

SURGERY

THE MGH DEPARTMENT OF SURGERY GENERAL SURGERY RESIDENCY GUIDE FOR EXPECTANT AND NEW PARENTS

The guide for our residents who are tackling the seemingly impossible job of raising a family during surgical residency. You are not alone.

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Statement of Intent:

The MGH General Surgery Residency Program recognizes the birth of a child as a joyous event and looks forward to welcoming a new member of our surgical family. We are committed to safeguarding the health and well-being of our residents during family planning, pregnancy, and after delivery. There is significant variation in how pregnancy is experienced across individuals, such that some women may require different accommodations to support their health than others, and the Department of Surgery (DoS) is supportive of all levels of utilization of the following accommodations.

These guidelines also offer accommodations for non-birthing parents, as pregnancy and early infancy are important periods for all parents for infant bonding and/or supporting a birthing partner.

If issues or concerns arise regarding application of these guidelines, conflict resolution will be led by the Program Director and/or her/his designated Associate Program Director. The DoS does not tolerate bullying or discriminatory language, including negative statements about family planning or parental status. Residents and faculty who engage in such behavior will be required to meet with the Program Director.

Any benefits that exceed policies offered by MGB GME and Human Resources are offered at the discretion of the General Surgery Residency Program. The Program reserves the right to modify or withdraw these policies.

Preconception and Family Planning:

Surgical training is long and coincides with common childbearing years for many residents. The MGH DoS recognizes the impact of surgical training on the ability for residents to have children before or after training and is supportive of residents undergoing fertility treatment and assisted reproductive technology (ART) treatment. Many of these treatments and procedures are time consuming, unpredictable, and physically demanding. The following policies are designed to better support and reduce work-related stress for our residents undergoing such treatment:

1. Residents will have time off to attend necessary appointments for consultation, lab draws, and imaging, with the expectation of maintenance of confidentiality beyond designated advocates;
2. Residents will be provided coverage for rounding and first-start cases for early morning appointments;
3. Residents may use sick leave for relevant procedures;
4. Residents may leave the OR for short (e.g., 10 minute) absences for medication administration.

Early Pregnancy:

You're expecting a baby, now what? We recommend informing the Program Director as early in your/your partner's pregnancy as you are comfortable to facilitate optimal rotation adjustments (including pre-conception planning to discuss rotation options). We suggest this take place by 14 weeks' gestation to give him/her the most options to rearrange the schedule to provide you the lighter rotations when you are likely to need it most. After 14 weeks' gestation, we will still make every effort to accommodate your pregnancy but may be more limited and unable to guarantee all accommodations listed below. Please remember, we are here to help, not to violate your confidence, and your pregnancy will only be disclosed on a need-to-know basis with your permission.

Prenatal Health Maintenance:

- a. We support attendance of all prenatal visits;
- b. The expectant resident should coordinate with their seniors on a service (if applicable) or co-residents to facilitate coverage. If there are concerns or difficulty arranging coverage, the administrative chiefs should be notified and will arrange for coverage.
- c. It is the responsibility of the resident to try to arrange routine visits well in advance and to avoid clinically/operatively busy days where possible (e.g. appointments on post-call days may facilitate coverage.)

Maintaining health and well-being while operating:

- a. Operative considerations: Pregnant residents are encouraged to inform the attending surgeon ahead of the case for anticipated accommodations (the Program will also send monthly emails to the faculty so this will not come as a surprise-see item iv below).
 - i. Pregnant residents will be provided 5 minute breaks every 2-3 hours to sit, hydrate, eat, and void (timed during the non-critical portions of the case);
 - ii. Pregnant residents may avoid infusion portions of HIPEC cases and radiation/fluoroscopy;

- iii. Pregnant residents who opt to perform fluoroscopy should work with the department to obtain a fetal dosimeter to be worn under their lead at the level of the abdomen;
 - iv. With resident permission, the service faculty/chief will receive monthly emails reminding them of the necessary accommodations from DoS leadership. This may be opted out of at the resident’s discretion.
- b. Rotation considerations: Rotations will be arranged or re-arranged to optimize health. Early notification of planned or recognized pregnancy is important to facilitate optimal coverage for the benefit of both the pregnant resident and her colleagues.
- i. No 24-hour call after 30 weeks of gestation.
 - ii. No overnight in-house shifts (e.g., night float) after 30 weeks of gestation.

