

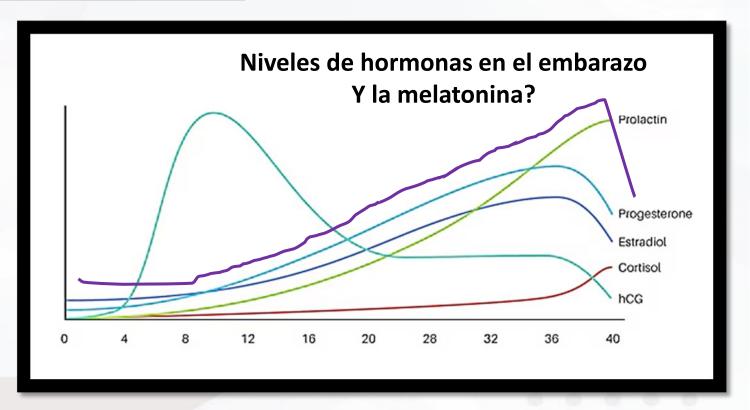
Calidad de sueño durante el embarazo y los desenlaces obstétricos

Álvaro Monterrosa Castro
Médico – Especialista en Ginecología - Obstetricia
Profesor titular en la Facultad de Medicina
Líder del Grupo de Investigación Salud de la Mujer
Universidad de Cartagena – Colombia
Miembro de la Asociación Colombiana de Medicina del Sueño





- Cambios hormonales
- Preocupación con la gestación
- Ansiedad por el bienestar fetal
- Inminente rol materno
- Orina frecuente nocturna
- Morbilidad gestacional
- Reflujo gastroesofágico
- Incomodidad por el abdomen
- Sensación de cansancio
- Pesadez corporal
- Dolor dorsal
- Dolor hipogastrio
- Somnolencia durante el día















Concentración sérica melatonina (pg/mL)

(P9/IIIL)	
Primer trimestre embarazo	611
Segundo trimestre embarazo	1246
Tercer trimestre embarazo	1372
Puerperio inmediato	158
Recién nacido (1 día)	184
Recién nacido (3 días)	75
Leche materna	20

Verteramo R, Pierdomenico M, Greco P, Milano C. The Role of Melatonin in Pregnancy and the Health Benefits for the Newborn. Biomedicines 2022;10:3252

- Melatonina hormona neuroendocrina
 Se produce en la glándula pineal
 Regulada por la luz Sigue ritmo circadiano
- Melatonina placentaria
 Modula el ritmo circadiano reproductivo materno
 Favorece receptividad uterina
 implantación gestacional y el embarazo
- Regula los "Genes del Reloj" placentarios que establecen ciclo día/noche del feto Implicados en sueño y neurodesarrollo fetal
- Melatonina favorece mecanismos del parto sensibiliza los musculo uterino a la oxitocina
- Previene Parto pretérmino RCIU Preeclampsia Bajo peso al nacer Diabetes gestacional

Problemas de sueño en el embarazo (Datos porcentuales)

Pobre calidad de sueño	45	Sedov ID. Sleep Med Rev 2018;38:168-176.
Síndrome de piernas inquietas	21	Chen SJ. Sleep Med Rev 2018;40:43-54.
Apnea obstructiva del sueño	15	Liu L. Sleep Breath 2019;23(2):399-412.
Somnolencia Diurna Excesiva	5	Monterrosa-Castro A. Rev Chil Obstet Ginecol 2021;86(3):265-273











ARTÍCULO ORIGINAL

Rev Chil Obstet Ginecol. 2021;86(3):265-273

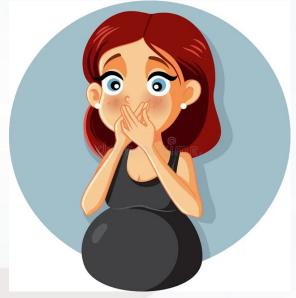
Somnolencia diurna excesiva identificada con la escala de Epworth en gestantes que acuden a consulta prenatal ambulatoria

