The Daily Star
DHAKA SUNDAY
MAY 10, 2026
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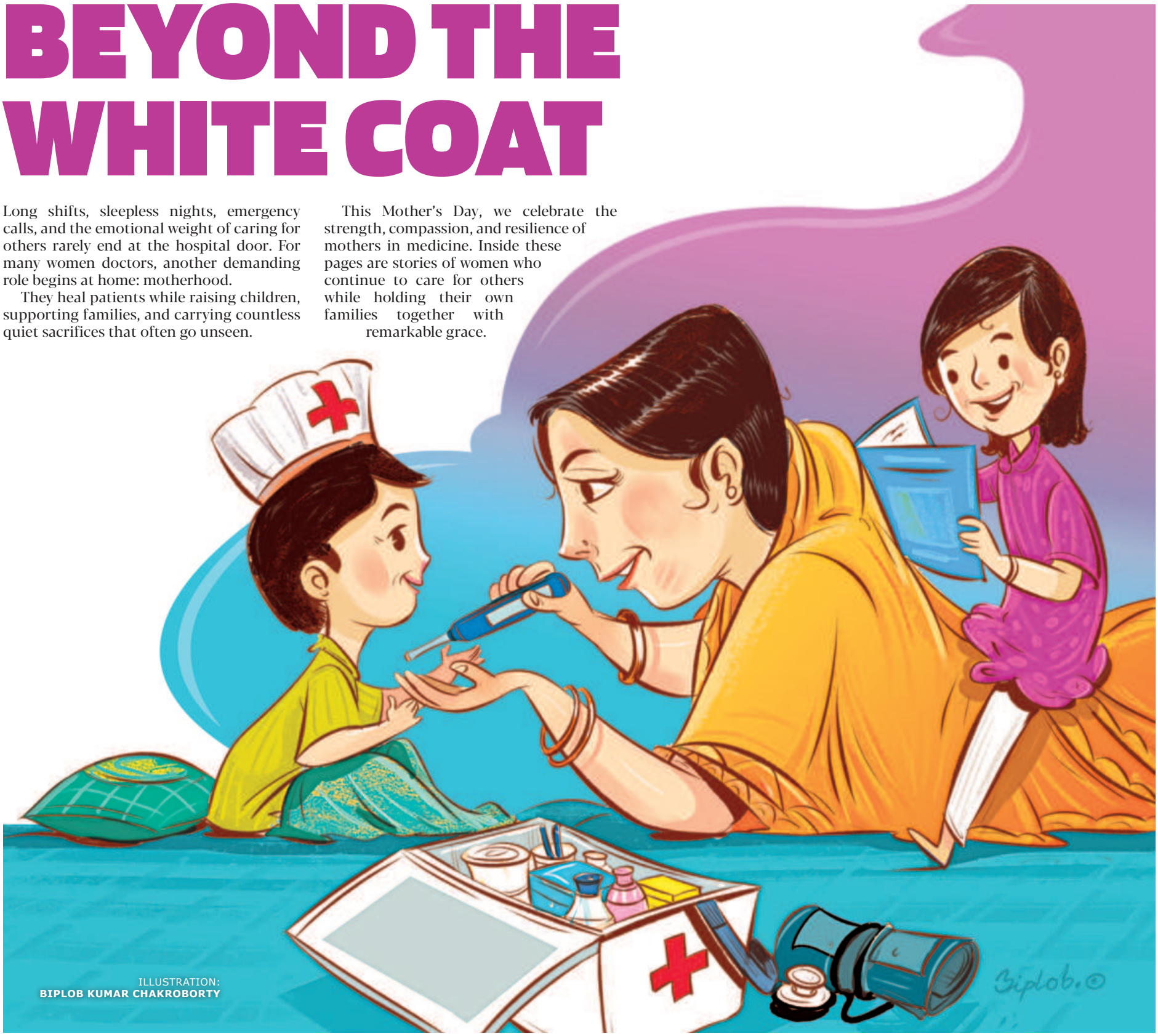
BEYOND THE WHITE COAT

Long shifts, sleepless nights, emergency calls, and the emotional weight of caring for others rarely end at the hospital door. For many women doctors, another demanding role begins at home: motherhood.

