AASM
American Academy of
SLEEP MEDICINE®

Priority Roadmap to Improved Women's Sleep Health



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Citation: American Academy of Sleep Medicine. *Priority Roadmap to Improved Women's Sleep Health*. Darien, IL: American Academy of Sleep Medicine; 2026.

APPENDIX 1

Priority Roadmap to Improved Women's Sleep Health

1
Fertility, Pregnancy, and Postpartum Health

1.1 Identifying sleep health effects on fecundability; adapt and implement interventions for preconception, pregnancy and postpartum sleep optimization

1.2 Identifying safety and efficacy of perinatal sleep interventions to inform perinatal counseling on healthy sleep and pregnancy-related changes and risks

1.3 Addressing the link between sleep and postpartum depression (PPD)

2
Midlife/Menopausal Transitions

2.1 Utilizing individual endotyping to inform tailored treatment and personalized approaches to sleep interventions based on understanding of phenotypes

2.2 Combating social media misinformation about menopause online; improving public health messaging (dissemination)

2.3 Developing clinical guidelines specific to the population with specific emphasis on cultural/ethnic/ contextual barriers/relevance

3
Sleep Disorders and Disparities

3.1 Incorporating social and psychological screeners into clinical care and link to resources to support individuals and families

3.2 Increasing clinical trial representation of women

3.3 Identifying factors causing a differential effect on women's sleep health and exploring endo/phenotype differences

Roadmap Component	Definition
Resources & Assets	Currently available resources that can be utilized to implement strategies and action steps
Support/Opposition	
Allies	Individuals or entities that support or share the priority area
Barriers	Factors that can delay or prevent action in the priority area
Targets/Agents	
Targets	Populations affected by the priority area and intended to benefit from the strategies and action steps
Agents	Individuals or entities responsible for executing the strategies and action steps
Strategies	Research, clinical, and education plans to address the identified priority area
Action Steps	Specific tasks and timeframes to implement the identified strategies

1 PRIORITY AREA
Fertility, Pregnancy, and Postpartum Health

1.1 Identifying sleep health effects on fecundability; adapt and implement interventions for preconception, pregnancy and postpartum sleep optimization

RESOURCES & ASSETS

- Research culture
- Ob/gyn preconception health care
- Established educational platforms
- Leverage established public health campaigns (e.g. "Safe to Sleep")

SUPPORT / OPPOSITION

Allies

- Women's Health organizations, such as ACOG
- Ob/gyns
- Sleep organizations and advocates

Barriers

- Lack of Funding
- Lack of awareness and standardization of perinatal sleep changes and disorders in sleep clinicians, researchers and sleep professional societies
- Lack of standardized assessments/screeners
- Health system and payer hurdles
- Social determinant of health (SDOH) barriers

TARGETS / AGENTS

Targets

- Women in preconception
- Funders
- Ob/gyns and allied health professionals
- Sleep clinicians and researchers
- Ob/gyns, Women's Health and Sleep Researchers

Agents

- Sleep clinicians; Ob/gyns; other women's healthcare professionals
- AASM, ACOG, and other professional societies
- Funding organizations
- Researchers

STRATEGIES

Research

- Expand research to include:
  - Impact of sleep metrics on fertility, pregnancy and postpartum outcomes
  - Pregnant women included in drug trials
  - Sleep monitoring wearable technology
  - Sleep and reproductive hormones/ IVF treatment
  - Pregnancy-specific sleep apnea diagnostic and prognostic endo- and pheno-types
- Fund advocacy efforts

Clinical

- Implement relevant assessments for sleep disorders in annual visits
- Implement pre-conception counseling for women with sleep disorders
- Revise diagnostic criteria for reproductive age women

Education

- Develop education for:
  - Sleep clinicians on women specific disparities/diagnostic and predictive metrics
  - Primary Care, Ob/gyn, and reproductive endocrinologists on sleep
  - Women going through fertility treatment/trying to get pregnant

ACTION STEPS*

Research	Identify and contact governmental entities, foundations, and other research funding sources for women's sleep health inclusion	P1	1–2 years
Clinical	Identify and contact legislators to prioritize women's sleep health	P1	1–2 years
	Advocate for CMS adoption of AASM diagnostic and treatment criteria of sleep apnea in pregnancy	P2	3–5 years
	Advocate for inclusion of sleep disorder assessments in annual women's health visits	P2	3–5 years
Education	Develop and disseminate women's sleep education and screening information to clinicians involved in preconception and peripartum care	P2	2–3 years
	Develop and disseminate public education program for pre-conception women with sleep disorders	P2	2–3 years

*Education action steps will evolve as new research emerges.

