

# **PGY-Parent Handbook**

Vanderbilt University Medical Center

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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 on the other hand is often a time that is 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

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.

#### 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. The bundle provides equipment (scale, BP machine and cuff, fetal doppler) for telemedicine visits during first and second trimester (exact timing depends upon provider and location). This can be helpful if you are working on the main campus and find it 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. Visit the bundle website for more information <https://www.vanderbilthealth.com/program/myhealth-bundles>. To enroll, call a patient navigator at 615-936-2635 or email [bundles@vumc.org](mailto:bundles@vumc.org) to schedule an intake visit. **Note this needs to be done before your first prenatal visit.**

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; however, some childcare centers will require a physician to confirm pregnancy (requiring note from your doctor after your first visit ~12 weeks). Note that the waitlist for most daycares in Nashville is exceptionally long (~1.5 year on average) so signing up early is imperative (note 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 the house staff schedule.

A few things to keep in mind...

- 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. 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 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, 7AM – 5:30PM; Belcourt location will have 6AM - 5PM)
  - Note this is separate from the Vanderbilt University Acorn School
  - VUMC contact: Rebecca White
- [St. Mary Villa](#) (6AM – 6PM)
  - VUMC contacts: Jamie Pfaff, Katie & Sudeep Sunthakar
- St. Paul's
  - VUMC contact: Stokes Peebles
- [Creative Care Center](#) (7AM – 5:30 PM)
  - VUMC contacts: Melissa and Nathan Bloodworth
- [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](#)
  - VUMC contact: Kelly Costopoulos
- [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 as well as nanny agencies. Two commonly used agencies are [Nannies of Green Hills](#) (used by Jamie Kowal, a cardiology 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](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](http://vumc.care.com)). You may use up to a combined total of 20 calendar 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. 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. Note that care can only be covered for 10 hours without having to use an additional calendar day.
  - 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 filing the claim 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 can be direct deposited after 7 business days.
- 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). 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).

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 winter 2023, the CDC is updating guidelines for healthcare workers and interactions with CMV positive patients, however they are not finalized yet.

### 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), some pregnant persons will wear additional lead skirts. This may be another time when you can request a schedule change to avoid this risk.

Pregnant residents can also declare their pregnancy (optional, although strongly recommended) to radiation safety in order 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.

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

### Chemotherapy and other medications

In general, asking the pharmacist is a good start regarding care for patients receiving active chemotherapy or if there are other medications you are concerned about. 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 Flolan, 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). 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 parents. If an individual has needs for additional modifications to a schedule that are beyond usual job expectations, they can request medical accommodations through HR. A request for accommodations can be made here: [Employee and Labor Relations, Equal Opportunity, Affirmative Action, Disability \(EAD\) | VUMC Human Resources](#)

## Becoming a parent as an LGBTQI trainee

- [Pathway to parenthood for LGBT People](#) – guide written by Fenway Institute

## When things do not go as planned...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 many families. Many couples need to pursue assisted reproductive technology (ART) for recurrent pregnancy loss, unexplained infertility, PCOS or many other reasons. This is 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 does egg freezing for those who want to preserve their fertility as well as IVF for those struggling with infertility. They also do egg and sperm donation as well as embryo adoption. They are LGBTQ+ friendly and have many options for LGBTQ+ couples as well.

See additional community resources in the sections below. [ReadyNest](#) has a robust support group for women struggling with pregnancy loss.

## Parental leave

VUMC parental/medical leave policy was updated to 6 weeks of paid time in July 2021. ACGME updated their guidelines 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 as they are highly trained in HR 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.

### 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.
- 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](#) (a person can receive up to 2 weeks) 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.
- Short Term disability: See the [House staff manual](#) for further information applying for this as House Staff.

