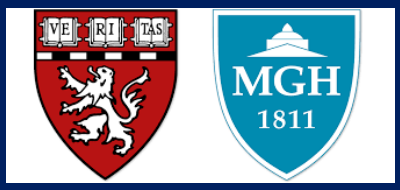

Surgery

THE MGH DEPARTMENT OF SURGERY

GENERAL SURGERY RESIDENCY

COMPREHENSIVE SUPPORT GUIDE FOR PARENTS, FAMILY CAREGIVERS, AND PERSONAL WELL-BEING

The guide to support our residents in taking care of yourselves and your families during surgical residency.

Updated 4/10/25

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Statement of Intent:

The MGH General Surgery Residency Program recognizes that balancing surgical training with family and personal health and well-being can present unique challenges. We celebrate the birth of a child as a joyous event and looks forward to welcoming each new member of our surgical family. In addition, we are committed to safeguarding the health and well-being of our residents during family planning, pregnancy, and after delivery, as well as providing support to those with other family caregiving responsibilities or personal health needs.

Our policies are designed to offer accommodations for expectant and new parents, including both birthing and non-birthing parents, recognizing that pregnancy and early infancy are important periods for bonding and supporting family health. We also strive to support residents who may need time away from training to care for other family members or to address their own health needs.

We understand that there is significant variation in how pregnancy, parenthood, and caregiving are experienced across individuals, and the Department of Surgery (DoS) is supportive of all levels of utilization of these accommodations.

If issues or concerns arise regarding the application of these guidelines, conflict resolution will be led by the Program Director and/or their designated Associate Program Director. The DoS does not tolerate bullying or discriminatory language, including negative statements about family planning, parental status, or caregiving responsibilities. 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 provided at the discretion of the General Surgery Residency Program. The Program reserves the right to modify or withdraw these policies.

PARENTHOOD

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 for time-sensitive fertility 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.

Many are thinking about starting a family. We encourage you to meet with Dr. Rangel or Dr. Greer to consider ways to optimize rotation schedules as early planning can be helpful! For example, some residents considering pregnancy or parenthood have opted to "front load" more rigorous rotations to reduce the need to make changes if and when they do conceive. We have ideas and would love to work with you to help.

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). It is infinitely easier to accomplish this with a lot of lead time, both to reduce your stress and that of your colleagues! 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 accomodations 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 administrative chief residents with your permission.

Prenatal Health Maintenance:

1. We support attendance of all prenatal visits;
2. 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.
3. 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:

1. 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).
    a. 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);
    b. Pregnant residents may avoid infusion portions of HIPEC cases and radiation/fluoroscopy;
    c. 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;
    d. 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.
2. Rotation considerations:
    a. Residents should not take 24-hour call after 30 weeks of gestation.
    b. Heavy rotations will be arranged or re-arranged to optimize health in the 3rd trimester.
    c. Early notification of planned or recognized pregnancy is important to facilitate optimal coverage for the benefit of both the pregnant resident and her colleagues.
    d. Our goal in shifting these rotations away from the later stages of pregnancy is to safeguard maternal-fetal health. To ensure your education and equity within the residency, you will still need to complete a minimum number of weeks of certain rotations (i.e., emergency ward), which can be done before pregnancy (if you are planning), earlier in pregnancy, or after delivery.
    e. In response to expressed preferences of many residents, including those recently pregnant or postpartum, the previous restriction on overnight call ("night float") is no longer in effect. For some, these rotations were felt to be *less* physically demanding. However, we recognize every pregnancy is different and your health is a priority. If you feel night rotations may be unhealthy for you and/or your baby, please reach out to Dr. Rangel or Dr. Greer and we will facilitate adjustments.

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, often under anesthesia. 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. While we have few rotations that are truly "light," for birthing parents with new physiologic needs (e.g., lactation and recovery from childbirth) the program director will make every effort to arrange for rotations that make the most sense for your personal needs during the first 2 weeks after returning to work. We encourage you to speak to one of our many faculty/resident mentors for tips, tricks, and support to ease the transition back.
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 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.

Family, Personal, and Parental Leave for Birthing and Non-birthing parents:

1. Residency is a long journey during which many life events will occur, including personal or family illness and starting a family. We are committed to fostering an environment where it is encouraged and expected to take as much time as needed to attend to these needs. Forcing oneself to work during these times of stress or life change only fosters burnout. We will refer to this as "family leave" in this document.
2. There are 5 organizations/regulatory boards that appear to offer differing levels of family leave so it becomes very confusing. Please read carefully!
    b. "Protected" time off and funding sometimes differs between birthing and non-birthing parents. The 5 organizations/boards are ABS, ACGME, MA State, Federal (FMLA), and MGB GME (see the chart below)

