
DEPARTMENT OF SURGERY - POLICY ON PARENTAL LEAVE AND ACCOMMODATIONS FOR GENERAL AND VASCULAR SURGERY RESIDENTS

GUIDING PRINCIPLES:

The Maine Medical Center General and Vascular Surgery Residency Programs are committed to supporting residents through family planning, pregnancy, and post-birth transitions. We recognize the birth of a child as a joyous event and look forward to welcoming a new member of our surgical/residency “family.” We also recognize that these life events can be complex, especially when combined with the demanding nature of surgical training. This policy serves to support birthing and non-birthing parents alike, ensuring the health and well-being of residents while maintaining high standards of medical education and patient care.

If issues or concerns arise regarding the application of this policy, conflict resolution will be led by the Program Director (PD). The Department of Surgery does not tolerate bullying or discriminatory language, including derisive comments about family planning or parental status. Residents and faculty members who engage in this kind of behavior will be required to meet with the PD.

1. Preconception and Family Planning:

There are physical, emotional, and logistical challenges of balancing fertility treatments, assisted reproductive technology treatment, and training. We aim to support and accommodate residents undergoing fertility treatments including:

- Residents will have time off for necessary appointments and procedures.
 - Residents may use sick leave for fertility-related procedures.
- Coverage will be supported for necessary absences.
 - Please communicate with scheduling Chiefs and the Program Manager (PM) in advance.
- Residents are afforded (including being allowed to leave the OR for) short breaks (e.g. 10 minutes) for medication administration.

We also acknowledge the importance of confidentiality and understanding when handling family planning-related matters.

- It is expected that confidentiality will be maintained amongst designated advocates.

2. Early Pregnancy Accommodations:

- **Notification:** Residents (birthing and non-birthing) are encouraged to inform the PD and PM as soon as they're comfortable to facilitate optimal rotation adjustments. Early notification, ideally by *14 weeks of gestation*, provides more flexibility in rearranging rotations.

- Members of this department (residents, faculty, and non-physician staff) who learn of a resident's pregnancy before it is public knowledge should respect their privacy and maintain confidentiality.
- **Rotational Adjustments:** After 14 weeks, the program will still try to accommodate requests but may have more limited flexibility.
- **Prenatal Health Maintenance:**
 - Pregnant residents are encouraged to attend all prenatal appointments.
 - Coordination with senior residents or co-residents is needed to ensure coverage.
 - If there are concerns or difficulty arranging coverage, the scheduling Chiefs should be notified and will arrange for coverage.
 - It is the resident's responsibility to try to arrange appointments well in advance, ideally during nonclinical time (e.g. post-call days) or on less clinically demanding days.
 - If unable to be scheduled during nonclinical time, residents can utilize their wellness days (half day off; 4 per academic year/quarterly) or will be allowed to leave clinical duties to attend the appointment with the expectation that they will return after the visit.
 - Wellness days and the time period of the visit do not count against vacation time.
 - Need for higher frequency of appointments or physician directed lighter duties or "bedrest" will be supported and facilitated. The scheduling Chiefs, PD and PM should be notified as soon as possible. Due to ABS (American Board of Surgery) requirements for clinical weeks worked, this may require forfeit of vacation time and/or require extension of training.
 - **Non-birthing parents** will be encouraged to attend milestone appointments such as the first Ob appointment and anatomy ultrasound (usually 18-20 weeks GA). Other appointments that require decision making for high-risk pregnancies will also be facilitated. Similar to birthing parents, residents are encouraged to schedule appointments during *nonclinical time* if/when possible.
- **"Morning Sickness":**
 - Early pregnancy "morning sickness" can be unpredictable and residents may need accommodations to manage nausea, hydrate, obtain nutrition, and use the restroom. The resident should inform the service chief/fellow and/or attendings if such accommodations are expected. Identifying a "back up" resident may be helpful.

3. Operative and Rotation Considerations:

The following accommodations will be arranged for all pregnant residents. However, residents may choose to OPT OUT of any of the accommodations. Any OPT OUT decisions should be communicated to the scheduling Chiefs and Program Director so that they can be communicated to the service Chief and attendings as needed.