They heal patients while raising children, supporting families, and carrying countless quiet sacrifices that often go unseen.

This Mother's Day, we celebrate the strength, compassion, and resilience of mothers in medicine. Inside these pages are stories of women who continue to care for others while holding their own families together with remarkable grace.



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HEALER MOMS

Protecting the NUCLEUS OF OUR LIVES

Having spent nearly three decades serving the nation and prioritising the health of its mothers over opportunities abroad, Prof. Dr Musarrat Sultana stands as a pillar of the Bangladeshi medical community.

PROF. DR MUSARRAT SULTANA

Professor and Head
Department of Obstetrics and Gynaecology
Vice-Principal
Dhaka Medical College

The Daily Star (TDS): What initially drew you to the field of Obstetrics and Gynaecology, and how has your professional mission evolved since experiencing motherhood yourself?

Dr Musarrat Sultana (MS): As a graduate of Dhaka Medical College, I was first drawn to this field during my internship. In the labour ward, I saw mothers arriving in very dangerous, distressed conditions. I realised that our prompt action could save their lives immediately. To me, a mother is the "nucleus" and the "lamp" of her family; everything revolves around her. When a mother's life is saved, it feels like the light in her home has been turned back on. This inspired me to dedicate my career to making sure mothers return home healthy and smiling to their children. Since becoming a mother myself, I feel this responsibility even more deeply because I can now understand their pain from the inside. My professional mission has evolved into a super-specialisation in fistula surgery. For the last 20 years, I have focused on helping marginalised women who have become outcasts or been abandoned by their husbands and society due to their condition. Bringing a smile back to the faces of these women, who have suffered for so long, is the true reward and the greatest success of my life.

> Balancing my demanding career was a struggle. My daughter sacrificed much, even being brought to the hospital ward while sick, so I could care for her during my shift. These experiences taught me that a mother is truly irreplaceable and the "nucleus" of the family.

TDS: As a woman leader in women's health, how are you working to improve maternal healthcare standards or innovate within your department?

MS: I chose to stay and serve my country for the last 27 years instead of moving abroad, dedicating my career to the mothers of Bangladesh. Now, as the General Secretary of the Obstetrical and Gynaecological Society of Bangladesh, I lead the planning and strategies to improve health services for the general population and especially for deprived mothers. Thanks to our society's work at every level—from the districts to the grassroots—maternal mortality in Bangladesh is decreasing significantly. Our mission is to reach the Sustainable Development Goal of bringing maternal deaths down to double digits by 2030.

TDS: While you sacrifice so much to improve the lives of mothers and children, doctors often face significant hardships in their own lives, especially with poor housing and transportation during different postings. From your experience, what are the biggest challenges doctors face today regarding facilities and support?

MS: Although the top students in the country become doctors, we face a massive disparity compared to other government officials. In my own career, I have had to travel to remote postings by boat or on foot while officials from other departments were given cars. I have worked in offices with nothing but a broken chair and lived in places with no proper housing or belongings. It is often said that doctors don't want to serve in villages, but the truth is that the necessary facilities, like safe housing and reliable transportation, are never provided for us. As a woman, I also feel the lack of security and the absence of protection laws to keep us safe from attacks. Because of these hardships and the lack of support, many bright students no longer want to study medicine. For our country to truly progress, we must provide doctors with equal facilities, better security, and an end to these unfair disparities.

Interview conducted by **Adrin Sarwar**

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HEALER MOMS

A PROMISE FOR SAFER BIRTH
From one mother to another

DR ARIFA SHARMIN MAYA

Assistant Professor
Fetomaternal Medicine
Department of Obstetrics and Gynecology
Dhaka Medical College.

After heart failure and days in the CCU, I learned the preciousness of every moment. That second chance motivates me to help other mothers get theirs too.

In the sterile, high-pressure corridors of Dhaka Medical College, Dr Arifa Sharmin Maya is a name of hope for mothers in crisis. Even with late-night emergencies and the guilt of being a busy mom, she keeps moving forward to save the mothers in high risk.

