



KEY FACTS¹

- Physiologic changes of pregnancy can make sleep more difficult. Sleep disturbances affect 75% of pregnant people, peaking in the third trimester.
- Insomnia (38%), restless leg syndrome (20%), and sleep apnea (15%) are the most common sleep disturbances affecting pregnant people.
- Insomnia and sleep disturbances during pregnancy are associated with gestational diabetes, hypertension, preterm birth, cesarean delivery, and preeclampsia/gestational hypertension.

COURSE OF ACTION

1 Identify etiologies

2 Implement treatment based on etiology

3 Provide resources and monitor outcomes

- Use the Global Sleep Questionnaire to identify possible causes ([page 2](#))
- Incorporate health disparity and pregnancy-specific considerations ([page 3](#))

COMMON ETIOLOGIES FOR POOR SLEEP DURING PREGNANCY^{2,3}



MEDICAL

- Thyroid Disorder
- Diabetes
- Renal Disease
- Anemia
- Fibromyalgia
- GERD
- Migraines
- Epilepsy
- Bruxism
- Obstructive Sleep Apnea
- Asthma
- Restless Leg Syndrome
- Chronic Pain



PSYCHIATRIC

- Depression
- Anxiety
- PTSD
- OCD
- Bipolar

COMMON RISK FACTORS & COMORBIDITIES

REVIEW MED LIST FOR CULPRITS

(meds that might cause or exacerbate sleep disturbances)

ORDERS & REFERRALS TO CONSIDER

(for diagnostic clarity)

- Central nervous system stimulants
- Central nervous system depressant
- Bronchodilators
- Antidepressants

- Beta antagonist
- Diuretics
- Glucocorticoids

- Thyroid function test (TFT)
- Blood sugar & HbA1c
- BUN & creatinine
- Iron studies
- Sleep consult or polysomnogram (PSG)

- History taking
- Screeners
- NC MATTERS consult for diagnostic clarity

SCREENING FOR SLEEP DISTURBANCES


What do I say?



“Many pregnant people have problems with sleep during pregnancy and in the postpartum period. People don’t sleep well for a lot of different reasons. The good news is that there are many things that we can try to help you get some more sleep. Let’s talk a little more to figure out what might be keeping you from sleeping well.”

The Global Sleep Assessment Questionnaire is a comprehensive screening tool for use in primary care. Consider the following diagnoses and interventions based on questionnaire responses.

GLOBAL SLEEP ASSESSMENT QUESTIONNAIRE AND TREATMENT CONSIDERATIONS ^{9,10}

 Global Sleep Assessment Questionnaire	Consider a diagnosis of...	Medical Treatment		Psychiatric Treatment		Sleep Hygiene and Education
		Treatment based on diagnosis	Sleep Consult	Treatment based on diagnosis	CBT-I	
Do you have difficulty falling asleep, or feeling poorly rested in the morning?	Insomnia; Obstructive sleep apnea; Psychiatric	✓	✓	✓	✓	✓
Do you fall asleep unintentionally or have to fight to stay awake during the day?	Insomnia; Obstructive sleep apnea		✓		✓	✓
Do sleep difficulties or daytime sleepiness interfere with your daily activities?	Life activities; Insomnia; Psychiatric; Medical; Obstructive sleep apnea	✓	✓	✓	✓	✓
Do work or other activities prevent you from getting enough sleep?	Life activities					✓
Do you snore loudly?	Obstructive sleep apnea		✓			
Did you hold your breath, have breathing pauses, or stop breathing in your sleep?	Obstructive sleep apnea		✓			
Did you have restless or “crawling” feelings in your legs at night that went away if you moved your legs?	Restless leg syndrome	✓				✓
Did you have repeated leg jerks or leg twitches in your sleep?	Periodic limb disorder	✓	✓			
Do you have nightmares, or did you scream, walk, punch, or kick in your sleep?	Parasomnia; Psychiatric		✓	✓		
Did the following things disturb your sleep? Pain, other physical problems, worries, medications, other?	Life activities; Medical; Psychiatric	✓		✓		✓
Did you feel sad or anxious?	Psychiatric			✓	✓	✓

Note: Information in the header of the Global Sleep Assessment Questionnaire may facilitate detection of sleep disturbances (i.e. work shift data may aid in detection of circadian rhythm disorders). Also of note, this questionnaire does not screen for narcolepsy. Additional research on the validity of this screener is needed.
 *Screeners in this toolkit are available online, may require permission for reuse.

