

# On Being a Mother and Obstetrician

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Through the generosity of Charles R. Millikan, DMin, vice president for Spiritual Care and Values Integration, an annual award competition was established at Houston Methodist Hospital among the resident staff. To enter the writing competition, residents must submit a poem or essay of 1,000 words or less on the topic, "On Being a Doctor." A committee of seven was selected from Houston Methodist Hospital Education Institute to establish the judging criteria and select the winning entries. The following is the first-place winning entry for 2019; the second- and third-place entries will be published in the next two issues of this journal.

When I was interviewing for medical school, long before I began my family, an attending asked if I had considered how I would balance being a mother in the future with a demanding career in medicine. Although I was passionate about becoming a well-trained physician and surgeon, I did not have a deeper appreciation for our profession at the time. I was like a car mechanic, fixing malfunctioning parts in an assembly line, burnt out and distanced from my own humanity to the point that I couldn't see the greater potential to heal. Little did I know, becoming a mother would mold me into the physician I am today.

During my first pregnancy in my second year of obstetrics and gynecology (OB/GYN) residency, I performed an emergent cesarean section on a patient at 35 weeks' gestation who had experienced a complete placental abruption with intrauterine fetal demise. I was 32 weeks pregnant with my son. I will never forget the sound the mother made when I confirmed with a bedside ultrasound that her son had no heartbeat. I felt my own child vivaciously kick and flip as I delivered a perfectly formed little boy. He looked to be sleeping as I placed his lifeless body on the operating field. I had delivered many babies born sleeping, but as an expectant mother myself, this patient left a mark on me unlike any before.

I remember a similar delivery of a little girl, stillborn at 34 weeks, during my first week back from maternity leave. Our babies were just 9 gestational weeks apart. I watched as her father adoringly dressed her tiny, peeling, and swollen body in a pink and white lace dress and bonnet that had been intended for her baptism. I wept freely alongside the family. That night, I rocked my precious child long after he had fallen asleep.

In my fourth year of residency, early on in my second pregnancy, I was paged to the emergency room. A patient had delivered her 16-week fetus, and as she held her tiny baby, she tearfully recounted to me that he had been born alive and passed shortly

thereafter. As I held the patient's hand, I said a silent prayer for her child's soul and for her, and also for my own 10-week fetus. A few days later, at my routine ultrasound, it only took a few seconds to confirm my worst fears. I could clearly diagnose my own missed abortion. Before the technician had a chance to say anything, tears began slowly streaming down my cheeks. I felt myself falling in slow motion into the dark, all-consuming black hole of grief. My husband, who before my reaction had remained blissfully ignorant, looked over and saw me crumpling into myself, and I watched as he was slowly dragged down into the abyss of grief alongside me.

"There is no heartbeat," I whispered. How many times had I said the same sentence to a woman in the very same position? I had been taught to repeat it, as grief-stricken parents will not be able to process the statement if said only once; their hopeful determination that their baby is alive will overpower their ability to reason and comprehend the incomprehensible truth in front of them. And so, as I had been taught, I said it again. We had planned on naming him Jude if he were a boy. The next day, I performed a cesarean section of a term baby boy. "Hello, Jude!" exclaimed the patient and her partner as they met their son for the first time. My own little Jude remained lifeless in my uterus, my own body not yet recognizing the loss it had endured.

While interviewing for my first job as a generalist OB/GYN, the topic of motherhood arose again. One interviewer questioned how becoming a mother in residency had impacted my training. Another questioned why I had not asked about maternity leave, in the same breath emphasizing that there was no maternity leave during my first year of employment and encouraging me to plan ahead and have my second child now, in my final year of residency. Although we treat patients whose ovaries, uteri, and placentas fail them, as OB/GYNs we expect to have a level of control over our own physiology that exempts us from failure. This exhausting and impossible double standard, a God complex, mocks the very power of the disease that we treat.

My medical training allowed me to master the pathophysiology of disease and the embryogenesis of new life. Residency taught me to objectively analyze a case, develop a differential diagnosis, order diagnostic studies, and effectively intervene to prevent disease progression and save lives. I have spent endless hours practicing difficult surgical and obstetrical techniques. Calm, objective, analytical. Detached. Becoming a mother, specifically becoming a mother in residency, taught me to be a physician in a different but equally important capacity. It taught me humility, to respect the powerful forces of science that we cannot control. It taught me to grieve with my patients and to celebrate how precious life is. It taught me to see shades of grey. It taught me to love selflessly, to sacrifice, to fail and persevere, and to overcome feelings of guilt, inadequacy, and exhaustion that all mothers and

physicians face. Over the past 4 years, I have had countless experiences that have blurred the line between my identity as a mother and my identity as an OB/GYN, such that the two are so intimately intertwined that one cannot exist without the other.

So, to answer my interviewers so keenly interested in my reproductive potential: I simply wouldn't be the OB/GYN I am now if I were not a mother, nor the mother I am to my son if I were not an OB/GYN. As a woman and mother, I am better served to heal the heartache and share the joy of other women and mothers. Of this, I am certain.

*This essay is written in memory of my baby I will never meet, who was due the month this essay was submitted.*