1.2 Identifying safety and efficacy of perinatal sleep interventions to inform perinatal counseling on healthy sleep and pregnancy-related changes and risks

RESOURCES & ASSETS

- Currently available research data
- Established educational platforms
- Current Ob/gyn care
- Current perinatal/pregnancy educational campaigns

SUPPORT / OPPOSITION

Allies

- Researchers
- Patient Organizations

Barriers

- Limitations of payer coverage for sleep testing
- Lack of CBTi providers and accessibility (insurance coverage)
- Limited education on sleep
- Fragmented sleep care

TARGETS / AGENTS

Targets

- Women in the perinatal period with sleep disorders
- Clinicians caring for peripartum/pregnant women
- Policymakers

Agents

- Sleep clinicians; Ob/gyns; other women's healthcare professionals
- AASM, ACOG, and other professional societies
- Researchers
- Funding agencies

STRATEGIES

Research

- Expand research to include:
  - CBTi effectiveness
  - Interventions vs. outcomes
  - Sleep medication safety

Clinical

- Determine interventions through community needs assessment and input

Education

- Develop education for:
  - Patients and clinicians on sleep and sleep disorders
  - CBTi specialist training

ACTION STEPS*

Research	Create national registry to track medication data	P3	5–10 years
Clinical	Develop and disseminate guidelines for perinatal sleep disorders treatment in perinatal period	P3	5–10 years
	Develop and disseminate care algorithm	P3	5–10 years
	Conduct advocacy campaign for use/payment of perinatal counseling	P3	5–10 years

Education	Develop and disseminate public education program targeted toward perinatal sleep disorders	P3	5–10 years

*Education action steps will evolve as new research emerges.

1.3 Addressing the link between sleep and postpartum depression (PPD)

RESOURCES & ASSETS

- Existing organizational relationships
- Established educational platforms

SUPPORT / OPPOSITION

Allies

- Professional organizations

Barriers

- Misinformation
- Lack of value
- Lack of current research

TARGETS / AGENTS

Targets

- Women who have postpartum depression
- Women's healthcare professionals; sleep health professionals
- Funders

Agents

- Sleep clinicians; Ob/gyns; other women's healthcare professionals
- AASM, ACOG, and other professional societies
- Researchers

STRATEGIES

Research

- Expand research to include:
  - Relationship between sleep and PPD
  - RCTs testing efficacy of sleep disorder management on PPD
  - Assessment of PPD
  - Economic Analysis
  - Disparity analysis related to birth/delivery models/sleep/PPD

Clinical

- Engage patient advocacy groups
- Leverage existing clinical guidelines and campaigns

Education

- Develop education for:
  - APPs
  - Association meetings

ACTION STEPS*

Research	Identify and contact legislators, foundations, and other research funding sources for sleep/PPD study funding	P1	1–2 years
Clinical	Publish joint position statement linking sleep and PPD	P2	3–5 years
Education	Expand AASM's Sleep is Good Medicine campaign to include pregnancy	P1	1–2 years
	Develop and disseminate public education program targeting misinformation	P2	2–3 years

*Education action steps will evolve as new research emerges.

