

## **Pregnancy and Sleep**

For most women, pregnancy is a time of great joy, excitement and anticipation. Unfortunately, for many it can also be a time of serious sleep disturbance, even for women who have never had problems sleeping. One commentator estimated that as many as 78% of women suffer from disturbed sleep during pregnancy than at other times. Many women also report feeling extremely fatigued during pregnancy, especially during the first and third trimesters. Considering the physical and emotional demands of pregnancy and the prevalence of sleep disorders among pregnant women, it's no wonder that expectant mothers become so tired.

One of the reasons for fatigue and sleep problems during pregnancy are changing hormone levels. For example, rising progesterone levels may partly explain excessive daytime sleepiness, especially in the first trimester. Hormonal changes may also have an inhibitory effect on muscles, which may result in snoring and in obese women increase the risk of developing sleep apnoea and may be partly responsible for the frequent trips to the bathroom during the night. These interruptions as well as those caused by nausea and other pregnancy-related discomforts can result in significant loss of sleep. Many women experience insomnia due to emotions and anxiety about labour and delivery, balancing motherhood and work, or their changing relationship with their partner. This is especially true of first time mothers. For most women, getting a full night's sleep becomes even harder once the baby is born. It is very important for pregnant women to prioritize sleep and to find effective strategies for managing their sleep problems as early as possible in their pregnancy.

Several sleep disorders can be caused or made worse by pregnancy. In one study of over 600 pregnant women, 26% reported symptoms of Restless Legs Syndrome (RLS); symptoms of which include unpleasant feelings in the legs that worsen at night and that are relieved by movement. Another common problem during pregnancy is heartburn, also known as Gastroesophageal Reflux Disease (GERD). Another study found that 30-50% of pregnant women experience GERD almost constantly during pregnancy. Pregnant women are also at risk for developing Sleep Apnoea, a disorder in which breathing is repeatedly interrupted during sleep. It is also associated with more daytime sleepiness compared to women who do not have Sleep Apnoea during pregnancy. If you are pregnant and feel you may suffer from Sleep Apnoea, it is very important that you talk to your doctor.

### **SYMPTOMS**

Some common sleep problems and their symptoms that may occur during pregnancy:

- Insomnia – symptoms of Insomnia include difficulty falling asleep, staying asleep, or waking up too early or feeling unrefreshed. Insomnia related to stress or anxiety about labour, delivery and/or balancing work and motherhood may result in significant sleep loss. The discomforts of pregnancy such as nausea, back pain and foetal movements may also disturb sleep.

- Restless Legs Syndrome (RLS) - symptoms of RLS include unpleasant feelings in the legs, sometimes described as creepy, tingly or achy. These feelings are worse at night or in the hours before bed and they are temporarily relieved by movement or stretching.
- Sleep apnoea – sleep apnoea is a sleep disorder in which breathing is repeatedly interrupted during sleep. A noticeable feature of sleep apnoea is heavy snoring accompanied by long pauses, and then gasping or choking during sleep.
- Nocturnal Gastroesophageal Reflux (night-time GERD) – GERD, also known as heartburn, is considered a normal part of pregnancy. However, night-time symptoms of GERD can damage the oesophagus and disrupt sleep during pregnancy.
- Frequent night-time urination (Nocturia) – the frequent need to urinate at night is a common feature of pregnancy and can result in loss of sleep.

## **TREATMENT**

Treatment for sleep problems during pregnancy is complicated by the fact that drug therapy can harm a developing foetus. A lot of drugs that are used to treat insomnia carry some risk and are typically not recommended for women who are pregnant. Good sleep hygiene can help to manage pregnancy-related insomnia.

Drugs for treating RLS also pose risks to a developing foetus. Prenatal vitamins that include folate and iron supplements will help reduce RLS symptoms during pregnancy, but folate is better absorbed in foods (whole grains, cereals, and breads) than it is in pill supplements. Coffee can decrease absorption and vitamin C increases absorption of folate from foods.

Overweight or obese women who become pregnant, women who gain excessive weight and women who report snoring should be evaluated for Sleep Apnoea. Continuous positive airway pressure (CPAP) is a safe and effective treatment for sleep apnoea during pregnancy. Cessation of breathing at night can have an adverse effect on the foetus.

**Gastroesophageal Reflux (GERD)** can be treated with over-the-counter antacids.

There is no over-the-counter remedy for pregnant women who experience frequent night-time urination but see "Coping" for what you can do to minimize the problem.

The good news about most of the sleep problems experienced by pregnant women is that they tend to go away once the baby is born, but women should still pay close attention to their sleep after they give birth as new sleep problems may arise.

## **COPING**

Sleeping well throughout pregnancy can be challenging. Practice good Sleep Hygiene along with these tips throughout your pregnancy to minimize loss of sleep:

- Plan, schedule and prioritize sleep.
- Unless your health care provider has advised against it, try to exercise for at least 30 minutes per day.

- Sleep on your left side to improve the flow of blood and nutrients to your foetus and to your uterus and kidneys. Try to avoid lying on your back for extended periods of time. Place pillows between your knees, under your abdomen and behind your back. This may take pressure off your lower back.
- Drink fluids during the day, especially water, but cut down on the amount you drink in the hours before bedtime.
- In order to avoid heartburn, do not eat large amounts of spicy, acidic or fried foods. Also, eat frequent small meals throughout the day.
- Snoring is very common during pregnancy, but if you have pauses in your breathing associated with your snoring, you should be screened for Sleep Apnoea. Also, have your blood pressure and urine protein checked—especially if you have swollen ankles or headaches.
- If you develop RLS, you should be evaluated for iron or folate deficiency.
- If you can't sleep, don't lie in bed forcing yourself to sleep. Get up and read a book, write in a journal, or take a warm bath.
- Add daytime naps as necessary, but reduce them or nap earlier in the day if you have difficulty falling asleep at night.

*DISCLAIMER: While every effort is made to ensure medical accuracy, this paper should not be used to diagnose or treat a sleep disorder. In all cases the advice of a properly qualified medical practitioner should be sought.*

*The Sleep Disorder Support Foundation and/or The Irish Sleep Apnoea Trust, its officers or committee members cannot be held liable for any errors.*