

# Treatment of Insomnia in Pregnancy and Postpartum

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# Objectives

1. To understand various causes of insomnia
2. To learn about different modalities of treatment for insomnia
3. To discuss risk and benefits of various pharmacological interventions in pregnancy and breastfeeding



# Disclosures

- No conflicts of interest
- May be discussing off label use of some medications



# Epidemiology

- Insomnia- difficulties in sleep onset or continuity, poor sleep quality, and impaired daytime functioning
- Women- 2 times more frequent insomnia than men
- During pregnancy, the prevalence of insomnia ranges from 13% early in the first trimester up to 66% late in the third trimester
- Up to 73.5% of women report insomnia: mild 50.5%, moderate 15.7%, and severe 3.8%

(Silvestri & Aricò, 2019)

[Essential Reads: The Use of Sedative-Hypnotic Drugs During Pregnancy - MGH Center for Women's Mental Health \(womensmentalhealth.org\)](#)



# Risk factors

- Primary sleep disorder (Restless Leg Syndrome- about 26 % may have in 3<sup>rd</sup> trimester, Obstructive Sleep Apnea)
- Psychiatric illness (Major Depressive Disorder, Anxiety disorder, Post Traumatic Stress Disorder)-about 30-40% with insomnia have psychiatric illness
- Medical illness (cardiac, respiratory, pain, endocrine-menopause, urinary, neurologic, GI-GERD)
- Medication side effect (e.g. stimulants, antidepressants, steroids, decongestants, bronchodilators)
- Poor sleep hygiene
- Shift work

(Silvestri and Arico, 2019)



# Complications of Insomnia

Increased risk of

- Perinatal depression
- Perinatal anxiety
- Perinatal OCD
- Increased severity of postpartum depression
- Gestational diabetes
- Preterm labor
- Lower birth weight
- Increased risk of cesarean section
- Infant sleep problems

(Reichner, 2015)



# Treatment

- Non pharmacological is first line
  - CBT-I and Sleep Hygiene
    - Mild symptoms
    - Not causing major impairment
- Pharmacological-
  - In moderate to severe level of symptoms
  - Extreme Distress
  - Level of impairment is severe



# CBT for Insomnia

- Demonstrated benefit for sleep disturbance during pregnancy
- Understudied in women with anxiety/depression
- May be difficult to implement in the Post Partum

(Manber et al., 2019)





# Sleep hygiene

- No clock watching
- Bed only for sleep and sex
- No alcohol, caffeine or food few hrs before bedtime
- Consistent bedtime
- Avoid electronics an hr before the bedtime
- Comfortable temperature
- Dark
- Avoid naps (only for about 20 minutes if needed)

(Baranwal et al., 2023)  
(Stepanski & Wyatt, 2003)

# Impact of sedative-hypnotics during pregnancy

- Increased risk of caesarean section
- Increased risk of preterm birth, LBW, SGA
- Respiratory depression in the infant
- NICU admission

(Björkstедt et al., 2021)



**A detailed discussion about risk and benefits and the efficacy of a recommended treatment may increase the chances of seeking particular treatment.**



# Summary

- Poor maternal sleep is linked to poor neonatal sleep
- Addressing perinatal sleep disturbance can have positive outcomes for both mom and baby
- First line is non pharmacological
- Doxylamine also helps with nausea
- BZD- most data
- Give prn if needed where no concern of misuse
- Avoid sleep aids in postpartum period if possible until there is a proper identified schedule of the baby and there is another care giver to watch the baby
- Remind them about Sudden Infant Death Syndrome (SIDS)



# Resources

- Massachusetts General Hospital ([www.womensmentalhealth.org](http://www.womensmentalhealth.org))
- Postpartum Support International
- The Periscope Project (Perinatal Specialty Consult Psychiatry Extension)
- Mother to baby ([www.mothersbaby.org](http://www.mothersbaby.org))
- MCPAP for moms
- National Curriculum on Reproductive Psychiatry

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- <https://womensmentalhealth.org/posts/essential-reads-the-use-of-sedative-hypnotic-drugs-during-pregnancy/>
- [Clinical Update 2020: Melatonin and Pregnancy - MGH Center for Women's Mental Health \(womensmentalhealth.org\)](https://womensmentalhealth.org/clinical-update-2020-melatonin-and-pregnancy-mgh-center-for-womens-mental-health/)