Excessive daytime sleepiness identified with the Epworth scale in pregnant women attending an outpatient prenatal consultation

Álvaro Monterrosa-Castro^{1,2*}, Shairine Romero-Martínez^{1,2} y Angélica Monterrosa-Blanco^{2,3}



Table 2. Escala de Sommondia diama de Epwordi (n = 000)								
Probabilidad de dormirse en las siguientes situaciones	Nunca (%)	Ligera (%)	Moderada (%)	Alta (%)				
Sentado o leyendo	63,9	24,6	9,6	1,7				
Viendo televisión	44,8	34,7	15,8	4,6				
Sentado e inactivo en un lugar público (cine, sala de espera)	87,4	7,4	3,9	1,1				
Como pasajero de carro durante 1 hora de marcha continua	69,5	18,5	8,6	3,2				
Acostado, descansando en la tarde	34,1	30,3	24,4	11,1				
Sentado y conversando con otra persona	92,0	5,7	1,9	0,2				
Sentado tranquilamente después de una comida sin alcohol	58,5	24,4	12,7	4,2				
Conduciendo un carro, mientras se detiene en un semáforo	97,8	1,6	0,4	0,1				



	Ausente	leve	Moderada	Grave
Primer Trimestre	100	=	=	=
Segundo Trimestre	94,9	1,2	3.8	=
Tercer Trimestre	94,9	2,9	0,9	1,1
Todos Trimestre	95,0	2,4	1,6	0,8

^{*}Alfa de Cronbach: 0,740.









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Tabla 4. Somnolencia diurna excesiva. Regresión logística no ajustada (n = 683)

	Coeficiente	S,E	Z	OR (IC95%)	P
Síntomas probables de depresión (CESD-R10)	1,305	0,36	3,65	3,69 (1,83-7,43)	< 0,001
Sentirse fatigada o cansada con el embarazo	1,171	0,49	2,38	3,22 (1,23-8,44)	0,01
Anemia gestacional	1,133	0,37	3,08	3,10 (1,50-6,38)	0,002
Cuatro o más gestaciones frente a la primera	0,972	0,49	1,99	2,64 (1,01-6,89)	0,04
Sentirse angustiada o nerviosa con el embarazo	0,915	0,37	2,49	2,49 (1,22-5,12)	0,01
Estrés psicológico percibido (EPP-10)	0,866	0,38	2,25	2,38 (1,12-5,05)	0,02
Empleada con respecto a ama de hogar	0,846	0,40	2,09	2,33 (1,05-5,15)	0,03

IC95%: intervalo de confianza del 95%; OR: odds ratio.







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CLINICAL REVIEW

Sleep disturbances during pregnancy and adverse maternal and fetal outcomes: A systematic review and meta-analysis

Qingdong Lu ^{a, b, 1}, Xiaoyan Zhang ^{c, 1}, Yunhe Wang ^{a, b}, Jinqiao Li ^{a, b}, Yingying Xu ^{a, b}, Xiaohong Song ^c, Sizhen Su ^d, Ximei Zhu ^d, Michael V. Vitiello ^e, Jie Shi ^{a, ***}, Yanping Bao ^{a, b, *}, Lin Lu ^{d, f, **}





