Society of Interventional Radiology
Statement on Parental Leave

In 2017, the Society of Interventional Radiology (SIR) was one of the first national specialty medical societies to endorse a statement in support of its members who choose to become parents and outline a position on parental leave. This updated statement was endorsed by the SIR Board of Directors on November 10, 2023.

The SIR recognizes that the choice to become a parent should not prevent a successful career in Interventional Radiology (IR), and that a successful career in Interventional Radiology does not preclude parenthood. The commitment to, and investment in, IR education and training is equivalent, regardless of one’s personal choices. The choice to become a parent does not diminish one’s commitment to the profession. Therefore, interventional radiologists who choose to have children, whether by pregnancy or adoption, should not face discrimination or punitive consequences of any kind. Other medical specialty organizations also have policy statements supporting members who choose to become parents (1,2,3).

In 2022, both the American Medical Association and the American College of Radiology adopted policy in support of twelve weeks of paid family/medical leave for physicians (4,5). The SIR recognizes the importance of, and encourages IR employers to, provide twelve weeks of paid parental leave to new parents, female or male. 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 (6,7). 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 (8).

Paid parental leave includes maintenance of full benefits and 100% of pay for at least twelve weeks and should be separate from vacation time and sick leave. Payment for parental leave should be negotiated between the individual IR physician and the employer. If an IR practice or employing organization is unable to provide paid parental leave, the IR physician should not be responsible for costs incurred by the practice during the period of leave.

Parental leave policies should be explicitly included in all employment contracts. Radiology groups 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 requirements (9).

Routine prenatal care is associated with improved pregnancy outcomes (10,11,12). The SIR thus encourages employers and physician groups to allow flexibility in scheduling, so that an expectant IR physician may attend prenatal appointments without adverse consequences. 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 that breastfeeding is the normative standard for infant nutrition. Breastfeeding results in improved infant and maternal health outcomes (13). The American Academy of Pediatrics, the World Health Organization and the Institute of Medicine recommend exclusive breastfeeding for 6 months followed by continued complementary breastfeeding for 1 year or longer (13). The Patient Protection and Affordable Care Act (section 7 of the Fair Labor Standards Act) and the PUMP for Nursing Mothers Act (“PUMP Act”) require 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 (14). The SIR encourages institutions and practices to support these requirements.

References