# Motherhood and medicine

Dr Alex Mowat
FRANZCOG Trainee

Along with becoming a parent, O and G training has taught me more about my capabilities and, possibly more importantly, my limitations than anything else I have done in life.

In 2008, I started O and G training with a 15-month-old son, Oliver, and a three-month-old daughter, Charlotte Poppy. In August of this year, I will complete my fifth year of training and welcome our fifth child into our family. We are all looking forward to the arrival of 'Ziggy'. Next year, I will start my three-year urogynaecology subspecialisation. So for me, as for many other Trainees, the demands of O and G training have always competed with being a mother.

There have been ups and downs, triumphs and disasters, but when all is said and done, training to be a specialist O and G has been, and continues to be, an awesome journey of self and professional discovery. It is really only now, as I am nearing the end of my general training, that I can acknowledge that it has delivered everything it promised to me all those years ago as a resident.

Firstly the highlights, they have been abundant: becoming competent at running a busy labour ward, especially alone at night; learning to perform vaginal and laparoscopic surgery; and developing the ability to use ultrasound to measure a femur and, more recently, even cervical length. It still thrills me to think back to when I couldn't do any of these things. I remember vividly that feeling of longing to be that senior registrar delivering a baby with forceps or performing a vaginal hysterectomy. For all of these things, I am grateful for the training I have received. The other equally important highlight has been the friends made along the way. The often stressful and frustrating work and training environment has lent itself to nurturing friendships that have carried me through the rough patches and provided wonderful companionship through the good times. As I have become more senior in the ranks of registrars, I have also found it humbling and rewarding to have the opportunity to provide support and encouragement to junior registrars who are often struggling to get over similar hurdles to the ones I encountered and eventually overcame thanks to the mentorship I similarly received from my senior registrars.

*The author and her family.*

Another highlight of the program was my year in Cairns, as a third/fourth-year registrar, which was also the year we had our fourth child. I cannot express the depth of my gratitude for the support and understanding I received from the entire O and G department at Cairns Base Hospital. It changed my concept of what is possible and achievable with the right attitude. I took six weeks of leave and then returned to work with a commitment to continue breastfeeding as I had with my other children. I was granted the use of the consultant flat across the road from the hospital so that I could employ a nanny to sleep there with my baby while I was working night duties and bring her over to me for feeds. Never once was I made to feel like I was causing an inconvenience when I fed my daughter at work, often having to briefly pause operating lists. I was also able to take her up to Thursday Island with me for a week of outreach (where I employed a local woman to care for her while I was working). During these busy months I was also preparing for my oral exam. It was a juggling act only made possible through the progressive attitude of the director, Paul Howat, as well as the acceptance and moral support I received from all the other consultants, the registrars and midwives. This experience revealed it is possible to have a flexible yet functional workplace that supports Trainees not only in their training, but also in their lives.

The other essential player during this time, as always, was my husband who took leave from his final year of anaesthetic training for four months to look after our new baby while I returned to work. Our partnership and our shared goal of completing our specialisations while nurturing our young family is the foundation of our daily lives. Without this commitment to the other's dreams, they would remain just that.

However, some experiences during my training have seemed to demonstrate that our profession itself could benefit from a little nurturing. There are two particular areas on which I'd like to reflect. The first involves the support structures in place for Trainees wishing to take time out of their training to have or care for children. It is often a difficult decision trying to weigh up the costs of adding time to the training program, diluting clinical experience and reluctance to inconvenience employers against the personal costs of delaying parenthood. My advice to junior Trainees wanting to plan a family is to avoid placing too high a priority on the calculated impact it will have on their training. It is hard to judge the best time from a training point of view to have children and, of course, sometimes even harder to fall pregnant at the planned time. I have found it is possible to fit O and G training around having a family and, although it hasn't always been easy, I would do it again if I had my time over. However, a better support structure would make the juggle easier, particularly with regard to planning the return to, and completion of, training after maternity leave. One of my most difficult experiences was trying to negotiate where I would complete my ITP training after having taken six-months of maternity leave during my third year of training. It may be time to invest in a designated College employee whose responsibilities include the re-planning of the training timeline for those taking leave. Each Trainee is different in the length of time they want to stay at home with their baby and the way in which they wish to re-enter training (full time or part time). It makes sense to have an easy way of swapping placements around for registrars taking leave and pairing up registrars who wish to work part time. Having a designated person to help plan training around having children would allow Trainees applying for accredited posts to be open and honest about not only being pregnant, but also planning to become pregnant. At present the majority (80 per cent) of Trainees starting out in O and G are female, so it is reasonable to predict that these issues surrounding maternity leave will become increasingly significant and that we should recognise and prepare for this as part of the natural history of the specialisation.

The second area of concern is my personal hobby horse, the issue of surgical training. When we are granted our FRANZCOG we are recognised as surgeons, so it is demoralising that many new Fellows cannot skilfully operate. In the present, a generalist, in other words a specialist in both O and G, which is what most of us would expect to be 'spat out' as at the end of a six-year training program, needs to be both skilled at caring for and delivering pregnant women and also needs to be a surgeon, confident about performing vaginal, laparoscopic and some open procedures. The laparoscopic approach is now, more often than not, the only acceptable one to patients, whether they are undergoing a tubal ligation, an oophorectomy or a hysterectomy. I do not think it is unreasonable for Trainees to expect to be well trained in all of these surgical techniques. In fact, it should be tremendously disappointing when this expectation is not met.

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I would like to see the surgical half of our training significantly augmented over the coming years. A purely apprenticeship-style model for surgical training is simply inadequate. I believe, as surgeons, we suffer from a lack of basic anatomical and skills training. While sufficient hands-on experience in the operating theatre is clearly hard to secure for a lot of Trainees, this is only one aspect of the deficiency. I passed both my membership exams without having to answer a single question on anatomy. I think we need to introduce a formal anatomy component and develop more stringent surgical skills requirements. One suggestion would be to introduce compulsory six-monthly surgical workshops in skills laboratories.

My expectation of a worthwhile training program is one that takes a talented and interested doctor and nurtures them until they become an excellent specialist. As a specialty, we need to be committed to our Trainees and dedicated to ensuring that they reach their full potential. While it is true that much of the responsibility lies with the Trainee, this doesn't relieve those charged with training registrars from the duties of nurturing and teaching. What underlies the ability to nurture is the desire to see an end product of which one can be proud. Another suggestion is formal College recognition of specialists who excel in their roles as teachers and mentors. Surgical training cannot, and should not, be left purely up to hospitals.

To end, I would like to acknowledge the enormous joy and fulfilment that my training has brought me so far and pledge to contribute to the fullest of my abilities towards our awesome specialty throughout my career. It is a privilege and a great responsibility to care for women and their families. Our training needs to be of the highest quality so we can all deliver care of the utmost quality to these women who trust us to look after them at their most vulnerable times.