Trastornos del sueño			Numbers of participants	Odds Ratios (95%CI)			P Value	f² Value (%)
Maternal								
Pre-eclampsia [33,40,63-103]	43	52	57396056	2.80 (2.38-3.30)	*	+=-	<.001	62
Gestational Hypertension [33,39,41,63,66,67,69-71,75,78,80,81,83-85,87-89,91,94-96,100,102,104-118]	40	49	58035665	1.74 (1.54-1.97)	*	H■H	<.001	58
Gestational Diabetes Melitus [26,28,31,33,34,39-41,66,67,71,75,77-79,85,87-89,91,93-96,98,99,104,107-109,115,116,118-127]	42	61	58086763	1.59 (1.45-1.76)	*		<.001	51
Cesarean Section [27,30,39,63,70,71,79,81,85,89,92,93,95,96,104,107,108,111,118,128-143]	35	46	56459596	1.47 (1.31-1.64)	*	H≣H	<.001	69
Fetal								
Preterm Birth [33,35,36,39-41,53,63,70,71,75,89,92-96,102,103,111,115,121,127,128,130-132,134,141,144-153]	39	51	56486946	1.38 (1.26-1.51)	*		<.001	57
Small for Gestational Age [25,39,40,69-71,75,84,85,89,91,92,98,110,111,134,138,138,144,145,152,154-157]	14	33	703682	1.03 (0.92-1.16)			.59	45
Large for Gestational Age [39,40,70,71,85,89,134,138,154]	24	13	648078	1.40 (1.11-1.77)	*	⊢■ →	.004	67
Low Birth Weight [27,29,30,33,39,71,81,89,99,107,115,130,156]	9	18	652053	1.27 (0.98-1.64)	*	⊢ ■→	.07	63
Stilbirth [32,39,55,81,88,95,96,133]	8	13	57998399	1.25 (1.08-1.45)	*	⊦≣ ⊣	.003	0
					0.50 Odd	1.00 2.00 / ds Ratios (95%CI)	1.00	

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Sleep disturbances			Odds Ratios (95%CI)		P Value	
Pre-eclampsia	52	57396056	2.80 (2.38-3.30)	. +■+	<.001	
[33,40,63-103]				. !		
Poor sleep quality	3	307	3.29 (1.56-6.96)	⊢	.003	
Short sleep duration	2	2177	5.04 (1.24-20.47)	ļ	.02	
Long sleep duration	1	1050	3.00 (0.53-5.05)	<u> </u>	.07	
Insomnia symptoms	4	907	2.72 (0.89-8.25)	· ! 	.08	
Restless legs syndrome	6	5932	1.83 (1.04-3.21)	├──	.04	
Subjective sleep-disordered breathing	20	15880	3.52 (2.58-4.79)	⊢■ →	<.001	
Obstructive sleep apnea	16	57369803	2.36 (2.00-2.79)	H≣H	<.001	
Gestational Hypertension [33,39,41,63,66,67,	49	58035665	1.74 (1.54-1.97)	•	<.001	
69-71,75,78,80,81,83-85,87-89,91,94-96,100,102,104	-118]			_		
Poor sleep quality	2	1071	1.72 (1.16-2.56)	⊢■	.007	
Short sleep duration	3	3145	1.35 (0.94-1.92)	. ⊢	0.10	
Long sleep duration	1	1084	1.73 (0.82-3.65)	⊢	0.15	
Insomnia symptoms	2	628	3.88 (0.46-32.87)	-	0.21	
Restless legs syndrome	7	11775	1.38 (1.11-1.71)	⊢■	<.001	
Subjective sleep-disordered breathing	18	12351	1.91 (1.53-2.38)	⊢ ≡ ⊣	<.001	
Obstructive sleep apnea	16	58005611	1.93 (1.51-2.46)	⊢■ →	<.001	
Gestational Diabetes Mellitus [26,28,31,33,34,	, 61	58086763	1.59 (1.45-1.70)	- ; -	<.001	
39-41,66,67,71,75,77-79,85,87-89,91,93-96,98,99,10	4,107-109,115,11	[6,118-127]				
Poor sleep quality	8	20209	1.37 (1.12-1.69)	⊢ ■	.003	
Short sleep duration	11	22448	1.50 (1.27-1.78)	+ = +	<.001	
Long sleep duration	4	18690	1.29 (1.10-1.50)	H≣H	.001	
Insomnia symptoms	1	307	0.70 (0.29-1.67)		0.42	
Restless legs syndrome	5	6398	1.45 (1.08-1.95)	⊢■ →	.004	
Subjective sleep-disordered breathing	15	12794	1.81 (1.47-2.24)	⊢■ →	<.001	
Obstructive sleep apnea	17	58005917	1.88 (1.47-2.40)	⊢■ →	<.001	
Cesarean Section [27,30,39,63,70,71,79,81,85,	46	56459596	1.47 (1.31-1.64)	•	<.001	
89,92,93,95,96,104,107,108,111,118,128-143]		_		_		
Poor sleep quality	8	17208	1.49 (1.13-1.95)	. ⊢ ■−	.004	
Short sleep duration	4	2308	1.05 (0.65-1.68)		0.60	
Insomnia symptoms	2	523	0.85 (0.42-1.75)	·	0.67	
Restless legs syndrome	7	3802	1.23 (0.95-1.58)	† ■→	0.12	
Subjective sleep-disordered breathing	14	10799	1.78 (1.50-2.10)	⊢= +	<.001	
Obstructive sleep apnea	11	56424956	1.45 (1.16-1.81)	i ⊢⊞ →	.001	

