

Dr. Mom and Dr. Dad — Issues in becoming a parent during residency

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Introduction

Most people who have been through a residency program would agree that there are times that one's personal resources are taxed. Those who have a "significant other" undoubtedly experience a mixed blessing. Having a partner to share your life provides great emotional support and good times. However, meeting your commitment to a partner can be challenged by severely limited uncommitted time, chronic sleep deprivation and concurrent responsibility to read, prepare presentations, moonlight, etc. Many marriages fail during the residency-training period¹ due to the inability of couples to resolve these conflicts. So, what happens when you introduce children into this situation? How does pregnancy and the subsequent parenting role affect couples when they are pursuing residency training?

Over a 12-month period at the University of Alberta Emergency Medicine Residency Program, 6 residents (4 men and 2 women, PGY-1 through PGY-5) had children. Some have speculated that the Program Director (in his aging years) neglected to put the progesterone in the bagels during the Academic Half-Day. Others suggest that the Alberta farming environment somehow stimulated fertility amongst our residents. In either case, we have a convenient sample from which to ask questions about the challenges of pregnancy and childbirth during a residency program.

Methods

A nonvalidated survey tool was developed (available upon request) and administered to all eligible residents. Emer-

gency medicine residents who were also parents at the time of the survey were included. Residents were permitted to complete the survey with or without the input of their partners. Confidentiality was promised by the author with the caveat that readers who know the members of the residency program could readily determine who provided answers to most of the qualitative questions. Answers were examined manually using an ethnographic approach to identify common themes amongst the answers to the questions.² Results are organized by theme, with a brief narrative of the theme and supporting quotes provided.

Results

The response rate was 100%.

Pregnancy

Female respondents reported overwhelmingly positive experiences during their pregnancies. Pregnancy offered a "connection" with patients. However, individual examples were identified where fatigue, physical discomforts in later pregnancy, and potential risks to the baby occurred.

Positive

- I felt that it was the exception that I was treated differently by colleagues with regards to work.
- There were a lot of benefits to being pregnant while working clinically. I found it provided an easy, relaxed way to connect with patients. ... Answering simple questions about my pregnancy allowed patients to ... share my life and experiences. The questions were harmless. Is this your first baby? When are you due? Do you know if you're having a boy or a girl?

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Negative

- I nearly fainted in the OR one night because I had not found an opportunity to eat all day.
- During third trimester I found that it was worth taking the time to position patients and myself properly prior to any procedure, especially a lengthy one, in order to save my back.
- I was quite tired but I honestly did not know whether it was the pregnancy or the 1-in-3 call I was doing.

Men respondents reported that they were largely unaffected by having a pregnant spouse during their residency. Some expressed desires to be more supportive at home. Two respondents who had other children already indicated that they had to take on an increased role in child care during some phases of their spouse's pregnancy.

More time at home

- In the evenings I'd have to do the majority of the parenting of our daughter (1 fi), which left little time for being tired post-call, or for doing all that reading that never seems to end.
- In the third trimester ... I felt I should be home more, especially in the evenings and bedtime, so I could be more supportive.

Challenges

Residents were asked to identify the biggest challenges of having a baby during residency. A major theme identified was the lack of time to invest in the couple's relationship. Respondents also indicated that balancing commitments was difficult. Guilt came up as a common theme, along with the unequal share of the work that fell to spouses.

Couple time

- She'd be so wiped from her day shift with our daughter that she'd often head to bed as soon as I'd get home. Her being tired left little bonding time for the two of us, as we pretty much took non-overlapping shifts taking care of our daughter.
- The third trimester got tough again. ... It was back to not seeing much of each other, and to very little adult interaction.
- The situation is likely most difficult for my spouse, as our time as a couple has all but disappeared. I often feel like a bad wife!

Balance

- Difficult to devote time I would like to wife and kids, hard to study — many demands on time.
- The hours in the hospital are long enough as it is, but, frustratingly, the time commitment doesn't end when you leave the hospital for home. There's always reading to be done, presentations to work on, and multiple program commitments to keep. These added home duties have to be mingled with your responsibilities as a father and husband at home. I'd often find that my readings and "homework" didn't even get started until 11pm at night, which was very sub-optimal considering I'd often have to be back in the hospital at 6am the next morning!
- If you are giving time to your baby, you are not giving it to your residency and vice-versa. There is just not enough time for me to feel like I'm doing both well enough.



