

Frequently Asked Questions

What is anxiety?

Anxiety is a feeling of nervousness, worry, or concern. These feelings are normal and common.

An anxiety disorder is a mental health condition that happens when anxiety gets in the way of daily life. This is more than a temporary fear. The anxiety is intense, lasts a long time, or both.

Like other health conditions, anxiety disorders can be treated. Getting help is the best thing you can do for you and your family.

What are common types of anxiety?

- **Generalized anxiety disorder**—You feel very worried about your life most of the time. It is hard to stop having negative thoughts. You might have trouble sleeping, an upset stomach, or headaches.
- **Panic disorder**—You feel terrified for short, intense periods of time. These reactions are called panic attacks. You might have a racing heart, feel sweaty or nauseated, or have chest pain.
- **Social phobia or social anxiety disorder**—You feel nervous or afraid of social situations. You might avoid being around other people.

Additional symptoms of anxiety disorders are described below. With any anxiety disorder, you may have multiple symptoms.

Obsessive-compulsive disorder (OCD) and post-traumatic stress disorder (PTSD) also are related to anxiety disorders. OCD causes recurring, unwanted thoughts (obsessions) and urges to repeat specific behaviors (compulsions). PTSD may develop after experiencing trauma, such as exposure to violence, death, serious injury, or sexual assault.

How common is anxiety?

Anxiety disorders are the most common type of mental health condition. Nearly 1 in 5 adults has an anxiety disorder, including those who are pregnant or [postpartum](#).

When does anxiety related to pregnancy usually start?

You may have anxiety for the first time in your life during pregnancy or after delivery. Anxiety can start at any time during or after pregnancy. It most often begins right after delivery and up to 6 weeks postpartum, though it may happen up to a year after delivery. Sometimes anxiety begins

- after weaning your baby from breastfeeding
- when your [menstrual periods](#) return

What are risk factors for anxiety related to pregnancy?

You may be at higher risk for an anxiety disorder during or after pregnancy if you

- had an anxiety disorder in the past
- have family members who have anxiety disorders
- experienced a previous pregnancy loss
- had health challenges during pregnancy or labor and delivery
- have other personal health challenges, including current or former mental health conditions
- have a baby with health challenges

- experienced trauma in your childhood, such as violence, abuse, or neglect

What are the symptoms of anxiety?

The symptoms are different for everyone and each type of anxiety disorder. But they usually include

- mental and emotional symptoms, such as constant worry, tension, and a feeling of doom
- physical symptoms, such as trouble sleeping, a rapid heartbeat, dizziness, chest or stomach pains, headaches, or nausea
- changes in behavior, such as avoiding something you fear, avoiding leaving your home, or constantly watching for danger

A symptom of all anxiety disorders is feeling very worried or fearful for long periods of time.

How can I get help for anxiety during or after pregnancy?

Talk with your [obstetrician–gynecologist \(ob-gyn\)](#) as soon as possible. Tell them if you had anxiety in the past, if you take medication for anxiety or other mental health conditions, or if you are feeling anxious now. Also see the Resources section below for additional support options.

Your ob-gyn may ask questions about your mood during your prenatal or postpartum care visits. You may be asked to write down answers to questions that screen for mental health conditions. Your answers will help your ob-gyn understand what kind of help you need.

What are the benefits of getting treatment for anxiety disorders?

Treating anxiety can help you and your pregnancy. When you are less focused on anxiety, you may take better care of yourself. You may have more energy to eat healthy meals, get regular exercise, and follow other [prenatal care](#) advice. You may be less likely to give birth early and have a baby with a low birth weight than if you went without treatment.

The benefits of treatment continue after pregnancy. With treatment, you may be less likely to have severe [postpartum depression](#). You may have an easier time bonding with your baby, and your baby may have a lower risk of mental health conditions and long-term behavior problems.

How is anxiety treated during and after pregnancy?

Therapy is recommended to help treat anxiety. You also can consider medication, especially if anxiety has a big impact on your life or if therapy does not help on its own. Making time for self-care, joining support groups, and using community resources also can help with anxiety.

Together you and your ob-gyn should discuss your options. Your ob-gyn also may help you contact a psychiatrist, psychologist, social worker, [doula](#), or other health care professionals for additional help. Support groups can be helpful, too.

How can therapy help treat anxiety?

Anxiety typically is treated with [psychotherapy](#), also called talk therapy. Therapy can help you function better and help you heal. In talk therapy, you may work with a therapist to

- identify unhealthy thought patterns
- develop ways to change these patterns
- improve troubling symptoms

There are different methods and formats of talk therapy. For example, some types of therapy help you change how you think and behave. Other types of therapy help you better understand the causes of your feelings and behavior.

You may have one-on-one therapy (with just you and the therapist) or group therapy where you meet with a therapist and other people with similar concerns. Another option is family or couples therapy, in which you and family members or your partner may work with a therapist. Therapy may be done in person or with telehealth, where you speak with a therapist by phone or video chat.

How is medication used to treat anxiety during and after pregnancy?

Antidepressants are used to treat anxiety. These medications work to balance the chemicals in the brain that affect your moods. There are many types of antidepressants. If one type does not work for you, you and your ob-gyn can talk about other options.

If you took an antidepressant before pregnancy that worked well for you, it is best to continue that medication during and after pregnancy. The dose may need to be increased late in pregnancy.

If you start taking an antidepressant during pregnancy, you and your ob-gyn should talk at each visit about how you are feeling and whether the medication is working. After pregnancy, you should continue checking in with your ob-gyn or another doctor.

Is it safe to take antidepressants during pregnancy or while breastfeeding?

