Leaning on Hope

For those working in health care, the coronavirus pandemic has created a shared trauma, affording a common language and more importantly giving clinicians permission to discuss grief openly. Yet what may be overshadowed by this global catastrophe are the personal grief journeys that existed before, during, and will continue long after the pandemic. As a palliative care physician who has the honor of navigating difficult journeys with patients and families, I am often in the presence of others’ grief. Now I sit presently in my own grief, amid an unexpected journey with infertility and pregnancy loss for which no amount of medical training or experience could have prepared me.

I envisioned and almost expected a blissful journey to parenthood aligning with my innate optimism and glass half-full lens in which I view the world (most of the time). I had no idea how common pregnancy loss and infertility were, especially among physicians, until I became intimately aware of these hidden struggles. The commonly recited 1 in 4 and 1 in 8, describing women who experience pregnancy loss and infertility, respectively, refers to the general public. Yet some estimates suggest physicians face pregnancy loss and infertility at twice this rate.1,2 My story, while it certainly has unique moments to bear witness to, also has common threads echoing many voices if you are willing to listen. Sharing these personal often masked and unspoken struggles can bring them into daylight for others suffering in the dark.

My husband and I set out on this journey three and a half years ago, and since that time have navigated 5 different types of pregnancy loss (who knew there were so many?). I have grown to understand the unique characteristics of and nuances to grieving each. Some losses came earlier in pregnancy, others later; some even required a medical or surgical intervention (eg, methotrexate, dilation and curettage). Some were colored with disbelief, others with anger and even shame, and all with deep sadness. I continue to protect them from the silence that often still lingers around pregnancy loss and infertility, in addition to highlighting the unique fertility concerns of physicians.

It took time to find my voice because acknowledging any struggle openly suggests vulnerability, which was especially terrifying to me as a young female physician. At the same time, I hope that finding my voice may help amplify the voices of others who can relate, and perhaps even start to normalize what I initially viewed as a personal failure. Whether you have experienced a miscarriage, ectopic pregnancy, termination for medical reasons, molar pregnancy, embryo loss, chemical pregnancy, stillbirth, or any other pregnancy-related loss—I see you, I hear you, and I honor you. Although I have not lived all of these, I have lived many.

Ironically, even though pregnancy loss is ubiquitous, it often feels isolating. Part of this disconnect stems from a culture that avoids conversations of death and loss, yet silence only perpetuates this death-avoidance illusion. This is a familiar space for me because I practice in a subspecialty that leans into such topics. Yet somehow the discussion of pregnancy loss may be even more taboo. It is the loss of a potential future—a highly desired future—that for some requires a great deal of effort, money, and time to create. Memory making too is often limited given the fleeting nature of these moments.1,2

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Why do we not prioritize the time for healing ourselves? Healing is not a linear process, rather one that has spiraling twists and turns, profound ups and downs, and rapid shifts forward and backward. Even the classic rollercoaster analogy is inherently flawed: after all a rollercoaster has an expected finish.

With difficulty conceiving after our first loss, we ultimately sought help from reproductive specialists. While I have been on the patient side of health care before, as an internal medicine–pediatrics resident with appendicitis and as a caregiver for my mother with hereditary breast cancer, this was uncharted territory. I pursued what felt like an alphabet soup of different procedures, testing, and treatments. Letters strung together like the childhood game Barrel of Monkeys: HSG, SIS, IUI, IVF, PGT-A, FET—or in words, respectively: hysterosalpingogram, saline infusion sonohysterogram, intrauterine insemination, in vitro fertilization, preimplantation genetic testing–aneuploidy, frozen embryo transfer.
At times, our initial excitement was extinguished like a fire without oxygen. Even the delivery box of ovarian stimulation medications for our first cycle of in vitro fertilization was much larger than I had expected, though appropriately reflected the enormity of this process. Completing what I can only describe as an embryo advance directive (documentation of preferences in the event of death or divorce) felt bizarre, even for a palliative care physician.

Unexplained became my new norm. Unexplained infertility, unexplained reasons for the series of losses that were better defined as simply bad luck without any real medical explanation for their sequence or recurrence. Never quite finding the why left so many questions unanswered. How could lightning repeatedly strike on our path? I often wondered whether choosing to pursue and advance my career in medicine was the barrier to achieving my real goal of becoming a mother (Note: I do identify as a mother, as I have learned through this that not all mothers have children we can see). Many physicians delay childbearing just to survive the rigors of medical education and training. I often wished I could hit a reset button on my reproductive clock so that nature would finally adapt to the professional demands of the 21st century.

In the reflection of my half-full glass, not everything was a loss. I gained new technical skills reconstituting medications and administering injections, at which my pharmacy and nursing colleagues are still much more proficient. I gained my voice in advocating for coverage with my insurance company when I was incorrectly told I had reached my lifetime maximum benefit. I gained an opportunity to correct unintentionally harmful technical language such as failure and discarded that echo a sense of shame and dehumanization. I gained new friendships that grew brighter while others perhaps dimmed. I gained identifying descriptors like resilient and brave; though in reality, I never asked for these and continue to be challenged daily by frequent triggers (eg, even my office is in a building with an obstetrics and gynecology clinic and a daycare center). I gained a lot of things, but not the one thing I wanted most.

Leaning on hope (as well as my husband and dog) helped save me from the spiral of shame and the constant expectation of disappointment. I discovered that even a small thread of hope can begin to create a warm and comforting blanket. My hopes evolved and diversified over time. I learned from what I offer to patients, that it is OK to hope and worry at the same time. I developed boundaries to protect my hope in destabilizing situations. I found light amid darkness and started writing creatively instead of just medically. This along with therapy; dedicated support groups; a meaningful image gifted to me by the fertility clinic; and unwavering support from my clinical team of obstetricians and other subspecialists, colleagues, close friends, and family gave me strength to persevere.

You may find similarities or differences in other parenthood journeys, as footprints walking ahead, behind, far, or near shape many different paths. I hope my story helps give voice to the silence that often still lingers around pregnancy loss and infertility, in addition to highlighting the unique fertility concerns of physicians. We are all only one degree of separation away from someone who has lived this and must destigmatize these challenges. Extend grace and presence to yourself and one another. Amplify the courage of stories shared. Encourage earlier family planning and support throughout medical training and professional life. Expand medical insurance infertility benefits. Correct language that perpetuates invalidation. Advocate for bereavement leave. Together, there are so many ways to support those on this journey so that no one feels alone. As our journey continues, my husband and I hope that our rainbow is just beyond the current hill we are descending. In the meantime, we have been able to find beauty among the clouds.

Conflict of Interest Disclosures: None reported.

Additional Contributions: I thank my husband, John, for walking alongside me on this journey.