Dr. Rebecca Rosenblum in her PGY-1 year (2000)

- It's tough to find a balance. I can't seem to keep clinical work, reading for academic sessions and other residency related responsibilities in balance with time with my family, time for myself ...

Guilt

- I experience a constant sense of guilt. If I'm at work and on call, I feel I'm a poor mother (in addition to missing my daughter terribly). If I'm at home and playing with her, I frequently feel that I should be reading.
- I often feel torn and ambivalent at work, guilty and pressured at home.
- I feel incredibly guilty, especially if I hear that things aren't "great" at home. If [the baby] is crying, not feeding well, rumpy, won't take a nap ... I feel guilty I'm not there to help.

Unequal burden on spouse

- Very difficult for her at times, gets "burnt out" with little help.
- My being a resident makes it difficult to split the parenting 50:50
- My wife assumed almost all the parenting duties, especially as I got closer to my exams.
- When I'm on call, 34 hours with a baby (for spouse) is a long haul! There is no real break. Even when the baby naps, it isn't free time. That's when everything else gets squeezed in.

Benefits

All respondents had positive comments, despite the challenges that were also mentioned.



Adam Lund

Dr. Shona Maclachlan, PGY-2 year (2001), with daughter Athena, at the ED desk, Royal Alexandra Hospital, Edmonton, Alta.

Joy and fulfillment

- I love my kids, really look forward to coming home.
- Being a parent is an amazingly wonderful thing. Sure it's work, but it is infinitely rewarding work. Having a 2-year-old run to you with arms out wide and tell you they missed you and love you is one of the best things! Sappy, but true!
- I feel incredibly lucky — my life is very fulfilling.

New perspective

- For me, having a child has changed everything. Everything that I do, every choice that I make about how I spend my time is seen through a new “lens.”
- I always hope to be very busy when I'm on call, because if I need to be at the hospital, I want to be learning.

Access to extended family

Respondents clearly identified the value of having family nearby to help out, and those who did not have such access commented on its absence.

Family available

- My mother-in-law moved in with us to take care of the baby during my first six months back at work. I do not think I could have gone back to work without her.
- There is no question that having family nearby is a tremendous

aid. It is really nice in that letting my parents baby-sit for us is treated as if we are doing them a favour!

Family NOT available

- No family in town ... would be a lot easier with family to watch kids on short notice.
- No family back-up put more pressure on me to be home. It also meant there was little opportunity to do anything without baby.
- Probably the biggest issue for us is guilt at not being closer to family. There is a lot of pressure and “consequence” to choosing to do a residency away from family. This is just compounded when you bring a child into the picture. We are depriving THEM of access to their grandchild.

Schedule flexibility and program director support

Female residents indicated a need to schedule less call-intensive rotations later in pregnancy, as well as to arrange time off for maternity leave. Both female residents reported that they had no difficulty arranging this and commented on the positive and supportive role that the program director took in facilitating flexible scheduling.

Male residents required flexible scheduling around their partner's due date, as well as time off immediately after delivery to help in the early days with a new baby at home. Residents indicated that their requests were accommodated without any problems in the emergency medicine residency. One resident had previously experienced the birth of another child while in a surgical residency program and indicated that he was not accommodated at that time. The two experiences were totally different for him, with the supportive, flexible program director making everything easy, and with the other program director causing much stress and tension for his family.

Flexible scheduling

- I was happy to have elective time at the end of my pregnancy and chose to do electives that did not involve call responsibilities.
- My daughter arrived a month early; I was completely taken by surprise. ... My program director and I had rearranged my schedule months prior to the birth. We made one further adjustment after her birth to account for the extra block I was missing.
- For our second child I was on General Surgery as acting chief at Christmas time, doing 1-in-2 call. Fortunately we decided to have the baby at the hospital I was working at, otherwise I would have missed it. I was unable to get time off 'til one week later. This was very frustrating/upsetting, began to wonder if practising medicine ... I couldn't even drive my wife to and from the hospital. With the third child, not too bad — was able to get time off after delivery. (First 2 kids born during surgical residency, 3rd child after switching to Emergency Medicine.)

