

HEALING ARTS: MATERIA MEDICA

How Smooth Is the Road for Women in Medicine? A Pregnant Question

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“**W**hen I was in medical school, if you told me that my doctor in the hospital would be a pregnant woman, I would have laughed, but here she is....”, my 80-year-old physician patient proclaimed to his visiting golf buddies, a kind smile on his face. I returned his smile in the moment, but as I closed the door, my eyes welled up with tears. Taking refuge in a nearby restroom, I faced my reflection in the mirror through blurry eyes—half of my 5 feet 3 inches short body shaking with anger, the other half with despair. What was intended to be an acknowledgement of the journey countless women have taken to make the shape of a pregnant woman in a long white coat a familiar presence in the hospital, took me on my own journey through the years.

Born in a small town of a country that finds itself in the bottom half of nearly every gender equality index, nothing about my upbringing was orthodox. My parents instilled in me indisputable belief in diligence and dedication. Conversations from my childhood involved my father answering endless questions—“how does an ice bridge form” or “how does a live telecast work.” For me, the idea of dressing up in elaborate outfits to find a certain prince charming belonged to stories set in the Georgian era. At fourteen, my parents sent me to a reputed boarding school in a city internationally notorious for women’s safety. They taught me to be safe, but being a girl was never an excuse to stand back. Like many other women in the field I would join a decade later, my childhood experiences were built around the staple of “you are a person first and a gender second.”

Eight months ago, my husband and I had shared the news of a tiny human inside me that was now about the size of a mango according to the pregnancy fruit size chart I was whimsically consulting. Never in my life thus far had I felt disadvantaged for being a woman. I had trained at prestigious institutions and had a gratifying job. Moreover, I was blessed to have a spouse who prioritized my professional success as much as his own, making decisions about sharing domestic chores or pursuing professional interests effortless in our house. However, the last few months had turned my world upside down.

Rounding on wards had become an uphill battle. I found myself resisting the urge to sit down to rest my aching calves as I listened to presentations from residents. I was ashamed to take restroom breaks to relieve my aggravated bladder. I tried to walk faster than I could to keep up with my team running down the stairs. “Why don’t you tell them to use the

elevators?” a friend had suggested. “Maybe” was my response, but I knew why—because that would make me look weak. The pregnant body might be a subject of glamorous photo shoots for some, mine was a disability I was trying to overcome. As I worked my last night shifts in the final few weeks, my only consolation was that there was an end to the struggle, but I was in for a surprise.

Pregnancy was over but the months that followed started to make it feel like a cakewalk. The nightly cycles of q 2-hour feeding and diaper changes left my brain spinning. After a few weeks of maternity leave, I started my first day back at work with a census of 16 new patients. “I got this”, I did my usual tough day pep talk and started rounds. Smiles from people I had not seen in a while and requests for baby pictures lifted my spirits, until it was 11 A.M. Time to pump. How hard could this be? I had been pumping at home and had a list of all the lactation resources at the hospital.

Of course, I had underestimated the beast pumping at work is. After waiting in line for twenty minutes in our two-booth lactation room, I had only produced 2 ounces of milk in a 30-minute pumping session. A colleague’s words from a few months ago echoed in my head—“My supply dropped because of all the stress.” I was petrified at the thought of not being able to breastfeed my daughter.

In the months that followed, there were many moments when the simple act of caring for my child as any mother would, drove me to a state of self-pity. With ninety minutes of pumping time gone from my day of full workload, I tried to be extremely efficient to get home in time to relieve my daughter’s caregiver. On weekends that I was on call, I would have pangs of guilt about not being able to see her for extended hours. Twice, I detached pumping shields from my chest to rush to code blues in the hospital. I felt sorry for myself, and for the women around me, who for the first time in their lives, were experiencing challenges that only womanhood brought.

I was compelled to think we could do better as a society in medicine to make pregnancy and parenthood a less stressful experience. For starters, we could acknowledge that pregnancy demands an adjustment in professional responsibilities. None of the orientation sessions I have sat through over years

J Gen Intern Med 34(7):1362-3

DOI: 10.1007/s11606-019-04910-1

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Published online March 15, 2019

of training mentioned anything about a resource person to approach when pregnant. A supervisor to guide young physicians on the need to adjust work schedule over each day, and over months as pregnancy advances, could help both genders accept its physical limitations without guilt or frustration. Longer maternity leave of at least six months, and a staged return to work with fewer hours or a lighter workload would facilitate the transition for new parents. Improved lactation facilities with enough booths could allow women physicians to achieve their breastfeeding goals. And perhaps, emergent duties like carrying the code pager need to be reconsidered during advanced pregnancy and lactation.

I thought of my elderly patient who was thrilled to see a pregnant female working in a hospital. We might have come a long way in making the women physician a familiar presence

in the hospital, but the road to making their journey fair and kind remains a bumpy one. Until we acknowledge obligations inherent to womanhood and work towards resolving its unique challenges, women in medicine will continue to hit a glass ceiling.

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