Chapter 1
Supporting Surgeons to Have Families: Fertility, Pregnancy, Parental Leave, and Return to Work

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ABSTRACT
Surgical training often overlaps childbearing years. It is important that those considering a career in surgery know it is possible to combine a career in surgery with having children—and are supported to do so. With the changing demographic of the surgical workforce in the UK, it is increasingly common that surgeons are trying to combine surgical training and pregnancy, or indeed consultant posts and pregnancy. It is crucial that there is a culture within a surgical department and training programme whereby surgeons feel supported in their fertility, pregnancy journey, return to work, and childrearing. It is imperative that trainees feel comfortable asking for and are given adequate time off for fertility issues and early and mid-trimester pregnancy loss. Support systems should be in place to provide emotional and practical support to both female and male surgeons who experience fertility problems, pregnancy loss, and stillbirth, as well as those who are pregnant, returning to work following parental leave and balancing childrearing with a surgical career.

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BACKGROUND

An important part of maintaining an outstanding surgical workforce in the UK, and more widely, is retaining the best talent. Surgical training often overlaps childbearing years. As with many other careers, childcare requirements and the associated factors relate to a significant dropout rate. This chapter focuses on issues regarding fertility, pregnancy and maternity/paternity leave from a UK perspective, especially regarding surgical training. Whilst an increasing trend for shared division of parental responsibility between the genders is to be applauded, this issue does still predominantly affect females; In the UK, although women account for 70% of medical school admissions, this percentage drops at each stage of surgical training: 30% of core surgical trainees, 22% of higher surgical trainees and only 10% of consultant surgeons are female (Mohan et al., in press; Harries et al., 2016). It is important that those considering a career in surgery know it is possible to combine a career in surgery with having children and are supported to do so (Troppmann et al., 2009). With the changing demographics of the surgical workforce, it is increasingly common that surgeons are trying to combine surgical training and pregnancy, or indeed consultant posts and pregnancy. No matter whether a surgeon is pregnant during training or following completion of training when in consultant or attending posts, there are unique challenges which must be recognised in order to develop strategies to better support women and to harmonise family and career aspirations. There are increasing numbers of women entering surgical training and the gender gap at the top echelons has yet to balance out (GMC, 2016; Seemann et al., 2016). A British Medical Association (BMA) report found that the average female surgeons earn 20% less than her male counterpart, and even after using regression analysis to control for different characteristics of respondents and adjusting for hours worked, an unexplained gap still remains (£92,250 vs £73,482) (Dean, 2017). This may be due in part to challenges surrounding this intersection between childbearing and surgical training, with a lack of support of surgical trainees contributing to attrition and burnout. Supporting surgeons during pregnancy and return to work is essential.

Every woman’s experience of pregnancy is different, and indeed no two pregnancies are the same. Some surgeons may have no difficulties with one pregnancy but have complications and significant issues with another pregnancy. When designing strategy and policy to empower pregnant surgeons, it is important that this spectrum of experience is recognized. It is tempting to just say “you can have it all”, but non-surgeons and surgeons alike experience complications and symptoms of pregnancy, the devastation and the struggle of pregnancy loss, and infertility problems. Therefore, rather than saying “you can have it all”, what the surgical workplace needs to be saying is “we will support you in whatever your fertility/pregnancy journey is and ensure that your job is not an impediment to your aspirations to have a family. If you are pregnant, we will support you and help you balance your surgical training/career and your health.” In addition to supporting female surgeons, it is also essential to consider the impacts of fertility issues, pregnancy loss and childrearing responsibilities on male trainees. If we are serious about making progress towards gender equality in the surgical workforce, options such as shared parental leave and flexible working among male counterparts should be actively encouraged (Eaton, 2018).