast pump in DOT 8 in Dr. Carlson's office. Signing up is required. Please contact the pediatric chiefs for QR code.
- Vanderbilt University Hospital: Overall limited but we highly recommend the space located on 10T as it is badge access only and has clinical workstations. MCE6 and MCE8 also have lactation rooms without workstations. There is a lactation room with a fridge in the ED C-pod near the front nursing station. Additionally, there is a lactation room within the House staff lounge that is used on a first come first serve basis (this is likely the closest room within TVC and has a Medela symphony pump in the room). There is also a dedicated breast milk fridge in the House Staff lounge. Usually call rooms are the best bet for uninterrupted time to pump outside of these designated lactation spaces.
- Vanderbilt Psychiatric Hospital: Usually the best option is a call room.
- One Hundred Oaks: There are no dedicated lactation places within OHO for any lactating employee . It is recommended to message the clinic manager of the clinic you are attending to find a place. There is a lactation room in OHO North PCP clinic for internal medicine residents and other House staff upon request via clinic manager.
- VA Medical Center: Only one lactation room on the 1st floor near the ACRE entrance. It is a very nice room with low lighting, recliner and refrigeration; however, there is no security (no code or badge access).

Though it is your right to have a private protected opportunity to pump, it can remain difficult to leave your clinical work area to do so. If you find it challenging to pump away from your regular work station, it is feasible to maintain some level of privacy pumping in public work space by using wearable pump or a

typical stationary pump with a breastfeeding cover. This is often not ideal, but with respectful and supportive colleagues it may be the most logistically straightforward on certain rotations.

Tips and tricks from those who have done it

- Inpatient non-surgical services
    - Pre-round at home while pumping so your first pump of the day (often biggest production) can be stored at home for the baby or go to daycare with them.
    - If able to use wearable pumps, place them on before rounds and then can subtly start pumps on rounds through phone app or turning them on in the bathroom (though may still leak if using original Elvie or others prone to leaking with movement).
    - Depending on length of commute, pump while driving. Can be tricky to coordinate but very effective use of commute time!
- Outpatient specialties
    - Consider asking to block off a 30-minute clinic slot for you to pump around 9:30/10 am and 2/2:30 pm. Ideally there would be lactation space available but often you must use the clinic room you are seeing patients in or ask NPs/attendings if there is a spare office not being used. If you are working in clinic in the VA, there is a lactation room next to the ACRE building entrance on the first floor (without a clinical workstation).
- Additional recommendations per VUMC at: Family Life and Household | Vanderbilt Faculty & Staff Health and Wellness (vumc.org)

Options to store milk

Refrigeration availability is department dependent. Unfortunately, it can be variable and sometimes the refrigerator door can be left ajar and is often not secure. Portable options include coolers such as the Ceres chill for milk and cooler bags for pump parts (stored in wet dry bags) to avoid need to clean with each pump. Convenient storage bags include examples such as: Sarah Wells Bags and Idaho Jones. Given variability in refrigerator access as mentioned above, would recommend coolers + ice pack for pump parts and thermos for milk. For non-portable options, the fridge in the House Staff lounge is very reliable and cold.

- For other considerations and tips, look at Dr. MILK Facebook group.

Financial considerations

Becoming a parent during training can be financially taxing. Here are a few tips that can help alleviate some of the cost.

- Use Daycare/Nanny FSA account; up to $5,000 per year tax free toward these expenditures (can be a savings of up to $1000)
- Sign up for Dolly Parton Imagination library for 1 free book a month for the first 5 years of life delivered to your home: https://imaginationlibrary.com/check-availability/
- Oak Hill Consignment Sale – biannual (early October, mid-February) with excellent deals on furniture, clothes and all baby needs.
- Once Upon a Child and Kid to Kid – year-round consignment stores near Brentwood/Franklin.