Occupational Hazards:

- Pregnant residents are encouraged to inform attending surgeons ahead of time to facilitate accommodations.
- **Fluoroscopy:** Pregnant residents will not participate in fluoroscopy procedures.

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- If a resident chooses to opt out of this (i.e. chooses to participate in fluoroscopy procedures), they should request personal and fetal radiation dosimeters, which can be obtained by contacting the Director of Imaging, Physics and Radiation Safety.
- The National Council on Radiation Protection and Measurement recommends limits to occupational exposure of expectant mothers to <500 mrem total and <50mrem/month. Further information can be found here:
<https://wustl.app.box.com/s/bhi3cowkrzdp2v3w1qb96yez93vrwncm>
- **HIPEC:** Pregnant residents can participate in the cytoreductive portion of the operation, but WILL NOT participate in the chemotherapy infusion or closure.
- **High-risk exposures:** Pregnancy is an immunocompromised state. When possible, pregnant residents should not knowingly be exposed to high transmission illnesses (e.g. measles, varicella, HSV, etc.) or illnesses under airborne precautions (e.g. TB, COVID-19, etc.).
 - More information can be found here:
<https://wustl.app.box.com/s/n9m0d6vk9w7xps19ctmjf1e4taaph2tm>

Rotation Considerations:

- Due to the risks of prolonged shifts/operating, residents \geq 30 weeks gestation will not be scheduled for: night float (any PGY), trauma Chief.
- Alternative options to facilitate these precluded clinical duties will be coordinated by the scheduling Chiefs and include swapping rotation schedules with other residents and/or moving the rotation to a different PGY year.
- **Non-birthing parents** will NOT be scheduled on night float over the due date of their child.

Operative Considerations:

- Pregnant residents will be provided with (at least) **10-minute breaks every 2-4 hours** during non-critical portions of surgeries (to hydrate, sit, eat, and void) to be facilitated by service Chief/Fellow.
- The program will send monthly reminders to attending surgeons about the need for accommodations, with the resident's permission.
 - Pregnant residents should still inform (remind) the attending surgeon ahead of the case of anticipated accommodations.
- Pregnant residents are not expected to help transferring adult patients (e.g. from stretcher to OR bed). NIOSH guidelines advise pregnant residents to avoid lifting greater than 25 pounds beginning at 20 weeks of pregnancy.
 - Please be empowered to speak up (or talk to a chief resident if help needed)!

Residents who require additional schedule, shift, or rotation accommodations not included in the above provisions should meet with the PD to discuss possible accommodations.

4. Parental Leave (Birthing and Non-Birthing Parents):

- We encourage parental leave for birthing and non-birthing parents.
 - Leave can be taken at any time within the first year of birth and can be non-consecutive (we recommend that birthing parents take at least 6 weeks of consecutive leave after birth; non-birthing parents can consider breaking this time up).
 - Residents that take parental leave will NOT be required to make up call missed during their scheduled leave.
- **Leave Duration:** The program supports the American College of Surgeon's recommendation of a **minimum of 6 weeks of parental leave** for all new parents, regardless of birthing status.
 - Each resident must determine what is the right duration for them based on their preferences, financial situation, and childcare needs.
 - Leave is subject to MaineHealth benefits, state and federal regulations, as well as ABS and ACGME requirements (see **Appendix A**).
 - Please note that education requirements are stipulated by the ABS so missed time that may be allowed by MaineHealth and FMLA may still need to be made up before advancing to the next level of training resulting in a delay in graduation.
 - Please see **Appendix B** for recent examples of how other MMC General Surgery residents have structured parental leave recently.
- **Paid Parental Leave:** 6 weeks of paid leave for all parents, including birthing and non-birthing parents.
- **Notification:** Residents are encouraged to inform the PD and PM of their expected leave dates as early as possible.

