RESIDENT DOCTORS OF BC

# A Resident's Guide to Parenting, Pregnancy, Parental Leave and Beyond

## Eleventh Edition

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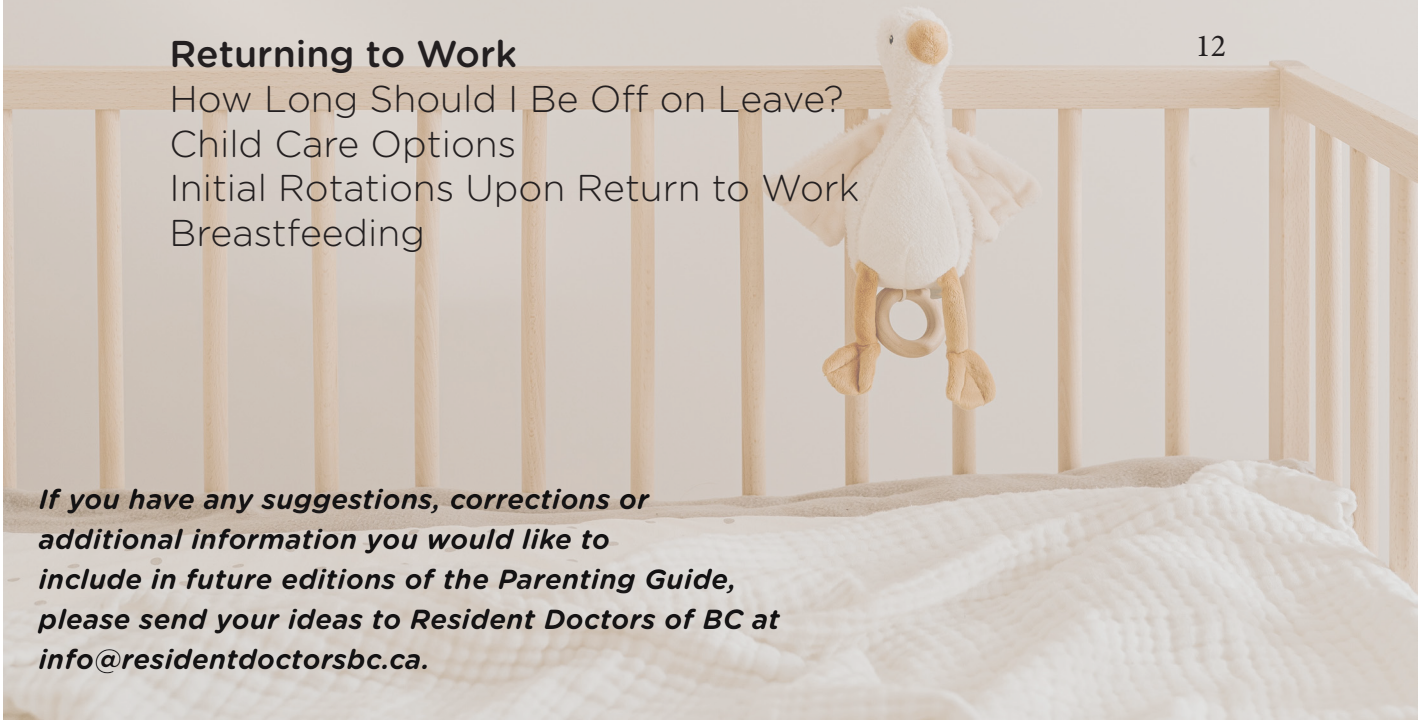

***If you have any suggestions, corrections or additional information you would like to include in future editions of the Parenting Guide, please send your ideas to Resident Doctors of BC at info@residentdoctorsbc.ca.***

# Who is this Guide For?

This guide is designed to help any resident contemplating parenthood or currently parenting. It is not meant to be an exhaustive review of the medical literature on parenting and residency but has been developed in conjunction with several residents who have "been there, done that." It is our hope that this guide will be helpful to all resident parents, regardless of type or timing.

There are many compelling reasons to become a parent during residency, it is also very challenging. Residents are busy and often have very little control over their schedules. They often have heavy call schedules making pregnancy and and balancing family time even more challenging. Residents are not yet at their peak income and so careful financial planning can be necessary to budget additional members of your family.

When and how to start your family is a very personal choice but many residents start their families during their residency. There are several advantages to having children during residency: For many physicians, residency is the only time in their career that they expect to have parental leave and employment insurance covering at least part of their leave. However, many provinces are now offering maternity/parental leave benefits programs; Doctors of BC's program provides pregnancy benefits as well as parental benefits; Benefits are payable for up to seventeen (17) weeks, up to a maximum of $1,300 per week. The time taken off does not have to be in consecutive weeks.