Your support teams

What a journey it is to be a physician and a parent! It can be exhausting and often seems like no one understands. It can be very lonely at times, but we hope that you know that you are *never* alone. Below are ways to find support. If you don't know where to start, please contact us – our emails are listed on the front page of this document.

Departmental

See Table 1 below for contacts.

Institutional

GME

See VUMC GME page for family and childcare resources here including the Vanderbilt House staff Alliance group.

Employee Assistance Program (EAP)

If you are struggling with pre- or post-partum depression or other challenges where you might benefit from psychological support services, consider reaching out to EAP and/or your OB-GYN for resources. Call 615-936-1327 for a confidential appointment or visit the website.

PGY-Parent

Residents/fellows focused on educational assessments and creation of resources for physician parents in training. Email Katie Sunthankar or Jamie Pfaff (emails on first page) if interested in joining our efforts to continue to improve support for resident parents at VUMC.

PGY-Mom/ Vanderbilt Physician Parent Group (VPPG)

Residents/fellows/faculty focused on lactation support and parenting resources especially focused in community building. Join by emailing rachel.apple@vumc.org. This is where the Breastfeeding support groups are scheduled and advertised. Often parents use the listserv to sell children's clothes, furniture, or share babysitter/nanny info.

Community resources

- Ready Nest: wonderful community for those who prefer to seek support outside of work. They have multiple options for new moms, working moms, dads, and miscarriage support groups. They are both in person and on zoom. These groups are FREE! They also offer counseling for a fee.
- Dr. MILK: For those on Facebook this is a great site for lactation support for physician moms. Lots of helpful tips and tricks.
- Buy Nothing Vandy Facebook group – great place for free baby gear!
- Physicians Mom Group – Private online Facebook group with over 120,000 physicians who are mothers.
- 529 Plan: TN Investments Preparing Scholars application between August-June 30 for defined AGI (often met with 2 PGY salaries if you tax protect some retirement savings in the 403b/ Roth) levels. i.e. <$54,300 for family of 3, <$65,500 for family of 4 (in 2021). 4-to-1 match matching contribution for maximum match of $500/ yr up to 3 yrs.

- Will: another adult task to think about as a parent. You can either have a lawyer help draw this up or use the free VUMC Metlife template with 2 witnesses to sign. This will help assign guardian(s) for your children and assets. This is a service provided as part of VUMC GME benefits.

Resources for pregnancy loss/miscarriage:

Websites and Podcasts:

- Miscarriage Hope Desk (website & podcast): Resources for coping with the loss of a baby through miscarriage including individual stories, ideas for memorializing your child, and ideas for where to look next when ready
    - https://miscarriagehopedesk.org/
- Chasing the Rainbows (website & podcast): Support groups, peer mentorship, podcast and online chat community
    - https://chasingtherainbows.org/

Books

- Empty Cradle, Broken Heart: Surviving the Death of Your Baby (Deborah Davis)
- Baby Dust (Deanna Roy)
- Always Within: Grieving the Loss of Your Infant (Melissa Eshleman)
- Coming to Term: Uncovering the Truth About Miscarriage (Jon Cohen)
- Trying Again: A Guide to Pregnancy After Miscarriage, Stillbirth and Infant Loss (Ann Douglas and John Sussman)
- Knocked Up, Knocked Down: Postcards of Miscarriage and Other Misadventures from the Brink of Parenthood (Monica Murphy LeMoine)
- About What Was Lost: Twenty Writers on Miscarriage Healing and Hope
- Fathers Speak: On the Death of a Child

Therapy

- Ready Nest Counseling: Nashville based group offering counseling regarding conception, pregnancy, parenting, pregnancy loss, and infertility
    - https://www.readynestcounseling.com/
- The Heard Counseling: Online therapy for pregnancy and infant loss
    - https://theheardcounseling.com/pregnancy-and-infant-loss
- Nashville Collaborative Counseling Center: Offers therapy for grief & loss, miscarriage/stillbirth, and pregnancy/postpartum needs
    - https://www.nashvillecollaborativecounselingcenter.com/
- Ruth Bryant, LCSW: Specializes in women's health, postpartum concerns, birth trauma & perinatal loss
    - https://www.ruthbryant.com/

Good reads... from parents to other parents. You can do it!

