

Pregnancy and Maternity

Many surgeons successfully combine motherhood with a rewarding surgical career. Surgery benefits from a diverse workforce.

Remember the months of pregnancy are a short time in a surgical career

When is the best time?

There are pros and cons to having a family at each stage of your career; you must decide what will work best for you. Be assured that many women have gone through this before!

It is easier to plan your return to work if you are in a permanent job (Consultant or Specialty Doctor) or in a long rotation, e.g. with a National Training Number (NTN) in an ST3+ post. If you have a NTN, your date for Certificate of Completion of Training (CCT) moves forward by every week that you are on leave after the first three months.

At earlier stages in your career, it is more difficult to cope with frequent job changes, busy shifts and applying for jobs if you also have a demanding baby, but some people manage it. You are only allowed 4 weeks out of a FY1 or FY2 year before you have to repeat some or all of the year.

Some couples decide to wait until they are settled in Consultant posts, but surgical training is long and fertility reduces with age. After age 35, the success rate for IVF declines rapidly and some regions have age-limits for NHS funding. IVF requires a series of hormonal injections and scans which may necessitate time off work.

Maternity leave

You must be employed at 11 weeks before the baby is due, otherwise no one is responsible for paying your maternity pay. If you have had 12 months continuous NHS service at 11 weeks before the baby is due you should receive 8 weeks full pay, then 18 weeks half pay, then your post is held open for another 26 weeks.

If you have less than 12 months' continuous NHS service, you may only get Statutory Maternity Allowance, currently £125/week. Be cautious of getting pregnant during research which is not NHS-funded, some Universities have reciprocal contracts with the NHS, but get advice first.

There is more information on NHS employers website. If you are a BMA member, you can get their advice.

Any NHS employee is entitled to maternity or adoption leave. You decide how much time you want to take, up to 12 months, and the date of your return.

“Full pay” and “Half pay” includes banding and London weighting. The earliest you can start is the 11th week before the baby is due, i.e. 29 weeks into your pregnancy. Many women can work longer into their pregnancy than this. Do not forget to take enough time off afterwards to be with the baby.

If you are on a rotation, you can choose to return to the same job, or the next one. You accrue pension and annual leave while on paid maternity leave. Discuss annual leave dates with your manager

Maternity rights

The Health and Safety rights of pregnancy also apply to someone who is breastfeeding or has given birth within the last 12 months.

A risk assessment should be done, and change of working patterns if a risk is found.

Working while pregnant

Things to do:

Let your employer, i.e. Human Resources and Department manager know, so they can arrange a risk assessment.

If you are a trainee, let the Deanery and Training Programme Director know especially if you feel the pregnancy may affect your ability to achieve your competencies or if you may want to plan to return Less Than Full Time

Your employer is obliged to do a Risk Assessment. If a risk to you or the baby is found, you should be offered alterations in working conditions, alterations in hours, alternative work or to be suspended, but you still receive full pay, including banding.

Consider carefully what you should be doing for your curricular requirements. E.g. "exposure to emergency surgery" does not have to be at night.

The person doing your risk assessment may not understand what your job involves. The risks are not well defined, e.g. lifting, standing, long hours. You may have different needs as the pregnancy progresses e.g. morning sickness usually reduces after the first trimester. You or your manager may want to ask for specialist medical advice e.g. an Occupational Health physician.

Start planning – are there any courses you need to do that you could do in the third trimester? Remember its easier to study than work then, and much easier than having to leave the baby to do a course.

You must let your employer know in writing, at least 15 weeks before the baby is due, with the date you intend to start your maternity leave. They will want a copy of your MATB1 certificate from your midwife or doctor.

Avoid caffeine.

Useful tips and information:

Practically, in some ways surgery is easier than many other jobs. In the NHS, there is often a lot of waiting time between operations.

You can sit down to operate for more operations than people realise.

There is no evidence that anaesthetic gases harm the foetus, but it might be prudent to keep away from the head end of paediatric cases, as their circuits leak

You may worry about using x-rays. If you wear a lead gown, the effective dose to the foetus is less than 1milliSievert over 9 months, which is very low. It is your right to decide how much you do. Be aware that your training may require a certain number of cases, or trauma on-call. You can stand away and use short x-ray flashes to reduce effective dose further. (See references)

Things to remember:

Each woman has a different experience of pregnancy.

