

The woman behind the (face) mask

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INTRODUCTION

Women are natural nurturers, but who has decided this? Women have been associated with nurture and possessing qualities like gentleness and calmness is thought to land women biologically in the 'correct' role. In an attempt to break this myth, I do believe that one does not have an innate affinity for this nature. It is the patriarchal nature of our society that has given us the title, 'nurturer'. As little girls, we are taught to be gentle and not to be rough and tough.

In saying this, being a woman specialising has debulked this myth. I have seen a man take on the role of caregiver, cook, taking care of the family when his spouse was ill and providing empathy and support for his wife. I have seen men in the department take time out to be with their sick kids and want time off for vaccination days even though he may not have remembered to book the appointment. But in all honesty, this is a minority. Women are still the primary caregivers to the family.

WORKING MOTHERS

“The obligation for working mothers is a very precise one: the feeling that one ought to work as if one did not have children, while raising one’s children as if one did not have a job.”- Annabel Crabb.

A working mother is defined according to Kadale as a woman with an ability to combine a career with added responsibility of raising a child.(1)

Mothers face difficult trials as they balance demanding work schedules with increasing familial responsibilities. It is therefore not surprising that a female presence is lacking in the labour market.

Majority of women would agree that once a baby is born, a shift in priorities is experienced – especially with regards to one’s career. Some mothers decide to work smarter and harder to provide for their children, while others prioritise the new role of motherhood. Mothers feel guilt over not spending enough time with their families due to their job situations. The archetype of motherhood is changing from what we knew it to be. The vision of a nurturing stay-at-home mother is now evolving whereby women can value both their careers and families. In her book *Lean In*, Facebook chief operating officer Sheryl Sandberg says that as having two working parents are normalised, the workload is shared, and guilt can be alleviated.

Until this reality is assured, women must focus on the fact research on the subject has shown that being a full-time working mother does not negatively impact the child and that quality of time spent together is greater than quantity. Women who are in a professional field, balancing career and family life, even when they have a choice of selecting only one, might be facing emotional, psychological and physical burdens while effectively juggling between professional and child rearing responsibilities. Hence, it is important to understand the challenges that professional working mothers are facing in coping with the stress of handling multiple roles.

In a cross-sectional study by Kadale et al(1), looking at perceived stress in professional working mothers across India, it was noted that moderate to severe stress was perceived by 63% of women. This was more prevalent in women performing shift duties, an inability to breastfeed for more than 6 months and lack of family support. In an earlier study by Mishra et al, the prevalence of psychiatric morbidity was 58.9% in working women, with 49.5% moderate and 9.3% having severe morbidity. Doctors recorded the highest prevalence of psychiatric morbidity. Shift work in occupations such as healthcare work and IT is necessary to ensure continuity of

work. However, it can affect both sleep and physiological functioning of a person which can be detrimental to one's work-life balance. In a study among nurses Ferri et al, reported statistically significant decrease in sleep quality and quantity, with more frequent chronic fatigue and cardiovascular symptoms in nurses doing night duties in comparison with the day shift workers.

Research has shown that a minimum of 6 to 8 hours of sleep is required for maintenance of good health. The increasing demands of everyday professional life has left parents suffering from sleep deprivation and an altered work-life balance leading to stress in both spheres.

BENEFITS OF SUPPORTING THE WORKING MOTHER

Being a professional woman raising children offers personal benefits that include improving one's mental health and psychological wellbeing. But women believe that attempting to balance their work and home life could negatively affect their children's development.

Children with two working parents may grow up to be better equipped for the workplace than their counterparts. (5) New data from Harvard Business School (5) has suggested that daughters of working mothers can earn up to 23% more over those that have a stay-at-home parent. These children could grow up to be the next generation of founders and inventors.

33% of daughters (with working mothers) compared to 25% (with stay-at-home mothers) held supervisory jobs. (5) Beyond the economic advantage: working mothers are also role models for their sons raising them to show more empathy. These boys seem to be more supportive of their female colleagues in the workplace and are accepting of the concept of gender equality. (5) Research has shown them to go on to raise daughters that excel. Children raised by working mothers tend to develop fine motor skills and speech earlier than other toddlers possible due to an earlier introduction to day-care than their counterparts. (5) Mothers should on acknowledging these successes, feel a little less conflicted about continuing to work after birth of their children.