## *Pregnancy During Residency*

*"I kind of wished that I waited until after first year residency to become pregnant. The return to residency as an R1 was tough for the first couple of months. Still, it is not impossible!"*

If you're a resident without your own personal family physician, you're not alone. However, starting a family should give you the push to put this at the top of your list. The Physician Health Program of BC (PHP), through Doctors For Doctors, seek family physicians in your area willing to accept a new physician-patient. Contact PHP at info@physicianhealth.com or 604-742-0747 for more information. In Vancouver, the Divisions of Family Practice created a website where you can search for a maternity care doctor: http://pregnancyvancouver.ca/

Some of these physicians may also accept you and your family as general patients down the road. When choosing a maternity care provider, you may want to consider where they have hospital privileges (teaching vs. non-teaching hospital).

Residents have a unique workload, including long hours, potentially violent or hazardous exposures, and physically demanding procedures. Accommodating the demands of residency with the physical changes of pregnancy can be tricky but not impossible. The current Collective Agreement includes a Memorandum of Understanding on the Workload during pregnancy (this can be found on the Resident Doctors of BC website, residentdoctorsbc.ca, under Contract & Benefits > Collective Agreement> Memorandums > Memorandum of Understanding Re: Workload During Pregnancy). This Memorandum ensures that, should your physician be of the opinion that a reduction in workload is warranted (including the elimination of call), then the workload will be reduced to the extent prescribed.

UBC also has a policy on pregnancy during residency on the PGME Resident Policies and Procedures Manual: https://med-fom-pgme.sites.olt.ubc.ca/files/2019/11/012b-Pregnancy-in-Residency-Policy-PGME-Policies-and-Procedures.pdf

This policy specifically denotes that after 24 weeks gestation residents will not be required to work more than 12 continuous hours, and may opt out of duties to comply with infectious disease prophylactic measures.

You should meet with your Program Director as soon as you are comfortable doing so to discuss your training adjustments and expected Maternity Leave date. When you sit down with your residency director to discuss your upcoming maternity leave, it is also important to review the rotations you will complete while pregnant. Be realistic about how you will be feeling during your first, second and third trimesters and consider moving rotations to best suit your physical state.

Fatigue and nausea are common in the first trimester, most women feel quite well during the second trimester, and fatigue, leg swelling and difficulty bending mark the third trimester. Consider tailoring your rotations to complete your heavier rotations during the second trimester. Talk to your residency director about what the department policies are regarding pregnant residents.

When you discuss your end of work date, set a date that you are comfortable with but remind your director (and yourself!) that everything will depend on how the pregnancy unfolds. You may have to stop work earlier than planned or have lighter duties if there are complications during your pregnancy.

It is worth thinking about the exposures we deal with during the course of our training and how they will relate to your pregnancy. You may choose to defer a rotation, for example, in pediatric emergency during the peak of flu season to avoid excess infectious exposures. Think about rotations with increased infectious, radiation and toxic exposures and discuss these concerns with your program director and occupational health services at your local health region.

Hopefully, your pregnancy will be problem free and you will transition gracefully into maternity leave; however complications do arise during pregnancy. Should you have to stop work early due to complications of your pregnancy you should be aware that, under the current Collective Agreement, this time should be considered sick leave, not maternity leave:

9.01 (E) Sick Leave Provisions - Maternity leave medical complications of pregnancy shall be covered by sick leave provisions. Pregnancy shall not constitute cause for termination.

## *Termination of a Pregnancy*

If you suffer a loss within 13 weeks of your expected due date you are entitled to maternity leave in the Collective Agreement. You are entitled to the maternity leave top up and you can also claim EI maternity leave benefits, provide you qualify.

***"When I arrived in the assessment room at Women's [Hospital] with concerns, the obstetrics residents held a little conference and debated who knew me least. That resident had the had the lucky job of performing my VE."***

If the loss occurs before you are eligible for maternity leave under the Collective Agreement, you can still take a leave and apply for EI maternity benefits in the loss is after the 20th week of gestation. IIf the loss occurs before the 20th week it is considered sick leave. You may use your employer paid sick leave, Long Term Disability or EI sickness benefits as needed.
If your spouse's pregnancy terminates, residents are eligible for compassionate leave of three (3) days, plus an additional two (2) days travel if needed. You may also be eligible for sick leave or long-term disability under the Collective Agreement

LifeWorks

https://one.vch.ca/working-here/health-safety-wellness/wellness

Physician Health Program British Columbia

1-800-663-6729

# Going on leave

As per the collective Agreement sick leave is five (5) months, or until your Long Term Disability coverage starts, whichever comes first. If you have disability insurance you may be entitled to disability compensation through your insurer. Women generally pay a slightly higher rate for disability insurance due to the risk of pregnancy related disability leave so if you should find yourself in that position do not hesitate to make a claim. Consider arranging a research elective if you need to go on bed rest or reduced activities to minimize time missed from your residency.

