

AASM
American Academy of SLEEP MEDICINE®

Women's Sleep Health Summit Report



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AMERICAN ACADEMY OF SLEEP MEDICINE · FINAL REPORT

Women's Sleep Health Summit

CONTENTS

1	Introduction
2	Summit Overview and Methods
3	Track 1: Fertility, Pregnancy and Postpartum Health
4	Track 2: Midlife/Menopausal Transitions
5	Track 3: Sleep Disorders and Disparities
6	Priority Roadmap to Improved Women's Sleep Health
7	Implementation and Translation Considerations for Roadmap
8	Conclusion
9	Acknowledgments and Disclosures
10	References
A	Appendices

SECTION 1

Introduction

The American Academy of Sleep Medicine (AASM) established the Women's Sleep Health Task Force in February 2025 to provide guidance on efforts focused on understanding and advancing sleep health in women.

ABOUT THE TASK FORCE

The Women's Sleep Health Task Force is a women's health–specific initiative to address persistent, well-documented gaps in sleep research, clinical screening, diagnosis, and treatment specifically related to women's health across the life course and address disparities by elevating women's health priorities, accelerating evidence generation, and translating findings into clinical practice.

The first task force goal was to develop and hold a Women's Sleep Health Summit.

Historically women have been underrepresented in biomedical research. Although recent progress has been made, gaps continue to exist in many areas of women's health, including sleep health. Furthermore, the definition of women's health has now changed from traditional focus on reproductive health to a whole-body approach, as biological and physiological differences between males and females - known as sex differences - exist throughout the body. In addition, gender differences, such as social, cultural and environmental factors, influence biological factors in both sexes. Therefore, using the sex and gender lens, women health conditions can be classified as those that affect women exclusively (e.g. menopause) and disproportionately (such as prevalence or severity of chronic conditions such as sleep apnea or chronic pain) or differently (symptoms or outcomes) compared to men. Women's health encompasses conditions that are unique to women (such as pregnancy and menopause), affect women with a higher prevalence or severity (such as chronic pain), and that affect women differently in terms of symptoms progression, and outcomes[1,2].

Sleep is essential to every aspect of a person's life but lack of quality sleep in women can affect physical well-being and mental resilience, including hormonal balance and risk for chronic disease. Women have been underrepresented in sleep research, including sleep apnea studies, and are less likely to be referred for sleep testing[3]. Many women experience unique sleep challenges that remain underrecognized and undertreated. Millions of women in the United States have a sleep disorder, with both insomnia and restless legs syndrome having higher prevalence in women[4,5]. Twenty-seven percent of women over the age of 18 report that they sleep fewer than 7 hours a night[6], as recommended by the AASM[7].

Different stages of life can also predispose women to higher prevalence for certain sleep disorders and disturbances. Sleep differences in women begin in adolescence/puberty and continue through the reproductive years, pregnancy, perimenopause, and into older adulthood. The Summit focused on fertility, pregnancy and postpartum health and midlife/menopausal transitions as physiologic changes may influence women's sleep to a greater degree during these phases[8,9].