In a recent US survey, 62 percent of employees would leave a job for better benefits, and four out of five workers would take new benefits over a pay raise. And this pressure will only increase in the future.

There are some real benefits to business too. When Google increased their paid maternity leave period, they found that the rate at which new mothers quit decreased by an impressive 50 percent, while a fascinating New America Foundation report on paid family leave cited studies showing that it boosted morale, productivity, and financial performance. Acknowledging and supporting mothers in the workplace, keeps employees happier, more engaged, and more productive at work.

Studies have shown that increasing paternity leave makes it more likely that moms are able to return to work full-time (in addition to other benefits such as dads being more actively involved throughout the child's life).

WOMEN IN ACADEMIA

Despite an increase in gender diversity in medical schools and residency programs in the United States, the road to senior academic and administrative positions in American universities is fraught with underrepresentation by women and other minority groups. This situation applies to academia in anaesthesiology as well. The 20th century saw a meagre 5 percent of American doctors being women. In 1970, this increased to 7 percent and by 1998, women occupied 23 percent of positions as doctors. Currently, women make up 50% of medical school graduates.

Some roadblocks still exist for women based on past trends with women having fewer mentors to influence their careers. Those with children find it challenging to reach higher academic positions and experience satisfaction with their jobs.

In Australia, the majority of medical graduates are women with the proportion of women anaesthetists being lower than the medical population overall.(2) Women are however not yet fully participating in leadership roles. There are too few female role models and insufficient use is made of available female talent. More support is required to enable women (and men) to achieve balance between work and personal life. Bullying, discrimination and sexual harassment remain issues in medicine. (2) In a study looking at five comparable nations, the participation of women in academic positions and leadership was similar. Few women reach professorship or become head of department (6%–17%). A small percentage are elected to boards of anaesthesia organizations (13%–36%). This proves that the route to leadership is blocked internationally.(2) In her book, 'The Wife drought', Annabel Crabb writes, "Women still have primary responsibility for child and elder care and carry the mental load for families. Having a wife is a potent economic asset." Her second quote resonates with me, "The obligation for working mothers is a very precise one; the feeling that one ought to work as if one did not have children, while raising one's children as if one did not have a job. To do any less feels like failing at both."

Table. Participation of Women in Medicine and Anesthesia Education and Leadership in 6 Comparable Nations				
Country	Medical Students	Anesthesia Trainees	Academic Leaders	Board Members
Australia	51% ^a	47% ^a	12.5% ^b Full professors	14% ^c ANZCA council
Canada	55% ^d	39% ^e	6% ^f Department chairs	36% ^g CAS board
Ireland	52% ^h	38% ^h	17% ⁱ Full professors	13% ^j CAI council
New Zealand	54% ^k	47% ^l	17% ^b Full professors	14% ^c ANZCA council
United Kingdom	55% ^m	48% ⁿ	9.5% ^o Full professors	25% ^p RCoA
United States	47% ^q	37% ^q	13% ^q Department chairs	25% ^r ASA Officers

Table 1: *Participation of women in medicine and anaesthesia education and leadership in 6 comparable nation;(2)*

In the article, Gender issues amongst South African anaesthetists(3), 4 studies detailed the common theme of women in medicine experiencing problems of difficulty combining domestic commitments with a demanding career. The ideal that anaesthesia allows their recruits the option of part-time employment has made it an appealing discipline to female doctors. Females and males of similar proportions felt that starting a family affected the timing of exams or the requirement to take time off work. Significantly more women negative influence on their academic career. More females noted sleep deprivation, having domestic work as a major consideration, spending insufficient time with their children. However, significantly more females than males

reported positive benefits including enhanced relationships and support systems from combining parenting with their career interests.(3)

THE PREGNANT ANAESTHETIST

Pregnancy is a memorable time in a women's life. She is not only adjusting to her changing body and planning a future but also working in a demanding job can be challenging. The following are some of the challenges faced:

Occupational Hazards (7)

Anaesthetists work in many different areas of the hospital and thus face a variety of potential hazards.

