



<b>Pregnancy and New Parenthood during the Undergraduate Medical Education Program</b>					<b>Class: B</b>
<b>Approved By:</b>	UME Committee				
<b>Approval Date:</b>	2017 09 29	<b>Effective Date:</b>	2017 09 29	<b>Review Date:</b>	2022 01
<b>Responsible Portfolio/Unit/ Committee:</b>	UME Committee and Learner Affairs unit				
<b>Responsible Officer(s):</b>	Associate Dean, UME and Assistant Dean, Learner Affairs				

## 1.0 Purpose

Undergraduate medical education is a time-consuming, seemingly all-encompassing experience. Combining medical school with childbearing and new parenthood is a unique added challenge. The Northern Ontario School of Medicine (NOSM) is committed to supporting students who have children during medical school. The Ontario Human Rights Code will be upheld at all times. Pregnant students and new parents are nonetheless expected to fulfill the same requirements as all other students at NOSM. We aim to meet the needs and demands associated with new parenthood, pregnancy, and the perinatal period, and will provide reasonable accommodations to allow the progression of medical education.

Given the complex and highly individual nature of pregnancy and new parenthood, no written policy can possibly cover all the potential contingencies. . This document is intended to provide a guide to the steps required in the event that a medical student should become pregnant or become a new parent via other means.

## 2.0 Procedures

Advanced planning, facilitated by open and early communication with NOSM, is the best way to promote a smooth transition to parenthood and medicine.

The structure and demands of NOSM's undergraduate medical curriculum vary greatly by Phase. The accommodations offered will thus differ based on the academic year (and time of year) during which childbirth/parenthood occurs. Regardless of the timing, the student must work with Learner Affairs to develop a detailed "Childbirth" or "Parental" accommodations plan.

## 2.1 Creating a Childbirth Plan

In the immediate postpartum period, students who have borne children may be granted up to three weeks absence from the MD Program. They will remain responsible for the missed portion of the curriculum. Accommodations will be made to maximize their chances of successful completion of the Program. This may include re-scheduling of clinical modules (eg 106, 108, and/or 110), or making available archived copies of Whole Group Sessions, for example. If more than three weeks absence is needed, a Leave of Absence will be required (see phase specific Interruptions to Learner Attendance and Leaves of Absence document).

A student who is expecting a baby should notify the Assistant Dean, Learner Affairs as soon as possible to allow for optimal planning and accommodation for any issues which may arise.

Together with Learner Affairs, the student will craft an appropriate plan to address their individual needs (eg changing the timing of ICE placements; obtaining lecture recordings, re-ordering clerkship rotations, etc.) **This plan must be completed at least three months before the due date.** Phase-specific considerations are discussed below.

The Childbirth Plan will include:

- Academic considerations (TOS, WGS, VAR, etc.)
- Clinical requirements (rotations, SCS, CLS, etc.)
- Notification of appropriate Coordinators, facilitators, preceptors, etc., dependent on missed sessions

All plans must be reviewed for approval in principle by the Associate Dean, UME.

The plan will be provided to the appropriate NOSM personnel, for their information and suggestions (eg Phase Assistant Dean or Director and/or Module Coordinators, Site Liaison Clinician, etc.)

The NOSM Student Records & Electives Officer must be provided with appropriate leave documentation (absence forms), the Childbirth plan, and any remediation/change of rotation plans.

All pregnant students who receive financial aid must meet with the Financial Aid Officer prior to beginning their Childbirth/parental leave, as there are associated funding impacts.

Pregnant students are encouraged to consult with their pregnancy care provider regarding preventing possibly harmful exposures in hospital and/or research environments (eg radiation, infectious disease, or chemical exposures).

- All pregnant students must know their immunity status to rubella and varicella, and are strongly encouraged to receive the influenza vaccine.
- All students must adhere to universal precautions regarding blood/body fluids.
- Pregnant students must not care for patients with known or suspected CMV or parvovirus infections

- In the setting of a patient with a fever or rash of unknown etiology, the pregnant student should not be the initial medical provider evaluating the patient; only after the supervising physician judges that such a patient does not have a highly contagious airborne condition, should the pregnant student become involved in that patient's care.

During clinical phases of medical training, the Professional Association of Residents of Ontario (PARO) rules governing duty hours and on-call responsibilities in pregnancy will be adhered to, ie no student shall be scheduled or required to participate in on-call duty after thirty one (31) weeks gestation unless otherwise agreed to by the student.

#### 2.1.1 All Phases

All Phases must notify the following persons:

- i. Associate Dean, UME
- ii. Assistant Dean, Learner Affairs
- iii. Learner Affairs Officer
- iv. Financial Aid Officer
- v. Student Records and Electives Officer
- vi. Additional Phase specific persons as listed below

#### 2.1.2 Phase 1

During Phase 1, in addition, the following people are to be notified:

- i. Phase 1 Assistant Dean
- ii. Phase 1 Module Coordinators for affected modules
- iii. Phase 1 Scheduling Coordinator
- iv. As Appropriate:
  - a. Assessment Coordinator, if an assessment will be missed and/or rescheduled, or will require accommodation (eg extra time for a breastfeeding, bathroom breaks, etc.)
  - b. OSCE Coordinator, if accommodation or remediation will be required
  - c. Clinical Placement Coordinator, if Electives may be affected
  - d. Phase 1 Placement Coordinator, if 106, 108, or 110 will be affected
  - e. Community Learning Sessions (CLS ) Coordinator, if affected

#### 2.1.3 Phase 2

During Phase 2, the following people will be notified:

