

NARRATIVE ESSAY

I've Been Waiting for You

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“Here you go baby girl, your mama has been waiting all day for you.” These were my nurse’s words as she placed baby Bleu on my chest.

I corrected her, stating that the hours before my delivery had been long, but this wait was far beyond hours and even months since learning of this pregnancy, and was immensely more complex than her delivery had been.

I began my attending career as a wife and mother of a 13-month-old, my rainbow baby (a baby born after a loss), Kat. I was also 8 weeks pregnant with Bear, an unexpected but welcomed pregnancy resulting from my naivety about the ease of conceiving after previous fertility challenges. My introduction to full-scope, academic family medicine was also the beginning of a continuous pursuit of both personal and professional fulfillment, an ever-moving target throughout my career, and my ever-present North Star.

Bear’s arrival brought immense joy to our family, and after her birth, we’d envisioned that our family would continue to expand. Balancing two toddlers, increasing OB coverage, and growing residency responsibilities, we awaited the right time for another pregnancy. When we decided it was the time to grow our family, unexpected delays including a potential Zika exposure and a residency leadership opportunity further adjusted our timeline. Ultimately, we realized that there would always be obstacles that could make “later” a better time. So as our girls grew older and I approached geriatric pregnancy age, we decided it was time to close our eyes and take the leap.

A positive pregnancy test signaled the promise of a new chapter for our family, though sadly, our joy was diminished when I began spotting on Father’s Day. The bleeding continued for days until it became undeniable that in the midst of the residency graduation that I was indeed miscarrying. In that moment, I did what many physician moms do as we cope with the Superwoman complex. I masked my emotions, externally smiling and congratulating the graduates while grieving the much-desired pregnancy that was actively being lost. My physician brain understood the early loss likely indicated an unalterable physiologic issue and was for the best. The mom in me, however, couldn’t stop the cycle of shame for having a second loss and grieving the life that could have been.

Accompanying my grief was the guilt of burdening my already stretched family medicine-obstetrics colleagues to cover shifts so that I could medically and mentally take care of myself. We’ve traditionally been taught as family physicians to prioritize the needs of others, especially our patients, and I planned to work, despite my grief. Thankfully, with a colleague’s reminder to “put my own mask on first,” I requested and received help. In retrospect, even this was managed in a way that centered the needs of others. I believed that the residents, patients, and my colleagues needed me, so expediting the process and getting back to normal took precedence. I too soon returned to work, still processing the loss and how it would shape my experience as a mother and clinician educator.

Two years, two gynecological procedures, and countless uninvited, often demoralizing queries about “when are you going to have a boy” later, a postvacation missed period was the first sign of Bleu. My joy was rivaled by intense trepidation. Every pregnancy milestone brought cautious optimism. I was plagued by uncertainty amid the constant mental loop of anxiety-provoking knowledge I’d gained from 10 years as a family medicine-obstetrics clinician. Worries about another miscarriage, genetic abnormalities, prematurity, stillbirth, and every other possible complication dimmed my happiness. Social media physician groups, often a site for crowdsourced CME, exacerbated this anxiety. I intentionally avoided trigger warnings, hinted pregnancy complications, or poor neonatal outcomes, attempting to protect my own mental well-being.

Reaching term, I was eager to meet Bleu, partly because I was exhausted, but mostly because I felt she'd be safer outside. I wanted to avoid falling asleep only to wake up without fetal movement, or the possibility of an accident leading to a placental abruption. I didn't want my body to fail me or the baby I was so close to meeting. My planned induction was mostly uneventful until a rapid cervical change caused a drop in Bleu's heart rate without adequate recovery.

During the transition to the operating room for an emergency cesarean, her heart rate thankfully recovered, and after a swift vacuum delivery I heard my baby crying. In that moment, I also shed the tears I'd held in for months, maybe years. Tears for my healthy baby. Tears for Kat and Bear, now big sisters. Tears for my husband, terrified during the last 20 minutes of my pregnancy, and the two pregnancies we'd lost. Tears for the years of putting others' needs before mine and the struggle of chasing balance. And my tears were for me, the journey and joy of motherhood, and this new chapter of life.

My path to Bleu brought to life an essential duality that we must impart and model as clinician educators. Our physician identity doesn't provide immunity to the challenges of navigating our own health; it likely highlights our vulnerability as the perceived experts.

Our learners should be taught both in the classroom and through open, honest conversations with trusted role models, that self-care is just as important as altruism, especially when faced by unexpected life transitions. We must actively take care of ourselves, at times inconveniencing others, so we can show up as the best versions of ourselves. We must foster psychologically safe spaces that acknowledge people's health journeys are shaped by challenges, fears, triumphs, and losses that impact how they receive care. We must learn from experiences, both our own and those of our patients, to optimize the system of care for all whom we serve, physicians included.

Back in the labor room, Bleu was placed on my chest for skin-to-skin time. Gazing down at my sweet, healthy baby girl, it was clear that through it all she was worth the wait.

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