- On-call commitments: This can be very testing for the pregnant anaesthetist. Very little information exists on when to terminate shift work. This may become physically exhausting later in pregnancy. A [survey](#) conducted by anaesthetic trainees found that in one region the median time for stopping shifts was at 32.5 weeks gestation. Some women may need to cease calls at an earlier gestation to ensure the safety of their pregnancy. (7)
- Anaesthetic gases: The risks associated with volatiles has diminished since the introduction of scavenging in theatre. However, it may be prudent to avoid slates with high exposure such as those involving gas inductions.
- Radiation: Ionising radiation is both teratogenic and toxic with the most dangerous period being in the first eight weeks of gestation. The Ionising Radiations Regulations act in the UK states that once your employer knows you are pregnant your occupational exposure should be controlled. The dose to baby should be less than 1 mSv for the remainder of the pregnancy (one CXR is approximately 0.1 mSv). In practice if normal safety precautions are followed the exposure at work is likely to be considerably less than this even for staff such as radiographers. Women should wear a 5 mm lead apron especially if within six feet of a source of X-ray.
- MRI: There has been no evidence of harmful effects to the foetus.
- Methyl methacrylate (bone cement): There has been mention of the possible teratogenic effects of bone cement exposure to the foetus although there are little human studies to support this.
- Manual Handling: Neuromechanical adaptations to pregnancy include changes in gait, posture and sensory feedback. These are in response to numerous anatomical, hormonal and physiological changes. These can put the pregnant woman at risk of musculo-skeletal disorders and fall injuries. Based on biomechanical characteristics, falls are more prevalent during the second trimester.

Affiliation to medical societies

- Medical Protection Society (MPS) regard maternity leave as a break in career and therefore women are excused from paying their subscription fee as you are not undertaking any medical practice. One must remember to reinstate cover upon return to work. It is termed 'deferred registration' and is valid for a period up to 12 months after which you will required to re-register.
- The HPCSA affords you an exclusion on your annual subscription during your maternity leave if you complete an APPLICATION FOR VOLUNTARY REMOVAL IN TERMS OF SECTION 19 (1)(C) OF THE HEALTH PROFESSIONS ACT, 1974. This must be submitted

before the 31 March of the intended year. The AAGBI offer a reduced subscription rate for members on maternity leave.

How to implement such change

But it's not enough to just talk about it or introduce new policies. If moms feel guilty about stepping out of the office for that appointment, or if dads don't really use their paternity leave in practice, then it's not really helping. Flexibility must permeate the culture.

1) Be sensitive to the expectant mother at work

- Making parking close to the work entrance is a small luxury that most pregnant working mothers would be appreciative of.
- Placement of pregnant doctors in non-screening theatres is a no-brainer! The exposure to radiation and teratogens should not only be recognised by the pregnant mom but the department that she is a part of.
- When pregnant mothers are in their 3rd trimester, there should be sensitivity when allocating physically demanding rotations. There should be allowance for not doing calls closer to the end of term.
- Departments should be timeous when giving expectant mothers tea and lunch breaks.
- Breastfeeding breaks and an appropriate place to express in the workplace.
- Support for the mother whose child is sick at home.
- Assistance with call changes if parents need to leave unexpectedly.
- Leave for antenatal visits should be arranged timeously.

2) Give space and empathy

A supportive work environment with colleagues that understand that having kids can affect you on a variety of levels especially on a day-to-day basis makes for a more productive institution. Parents will be more motivated to give off their best in the workplace

3) Manage the conversations.

Managers should have frequent discussions with employees, especially those that are parents about career growth and job satisfaction.

Some parents, according to a recent article, may be focussed on "maintaining where they're at for now and then working to that next level when their kids are a bit older." Others have a real fear of being "mommy tracked" at work. "It can be dangerous to assume parents don't want to advance their careers while they are in their child-raising years," said Nancy Fu Magee, director of product at Evernote. "It's a valid choice, but don't just assume that's the one people want to make." Knowing that both schools of thought exist, it's important to take both perspectives into account when starting conversations with the people you manage.

4). The gold standard/ideal workplace would involve back-up child care, tutoring and test prep. For mothers traveling on business, Adobe provides breast milk delivery services that help employees send overnight breast milk back home.