5. Support for Miscarriage:

- **Clinical Coverage:** In the event of miscarriage, residents will be assisted with clinical coverage to allow for treatment and to recover physically and emotionally.
- **Time Off:** Residents will receive at least **5 days off** during a **2-week period** for procedures and recovery and will be supported with flexible scheduling.
- **Additional Support:** The PD and/or PM will coordinate time off and offer access to mental health resources as needed.

6. Returning to Work After Childbirth:

- **Postpartum Transition:** Residents will be supported with less demanding rotations in the first 2 weeks after returning to clinical duties to help with the adjustment to lactation and postpartum recovery.
 - Attempts will be made to schedule the residents (both birthing and non-birthing) on "lighter" rotations upon return from parental leave.
 - Given expected sleep deprivation, **non-birthing parents** have the option to request call accommodations for the 3 months after returning to clinical duties.

- **Breastfeeding Support:** Residents will be provided breaks for breastfeeding/pumping, with support for lactation rooms and appropriate coverage during absences.
 - Lactation Policy: The department supports residents who are breastfeeding or pumping, offering **30-40 minute breaks every 3-4 hours**.
 - **Lactation spaces** are available for residents, and support for pumping during work is provided. **Appendix C** lists lactation spaces and how to access them.
 - The Department will ensure that there are appropriate lactation and storage facilities at all sites.
 - Faculty and service chiefs will be notified monthly about lactating residents.

7. Childcare and Support Resources:

We recognize the challenges of finding affordable and flexible childcare while managing the demands of surgical training.

- **Appendix D** contains a detailed guide on childcare options in Portland, including daycare centers, nannies, and backup care services.
 - Disclaimer: These are self-reported by residents over the last several years and fees may have changed. Residents are encouraged to do their due diligence in fact-checking.

Other support:

- Facebook Groups: Surgeon Moms Group (SMG, you will need another surgeon mom to add you – ask anyone below), Physician Moms Group (PMG), and Dr. Milk (lactation/pumping/etc. support for physician parents) provide peer support.
- The following faculty have volunteered to offer advice and support to new parents:
 - Marie Audett
 - Meredith Baker
 - Anna Boniakowski
 - Kay Lee
 - Anna Meader
- Drs. Baker and Olsen are organizing the collection of mom and baby things from donated from faculty members (and residents if applicable) to help with the expense of creating and/or caring for a new baby while on a resident's salary. This collection currently is being cared for by Dr. Bridget Olsen.
 - Please contact Bridget if you would like to access (borrow or have depending on what it is) anything from this collection.
 - Examples of collected items: baby swing, breastfeeding pillow, infant car seat

Conclusion:

The MaineHealth Maine Medical Center General Surgery Residency is dedicated to ensuring that residents have the support they need to successfully navigate the challenges of parenthood while pursuing their surgical careers. These accommodations and policies, alongside the community resources offered by both institutions, aim to promote a healthy work-life balance for all residents.

Appendix A: Relevant Governing Entities and Parental Leave Policies**American Board of Surgery (ABS):**

- <https://www.absurgery.org/default.jsp?policygsleave>
- Residents may take documented leave to care for new child (birth, adoption, foster care placement); grieve loss of a family member; recover from own serious illness. This includes 4 weeks during PGY 1-3 (total of 140 weeks required) and 4 weeks off during PGY 4-5 (total of 92 weeks required with 48 weeks as Chief resident rotations, *see below)
 - * The program will need to apply for clinical PGY4 rotations to be included as “chief rotations” if residents take parental leave during the last year of residency.
- For additional time:
 - *Option 1. Extending chief year:* residents may extend final year of training through the end of Aug (with advance permission) and still take that year’s Qualifying Exam.
 - *Option 2. 5 in 6:* five clinical years may be completed over a 6-year period (with advance approval)
 - *Option 3: Averaging/vacation time:* Residents may average time over PGY 1-3 and over PGY 4-5 (reduce non-clinical time in one year to allow for more non-clinical time in another year). Often this is done with vacation weeks.
 - *Option 4: Research year(s):* If parental leave occurs prior to research time, than clinical training time can be extended into and shorten research time in order to eliminate the need for extension of training.