- i. Phase 2 Director
- ii. Site Liaison Clinician

- iii. Site Administrative Coordinator
- iv. Direct supervisor(s)/preceptors
- v. Phase 2 & 3 Clerkship Coordinator
- vi. As appropriate:
  - a. Assessment Coordinator, if an assessment will be missed and/or rescheduled, or will require accommodation (eg extra time for breastfeeding, bathroom breaks, etc)
  - b. Learner Affairs Officer , if accommodation or remediation for an OSCE will be required

#### 2.1.4 Phase 3

During Phase 3, the following people should be notified:

- i. Phase 3 Director
- ii. Hospital Site Coordinators (East or West, as appropriate)
- iii. Phase 2 & 3 Clerkship Coordinator
- iv. Clerkship Leads for upcoming/affected rotations (eg call, schedules, absences)
- v. As appropriate:
  - a. Assessment Coordinator, if an assessment will be missed and/or rescheduled, or will require accommodation (eg extra time for breastfeeding, bathroom breaks, etc)
  - b. Learner Affairs Officer, if accommodation or remediation for an OSCE will be required
  - c. Clinical Placement Coordinator, if electives may be affected

In the event of pregnancy complications (including bedrest, etc.) a medical note must be provided by the pregnancy care provider. All such requests will be accommodated. A Request for Approval for Absence from the MD Program form must be submitted for all absences. Students must be aware that prolonged absences will require a “Leave of Absence”, which could necessitate delays in completion of the MD Program.

“As in many aspects of medical school life, there is no substitute for open and timely communication, cooperation, and good-faith efforts among all parties involved.”

## 2.2 For Students who are Welcoming a Newborn

A student who anticipates having a newborn enter their lives (via a partner’s pregnancy, adoption, surrogate, or other means), is also encouraged to contact Learner Affairs as soon as the anticipated arrival date of the baby is known. This will allow for optimal planning and accommodation.

No formal parental leaves exist during medical school. NOSM will endeavour to provide time off, reschedule assessments, etc. as is reasonably possible, in order to allow time with the

baby, and to accommodate altered sleep habits. The Assistant Dean, Learner Affairs and/or the Associate Dean, UME are best placed to assist with such schedule adjustments.

### 2.2.1 All Phases

All Phases must notify the following persons:

- i. Associate Dean, UME
- ii. Assistant Dean, Learner Affairs
- iii. Learner Affairs Officer
- iv. Student Records and Electives Officer
- v. Additional Phase-specific persons as listed below

### 2.2.2 Phase 1

During Phase 1, the following must be made aware of the impending new arrival:

- i. The appropriate Module Coordinator(s) close to the time of arrival
- ii. Phase 1 Assistant Dean
- iii. As appropriate:
  - a. Assessment Coordinator, if an assessment will be missed and/or rescheduled, or will require accommodation (eg. extra time for a breastfeeding, bathroom breaks, etc.)
  - b. Learner Affairs Officer, if accommodation or remediation for an OSCE will be required
  - c. Clinical Placement Coordinator, if electives may be affected
  - d. Phase 1 Placement Coordinator, if 106, 108, or 110 will be affected
  - e. Community Learning Session (CLS) Coordinator, if affected

### 2.2.3 Phase 2

During Phase 2 the following must be notified:

- i. Phase 2 Director
- ii. Site Liaison Clinician
- iii. Site Administrative Coordinator
- iv. Direct supervisor(s)/preceptors
- v. Phase 2 & 3 Clerkship Coordinator
- vi. As appropriate:
  - a. Assessment Coordinator, if an assessment will be missed and/or rescheduled, or will require

- accommodation (eg extra time for breastfeeding, bathroom breaks, etc.)
- b. Learner Affairs Officer, if accommodation or remediation for an OSCE will be required

#### 2.2.4 Phase 3

During Phase 3 the following must be notified:

- i. Phase 3 Director
- ii. Hospital Site Coordinators (East or West, as appropriate)
- iii. Phase 2 & 3 Clerkship Coordinator
- iv. Rotation Coordinator for the block when the baby is anticipated to arrive, plus the blocks pre- and post- due date
- v. Clerkship Leads for upcoming/affected rotations (eg call, schedules, absences)
- vi. As appropriate:
  - a. Assessment Coordinator, if an assessment will be missed and/or rescheduled, or will require accommodation (eg extra time for breastfeeding, bathroom breaks, etc.)
  - b. Learner Affairs Officer, if accommodation or remediation for an OSCE will be required
  - c. Clinical Placement Coordinator, if electives may be affected

Students who are breastfeeding children and need to pump milk or feed their children should consult with Learner Affairs who will ensure that than appropriate, private space (quiet, comfortable, with a convenient electrical outlet) is available at learning sites. If required, arrangements can be made to accommodate remote learning while breastfeeding infants. Access to refrigeration for milk storage will also be made available.

Absences from any Phase must be approved according to the Phase-specific Interruptions to Learner Attendance and Leaves of Absence document.

### 3.0 Getting Help

Queries regarding interpretations of this document should be directed to:

Assistant Dean, Learner Affairs at [learneraffairs@nosm.ca](mailto:learneraffairs@nosm.ca)

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<b>Version</b>	<b>Date</b>	<b>Authors/Comments</b>
1.0	2013 05	Drafted by Dr. Laura Piccinin, Dr. Stacey Ritz
	2014 04 03	Approved by UMEC
1.1	2014 04 23	Edited based on Risk Management suggestions
	2014 05 01	Approved by UMEC
	2014 06 04	Provided to Academic Council for information
	2017 09 28	Reviewed by Learner Affairs, Assistant Dean; minor edits made (no content/context changes)