PRIORITY AREA

2 Midlife/Menopausal Transitions

2.1 Utilizing individual endotyping to inform tailored treatment and personalized approaches to sleep interventions based on understanding of phenotypes

RESOURCES & ASSETS

- Technology (AI)
- Established educational platforms
- Current Guidelines
- Existing research studies
- Existing professional relationships

SUPPORT / OPPOSITION

Allies

- Patients
- Clinicians
- Researchers
- Professional organizations

Barriers

- Lack of Funding
- Biological Heterogeneity
- Lack of diversity
- Perception of sleep importance

TARGETS / AGENTS

Targets

- Healthcare professionals
- Funders
- Researchers
- Patients

Agents

- AASM, ACOG, Menopause Society, AHA, and other professional societies
- Researchers

STRATEGIES

Research

- Expand research to include:
  - Longitudinal studies of women's sleep patterns
  - Compare biological treatment characteristics with physical manifestations
  - Analyze existing databases to determine Rx effects across different endotypes
  - Reanalyze phenotypes using data from existing studies
  - Tailor CBT-I to specific endophenotypes
  - Combination therapies for women with OSA
  - Economic analysis to evaluate ROI of workplace sleep interventions
  - Assess productivity loss and the growing market for sleep technology/innovation

Clinical

- Engage diverse patient groups, underserved populations, and other stakeholders

Education

- Develop education for:
  - Healthcare professionals based on basic/intervention research and best practices
  - Patients/public

ACTION STEPS*

Research	Release RFA for research on women's health	P1	1–2 years
	Develop and distribute value propositions for funding sources	P2	2–3 years
Clinical	Develop and distribute guidance on current treatments	P2	2–3 years
	Develop and disseminate guidelines for personalized care	P3	5–10 years
	Design and run effective implementation studies for evaluation	P1-3	0–10 years
Education	Develop and disseminate education program for healthcare professionals	P3	5–10 years
	Develop and disseminate public awareness campaign	P3	5–10 years

*Education action steps will evolve as new research emerges.

2.2 Combating social media misinformation about menopause online; improving public health messaging (dissemination)

RESOURCES & ASSETS

- Existing organizational social media channels/ audiences
- Established educational platforms
- Trustworthy influencers

SUPPORT / OPPOSITION

Allies

- Professional organizations
- Communication specialists
- Dissemination scientists

Barriers

- Uninformed social media influencers

TARGETS / AGENTS

Targets

- Women
- Social media users

Agents

- AASM, ACOG, Menopause Society, and other professional societies
- Researchers

STRATEGIES

Research

- Expand research to include:
  - Quantifying harm of misinformation (impact on women)
  - Measure harm of implementing non-evidence-based treatments for sleep

Education

- Develop education for:
  - Non-sleep healthcare professionals on common misconceptions
  - Public health literacy
  - Combating public misinformation

ACTION STEPS*

Education	Develop and disseminate joint organizational social media campaign directed toward individuals with lower access to care	P2	2–3 years
	Develop and disseminate a sleep health literacy toolkit	P2	2–3 years

*Education action steps will evolve as new research emerges.

2.3 Developing clinical guidelines specific to the population with specific emphasis on cultural/ethnic/ contextual barriers/relevance

RESOURCES & ASSETS

- Current guidelines
- Guidelines infrastructure
- Available dissemination structures
- Established educational platforms

SUPPORT / OPPOSITION

Allies

- Professional organizations
- Patient organizations

Barriers

- Limited Data
- Time-intensive process

TARGETS / AGENTS

Targets

- Healthcare clinicians
- Public/patients
- Health communicators

Agents

- AASM and other professional societies
- Researchers

STRATEGIES

Research

- Expand research to include:
  - Data among subgroups

Clinical

- Engage patient advocacy groups and other community stakeholders

Education

- Develop education for:
  - Sleep health education for care teams
  - Targeted patient/public sleep health education

ACTION STEPS*

Research	Convene cross-sector working group to identify policies that contribute to women's sleep health disparities	P2	2–3 years
Education	Develop and disseminate population-specific clinical guidelines	P3	5–10 years
	Design and run implementation studies for evaluation	P3	5–10 years

*Education action steps will evolve as new research emerges.