Odds Ratios (95%CI)



Sleep disturbances during pregnancy and adverse maternal and fetal outcomes: A systematic review and meta-analysis

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Sleep disturbances	Numbers of Events	Numbers of Participants	Odds Ratios (95%CI)		P Value	I² Value
Preterm Birth [33,35,36,39-41,53,63,70,71,75,89,	51	56486946	1.38 (1.26-1.51)	- ; ·=·	<.001	57
92-96,102,103,111,115,1 <mark>21,127,128,130-132,134,141,</mark>	144-153]			_ :		
Poor sleep quality	9	6261	1.58 (1.24-2.02)	i ⊷ = →	<.001	66
Short sleep duration	10	23630	1.22 (1.06-1.40)		.006	10
Long sleep duration	5	13363	1.11 (0.92-1.33)	+	.28	27
Insomnia symptoms	2	3061	1.49 (1.14-1.95)	 	.004	_
Restless legs syndrome	4	1885	1.25 (0.52-2.98)	-	.62	84
Subjective sleep-disordered breathing	9	10111	1.43 (1.16-1.78)	→	<.001	36
Obstructive sleep apnea	12	56428635	1.56 (1.23-1.98)	⊢■	<.001	64
Small for Gestational Age [25,39,40,69-71,75,84,		703682	1.03 (0.92-1.16)	-	.87	45
5,89,91,92,98,110,111,134,136,138,144,145,152,154			(0.02)	•		
Poor sleep quality	2	8627	1.04 (0.86-1.25)	_ ⊢i= →	.70	_
Short sleep duration	5	21914	1.04 (0.76-1.40)	- - -	.77	58
Long sleep duration	4	21364	0.94 (0.77-1.14)	——————————————————————————————————————	.99	49
Insomnia symptoms	1	307	1.20 (0.58-2.50)		.63	73
Restless legs syndrome	1	633	0.90 (0.40-2.01)		.80	
Subjective sleep-disordered breathing	10	8557	1.09 (0.79-1.48)		.61	57
Obstructive sleep apnea	10	642280	1.24 (0.87-1.76)		.23	41
arge for Gestational Age	13	648078	1 /	- <u> </u>	.004	67
	13	040070	1.40 (1.11-1.77)	i	.004	67
9,40,70,71,85,89,134,138,154]	4	000	0.70 (0.00 4.00)	_	0.4	
Poor sleep quality	11	633	0.70 (0.39-1.26)		.24	_
Short sleep duration	1	633	1.10 (0.62-1.96)	_ 	.75	_
Long sleep duration	1	633			.76	_
Insomnia symptoms	1	307	2.90 (1.19-7.05)		02	_
Restless legs syndrome	1	633			.18	_
Subjective sleep-disordered breathing	5	6762	1.63 (1.11-2.39)		.01	76
Obstructive sleep apnea	3	636570	1.40 (0.03-3.10)		.41	74
ow Birth Weight	18	652053	1.27 (0.98-1.64)	—	.07	63
27,29,30,33,39,71,81,89,99,107,115,130,156]				_		
Poor sleep quality	2	666	1.04 (0.60-1.80)		.88	_
Short sleep duration	5	6030	1.04 (0.54-1.98)		.91	74
Long sleep duration	1	3403	1.06 (0.66-1.70)	_	.81	_
Restless legs syndrome	2	429	1.14 (0.59-2.23)		.68	_
Subjective sleep-disordered breathing	4	4599	1 19 (0 54 2 56)	• · · · · · · · · · · · · · · · · · · ·	.44	0
Obstructive sleep apnea	4	641169	2.08 (1.56-2.77)	I :	<.001	30
Stillbirth	13	57998399	1.23 (1.00-1.43)	F- 	.003	0
32,39,55,81,88,95,96,133]				!		
Short sleep duration	2	1098	4.45 (0.96.2.45)	• • • • • • • • • • • • • • • • • • •	.16	_
Long sleep duration	2	1098	1.73 (1.22-2.47)	· —	.002	_
Restless legs syndrome	1	633	1.11 (0.71-1.73)	■	.64	_
Subjective sleep-disordered breathing	4	1511	1.05 (0.80-1.39)		.71	0
Obstructive sleep apnea	4	57996888	1.21 (0.93-1.56)		.15	0

