

gynaecology (O&G).

Objectives: To provide advice regarding strategies that will facilitate training for pregnant women and parents who wish to become specialists in obstetrics and

Target audience: Trainees, prospective trainees, training supervisors, consultants and accredited training sites.

Background: This statement was first developed by the Training Accreditation Committee in June 2014 and most recently reviewed in July 2017.

1. Summary of recommendations

Recommendation	Grade and reference
RANZCOG encourages all pregnant trainees, once they are comfortable with making this knowledge public, to discuss the implications of this on their training with their Training Supervisor.	
Recommendation 2	Grade and reference
Trainees are advised to consult the relevant RANZCOG Regulations in order to understand the possible effects of absences from work on their training requirements.	
Recommendation 3	Grade and reference
If a trainee perceives, or it is perceived by others, that the pregnancy is adversely affecting their clinical performance, they are encouraged to discuss this with their employer as soon as possible.	
Recommendation 4	Grade and reference
It is incumbent upon pregnant trainees to familiarise themselves with workplace policies and Occupation Health and Safety protocols relevant to the various tasks related to their work, and to seek clarification or any additional information by contacting appropriate officers at their place of employment.	
Recommendation 5	Grade and reference
Recommendation 6	Grade and reference

2. Introduction

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) supports the choice of pregnant women and parents who wish to become specialists in obstetrics and gynaecology (O&G) and to participate in the O&G workforce. RANZCOG has developed a number of strategies that will facilitate training for pregnant women and parents, both mothers and fathers.

3. Discussion and recommendations

What are the strategies that facilitate training for pregnant women and parents?

These strategies include: part-time fractional training (between 0.5 and 1.0 full time equivalent (FTE); extended leave of absence (including parental leave); and training credit for training blocks of 10 weeks FTE or more. Trainees are advised to consult the relevant RANZCOG Regulations in order to understand the possible effects of absences from work on their training requirements.

RANZCOG encourages all pregnant trainees, once they are comfortable with making this knowledge

are expected to defer their examinations until such time that they are confident that their exam preparation and/or performance will not be adversely affected.

The physical, professional and emotional demands during training can be exhausting and may be amplified by pregnancy. It is important to find mutually acceptable solutions that are workable for the pregnant trainee, their families and colleagues. Pregnant trainees who find that they need assistance to balance all the competing responsibilities in their life are encouraged to bring their concerns to the

4. **References**

Accommodation. Government of Canada, Canadian Human Rights Commission [cited January 22, 2010]. Available from:

Appendix

Full Disclaimer

This information is intended to provide general advice to practitioners, and should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient.

This information has been prepared having regard to general circumstances. It is the responsibility of each practitioner to have regard to the particular circumstances of each case. Clinical management should be responsive to the needs of the individual patient and the particular circumstances of each case.

This information has been prepared having regard to the information available at the time of its preparation, and each practitioner should have regard to relevant information, research or material which may have been published or become available subsequently.

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