The Daily Star (TDS): What initially drew you to the field of OBGYN, and how has your professional mission evolved since experiencing motherhood yourself?
Dr Arifa Sharmin Maya (ASM): It wasn't family pressure that made me a doctor; it was my own desire to serve the country. From a young age, I was involved in cultural and medical clubs, and my teachers always wanted to see me as a doctor. My mission evolved significantly after I became a mother and personally survived a life-threatening heart failure following my daughter's birth. Now, my goal is to save other mothers from complications like pre-eclampsia.

TDS: How has being a mother changed the way you communicate with your patients,?
ASM: Being a mother allows me to connect with my patients on a deeper level. I often tell them, 'I am a mother too, and you are a mother.' I don't see them just as cases; I feel their struggles as if they were my own. I stay in constant touch with my high-risk patients.

TDS: As a woman leader in women's health, how are you working to improve maternal healthcare standards or innovate within your department?
ASM: I am constantly advocating for better logistics and manpower. In our department, we receive the most complicated cases in the country, yet we often lack enough Operation Theatres and specialised feto-maternal ICU beds. My goal is to help our nation reach the SDG target of reducing maternal mortality to 70 per 100,000 by 2030."

TDS: How do you handle the "mom guilt" when a 2:00 AM medical emergency takes you away from your family, and what have you taught your children about the importance of your work?
ASM: I have dealt with a lot of 'mom guilt.' Once, when my son was older, he

told me I didn't understand his struggles because I wasn't there during his school years, which hurt deeply. However, I've taught my children that my work is a duty to other mothers. I am grateful that they have been supportive and haven't become aggressive about my absence.

Interview conducted by **Adrin Sarwar**

LEARNING TRUE MEANING OF LIFE
in medicine and motherhood

DR KHANDAKER SHEHNEELA TASMIN

Associate Professor & Unit Head
Fetomaternal Medicine
Department of Obstetrics and Gynecology
Shaheed Suhrawardy Medical College & Hospital
International Affairs Secretary
(MFMSB-Bangladesh)

Balancing these roles is never easy. Moving between intense work and family life, I remind myself that it's not only about the amount of time I spend with my children, but the values I instill: responsibility, leadership, and humanity.

Specialising in high-risk pregnancies, Dr Khandaker Shehneela Tasmin balances the rigorous demands of fetomaternal medicine with the dedication of motherhood. She supports women to navigate the most unpredictable turns of pregnancy and life.

The Daily Star (TDS): What initially drew you to the field of Reproductive Endocrinology and Infertility (REI), and how has your professional mission evolved since experiencing motherhood yourself?
Dr Khandaker Shehneela Tasmin(KST): During medical school and my internship, I became deeply aware of the unique challenges surrounding pregnancy. Motherhood is often beautiful, but it can also take sudden, unpredictable turns; where immense joy and grave uncertainty coexist. In those vulnerable moments, mothers need strong support. That understanding inspired me to choose this field. I wanted to stand beside women during their most critical moments through anxiety, complications, and ultimately, the safe arrival of their child. As a mother of a daughter and a son, my professional and personal lives are deeply interconnected.

TDS: How has being a mother changed the way you communicate with your patients?
KST: Being a mother has completely transformed how I see and communicate with my patients. I never view them as mere cases. they are resilient women, often navigating fear, uncertainty, and hope all at once. Motherhood has given me a deeper emotional understanding. I can relate to their anxieties, their strength, and their sacrifices.

TDS: How do you handle the "mom guilt" when a 2:00 AM a medical emergency takes you away from your family?
KST: One particularly difficult period came when my daughter was preparing for her intermediate examinations and university admissions. I was suddenly transferred to Mymensingh. Every day, I had to commute from Dhaka to Mymensingh, attend to patients, return home, support my family, and maintain my private practice. My day would begin at 5 am and often end

at midnight. Perhaps it was my lifelong commitment to medicine that helped me endure.

