Perinatal anxiety toolkit

Perinatal anxiety impacts 1 in 5 pregnant and postpartum people.[1]

Risk factors[2,3,4]

- History of anxiety or depression
- Unplanned pregnancy
- Exposure to childhood abuse, domestic violence, or sexual assault
- History of pregnancy complications or loss
- Low socioeconomic status
- Lack of social support

Health disparities[5,6,7,8]

- Exposure to racism and inequities in social determinants of health likely contributes to increased stress and anxiety levels among minoritized women
- Hispanic and non-Hispanic black women report higher levels of stress and anxiety during pregnancy than non-Hispanic white women
- Indigenous women have higher odds of experiencing perinatal anxiety that non-Indigenous women
- Women of color are less likely to be diagnosed with and receive treatment for a perinatal anxiety disorder than white women

Potential consequences of untreated perinatal anxiety

Obstetric[9,10]

- Hypertensive disorders of pregnancy
- Preterm birth
- Low birth weight

Postpartum[11,12]

- Poor infant bonding
- Lower likelihood of breastfeeding
- Postpartum depression

Childhood[13]

- Negative early temperament
- Behavioral problems
- ADHD, anxiety, and depressive symptoms

Clinical presentation[14,15]

Psychological symptoms

- Excessive worry
- Feeling on edge
- Difficult to reassure
- Intrusive thoughts
- Sense of dread
- Insomnia

Common worry themes

- Fetal well-being
- Infant health and safety
- Parenting abilities

Physical symptoms

- Fatigue
- Muscle tension
- Nausea or abdominal discomfort
- Palpitations, chest tightness, or shortness of breath
- Dizziness

Identifying perinatal anxiety

Pregnancy and postpartum worries are common and can be normal.

How does perinatal anxiety differ from "normal" worry?

In perinatal anxiety:

- Anxiety is persistent
- Worries are excessive, intense, or irrational
- Symptoms cause significant distress
- Symptoms interfere with day-to-day activities (might include difficulty caring for self and/or infant)

To make a diagnosis:

Acronym guide
CBC = Complete Blood Count
CMP = Comprehensive Metabolic Panel
TSH = Thyroid-Stimulating Hormone
EKG = Electrocardiogram

- Use a validated screening tool (see page 3)
- Rule out medical etiologies (consider CBC, CMP, TSH, EKG), including complications of pregnancy (e.g., preeclampsia, gestational hypertension, gestational diabetes, anemia, and hyperthyroidism, among others)
- Consider co-occurring or alternative psychiatric diagnosis:
  - Depression
  - OCD
  - PTSD
  - ADHD
  - Bipolar disorder
  - Postpartum psychosis
- Ask about substance use (alcohol, illicit substances, controlled medications)

Screening

Screening pregnant and postpartum patients for mood and anxiety disorders is recommended by the American College of Obstetricians and Gynecologist (ACOG)[16], American Academy of Pediatrics (AAP)[17] and US Preventative Services Task Force (USPSTF)[18].

The American College of Obstetricians and Gynecologists (ACOG) recommends screening for perinatal anxiety at a minimum of 3 time points across pregnancy and postpartum. Consider screening at the first prenatal visit, once later in pregnancy during the 2nd and/or 3rd trimester, and once after delivery at postpartum visits.

1st trimester
- ✓ At initial prenatal visit

2nd trimester
- ✓ Once during 2nd trimester

3rd trimester
- ✓ Once during 3rd trimester

Postpartum
- ✓ 2 weeks postpartum
- ✓ 6 weeks postpartum
- ✓ 6 months postpartum
- ✓ 1 year postpartum

What do I say?

"We screen all of our patients for anxiety because mental health changes and concerns are so common during pregnancy. These forms do not diagnose you with a mental health condition. They help us to talk with you about the best way to support you during your pregnancy, if you would like support. There are educational materials and resources available, too. Feel free to ask about them anytime, whether or not you choose to share your feeling or any symptoms you are experiencing."

Note: This script is just a suggestion and can be adapted as appropriate.