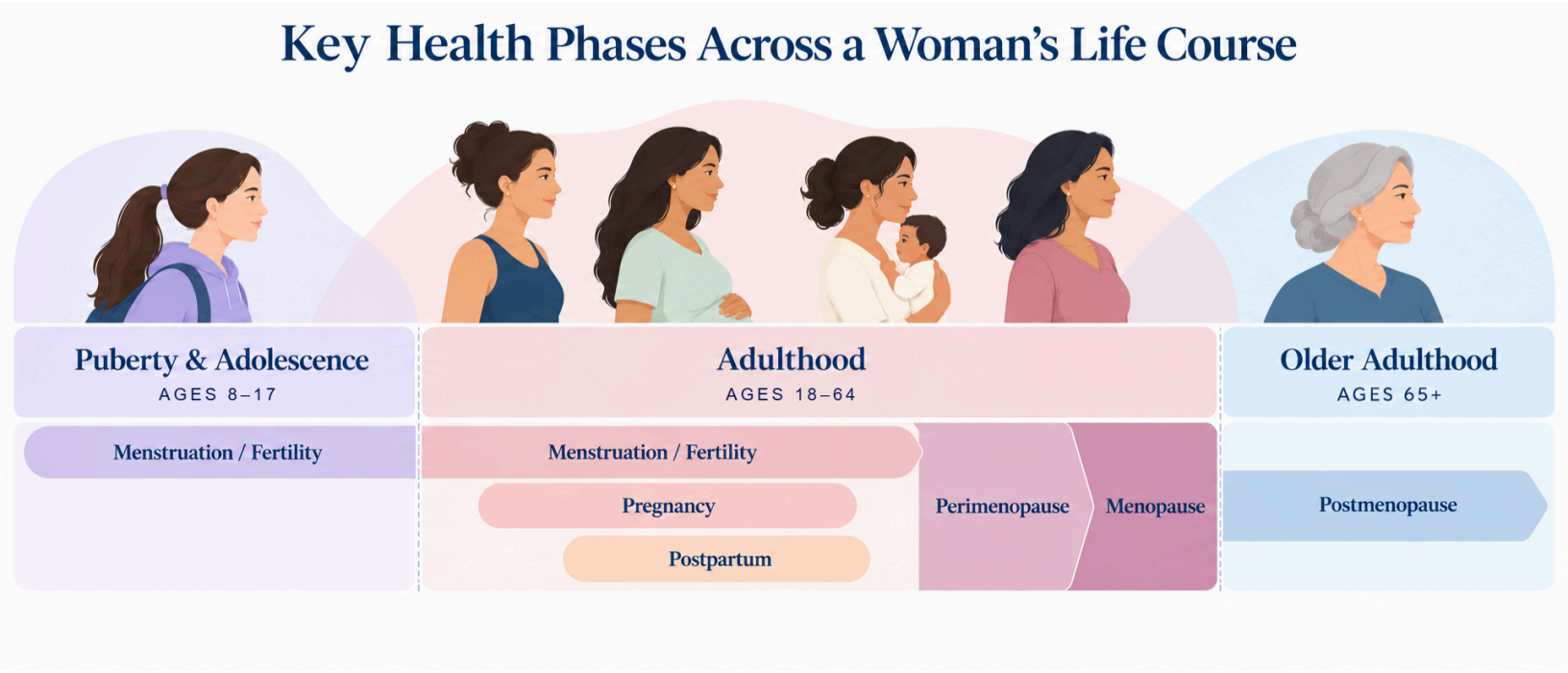


Figure 1. Key health phases across a woman's life course.

Researchers and clinicians should examine women's sleep to ensure systems are in place that appropriately screen, diagnose, treat and manage sleep disorders in women throughout the lifecycle, as well as appropriately address sleep health for all women. Current screening and diagnostic tools, such as the STOP-BANG, are not configured specifically for women and may contribute to underdiagnosis

and treatment[10,11]. Given the existing gaps and need to enhance the awareness, diagnosis, treatment and sleep medicine care delivery for women, the task force convened a summit focused on sleep and sleep disorders in women across the life course.

Goals of the Summit

The primary goals of the summit were to:

1. **Enhance Scientific Understanding** – Highlight the latest sex- and gender-specific research related to sleep-related conditions that impact women exclusively, disproportionately, and differently.
2. **Promote Evidence-Based Strategies** – Discuss best practices and sex- and gender-informed interventions for improving sleep health among women across different life stages.
3. **Foster Multidisciplinary Collaboration** – Bring together scientists, clinicians, policymakers, and industry leaders to drive progress in women's sleep health to advance women's sleep health.
4. **Bridge Research Findings to Clinical Practice** – Identify gaps between research findings and real-world applications in clinical and public health settings for improving sleep, sleep disorders, and sleep-related conditions and quality of life in women.
5. **Establish an Action-Oriented Implementation Roadmap** – Establish concrete recommendations to improve awareness, diagnosis, and treatment of sleep outcomes across diverse populations of women, including funding priorities, policy endorsement, and clinical guidelines/practice changes.

Objectives of the Summit

Scientific Updates on Sleep Health Conditions in Women

- Address sleep challenges unique to women, such as pregnancy-related sleep apnea, insomnia, perinatal sleep disorders, and menopause-associated sleep disturbances [Exclusive Conditions].
- Explore conditions like insomnia, restless legs syndrome, and sleep apnea, which affect women at different rates or with greater severity [Disproportionate Impact].
- Examine how sleep disorders manifest differently in women compared to men, focusing on different symptoms or clinical pheno-endotypes, hormonal influences, circadian rhythms, mental health intersections, and sociocultural influences (e.g., norms; discrimination) [Differential Effects].

