As a medical student, do you ever wonder what it’s like to specialize in preventive medicine? Meet AMA member Nicole Plenty, MD, a maternal-fetal medicine physician and a featured doctor in the AMA’s “Shadow Me” Specialty Series, which offers advice directly from physicians about life in their specialties. Check out her insights to help determine whether a career in maternal-fetal medicine might be a good fit for you.

The AMA’s Specialty Guide simplifies medical students’ specialty selection process, highlights major specialties, details training information, and provides access to related association information. It is produced by FREIDA™, the AMA Residency & Fellowship Database®.

“Shadowing” Dr. Plenty

**Specialty:** Maternal-fetal medicine.

**Practice setting:** Group.

**Employment type:** Employed by group.

**Years in practice:** Four.

**A typical day and week in my practice:** I’m an early bird, so most days I wake up around 5 a.m. and jump out of bed to workout. If I have surgery scheduled, I sometimes skip the workout portion of my day since most of my surgeries are scheduled at 7 a.m. (which is my preference). If I’m not doing surgery, I tend to work out, shower, then check emails and watch the news. I usually get to clinic
between 7:30 a.m. and 8 a.m.

Every day in clinic is completely different in maternal-fetal medicine. Some of my colleagues call it “surprise medicine” since we never know what to expect. I spend most of the day doing consults on high-risk pregnancy maternal conditions such as diabetes, cancer, hypertension and thyroid disease, to name a few.

I also spend a lot of time diagnosing different fetal anomalies, such as brain and heart defects and a variety of syndromes. A few times a week, I perform amniocentesis to diagnosis genetic abnormalities. I sometimes also have to consult patients about lethal fetal anomalies and other issues that can affect growth and survival of unborn and newborn babies.

In my practice, I take a week of call every four to five weeks. When I’m on call, my clinic days end early because I round on patients at the hospital. If I’m not on call, my clinic day ends by 5 p.m. During my call week, I round on patients admitted to the hospital for various conditions such as preeclampsia, diabetic ketoacidosis, fetal hydrops and fetal arrhythmias.

After work I drive home, usually while calling consulting physicians to make them aware of recommendations and to discuss management plans. When I get home, I usually spend time with my family. I often read, watch TV, and catch up on work for community organizations I’m involved with. I rarely do work at home in order to keep a good work-life balance. Maternal-fetal medicine can be pretty emotional, so I try to enjoy my family time.

The most challenging and rewarding aspects of maternal-fetal medicine: The most challenging part of my job is that I have to give bad news pretty often. As a maternal-fetal medicine specialist, I am managing the sickest obstetrical patients or diagnosing complex fetal anomalies. I often have to counsel mothers about their risks of worsening disease progression and even death.

I sometimes have to explain to patients that their babies might not survive for various reasons or that their babies have various defects. This is extremely difficult because every parent wants their baby to be healthy and perfect. Unfortunately, this is not always the case. These are the cases I deal with. It can be crushing to a family. Giving bad news several times a week is also emotionally exhausting for me as well.

The most rewarding part of my job is helping a patient understand what’s going on with either her disease process or her baby’s disease process. I enjoy when a patient can recite to me what’s happening to them during the pregnancy. It’s my job to make sure the patient understands what’s going on so she can be an integral part of her own care.

In my opinion, when a patient understands what I am looking for and why, she is engaged during the appointments and knows the importance of compliance. At first the information can be daunting to a
patient, but most of the time, the patient is very thankful for the knowledge she has received, even if she is given a poor prognosis. It’s rewarding for me when a patient expresses that I’ve made a bad situation more manageable and acceptable for her.

**Three adjectives to describe the typical maternal-fetal medicine:** Investigative. Communicative. Empathetic.

**How my lifestyle matches, or differs from, what I had envisioned:** I went to medical school during the emergence of the television show “Grey’s Anatomy.” Addison Montgomery-Shepherd’s character is a cross between maternal-fetal medicine (majority) and a little of pediatric surgery. So I assumed that my lifestyle would be similar to hers—minus the nasty divorce.

However, if you recall the show, Addison and the rest of the physicians were always working, which is why all of their romances were within the confines of the hospital. My life is nothing like that. Sure, I have the excitement of maternal-fetal medicine in that I diagnose new anomalies every day and deal with really rare genetic syndromes and traumas in pregnancy, but I do a ton outside the walls of the hospital.

I typically work four days per week. When I’m on call, I take calls from home. I plan two family vacations a year and tend to take several impromptu outings with my family on the weekends, particularly now that I have a son. I have remained involved in organizations, such as the AMA and state and medical specialty societies. I’m also involved in my church and community. I love being a maternal-fetal medicine physician and my lifestyle as a result of it.

**Skills every physician in training should have for maternal-fetal medicine but won’t be tested for on the board exam:** Because maternal-fetal medicine physicians typically take care of the sickest and most complex maternal and fetal cases, you have to be able to effectively communicate what is going on. You could be consulted on a trauma in pregnancy, so you also have to react and process information quickly.

You also have to be able to give bad news. Delivering bad news is a skill that a lot of physicians lack. As a maternal-fetal medicine physician, you have to be able to give a patient honest and realistic expectations with compassion.

**One question physicians in training should ask themselves before pursuing maternal-fetal medicine:** Do you like obstetrics? Do you like complicated cases, or would you rather have someone else handle them? Do you like critical care? Do you like radiology? Are you OK with giving bad news?

**Books every medical student interested in maternal-fetal medicine should be reading:** As a medical student, I would say first focus on ob-gyn resources. For this, *Williams Obstetrics*, by Brian Casey, MD, is a great resource.
If you want more specific maternal-fetal medicine information, read *Creasy and Resnik’s Maternal-Fetal Medicine: Principles and Practice*, by Robert Resnik, MD, Charles J. Lockwood, MD, Thomas Moore, MD, Michael F. Greene, MD, Joshua Copel, MD, and Robert M. Silver, MD. Also, *Diagnostic Imaging: Obstetrics*, by Paula J. Woodward, MD.

**The online resource students interested in maternal-fetal medicine should follow:** I would follow the Society for Maternal-Fetal Medicine’s social media pages to stay up to date with the latest issues related to maternal-fetal medicine. There are also opportunities through the organization for rotations, scholarships and awards available to students, residents and fellows.

**Quick insights I would give students who are considering maternal-fetal medicine:** Maternal-fetal medicine is a combination of internal medicine, obstetrics, intensive care and radiology. If you love these things and have a desire to be the person to “figure it out,” this is the specialty for you. Go for it! It’s the best of all worlds of medicine.

**Mantra or song to describe life in maternal-fetal medicine:** This is an oldie but goody: Guns N’ Roses, “Welcome to the Jungle.”