## *EI Sickness benefits*

Sickness benefits under Employment Insurance (EI) can be provided for up to 26 weeks to individuals unable to work due to illness, injury, or quarantine. Similar to maternity leave, eligibility requires a minimum of 600 worked hours within the last 52 weeks or since the last claim. A medical certificate from a physician confirming the duration of the inability to work is essential, and any associated fees for the certificate are the individual's responsibility. A person who makes a claim for sickness benefits is not only required to prove to be unable to work but also that he or she would be otherwise available for work

As for the nitty-gritty details on what you can expect to earn while on leave, it will depend on your income and whether you choose to work part-time (moonlight, etc) or if you have other income sources. The basic benefit rate is 55% of your salary up to a maximum amount per week of $650 as of 2023. This amount is "topped up" to 90% of your salary for birthing parents for weeks 2 – 17. If you opt for the Extended Parental Leave, the benefit rate is 33% of your salary up to a maximum amount per week of $390 as of 2023.

*"Before you go on leave, make sure you've worked for 600 insured hours in the last 52 weeks or since your last claim in order to be qualified for EI."*

## *Types of Leave:*

The following table briefly explains the differences between the two types of leave: **Maternity and Parental/Adoption leave:**

| |
|---|
| • Maternity Leave spans weeks 1–17, with birth mothers eligible for up to 78 weeks of consecutive leave.<br>• During the 1-week waiting period for Employment Insurance (EI), you receive 90% of your salary from the employer.<br>• To qualify for EI benefits, you need to have worked 600 hours in the last 52 weeks or since your last claim.<br>• Maternity EI benefits are a maximum of 15 weeks, with a combination of maternity and parental leave totaling up to 55 weeks (or 84 weeks on Extended Parental leave).<br>• The basic benefit rate is 55% of your average insured earnings, with a maximum payment of $650 per week (or $390 per week on Extended Parental leave).<br>• If you work while on maternity leave, you can keep 50 cents of your EI benefits for every dollar you earn, up to 90% of the weekly insurable earnings.<br>• Maternity EI payment is taxable income. |
| • Parental EI Benefits have a maximum duration of 40 weeks, shared with the other parent (not exceeding 35 weeks for one parent).<br>• If your child is born or adopted after March 17, 2020, and you share EI parental benefits, you may be eligible for an additional 5 standard weeks or 8 extended weeks.<br>• Both parents must choose the same option when applying for parental leave.<br>• To qualify for parental benefits, you need to have worked 600 hours in the last 52 weeks or since your last claim.<br>• The basic benefit rate is 55% of your average insured earnings, with a maximum payment of $650 per week (or $390 per week on Extended Parental leave).<br>• If you work while on parental leave, you can earn up to 90% of your weekly earnings, keeping $0.50 of EI for every dollar earned, with deductions for amounts above this threshold. |

### Maternity Leave Example:

- R1 who qualifies for EI (standard maternity leave)
- Week 1: $0
- Weeks 2-17: EI $650 + SEB $443.61 = $1093.61/week (90% of salary)

### Parental Leave Example:

A PGY-3 resident on standard paternity leave who has met the criteria for EI and plans to work while receiving benefits.

- Base salary = $76,991.86
- Weeks 1-40 (This EI benefit can be split with a partner in any configuration totalling 40 weeks, but one parent cannot receive more than 35 weeks) EI: $650/week OR if working while receiving benefits: up to $1327.45/week in income and 325 EI, any earnings above this amount will be deducted dollar for dollar from the EI amount.

