



# Little Feet, Big Feat!

A Resident's Guide to Parenting, Pregnancy,  
Parental Leave and Beyond

Sixth Edition

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If you have any suggestions, corrections or additional information you would like to include in future editions of the Parenting Guide, please send your ideas to Resident Doctors of BC at [info@residentdoctorsbc.ca](mailto:info@residentdoctorsbc.ca).

## WHO IS THIS GUIDE FOR?

This guide is designed to help any resident contemplating parenthood or currently parenting. There are many types of resident parents, all in unique situations. It is not meant to be an exhaustive review of the medical literature on parenting and residency but has been developed in conjunction with several residents who have “been there, done that.” It is our hope that this guide will be helpful to all resident parents, regardless of type or timing.

## PLANNING FOR PARENTHOOD

### WHEN SHOULD I HAVE CHILDREN?

Of course, there is no correct answer – everyone considers a variety of issues within their control (finances, family structure, community support) and outside of it (fertility, geography). Perhaps a surprise result on a home pregnancy test means the decision is made for you. When and how to start your family is a very personal choice but many residents start their families during their residency. There are several advantages to having children during residency: For many physicians, residency is the only time in their career that they expect to have parental leave and employment insurance covering at least part of their leave. However, many provinces are now offering maternity/parental leave benefits programs; Doctors of BC’s program provides pregnancy benefits as well as parental benefits for male physicians and adoptive parents. Benefits are payable for up to seventeen (17) weeks, at a rate of 50% of eligible income up to a maximum of \$1,000 per week.

For more information on the Doctors of BC maternity and parental leave program please visit: <https://www.doctorsofbc.ca/news/parental-leave-popular-option-male-docs>

Timing is also important for residents planning a family. It takes a significant amount of time to become a fully certified physician and by the time you are “done” a woman’s gametes may be past their prime. To avoid potential fertility issues related to delayed reproduction, having children in your twenties and early thirties can be advantageous. To achieve this timeframe, many physicians will have children during their residencies.

*“I kind of wished that I waited until after first year residency to become pregnant. The return to residency as an R1 was tough for the first couple of months. Still, it is not impossible!”*

Though there are many compelling reasons to become a parent during residency it is also very challenging. Residents are busy and often have very little control over their schedules. They routinely have heavy call schedules making pregnancy and balancing family time even more challenging. Residents are not yet at their peak income and so careful financial planning can be necessary to budget for additional members of your family.

Is residency the ideal time to become a parent? Probably not, but most physicians will admit that combining parenting with a career in medicine is always going to be tricky and residency is as good a time as any. The Society of Obstetricians and Gynaecologists of Canada (SOGC) published a committee opinion in 2000 on “Pregnancy and Parental Leave in Canadian Obstetrics and Gynaecology Residency Programs.” This article provides some excellent principles that can be applied to any residency program to help promote a balanced approach to pregnancy during residency.



The Physician Health Program of BC launched a document called “Medicine and Motherhood: Can We Talk?” in 2010. A task force of practicing physicians, occupational health experts, and residents developed this document. Download a copy of this guide at: [www.physicianhealth.com/medicineandmotherhood](http://www.physicianhealth.com/medicineandmotherhood)

### CAN I AFFORD TO HAVE A CHILD IN RESIDENCY?

Can I afford to have a child in residency? The answer is “Yes!” If you managed to budget your way through your undergraduate degree(s) and medical school, you can budget for a child. There are many ways to prepare for parenting. You can buy every baby item new and from top end boutiques but you don’t have to go this route. Babies are big business and there is a lot of marketing to suggest that every baby accessory, clothing item and toy is essential to rearing a happy, healthy and brilliant child. Instead of buying the majority of baby stuff before the arrival of your child, stock up on some simple essentials and then see what you and your child need as they grow. Going shopping is a great excuse to get out of the house. One advantage to buying as you go is that you will not have to store loads of bulky items, waiting to use them. You may also find that you need less than you thought you did. The items you can forgo are different for everyone, but keep in mind that lots of things are not essential. One wonderful (free!) resource is “Baby’s Best Chance,” a book published by the province of BC; many people found this more useful than any of the glossy parenting books on the shelves at Chapters! You can find more information at: [www.health.gov.bc.ca/library/publications/year/2013/bbc.pdf](http://www.health.gov.bc.ca/library/publications/year/2013/bbc.pdf)

Friends and family are great resources for preparing for your baby. It is inevitable that you will receive gifts for your newborn. Many parents find they hardly need to purchase any clothes for the first six months! People cannot resist buying adorable outfits in those tiny sizes; you will likely receive more than you need. If people ask what you need, it is often helpful to suggest clothing in sizes over six months to avoid the upfront oversupply. Friends and family are also a good resource for gently used hand-me-downs. People are often eager to lend out their baby things, and babies grow so quickly that most items get minimal wear. If you are contemplating a big-ticket item it is useful to ask a friend who already has that item if you can come over and try it out. If you or your child does not like the item in the trial, you may have saved yourself a large amount of money.

Thrift stores and child consignment shops are a good place to get clothing and accessories at affordable prices. Craigslist is a good resource for baby things and you can often get great deals on strollers and cribs. The one item you may want to appraise carefully is an infant car seat, due to frequently changing safety regulations. Models outdate within 5 to 8 years. If you want to check on whether used items have any safety concerns or have been recalled, go to the Health Canada website; it lists recalled items and is a good information source: [healthycanadians.gc.ca/recall-alert-rappel-avis/index-eng.php](http://healthycanadians.gc.ca/recall-alert-rappel-avis/index-eng.php). Health Canada also has a section on child safety: [healthycanadians.gc.ca/drugs-products-medicaments-produits/consumer-consommation/children-enfant/index-eng.php](http://healthycanadians.gc.ca/drugs-products-medicaments-produits/consumer-consommation/children-enfant/index-eng.php)

As for the nitty-gritty details on what you can expect to earn while on leave, it will depend on your income and whether you choose to work part-time (moonlight, etc) or if you have other income sources. The basic benefit rate is 55% of your salary (although the maximum salary as of January 1, 2016 is \$50,800 and all full time residents will pass this cut off). In other words, given that residents are “maxed out,” you can receive a **maximum payment of \$537 per week from EI**. This amount is “topped up” to **85% of your salary** for birth mothers on maternity leave.

