Parental Leave for Residents and Pediatric Training Programs

Committee on Early Childhood, Adoption, and Dependent Care
Resident Section

The Family and Medical Leave Act of 1993 and a growing number of state laws will have an impact on training programs and their policies regarding parental leave for pediatric residents. As an advocate for children and their families, the American Academy of Pediatrics (AAP) supported the Family and Medical Leave Act and is concerned with the need to ensure healthy outcomes for pediatricians and their families. In accord with its expertise in the areas of child development and family dynamics, the Academy is committed to the development of rational, equitable, and effective parental leave policies that enable parents to spend adequate and good quality time with their new children.

At least half of all female physicians are having their first children during their residency or fellowship training years. Furthermore, an increasing number of male residents are requesting parental leave to spend more time with their newborns. In 1989, a position statement on parental leave for residents by the American College of Physicians noted the increasing number of residents having children and raised concerns about both the health outcomes of the children and the emotional outcomes of their parents. The AAP believes that each residency training program should establish specific written guidelines on parental leave to address these concerns. Most program directors, however, have preferred to deal with the circumstances of each pregnancy leave on an individual basis. In 1990, the American Medical Association adopted a policy on maternity leave for residents. Many program directors prefer policies on parental leave to be flexible and have used the recommendations of the American Medical Association selectively to accommodate the individual needs of each family. Program policies that are not written and do not clearly delineate program practices regarding parental leave are problematic because: (1) departmental policies are often unclear and confusing and, as a result, may cause considerable anxiety; (2) the resident expecting a child often faces resentment from colleagues for the extra work that prolonged absences entail; (3) absences not planned in advance adversely affect the work schedules of peers; (4) morale problems among residency groups may be exacerbated by strategies that are used to replace or to cover absent residents; and (5) inconsistencies in departmental policies within and among programs can cause discord.

Although each program must develop its own methods to provide appropriate coverage for anticipated or unanticipated parental leave, certain basic guidelines should apply. At a minimum, a parental leave policy for residents and fellows should legally conform with the Federal Family and Medical Leave Act and with respective state laws. Federal law entitles employees to a total of 12 work weeks of unpaid leave during a 12-month period for one or more of the following reasons.

1. The birth of a child to an employee;
2. The placement of a son or daughter with an employee for adoption or foster care;
3. The care of a spouse, son, daughter, or parent with a serious health condition by an employee; and
4. The inability of an employee to perform his or her job functions because of a serious health condition.

The following issues also should be addressed.

Maternity Leave

The duration of maternity leave, both before and after the child’s birth, should be determined in conjunction with the pregnant resident and her physician and should be based on her condition and needs and on the condition of the child.

Parental Leave

A resident who becomes a parent through the birth of a child, by adoption, or by foster care placement is entitled to up to 12 weeks of unpaid parental leave. The AAP recommends that the resident, male or female, who is the primary caregiver of the child should be guaranteed 2 months of parental leave with pay after the child’s birth. In addition, in conformance with federal law, the resident should be allowed to extend the leave time when necessary by using vacation time or leave without pay. The resident who is a new parent but not the primary caregiver is also entitled to parental leave. For these residents, program directors may require that parental leave in excess of 2 weeks draw on unused vacation time followed by leave without pay.
erable, however, to protect and preserve vacation, sick leave, and time scheduled for elective rotations.

Adoption Leave

Adoption of a child 6 years of age or younger should entitle the resident, male or female, to the same amount of paid leave (2 months) as a person who takes maternity leave. Extensions beyond 2 months must be taken as leave without pay.

Nontraditional Families

Parents in nontraditional families should receive the same leave as parents in traditional families.

Training Status and Makeup Time

When residents return from maternity, paternity, or adoption leave, there should be no loss in training status if the leave has not been more than 2 months. The duration of training in an accredited program required by The American Board of Pediatrics is 36 months. Total absences in excess of 3 months for parental leave, vacations, illness, etc, require an explanation and justification by the program director, who plays an essential role in the certification process, and approval by the Credentials Committee of the American Board of Pediatrics. Makeup for an absence beyond 3 months may be indicated to meet the training requirements for board certification and should be determined by the program director. Salary for any time required to be made up by the resident should be paid according to the resident's appropriate training level.

Other Issues

Programs need to develop specific written policies for providing family medical leave for residents to permit them to be at home to care for an ill child, spouse, or parent.

The Federal Family and Medical Leave Act allows a resident up to 3 months per year of leave without pay and mandates that health insurance benefits be continued by the employer during this time. Training programs will be expected to comply with these regulations. The written program policies also should specify that residents requesting maternity, paternity, or adoption leave must notify the program director on a timely basis if possible, so that scheduling adjustments can be arranged.

The residency program must ensure that the pregnant resident can continue her duties in a setting that is safe and considered to pose no undue health hazard. The pregnant resident should be expected to continue her usual rotations during the pregnancy. These rotations, however, may be modified at the discretion of the program director and on the recommendation of the resident's physician.

Issues Regarding Staffing and Scheduling

Each program should determine the most satisfactory and least costly approach to providing appropriate coverage during parental leave. Residency program staffing levels should be flexible enough to allow for coverage without creating an intolerable burden on the other residents. Each residency program should attempt to anticipate the number of residents who will take parental leave to project staffing needs and to prepare the annual program budgets.

REFERENCES

<table>
<thead>
<tr>
<th>Updated Information &amp; Services</th>
<th>including high resolution figures, can be found at: /content/96/5/972</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citations</td>
<td>This article has been cited by 3 HighWire-hosted articles: /content/96/5/972#related-urls</td>
</tr>
<tr>
<td>Permissions &amp; Licensing</td>
<td>Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at: /site/misc/Permissions.xhtml</td>
</tr>
<tr>
<td>Reprints</td>
<td>Information about ordering reprints can be found online: /site/misc/reprints.xhtml</td>
</tr>
</tbody>
</table>
Parental Leave for Residents and Pediatric Training Programs
Committee on Early Childhood, Adoption, and Dependent Care Resident Section
Pediatrics 1995;96;972

The online version of this article, along with updated information and services, is located on the World Wide Web at:
/content/96/5/972