In my latter years of Orthopaedic training, I had to gain new skills outside of the ISCP curriculum. It began with being pregnant at the time of the FRCS exam. I was fortunate that, the two colleagues in my study group were also Orthopaedic mums and this meant that not only could we discuss revision notes but I could reach out to them for advice and support about becoming a new mum during Orthopaedic training. We had different experiences with our pregnancy and birthing journey which made me realise that every one has a unique experience with pregnancy and parenthood and you have to adapt to what would give the best balance for yourself, your partner and family circumstances.

There are many aspects of your job that make you carefully consider the risk to you or your child. You should have a risk assessment with your CS as early as possible to discuss some practical aspects such as using image intensifiers (wearing lead aprons becomes more hindrance than helpful), handling cement and how long you want to continue on the on-call rota (reduction of fractures with a big belly is not easy). My CS and TPD had not encountered this situation before but they were eager to discuss and support an evidence-based approach (1,2) to make my decisions. I came off the Trauma Oncall rota around 20 weeks but worked till 2 weeks before my due date. If you can, give plenty of notice to your HR/fellow registrars if you decide to come off the on-call rota so that they can fill in as locum slots and this should not affect your pay 3.

I was able to return fulltime to join the rotation during a planned changeover 8 months later to a spinal placement. It helped immensely that my CS was a mum of 3 who understood the physical and mental challenges of a working mum and we shared enjoyable anecdotes while learning how to operate! However, I found that my surgical skills had regressed somewhat and took me around 6 months to return to my pre- maternity level competencies and confidence with certain procedures. There is a need to increase awareness and support trainees returning to work after a career break. Efforts have been made for orthopaedic specific course within Health Education England SuppoRTT programme4 which is a positive step towards supporting a more diverse work place.

I went on to complete a spinal fellowship abroad with my 2-year-old and it was possible to cope with intensive 80–100-hour work weeks only because my husband completely took over childcare responsibilities. It was a tough year to juggle work and home life but it was temporary and has been very rewarding in the long run. I find that juggling work and home is easier as a Consultant than as a trainee or fellow as I can allow for more flexibility in my job planning. Most trainees will find benefit in a workplace that support Flexible hours and less than full time hours but every family has differing needs. The key for me in finding balance in being a mum and full-time surgeon has been about asking for help – from my partner, from my own mum, from my colleagues at work (covering a clinic to looking after a child in the office with a colouring book!) and even hiring a professional nanny for that peace of mind.

1. Keene R, et al. Occupational Hazards to the Pregnant Orthopaedic Surgeon. The Journal of Bone & Joint Surgery Vol 93(23) e 141
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3. <https://www.bma.org.uk/pay-and-contracts/maternity-paternity-and-adoption/your-rights/your-rights-during-and-after-pregnancy>
4. <https://www.hee.nhs.uk/our-work/supporting-doctors-returning-training-after-time-out>