

SLEEP DISORDERD BREATHING DURING PREGNANCY

Summary

Sleep disturbances are common complaints during pregnancy. Sleep disturbances are typically classified as: disturbed sleep quality, short/long sleep duration, restless leg syndrome and sleep disordered breathing (SDB). Physiologic and hormonal changes occurring during pregnancy particularly concern progressive weight gain and pregnancy associated nasopharyngeal edema. These factors as well as the physical effect of the enlarging uterus decrease the functional reserve capacity and they increase the number of incidents of arousals from sleep. All of these factors may increase the likelihood of developing SDB or may magnify its effects. Up to 75% of pregnant women experience some form of sleep disruption during pregnancy. The number of woman who report significant sleep complaints in the first trimester is only about 25%. During the third

trimester, when gestational SDB is more likely to occur, the prevalence of habitual snoring has been estimated to affect 10–27% of pregnant women. Furthermore, several studies suggested that the prevalence of habitual snoring in women was strongly dependent on body mass index (BMI) and neck circumference.

Although snoring, the most common symptom of obstructive sleep apnea (OSA), is common among pregnant women, the symptom is less specific for OSA than are symptoms of gasping and choking or witnessed apneas. The prevalence of OSA in pregnancy has not been systematically evaluated. There is a growing evidence that SDB is associated with adverse pregnancy outcomes, especially pregnancy-induced hypertension, gestational diabetes, intrauterine fetal retardation or even intrauterine fetal death.