ACGME:

- https://www.acgme.org/globalassets/pfassets/programrequirements/800_institutionalrequirements_2022_tcc.pdf
- Residents/fellows will be provided at least 6 weeks of paid medical, parental, and caregiver leaves of absence at least once during the program
- This policy does not require vacation or sick days to be used, but does require at least one week of paid time off outside of these 6 weeks
- Common Program Requirements: programs must protect time for lactation, medical appointments, mental health care, coverage for family emergencies
- Helpful information at: <https://www.acgme.org/newsroom/blog/2022/acgme-answers-resident-leave-policies/#:~:text=On%20July%201%2C%202022%2C%20new,resident%20and%20fellow%20well%2Dbeing>

MMC GME Paid leave of absence:

- Residents and fellows who are on approved short term disability (STD) can utilize vacation time to supplement the reduced salary (60% of full salary) paid out during short term disability. Resident/fellows may elect not to supplement up to four weeks of STD with vacation time. Although residents and fellows may choose the number of weeks they elect not to supplement with vacation time up to the four-week maximum, the ration of STD pay/vacation must be at 60%/40%. A resident fellow must request to save vacation time when they initiate their STD claim with Unum so they include the request in the claim details.

- This paid leave of absence policy for residents and fellows supersedes the MaineHealth PTO policy.
- Vacation time: Residents may take 21 working days of vacation per year for which half of it is banked at the start of the year. At the end of each academic year, a resident or fellow may roll over up to three days of unused vacation time, thereby starting the following academic year with no more than 24 vacation days. This does not count for residents who continue on to fellowship at Maine Medical Center.
- Sick time: Each resident starts training with 10 days of paid sick time banked which they will get each year. At the start of the third year of employment and each year thereafter, resident/fellows will be provided an additional 5 days of sick time, with a maximum of 35 days of sick time banked per year.
 - Note: the GME policy does not stipulate if sick time can be rolled over to the next year so assume it cannot.

ME State Paid Family and Medical Leave (PFML) + FMLA:

- Unum delivers FLMA to MaineHealth employees but it's MH that actually pays for it with the Maine PFML (FMLA is federal and just protects your job for 12 weeks). Unum needs to be called around 20-30 ish weeks to take down your information (Social Security number, birth date, and they will ask you questions about due date and expected location of delivery). There will be forms that your OB needs to sign. You will also need to call after delivery with additional details (so they say, might be able to do this step online).
 - Contact info: MMC HR solutions line 207-661-4000, option 5 OR Unum FLMA line 866-779-1054, option 3.
 - Helpful note: the new child will be automatically added to the birthing parent's insurance.
 - Calling HR solutions (207-661-4000) and staying on the line to speak with a representative will give you information about your leave and pay.
 - The general pay structure for a delivering parent* is as follows:
 - Weeks 0-2: Resident sick leave (uses all sick days) or vacation days for 100% pay
 - If you are planning to take 8 weeks of leave in total, you can also use paid parental leave for this two week before STD kicks in.
 - Weeks 2-6: Short term disability 60% / 40% resident pay
 - Weeks 6-10: Paid parental leave (100% pay)
 - Weeks 10-12: Unpaid leave
- * non-delivering parents will have six weeks of paid leave
- ***** the pay structure is likely to change after May 1st, 2026 when the Maine PFML goes into effect which is 100% pay for 12 weeks.
 - General info on FLMA:
 - FMLA entitles eligible employees to take 12 workweeks in a 12-month period within one year of birth, adoption, placement of a child; to care for sick family member; for own health condition
 - Only takes effect after you have worked for an employer for 12 months
 - Does NOT address salary continuation during leave (so does not protect your pay)
 - <https://www.dol.gov/agencies/whd/fmla>

Appendix B: Parental Leave Examples from MMC Surgical Residents**Birthing Parents:**

- Residents who had a child during their clinical years of training. Did not include research years.
- Vacation time - no resident in these examples banked vacation time across years of training.
- FMLA - the ABS allows for 4 weeks off that does not need to be made up.

