

Perinatal Anxiety

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Anxiety symptoms and/or positive screen (GAD-7 > 10)

Differential Diagnosis:

- *Situational stress/Adjustment disorder (anxiety related to stressful life events, intimate partner violence/abuse, pregnancy-related anxiety)
- *Anxiety secondary to medical condition (e.g., hyperthyroidism)
- *Anxiety secondary to substance use/withdrawal, medications
- *Primary anxiety disorder (meets DSM-5 diagnostic criteria for panic disorder, generalized anxiety disorder, social anxiety disorder, specific phobia)
- *Anxiety secondary to another psychiatric disorder (if obsessions/compulsions, think of OCD; if trauma history, nightmares/flashbacks, think of PTSD)

Consider comorbidity: Depression common; many people with anxiety disorders have more than one!

Mild anxiety:

- *Address stressors, provide information, problem-solving, increased social support
- *Relaxation, mindfulness, meditation, yoga
- *Consider psychotherapy

Moderate/severe anxiety:

- *Psychotherapy (especially cognitive-behavioral therapy (CBT))
- *Medication (weigh risks of untreated anxiety vs. risks of medications, alternative treatments)

Risks of untreated anxiety:

- *Decreased placental blood flow
- *Increased stress reactivity, HPA axis activation, cortisol levels
- *Increased rates of preeclampsia, gestational hypertension, preterm birth, low birth weight, prolonged labor, postpartum hemorrhage
- *Increased risk of postpartum depression; impaired attachment
- *Cognitive and motor delays, emotional and behavioral problems in child



Risks of medications in pregnancy and lactation:

- *SSRI antidepressants are first-line medication treatment for anxiety disorders
- *No consistent increase in rates of malformations
- *Persistent pulmonary hypertension of the newborn (PPHN; 2.9 vs. 1.8/1000)
- *Neonatal adaptation syndrome in 30%; worse if also taking benzodiazepines
- *Monitor breastfed infants for sedation/poor feeding
- *Other medications can be used for adjunctive/as-needed treatment of anxiety (see Perinatal Anxiety Medications table for risks of benzodiazepines and other anxiolytics)

Alternative treatments:

- *Psychotherapy (CBT)
- *Mindfulness, meditation, relaxation
- *Exercise, yoga

Goal:

- *Treat to remission
- *Track GAD-7 to measure progress/outcome
- *If not improved, add medication/ psychotherapy to existing treatment, try switching to another SSRI or an SNRI, and/or seek psychiatric consultation/referral

Perinatal Anxiety Medications

The first-line medication treatment for an anxiety disorder is an SSRI or venlafaxine. The anxiolytic medications below may be useful as adjunctive treatment, for occasional as-needed (PRN) use, or for patients who cannot tolerate or do not respond to first-line treatment.

Drug Name	Starting Dose (mg)	Up titration/dosing schedule	Side effects	Use in Pregnancy	Use during Lactation
BENZODIAZEPINES					
Alprazolam ^a (Xanax)	0.25-0.5 TID	Increase weekly as needed; max 4 mg daily in divided doses ^b	Benzodiazepine side effects include sedation, incoordination, memory impairment, tolerance, dependence, withdrawal; avoid use with opioids (black box warnings)	No increase in malformations ^c Increased rate of spontaneous abortion, preterm birth Neonatal withdrawal, “floppy infant” syndrome; increase in NICU admissions	RID 3%; reports of infant sedation, withdrawal symptoms with weaning/discontinuation
Clonazepam ^a (Klonopin)	0.25 BID	Increase in increments of 0.125-0.25 mg BID to 1-2 mg daily as needed			Sedation, apnea reported in infants; monitor for sedation, poor feeding, poor weight gain
Diazepam ^a (Valium)	2-5 BID	2-10 mg 2-4 times daily			Sedation, weight loss reported in breastfed infants
Lorazepam ^a (Ativan)	0.5-1, 2-3 times daily	Increase as needed to 2-6 (max 10) mg daily in divided doses			Low levels in breast milk, no reports of sedation. Preferred benzodiazepine in lactation.
OTHERS					
Buspirone (Buspar)	7.5 BID	Increase by 5 mg every 2-3 days to 15 mg BID. After 3 weeks, increase further as needed; max 60 mg/day in divided doses	Dizziness, drowsiness, headache, nausea	Limited human data (75 reports of first trimester exposure, one infant with malformations); no inc in malformations in animals	Limited data (2 case reports); low levels in breast milk; seizures in one infant exposed to multiple medications
Gabapentin ^a (Neurontin)	100, 1-3 times daily	Increase to 300-600 mg TID as needed	Dizziness, drowsiness	Possible inc in heart defects; inc in preterm birth, NICU admissions	Limited data; RID 1-4%; no adverse effects
Hydroxyzine ^a (Vistaril)	25	Increase to 50-100 mg up to QID as needed	Drowsiness, dry mouth	240 exposures, no overall increase in malformations	Reports of infant sedation, irritability
Pregabalin ^a (Lyrica)	25 BID	Increase as needed to 150- 600 mg daily in divided doses	Dizziness, drowsiness	>3500 exposures; possible small increase in malformations	Limited data; RID 7-8%; one report of a breastfed infant with no adverse effects
Propranolol ^a (Inderal)	10	10 mg as needed, one hour prior to event	Contraindicated with asthma, bradycardia, hypotension, CHF	No inc malformations; ± IUGR; neonatal bradycardia, hypoglycemia	Low levels in milk; bradycardia, sedation in 2 infants exposed to multiple medications
Quetiapine ^a (Seroquel)	25	Increase to 50-300 mg daily as needed	Sedation, weight gain, metabolic syndrome	>5000 exposures; no increase in malformations; neonatal syndrome	Low levels in milk; RID<1%; one infant with sedation

^aCan be scheduled or prescribed PRN (as needed); buspirone is not effective as a PRN medication

^bDose for panic disorder can be 5-6 mg daily (max 10 mg daily) in divided doses

^cIncrease in malformations reported with benzodiazepine + SSRI exposure, but not with benzodiazepines alone

Perinatal Anxiety Resources

Review article:

Thorsness KR, Watson C, LaRusso EM. Perinatal anxiety: approach to diagnosis and management in the obstetric setting. Am J Obstet Gynecol 2018; 219:326-345.

GAD-7 in other languages:

The GAD-7 anxiety screening questionnaire is available in multiple languages at:

<https://www.phqscreeners.com>

Patient manual:

Gyoerkoe K, Wiegartz P, Miller L. The pregnancy and postpartum anxiety workbook: practical skills to help you overcome anxiety, worry, panic attacks, obsessions, and compulsions. Oakland, CA: New Harbinger Publications; 2009.

Websites for patients:

Calm

For meditation, dealing with stress, sleep

<https://www.calm.com/>

Headspace

For stress, anxiety, sleep, learning meditation

<https://www.headspace.com/>