

Job Aid	Supporting Residents During and Post Pregnancy Job Aid- GME	Policy ID	36341
Keywords	Parent, maternity, non-birth, birth, caregiver, care giver, pregnancy, teratogen, exposure, radiation, parental leave, GME Leave, miscarriage, disclosure, family planning, childbearing, non-childbearing, parent		
Department	Graduate Medical Education		

I. Purpose of Policy

The purpose of this job aid is to provide guidelines for supporting a Resident who is a parent or caregiver within Dartmouth Hitchcock (Mary Hitchcock Memorial Hospital-sponsored) Graduate Medical Education (GME) training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).

II. Policy Scope

Applies to all Residents in an ACGME-accredited training program at Dartmouth Hitchcock.

III. Definitions

Childbearing Parent: A person who gives birth to a child

Non-Childbearing Parent: A parent who raises a child but did not physically give birth to the child.

Parent: Parent means a biological, adoptive, step or foster father or mother.

Program Director: The individual designated with authority and accountability for the operation of a residency/fellowship program, including compliance with all applicable ACGME program requirements.

Resident: Any resident or fellow physician in an ACGME-accredited graduate medical education program at Dartmouth-Hitchcock.

IV. Policy Statement

Dartmouth Hitchcock and our ACGME-accredited training programs recognize that balancing graduate medical education training with personal and family life can present unique challenges for a Resident. We are committed to safeguarding the health and well-being of a Resident throughout all stages of training. We also recognize that there may be significant variation in how the specific circumstance of family planning, pregnancy and after delivery are experienced for a Resident.

Seeking Accommodations: Residents who are pregnant, postpartum, or experiencing related medical conditions may be entitled to reasonable accommodations under applicable law and institutional policy. While program leadership plays an important role in supporting a Resident and identifying potential needs within the training environment, the accommodations process is coordinated through AskHR, in conjunction with DHLeaves for leave-related requests and SunLife, and Employee Relations for at-work requests. Program leadership should promptly refer residents to the AskHR portal for further information and to request accommodations as needed. Leadership will thereafter participate, as appropriate, in the interactive process.

The accommodations team will engage in a timely, individualized interactive process to understand any work-related limitations and identify reasonable accommodations that enable the resident to perform the essential functions of the training program, absent undue hardship. Program leadership should not independently implement, approve, or deny accommodations, require leave where another reasonable accommodation may allow continued participation, or request medical information outside the established process.

Note: A Resident's health status is confidential unless the affected Resident shares the information with a colleague.

Preconception and Family Planning

- **Benefits & Time Away:** A Parent should:
 - Review the current Benefits package regarding information on infertility treatment (including assistive reproductive technology, medications, consultations, in-vitro fertilization) and pregnancy benefits (including pumps).
 - Review the "Time Away from Training Policy- GME – Policy 27501" and specialty board requirements to support a Resident in determining leave type and length for the birth of a child.
 - Review local childcare options and join waitlists as soon as possible.
- **Fertility:** A Parent is encouraged to arrange for coverage for rounding, clinics, and first-start cases/procedures for early morning appointments for time-sensitive fertility appointments.
 - A Parent should discuss with their Program Director or their designee the need and process for taking short absences (10 minutes) during rounding, education, clinic, or procedures to facilitate medication administration.

Disclosure of Pregnancy

- A Childbearing Parent should consider connecting with Radiation Safety as soon as possible if exposure to radiation is inherent in the training program/specialty. Radiation Safety will engage in a confidential conversation with the Resident about the risks and provide a fetal dosimeter. Radiation Safety will not disclose pregnancy status to anyone.

A Parent should inform their Program Director as early as possible of their delivery date and discuss plans for taking leave (if any).

- A Parent should initiate their impending GME and/or Parental Leave through AskHR and SunLife (FMLA leave administrator) as soon as practicable. This process must be initiated no later than 30 days prior to the start of leave. If the requested leave date changes due to an unanticipated need, a Parent must notify the Program Director and connect directly with AskHR and SunLife to amend the leave date as soon as practical.

Prenatal Health Maintenance

- **Prenatal Visits:** A Parent should attempt to arrange routine prenatal visits well in advance to avoid clinically busy days and should always use the program's time away process to facilitate needed coverage.
- **Schedule Alterations:** A Childbearing Parent is encouraged to discuss any necessary schedule alternations with their Program Director or designee. When requested and practicable, programs are encouraged whenever possible to modify work schedules of the Childbearing Parent. Examples of areas to consider are offered below. A Childbearing Parent should request specific accommodations through the AskHR process.
 - **Rotation Schedules:** The Program Director or their designee may amend rotation schedules at the request of a Childbearing Parent. Examples include but are not limited to: rotations with increased peer support or larger teams, seated duties, outpatient clinic time, research, smaller average census, and less radiation/teratogen exposure.
 - **Call Schedules:** The Program Director or their designee may modify work schedules at the request of the Childbearing Parent. Examples include but are not limited to: modify work schedules for a Childbearing Parent experiencing significant health disruptions, shortening shift length (inclusive of clinical obligations in the hospital and home call), and discussing options for flexibility in call shift responsibility.

