

Researchers identify gestational sleep apnea, a diagnosis for pregnant women

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Recent studies reveal that approximately one quarter of pregnant women may suffer from obstructive sleep apnea (OSA), the recurrent cessation or limitation of normal breathing during sleep. In addition to being the

cause of daytime fatigue, the consequences of untreated OSA include but are not limited to high blood pressure, high blood sugar, and heart disease.

In non-pregnant adults, protocols have been proposed for OSA screening, diagnosis and therapy, the mainstay being continuous positive airway pressure (CPAP). However, in pregnant women OSA is usually untreated, since it is still underdiagnosed, and not fully appreciated as a risk factor for negative outcomes for mother and baby.

Now, in an editorial in the International Journal of Obstetric Anesthesia, sleep researchers from Israel and the United States recommend a new diagnosis, gestational sleep apnea (GSA). This would allow health professionals to properly describe, diagnose and treat OSA in pregnant women, and would parallel other established transient diagnoses of pregnancy, like gestational hypertension and [gestational diabetes mellitus](#).

"Currently there is a lack of uniform criteria to diagnose, treat and classify OSA in the pregnant population, which in turn complicates efforts to determine the risk factors for, and complications of, gestational sleep apnea," said Prof. Yehuda Ginosar, director of the Mother and Child Anesthesia Unit at the Hebrew University-Hadassah Medical Center and professor at the Hebrew University's Faculty of Medicine. Ginosar is currently Professor of Anesthesiology and Chief of the Division of Obstetric Anesthesiology at Washington University School of Medicine.

In terms of diagnosis, doctors and patients may attribute daytime tiredness to "just being pregnant" rather than to sleep apnea. In terms of treatment, some physicians and patients might consider the disease too temporary to warrant referral to a sleep-certified physician, which usually requires an overnight sleep study for diagnosis (although the

recent increased use of home sleep studies should encourage more opportunities for diagnosis).

The researchers argue that establishing and coding for a specific diagnosis of gestational sleep apnea will require further investigation to determine criteria and therapies. But, like in the case of other gestational diseases, it will allow for more targeted surveillance of maternal and fetal outcomes, and facilitate epidemiologic research to monitor the course of the condition from its genesis to its possible path to chronicity.

"The time has come for our profession to wake up to the [diagnosis](#) of gestational [sleep apnea](#). This will allow us to research [obstructive sleep apnea](#) in [pregnant women](#) more effectively, and to develop and implement more effective treatments," said co-author Dr. Suzanne Karan.

More information: Suzanne Karan et al. Gestational sleep apnea: have we been caught napping?, *International Journal of Obstetric Anesthesia* (2016). [DOI: 10.1016/j.ijoa.2016.03.001](https://doi.org/10.1016/j.ijoa.2016.03.001)

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