

# Generalized Anxiety Disorder in the Perinatal Period

## BC Reproductive Mental Health Program



### Perinatal Anxiety

Becoming a parent can be a pretty stressful time. It is natural to worry about whether your baby is healthy, how your relationship with your partner will change, and whether you're truly ready for parenthood. However, if your worry is becoming difficult to control and interfering with your day-to-day activities, it is possible that you may have an anxiety disorder.

Generalized Anxiety Disorder is one of the most common anxiety disorders experienced by women in pregnancy and postpartum. If you think that your symptoms may be part of an anxiety disorder, it is important that you seek help. With appropriate help, most women with anxiety during pregnancy and following the birth are able to overcome their struggles and enjoy their lives and their babies.

### What is Generalized Anxiety Disorder?

Generalized Anxiety Disorder or GAD is a mental illness characterized by excessive, irrational and difficult-to-control worry. A woman who is experiencing Perinatal GAD may:

- feel keyed up or on edge
- have muscle tension, upset stomach, headaches, fatigue or other physical symptoms
- have difficulty sleeping
- feel irritable
- find it hard to concentrate or make decisions

Worrying is a normal and natural human experience especially in stressful situations. "Worry" becomes a disorder when it becomes difficult to control, interferes with daily living or causes you distress. Common worry 'themes' during the perinatal period include: worry about the baby's wellbeing, labor and delivery fears, worry about ability to breast feed, financial worries and changes in relationships.

### How common is Generalized Anxiety Disorder (GAD)?

About 3-5% of the population will experience Generalized Anxiety Disorder over their lifetime and it is twice as common in women than in men. The rate of GAD during the perinatal period tends to be higher than in the general population (4.5-8.5%).

### Why do women develop Generalized Anxiety Disorder in pregnancy and postpartum?

Perinatal anxiety can affect anyone- young moms, first-time moms, experienced moms and mothers from all socioeconomic backgrounds. For some women, this is the first time they have ever experienced anxiety. Other women who have had problems with mood or anxiety in the past may find that their symptoms return or worsen during pregnancy or after the birth.

Hormonal changes, physical and psychological demands of transitioning to motherhood and social stressors associated with the perinatal period can act as triggers for GAD. Some women have a higher risk of developing Perinatal GAD. The most common reasons are if a woman:

- is an excessive worrier
- has a family member(s) who has had anxiety
- has a pre-existing mood or anxiety disorder
- is also experiencing other life stressors, such as relationship problems, lack of social support or infant health problems
- has perfectionistic tendencies

### Why should women seek treatment for Generalized Anxiety Disorder (GAD)?

Severe untreated anxiety during pregnancy has been associated with pregnancy complications including low birth weight, preterm delivery, high blood pressure and failure to progress in labor leading to caesarean section delivery.

After birth, anxiety can impact a woman's ability to cope with the demands of her newborn, impair her ability to bond with the baby and can lead to the development of Postpartum Depression.

With respect to the child, severe untreated maternal anxiety may impact fetal brain development and has been associated with childhood behavioral and emotional problems, including ADHD and anxiety.

### If I Have Anxiety, Why Do I Feel So Depressed?

Many women who are anxious during pregnancy will also experience depression. Some symptoms of depression are feeling extremely sad most of the day and nearly every day, feeling hopeless and loss of interest in things one used to enjoy.

It's important to tell your healthcare provider *all* of the symptoms you are experiencing. That way you can both discuss all of the support and treatments that are available to you.

### A Note About Substance Use

Some women with anxiety during pregnancy or following the birth attempt to manage their symptoms by using alcohol or drugs. This can be harmful to both the mother and the baby. There is no known safe amount of alcohol or recreational drugs for women to consume during pregnancy. Moreover, these substances may be passed on to the infant through breast milk, so it is also best not to use them if breastfeeding.

If you are having difficulty with substance use, it is important that you talk to a health care provider.

## What are the treatment options for anxiety?

There are several types of treatment that have been shown to help women with Perinatal GAD including:

- self-care,
- counseling or psychotherapy,
- support groups
- medication.