<b>Maternity Leave</b>	<ul style="list-style-type: none"> <li>o If you qualify, there is a two-week waiting period for EI; during this two-week period, you will receive 85% of your salary from the employer as part of the Supplement Employment Benefits Plan (SEB Plan).</li> <li>o You are required to have worked for 600 hours in the last 52 weeks or since your last claim, to be eligible for EI benefits. If you are not eligible for EI benefits, for the 15 weeks of your maternity leave, the employer will provide 85% of your salary as part of the SEB Plan.</li> <li>o Maternity EI benefits are a maximum of 15 weeks (exclusive of the 2 week waiting period). A combination of maternity and parental leave can make up to a maximum of 50 weeks of EI benefits.</li> <li>o The basic benefit rate is 55% of your average insured earnings up to a yearly maximum insurable amount, which for 2016 is \$50,800. This means you can receive a <b>maximum payment of \$537 per week</b>.</li> <li>o If you work while on maternity leave, your earnings will be deducted dollar for dollar from your benefits.</li> <li>o Your EI payment is a taxable income, meaning federal and provincial or territorial taxes will be deducted if applicable.</li> </ul>
<b>Parental/Adoption Leave</b>	<ul style="list-style-type: none"> <li>o Parental EI Benefits are a maximum of 35 weeks, shared with your spouse (i.e. one takes 12 weeks the other 23; or any other configuration adding to 35 weeks).</li> <li>o There is a two (2) week waiting period for EI benefits. If you spouse completes the waiting period for maternity leave, it does not need to be repeated for parental leave. For adoptive parents, one spouse will have to complete the two (2) week waiting period.</li> <li>o You are required to have worked for 600 hours in the last 52 weeks or since your last claim.</li> <li>o The basic benefit rate is 55% of your average insured earnings up to a yearly maximum insurable amount of \$50,800. This means you can receive a <b>maximum payment of \$537 per week</b> (as of January 2016).</li> <li>o If you work while receiving parental leave benefits, you can earn up to <b>\$134.25</b> (25% of maximum weekly EI benefit) without your EI payments being affected.</li> <li>o EI payment is a taxable income, meaning federal and provincial or territorial taxes will be deducted if applicable.</li> </ul>

Before you go on leave, make sure you’ve worked for 600 insured hours in the last 52 weeks or since your last claim in order to be qualified for EI.





**\*\*NOTE: These examples are rough estimates and should be used as a guide only!\*\***

### Maternity Leave Example

A PGY-1 resident on maternity leave who has met the criteria for EI.

Base salary = \$50,914.10

Benefits = 52 weeks (2 wks SEB + 15 wks maternal + 35 wks parental)

Weeks 1-2

EB (Employer Benefits): \$832.25/week (85% of base salary)

Weeks 3-17

EI: \$537 + EB: \$295.25 = \$832.25/week

Weeks 18-52 (This EI benefit can be split with a partner)

Any parental leave taken would be at the EI maximum of \$537/week, less any earnings as explained in the parental leave example.

### Paternity/Adoption Leave Example

A PGY-3 resident on paternity leave who has met the criteria for EI and plans to work while receiving benefits.

Base salary = \$61,893.80

Benefits = 35 weeks parental/adoption

Weeks 1-35 (This EI benefit can be split with a partner in any configuration totaling 35 weeks)

EI: \$537/week + up to \$134.25/week in income, any earnings above this amount will be deducted dollar for dollar from the EI amount.

### Working on Parental Leave: EI Pilot Project

Currently there is a pilot project (in effect until August 6, 2016), which works as follows:

- If you earn income while on parental leave which is **equal to or less than 90%** of your regular pre-leave weekly earnings, your EI benefits are reduced by 50% of the amount you earn (for example, if an R1 earns \$800, EI would be reduced by \$400; therefore the weekly payment from EI would be \$137).
- If your earnings **exceed 90%** of your regular pre-leave weekly earnings, EI benefits are reduced dollar for dollar (for example, an R1 earns \$1000, then EI payment would be \$0).

## PREGNANCY DURING RESIDENCY

If you're a resident without your own personal family physician, you're not alone. However, starting a family should give you the push to put this at the top of your list. The Physician Health Program of BC (PHP), through Doctors For Doctors, seek family physicians in your area willing to accept a new physician-patient. Contact PHP at [info@physicianhealth.com](mailto:info@physicianhealth.com) or [604-742-0747](tel:604-742-0747) for more information.

In the lower mainland, the BC Women's Hospital has a list of doctors accepting new full practice and maternity patients: [www.bcwomens.ca/our-services/pregnancy-prenatal-care/find-a-maternity-care-provider](http://www.bcwomens.ca/our-services/pregnancy-prenatal-care/find-a-maternity-care-provider)

Some of these physicians may also accept you and your family as general patients down the road. When choosing a maternity care provider, you may want to consider where they have hospital privileges (teaching vs. non-teaching hospital).

*"When I arrived in the assessment room at Women's [Hospital] with concerns, the obstetrics residents held a little conference and debated who knew me least. That resident had the lucky job of performing my VE."*

Residents have a unique workload, including long hours, potentially violent or hazardous exposures, and physically demanding procedures. Accommodating the demands of residency with the physical changes of pregnancy can be tricky but not impossible. The current Collective Agreement includes a Memorandum of Understanding on the Workload during pregnancy (this can be found on the Resident Doctors of BC website, [residentdoctorsbc.ca](http://residentdoctorsbc.ca), under Collective Agreement > Memoranda of Understanding > Memorandum of Understanding Re: Workload During Pregnancy). This Memorandum ensures that, should your physician be of the opinion that a reduction in workload is warranted (including the elimination of call), then the workload will be reduced to the extent prescribed.