Implementation Strategies

- Identify barriers and facilitators to the diagnosis, treatment, and delivery of sleep care for women.
- Discuss real-world applications of sleep interventions tailored to women's unique physiological and lifestyle needs.
- Address healthcare disparities and develop targeted outreach strategies for underserved women.

Collaborative Breakout Sessions

- Identify best clinical practices for diagnosing and treating sleep disorders in women.
- Develop strategies to integrate women's sleep health into broader health initiatives to influence policy and public health initiatives.
- Explore emerging digital health solutions, wearable technology, and technology innovations for personalized sleep tracking in women.

Action Plan for Future Research & Implementation

- Establish recommendations for increasing diverse representation of women in sleep research.
- Advocate for policy changes supporting better sleep health education and access to care for women.
- Develop key takeaways for advancing sleep health solutions.

SECTION 2

Summit Overview and Methods

2.1 Summit Details and Participants

The AASM Women's Sleep Health Summit was hosted by the Women's Sleep Health Task Force on November 2-3, 2025 in Rosemont, Illinois. A wide-ranging group of stakeholders attended the Summit including women's sleep health clinicians and researchers, women's health experts, implementation scientists, patient advocates, and industry representatives.

2.2 Program Structure

The program consisted of two days of foundational presentations and breakout discussions. Day 1 focused on providing a preliminary understanding of the current state of women's health generally and women's sleep health, sleep disorders, and sleep disparities. Day 2 consisted of breakout presentations on specific women's sleep health topics, followed by two working breakout sessions. Because the purpose of the Summit was to develop an implementation roadmap to improve women's sleep health, the Summit was framed using implementation science methods.

Foundational presentations included:

- Patient perspectives on living with sleep disorders and the importance of clinical trial representation
- Contemporary View of Menopausal Hormone Therapy keynote
- Women's sleep health at midlife
- Sleep disparities in women and girls
- Examples of implementation models in sleep medicine and related fields

The Summit featured three breakout tracks: 1) Fertility, Pregnancy and Postpartum Health, 2) Midlife/Menopausal Transitions, and 3) Sleep Disorders and Disparities. Each track opened with topic specific presentations by two breakout session speakers and were followed by two guided discussion sessions.

2.3 Priority-Setting Approach

The foundational and breakout speakers provided baseline knowledge which the breakout groups used to inform discussion regarding their assigned themes.

Breakout Session 1 – Affinity Mapping

Breakout session 1 was tasked with identifying gaps and barriers for each track's topic themes through an affinity mapping process, a collaborative process used to organize individual or brainstorming ideas into meaningful, thematic categories based on their natural relationships.

The participants in each breakout session were divided into three groups. Each group focused on one theme ("home theme") related to the breakout session topic (detailed below). Through a process of topic rotation, each group discussed and added gaps to the map for each of the three topics. Once all topics had been discussed by all groups, each group prioritized the mapped items for their home theme, identifying high-priority items and/or quick wins. The groups then discussed and added barriers and facilitators related to the identified priority items for their home theme. Finally, the breakout session full group collectively reviewed each affinity map to address any remaining gaps and determine the top priority related to each theme.

Breakout Session 2 – Action Mapping

The goal of breakout session 2 was to identify areas of focus/action steps for the priority strategies that were determined at the end of breakout session 1. This was done through a mapping exercise in which each group determined action steps required to address the identified priority in six key areas: Research, Clinical Care, Education, Implementation, Equity, and Policy. After this process was complete, each group presented their drafted action steps, and the breakout session full group collectively addressed remaining gaps.

Following the Summit, staff compiled the data. The Women's Sleep Health Task Force members reviewed, refined, and standardized the collected data, which was used in the creation of the Roadmap.