- **Example 1: 5 weeks**
 - 1 week vacation
 - 4 weeks FMLA

- **Example 2: 8 weeks**
 - 4 weeks vacation
 - 4 weeks FMLA

- **Example 3: 12 weeks**
 - 3 weeks vacation
 - 4 weeks FMLA
 - 4 weeks research rotation

- **Example 4: 12 weeks (resident doing 5+6)**
 - 4 weeks FMLA
 - 8 weeks off

- **Considerations:**
 - Banking all your vacation time can be challenging as you will go several months without a vacation.
 - The research rotation is no longer offered as a formal rotation, however, this could be reconsidered.
 - Sick days may be used for parental leave, however residents in example 1 and 2 needed to use sick days prior to birth due to pregnancy complications.
 - The 5 in 6 offers flexibility in training for those who wish to have more leave, however you are not paid during your off time unless you moonlight which may be a financial consideration for families.

Non-Birthing Parents:

- **Example 1**
 - 1 week vacation
 - 2 weeks FMLA

- **Example 2**
 - 1 week vacation

- **Example 3**
 - 2 weeks FMLA

- **Considerations:**

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- FMLA can be divided so that not all 4 weeks need to be taken at the same time. Can be used to stay home if the birthing parent (usually a non-resident) needs to go back to work while you take over childcare for a week or two.
- FMLA changed in 2021 from 2 to 4 weeks.
- Resident in Example 2 had previously used FMLA for prior leave.

Appendix C: Lactation Spaces and Support**Lactation Spaces Policy:**

- In accordance with MaineHealth Policy and Maine state law, lactating employees are entitled to appropriate lactation spaces that meet the following criteria:
 - Private with a locking door
 - Equipped with an electrical outlet
 - Located near the employee's work area, when possible
 - Furnished with comfortable seating and lighting
- Employees must be provided with adequate time and space to pump for up to 3 years following the birth of a child.

Maine Medical Center – Portland:

- General Use Lactation Rooms:
 - *Coulombe Family Tower – Ground Floor*
 - Location: Follow signs for Prenatal Care & Coulombe Family Tower from the Main Lobby.
 - Check-in: Stop at the Coulombe Family Tower Information Desk (employees must show badge ID).
 - Directions: Take the first right; the lactation room is straight ahead on the right before the double doors.
 - *Main Building – Ground Floor (NorDx Lab Waiting Area)*
 - Location: Inside the NorDx Laboratory, directly ahead upon entering.
 - Daytime Use: Notify the NorDx Admin before using.
 - Nighttime Use: Call 662-2522 to have the lab dispatcher unlock the door.
 - Reminder: Lock the door when leaving.
 - *Coulombe Family Tower – 3rd Floor (NICU)*
 - Location: Follow signs for Prenatal Care & Coulombe Family Tower elevators from the Main Lobby. The lactation room is located on the CCN side of the 3rd floor.
 - Check-in: Stop at the Coulombe Family Tower Information Desk (employees must show badge ID).
 - Directions: Take the elevator to the 3rd floor, turn left, and swipe your badge to enter. If no badge access, press the call button.
 - Equipment:
 - Personal pumps allowed or use the hospital-grade pump provided.
 - For replacement parts, call the Boutique: 662-5185.
 - For questions, contact: Manager, Director, or HR at 662-2350.
- Restricted Access Lactation Rooms:
 - *SCU (Staff Only)*
 - Location: Proceed to SCU III, turn right at the hall intersection; lactation room G052 ("Pump Room") is on the left.
 - Daytime Use: Request the lactation room key from the receptionist.
 - After Hours Use: Use the call box to request the key.

- Reminder: Return the key after use.
- *MGB Call Rooms (OR Residents/Fellows Only)*
 - Location: Inside the MGB call rooms.
 - Equipment: Pump, fridge, and computer available for resident/fellow use.
- Mamava Lactation Pods (Employee Use Only):
 - *Mamava pods are accessible via the Mamava App at the following locations:*
 - PVA: Pavilion A, Level 01 (XL model, ADA-compliant)
 - CFT4: Coulombe Family Tower, 4th Floor, near time clock
 - Dana Center: 1st Floor, outside Classroom 5
 - R9: Richards Building, 9th Floor, near Bean Elevators
 - Bean 0B: Bean Basement, near ASU entry door
 - The Mamava App is easy to use and tells you whether a pod is in use or not and unlocks the door if you want to use it.

