Motherhood and medical training

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Motherhood and medicine

I remember as a first-year Basic Physician Trainee being amazed when I saw a heavily pregnant consultant present at Grand Rounds. It was remarkable because as a medical student and a JMO I had never seen a pregnant consultant, frankly I had only seen one or two pregnant advanced trainees. As a medical student I naively thought that one day you would get far enough into your training that someone would tap you on the shoulder and say "now is the right time in your career to have a baby".

Years later, when I was in the planning-to-get-pregnant phase of my life, I was beginning advanced training and I spoke to that consultant who years before had gotten up heavily pregnant at Grand Rounds. She said to me "you're mad to have children in advanced training, children will suck the lifeforce out of you". But then she added, which I was astonishingly grateful for "but plenty have to go through IVF to get kids, so no time like the present."

In this blog we're going to cover a number of issues around combining motherhood and medicine, including whether there is a "right" and a "wrong" time to have a baby, family and fertility planning, getting your partner to take time off work, paid maternity leave, part-time versus full-time work and breastfeeding.

The myth of the "Right Time"

When is the "right" time to have a baby? Do you want to know a dirty little secret about the medical fraternity? No one will ever stop you to say "now it's the right time to have a baby. No one will ever say "now would be a good time to take maternity leave". No

one will ever thank you for sacrificing your fertility to work their crummy term, finish your PhD or take their locum job. No one will say "I really appreciate that you didn't have kids because you were working so hard for your patients and the public healthcare system".

Let me say this to you, the public healthcare system is very good at looking after itself, but there is only one person who can look after your family and that is you. So you combine motherhood and medicine when it works for you, not on someone else's timeline.

Motherhood and medicine - is there a 'wrong' time?

So now that we've established that there is no "right" time to have a baby, is there a "wrong" time? Yes, if you have control over it, the "wrong" time to have a baby is the 18 months before a specialty exam. Frankly, if it works for your life to have a baby after all your exams are finished that's ideal, but I appreciate it's not always possible. If you can have a baby after completing compulsory rural terms first it is also helpful because of the difficulties of lots of overtime and the complexity of arranging childcare. If you are close to the end of advanced training, consider timing pregnancy so that there won't be small portions of training to complete when you come back from maternity leave.

For example, with my second child I had to decide whether to try to fall pregnant so that I had six months left of training after (what turned out to be) his birth. In the end, I decided to wait another six months before trying to get pregnant, to ensure that he was born after I had completed advanced training. This meant that I didn't have an awkward period of training to complete after my maternity leave, though I did take a small gamble on my fertility. At 32 years old and healthy that seemed reasonable, but six months might be a long time to wait if you anticipate fertility challenges.

Plan your family

So what else needs to be considered in your timeline for combining medicine and motherhood? Something that you and your partner need to consider at the get-go is how many children do you want? If you want four children, don't start having children in your late 30s. If you want one or two children you have greater flexibility to leave your run until then. Anyone who has completed a medical degree knows that fertility sharply declines from 35, we all try not to think too hard about that as it is a pretty complicated factor in the career progression equation, but you need to consider it when making your family planning decisions.

Share the parenting

I feel like an evangelist when I say this but it's an important thing to say. My husband, who at the time was a paediatrics advanced trainee, took twelve months of unpaid paternity leave so that I could go back to work when my eldest son was nine months old. That enabled me to forge ahead with my advanced training and allowed my husband and son to have twelve very precious months together. After I went back to work after having had my second son, my husband now a paediatrician, reduced his

hours to work three days a week while I worked three days a week so that we almost made an FTE 1.0 full-time equivalent parent.

You don't need to have a supportive partner to job share parenthood with but by God it makes it easier, particularly when you consider that medicine has erratic hours and whilst childcare centers run rigid hours, hospitals unfortunately do not. Daycare will have your child waiting at the front door at 6:30pm, the patient with the PE won't do you the same courtesy. You can utilize your parents, your in-laws, nannies and I have certainly utilized all of the above, but having your child at home with your partner, it's the dream run. Ask your partner if they can take time off work or reduce the number of days they work - their answer might pleasantly surprise you.

Paid maternity leave

Paid maternity leave is the other challenge to consider. The particular challenge for registrar training is that in order to be eligible for paid maternity leave you need to be on a contract when you deliver your baby and for the fourteen weeks following commencing maternity leave. This can be particularly challenging for timing your pregnancy if you are an advanced trainee on a twelve-month contract. There is only a short window each year in which to fall pregnant or there is the potential that you will miss out on paid workplace maternity leave.

If you miss out on your workplace maternity leave you will then have to rely on the federal governments paid parental leave, which is currently worth far less money as it is paid at the rate of minimum wage, about $12,000 in total, instead of 14 weeks of your usual salary.

Part-time work and job sharing

What about factors to consider after you've actually had a baby? Do you return to work full time or part-time? There is a simple mathematical issue to consider, if you do part-time training it is going to take you twice as long to complete your training and that is a serious consideration particularly if you are the beginning of your training. This needs to be weighed against how nice it can be to work part-time to have some work-life balance.

It's the practicalities of this decision that are rarely given airtime. Some college requirements (mostly how long you are allowed to take as a maximum to get through a program) restrict your ability to work part-time and there is also the consideration that a number of compulsory training terms seldom if ever offer part-time positions. Job sharing is a great solution, but how do you organize a job share position? This is in many respects more complicated as a registrar than it is as a staff specialist (who often have fractional appointments).

In most situations as a registrar you need to organise your own job share partner, which often involves approaching any other similarly pregnant trainees. Then the two of you need to work out if you work in a similar fashion that would allow you to job share and whether the hours and days you both want to work line up. The above logistics just get you to the gate, you still need to get the job and that means that you and your job share partner must be the top two ranking candidates in the job interview for the position.

Working and breastfeeding

You've decided to go back to work, you have a job, how do you balance motherhood, training and breastfeeding? Breastfeeding is the ideal given the health benefits for mother and child. Breastfeeding is, however, very time intensive and whilst while it is government policy that time and a private space to breastfeed or express be available in the workplace, the reality in most jobs is very different.

Even once babies have begun solids they still need to be breastfed multiple times a day. I returned to work full time after my first son when he was nine months old. In order to continue breastfeeding I would feed him before I went to work, I had expressed a feed for his lunch, I fed him when I got home from work and I would breastfeed him before I went to bed. The challenge was the expressed lunchtime feed. Prior to going back to work it took me three months to express three months' worth of extra lunchtime feeds so my husband could thaw them out daily for my son's lunch feed when I was back at work. Doing this I was able to breastfeed my eldest son until 13 months, but I did find it far more challenging than I had initially thought it would be.

My experience is that time, energy and logistics all need to be factored into your plans for balancing breastfeeding, motherhood and work.

Go for it

There are more women in medicine now than ever before and we have infiltrated all subspecialties and levels of training, but the issue of combining motherhood and medicine remains a complicated one. Medicine remains a conservative profession with a rigid structure of practice and one parent at a time we are changing that to be a bit more flexible to parents' needs. I had two children in advanced training and one as a staff specialist. They have all sucked the lifeforce out of me in their own precious way, but it's been a privilege, a lot of fun and I'm so grateful to be able to combine my beloved medicine with my delightful children.

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