UNDERSTANDING HEALTH DISPARITIES ⁴

Consider how these factors identified by the National Sleep Foundation may be impacting your patient.

	What can it look like?	What can I do?	What resources can I offer?
Discrimination	Can be based on race or ethnicity or other protected status(es)	Consider referral for legal advice or support with filing a complaint	<ul style="list-style-type: none"> • Legal Aid of North Carolina • Civil Rights Division
Access to Care	Black individuals may be less likely to be diagnosed or treated for sleep apnea	Refer for financial assistance or refer to clinics that utilize sliding scale fees	<ul style="list-style-type: none"> • Financial Assistance in Medical Care • Find a Health Care Center
Financial Distress	People of color face disproportionate levels of unemployment and poverty	Refer for care management assistance	<ul style="list-style-type: none"> • NC Care 360 • Care Management for High-Risk Pregnancies (Medicaid program)
Neighborhood Environment	Marginalized communities may live in neighborhoods with higher levels of pollution, noise, allergens, and other stressors	Refer for community resources	<ul style="list-style-type: none"> • DHHS Office of Community Services • EPA Environmental Justice
Shift Work	Marginalized communities may be more likely to work night shift, irregular, or extra hours	Consider a work note in alignment with the Pregnancy Workers Fairness Act	<ul style="list-style-type: none"> • Pregnancy Workers Fairness Act
Occupational Hazards	Job stress from discrimination, potential for greater safety risks	Request Safety Data Sheets (SDS) & review perinatal risks from exposures	<ul style="list-style-type: none"> • Safety Data Sheets • MothersToBaby (exposure risk info)

Want to learn more? Read about Health Equity in [Healthy People 2030](#) ⁵

PREGNANCY-SPECIFIC CONSIDERATIONS ^{6,7,8}



- ← Mental burden of adjusting to pregnancy
- ← Lifestyle, financial, and relationship changes
- ← Pressure on lungs affecting breath
- ← Pressure on bladder affecting urination
- ← Hormonal changes? (e.g. estrogen and progesterone)

COMMON DIAGNOSES: INSOMNIA, SLEEP APNEA, RESTLESS LEG SYNDROME

INSOMNIA¹¹

Insomnia is classified into three categories: early (difficulty falling asleep); middle (difficulty staying asleep); and late (waking up too early). The disruption is distressing and results in daytime functional impairments.

Types of Insomnia:

1 Chronic Insomnia Disorder:

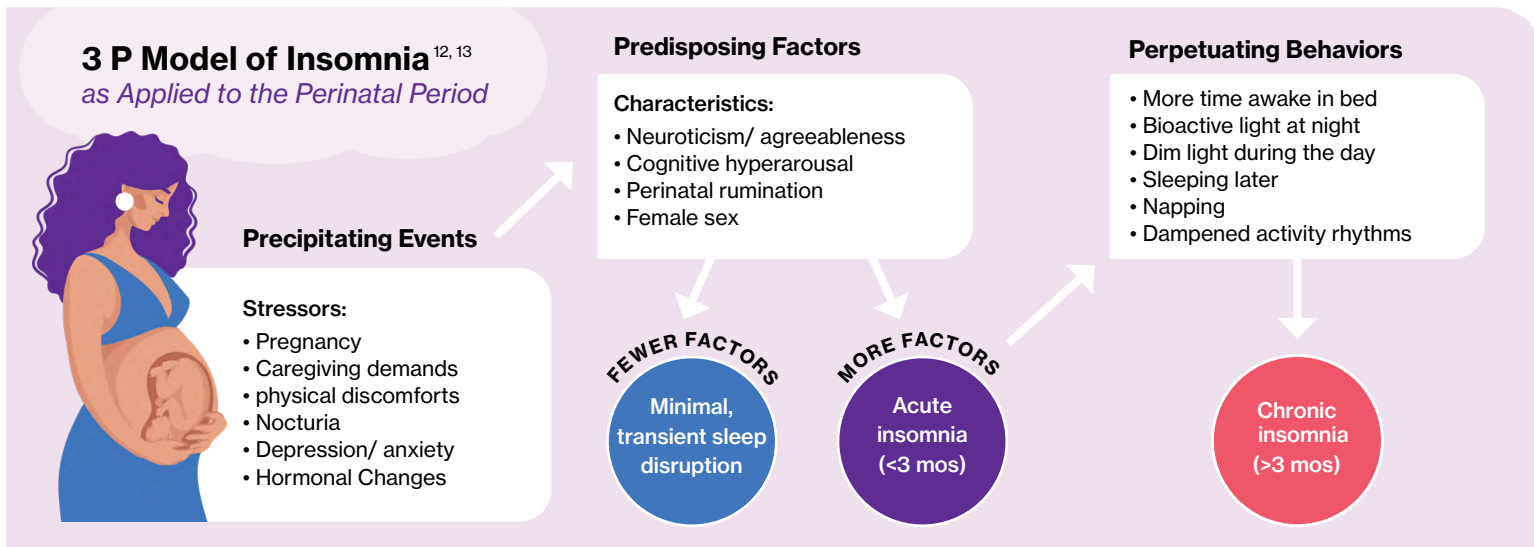
The sleep disturbances occur at least 3 times/week and have been present for the last 3 months.