Other Locations:


- Scarborough Surgery Center:
 - Lactation room available in the female locker room.
- Southern Maine (Biddeford):
 - Location: 3rd Floor, straight through the entrance to Information Systems.
 - Room Label: "Employee Lactation Room"

Lactation Supplies:

- Breast Pumps: Insurance covers standard breast pumps (Spectra, Medela, etc.) prior to delivery (typically within the last month of gestation or shortly after birth – ask your OB about it in the beginning of 3rd trimester if not already mentioned).
- Hands-Free Options:
 - Freemie cups can be used with standard pumps.
 - Pumping bras allow hands-free use.
 - Wearable pumps like Willow and Elvie can be worn under clothing.
- Milk Storage:
 - Refrigeration space must be provided to safely store human milk.
 - Ceres Chill is a portable storage container that keeps milk cold for 20 hours, ideal for commuting between hospital/clinic/surgery centers.
- Cleaning Supplies: Wipes or soap and water.
- Helpful Links:
 - Ceres Chill: www.cereschill.com
 - Freemie: www.freemie.com
 - Elvie: www.elvie.com
 - Willow: www.onewillow.com

Additional Resources:

- Need Assistance?
 - Lactation Services: 662-4555
 - Human Resources: 662-2350

- MaineHealth collaborates with the *Maine State Breastfeeding Coalition* to provide support for parents returning to work.
 - Resource Guide: Returning to Work
 - This guide includes:
 - Tips on feeding at home during early postpartum days
 - Preparing for return to work
 - Setting breastfeeding goals
 - Checklist for supplies
 - Common challenges and solutions
 -  Access the full guide: [MaineHealth Breastfeeding Resources](http://www.mainehealth.org/lets-go/community-settings/workplaces)
(www.mainehealth.org/lets-go/community-settings/workplaces)

Appendix D: Childcare Resources and Support

- *We surveyed MMC surgery parents and collected the information below to help guide you. This should be considered a starting point as you should do your own research to determine what works best for your family and also because fees may change.*
- Childcare is expensive and finding an option that works with your schedule can be challenging. But do not delay too long to figure this out as waitlists can be long and getting on them as soon as possible (first trimester) is important.
- Childcare options:
 - Stay at home parent
 - Nanny - \$25-30 per hour is the average cost in Maine
 - Daycares – it is best to get on multiple waitlists as soon as you are planning for pregnancy or are pregnant.
 - Portland
 - Bright Horizons 7:30 – 17:30
 - Kidde Garden 7:30-16:30 (option to extend to 17:30)
 - West End Village School 8:30 – 15:30
 - Catherine Morrill School – has a very long wait list
 - The Children’s Center 7:30 – 17:30
 - Academy for Active Learners
 - South Portland
 - Shining Star – 6:30 – 18:00 *has the best hours for residents
 - Cape Elizabeth
 - Ocean House Daycare
 - Perlelite Montessori
 - Scarborough
 - Creative Beginnings
 - Falmouth
 - Pine Grove
 - Preschools – Universal public pre-K is currently not offered in the state of Maine, although there are some public pre-K options. Below listed are centers that current Surgery Department faculty/residents children go to.
 - The Children’s Center – 7:30 – 17:30, 5d per week (including summer) - is \$20,940 (younger kids are even more: \$26,400/year for 5 days for 6w to 18mo, \$23,400/year for 18mo to 3y).
 - Growing Learners

References:

Creighton University General Surgery Residency Program – Omaha’s Parental Leave and Peri-Partum Standards of Practice (obtained via personal communication, August 2024)

Johns Hopkins General Surgery Pregnancy Guidelines (obtained via personal communication, August 2024)

The Massachusetts General Hospital Department of Surgery General Surgery Residency Guide for Expectant and New Parents
(obtained via personal communication, September 2024)

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