PSYCHOLOGICAL PERSPECTIVES
PERINATAL ANXIETY DISORDERS

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OBJECTIVES

1. Overview of perinatal anxiety
2. Diagnostic criteria
3. Core processes
4. Psychological interventions
5. Screening and interventions
WHAT IS ANXIETY & WHY DOES IT MATTER?
• Anxious feelings versus Clinical Disorder

• Women 2x more likely than men
  • Most common mental illness (WHO)
  • Common complication of childbirth (10-20% experience depression or anxiety)
  • Anxiety more than TWICE as common as depression in postpartum period
IMPACT OF ANXIETY

• Pregnancy
  • Miscarriage
  • Pre-eclampsia
  • Pre-term delivery
  • Low birth weight
  • Negative birth experiences
  • Postpartum depression

• Parenting
  • Less skillful interactions
  • Less communication
  • Behaviorally inhibited

• Child Development
  • Impaired affect
  • Impaired behavioral regulation
  • 2x risk for ADHD
ANXIETY DISORDERS
CASE #1

35 year old, married female; postpartum from birth of second child

Presents as restless, jittery, does not sit still, hypervocal

Endorses excessive worry, feeling constantly on edge to the point of panic

  Certain her oldest child has brain cancer
  Concerned about bonding with infant because she is not as fearful about infant

Too anxious to take medications; fearful of unknown long-term impact on infant

  Also worried about “losing her edge”

Avoiding social situations for herself and oldest child, marital, parental, and work stress
GENERALIZED ANXIETY DISORDER

DISTINGUISHING FEATURE:  WORRY ABOUT EVERYTHING, “What if?”

- Excessive, difficult to control worry with functional impairment; duration of 6 months*
  - Recurrent, time-consuming, intrusive, and irrational quality
  - Irritability, tension, concentration difficulties, and sleep disruption

- Perinatal Themes: 1) maternal & fetal well-being, 2) home responsibilities/finances, 3) partner well-being

- Significant link with depression

- Strongest predictor for postpartum alcohol consumption (infant fears, body image)

- Excessive desire to control external environment
CASE #2

31 year old female
Pregnant with first child at initial appt
Discloses fearful, intrusive thoughts of having harmed someone
  Presents with driving, circles back to check
  Hoards items at home because of fearful she will find body parts
Postpartum symptoms impacted care of infant in NICU
  Prolonged leaving; fearful tubes strangling infant, breast milk contaminated; certain she has banged infant head while holding infant
OBSESSIVE-COMPULSIVE DISORDER

DISTINGUISHING FEATURE: RITUALISTIC BEHAVIORS

- Intrusive thoughts, fears, images ("scary movies") responded to by repetitive behaviors
  - Cannot control thoughts, horrified, guilt & shame
  - Minimum of 1 hour per day
- Perinatal OCD
  - Fear of contamination – baby will be harmed
  - Bathing baby, checking baby
- Prevalence
  - 2-3 in every 100 postpartum women
OBSESSIVE-COMPULSIVE DISORDER

- Intrusive Thoughts
  - 91% of new mothers
  - Continuum: reality-based worry to non-reality based obsessions

- Themes: suffocation/SIDS, accidents, intentional harm, losing baby, illness, unacceptable sexual thoughts, contamination
  - Mild distress = normative
  - Moderate to severe + avoidance = consider OCD
CASE #3

29 year old, female, currently pregnant with known history of abuse

- Anticipates c-section; fearful of male providers, number of people around, being restrained
- Hyperarousal with unknown, tearful when discussing trauma history and future fears, excessive desire to be in control

32 year old, female; urgent c-section for delivery complications, infant in NICU
Postpartum two months

- Frequent distressing thoughts, memories of delivery
- Depressed and anxious mood; difficulties sleeping, isolated
- Concerns about bonding with infant
POST-TRAUMATIC STRESS DISORDER

DISTINGUISHING FEATURE: SPECIFIC TRIGGERING EVENT, HYPERAROUSAL RESPONSE

• Exposure (history of trauma prior to pregnancy or result of traumatic birth experience)
  • Intrusive symptoms
  • Persistent avoidance of trauma stimuli
  • Negative cognitions or mood
  • Changes in arousal or reactivity
  • One month minimum

• Estimates vary greatly
  • 4-6% of pregnant women; may increase 1-6 months postpartum due to childbirth or sleep disruption
  • 18% experience a traumatic birth; 5.6% to 9% of these women develop PTSD

• Early Pregnancy Loss & PTSD
POSTPARTUM PTSD THEMES

- Perception of lack of care/respect by providers
  - Abandoned
  - Demoralized
  - Lack of support and assurance
  - Lack of continuity of care providers

- Poor Communication
  - Perceived lack of communication by medical staff
  - Feeling invisible

- Limited Individuation/Autonomy
  - Feeling powerless or out of control
  - Feeling actions done to vs with her – perceived lack of choice or consent
  - Minimized: “all that matters is your baby is healthy”
CASE #4

24 year old, married female
Currently pregnant with first child
Significant anxiety with history of panic attacks
  Works from home and needs to take FMLA weekly
  Will not leave home alone, does not drive
Fearful she will experience panic attacks and something dire will happen (stuck, lost, alone)
PANIC DISORDER

DISTINGUISHING FEATURE: **RECURRENT, UNEXPECTED PANIC**

- Recurrent, unexpected - abrupt surge of intense
  - Attacks followed by one month of persistent fear of another attack or persistent avoidance/behavior change

