

Pregnancy & Surgical Training

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Being a pregnant general surgical trainee or consultant surgeon can be one of the most challenging times of your life. Many women find out they are pregnant only a few weeks in and may be apprehensive about what they might face at work in the months ahead.

The following is a guideline with tips and advice on how to get through this period of upheaval and enjoy two of the most fantastic things you will ever achieve - surgical training and parenthood.

THINKING ABOUT GETTING PREGNANT

There is never an ideal time to have a baby, especially when you have a full time surgical career. No matter when you do it, you can be sure it will change your life in many ways. There are pros and cons to having your children before, during and after training. When to start your family is of course, a personal decision, but with good planning doesn't have to be stressful. If it is an unplanned pregnancy, then the timing will be taken out of your hands entirely and the change to your life will have to be embraced.

Sometimes, talking to a trusted surgical mentor before you embark on your pregnancy is a good idea to help you decide what is right for you. There are many factors to consider.

- Having to move locations during your training - this will make childcare and schooling complicated. Being away from family members who may be able to help out can also be difficult. (Sometimes however, it can be a positive!)
- It is not easy to study for examinations and do research with a cute but noisy, demanding baby in the house.
- As a registrar, you have little control over on call rosters and educational commitments.
- The time taken to become a consultant surgeon will require extension if you choose to have a baby during training.
- Is flexible training an option for you and is it available at your hospital?
- What is your spouse's occupation and how are the two of you going to manage childcare?
- Age - The older you are, the more difficult it may be to get pregnant.
- Will you need to undergo fertility treatment and how will this impact on your work and home life? Will you be able to get to multiple appointments on a strict time line? This can be easier than you think. Most fertility clinics are designed to accommodate working mothers and appointments are available very early in the morning so you can do this discretely.
- If you do not have a partner or are concerned that you are not in a position to have a baby at this stage of your life, should you consider taking steps to store your eggs or embryos before you reach an age where your fertility declines? It might be worth seeking the advice of a fertility specialist on this point.

- Having a baby whilst working at public hospital means that you will have paid maternity entitlements. This is not the case if you wait until you are qualified and working in private where not working, means no income.
- Decide how long into the pregnancy you will work. This will depend on the job you have, however if you are having a low risk pregnancy, there is no reason why you can't work until the end.

WHEN AND WHO TO TELL ABOUT YOUR PREGNANCY

When to tell people about your pregnancy is also a very personal decision. Many women wait until after the twelve week mark to share their news with family and work colleagues, armed with the knowledge that the pregnancy is likely to progress to term.

Pregnancy can be a difficult secret to keep in a surgical environment, where you work in close quarters with your colleagues. Your atypical behaviour may make it impossible to hide the fact that you are 'with child'. Having to unscrub three times during a case in order to vomit is likely to give away your condition. You may faint during surgery and there is also the extreme fatigue that may find you asleep at the nurses' station at lunchtime.

Whilst there are some theoretical occupational hazards in the surgical workplace for you and your foetus, such as radiation from image intensifiers and exposure to cytotoxics; if you are following normal occupational health procedures (e.g. standing behind lead shields and wearing gloves) the risks are very low. Some pregnant women prefer to stand outside the theatre during the time when x-ray is being used and this may also give away the fact you are pregnant. Sometimes telling a trusted superior or colleague sooner than twelve weeks is the right choice to help you get through the difficulties of the first trimester without the whole world knowing you are pregnant.

All surgical bosses and supervisors in Australia should be understanding of the requirements of pregnant staff members. Another reason to tell your supervisor is so you can attend your prenatal visits without impediment. All pregnant doctors working for government hospitals are entitled to attend antenatal appointments.

It is important to note that pregnancy is not a disease and usually after twelve weeks, the nausea and fatigue will settle down and most women find they can work as normal.

KNOW YOUR TRAINING REQUIREMENTS

Another reason for talking to your supervisor early is to plan your training. There are many educational demands placed on a surgical trainee that must be completed in certain timeframes. Pregnancy will affect this and good planning early in your pregnancy can avoid surprises when it comes to your training obligations.

It is an absolute requirement that a general surgical trainee cannot be absent for longer than six weeks in any six month term of training. Whilst it is possible to have a baby and be back at work within six weeks, it is by no means easy and is not the choice of many pregnant surgical trainees.

Some trainees find that the only suitable option is to take a full six months off training surrounding delivery of their baby. This means that the trainee will be on six months "interruption". Depending on when the baby is due, some trainees also prefer to take a full year off training. It is a personal decision.