SECTION 3 · TRACK 1

Fertility, Pregnancy and Postpartum Health

3.1 Key Gaps and Challenges

The discussion identified these key gaps: Improved diagnosis and treatment of sleep disorders and improved training in sleep medicine is needed for clinicians who routinely care for these patients. Key barriers for pregnant and postpartum women to achieve evidence-based sleep health care include social determinants of health, lack of insurance coverage, lack of sex-informed and standardized screening and assessment tools, as well as undervaluation of sleep. (**Roadmap Section 1.C**)

Pregnancy is a transient phase in a woman's life course when a woman experiences many physiological and psychological changes including sleep disruption. Research on this phase of life has been limited for many years due to ethical concerns for the baby and mother; however, recent research focus on this phase presents many opportunities to fill gaps in diagnosis and treatment of sleep disorders in pregnancy and postpartum. The identified gaps can be addressed in part through multidisciplinary collaboration based on shared values with researchers, women and family medicine organizations, obstetrician-gynecologist (Ob/gyn) clinics, and other stakeholders, improved guidelines for screening/assessment and treatment, and prioritization of women's sleep through increased research funding and compensation. (**Roadmap Section 1.E/F**)

3.2 Priority Directions

Several priorities related to fertility, pregnancy, and postpartum health were identified, which can be viewed in Appendix 3. The top three priorities identified and outlined in **Roadmap Section 1.A**:

Fertility	Identifying sleep health effects on fecundability; adapt and implement interventions for preconception, pregnancy, and postpartum sleep optimization
Pregnancy	Identifying safety and efficacy of perinatal sleep disorder interventions (e.g. focusing on gestational sleep apnea screening, diagnosis and treatment, as well as CBT-i interventions for insomnia in pregnancy) to inform perinatal counseling on healthy sleep and pregnancy-related changes and risks
Postpartum	Addressing the link between sleep and postpartum depression (PPD)

3.3 Research, Clinical, Education, and Policy Implications

Across these identified priorities, implications for implementation related to research, clinical care, education, and policy arose.

3.3.1 Research (Roadmap Section 1.E)

Key areas identified for research include:

- Systematic review and meta-analysis of the relationship between sleep metrics and fertility, pregnancy outcomes, and PPD
- Potential role of wearable technology in sleep monitoring during pregnancy/postpartum
- Leverage reproductive endocrinology and infertility (REI) protocols offer unique opportunities to measure and analyze sleep and reproductive hormone metrics concurrently
- Identify clinical symptoms and sleep study markers of gestational sleep apnea endo- and pheno-types beyond the apnea-hypopnea index (AHI), to help identify pregnancies at risk of adverse gestational outcomes associated with gestational OSA
- Treatment efficacy and effectiveness, particularly focused on sleep medication safety during pregnancy, the effectiveness of Cognitive Behavioral Therapy for Insomnia (CBTi), and management of sleep disorders during pregnancy among patients with postpartum depression (PPD)
- Creation of a national medical registry to guide pharmacotherapy treatment for sleep disorders

3.3.2 Clinical Care (Roadmap Section 1.E)

Guidelines for treatment of sleep disorders must be adapted for pregnant/postpartum patients, and existing guidelines and best practices should be implemented in all clinical practices that see these patients. To effectively address the identified priorities, screening tools and diagnostic criteria specific

to reproductive age women must be developed and implemented in clinical practice. Women with sleep disorders should receive pre-conception counseling regarding the impact of pregnancy on sleep disorder treatment and management and pregnancy outcomes. Wide-spread screening should be considered, which may require incentivization for implementation.

3.3.3 Education (Roadmap Section 1.E)

Increased education is needed for all clinicians who treat women, including sleep clinicians, advanced practice practitioners, Ob/gyns, as well as patients themselves. Guidelines should be widely disseminated to these groups. Public campaigns to battle misinformation should be created and launched. Training is needed to begin to address the shortage of CBTi specialists. A care pathway algorithm related to sleep disorders during pregnancy should be developed, tested, and disseminated.

3.3.4 Policy (Roadmap Section 1.F)

Increases in research funding (federal and private) are needed to address the identified research priorities specific to fertility, pregnancy, and postpartum health, including revision of sleep diagnostic testing criteria specific to reproductive age women. Stakeholders should create joint position statements and campaigns against misinformation related to sleep and postpartum depression.