- Female gender effect: 1 to 2.3 ratio
  - Prevalence 5% pregnancy

- High rates of psychiatric comorbidity

- Three greatest fears: 1) dying, 2) losing control, 3) going crazy
CORE PROCESSES
FIGHT OR FLIGHT RESPONSE

Checking  Escape
Reassurance Seeking  Avoid
Dr. Google  Ruminate
Substance Use  Anxiolytics

High Anxiety = Behaviors = Feel Better/Safe/Calm/Okay
ALARM-BELIEF-COPING
ABC

ALARM
• Emotions
• Physical Sensations
• Situation
• Thought

BELIEF
• Previous experience, personal, or cultural background
• Dangerous
• Flood of details leads to catastrophic thinking

COPING
• Maladaptive
• Adaptive
MALADAPTIVE PROCESSES OF ANXIETY

• Future-oriented focus
  • "What ifs"

• Irrationally-based cognitions
  • Over-estimating Threat
    • Catastrophizing
    • Jumping to conclusions
  • Underestimating Coping
MALADAPTIVE PROCESSES OF ANXIETY

- Over-valuing Thoughts & Feelings
  - Probability Bias
  - Morality Bias
- Control-based behavior
  - Avoidance
  - Neutralization
PSYCHOLOGICAL TREATMENT INTERVENTIONS
• Cognitive-Behavioral
  • Greatest empirical support; stands with SSRIs as first-line treatment
  • Directive, collaborative with clear goals
  • Develop adaptive ways to reduce alarm, modify beliefs, and promote healthier coping responses
  • Mild to moderate antenatal anxiety significantly decreased and sustained into postpartum period

• Mindfulness & Acceptance-based (“Third-Wave”)
  • Separate/de-identify with thoughts & feelings
  • Value-driven behavior
  • Perinatal mindfulness —reduces negative affect, anxiety, and stress; increases self-compassion
MIND-BASED STRATEGIES

• Mindfulness Practices
  • Present-Focus
  • Defusion from thoughts

• Decatastrophizing

• Cognitive Restructuring

• Natural v. Toxic v. Sacred Anxiety (Robert Gerzon)
BODY/BEHAVIOR-BASED STRATEGIES

- Acceptance practices
- Exposure
- Distress Tolerance
- Relaxation Strategies (goal is not control!)
- Value-oriented Action
SCREENING
RISK FACTORS

• Sociodemographic
  • Unmarried
  • Low income
  • Low educational attainment
  • Younger age

• Psychological
  • Current or history of depression or anxiety
    • Especially if discontinued medications
  • Quality of relationships

• Environmental
  • Stressors outside of one’s control
    • NICU
    • Breastfeeding
• Systematic screening detects symptoms early for better management

• Psychosocial Questions
  • Do you worry so much it affects your day-to-day life?  
  • Have you previously had treatment for anxiety/depression?  
  • Do you have concerns about amount of anxiety you’ve been experiencing?
  • Have you been especially nervous, on edge, or fearful?  
  • Does anyone in your family have history of anxiety?

• Self-Report Measures
Edinburgh Postnatal Depression Scale

In the past 7 days:

1. I have been able to laugh and see the funny side of things
   - As much as I always could
   - Not quite so much now
   - Definitely not so much now
   - Not at all

2. I have looked forward with enjoyment to things
   - As much as I ever did
   - Rather less than I used to
   - Definitely less than I used to
   - Hardly at all

3. I have blamed myself unnecessarily when things went wrong
   - Yes, most of the time
   - Yes, some of the time
   - Not very often
   - No, never

4. I have been anxious or worried for no good reason
   - No, not at all
   - Hardly ever
   - Yes, sometimes
   - Yes, very often

5. I have felt scared or panic for no very good reason
   - Yes, quite a lot
   - Yes, sometimes
   - No, not much
   - No, not at all

6. Things have been getting on top of me
   - Yes, most of the time I haven’t been able to cope at all
   - Yes, sometimes I haven’t been coping as well as usual
   - No, most of the time I have coped quite well
   - No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping
   - Yes, most of the time
   - Yes, sometimes
   - Not very often
   - No, not at all

8. I have felt sad or miserable
   - Yes, most of the time
   - Yes, quite often
   - Not very often
   - No, not at all

9. I have been so unhappy that I have been crying
   - Yes, most of the time
   - Yes, quite often
   - Only occasionally
   - No, never

10. The thought of harming myself has occurred to me
    - Yes, quite often
    - Sometimes
    - Hardly ever
    - Never

0 to 3 points/item, 10+ is probable Postpartum Depression.


Not diagnostic
Initial, 26 weeks, and postpartum visits
Overall score for depression
Questions 3, 4, and 5 for anxiety
Subscale range 0-9
Probable anxiety disorder is 6
HELPFUL PRACTICES

- Assess all women; standard screening practices
- Conduct careful histories – personal and family mood history, birth-related fears, previous birth experiences
- Normalize symptoms and potential likelihood of perinatal mood symptoms
- Explain observations and diagnosis being considered; validate that it is a real condition
- Psychoeducation and self-care
- Community resources
- Discuss treatment options and referrals
  - Medications
  - Psychotherapy
TAKE HOME POINTS

• Anxiety is common disorder for women, especially during reproductive periods.

• While there are notable differences between anxiety disorders, there is often overlap between symptoms. Treatment addressing the underlying core processes is key.

• All women should be screened at multiple time points during the perinatal period and offered treatment.

• Psychological interventions address present-focus awareness, realistic/balanced cognitions, and acceptance-based strategies.
QUESTIONS?