### 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:
  - o “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.”
- Your individual Specialty Board: Additional Boards for each specialty can give more and you will need to refer to your specialty’s policy (see appendix II). You should 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.
  - o Note the previous ABMS referenced policy only applies to programs at least 2 years in duration.
  - o 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 do 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 preserve your vacation for later. If you have been scheduled for vacation, 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, please 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 and 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 and sit for boards as originally scheduled.
- **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 day for each month they have worked at VUMC and 3 weeks of vacation/ year. Any time off would not be paid after she uses all her 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 paid parental leave, 3 weeks of vacation/ year and 1 day of sick days 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 coordinator know so they can help facilitate the FMLA process. We encourage that you verify they are up to date on leave policies per training institutions and the VUMC policy.
2. Apply for FMLA 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 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 tips from house staff parents:

- Pre-chart/pre-round at home
- If on outpatient only rotations, prioritize telemedicine as able.

## Lactation

Breastfeeding has been shown to have numerous health benefits for both mother (decreases risk of hypertension, diabetes, breast and ovarian cancer) and baby. However, many residents 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.

### 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 resident physicians. 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). 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, 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.
- Non-wearable – Standard breast pumps. Spectra, Medela, etc. - These can be purchased through your insurance via ([www.aeroflow.com](http://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). The pick up for the pump is at OHO. 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.

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

- Most conferences are still available through zoom. Consider asking your leadership to attend conference remotely and watch in call or lactation rooms while pumping.
- Request to block off a 30 minutes of clinic patient slots during each half day of clinic to pump.

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 come back. 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 highly recommend 10T as it is badge access only and has 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). Usually call rooms are the best bet for uninterrupted time to pump.
- Vanderbilt Psychiatric Hospital: Usually the best option is a call room.
- One Hundred Oaks: There are no dedicated lactation places within OHO for employees. 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, sink and 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.
- 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.
- 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 other considerations and tips, would 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/ year tax free toward these expenditures
- Sign up for Dolly Parton Imagination library for 1 free book a month for the first 5 years of life delivered to your home
- Oak Hill Consignment Sale – biannual (early October, mid-February) with excellent deals on furniture, clothes and all baby needs.
- Once Upon a Child – year-round consignment near 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.

### PGY-Mom/ Vanderbilt Physician Parent Group (VPPG)

Join by emailing [rachel.apple@vumc.org](mailto:rachel.apple@vumc.org). There are many different resources including peer support lunches. This is also 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!
- 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.

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

- Feeding your baby
  - o [Washington Post](#) - "Feeding my daughter taught me what my body needs... and that is equally important". A story about switching to formula.
  - o [JAMA](#) - "The Hardest thing" A story of a pediatrician having twins and recognizing the difficulties associated with breastfeeding.
  - o [NEJM](#) - "Breast or Bottle – the illusion of choice" Written by a physician about difficulties with breastfeeding.
- Work-life Integration
  - o [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](http://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 (Psychiatry resident)  
Dr. Cara Connolly (Radiology resident)  
Dr. Lucy Spalluto (Radiology resident)  
Dr. Raeshell Sweeting (General surgery attending)  
Dr. McKenzie Vater (Pediatric rheumatology fellow)  
Dr. Katie Sunthankar (Cardiology fellow, previous IM resident)  
Dr. Melissa Warren (Pulm/critical care attending)  
Dr. Melissa Bloodworth (Allergy fellow, previous IM resident)



Dr. Jamie Pfaff (IM resident, future palliative care fellow)  
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 paid leave (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 employer 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 a 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.

### Reference:

- US Department of Labor. Section 7(r) of the Fair Labor Standards Act – Break Time for Nursing Mothers Provision. 2010.
- Peters, G.W., Kuczmaraska-Haas, A., Holliday, E.B. et al. Lactation challenges of resident physicians- results of a national survey. BMC Pregnancy Childbirth 20, 762 (2020). <https://doi.org/10.1186/s12884-020-03436-3>
- Gulati M, Korn RM, Wood MJ, et al. Childbearing Among Women Cardiologists: The Interface of Experience, Impact, and the Law. J Am Coll Cardiol. 2022;79(11):1076-1087. doi:10.1016/j.jacc.2021.12.034
- 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 Sunthakar for modification of this document.