

Anxiety

This sheet is about having anxiety in a pregnancy or while breastfeeding. This information is based on available published literature. It should not take the place of medical care and advice from your healthcare provider.

What is anxiety?

Anxiety is excessive and uncontrollable worry. It is common to worry about your pregnancy or your baby's health. Worry becomes an anxiety disorder when the thoughts are frequent, time-consuming, intrusive and irrational. Intrusive thoughts are unwelcome thoughts or images that are upsetting. Irrational worry means worrying about things that are unlikely to happen.

Almost everyone can experience anxiety at some point in their life. It can be hard to tell the difference between what is the usual pregnancy-related worry and what is excessive worry or an anxiety disorder. However, when anxiety interferes with everyday activities, it might be Generalized Anxiety Disorder (GAD), one type of an anxiety disorder. GAD occurs in about 8.5%–10.5% of people who are pregnant.

What are the symptoms of anxiety?

Anxiety could lead to difficulty sleeping, feeling tired or irritated, and/or lacking focus. People with anxiety might also feel like their heart is pounding or beating fast, or they might start to sweat, tremble or shake, or feel short of breath, or have diarrhea or constipation. During anxiety attacks (also known as panic attacks), people might have fears of passing out, dying, or of losing control or “going crazy.”

I think I just worry too much. I don't want to tell anyone. Should I tell my healthcare provider?

Yes. If you think that you worry too much, or your partner, friends or family have told you that you are worrying too much, the best thing to do is to tell one of your healthcare providers. Many people with anxiety spend a lot of time worrying about seeking help which can delay treatment. Finding ways to lower your levels of anxiety can help you have a healthy pregnancy. Around half (50%) of individuals with an anxiety disorder also have some symptoms of depression. Having anxiety during your pregnancy increases the chance of depression during pregnancy and of having a mood disorder after the baby is born (postpartum mood disorder). Discussing anxiety with your healthcare providers can help during and after a pregnancy. For information on depression, please see that fact sheet at: <https://mothertobaby.org/fact-sheets/depression-pregnancy/>.

I have been taking medication for anxiety and I am trying to get pregnant. Should I stop my medication?

Sometimes when people find out they are pregnant, they think about changing how they take their medication, or stopping their medication altogether. However, it is important to talk with your healthcare providers before making any changes to how you take your medication. Stopping a medication that is working to treat your anxiety might cause symptoms to restart or to get worse. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy.

I have anxiety. Can it make it harder for me to become pregnant?

It is not known if anxiety could make it harder to get pregnant.

Does having anxiety increase the chance for miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Studies have not been done to see if anxiety increases the chance for miscarriage.

Does having anxiety increase the chance of birth defects?

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. It is unlikely that anxiety alone is able to increase the chance of birth defects. However, since it is difficult to measure anxiety and people respond differently to stress, it is difficult to study the effects of anxiety on pregnancy. For information on stress, please see this fact sheet at: <https://mothertobaby.org/fact-sheets/stress-pregnancy/>.

Does having anxiety in pregnancy increase the chance of other pregnancy related problems?

Untreated anxiety might contribute to pregnancy related problems, such as preterm delivery (birth before week 37) or low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth). There have also been some studies that reported untreated anxiety in pregnancy might increase the chance for poor physical growth, delayed gross-motor (large muscle) development, and asthma in early childhood.

Does having anxiety in pregnancy affect future behavior or learning for the child?

A few studies have found that poorly treated anxiety in pregnancy might affect early childhood development, including weakened social, emotional, and communication skills.

Untreated anxiety can make it difficult to feel connected (bonded) with the baby both during pregnancy and after delivery. Having a mental health disorder can increase the chance of postpartum mood disorders which can also interfere with bonding with the baby. Having frequent negative thoughts can lead to less involvement with your baby. Talk with your healthcare providers so that they can determine if you have an anxiety disorder (with or without depression) and can then discuss ways to manage it.

What types of treatment are available for anxiety?

Specific types of talk therapy or counseling, relaxation techniques and mindfulness therapy can be effective for treating or managing mild to moderate symptoms of anxiety. Some people benefit from exercise. Some people benefit from medication. There may be other treatments available, as well. Talk to your healthcare provider to plan out the best treatment for your anxiety.

If I take medication for anxiety during my pregnancy, will it harm the baby?

There are many different medication options for treating anxiety in pregnancy. Generally, studies have not found an increased chance for birth defects for many of these medications. For more information about specific medications, please see our medication fact sheets at <https://mothertobaby.org/fact-sheets-parent/> or contact MotherToBaby to speak with an information specialist about your specific medications. MotherToBaby also has a general information page on anxiety in pregnancy and breastfeeding, including links to fact sheets and other resources: <https://mothertobaby.org/pregnancy-breastfeeding-exposures/anxiety/>.

Breastfeeding if I have anxiety or need to take medication:

Having anxiety does not need to keep you from breastfeeding. For some people, breastfeeding can feel overwhelming. Find supportive friends or family members who can help you. You can also talk to your healthcare provider about different treatment options, including therapy and medications. If you and your healthcare provider decide that medication is the best treatment for you, there are medications that can be used while breastfeeding. For more information about medications, please see our medication fact sheets at <https://mothertobaby.org/fact-sheets-parent/> or contact MotherToBaby to speak with an information specialist about specific medications. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

If a male has anxiety, can it make it harder to get a partner pregnant or increase the chance of birth defects?

Some reports have found that males with anxiety might have lower fertility (ability to get partner pregnant). Anxiety (and depression) have been shown to lower semen volume and sperm density. In general, exposures that fathers or sperm donors have are unlikely to increase the risks to a pregnancy. A partner's emotional well-being is important, not only for their personal health, but also for the health and support of their partner and children. People who have symptoms of anxiety should talk to their healthcare provider to plan out the best treatment for their anxiety. For more information, please see the MotherToBaby fact sheet Paternal Exposures at <https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/>.

Please click [here](#) to view references.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://www.MotherToBaby.org).

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