Screening tools

Perinatal Anxiety Screening Scall (PASS)[19]

- 31 items
- Most sensitive screening tool for perinatal population
- Quantifies anxiety severity
- Scoring:
  - 0-20: minimal anxiety
  - 21-41: mild-moderate anxiety
  - 42-93: severe anxiety

Learn more:
womensmentalhealth.org/posts/screening-for-perinatal-anxiety-using-pass-the-perinatal-anxiety-screening-scale

Generalized Anxiety Disorder-7 (GAD-7)[20,21]

- 7 items
- Not specific to perinatal population
- Quantifies anxiety severity
- Scoring:
  - 0-4: minimal anxiety
  - 5-9: mild anxiety
  - 10-14: moderate anxiety
  - 15-21: severe anxiety

Learn more:
adaa.org/sites/default/files/GAD-7_Anxiety-updated_0.pdf

Edinburgh Postnatal Depression Scale-3A (EPDS-3A)[22]

- 3 items
- Items #3, 4, 5 of full EPDS
- Does not quantify anxiety severity
- Scoring:
  - 0-4: negative screen for anxiety
  - 5-9: positive screen for anxiety

Learn more:
womensmentalhealth.org/posts/using-the-epds-to-screen-for-anxiety-disorders-conceptual-and-methodological-considerations/

Treating perinatal anxiety

Treatment for perinatal anxiety often involves a combination of approaches tailored to the individual's symptoms, preferences, and clinical needs. Both non-pharmacologic and pharmacologic options are available, and collaborative care is essential to ensure the well-being of the birthing person and their baby.

Pharmacologic treatment

Providers are encouraged to review PERC's Perinatal Anxiety Medications to support safe, informed, and compassionate care.

Guiding principles for prescribing:

- Use what has previously worked
- Monotherapy is preferable
- Be aware of need to increase dose due to physiological changes of pregnancy

Important points to discuss with patients:

- No medication is FDA-approved in pregnancy or lactation
- All psychiatric medications do cross the placenta and into breastmilk to some extent
- The risks of exposing the fetus/infant to medication
- Infants should be monitored for side effects of medications, especially sedation

Examples of alternative treatments

Psychotherapy[23,24,25]

- First line for mild to moderate perinatal anxiety
- Recommended in combination with medication for moderate to severe perinatal anxitey
- Types of therapy for perinatal anxiety:
  - Cognative-behavioral therapy
  - Interpersonal psychotherapy
  - Behavioral activation
  - Acceptance and commitment therapy

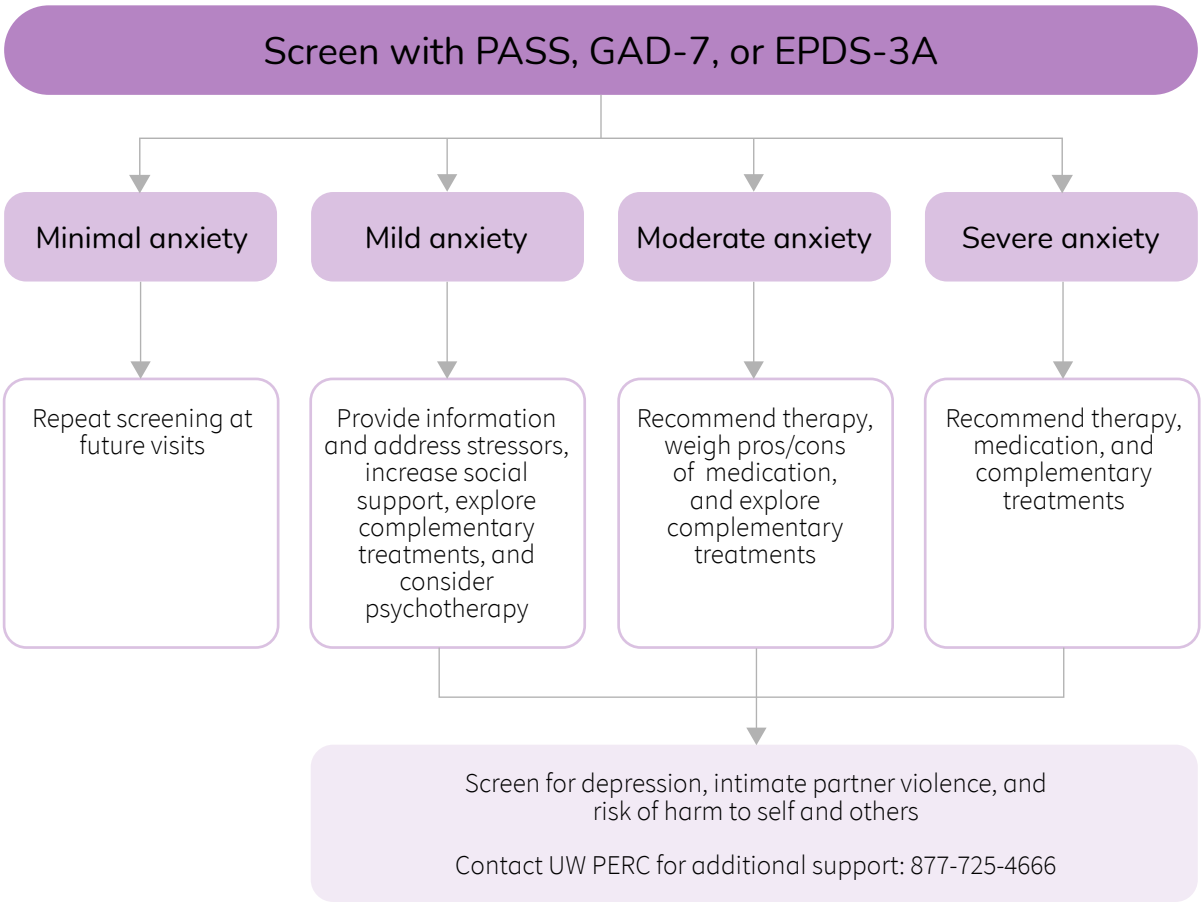
Complementary treatments[26,27,28,29,30]

