

### Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/advances-in-womens-health/reducing-the-risk-of-postpartum-depression-through-sleep-interventions/32756/>

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## Reducing the Risk of Postpartum Depression Through Sleep Interventions

### Announcer:

Welcome to *Advances in Women's Health* on ReachMD. On this episode, Dr. Nicole Leistikow joins us to share how we can use sleep interventions to reduce the risk of postpartum depression. Dr. Leistikow is an Assistant Professor in the Department of Psychiatry at the University of Maryland School of Medicine and on the Education Committee for the National Curriculum in Reproductive Psychiatry. Let's hear from her now.

### Dr. Leistikow:

So the first intervention that I recommend to improve postpartum sleep and reduce the risk of depression in postpartum women is a discussion during the third trimester prior to delivery and ideally with a partner or family member to come up with a postpartum sleep plan. So when I first started treating the perinatal population, I was having this conversation after delivery when patients were already sleep deprived, already depressed, feeling like they were in a pit, and having little hope that they could change anything.

So over time I realized that I had missed a window of opportunity as a provider to prepare for and even potentially prevent a level of severe sleep deprivation and hopelessness, and I started having the conversation earlier before the baby had even arrived. And so I now ask the patient to bring their partner or another family member with them to a third-trimester appointment, and we discuss the importance of sleep protection in postpartum and potentially using a protected sleep room for shifts around infant night feedings.

So I recommend to all my patients that they consider having two sleep spaces: one space where the person who is on duty sleeps near the baby, and one space that's a protected sleep space where the person who is off duty does not hear the baby or have their sleep disrupted during their protected chunk of sleep. And then I recommend that people switch in the middle of the night so that the person who started out on duty and maybe stayed up or got disrupted sleep for the first part of the night now be off duty for the second-half of the night so that they can get their four-to-five-hour chunk of sleep. The main principle that we're following here is that mental health is a priority for new parents and that protecting the mental health of both parents is protecting the baby as well, and so sharing the burden of infant night feedings between two people so that both of them have a preserved chunk of sleep is really the best way to protect the whole family in the first six months postpartum.

Historically, the assumption has maybe been that this is the mother's job and that every single infant night feeding should be at the breast, but as a psychiatrist and a physician, it's my job to help people realize that it doesn't make sense to threaten the mental health of the mom and her bond with the baby by allowing conditions like severe sleep disruption that we know can either trigger or maintain postpartum depression to go unchecked.

Now, if patients are single parents, it's important to share the principles of protected sleep and to help them look for sleep windows—for example, by going to sleep earlier right when the baby goes to sleep rather than using that time to stay up and clean the kitchen or do laundry or get things done. We help them really value sleep as medicine for the brain, and so it might be worth leaving things undone in order to seize that sleep window. However, another option, even for single parents, is sometimes identifying other support people. Oftentimes single parents may live with other capable family members or with housemates who may be willing to take a single infant feeding, and it's really more a matter of helping patients to consider making the ask rather than them assuming they have to do it all themselves because they're the mother, even if their health is suffering.

### Announcer:

That was Dr. Nicole Leistikow talking about how we can reduce the risk of postpartum depression through sleep interventions. To

access this and other episodes in our series, visit *Advances in Women's Health* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!