

## Trying To Do It All: Being a Physician-Mother during the COVID-19 Pandemic

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AS THE COVID-19 PANDEMIC continues to spread across the country, I am proud to be a part of a community of physicians selflessly stepping up to the call to help. Palliative medicine has taken on a vital role in this crisis, in leading discussions on goals of care and taking over the care of those who are dying of this disease.<sup>1</sup> As a palliative medicine fellow, I feel a palpable energy among my colleagues and mentors as we rise up to this challenge. We lead ethics committees on codes and triage committees for ventilator allocation if we were to face a shortage—a situation that would have been inconceivable just a few weeks ago.<sup>2</sup> Now more than ever, there is a common sense of purpose among health care providers: we are all in this fight together. Yet behind this common purpose, many of us have a common fear. Not only do we fear for our own health, but we also fear for the health of our families that we come home to at night.

I gave birth to my first child in late September. Even before the COVID-19 pandemic, my husband and I, a two-physician household, faced many challenges and changes in our lives after his birth. Thinking maternity leave would be an ideal time for studying, I signed up to take a medical board examination shortly after my son's birth. Needless to say, I soon learned the sleep deprivation of motherhood was far more pronounced than even my 30-hour ICU calls of my internal medicine residency; there was no postcall day for being a new mom. My husband, an oncologist, decided that being homebound with a baby was the perfect time to pursue an MBA degree, and he did his best to watch lectures between diaper changes. I returned to my fellowship when my son was just shy of 12 weeks old, leaving him in the hands of a capable nanny. Back in the hospital, I found it difficult to focus, feeling the acute pain of separation from my son. Continuing to breastfeed my son by pumping at work allowed me some time for myself, and to feel that I was nourishing him though we were apart. However, taking this time to pump sometimes proved challenging as my clinical workload remained unchanged, and time spent pumping could translate to one extra hour of working at home. Thankfully, our challenges of parenthood were offset with the support of our extended family. My in-laws lived locally and came on a moment's notice whenever we needed them, bringing with them heaps of love for their grandchild and vast quan-

ties of homemade Indian delicacies for us. With their help, we were able to both successfully practice medicine and continue caring for our son.

As for many around the world, the COVID-19 pandemic upended the routines and sense of normalcy we had worked hard to establish in our family life. Our immediate worry centered on our son. When Governor Cuomo issued a stay at home order for all “nonessential workers,” we wondered what we would do for childcare. As physicians, we had no question about our call of duty. But could we continue to call our nanny during this time of crisis? We were concerned that she could spread the illness to someone in her family with very serious consequences. Daycares around our town were shutting their doors, and even if we were able to find a spot, we struggled whether considering a daycare was in our family and son's best interest. Our grandparent-safety-net was no longer existent, as my in-laws were at high risk of having serious complications if infected. Although our son thrived on their love, we could not risk them getting sick.

At the same time, with my focus centered on my son, I did not want to show a lack of dedication to my palliative fellowship, especially at a time when physicians were needed most. I feared I would appear lazy and unmotivated to work for suggesting that I be given some concessions for childcare. However, my most important “patient” was my infant at home who needed me now more than ever. Yet being at home with my son meant not being in the hospital, and not being part of the frontline care in this emerging pandemic, a period that would likely be pivotal to my development as a palliative physician. Importantly, part of me also felt scared to even go to the hospital—did I want to enter the sterilized wards, and pump my breast milk in a hospital where SARS-CoV-2 lived? Did I want to risk potentially bringing the virus home to my son in my breast milk or on me? What if I washed myself after returning home but missed one spot, the spot that my infant quickly grabbed? Although early data suggested that the risk of a serious infection in infants was low and that COVID-19 was not known to be transmitted through breast milk,<sup>3</sup> I could not escape my fears and insecurities. I also knew that in caring for patients, there would likely come a time that I too would have the virus. I struggled internally on whether I could continue to do it all.

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Ultimately, I found my drive to serve as a palliative physician in the hospital was too powerful for me to stay away. During this time of national crisis, we find that there is kindness around us and great support in our community. A group of medical students, having been removed from their clinical rotations being deemed “nonessential,” have graciously volunteered to provide backup childcare support to those of us who must report to work. Our nanny has also returned to work, bringing with her homemade fabric masks. Neighbors around us reach out (from a distance) with compassion, leaving notes of encouragement in our mailbox. We keep our physical distance but find ourselves connected to those around us more than ever. We hope that this unity continues as the COVID-19 pandemic subsides. Every day in the hospital, I pump my breast milk with a facemask covering my nose and mouth and sanitize the surfaces with bleach wipes before and after I pump. I pray there is enough immunity in this liquid gold that my son can stay healthy and thrive. But after I finish pumping, I don my stethoscope over my scrubs and return to the wards, and I do what I was trained to do. As a physician and as a mom, I am vital to our nation’s success in this war.

## References

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