2 Short-Term Insomnia Disorder:

The sleep disturbances have been present for less than 3 months.

3 Other Insomnia Disorder:

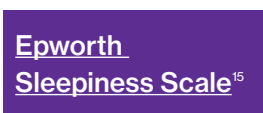
Difficulty in initiating or maintaining sleep that does not meet the criteria of chronic insomnia or short-term insomnia disorder.



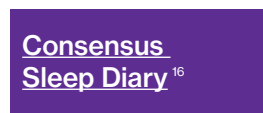
To assess outcomes and guide treatment, consider the following screeners and diary:



A five question scale assessing insomnia



An eight question scale assessing sleepiness



A weekly sleep diary, available to print or [download the app](#)

SLEEP APNEA^{17, 18}

- Sleep-disordered breathing is associated with obesity, hypertension disorders of pregnancy, gestational diabetes, and cardiomyopathy.
- Obstructive sleep apnea is associated with increased maternal morbidity and mortality, and increased risk for anesthesia complications.
- Frequent snoring is the most common symptom. Refer for a sleep consult for severe daytime drowsiness, debilitating fatigue, and other significant symptoms.
- CPAP settings may need to be adjusted in pregnancy for pre-existing sleep apnea.



RESTLESS LEG SYNDROME^{1, 19}

- Criteria used to confirm diagnosis:
 - (1) urge to move legs with unpleasant sensations,
 - (2) symptoms worsen with rest or inactivity,
 - (3) symptoms relieved with movement,
 - (4) symptoms worsen in the evening
- Can be a primary or secondary diagnosis; consider medications that may exacerbate (e.g. some neuroleptics, antiemetics, antihistamines), end-stage renal disease, iron or folate deficiency (consider supplementation if indicated), and others.
- Benefits of non-pharmacologic measures are not well-studied, exercise in the first part of the day may be beneficial.



HOW DO I HELP MY PATIENT?

NON-PHARMACOLOGICAL

PHARMACOLOGICAL

1

Sleep Hygiene

Sleep Education

Provide Basic Supports

These are ineffective as standalone treatments for chronic insomnia

2

CBT-i

First Line Treatment for chronic insomnia

3

Medications

Consider Medication with These Factors

- Non-pharmacological treatment is ineffective
- Insomnia is severe
- Benefits outweigh the risks

SEVERITY OF SYMPTOMS

1

Sleep Hygiene

Avoid napping

Limit caffeine

Avoid nicotine and alcohol

Exercise

Quiet & dark sleep environment

Use a clock (no electronic devices)

Avoid large meals in the evening

Sleep Education ^{20, 21}

Raise awareness and educate about:

- Perinatal-specific anatomical and physiological changes
- Beneficial lifestyle adjustments for stressors
- Detrimental practices based on misinformation

Pro Tip:

Check out babysleep.com for expert tips on infant sleep



Additional considerations when addressing sleep concerns with your patient

Realistic Expectations

- Have household tasks been simplified?
- Have work adjustments been considered? (e.g. travel, FMLA usage, etc)
- Have you offered education on typical newborn sleep?