- May be used as add-on to medication and/or psychotherapy
- Not stand-alone treatments for perinatal anxiety
- Examples:
  - Sleep protection
  - Physical activity
  - Yoga
  - Massage
  - Relaxation exercises

Treatment algorithm

PASS: Perinatal Anxiety Screening Scale, **GAD-7:** Generalized Anxiety Disorder-7, **EPDS-3A:** Edinburgh Postnatal Depression Scale-3A

For more detailed guidance, refer to the Perinatal Mental Health Care Guide developed by the Perinatal Mental Health & Substance Use Education, Research & Clinical Consultation (PERC) Center: **perc.psychiatry.uw.edu/perinatal-mental-health-care-guide-6/**



Resources

For patients

Perinatal Support Washington
Compassionate support for people in the emotional transition to parenthood, including new and expecting parents; pregnancy, postpartum, loss, infertility, anxiety, depression, and more. Services provided:

- Warm Line provides peer emotional support, information, and referrals to professionals and community resources.
- Mental health therapy
- Culturally-matched peer support available
- Training, consultation, education, and advocacy for health care providers
- All services can be accessed by calling the Warm Line. Call or text: 1-888-404-7763 (se habla español), interpreters provided
- Website: **perinatalsupport.org**

Help Me Grow Washington
A Washington statewide system connecting families with young children to health development, and basic needs resources.

- Call: 800-322-2588
- Website: **helpmegrowwa.org**

Postpartum Support International
A confidential helpline that provides basic information, support, and resources for pregnant and postpartum individuals.

- Call or text 24/7: 1-800-944-4773
- Text em español: 971-203-7773
- Website: **postpartum.net**

Mother to Baby
Information about medication and other exposures during pregnancy and breastfeeding.

- Get easy-to-read information on the safety or risk of medications, drugs, or other exposures from experts
- Call: 866-626-6847
- Text: 855-999-3525
- Website: **mothertobaby.org**

MGH Center for Women's Mental Health blog
Blog posts focused on topics related to reproductive and maternal well-being

- Website: **womensmentalhealth.org/blog/recent-posts**

For clinicians

Perinatal Psychiatry Consultation Line for Providers (Perinatal PCL) (Washington)
Perinatal PCL is a free, state-funded program providing perinatal mental health consultation, recommendations and referrals for Washington state providers caring for pregnant or postpartum patients.

- Consultations available on demand during business hours (9 am- 5 pm, Monday- Friday, closed for UW holidays), or schedule a consultation at: **perinatalpcl.as.me/schedule.php**.
- Call: 877-725-4666
- Email: **ppcl@uw.edu**
- Website: **perc.psychiatry.uw.edu/perinatal-pcl/**

Mother to Baby
English and Spanish language fact sheets summarizing information about common exposures during pregnancy and breast/chest-feeding.