Interview conducted by **Marzia Bhuiya Tabenda**

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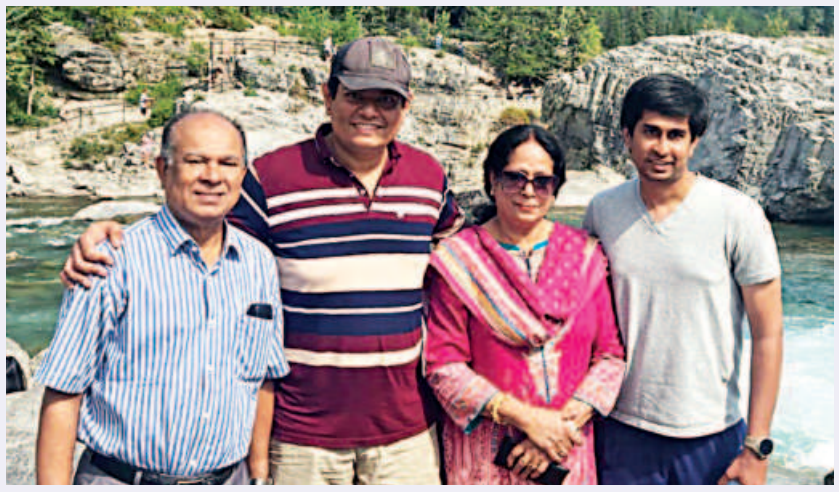
Balancing medical leadership and MOTHERHOOD

Professor Dr Salma Rouf, the Immediate Past Secretary General of OGSB, reflected on her stellar career while sharing intimate anecdotes of her journey as a mother. Navigating the delicate balance between high-stakes clinical emergencies and the quiet responsibilities of home life, she offers a unique perspective on the intersection of professional excellence and maternal devotion.



The Daily Star (TDS): What initially drew you to the field of Obstetrics and Gynaecology, and how has your professional mission evolved from being a young doctor to now being a mother and a leader at OGSB?

Dr Salma Rouf (SR): My inspiration to become a doctor was solely driven by my father. After that, during my internship period, I felt a strong urge to pursue gynaecology; the spark of helping a new life be born touched me deeply.

I was always determined to build my career, but for that, I didn't compromise family life. This was challenging, both intersected in many places, but over time, I learned to adapt.

TDS: How has the experience of motherhood shaped your bedside manner and the way you counsel women navigating the anxieties of childbirth or high-risk pregnancies?

SR: Firstly, I accept that I came from a privileged group; not every woman in Bangladesh has this facility. From my experience, I try to understand their struggle and always encourage them to embrace motherhood as a blessing, not as a weakness. I try to empower them by slowly making them accept the transition to motherhood proudly.

PROF. DR SALMA ROUF
Immediate Past Secretary General
Obstrectical & Gynaecological
Society Of Bangladesh (OGSB)
Professor and Ex. Head
Department of Obstetrics &
Gynaecology
Dhaka Medical College & Hospital

> From the beginning, I was very clear about my decisions, and neither my family nor anyone ever let me feel guilty. My family offered me understanding, and in return, I also prioritised them.

TDS: What is your daily strategy for transitioning from the hospital environment to being "Mom" at home?

SR: I have actually always tried to move in an organised way and given each sector of my life the due importance. From the very beginning, I tried to give time to professional commitment, household responsibilities and also to upgrading my knowledge simultaneously. I have tuned up my kids and family according to my job nature.

TDS: Can you share a specific instance where your "mother's intuition" or personal experience helped you navigate a professional crisis?

SR: Actually, life is such that you are bound to use your learning and experiences of one setup in a completely different setup according to need. With the word professional it comes automatically. We develop an intuition that helps us navigate difficult situations; obviously, motherhood and other professional expertise blend in here.

TDS: As a woman leader in Bangladesh's maternal health sector, how are you using your position at OGSB to innovate healthcare standards and ensure "Safer Motherhood" for women across the country?

SR: Mainly, I'm using my position from a policy maker perspective to empower the women of this country. OGSB is one of the most important and largest societies among all our professional societies here. Here we have an opportunity to work collaboratively with the government. In the context of Bangladesh, our own research is very important to empower our country's healthcare sector; we focus on doing that. We work on reducing childbirth mortality and improve mother healthcare by upgrading our knowledge continuously. We try to spread the mission among our juniors too.

TDS: In your view, how does the work of OGSB and OB-GYN specialists contribute to the broader empowerment of women and the health of Bangladesh's future generations?

SR: The work of OGSB and OB-GYN specialists contributes multidimensionally to empowering women's healthcare. While OGSB works at the policy level, the doctors dedicate themselves to the field to improve the situation. We are working collaboratively to enlighten women about their healthcare rights.