Parental Leave for birthing and non-birthing parents:

- a. We encourage and will facilitate as much time as desired for parental leave for pregnancy, surrogacy, adoption, or foster care up the maximum allowed state and federal policies, with the following general considerations: 1) MGB benefits; 2) Massachusetts state programs/benefits; 3) Federal benefits; 4) ABS requirements; and 5) ACGME requirements. These five organizations offer differing levels of protected time and funding and may differ for birthing and non-birthing parents. Each resident must therefore determine what is the right duration based on their preferences, financial situation, and childcare needs. Please note that education requirements are stipulated by the ABS so missed time that may be allowed by MGB, FMLA, or the MA state may still need to be made up before advancing to the next level of training resulting in a delay in graduation.
- b. The MGH Surgical Training Program supports the American College of Surgeons recommendation of *at least* 6 weeks of paid parental leave for all new parents, regardless of birthing status;
- c. Early notification of the Program Director is helpful to minimize strain on other residents.

ABS	<ul style="list-style-type: none"> • Residents may take documented leave to care for new child (birth, adoption, foster care placement); grieve loss of a family member; recover from own serious illness • Residents may take additional 4 weeks off during PGY 1-3 (for total of 140 weeks required) and an additional 4 weeks off during PGY 4-5 (for total of 92 weeks; 48 weeks must be Chief Resident rotations) • Extending chief year: residents may extend final year of training thru end of Aug (with advance permission) and still take that year’s Qualifying Exam. • 5 in 6: five clinical years may be completed over a 6-year period (with advance approval) • Averaging: Residents may average time over PGY 1-3 and over PGY 4-5 (reduce non-clinical time in one year to allow for more non-clinical time in another year) • https://www.absurgery.org/default.jsp?policygleave
ACGME	<ul style="list-style-type: none"> • Residents/fellows will be provided at least 6 weeks of paid medical, parental, and caregiver leaves of absence at least once during the program • This policy does not require vacation or sick days to be used, but does require at least one week of paid time off outside of these 6 weeks • Common Program Requirements: programs must protect time for lactation, medical appointments, mental health care, coverage for family emergencies • https://www.acgme.org/globalassets/pfassets/programrequirements/800_institutionalrequirements_2022_tcc.pdf

	<ul style="list-style-type: none"> • https://www.acgme.org/newsroom/blog/2022/acgme-answers-resident-leave-policies/#:~:text=On%20July%201%2C%202022%2C%20new,resident%20and%20fellow%20well%2Dbeing
MGB GME	<ul style="list-style-type: none"> • Paid leave must be taken immediately after the child arrives in the home. Delayed/part-time paid leave is not guaranteed. • When you return, you will be restored to the position left • Insurance will remain intact at the same levels and cost as if you were not on leave • You have 12 sick days a year that expire at the end of each academic year. Up to 5 days/year may be used to care for your child, spouse, or parent • Birth parents are eligible for 8 weeks of salary continuation for disability associated with childbirth • All parents are eligible for 8 weeks of salary continuation to bond with infant or child • https://drive.google.com/file/d/1D24iQ71p-2wropxeMVA9p4vW19atwz44/view
MA State Paid Family and Medical Leave (PFML)	<ul style="list-style-type: none"> • You can take PFML after you have exhausted MGB paid parental leave benefits • MA employees can take <i>up to 26 weeks</i> combined family/medical leave per year to bond with your child during first 12 months after birth, adoption, or placement (up to 12 weeks paid); caring for a sick family member (up to 12 weeks paid); caring for your own health (up to 20 weeks paid, including pregnancy/childbirth). MA state determines your eligibility. • PFML supports some paid leave; there is an online calculator to estimate benefits: • https://www.mass.gov/info-details/paid-family-and-medical-leave-pfml-overview-and-benefits
FMLA	<ul style="list-style-type: none"> • FMLA entitles eligible employees to take 12 workweeks in a 12-month period within one year of birth, adoption, placement of a child; to care for sick family member; for own health condition • Only takes effect after you have worked for an employer for 12 months • Does NOT address salary continuation during leave (so does not protect your pay) • https://www.dol.gov/agencies/whd/fmla

