



## Matching Into Psychiatry When Expecting

Aubrey Ann Jackson<sup>1</sup>

Received: 1 June 2023 / Accepted: 17 June 2023 / Published online: 27 June 2023

© The Author(s), under exclusive licence to American Association of Chairs of Departments of Psychiatry, American Association of Directors of Psychiatric Residency Training, Association for Academic Psychiatry and Association of Directors of Medical Student Education in Psychiatry 2023

My pregnancy test was positive. I woke my husband to tell him, but I could not bring myself to say, “I am pregnant.” After months of taking ovulation-inducing medications while traveling for away rotations, I did not want to get my hopes up. I did not want to falsely believe I would have a baby to hold in my arms in just nine months. During the last few weeks, I was losing hope, especially after I was diagnosed with polycystic ovary syndrome following a decade without a diagnosis. The provider managing my fertility treatment told me there was nothing more she could do and referred me to see a reproductive endocrinologist with a year-long waitlist. I requested and received a prescription to try again for just one more cycle. Now I could email my provider with good news. While waiting for a reply, I set up my workspace for a psychiatry residency virtual interview. Despite the whirlwind of emotions that morning, I knew I had to turn on residency applicant mode, without letting the results distract me. That day would only be the beginning of balancing medicine and family life, a skill I will have to develop intentionally throughout my training and career. During the lunch break, I called to arrange an appointment at the women’s health center, which I had to coordinate around the three additional residency interviews scheduled that week.

After confirming my pregnancy, infertility was officially removed from the problem list on my medical record, and I finally let myself feel excited. Soon after, I started to develop anxiety, worrying that something would go wrong and thinking about miscarriage rates and possible complications. I continued through the rest of the residency interview season with nausea and fatigue that often lasted all day, though I was grateful for the virtual interview format that allowed me to rest between interviews. I continued to ask residents if their program was supportive of residents who have

taken parental leave, and now this question had a personal significance.

I hoped to match with a program that would support my academic aspirations and my new role as a mother. I was ecstatic to end up at a program located close to family that had everything I was looking for academically. When disclosing my pregnancy to program leadership, I knew they would be supportive, but part of me felt like I needed to ask for permission to become a mother during training. I also knew the timing was not ideal with a due date within two months of the start date. I constantly had to suppress the urge to apologize for the inconvenience, even though this was a choice that I could not imagine making any other way.

I chose to wait until after the match to announce my pregnancy to more than just my closest friends and family members because I wanted my program to find out directly from me and not from social media. However, when the time came to publicize the news, I procrastinated. I knew some people were silently dealing with infertility, and I remembered the jealousy that arose when I saw baby announcements from friends and family. When I finally decided to announce my pregnancy around Easter, I promised myself I would eventually tell my story when I was ready, since I always appreciated hearing these stories from others during my own fertility journey.

Some of my classmates with ideal timelines had their deliveries in March and April before graduation, which provided a maternity leave of at least two months before starting residency, without causing any scheduling conflicts. Meanwhile, I struggled with transitioning my prenatal care across states, and I walked at graduation as the only medical graduate who was visibly pregnant.

With the start of the third trimester, my mind again filled with fears about obstetrical complications, particularly gestational diabetes, which my sister and mother had. I also worried that every mild headache meant pre-eclampsia and reassured myself with manual blood pressure checks. Fortunately, I embraced healthy habits like prenatal yoga, deep breathing, and mindfulness, all of which helped me manage stress and anxiety.

✉ Aubrey Ann Jackson  
aubreyannjackson@gmail.com

<sup>1</sup> Liberty University College of Osteopathic Medicine,  
Lynchburg, VA, USA

Since deciding on a career in psychiatry, I quickly discovered and became interested in the subspecialty of reproductive psychiatry. My pregnancy led me to develop a whole new perspective on perinatal stress, which I have learned is difficult to manage even with sufficient social support and in the absence of a prior mental health diagnosis. My experiences with the highs and lows of fertility treatment and pregnancy reignited my desire to treat the complicated patient population of reproductive-age women seeking care for pre-existing psychiatric diagnoses or peripartum-onset mental health issues. I anticipate needing intentionality to minimize potential countertransference issues, but I ultimately believe my journey will make me a better psychiatrist instead of standing as a barrier keeping me back from my highest potential. I hope to use my experience in pregnancy and motherhood as a source of genuine empathy for my patients.

My experiences attending conferences with the Association of Women Psychiatrists and the American Psychiatric Association confirmed that psychiatry is one of the most family-friendly specialties to pursue, with consistent openness to discussing topics like parental leave,

physician burnout, and work-life balance. I hope to join these organizations among others in advocating for policy change aimed at helping trainees and psychiatrists, especially those who choose to expand their families. I still fear that as a young mother I may have to compromise on some of my goals, particularly with my interest in an academic career. However, I have been fortunate to work with successful female academic psychiatrists who take breaks to pump and occasionally move administrative meetings to a virtual format so they can pick up their children from daycare. I aspire to emulate the flexibility, efficiency, and diligence of these mentors, with the knowledge that my experience is still uniquely my own.

## Declarations

**Conflict of Interest** The author declares no competing interests.

**Publisher's Note** Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.