# WHAT TO DO WHEN YOU'RE OFF ON LEAVE

Regardless of the amount of time you take, maternity or parental leave can be an enriching time. It may also include: getting peed on, spit-up on, pooped on (or even all three at once), nights more sleepless than the worst night on VGH CTU, and seemingly endless crying at 3am. You will, however, have time to get to know your child and fall madly in love with them. Parenting is much more than just taking care of basics, so take time to make connections with your community; you will likely meet other parents in your area that you wouldn't otherwise cross paths with. Whether you are experiencing parenthood for the first or the umpteenth time, there are things in the community (much of it free!) to do:

- Parent-baby weigh-ins and discussion groups – Run through the Public Health Units/local community centres
- Community centre classes – singsong, baby sign language, drop-in gym time, local library story & song times
- Participate in research – Women's Hospital often has studies ongoing for new parents; UBC has an infant cognition lab that studies infant development
- Fitness activities – Postnatal fitness/yoga classes, parent hikes, swimming lessons, etc.
- Locum – If you have a general license, you could look into CA or locum
- Professional development – Some residents use the time for professional development by working on research projects, getting involved in Resident Doctors of BC, or the community
- Enjoy your freedom from your pager – Volunteer, travel, or whatever suits your fancy

# Maternity leave

## *EI Maternity Benefits*

Maternity EI benefits are payable to the birth mother for a maximum of fifteen (15) weeks. To receive maternity benefits you are required to have worked for

600 hours in the last fifty-two (52) weeks or since your last claim. You need to prove your pregnancy by signing a statement declaring the expected or actual birth date.

As mentioned above, the basic benefit rate is 55% of your salary for a maximum of $650 or $390 per week depending on your benefits plan from from EI. The weekly EI benefit remains the same even if you have or adopt more than one child at the same time.

Please note that the date you file your claim is very important in order for you to receive the maximum maternity benefits to which you are entitled. If the actual date of birth is different from the expected date, it is very important that you inform EI as soon as possible after your child's birth. Contact Service Canada at 1-800-206-7218, or you can go in person to your local Service Canada Centre.

If your baby is hospitalized, then the fifty-two (52) week limit to collect benefits can be extended for every week your child is in the hospital, up to 52 weeks following the birth date. You will still receive benefits for a maximum of forty (40) weeks, but payments can be delayed until your child comes home. However, if you received maternity benefits prior to the birth and wanted to receive the remaining benefits when your child comes home, contact Service Canada to have the necessary adjustment done to your claim.

## *Collective Agreement Maternity Benefits*

Resident birthing parents are entitled to a total of seventy-eight (78) consecutive weeks (17 weeks maternity plus 61 weeks parental) leave of absence without pay. Through the Supplement Employment Benefits (SEB) Plan, the Employer will pay 90% of your salary during the the one-week EI waiting period, and then top up the amount you receive from EI, or any other earnings, to a maximum of 90% of your salary.

For an R1 with a base salary of $63,429.49 for the first week, the employer pays 90% of the base salary ($1093.61). In weeks two (2) to sixteen (16) she would receive $650 from EI, plus the Employer top up of $443.61 for a total of $1093.61 per week (90% of the regular weekly earnings).

Residents may start maternity leave up to thirteen (13) weeks prior to the week of expected delivery, but no later than the actual birth date, and must make every effort to give four (4) weeks notice prior to the start of leave. For the duration of maternity leave, all extended medical and dental benefits continue as if the resident were not absent.

# PARENTAL LEAVE

## *EI Parental Benefits*

Parental EI benefits are payable to the mother, father or adoptive parent for a maximum of forty (40) weeks or 69, depending on your plan. These weeks are shared, i.e. one parent takes 15 weeks, the other takes 25 weeks for a total of 40 weeks. There is a one (1) week waiting period, and each parent must apply with their own applications. If applying for maternity benefits, you can apply for parental benefits at the same time.

To receive parental benefits you are required to have worked for 600 hours in the last fifty-two (52) weeks or since your last claim. You need sign a statement declaring the date of birth or adoption. Benefit payments must be completed with fifty-two (52) weeks of the child's birth or adoption placement.

The basic benefit rate is 55% of your salary for a maximum of $650 or $390 per week depending on your benefits plan from from EI. The weekly EI benefit remains the same even if you have or adopt more than one child at the same time.

## *Collective Agreement Benefits: Birthing Parents*

Parental leave for birth mothers in the Collective Agreement is sixty-one (61) weeks (this is in addition to fifteen (15) weeks maternity leave). During this time extended medical and dental benefits continue as if the resident is not absent.

Birthing Parents are entitled to up to six (6) additional consecutive weeks of leave if a medical practitioner certifies that she is unable to return to work when her leave ends due to reasons related to birth or termination of pregnancy.

If there are special circumstances, an additional five (5) consecutive weeks of leave without pay is available if a medical practitioner certifies that an additional period of parental care is required because the child suffers from a physical, psychological or emotional condition. This leave must begin immediately following the seventy-six (76) weeks (combined maternity and paternity) leave.

The maximum combined entitlement to leave for birthing parent is seventy-six (76) weeks.