A healthy mother is important for a healthy pregnancy and baby. There are risks of untreated mental health conditions during and after pregnancy. Remember that treating anxiety can help you, your **fetus**, and your baby's future health.

The most commonly used antidepressants are called **selective serotonin reuptake inhibitors (SSRIs)**. Studies suggest that most SSRIs do not increase the risk of **birth defects**. Other antidepressants may be safe to take during pregnancy too. You and your ob-gyn can discuss which medication is best for you and your pregnancy. You also may discuss medication options with a psychiatrist.

How can self-care help with anxiety?

Self-care can be a useful way to help your mood and your overall health. There are many different approaches to self-care:

- Make time for activities that you enjoy. Try to do one simple, fun activity each day.
- Start or continue physical activity. Even just a few minutes of activity can be helpful. Read [Exercise During Pregnancy](#) and [Exercise After Pregnancy](#) for advice.
- Eat a healthy diet. The [MyPlate website](#) from the U.S. Department of Agriculture has advice for what to eat during and after pregnancy.
- Ask people in your life for help, such as a spouse or partner, parents, other family members, or friends. Visit [Your Postpartum Care Team](#) for ideas.

- Talk with and spend time with loved ones. Just being together can be helpful, even if you don't want to talk about how you're feeling.
- Work on healthy sleep habits. Though sleep is difficult with a newborn, some things may help, such as avoiding caffeine late in the day and limiting screen time and bright lights before bed. Visit the [American Academy of Sleep Medicine](#) for more tips.
- Slowly breathe in from the very bottom of your belly for a few minutes twice a day. Also try noticing how you feel and how your body is moving when you breathe naturally. These are breathing exercises called belly breathing and mindful breathing.

With anything you try, make your goal simple and break it down into small steps. Write down the small steps you plan to take each day. You can make this list during pregnancy and then update it again after you give birth.

What other mental health conditions are common during and after pregnancy?

[Depression](#) is common during this time and often happens alongside anxiety (read [Depression During Pregnancy](#) and [Postpartum Depression](#)). [Bipolar disorder](#), OCD, and PTSD also are common. Therapy and medications can help with these conditions during and after pregnancy.

Talk with your ob-gyn if you feel sad, stressed, anxious, or if you have any mood changes. Also tell your ob-gyn about any stressful life events. These may include losing a loved one, having a loved one who is ill, living far from your friends and family, or moving.

Not having support and resources for your pregnancy can be a major source of stress. Talk with your health care team so you can get the help you need. Also see the Resources section below for more ways to find help.

Resources

Postpartum Support International (PSI) Helpline

www.postpartum.net

800-944-4773

Text 800-944-4773 (English) or 971-203-7773 (Spanish)

Contact this nonemergency helpline for support, information, or [referrals to mental health professionals](#) during or after pregnancy. The helpline is open 7 days per week.

Leave a confidential message at any time, and a volunteer will return your call or text as soon as possible.

PSI also offers [online support group meetings](#) and weekly [Chat With an Expert](#) phone sessions.

Anxiety and Depression Association of America

Find a Therapist: <https://members.adaa.org/page/FATMain>

Therapists who offer telehealth: https://adaa.org/finding-help/telemental-health/provider_listing

Directories of health care professionals who offer mental health care in person or with telehealth (using chat, video chat, or a phone call).

National Alliance on Mental Illness HelpLine

1-800-950-NAMI (6264)

<https://nami.org/help>

Free, nationwide support service for anyone with questions or concerns about mental health.

Substance Abuse and Mental Health Services Administration (SAMHSA) Helpline

800-662-HELP (4357)

800-487-4889 (TTY)

www.samhsa.gov/find-help/national-helpline

Free, confidential mental health support in English and Spanish. Available 24 hours a day, 7 days a week, 365 days a year.

988 Suicide & Crisis Lifeline

988

<https://988lifeline.org/>

Lifeline Chat: <https://988lifeline.org/chat/>

Free help from trained counselors by phone or live online chat. Available 24 hours a day, 7 days a week, 365 days a year. If you or someone you love has thoughts of suicide, call or chat for help.

Crisis Text Line

www.crisistextline.org

Text HOME to 741741 (US and Canada) for free, 24/7 crisis counseling.

Glossary

Antidepressants: Drugs that are used to treat depression.

Bipolar Disorder: A mental health disorder that causes intense changes in a person's mood, energy, and behavior. Moods may range from very happy or irritable (manic episodes) to very sad or indifferent (depressive episodes).

Birth Defects: Physical problems that are present at birth.

Depression: Feelings of sadness for periods of at least 2 weeks.

Doula: A birth coach who gives continual emotional and physical support to a woman during labor and childbirth.

Fetus: The stage of human development beyond 8 completed weeks after fertilization.

Menstrual Periods: The monthly shedding of blood and tissue from the uterus.

Obstetrician–Gynecologist (Ob-Gyn): A doctor with special training and education in women's health.

Postpartum: Related to the weeks following the birth of a child.

Postpartum Depression: A type of depressive mood disorder that develops in the first year after the birth of a child. This type of depression can affect a woman's ability to take care of her child.

Prenatal Care: A program of care for a pregnant woman before the birth of her baby.

Psychotherapy: Working with a therapist to identify problems and find ways to change behavior.

Selective Serotonin Reuptake Inhibitors (SSRIs): A type of medication used to treat depression.

If you have further questions, contact your ob-gyn.

Don't have an ob-gyn? [Learn how to find a doctor near you.](#)

FAQ527

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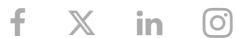
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