Interview conducted by **Samia Chowdhury**

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HEALER MOMS

A mother's heart in a doctor's world

The journey of a physician often requires a harmony between the clinical demands and the emotional nuances of nurturing a home. By combining medical innovation with the lessons learned from raising her own children, Dr Farzana Deeba highlights the shared responsibility of partners in infertility and the value of family support system.

The Daily Star (TDS): Could you share what motivated or inspired you to join this profession?

Dr Farzana Deeba (FD): Becoming a doctor was my parents' wish. My grandfather was a doctor. From a young age, I heard that I had to become a doctor. It was fixed in my mind, and I never really considered any other profession or even sat for admission tests elsewhere. I graduated from Dhaka Medical College.

After completing my MBBS, I started my career in Gynaecology. During my training, I worked under National Professor Shahla Khatun. She is one of my biggest inspirations; if my mother had the most contribution, she was the second.

While practicing, I noticed that infertility is a significant issue for women. In our society, women were often blamed first. I saw women coming in with their mothers or mothers-in-law, and it was always assumed to be the woman's fault. Men rarely accompanied them. I felt this needed to be addressed because both husband and wife are responsible.

TDS: Did your perspective with patients change after becoming a mother? How do you connect with and inspire patients struggling with infertility?

FD: Becoming a mother brings a complete change to a woman's life. Without being a mother, you can't fully understand the affection, the longing, or the sense of incompleteness when a child isn't there. It helps me understand the small joys, like tying a child's hair or buttoning their shirt.

ASSOC. PROF. DR FARZANA DEEBA

Associate Professor
Department of Reproductive Endocrinology and Infertility (REI)
BMU (Bangladesh Medical University)

> I am incredibly grateful to my mother and my mother-in-law. Without their support, a female doctor's career can rarely be successful.

My tone has definitely softened. I used to be harsher, but now I speak more gently. When an infertile woman comes to me, she isn't just coming with a physical issue; she is often psychologically upset. Patients often change doctors because they don't feel they were given enough time or assurance. I try to build that trust so that even if I can't provide an immediate cure, I can guide them on the next steps and the work-up process.

TDS: How do you take care of your children while managing such a busy career?

FD: Every working mother feels a sense of guilt. My mother was a home maker and gave us all her time, but my children never got that. I remember passing my FCPS Part 1 only 15 days after my son was born, and I was pregnant with my daughter during Part 2. I couldn't give them the time I should have.

Despite the busy schedule, I made it a point to sit with my kids every night-not just for studies, but to talk about their day. We call it "quality time." My son is now in his 4th year at Salimullah Medical College, and my daughter is in her 1st year at Chittagong Medical College. They chose this profession themselves because they saw us and didn't find it "uninteresting" or "hard," despite our busy lives. We still try to have dinner together every night we are in Dhaka.

TDS: Have you introduced any innovations or technologies in your department?

FD: Yes, particularly in our infertility department. We have introduced several new methods:

» PRP (Platelet-Rich Plasma) Therapy: We use this for patients with ovarian issues.

» Stem Cell Research: We are conducting research using stem cells in the ovary and endometrium.

» FCPS Degree in Infertility: Under the leadership of Professor Parveen Fatima, we started the first FCPS fellowship in infertility under the BCPS (Bangladesh College of Physicians and Surgeons).

» Student Involvement: We now train about 20-25 students per session specifically in infertility and women's health.

Interview conducted by **Afrina Sultana.**

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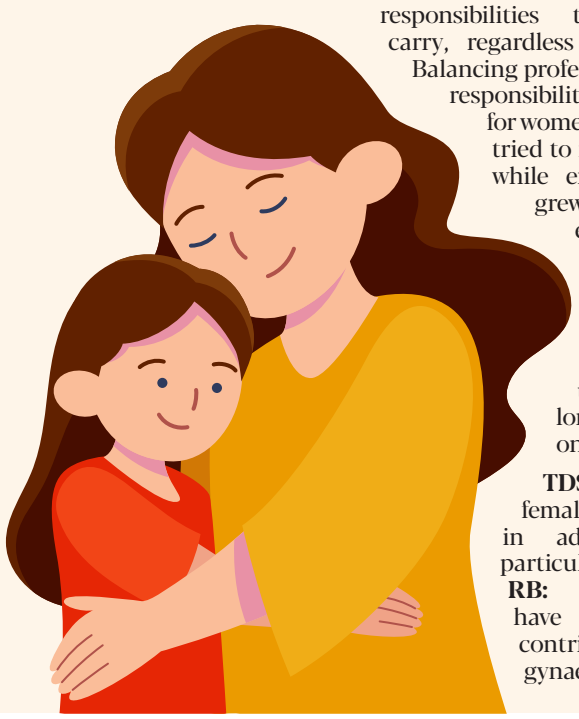
ADVANCING FERTILITY CARE in Bangladesh

