Managing Mom's Anxiety during Pregnancy

"I'm worried. I can't sleep. It's anxiety." The message came through from Natalie a few minutes after I had logged onto our live chat service at MotherToBaby.org. "I'm 14 weeks pregnant and concerned about taking a SSRI" she continued. As a Teratogen Information Specialist, I answer questions about exposures during pregnancy and breastfeeding on a daily basis, and I was happy to chat with Natalie about this topic.

Natalie had just returned from a visit to her OB/GYN's office where she was diagnosed with anxiety. She had shared with her doctor that she was having trouble eating and sleeping, and was experiencing racing thoughts and constant worry about the future. Natalie's OB/GYN was concerned that what she was describing was more than the typical pregnancy concerns that many women have. She recommended that Natalie start on an SSRI to help manage her symptoms.

Natalie knew she needed to do something to deal with her anxiety, but she was reluctant to take any medication. "I've read online that SSRIs can cause the baby to experience withdrawal symptoms, and I would never want to do anything to hurt my baby!" she quickly typed. "Instead of taking this medication, would it be better for me to just suffer through the next 26 weeks so my baby will be born ok?"

Natalie's question was not uncommon. Here in the United States, anxiety affects about 6.8 million adults, and women are twice as likely as men to have this mood disorder. Furthermore, about 6% of women will develop anxiety at some point during their pregnancy. Non-medication approaches may be an effective first-line treatment for certain individuals. Some women benefit from daily meditation or exercise. For others, opening up to a friend or attending talk therapy sessions may help. Natalie had tried all of these options in her first trimester, and unfortunately her anxiety was getting worse.

I knew Natalie wanted a quick answer to her question about withdrawal, but I told her that first it was important for us to review just how necessary it was for her to treat her mood disorder. I applauded Natalie for recognizing the symptoms of anxiety, and having an honest conversation with her doctor about how she was feeling. Next, I let her know that many women think that suffering through these feelings during pregnancy may be the best option. However, we know that anxiety can actually cause problems on its own when left untreated. Studies have identified an increased risk for preterm birth (baby born before 37 weeks) and low birth weight when women do not properly treat their anxiety during pregnancy. Women with untreated anxiety may also have more trouble bonding with their baby both during pregnancy and after delivery. Lastly, a personal history of anxiety prior to or during pregnancy is a known risk factor for developing a serious mood disorder after giving birth.

Natalie completely understood the importance of weighing the risks vs. the benefits. Her niece had been born premature and she has seen firsthand just how scary that experience was for her sister. She agreed that treating her anxiety was important.

Natalie's doctor had recommended that she start on sertraline (Zoloft), which belongs to a class of medications known as selective serotonin reuptake inhibitors, or SSRIs. Other medications in this class include citalopram (Celexa), fluoxetine (Prozac), and paroxetine (Paxil), to name a few. The SSRIs are well studied, which means that we have a good idea of what the effects might be when a woman takes one of these medications during pregnancy. Withdrawal (also known as neonatal adaptation syndrome) is one of those known effects.

Babies of women who are taking an SSRI at the time of delivery may have some difficulties in the first few days of life. Reported symptoms include jitteriness, increased muscle tone, irritability, constant crying, changes in sleeping patterns, tremors, difficulty eating, and problems with breathing. Not every baby will experience these symptoms. For the SSRI medications, it is estimated that 10-30% of babies will be affected.

Some babies with symptoms of withdrawal may need to spend time in the neonatal intensive care unit (NICU) to receive additional care. However, in most cases the symptoms are mild and go away within two weeks. Reassuringly, there does not seem to be a dose-response relationship, which means that women who need a higher amount of medication to manage their anxiety are not expected to have babies who are at a higher risk for withdrawal.

"I feel so much better after chatting with you, and I really feel like this withdrawal issue can be managed if I plan ahead" Natalie said. "I think it's going to be in my baby's best interest for me to start taking this medication as soon as

possible to get my anxiety under control." I was glad that Natalie had reached out to chat with us about this issue. It can be a complex topic, but certainly not an uncommon one. Now armed with the most current information available, Natalie can make the best choice for her and her baby

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• Pregnancy anxiety stats: http://www.postpartum.net/learn-more/anxiety-during-pregnancy-postpartum/
• Postpartum Anxiety: https://www.anxiety.org/postpartum-anxiety-risk-factors
• Medications used to treat anxiety: https://adaa.org/finding-help/treatment/medication

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Managing Mom's Anxiety during Pregnancy

Sometimes we have anxiety about…well, having anxiety. Kristen contacted MotherToBaby and was asking about ways to manage her already extremely high anxiety around pregnancy and birth during the pandemic. Should I even try to get pregnant right now? How will I deal with my anxiety and stress if I do become pregnant? What if almost no one in my family can even come to the hospital when I go into labor? How can I deal with my anxiety during labor and birth? I could tell she had a tremendous amount on her mind.

