


NHS Fife Department of Psychology

A photograph of a green tree with dense foliage, set against a clear blue sky. The tree is positioned on the left side of the page, partially overlapping the blue background of the title section.

# Anxiety during Pregnancy (Antenatal Anxiety)

Help Yourself @ [moodcafe.co.uk](http://moodcafe.co.uk)



## Anxiety during Pregnancy (Antenatal Anxiety)

This leaflet aims to give you **information** about **anxiety during pregnancy** (also known as Antenatal Anxiety).

If you are struggling with Antenatal Anxiety it is important to tell your GP, Midwife or Health Visitor about how you are feeling. You may decide you need more support and want to be referred to a therapist. Your GP, Midwife or Health Visitor will be able to arrange this for you.

Anxiety during pregnancy (Antenatal Anxiety) is just as common as Antenatal and Postnatal Depression, but is far less well known. It is thought that more than *one in ten women* struggle with symptoms of anxiety during pregnancy. People often expect mother's-to-be to see pregnancy as a time of joy and they expect them to feel "blooming". Or if you try to talk about your worries, people might say "Don't worry; it's just your hormones!" This type of response from others can make it more difficult for you to admit that there is a problem.

It is perfectly normal to feel some anxiety during pregnancy. Whether you have had children before or not, pregnancy is a time of change and adjustment for you and your family. There are many normal worries around at this time. For example, it is very common for expecting mothers to worry about things like the health of the unborn baby,

childbirth, and how they will cope after the birth. These worries can be heightened if the pregnancy was unplanned or if you do not have a partner or family for support.

That being said, if your level of anxiety seems to be more than just the normal worries described above; or if you experience frequent symptoms of anxiety in situations that should not normally be anxiety provoking; or if your anxiety is significantly affecting your day-to-day life, then you may have an anxiety problem.

## How to recognise anxiety?

Common symptoms of anxiety include: difficulty relaxing, butterflies in the stomach, shakiness, palpitations (heart beating quickly), difficulty breathing, feeling faint, tense muscles, excess sweating or blushing, needing to go to the toilet more often, panic attacks, worrying thoughts that seem out of proportion, feelings of fear, avoidance of situations that make you anxious.

Many people become frightened of their anxiety symptoms and worry that they are going to have a heart attack or faint. It is important that you understand what anxiety is and that you can, in fact, learn to control your anxiety symptoms once you understand what it is.

## What is anxiety?

*Anxiety is a normal healthy reaction.* It happens to everyone in times of danger or in worrying situations. When you are anxious, your body system speeds up. In certain circumstances this can be an advantage (e.g. if you are in danger). It means you are ready for action and enables you to respond quickly if necessary.

*Anxiety and your body.* When we feel anxious a chain of automatic responses happen in our bodies, which prepare us for action. This is called the “fight or flight” response and can be traced back to our evolutionary past. Imagine the primitive caveman threatened by a wild animal. He needs to be prepared for vigorous action: either to fight or run away from the threat. We still possess this survival reaction although nowadays it is often triggered by situations that are not actually life threatening.

The physical symptoms of anxiety include: difficulty relaxing, butterflies in the stomach, shakiness, palpitations (heart beating quickly), difficulty breathing, feeling faint, tense muscles, excess sweating or blushing, needing to go to the toilet more often.

When a person anticipates or encounters a dangerous situation a hormone called “adrenaline” is automatically released into the bloodstream. This causes a number of changes in our body which are designed to prepare us to respond to the danger (i.e. by fighting or running away). Our breathing rate increases because we need more oxygen in the body in preparation for increased physical activity. Our heart rate increases to pump the additional oxygen and adrenaline round the body quickly. With all this increased activity, our bodies’ heat up so we sweat more, which is how the body cools itself down when it is overheating. We need to go to the toilet more frequently and the function of this is to eliminate excess weight so that we can be ready for action. In other words, these changes are anxiety symptoms. Anxiety symptoms are the body’s automatic response to being in a threatening situation, and are designed to prepare us to fight the perceived danger or run away from it. The problem is that sometimes the fight flight response switches on in situations that are not actually physically dangerous. When the fight flight response switches on in a normal situation, such as in the supermarket, or in a meeting with someone, it can become problematic.