5). Bring your kids to work day is in some workplaces a reality. For healthcare professionals, this may not be the safest thing!

6). Less than full time work schedule option.

Breastfeeding

A breastfeeding break is a period of paid time that a mother takes during her work day for either expressing her milk or breastfeeding her child. (6)

In South Africa, in terms of the Code of Good Practice on the Protection of Employees during Pregnancy and after the Birth of a Child (which forms part of the Codes of the BCEA), (6) arrangements should be made for employees who are breast-feeding to have breaks of 30 minutes twice per day for breast-feeding or expressing milk each working day for the first six months of the child's life.

Why do women need a breastfeeding break?

Breaks enable mothers to keep up a good supply of breastmilk. If a mother is employed close to her child, then she may breastfeed her child during the break. She may prefer to put her breastfeeding breaks together and take that time at the beginning or the end of her normal work day. She might still choose to express milk during her usual lunch break. These conversations need to happen with one's line manager.

What kind of space or facilities are needed for breastfeeding breaks in the workplace?

Whenever possible, a private clean space with access to clean water and a secure storage space is needed.

Important note: A toilet is not suitable for this purpose!

What legislation and laws are there to protect pregnant and breastfeeding women?

The Code of Good Practice on the Protection of Employees during Pregnancy and after the Birth of a Child: this code is issued in terms of section 87(1)(b) of the Basic Conditions of Employment Act (BCEA) 75 of 1997. The Code is intended to guide all employers and employees concerning the application of section 26(1) of the BCEA, (6) which prohibits employers from requiring or permitting pregnant or breastfeeding employees to perform work that is hazardous to the health of the employee or that of her child.

The Code also contains a section on the right to breastfeeding breaks. Employers should identify, record and regularly review:

- Potential risks to pregnant or breastfeeding employees within the workplace.
- Protective measures for pregnant or breastfeeding employees.

Where appropriate, employers should also maintain a list of employment positions not involving risk to which pregnant or breastfeeding employees could be transferred. Women should also notify their employer as soon as possible when they become pregnant, so that appropriate health and safety measures can be taken.

What are some of the obstacles facing breastfeeding women in the workplace?

1. Some trade unions do not see the breastfeeding break as an important issue to support.
2. Some women do not know that it is their right to take breastfeeding breaks.
3. Some women are not sure how to express milk. Expressing should be painless, quick, hygienic and cost effective.
4. Some employers do not know that breastfeeding breaks are legal.
5. Some women don't believe that they can feed their child only on breast milk for six months. They worry that they need to add formula or bought milk to the diet.
6. Some workplaces do not provide a clean, private, appropriate space for women to breastfeed or express milk.

LEAVE LAWS (10)

1). **Family responsibility leave:** With effect from 20/05/2015 employees with children with severe special needs will be eligible for a further 5 working days family responsibility leave per annual leave cycle. For this purpose, a child with severe special needs is a child who has a mental, emotional or physical disability, certified by a medical practitioner which requires health and related services of a type or amount beyond that which is required by children generally.

2). **Paternity Leave:** A new bill was passed in Parliament in November 2017 that will allow dads 10 days paid paternity leave.

3). A step-parent is now included in the definition of an immediate family.

4). **Adoption and surrogacy leave:** an employee who adopts a child that is younger than two years, shall qualify for adoption leave to a maximum of 45 working days. If both spouses or life partners are employed in the Public Service, both partners will qualify for adoption leave provided that the combined leave taken does not exceed the 45 working days. Therefore, an eligible employee should provide the Department with a certified copy of the adoption order to access the adoption leave benefits. Surrogacy arrangements are currently dealt with through an order of the High Court. A copy of such court order would suffice as enough proof for a committing parent to access surrogacy leave.

5). **Prenatal leave:** An employee is entitled to 8 working days pre-natal leave to attend antenatal clinic visits, medical examinations and tests related to the pregnancy. They can use a full day or part of a day for pre-natal leave.

Following usage of all her antenatal leave, she may (on approval by the head of department) apply to use available annual leave and/or unpaid leave.

