



How to Prepare Your Dental Practice for **Maternity Leave**

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When I found out I was pregnant with my first child, I was overwhelmed with emotions. Would I be ready? What would I do with my patients and staff? I spent the next month trying to figure it out, because like most dentists, and especially practice owners, I'm a planner. But no planning could prepare me for the complications I was about to experience.

At 11 weeks pregnant I was diagnosed with Complete Placenta Previa. I was checked every 2 weeks for improvements, which never came. Because of this, I didn't even announce my pregnancy to my team until 16 weeks. The excitement was immediately followed up with questions like, "How long will you be out on maternity leave?" "Will we still get paid?" "Will my hours be cut?" Then I thought... maternity leave? Am I even entitled to this? I own my practice. If I'm not here producing, who will be? Can I afford to have someone fill in?

I needed to have a plan in place, and I needed to have answers right away. But how do I plan when my pregnancy complications weren't going away? My doctor immediately scheduled a C-section for 37 weeks. My complications actually helped me focus on creating my maternity plan. It was pretty simple. My goal was to work until 36 weeks, giving me a week off before the baby, and then return 3 weeks after delivery.

I got lucky... my sister-in-law, also a dentist, wanted to join me in the practice part-time as she, too, had small children. We decided we would cover each other during any current and future pregnancies and vacations. For this pregnancy, she would cover me to help patients with basic needs, like hygiene checks and emergencies. The plan was to complete all crown and bridgework by 34 weeks so no one would be in provisionals during my absence.

I began hemorrhaging on a Friday. I was taken via fire rescue to the hospital. En route, my first call was to my sister-in-law. I was in active labor at just 27 weeks. Before I knew it, Benjamin was delivered by emergency C-section that afternoon. He was rushed to the NICU, intubated, and hooked up to monitors. I reluctantly went home and started to think, "My baby was born prematurely at less than 2 pounds and my plans for the office were scrapped. What am I going to do now? Payroll is on Wednesday, today is Monday, and no one was trained to do this!" I quickly made a plan for payroll.

My sister stayed with me during my recovery and drove me to the office that Wednesday to complete payroll. When we arrived home, I was exhausted. Maybe it was delirium, but I started to again make plans for my practice while my son was fighting for survival. Was I going to close up shop, sell the practice, or just take more time off? I decided to return to work as soon as sitting was comfortable enough to work a few hours at a time.

I went back to work full time 10 days post-partum C-section. Crazy, right? I didn't feel I needed more time off at that point. Instead, I would take time off when he was ready to come home. I also knew that if I focused on my practice and

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patients, I would be distracted from wondering whether my child would survive today. And that's what I did.

My Patient Care Coordinator scheduled my patients in 2-hour blocks leaving me time in between to visit my son at the hospital. When my son was discharged, 13 long weeks later, he was still fragile and required treatment and follow-up with specialists. He was on several medications, an apnea monitor, and we had to take his blood pressure four times a day. I devoted Thursdays to going to the doctors with him so I could have some semblance of order in my life and at the office. I decided the best thing for my baby was to have him in the office with me so I could check on him as much as I wanted, give him his medications, and take him to doctor appointments. I had my son with a nurse in the office with me for the next 6 months.

After this whirlwind year, I ran the numbers for year-end to determine how my "maternity leave" affected the practice. Roughly 20% of patients fell behind on recare, which also caused a delay in patients' seeking and completing restorative treatment. My working part-time for roughly 8 months, even with my sister-in-law building her side of the practice, made a considerable dip in year-end production and collections. The practice was down 15% from the previous year.

Why didn't I have a Practice Maintenance and Prevention Plan (PMPP)? I spent hours working *ON* the practice so I could make changes *IN* the practice. Re-investing in the practice – to make procedures go more smoothly, with less stress, and more cost effectively while maintaining and even improving the level of quality – seemed to be a reasonable beginning to my PMPP.

Three years later I started planning for child #2. This time I would have a well-executed plan. I made a list of everything that didn't get done the first time and worked through the list.

My second pregnancy was automatically labeled high risk. I kept telling myself that despite what happened last time, this time would be easier.

At 11 weeks, I was diagnosed with Vasa Previa, which is more dangerous than Complete Placenta Previa and very rare. I was followed closely and my condition required that a home health care nurse come to the office once a week to give me steroid injections to prevent premature labor. My patients were scheduled around the nurse's schedule. I had already put my PMPP into place.

At 32 weeks, I delivered my second son. He weighed 5 pounds and was much farther along in development at birth than my first. He only needed to stay in the NICU for 14 days. This was my time to heal and get organized. After 10 days, he was ready to come home.

I did things differently this time. I took 2 weeks off from the office and hired a night nurse so I could go back to work

well rested. I went back to work incrementally over a 4-week period. I only took 2 weeks off, but I took my time coming back to full time.

The importance of a dependable support system is paramount. I am so grateful for my family, staff, and others who helped me achieve my goals while maintaining a balance between my practice, personal, and family life.

Practice Maintenance and Prevention Plan:

Prepare patients: Be up front and honest. It is important for patients to know you will not be present for their hygiene checks but that you have confidence in the doctor covering for you and that their treatment will be uninterrupted.

Order supplies: Only order necessary items. Get on a schedule for ordering every 2-3 weeks to avoid excess shipping expenses. Make a list of necessary and frequently ordered items and look for deals on purchasing larger quantities.

Payroll: Start with a service or bookkeeper before or early in the pregnancy so this is well-established and any kinks can be ironed out while you are still available.

Plan for the end of pregnancy: Finish up any restorative work minimally 2 weeks before the scheduled leave time so patients are not in provisionals during your absence.

Determine who will fill in for you: This doctor can oversee hygiene and be available for tasks needing direct and indirect supervision. Clearly discuss whether the doctor will continue the restorative treatment plan while you are out or whether patients will be scheduled upon your return.

Treatment and Patient Care Protocols

How will emergency patients be handled? Create a decision tree that is easy to follow and in a centralized office location for easy reference.

How will referrals be determined? Create protocols so your team is clear on whom patients will be referred to and why.

New patients: Create a protocol for how the new patient experience will flow.

Train the team on current and new equipment and caring for the physical plant

Have a reference sheet that includes important phone numbers for equipment, IT, dental supplies, landlord, etc.

Who will pay bills? This is where a bookkeeper is extremely valuable. You are entrusting them to access your bank accounts.

Team member issues: Appoint someone who is fair to handle team member issues in your absence. A protocol for discipline must be in place and enforced at all times. A comprehensive office manual will make this task easier. **END**