SECTION 4 · TRACK 2

Midlife/Menopausal Transitions

4.1 Key Gaps and Challenges

The discussion identified these key gaps: Lack of funding and research infrastructure hinder basic and clinical research related to sleep during midlife and menopausal transitions making it difficult to translate basic research into clinical models and practice. Siloed care, lack of tailored treatment, and underrepresentation/lack of diversity also undermine basic and intervention research. Misinformation and limited recognition of the importance of sleep further impede progress. Consensus and education on assessment tools and treatment options specific to women is needed for practical, clinical implementation. (Roadmap Section 2.C)

These gaps can be addressed in part through the adoption of readily available technologies, dissemination of already established evidence-based clinical guidelines, and policy advocacy. (Roadmap Section 2.E/F)

4.2 Priority Directions

Several priorities were identified related to midlife/menopausal transitions, specifically related to research and clinical implementation, which can be viewed in Appendix 3; however, given scope and time limitations, the Summit focused on three top priorities identified and outlined in Roadmap Section 2.A:

Basic Science/Clinical Research	Utilizing individual endotyping to inform tailored treatment and personalized approaches to sleep interventions based on understanding of phenotypes
Intervention Research	Combating social media misinformation about menopause online; improving public health messaging (dissemination)
Clinical Care/Implementation	Developing clinical guidelines specific to the population with specific emphasis on cultural/ethnic/contextual barriers/relevance

4.3 Research, Clinical, Education, and Policy Implications

Across these identified priorities, implications for implementation related to research, clinical care, education, and policy emerged.

4.3.1 Research (Roadmap Section 2.E)

Existing research should be utilized to reanalyze phenotypes and tailor treatment for specific endo/phenotypes among midlife women with sleep disorders.

Potential areas for research include:

- Longitudinal studies of women's sleep patterns using wearable technology
- Tailor CBTi to specific endo-phenotypes
- Investigate combination therapies for women with OSA
- Assess productivity loss and the growing market for sleep technology and innovation
- Economic analysis of ROI for workplace sleep interventions
- Quantifying harm of misinformation and use of non-evidence-based treatments for sleep disorders

4.3.2 Clinical Care (Roadmap Section 2.E)

An interdisciplinary approach to women's sleep health is required to effectively provide high-quality care. Guidance on current guidelines and best practices related to women's health and sleep health should be disseminated to care teams and other bodies that work with this group of women, and additional guidelines should be developed that advance personalized care for women with sleep disorders or disturbances during midlife/menopause.

4.3.3 **Education** (Roadmap Section 2.E)

Education on sleep health in women during midlife/menopausal transitions and personalized sleep interventions should be disseminated to the public and care teams. Additionally, a health literacy dissemination toolkit should be developed in conjunction with partner organizations utilizing existing menopausal education materials, to guide effective outreach strategies.

4.3.4 **Policy** (Roadmap Section 2.F)

Request for Application (RFA) should be released through NIH and/or other funding bodies for research on personalized approaches to women's sleep health interventions. Newly published guidelines should be integrated into accreditation standards.

SECTION 5 · TRACK 3

Sleep Disorders and Disparities

5.1 Key Gaps and Challenges

The discussion identified key gaps: Missed and underdiagnosis, lack of access to sleep health services, lack of insurance coverage, and poor education contribute to health disparities related to women's sleep and sleep disorders. Additionally, failing to account for social determinants of health or other exclusionary factors places a disproportionate impact on certain groups of women. Lack of precision approaches and inclusivity in current clinical research further exacerbate these effects. (Roadmap Section 3.C)

These gaps can be addressed in part through improved education and resources, the application of evidence-based practices through a multidisciplinary approach, as well as expanding emerging treatment options through representative research. (Roadmap Section 3.E/F)

5.2 Priority Directions

Several priorities were identified related to sleep disorders and disparities were identified which can be viewed in Appendix 3; however, the Summit focused on these main priorities identified and outlined in Roadmap Section 3.A:

Health disparities	Incorporating social and psychological screeners in clinical care and link to resources to support individuals and families
Disproportionate impact	Increasing clinical trial representation of women
Differential effects	Identifying factors causing a differential effect in women's sleep health and exploring endo/phenotype differences

5.3 Research, Clinical, Education, and Policy Implications

Across these identified priorities, universal implications for implementation related to research, clinical care, education, and policy surfaced.

5.3.1 Research (Roadmap Section 3.E)

Research should be utilized to analyze current screeners, diagnostic criteria, and biomarkers to identify gaps and effectiveness of current clinical tools. Technology should be harnessed for implementation, dissemination and infrastructure building.

