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. Having an anxiety disorder means that worrying interferes with everyday activities. It can be hard to tell the difference between what is the usual expected pregnancy-related worry and what is excessive worry or an anxiety disorder. It is common to worry about your pregnancy or your baby’s health. It is not healthy when you worry so much that you cannot sleep or do your usual activities. 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. Research has found that 8-10% of women have anxiety at some time during pregnancy.

What are the symptoms of anxiety?
Anxiety disorder causes distress and interferes with everyday life. Anxiety symptoms occur when the brain is stressed. Anxiety may lead to difficulty sleeping, and to feeling tired or irritated. People with anxiety may feel like their heart is pounding or beating fast, they may also start to sweat, tremble or shake, or feel short of breath, diarrhea, and 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?
If you think you worry 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 women with an anxiety disorder also have some symptoms of depression. Having anxiety during your pregnancy increases your risk 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 you stay in good health both during and after your pregnancy. For information on depression in pregnancy, see that fact sheet at: https://mothertobaby.org/fact-sheets/depression-pregnancy/pdf/.*

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 this medication. Stopping a medication that is effective may make your symptoms come back or become worse.*

I have anxiety. Can it make it harder for me to become pregnant? Talk with your healthcare providers before making any changes to this medication.

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

Does having anxiety increase the chance of miscarriage?
Studies on women have not been done to see if anxiety increases the chance of miscarriage.

Does having anxiety in the first trimester increase the chance of birth defects?
In every pregnancy, a woman starts out with a 3-5% chance of having a baby with a birth defect. This is called her 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 its effects on pregnancy.
Would having anxiety in pregnancy cause any other pregnancy problems or long-term problems for the baby?

Untreated anxiety has been related to preterm birth, low birth weight, and difficulty feeling connected (bonded) with the baby both during pregnancy and after delivery. Having frequent negative thoughts can cause you to be less involved with your baby. Talk with your healthcare providers so that they can determine if you have an anxiety disorder (with or without depression) and suggest ways to treat 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 mild to moderate symptoms of anxiety. Some women benefit from exercise. Some women 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 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.

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 will 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 all of your breastfeeding questions.*

If a man has anxiety, does it increase the chance of infertility or birth defects?

In general, exposures that fathers have are unlikely to increase risks to a pregnancy. However, it is possible that you may feel more anxious if the baby’s father is also anxious. For more information on paternal exposures, please see the MotherToBaby fact sheet on this topic at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/.

* Section Updated April 2020

Please click here to view references.