Social Support

- Are there concerns about interpersonal violence?
- How is the family adjusting to the pregnancy and/or new baby?
- Has sleep been prioritized over other activities?
- Would a sleep "prescription" be helpful? (see [page 7](#))

Infant Feeding

- Has infant feeding been optimized? (Breastfeeding generally does not shorten nighttime sleep.)
- Have you evaluated for breastfeeding problems (e.g. mastitis, sore nipples, etc.)?

Infant Sleep

- Have you discussed a safe sleep environment for both parents and baby?
- Have you offered behavioral interventions for sleep?

2

Cognitive Behavioral Therapy- Insomnia (CBT-i)

What is CBT-i? ^{3, 20, 23}

- First-line treatment for chronic insomnia
- 6-8 sessions of therapy, focused on 3 aspects of sleep disturbance
- Can prevent postpartum depression

CBT-i for Pregnancy ²²

- A good choice for those who prefer non-pharmacologic options
- Addresses pregnancy, newborn, and family-related dynamics
- Sleep restriction guidance is modified to increase flexibility in bed/wake times

Find a Provider

- Visit cbti.directory
Some therapists may be able to provide telehealth options
- Try [Insomnia Coach](#), a free app from the VA
Available in digital form

Component	Purpose
Education	
Sleep education	Improve understanding of normal sleep and behaviors that affect sleep
Cognitive	
Cognitive therapy	Change dysfunctional beliefs about sleep to reduce fear, anxiety, and effort around sleep
Behavioral	
Sleep restriction	Improve sleep efficiency by reducing time spent awake in bed, and set a stable schedule
Stimulus control	Reduce stimuli that increase wakefulness before and during sleep time
Relaxation	Reduce mental activity and physical tension before bed



DID YOU KNOW?

Treating insomnia during pregnancy can prevent postpartum depression symptoms

MANAGEMENT ISSUES

Medication	Preconception/ First Trimester	Antepartum	Intrapartum	Neonatal	Lactation	Notes
SSRIs	None confirmed	Decreased serum concentrations across pregnancy	None	Transient withdrawal	Fluoxetine has higher amount of drug in breast milk; other agents might be preferred	Most safety data on sertraline
Benzodiazepines	Inconclusive risk many do not show teratogenic effects; few studies show risk of anal atresia; pulmonary valve stenosis, neural tube defects, cleft lip, limb deficiencies; association with spontaneous abortion	Crosses placenta; association with preterm delivery	Floppy infant syndrome; may be associated with cesarean delivery	Transient withdrawal, association with small-for-gestational age	None confirmed; monitor for sedation; poor feeding and poor weight gain	Most safety data on lorazepam; strong causal connection with motor vehicle accidents Principally for short-term therapy
Tricyclic	Unknown risk	Possible small increased risk of preeclampsia with amitriptyline		Transient withdrawal	Doxepin is incompatible with breastfeeding	Doxepin has strong efficacy in non-pregnant patients & clinical experience with safety in pregnancy
HBRA ("Z drugs")	None confirmed; Few cases with fetal intestinal malformation (with concomitant meds)	Possible increased risk of small-for-gestational age and preterm delivery		Transitory withdrawal; association with low birth weight and neonatal respiratory depression	Limited data, zolpidem not expected to cause adverse effects; monitor for sedation; poor feeding and weight gain	Strong causal connection with motor vehicle accidents; Zopiclone or zolpidem use may be justified Principally for short-term therapy
Exogenous Melatonin		Freely crosses placenta; may impact fetal circadian rhythms and reproductive function; may impact glucose tolerance		Possible decreased birthweight	Unlikely that short-term use of usual doses of melatonin in pm would adversely affect infant; caution due to long half-life & lack of data	Not monitored by FDA; contents and dose may not be as advertised
Antihistamines	Meta-analysis did not find; May be associated with various anomalies; none confirmed with second generation	None confirmed	None confirmed		Larger doses or more prolonged use may cause effects in the infant or decrease the milk supply	Doxylamine succinate is well-studied for nausea and vomiting in pregnancy & considered safe Principally for short-term therapy
SARIs (Trazodone)	None confirmed	None confirmed; limited data	None confirmed; limited data		Limited data; not expected to cause adverse effects	Trazodone use may be justified

KEY: **HBRA:** hypnotic benzodiazepine receptor agonists
SARIs: serotonin antagonist and reuptake inhibitors
SSRIs: selective serotonin reuptake inhibitors

Having trouble choosing a medication for your patient?