As Bangladesh sees a steady rise in infertility cases alongside evolving expectations around parenthood, the need for specialised, patient-centred reproductive care has become more urgent than ever. Prof. Dr Rashida Begum speaks with The Daily Star about her journey into fertility medicine, the challenges within the healthcare system and her perspective on motherhood.



The Daily Star (TDS): What inspired you to specialise in a field so closely tied to motherhood and women's health?
Dr Rashida Begum (RB): My father wanted me to become a doctor. Later, specialising in gynaecology was encouraged by my husband. However, choosing fertility as a subspecialty was entirely my decision. At that time, Bangladesh was far behind in modern fertility treatment. I realised that this field is clinical as well as scientific and artistic. Fertility treatment, especially assisted reproductive techniques, requires precision, patience and a deep understanding of biology. That combination of science and meticulous care drew me to this field.

TDS: How has being a mother influenced your perspective when working with women who are trying to conceive?
RB: In my practice, most patients come with the hope of becoming mothers rather than as mothers themselves. Personally, I see motherhood as part of a broader set of social and familial responsibilities that most women carry, regardless of their profession. Balancing professional life with family responsibilities is a constant reality for women in our context. I have tried to maintain that balance while ensuring my children grew up with discipline, education, and independence. That experience shapes how I approach patients—with patience, understanding, and a long-term perspective on their lives.

TDS: What role are female doctors playing in advancing healthcare, particularly in your field?
RB: Female doctors have made a substantial contribution, especially in gynaecology and fertility care. In Bangladesh, most IVF centres are led by women, which reflects their leadership in this specialised field. Beyond fertility, women are contributing across disciplines from surgery to cardiology. Their presence improves patient comfort and access, particularly for women seeking care. This has been a significant and positive transformation in our healthcare system.

PROF. DR RASHIDA BEGUM

President of FSSB
Chief Consultant at Infertility Care & Research Centre Ltd (ICRC)

> In Bangladesh, most IVF centres are led by women. Beyond fertility, women are contributing across disciplines from surgery to cardiology. Their presence improves patient comfort and access.

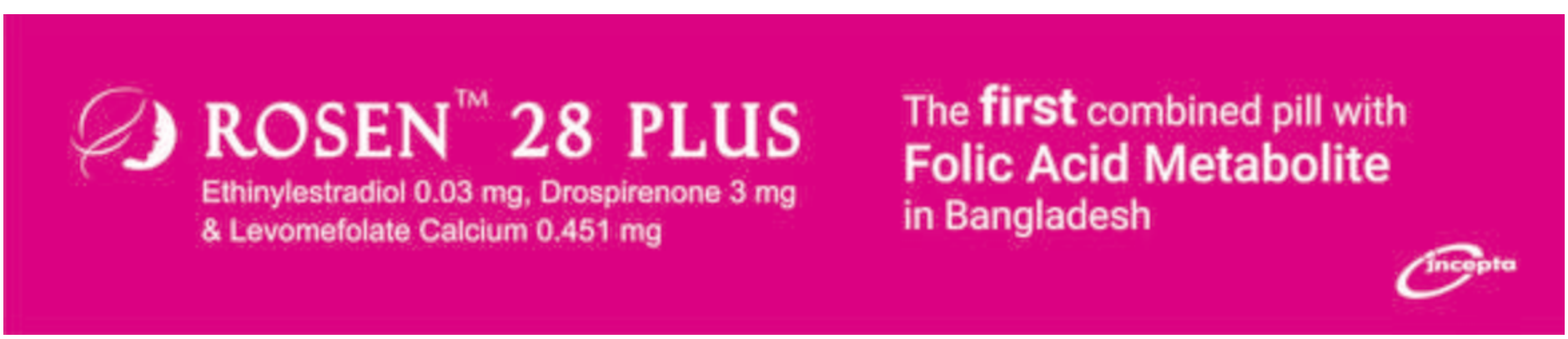
TDS: What challenges do you see within the healthcare system today?
RB: One of the key challenges is the lack of adequate facilities and opportunities for trained specialists. Many doctors receive advanced training but lack the infrastructure or institutional support to apply their skills. This creates a gap between expertise and service delivery. While private centres can sometimes bridge this gap, the public healthcare system still requires significant improvement to ensure wider access to quality care.