UBC also has a policy on pregnancy during residency on page 43 of the PGME Resident Policies and Procedures Manual: [med-fom-pgme.sites.olt.ubc.ca/files/2015/04/PGME-Policies-and-Procedures-2015-2016-Posted-20151214.pdf](http://med-fom-pgme.sites.olt.ubc.ca/files/2015/04/PGME-Policies-and-Procedures-2015-2016-Posted-20151214.pdf). This policy specifically denotes that after 24 weeks gestation residents will not be required to work more than 12 continuous hours, and may opt out of duties to comply with infectious disease prophylactic measures.

You should meet with your Program Director as soon as you are comfortable doing so to discuss your training adjustments and expected Maternity Leave date. When you sit down with your residency director to discuss your upcoming maternity leave, it is also important to review the rotations you will complete while pregnant. Be realistic about how you will be feeling during your first, second and third trimesters and consider moving rotations to best suit your physical state. Fatigue and nausea are common in the first trimester, most women feel quite well during the second trimester, and fatigue, leg swelling and difficulty bending mark the third trimester.

Consider tailoring your rotations to complete your heavier rotations during the second trimester. Talk to your residency director about what the department policies are regarding pregnant residents.

When you discuss your end of work date, set a date that you are comfortable with but remind your director (and yourself!) that everything will depend on how the pregnancy unfolds. You may have to stop work earlier than planned or have lighter duties if there are complications during your pregnancy.

It is worth thinking about the exposures we deal with during the course of our training and how they will relate to your pregnancy. You may choose to defer a rotation, for example, in pediatric emergency during the peak of flu season to avoid excess infectious exposures. Think about rotations with increased infectious, radiation and toxic exposures and discuss these concerns with your program director and occupational health services at your local health region.

Hopefully, your pregnancy will be problem free and you will transition gracefully into maternity leave; however complications do arise during pregnancy. Should you have to stop work early due to complications of your pregnancy you should be aware that, under the current Collective Agreement, this time **should be considered sick leave, not maternity leave:**

**9.01 (E) Sick Leave Provisions** - Maternity leave medical complications of pregnancy shall be covered by sick leave provisions. Pregnancy shall not constitute cause for termination.



## Sick Leave

As per the Collective Agreement sick leave is five (5) months, or until your Long Term Disability coverage starts, whichever comes first. If you have disability insurance you may be entitled to disability compensation through your insurer. Women generally pay a slightly higher rate for disability insurance due to the risk of pregnancy related disability leave so if you should find yourself in that position do not hesitate to make a claim. Consider arranging a research elective if you need to go on bed rest or reduced activities to minimize time missed from your residency.

## EI Sickness Benefits

If your income is reduced by more than 40% while on disability you may qualify for EI Sickness Benefits.

According to Service Canada, Sickness benefits may be paid up to 15 weeks to a person who is unable to work because of sickness, injury or quarantine. As with maternity leave you are required to have worked 600 hours in the last 52 weeks or since your last claim to be eligible. You will also need a medical certificate from your physician to confirm the duration of your inability to work. The fees for the certificate are your responsibility. A person who makes a claim for sickness benefits is not only required to prove to be unable to work but also that he or she would be otherwise available for work.

If you work while on sick leave your earnings are deducted dollar for dollar from your benefit amount. Visit [www.esdc.gc.ca/en/ei/sickness/index.page](http://www.esdc.gc.ca/en/ei/sickness/index.page) for more information on Sickness Benefits.

## DAY-TO-DAY ADVICE

On the more day-to-day side of being an expectant resident, it is important to follow the same advice you would give a pregnant patient. Biologically, you are the same as regular mortals despite your superhuman schedule. Remember to eat frequently and take your bathroom breaks. If you have not tried them before, compression stockings, especially on call, can make a big difference to leg swelling and fatigue. Prescription stockings are covered by the resident health plan, but for \$15 to \$20 you can pick up a pair from a medical supply drugstore to try them out.

Pregnancy is tiring and you will require more sleep. Take naps in the evening if you need them and get into the habit of sleeping post call. You will have regular medical appointments throughout your pregnancy and the frequency will increase to once a week by the end of your third trimester. Talk to your program director about the best times to book your appointments. Some people find appointments right after half day, on post call days, or at the end of the workday are the least inconvenient.

## TERMINATION OF A PREGNANCY

When a pregnancy terminates within the first 19 weeks of pregnancy, it is considered an illness under EI. If that is the case, sickness benefits may be paid as long as the qualifying conditions for sickness benefits are met.

On the other hand, if the pregnancy terminates in the 20<sup>th</sup> week or later, the claim for benefits can be considered for maternity benefits if the qualifying conditions for maternity benefits are met. You may also be eligible for sick leave or long-term disability under the Collective Agreement.

If your spouse's pregnancy terminates, residents are eligible for compassionate leave of three (3) days, plus an additional two (2) days travel if needed. You may also be eligible for sick leave or long-term disability under the Collective Agreement.

The Employee and Family Assistance Program (EFAP) and the Physicians Health Program (PHP) both offer services to support residents dealing with grief and loss. Both offer confidential 24-hour help lines and referrals.



