PFSP Perspectives: Alberta Doctors' Digest

We're expecting!
The pregnant physician

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Once upon a time, a 24-year-old intern was surprised by the announcement of her positive pregnancy test to an entire pediatric hospital.

Morning sickness was exacerbated by the smells of the hospital steam kitchen and its limited repertoire of nutritious offerings. She proceeded to waddle through rotations and one-in-three night call as every other intern.

No accommodations were requested or offered. In fact, it was only when her water broke as she assisted her own obstetrician in gynecological surgery that she scrubbed out and entered the case room as a patient. One can speculate on the medical complications on this physician mother and her baby.

Parental leave became the yearly vacation allowance and the few weeks allowed for sick leave. In addition, an official research elective and project on a salient topic – infant colic – was suggested.

The intern was grateful to the training director and mother of five, Dr. Elizabeth Hillman, as this was a much appreciated accommodation for the program’s “first pregnant intern.”

Bowman and Allan, in Women in Medicine, state, “Overall, the first year of residency is probably the worst time for a woman physician to have children.”1 Amen. But one can still get surprised by a pregnancy.

Twenty-five years later, as a seasoned physician following presentations on physician health, she has not been infrequently approached by residents concerning their own hopes and fears of pregnancy during post-graduate training.

She heard a range of disclosures. Several times a program director allegedly threatened that a pregnancy during specialty training would assure a deliberately assisted career limitation. The pain and bereavement of miscarriage surfaced.

The ambivalence of brief parental leave to make that Royal College of Physicians and Surgeons’ examination training requirement to sit the examination “on time” arose not infrequently.

With pregnant residents, emotional and physical fatigue were common. The issues of on-call coverage and attitudes of other residents were always hovering.
For a resident or practising physician, dilemmas and tensions of the two careers – motherhood and medicine – are present from the beginning.

How is breastfeeding managed successfully, and as recommended to all mothers, for baby’s health while Mom works physician hours? Which child care arrangements are going to work best for the family?

Does your practice group or academic institution have agreements regarding antepartum and parental leave? Are there any accommodations for pregnancy, whether it be morning sickness, backache or night call?

What if your due date is approaching and you still can’t find a locum? What if your practice group is comprised of all women and several are pregnant or expect to be on parental leave at the same time?

How will finances be arranged if you are your family’s prime provider?

I am certain we would all hope that a physician’s pregnancy is as pleasurable as the pregnancies of colleagues’ wives. The all-too-common reality is that workplace stressors, not to mention attitudes and lack of flexibility, can adversely impact the experience of physician pregnancy.2,3

Women physicians can also attempt to continue to “be and do all” in their work at the cost of their experience and, sometimes, of their health. Collegial support is important.

Our house of medicine has been slow to plan for or to accommodate pregnancy, especially considering the demographics of women in medicine.

Women physicians having children at all stages of training and at all stages of practice is common. Although they have children, women physicians have fewer children than their male counterparts.4,5

Occupational and public health brings several points about pregnancy accommodation:

1. Pregnant physicians as other pregnant workers may miss work with morning sickness, back pain and other pregnancy-related health issues.

2. Most workplace risks with regard to infectious disease are no greater than in the general population. However, tuberculosis exposure and tuberculin skin test conversion require prompt medical care. Cytomegalovirus exposure may be managed generally with infection control measures. Caution is needed with exposure to vesicular rash or a maculopapular rash with fever. Adherence to infection-control precautions is key for all infectious diseases,6 including H1N1 influenza.

3. There must be individual and systemic awareness and plans regarding the risks of potential patient-initiated aggression or violence in the workplace.

Modern obstetrical research contributes that workplace conditions and stress have physiological impact on women and their babies.
For example, the risk of having a small-for-gestational age (SGA) infant increases with irregular hours or shift work and with a cumulative index with night hours, shifts, standing, lifting loads, noise and high psychological demand with low social support.\(^7\)

Another study found preterm birth associated with prolonged standing, shifts, night work and a high cumulative work fatigue score, but not long working hours.\(^8\)

It is then understandable why women physicians, particularly residents, have been variably reported to have increased obstetrical complications including SGA infants, preterm labour and birth, stillbirth, placental abruption, pregnancy-induced hypertension and pre-eclampsia as compared to the general population.\(^9,10,11,12\)

Women in medical school today are generally older than those who matriculated prior to 1980.\(^13\) Delaying childbirth can also mean compromising fertility and increased risk of maternal fetal complications.

My advice to women physicians planning healthy pregnancies beyond regular antenatal care is:

1. Accept that pregnancy may require adaptation of career plans.

2. Build in rest periods during the work day. Put your feet up at work whenever possible. Nap.

3. Plan healthy nutrition in the workplace. (This may mean more effort from home and less from hospital food services.)

4. Drink at least one glass of water every hour when at work.

5. Get as much sleep as possible.

6. Consider carefully the number of hours worked, including shift work.

7. Consider withdrawal of night call by 28 weeks of pregnancy. (Bravo to the University of Alberta for instituting this policy for residents!)

8. Notify colleagues and programs well in advance so everyone can plan for the changes in the workplace.\(^14\)

9. Ask for and accept support.

10. Take a complete parental leave. To learn about financial support available to practising physicians in Alberta, contact the Alberta Medical Association’s Parental Leave Program (Membership and Benefits Administrator Shannon H. Neuman, shannon.neuman@albertadoctors.org, 780.732.3370, toll-free 1.800.272.9680, ext. 370).

It is up to all of us to transform the culture of medicine to welcome parental leave for all physician mothers and fathers. It is not acceptable for the needs of institutions to override what people think is best for the children, parents and what is allowed by law.\(^15\)
A recent study of women physicians in Newfoundland revealed that more than 96% of them started breastfeeding their babies and more than 50% breastfed longer than seven months. A third of those stopped breastfeeding because of work.\textsuperscript{16}

I hope healthy workplaces in the future will have very good accommodations for breastfeeding physicians – quiet, private, clean places with secure refrigeration.

The BC Physician Health Program, the BC Medical Association and the Professional Association of BC are currently collaborating to develop a consensus statement on workplace accommodation for the pregnant physician.

Suggestions include adapting to the unique circumstances of physicians with processes physicians and their colleagues can follow, leading to agreements that take into account various personal, professional and human resource planning perspectives.\textsuperscript{17}

Hopefully, flexibility for pregnant physicians generalizes to greater flexibility as we work together and that we find the grace to accommodate each other, whatever the health issue, whatever the career stage.

References available upon request.