TDS: What advice would you give to young women entering medicine?
RB: My advice is to focus on developing both knowledge and practical skills. Medicine requires continuous learning and hands-on experience. However, beyond individual effort, there must also be systemic support. Authorities need to create opportunities and provide the necessary infrastructure so that skilled doctors can contribute effectively. Supporting doctors ultimately means improving healthcare for the entire population.

TDS: How have you seen women's participation in education and healthcare evolve over time?
RB: There has been significant progress. When I was a student, access to education for girls was limited. Today, opportunities have expanded considerably, and more women are entering higher education and professional fields. However, the quality of education remains a concern. While more students are graduating, not all are gaining the depth of knowledge required. At the same time, I see a strong commitment among many young doctors to develop themselves through training and continuous learning, which is encouraging.

TDS: What does Mother's Day mean to you?
RB: Mother's Day is not limited to a single occasion. For those raising children, every day is a form of Mother's Day. However, having a dedicated day allows people to express feelings they may not always communicate. A simple message or gesture from children can mean a great deal to any mother. It is a meaningful tradition that celebrates that bond.

Interview conducted by **Farhan Musfique**



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HEALER MOMS

CARING FOR MOTHERS
Beyond medicine

As Bangladesh continues to address gaps in maternal healthcare, the role of experienced obstetricians remains central to improving awareness and quality of care. Prof. Dr Samsad Jahan Shelly shares her journey, the realities of maternal care, and the responsibility of being both a doctor and a mother.

The Daily Star (TDS): What inspired you to specialise in Obstetrics & Gynaecology, a field so closely tied to motherhood and women's health?

Dr Samsad Jahan Shelly (SJS): I have always felt that mothers in our society are often neglected, even though they are central to the family. Many women prioritise everyone else before themselves, whether it is food, rest, or healthcare. This imbalance affects not only them but also future generations. I initially wanted to pursue surgery, but over time I realised that gynaecology would allow me to work closely with women and address both visible and hidden health issues. It allowed me to support mothers more directly.

TDS: How has becoming a mother influenced your perspective when caring for patients?

SJS: Being a mother has deepened my understanding of my patients. At the same time, balancing a demanding profession with family life requires strong support. I was fortunate to receive encouragement from my parents and my husband, who ensured I could continue my studies and career. That experience helps me guide patients, as I understand their struggles from both personal and professional perspectives.

TDS: You witness both the joy and risks of childbirth—how do you navigate this emotionally?

PROF. DR SAMSAD JAHAN SHELLY

Professor and Head of the Department of Obstetrics and Gynaecology
United Medical Hospital

> This profession requires dedication beyond fixed hours, as emergencies can arise at any time. Balance is only possible with family support.

SJS: Childbirth is a joyful experience, but it comes with risks, especially when factors like age, obesity, or conditions such as diabetes and hypertension are involved. I focus on early counselling—encouraging women to plan pregnancies at the right time and take preventive measures. Awareness can significantly reduce complications, and my role is to ensure patients are prepared both emotionally and medically.

TDS: How do you build trust with patients, especially first-time mothers?

SJS: Trust begins with listening. Many women cannot express their concerns within their families, but they open up in a clinical setting. I often spend time understanding their situation and provide counselling not only to the patient but also to family members. Without a supportive environment at home, proper care becomes difficult.

TDS: As a woman in healthcare, how do female doctors impact maternal care in Bangladesh?

