

# Anxiety Disorders in Pregnant and Postpartum Mothers

Dr Shaila Misri

Worrying about your baby, in pregnancy and after childbirth is normal. Every mother struggles with some degree of anxiety related to her baby's welfare. In a small percentage of women (about 7%), this normal anxiety progresses to such intense levels that it affects their ability to function from day-to-day. We call this an anxiety disorder.

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In pregnant and postpartum mothers, the most common anxiety disorders experienced are: Panic Disorder, Generalized Anxiety Disorder, Obsessive-Compulsive Disorder and on rare occasions Post-Traumatic Stress Disorder. More than one anxiety disorder can be experienced at the same time. Anxiety is often accompanied by depression. Untreated anxiety and depression are both known to affect the unborn child negatively and may impact upon mother-infant bonding and attachment after birth. BUT, there are many treatments available that can help you. If you think you are suffering from an anxiety disorder either in pregnancy or after childbirth, you should seek professional help immediately.

**Sarah's Despair:** *Sarah, a 32-year-old Caucasian nurse 26-weeks pregnant, confided in her psychiatrist that for the past month she had been experiencing repetitive, intrusive thoughts and images of hurting her unborn baby. These included suffocating or stabbing the baby accidentally and throwing the baby in the microwave. Although well aware that these thoughts were "wrong", she was still petrified that she may act on them. She sought help and her family doctor referred her to the BC Women's Reproductive Mental Health Program, where she was diagnosed with Obsessive-Compulsive Disorder in Pregnancy. She was treated with an anti-depressant and an anti-psychotic medication, as well as a form of psychotherapy called Cognitive Behavioral Therapy. Her symptoms had subsided considerably by the time her baby was born.*

**Kim's Anxiety:** *Kim, a 30-year-old hairdresser of Asian descent, was diagnosed with Panic Disorder by an emergency room doctor at the local hospital where she had given birth a week earlier. She had been experiencing up to 6 panic attacks a day since the birth of her baby. She felt breathless, her heart raced, she was sweaty, she had tingling in her hands and feet and she experienced sudden chest pain. She thought she was going to die.*

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*She was urgently referred to the BC Women's Reproductive Mental Health Program where she was successfully treated with an antidepressant medication and supportive psychotherapy. Her symptoms decreased within 8 weeks and she continued with long term follow-up.*

**What causes Anxiety Disorders?** A variety of different reasons have been put forward to explain why Anxiety Disorders occur. It is thought that a combination of factors contribute including :

- > genetic factors such as blood relatives with a similar history
- > social factors like a lack of support or a poor marriage
- > psychological factors such as an unplanned pregnancy and single motherhood.

## Identifying Anxiety Disorders in Pregnancy & Postpartum :

**Panic Disorder (PD):** New onset of panic disorder in pregnancy is not common, but when it occurs it can be a terrifying experience. People having a panic attack may experience symptoms like Kim did, and may think they're going crazy or will die. Neither of these things will happen.

If you had panic attacks before getting pregnancy, you may either get worse or stay the same in pregnancy. This condition doesn't usually improve in pregnancy without treatment. If PD is not diagnosed, worsening after delivery is common. This can interfere with your ability to mother effectively. However, PD can be successfully treated, so don't suffer in silence. Help is available.

**Obsessive-Compulsive Disorder (OCD):** Obsessional thoughts - like those Sarah experienced - are disturbing, recurrent and time consuming. They create discomfort, distress, guilt or shame. Because obsessions cause high levels of anxiety, many people attempt to block the obsessions by engaging in compulsive behaviors or mental rituals. However in pregnancy and the postpartum, ritualistic behaviors like hand-washing are rare. For those of you who struggled with OCD before becoming pregnant, you may continue to experience symptoms if untreated in preg-

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nancy and the postpartum, therefore we recommend pre-conception consultation with your doctor to best manage your symptoms.

Women with obsessional thoughts of harming their infants rarely follow through these thoughts with action. Very rarely, in extreme cases, the intensity of these horrific thoughts can be so severe that reality becomes distorted - we call this a psychotic illness. For the safety of you and your baby, immediate hospitalization is needed as this is a psychiatric emergency.

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Post-Traumatic Stress Disorder (PTSD): With an onset after a traumatic event, women with PTSD have visual flashbacks, nightmares, frightening memories, feel emotionally numb and are hyper-vigilant. In pregnancy or the postpartum, PTSD can be triggered in women with history of sexual abuse. Medical procedures like pelvic examinations or a vaginal delivery can set off repressed symptoms.

Generalized Anxiety Disorder (GAD): Excessive worry over small as well as big issues is the hallmark of GAD. The experience of motherhood itself is one of new challenges and unknown events which are inherently anxiety provoking. It is often difficult to figure out where normal anxiety ends and abnormal anxiety begins, therefore GAD can be missed by doctors. When worry takes over your life or you feel imprisoned by your anxiety, it is time to seek help.

