

Antenatal anxiety

A guide for women and their families



During pregnancy women experience many physical, emotional and social changes. This makes the chance of experiencing anxiety higher. So, pregnancy is a time when it is important to watch for its signs and symptoms. If you think you may have anxiety, seek help early so you can take steps to get anxious thoughts and feelings under control before your baby arrives.

How common is antenatal anxiety?

Up to **1 in 5** Australian women experience anxiety when they are pregnant. It is common for pregnant women to experience anxiety and depression at the same time.

What causes antenatal anxiety?

There is no single cause of anxiety. It is likely to be a result of:

- your genetic make-up and family history
- your personal way of thinking and coping
- features of your environment that influence your mental and emotional wellbeing.

A combination of these factors may make your risk of developing anxiety higher. There are also factors that protect you, such as having good support networks.

Women who have experienced anxiety in the past, may find that their symptoms return or get worse during pregnancy.

What are the signs and symptoms?

Many women miss the early signs of anxiety – sometimes because they think they are signs of pregnancy (e.g. hormones). It is important to be aware of common symptoms including:

- worrying thoughts that keep coming into your mind – like worrying that something may be wrong with the baby
- panic attacks – these are outbursts of extreme fear and panic that ‘take over your body’ and leave you feeling out of control
- constantly feeling restless, ‘on edge’ and irritable
- feeling tense in your muscles and tight in your chest.

These symptoms can develop gradually over time or they may come on suddenly and intensely. Living with anxiety symptoms and trying to manage intrusive, anxious thoughts can be exhausting. As time goes on, if these symptoms are not identified or treated they can get worse – sometimes to the point that you cannot function as the anxiety has ‘taken over’.

Types of antenatal anxiety

There are a number of types of anxiety disorder, with different symptoms.

Generalised anxiety disorder: Feeling anxious about a wide variety of things on most days over a long period of time (e.g. 6 months).

Obsessive compulsive disorder: Ongoing unwanted/intrusive thoughts and fears that cause anxiety (obsessions) and a need to carry out certain rituals in order to feel less anxious (compulsions).

Panic disorder: Frequent attacks and intense feelings of anxiety that seem like they cannot be brought under control; this may go on to be associated with avoidance of certain situations (e.g. going into crowded places).

Social phobia: Intense fear of criticism, being embarrassed or humiliated, even in everyday situations (e.g. eating in public or making small talk).

Specific phobia: Fearful feelings about a particular object or situation (e.g. going near an animal, flying on a plane or receiving an injection).

Post-traumatic stress disorder: Bursts of anxiety any time from one month after experiencing a traumatic event (e.g. sexual assault or violence).

How is antenatal anxiety identified and diagnosed?

Your doctor or midwife may offer you screening with the Edinburgh Postnatal Depression Scale and/or the Antenatal Risk Questionnaire.

- The Edinburgh Postnatal Depression Scale is series of 10 questions about how you have been feeling in the last 7 days. For each question, you choose the response that describes your feelings. While this tool was developed to assess women for depression, it can also help your doctor or midwife identify anxiety symptoms.
- The Antenatal Risk Questionnaire asks questions about your life more generally and helps to identify factors that may place you at greater risk of experiencing anxiety.

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If you think you might be experiencing anxiety, you can ask your doctor or midwife for these screening assessments. Your score(s) will tell you and your doctor or midwife whether it would be helpful to further assess your mental health.

A GP or trained mental health professional can diagnose anxiety. They do this by asking whether you have had certain symptoms over a period of time (usually 2 weeks or more).

How is antenatal anxiety treated?

Your doctor will talk to you about psychological (talking) therapies and possibly medicines for treating anxiety. You will also benefit from emotional and physical support. The type of treatment that is right for you will depend on your situation, your symptoms and the treatments you can access. The sooner you seek help, the sooner you can work towards recovery. Getting help early is best for both you and your baby.

Talking therapies

Talking therapies can be very helpful if you have mild to moderate symptoms. Talking therapies can help you recognise and change the negative thinking and feelings that depression brings. They also give you useful tools to stop anxiety coming back.

Talking therapies include:

- cognitive-behavioural therapy (CBT): the cognitive (or thinking) part of this therapy teaches you to think logically and challenge negative thoughts. The behaviour part helps you change the way you react in situations and can help you to get involved in activities that you have been avoiding or have stopped doing
- interpersonal therapy (IPT): helps you to find new ways to connect with others, and overcome losses, challenges and conflicts that you may have.

Registered practitioners with appropriate training and experience provide talking therapies for individuals or groups.

Medicines

If you have moderate to severe symptoms, you may need to take medicine. Talking therapies will also be helpful once your symptoms have begun to improve.

Antidepressants are the main medicines used to treat anxiety and the ones that can be safely used in pregnancy are called selective serotonin reuptake inhibitors (SSRIs). Your doctor may also suggest another type of antidepressant called tricyclic antidepressants, especially if they have worked for you in the past.

Some useful tips about taking antidepressants in pregnancy.

- The medicine can take up to 3 weeks to have an effect so other supports can be helpful in the meantime.
- You may experience some mild side-effects – talk to your doctor if these become too hard to cope with.
- You may need to try more than one medicine to find the one that is best for you.
- Most women stay on their medicine for 6–24 months – don't stop taking a medicine suddenly once you start feeling better.
- When you come off the medicine, you should do this slowly – your doctor will help you and check for any side-effects or symptoms of relapse.

If your symptoms are very severe and faster relief is required, your doctor may also prescribe another class of medication called benzodiazepines while the antidepressant takes effect. Benzodiazepines should only be used for a short period (up to 3 to 4 weeks) as they are addictive.

Advice for women experiencing antenatal anxiety

Seek help and treatment

- Seek help from a doctor or **other** health professional.
- Learn about effective treatments.
- Call a support service or mental health crisis line if other help is not available.

Accept help and support

- Develop a support system of friends, family and professionals and accept help.
- Discuss your feelings with your partner, family and friends.

Look after your physical health

- Try to eat healthy meals, including fruit, vegetables, whole grains and lots of water.
- Plan some enjoyable physical activity every day.
- Try to establish good sleeping patterns.
- Practice techniques to reduce stress, such as muscle relaxation and deep breathing.