## *Collective Agreement Benefits: Non-Birthing & Adoptive Parents*

Parental leave for non-birthing and adoptive parents in the Collective Agreement is sixty-two weeks. During this time extended medical and dental benefits continue as if the resident is not absent.

Residents also receive two (2) paid days off to attend the birth of their child. To increase the amount of time you can take off to attend the birth, you can also use your two (2) paid flex days, or take vacation.

if there are special circumstances, an additional five (5) consecutive weeks of leave without pay is available if a medical practitioner certifies that an additional period of parental care is required because the child suffers from a physical, psychological or emotional condition. This leave must begin immediately following the sixty-two (62) weeks leave. Any additional leave beyond this will be without pay or benefits.

# Working while on parental leave

Under the default rule you can earn up to 90% of your weekly earning, and keep $.50 of EI for every dollar you make, above that amount your EI is deducted dollar for dollar EI payment is a taxable income, meaning federal and provincial or territorial taxes will be deducted if applicable.

## *Vacation Entitlement*

Residents who take maternity or parental leave also have their vacation leave prorated using the following formula:

**(Days paid to June 30th inclusive/261)*20**

*"It is important to note that any time taken off your residency must be made up. Maternity and/or parental leave will extend your residency."*

A resident intends to starts their leave on April 16th and intends to return in the new appointment period. Their vacation for the current term of appointment is prorated to 16 days. Their vacation entitlement in the new appointment period would also be prorated based on the number of days delayed from the July 1st start date.

## *Parental Leave summary*

| **Parental Leave- Birth Mothers** | **Leave** | **Income** | Benefits |
|---|---|---|---|
| Resident Doctors of BC | 78 weeks | top up to 90% of your salary weeks 2-16 | Continue as if the resident is not absent |
| EI | 55/84 weeks (access to this leave is shared with your partner if applicable | $650/$390* (See note about working while on parental lea**ve)** | **none** |
| **Total** | **78 weeks** | **90% of your salary weeks 2-17** | **Same as during residency** |

| Parental leave- Non-birthing. Adoptive Parents | Leave | Income | Benefits |
|---|---|---|---|
| Resident Doctors of BC | 62 weeks, plus 2 days to attend the birth of the child | $0 | Continue as if the resident is not absent |
| EI | 40/69 weeks (access to this leave is shared with your partner if applicable | $650/390*(See note about working while on parental leave) | **none** |
| **Total** | **62 weeks** | **90% of your salary weeks 2-17** | **Same as during residency** |

## *Applying for Paperwork:*

Getting your paperwork in order for maternity leave, Employment Insurance, and your SEB/top-up can take a lot of time and organization. Here is a summary:

- Talk to your program administrator once you have announced you have announced your pregnancy or know when you intend to take leave if adopting or have an expecting partner (four weeks notice is required for natural fathers). They should let you know what steps you need to take; many will do this on your behalf. In general, payroll services need to know your expected delivery date so they can plan for your maternity/parental benefits. You will want to update them once you officially start your leave, as the expected delivery date is rarely the birth date, as we all well know.
- Apply for EI as soon as you stop working: www.esdc.gc.ca/en/ei/apply.page. Expectant mothers can start collecting EI up to twelve (12) weeks before their expected delivery date. Delaying filing for your benefits past 4 weeks from the start of your leave may cause a loss of benefits. The application will take approximately one hour to complete.

  You will need the following personal information:

- Social Insurance Number (SIN) – If your SIN begin with a 9 you need to provide proof of your immigration status and work permit
- The SIN and name of the other parent
- Your mother's maiden name
- The expected or actual date of birth
- Your mailing and residential addresses, including postal code

- You complete banking information, including your branch number, institutional name and number and your account number (as shown on your cheques or bank statements) if you want to have your payments deposited directly

You will also need the following employment information:

