Anxiety

This sheet talks about anxiety in a pregnancy and while breastfeeding. This information 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 worrying 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.

Most everyone can experience anxiety at some point in their life. It can be hard to tell the difference between what usual 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 pregnant persons.

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 may 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 may 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 GAD 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 your pregnancy. For information on depression in pregnancy, 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?

Talk with your healthcare providers before making any changes to how you take your medication(s). Stopping a medication that works for you might make your symptoms come back or cause symptoms to become worse. Only you and your healthcare providers can decide what is best for your situation. Talk to your healthcare providers about both the benefits and any concerns to you and the baby from taking your medications.

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

Studies have not been done to see if anxiety could make it harder to get pregnant.

Does having anxiety increase the chance of miscarriage?

Miscarriage can occur in any pregnancy. Studies have not been done to see if anxiety increases the chance of 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 GAD alone would 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 how anxiety might affect a pregnancy. For information on stress, please see this fact sheet at: https://mothertobaby.org/fact-sheets/stress-pregnancy/.

Would having anxiety cause other pregnancy complications?

Anxiety
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Untreated anxiety has been related to preterm birth (delivery before week 37) and low birth weight (baby weighs less than 5 pounds 8 ounces at birth).

**Does having anxiety during pregnancy cause long-term problems?**

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 also increase the chance of postpartum mood disorders. Talk with your healthcare providers so that they can determine if you have an anxiety disorder (with or without depression) and discuss options for treatment.

**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 mild to moderate symptoms of anxiety. Some people benefit from exercise. Some can 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.

**Can I breastfeed if I have anxiety or need to take medication?**

Having anxiety does not need to keep you from breastfeeding. For some people with anxiety, breastfeeding can feel overwhelming. Find supportive friends or family members who can help you through the process. If you and your healthcare provider decide that medication is the best route for you, there are medications which you can take 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. Talk to your healthcare provider about your breastfeeding questions.

**I have anxiety. Can this make it harder for me to get my partner pregnant or cause birth defects?**

In general, exposures that fathers or sperm donors have are unlikely to increase risks to a pregnancy. A father’s emotional well-being is important, not only for his health, but also for the health and support of the partner and children. People who have symptoms of anxiety should seek appropriate care. For more information on paternal exposures in general, please see the MotherToBaby fact sheet Paternal Exposures at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/.

Please click here to view references.