



## Letter to the Editor

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### AMJ Special Letter: Medical mums—thoughts and advice on balancing motherhood in medicine

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Dear Editor,

I have had the pleasure of being involved with pregnant medical students throughout my appointment within my medical school. In some cases, I have birthed their babies at the public hospital. But the greatest pleasure is seeing them when they have returned as mothers, either disguised as medical students or even interns.

During this time, I have heard many accounts of their journeys. The following edited essay on “Being a mum while studying medicine” was conceived as part of a selective rotation in obstetrics and gynaecology. The essay highlights a number of current, important issues and provides some advice so that women “CAN GET FROO”:

- Women in medicine balancing their careers with creating families.
- The perceptions of others to pregnant medical students.
- Graduate entry medical schools may need to develop flexible policies to deal with female students’ pregnancies, which are more likely to occur in their older female student population.
- When is the best time to have a baby as a medical student? Like most things in life, timing is everything.

This letter, and the responses that follow, include comments from other medical mums that reflect the difficulties that many women face trying to balance their career with the demands of family life. It is with pleasure that I introduce this special letter section in the Australasian Medical Journal that highlights the extraordinary efforts of “medical mums” everywhere.

### Being a mum while studying medicine

Dear Sir,

I found out I was pregnant during the study week leading up to my first year exams. As you can imagine, this made concentrating on studying difficult and I remember having to remind myself to focus during our written exams as I found my mind was distracted thinking about the future. The reason for me being distracted by the idea of being pregnant was not due to my excitement over the news, which I most definitely was, but was due to my apprehension and uncertainty as to what this meant for my future in medicine. I experienced these feelings of apprehension and uncertainty even though the pregnancy was not totally unexpected or unplanned.

The main consideration when thinking of having children while studying medicine is the timing. Is the best time to have a baby during your medical degree or is it better to qualify and take time off before/during specialty training? I discovered through various discussions with other women who, either had children or were considering them, that opinions varied on the best time to have a baby and that, really, no particular time was going to be perfect. I also found a number of online forums that were a great place to gain advice from other women in the same position. Personally, my final decision was influenced by the experiences of a family member who had had great difficulty in getting pregnant after leaving having a baby to later in life after she had established herself in her career. I was concerned that the same would happen to me if I waited too long to have a baby. In the end, I decided that you need to determine what you consider most important in life. For me, family wins the argument every time. While I am passionate about medicine and helping my patients, in the end, family and friends are what matters and who will be there when work no longer is.

From the very beginning, although I was acutely aware that having a baby during medical school would be challenging, I was challenged in ways that I had not even contemplated.

The first challenge I encountered occurred before my baby was born and involved the issue of my place in the degree programme. Due to the timing of my due date my options for maternity leave were limited. I was given the option of continuing my studies and then taking only two weeks leave after the birth before returning to full-time study or withdrawing from the current session, taking a leave of



absence for six months and recommencing studies the next year which would result in approximately five months of maternity leave.

Personally, the first option was unimaginable. Although I am aware that some women return to studies very quickly after having a baby, I had to consider my reasons for even having a baby. The answer certainly was not so that I could miss out on the early moments of their life and to pass them off to someone else's care.

So after considering my options, I had to abruptly cease my placements and return to full-time work for the Navy as they were sponsoring me to do medicine. In hindsight, I am lucky that I did not decide to take up the offer of the two weeks leave as I ended up with an emergency lower segment caesarean section (LSCS), and after coming to understand the realities of having a newborn, I would have been in no way physically, mentally, or emotionally capable of returning to full-time study at that time.

The true reality of studying medicine with an infant really hit when I returned to full-time study. Those first few months were tough, both physically and emotionally. I had expected the obvious challenges of lack of sleep, being tired, and of having limited amount of time to study, but I had not expected the impact the emotional challenges would have. I had expected to feel sad upon my return to study (which was predominantly hospital based), wishing that I was at home with her, but I did not expect overriding feelings of guilt, which originated from within and from outside sources. It is difficult when confronted by other people to not feel guilty when they ask, "Why aren't you home with your baby?" or "What was the point of having a baby if you just leave them in daycare or with someone else?" or that "You obviously care more about your career than your baby." What these people did not understand is that I had already asked myself all these same questions and was still battling with the answers. I did not need any further reason to doubt or question myself. However, on reflection, I think that most people asking these questions were not doing so to be hurtful, but simply did not realise the impact they could have on a mother that was already struggling with the emotions of leaving her child to work or study full-time. I have come to realise that mothers are actually harder on themselves than others are on them.

