Anxiety Disorders During and After Pregnancy
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Objectives
• Define anxiety and discuss the prevalence of anxiety disorders during pregnancy and postpartum
• Identify symptoms of anxiety in postpartum phase
• Identify screening tools to identify patients with anxiety
• Describe the process when a mother presents to clinic for anxiety
• Determine what is “normal” anxiety vs. clinically significant anxiety
• Discuss treatments available for anxiety
• Provide resources available for coping with anxiety

Mental Health Diagnoses in Pregnancy and Postpartum
• Major Depressive Disorder (Perinatal and Postpartum)
• Anxiety Disorders
• Bipolar Disorder
• Substance Use Disorder
• Schizophrenia or Other Psychotic Disorders
• Adjustment Disorders with Anxiety and/or Depression
  – Common with social stressors and transitions in life
• As a general rule, these diagnoses are the same as other psychiatric diagnoses, but the DSM-V has identified some particular specifiers relating some diagnoses to pregnancy and postpartum
  – For example, perinatal depression is an onset of depression that occurs during pregnancy or within the first 4 weeks postpartum
  – DSM-V does not recognize “postpartum depression” as a diagnosis any longer, but rather that same criteria for a major depressive episode would be used for a diagnosis after 4 weeks postpartum
  – Actually, the “postpartum” identifier is no longer present at all in the DSM-V
    • Controversial
    • Postpartum Support International advocating for 6 month time period
Anxiety Disorders – DSM-V

- Generalized Anxiety Disorder
- Panic Disorder
- Social Anxiety
- Agoraphobia
- Specific phobia
- *Posttraumatic Stress Disorder
- *Obsessive Compulsive Disorder

https://medskl.com/module/index/anxiety-disorders

Despite the diagnoses no longer having a postpartum identifier, there are specific signs and symptoms to watch for in postpartum women

Anxiety

- Anxiety is diagnosed in:
  - 8.5% of postpartum women
- Significant predictor: maternal self report of anxiety or psychiatric history during antenatal phase
- Anxiety is highest during hospital stay but then sharply declines 2 weeks after delivery
  - If significant anxiety is still present at 2 weeks, levels remain fairly consistent at 2 months and 6 months
- Generalized anxiety disorder is the most common anxiety disorder in postpartum

Risk Factors for Anxiety in Postpartum Phase

- History of smoking
- Single mothers
- Young age
- Lower level of completed education
- Unplanned pregnancy
- Low self esteem
- High perceived stress
- Low marital satisfaction or low partner social support
- Low social support
- Presence of other mental health diagnoses, including depression
Common Symptoms of Anxiety in Pregnancy/Postpartum

- Low self-esteem, low self-efficacy
- Obsessions concerning contamination
- Fear of harm to the fetus
- Examples:
  - Contracting a serious illness
  - Doubts about the baby’s safety because of contamination
    - Sterilizing products aren’t working
  - Preparing the house, losing sleep over need to have house “perfect”
  - Seeking reassurance from friends, family members, and healthcare providers

Common Symptoms of Anxiety in Postpartum

- Difficulty bonding with baby
- Difficulty with breastfeeding – can exacerbate anxiety
  - Perinatal anxiety can also lead to breastfeeding difficulty due to increased demands and difficulty adapting to challenges
- Under involvement – avoidance in order to keep from acting on fears
- Overinvolvement – being overprotective in order to avoid fears

Isn’t some anxiety surrounding pregnancy “normal”?

- YES!!!
- Major role transition
- Intrusive thoughts are common in pregnancy and postpartum
  - Vulnerable time because of inflated responsibility beliefs and overestimation of threat
  - Increased risk if a mother believes these thoughts increase the likelihood of the behavior occurring and exaggerate the consequences

Anxiety/Depression vs Baby Blues

- Baby Blues are common days after delivery lasting up to 2 weeks
  - Ups and downs in mood
  - Tearfulness for no reason
  - Feeling stressed and having doubts about ability to manage newborn
- Depression or anxiety lasts longer than 2 weeks
  - Low self esteem and guilt
  - Excessive worry
  - Frequent crying and cannot be consoled
  - Anger
  - Inability to sleep when has an opportunity
  - Blunted mood or not caring about comforting baby
  - Significant appetite changes
  - Hopelessness or thoughts of suicide
When Anxiety Goes Beyond “Normal”

- Difficult to determine when to treat due to this being a time of a lot of worry
- Recommend treatment when a female is very distressed and/or taking significant measures to alleviate the anxiety
  - Compulsions such as not leaving the house, avoiding the baby, cleaning, etc.
  - Increased anxiety over beliefs that automatic thoughts are indicating real desires (i.e. harm to the baby)

