

PARENTING AND PRIVATE PRACTICE: Balance Isn't Everything

Strategies to stay organized, and clinical challenges to address.

By Jaya Badhwar Kumar, MD, FASRS



You've completed 14 (or more) years of medical training, congratulations! You finally feel like a real doctor, but suddenly you also feel like now is the prime time to do everything. Build your career, create a social network, and perhaps start a family. Many of us put these types of goals on hold during training, and once we are in private practice, we suddenly realize it's time to get back to these aspirations. But time is finite; how can you do it all? Balancing a growing career and a personal life is challenging.

As a trainee, I attended a Women in Ophthalmology conference during which a well-respected speaker said, "There's no such thing as work-life balance. You just figure it out." I couldn't agree more. Balance may feel like the ideal state, but we are constantly pulled in many directions at work and home. Some days you feel accomplished at work, but nothing is going right at home—and vice versa.

Ultimately, there is a constant ebb and flow with which we must come to terms. You cannot present at every retina conference, and you will miss some field trips—and that's ok. It's common to feel a sense of guilt while trying to find a balance between being an exceptional physician and the best parent. Ruth Williams, MD, urges us to reframe this feeling of guilt as *healthy tension*, which better illustrates how much we care about both our patients and our family.¹ Although it may not always feel like it, our children are winning. They observe our compassion, devotion, and hard work. They look up to us as role models. My heart swelled with pride and joy when I came home (exhausted from work) to see my children holding my lens case and performing a skit about "Dr. Mom!" It's so important to enjoy these moments. While you may not be able to give

100% of yourself at work and home every day, remember that balance is built over time, not proven in any single day.

Traditionally, our family role involves taking care of our kids—preparing lunches, school drop off, coordinating after-school activities, etc. But many of us also care for aging parents and grandparents, juggling unexpected illnesses or injuries. These can be even more stressful if our family members do not live locally. The demands on our time can feel impossible at times.

But we chose to become retina specialists for so many reasons; it is rewarding yet challenging to help our patients and, technologically, retina is one of the most rapidly advancing fields in medicine. So, how do you balance the joys and challenges of a fulfilling career and family?

KEY TAKEAWAYS

- ▶ Balance may be the ideal state, but clinicians who are also caregivers are constantly pulled in many directions, and they cannot give 100% of themselves at both work and home every day.
- ▶ It takes a village to raise a family. Whenever possible, outsource tasks so you can maximize time with your family when you are home.
- ▶ Clinical institutions can and should help protect pregnant and postpartum surgeons to create balance between maintaining personal safety and continuing work responsibilities.

DIVERSITY AND INCLUSION IN RETINA

QUICK TIPS FOR BUSY CLINICIANS

As a mother and busy retina specialist, I have learned several strategies that have helped me navigate the responsibilities of career and family, including the following:

- **Stay organized.** I depend on my smart watch and phone for reminders throughout the day, and I constantly add things to my grocery and to-do lists. When you have so much to balance, it's critical to stay on top of email, homework assignments, and sorting through mail.
- **Ask for help.** It takes a village to raise a family. Whenever possible, outsource tasks so you can maximize time with your family when you are home. Don't be afraid to use conveniences such as services to help with laundry, meal preparation, or transporting kids to school or activities. You may even consider home health for parents and grandparents.
- **Focus on physical fitness.** Find a way to build exercise into your weekly routine. Not only does this help your endurance and resilience, but it truly helps you feel better. Consider taking classes at a gym, hiring a trainer, or creating a home gym—and a routine.
- **Be present with your family.** Put away your devices and just play with your children whenever you have time (Figure). Build in a routine with dinner or bedtime. This helps you and your family share



Figure. Dr. Kumar makes sure to spend quality time with her family outside of work.

highlights of the day and create fond memories. Most importantly: Don't feel guilty for prioritizing family when you are home.

- **Be present at work.** Try to set aside designated time to check your phone and messages. Close your charts at

TIPS FOR DADS

By Luis G. León-Alvarado, MD



Being a successful clinician and a present, involved father is absolutely possible. It requires resilience, intentional planning, and love—but also grace for yourself during seasons when balance isn't possible. These tips can help you stay the course:

- For first-time parents, sit down early with your partner to discuss priorities, expectations, and roles. These conversations will help maintain healthy family dynamics and help you to function as a team, particularly when sleep deprivation and stress peak.
- Don't hesitate to take time off to spend time with your newborn and family. This is not lost productivity—it is foundational work. Use it to help your family settle into the new "normal," support your partner's recovery and mental health, and form early bonds that shape attachment and trust. Even as the family grows, take time off regularly because rested physicians make better decisions, and time away allows you to show up for family milestones that don't respect clinic hours.
- Time with your children matters. While the quantity of time is important, the quality of that time is critical. Children value

your time and attention far more than gifts.

- **Protect your health.** Exercise, eat well, and sleep when possible. Burnout and exhaustion erode patience at home and clarity at work.
- **Reject narrow, traditional paternity roles.** You are not only a provider—you are a father. Be involved in school, know your children's teachers, cook meals, feed them, put them to bed. These daily routines quietly shape their emotional security and worldview.