As a mother, this guilt occurs for many reasons. For me, the reasons included: leaving my baby in someone else's care, missing out on important milestones, not being there when my baby was upset or sick, waking my sleeping baby from a sound sleep and rushing them to care so I could get to the

hospital, that others were getting to spend more time with my child than I was and that someone else may be having more influence over them in their formative years.

I also found that my feelings of guilt were reversed in different circumstances, which could be confusing and emotionally draining. While I could feel guilty for being away from my baby during the day, there were times when I was at home and spending time with her that I then felt guilty for not studying. At times, especially in the period before exams, these feelings could be overwhelming. I found that in order to cope I had to concentrate only on the task at hand and avoid thinking too much about all my other priorities or commitments.

The emotional challenges faced were also magnified at times by the physical challenges. It was even tougher to face these emotional challenges when physically exhausted from lack of sleep. When I returned to full-time study, my daughter was still exclusively breastfed as she refused to take a bottle for my mum while I was at the hospital. This meant that she was awake at least five times a night wanting to be breastfed. Having to function on little sleep and trying to stay mentally alert enough to study meant I had to develop my own coping mechanisms. These were sometimes met with criticism from others, which left me feeling like a failure as a mother. For example, to get any sort of sleep, I ended up letting my daughter sleep in the bed with my husband and me; however, this is frowned upon by many as they claim it forms bad habits and that I would never get my baby out of our bed. At the time, though, I felt that there was no other way for me to cope and still function well enough to be a good mother and medical student.

On reflection, I believe a lot of these emotional challenges when studying and having a baby come from unrealistic expectations. These expectations sometimes come from other people, but I found I was usually the one to set unrealistic expectations for myself. There were the expectations to be the best mother, the best wife, and to achieve highly as a medical student. To set your expectations so high is to place too much stress upon yourself. I found that there was physically just not enough hours in the day to be able to complete all the tasks I set for myself, which forced me to improve my ability at prioritising tasks and considering what I thought was important. Therefore, I made the decision that being a good mother and spending time with my daughter was much more important to me than having a tidy house. I had to readjust my expectations and accept that it was ok for me to not be perfect in every facet of my life. This was a daily challenge,



as just walking around my house would start me thinking about the many chores that were waiting to be done. Having good support is imperative, but accepting this help does not always come easy either as your expectations are that you should be able to do everything yourself. There were a number of times that I had to swallow my pride and accept help from my mum to do even the little things like folding laundry. These are the things that get shoved to the bottom of your priority list, but that can still cause stress when they are not done.

The challenges faced when having a baby and studying also changed over the course of my degree. As my daughter grew older and more aware, it was harder to get any study done if she was awake. When she was younger, my husband could look after her easily but by two years of age, she was more aware but could not understand my need to study. Any attempts at trying to study during the day or before she went to bed, invariably ended with her either sitting in my lap playing with the stuff on my desk or with her crying and upset outside my study door. Neither situation was conducive to study. Although my husband was very supportive, children often only want their mothers when they are tired or sick. There were nights when she would cry until I got into bed with her. On those nights, it was pointless even trying to study so I would crawl into bed with her and go to sleep. In some ways, those nights were therapeutic as they let me catch up on missed sleep and gave me some time with my daughter, even if it was only being cuddled up in bed together.

Another issue of being a mother and studying is that colleagues can sometimes make you feel bad for having children and imply that it is a weakness of some sort. I think this results from people thinking that you get special consideration if you have children and that you are not fully committed to your work. On reflection, I think that being a mother actually helps me in medicine and hopefully I am a better person and doctor who can empathise with other parents and understand their concerns. In addition, being a mother teaches you patience and compassion, which I think are traits of a good doctor.

People often comment to me that they do not know how I studied or got through my exams with a baby. However, personally, I often wonder the same thing about other medical students that care for family members, are active volunteers in the community, or work part-time to support their families. In the end, each person does what they have to do in order to cope; it is hard to explain exactly how you do cope to someone that is not living your particular circumstances.

In conclusion, even though having a baby during medical school was at times overwhelming and full of very long days, with little or no breaks, it was definitely worth it. Being able to accomplish something like medical school is made even more special by being able to share it with my family. And even though I may not be the perfect mother, wife, or medical student, I am happy in knowing that I have accomplished what I set out to do and that my daughter knows that I love her and that she is the most important thing in the world to me.

*Dr Shelley Griffiths  
Australia*

### **Top 10 tips for coping (CAN GET FROO) with motherhood during medical school**

**Coping:** Find the coping mechanisms that work for you. Do not let anyone criticise you for using them.

**Accept** any help offered. You do not need to do it all yourself. If someone offers to cook you dinner or clean your house, accept it happily.

