Preface

Sleep and Women's Health Across the Lifespan

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In women, sleep interacts with reproductive health, and sleep disorders can emerge within the context of reproductive stages. Substantial research has occurred since the last *Sleep Medicine Clinics* issue about sleep in women, guest edited by Dr Helen Driver in 2008.¹ However, evident from the reviews in this current issue, the field of sleep and women's health remains an active and complex area with many unanswered questions. We are pleased to offer this broad series of reviews, showing fundamental relationships between sleep and reproductive stages, as well as emerging knowledge about women's sleep in special populations (military) and in the context of traumatic stress exposure. These selected authors used their research and clinically focused expertise to identify knowledge gaps for future research and provide clinicians with a solid understanding of current issues surrounding sleep and women's health.

In addition to reviewing knowledge about sleep in the context of reproductive stages (menstrual cycle, pregnancy, menopause), this special issue includes reviews of research on circadian rhythms and shift work. The article by Kervezee and colleagues addresses sleep problems for women in the workforce, particularly related to shift work. As you read their review, we invite you to think about how similar shift work sleep issues may be for new mothers during postpartum adjustment to parenthood.

While pregnancy and postpartum are relatively brief periods in a woman's lifespan, these reproductive phases represent monumental physical and psychological changes with implications for

health and potential for sleep disturbances that may be temporary or permanent if nothing is done to intervene. During child-bearing and child-rearing years, women's sleep is often sacrificed for other priorities, including parenting responsibilities and working outside the home. It was striking to us that so little is known about how bedtimes change during postpartum, which can effectively result in mothers being cast in the role of shift worker, but with no days off from parenting.

It is often during child-rearing years that chronic health conditions emerge. If sleep has been relatively good during reproductive age, a chronic illness can quickly change sleep or further compound a preexisting sleep problem. The role that stress and inflammation plays in sleep disorders is reviewed by Shaver and Iacovides, setting the stage for health issues that arise when women experience trauma, particularly women military Veterans at risk of posttraumatic stress disorder. These review articles highlight the need for research on sleep in civilian and military populations of women who experience trauma, whether it be domestic violence or trauma in the workplace.^{2,3}

Even without a traumatic event or onset of a chronic illness, normative menopausal transition often brings fluctuations in sleep patterns without much guidance about expectations for onset, intensity, resolution of symptoms, or coping mechanisms. Insomnia is prevalent in the context of menopause, often linked to

disruptive hot flashes that require consideration when treating sleep disturbances in this population. As discussed in the final article, sleep is a critical component of healthy aging, and emerging research on aging women links sleep disruption with memory-related disorders as well as poor health.

In closing, we would like to thank our expert contributors to this special issue. They covered the topics in great depth and clearly addressed the issues from clinical perspectives that are important in health care. We also thank the many others who conduct research on women's sleep issues, and encourage initiatives like the Society for Women's Health Research Interdisciplinary Network on Sleep.⁴ While we say "many others," there are still so few, and we warmly welcome the next generation of researchers and clinicians interested in this topic to join forces to move the science forward.

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