6). **Maternity leave (8):** Across the globe, there is marked variability in the amount of maternity leave mothers can take. Denmark and Serbia (8) both give new moms a year of maternity leave at full pay. Serbian moms get a year off for each of their first two babies and then two years off for the third and every subsequent child. Moms also get two years off if they have multiple births.

Scandinavian countries (8) lead the way in parental leave with Denmark offering moms a month of pregnancy leave, plus 14 weeks' maternity leave and then 32 weeks' parental leave that can be split between both parents.

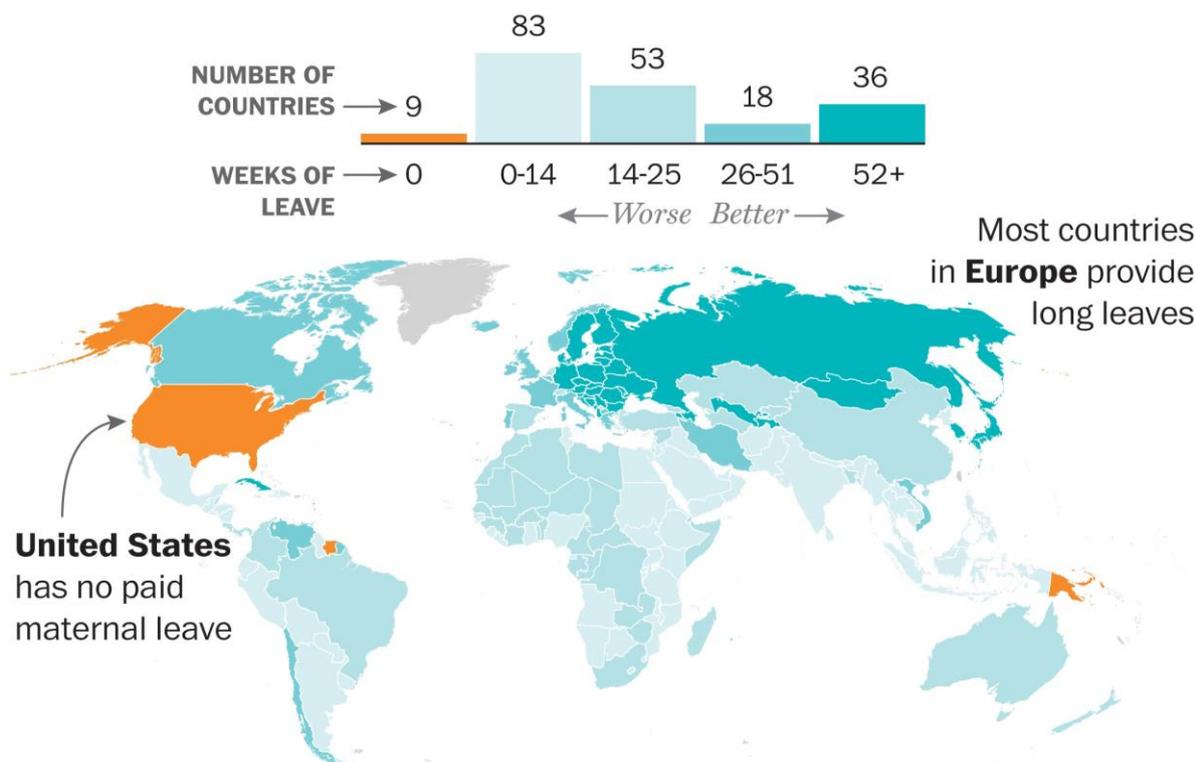
In Sweden (8), the allowance for maternity leave is the longest of all countries (about 69 weeks), but this is transferrable, so if a new mom is craving a little intellectual stimulation, she can decide to go back to work after eight weeks, and dad can look after the little one for the remaining time. The government pays 80% of your salary for 390 days and a lump sum for the remaining days. In contrast, there are nine countries in the world without a national law mandating at least some paid maternity leave. These include the US, Papua New Guinea, Tonga and Micronesia.

In South Africa, mothers are entitled to four months maternity leave, including a month's leave before the baby's birth if required. South African moms who contribute to the Department of Labour's Unemployment Insurance Fund (UIF) are eligible for 38% to 58% of their salary, capped at a maximum gross salary of R14,872. According to [UIF Matters](#) this works out as follows:

- If you earn R14,872 or more per month you will receive about R5,651 per month. You cannot receive more than this amount.
- If you earn R5,000 per month you can expect to receive R2,065 per month.