It is completely normal to feel stressed and anxious, and Kristen is not alone. Many people, regardless of whether they are pregnant during the time of COVID-19 or not, are experiencing higher levels of anxiety. The important thing is to address the anxious feelings and learn ways to manage them. I have some ideas on how to do just that! But one thing I need to emphasize: if your anxiety is excessive, ongoing, difficult to control, and interferes with your daily living, this may be a sign of generalized anxiety disorder and I encourage you to talk to your doctor or a mental health professional.

Managing Anxiety

There are ways to manage anxiety and stress that may be commonly shared, but in case you haven't heard them before below are some tips you can try at home:

- Exercise, even if it is going for a brief walk outside
- Call a friend just to catch up
- Volunteer or donate to a cause you care about – often doing things to help others actually can make you feel good
- Try to eat healthy, nourishing foods
- Journal as a way to express what you are feeling
- Take a break from your screen time on phones, tablets and TV – especially before bed
- If you feel like nothing really helps to address your feelings of anxiety and stress, or if you are feeling really down, make an appointment to talk to your healthcare provider and be honest about how you're feeling

If you do feel like you need to talk to your healthcare provider, how do you do it? Remind yourself that healthcare providers are not only trained to talk about mental health topics with their patients, but that they likely talk to multiple people every day or week about them. Sometimes pregnancy increases anxiety that is already present, and for others it may be that they are experiencing it for the first time. Being pregnant does not mean that you are immune from or that you cannot be treated for mental health issues.

Before you go to see your healthcare provider, you can write down some notes on what you hope to say. Try to be as honest as possible and ask about the variety of options you have to address your anxiety or symptoms, including what you can try at home, who you may be able to see for some form of talk therapy, and if necessary, what medications the provider may recommend trying. Remember, just because you bring up anxiety or mental health, it does not mean you will be put on a medication. Equally as important, if you need to take a medication to help you manage better, there are several options you can take during your pregnancy.

Working on dealing with your anxiety before becoming pregnant is always a great idea, but you can address it at any point during pregnancy or in the postpartum period. There is never a bad time to improve your mental health (doing so is not only good for you, but also good for your baby) and it is never too late. In addition, I have had women express that admitting they need help makes them feel weak or selfish. In truth, it is the opposite – it takes courage to ask for support when we need it!

COVID-19, Labor and Delivery

The other piece of Kristen's worry was having support in the delivery room. Due to COVID-19 many hospitals and birthing centers may be reducing the number of support people someone can have present during delivery. In addition, no one may be allowed in nearby waiting rooms. Giving birth can be one of the most challenging events for a person and having support during labor and delivery is incredibly important for getting through it with both a healthy mom and a healthy baby. First, you should speak with your planned delivery hospital/center to learn what their most current rules are for time of delivery and ask about any extra precautions they are taking due to COVID-19. Once you have that information, you can figure out what your game plan is. Other things to consider include:

- Does the hospital offer doulas? Would you want to hire your own? If you hire one and s/he is not allowed in the delivery room, can she call in and be there via facetime and text? Can she spend extra time going over pain management techniques with you and your support partner in advance if she is unable to be there herself?
- You can also consider programs like Hypnobirthing or Lamaze classes that really work with women to be confident in managing their experience during labor and delivery. Sometimes the type of prenatal education you choose to receive can help you feel more prepared and aware of what to expect, which alone may help reduce fear of the unknown.

In short, try not to panic with all of the questions you may have about dealing with anxiety. Write down your questions and make sure to ask your healthcare provider and the place you plan to deliver all of them. Prepare for what you can, take care of yourself, ask for help when you need it and trust that you have the strength to get through anything – because you do.

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Managing Mom’s Anxiety during Pregnancy

By Patricia Markland Cole, MPH, MotherToBaby Massachusetts

During my work at MotherToBaby, I have received calls from pregnant woman who want to know what can they safely take to sleep? Usually they are looking at natural remedies like melatonin for information. For some who have been on medications like Ambien before they were pregnant, they now wonder if they can use it because they are having a hard time catching those Zzzz’s. Even though I am not pregnant, I am sure all of us can relate to a night where we wake up and cannot fall back to sleep. We slowly see the time ticking by 10 min, 30 min, 1 hr, 2hrs. It can be so frustrating, especially if you look over at your partner in a state of blissful slumber as you toss back and forth on the bed.

Many women have come to accept a lack of sleep or quality of sleep in pregnancy. In the early part of pregnancy,

sleep is interrupted by nausea, vomiting, back pain and an increased need to urinate/pee. In the middle of pregnancy, women are uncomfortable in bed because the baby is moving and kicking, and then there is heartburn, cramps or tingling in the legs.