- d. Please see Appendix A (distributed by Program Director or Residency Program Manager rather than posted here to maintain privacy of our prior resident parents) for recent examples of how other MGH General Surgery residents have structured parental leave recently

Support for miscarriages for birthing and non-birthing residents:

- a. Unfortunately, miscarriage is common and may be more common for surgical residents; Miscarriage may require medical appointments or procedures. The program will coordinate clinical coverage to allow residents suffering such a loss to undergo treatment and to recover physically and emotionally;
- b. In the event of a miscarriage, the resident should contact the Program Director or Associate Program Director who will assist with coordinating time off. The administrative chief residents may be asked to help coordinate coverage but the reasons will remain confidential unless the affected resident agrees to share the information.
- c. Residents suffering a miscarriage will be provided 5 days free of clinical duties over a 2-week period, which allows flexible scheduling for procedures or to have time off during the height of medical management.

- d. We recognize that loss of a desired pregnancy is difficult and encourage the resident to reach out to the PD to arrange additional time off or to facilitate access to mental health resources.

Support for the transition back to clinical duties after the birth of a child:

- a. The post-partum period and return to clinical work can be stressful. The Program will make every effort to arrange for less demanding/more flexible rotations during the first 2 weeks after returning to work for birthing parents to adjust to physiologic needs (e.g. lactation and recovery from childbirth);
- b. MGH Lactation Policy (see Appendix B): The MGH DoS is supportive of lactating residents. Residents may scrub out/leave clinic to express milk 30-40 min every 3-4 hrs. The resident is encouraged to discuss these needs with the attending surgeon ahead of time and will plan to minimize disruptions during critical portions of operative cases. The service senior resident will help arrange brief periods of coverage for complex cases (may be a lower-level resident); for shorter cases, the resident may choose to express milk between cases and notify the attending that they will not be available during the preoperative set-up; Service faculty and chiefs will receive monthly emails to notify them of lactating residents to facilitate communication. Appendix C has information on locations of lactation facilities at our campuses and how to access them;
- c. We know the postpartum period is stressful and exhausting due to sleep deprivation, anxiety, and, often, postpartum depression. Postpartum depression affects nearly 1 in 5 surgical residents. If you are struggling we encourage early discussion with the Program Director or Associate Program Director so we can help you access mental health resources;
- d. Childcare is notoriously expensive in Boston. We recognize the financial and emotional stress of finding options that align with the long and unpredictable work hours of surgical residents. Appendix C lists childcare options that have been utilized or researched by other MGH surgical residents, including backup/sick care options. *Disclaimer:* these are self-reported by residents over the last several years and fees may have changed. Residents are encouraged to do their due diligence in fact-checking.

Appendix B: MGH Department of Surgery Lactation Policy:

The Massachusetts General Surgery Residency Program is committed to supporting the health and wellbeing of our diverse residency. These guidelines are intended to ease the transition back to clinical practice for residents who choose to breastfeed or pump milk following returning from maternity leave. The Department of Surgery supports this decision and the following guidelines.