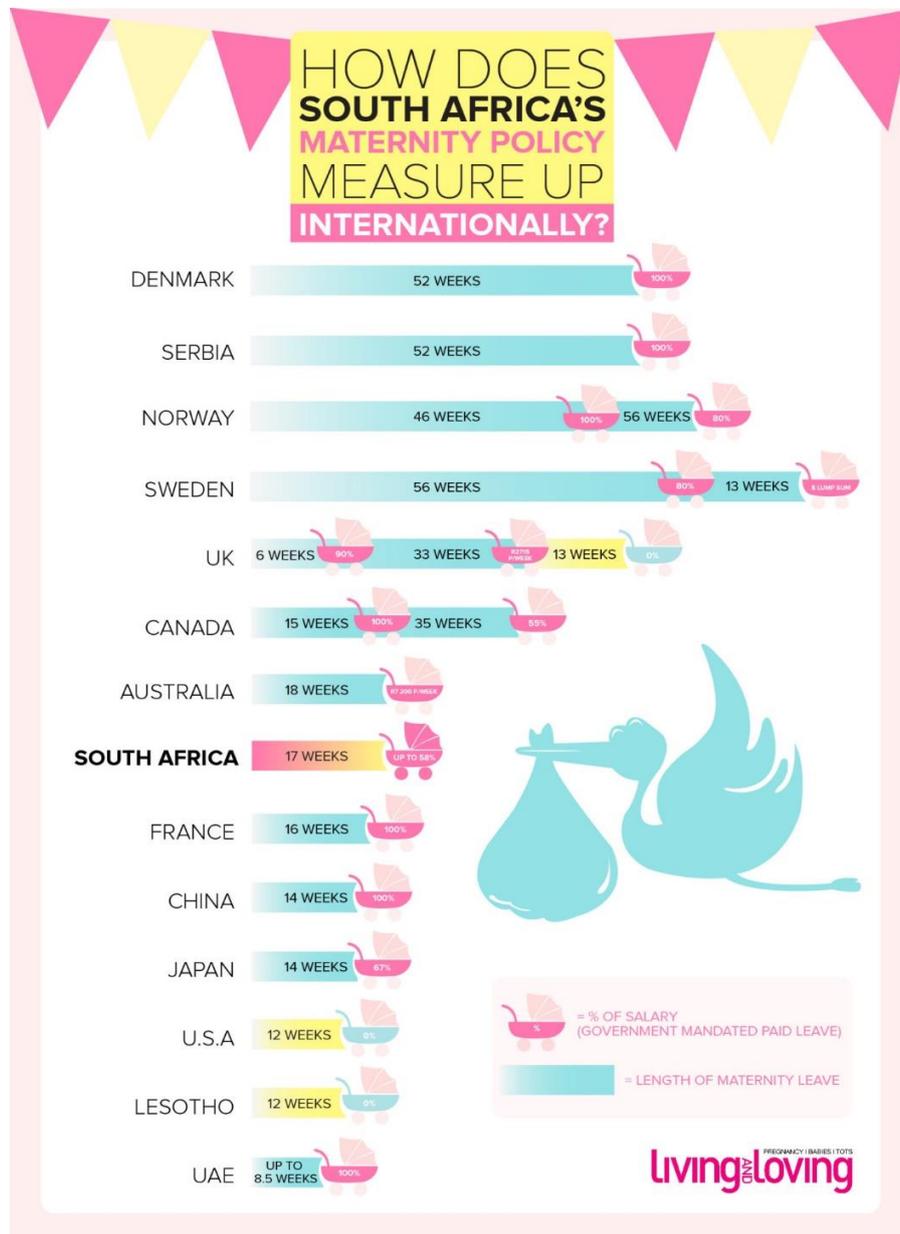
Women who, during the third trimester of pregnancy, experience termination of pregnancy on medical grounds, miscarriage or still birth are eligible for six consecutive week's maternity leave.