Generally, the first trimester is the worst. You will feel sick, tired and scared. It gets easier. Morning sickness is often caused by relative hypoglycaemia: have stashes of food in your locker, clinic drawers, theatre kitchen cupboards, etc.

Be aware that around 20% of pregnancies end in miscarriage, usually in the first trimester. You may want to be cautious about who you tell when.

Often you will get some energy back in the second trimester "blooming".

In the third trimester, you may start to feel tired and physically awkward.

You do not need to stop on-call or night shifts unless a risk is found.

You will be amazed at who is lovely and helpful!

Returning to work

It may take a while to get used to work again. Once you have been up at night with a baby with colic, doing awful clinics is a breeze. Book a holiday for shortly after you get back - you may be exhausted.

The Academy of Medical Royal Colleges is working on "return to work" guidelines for anyone who has been away for over 3 months for any reason.

Working/training Less Than Full Time

You may want to work flexibly – if you are not a trainee, plan this with your manager well in advance.

If you are a trainee, this is arranged through the LTFT (Less than full time) advisor at the Deanery. Look at their website or talk to them as soon as you consider it. Many people request to go LTFT, typically 50-80%, with a cut in salary. Your CCT date moves, and your goals are adjusted.

Generally the Deanery arranges for one of three options for a LTFT post:

- Slot share
- Supernumerary post or
- Part-time in a full-time post

Due to financial constraints, there has been reluctance to put LTFT trainees into supernumerary slots. Surgical trainees often find there is no-one to slot-share with. Hospitals can express reluctance to fitting part-time doctors into the rota. Arranging a LTFT post is not always easy or quick.

We hope there will be more ring-fencing of funds in the future to help surgical trainees as these have specific craft skills-training needs, few people to slot-share with and lengthy training.

Breastfeeding

We all know that breastfeeding is best for babies. If you decide to it is possible to work and breastfeed. Babies can start on other foods and juice after 6 months. Some will mix and match formula milk or breast milk before this. You can express breast milk, freeze it and take it home.

You are entitled to time (e.g. 20 minutes) and a calm place (SCBU can be helpful) to do this.

Childcare

Most people choose a nursery, a nanny or partner/family support e.g. parents staying for on-call weekends.

There are pros and cons for each. Nannies are more expensive and you pay their tax, while nurseries often have limited hours.

Book early – many hospital nurseries have a 15-month waiting list. You can pay for childcare before tax, called "salary sacrifice" and HM Revenue and Customs provides information on this.

See if your employer has a family co-ordinator. You should plan some back-up in case your child or carer is ill many agencies provide access to emergency childcare.

Further sources of help:

You can call the Women in Surgery Office at the Royal College of Surgeons of England who can offer some help and advice and put you in touch with a surgeon to advise further.

Either via email: ois@rcseng.ac.uk or telephone: 020 7869 6217

References (and sources of further advice):

NHS employers: Maternity issues for doctors in training, December 2010

<http://www.nhsemployers.org/Aboutus/Publications/Documents/Maternity%20issues%20for%20doctors%20in%20training.pdf>

Dr Emma Hill: "So you want to be a medical mum?" Oxford University Press
SBN 978-0-19-923758-6

British Medical Association: Maternity leave for NHS medical staff, April 2010. www.bma.org.uk for members

Medical Women's Federation: Open access to helpful information
www.medicalwomensfederation.org.uk

NHS employment issues: www.nhsemployers.org

Health and Safety Executive: www.hse.gov.uk/content/faqs/pregnancy.htm

Academy of Medical Royal Colleges (for return to work guidelines, not yet published)
www.aomrc.org.uk

Uzoigwe CE, Middleton RG 2012. Occupational radiation exposure and pregnancy in orthopaedics J Bone Joint Surg Br January 2012 vol. 94-B no. 1 23-27 doi: 10.1302/0301-620X.94B1.27689 <http://web.jbjs.org.uk/content/94-B/1/23.full>

Health and Safety Executive 2010 Working safely with ionising radiation: Guidance for expectant and breastfeeding mothers <http://www.hse.gov.uk/pubns/indg334.pdf>