

EXPERIENCE REPORT OF PREGNANCY DURING PEDIATRIC RESIDENCY

*RELATO DE EXPERIÊNCIA DE GESTAÇÃO DURANTE A RESIDÊNCIA EM
PEDIATRIA*

*RELATO DE EXPERIENCIA DE EMBARAZO DURANTE LA RESIDENCIA EN
PEDIATRÍA*

 Bianca Lopes de Miranda Negreiros¹

ABSTRACT

The increase in the enrollment of female physicians in residency programs has led to a growing rate of residents experiencing pregnancy during their specialization years, but the association between pregnancy and residency remains a dilemma in the medical field. To describe the experiential account of two pregnancies lived by a physician during her pediatric residency. This is an experiential report conducted by a pediatric resident in Fortaleza, from May 2022 to January 2024, with data collected under the author's observation and analyzed through reflection. Several challenges are faced by women when experiencing pregnancy during the residency phase, requiring greater effort to find ways to overcome them. Personal effort and cooperation from residency program coordinations are crucial for a healthy confrontation of this reality.

Keywords: *Pregnancy; Medical Residency; Pediatrics.*

RESUMO

O aumento do ingresso de mulheres médicas em programas de residência favoreceu uma crescente taxa de residentes que vivenciam a gestação durante os anos de especialização, porém a associação entre gravidez e residência ainda é um dilema no meio médico. Descrever o relato de experiência de duas gestações vivenciadas por uma médica durante a residência em pediatria. Trata-se de um relato de experiência, realizado por uma residente de pediatria em Fortaleza, no período de maio de 2022 a janeiro de 2024, com dados coletados sob observação da autora e analisados por meio da reflexão. Diversos desafios são encontrados pela mulher quando se experimenta a gestação durante a fase de residência, exigindo maior esforço para encontrar meios de superá-los. Esforço pessoal e cooperação das coordenações dos programas de residências são cruciais para um enfrentamento saudável desta realidade.

Descritores: *Gestação; Residência Médica; Pediatria.*

RESUMEN

El aumento de la participación de mujeres médicas en programas de residencia ha favorecido una creciente tasa de residentes que experimentan el embarazo durante los años de especialización, pero la asociación entre embarazo y residencia sigue siendo un dilema en el ámbito médico. Describir el relato de experiencia de dos embarazos vividos por una médica durante la residencia en pediatría. Se trata de un relato de experiencia realizado por una residente de pediatría en Fortaleza, de mayo de 2022 a enero de 2024, con datos recopilados bajo la observación de la autora y analizados mediante reflexión. Varios desafíos enfrenta la mujer al experimentar el embarazo durante la fase de residencia, lo que requiere un mayor esfuerzo para encontrar formas de superarlos. El esfuerzo personal y la cooperación de las coordinaciones de los programas de residencia son cruciales para afrontar de manera saludable esta realidad.

Descriptores: *Embarazo; Residencia Médica; Pediatría.*

¹ Hospital Geral Dr. Waldemar Alcântara, Fortaleza/CE - Brasil. 

INTRODUCTION

Medical residency is a crucial period in the training of medical specialists, but it also has great challenges, since it has intense workloads in association with low financial return, in addition to the requirement of good academic performance on the part of preceptors.

In different areas of medical residency, the admission of female residents has become more common, as well as the percentage of pregnant and postpartum residents, since it is more common to participate in this training while still of reproductive age^{1,2}. Thus, some difficulties encountered during pregnancy become noticeable, which is already a period of greater susceptibility in women's lives, when experienced in a scenario of so many demands in relation to professional and academic preparation.

It is very common, in the medical area, to say that the best time to have children is after completing medical residency. There is a mentality that concludes that motherhood in this period can cause damage to study and professional training, since these are two realities that require a lot of physical and mental effort. Frequently reported problems are that medical residency, by itself, already involves sleep deprivation, long working hours (sometimes counting on unforeseen hours of care or study), among others, which are aggravated when associated with concomitant child-rearing².

Knowing that, in Brazil, there is a notable concern about the risks related to work activities, since the Ministry of Health has defined the List of Work-Related Diseases and Injuries (LDART) as a notifiable one³, it is essential to also have a careful look at the problems related to the working hours of medical residency, including the situations experienced by residents during pregnancy.

On the other hand, we see that, in general, support for residents has increased in recent years¹. In addition, in practice, it can be observed that there are some areas of specialization, such as general pediatrics, which often have working hours closer to the workload defined for medical residencies, not extrapolating them excessively.

This study aims to report the experience of two pregnancies experienced by a physician during her residency in pediatrics, focusing on the challenges experienced and changes in routine, as well as the factors that contributed to a favorable outcome.

METHODS

This is a qualitative, narrative and descriptive study, of the experience report type, which describes the experience of two pregnancies by a physician while a pediatric resident at a secondary hospital, carried out in Fortaleza - Ceará. Data collection and reporting took place under the author's observation and point of view, from May 2022 to January 2024. The analysis of the actions was carried out through reflection.

This type of study has the lived experience as the object of research, a source of innumerable possibilities that can be analyzed, valuing the descriptive, interpretative and comprehensive elucidation of phenomena in a given historical time, with the entire process being linked to the researcher's gaze⁴.

As it is an experience report, the present study does not need to be submitted to the Research Ethics Committee (REC), as it does not involve human beings, thus not entailing direct or indirect risks.

RESULTS

The beginning of the residency trajectory can sometimes be marked by a change in the doctor's routine. A period of greater workload and greater demand for professional performance begins, also linked to the responsibility of already being doctors, now sharing the responsibility for patients.