1. Challenges faced by lactating surgical residents
 - a. Pumping following return to work requires flexibility in scheduling that can be challenging
 - infrequent or insufficient time for pumping can lead to complications including plugged ducts and mastitis as well as decreasing or insufficient supply
 - b. Trainees may be reticent to ask faculty, peers, or subordinates for flexibility in or assistance with delegation of tasks to allow for pumping following return to work
 - c. While each individual is different in their requirements, generally 30 to 45 minutes are required per session every 2 to 4 hours. Intervals tend to be shorter with younger infants
2. Responsibilities of lactating resident
 - a. Prioritization of patient care and careful consideration for clinical continuity, which can be impacted by time needed to pump
 - b. Clear communication with program director, attending surgeons, and co-residents on service regarding specific needs for lactation (time interval, specific concerns) with advance notice as able provided to the Program Director regarding plans to pump in order to facilitate planning
3. Role specific considerations
 - a. Resident on ward
 - If designated lactation rooms are not available or practical, site and service specific rooms (or other appropriately refrigerator-equipped locations) will be designated and prioritized as a daytime lactation room (8AM-5PM) for any team with a lactating resident
 - Clear communication with team members (co-residents, PA, NPs) regarding pumping needs
 - b. Resident in clinic
 - Lactating resident will be expected to leave clinic to pump at reasonable intervals and will preschedule this during the clinic day, coordinating with the faculty and team
 - c. Resident in operating room
 - Attending surgeons on each service will be notified at the start of the rotation that the resident will require lactation breaks, including during prolonged procedures
 - Attending surgeon and resident will discuss lactation if needed before or during a procedure
 - Lactating resident will minimize interruption to operating team by pumping before or after cases whenever possible (this may mean she is not present to escort the patient to the OR from preop, and may miss the initial prep/drape/incision, but will notify the attending if this is the case) and will not leave during critical portions of the operation
 - For complex cases, lactating resident will reach out to team members to serve in her absence

d. Resident in conference

- Lactating residents can leave mandatory teaching conference for pumping if necessary, although in the absence of clinical conflict preventing pumping before or after, should prioritize educational opportunities

4. Departmental Support

- The Department of Surgery is committed to ensuring the well-being and health of all its trainees and offers its full support of this lactation policy. All faculty and supervising residents/fellows will be made aware of this policy, reminded of lactating residents on their service on a monthly basis, and adherence and support are expected
- If issues or concerns arise, the Program Director will lead conflict resolution to define and meet the lactating resident's specific needs
- The Department will ensure that there are appropriate lactation and storage facilities at all sites
- Any concerns should be directed to the Program Director and/or Surgery Education Office

Appendix C: Lactation Spaces and Access:

These are open to all employees and students

Gaining Access:

Complete the online registration form OR contact EAP 866-724-4327 one week prior to return to work. Online registration form: <https://eap.partners.org/wp-content/uploads/Employee-Lactation-Room-Access-Request-1.pdf>

What do I need to bring to work?

- Breast pump tubing kit compatible with hospital pump (Medela Symphony). (extras can be purchased at the MGH Gift Shop 617-726-2227)
- Wearable breast pumps can be helpful but everyone is different; you have to see if it works for you
- Cooler container with ice pack to store milk

MGH: Main Campus:

Bigelow 9th Floor

Bigelow 12th Floor

Blake 15th Floor

Bulfinch 1st Floor

Wang 2nd Floor

Yawkey 4th Floor

Yawkey 6th Floor

Lunder OR (under construction, coming soon as of 4/15/23)

Additional lactation room by the OR can be accessed by contacting Julianne Miodonka (jmiodonka@partners.org)

Informally, the PGY4-5's have used their own (shared) offices and have set up a space in the anesthesia call space to the left of Barbara/Lois's office

The Lactation Task Force is working on adding computers to 3 of these rooms

MGB:

65 Lansdowne Street

100 Cambridge Street

Newton-Wellesley Hospital:

Requests for access must be made through the Dept of Public Safety. Email: nwhbadging@partners.org

Main Hospital, 4th Floor (off West Elevators): badge access required; 2 spaces; Medela Symphony provided but you need your own tubing/kit

Allen Riddle Building Basement (opposite ladies room): keypad access required; no pump provided

Mamava Lactation Pod – Main Hospital East Entrance Lobby (Surgical Center Lobby): Free App required to access Pod; pump not provided. Visit mamava.com/lactation-space-design to download the app or scan QR code



Salem Hospital

Macomber 7: access with a key. Contact Lactation Coordinator, Marie McDermott (mlmcdermott@partners.org)

Dr. Milk is an online forum for breastfeeding physicians and is incredibly helpful for tips/tricks on supply, pumping at work, transition back to clinical work.