3 PRIORITY AREA
Sleep Disorders and Disparities

3.1 Incorporating social and psychological screeners into clinical care and link to resources to support individuals and families

RESOURCES & ASSETS

- Evidence-based practices
- Peer Support
- Data Analytics Teams

SUPPORT / OPPOSITION

Allies

- Social workers
- Community health workers
- Advanced practice providers
- Allied health professionals
- Healthcare delivery researchers

Barriers

- Underdiagnosis
- Lack of Access
- Lack of insurance coverage
- Low-quality education

TARGETS / AGENTS

Targets

- Healthcare professionals
- Women and families

Agents

- AASM and other professional societies
- National Association of Community Centers Workers

STRATEGIES

Research

- Expand research to include:
  - Review current validated screeners to identify gaps
  - Explore application of digital tools

Clinical

- Adapt strategies for specific contexts/audiences
- Engage other community stakeholders

Education

- Develop education for:
  - SDOH training and materials for healthcare providers

ACTION STEPS*

Research	Identify validated screening and implementation tools	P1	1–2 years

Clinical	Advocate for EMR integration	P2 3–5 years
	Advocate for universal screening adoption	P2 3–5 years
	Design and run implementation studies for evaluation	P1-3 0–10 years
Education	Develop and disseminate tailored SDOH training toolkit	P2 2–3 years

*Education action steps will evolve as new research emerges.

3.2 Increasing clinical trial representation of women

RESOURCES & ASSETS

- Current research structures
- Currently available guidelines/screeners

SUPPORT / OPPOSITION

Allies

- Community partners
- School nurses
- Interdisciplinary research

Barriers

- Payors
- Formularies
- Other gatekeepers
- Lack of SDOH in trials

TARGETS / AGENTS

Targets

- Underrepresented women

Agents

- Community health workers
- Healthcare professionals
- Researchers

STRATEGIES

Research

- Expand research to include:
  - Meta-analysis of clinical trials that have included women
  - Establish Objective measure of insomnia
  - Improve identification of objective features of insomnia
  - Home device assessment/ monitoring for insomnia

Clinical

- End reliance on non-women specific screeners/criteria
- Partner with industry
- Expand recruitment for clinical trials through improved referrals and expansion outside sleep clinics

Education

- Develop education for:
  - Destigmatizing research and chronic conditions
  - Patients on clinical research

ACTION STEPS

Research	Convene global health consensus group for disease specific criteria for therapeutic approvals	P2	2–3 years
	Establish research consortium, including national registry	P2	3–5 years
	Develop research participant spokesperson program	P2	3–5 years
	Advocate for women's sleep clinical trial funding	P2	2–3 years
	Develop research recruitment program	P3	5–7 years

3.3 Identifying factors causing a differential effect on women's sleep health and exploring endo/phenotype differences

RESOURCES & ASSETS

- Current treatment options
- Patient-centered problem solving

SUPPORT / OPPOSITION

Allies

- Professional organizations
- Patient organizations

Barriers

- Lack of precision approaches and inclusivity
- Difficulty defining disease and symptoms
- Implicit bias

TARGETS / AGENTS

Targets

- Healthcare professionals
- Payers
- EHR companies

Agents

- AASM and other professional societies
- Researchers

STRATEGIES

Research

- Expand research to include:
  - Patient-reported symptoms inventory
  - Determine symptoms that portend worsening of chronic conditions
  - Determine appropriate sex- and gender-specific diagnostic criteria, biomarkers, and screeners

Clinical

- Tailor interventions in clinical care

Education

- Develop education for:
  - Plain language patient education
  - Addressing bias with healthcare professionals
- Engage patient advocacy groups and other community stakeholders
- Tailor interventions in clinical care

ACTION STEPS*

Research	Establish research consortium, including national registry	P3 5–10 years
Clinical	Develop and disseminate criteria and screener	P3 5–10 years
	Advocate for: • Inclusion of developed screeners in EHR • Developed criteria in guidelines and payer policies (P3:10+ years)	
	Design and run implementation studies for evaluation	P3 10+ years
	Develop and disseminate sex and gender informed, generalizable clinical care pathway	P3 5–10 years
Education	Develop and disseminate patient directed educational program	P3 5–10 years

*Education action steps will evolve as new research emerges.

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