Odds Ratios (95%CI)



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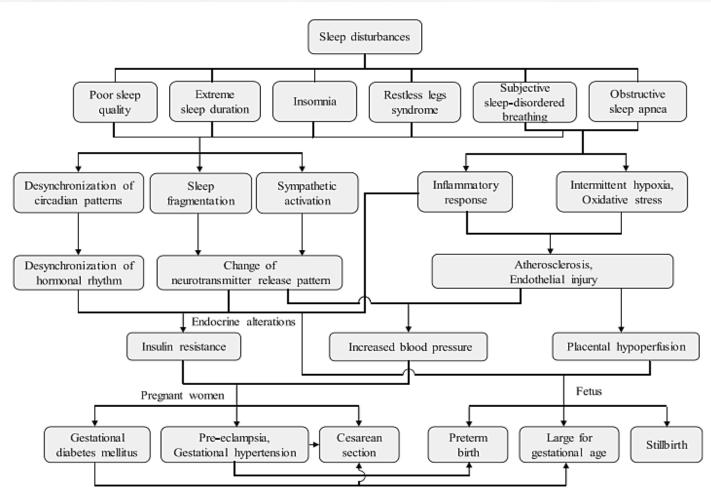


Fig. 6. Potential mechanism of sleep disturbances and adverse maternal and fetal outcomes.

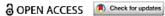








REVIEW ARTICLE



Association between sleep quality and duration during pregnancy and risk of gestational diabetes: A systematic review and meta-analysis