**Network:** Find a support network. Whether it is family, friends, or other mothers. You need someone to help you along the way. (Online forums are handy places to ask for advice—see links),

**Group:** Find a supportive study group. Studying in a group gives you an idea of how you are going.

**Enjoy** the time spent with your kids and try to live in the moment rather than always thinking about all the things you need to do.

**Take** time out for yourself, even if it is only five minutes of sitting and having a cup of tea or enjoying a long, hot shower.

**Flexibility:** Having a rigid study plan only stresses you out when you do not achieve it. Stay flexible.

**Realism:** Do not stress about the small stuff. Set realistic expectations.

**Organisation:** Have a list of goals, prioritise them, and try to finish each one before moving onto the next. Be organised.

**Opportunistic:** Study whenever or wherever you get a chance. Travelling in the car was always a good opportunity. Remember every little bit helps.

#### **Useful Links**

Women in medicine: <http://www.mommd.com/>

Mothers in medicine: <http://www.mothersinmedicine.com/>



Studying and Parenting forum on Essential Baby Website:  
<http://www.essentialbaby.com.au/forums/index.php?forum/106-studying-and-parenting/>  
Studying and Parenting forum on Bub Hub website:  
<http://www.bubhub.com.au/community/forums/archive/index.php/f-223.html>

### Response 1

I am grateful for the opportunity to contribute to discussions about managing medicine and motherhood. This is an important issue as there are increasing numbers of women in the medical workforce. I am a mother of two and a GP registrar in the UK. I have been lucky, as I have not encountered overt negativity arising from my having children and I have been well supported through maternity leave and return to part-time work. I think the “CAN GET FROO” tips are excellent—I fully support them.

Although the author talks about timing, I think the only certainty is when the time definitely feels wrong, and not getting pregnant at these times is far more controllable. I have still not figured out the perfect time. You may never feel you have enough clinical experience to take a break, money to raise a child, or life experience. Alternatively, when faced with the early years of parenthood you often find yourself wishing you had more energy and fewer responsibilities at work. Having a child has an unpredictable effect on your life, values, and priorities, and what seemed important before may feel less so when you have the ultimate responsibility of parenthood. Further, you have to let nature take its course and with all the best will in the world, you can never expect to time a pregnancy to your predefined schedule.

As a part-time trainee working four days a week, I too feel constantly guilty and thinly spread. Guilty for not spending enough time with my children, guilty for going back to work too early after having them, guilty for being on maternity leave twice, guilty for not having qualified yet and increased my income, guilty for not being in clinical work full-time, and guilty for being less flexible than my childless counterparts. I feel like I am here, there, and everywhere, but never anywhere enough. Working while breastfeeding, the lack of guaranteed sleep when you really need your wits about you, and studying for exams are a struggle.

Parenthood has enriched me as a person and primary care doctor in so many more ways. It is the best paediatric training I could have ever wished for. Communicating with children now comes naturally, I understand the fear of a parent when they come in with a clinically well but febrile child, I know what a normal, well child looks like and,

unfortunately, I know what it is like to hold your child while they are anaesthetised for surgery. I have navigated singing groups, busy shops with pushchairs, and paediatric healthcare services. So I have a lot of empathy for parents and children I meet on a day-to-day, basis, but this does leave me more vulnerable to the heartache a sick child creates.

Equally, having met so many other parents and children through work, I am a better, more balanced, mother, knowing what is normal and common and that twos can definitely be “terrible” at times. Further, I can justify the time at work with the secure life that I hopefully offer my children with an above average salary. Over time I have learnt to manage all these feelings and demands by clearly segregating my life. I am in work mode at work and patient care and service provision is my priority. But the minute I leave, these issues are behind me and I become wife and mummy, having to deal with urgent demands such as finding “big bunny” and calls of “I’ve finished” emanating from the bathroom. I have clearly defined work, family, and study times, so I believe having children has improved my work-life balance and subsequently my overall well-being. As the author suggests, through trial and error you learn how to do just enough to keep everyone happy and safe.

*Elizabeth Cottrell*  
*United Kingdom*

### Response 2

I read Dr Shelley Griffiths’ account of being a “medical mum” with great interest, being one myself. I was pregnant with my first child in the midst of doing a postgraduate diploma for my FRACP Advanced Training and was working full-time as a paediatric registrar at the time. Even with the support of my husband and my mother I found that phase of my life incredibly challenging and do wonder now how I managed to get through all the coursework and exams without falling apart.