- Chat with an exposure expert, enroll your patient in observational studies, or schedule a patient consult.
- Website: **mothertobaby.org**

Lactmed
Database which provides evidence-based information on drugs and other chemicals to which a breast/chest-feeding partent may be exposed.

- Website: **ncbi.nlm.nih.gov/books/NBK501922/**

References

1 Fawcett EJ, Fairbrother N, Cox ML, White IR, Fawcett JM. The Prevalence of Anxiety Disorders During Pregnancy and the Postpartum Period: A Multivariate Bayesian Meta-Analysis. J Clin Psychiatry. 2019;80(4):18r12527. Published 2019 Jul 23. doi:10.4088/JCP.18r12527

2 Biaggi A, Conroy S, Pawlby S, Pariante CM. Identifying the women at risk of antenatal anxiety and depression: A systematic review. J Affect Disord. 2016;191:62-77. doi:10.1016/j.jad.2015.11.014

3 Van der Zee-van den Berg AI, Boere-Boonekamp MM, Groothuis-Oudshoorn CGM, Reijneveld SA. Postpartum depression and anxiety: a community-based study on risk factors before, during and after pregnancy. J Affect Disord. 2021;286:158-165. doi:10.1016/j.jad.2021.02.062

4 Goodman JH, Watson GR, Stubbs B. Anxiety disorders in postpartum women: A systematic review and meta-analysis. J Affect Disord. 2016;203:292-331. doi:10.1016/j.jad.2016.05.033

5 Hall SV, Zivin K, Piatt GA, et al. Racial Disparities in Diagnosis of Postpartum Mood and Anxiety Disorders Among Symptomatic Medicaid Enrollees, 2012- 2015. Psychiatr Serv. 2024;75(2):115-123. doi:10.1176/appi.ps.20230094

6 Hall SV, Zivin K, Piatt GA, et al. Factors associated with mental health treatment among Michigan medicaid enrollees with perinatal mood and anxiety disorders, 2012-2015. Gen Hosp Psychiatry. 2023;83:164-171. doi:10.1016/j.genhosppsych.2023.05.009

7 Grobman WA, Parker C, Wadhwa PD, et al. Racial/Ethnic Disparities in Measures of Self-reported Psychosocial States and Traits during Pregnancy. Am J Perinatol. 2016;33(14):1426-1432. doi:10.1055/s-0036-1586510

8 Owais S, Faltyn M, Johnson AVD, et al. The Perinatal Mental Health of Indigenous Women: A Systematic Review and Meta-Analysis. Can J Psychiatry. 2020;65(3):149-163. doi:10.1177/0706743719877029

9 Shay M, MacKinnon AL, Metcalfe A, et al. Depressed mood and anxiety as risk factors for hypertensive disorders of pregnancy: a systematic review and meta-analysis. Psychol Med. 2020;50(13):2128-2140. doi:10.1017/ S0033291720003062

10 Ding XX, Wu YL, Xu SJ, et al. Maternal anxiety during pregnancy and adverse birth outcomes: a systematic review and meta-analysis of prospective cohort studies. J Affect Disord. 2014;159:103-110. doi:10.1016/j.jad.2014.02.027

11 Grigoriadis S, Graves L, Peer M, et al. A systematic review and meta-analysis of the effects of antenatal anxiety on postpartum outcomes. Arch Womens Ment Health. 2019;22(5):543-556. doi:10.1007/s00737-018-0930-2

12 Tichelman E, Westerneng M, Witteveen AB, et al. Correlates of prenatal and postnatal mother-to-infant bonding quality: A systematic review. PLoS One. 2019;14(9):e0222998. Published 2019 Sep 24. doi:10.1371/journal. pone.0222998

13 Van den Bergh BRH, van den Heuvel MI, Lahti M, et al. Prenatal developmental origins of behavior and mental health: The influence of maternal stress in pregnancy. Neurosci Biobehav Rev. 2020;117:26-64. doi:10.1016/j.neubiorev.2017.07.003

14 Misri S, Abizadeh J, Sanders S, Swift E. Perinatal Generalized Anxiety Disorder: Assessment and Treatment. J Womens Health (Larchmt). 2015;24(9):762-770. doi:10.1089/jwh.2014.5150

15 Williams KE, Koleva H. Identification and Treatment of Peripartum Anxiety Disorders. Obstet Gynecol Clin North Am. 2018;45(3):469-481. doi:10.1016/j.ogc.2018.04.001