- Feeding your baby
    - Washington Post - "Feeding my daughter taught me what my body needs... and that is equally important". A story about switching to formula.

    - JAMA - “The Hardest thing” A story of a pediatrician having twins and recognizing the difficulties associated with breastfeeding.
    - NEJM - “Breast or Bottle – the illusion of choice” Written by a physician about difficulties with breastfeeding.
- Work-life Integration
    - JAMA - “Next Year” A story of a pediatrician 20+ years into her career and thinking about how life will be different as she becomes an empty nester. Nice reminder from someone many years down the line that being a physician-parent is hard but rewarding.

Appendices

Appendix I: Email templates for lactation support

Dear Colleague,

You are or will be working with a resident that is breastfeeding. The resident will need reasonable break periods every 2-3 hours to express breast milk in a designated location, other than restrooms, shielded from public view and free from intrusion from coworkers and the public. Information about lactation rooms at VUMC can be found at www.hr.vumc.org/cfc and residents can reserve a lactation room in advance through a free self-scheduling tool. Directions on how to use the self-scheduling tool can be found at that link.

VUMC and GME support our breastfeeding mothers. Breastfeeding provides benefits to infants, mothers, and society. Infants who are breastfed have reduced risk of several childhood illnesses, including ear and respiratory infections, allergies, asthma, and obesity. Breastfeeding is associated with a lower risk of sudden infant death syndrome. Women who breastfeed have a lower risk of breast and ovarian cancer, type 2 diabetes, and hypertension.

Thank you for your support.

Appendix II: Faculty and resident support persons in each department*

Dr. Annie Dewan (Dermatology attending)
Dr. Sabrina Poon (EM attending)
Dr. Neeraja Peterson (IM attending)
Dr. Beth Ann Yakes (IM attending)
Dr. Rachel Apple (IM attending)
Dr. Heather Koons (Neurology attending)
Dr. Sarah Bick (Neurosurgery attending)
Dr. Tara Nielsen (Ob/Gyn attending)
Dr. Denise Montagnino (Ob/Gyn attending)
Dr. Janice Law (Ophthalmology attending)
Dr. Ginger Holt (Orthopedics attending)
Dr. Sarah Rohde (ENT attending)
Dr. Alice Coogan (Pathology attending)
Dr. Maya Neely (Pediatrics attending)
Dr. English Flack (Pediatric cardiology attending)
Dr. Leah Jesse (former Psychiatry resident; now attending at VU)

Updated 9/2024

Dr. Cara Connolly (Radiology resident)
Dr. Lucy Spalluto (Radiology resident)
Dr. Raeshell Sweeting (General surgery attending)
Dr. McKenzie Vater (former Pediatric rheumatology fellow)
Dr. Katie Sunthankar (Cardiology fellow, previous IM resident)
Dr. Melissa Warren (Pulmonary/critical care attending)
Dr. Melissa Bloodworth (former Allergy fellow/IM resident)
Dr. Jamie Pfaff (Cardiology fellow/former palliative care fellow and IM resident)
Dr. Natalie Lockney (Radiation Oncology attending)
Dr. Carmen Tuchman (IM primary care attending)
Dr. Hannah Kim (Hepatology attending, former IM resident and former chief resident)
*Want to be added to this list? Please email Katie or Jamie. 😊

Appendix III: Programs and weeks allowed for leave without extending training

We have included links to the national board organizations that represent most House staff. These links will connect you to specialty specific number of weeks allowed without extending training and the number of weeks recommended by some boards. Keep in mind, this notes how long of a parental/medical leave can be taken while still remaining board eligible. It does not have any role in determining the maximum amount of paid leave available to you (see above section on differences between GME policy on paid leave vs board-specific policy on board eligibility).