*Disturbing thoughts.* Very often when people have bouts of anxiety they experience disturbing thoughts. For example, they may think something terrible is going to happen, that they will lose control, or that they will somehow embarrass themselves in front of other people. Many people are unaware that they are having these thoughts until they begin to look out for them. These thoughts tend to be very negative and make you feel more anxious or frightened. They are not useful or even true and once you begin to recognise this type of thoughts you can learn to challenge them. Concentrating on what is actually happening rather than what you think might happen will help you feel less anxious.

*Avoidance behaviour.* The most common method of coping with anxiety is to avoid situations that make us feel anxious. This may seem like a good solution in the short term, but it is not a good long term solution because the more you avoid a situation or problem, the more frightening it then becomes and the harder it is to face up to the future. Many anxious people fear that if they put themselves in the feared situation then something dreadful would happen. They often fear that they would “crack up”, collapse or have a heart attack. In fact, what usually happens when the person faces their fear is that although they may become anxious initially, the anxiety reaches a peak and then fades away. Facing up to the feared situation is called “exposure”. Over time, repeated exposure has the effect of lessening the fear.

## Other types of anxiety problems

There are different types of anxiety problems. The most common ones include: “panic attacks”, “obsessive compulsive disorder” “phobias” and “post traumatic stress disorder”. These are not discussed in detail in this leaflet. You will find separate leaflets about these at [www.moodcafe.co.uk](http://www.moodcafe.co.uk).

### *Panic Attacks*

Panic Attacks are a common type of anxiety problem. When someone has a panic attack they experience a sudden onset of anxiety symptoms as detailed above (i.e. difficulty breathing, chest pain, hot and cold flushes, feeling numb, palpitations, trembling, feeling faint). The person often thinks that something awful is going to happen which can feel very frightening, and this in turn causes the anxiety symptoms to get worse. People who have panic attacks often come to fear the panic attack itself and can begin to avoid situations that they think might induce a panic attack.

Remember panic attacks happen because you have perceived a normal situation as being dangerous and your body has switched on the fight flight response to try and help you. It is important to remember that the symptoms of a panic attack are not dangerous and there are a number of ways that you can overcome them. Frightening thoughts, such as “I’m having a heart attack”; “Who will call an ambulance?”; “I’m going to collapse”, will make the anxiety worse.

## ***Obsessive Compulsive Disorder (OCD)***

When someone has OCD they experience “obsessions” and “compulsions”.

*Obsessions* are unpleasant, anxiety provoking thoughts, ideas or images that come to mind when we don't want them to and won't go away. The person knows that the thoughts make no sense but they somehow cannot stop them. Many things can trigger these obsessions, and they usually leave the person feeling very anxious, uncomfortable or frightened.

*A Compulsion* is behaviour performed in an attempt to “put right” the obsessive thought. Sometimes the behaviour performed is quite irrational (and the OCD sufferer recognises this) such as such as repeatedly checking if doors are locked, strict cleaning routines. However, sometimes the compulsion is not something that they do but is something they repeat in their mind such as counting up odd numbers or saying particular words over and over in their mind. Often the compulsion is closely related to the obsessional thought such as washing their hands many times to avoid thoughts of contaminating their baby. Most people who have OCD know that their compulsions are unreasonable and “over the top” but they often feel unable to control their thoughts or change their behaviour.



It is quite common for OCD to develop (or worsen) around the antenatal or postnatal period. One of the reasons for this is that the increase in responsibility for the new baby can lead some parents to feel very anxious. Obsessive routines (such as repeated checking or cleaning) can become their way of reducing this anxiety in the short term. Over time, however, these routines make things worse and just add to the stress because the parent finds it difficult to stop the routines and it can begin to significantly interfere with their day to day life.

