Society of Interventional Radiology
Position Statement on Parental Leave

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

The SIR recognizes that the choice to become a parent should not prevent a physician from having a successful career in Interventional Radiology (IR), and that a successful career in Interventional Radiology 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. The SIR joins other medical specialty organizations that also have policy statements supporting members who choose to become parents (1,2,3).

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 (5,6,7). The SIR thus 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 up to 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. The 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. The SIR supports maternity leave of no less than six weeks for vaginal

delivery and no less than eight weeks for cesarean delivery. In addition, the SIR supports paternity leave of no less than 6 weeks. Parental leave should be separate from vacation time and sick leave. Both 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 missed while recovering. Similarly, physicians on parental leave should not be required to make up missed call time.

The 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 six 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 one year after the birth of a child (12). The SIR encourages institutions and practices to support these requirements and to allow flexibility so the nursing physician can continue to breastfeed for up to a year after her child's birth.

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