Social Anxiety Disorder (SAD): In SAD people are afraid of and become very anxious in social or performance situations where embarrassment could occur. Women rarely seek medical help for SAD alone, but may get diagnosed with this condition along with another anxiety disorder .

## Management of Anxiety Disorders in Pregnancy and the Postpartum

**Self-Care**: This is essential for any woman with an anxiety disorder. It involves:

- > Maintaining proper nutrition and diet, such as avoiding caffeine and refraining from alcohol.

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- > Getting regular exercise and resting (when your baby sleeps) to help combat fatigue, lethargy, sleep disturbances, etc.
- > Having some relaxation (eg yoga) and “time out from baby”.

**Psychotherapy & Counseling:** It may take time for you and your doctor to determine which form of treatment is best for you.

**Psychological Support:** This commonly overlooked form of therapy involves educating you about your illness and empowering you to make decisions about your treatment while you adapt to motherhood.

**Cognitive Behavioral Therapy (CBT):** Only specialists trained to do CBT are of value. This treatment involves helping you to identify patterns of negative thinking (cognition) which distress you; and learning ways to challenge these thoughts when they arise. Behavioral therapy focuses on changing your reactions and behaviors to these thoughts or to situations triggering these thoughts.

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**Interpersonal Psychotherapy (IPT):** Is based on fostering your self-esteem and giving you the communication skills to better deal with negative situations or stress associated with the transition to motherhood. ITP is particularly useful for anxiety or depression associated with grief, relationship conflicts, major life events, or social isolation.

**Group Therapy:** Can provide emotional and social support for women going through similar experiences by exchanging and sharing information and by providing a support network.

**Additions Treatments:** Include Couples, Marital and Family Therapy, and Mother-Infant Bonding techniques. We do not recommend herbal products because research is lacking. Do not use these products in conjunction with prescribed medications unless directed.

## Treatment using Medications:

If you become pregnant while taking medication, see your doctor right away, but to avoid relapsing do not stop your medication. Treating a pregnant or postpartum mother with medications is a dilemma for both the treating clinician and

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for you. If treated - exposure to medication occurs; if untreated - exposure to the illness occurs. Because of this, everyone has to be assessed on an individual basis and an unbiased discussion about the risks/benefits of treatment options is recommended. It is also important to understand that most medications will not only treat your anxiety but also your depression.

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Drug types*	Pregnancy	At Birth	Breastfeeding
New Antidepressants (SSRIs, SNRIs, others)	No birth defects have been reported.	Withdrawal symptoms (such as jitteriness, rapid breathing, fussiness, poor muscle tone) reported occasionally.	In general, transmission of the drug from mother to child via breast milk is low or undetectable.
<i>Advice</i>	<i>Continue medications under doctor's supervision.</i>	<i>Symptoms rarely persist beyond a day or two.</i>	<i>Monitor your baby for crying, sleeping difficulties or fussiness. Supplement with formula if required.</i>
Novel Anti-Psychotics	No birth defects have been reported.	Problems at birth not reported.	Little is known about how much of the drug passes into the breast milk.
<i>Advice</i>	<i>Continue medications under doctor's supervision. Monitor weight gain and blood sugar levels with doctor.</i>	<i>Supervision of the baby at birth is advised.</i>	<i>Continue to nurse under doctor's supervision, especially if medication was taken in pregnancy.</i>
Benzodiazepines	With diazepam (Valium) only, cleft lip and palate has been reported.	Withdrawal may occur, especially when combined with other medications.	These drugs pass into the breast milk.
<i>Advice</i>	<i>Use these medications with extreme caution (addictive). Avoid taking for more than two weeks at a time.</i>	<i>Monitor baby at birth by a pediatrician.</i>	<i>Avoid taking if possible.</i>

None of the drugs in this table have been approved by Health Canada or the US Food and Drug Administration for use in pregnancy or breastfeeding. This information is based upon published research and clinical experience.

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## **Where to get help:**

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If you recognize the above symptoms in yourself, your partner or a family member, please contact your :

- > *Family Doctor*
- > *Public Health Nurse*
- > *Psychiatrist*
- > *Local Mental Health Centre*

*Note: Workplace Employment Assistance programs may cover a Registered Psychologist or a Registered Clinical Counselor*

## **For additional information contact :**

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- > *Canadian Mental Health Association*
- > *Mood Disorders Association*

## **Useful websites :**

*Anxiety Disorders Association of Canada :*  
[www.anxietycanada.ca](http://www.anxietycanada.ca)

*Anxiety Disorders Association of America :*  
[www.adaa.org](http://www.adaa.org)

*Association/Troubles Anxieux du Québec (ATAQ) :*  
[www.ataq.org](http://www.ataq.org)