Appendix D: Childcare options in Boston

*** We surveyed 14 of our MGH surgery parents in 2023 and collected information to help guide you. These are general guidelines and a starting point, but please do your own due diligence as fees may change**

Childcare in Boston is expensive and finding an option with hours that work with your schedule can be challenging. If you are hoping to use daycare, remember that waitlists can be long and variable, so getting on them ASAP (first trimester) is important.

1. Most commonly used mode of childcare

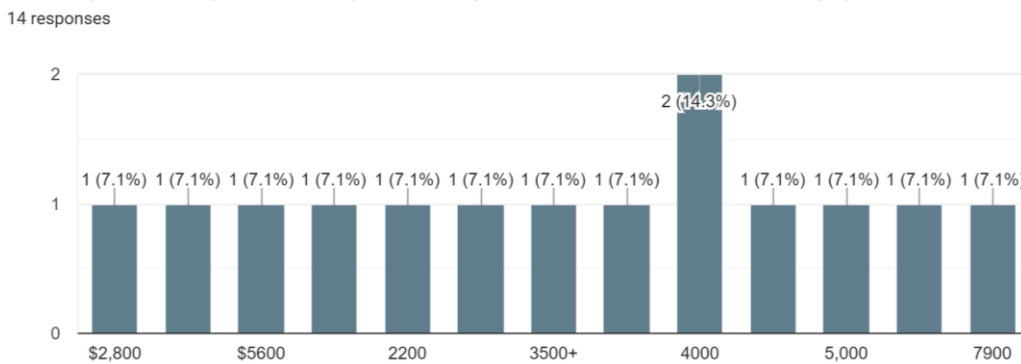
- Nanny (7/14=50%)
- Daycare (9/14=64%)
- Grandparents (4/14=29%)
- Au pair: 0 (Though this option has been used by others in the past)
- Nanny share: 0

2. Number of children of those surveyed

- One: 5/9=56%
- Two: 3/9=33%
- Three: 1/9=11%

3. Average cost per month

- Evenly distributed between \$2800-\$7900



4. Daycares used by MGH residents and rough estimates of cost

- a. Torit Montessori School (45 Province St., Boston, MA 02108, across from MGH)- \$2400 monthly for full days M-F
- b. Odyssey Early Learning Academy (123 Veterans Rd, Winthrop, MA 02152)
- c. The Learning Circle (657 Cambridge St., Cambridge MA)
- d. MGH Charlestown (3 Thirteenth, Charlestown, MA)- \$3500 monthly for 2 kids (M-F full days)
- e. Beacon Hill Bright Horizons (100 Cambridge St., Boston MA)- \$3300 monthly, M-F full days. 10 minute walk from MGH
- f. Kingdom Rock Children’s Village (10 Winslow Ave., Somerville, MA 02144)
- g. John Winthrop school (66 Marlborough Rd., Boston, MA)- 2 mornings per week, \$900/month
- h. Little Sprouts at BMC, 866-466-4949, littlesprouts.com; 10% sibling discount; Variable waitlist that seems to shorten at the beginning of school year as kids move up in classes
 - 2023 Full time weekly tuition:

infant (0-14 months): \$696; toddler (15 mos-2 yrs, 8 mos): \$673; preschool/pre-K (2 yrs, 9 mos-5 years): \$542

- 2023 Part-time weekly tuition (organized by # days/week)

Age	4 day	3 day	2 day
Infant	\$605	\$536	\$466
Toddler	\$585	\$518	\$451
Preschool/Pre-K	\$472	\$418	\$363

5. How people have found nannies

- sitter city/care.com
- Word of mouth
- Friends
- Facebook
- **Boston Nanny Centre:**
Offers all MGH/MGB employees and affiliate staff 10% off nanny placement/screening services. Just mention your affiliation when you contact them. www.bostonnanny.com; contact Erica Ruggles: erica@bostonnanny.com

- **Nanny Network: (run thru Office of Women’s Careers at BWH but available to all MGB families)**

Sign up to receive weekly emails of available nannies posted by other MGB families. Generally these are nannies who have worked with/know MGB employees, many of them physicians. You can usually reach out to the employee/physician to get a direct reference.