By the latter part of pregnancy, it is reported that over 97% of pregnant women cannot get a decent night's sleep. They are waking up and staying awake for longer periods of time. I do recall how surprised I was when I sent an email to one of my colleagues at MothertoBaby in her third trimester of pregnancy, at the crack of dawn her time (I was on the East Coast, she was on the West). I was so surprised when she responded to my email and I knew it was way too early for her to be at the office. When I asked, she stated, she was up and couldn't sleep and decided to make the most of her time. While many women and clinicians have come to accept this as just a part of pregnancy, the data is starting to show that we need to pay more attention to how pregnant women are sleeping during pregnancy.

What is Insomnia?
Insomnia is one of 3 common sleep disorders during pregnancy. Insomnia includes difficulty falling asleep or staying asleep, waking up very early in the morning, waking up not feeling rested or a combination of these symptoms. Many pregnant women do not view insomnia as a disorder or a problem in their pregnancy, but when it starts to impact how you function during the day especially when it is accompanied with sleepiness, lack of energy, increased irritability, agitation and stress, it should be considered more carefully especially if insomnia starts to occur more regularly and last longer. Having a good night's rest is important for the well-being of the mother and child.

The concern with persistent insomnia is that it could increase the chance of hypertension and diabetes, which is just as concerning in people who aren't pregnant too. Another concern is that people who suffer from insomnia have higher levels of substances that increase inflammation in the body (proinflammatory cytokines). These higher levels of cytokines are also seen in women who have experienced preterm birth, postpartum depression and other pregnancy complications. While no association with insomnia and adverse pregnancy effects have been made, researchers have started to take a closer look at the effects of insomnia due to some results. For instance one report observed a higher rate of preterm birth for pregnant women that were sleeping less than 5 hours a night in the latter part of pregnancy. And there were other observations that women who were sleeping less than 5 hours a night in the last month of pregnancy had longer labors and were more likely to have C-sections.

In light of these observations, health care providers are being asked to screen their patients for sleep disorders during pregnancy. The majority of pregnant women consider their insomnia to be mild but in some cases there could be more that is going on like undiagnosed depression or anxiety that can be responsible for the insomnia.

So what's a tired mom-to-be to do?
Expectant mothers can do their part by being more proactive. It is suggested that expectant moms keep a daily sleep diary which would include your bedtime routine, how long it takes you to fall asleep, if you have difficulty falling back to sleep after waking up, how long you are awake at night and if you feel rested. Talk with your health care provider even if they have not brought it up with you. Sometimes changes in behavior can help, called 'sleep hygiene' which involves things like avoiding stimulants (caffeine), not eating late at night, getting exposure to adequate sunlight and using your bed for only sleeping (not watching TV). Other actions that pregnant women can try includes acupuncture, massage, yoga and exercise. In some cases a referral to a sleep specialist may be needed and if all else fails some women may require medications.

Sometimes moms start looking at a natural remedy like melatonin. Melatonin, a hormone that is produced by the pineal gland, is often taken as a supplement to help with sleep. Melatonin is available in two forms, either as a synthetic product or a product that is from animals, usually beef cattle. Most health care professionals recommend avoiding the melatonin from animals due to a very small chance of contamination or viral transmission. Also, melatonin is a supplement and not a medication. That means it's not regulated by the Food and Drug Administration. Some studies have suggested avoiding use of melatonin during pregnancy due to a concern that the exposure might interfere with mom's or baby's sleep cycles.

Others want to know about prescription medications, like Ambien (zolpidem). Ambien has not been shown to increase the risk for birth defects when used in the first trimester of pregnancy. Since Ambien is a sedative hypnotic type of medicine, and has some features similar to benzodiazepines, it is thought that when used near the time of delivery, there may be temporary withdrawal-like symptoms in the baby.

Overall it is important to develop a plan with your health care provider and if a medication is needed, you can call MothertoBaby and we can provide information on medications suggested for use in pregnancy. Remember do not take sleeping lightly during your pregnancy; as one commentator put it, you are "sleeping for two." You, your baby and

even your partner will appreciate your effort.



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Managing Mom’s Anxiety during Pregnancy

May is Maternal Mental Health Awareness Month

By Elizabeth Salas, MPH, Teratology Information Specialist, MotherToBaby California

If you are feeling anxious during your pregnancy, you’re not alone. It seems every year there are more articles and news stories on the latest health hazards. Whether you read it online or in a medical journal, hear it on the news or from friends and family, there’s no shortage of information on health concerns. This seems especially true during pregnancy.

