A PIECE OF MY MIND

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I Am Not Burnt Out

Since the moment Henry, my youngest son, entered this world, I have experienced more joy and fear than I have ever known. In the 7 minutes prior to his birth, the fetal monitor showed multiple decelerations, the obstetrician ran into the room, and the pediatricians were called. I knew what this meant. Someone yelled, "Push! You have to get this baby out!" so I pushed, once. And then, his cry. I started to sob as they placed him in my arms

A few weeks later, still home on maternity leave, I noticed that Henry's body was warm. It was a hot day, but still. I checked a rectal temperature and it was normal. A few hours later, he still felt warm and was increasingly fussy. I check it again –104.2 °F. Crap. I pick him up and look for my phone. As I am searching, his color changes and he seems limp. I can't find my phone. Where is it? I run outside yelling for help. The landscapers and my neighbor come running. We use the landscaper's phone to call 911. By the time the ambulance arrives, Henry's color had improved, but I know that a newborn with a fever buys a visit to the emergency department and inpatient admission. One of the paramedics dismisses me, "Why don't you uncover him? Call your pediatrician?"

In my head, I am screaming at this guy, "I AM a pe-

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diatrician. This is my third kid, and he is a 3-week-old with a fever." But instead, I send them away, get into my car with my husband and drive to the emergency department. The sepsis work-up begins, nasal swabs, blood, urine, and a lumbar puncture. The doctor comes back with good news: no influenza, no respiratory syncytial virus. Later she returns, this time more somberly, and reports that Henry has 10 000 white blood cells in his lumbar tap. Time stops. Over the next 48 hours we wait. I am by Henry's side except for 20 minutes when I go for a walk outside. I breastfeed with an IV in his arm. My husband and I share a one-person cot. Henry loses his IV. I leave the room when I recognize that my hovering over the team trying to replace it as he screams is not helping them focus. I pace the hallways, wishing that I had earplugs to block out the screams and hating myself for wishing that. Finally, we get "good news." He has enterovirus, not bacterial meningitis. We go home, tired and scared.

About a week later, I am shaking and crying in the elevator to his pediatrician's office for Henry's follow-up visit after his hospitalization. I cannot control myself. I am totally overwhelmed. I cannot think. Once I am in the car, I take a breath and realize that maybe I had a panic attack. If a patient reported this experience to me, I would screen for anxiety and depression and consider a referral for therapy. But, in my head, I tell myself, "This is normal. I'm having a normal reaction to something that was traumatic. And really, do I have time for therapy?"

As I approach the end of my maternity leave, I am filled with dread, but I go back. The next weeks and months are a blur. Henry develops severe eczema and is still waking up multiple times a night. More trips to the emergency department and pediatrician. One night, I am pretty sure that he has hives but then am reassured that it's just eczema. During this time, I worry about him constantly but have no idea if it's normal worry or not. I have always been a "worrier" and have spent most of my life being surprised (and envious) when I learn that other people do not worry as I do.

A few months later, Henry's older brother touches him after eating peanut butter. Immediately, hives emerge all over his body. We give him Benadryl and make an appointment for an allergist. Skin testing and RAST

(radioallergosorbent test) show peanut, tree nut, egg, sesame seed, sunflower seed, dog, dust mite, and rice allergies. I have no idea what we can do to make Henry safe. I know that food allergies can be overdiagnosed and hope that will be our experience.

Afterward, I am super focused on changing what we buy for food, how we eat, how we prepare foods and on keep-

ing Henry away from suspected allergens. It is hard to think about much else. At a visit with his nutritionist, I start crying when she asks, "How are you doing?" She gives me a list of therapists and psychiatrists who are private pay. I am reminded that it can be hard to find someone who takes insurance. As I walk to work later that day, I continue to cry. I cry because I am tired. I am overwhelmed. I just want a break. I wonder if it is time to address the worry and the sadness. I try running and meditation, yet my feelings continue to control me. I call the insurance company to get a list of therapists who focus on postpartum health. The referral list does not indicate specialization in women's health or postpartum health. I call some numbers anyway and never receive any calls back. I ask friends and colleagues for suggestions. Someone recommends a psychologist who is wonderful but does not take insurance. She uses cognitive behavioral therapy. After 8 weeks, I feel better, not perfect but better.

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There is substantial and appropriate attention on addressing physician burn-out. Each year, we are asked to fill out surveys about physician well-being, and I receive dozens of emails about different programs designed to mitigate the stresses associated with our profession. Before Henry's birth, whenever I responded to the surveys, I never really felt as though it applied to me. I have a great job. My research is funded for the next 2 years, and I'm running a successful clinical program that I thought would take years to build. I work with compassionate colleagues and have patients who make all of it worthwhile. I have tremendous flexibility and am able to pursue projects that I am excited about and hope will make a difference. I have a supportive partner who equally shares the work of taking care of our family. I am tired, and my work is fulfilling. Framing my worry and stress in the context of physician burn out did not capture how I felt about my job or stress. In fact, I was always pretty clear that I didn't feel burnt out.

But after Henry was born, I started to recognize that I do struggle with anxiety. I probably have always had it, but after the birth of each child, it got worse. With the multiple medical issues that Henry de-

veloped, it became impossible to ignore the anxiety and the effect that it has on me and my family. Now, he is almost $2\frac{1}{2}$ years old. It is hard to explain completely, but at some point over the last couple of months, I felt a fog lift. I know that I need to be humble and mindful, but I am feeling more confident, less anxious. Things seem a little brighter.

As I have started talking more to friends and colleagues about my experience, I have been surprised that I am not alone (of course I am not alone, anxiety and depression especially in the postpartum period is common, why would my colleagues be immune?). I wonder what could have made my transition back to work less rough. There has been exciting progress in expanding family leave policies in my state, although this is still not enough. I celebrate those steps but also wonder what policies are needed to help parents transition back to work, including those who may be returning with postpartum mental health disorders. My story continues, but I hope that by sharing we can better address the issue of postpartum health among our colleagues and patients.

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