## GOING ON LEAVE

### WHAT TO DO WHEN YOU'RE OFF ON LEAVE

Regardless of the amount of time you take, maternity or parental leave can be an enriching time. It may also include: getting peed on, spit-up on, pooped on (or even all three at once), nights more sleepless than the worst night on VGH CTU, and seemingly endless crying at 3am. You will, however, have time to get to know your child and fall madly in love with them. Parenting is much more than just taking care of basics, so take time to make connections with your community; you will likely meet other parents in your area that you wouldn't otherwise cross paths with. Whether you are experiencing parenthood for the first or the umpteenth time, there are things in the community (much of it free!) to do:

- **Parent-baby weigh-ins and discussion groups** - Run through the Public Health Units/ local community centres
- **Community centre classes** - singsong, baby sign language, drop-in gym time, local library story & song times
- **Participate in research** - Women's Hospital often has studies ongoing for new parents; UBC has an infant cognition lab that studies infant development
- **Fitness activities** - Postnatal fitness/yoga classes, parent hikes, swimming lessons, etc.
- **Social outings** - "Stars & Strollers," or "Movies 4 Mommies."
- **Connect online** - There are many online parent networks that you can subscribe to:
  - [yoyomama.ca](http://yoyomama.ca) sends a weekly email with family-friendly events for the upcoming week. It covers cities and towns within about a 5-hour radius of the lower mainland.
  - [meetup.com](http://meetup.com) - local parent groups are searchable here
- **Moonlighting** - If you have a general license, you could look into moonlighting or working at a walk-in
- **Stay connected with your program** - You may want to stay connected to your program while on leave by attending half-days, resident retreats, or conferences.
- **Professional development** - Some residents use the time for professional development by working on research projects, getting involved in Resident Doctors of BC, or the community
- **Enjoy your freedom from your pager** - Volunteer, travel, or whatever suits your fancy

There are often access programs for low-income families. These provide discounted or free access to swimming, skating, and other events. Recent graduates from medical school may be eligible. Check out the Vancouver program: [vancouver.ca/parks-recreation-culture.aspx](http://vancouver.ca/parks-recreation-culture.aspx)





## MATERNITY LEAVE

### EI Maternity Benefits

Maternity EI benefits are payable to the birth mother for a **maximum of fifteen (15) weeks**. To receive maternity benefits you are required to have worked for

**600 hours** in the last fifty-two (52) weeks or since your last claim. You need to prove your pregnancy by signing a statement declaring the expected or actual birth date. The basic benefit rate is 55% of your salary up to a maximum salary of \$50,800. After April 8, 2016, all full time residents will be earning more than this cut-off threshold. In other words, given that most residents are “maxed out,” you can receive **a maximum payment of \$537 per week** from EI.

Birth mothers can start collecting EI maternity benefits up to eight (8) weeks before the expected due date, but must apply for EI no later than the week of the birth. Maternity benefits cannot be collected past seventeen (17) weeks following the actual or expected birth (whichever is later). Please note that the date you file your claim is very important in order for you to receive the maximum maternity benefits to which you are entitled. If the actual date of birth is different from the expected date, it is very important that you inform EI as soon as possible after your child’s birth. Contact Service Canada at **1-800-206-7218**, or you can go in person to your local Service Canada Centre.

**If your baby is hospitalized**, then the seventeen (17) week limit to collect benefits can be extended for every week your child is in the hospital, up to a maximum of 52 weeks following the week of the child’s birth. You will still only receive benefits for a maximum of 15 weeks, but payments can be delayed until your child comes home. However, if you received maternity benefits prior to the birth and wanted to receive the remaining benefits when your child comes home, contact Service Canada to have the necessary adjustment done to your claim.

The weekly EI payment and the number of weeks to be paid remain the same even if you give birth to more than one child at the same time.

### Collective Agreement Benefits: Maternity Leave

Resident mothers are entitled to a total of fifty-two (52) consecutive weeks (17 weeks maternity plus 35 weeks parental) leave of absence without pay. Through the Supplement Employment Benefits (SEB) Plan, the Employer will pay 85% of your salary during the first two (2) weeks of leave (the EI waiting period), and then top up the amount you receive from EI, or any other earnings, to a maximum of 85% of your salary.

**Example:** For an R1 with a base salary of \$50,914.10, for weeks three (3) to seventeen (17) she would receive \$537 from EI, plus the Employer top up of \$295.25 for a total of \$832.25 per week (85% of the regular weekly earnings).

Residents may start maternity leave up to eleven (11) weeks prior to the week of expected delivery, but no later than the actual birth date, and must make every effort to give four (4) weeks notice prior to the start of leave. For the duration of maternity leave, all extended medical and dental benefits continue as if the resident were not absent.

### Vacation Entitlement

Residents who take maternity or parental leave also have their vacation leave prorated using the following formula:

$$\text{(Days paid to June 30<sup>th</sup> inclusive/261)} * 20$$

**It is important to note that any time taken off your residency must be made up. Maternity and/or parental leave will extend your residency.**

**Example:** A resident intends to start their leave on April 16th and intends to return in the new appointment period. Their vacation for the current term of appointment is prorated to 16 days. Their vacation entitlement in the new appointment period would also be prorated based on the number of days delayed from the July 1st start date.

## PARENTAL LEAVE

### EI Parental Benefits

Parental EI benefits are payable to the mother, father or adoptive parent for a **maximum of thirty-five (35) weeks**. These weeks are shared, i.e. one parent takes 10 weeks, the other takes 25 weeks for a total of 35 weeks. There is a two (2) week waiting period, but this only needs to be served by one person. If you or your partner have completed the waiting period for maternity benefits, it does not need to be repeated. For adoptive parents, one parent will need to complete the two (2) week waiting period, but not both.

To receive parental benefits you are required to have worked for **600 hours** in the last fifty-two (52) weeks or since your last claim. You need sign a statement declaring the date of birth or adoption. Benefit payments must be completed with fifty-two (52) weeks of the child’s birth or adoption placement.

The basic benefit rate is 55% of your salary (although the maximum salary is \$50,800 and all full time residents will pass this cut off). In other words, given that residents are “maxed out,” you can receive a **maximum payment of \$537 per week from EI**. The weekly EI benefit remains the same even if you have or adopt more than one child at the same time.