At the beginning of my second year of pediatric residency, I had my first pregnancy, and around the middle of the third year, my second pregnancy. The first difficulty encountered was the concern about the reaction of people in the work environment - especially preceptors - because many consider that medical residency is not the ideal period to have children, for fear that this may lead to learning impairments. However, my experience, with rare exceptions, was positive, finding support from the team around me. I always tried to tell the news of the pregnancy with great happiness and enthusiasm, thus passing on this positive vision to those who received the information.

In addition, throughout the pregnancies, I was able to show a good performance in the internships and also in the evaluations, which corroborated why many did not see a pregnancy as an obstacle in medical training. Another point that favored this optimism was to make an effort, whenever possible, to attend medical appointments during the off-duty hours of the residence, thus reducing the number of absences from work.

Another reason for fear was to think about how my fellow residents would receive this news, since some might imagine that a pregnant resident would generate extra work for the other residents. At this point, what favored me, in addition to avoiding absences from work, as already mentioned, was to remain active throughout the pregnancy period, through frequent and well-guided physical activity, which helped me not to feel pain (so prone to appear in this period) and to improve my physical conditioning to endure the work shifts.

For me, the most difficult period was the first trimester, due to the malaise and frequent nausea. A good professional follow-up minimized such complications, with dietary guidelines and appropriate medications to control such symptoms.

A point that is worth highlighting is the great demand of work, sometimes not allowing adequate breaks for meals. Even though I was pregnant, many times I didn't have time to have snacks during the morning or afternoon, in addition to, in some services, delaying lunch time a lot. In this scenario, I even had an episode of hypoglycemia, causing significant discomfort and potential risks to the baby.

Night shifts have also become more costly, as a bad night's sleep, especially as pregnancy progresses, leads to more physical and emotional discomfort and greater fatigue the next day. A great difficulty was that, in many medical homes, the beds offered to the residents are the upper bunks, and it was necessary to make an effort to climb when no preceptor provided any of the beds below.

Finally, although it was not necessary to use it during my experience, it was reassuring to know that the teaching hospital linked to the residency program in which I am enrolled has a psychological support service available to residents. Just knowing where to find specialized support in case of psychic and mental demands - so common both in the home setting and in the pregnancy setting - has already been able to alleviate symptoms of anxiety and insecurity.

DISCUSSION

Previous studies have found the increase in adverse symptoms caused by workload and the prioritization of work over well-being as the biggest challenges faced by residents during pregnancy¹. Other obstacles reported are increased risk of pregnancy complications, feelings of guilt, concerns about the impact on career development, lack of support systems, and dissatisfaction with maternity leave policies^{1,5,6}. In the present study, despite the many difficulties mentioned, it was seen that, when there is personal effort, there are means of coping that soften the trials and make the pregnancy process compatible with the period of medical residency.

This study lists resources used by a pediatric resident to make the pregnancy experience not only possible, but also pleasurable when combined with residency. Such measures can serve as an inspiration and encouragement for so many other women who deprive themselves of building a family in the desired period for fear of judgment or setback. Unfortunately, delaying pregnancy for professional reasons seems to be common among female physicians⁵.

It is important to note that a physician may choose to conceive during several other phases of her life, but each of them will have its own positive and negative points⁵.

The responsibility also falls on the coordinators and directors of residency programs and leaders in general, who must be proactive in relation to policies to support pregnant residents, thus enabling the promotion of a cultural change in the medical environment⁷. As they are health professionals, it should be emphasized that it is good practice for them to make an effort to provide complete and quality prenatal care, since data such as the late start of follow-up and the low number of consultations are associated with unfavorable outcomes during pregnancy⁸. This effort is even more important when we consider that, in Brazil, the effectiveness of prenatal care is below what is desired⁹.

The directors of the programs also offer possibilities for a positive impact on the experience of pregnant physicians and residents, by being willing to schedule fewer challenging rotations during the third trimester, which would reduce health risks and coverage gaps in case the resident is unable to remain in the service until the end, also reducing wear and tear in the relationship with other colleagues who would have to cover her absence⁶.

Often, we see a negative focus on this association between pregnancy and residence, but it should be considered that, even as a resident, the woman is usually at the peak of her reproductive age, which allows for greater chances of success in the generation of children⁵. In addition, the residency program offers maternity leave, a benefit that, after residency, may not be available to all women, depending on their specialty and medical practice⁵.

Finally, another important issue to be addressed is the resident's return to work after the end of maternity leave. In this transition, some studies expose the residents' reports about the lower understanding of their colleagues in relation to the absence justified by the demands of their children^{1,2}. At this point, it is also necessary to plan properly for a return with more flexible rotation schedules and greater predictability of working hours².

CONCLUSION

The experience of pregnancy during the residency program continues to be a dilemma in the medical field. Factors such as long workloads, judgments from superiors and fellow residents, and concerns about professional careers are on the list of the main challenges encountered. Residency programs should develop policies to support pregnant women, thus favoring a physically and mentally healthy process for all women, as well as an appropriate balance between family and work. In addition, it is of paramount importance that residents make a good plan to overcome the obstacles of this journey which, although not easy, can be extremely pleasant and become one of the most incredible phases of the life of a woman who sees herself capable of making it as such.

This study, by reporting options for better coping with difficulties, has the potential to serve as inspiration and encouragement to other residents who go through situations similar to those described. Its limitations are the small number of pregnancies experienced and reported, as well as the fact that it does not analyze the setbacks experienced when returning to medical residency after the period of maternity leave.

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