Exploring the Differences in Sleep Quality for Pre-Menopausal Women

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Problem Statement

Sleep is an important consideration in a woman's health: sleep disorders are associated with poor physical and mental health outcomes, including depression, anxiety, hypertension, cardiovascular disease, and glucose dysregulation,[1] and sleep also affects mood and brain cognition, including memory, decision making, sustained attention, and motor control.[2] Compared to men, women experience a 40 percent increased risk in developing insomnia, and they report more sleepiness than men.[3] Women's sleep is affected by hormonal changes during menses, pregnancy, and menopause; social and environmental factors; and roles within the family. Healthcare and social work fields should address these unique challenges. With an 8:1 ratio of men to women observed in sleep centers,[3] sleep in women is significantly understudied.

Status of Literature

Della Monica et al. (2018) measured Rapid Eye Movement (REM) sleep in both men and women.[2] The authors found that women have more sleep complaints and lower self-reported sleep scores, and they also experience higher levels of slow wave sleep (SWA) than men. This difference in subjective and objective sleep reports between men and women may be explained by a combination of social and cultural differences as well as biological and hormonal differences. More women are primary caregivers in their families than men, and women also constitute half of the workforce, which places considerable demands on women's time.[3] Women also experience higher levels of chronic conditions, such as overactive bladder, fibromyalgia, and chronic pain, which often cause a decrease in physical activity and poor sleep outcomes, but more research is needed to explore these connections.[3]

Women are particularly at risk for disrupted sleep during pregnancy and postpartum, which increases risk for poor mental health outcomes. For premenopausal women, poor sleep is linked to adverse reproductive health outcomes, such as menstrual irregularities, increased miscarriages, and lower birth rates.[1] Richter et al. (2019) found that new mothers, especially first-time mothers, experienced worse sleep than new fathers, although fathers also reported a decrease in sleep quality.[4] Sleep quality decreased for about three months postpartum, at which point sleep quality and duration often started to increase in quality and duration without, however, fully recovering even six years after giving birth.[4] The study also found that breastfeeding is related to decreased sleep quality, yet this finding is inconsistent with past studies that reported no difference between breastfeeding or non-breastfeeding mothers. Regardless, becoming a parent is likely the most significant sleep-altering event for an individual and a major contribution to the overall decrease in sleep quality in adulthood.[4]

Social factors such as age, socioeconomic status, and dual vs. single parenting may affect sleep outcomes for pregnant or postpartum women. However, in the study conducted by Richter et al. (2019), there were no significant differences between wealthy, older mothers from a dual parenting home and their less wealthy, younger counterparts who were single parents.[4]

Call to Action

Sleep affects many aspects of health, including physical, mental, and social health, and should be addressed by social workers with their clients. Lack of sleep can significantly impact a woman's life and her dual roles in the workforce and as a caregiver in her family.[3] For social workers, it is especially important to address sleep with new mothers. This can include education on how sleep can affect physical and mental health during pregnancy and postpartum, discussing ways to improve sleep, and developing realistic expectations for sleep.

While Richter et al. (2019) found that new mothers' sleep will be affected regardless of socioeconomic status, age, and dual vs. single parenting, social workers should still emphasize resources to increase social and economic support.[4] More broadly, we need additional research especially for sleep disorders among women and on the discrepancies between subjective and objective sleep outcomes, as sleep in women has historically been under-researched.

References

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