**If your child is hospitalized**, then the fifty-two (52) week limit to collect benefits can be extended for every week your child is in the hospital, up to 52 weeks following the birth date. You will still receive benefits for a maximum of thirty-five (35) weeks, but payments can be delayed until your child comes home.

### Collective Agreement Benefits: Birth Mothers

Parental leave for birth mothers in the Collective Agreement is thirty-five (35) weeks (this is in addition to seventeen (17) weeks maternity leave). During this time extended medical and dental benefits continue as if the resident is not absent.

Birth mothers are entitled to up to six (6) additional consecutive weeks of leave if a medical practitioner certifies that she is unable to return to work when her leave ends due to reasons related to birth or termination of pregnancy.

If there are **special circumstances**, an additional five (5) consecutive weeks of leave without pay is available if a medical practitioner certifies that an additional period of parental care is required because the child suffers from a physical, psychological or emotional condition. This leave must begin immediately following the fifty-two (52) weeks (combined maternity and paternity) leave.

The maximum combined entitlement to leave for birth mothers is sixty-three (63) weeks.



### Collective Agreement Benefits: Fathers & Adoptive Parents

Parental leave for fathers and adoptive parents in the Collective Agreement is thirty-seven (37) weeks. During this time extended medical and dental benefits continue as if the resident is not absent.

Residents also receive **two (2) paid days off to attend the birth of their child**. To increase the amount of time you can take off to attend the birth, you can also use your two (2) paid flex days, or take vacation.

If there are **special circumstances**, an additional five (5) consecutive weeks of leave without pay is available if a medical practitioner certifies that an additional period of parental care is required because the child suffers from a physical, psychological or emotional condition. This leave must begin immediately following the thirty-seven (37) weeks leave. Any additional leave beyond this will be without pay or benefits.

### Working While On Parental Leave

As a general rule, if you work while receiving EI Parental Benefits, you can earn up to \$134.25 (25% of your maximum weekly benefit) without affecting your EI payments.

However there is currently a pilot project in place (in effect until August 6, 2016) that works as follows:

- If you earn 90% or less of your regular pre-leave weekly earnings, your benefits are reduced by 50% of the amount you earn.
- If your earnings exceed 90% of your regular pre-leave weekly earnings, the your EI benefit is reduced dollar-for-dollar.

**Example:** A R1 resident on paternity leave earns \$800 a week while receiving EI benefits. EI therefore reduces the benefit amount by \$400, paying the resident \$137 per week, while the resident keeps the \$800 dollars they earned. If the same resident were to earn \$1000 a week while receiving parental benefits, the amount is reduced dollar for dollar by EI, thereby paying the resident \$0, while the resident keeps the \$1000 they earned.

### Vacation Entitlement

Residents who take maternity or parental leave also have their vacation leave prorated using the following formula:

$$\text{(Days paid to June 30<sup>th</sup> inclusive/261)*20}$$

**Example:** A resident intends to starts their leave on April 16th and intends to return in the new appointment period. Their vacation for the current term of appointment is prorated to 16 days. Their vacation entitlement in the new appointment period would also be prorated based on the number of days delayed from the July 1st start date.



### Parental Leave In Summary

Birth Mothers	Leave	Income	Benefits
Resident Doctors of BC	35 weeks	\$0	Continue as if the resident is not absent. Contact Payroll to arrange payment of your portion while you are leave
EI	35 weeks (access to this leave is shared with your partner if applicable)	\$537 *If working while on EI, this amount is reduced by: a) 50% of the earnings if those earnings are 90% or less of the regular pre-leave weekly earnings, or; b) dollar-for-dollar if the earnings are over 90% of the regular pre-leave weekly earnings.	none
<b>Total</b>	<b>35 weeks</b>	<b>\$537/week for up to 35 weeks</b>	<b>Same as during residency, contact Payroll to arrange payment</b>

Fathers, Adoptive Parents	Leave	Income	Benefits
Resident Doctors of BC	37 weeks, plus 2 days to attend the birth of the child	\$0	Continue as if the resident is not absent. Contact Payroll to arrange payment of your portion while you are leave
EI	Up to 35 weeks (access to this leave is shared with your partner if applicable) Only one parent must serve the 2 week EI waiting period, so if your partner already fulfilled that during maternity leave, you do not need to repeat it	\$537 *If working while on EI, this amount is reduced by: a) 50% of the earnings if those earnings are 90% or less of the regular pre-leave weekly earnings, or; b) dollar-for-dollar if the earnings are over 90% of the regular pre-leave weekly earnings.	none
<b>Total</b>	<b>37 weeks</b>	<b>\$537/week for up to 35 weeks</b>	<b>Same as during residency, contact Payroll to arrange payment</b>

### PAPERWORK: APPLYING FOR EI AND BEYOND

Getting your paperwork in order for maternity leave, Employment Insurance, and your SEB/top-up can take a lot of time and organization. Here is a summary:

1. **Talk to your program administrator** once you have announced you have announced your pregnancy or know when you intend to take leave if adopting or have an expecting partner (four weeks notice is required for natural fathers). They should let you know what steps you need to take; many will do this on your behalf. In general, payroll services need to know your expected delivery date so they can plan for your maternity/parental benefits. You will want to update them once you officially start your leave, as the expected delivery date is rarely the birth date, as we all well know.



2. **Apply for EI as soon as you stop working:** [www.esdc.gc.ca/en/ei/apply.page](http://www.esdc.gc.ca/en/ei/apply.page). Expectant mothers can start collecting EI up to eight (8) weeks before their expected delivery date. **Delaying filing for your benefits past 4 weeks from the start of your leave may cause a loss of benefits.** The application will take approximately one hour to complete.