The Australian Board in General Surgery has introduced more flexible options for trainees whose interruption occurs across two terms. Review the Regulations and discuss your options with your supervisor and the staff at GSA.

You can still present for the Fellowship examination whilst on interruption. You are also able to continue to do research to fulfil the training requirements. However, be aware that the first few months after having a baby can be a sleepless blur and studying for and passing an exam might be an onerous task. You won't know how you will feel until you are in the moment, but I know that all I wanted to do in my six weeks maternity leave was enjoy my baby.

Taking maternity leave will not affect the maximum time you have to complete all your training requirements. For male trainees who take parental leave from the training program, your maximum date is also extended.

PLAN YOUR LEAVE

The Australian Board in General Surgery Regulations regarding interruption of training for pregnancy are quite separate from your employer's requirements. Your hospital will have a maternity leave policy and this will vary from state to state. But broadly, there will be several weeks of paid maternity leave available and this can then be extended, often up to one year of unpaid maternity leave. Another good reason to speak to your supervisor early is so the unit you will be working for can plan around your absence and have time to decide about relieving staff.

Most hospitals will require a medical certificate stating the baby's due date. Male trainees taking paternity leave will also require proof of the baby's birth date.

Most hospitals have regulations about how far into a pregnancy you are permitted to work - often up to 36 weeks. After this time you will require an obstetrician's letter explaining that you are safe to continue. If you feel well, there is no reason you cannot keep working up until the birth of your child. Many women like to work right up to their due date so most of their maternity leave can be spent with their baby after the delivery. This is a personal decision. Your employer is also likely to have rules surrounding when you can return to work.

FINANCIAL MATTERS

Ensure the pay office has your leave forms and medical certificates and make sure you know who is going to pay you. This might sound strange, but leave can get complicated if your maternity leave extends from one hospital into a term at another hospital. Your surgical supervisor and human resources person will be able to help you with this if you experience difficulties.

Frequently, the pregnant surgical trainee is the primary breadwinner for the household and financially cannot afford to take six or twelve months of unpaid maternity leave. With good planning, this does not have to be the case. Just because the trainee is having a six month break from formal surgical training, does not mean they cannot work in an unaccredited position or be a private assistant. Many employers can facilitate this if approached early.

If you don't have income protection insurance and life insurance, now is the time to think about getting it. Most income protection insurance policies however, will not pay out on pregnancy related complications until three months after the baby is born. This seems to be standard across the insurance industry, but check with your insurer for accurate advice.

THE PRACTICALITIES OF BEING A PREGNANT SURGEON

These are my top tips for survival at work as a pregnant surgeon.

1. It may be hard to believe, but it is possible to fit at the operating table, even when heavily pregnant. The baby bump grows quite slowly over the nine months and you will adapt the way you stand. When operating on the abdomen, there is room just next to the patient's abdomen or arm - if it is tucked by their side. For other procedures such as endoscopy, you may be able to sit down. The main thing to remember is that most jobs are adaptable.
2. Wear TED stockings. Because of the enormous pressure on your vena cava, iliacs and fluid retention in general, by the end of the operating day, your ankles may resemble giant redwoods. TED stockings, whilst unattractive will alleviate this problem. It is easy to wear these under theatre scrubs. I recommend the knee high models as they have less of a tendency to roll down. Invest in two or three pairs of correctly fitted stockings. You can get them at almost any pharmacy for around \$50 a pair. They are even tax deductible. Do not use the white hospital TEDS with the holes at the toes. These are very uncomfortable and will put pressure on the soles of your feet.
3. Glove size. As the hormone relaxin takes effect, you may find that you will need to go up a glove size to avoid pins and needles in your hands. It may also be difficult to wear two pairs of gloves. The size may not reduce after pregnancy as the ligaments in your hands and feet permanently relax. You may also need to buy a new pair of theatre shoes that are a couple of sizes bigger to accommodate your swollen feet. If you are a fan of high heels - forget about it for nine months. My podiatrist recommends running shoes as the optimal theatre footwear.
4. When you are operating, ensure the theatre temperature is cool (after the patient is covered up of course). If you overheat there is a real chance that you will faint. Remember to move your feet and wiggle your toes to keep the blood flowing. I found taking my shoes off and putting my feet on the cold floor helped. If you do feel faint, make sure you recognise it early and sit down before you cause yourself or the patient an injury.
5. Don't forget to eat. Even if you are suffering morning sickness, try to put something in your stomach, especially before you operate. Small frequent snacks will help if you are nauseated. Make sure you keep a supply in your bag or office.
6. This is the one time in your life where you should be asking people to help you out. Sit down when you can, put your feet up on a chair when doing paper work. Don't lift patients, bend too much etc. Save your energy for when you need it. You will be shocked by the level of exhaustion that comes with pregnancy. If you have a private area, a quick lie down can make all the difference. Keep a foldable or easily inflatable mattress and pillow in your office so you can rest when you have a spare moment.
7. Take your multivitamin that includes folate even before you get pregnant - good for your baby and good for you. If you feel too sick to take them, try kids vitamins crushed up in ice cream.
8. Get a house keeper. This goes for after you have the baby too. You have enough to worry about without having to clean the toilet.
9. In the few weeks prior to commencing maternity leave, start winding down, don't take on any new projects. Get all your work done and tidied away. Begin to hand over your responsibilities to your reliever or other registrars. Let everyone know - including the patients, when you are having the baby - my phone rang in the labour room with someone from theatre on the other end wanting me to come and do something.