Program director

- I can't imagine trying to do it without a supportive program director. I moved my scheduled blocks around to ensure my holiday time was near the delivery date. I put off my Obstetrics rotation (ironic?) to have another month at home after our baby was born. It will cost me a month of elective time in the future ...

- In (surgical residency) not helpful for second child. Asked for time off around delivery but was denied — “no one else around to cover” ... In emergency residency, no problems.
- Our program director was most helpful in assisting with adjustments in my schedule. I had incredible support and assistance.
- Yes, he helped me to choose and arrange electives around this period, which would allow me time off on short notice.
- Our program director has been wonderful. ... he quickly assuaged my fears with his calm, kind reaction and his many gestures of support. It has made a world of difference for me.
- Academic time was permitted in third year (no precedent for that) without question, so I had a totally flexible schedule before and after the delivery.

Professional association

Generally, the professional association was deemed to be unhelpful. During surgical training, there was no recourse for being denied time off. Another resident felt that the time off for the male partner was inadequate. However, given the flexibility of the program director (see above), the professional association did not have to be called upon to defend rights of the residents in our program.

PARA

- PARA policies didn't help at all
- The PARA contract allows for ONE WEEK for Paternal Leave. One lousy week for the fathers, while it allows 6 months for mothers. I'm not certain I understand this glaring discrepancy. After all, this is the “new millennium,” and society has finally realized that both parents should play an active role in the upbringing of the children. One week is insulting.

Suggestions for other residents considering kids

The group was asked if they had advice for residents considering having children during their residency training.

Advice

- You think you're busy now? ... give some serious thought as to how you're going to go about it. It's one of those things that is tough to wing!
- I can only comment with regard to female residents. I will admit that the dual role is challenging, but in my opinion it is completely worth it. I'm not certain when would be a good time for a female resident to contemplate pregnancy — there likely isn't one. As much as I enjoy being a physician I would not be completely fulfilled if I did not have a family to share my life with, and I remind myself of this whenever I am tired!
- There is never a good time to have a baby. People will say “finish med school, then finish residency, then establish yourself as a staff person.” Just have your baby when it is good for your family and your life.
- For the guys, try to plan in advance around the due date so you can get as much time off as possible as this is certainly the most hectic time and you want to be free to help out and enjoy time with your new baby.

Discussion

As an informal, qualitative study, the methodology and results cannot be assessed using the same strategies that are used for quantitative, randomized, placebo controlled trials that we are used to seeing in medical journals. The results are, at worst, merely hypothesis generating, but at best provide a human insight into these issues in a way that a quantitative study never could.

Several themes came out of the responses to the survey. Both female and male residents in our program made minor adjustments during pregnancy to increase personal comfort or support for a pregnant spouse. Issues such as amount of call, availability of meal breaks and concern for physical safety during pregnancy would seem to be areas for further investigation. Program directors might also be conscious of the extra demands on residents who have other children at home in addition to a pregnant spouse.

There are clearly numerous challenges for couples having a baby while one partner is pursuing residency training. The lack of time to invest in the couple's relationship, the challenges of balancing parenting as a new major role in addition to the many other roles attached to residency, and the guilt associated with not performing at a high level in all roles represent the major challenges. However, the respondents to this survey universally emphasized the happiness, fulfillment and new perspectives gained through becoming a parent, despite the abovementioned obstacles. The presence of extended family as a supporting factor was also clearly emphasized.

Flexibility in scheduling and overall support from the program director were identified as important factors in becoming parents during a residency. Female residents are well supported when their late pregnancy is less call intensive, and flexibility for unexpected changes in the timeline is accommodated. Male residents benefit from having flexibility in the weeks surrounding the expected due date and appreciate having time in the first weeks to a month following the birth of their child to participate maximally in their family. The program director for this group was remarkably accommodating to this group.

Competing interests: None declared.

References

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