You will need the following **personal** information:

- Social Insurance Number (SIN) – If your SIN begin with a 9 you need to provide proof of your immigration status and work permit
- The SIN and name of the other parent
- Your mother’s maiden name
- The expected or actual date of birth
- Your mailing and residential addresses, including postal codes
- You complete banking information, including your branch number, institutional name and number and your account number (as shown on your cheques or bank statements) if you want to have your payments deposited directly

You will also need the following **employment** information:

- The names, addresses and telephone numbers of all employers you worked for in the last 52 weeks, as well as the dates of employment and the reasons for separating from these employers
- Your detailed version of the facts if you quit or were dismissed from any job in the last 52 weeks
- If your earnings varied over the last year, you will need to provide the dates (Sunday to Saturday) and earnings for each of your highest paid weeks of insurable earnings in the last 52 weeks or since the start of your last EI claim, whichever is the shorter period. This information will be used, along with your Record(s) of Employment, to calculate your weekly EI benefit rate
- Record(s) of Employment from the last fifty-two (52) weeks

### 3. File newborn paperwork (when your baby arrives):

- I. In BC we can use the Newborn Registration Service to take care of several things at once: [ebr.vs.gov.bc.ca](http://ebr.vs.gov.bc.ca)
  - Complete the registration of your baby’s birth
  - Apply for their birth certificate and
  - Apply for a SIN for your baby
  - Register them for MSP coverage. A BC Services Card will be mailed out once they are registered with MSP. You can add your dependents onto you employer paid MSP account with Health Shared Services. You can contact them at 604-297-8683.
- II. You will also need to let the extended benefits plan know of your new baby so they can be covered as well. This can come in handy early on if your child is admitted for neonatal jaundice or other health concerns. Private rooms are wonderful and affordable thanks to our benefits plan!
- III. There are also benefits some residents will be eligible for and birth mothers in BC can apply for them by allowing the BC Vital Statistics Agency to share your newborn registration with the Canada Revenue Agency (CRA) or you can apply separately through the CRA: [cra-arc.gc.ca/E/pbg/tf/rc66/README.html](http://cra-arc.gc.ca/E/pbg/tf/rc66/README.html). These benefits include:
  1. The **Canada Child Tax Benefit** (CCTB) is a tax-free monthly payment made to eligible families to help them with the cost of raising children under age 18. You should apply for the CCTB as soon as possible after your child is born. To be eligible:
    - You must live with the child, and the child must be under the age of 18
    - You must be primarily responsible for the care and upbringing of the child
    - You must be a resident of Canada
    - You or your spouse must be a Canadian citizen, a permanent resident, a

protected person, or a temporary resident who has lived in Canada for the previous 18 months, and who has a valid permit in the 19th month

2. The **Universal Child Care Benefit** program issues a taxable \$160 monthly payment to families for each child under the age of six to help cover the cost of childcare. As of January 2015, the UCCB was expanded to cover children aged 6-17 years with a taxable monthly benefit of \$60. (If you are receiving the CCTB you will automatically receive the Universal Child Care Benefit.)
3. Finally, there are financial savings plans to register for as well. Don’t put this off as the government will match or top up your contributions, depending on your income level, in some of the programs.
  - The **Canada Learning Bond** (CLB) program contributes up to \$2000 to Registered Education Savings Plans opened by families receiving the National Child Benefit Supplement under the Canada Revenue Agency’s Canada Child Tax Benefit program: [www.canlearn.ca/eng/savings/clb.shtml](http://www.canlearn.ca/eng/savings/clb.shtml)
  - The **Registered Education Savings Plan** (RESP) allows savings for education to grow tax free in a special savings plan registered by the Government of Canada until a child named in the RESP enrolls in a post-secondary education program: [www.canlearn.ca/eng/savings/know\\_your\\_resp.shtml](http://www.canlearn.ca/eng/savings/know_your_resp.shtml) and [www.servicecanada.gc.ca/eng/goc/resp.shtml](http://www.servicecanada.gc.ca/eng/goc/resp.shtml)
  - The **Canada Education Savings Grant** (CESG) provides grants to Registered Education Savings Plan (RESP) contributors until the beneficiaries reach the age of 17: [www.canlearn.ca/eng/savings/a-cesg.shtml](http://www.canlearn.ca/eng/savings/a-cesg.shtml) and [www.servicecanada.gc.ca/eng/goc/cesg.shtml](http://www.servicecanada.gc.ca/eng/goc/cesg.shtml)

## RETURNING TO WORK

### HOW LONG SHOULD I BE OFF ON LEAVE?

There is no right answer to the question, “When should I go back to work?” It is a personal decision that you should make with your family. It can be helpful to get input from colleagues and friends, who have been there before, but ultimately the decision is up to you. While becoming a parent is a life-changing event, you are still you, and you know yourself best. Factors that you should consider when planning the length of your leave might include whether you want to split your parental leave with a partner, your financial situation, child care availability and where you are in your residency training.

While on parental leave you may decide that you need to shorten or lengthen your leave. Keep in mind, until you meet your child you will not know how easy it will be to return to work. Some babies are easy going and good sleepers, some are not. Be willing to change your plan based on the temperament of your child because sleep is important to your function at work. The Collective Agreement states: “A Resident [on maternity leave] shall make every effort to give... at least fourteen (14) days notice of her intention to return to work prior to the termination of the leave of absence.” Ideally, your program will appreciate more than two weeks notice regarding your return, but it is important to know your rights.

Returning to work can be a stressful and guilt-inducing time – or, you may be dancing with excitement to return to your clinical work. Whatever your situation, remember the choices you made were right for you and your family, and that is all that is important. Talk to other colleges that have taken maternity and parental leave and find out what worked for them.

It is important to note, **any time taken off residency must be made up**, which will prolong your training time.





