

Pandemic Parenting During Med School: A Case for Flexibility

By all appearances, I was just another sweaty-palmed medical student taking the first neuroanatomy exam of the semester, racking her brain to recall its own vascular scaffold. The stakes are inherently high with every step toward becoming a doctor, but they were even higher for me that day. Just walking on campus cost me about two thousand dollars. Failing the test would have meant marching straight to the registrar's office and putting in a withdrawal request for the semester, effectively delaying my education by a year due to the curriculum's rigidity and forfeiting 10% of the semester's tuition refund. Such a precarious position was the consequence of my decision to do the unthinkable, or at least the highly impractical - to have a baby during my first year of medical school. Five days prior to the start of spring semester, I gave birth to a healthy baby boy. Every nurse, lactation consultant, anesthesiologist, and OB/GYN doctor who waltzed into my delivery room either held their breath, rolled their eyes, or flat out told me I was "crazy" when I confirmed my intention to start the next semester in less than a week. This was very much in line with the reactions I had received from many others in my life. My life's history and proven grit seemed to count for nothing in their eyes because I was nulliparous. Surely, I must have had no idea what I was doing by even considering such a course of action.

Two months prior I was riding the bus to campus when a woman on her way to work at the medical research facility eyed my gravid abdomen and inquired "how far along" I was. When I told her that I was only in my first semester of med school and hoped to give birth over the winter break, her eyelids widened in surprise as she said, "I knew a woman about 7 years ago who was accepted to medical school here. After she found out she was pregnant the school told her she couldn't matriculate until the following year." I smirked in response, "Well, I like to ask for forgiveness rather than permission. I just showed up pregnant to orientation and didn't tell

anyone until my belly gave me away.” I had done the same thing over the previous summer when I didn’t want to disclose to the military that I was in my first trimester of pregnancy while leading the fitness exercises for the soldiers I was commanding. It’s a philosophy that had its own severe profile of risks and benefits, and I had experienced both sides of that coin.

Immediately after birth, I faced some of those repercussions. Although I had incredible support from my husband, he had little choice but to be the ultimate team player, as I had suffered a third-degree perineal tear during delivery that left me unable to walk or sit comfortably for at least two weeks. While family was visiting and cooing over the baby, I laid in bed, watching online lectures. I couldn’t sit up to take notes or write study guides. Either I was lying on my side like the Queen of Sheba with an ice pack on my stitches or I was holding my baby who alternated between nursing and sleeping on me. Ironically, my spouse had a job that afforded him a month of paternity leave and relieved me of all domestic concerns except for breastfeeding (biology hadn’t granted him that ability).

I knew that missing too many class activities would leave me vulnerable to losing “professionalism points” and that I needed to at least return to school for labs and small group discussions by the second week of the semester. I swallowed a postpartum cocktail of ibuprofen, Tylenol, caffeine, and Colace to rally enough fortitude to attend essential activities on campus. Most of it was spent awkwardly standing or sitting on a pillow, but I made it through the week despite soaking a couple shirts with breastmilk. Through the pain, sleep deprivation, and wildly fluctuating hormones, I committed to sticking it out until that first exam at the end of week two.

So, there I was, at the test that would make or break me. A passing score, anything 70 or above, would be my litmus test of continuing the semester; anything less meant I would bow out for a year as I had been told there were no part-time accommodations. I set down my donut seat

cushion and gingerly arranged myself at the desk, careful not to disturb the witch hazel pad I was sitting on. Everything else that day is a blur to me, but I can still distinctly recall hitting the submit button to see my grade: 75. The screen got blurry as tears distorted my vision. *I was going to make it. I am going to make it. Other women can make it too.*

Thus, day by day, and night after infant-interrupted night, I plunged through the weeks. I made three separate appointments- with my OB physician, the Department of Transportation, and then my university's parking services office- to obtain a temporary disability parking pass, since my perineal tear initially forbade me from prolonged walking. The curriculum coordinators worked with me to find labs and small groups that fit the window for when I had childcare available. One day, I had to chase down a janitor just to find out how I could obtain a key to the lactation rooms which were generally only assigned for staff. Since no female had previously had a child in the middle of the pre-clinical years at my school, I was forced to craft an ad hoc plan on my own. By preaching that it is nearly impossible – crazy – to pursue motherhood while obtaining an education, it becomes a self-fulfilling prophecy. Yet once I approached each door and knocked, I always found a way through; frustration gave way to hope.

Finally, the long-awaited breath of fresh air known as the mid-semester Spring Break was upon us. Then, in a flash, world news became terribly relevant—we would not be returning to class due to the COVID-19 pandemic. Thereafter, I “Zoomed” 100% of my schooling from the living room. Many salient points can be made about how online classes fail to meet the objectives of an in-person format. However, for this season of my life, I felt guilty over how much I personally benefitted from the lockdowns. Now that I was no longer going back and forth to campus, no longer trying to find a parking spot, no longer storing breastmilk, nor pumping while at school, and no longer dealing with all the hassles that come with simply showing up for

class, I had several extra hours to spend with my child and spouse. Whether it was a product of a well-rested mind or improved mental health from being home more, my grades immediately went from just passing to soaring.

Currently, there are no standardized policies whereby a mother pursuing a medical education has an outlet to seek support. This realization launched me into research on the topic (soon to be published), which has only validated my anecdotal observations that most medical schools do not have thorough pregnancy or maternity leave accommodation procedures for their students.

There is no convenient time to have a child. As a non-traditional female student, I don't have the luxury of waiting until my training is over to pursue a family. Ovarian reserve is heedless of one's career trajectory. Nearly every school's website hails the advancement of women in medicine, yet I found this only rings true to the point where that woman decides to fulfill her biological capability for reproduction.

Prior to the SARS-CoV-2 pandemic forcing itself upon the consciousness of higher education, the medical establishment had been unable to allow flexibility into its curriculum. The culture of medicine shifted once everyone became vulnerable to the need for modifications in some form or fashion. We all have bodies that can become infected by a deadly virus. We all observed the economic turmoil of unpredictable finances. At some point in this past year, we all have felt the despair of disparities, the effects of civil unrest, the exasperation of school closures, the change to our daily routines, and the sense that sometimes the world must pause for healing to occur. These sentiments overflowed into my experience of what it has been like to become a mother during medical school.

The accommodations I had initially been told were unfeasible, were serendipitously provided for me to be a stay-at-home mother for the first year of my child's life, and even obtained honors in my classes. The fields of medicine and medical education have done an exceptional job adapting to the extraordinary challenges of the novel coronavirus. I am confident we can apply this same ingenuity to better facilitate the lives of future female clinicians with children.

Although it's not ideal, we've collectively realized that information can be capably transmitted via the internet during times of duress. All it takes is stepping outside the box to reject that refrain that can be so destructive: *We've always done it this way.*

*Acknowledgement: Andrew De Haan, for his loving support and for providing permission to share our family's story. *