16 Screening and Diagnosis of Mental Health Conditions During Pregnancy and Postpartum: ACOG Clinical Practice Guideline No. 4. Obstet Gynecol. 2023;141(6):1232-1261. doi:10.1097/AOG.0000000000005200

17 Earls MF, Yogman MW, Mattson G, Rafferty J; COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH. Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice. Pediatrics. 2019;143(1):e20183259. doi:10.1542/peds.2018-3259

18 US Preventive Services Task Force, Barry MJ, Nicholson WK, et al. Screening for Anxiety Disorders in Adults: US Preventive Services Task Force Recommendation Statement. JAMA. 2023;329(24):2163-2170. doi:10.1001/ jama.2023.9301

19 Somerville S, Dedman K, Hagan R, et al. The Perinatal Anxiety Screening Scale: development and preliminary validation. Arch Womens Ment Health. 2014;17(5):443-454. doi:10.1007/s00737-014-0425-8

20 Spitzer RL, Kroenke K, Williams JB, Löwe B. A brief measure for assessing generalized anxiety disorder: the GAD-7. Arch Intern Med. 2006;166(10):1092- 1097. doi:10.1001/archinte.166.10.1092

21 Simpson W, Glazer M, Michalski N, Steiner M, Frey BN. Comparative efficacy of the generalized anxiety disorder 7-item scale and the Edinburgh Postnatal Depression Scale as screening tools for generalized anxiety disorder in pregnancy and the postpartum period. Can J Psychiatry. 2014;59(8):434-440. doi:10.1177/070674371405900806

22 Smith-Nielsen J, Egmose I, Wendelboe KI, Steinmejer P, Lange T, Vaever MS. Can the Edinburgh Postnatal Depression Scale-3A be used to screen for anxiety?. BMC Psychol. 2021;9(1):118. Published 2021 Aug 7. doi:10.1186/ s40359-021-00623-5

23 Li X, Laplante DP, Paquin V, Lafortune S, Elgbeili G, King S. Effectiveness of cognitive behavioral therapy for perinatal maternal depression, anxiety and stress: A systematic review and meta-analysis of randomized controlled trials. Clin Psychol Rev. 2022;92:102129. doi:10.1016/j.cpr.2022.102129

24 Bright KS, Charrois EM, Mughal MK, et al. Interpersonal Psychotherapy to Reduce Psychological Distress in Perinatal Women: A Systematic Review. Int J Environ Res Public Health. 2020;17(22):8421. Published 2020 Nov 13. doi:10.3390/ijerph17228421

25 Torres-Giménez A, Sureda B, Roca-Lecumberri A, Andrés-Perpiñá S, Solé E, Gelabert E. Efficacy of contextual therapies in perinatal depression and anxiety: A Systematic Review and meta-analysis. J Psychiatr Res. 2024;169:209-223. doi:10.1016/j.jpsychires.2023.11.003

26 Lawson A, Murphy KE, Sloan E, Uleryk E, Dalfen A. The relationship between sleep and postpartum mental disorders: A systematic review. J Affect Disord. 2015;176:65-77. doi:10.1016/j.jad.2015.01.017

27 Smith CA, Shewamene Z, Galbally M, Schmied V, Dahlen H. The effect of complementary medicines and therapies on maternal anxiety and depression in pregnancy: A systematic review and meta-analysis. J Affect Disord. 2019;245:428-439. doi:10.1016/j.jad.2018.11.054

28 Villar-Alises O, Martinez-Miranda P, Martinez-Calderon J. Prenatal YogaBased Interventions May Improve Mental Health during Pregnancy: An Overview of Systematic Reviews with Meta-Analysis. Int J Environ Res Public Health. 2023;20(2):1556. Published 2023 Jan 14. doi:10.3390/ijerph20021556

29 Hall HG, Cant R, Munk N, et al. The effectiveness of massage for reducing pregnant women's anxiety and depression: systematic review and metaanalysis. Midwifery. 2020;90:102818. doi:10.1016/j.midw.2020.102818

30 Sánchez-Polán M, Silva-Jose C, Franco E, et al. Prenatal Anxiety and Exercise. Systematic Review and Meta-Analysis. J Clin Med. 2021;10(23):5501. Published 2021 Nov 24. doi:10.3390/jcm10235501