- The names, addresses and telephone numbers of all employers you worked for in the last 52 weeks, as well as the dates of employment and the reasons for separating from these employers
- Your detailed version of the facts if you quit or were dismissed from any job in the last 52 weeks
- If your earnings varied over the last year, you will need to provide the dates (Sunday to Saturday) and earnings for each of your highest paid weeks of insurable earnings in the last 52 weeks or since the start of your last EI claim, whichever is the shorter period. This information will be used, along with your Record(s) of Employment, to calculate your weekly EI benefit rate of Employment from the last fifty-two (52) weeks
- File newborn paperwork (when your baby arrives):
- In BC we can use the Newborn Registration Service to take care of several things at once: ebr.vs.gov.bc.ca
- Complete the registration of your baby's birth
- Apply for their birth certificate and
- Apply for a SIN for your baby
- Register them for MSP coverage. A BC Services Card will be mailed out once they are registered with MSP. You can add your dependents onto you employer paid MSP account with Health Shared Services. You can contact them at 604-297-8683.
- You will also need to let the extended benefits plan know of your new baby so they can be covered as well. This can come in handy early on if your child is admitted for neonatal jaundice or other health concerns. Private rooms are wonderful and affordable thanks to our benefits plan!
- There are also benefits some residents will be eligible for and birth mothers in BC can apply for them by allowing the BC Vital Statistics Agency to share your newborn registration with the Canada Revenue Agency (CRA) or you can apply separately through the CRA: https://www.canada.ca/en/revenue-agency/services/forms-publications/forms/rc66.html. These benefits include:
- The Canada Child Benefit (CCB) is a tax-free monthly payment made to eligible families to help them with the cost of raising children under age 18. You should apply for the CCB as soon as possible after your child is born.

To be Eligible:

- You must live with the child, and the child must be under the age of 18,
- You must be primarily responsible for the care and upbringing of the child,
- You must be a resident of Canada for tax purposes

- You or your spouse must be a Canadian citizen, a permanent resident, a protected person, or temporary resident who has lived in Canada for the previous 18 months, and who has a valid permit in the 19th month, or an Indian within the meaning of the Indian Act, if you are not a Canadian citizen.
- The Registered Education Savings Plan (RESP) allows savings for education to grow tax free in a special savings plan registered by the Government of Canada until a child named in the RESP enrolls in a post-secondary education program: www. canada.ca/en/employment-social-development/services/student-financial-aid/education-savings/resp.html.
- The Canada Education Savings Grant (CESG) provides grants to Registered Education Savings Plan (RESP) contributors until the beneficiaries reach the age of 17: www.canada.ca/en/employment-social-development/services/student-financial-aid/student-loan/student-grants/cesg.html

# Returning to work

## *How Long Should I Be Off on Leave?*

There is no right answer to the question, "When should I go back to work?" It is a personal decision that you should make with your family. It can be helpful to get input from colleagues and friends, who have been there before, but ultimately the decision is up to you. While becoming a parent is a life-changing event, you are still you, and you know yourself best. Factors that you should consider when planning the length of your leave might include whether you want to split your parental leave with a partner, your financial situation, child care availability and where you are in your residency training.

While on parental leave you may decide that you need to shorten or lengthen your leave. Keep in mind, until you meet your child you will not know how easy it will be to return to work. Some babies are easy going and good sleepers, some are not. Be willing to change your plan based on the temperament of your child because sleep is important to your function at work. The Collective Agreement states: "A Resident [on maternity leave] shall make every effort to give... at least fourteen (14) days notice of her intention to return to work prior to the termination of the leave of absence." Ideally, your program will appreciate more than two weeks notice regarding your return, but it is important to know your rights.

Returning to work can be a stressful and guilt-inducing time – or, you may be dancing with excitement to return to your clinical work. Whatever your situation, remember the choices you made were right for you and your family, and that is all that is important. Talk to other colleges that have taken maternity and parental leave and find out what worked for them.

**It is important to note, any time taken off residency must be made up, which will prolong your training time.**

## *Child Care Options:*

Returning to work, whether shortly after your child's birth or at the end of a full year of leave, is a time of adjustment. There are many options for childcare and may include sharing care within your family (your partner, grandparents) or help outside the family (live-in nannies, live-out nannies, on-call nannies, day cares). Each has positives and negatives and many residents utilize a combination of the above. Trying to find available, quality and affordable childcare that can mesh with the busy schedules that residents keep can be difficult. If local daycare may be an option for your family, apply for a position as soon as you get the positive pregnancy test! If you don't have a stay-at-home spouse and family assistance is unavailable, you will likely find yourself looking at the big question of "nanny versus daycare." So how do you decide? Ultimately, the decision will be entirely personal and depend on convenience, finances, and the needs of your child.

## *Nannies*

Nannies can be Live-in, Live-out, or On-call. Nannies live in your home and provide childcare. The Live-In Caregiver Program is a federal program that "helps Canadians hire foreign workers to live and work in their homes to care for children." This link summarizes the obligations in BC to hired domestic employees. Nannies live outside your home, but provide childcare in your home. They may be permanent full-time, part-time, occasional or temporary. Nannies on Call are able to assist with permanent placements, and also provide on-call and temporary If you don't have a stay-at-home spouse and family assistance is unavailable, you will likely find yourself looking at the big question of "nanny versus daycare." So how do you decide? Ultimately, the decision will be entirely personal and depend on convenience, finances, and the needs of your child. You may decide to use both, starting with one and switching to the other later on, or having a part-time nanny to fill in the times daycare is unavailable.