- Anesthesiology: ABA; link
- Emergency Medicine: ABEM; link
- Internal medicine: ABIM; link
- Neurology and psychiatry: ABPN; link
- Obstetrics and gynecology: ABOG; link
- Pediatrics: AAP; link
- Radiology: Diagnostic, interventional and radiation oncology: ABR - Link
- Surgery: ABS; link

Appendix IV: Relevant Laws to Know for Personal Advocacy

We include mention of the following federal laws for your review and assistance in personal advocacy in setting up parental leave. We appreciate the work of Dr. Martha Gulati and her team in creating the accessible format that we have included below.

Family and Medical Leave Act ("FMLA")

Relevant Protections: Covered employees may take up to 12 weeks of unpaid leave in a twelve-month period for the birth or placement of a child; to care for a spouse, child, or parent who has a serious health condition; or for their own serious health condition, including pregnancy and childbirth recovery.

It is illegal for an employer to interfere with, restrain, or deny an employee leave to which they are entitled, which includes discouraging an employee from taking leave and insisting that an employee make up for days missed during their leave. It is also illegal for an employer to discharge, discriminate against,

or retaliate against an employee for taking leave, attempting to take leave, or opposing any employer practice relating to the FMLA.

Examples of unlawful action (when they involve covered employers and covered employees): An employer requiring covered employees to make up for days to be missed during FMLA leave; a supervisor telling a covered employee to take less leave or discouraging a covered employee from taking leave; an employer demanding their employee complete work while on leave; not returning an employee to their position or an equivalent one following leave; and penalizing someone for taking leave (e.g. by denying a promotion), or threatening to do so.

Who Does This Apply To?

Covered Employers: Public educational institutions or agencies of any size and private employers with 50 or more employees for 20 or more workweeks in the current or preceding calendar year.

Covered Employees: Employees who have worked for an employer for at least 12 months total, worked for at least 1,250 hours for the employer during the 12 months immediately preceding the leave, and the employee must work for a covered employee with at least 50 employees within 75 miles of the employee's worksite.

Title VII of the Civil Rights Act of 1964 ("Title VII")

Relevant Protections: Prohibits discrimination in employment on the basis of sex, pregnancy, childbirth, and related medical conditions like lactation, which includes treating women and pregnant, post-partum, and lactating people favorably than other employees with respect to hiring, firing, pay, and promotion. Requires employers to cover pregnant employees under health insurance and temporary disability plans, so that if paid leave is available under temporary disability plans, paid leave must be offered to employees who can't work due to pregnancy or related conditions. Also requires employers to provide pregnant and lactating employees with workplace accommodations if there is a policy or practice of providing accommodations to other employees similar in their ability or inability to work.

Examples of unlawful action (when they involve covered employers): Requiring women to make up days missed during pregnancy leaves but not requiring other employees to make up for days missed during other types of leaves, such as leave taken for disability; paying an employee less because they have taken maternity leave, even though their hours and performance have not changed; docking an employee's pay for time spent pumping breastmilk even though other employees aren't docked for their personal breaks; a prospective employer basing hiring or promotion decisions on an applicant's pregnancy or potential to become pregnant in the future; a supervisor limiting an employee's career advancement because they assume a mother would not or should not want to work long hours; not providing adequate personal protective equipment for a pregnant employee, while providing it for others; and, an employer refusing to provide a pregnant employee with a change in duties even though non-pregnant employees are permitted such changes.

Who Does This Apply To?

Covered Employers: All employers with 15 or more employees working for at least twenty calendar weeks in the current and preceding year.

Covered Employees: All employees working for a covered employer.