### *Phobias*

When someone has a phobia, it means that they have an uncontrollable and irrational fear of a specific object or situation. Because of their fear they try hard to avoid the object or situation that frightens them, which in fact makes their fear even stronger.

**If you have a phobia that is affecting your health care during pregnancy, such as a fear of needles or childbirth then it is important that you seek help as soon as possible.** There is a separate leaflet on 'Needle Phobia' at [www.moodcafe.co.uk](http://www.moodcafe.co.uk).

Other common phobias include:

- Agoraphobia - fear of public places, e.g. buses, shops
- Social phobia - fear of social situations, e.g. meeting people
- Specific phobias - fear of a specific thing, e.g. birds, wasps
- Height phobia - fear of heights, e.g. tall buildings, bridges
- Claustrophobia - fear of enclosed spaces, e.g. lifts

### *Post Traumatic Stress Disorder*

Post traumatic stress disorder (PTSD) is a specific anxiety problem which can occur after a person experiences, or sees, a traumatic event, or series of traumatic events. A traumatic event is one that makes a person feel that their own life, or the lives of other people, is in serious danger. In some cases, this can include a traumatic birth experience.

Features of PTSD include:

- Re-experiencing the traumatic event (thoughts or memories of the event(s) pop into their head, nightmares, vivid mental pictures or 'flashbacks' of the event(s) and feeling very anxious or upset when reminded of the event(s).
- Avoiding anything to do with the event(s)
- Symptoms of increased anxiety
- Unusual emotions and feelings (losing interest in activities that you used to enjoy, being very alert to possible dangers, carrying out unnecessary safety checks, being 'wary' of others, feeling numb, feelings of guilt and self blame, irritability)

## Getting help with anxiety

Suffering from an anxiety condition is nothing to be ashamed of or embarrassed about. It can sometimes be hard for friends and family to accept that sufferers have a “real” problem. But overcoming anxiety is not simply a matter of “pulling yourself together”. There is a list of books and websites at the end of this leaflet that can advise you on things to try yourself as a first step to overcoming your anxiety.

Additionally, there are a number of more specific self help leaflets at [www.moodcafe.co.uk](http://www.moodcafe.co.uk) which provide more information about the anxiety problems described in this leaflet. You may find it particularly helpful to look at the following ones:

- Relaxation
- Coping with Panic Attacks
- Dealing with Worry
- Obsessive Compulsive Disorder
- Facts about Phobias
- Post Traumatic Stress Disorder

If you feel that you need more help, speak to your Midwife, GP, Practice Nurse or Health Visitor. Women often feel ashamed or embarrassed about having negative feelings during pregnancy, or worry that they will be seen as an unfit mother. In fact, professionals would prefer that you to tell them about any problems, rather than waiting until they become more severe. You will not be condemned as an unfit mother, nor will your child be taken away from you. Your health professional will be able to offer advice and reassurance and, if necessary, can refer you to the Clinical Psychology Department. You will then be offered an appointment with a psychologist or therapist attached to your GP Surgery. She or he will help you learn the skills you need to overcome your anxiety problem. If you have a bad experience opening up to a professional, don't give up – try to speak to someone else. There is support and help out there for you.

## Further help

### Useful websites:

The following websites are mostly aimed at women with postnatal difficulties but much of the information is still relevant during the antenatal period:

#### **Postnatal Depression- PND Productions**

<http://www.postnataldepression.com/>

#### **Postnatal Illness Org UK:**

<http://www.pni.org.uk/>

This is written by women who have suffered or are suffering from postnatal (and antenatal) illness, and gives useful accounts based on people's own experiences. However, a word of caution - as this has not been written by medical professionals, some of the factual information may not always be entirely accurate so check anything you are not sure about with your GP or midwife.

