

Motherhood and medicine in the time of COVID-19

Navigating parenthood and pandemics: uncertainty is the new normal

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2): a single strand of RNA embedded in a nucleocapsid studded with spike glycoproteins — 125 nanometres of doom. Coronavirus disease 2019 (COVID-19) has caused a seismic shift in life as we know it. Grocery shopping is now a high risk activity; embracing a loved one, taboo. In January 2020, health care workers across Australia watched the events unfold overseas with trepidation. We began to plan and prepare. System-wide changes were implemented. Training rotations put on hold, exams cancelled, resources reallocated, and staff deployed. Paediatricians were told they may be required to treat “large humans” for the first time in years. There was an emphasis on rationing personal protective equipment and on decontamination after a shift. Our emergency departments became risk zones. We were distancing and isolating from family and friends before it became mandated. A few months down the track, this is the new normal.

The impact of COVID-19 on working mothers is multifaceted and pervasive. Research from Italy examining work–life balance has revealed that working women with children aged 0–5 years have found coordinating work and family more difficult.¹ An Australian study showed that women were taking on an increased proportion of unpaid labour due to COVID-19.² A combination of increased home and workplace stressors is placing working mothers at increased risk of mental illness, with a study in the United States revealing that women with children showed higher levels of psychological distress than women without children.³ While these early data suggest there is an additional burden on working mothers, little is known about the impact on mothers working on the frontline during the COVID-19 pandemic.

A recent review of the literature reveals medical mothers are more likely to delay careers or child rearing, choose careers that are more family-friendly, and take on more domestic duties than male colleagues in equivalent specialties.⁴ Motherhood and medicine are an exhausting but rewarding juggling act at baseline. Never did I truly understand the concept of fatigue (even after 10 years of shift work) until I became a parent. Throw in the uncertainty, shifting circumstances and rapidly evolving recommendations of a pandemic, and it is easy to see why medical parents are feeling the burden. I cannot speak for my colleagues with older children. I only look on in awe as they navigate the challenges of home schooling, while supporting the emotional needs of older children who have insight into the implications of this pandemic. As a new mother returning to the workforce during the peak of COVID-19, I was met with challenges I did not anticipate.



Mother guilt: 78% of surgeons in the US took less than 6 months of maternity leave and 72% felt this was inadequate.⁴ The balance between nurturing your infant, providing for your family, functioning at prenatal capacity, and pursuing career goals can often seem unattainable. The COVID-19 pandemic compounded this by shrouding the return to work with increased risk of exposure to a new pathogen. In the early phases of the pandemic, COVID-19 was known to be highly infectious and little was understood about the disease profile in infants. Mothers working in clinical environments were at an increased risk of exposure. Fear of inadvertently transmitting COVID-19 to a vulnerable child was difficult to mitigate. I used to hide from my family on return to the household to decontaminate after a shift. Everything was obsessively wiped down; my expressed milk, discarded. With the benefit of time and the tireless efforts of our infectious disease and public health colleagues, we know that COVID-19 is unlikely to be transmitted via breast milk and that women should continue to breastfeed, while taking appropriate hygiene precautions.⁵ The evidence around expressing in the workplace is less clear. COVID-19 has surface stability on plastic and glass for somewhere between 2 and 9 days⁶ but the jury is still out as to whether expressed milk containers need to be decontaminated, given they are not classified as high touch surfaces.^{7,8}

Sleep deprivation and fatigue are an unavoidable challenge of parenthood. Studies have shown that only 50% of infants sleep through the night by one year of age.⁹ As doctors in primary health care, we are involved in patient care provision, complex decision making, and multidisciplinary team coordination. Medical mothers returning from maternity leave are required to resume work in the same capacity as their colleagues, while navigating the challenges of normal infant sleep patterns. Add COVID-19 to the mix and suddenly we had to function in a rapidly changing clinical environment with dynamic practices and recommendations and an evolving pandemic that

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was taking the lives of our colleagues worldwide. We know that COVID-19 has had a significant impact on all medical practitioners, with an increased risk of depression, anxiety and burnout.^{10,11} Combine this with crushing fatigue, mother guilt, and a dash of imposter syndrome and it's a recipe for disaster. Mothers are most at risk of postnatal depression in the first 6 weeks after delivery, with a second peak from 7 months postpartum, which often coincides with the return to work.¹² An already vulnerable transition point for mothers made all the more challenging by COVID-19.

In the 21st century, there is huge variation in family structure, with an increasing emphasis on the need for a wider network supporting new mothers. The challenges of sleep deprivation, learning to breastfeed, developmental leaps, postnatal depression, changing gender roles, and loss of identity are all a part of new parenthood. Where family and friends may have been present to provide support, COVID-19 meant they were physically unable. Fear of infecting loved ones and the stigma of being a frontline worker compounded the isolation already imposed by public health measures. How to combat this? I am not sure we know the answer. As a new mother, navigating work-life balance and questioning my capacity as both a mother and a doctor, I relied heavily on the online platforms recommended by friends and colleagues: a Facebook group of medical mothers. While this could not emulate a hug from a loved one or replace a shoulder to cry on, it was an online community who had lived and conquered these insecurities before me.

Compassion fatigue: a state of complete physical and mental exhaustion precipitated by depleted capacity to function in our regular environment.¹³ COVID-19 has taken our regular work environment and thrown it upside down. We have had to adapt our practices to meet clinical demands. A colleague astutely commented that patients have the same problems but that she no longer has the capacity or desire to empathise. The answer? Self-care — an increasingly elusive concept in an age where outdoor or structured exercise, coffee with friends, and remedial massage

are not allowed due to social distancing restrictions. The irony is that when you are being told to look after yourself in order to be the most empathetic, tolerant and caring version of yourself, it creates an additional pressure. Before motherhood, I loved running. I made sure I read my way through the Booker Prize shortlist every year. I learnt Spanish. Now, I feel I have had some "me time" if I have used the toilet without a 3-foot tall inquisitive bystander. The goal posts have shifted. I was being encouraged to resume running, take time out, and pick up a book, but week after week I was failing at something else. Until another mother told me to lower the bar. Close the door when I showered. Now that was a more achievable self-care goal.

Medical mothers constitute a significant portion of the medical workforce in Australia and as such they need to be supported in their role as care providers, team leaders and mothers. The COVID-19 pandemic creates an additional workplace stressor for women who may already be teetering on the edge of exhaustion. We need flexible return to work practices, safe breastfeeding environments and easily accessible self-care resources to support mothers as they transition back to the workforce. COVID-19 is the new reality. To watch a human embrace another human on television fills the pit of my stomach with a longing for human contact to become destigmatised and safe again. Who knows when this time will come. In the interim, I will remind myself to remain physically distant but emotionally close. While the gold standard for this new level of connectedness may be online yoga and Zoom parties with friends, I will strive to be kind to myself and others. As a health worker, I will look out for my colleagues, especially new mothers and fellow parents. I will enjoy the silence on my commute to work. And take that extra 5 minutes of peace in the shower.

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