Americans with Disabilities Act

Relevant Protections: Prohibits discrimination on the basis of disability, including pregnancy-related disabilities, in employment. Disability is a mental or physical impairment that substantially limits one or more major life activity (e.g. walking, sleeping, eating) or the operation of a major bodily function (e.g. functions of the immune system, circulatory system, reproductive system), and can include pregnancy related conditions (e.g. hyperemesis gravidarum, preeclampsia, postpartum depression). Requires employers to provide reasonable accommodations for disabilities so long as doing so does not impose an undue hardship on the employer. Also prohibited: discriminating against someone based on their association with an individual with a disability.

Examples of unlawful action (when they involve covered employers and employees): Removing an employee from high-profile work due to employer assumptions about pregnancy; firing an employee because they requested an ADA accommodation to protect their health; and, refusing to allow an employee to take a reasonable leave for a pregnancy-related disability, where doing so would not cause the employer an undue hardship; refusing to hire (or otherwise penalize) someone for fear they would need time off because they have disabled family member.

Who Does This Apply To?

Covered Employers: Private and Public employers with 15 or more employees

Covered Employees: All employees working for a covered employer.

Federal and State Lactation Break Time and Space Laws

While the Federal Break Time for Nursing Mothers provision of the Fair Labor Standards Act (5) will apply to many staff members, physicians are typically excluded from coverage under the law. However, in addition to states requiring reasonable accommodations for lactation, 17 states, Puerto Rico, and Washington, DC expressly require break time and/or space for employees to express milk while at work.(6) Coverage and protections vary by state, and exemptions may be available based on employer size.

Pregnant Workers Fairness Act

This law became effective on June 27, 2023 and requires employers to engage in an interactive process and make reasonable accommodations for physical or mental limitations related to pregnancy, childbirth, or related medical conditions, irrespective of whether the conditions rise to the level of a "disability" under the Americans with Disabilities Act (ADA), as long as such accommodations do not cause an undue hardship.

The House Committee on Education and Labor Report on the PWFA offers examples of possible reasonable accommodations, which the Equal Employment Opportunity Commission (EEOC) has also cited. These include: ability to sit; ability to drink water; access to closer parking; flexibility in work hours; issuance of "appropriately sized uniforms and safety apparel"; additional break time allowances for bathroom use, eating, or resting; use of leave to recover from childbirth; and excusal from "strenuous activities and/or activities that involve exposure to compounds not safe for pregnancy."

Who Does This Apply To?

Updated 9/2024

Covered Employers: Private and Public employers with 15 or more employees

Covered Employees: All employees working for a covered employer.

References:

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- Family and Medical Leave Act of 1993, 29 U.S.C. §§ 2601–2654. 1993. https://www.dol.gov/agencies/whd/laws-and-regulations/laws/fmla#:~:text=To%20grant%20family%20and%20temporary,SECTION%201.
- Civil Rights Act of 1964 § 7, 42 U.S.C. § 2000e et seq. 1964. https://www.eeoc.gov/statutes/title-vii-civil-rights-act-1964
- Americans with Disabilities Act of 1990, 42 U.S.C. § 12101. 1990. https://www.ada.gov/pubs/adastatute08.htm
- Fair Labor Standards Act, 29 U.S. Code § 207 (r). In: Labor USDo, editor, 2010. https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/FairLaborStandAct.pdf
- Morris L, Lee J. Compliance or Complaints? The Impact of Private Enforceability of Lactation Break Time and Space Laws. UC Hastings Law: Center for WorkLife Law, 2021. https://dx.doi.org/10.2139/ssrn.3864250

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- We have no financial stake in promoting any of the products mentioned above and are only sharing our personal experiences.
- Nothing in this document should be considered legal advice.
- This document is intended to be used as a resource for trainees, not a policy. Institutional and program policies may have additional updates which may not be reflected in this document.
- **If you see anything that is incorrect, needs further explanation or areas for improvement, please reach out to Jamie Pfaff and Katie Sunthankar for modification of this document.**