Insomnia in Pregnancy and Breastfeeding

Information in this leaflet is general in nature and should not take the place of advice from your health care provider. With every pregnancy there is a 3 to 5% risk of having a baby with a birth defect.

What is insomnia?

Insomnia is difficulty in initiating or maintaining sleep. It is common during pregnancy and in the months after birth when breastfeeding. For some women insomnia may be a symptom of depression or anxiety. If so, this should be assessed specifically with a health care professional.

Issues for pregnancy.

Non-medical treatment

Good sleep hygiene, which involves improving habits around sleep is the main treatment for insomnia. This includes measures such as ensuring regular times to go to sleep and wake up, avoiding electronic devices for an hour before going to bed and avoiding caffeine in the afternoon and evening (not advisable in pregnancy and breastfeeding anyway). Napping during the day should be avoided or kept to less than 20 minutes to allow for a better night-time sleep.[1] **If there is no improvement with attention to sleep hygiene, consider seeing a doctor for further advice re possible non-medicinal therapy options (such as cognitive therapy) or temporary medicine options.**[1]

Medicines recommended

Medications are sometimes used in pregnancy to treat insomnia although this approach is generally **not** the mainstay of treatment.

A common group of medications used in pregnancy for insomnia are the sedating antihistamines such as doxylamine. Doxylamine has been widely used by pregnant women at all stages of pregnancy (including treatment of morning sickness) and has not been associated with any increased risk to the baby. It is not habit forming.[2]

Another class of medication used for insomnia is the benzodiazepine group. Temazepam is the most common benzodiazepine used for the treatment of insomnia. Early studies showed a slight association with cleft lip and palate in babies when mothers took benzodiazepines in the first trimester. More recent large scale studies have **not** shown an increased risk for birth defects. Continuous use of benzodiazepines is not advised as they are habit forming for the mother and may be associated with withdrawal symptoms in the baby after delivery.[3] If this class of medicine is chosen, use the lowest effective dose for the shortest period of time.

Melatonin, as a prescription medicine is sometimes used to treat insomnia. There is little information about its use in pregnancy. As such, it would be preferable to use a medication with more evidence of safety in pregnancy.[3] Homeopathic formulations of melatonin are available in Australia as an over the counter product. As these contain only minute amounts of melatonin, they would not be anticipated to cause problems for the baby but equally, they would not be expected to be effective in the treatment of insomnia.

Herbal medications are sometimes suggested to treat insomnia. They are generally unstudied in pregnancy so it is difficult to establish their safety for the baby, Furthermore, herbal products

are not subject to the same degree of regulation as regular medicines so the labelling may not accurately describe the actual ingredients (particularly if the product is not from a reputable supplier). Therefore, herbal medications are not recommended in pregnancy to treat insomnia.[4]

If there is underlying depression or anxiety, antidepressants may be considered and this should be discussed with your doctor. You can call Mothersafe about specific medications.

Breastfeeding

Non-medical treatment

Sleep hygiene measures are the first line treatment of insomnia while breastfeeding (see advice in pregnancy section).

Medicines

It is not advisable to take any medication for insomnia while breastfeeding without medical advice or discussing with Mothersafe. This includes herbal remedies and over the counter medications. A particular concern about medication use for insomnia while breastfeeding is that some of the medication can pass into breastmilk and can lead to drowsiness in the baby. This is more likely when the baby is young (especially less than 2 months) and fully breastfed. If the decision is made to take medication, it is important to take the lowest effective dose for the shortest time period and ensure your baby is alert and waking for feeds. A short acting medication like temazepam is unlikely to be a problem particularly in an older baby on a one off or occasional basis and would be considered preferable to the over the counter antihistamine, doxylamine, for which there is no breastmilk excretion information available.[5]

Melatonin is relatively unstudied in breastfeeding but it is unlikely to be an issue in an older baby. Herbal medications are unstudied in breastfeeding and are as likely to cause drowsiness and other side effects in the baby as regular medicines. Therefore they are not recommended for treatment of insomnia.

Another concern with medications for insomnia is that some breastfeeding mothers may already be taking medications which may contribute to drowsiness and adding a sleep medicine may increase the likelihood of side effects in the baby. If you are taking other medications eg codeine, please discuss the addition of any new medication with an appropriate health care professional.[6]

Ask your midwife, doctor or pharmacist for the brand names of these medicines.

References

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