Policy: Maternity/Paternity

Please refer to the UMHS HOA contract for specific language regarding Leave of Absence (LOA) related to Maternity/Paternity leaves (as well as adoption).

Maternity Leave:

Mothers’ leave for the birth of a child follows the UMHS HOA contract. This paid leave includes 6 weeks of consecutive time off (non vacation, paid time), regardless of mode of delivery. House officers may choose to add vacation time to maternity leave with permission from the PD. House officers choosing to take LESS than the six week leave MUST submit a release to return to work from their OB/GYNE or appropriate physician. During the last trimester of pregnancy and for two months post delivery date, no overnight “call” will be scheduled during rotations and fellow daily duty hours will not exceed 12 consecutive hours. Exceptions may be made as directed by fellow’s OB/GYNE (or other appropriate physician). The program will make good faith efforts to accommodate complications or other health care needs related to pregnancy as necessary. Emergency shift coverage for fellows’ experiencing complications of ongoing pregnancy necessitating unexpected absences will be repaid to covering fellows at a later date in the program under direction of the PD.

Pregnant fellows are asked to notify the PD in writing of requests for maternity leave as soon as possible, ideally at the time of notification of pregnancy and/or planning phase of upcoming academic year scheduling. This will allow maximal time for scheduling changes/modifications, including impact on co-fellows schedule, CES, HMC and external rotations and overall program.

ALL maternity leaves will increase the total fellowship training time by the respective amount of leave time (example: fellow takes 6 weeks leave, completion of the program will occur 6 weeks beyond June 30th of the last year of training).

At the discretion of the PD, submission to the respective board (American Board of Pediatrics or American Board of EM) for waiver of maternity leave time to complete training (and permit eligibility to sit for PEM board examination) may be made for fellows in good standing in the program. All fellows taking maternity leave time should prepare for extension of training (before accepting faculty offers of employment); waivers are typically made in the last months of the last year of training and are never guaranteed. It is the fellow’s responsibility to communicate final training date to potential future employers.

Paternity Leave:

The University of Michigan’s House Office contract provides for 4 days of paternity leave. The Pediatric Emergency Medicine program would like to insure that its fellows who are new fathers have a period of time up to seven days to devote to their families that are free from clinical responsibilities. It is important to note that this policy does not provide for additional “time off” since that is limited to 4 days by the HOA contract. Rather, it describes a mechanism that allows a fellow an extended period of time away from the hospital and insures that the fellow’s responsibilities will be assumed by other fellows in the program. A fellow requesting paternity leave ultimately has the responsibility to compensate those fellows who cover that portion of the leave superseding the 4 days guaranteed by the HOA contract. This policy outlines the responsibilities of a fellow planning paternity leave and the program’s commitment to insuring that leave occurs with minimal difficulty for the involved fellow and with minimal disruption of other fellows’ schedules.

1) Timely communication is essential. Ideally paternity leave requests should be considered when planning the annual schedule. Fellows should inform the Program Director of the expected delivery date as soon as possible in the pregnancy.
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2) Once notified the Program Director will review the rotation, vacation, and monthly schedules. If possible, changes will be made to facilitate an arrangement that provides the time off with minimal inconvenience to other fellows. The fellow requesting leave should keep the Program Director informed of any problems that possibly alter the expected time of delivery.

3) If scheduled to work in the CES at the time of the delivery, the fellow should attempt to switch 2-3 shifts occurring around the time of the anticipated due date with other fellows.

4) When no prior arrangements can be made, (e.g., delivery occurs outside the expected time frame) the program will attempt to cover the entire 7 day period. There are circumstances in which this may not be possible and therefore it cannot be guaranteed. If the entire 7 day period is covered, the fellow will be responsible for paying back the shifts covered during the final 3 days of the 7 day period.

5) The fellow is expected to inform the Program Director immediately when labor begins so that individuals covering shifts can be notified.

6) Fellows scheduled on off-service rotations must contact the chief resident/rotation supervisor of that service 3 months beforehand and inform them of the need to have flexibility in days off for the month. Off-services are unlikely to allow absences extending beyond 4 days. The Program Director should be informed of any problems obtaining the 4 days specified by the HOA contract and will assist in their resolution.

7) If the above responsibilities are met, fellows rotating in the Pediatric ED will be provided a period of up to 7 days free from clinical responsibilities. Once notified that labor has begun, the Program Director will handle any scheduling issues for the 7 day period. The Program Director will also adjust future Pediatric ED schedules to compensate fellows who covered the fellow during the leave.

8) If a fellow requires a leave that exceeds 7 days, this should be discussed with the Program Director as soon as the need is anticipated. Other options such as use of vacation time or a leave of absence are possible.

This policy is intended to guide the actions of the fellow requesting maternity/paternity leave and provide for uninterrupted time to attend to family responsibilities. There may be scenarios and needs not addressed by this policy and the program will address those on an individual basis. Open and timely communication will facilitate solutions that work well for all involved parties.

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