

**The 41st Wink**

Better Sleep For Life

[www.the41stwink.com](http://www.the41stwink.com)

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# Sleep and Pregnancy

## Restless Leg Syndrome (RLS)



Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5562408/>

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Restless legs syndrome (RLS), sometimes referred to as Willis-Ekbom disease is a sleep disorder commonly associated with pregnancy, and the symptoms of RLS negatively impact the quality of life in pregnant women.

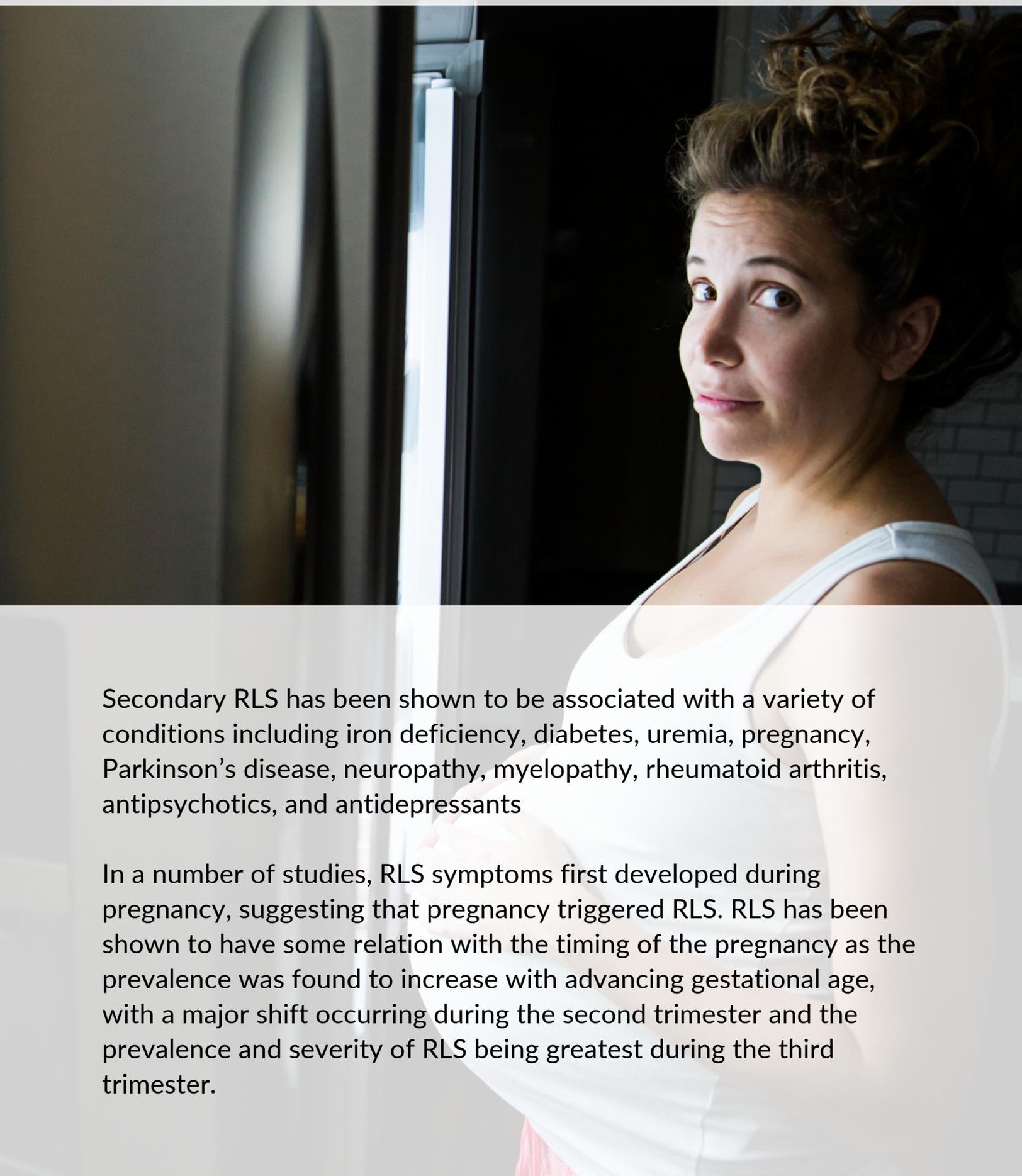
Cases of early onset are likely to have a family history of RLS and low serum iron levels, and usually develop the symptoms before the age of 35–45 years. The symptoms are typically severe. Cases of late onset often have identified secondary causes and usually develop the symptoms after the age of 45 years and the symptoms usually progress within 2–3 years.

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A woman with curly hair, wearing a white tank top, is looking out a window. The background is dark, suggesting it might be nighttime. The lighting is soft, highlighting her face and hair.

Secondary RLS has been shown to be associated with a variety of conditions including iron deficiency, diabetes, uremia, pregnancy, Parkinson's disease, neuropathy, myelopathy, rheumatoid arthritis, antipsychotics, and antidepressants

In a number of studies, RLS symptoms first developed during pregnancy, suggesting that pregnancy triggered RLS. RLS has been shown to have some relation with the timing of the pregnancy as the prevalence was found to increase with advancing gestational age, with a major shift occurring during the second trimester and the prevalence and severity of RLS being greatest during the third trimester.



Dietary and hormonal factors have been found to be associated with RLS during pregnancy. History of RLS before conception, RLS during previous pregnancy, low hemoglobin (<11 g/dl) and inadequate supplementation of iron and folate during pregnancy, particularly when the women have iron deficiency, coffee consumption before pregnancy, and peptic ulcer disease were found to be risk factors. trimester.