10. Pre-cook meals and freeze them, especially during the second trimester when you feel well and may have lots of energy. Having home cooked meals to eat in those last few weeks when you are working and exhausted and after you come home with the baby are a godsend. You will discover a new level of tiredness at this time and getting to the shops for food will seem like a gargantuan effort. The best baby gift I was ever given was a big pot of hot pumpkin soup and crusty bread. I could have cried. In fact, I did. Another option is to use one of the many meal services available like Lite n Easy or Hello Fresh. You then don't have to think about getting to the supermarket and you will have well balanced meals arrive at your door.
11. Sleep when you can. Go to bed early, take naps on the weekend. At home, make sure you have a comfortable room to sleep in, especially if you are doing night shifts and need to sleep in the heat of the day. This may involve installing air conditioning, black out shades or banishing your snoring partner to the couch. Invest in a good body pillow. They are incredible at stopping you getting carpal tunnel from propping yourself up on your side all night. Your miniscule bladder capacity will wake you up more than enough.
12. Know when to stop work. Towards the end of pregnancy, when it gets really hard - it is easy to prioritise your own discomfort over the patients' wellbeing. I found myself gazing jealously at the patients in their beds wishing that I could lie down in their place and have a rest. If you are having these feelings, it is time to stop work, put your feet up at home and take your self pity out on your immediate family. Going on leave too early can also be problematic. When you are used to working hard, sitting at home for the last six weeks of a pregnancy can be a chore, because at least working keeps your mind busy and takes it off your swollen ankles and your itchy haemorrhoids.
13. Enjoy your time off. I named my four maternity breaks my 'baby vacation.' There is no other time in life where you can be at home with no work responsibilities. One advantage of being a doctor is that it prepares you well for the onslaught of the three hourly baby feeding. Most surgical registrars are specially attuned to being suddenly awake and jumping up ready to go in the middle of the night. The baby crying is just like the phone ringing, except all you have to do is satisfy their hunger and then stumble back to bed. This beats driving in and tending to drunk and bloodied car accident victims.

LIFE AFTER MATERNITY LEAVE - RETURNING TO WORK AND FITTING IT ALL IN

Returning to work as a surgical registrar after having a baby can be a tumultuous time no matter how soon after delivery it occurs. Often, female doctors return to work much earlier than other women due to financial pressures and not wanting to fall behind in their career. Going back at six to twelve weeks post-partum is hard, but entirely possible with a lot of organisation. You may feel like you have deskilled, even if you have only been away for a couple of months. Don't be concerned, the skills will still be there.

Returning to work will take a toll both emotionally and physically. Give yourself time to adjust and take into account that you have to make a whole new person fit into your previously rigid schedule. It is normal to feel sad or have the 'baby blues' for some time after you have a baby. It is common to find yourself crying after seeing a baby powder commercial on the TV or for absolutely no reason at all. However if the sadness is overwhelming I urge you to seek help from your own doctor or contact the RACS Support Program on 1300 687 327 if you just need to chat to someone. Postnatal depression is very real and it is vital you look after yourself and your baby.

Hopefully, by six to twelve weeks, your baby is starting to get into a feeding and sleeping rhythm. Being awake all night with a screaming baby and getting up to go to work in a busy job at 6am just isn't fun. If you have a sympathetic partner and let's face it, if you are a

surgical trainee they must be, it is a good idea to share the night-time load. We found shift sleeping worked for us. One partner looked after the baby for the first half of the night and then the other took over. Even though you have a reduced block of sleep - it is quality. Another very modern option is a "night nanny". It might be expensive, but if that is an option for you, it definitely seems attractive.