Minhua Jianga, Renhong Suib and Xiaoqing Wub

Pobre calidad del sueño y diabetes gestacional

PUDITE CAIL	dad dei Suerio	yula	ineres gesta	icionai		
			Hazard Ratio		Hazard Ratio	
		Weight	IV, Random, 95% CI	Year	IV, Random, 95% CI	
1.1.1 Case control studies	3					
Wang et al. (2022)	0.5596 0.1556	11.9%	1.75 [1.29, 2.37]			
Bisson et al. (2014)	0 0.5534	2.3%	1.00 [0.34, 2.96]			
Zhou et al. (2023)	0.7419 0.3561	4.7%	2.10 [1.04, 4.22]	_		
Subtotal (95% CI)		18.9%	1.74 [1.33, 2.28]	74%	◆	
Heterogeneity: Tau ² = 0.00).53); l² =	0%			
Test for overall effect: $Z = -$	4.00 (P < 0.0001)					
1.1.2 Prospective cohort s						
Cai et al. (2017)	0.5596 0.2323	8.2%	1.75 [1.11, 2.76]			
Chen et al. (2022)	0.131 0.0715	16.8%	1.14 [0.99, 1.31]			
Subtotal (95% CI)		25.0%	1.33 [0.89, 2.00]		-	
Heterogeneity: Tau ² = 0.06).08); I* =	68%			
Test for overall effect: Z =	1.40 (P = 0.16)					
1.1.3 Retrospective cohor	t studies					
Cai et al. (2023)	0.4511 0.0893	15.8%	1.57 [1.32, 1.87]		-	
Peivandi et al. (2021)	0.1222 0.2517	7.5%	1.13 [0.69, 1.85]		- - -	
Reutrakul et al. (2011)	0.1823 0.0407	18.1%	1.20 [1.11, 1.30]		•	
Sharma et al. (2016)	1.8083 0.8245	1.1%	6.10 [1.21, 30.70]			
Wiret al. (2023)	0.7514 0.1276		2 12 [1 65, 2 72]		. •	
Subtotal (95% CI)		56.1%	1.54 [1.16, 2.04]	54%	◆	
Heterogeneity: Tau ² = 0.07		0.0001);	l ² = 85%			
Test for overall effect: $Z = $	2.98 (P = 0.003)					
Total (95% CI)		100.0%	1.50 [1.26, 1.78]	50%	•	
Heterogeneity: Tau ² = 0.04	: Chi ² = 37.55, df = 9 (P <			_	<u> </u>	
Test for overall effect: Z =				0.01	0.1 i 1	o
Test for subgroup difference		= 0.56), l ²	= 0%			
		3.2 4,1				







REVIEW ARTICLE



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Test for subgroup differences: $Chi^2 = 5.93$, df = 2 (P = 0.05), $I^2 = 66.3\%$

Menos de 7 horas de sueño y diabetes gestacional

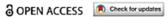
				Hazard Ratio			d Ratio
Study or Subgroup	log[Hazard Ratio]	SE V	Veight	IV, Random, 95% CI	Year	IV, Rando	pm, 95% CI
1.2.1 Case control stu							
Wang et al. (2021)	2.4362 (2.8%	11.43 [3.01, 43.41]			
Wang et al. (2022)	1.454 (7.4%	4.28 [2.51, 7.30]			
Zhou et al. (2023)	0.2776 (7.2%	1.32 [0.76, 2.30]		- ا	-
Subtotal (95% CI)			17.4%	3.54 [1.20, 10.43]		3 veces	
Heterogeneity: Tau' = 0		= 2 (P =	0.001);	1' = 85%			
Test for overall effect: 2	Z = 2.30 (P = 0.02)						
1.2.2 Prospective coho	ort studies						
Facco et al. (2017)	0.8065 (0.3587	6.0%	2.24 [1.11, 4.52]			l——
Nicoli et al. (2022)	0.4187		7.4%	1.52 [0.89, 2.60]			
Peivandi et al. (2021)	0.2231 (8.6%	1.25 [0.84, 1.87]			
Qiu et al. (2010)	0.9322 0		6.0%	2.54 [1.26, 5.13]			l ——
Rawal et al. (2017)	0.3646		9.0%	1.44 [1.00, 2.07]			-
Wang et al. (2017)	0.4762		8.3%	1.61 [1.04, 2.50]			
Wu et al. (2023)	-0.478		5.6%	0.62 [0.29, 1.32]			
Zhong et al. (2018)	0.1398 (5.0%	1 15 [0 49 2 68]		_	
Subtotal (95% CI)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		55.9%	1.45 [1.16, 1.82]		45%	◆
Heterogeneity: $Tau^2 = 0$	0.03; Chi² = 9.87, df =	= 7 (P = 0).20); I ^z	= 29%		1370	
Test for overall effect: 2	Z = 3.20 (P = 0.001)						
1.2.3 Retrospective co	hort studies						
Cai et al. (2017)	0.6729	0.3185	6.6%	1.96 [1.05, 3.66]			
Larson et al. (2022)	-0.0726		9.7%	0.93 [0.70, 1.23]		_	+
Myoga et al. (2019)	0.0296	0.0861	10.4%	1.03 [0.87, 1.22]			+
Subtotal (95% CI)			26.7%	1.09 [0.83, 1.42]			*
Heterogeneity: $Tau^2 = 0$	0.03; Chi ² = 4.58, df =	= 2 (P = 0	.10); I ²	= 56%			
Test for overall effect: 2							
Total (95% CI)		1	00.0%	1.56 [1.20, 2.01]		56%	•
Heterogeneity: Tau ² = 0	0.16; Chi ² = 54.55, df	= 13 (P <	< 0.000		-		- Ja
	Z = 3.39 (P = 0.0007)				0.01	0.1	i io 100