I now work alternate weeks. I have two children and going part-time was the best thing I could have done for my family and myself. By intuitively using a lot of the “CAN GET FROO” tips you could say that I was coping well before that. I was doing my job effectively, steadily advancing my specialist training, my children were happy and healthy, my house was not a tip. However, life was busy beyond belief. I had no quality time for myself and was constantly trying to use my time effectively. I would joke about my lists of “to-do lists”. Multi-tasking was the norm and I would frequently question the quality of my interactions with my children. I could be pushing my son on a swing, but be secretly



stressing out about that journal club for which I had not yet found an article to present.

Guilt? Yes, I completely agree with Dr Griffiths. Guilt for not giving your undivided attention and time freely to your little ones; for working on a presentation at home when you feel you should be playing with them instead; for going to work when they are under the weather; guilt that they think it is normal not to always have their mom for bedtime. Guilt at work because there is an unexpected roster gap that weekend and you have had to turn down a request to help by working that additional duty... for the mundane reason of your child having waited for weeks to go to the park with you and that was the promised and much-anticipated day!

By reducing my hours to part-time my enjoyment of life has improved dramatically and I am wholly and mindfully there for my children. I find work so much more fulfilling, too, as I am no longer constantly tired and stressed with my priorities torn in different directions. I no longer resent the time that work takes me away from my little ones. I even have some time for me! What I would like to say to other medical mothers out there is that if there is any chance you could work part-time, at least try it. I doubt many of you would regret that decision. It may even be something you just do while your children are very young and later look back on with fond memories. They grow up fast and we will never get that time back.

Some training programmes and some employers are not supportive of the part-time approach to one's career and that can be a major obstacle. The drop in income is also a significant consideration. Talk to people you know who may already be working part-time and get their take on it all. For any working mom and especially if you *are* working full-time consciously consider the CAN GET FROO tips and try to work out which things will help you the most. I particularly recommend the "being as organised as you can be but not stressing the small stuff" approach. Children are incredibly resilient and we are our own worst critics at the end of the day.

*Name withheld*

### **Response 3**

It was interesting reading the piece about being a mum during undergraduate and immediate postgraduate years. My experience was in 1987 in Ireland, in a different time and culture. I was married in my fourth year in medical school and became pregnant in my final year. I was young and invincible and not exactly a master of careful planning! I do not recall being in any way supported by any of my

teachers or course organisers; indeed, when frequent trips to the rest room were needed, I distinctly recall being frowned upon for disrupting a tutorial!

I remember though not being as highly wound up as my colleagues coming up to the final exams, my priorities being elsewhere first and foremost. I know for sure that I did not do as well in my examinations as I could have done had I been more focused, however, apart from not winning any medals, this has had no bearing on my career.

I decided to defer my intern year so my college class moved on without me. It was very strange to return to the hospital without the support of any of my peers. I remember locking myself in a bathroom on my first day back and crying because I did not know how to do a certain procedure and I had nobody to ask. It was also difficult being a junior to one of my former classmates.

The most difficult issue was on call nights. The working days were long enough, but when I had to work nights or weekends also, I really missed my child. When I was at home, I usually fell asleep on the couch, which led to feelings of guilt that have never really left me. I missed so much of her baby milestones. I had to make a conscious decision whether to build my family or my career. I could not have functioned if I had persisted with the onerous hours and a second child. So I left a long gap...

Do I regret being a mum at that time? Of course not. Was it the right time? No. I sincerely hope that working arrangements are now more flexible and understanding and that there are structures in place to ensure that work-life balance is obtainable for all parents of small children, not just the mums.

I am now 20 years a GP, my first born is about to be married and my last born is 21. I am now in the happy position that many of my peers are not, with my children raised and sorted out while I am still young(ish).

*Helen O'Neill  
GP County Meath  
Ireland*

### **Response 4**

Our communities are far more encouraging of each other in our endeavours to successfully juggle quality family and career life than historically. A letter like this highlights the commonality and allows us to reflect and feel far less isolated in our bid to do the best for our friends, families,



and society. I smiled and nodded throughout this letter in agreement and enjoyed the shift in thinking, and doing, you undertook. Successfully prioritising, creatively achieving, and clearly becoming more savvy and flexible in doing what you needed to do to get it sorted. Unfortunately, those luxurious days of being able to procrastinate are long gone.

To finish, I would like to add your daughter would be immensely proud of you now and into the future. What a wonderful secure and loving base you have created for her. I acknowledge the future career you invested so much time and money into was put at risk and it would be wonderful not to experience that anxiety, but ultimately I do agree with you that the experience of motherhood brings more to the repertoire of what we have to offer.

*Joanne Robertson-Smith*  
*Dunedin, New Zealand*

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