Other things that require careful consideration are:

1. Childcare

This may seem obvious, but sometimes the last thing you want to face is handing over care of your newborn to another person. But in order to return to work, it is a necessity. There are numerous options available, but whatever you choose it should be reliable, safe and you should be entirely comfortable with it. If you are on call, you need to have someone at home who you can leave the baby with if you get called out for an emergency case. You also need back up if you are caught operating late unexpectedly.

2. Breast feeding at work

It is possible to work full time and breast feed your baby. You have to be motivated and patient. There is no doubt that breast feeding is time consuming and an unnatural skill but it can be done with some compromises.

There are many ways to handle breast feeding when you are working full time. You can do a combination of breast feeding at home and bottle feeding expressed milk when you are at work. You can just bottle feed all the time or even do a combination of formula and breast milk. The choice is personal but the important thing is to be flexible and never feel guilty or worried about the option that you choose. Your baby will love you unconditionally and formula feeding will not change this.

Talk to your supervisor or HR about your wish to express milk at work. They must be accommodating and help you achieve this.

In the first few weeks after your delivery, just relax and use this time to allow you and your baby to become familiar with the whole breast-feeding situation. It can be really hard work and surprisingly, babies and mothers are initially not very good at it. As soon as you feel comfortable, start storing milk so you don't have to worry if you can't get home from work in time for a breast feed. Storing milk means feeding and pumping at home for many weeks prior to returning to work to build up a frozen stockpile. This is not easy and you will feel like a milking machine. There are plenty of books and lactation consultants available to tell you how to do this. They will even come to your home to help you. Sit, relax, binge watch your favourite Netflix show and pump away.

If you are going back to work full time - do not even think about using one of those single manual pumps. They take a really long time. Remember, pumping goes on every three or four hours. To express milk successfully as a full time surgeon, an efficient double, electric breast pump is essential e.g. Medela models. These are not cheap but are worth the investment. They come housed in a discrete handbag and often have built in coolers to store the milk. These pumps enable you to pump in under 10 minutes and do it anywhere.

Ideally, your employer should provide you with a private office space to do your pumping and a refrigerator to store your milk. Make sure it is clearly labelled so no one adds it to their coffee! There are a number of bags and cups on the market to store milk in.

Timing can be important when breast feeding. Many women need to pump every 3-4 hours to keep their supply up. If you are going back to work quite soon after having a

baby, then engorgement may be an issue if you leave pumping too long. You will need to pay attention to this. Engorgement and mastitis is really miserable.

With a bit of planning, you can breast feed your baby before work and then pump prior to scrubbing and then again after. You can then feed your baby by breast when you get home at night. If you are doing cases longer than four hours, it may be feasible to scrub out and pump if you need to. If you have the right childcare, it is also reasonable for your baby's carer to bring them to work for a feeding.

You need your night time rest when you are back at work. Let your partner handle the 11pm feed with breast milk you have pumped a little earlier, so you can get some sleep before an early start or an on call shift.

Lastly, you are not a failure if you can't pump enough breast milk to feed your baby. That's what formula is there for. If you can work full time and still keep up enough pumping momentum to feed your baby 24/7, then share with us how you did it. But if you can't, don't get too upset. Even one bottle of breast milk a day is something. Whatever you do, find what is right for you and your family. A full baby is a contented baby and if you are back at work, you'll need all the sleep you can get.

FLEXIBLE TRAINING

Flexible training in General Surgery is a possibility, but like everything surrounding parenting and work, it requires planning. Flexible training is allowable under the regulations, provided a suitable arrangement can be worked out with your employer. Often it will mean two trainees will share one job and to make it work requires a high degree of organisation. Check with your local supervisor if this is an option for you, or better still, go to them with a plan to 'buddy up' with a fellow trainee or an unaccredited registrar who wants to do the same thing.

A list of hospitals with available flexible posts is available on the GSA website at this link <https://generalsurgeons.com.au/home/for-trainees/training-program/flexible-training/>

SUPPORT

Pregnancy and childbirth is a time when you'll receive and often gratefully accept a lot of advice. Surgical trainees can get support from many avenues:

1. It can sometimes be helpful to talk to female colleagues or surgical mentors who have done it all before.
2. Your trainee organisation RACSTA can be contacted for guidance.
3. There is a training representative on the Australian Board of General Surgery and one on each of the Training Committee. They would be happy to advocate for you.
4. The GSA administrative staff in each region and in head office are available by telephone or email for any questions you may have about the regulations and your pregnancy.

Above all, please know that General Surgeons Australia the Australian Board in General Surgery, and your hospital supervisors are there to help you. We are passionate about training and we are there to help you. Don't hesitate to approach any of us with questions and concerns about what is likely to be the most memorable time of your life.