



# Society of Interventional Radiology Position Statement on Parental Leave

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## ABBREVIATION

FMLA = Family Medical Leave Act

This statement was prepared by the Society of Interventional Radiology (SIR) Women in Interventional Radiology (IR) Section in support of all interventional radiologists who choose to become parents. SIR confirms its strong support for this parental leave position statement.

SIR recognizes that the choice to become a parent should not prevent a physician from having a successful career in IR, and that a successful career in IR should not preclude parenthood. The choice to become a parent does not diminish one's commitment to the profession. Interventional radiologists who choose to have children, whether by pregnancy or adoption, should not face discrimination or punitive consequences of any kind. SIR joins other medical specialty organizations that also have policy statements supporting members who choose to become parents (1–3).

Parental leave policies should be explicitly included in all employment contracts. Employers are encouraged to develop policies regarding parental leave and to make that information readily available to current and prospective employees. The past or potential utilization of parental leave should not be considered when making decisions regarding initial employment, continued employment, benefits, promotion, or tenure.

It is the responsibility of the interventional radiologist to notify appropriate personnel about a pregnancy or anticipated adoption in a timely fashion. This will allow the service adequate time to create a schedule that is equitable for all. Given that IR is a field with inherent potential occupational hazards that can affect a developing pregnancy, schedules should be adjusted as needed to ensure that radiation exposure is below regulatory thresholds (4). Routine prenatal care is associated with improved pregnancy outcomes (5–7). SIR therefore encourages employers and physician groups to allow flexibility in scheduling so that an expectant IR physician, spouse, or partner may attend prenatal appointments without adverse consequences.

The Family Medical Leave Act (FMLA) of 1993 allows employees to take as much as 12 weeks of job-protected unpaid leave for the birth of a child or to bond with a newly adopted child (8). If the IR physician is employed by an organization meeting the appropriate criteria, and the physician is eligible for FMLA, the physician is encouraged to use the allowed leave. SIR encourages institutions and practices exempt from FMLA to voluntarily allow new parents the opportunity to take unpaid leave consistent with that provided by FMLA if requested. SIR supports maternity leave of no less than 6 weeks for vaginal delivery and no less than 8 weeks for cesarean delivery. In addition, SIR supports paternity leave of no less than 6 weeks. Parental leave should be separate from vacation time and sick leave. Planned and unplanned medical events can keep physicians

away from work for extended periods of time. In most practices, it is a courtesy to the ill or injured not to require making up call time missed while recovering. Similarly, physicians on parental leave should not be required to make up missed call time.

SIR recognizes the importance of and encourages IR employers to provide paid parental leave. Paid parental leave includes maintenance of full benefits and 100% of pay for at least 6 weeks. Some professional societies endorse paid parental leave and consider it essential (3). Recognized benefits of paid leave include decreased infant mortality, improved health of the child and mother, improvements in worker morale and retention, and increased income (9,10). Paid parental leave has been shown to benefit the employer by decreasing worker turnover, increasing productivity, and encouraging the worker to return to the workplace (11).

The Patient Protection and Affordable Care Act (section 7 of the Fair Labor Standards Act) requires employers to provide reasonable break time and a private location (other than a bathroom) for expression of breast milk when needed for 1 year after the birth of a child (12). SIR encourages institutions and practices to support these requirements and to allow flexibility so the nursing physician can continue to breastfeed for as long as 1 year after her child's birth.

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### **SIR DISCLAIMER**

The clinical practice guidelines of SIR attempt to define practice principles that generally should assist in producing high-quality medical care. These guidelines are voluntary and are not rules. A physician may deviate from these guidelines, as necessitated by the individual patient and available resources. These practice guidelines should not be deemed inclusive of all proper methods of care or exclusive of other methods of care that are reasonably directed toward the same result. Other sources of information may be used in conjunction with these principles to produce a process leading to high-quality medical care. The ultimate judgment regarding the conduct of any specific procedure or course of management must be made by the physician, who should consider all circumstances relevant to the individual clinical situation. Adherence to the SIR Quality Improvement Program will not ensure a successful outcome in every situation. It is prudent to document the rationale for any deviation from the suggested practice guidelines in the department policies and procedure manual or in the patient's medical record.