## CHILD CARE OPTIONS

Returning to work, whether shortly after your child's birth or at the end of a full year of leave, is a time of adjustment. There are many options for childcare and may include sharing care within your family (your partner, grandparents) or help outside the family (dayhomes, daycares, live-in nannies, live-out nannies, on-call nannies). Each has positives and negatives and many residents utilize a combination of the above. Trying to find available, quality and affordable childcare that can mesh with the busy schedules that residents keep can be difficult. If local daycare may be an option for your family, apply for a position **as soon as you get the positive pregnancy test!** There is a provincial Child Care Subsidy that you can apply for: [www.mcf.gov.bc.ca/childcare/subsidy/index.htm?WT.svl=LeftNav](http://www.mcf.gov.bc.ca/childcare/subsidy/index.htm?WT.svl=LeftNav)

A short summary of these options and estimated costs (based on the lower mainland) follows:

- **Family care** – your spouse may be interested in being a stay-at-home parent either part- or full-time. Grandparents or other relatives may be interested in providing childcare for your little one part or full time as well.
- **Non-family care** – there are many options out there but can be hard to find. Talk to other residents and hear what has worked for their families. Long work hours and call can be difficult with a young family but it is doable!
- **Dayhomes** – these may be licensed or unlicensed. Usually, an individual offers childcare within their own home to others; they often have children themselves. Whether they are licensed or unlicensed depends on the number of children in care, the goals of the program (tutoring vs. childcare), and how long care is offered for (occasional vs. regular).
- **Daycares** – On average \$900/month for 3 days/week; \$1400/month for 5 days/week.
- **Nannies** – shared vs. personal
  - Live-In: You may choose to hire a nanny to live in your home and provide childcare. Costs are lower (minimum \$14/hour with a maximum of \$425, minus room and board). Your nanny may already live in Canada or you may bring a domestic worker into Canada (either by yourself or with an agency's help). The Live-In Caregiver Program is a federal program that "helps Canadians hire foreign workers to live... in their homes to care for children": [www.esdc.gc.ca/eng/jobs/foreign\\_workers/caregiver/index.shtml](http://www.esdc.gc.ca/eng/jobs/foreign_workers/caregiver/index.shtml)  
This link summarizes the obligations in BC to hire a domestic employee: [www.labour.gov.bc.ca/esb/domestics/obligations.htm](http://www.labour.gov.bc.ca/esb/domestics/obligations.htm)
  - Live-out: Daily nannies live outside your home.
  - On-call/temporary: Several companies offer an on-call or temp nanny services. Placement fees usually apply.

If you don't have a stay-at-home spouse and family assistance is unavailable, you will likely find yourself looking at the big question of "nanny versus daycare." So how do you decide? Ultimately, the decision will be entirely personal and depend on convenience, finances, and the needs of your child.

### The Advantages of Nannies

Nannies provide one-on-one care, and can cater to your child's individual needs and schedule. She works out of your home, so all you have to worry about in the morning is getting yourself ready since the nanny will take care of dressing and feeding your child. In addition, your child is being cared for in a familiar and comfortable environment. If your child is sick, you don't have to worry about staying home from work or finding back up childcare. Nannies can be either "live-in" or "live-out," and the services they provide range from basic childcare to full-fledged housekeeper. With a nanny, you have more control over what values and rules are taught. A good nanny can be almost like another family member, a true Mary Poppins, taking care of the children and helping you keep your family life in order.

### The Disadvantages of Nannies

The most obvious disadvantage is cost. Nannies can be quite expensive, as you are essentially paying someone's salary. (On the other hand, with multiple children the cost can actually work out to be more economical.) Other concerns include privacy, as she will be in your home, and security, as there is no formal registration process for nannies and you don't know what she is doing all day. If your nanny is sick or takes vacation, you will need to find alternative childcare. And don't forget about the paperwork involved in paying someone's salary; unless your nanny is self-employed, you will have to deduct EI, CPP and income tax from their wage. Finally, finding the right nanny to fit with your family can take a long time, and you may have to go through a few people to find the right person.

### The Advantages of Daycare

With so many toys, activities, and other children, daycare can be highly stimulating. Good daycares have educated and experienced teachers, who can give you lots of advice and will have your child potty-trained by age one. Daycares are registered and regulated by the government, and you don't have to open your home to anyone. Daycares are great places to meet other families and form lasting friendships. Your child will develop social skills and some daycares have extensive education programs to teach your child everything from mathematics to languages. Conveniently, certain health regions and hospitals have daycares associated with them: In the Lower Mainland, Vancouver Coastal Health has contracted the YMCA to provide daycare sites at VGH (Kids at Heather), BCCH/WHC/GF Strong (Kids at GF Strong).



### The Disadvantages of Daycare

With so many other children, germs are unavoidable, which means you will have to deal with finding alternative care if your child is too sick to go to daycare. Having to pack up your child every morning may be stressful and time-consuming, and if your work schedule doesn't coincide with the daycare's hours you may have to pay more for extended care or arrange for someone else to pick-up/drop-off your child. Some daycares may dictate when your child has to be off the bottle, take naps, etc. Turnover can be high, so if caregiver consistency is important to you this may be an issue.

## INITIAL ROTATIONS UPON RETURN TO WORK

When planning your return to work, select rotations that will help make your transition back to work as smooth as possible. If you are still breastfeeding you might choose rotations that have no or very little call so you can physically be present to breastfeed more easily. Other people find they just want to "get the worst of the call over with". Your schedule will already have been disrupted if you have taken any parental leave, so it is generally not much more trouble to amend your schedule with your program director. Rearrange your return to work rotations when you are planning your parental leave. It will save you time, hassle and worry about returning to a demanding schedule. Even if you have not taken any time off, your program may be able to rearrange your schedule so that you are on a lighter schedule when your child first comes home. Given the distributed model of medical education in BC, you might want to consider requesting rotations closer to home in advance.