REVIEW ARTICLE



Association between sleep quality and duration during pregnancy and risk of gestational diabetes: A systematic review and meta-analysis

Test for subgroup differences: $Chi^2 = 34.26$, df = 1 (P < 0.00001), $I^2 = 97.1\%$

Minhua Jianga, Renhong Suib and Xiaoqing Wub

Más de 8 horas de sueño y diabetes gestacional

				Hazard Ratio		Hazard F	Ratio
Study or Subgroup	log[Hazard Ratio]	SE W	eight/	IV, Random, 95% CI	Year	IV, Random,	95% CI
1.3.1 Case control st	udies			-			
Wang et al. (2022)	1.4861	0.1964	22.2%	4.42 [3.01, 6.50]			
Wang et al. (2021)	1.477	0.2975	20.3%	4.38 [2.44, 7.85]		_	
Subtotal (95% CI)			42.5%	4.41 [3.20, 6.08]		4 veces	•
Heterogeneity: Tau ² =	0.00; Chi ² = 0.00, d	f = 1 (P = ().98); l ³	2 = 0%		•	-
Test for overall effect:	,						
1.3.2 Cohort studies							
Myoga et al. (2019)	0.1906	0.1516	22.9%	1.21 [0.90, 1.63]		+	-
Qiu et al. (2010)	0.5988	0.5679	14.4%	1.82 [0.60, 5.54]			-
Rawal et al. (2017)	0.3988		20.2%	1.49 [0.82, 2.70]		+	-
Subtotal (95% CI)			57.5%	1.29 [0.99, 1.67]		•	•
Heterogeneity: Tau ² =	0.00 ; $Chi^2 = 0.77$. d	f = 2 (P = 0	0.68); I ³	2 = 0%			
Test for overall effect:		-,-					
						.	
Total (95% CI)		10	00.0%	2.32 [1.19, 4.50]		2 veces	•
Heterogeneity: Tau ² =	0.48; Chi ² = 35.03,	df = 4 (P <	0.000	01); I ² = 89%	L	-	10 10
Test for overall effect:	Z = 2.48 (P = 0.01)				0.01	0.1	10 10







Los trastornos del sueño se relacionaron con una mayor morbilidad en las mujeres embarazadas con 30 o más años

Preeclampsia: OR: 3.94 [2.07-7.51]

Hipertensión gestacional: OR:2,22 [1.20-4.10]

Diabetes gestacional. OR: 1.48 [1.15-1.91]

❖ Sobre peso y obesidad (IMC >24)

Preeclampsia OR: 3.75 [2.11-4.85]

Diabetes gestacional. OR: 1.97 [1.26-5.17]

❖ Pobre calidad de sueño en embarazada

Somnolencia diurna excesiva

OR: 1.61 [1.35-1.91]

Somnolencia diurna excesiva patológica

OR: 2.13 [1.68-2.70]







Apnea Obstructiva del Sueño en Embarazadas





- Los cambios en las vías respiratorias superiores, la forma en que el cerebro controla la respiración aumentan el riesgo de AOS o la empeoran
- Suele ser peor la AOS en el tercer trimestre y mejora en posparto
- Mayor riesgo de AOS en obesas y en las gestantes de mayor edad
- Complicaciones de la AOS en embarazadas: cesáreas, diabetes gestacional, preeclampsia, bajo peso al nacer, parto pretérmino
- Hábitos de sueño
- El uso de CPAP es seguro

Domínguez JE, Cantrell S, Habib AS, Et al.
Consensus Guideline on the Screening, Diagnosis, and Treatment
of Obstructive Sleep Apnea in Pregnancy. Obstet Gynecol. 2023;142(2):403-423.

