

Perinatal Anxiety

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General Disclosures

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Speaker Disclosures

- Medical Director, PAL for Moms phone consultation line for providers
State of Washington Health Care Authority
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- UW Women's Mental Health
fellowship



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Learning Objectives

- **Describe the differential diagnosis of anxiety in the perinatal period**
- **Compare the risks of untreated anxiety with the risks of psychotropic medication use during pregnancy and lactation**
- Conduct detailed informed consent discussions with pregnant and breastfeeding women regarding psychotropic medications commonly used for anxiety
- **Consider non-medication interventions in treatment plans for anxiety during pregnancy and postpartum**
- **Describe measurement-based care for perinatal anxiety**

Measurement-based care of anxiety: the GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems?

Not at all (0), Several days (1), Over half the days (2), Nearly every day (3)

1. Feeling nervous, anxious, or on edge
2. Not being able to stop or control worrying
3. Worrying too much about different things
4. Trouble relaxing
5. Being so restless that it's hard to sit still
6. Becoming easily annoyed or irritable
7. Feeling afraid as if something awful might happen

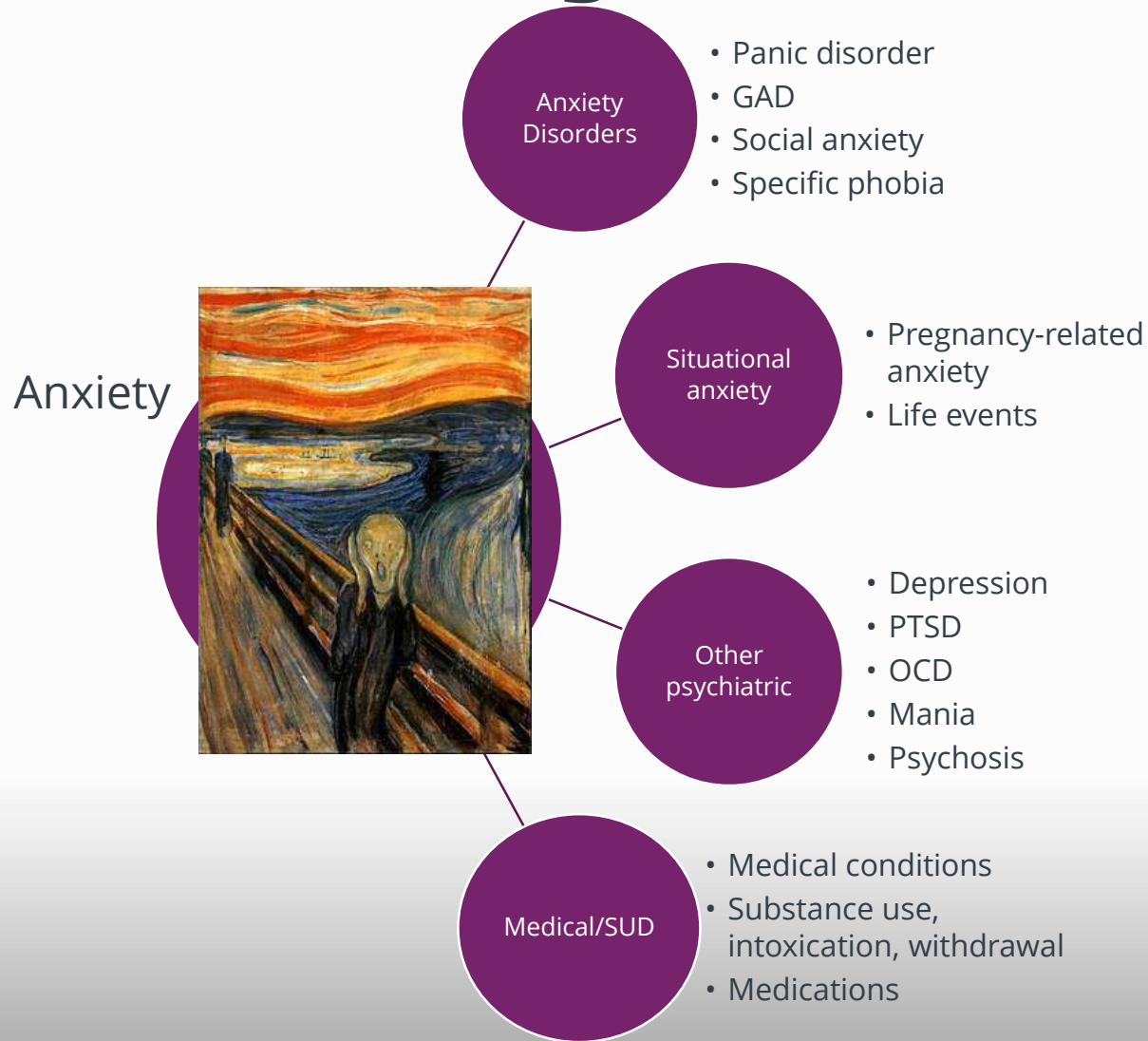
0-4 = minimal, 5-9 = mild, 10-14 = moderate, 15-21 = severe

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all ___ Somewhat difficult ___ Very difficult ___ Extremely difficult ___

Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. Arch Intern Med. 2006;166:1092-1097.

