

## The pregnant anaesthetist on-call - a survey of trainee experience.

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Pregnancy can be an exciting but uncertain time in a prospective mother's life and career. Currently 48% of anaesthesia trainees registered with the Royal College of anaesthetists are female [1] and the specialty training years are a time when many chose to start a family. No study has proven a detrimental effect on mother or foetus of long working hours or night shift work [2]. Working patterns and individual experience of pregnancy vary. For this reason there is no NHS policy regarding how long to remain working night shifts and on-call commitments. This approach is inclusive but may lead to uncertainty in first time mothers unsure how pregnancy will affect their ability to work safely and anxious not to burden colleagues. It may also lead to staffing issues should on-call duties be stopped at short notice. This survey sought the experience of current trainees to determine the timing and common reasons for stopping on-call duties during pregnancy.

### Methods

An electronic survey was sent to female trainees in the five London schools of anaesthesia known to have been pregnant within the last five years. Return rate was 97%.

### Results

Data was collected on 53 experiences of pregnancy. Most respondents had been pregnant as senior trainees (2% ACCS/CT, 38% SpR1/2 or ST3/4, 58% SpR3/4/5 or ST 5/6/7) and provided on-call cover for all anaesthetic subspecialties and intensive care. The median gestation at which respondents stopped daytime on-call work was 32.5 weeks (IQR [30-36]). The median gestation at which respondents stopped night duties was 30 weeks (IQR [28-32]). Trainees own concern about tiredness and ability to concentrate was the main reason for stopping both daytime on-call and night duties. Starting maternity leave and physical difficulty in carrying out practical tasks ranked second and third as the reason for stopping daytime on-calls. Physical difficulty in carrying out practical tasks and maternal complications of pregnancy ranked second and third as the reason for stopping night work.

Reason	Stopping days	Stopping nights
Departmental guidance	4	5
Own concern tiredness/ability to concentrate	17	18
Own concern for health	1	3
Own concern of baby	2	5
Physical difficulty	11	10
Maternal complication	4	7
Fetal complication	1	0
Started maternity leave	11	3
Other	2	2

Sixty six percent of respondents indicated that sleep was either always or sometimes possible. Rest facilities on-call ranged from the availability of a bed to improvised solutions with chairs and an inflatable mattress. 85% of respondents felt supported by their departments regarding their decisions.

### Discussion

As an acute hospital specialty on-call duties in anaesthesia can be physically and mentally demanding. Senior trainees often have a significant level of responsibility for care in life threatening emergencies. We have a duty to our patients to provide the highest standard of care and we also have a duty to look after ourselves, our colleagues and our unborn children. The results of this survey confirm that decisions around stopping on-call duties vary but demonstrate that having experienced working on-call whilst pregnant many anaesthetic trainees choose to stop daytime on-call duties at 32.5 weeks gestation and night shift duties at 30 weeks gestation. The results show that at these gestations factors which impact upon patient safety become of concern to trainees. Whilst the majority of respondents felt supported by their departments free text comments elicited by our survey are evidence that this can be variable. The results of this survey reflect first hand experience and could be used to assist trainees to make reassured decisions when planning on-call commitments during pregnancy.

## References

1. Personal communication with RCOA training department. 30<sup>th</sup> April 2012.
2. Bonzini M, Palmer KT, Coggon D, Carugno M, Cromi A, Ferrario MN. Shift work and pregnancy outcomes: a systematic review with meta-analysis of currently available epidemiological studies. *British Journal of Obstetrics and Gynaecology* 2011; **12**: 1429-37.