Pregnant women who are suffering from RLS may also have an increased incidence of PLMS (Periodic Limb Movement of Sleep), nocturnal leg cramps, and excessive daytime sleepiness. These factors could be associated with insomnia in these women.

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Insomnia related to RLS may manifest as an increase in sleep onset latency, sleep interruption, or terminal insomnia.

Sleep duration and sleep quality can influence the type of delivery, length of labor stages, neonate's Apgar score, and birthweight trimester.

[Another study] showed a high possibility to develop preeclampsia in pregnant women who had symptoms of RLS.



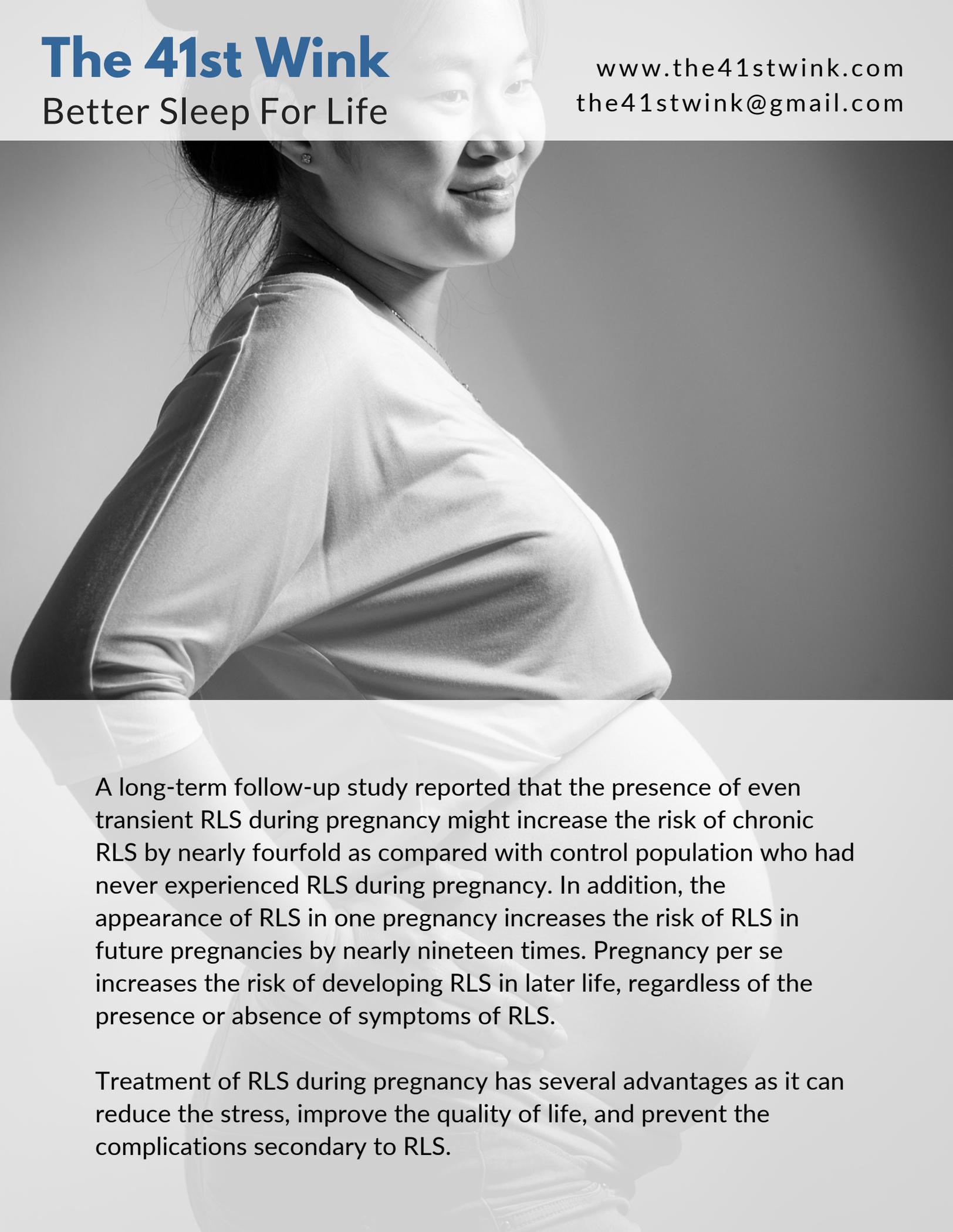
RLS has also been found to be associated with depressed mood in pregnant women. Moreover, it has been reported recently that moderate to severe RLS occurring before pregnancy increases the risk for perinatal and postnatal depression. RLS during pregnancy has also been found to be associated with sleep disturbances, insomnia and early morning awakenings.

Diagnosis of attention deficit hyperactivity in children puts their mothers at higher risk for RLS, which has been attributed to a genetic link (69). However, whether children of mothers having RLS have a higher predisposition to ADHD is not known.

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A long-term follow-up study reported that the presence of even transient RLS during pregnancy might increase the risk of chronic RLS by nearly fourfold as compared with control population who had never experienced RLS during pregnancy. In addition, the appearance of RLS in one pregnancy increases the risk of RLS in future pregnancies by nearly nineteen times. Pregnancy per se increases the risk of developing RLS in later life, regardless of the presence or absence of symptoms of RLS.

Treatment of RLS during pregnancy has several advantages as it can reduce the stress, improve the quality of life, and prevent the complications secondary to RLS.

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