c. The most confusing aspect for many residents: education requirements to become "board eligible" are stipulated by the ABS. For trainees senior to the class of 2028, we are still using time-based training. That *may* change in the next couple years so we encourage everyone to track your EPA's, regardless of stage in training (this may promote flexibility in graduation date as we transition to competency-based graduation and will be addressed in the future). For now, if you do choose to take advantage of all the leave allotted by ACGME, MGB, FMLA, or the MA state, you may fall short of the weeks needed to graduate in June of your chief year to be board eligible. There are many ways to make up these weeks, depending on your stage of training (come back from research early, go out to research late, finish "off-cycle" by continuing past June, spread your 5 clinical years over 6 years). In other words, we are supportive of all options to support time with your family and to be healthy, but please be aware you may need to make up time before advancing to the next level of training resulting in a delay in graduation. The fine print:
    1) You need 140 weeks of training your first 3 years of training and 92 weeks the last 2 years. 48 weeks of chief year rotations (some can be done in the PGY-4 year) must be completed, regardless of leave. This provides 4 weeks off that you do not need to "repay" if you have a personal or family illness or new child.
    2) You need to finish all your ABS training requirements by the end of August to sit for the ABS qualifying exam that year. Otherwise you can take it the next year.
d. 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;
e. Early notification of the Program Director is helpful to minimize strain on other residents.

ABS	• 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?policygsleave
ACGME	• 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 • 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	• 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)	• You can take PFML after you have exhausted MGB paid parental leave benefits • MA employees can take *up to* 26 weeks 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	• 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

f. 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 MGH General Surgery residents have structured parental leave recently

Equity, Transparency, and Culture:

We understand that everyone is working extremely hard and it is really difficult to be asked to cover extra work. However, we encourage everyone to recognize that during a 5-year training program, it is likely that most will need some support or clinical coverage from your colleagues. We want to be a training program that supports work-life needs. Tenets to live by: Pay it forward, treat one another like family, put yourself in the other person's shoes, and recognize that a little gratitude goes a long way.

1. We will leverage moonlighters where possible, but please be aware we may not be able to cover every shift that is missed and this may require some trades within the residency.
2. We will make every effort to give residents as much advance notice as possible of rotation or call changes.
3. To ensure equity and transparency, we have:
    a. Outlined the total number of weeks of training expected of all residents, regardless of time taken for family leave (this may change as we move towards competency-based training over the next few years, but will be discussed if so).
    b. Committed to ensuring *all residents do a minimum or maximum* number of weeks in the Emergency Ward and nightfloat rotations.
    c. Will aim to equitably distribute any needed rotation or call changes among all residents

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)

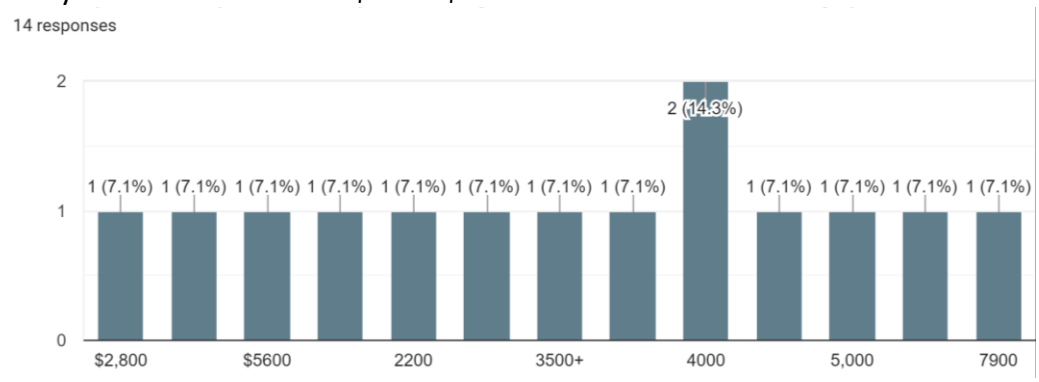
Dr. Milk is an online forum for breastfeeding physicians and is incredibly helpful for tips/tricks on supply, pumping at work, transition back to clinical work.

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=oM47Y1a0GfXpmpAWYOYLhwXEbHefk3W2YLNMZdIJlsGUdnJOoRVjqA==
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 dayds
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 Horzions): 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 expessed interest in being available as a resource to you for questions, advice, or a sounding board. This list will grow over time!
*many have personal experiences that they are willing to privately share with you, but prefer not to be on a public platform. These include but are not limited to: IVF, surrogacy, miscarriage, step-parenting, divorce during training, parenting a preemie and/or NICU stay. If have one of these experiences and would like the private list of faculty/residents available to support, please contact Dr. Rangel, Dr. Greer, or Barbara Wolf.

Faculty:
Matt Bartek: Dual surgeon family; parent of premature twins in NICU for 4 months
Danielle Cameron
Cornelia Griggs
Tiffany Hron: recurrent miscarriage, IVF, high risk pregnancy, surrogacy discussions, dual career family
Nat Langer: Dual physician family
Alli Letica Kriegel: Dual surgeon family, pregnancy during clinical training
Sophia McKinley: pregnancy in training (research/fellowship)
Erika Rangel: Dual surgeon family, pregnancy in residency, IVF, premature babies x 2 with 3 month NICU stay.
Sunita Srivastava
Antonia Stephen
Ellie Tomczyk: Dual surgeon family, pregnancy in residency, high risk pregnancy, recurrent miscarriage

Residents:
Hannah Bank
Shannon Cramm: pregnancy, miscarriage
Danielle Ellis
Avi Geller
Sarah Halix-LGBTQ+ famiy building, IVF
Kim Krautkramer