102

SLEEP AND SLEEPINESS IN LATE PREGNANCY: **COMPARISONS WITH WOMEN IN THE GENERAL POPULATION**

LEIGH SIGNAL1, SARAH-JANE PAINE1, BRONWYN SWEENEY1, MONIQUE PRISTONI, DIANE MULLERI, PHILIPPA GANDERI, KATHY LEE3, MARK HUTHWAITE2

1Massey University, Wellington, New Zealand, 2Otago University, Wellington, New Zealand, 3University of California, San Francisco, USA Introduction: Although changes to sleep during pregnancy are well recognised and widely reported, there is still limited information available on what constitutes 'normal' sleep at this time and how sleep compares with that of the general population.

Method: As part of the E Moe, Ma-ma-: Maternal Sleep and Health in Aotearoa/New Zealand study, 1091 women (16-46 yrs) completed comprehensive questionnaires on sleep, health and mood between

35-37 weeks gestation. Self reported usual sleep duration in 24-hrs and daytime sleepiness (Epworth Sleepiness Scale) of women in late pregnancy was compared with identical measures from a large, representative sample of 1,063 New Zealand women of the same age_{1,2}.

Results: Average sleep duration in 24-hrs is similar in pregnant women compared to the general population. However, at least twice as many pregnant women obtain δ6 hrs sleep in a 24-hr period compared to the general population, and the proportion of pregnant women obtaining ε9 hrs is also greater. Nearly 20% of pregnant women report ESS scores >10, although sleep duration was not related to daytime sleepiness in this population (|2

(2) = 4.33, p = 0.16

General Population

Sample

Pregnant Population

Sleep in 24-hrs (mean, SD) 7.7 (1.3) 7.4 (1.8)

δ6 hrs (%, 95% CI) 13.4 (11.4–15.6) 29.1 (26.5–31.9)

 $6.1 – 8.9 \; hrs \; (\%, \, 95\% \; CI) \; 71.3 \; (68.5 – 74.0) \; 50.6 \; (47.6 – 53.6)$ ε9 hrs (%, 95% CI) 15.3 (13.2–17.7) 20.3 (18.0–22.8)

ESS > 10 (%, 95% CI) 14.5 (12.5-16.8) 19.3 (17.0-21.8)

Conclusion: These fi ndings suggest that more extreme sleep durations (both short and long) are common in late pregnancy. Although sleep duration was unrelated to daytime sleepiness in pregnant women, further investigation of the consequences of short and long sleep for health and mood during pregnancy is necessary.

- 1. Paine, S-J., Gander, P.H., Harris, R., Reid, P. (2005). Prevalence and consequences of insomnia in New Zealand: disparities between Maori and non-Maori. Australia and New Zealand Journal of Public Health 29: 22-28.
- 2. Paine, S-J., Gander, P.H., Harris, R., Reid, P. (2004). Who reports insomnia? Relationships with age, gender, ethnicity and socioeconomic deprivation. Sleep 27(6): 1163-1169.

Abstracts

© 2012

 $\underline{http://onlinelibrary.wiley.com/doi/10.1111/j.1479-8425.2012.00580.x/pdf}$