**The following websites are interactive websites which use cognitive behavioural techniques to help you work through your problems online:**

[www.moodjuice.scot.nhs.uk](http://www.moodjuice.scot.nhs.uk)

This site is designed to help you think about emotional problems and work towards solving them

[www.moodgym.anu.edu.au](http://www.moodgym.anu.edu.au)

An excellent site that helps you to identify problem emotions and develop better coping skills. The site is very informative and is fun to use and good for all ages. (Australian)

[www.livinglifetothefull.com](http://www.livinglifetothefull.com)

This is an online cognitive behavioural therapy programme for people with anxiety or depression and includes: Understanding why we feel as we do / Practical problem solving skills / Using Anxiety Control Training relaxation / Overcoming Reduced activity / Helpful and Unhelpful behaviours / Using Medication effectively / Noticing unhelpful thoughts / Changing unhelpful thoughts / Healthy living - sleep, food, diet and exercise / Staying well.

## Other websites you may find helpful:

### Living in Fife:

<http://www.livinginfife.scot.nhs.uk>

The Living in Fife Website has been designed specifically for people living in Fife. It provides both local and national information about support services.

### Scottish Marriage Care:

<http://www.scottishmarriagecare.org/>

Scottish Marriage Care provides relationship counselling to couples and individuals all over Scotland.

### Relationships Scotland:

<http://www.relationships-scotland.org.uk/index.shtml>

Relationships Scotland offer confidential relationship counselling and sexual therapy for couples and individuals.

**NHS 24:** [http://www.nhs24.com/content/default.asp?page=s5\\_4&articleID=429](http://www.nhs24.com/content/default.asp?page=s5_4&articleID=429)

This provides good clear information about the symptoms, causes, diagnosis, and treatment of postnatal depression.

## Useful Self Help Books:

The following books should be available in all Fife libraries or can be purchased from most good book stores. A number of the books below are part of the book prescription scheme. This means that your GP or Midwife can 'prescribe' you a self help book which you can then get from your local library. Further details are available on [www.moodcafe.co.uk](http://www.moodcafe.co.uk).

Baker, R. (2003) *Understanding Panic Attacks & Overcoming Fear*. Lion Publishing.  
ISBN: 0745951236

Bourne, E. J. (2001) *The Anxiety and Phobia Workbook*, 3rd Edition. New Harbinger Publications. ISBN: 1567310745 Available as a book prescription

Butler, G. and Hope, T. (1995) *Manage your mind: The mental fitness guide*. Oxford.  
ISBN: 0192623834 Available as a book prescription

Goldman, C. and Babior, S. (1995) *Overcoming Panic, Anxiety and Phobias: New Strategies to Free Yourself from Worry and Fear*. Whole Person Associates, ISBN: 1570250723 Available as a book prescription

Jeffers, S. (1987) *Feel the Fear and Do It Anyway*. Harcourt Brace Jovanovich. (reprinted 2004) ISBN: 0151305595 Also available in audio format



Silove, D. (2001) *Overcoming Panic*. Robinson. ISBN: 1854877011 Available as a book prescription

Trickett, S. (1992) *Coping Successfully with Panic Attacks*. Sheldon Press.  
ISBN: 0859696464

## Telephone Helplines:

The following organisations and help lines may also be useful:

**Breathing Space** – mental health helpline

(Mon – Thurs: 6pm-2am, Fri – Mon: 6pm-6am) Tel: 0800 83 85 87

**CRUSE Bereavement Care Scotland** - help line for bereaved people and those caring for bereaved people

National Tel: 0845 600 2227

**National Debt Helpline** – help for anyone in debt or concerned they may fall into debt

(Mon - Fri: 9am-9pm, Sat: 9.30am-1pm) Tel: 0808 808 4000

**Samaritans** – confidential support for anyone in a crisis

24 hours Tel: 08457 90 90 90

Textphone: 08457 90 91 92

Visit [moodcafe.co.uk](https://moodcafe.co.uk)  
for more helpful resources