## BREAST FEEDING

The Canadian Paediatric Society recommends exclusive breastfeeding for the first six months of your child's life and encourages breastfeeding for up to two years and beyond. As physicians, we are all aware of the benefits of breastfeeding and most mothers who are able to attempt exclusive breastfeeding upon the birth of their child. Even though you attended breastfeeding seminars in medical school and perhaps during your residency training, do not expect to be an expert just because you are a doctor. Immediately after your baby is born, physicians, nurses, doulas and midwives are great resources for optimizing your breastfeeding technique. Nursing your baby is a two way street. You and your infant will figure it out together. Lactation consultants for more difficult nursing conundrums are available through many community health centres and hospitals. For example, the lactation clinic at BCWH is available to mothers through self-referral and they are very welcoming and helpful. Do not get discouraged if you struggle at first; ask for help when you need it. Most women are able to breastfeed, but sometimes, for a variety of reasons, this is not possible. If you are not able to breastfeed your baby, despite your best intentions, do not beat yourself up. Your goal is to have a healthy, growing child.

There are a few other considerations to take into account for mothers who will return to work before they finish breastfeeding. Offer your child a bottle with expressed breast milk occasionally after you are well established with your breastfeeding (often around 6 weeks of age). This will get your baby used to taking a bottle and make the transition from breast to bottle easier when you go back to work. Giving a bottle once a week will keep this skill in your child's repertoire. If you plan to express milk using a breast pump once back at work, buy your pump a little while before you head back to work. Practice pumping and get used to your machine. Returning to work is hectic enough without also having to master using your pump.

### Buying a Breast Pump

If you are still breastfeeding upon your return to work you will most likely need a breast pump. Even if you have access to hospital breast pump equipment, I still recommend that you invest in a breast pump. You never know when the hospital pump will be unavailable or you will be in clinics or at sites without breast pump facilities.

There are many types of breast pumps on the market. What you choose to buy will depend on how much you are pumping, the age of your child and how long and often you are away from your child.

Many residents recommend the double pump. It will save you a lot of time, especially if you need to sneak away for a brief period of time in order to pump.

Manual hand pumps are generally small and portable. They do not require an electrical outlet and so where you pump is quite flexible. Manual pumps are slower and only allow you to pump one breast at a time. Manual pumps are best suited to occasional use.

The other major type of pump is electric. There are electric single and double side pumps. Double side pumps allow you to pump both breasts at the same time, increasing the speed at which you can pump. Double pumps tend to be more expensive. Well-known brands for breast pumps include Medela and Ameda. Ask friends who have breast pumps how they like their model.

### Where to Pump

Many hospitals have breast-pumping facilities available for staff use. Some hospitals have a room especially for breastfeeding staff; others allow you to use patient facilities. Take advantage of hospitals that provide you with an institutional grade breast pump. Institutional pumps are very efficient to use and the hospital supplies the attachment parts (clean and sterilized), which

saves you from having to clean attachment parts at work.

Of course, not all hospitals are so well equipped. In hospitals without pumping facilities, it is easiest to approach nursing staff and explain that you are breastfeeding and need a private room to use a breast pump. If you have an electric pump, be sure to specify that you also need an electrical outlet. Remember many hospital staff are parents and many women have had to deal with balancing breastfeeding and work.

**RCH Breast Pump Location-** Royal Columbian Hospital has a Staff Pumping Room located on the Maternity Ward (3E) in the Health Care Centre Tower. Ask at the nursing desk for directions. The room is down the hall to your right as you walk in to ward, in a corridor on the left (next to the patient pumping room). Not all nurses know that there is a staff pumping room so if the first person you talk to is unsure, be persistent. The room is equipped with a Medela institutional breast pump. Nursing staff are very helpful and will happily show you how to use the institutional pump. Sterilized attachment parts are available for your use. The attachment parts are stored in the patient pump room next door. Once you are done, rinse the milk off the attachment parts and place them in the "dirty" bin in the patient pumping room. There is a logbook in the room. Try to remember to sign it, as it shows how much use the room gets and how important it is to breastfeeding staff.

It is not always easy to find time to pump once you return to work, especially on call. Ask your program if they have any equipment reserved for residents at your training site.

**BCWH/BCCH Breast Pump Location-** A Medela institutional breast pump is located on Arbutus Ward at BCWH. The key to the room is at the nursing desk. Pump attachment parts are located in the back room behind the nursing desk. Nursing staff are very helpful and will happily show you how to use the institutional Medela pump.

Places without Breast Pump Facilities: Queen's Park Hospital, Eagle Ridge Hospital. We're looking to fill out this section for all teaching hospitals so if you know where the pumps are at your hospital, let us know! Send an email to [info@residentdoctorsbc.ca](mailto:info@residentdoctorsbc.ca).

### ADVICE FROM YOUR PEERS

"In terms of juggling family and residency, I like to call it a teeter-tauter. It seems to me that in order to commit yourself to one, the other suffers a little more. Whether it's going away for the weekend with your family and falling behind on some readings, or staying longer for an amazing case in the OR and missing bedtime with your little one. The struggle became a little less difficult once I admitted this to my husband and myself. So now I know that if I've had a rough stretch at the hospital and have been quite productive with my reading, research etc, that I will commit more time to my family the next weekend."

"On a more philosophical level, I feel that it is a great honour to be a physician. I take that responsibility very seriously. I also however value my family more than anything in the world. My advice is to keep a close check on your family. They love you and will likely put up with a lot (and I mean A LOT!), and because of that it is easy to let things slide at home. So as difficult as it is to put your books aside, just check in with your family once in a while, tell your spouse/partner/kids how much they mean to you, and it will make a huge difference in the long run."

### Blog for Doctor Moms

You are not alone in the ups and downs of motherhood and residency. Stay up-to-date on how your peers are doing through this online blog: [www.mothersinmedicine.com](http://www.mothersinmedicine.com)





## **RESIDENT DOCTORS OF BC**

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