## *Daycares*

Daycares can be hard to come by. Some health regions or hospitals have daycares associated with them. In the lower mainland, Vancouver Coastal Health has contracted the YMCA to provide daycare sites at VGH (Kids at Heather), and BCCH/WHC/GF Strong (Kids at GF Strong).

There is a provincial childcare subsidy for parents in financial need. In many communities across BC, there are Child Care Resource and Referral centres, which can provide you with guidance on choosing a child care provider and referrals to providers that can meet your family's unique needs.

The Ministry of Children and Family Development also provide a childcare programs map which allows you to search for childcare in your area, based on your needs.

| Advantages of Nannies | Disadvantages of Nannies |
|---|---|
| * One-on-one care: Nannies provide individualized attention, catering to your child's specific needs and schedule.<br><br>* Convenience: Nannies work in your home, handling tasks like dressing and feeding your child, easing your morning routine.<br><br>* Familiar environment: Children are cared for in a comfortable and familiar setting, promoting a sense of security.<br><br>* Flexibility during illness: If your child is sick, a nanny allows you to manage work commitments without worrying about backup childcare.<br><br>* Live-in or live-out options: Nannies can be flexible in terms of their living arrangements, accommodating different family preferences.<br><br>* Values and rules: You have greater control over the values and rules imparted to your child with a nanny.<br><br>* Personal connection: A good nanny can become like a family member, providing a nurturing presence in your household. | * Cost: Nannies can be expensive, constituting a significant financial commitment for their services.<br><br>* Privacy concerns: Having a nanny in your home may raise privacy issues, requiring trust and clear communication.<br><br>* Security considerations: Lack of a formal registration process for nannies may pose security challenges, as their activities are not monitored.<br><br>* Backup childcare: If a nanny falls ill or takes vacation, arranging alternative childcare becomes necessary.<br><br>* Administrative tasks: Handling paperwork for a nanny's salary, including deductions for EI, CPP, and income tax, can be time-consuming.<br><br>* Trial and error: It may be necessary to go through several candidates before finding the right fit for your family. |

| Advantages of Daycare | Disadvantages of Daycare |
|---|---|
| * Stimulating Environment: Abundance of toys, activities, and interaction with other children provide a highly stimulating atmosphere for child development.<br><br>*Qualified Teachers: Good daycares employ educated and experienced teachers who can offer valuable advice and contribute to your child's growth.<br><br>* Potty Training: With the assistance of experienced caregivers, many children are potty-trained by the age of one.<br><br>*Government Regulation: Daycares are registered and regulated by the government, ensuring a certain level of safety and quality in the care provided.<br><br>* Socialization Opportunities: Daycares serve as excellent places for children to meet and interact with peers, fostering the development of social skills.<br><br>* Educational Programs: Some daycares offer comprehensive education programs, covering subjects from mathematics to languages.<br><br>* Convenient Locations: Daycare facilities associated with health regions and hospitals offer added convenience for parents working in these areas. | * Germs and Illness: Due to the close proximity of many children, the risk of illness and exposure to germs is high, necessitating alternative care when a child is sick.<br><br>* Morning Hassles: Packing up a child every morning for daycare can be stressful and time-consuming, adding to the challenges of a busy morning routine.<br><br>* Inconvenient Hours: If your work schedule doesn't align with daycare hours, additional expenses for extended care or arranging alternative pick-up/drop-off plans may be required.<br><br>* Routine Restrictions: Some daycares may impose strict rules on when children must be off the bottle, take naps, etc., potentially conflicting with individual parenting preferences.<br><br>* Caregiver Turnover: High turnover rates among caregivers can impact the consistency of care, which may be a concern for parents who prioritize stability for their child. |

## *Initial Rotations Upon Return to Work*

When planning your return to work, select rotations that will help make your transition back to work as smooth as possible. If you are still breastfeeding you might choose rotations that have no or very little call so you can physically be present to breastfeed more easily. Other people find they just want to "get the worst of the call over with". Your schedule will already have been disrupted if you have taken any parental leave, so it is generally not much more trouble to amend your schedule with your program director. Rearrange your return to work rotations when you are planning your parental leave.

It will save you time, hassle and worry about returning to a demanding schedule. Even if you have not taken any time off, your program may be able to rearrange your schedule so that you are on a lighter schedule when your child first comes home. Given the distributed model of medical education in BC, you might want to consider requesting rotations closer to home in advance.