Differential diagnosis



Epidemiology

- Clinically significant anxiety
 - 13-21% in pregnancy, 11-17% postpartum
 - Perinatal depression and anxiety more common in people who are Black, Hispanic, low income
 - And less likely to receive treatment
 - COVID: Increases in clinically significant anxiety
 - 57% in one study
- Thorsness et al., 2018; Huggins et al., 2020; Lebel et al., 2020

Risks of untreated anxiety

- **Decreased placental blood flow**
- **Increased stress reactivity, HPA axis activation, cortisol levels**
- **Increased rates of preeclampsia, gestational HTN, 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**

• Williams and Koleva, 2018; Grigoriadis et al., 2018

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Tokophobia/pregnancy-related anxiety

- **Tokophobia = fear of childbirth**
- **14% of pregnant women**
- **Risk factors: history of anxiety/depression, lack of social support, past trauma, negative birth experiences**
- **Increased risk for requests for elective C-section, postpartum anxiety and depression**
- **Treatment**
 - Psychoeducation
 - Cognitive-behavioral therapy (CBT)
- **Broader concept of pregnancy-related anxiety**
 - Negative maternal and child outcomes
 - Rating scales available
 - Badaoui 2019; Bayrampour 2016; Blackmore 2016

SSRIs/SNRIs

- **Risks:**

- Persistent pulmonary hypertension of the newborn (PPHN: 2.9/1000 vs. 1.8/1000)
- Neonatal adaptation syndrome
- Gestational hypertension with venlafaxine

- **Which to prescribe:**

- Agent that has worked in the past
- **Otherwise, sertraline**
 - Lowest risk of PPHN
 - Low transmission in breast milk

Benzodiazepines in pregnancy

- **Withdrawal symptoms with rapid taper**
 - **Case reports of panic attacks, miscarriage**
- **Cleft lip/palate in 11:10,000 births (vs control rate of 6:10,000 births) – not seen in recent large databases**
 - **2019 systematic review and meta-analysis: No increased rate of malformations with BZs alone; ? Increase with antidepressant + BZ**
- **Higher rates of NICU admission (OR: 2.02, 95% CI: 1.11, 3.66) and small head circumference (OR: 3.89, 95% CI: 1.25, 12.03)**
- **Neonatal “floppy infant” – hypotonia, hypothermia, low APGAR scores, lethargy**
- **Neonatal withdrawal – hypertonia, tremors, hyperreflexia**
- **Longitudinal studies with child follow up to 8 years**
 - **No substantial increase in child fine motor and ADHD symptoms**
 - **Greater gross motor and communication deficits, but difference not clinically relevant**

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Benzodiazepines and Spontaneous Abortion

- **Spontaneous abortion (SA) in 12–15% of pregnancies**
- **Prospective studies of benzodiazepines as a class: 60% increased risk**
- **Nested case control study within the Quebec Pregnancy Cohort (442,066 pregnancies)**
 - SA: 375 (1.4%) with benzodiazepine (BZ) exposure in early pregnancy vs. 788 (0.6%) in 134,305 control pregnancies (adjusted OR, 1.85; 95%CI, 1.61-2.12)
 - Risk similar with short- vs. long-acting BZs
 - All BZs independently associated with increased risk of SA (range of adjusted ORs, 1.13-3.43).
 - Dose-response relationship
 - Sheehy et al., 2019

Benzodiazepines in lactation

Concerns about sedation,
poor feeding

Motherisk study:

- 124 women using benzodiazepines while breastfeeding
- 2 cases of CNS depression in infants (1.6%)
 - Kelly, 2012

Lorazepam – short-acting,
lower transmission into
breast milk



Other Anxiolytics

Medication	Pregnancy	Lactation
Hydroxyzine	240 exposures; no evidence of increase in malformations	Reports of infant sedation, irritability
Propranolol	± IUGR; neonatal bradycardia and hypoglycemia	23 exposures; low levels in milk; bradycardia, sedation in 2 infants exposed to multiple medications
Buspirone	Limited human data (3 case reports, 2 with malformations); no evidence of malformations in animals	Limited data (4 exposures); low levels in milk; seizures in one infant exposed to multiple medications
Gabapentin	No evidence of increase in malformations (about 300 exposures)	Limited data (9 exposures); RID 1-4%; no adverse effects
Pregabalin	>600 exposures; no increase in malformations with monotherapy	Limited data (11 exposures); RID 7-8%; no reports re effects on infants
Quetiapine	> 5000 exposures; no increased risk of malformations; neonatal syndrome	38 exposures; low levels in milk; RID<1%; one infant with sedation

Non-medication treatments

- **Education/information**
- **Psychotherapy**
 - CBT
 - Problem-solving, coping
- **Mindfulness, meditation**
- **Relaxation**
- **Yoga**



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Take home points

- **Perinatal anxiety disorders and pregnancy-related anxiety are common and are associated with adverse maternal and child outcomes**
- **Taper anxiolytics if not needed/indicated but do not abruptly discontinue benzodiazepines**
- **Lorazepam is benzodiazepine of choice in pregnancy and breastfeeding**
- **Avoid buspirone if possible**
- **Maximize use of non-medication interventions**

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Questions/contact information



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