

Making it Better: A Faculty Mom's Ongoing Pursuit of Balance

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My practice manager walked into my office, closed the door, and sat down. “How can we make this better?” she asked.

I promptly burst into tears. Big, drippy, sleep-deprived, mother-of-a-4-month-old-on-a-sleeping-strike tears. Internship and residency had done nothing (nothing!) to prepare me for the reality of working 7/8 of a full-time academic medical job while mothering a newborn. That’s not to say that I didn’t learn important lessons during residency—I did. For example: when on a rotation, or given an admission, or even hit for an overnight ED shift in the middle of an outpatient GI elective, do the work, do it well, smile, and be nice to people. Don’t complain, at least, not excessively. After a call night, eat a big bowl of cereal regardless of time of day, and sleep at least 14 hours straight—if this means sleeping until returning to the hospital, that’s ok.

When my first son was born in the summer of 2007, I was a full 5 years out of residency. My residency skills were serving me well. I was having fun with my patients, had great clinical support staff, and colleagues who laughed a lot. I loved precepting my residents, enjoyed teaching medical students, and felt incredibly grateful to have found flexible work with the PCOI website that allowed me to write and edit from home one day each week. I was working hard, as I expected, but I had time to run, to read novels, to cook real food.

I understood that I would need to make substantial adjustments to my schedule after the little man we’d been calling Bubba arrived. I planned to add 30 minute “pumping breaks” to any patient session over 3 hours. My annual Bigelow month coincided with maternity leave: no more attending. I decided to stop teaching medical students—magically, my Monday afternoons were free, and without a medical student, my Thursday afternoon sessions could return to ruthless efficiency. We interviewed nannies, and found one, highly recommended, willing to show up at our house at 7am, and stay until 6pm twice a week. I can do this, I thought. I would even have one day a week at home with the baby!

And then the barely believable concept of Bubba turned into the reality of Zach: eight pounds of squirmy infant who instantly, passionately, became the center of my universe. Despite the exhaustion, I loved being home with him. I joined a new moms group, and had adventures that I wouldn’t have been brave enough to try by myself. I became competent, and then confident, as a mother. So quickly that I didn’t notice it happening, my primary self-identity shifted from “doctor” to “mom”.

Still, I never considered not returning to work—I couldn't imagine not being a doctor. So when Zach was 12 ½ weeks old, I packed up my breast pump and some baby pictures, got into the car, and cried all the way down Storrow Drive. I survived that first day, and all the subsequent ones, and so, of course, did Zach. From my perspective, however, survival was all it was. Despite what had seemed like major changes in my schedule, I found that I couldn't see patients, write notes and follow-up letters, return phone calls, pump 2-3 times a day, and leave the hospital in time to get home by 5:30 or 6. The very thought of an admission nearly gave me a panic attack. PCOI was a constant afterthought. Driving home, I felt a visceral rage at cars in Kenmore Square blocking the road home to my baby. And did I mention that that same beloved baby had begun an overnight sleeping strike soon after my return to work?

I was trying to do what I'd perfected in residency: do my work, smile, and don't complain. But I felt like a terrible mother and a terrible doctor, and despite sleep deprivation far worse than any I'd experienced during residency, there was never an opportunity to eat a bowl of cereal and go to bed for 14 hours.

To be asked how to make it better was a revelation. A totally mind-blowing revelation, although in retrospect painfully obvious.

So with the help of my very supportive practice, I considered my options. Trying to be scrupulously honest with myself, I thought about what I could realistically accomplish in a given amount of time. I thought about which days of the week routinely brought me to tears, and what elements of my job gave me pleasure. And we made some changes—simple ones, like extending my pumping breaks and eliminating double patient sessions in a single day—that got me through that first year able to enjoy both my family and my work (which is not to say that they did not, both individually and collectively, drive me crazy at times).

Fast forward a year. Bubba #2 was on the way. A bit terrified that I would soon be faced with a 2 year old and an infant, I took stock of my priorities, expectations, and goals long before his arrival. This time, I was the one who walked into my practice manager's office, closed the door, and sat down. "I'm pregnant again," I told her. "And this time, I'd like to take 4 months for maternity leave." To her ever-lasting credit, she instantly congratulated me, smiled through slightly gritted teeth (I could see her mind whirring over coverage), and told me we'd work it out. We agreed to several changes, including one that would allow me to work from home one day a week. We also broached the touchy topic of inpatient coverage, eventually leading to a broader discussion and mini-revolution within our practice, in which several of us have opted to use the hospitalist service.

When baby Cameron arrived, he fortunately lacked the sleep terrorist qualities of his older brother. It may have been that, or my veteran mom status, or my carefully crafted post-maternity leave schedule, but when I returned to work after my second maternity leave I felt none of the angst and heartbreak I'd experienced the first time. I missed both boys, certainly, and struggled like all working parents with too much to do in not enough time, but somehow the guilt that I was "missing" their childhood had faded. I appreciated my professional identity, and was actively enjoying the adult interactions I had with colleagues and patients during my three days a week in the office.

This September, Zach started kindergarten. "Baby" Cam turned 4 on his first day of prekindergarten. As they have grown from babies to toddlers to school-age big boys, their needs and schedules have continuously evolved. Just when I think I have it figured out, it changes. Abruptly. Completely. Sometimes with warning, sometimes without. So I am learning to continually evaluate, prioritize, and tweak my schedule, in search of that elusive work-life balance (does it exist?). I recognize how incredibly fortunate I am to have both financial and professional flexibility, along with supportive practice management that has not only allowed but encouraged me to make changes when I've needed to.

It's a cliché, but a true one: I'm a better doctor for being a mom, and I like to think that I'm a better mom for being a doctor. I've come to accept that I can't do it all—the seasonally appropriate decorations that appear in the yards of my stay at home mom neighbors and friends will never show up at my house. And I'm chronically behind on my patient follow-up letters, and I take too long to answer phone calls. But last week as he left the office, a patient thanked me for taking the time to explain things to him. Another called to say how much she appreciated my calls and care during her recent breast cancer diagnosis. The residents on my PCOI writing elective are getting some amazing guidelines posted on the website. And just this morning, I walked my boys to school, the three of us crunching through colorful leaves in our rain boots.