Paid maternal leave around the world



Source: WORLD Policy Analysis Center, 2014 data

JEREMY C.F. LIN/THE WASHINGTON POST



FLEXIBILITY IN TRAINING

With changing demographics in specialist training posts, there are more women graduating and doctors in their 30s wanting to specialise(4). This means that more doctors are raising children as trainees. An aspiration to balance work with domestic commitments is now a priority for many. Despite this, there is a lack of permanent part time training posts. For several junior doctors, there is no option but to continue with full time training. D

According to an editorial in Anaesthesia news, February 2010 in the UK, anaesthesia has the second highest number of part time trainees, previously termed 'flexible' but now "less than full time" (LTFT) trainees. The aim of a LTFT training programme is to establish a good work-life balance. Many trainees experience a feeling of spreading themselves too thinly and feel a pressure to keep up with their full-time colleagues. The "Making Part-time Work" research found that across all specialities over 75% of part-timers were working extra hours, whether it be clinical time, CPD (Continuing Professional Development) or research etc. The reason was often extra workload, but also a need to prove themselves as fully committed. A study in the Netherlands compared allocation of time between part-time and full-time doctors. The balance between in-role (clinical care) and extra-role (admin tasks) was similar, with the number of hours in total being proportionally higher for part-timers.

RETURNING TO WORK

“Ladies and Gentlemen, we will shortly be beginning our descent to the airport... hang on a minute...now how do we do this again? Sorry, I’ve just come back from Maternity leave and I seem to have forgotten a few things”. A comparison between anaesthesia and aviation is often made but you would hope never to hear this announced when jetting off on your annual summer holiday....

Returning to work after a prolonged absence can be a daunting one. Mothers have gone through a huge emotional and physical event in their lives. They are experiencing a multitude of emotions including leaving their new baby with a non-family member/nanny, weaning one’s baby from breast onto the bottle, expressing, and as importantly: will I remember my anaesthetic duties. There can be a feeling of reduced confidence and lack of certainty about performing a task.

The Association of Anaesthetists has published a Welfare Resource Pack [5] in which they provide direction to colleagues who are returning to work after a period off, for example after a period of ill-health, suspension or personal reasons. It is not specific to maternity leave. These doctors should undergo a formal, structured, return to work programme, which is adapted to their individual needs. Aspects that should be covered include clinical practice skills, knowledge, team working and interpersonal skills. An assessment process needs to occur thereafter to help decide whether the doctor is safe or requires retraining. The Resource Pack does not specify how long a “prolonged period” is but most periods of maternity leave would fall into this category.

The Group of Anaesthetists in Training (GAT) (6) have published details of “Keeping in Touch” days which is up to 10 days to ease one’s return to work. Some women straight out of maternity leave may find themselves covering more than one theatre slate, supervising juniors or doing solo slates. After a life-changing event such as having a baby, the expectation that the person has returned ‘professionally intact’ is a tough ask.

British Airways have seminars and formal support processes specifically for cabin crew staff returning from maternity leave. This has increased the rate of staff returning to work. The Armed Forces retrain their staff and are not allowed weapons or to recommence flying until after training. How far this should be taken into the anaesthetic workplace can be debated. Our training requires calling for help when needed, and a significant amount of self-reliance and self-policing. These qualities are a beneficial thing, but it is not unreasonable to consider whether this could be done safer or better.

Giving anaesthesia safely again (GAS again) (6) is a short course aiming to manage the return to work after a career break of at minimum 3 months. “Being safe involves being aware of one’s limitation and having support when needed. It’s okay to ask for help, however senior you are”. This is a structured programme with simulation scenarios to refresh your skills, workshops and short relevant lectures.

CONCLUSION

The decision to have and nurture a child whilst specialising or working is unfortunately a well thought, at times planned out process for doctors which should be supported by those around the person. Female employees who become working mothers are no less committed to their job. They want to be professional, get their work done, and spend a couple waking hours a day with their babies. Success and leadership come in many different sizes and forms. Just because a person chooses to cut back hours, or work part-time for a while, does not eliminate the prospect of leadership opportunities or academic success. It is not all or nothing. It may take some people longer to achieve “success”, but they will accrue other rewards and have different adventures along the way. Everyone should feel supported in their choices.

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