

# It is a good time to share



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Perhaps now is not the time to share my story. Perhaps I should wait until I'm an attending, a mother, or an accomplished academic—to ensure this piece of writing is not my only legacy. Because resilience is not a legacy. That is why speaking about my mother's demise during fellowship interviews or my father's struggle with mental health during my cath rotation felt inappropriate. Because I believed the right thing to do was to never share one's personal life at work.

So when my husband and I struggled with infertility, of course I didn't mention it at work. I scrubbed a case minutes after finding out that the only embryo we were able to create during our first IVF cycle was genetically non-viable. I spent months looking for a reproductive endocrinologist in our new home state before finding one. Grateful on the one hand, to have another chance at growing our family, I was concerned on the other, that IVF would disrupt my training as an EP fellow and limit my employment opportunities. Electrophysiology is a fascinating field with a steep learning curve of procedural skills and critical thinking in a whole new language. I was worried fertility treatment may not be feasible during fellowship.

Meanwhile, I was grateful that my program championed academic training and healthy work-life integration alike. I decided to share my personal journey with program leadership, empowered by women who had shared their stories before me.<sup>1</sup> Paucity of maternity leave, inflexible schedules, and lack of systemic support, especially in male-predominant fields, can make pregnancy incredibly difficult.<sup>2</sup> Female physicians and surgeons encounter a higher incidence of infertility and pregnancy complications than age-matched nonphysicians.<sup>3,4</sup> Add to that the time commitment and the physical, emotional, and financial burden of assisted reproductive technology, and program support becomes crucially important.<sup>5</sup> I am fortunate to have received unconditional support from co-fellows and faculty (male and female) alike. More importantly, I continued to receive excellent mentorship and academic opportunities in spite of my personal journey. With proper planning, the daily intramuscular injections, ultrasounds, bloodwork, and laparoscopic surgeries weaved seamlessly through manuscript revisions, lab procedures, teaching conferences, and scientific meetings.

With the second cycle, we were able to create more embryos and more chances of having a baby. However, IVF is

not that straightforward. Failure of implantation and early pregnancy loss make the journey arduous.<sup>6</sup> I recently underwent my first embryo transfer. Although we were overjoyed to achieve a clinical pregnancy, it unfortunately ended in miscarriage. I have yet to find the words to express how that felt. Yet once again I was amazed by the support I received while undergoing necessary surgical interventions. I do not know if this journey will end in a pregnancy, a gestational carrier, or adoption. But I do know that I didn't have to keep this painful process to myself to protect my work identity. In a true work-life integration model of medical training, dedication to one's work and one's family *can* coexist.

There is need for robust national and Graduate Medical Education policies for pregnancy and childcare during medical training across the nation, but at the start of change is a change in culture. Recruiting and retaining a diverse workforce requires attention and investment. IVF is likely to be the path to a family for many, including same-sex couples and those who have trouble conceiving because they delayed starting a family until the end of training. It is therefore time to discuss this topic in an honest, constructive manner.

Although I still believe resilience is not a legacy, I do admire grit. For any fellow trainee struggling with fertility and wondering if they're right in pursuing time-consuming, expensive, complex treatments with no guarantee of success while consumed by an intense learning experience, please know that you're not alone, know that persistence pays off, and know that it helps to share. Having battled with the decision for a while, I concluded that now *is* a good time to share my story—precisely because right now it is not the memoir of a graceful attending, but the present experience of a trainee.

## References

1. Koczo A. The Difficult Road to Motherhood, <https://www.acc.org/Membership/Sections-and-Councils/Fellows-in-Training-Section/Section-Updates/2021/12/08/15/31/The-Difficult-Road-to-Motherhood>. Accessed December 8, 2021.
2. Howell SJ, Simpson T, Atkinson T, Pellegrini CN, Nazer B. Temporal and geographical trends in women operators of electrophysiology procedures in the United States. *Heart Rhythm* 2022;19:807–811.
3. Stentz NC, Griffith KA, Perkins E, Jones RD, Jaggi R. Fertility and childbearing among American female physicians. *J Womens Health (Larchmt)* 2016;25:1059–1065.
4. Rangel EL, Castillo-Angeles M, Easter SR, et al. Incidence of infertility and pregnancy complications in US female surgeons. *JAMA Surg* 2021;156:905–915.
5. Katz P, Showstack J, Smith JF, et al. Costs of infertility treatment: results from an 18-month prospective cohort study. *Fertil Steril* 2011;95:915–921.
6. 2019 National ART Summary. Centers for Disease Control and Prevention, [https://www.cdc.gov/art/reports/2019/national-ART-summary.html#:~:text=Among%20these%202009%2C687%20cycles%2C%20there,infants\)%2C%20and%2083%2C946%20infants](https://www.cdc.gov/art/reports/2019/national-ART-summary.html#:~:text=Among%20these%202009%2C687%20cycles%2C%20there,infants)%2C%20and%2083%2C946%20infants). Accessed February 28, 2022.

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