

AMWA *Linda Brodsky Memorial Journal*

Pregnancy Brain: Mothers in Medicine

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“Absolutely not.” This was my answer – without hesitation – when my male colleague (who has a daughter around the same age as mine) asked a couple of weeks ago if I was bringing my 2-year-old to our department holiday party. I think I actually startled him with the force of my answer.

“Are you bringing yours?” When he said he was thinking about it, I mused aloud, “You definitely should. People love seeing dads with their kids.” The corollary of this, which I did not say aloud but was entirely my reason for not wanting to bring my daughter, was that people at academic department parties don’t love seeing moms with their kids. A dad with a rambunctious toddler at a department party might get, “Wow, what a great dad. Isn’t it wonderful that he’s so involved?” While a mother is more likely to get, “That kid is out of control. She looks frazzled.”

Of course, no one has ever actually said these things to me, but somehow during my medical school career I’ve internalized them. And when I eventually did share my reason for not bringing my daughter to the holiday party with my colleague, he wasn’t surprised. Instead he said, “You’re completely right.” So where along the way did I learn that being a parent is an asset for a man in medicine and a liability for a woman?

One of my earliest lessons came during my second week of medical school. I spent a Saturday morning shadowing a female OBGYN at a local free clinic. We were chatting about my rather circuitous path to medicine, and when she learned that I was interested in critical care and that my husband was a 2nd year surgical resident she stopped the conversation. Swiveling around in her chair she stared at me incredulously, and with an accusatory tone she asked, “Who do you

think is going to raise your kids?” In the moment I laughed and muttered something flippant about a nanny, but I thought about her question for the rest of the day. I was taken aback and especially hurt because my husband and I were actually hoping to get pregnant. I was suddenly jolted from feeling that I had finally “made it” into the world of medicine to feeling like I didn’t belong in the place I had worked so hard to reach.

I’ve experienced plenty of unintentional slights about pregnancy and parenthood since then (“Hope you’re not having pregnancy brain!” while I was studying for an exam at 8 months pregnant, or, after sending an article draft to a colleague, “You’re so smart, I never would have guessed you’re a mom.”), but I still bristle most at the memory of that encounter with the OBGYN so early in my medical career. I was offended by the assumption that figuring out child rearing would be my sole responsibility, frustrated that of course no one ever asked my husband the same question before we had our daughter, and most of all I was terribly disappointed that a female physician I respected and admired had been so unsupportive.

Women now make up 46% of medical school graduates,¹ and a highly publicized study in 2016 demonstrated that patients may actually have better outcomes in the hands of a female physician.² But the numbers of women dwindle as you climb the academic ladder, with women making up only 38% of medical school faculty, 21% of full professors, and 16% of deans, a phenomenon popularly referred to as the “leaky pipeline.”¹ Many factors are believed to contribute to this “leakiness,” including gender bias, lack of female mentorship, and unequal distribution of advancement opportunities,¹ but I

think attitudes towards motherhood also play a role. There are plenty of institutional barriers, like lack of formal parental leave policies, inadequate lactation facilities, and the misery that is finding affordable childcare, but the cultural barriers are equally damaging. The attitude that motherhood is incompatible with a successful career in academic medicine runs deep and reaches medical students and trainees early in their careers. In a 2015 survey, surgical residency program directors were significantly more likely to report that becoming a parent negatively impacted female trainees' clinical work and overall well-being compared to male residents'.³ And women share this concern; In a 2018 study, women were significantly more likely than men to worry that having a child would have negative professional repercussions, even when controlling for medical specialty and parental status.⁴ This lesson – that having children as a woman in medicine is at best an obstacle to overcome and at worst a true professional liability – has become part of the “hidden curriculum”⁵ of social values taught to students and trainees.

All of this brings to me today. I'll start my 4th year of medical school in July, and while I've gained a lot of perspective over the past several years, I still struggle with how to balance motherhood, medicine, and the perceptions of those around me. I'm less bothered by people's offhand remarks, but I still feel the pressure to stay late, do more, and try twice as hard to prove that motherhood isn't holding me back. I'm lucky to have a solid support system and strong female mentors, and on most days I'm confident that I'll find a way to be both a great mom and a great doctor. I founded my school's AMWA branch in the hopes of creating an empowering environment for women in our medical school, and I try hard to make myself available to other students who may be considering starting a family, although I certainly don't feel like I've got it all figured out. I remain committed to academic medicine and hope to teach and mentor students and residents myself someday.

Changing the culture of medicine to value motherhood is a huge task, and I wish I had a game plan for how to make it happen (although leave policies and lactation facilities are certainly good places to start). However, if we don't make

an effort, medicine's hidden curriculum will continue to alienate women who are sent the message that mothering and doctoring are incompatible. I don't know if my daughter will someday chose to become a physician or a mother. But in the meantime, I'm committed to being a part of the solution that will make the journey a little easier for her if she does.

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