Potential areas for research include:

- Meta-analysis of clinical trials in sleep that have included women and other intersectional identities
- Develop an objective measure of insomnia and identification of objective features of insomnia across the women's lifespan
- Intersection of sleep disorders/signs and symptoms and comorbid conditions severity/decline

5.3.2 Clinical Care (Roadmap Section 3.E)

Resources should be developed and disseminated that provide guidance for healthcare professionals, including screening toolkits for referrals that are tailored to different care settings and types of providers, gender/sex informed clinical care algorithms, and current procedural terminology (CPT) code education. Processes to improve referral to sleep clinics should be developed to facilitate clinical trial recruitment; recruitment for clinical trials should also be expanded outside sleep clinics.

5.3.3 Education (Roadmap Section 3.E)

Educational resources should be developed and distributed to women's care teams including social determinant of health training, sleep disorders in women, addressing bias, and differential effects in women's sleep health. Public education destigmatizing research and clinical trial participation is needed.

5.3.4 Policy (Roadmap Section 3.F)

Multi-society collaboration is needed to effectively educate and advocate for policy and program changes addressing identified priorities. Integration of women's sleep health components in electronic health record (EHR) systems should be addressed with EHR companies to support clinical decision-making. Women's sleep clinical trial funding should be prioritized as a federal policy priority. A research consortium/infrastructure should be established to effectively collect data, including a national registry.

SECTION 6

Priority Roadmap to Improved Women's Sleep Health

To advance women's sleep health through coordinated education, policy, clinical care, and research initiatives that improve awareness, access, evidence, and system-level integration, the Task Force developed a Roadmap. (Appendix 1)

The Roadmap is a phased multiyear action plan to be used by various stakeholders and collaborators to address the identified priorities and action steps related to women's sleep health. Each identified priority has targeted short-term, medium-term, and long-term actions. (Roadmap Section F)

P1

6.1 Phase 1 (P1) - Short-Term Actions (1–2 years)

Short-term actions detailed in this plan primarily focus on initiating advocacy for the prioritization of women's sleep health and research/clinical funding trials as much of the plan related to research cannot be accomplished without funding and/or stakeholder engagement. Currently available resources and guidelines can also be distributed to stakeholders.

Phase 1 aims to build awareness and education, share trusted guidance, and lay the foundation for policy and research progress.

P2

6.2 Phase 2 (P2) - Medium-Term Actions (3–5 years)

New resource and public campaign creation addressing the identified women's sleep health priorities are primarily medium-term actions as they require research, development, and dissemination. This includes education and resources for health care practitioners, toolkit creation, and public awareness campaigns.

Phase 2 aims to scale education and outreach, address disparities, and formalize advocacy and partnerships.

P3

6.3 Phase 3 (P3) - Long-Term Actions (5+ years)

Long-term actions include research activities that will take a significant amount of time to accomplish, including sleep-disorder clinical practice guideline development specific to women and the creation of a women's sleep health research consortium. Also included are activities that require wide-spread adoption, such as EHR integration and developing referral relationships.

Phase 3 aims to embed women's sleep health into clinical practice guidelines and standards, health systems, and research infrastructure.

SECTION 7

Implementation and Translation Considerations for Roadmap

7.1 Implementation Considerations

Several themes presented across the course of the Summit and breakout discussions for consideration in implementation of the Roadmap:

- **Patient/Stakeholder Engagement:** It is paramount to the successful implementation of the proposed strategies that the patient voice and larger stakeholder engagement be integrated in all aspects of the Roadmap to ensure policies, programs, guidelines, and other outputs are equitable, inclusive, and appropriate address social determinants of health that affect women's sleep health
- **Multidisciplinary Approach:** Implemented strategies must be multidisciplinary in nature. Sleep researchers and clinicians, women's health practitioners, primary care practitioners, allied health professionals, community health workers, and other healthcare professionals must partner to integrate women's sleep health strategies in clinical practice and research settings and move advocacy efforts forward.
- **Policy Considerations:** Collaboration across professional societies, as well as with government, industry, and payers is critical to addressing policies and practices that negatively impact women's sleep health and contribute to sleep health disparities among women. Increases in research funding (federal and private) are needed to address the priorities outlines in this report. Stakeholders should create joint position statements and campaigns against misinformation. Women's sleep health guidelines should be integrated into standards of care.