You can also post here if you are looking for someone

https://lp.constantcontactpages.com/su/qW1V29c/NannyNetwork?source_id=2a6d340c-fee6-42a4-aebc-ad0ab01feed6&source_type=em&c=J9JnY81pHzu3Sh3zv3t4kEgBtxrA8pQpi0r_btk5vPW_qINTZA6eQw==&source_id=75dd273c-ac98-4d36-8474-b891c428ba29&source_type=em&c=oM47Y1a0GfXpmpAWYOYLhwXEbHefk3W2YLNMZdIJIsGUdnJOoRVjqA==

6. Average costs of nannies per month: range \$3500 (off the books) to \$5500 per month; ~\$25/hour

7. How have people managed when your child has gotten sick?

- Nanny (3 responses)
- Significant other stays home (6 responses)
- Grandparents (3 responses)
- Many commented on how challenging this has been
- Many responses that surgical resident is unable to help

8. Family support

- 93% of MGH resident parents have a significant other that is more flexible in their job to help with pick up and drop off.

9. Additional comments from our residents...

- I am blessed to have family in the area who help with childcare. If I did not, it would be very difficult.

- To have reliable professional nanny it is expensive. We could not have afforded to keep my nanny on residents salaries to cover the hours we needed. And with multiple kids if you hope to send them to school for even a few days as they get older, that cost doubles yours childcare cost . Also it gets infinitely harder w multiple kids and can burn out your spouse even more if they are always the default
- Without my parents in town as back up, we'd probably have to do daycare+nanny or pay an over hours full-time nanny. Which would be *even more* expensive.
- Finding sick coverage. Lack of a dedicated babysitter to allow for "us" time. Daycare being closed for holidays when I am working (patriot's day, july 4, memorial day, labor day, winter holidays)
- The hours make it impossible for me to be able to contribute with pick up and drop off.
- MGH needs to offer childcare for residents
- Boston is the most expensive city in the country to have a child according to numerous surveys and the cost is extreme.
- Two physician family, often making it difficult to adapt when child care problems arise
- Too expensive. Daycare not close to hospital and limited open hours. No in-campus MGH daycare.
- Expensive for 2 surgeon household when neither partner can drop kids at daycare -- next year when older kid goes to school 5d/week, we still need full-time nanny for little since our hours do not allow for us to drop off or pick up from daycare. This makes it really expensive and basically my whole salary goes towards childcare.

Below is Information Gathered from MGB Websites and Resources:

MGB Childcare Resources Page

<https://www.massgeneralbrigham.org/en/about/for-employees/child-care#accordion-550d8b224c-item-5803c1fb29>

EAP Childcare Website

<https://eap.partners.org/caregiving-family/childcare-and-youth-activities/#MGB-childcare>

Childcare Benefits at MGB:

Effective 4/1/2023, you can utilize a new childcare resource, Family Concierge, which is a personalized, unlimited support tool to help you find the right resources for your family. To learn more about Family Concierge and connect with them for support, please visit Bright Horizons. You can also contact the Mass General Brigham HR Support Center by submitting an online request or by calling 1-833-275-6947

Mass General Brigham's Employee Assistance Program may also be able to help you identify childcare options. Call 866-724-4327 for an appointment.

If you are interested in a childcare search only, please fill out the Child Care Search Request Form and email it to EAP@partners.org. Note: your childcare search will take 2-5 business days. If your situation is urgent, please call

Backup Childcare thru Bright Horizons:

MGB has paired with Bright Horizons to offer both center-based and in-home backup childcare. MGB will subsidize 20 backup days/year which can be used at an MGB-operated facility, a Bright Horizons location, or in-home care.