SJS: Female doctors often bring empathy and understanding that is essential in this field. Women feel more comfortable sharing sensitive issues with another woman. The increasing number of female doctors is a positive change, as it improves access and comfort for patients. Educating women and making them independent is also crucial for long-term progress.

TDS: How are you contributing to improving maternal healthcare standards?

SJS: I have worked on training initiatives, particularly for doctors in underserved areas. During my time at BIRDEM, I introduced diploma programmes to train doctors who could not pursue long-term courses. I have also been involved in promoting laparoscopic surgery through workshops across the country, helping doctors adopt safer and more efficient techniques.

TDS: What message would you give to young women aspiring to join this field?

SJS: Focus on learning, not earning. Dedication and honesty are essential. Do not chase money; rather, prioritise patient care. If you remain committed to your work, success will follow.

TDS: What does Mother's Day mean to you?

SJS: Mother's Day should not be limited to a single day. Mothers should be valued every day for their sacrifices and contributions. Respecting and caring for them consistently is what truly matters.

Interview conducted by **Farhan Musfique**

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A journey from PATIENT CARE TO PARENTING

In the delicate field of reproductive medicine, where clinical expertise must be matched by profound emotional intelligence, Dr. Nusrat Mahmud has spent over two decades helping women navigate the complexities of infertility, PCOS, and endometriosis.

The Daily Star (TDS): How do you manage patients as a mother in the field of infertility and reproductive systems?
Dr Nusrat Mahmud (NM): I primarily deal with infertility and hormonal issues such as Polycystic Ovary Syndrome and Endometriosis. While the clinical side is essential, I spend a lot of time on psychological counselling. I have to boost their spirits and help them navigate societal pressures. I enjoy this work, which is why I chose to focus on this area over obstetrics. I've been doing this since I returned from Singapore with my master's in 1998-99. Back then, there weren't many specialists in this field.

TDS: What was your routine like when your children were younger, and how did you balance work and home life?
NM: My family has always been my primary focus, with work coming second. When my children were in school, I would make them breakfast and tiffin and drop them off myself. After work, I would pick them up from the bus stop. I made it a point to feed them and oversee their homework. I practised three to four days a week to ensure I had enough time for them. Living in a joint family with my in-laws and having a close bond with my parents and siblings also meant I had a lot of emotional and practical responsibilities.

TDS: How has being a mother changed the way you interact with your patients, especially those facing infertility or high-risk pregnancies?
NM: As a mother, I can empathise with my patients, but I also acknowledge that I can't fully understand the pain of those who don't have children. I try to counsel them that having a child isn't the only goal in life and that the relationship between husband and wife is equally important. I share my own experiences where appropriate to help them through their challenges.

DR NUSRAT MAHMUD

Senior Consultant
Division of Reproductive Endocrinology and Infertility (REI)
BIRDEM Women's & Children Hospital

There have been times when professional frustrations, like a delayed promotion, would affect my mood. In a joint family, trying to keep everyone happy can be exhausting. Sometimes my children wouldn't get the attention they deserved. I've had to learn to manage my reactions and ensure that I'm listening to my children's needs.

TDS: Have you ever felt guilty about having to leave your family for a medical emergency?
NM: I specialise in infertility so I don't have many late-night emergencies. Those are more common in obstetrics. I chose this path partly for that reason, so I could have more predictable hours. If there is an emergency, our hospital system is well-equipped to handle it without me always having to be there in person.

TDS: How have you handled professional challenges while balancing your role as a mother?
NM: There have been times when professional frustrations, like a delayed promotion, would affect my mood at home. In a joint family, trying to keep everyone happy can be exhausting, and sometimes my children wouldn't get the attention they deserved. I've had to learn to manage my reactions and ensure that I'm listening to my children's needs, even when I'm stressed. It's a constant balancing act, especially in a field where we often deal with people who are going through difficult times themselves. We have to make a conscious effort to find joy and spend quality time together as a family.

TDS: Do you have any suggestions for the betterment of doctors in your department?
NM: I think every hospital needs a daycare center for staff. I was lucky because my mother and in-laws lived in Dhaka, but many have no support. They have to leave kids with domestic help, who can't always be trusted. Having a child nearby allows a mother to work without tension.

Interview conducted by **Afrina Sultana.**

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