7.2 Barriers

The key potential barriers to adoption of the Roadmap include:

- **Underinvestment in women's health:** Many of the proposed actions require research funding from either governmental bodies or private entities, which is not guaranteed. Other activities require societies and healthcare bodies to invest capital, time, and resources into action and programs that may not have monetary profit.

- **Lack of prioritization in reducing sex and gender informed diagnostic and treatment gaps:** The proposed action requires buy-in from government, payers, healthcare practitioners across several fields, and other stakeholders at a time when competing interests are high.
- **Stigma around women's sleep health:** Women's sleep issues when minimized, normalize chronic exhaustion and discourage care, with symptoms often dismissed as stress or aging rather than recognized as treatable health concerns.
- **Timeline Required for Implementation:** Many of the actions outlined in the Roadmap, including research, guideline development, and federal advocacy, can require a significant amount of time (several years). This may slow implementation of strategies that rely on positive outcomes from these activities. As time passes, interest and prioritization can wane.

7.3 Facilitators

Facilitators contributing to the adoption of the Roadmap include:

- **Current societal partnerships:** Partnerships that exist between societies in the sleep field and beyond can be leveraged for implementation of the detailed strategies. New partnerships can be formed to further expand reach.
- **Patient Engagement:** Patients and patient organizations dedicated to sleep health and women's health are engaged and willing to partner to improve women's sleep health.
- **Guidelines Development:** Mechanisms and processes for development of clinical guidelines already exist and may be utilized to publish new relevant guidelines.
- **Emerging interest:** Growing public interest in sleep and women's health will further expand awareness; further, emerging digital tools and treatment options are likely to expand access.

7.4 Leveraging the Consolidated Framework for Implementation Research (CFIR)

To further guide implementation of the Roadmap, these barriers and facilitators are organized using the updated CFIR, a determinants framework used in implementation science that incorporated constructs from numerous implementation theories, models, and frameworks. The five key CFIR domains include: Innovation (Intervention) Characteristics, Outer Setting, Inner Setting, Characteristics of Individuals, and Process. In this context, the Innovation is the Roadmap, the Outer Setting is the broader societal/political context, the Inner Setting are clinics, organizations, and clinicians, Individuals are the target population of interest, and the Process are the ways in which the Roadmap could be

implemented. The list of barriers and facilitators are summarized by CFIR domain in Table 1. By mapping the roadmap's challenges and opportunities onto these five standardized domains, stakeholders and collaborators can more strategically target interventions and build actionable implementation plans.

Table 1: Implementation Barriers and Facilitators

CFIR Domain	Barriers to implementing the Roadmap	Facilitators to implementing the Roadmap
Innovation Characteristics	• Potential for perceived complexity of recommendations • Evidence gaps for certain populations	• Existing evidence-based guidelines and instruments • Emerging digital and wearable tools • Alignment with broader value-based initiatives
Outer Setting	• Underinvestment in women's health • Lack of interest/prioritization in reducing sex and gender informed diagnostic and treatment gaps • Underrepresentation of women in sleep health fields	• Current societal partnerships • Growing interest in women's health and maternal health • Public interest in sleep and wellness
Inner Setting	• Stigma around women's sleep health • Limited organizational capacity	• Emerging treatment options • Interdisciplinary teams
Characteristics of Individuals	• Stigma around women's sleep health • Knowledge and self-efficacy gaps • Patient competing demands	• High patient interest and motivation • Patient advocates
Process (i.e., Implementation Process)	Timeline Required for Implementation	Co-creation and participatory approaches

7.5 Implications for the field

We are at a turning point where women's health and sleep health are finally converging, and this moment demands attention from the sleep community. Sleep disorders are more prevalent in women than commonly recognized and increasingly linked to poorer health outcomes in women placing a great societal burden. Given the significance of this burden throughout a woman's life-course, it is crucial to

investigate sleep health through a sex and gender-informed lens and integrate women's sleep health into clinical practice. Furthermore, we need to educate the sleep community at large and deepen our understanding of policy implications.

Historically, women have been underrepresented in biomedical research, including sleep and circadian research. Existing screening tools often fail to account for unique biological, physiological and social factors influencing a woman's sleep health. Research gaps exist during important milestones across a woman's lifespan such as adolescence, reproductive years, pregnancy, peri-menopause, menopause and beyond. Addressing these gaps requires a comprehensive understanding of how sleep and sleep disorders manifest differently in women compared to men leading to differential clinical outcomes.