Call [NC MATTERS](#) to consult with a perinatal psychiatry provider.

RESOURCES FOR PATIENTS

Get Help with Sleep Management During Pregnancy and Lactation

[Sleep Safety](#)



[CBT-i App \(Free\)](#)



[Sleep Advice](#)



[Medication Safety](#)



Just like our kids need a bedtime routine, adults also need signals that tell our bodies that it's time to sleep.

Remember, we can't force ourselves to sleep...

Ask your provider for a "prescription" for sleep or extra help that you can share with loved ones

Rx

Date _____

Dear _____'s friends and family,

_____ has recently given birth to _____.

I would like to request your support for adequate rest and sleep for them.

Please consider helping them in the following ways so they can nap/rest:

- | | |
|--|--|
| <input type="checkbox"/> Make the beds | <input type="checkbox"/> Play with other children (they especially like): _____ |
| <input type="checkbox"/> Hold the baby | <input type="checkbox"/> Take the kids outside to play or for a walk |
| <input type="checkbox"/> Make a meal | <input type="checkbox"/> Help the kids with homework/bedtime or nap routine/ bathing/meal or snack |
| <input type="checkbox"/> Prepare snacks (like chop fruits and veggies) | <input type="checkbox"/> Take/pick-up children up from school or activities: _____ |
| <input type="checkbox"/> Wash/load/unload the dishes | <input type="checkbox"/> Drive _____ to work |
| <input type="checkbox"/> Load/fold laundry | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Water the plants | |
| <input type="checkbox"/> Walk the dog/empty the kitty litter | |
| <input type="checkbox"/> Vacuum/dust | |
| <input type="checkbox"/> Clean _____ | |

Thank you for your support!

_____, CNM/NP/PA/MD
(Provider Signature)

MY PREGNANCY BEDTIME CHECKLIST



Having a routine can help signal to our bodies that it's time to sleep

My bedtime is: _____ am/pm

- Use this tool to calculate your bedtime:
sleepeducation.org/healthy-sleep/bedtime-calculator
- Get up at the same time every day, even on weekends or during vacations



Every day:

- Get some exercise (the recommendation is generally 150 minutes per week)
- Eat healthy foods

10 hours before bed: _____ am/pm

- Stop drinking caffeine (limit total daily caffeine to <200 mg)
- Use this calculator to calculate your caffeine intake:
tommys.org/pregnancy-information/calculators-tools-resources/check-your-caffeine-intake-pregnancy



60 minutes before bed: _____ am/pm

- Adjust temperature to make house cooler
- Lower the lights
- Consider a healthy snack (do not eat a meal before bed)
- Stop drinking fluids
- Elevate feet if they are swollen
- Consider making a 'to-do' list to help your mind unwind
- Try journaling if you mind is busy

30 minutes before bed: _____ am/pm

- Turn off electronic devices
- Do something relaxing to help your body unwind

These activities help me relax (check all that apply):

- Warm shower or bath
- Reading
- Music
- Deep breathing, body scan or other mindfulness activity
- Other: _____

Not asleep after 20 minutes?

- Get out of bed
- Go do a quiet activity without a lot of light exposure (read or audio content that is not too stimulating)
- Do not use electronics

*This is not intended to be medical advice – talk to your provider about what's right for you

ADDITIONAL PROVIDER RESOURCES

Free Provider Consultation with NC MATTERS

NC MATTERS is a free consultation service for North Carolina healthcare professionals working with pregnant and postpartum women with mental health concerns. A perinatal psychiatry provider can answer your questions about patient care and help connect you to local resources.



Call
919-681-2909 x 2



Learn more at
ncmatters.org

Information on medication use during pregnancy and infant feeding

Mother to Baby mothertobaby.org

- Fact sheets on perinatal exposures to share with patients
- Chat with an exposure expert, enroll your patient in observational studies, or schedule a patient consult

Lactmed ncbi.nlm.nih.gov/books/NBK501922

- Database on exposure of drug and chemicals to which a breast/chest-feeding parent may be exposed

Sleep safety in babies and young children

Safe to Sleep safesleepnc.org

- Sharable patient resources
- SIDS science and research updates

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