



UW Health Providers



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PREGNANCY AND SLEEP APNEA

Excessive sleepiness, snoring or loud breathing during sleep, difficulty staying or falling asleep, chronic high blood pressure and diabetes can place women at risk for sleep apnea.

Sleep apnea is common. Up to 1 in 3 pregnant women have sleep apnea. It can affect sleep and daytime function as well as pregnancy and baby outcomes.

The signs of sleep apnea in women may not be the same as those in men. For women, symptoms may be mistaken for depression or they may have no obvious symptoms at all. Sleep apnea is treatable. Treatment can improve pregnancy outcomes and the health of your baby.

Nighttime symptoms include:

- Frequent or loud snoring
- Gasping or snorting sounds
- Insomnia
- Restless or non-refreshing sleep
- Nighttime heartburn
- Short sleep or long sleep
- Restless legs

Daytime symptoms include:

- Tired or lacking energy
- Feeling sleepy
- Falling asleep at the wrong time or place, including while driving
- Feeling depressed, anxious, irritable or impatient
- Forgetfulness, foggy or fuzzy thinking, trouble with concentration

Medical clues include:

- High blood pressure
- Diabetes
- Pregnant with twins
- Overweight or obese
- Hypothyroidism (low thyroid function)
- Family member with sleep apnea
- Polycystic ovary syndrome

Why Does Sleep Apnea Matter?

Untreated sleep apnea during pregnancy can lead to preeclampsia (high blood pressure in pregnancy that can put the baby at risk), diabetes, poor growth of the baby, preterm labor, cesarean delivery, maternal death, depression and anxiety, fatigue, daytime sleepiness and accidents.

If you recognize any of the symptoms described, tell your OB provider. Together, you can develop a plan for further evaluation and, if necessary, effective treatment.

A UW Health patient is equipped with the sleep-monitoring device.

