



Statement of Policy

As Issued by the Executive Board of the
American College of Obstetricians and Gynecologists and the
American Congress of Obstetricians and Gynecologists

PAID PARENTAL LEAVE

The health and economic benefits of paid parental leave are well documented. The American College of Obstetricians and Gynecologists (ACOG) endorses **paid** parental leave as essential. Paid parental leave includes maintenance of full benefits and 100% of pay for at least six weeks.

Those who choose to have children should not face discrimination, and discrimination on the basis of pregnancy is explicitly prohibited. (1, 2) Workers who choose to have children make an equal commitment to the workplace and training environment as those who do not. Workers eligible for paid parental leave include workers who are pregnant, their partners, a surrogate, and parents of a newly adopted child.

The recognized benefits of paid parental leave include decreased infant mortality, improved health of the child and mother, improvements in worker morale and retention, and increased income. (3-6) Paid parental leave supports the parent-child dyad while also benefitting the employer in decreasing worker turnover, increasing productivity, and encouraging the worker to return to the workplace. (7-9)

The following guidelines are proposed to serve as a framework for paid parental leave policies for **all workers**:

- Paid parental leave for at least 6 weeks, separate from vacation and sick time, with the understanding that no parent should be **required** to take a minimum leave.
- Paid parental leave is taken after the birth of the child, to care for a newly adopted child, or because of placement of the child with the worker for adoption. (10)
- Paid parental leave should not be considered when making decisions regarding benefits, promotion, tenure or continued employment.
- The worker should inform his/her appropriate team members or administration of the pregnancy or anticipated adoption date in a timely fashion, with the understanding that adjustments may be needed for unanticipated events.

The following guidelines are proposed for parental leave for **physicians**:

- Medical schools, residency and fellowship training programs, medical specialty boards, the Accreditation Council for Graduate Medical Education, and medical practices should incorporate paid parental leave policies as part of the physician's standard benefit package.
- Medical specialty boards and residency training programs should develop mechanisms enabling resident physicians to become board eligible if they take greater than six weeks of parental leave.
- Residency training programs must inform the resident physician what period of leave would result in a requirement for additional training.
- Physicians should not be required to make up call missed when on parental leave.
- Paid and unpaid parental leave policies should be explicitly included in employment contracts.

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ACOG recommends all workplaces and training environments, including medical training programs, adopt policies to promote supportive environments for new parents and opposes any punitive measures directed at workers who choose to have children.

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