Remember that careers are long, but childhood is short. Our patients matter deeply and depend on us, but our families need us in ways no one else can replace.

At the end of your career, your patients will remember your skill and dedication, but your children will remember your presence, and that legacy lasts beyond the clinic. ■

LUIS G. LEÓN-ALVARADO, MD

- Vitreoretinal Surgeon, Partner, Florida Retina Institute, Orlando, Florida
- lgleon@floridaretinainstitute.com
- Financial disclosure: None

work, if you can, to avoid taking work home with you. Engage with your staff and enjoy the art of medicine. We spend more hours at work than at home, so you should love what you do.

- **Find a mentor.** In our practice, we developed a mentorship program where partners help the associates navigate clinical and surgical questions but also answer logistical questions about schools, meal services, etc. While it can be challenging to join a new practice, having a mentor who checks in regularly can help ease this transition and any stressors.

HURDLES TO OVERCOME

No matter how organized you are, there will always be challenges outside of your control. Here are a few you will have to navigate as a parent and caregiver:

Parental Leave

Many practices now have a standard maternity (some parental) leave policy in their contracts. If not, speak with the physicians in the practice regarding what you think would be reasonable. Discuss Family Medical Leave and short-term disability with your employer, because benefits vary. Many physicians have unpaid maternity leave, which may dictate the duration of leave. Maternity leave is usually between 8 and 12 weeks (some paid, some unpaid). Paternity leave varies based on the practice or organization.

Depending on the course of your pregnancy (or your partner's), it would be helpful to speak directly with your obstetrician regarding any necessary physical restrictions. Keep in mind that, compared with the general population, surgeons who are pregnant are more likely to have major complications and significantly higher risk of obstetric complications.¹ There is no defined optimal time to stop working. For example, my doctor recommended I not drive to satellite clinics more than 1 hour away from the hospital once I was 36 weeks. She also suggested I not schedule any elective surgeries beyond 36 weeks.

Secure childcare early! There can be a long waitlist for daycares, or it often takes time to find the right nanny for your family.

Bereavement

Institutions are slowly bringing bereavement policies to light. I cannot emphasize how important it is that we as physicians take care of ourselves, especially after a physiological and emotional loss. Approximately 42% of surgeons reported at least one pregnancy loss, more than twice the national average.² Of those who miscarried, more than 75% took no time off to recover physiologically or emotionally.^{3,4} The American Medical Association has advocated for a 3-day bereavement (including for miscarriages, failed fertility treatments, or failed adoptions).

GIVE YOURSELF GRACE.

THIS IS NOT EASY.

NEW PARENT CONSIDERATIONS

Becoming a parent is the most rewarding, yet overwhelming, job. You want the full exciting experience of being a new parent, but coordinating parental leave can be daunting. Here are some tips for new moms:

- Start slow when returning to work, if you can. For example, consider scheduling 3 half days of clinic your first week back. You can gradually increase to 4 half days or 3 half days of clinic plus a half day of surgery. This gives your mind time to readjust to the clinical mindset while giving your body time to adjust physically; it also gives you time for pumping (if breastfeeding) and resting (and again, don't feel guilty for giving your body the necessary time to rest—you just had a *baby*). If you don't have the option to schedule half days, try to return to work on a Wednesday, for example, so you have a shorter first week back.
- If you are breastfeeding and need to pump, work with your office staff to coordinate accommodations of where and when you will be pumping. Try to schedule pump breaks during your clinic and OR days.
- Give yourself grace. This is not easy.

Clinical institutions can and should help protect pregnant and postpartum surgeons to create balance between maintaining personal safety and continuing work responsibilities. Some of these strategies may include supporting the workload, providing access to mental health resources, and emphasizing zero tolerance for workplace discrimination.⁴

BALANCE ISN'T EVERYTHING

As a trainee in ophthalmology, I wasn't sure if being a hard-working retina specialist and an engaged mom could be synergistic—but they are. I may not always feel the balance, but I am fulfilled with the title "Dr. Mom." Hang in there, you got this! ■

1. Williams RD. The kids are alright. EyeNet Magazine. January 1, 2026. Accessed February 9, 2026. www.aao.org/eyenet/article/the-kids-are-alright

2. Rangel EL, Castillo-Angeles M, Easter SR, et al. Incidence of infertility and pregnancy complications in US female surgeons. *JAMA Surg.* 2021;156(10):905-915.

3. Lerner LB, Stolzmann KL, Gulla VD. Birth trends and pregnancy complications among women urologists. *J Am Coll Surg.* 2009;208(2):293-297.

4. Glazer TA, Gunderson KA, Deroo E, et al. Providing a safe pregnancy experience for surgeons: a review. *JAMA Surg.* 2024 Oct 1;159(10):1205-1212.

JAYA BADHWAR KUMAR, MD, FASRS

- Vitreoretinal Surgeon, Partner, Florida Retina Institute, Orlando, Florida
- jayak@floridaretinainstitute.com
- Financial disclosure: None