

# Orthopaedic Residency and the COVID Kid

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I thought the hardest thing I had ever done was nearly completing orthopaedic residency. Then, I had my first baby in a global pandemic as a chief resident.

Orthopaedic surgery is a competitive field, and the residency positions are coveted. I worked hard and was fortunate enough to match to my top-choice program. It often felt like we were required to sacrifice everything to be a good resident, and there were no guidelines for balancing work and family. As a male-dominated profession, there were certainly no guidelines for female residents balancing residency and having children. There were also no female faculty members in my department whom I could ask for advice. I had always wanted children but in an ethereal, futuristic sense. However, as residency and years of my fertility passed by, I often worried if I would “find the time.” Having never tried, I had no idea if I would have difficulty or even success conceiving biological children. Maybe all that fluoroscopy had fried my ovaries?

Early in my chief year, I found myself excitedly, although somewhat unexpectedly, expecting. Even if I had planned the timing, I never would have admitted it to my program for fear of judgment. When a resident cannot perform a clinical duty or a call shift, that duty does not disappear; it just goes to someone else. I did not welcome the perception that I was intentionally dumping work onto my colleagues. When I did tell my program director I was pregnant, it was as if scripted in a sitcom. We were scrubbed in a 4-hour case. Thirty minutes into it, he went on an unprovoked rant about how inconvenient having children in residency is and how they have never had a pregnant female resident. He then asked me when I thought that might happen. Fighting back the tears, unable to really speak, I shrugged my shoulders and silently proceeded with the surgery. I sent him a text later that day: “in about 7 months.” To his credit, he was absolutely supportive during residency and remains so to this day, but that was not how I envisioned delivering my news.

For the first time, I found myself unable to ignore normal body cues like hunger. I learned quickly that I had very little control over the physical aspects of my pregnancy. I could not persuade myself out of nausea,

which lasted nearly my entire pregnancy. I couldn't dissuade the little feet intent on kicking me in the ribs for hours at a time. Sometimes I had to briefly scrub out of long cases or take 10 minutes between cases instead of just bouncing to the next scrub sink, as I was so accustomed. I already felt that I was disappointing my colleagues and superiors, and I hadn't even needed time off yet.

As a chief, I had an influence on the call schedule, which allowed me to frontload all my call shifts for the year before I delivered, so I would not need to make any up after my “maternity leave.” I use the term loosely because there is no such thing as maternity leave in residency. I would get the same number of vacation days as every other resident, 15 days. If I needed additional time, it would be FMLA, which would delay my graduation and, therefore, the fellowship I had already matched. I was coping with the body aches and swollen feet secondary to standing all day in double thickness lead. I had persistent nausea, little time to eat, and subsequent trouble gaining weight. Eventually, the frequent late-night operations, preceded by long days, began to take a toll on my blood pressure. My doctor strongly urged me to stop operating for 12 plus hours at a time. She didn't put me on bed rest at my request because she knew that would disrupt my graduation timeline. As much as I wanted to be a team player and good chief resident, I wanted a healthy baby more. I was able to complete all but one of my allotted call shifts. I paid another resident to cover my final shift so that I would not have to trade for a future shift.

As the world was being locked down for COVID-19, I was induced at 37 weeks for gestational hypertension and intrauterine growth restriction. As first-time parents knowing nothing, our birthing and newborn classes were canceled along with the hospital tour. We also could not visit potential pediatrician offices. I will spare the primarily orthopaedic audience the obstetric details, but nothing about my delivery went as I had planned. I labored in a facemask, with my husband as the only visitor allowed during my hospital stay. Most emotionally traumatizing was that my mother, who lived out of state, could not come for the birth. None of

our family was able to visit and help. Virtually all of our friends are health care workers, so we did not allow any of them to help with the baby either, for fear of possible infection. Caring for a newborn for the first time is challenging under any circumstances. However, it was more difficult without relief. The village we had counted on to help raise our child was quarantined a world away, unable to offer anything but video call sympathies. Beyond that, our already tiny daughter had trouble with breastfeeding, jaundice, and weight loss.

I found myself out of control of the situation, which most surgeons would agree is distressing. I couldn't make my baby better at breastfeeding, clearing bilirubin, or sleeping. I couldn't make my husband lactate. I couldn't make my body or brain go back to baseline. I was unable to control my emotions rationally. I cried, seemingly to the point of dehydration. I will forever be grateful for how wonderful my husband was,

but he was exhausted too. We simply did not have any extra hands, nor could we anticipate when we might. To say the least, it was hard.

The only upside to COVID-19 was that my husband was able to work from home, and because my practice was not performing elective cases, I was not required to spend as much time at the hospital. I was effectively home for 6 weeks rather than the 3 weeks I was anticipating. Between the episodic sobbing, pumping, feeding, doctor appointments, etc, I tried to study for my upcoming board examination. My mental capacity was dulled, and my efforts seemed futile. I then returned for a final month of orthopaedic trauma to complete my residency. I wrote this with my daughter asleep next to me. She is the hardest thing I have ever done. She is absolutely worth it and has been a more successful endeavor than getting my husband to lactate.