For backup care information and questions, call 1-877-BH-CARES

For parent customer service, email parents@brighthorizon.com or call 866-854-1958

For any inquiry, submit a ticket through the Bright Horizons Help Desk.

The following offer full-day, year round childcare for infant, toddlers, preschool age children at. Priority is granted to benefits-eligible employees. Visit <https://clients.brighthorizons.com/MGB> and select "Join Today" to register and learn more. Current tuition fees can be obtained by calling 617-726-5437

MGH Children's Center, 3 Thirteenth St, Charlestown, MA 02129

Priority goes first to MGB employees

M-F/6:30-5pm, 52 weeks/year excluding holidays and 2 professional development days

Call 617-726-5437 for tuition fees and to learn how to apply

IHP Children's Quarters, 36 First Ave, Charlestown, MA 02129

Priority goes first to employees/students of MGH Institution of Health Professions, followed by MGB employees. Residents of Charlestown get a 25% discount. Call 617-726-6010 for tuition fees and to learn how to apply

McLean Child Care Center, 115 Mill St, Belmont MA 02478

Priority first to siblings of enrolled children, then McLean employees, then MGB employees

M-F/7a-5p, 52 weeks/year excluding holidays and 2 professional development days

Call 617-855-2421 for tuition fees and to learn how to apply

Children's Center Assembly Row, 251 Grand Union Blvd, Somerville, MA 02145

Priority goes first to MGB employees at Assembly Row, then all other MGB employees.

Call 857-282-1105 for tuition fees and to learn how to apply

Emergency on-site daycare at MGH (thru Bright Horizons): Warren Building, Suite 130, 55 Fruit St

<https://www.massgeneral.org/services/backup-childcare-for-employees>

Age cut offs: infants (I think 6 weeks - 12 years old).

Number to call: 877-242-2737 - you can make a reservation a month in advance.

Hours are M-F/7:30 am-5:30 pm.

Can be used for lapses in childcare (e.g. caregiver illness/medical appts, daycare closed, or when searching for more permanent daycare, but they don't take kids who are sick!).

There is a 4 page form to fill out, has to be uploaded by 3pm day before the child first goes there.

Co-pay, based on income:

· <\$75,000: 24/day for 1 child or 45/day for 2 or more children

· >\$75,000: 48/day for 1 child or 90/day for 2 or more children

Appendix E: Friendly Faces and Advice

Facebook Groups: There are several well-used Facebook groups composed of surgeon and physician mothers. They can offer support, guidance, or just relief. Many have found joining these groups during their pregnancies or after delivery helpful.

Surgeon Moms Group (SMG): is a private facebook group of surgeon moms. Good advice, ranges from residents to chair-level surgeon moms. You can post anonymously if you want. You need another surgeon mom to add you on. Feel free to ask anyone listed here

Physician Moms Group (PMG): Same as SMG but on a much larger scale and includes all specialties. Feed tends to move quickly so posts may be missed but sometimes a resource if you have a quick question or want a broad viewpoint.

Dr. Milk: A private Facebook with the goal to support breastfeeding in physician parents. This group has a wealth of information about trouble shooting breastfeeding difficulties (latching, supply, pumping, traveling with milk), including issues particularly relevant to physicians (e.g., pumping at work, in the OR, storing milk, etc). One disclaimer: They are not open to discussions of formula or “fed is best” – so while their breastfeeding information is valuable, it is limited to that viewpoint.

MGH residents and faculty parents

The following have expressed interest in being available as a resource to you for questions, advice, or a sounding board. There may be many more interested that we have not reached out to yet and this list will grow over time!

Faculty:

Cornelia Griggs
Erika Rangel
Lana Schumacher
Antonia Stephens

Residents:

Hannah Bank
Shannon Cramm
Danielle Ellis
Avi Geller
Sarah Halix
Alli Letica Kriegel
Davis Waller