

What Gets You Through The Night? An Examination of Sleep Disorder Symptoms in Pregnancy and Implications for Treatment

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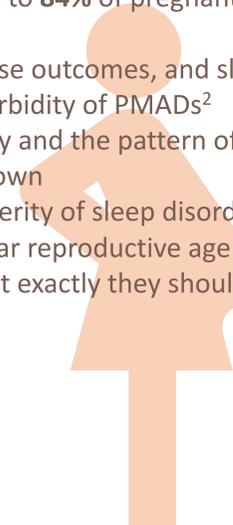
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Introduction:

- Symptoms of sleep disorders are common in pregnancy: up to **84%** of pregnant women report a sleep problem “a few nights per week”¹
- Poor sleep during pregnancy is associated with many adverse outcomes, and sleep disturbance may be a symptom, prodrome, cause, or comorbidity of PMADs²
- The incidence of sleep disorder symptoms during pregnancy and the pattern of pregnancy-specific sleep disorder symptoms remains unknown
- The present study aimed to explore the prevalence and severity of sleep disorder symptoms in early pregnancy compared to females of similar reproductive age to determine when providers should begin screening and what exactly they should be screening for



Methods:

- Participants were women of reproductive age who were:
 - **Not currently trying** to become pregnant (n=400)
 - **Currently trying** to become pregnant (n=243)
 - **Currently pregnant** (n=152)
- Participants self-reported sleep disorder symptoms using the Sleep Disorders Symptom Checklist-25 (SDS-CL-25)³ and the Insomnia Severity Index (ISI)⁴
 - SDS-CL-25:
 - Measures symptoms related to 13 sleep disorders
 - ISI
 - Measures insomnia severity
 - Can be split into two factors: sleep continuity disturbance (factor 1, “F1”) and impact on daily functioning (factor 2, “F2”)

Results:

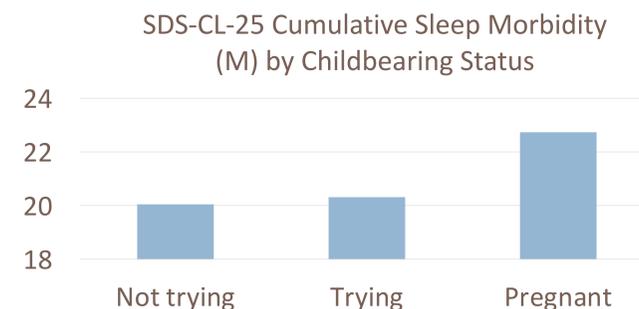
Demographics

	Not currently trying	Currently trying	Pregnant
M age (SD)	30.09 (5.60)	31.07 (5.48)	29.17 (5.20)
% white	86%	83%	75%

Results (continued):

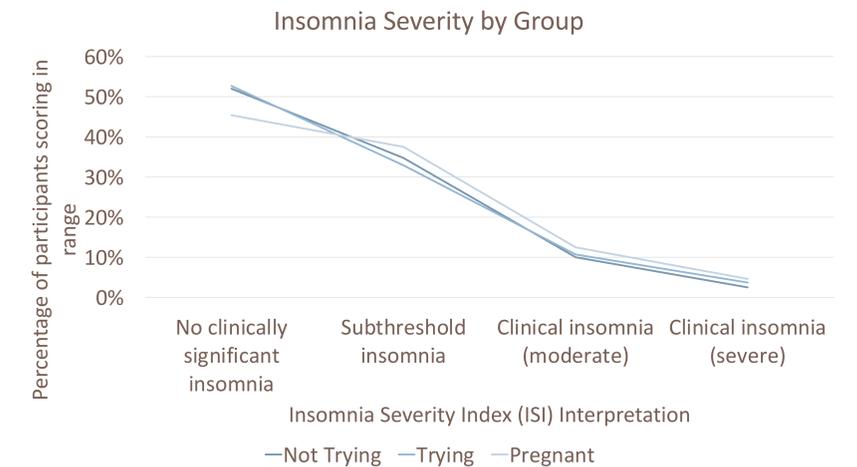
SDS-CL-25

- **Pregnant women** endorsed:
 - **Higher mean cumulative sleep morbidity** (M=22.73) than women who were intending to conceive (M=20.31) and women who were not intending to conceive (M=20.05) (p=.051)
 - **Increased severity of insomnia symptoms** (M pregnant=8.38; M intending=6.92; M not intending=6.51) (p<.001) as compared to non-pregnant women
 - **Increased severity of restless legs syndrome/periodic limb movement disorder symptoms (RLS/PLMD)** (M pregnant=2.76; M intending=2.05; M not intending=1.99) (p=.004) as compared to non-pregnant women.



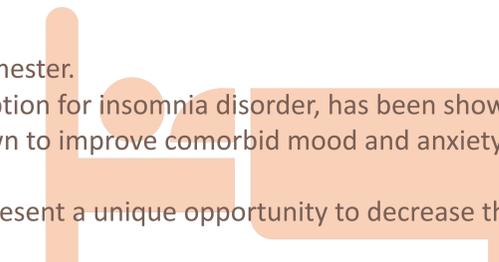
ISI

- M ISI (8.19) indicated **“subthreshold insomnia”** across the full sample and did not differ significantly by group
- Being pregnant was associated with increased sleep continuity disturbance (F1) (p<.001) but not with increased daytime effects of insomnia (F2) (p=.85)
- **18% of pregnant women** endorsed insomnia symptoms that are consistent with a **probable diagnosis of insomnia disorder**.



Conclusions:

- Symptoms of insomnia disorder are common as early as the first trimester.
- Digital CBT-I, an accessible, affordable, evidence-based treatment option for insomnia disorder, has been shown to be acceptable and effective during pregnancy and has been shown to improve comorbid mood and anxiety symptoms.
- Identifying and treating sleep disturbance early in pregnancy may present a unique opportunity to decrease the prevalence and severity of perinatal mood and anxiety symptoms



References:

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2. Lawson, A., Murphy, K. E., Sloan, E., Uleryk, E., & Dalfen, A. (2015). The relationship between sleep and postpartum mental disorders: A systematic review. *Journal of Affective Disorders, 176*, 65-77.
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4. Bastien, C. H., Vallières, A., & Morin, C. M. (2001). Validation of the Insomnia Severity Index as an outcome measure for insomnia research. *Sleep medicine, 2*(4), 297-307.