Process of Evaluating Anxiety in the Clinic

- Screening tools
- Diagnostic interview
- Rule out other medical diagnoses which could present as anxiety
  - Thyroid abnormalities
  - Low hemoglobin
- Develop a treatment plan including nonpharmacologic and/or pharmacologic options
  - Patient encouraged to be an active participant in developing treatment plan

Screening tools

- **Depression** – Edinburgh Postnatal Depression Scale, PHQ – 9
- **Anxiety** – Perinatal Anxiety Screening Scale (PASS), GAD-7

- These screening tools are available on the internet.
- Screening does not mean diagnosis.
- Need to keep other diagnoses in mind.
  - Depression and anxiety are often correlated

Perinatal Anxiety Screening Scale (PASS)

- Cut-off score of 26 is recommended to differentiate between high and low risk for presenting with an anxiety disorder

  - [PASS Screening Tool](#)
Special Considerations When Developing Treatment Plan

- Father and/or other caretakers should be involved in treatment if woman is comfortable with it.
- Family and friends are likely to have opinions – can be helpful or harmful.
- Pregnancy and delivery may be traumatic and cause other health problems.
- Sleep is often disrupted during this time.
- Some babies may go to the NICU – high levels of stress.
- Insurance concerns – Medicaid dropped after 60 days for many.

Nonpharmacologic Treatments for Anxiety

- Mindfulness
- Meditation
- Yoga
- Cognitive behavioral therapy (CBT)
  - Especially recommended for treatment of OCD, panic disorder, and specific phobia
- No evidence supporting routine debriefing for women who perceived delivery as traumatic
  - Providing opportunities for women to discuss their experience may or may not be helpful

Pharmacologic Treatment for Anxiety

- Selective serotonin reuptake inhibitors (SSRI)
  - Most recent research does not indicate a need to choose one SSRI over another, but sertraline (Zoloft) is often chosen due to having the most information available on this medication
  - In breastfeeding, may choose SSRI with shorter half-life due to concerns about plasma levels in the infant
    - Longer half-life: citalopram, fluoxetine

Pharmacologic Treatment for Anxiety, cont.

- Benzodiazepines
  - Include medications such as lorazepam (Ativan), alprazolam (Xanax), or clonazepam (Klonopin)
  - Can cause some neonatal withdrawal including breathing difficulty, weakness, irritability, crying, sleep disturbance, tremors, jitteriness but not common at low doses
  - No association with maternal sedation response to medication
**Resources - Websites**

- FDA Drug Information: [https://www.accessdata.fda.gov/scripts/cder/drugsatfda/](https://www.accessdata.fda.gov/scripts/cder/drugsatfda/)
  - New guidelines regarding use in pregnancy and breastfeeding no longer use the letter categories
  - Now will have descriptive summaries, including use during pregnancy and lactation subsections

- Postpartum Support International (PSI) – training for professionals, screening tools, certifications, resources for patients
  - [www.postpartum.net](http://www.postpartum.net)

**Resources - Websites**

- Mother to Baby – website to guide use of medications and dietary questions, includes patient handouts
  - [http://mothertobaby.org/](http://mothertobaby.org/)

- LactMed – National Institute of Health, used for medications and lactation

- Massachusetts General Women’s Mental Health – blog good for patients, easy to understand information for professionals
  - [https://womensmentalhealth.org/](https://womensmentalhealth.org/)

**Resources - Apps**

- Mindfulness apps
  - Calm
  - Headspace
  - Smiling Mind

**Community Resources**

- Nebraska Medicine Reproductive Psychiatry Clinic – (402) 552-6007
  - Target population: planning for conception, pregnant, or within 1 year postpartum

- Therapy resources ([www.psychologytoday.com](http://www.psychologytoday.com) or [www.nebraskamentalhealth.com/search](http://www.nebraskamentalhealth.com/search))

- Bethlehem House – residential facility providing parenting and prenatal care classes for women who are homeless, pregnant, and experiencing a crisis

- Mater Filius – housing, counseling, and medical care provided to women

- Women’s Center for Advancement – support for women and their families through various programs and services, 24 hour domestic abuse/sexual assault hotline, offers Spanish hotline
Community Resources

- Food Bank for the Heartland – food pantry, low income day care centers
- Heartland Hope Mission – food and clothing
- The Micah House – homeless shelter in Council Bluffs
- Open Door Mission, Siena-Francis House – homeless shelters in Omaha
- Salvation Army – residential and community support
- Restored Hope – transitional living program for homeless women and children (religious affiliation)
- Department of Health and Human Services – funding and oversight of behavioral health services, child welfare, Medicaid, etc.
- Nebraska Family Helpline – (888) 866-8660
- Heartland Family Services, Lutheran Family Services – low or no cost options for medication management and/or therapy

References


References, cont.