

MGH Doctor-Mom: Managing Child-Related Sleep Deprivation, Part 1

by Monique Tello, MD, Instructor in Medicine

Like most doctors, I considered sleep deprivation to be part of the deal when I applied to medical school.

I'm sure my stories of pushing the alertness envelope sound familiar: During my Med/Peds residency (which for me started just before new residency work regulations were officially adopted) this meant many 24 to 36 hours shifts on the old q3 and q4 call schedule. I (vaguely) remember starting an ICU shift at 6 a.m. one day, and then searching for my car in the hospital garage at 6 p.m. the next night... For the life of me I couldn't remember where I had parked. Only, when I did locate my old Saab, it didn't start. *Then* I needed to wait for AAA to give me a jump, and *then* I still had to drive home, only to be back in the ICU the next morning at 6 a.m.... I'm sure I cried that night, but I don't remember. I was too tired. I didn't, however, fall asleep driving.

During my clinical research fellowship, I moonlighted on the Hospitalist service, often signing up for 24-hour Saturday shifts (hey, had to start paying off those medical school loans, you know), but found myself nodding off at my desk, trying to keep up with the weekday clinical and research work schedule... I didn't, however, fall asleep driving.

Now, as an attending in Internal Medicine here at MGH, at 5 outpatient clinical sessions per week, I am aware that I have a much lighter clinical duty in general than many of my colleagues. My overnight duty is limited to answering the very rare late-night page.

So, why is it that the only time in my entire career that I have fallen asleep at the wheel, was just this year?

It was February. I was driving home from clinic, and I was (of course) stuck in Boston traffic, and I did, really, JUST FOR A SECOND, fall asleep.

I startled awake and realized I was dangerously beyond exhaustion. I was very afraid that I would fall asleep at the wheel on 93 South.

In that moment I went into survival mode: I opened the windows (it was bitter cold), and I called my husband to talk to me until I got home. Okay, in hindsight, talking on a cell phone while driving is never a good idea, and while driving fatigued, probably even worse. But honestly, traffic was moving at a max speed of about 15 mph, and it kept me awake.

But, the real issue: Why on earth is someone with a nice part-time day job falling asleep at the wheel?

Three words: Baby. Not. Sleeping.

At that point, our precious little toddler Maria was still waking up once, twice, three times a night for a bottle. And it had been going on for 15 months.

Looking back, I realize that I personally minimized the effect this chronic sleep deprivation had on me. The tendency is to “suck it up”, to laugh it off, to assume that it’s just something one has to deal with.

This can be a dangerous assumption.

Erin Flynn-Evans, PhD, is a sleep researcher who is passionate about this issue. She knows a thing or two about sleep: as a fellow at BWH, she participated in multiple sleep-related research projects, including the landmark 2004 NEJM article showing that eliminating interns’ extended overnight ICU shifts significantly decreased errors, the one that resulted in mandatory resident work-hours reductions by the ACGME.¹

She is now leading the Fatigue group at NASA, and she a mother of two young children who *also* works as sleep consultant at Isis Parenting:

“In general, I think that responding to children at night is much more difficult than working, because you do not have control over anything. When you are at work you can prioritize, plan and delegate. You can anticipate problems and provide directions to nurses and staff about when to page you in order to maximize your sleep consolidation. When you have a young child you have no control over when you will wake and your sleep becomes fragmented and highly disrupted at random times.”

In a recent profile by the Boston Globe, Evans described that even as an expert, she’s constantly challenged by her 2-year-old son:

“I thought I knew everything about sleep, but he’s putting me through the wringer.”²

This was very validating to me to hear. I am not the only doctor-parent who has suffered sleep deprivation due to kid issues, and you’re not either. It doesn’t have to be a baby waking up at night. Kids get sick, there are strings of nights up late or repeatedly dealing with croup, fevers, GI bugs.... there are late-night ER visits.

So, what do we do when you are seriously sleep-deprived secondary to baby/ child care issues, and we have a full day of clinical care, ten tons of administrative work, and a huge project in the works? We can’t call out. Not an option.

So in this Part 1 of how to practically deal with the very common situation of a practicing physician up at night with a child, we will concentrate on self-care. (For sleep-training your child, see the soon-to-be released Part 2):

These suggestions on self-care in a sleep deprived state are from my own personal experience, as someone who couldn't hire a night nanny (doubt many of us can) and finding myself needing to figure it out:

1. Don't minimize the issue. Chronic sleep deprivation is a serious issue.
2. Schedule yourself lightly, be it lower clinical expectations or putting off meetings and projects. For me, this meant not taking new patients for a few months, and putting off teaching responsibilities and other projects.
3. Delegate as much as possible. I know there are times I give my staff more work than I would otherwise, but it keeps the clinical piece together, i.e. no patient care falling through the cracks.
4. Be kind to yourself, physically and mentally. For me, this means eating healthily and exercising as much as I can; making time for friends and family; and not feeling guilty about any of the above.
5. And, yes, sleep training your child is a necessary thing.

See the upcoming Part 2 for advice on sleep-training your child!

¹ Lockley SW, Cronin JW, Evans EE, Cade BE, Lee CJ, Landrigan CP, Rothschild JM, Katz JT, Lilly CM, Stone PH, Aeschbach D, Czeisler CA; Harvard Work Hours, Health and Safety Group. Effect of reducing interns' weekly work hours on sleep and attentional failures. *N Engl J Med*. 2004 Oct 28;351(18):1829-37.

²"Sleep researcher examines the mystery of shut-eye." by Cindy Atoji Keene.
http://www.boston.com/jobs/news/jobdoc/2013/04/sleep_researcher_examines_the.html