The decision about which type of treatment is best for you depends upon the severity of your symptoms, how you feel about different treatment options and the availability of these different treatment options within your community. You can work with your health care provider to determine the best treatment plan for you. With the appropriate care, most women can decrease their symptoms and start to enjoy pregnancy and the months following birth.

### Supported self-help:

This includes regular appointments with a healthcare provider who provides support and structure when using resources such as self-help guides.

### Self-Care:

Self-care is a way to make some positive changes in your life that will help to lessen your anxiety. An easy way to remember the basic steps in self-care is to think of the word “NESTS”. Each letter stands for one area of self-care:

**Nutrition** - Try to eat nutritious foods throughout the day.

**Exercise** – Get regular exercise to reduce stress and feel better. Even a little physical activity can help!

**Sleep & Rest** - Sleep is very important for both your physical and mental health. It is worth the effort to work on getting a good night’s sleep.

**Time for Yourself** – Take some time to care for yourself each day, even if it is just for a few minutes.

**Support** – All new moms need support from others. Don’t be afraid to ask for help and information!

## Cognitive Behavior Therapy (CBT):

Cognitive Behavior Therapy is based on the understanding that the way we think influences our behaviors and our feelings. By helping women identify unrealistic worries and replacing them with more realistic assessments of the situation, this allows women to feel less anxious.

Components of CBT for Generalized Anxiety Disorder include education, cognitive restructuring, exposure to anxiety provoking situations, relaxation techniques and problem solving skills. CBT can be provided individually or in a group format.

## Mindfulness Based Cognitive Therapy

Mindfulness Based Cognitive Therapy (MBCT) is helpful in both perinatal depression and anxiety as it can help patients deal with current stressors and distressing thoughts or feelings. It can also prevent relapse in patients who have a history of anxiety or depression. The goal of MBCT is to help participants accept and observe their thoughts and feelings without judgment and negativity.

## Medications:

The use of medication in pregnancy or after birth needs to be evaluated on a case by case basis depending on the woman’s severity of illness, level of distress and impairment and her individual history. The goal is treat moms with the fewest number of medications at the lowest effective doses.

Women should discuss their medications and treatment plans with their health care provider to get a full picture of the options available for them. SSRIs like sertraline and citalopram may be used in pregnant and breast feeding moms when the treating healthcare providers believe that benefits outweighs any possible risks.

## How do I choose which type of treatment is best for me?

The decision about which type of treatment is best for a specific woman is a personal one. It depends upon how serious her symptoms are and how she feels about the different treatment options. It also depends on what treatments are available in her community.

It is a good idea to speak with your health care provider about the different treatments that are available. You can discuss the risks and benefits of antidepressant medication. It can be helpful to talk about what you learn with loved ones. They can help you to think through the advantages and disadvantages of each treatment and how these would fit your life.

## Who should I talk to?

If you think you may be experiencing perinatal anxiety, please contact your:

- family doctor, obstetrician, or psychiatrist
- midwife
- public health nurse

## Resources

**BC Reproductive Mental Health Program.** Visit

[www.bcwomens.ca/our-services/specialized-services/reproductive-mental-health](http://www.bcwomens.ca/our-services/specialized-services/reproductive-mental-health)

**BC Partners for Mental Health & Addictions Information.** Visit

[www.heretohelp.bc.ca](http://www.heretohelp.bc.ca)

**Your Local Crisis Line.** These phone lines aren’t only for people in crisis. If you are in distress, call 310-6789—24 hours a day. Do not add 604, 778 or 250 before the number.

**1-800-SUICIDE.** If you're thinking about suicide, call 1-800-SUICIDE (1-800-784-2433) to get help right away, any time of day or night. It’s a free call.

**HealthLink BC.** Call **811** or visit [www.healthlinkbc.ca](http://www.healthlinkbc.ca) for free, non-emergency health information for anyone in your family, including mental health information. Through 811, you can speak with a nurse, a pharmacist or a dietitian. Translation services are available in over 130 languages. For deaf & hearing-impaired assistance (TTY), call 711.