Bridging the gaps between research findings and clinical practice is crucial, necessitating the development and dissemination of evidence-based strategies and tailored interventions, informed by the patient perspective. This includes creating new screening and diagnostic tools specific to women, investigating sex-and gender biological differences in sleep and circadian systems, creating sex and gender-specific guidelines or adapting existing guidelines to be sex-specific, improving or strengthening patient knowledge and clinician education, and integrating women's sleep health as a topic into broader health initiatives. Underinvestment in women's health, lack of research prioritization, and societal stigma are a few identified barriers and challenges that will require concerted advocacy efforts towards activities such as securing increased research funding or influencing policy changes for better access to care or implementing initiatives that support better sleep health education. These concerted advocacy efforts will require inter- and multi-disciplinary collaborations among sleep researchers, patient representatives, clinicians, women's health practitioners, policymakers, and industry leaders.

The roadmap we present here points to a brighter future where women's sleep health is embedded within the larger unified sleep health ecosystem including clinical practice guidelines, individual health systems, and research infrastructure. The recommendations are meant to advance our scientific understanding of sex and gender differences in sleep health, promote evidence-based strategies, address health disparities, leverage existing and emerging technologies for personalized care, and fostering public awareness to combat misinformation. The successful implementation of these recommended actions will require sustained engagement from patients and stakeholders, a commitment to sustained engagement from all relevant stakeholders to ensure equitable, include and effective sleep health sleep health outcomes for all women.

SECTION 8

Conclusion

The Women's Sleep Health Summit provided a venue for discourse amongst experts in the sleep field with women's health experts, implementation scientists, patient representatives, industry representatives, and other stakeholders. The resulting data and recommendations comprehensively encapsulate these wide-ranging perspectives on women's sleep health. The sleep health community must act on these presented recommendations to drive improvements to women's sleep health.

SECTION 9

Acknowledgments and Disclosures

The AASM Women's Sleep Health Summit was hosted by the AASM Women's Sleep Health Task Force:

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SECTION 10

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APPENDICES

Supporting Materials

APPENDIX 1

Priority Roadmap to Improved Women's Sleep Health

APPENDIX 2

Summit Agenda

APPENDIX 3

Summit Priority Slide Set

Table 2: Identified Barriers by Summit Track

	Track 1 - Pregnancy and Postpartum Health			Track 2 - Midlife/Menopausal Transitions			Track 3 - Sleep Disorders and Disparities		
BARRIERS	Fertility	Pregnancy	Postpartum	Basic Science/ Clinical Research	Intervention Research	Clinical Care/ Implementation	Health Disparities	Disproportionate Impact	Differential Effects
Lack of Research/ Prioritization/Funding	X		X	X	X	X			X
Lack of Value of Women in Society			X						
Health System/Payer Barriers	X	X					X	X	
SDoH Affect Participation/ Lack of Diversity	X			X	X			X	X
Inconsistent Screening/ Diagnostic Criteria		X				X			X
Access to Care/ Clinician Shortage		X		X			X		
Lack of Screening/ Underdiagnosis			X			X	X		
Research Infrastructure				X					
Complexity of Hormones/ Sleep				X					
Translation from Basic to Clinical Models				X					
Siloed Care			X	X	X				
Misinformation/ Lack of Education					X		X		
Technology Usage						X			

Table 3: Identified Facilitators by Summit Track

	Track 1 - Pregnancy and Postpartum Health			Track 2 - Midlife/Menopausal Transitions			Track 3 - Sleep Disorders and Disparities		
FACILITATORS	Fertility	Pregnancy	Postpartum	Basic Science/ Clinical Research	Intervention Research	Clinical Care/ Implementation	Health Disparities	Disproportionate Impact	Differential Effects
Public Policy Prioritization/ Advocacy	X			X		X			
Funding	X			X					
Collaboration of Researchers/Clinicians/ Orgs	X		X	X	X	X		X	X
Guideline Development		X				X	X		X
Improved Clinical Guidance		X					X		X
Technology				X		X			
Stakeholder/Patient Engagement				X	X			X	X
Education/Resource Creation							X		