A Parent is requested to work with the Program Director to understand how modifications to their schedule and rotations may affect the need to extend training past the projected graduation date.

- **Exposure to Radiation:** Fluoroscopy is a critical part of education for some Residents.

Radiation Exposure	Suggested Rotation Timeframe	Notes
< 50% of Rotations	Amend schedule to allow for rotations to take place post-delivery.	Recommend a Resident wear a fetal dosimeter under lead at level of abdomen.
50-90% of Rotations	Amend schedule to allow for low-radiation rotations during first 13 weeks of pregnancy.	
Daily Rotations	Proceed following ALARA principles for lead/shielding and allow a Resident to step out of room during high exposure portions of case during first 13 weeks of pregnancy.	

- **Exposure to Teratogenic Substances:** The Program and Childbearing Parent should work together to avoid, as practical, the Childbearing Parent's exposure to the following substances that can be detrimental to a developing fetus:

- HIPEC infusion
- Formaldehyde
- Excess flurane gas inhalation
- Direct contact with cytotoxic drugs (including drug-eluting endovascular devices)
- Clinic administration of teratogenic drugs
- Other identified teratogens
- In the event of an occupational exposure, personnel shall immediately contact Occupational Medicine at 653-3850 during normal operating hours (Monday–Friday, 0645–1630). Exposures occurring outside of these hours shall be directed to the Emergency Department or to the individual’s OB clinic, as appropriate.
- **Exposure to Infectious Diseases:** The Program and Childbearing Parent should work together to avoid, as practical, the Childbearing Parent from encountering varicella, shingles, or other infectious hazards. If part of a rounding team, other members of the team should enter the room preferentially.

In the event of an occupational exposure, personnel shall immediately contact Occupational Medicine at 653-3850 during normal operating hours (Monday–Friday, 0645–1630). Exposures occurring outside of these hours shall be directed to the Emergency Department or to the individual’s OB clinic, as appropriate.

- **Inpatient, Outpatient and Procedural Accommodations:** A Childbearing Parent should inform their Program Director and supervising attending in advance if they anticipate requiring any accommodations throughout the scheduled work day.
 - Example: As requested, a Childbearing Parent involved in a procedure/case might take at least one 10-minute break every 2-3 hours to attend to personal needs including but not limited to sitting, hydrating, eating, or voiding, taking care, when possible, to time these breaks during non-critical portions of the case. To the extent more frequent breaks are requested, the Childbearing Parent is encouraged to communicate the need for breaks to their Program Director and supervising attending.

Adverse Childbearing Parent or Infant Health Issues

- The Parent may experience unanticipated or unexpected outcomes during pregnancy such as maternal or fetal complications, preterm birth, or miscarriage. A Parent is encouraged to inform the Program Director or their designee about complications or adverse health issues that arise, to the extent they require schedule modification, leave, or other support. Such information will be kept strictly confidential.
 - Example: Program Directors are encouraged to offer supportive measures to the Parent including but not limited to referral to mental health support, review of leave options and amendments to rotation and call schedules as possible.

Postpartum & Return to Work

- **Lactation Needs:** At the request of the Parent, the Program Director or their designee and the Parent should plan how the Parent can step away from clinical responsibilities to express milk to minimize disruptions during critical portions of patient care, including providing a coverage plan for complex cases.
 - Example: As requested, a Parent might leave rounding, clinic or scrub out of a procedure every 3-4 hours for 30-40 minutes to attend to lactation needs.
 - A Parent is encouraged to review lactation support resources including the availability of GME Lactation space for expressing milk.

- **Rotations:** The Program Director or their designee should work with the Parent to arrange for re-entry to the clinical setting that takes place as best supports their specific requests. A Parent should request specific accommodations through the AskHR process.
- **Call:** Recognizing that scheduling and coverage needs vary by specialty and individual program, Program Directors should assess, on a case-by-case basis, whether call expectations can be adjusted so they are proportionate to the number of days the Resident is available to work, rather than requiring make up of call shifts missed during leave.
- **Mental Health:** Depression during this time affects nearly 20% of Residents. Programs are encouraged to offer a Parent support in reviewing available mental health resources including the Behavioral Health Clinic, Employee Assistance Program, and Dartmouth Health Behavioral Health Service to support their adjustment during the postpartum period.

V. References

NA

Responsible Owner:	Graduate Medical Education	Contact:	Karen Miller
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Date Job Aid to go into Effect:	07/20/2026		
Related Polices & Procedures:	Time Away from Training Policy - GME Well-being Policy - GME Bloodborne Pathogen Exposure Procedure Lactation or Pumping at Work Policy: Location and Break Time – Employees, Covered Individuals		
Related Job Aids:	Well-Being Job Aid for Residents and Fellows - GME		