## *Breast Feeding:*

The Canadian Pediatric Society recommends exclusive breast feeding for the first six months of your child's life and encourages breastfeeding for up to two years and beyond. As physicians, we are all aware of the benefits of breastfeeding, and most parents who are able to attempt exclusive breastfeeding upon the birth of their child. Even though you attended breastfeeding seminars in medical school and perhaps during your residency training, do not expect to be an expert just because you are a doctor.

Immediately after your baby is born, physicians, nurses, doulas, and midwives are great resources for optimizing your breastfeeding technique. Nursing your baby is a two-way street. You and your infant will figure it out together. Lactation consultants for more difficult nursing conundrums are available through many community health centres and hospitals. For example, the lactation clinic at BCWH is available to parents through self-referral, and they are very welcoming and helpful. Do not get discouraged if you struggle at first; ask for help when you need it. Most women are able to breastfeed, but sometimes, for a variety of reasons, this is not possible. If you are not able to breastfeed your baby, despite your best intentions, do not beat yourself up. Your goal is to have a healthy, growing child.

If you plan to express milk using a breast pump once back at work, buy your pump a little while before you head back to work. Practice pumping and get used to your machine. Returning to work is hectic enough without also having to master using your pump.

## *Buying a Breast Pump*

If you are still breastfeeding upon your return to work you will most likely need a breast pump. Even if you have access to hospital breast pump equipment, we recommend that you invest in a breast pump. You never know when the hospital pump will be unavailable or you will be in clinics or at sites without breast pump facilities.

There are many types of breast pumps on the market. What you choose to buy will depend on how much you are pumping, the age of your child and how long and often you are away from your child.

Manual hand pumps are generally small and portable. They do not require an electrical outlet and so where you pump is quite flexible. Manual pumps are slower and only allow you to pump one breast at a time. Manual pumps are best suited to occasional use.

The other major type of pump is electric. There are electric single and double side pumps. Double side pumps allow you to pump both breasts at the same time, increasing the speed at which you can pump. Double pumps tend to be more expensive. Well-knownbrands for breast pumps include Medela and Ameda. Ask friends who have breast pumps how they like their model.

*"Many residents recommend the double pump. It will save you a lot of time, especially if you need to sneak away for a brief period of time in order to pump."*

## Where to Pump

Many hospitals have breast-pumping facilities available for staff use. Some hospitals have a room especially for breastfeeding staff; others allow you to use patient facilities. Take advantage of hospitals that provide you with an institutional grade breast pump. Institutional pumps are very efficient to use and the hospital supplies the attachment parts (clean and sterilized), which saves you from having to clean attachment parts at work.

Of course, not all hospitals are so well equipped. In hospitals without pumping facilities, it is easiest to approach nursing staff and explain that you are breastfeeding and need a private room to use a breast pump. If you have an electric pump, be sure to specify that you also need an electrical outlet. Remember many hospital staff are parents and many women have had to deal with balancing breastfeeding and work.

RCH Breast Pump Location- Royal Columbian Hospital has a Staff Pumping Room located on the Maternity Ward (3E) in the Health Care Centre Tower. Ask at the nursing desk for directions. The room is down the hall to your right as you walk in to ward, in a corridor on the left (next to the patient pumping room). Not all nurses know that there is a staff pumping room so if the first person you talk to is unsure, be persistent. The room is equipped with a Medela institutional breast pump. Nursing staff are very helpful and will happily show you how to use the institutional pump. Sterilized attachment parts are available for your use. The attachment parts are stored in the patient pump room next door. Once you are done, rinse the milk off the attachment parts and place them in the "dirty" bin in the patient pumping room. There is a logbook in the room. Try to remember to sign it, as it shows how much use the room gets and how important it is to breastfeeding staff.

A Medela institutional breast pump is located on Arbutus Ward at BCWH. The key to the room is at the nursing desk. Pump attachment parts are located in the back room behind the nursing desk. Nursing staff are very helpful and will happily show you how to use the institutional Medela pump.

Places without Breast Pump Facilities: Queen's Park Hospital, Eagle Ridge Hospital. We're looking to fill out this section for all teaching hospitals so if you know where the pumps are at your hospital, let us know! Send an email to info@residentdoctorsbc.ca

*"It is not always easy to find time to pump once you return to work, especially on call. Ask your program if they have any equipment reserved for residents at your training site."*

## RESIDENT DOCTORS OF BC

www.residentdoctorsbc.ca
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info@residentdoctorsbc.ca

## PHYSICIAN HEALTH PROGRAM

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