

Pregnancy Raises Concerns for Women with Anxiety Disorders

This is the first in a series of articles focusing on women and anxiety disorders.

By Theresa Defino

For many women, pregnancy and infancy are often times of worry: how will the mom herself change, will the baby be healthy?

To women with anxiety disorders who are considering motherhood, these thoughts may be compounded by fears about any potentially harmful effects of medication, and apprehension about whether their symptoms might worsen.

Fortunately, many of the medicines used for treatment of anxiety disorders appear safe for use during pregnancy and lactation.

“Women do not have to choose between treating their disorder and having a child no more than a woman with asthma would have to choose” reassures Diana Dell, MD, an obstetrician-gynecologist and psychiatrist, and an assistant professor of obstetrics-gynecology and psychiatry at Duke University Medical Center in Durham, N.C.

In addition, about 40 percent of 200 women who were collectively enrolled in a total of eight studies reported that their



panic symptoms had lessened during pregnancy. Such women may be able to go off their medication during the pregnancy if they have a number of safeguards in place first, Dell says.

Women can also undergo infertility procedures with piece of mind and should not be excluded from any programs based on their disorder, says Dell.

Research on anxiety disorders and pregnancy is ongoing and to date has mostly involved small numbers of women. Findings also have been somewhat conflicting and inconclusive about the impact of childbearing and birth on women with anxiety disorders.

As noted earlier, panic symptoms sometimes lessen during this period. This effect may be due to the hormone progesterone, which increases during pregnancy. When it drops again during the post-partum period, the woman’s symptoms may return.

Conversely, studies have shown that obsessive compulsive disorder often worsens during pregnancy and during the post-partum period; researchers do not yet know why. “About 25 percent of women with OCD will get worse during pregnancy, with some women even seeking treatment for OCD for the first time,” Dell says.

The best way for a woman with anxiety to have a smooth

pregnancy and a vigorous baby is to strengthen her partnership with her therapist and physicians. She would be well-served by discussing her intention to become pregnant with her caregivers, both for planning purposes and to ease the woman's mind.

For example, together they can identify risk factors that might worsen her disorder. They should discuss how they are going to treat any breakthrough symptoms she may experience during the pregnancy and afterward. Together they can map out a thoughtful plan to care for her during an undoubtedly challenging, but rewarding, period in her life.

When one of her patients becomes pregnant, "I want to have her in the most secure, well-supported environment possible," says Dell.

A woman who becomes pregnant while taking anxiety medications does not need to stop taking them. If she wants to refrain from medications, she should discuss this possibility with her therapist. Some women who have a history of being able to control their symptoms without medication might be able to do without them during the pregnancy, but others will not, Dell says.

"If a person wants to stop using medication, we ask them to taper the dose so

they don't have discontinuation symptoms, and to have a plan in place for what they will do if they have a recurrence of their symptoms," says Dell.

Evidence indicates that medications used to treat anxiety, which generally fall into the categories of selective serotonin reuptake inhibitors (SSRIs), "are not associated with a higher rate of fetal abnormalities," Dell says.

In fact, they may provide some protection since women with untreated anxiety and depression have higher rates of prematurity and lower infant birth weights, says Dell.

Use of medication during lactation also worries some women, although research findings are reassuring. "Only a very small amount of medication crosses into breast milk," says Dell. "Especially among women who used medication during pregnancy, the amount in breast milk is much smaller than what was transferred via the placenta."

If the woman encounters problems with breast-feeding—and many women with or without anxiety disorders certainly do—she should consult with her physician and therapist to determine ways to make the experience more successful and discuss alternatives.

Resources for information on anxiety disorders during pregnancy:

The Center for Women's Mental Health

Massachusetts General Hospital
www.womensmentalhealth.org
617-726-2000

- A women's mental health center that examines and treats psychiatric disorders associated with female reproduction.

The Mood and Anxiety Disorders Institute

Massachusetts General Hospital
www.mghmadi.org
617-724-6748

- An institute that works to recognize, understand and treat mood and anxiety disorders.

Pregnancy and Postpartum Depression Program

University of Pittsburgh, School of Medicine
412-624-5255

- A program that specializes in short term treatment of psychiatric difficulties during pregnancy or post-birth.

The Mental Health Channel

www.mentalhealthchannel.net
• A physician-developed, online information resource for patients and physicians.

This article is reprinted from the Anxiety Disorders Association of America's bimonthly newsletter, the Reporter. If you would like to subscribe, please visit our website at www.adaa.org, click on "ADAA Membership" and go to "Consumer Membership," or call the ADAA.

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