Having Questions Vs. Having Anxiety

It’s normal to have questions and concerns during pregnancy. Every woman has them. Every woman also deserves to have her questions answered and concerns addressed. Beyond having questions about what’s safe to eat, products to use, or medications to take, pregnant women must balance their normal activities and responsibilities with scheduling prenatal appointments and preparing for their baby’s arrival. With so much to think about, it’s not unusual for pregnant women to feel a little bit anxious. So what’s the difference between having questions and having anxiety? How much anxiety is too much during pregnancy?

The month of May is Maternal Mental Health Awareness Month, and a great time to tackle these questions, raise awareness, and talk about mental health.

What Are Anxiety Disorders?

While stressful events in our lives can cause anxiety that is mild and temporary, anxiety disorders are different in that the fear and anxiety can be excessive and/or persistent over time and can interfere with a person’s ability to function in their daily life. It is estimated that 13-18% of American adults or up to 40 million people each year experience an anxiety disorder.[1, 6] Anxiety disorders include generalized anxiety disorder (GAD), panic disorder, post-traumatic stress disorder (PTSD), social phobia, and other phobias. These conditions can cause individuals to experience a great deal of worry or fearfulness. Anxiety disorders can cause physical symptoms such as difficulty sleeping, fatigue, headaches, muscle aches, irritability, lightheadedness, dizziness, trembling, hot flashes, feeling out of breath, and nausea among other symptoms.[6]

Anxiety Disorders And Pregnancy

While more attention has been given to the study of anxiety disorders during pregnancy in the last decade, information is limited. Screening tools for anxiety disorders during pregnancy, such as those used to screen for depression during pregnancy and postpartum, have not been well studied and are not used regularly in obstetric clinics.[2] Without screening being part of routine prenatal care, it is up to pregnant women to express their concerns about anxiety to their healthcare providers. It also means that some women might not get the help they need.

Anxiety disorders during pregnancy are estimated to affect from 4%-39% of women.[3] While some studies suggest that pregnant women are more likely to have anxiety disorders than non-pregnant women, other studies found that pregnant women are just as likely than non-pregnant women to have an anxiety disorder.[4] How many women develop anxiety disorders during pregnancy is not well understood. A woman with a preexisting anxiety disorder may find that her condition is worse during pregnancy, but for others symptoms may stay the same. While gaps in our knowledge remain about anxiety disorders in pregnancy, the importance of maternal mental health is receiving more attention.[5]

What If I’m Having Problems With Anxiety?

Whether starting a new job, dealing with financial stressors, or struggling with a relationship or health complications, we have all experienced anxiety at some point in our lives. If your anxiety is affecting you more than usual or if you’re concerned you may be experiencing an anxiety disorder, talk to your healthcare provider right away. Your provider will

ask about your symptoms and may give you a screening questionnaire to fill out. If you are having symptoms they will talk to you about your options and may refer you to a mental health provider. Depending on a woman's diagnosis and the severity of her condition, she and her providers may decide to treat her condition with talk therapy, behavior modification, medications, or a combination of these. Many pregnant women take medications for anxiety during pregnancy and delivery healthy full-term babies.

Since anxiety disorders can cause significant physical symptoms and stress in a person's life, these conditions require attention and treatment just like any other medical condition during pregnancy. Every woman and every pregnancy is different. Working together with your provider to keep you healthy during pregnancy isn't just important for your health; it's important for the health of your developing baby too.

WHERE CAN I GET MORE INFORMATION?

Policy Center For Maternal Mental Health

To learn more about maternal mental health disorders, and obtain a list of resources that can help, visit the Policy Center For Maternal Mental Health website.

https://policycentermmh.org/mmh-disorders/

https://policycentermmh.org/contact/

National Institute of Mental Health

To learn more about anxiety disorders, check the National Institute of Mental Health website and their Anxiety Disorders information booklet.

http://www.nimh.nih.gov/health/publications/anxiety-disorders/index.shtml?rf=53414

http://www.nimh.nih.gov/health/publications/anxiety-disorders/nimhanxiety_34436.pdf

MotherToBaby

At MotherToBaby, we answer questions about exposures during pregnancy and breastfeeding. We receive questions on everything from hair dye to medications used to treat anxiety and depression and much more. Our service is free, confidential, and provides information that is evidence-based. Most importantly, our service is available to you and your healthcare providers. To speak to a MotherToBaby expert, you can call toll free at (866) 626-6847 or visit us online. https://mothertobaby.org/

Elizabeth Salas is the Lead Teratology Information Specialist for MotherToBaby California, a non-profit that provides information to healthcare providers and the general public about medications and more during pregnancy and breastfeeding. She is based at the University of California, San Diego, and is passionate about the work MotherToBaby is doing to promote healthy moms, healthy pregnancies and healthy babies.

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