

# Overlooking Insomnia in Sleep Disorders of Pregnancy

Suzanne M. Bertisch, M.D.<sup>1</sup>, Francesca L. Facco, M.D.<sup>2</sup>, and Sanjay R. Patel, M.D., M.S.<sup>2\*</sup>

<sup>1</sup>Brigham and Women's Hospital, Boston, Massachusetts; and <sup>2</sup>University of Pittsburgh, Pittsburgh, Pennsylvania

## *To the Editor:*

We read with great interest the recent article by Selim and Ramar on sleep changes in pregnancy (1). Although we were enthused that the authors highlighted two common causes of sleep disruption in pregnancy, we are concerned that the most common problem, insomnia, was overlooked.

The prevalence of insomnia is high in pregnancy and increases as the pregnancy progresses (2). Reasons include anatomic and physiologic changes due to pregnancy, such as physical discomfort, gastroesophageal reflux, and nocturia, and mental stress from adjustment to parenthood and anticipation of childbirth as well as lifestyle, financial, and relationship changes. Given the strong bidirectional ties between insomnia and depression, any pregnant woman complaining of poor sleep should be screened for depression (3, 4). Insomnia may also be an independent risk factor for preterm birth (5).

As with nonpregnant patients, the first step to evaluating insomnia symptoms is a comprehensive medical and psychiatric evaluation to inform the differential diagnosis that includes review of sleep patterns and symptoms, mood symptoms, medication use, health habits, and social history that may contribute to and inform insomnia management.

Beyond addressing any modifiable contributing factors, if insomnia symptoms persist and substantially impact a patient's quality of life, then targeted treatment of insomnia is indicated. Treatment options include both pharmacologic and behavioral interventions. Although the limited timeframe of pregnancy makes the use of sleeping pills attractive as a short-term solution, concerns regarding teratogenicity or other adverse effects to the fetus need to be openly discussed with the patient. Cognitive behavioral therapy for insomnia (CBTi) is effective and recommended as the first-line treatment for insomnia in nonpregnant populations. Although access to an interventionalist has limited the ability to provide CBTi historically, the development of online CBTi therapies has facilitated this treatment's accessibility. Recent data suggest that online CBTi is effective in pregnant populations (6).

In summary, insomnia is extremely common in pregnancy. Given the marked impact it can have on quality of life, mood disorders, and possibly on pregnancy outcomes, and the availability of effective treatment options, insomnia should be considered in the evaluation of pregnant women reporting sleep disturbance.

**Author disclosures are available with the text of this article at [www.atsjournals.org](http://www.atsjournals.org).**

This article is open access and distributed under the terms of the Creative Commons Attribution Non-Commercial No Derivatives License 4.0 (<https://creativecommons.org/licenses/by-nc-nd/4.0/>). For commercial usage and reprints, please contact Diane Gern ([dgern@thoracic.org](mailto:dgern@thoracic.org)).

\*Corresponding author (e-mail: [patelsr2@upmc.edu](mailto:patelsr2@upmc.edu)).

ATS Scholar Vol 2, Iss 2, pp 287–288, 2021  
Copyright © 2021 by the American Thoracic Society  
DOI: 10.34197/ats-scholar.2021-0008LE

## REFERENCES

1. Selim B, Ramar K. Sleep changes in pregnancy. *ATS Scholar* 2021;2:134–135.
2. Facco FL, Kramer J, Ho KH, Zee PC, Grobman WA. Sleep disturbances in pregnancy. *Obstet Gynecol* 2010;115:77–83.
3. Okun ML, Kiewra K, Luther JF, Wisniewski SR, Wisner KL. Sleep disturbances in depressed and nondepressed pregnant women. *Depress Anxiety* 2011;28:676–685.
4. ACOG Committee Opinion No. 757: screening for perinatal depression. *Obstet Gynecol* 2018;132:e208–e212.
5. Felder JN, Baer RJ, Rand L, Jelliffe-Pawłowski LL, Prather AA. Sleep disorder diagnosis during pregnancy and risk of preterm birth. *Obstet Gynecol* 2017;130:573–581.
6. Felder JN, Epel ES, Neuhaus J, Krystal AD, Prather AA. Efficacy of digital cognitive behavioral therapy for the treatment of insomnia symptoms among pregnant women: a randomized clinical trial. *JAMA Psychiatry* 2020;77:484–492.