Apnea Obstructiva del Sueño en gestantes de control prenatal Monterrosa-Castro A, Romero-Martínez S. (Inédito)



Gestantes Cartageneras de Bajo Riesgo Obstétrico Clínica Santa Cruz de Bocagrande 683 gestantes, edad materna 28,3±6,3 años Edad gestacional 31,5±6,9 semanas

Con AOS	32 (4,6%) [IC95%:3,34-6,54]
Sin AOS	651 (95,4%) [IC95%:93,46-96,66]

	OR	IC95%	р
Practicante de religión	0,83	0,41-1,71	0,63
Antecedente de aborto	1,38	0,92-2,08	0,11
Anemia gestacional	0,85	0,32-2,26	0,75
Diabetes gestacional	3,18	1,24-8,14	<0,05
Diabetes mellitus	2,65	0,58-12,04	0,20
Hipertensión arterial	16,52	7,03-38,84	<0,0001
Sentirse fatigada	8,46	2,01-35,73	<0,001
Sentirse preocupada	2,40	1,15-5,04	<0,05
Síntomas depresivos	1,78	0,82-3,86	0,14
Estrés (CESD-10)	1,41	0,68-2,90	0,34
Ingesta de cerveza	1,01	0,13-7,83	0,98
Bebidas energizantes	4,71	1,28 -17,31	<0,05





Neurol. Int. 2024, 16, 522-532. https://doi.org/10.3390/neurolint16030039



Review

Obstructive Sleep Apnea in Pregnancy: A Comprehensive Review of Maternal and Fetal Implications

Antonino Maniaci ¹⁽¹⁾, Luigi La Via ^{2,*(2)}, Basilio Pecorino ¹, Benito Chiofalo ¹⁽²⁾, Giuseppe Scibilia ³⁽³⁾, Salvatore Lavalle ¹⁽³⁾ and Paolo Scollo ¹⁽³⁾

- ❖ Prevalencia: 3,6%-27,0%(Obesidad Edad Comorbilidades)
- ❖ 3,6% Embarazo temprano (6-15 semanas)
- ❖ 8,3% Embarazo intermedio (22-31 semanas)
- ❖ OSA en embarazo predispone: Insomnio RLS
- * RLS es 20,0% más frecuente en embarazadas
- RLS en embarazo es indicador de RSL a edad avanzada
- ❖ OSA se asocia con Diabetes (OR:1,89) Preeclampsia (OR:1,58). Parto pretérmino (OR:1,26) Bajo peso al nacer (OR:1.39) Pequeño para la edad gestacional (OR: 1.96) (p<0.05)</p>

APNEA OBSTRUCTIVA DEL SUEÑO EN EMBARAZADAS

Hipoxemia
Estrés oxidativo
Inflamación sistémica
Fragmentación del sueño
Influencia hormonal
Disfunción metabólica
Afectación endotelial

Afectación vascular trofoblástica Impacto adverso metabólico fetoplacentario





Los profesionales que valoran gestantes deben

- Interrogar sobre los problemas de sueño
- Aprender y realizar asesoramiento sobre higiene del sueño
 - · Identificar y sugerir los métodos de diagnóstico de los problemas del sueño, tanto los subjetivo como los objetivos
 - Adquirir destrezas para recomendar intervenciones sobre los problemas del sueño
 - Integrar equipos multidisciplinarios