

## What are the signs to look for?

Sleep apnea, when the upper airway closes during sleep, is unlikely to wake you, but it is likely that your bed partner will notice loud snoring and sudden gasps for air. You may notice that you feel excessively sleepy during the day. Falling asleep while reading, watching TV, working, or sitting in traffic, are signs of excessive daytime sleepiness. You may also notice that you're especially irritable, impatient, and forgetful. If you experience some or most of these symptoms, it's time to talk to your health care provider about possible causes for your fatigue. People with apnea often wake up with headaches too, so if you find this to be the case, mention this to your health care provider as well.

## Am I at risk for OSA?

If you're overweight or obese, you are already at a higher risk for sleep apnea because the extra weight in your neck puts pressure on your airway. Further, if you gain too much weight during pregnancy (>35 pounds if you were a normal weight before pregnancy, or >20 pounds if you were obese), you are at an even higher risk. One study found that 15 percent of obese pregnant women suffer from apnea. Expectant moms with gestational diabetes are also at higher risk of having apnea. In fact, all pregnant women have an increased risk of developing OSA. Higher levels of estrogen and increased amounts of blood can change blood vessels and cause the mucous membranes lining the airway to swell, constricting airflow.

## How does OSA affect pregnancy?

Over time, sleep apnea lowers your blood-oxygen levels (the less air you breathe in each night, the less oxygen your body gets), increasing your risk of high blood pressure, heart attack, stroke, obesity, diabetes, depression, and heart failure. In pregnancy, OSA increases the

chance of developing preeclampsia, gestational hypertension, and gestational diabetes. These conditions can be dangerous for a developing baby. One study found that expectant mothers with apnea were up to three times more likely to require a cesarean delivery, while their newborns were more likely to require treatment in the neonatal intensive care unit, often for breathing problems. It is very important to diagnose sleep apnea and take appropriate steps to treat it.

## Is there treatment for OSA during pregnancy?

Treatment for mild sleep apnea usually starts with lifestyle changes. Your doctor may advise you to sleep on your side to improve the flow of blood and nutrients to your fetus and to your uterus and kidneys. You may be given a special mouth guard to wear at night to keep your airway open. If you are overweight or obese, work with your health care provider to find a healthy weight management plan, since being at a healthy weight is a very effective treatment for sleep apnea. If you are having significant nasal congestion, you can try adhesive breathing strips, which open up your nostrils, or nasal saline spray. Talk to your health care provider about nasal corticosteroid sprays and/or other treatments for nasal allergy symptoms.

For persistent or more severe apnea, you may need CPAP (continuous positive airway pressure) therapy. A CPAP machine uses a mask that fits over your nose and/or mouth and connects to a small pump that provides a gentle flow of air to keep your airway open. Most people with sleep apnea find almost immediate relief with a CPAP machine, though it can take a little time to get used to.

## Are there other common sleep problems that may occur during pregnancy?

**Insomnia** – symptoms of insomnia include difficulty falling asleep, staying asleep, or waking up too early or feeling unrefreshed upon awakening. Insomnia related to stress or anxiety about labor, delivery and/or balancing work and motherhood may result in significant sleep loss. Further, some of the discomforts of pregnancy (nausea, back pain and fetal movements) may also disrupt 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 evening hours before bed, and are temporarily relieved by movement or stretching.

**Gastroesophageal reflux (GERD)** – GERD, also known as heartburn, is considered a normal part of pregnancy. However, nighttime symptoms of GERD can disrupt sleep during pregnancy.

**Frequent nighttime urination** – the frequent need to urinate at night is a common feature of pregnancy and can result in loss of sleep.

# Obstructive Sleep Apnea in Pregnancy

Recently the number of women of reproductive age with obesity has increased. Various obesity-related conditions that may complicate pregnancy, such as obstructive sleep apnea (OSA), have also increased.

OSA is a condition in which the upper airway closes during sleep, temporarily blocking airflow and causing brief periods of shallow breathing, lasting about 10 seconds each. People with OSA often have heavy snoring. Usually, people with apnea do not wake up and do not remember episodes, though it disturbs the quality of their sleep.

Other physiologic and hormonal changes that occur during pregnancy may play a role in the frequency and severity of OSA among pregnant women. Some of the hormonal changes that occur in pregnancy may weaken muscle tone, which may result in snoring and in obese women, increase the risk of developing sleep apnea. The development of OSA in pregnancy may be partly responsible for frequent trips to the bathroom, nighttime heartburn, and increased daytime sleepiness.

*If you are having difficulty sleeping during pregnancy, or are concerned you may have sleep apnea or one of the above conditions, it is a good idea to discuss your concerns and symptoms with your health care provider.*

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