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When An Abortion Doctor Becomes a Mother

There is a connection between my work as a doctor and my work as a mother; it's just not what most people imagine.

By Christine Henneberg

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Recently a colleague asked me if I'd had trouble working while I was pregnant.

"Actually I was fine," I said. "I know a lot of people have a hard time, but it wasn't an issue for me."

She raised her eyebrows. "Wow. Good for you. I was a mess."

We weren't just talking about nausea and swollen feet and low back pain. She and I are abortion doctors. We routinely perform procedures well into our patients' second trimester, when the fetus is well-formed and easily recognizable as humanlike, even "life"-like. Baby-like.

I've always been good at compartmentalizing, drawing boundaries between work and the rest of my life. A lot of doctors will tell you this about themselves — if compartmentalization doesn't come naturally, it's beaten into you in training. Every time you duck into a hospital closet to cry, someone will tell you some version of: *You have to maintain some boundaries. You can't let it bleed over, you'll never survive.*

The truth is that despite being good at compartmentalizing, I was worried that I would be a mess when I became pregnant — and in some ways I was.

It started when we were still trying. I had yanked out my own IUD without telling my husband, thinking I would surprise him with a positive pregnancy test. After three months and three normal periods, I was convinced I was infertile. I broke down over dinner one night: "It's not just that I'm worried we can't have kids," I told him. "I'm worried about, you know, the reason."

"What reason?" he asked.

“Like some kind of bad karma: the abortion doctor who can’t get pregnant.”

At the time, the fact that I would even consider such an idea — as though I deserved some type of punishment for the work I do — should have told me that my boundaries weren’t as neat and tidy as I thought.

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A week or two later I took a positive pregnancy test, followed closely by my first ultrasound, which was performed by a colleague at the abortion clinic. I saw the tiny embryo inside me, its first flicker of a heartbeat. Then the fear really began.

Like any doctor who cares for pregnant women, I have seen miscarriages of all types, in every trimester: The clotted blood a woman thinks is just her late period. Horrible preterm births in the hospital, fluid everywhere, the fetus — perfect and translucent and too tiny to live — slipping between her legs. Stillbirths the week before the due date, the week after. Babies born alive, but so deformed you can’t look — you just hear them gasping for breath.

I kept waiting for it, any of it, to happen to me. Nothing would’ve surprised me except a pregnancy that was normal, uneventful, routine.

There was one time when I almost fell apart: I was in my second trimester, performing a 17-week procedure on a patient. The fetus, which is normally extracted in parts, came through the cervix intact. I dropped it in the metal dish and I saw it move, or thought I did. It was all I could do not to run from the procedure room crying.

That was the only time.

At first I was nervous about what my patients would think and say when I started showing, but they always expressed genuine happiness for me, even in the midst of their own difficulties. “Girl, you are going to love that baby,” one mother of three said to me as I prepped her for her procedure. A 19-year-old woman, ending her first pregnancy, smiled at me through her tears. “It’s your time,” she said.

In fact, the hardest moment came long after my daughter was born.

One day at the clinic, a protester watched me from the sidewalk as I pulled into the parking lot. I felt his eyes on me as I climbed out and opened the trunk to get my bag.

We keep a stroller in our trunk, like any other parents of an almost-1-year-old.

Oh, look at that! The man shouted across the lot, the vitriol in his voice coating me like grease. That's hypocrisy if I ever saw it. The baby killer has a stroller in her trunk. How do you live with yourself? Killing babies in the morning and going home in the evening and putting the baby in the stroller. You are sick!

I closed the trunk, holding back tears. I walked to the door of the clinic.

He called after me. *Repent! Repent, baby killer!*

How do I continue to do this work?

The answer is that there is a connection between my work as an abortion doctor and my work as a mother; it's just not what most people imagine. It's not a tension or a contradiction to be reconciled. It's a symbiosis, a harmony.

I do not mean it's an easy job. Of course it's not. There is the protester on the sidewalk. There is the fetus in the dish, the perfect curl of its fingers and toes. Sometimes it reminds me of my daughter — how could it not? But that is precisely the point.

As a doctor, I can draw a distinction, a boundary, between a fetus and a baby. When I became a mother, I learned that there are no boundaries, really. The moment you become a mother, the moment another heartbeat flickers inside of you, all boundaries fall away.

Nevertheless, as mothers, we must all make choices. And we must live with the choices that aren't ours to make. We can try to compartmentalize. We can try to keep things tidy and acceptable. But in reality, everything is messy: the work of doctors, the work of mothers, and the love of each one of us for our children.

And yet somebody has to do the work.

Christine Henneberg is a doctor specializing in women's health and family planning. She is at work on a memoir.

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