Some Lessons from Maternity Leave

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I have now returned to work as Senior Registrar in general psychiatry after six months' maternity leave. I was extremely anxious about returning after a long leave and realized that this was something I had often warned patients about. I have now experienced it myself, and recognizing its value to my practice prompted me to review my experiences whilst on leave and to write about them.

I have now experienced subjectively the difficulties and joys of pregnancy, childbirth and motherhood, and I appreciate more fully the importance of the support of husband, family and friends. I have also become acutely aware of how difficult it is to keep up with the pace of change in a baby's life. This leaves little room for other problems, and a difficulty such as illness, unemployment or poverty could turn delight into disaster.

My experience whilst an obstetric patient leads me to envy our obstetric colleagues who have the major advantage of knowing in advance that childbirth is going to happen! They are therefore able to discuss its management with their patients. My own baby was a breech presentation and we knew that delivery would be complicated. Labour was induced a few days after the expected date of delivery and it was hoped that I would have a vaginal delivery. However, I was 'prepared for the worst'. I anticipated a more painful labour than it would have been had it been spontaneous and an episiotomy, with forceps to the aftercoming head, was planned. I knew the high probability of the necessity for a Caesarean section. I decided to have an epidural anaesthetic which would be adequate for all possible procedures. Everyone involved knew that, if possible, I wished to avoid all centrally acting drugs and general anaesthetics. It was easy to make this decision several weeks in advance with no pressures on me.

When Caesarean section became necessary due to foetal distress and lack of progress in the second stage of labour, there was no decision to take. I confirmed that I wished to remain awake and witnessed the birth of a healthy son. I knew then, and have never since doubted, that the decision had been the right one, but I began to suspect that I would not have been able to make this decision at the time the emergency arose. I then wondered how well we can make decisions about ourselves and our treatment at times of crisis. And I wondered what Informed Consent really means.

I made a rapid and uneventful post-operative recovery. At each stage I was expecting something unpleasant. Friends had told me about sore wounds, 'baby blues' and sleepless nights. Comparative absence of any such problems made me feel particularly fortunate. My own horror was of staying in hospital, but the staff made my six-day stay both constructive and rewarding. They were ready to respond to worries and answer questions honestly. It was helpful to know about the possibility of a range of unpleasant aspects of my condition and management, but I know that I avoid giving my own patients such information, thus missing the opportunity of discussing the management of complications in advance. I had thought previously that psychiatry was the only specialty where patients are given responsibility for themselves.

As well as the lessons of motherhood I also learned lessons from being a housewife. At first I felt guilty for being at home but not on holiday or ill. I missed the constant contact with people, even their demands. Visits from friends became high spots and they seemed to enjoy telling me about their own obstetric histories. I was a fascinated audience for all the personal details which are boring and embarrassing to anyone except a pregnant woman. After a short while I realized I was being used! Neighbours and friends were coming to ask my advice on their problems or on how to help others. They thought that, as a psychiatrist, I would know. Even when I could help, which was not always the case, it was very difficult to do this as a housewife. How much easier the same problems are to deal with now that I am back in my role with its privileges and boundaries.

Our enterprising vicar and his wife realized that I was a 'parish resource' for a few weeks and used me both as a supervisor for their own counselling and to organize a group of women who wanted to know more about counselling. We had three group meetings on the principles of counselling and people's feelings about this. One aspect we explored was how to approach someone who does not ask for help. I suggested asking the person for some practical favour or piece of advice and then getting into general conversation. It was with a wry smile that I realized a couple of months later that this had been tried on me!

The women in the group have all continued to listen to the problems of friends and neighbours and some have gone on to formal counselling courses, to the Samaritans, or to the 'Victim Support' Scheme. Without the protection of a professional role they are vulnerable, but they are also an enormously valuable resource.

If I am to develop my interest in community psychiatry, can I find an effective way of making links with such people? Is it possible, by some means, to offer them support, reassurance and guidance. Several of my patients would benefit from time with a counsellor if I knew how to put them in touch.

I am learning that for me, as well as for patients, time spent outside the institution and my role in the community, gives a different perspective. My maternity leave has certainly proved to be an important part of my training.