

Perinatal Anxiety Symptoms

Setting: **Inpatient** Population: **Adult, Obstetrics** Keywords: **obsessive, compulsive, pregnancy, panic, phobia, anxious**

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Clinical Description

Care of the hospitalized perinatal patient experiencing symptoms of, or diagnosed with anxiety, panic, phobia or obsessive-compulsive disorder.

Key Information

- Postnatal anxiety has not been found to contribute to maternal abusive behaviors. Mothers who present with excessive worries may develop a fear of harming their babies, however, they most often do not engage in actual abusive behavior.
 - Anxiety disorders are frequently concomitant with mood disorders; therefore, screening for both with a validated tool is recommended. When left untreated, perinatal mood disorders can have profound adverse effects on women and their children.
 - There is significant stigma and guilt associated with mental health issues for mothers. Providing information about the prevalence and treatability of perinatal anxiety is important.
 - Certain medications, such as benzodiazepine and valproate, should be avoided during pregnancy and breastfeeding.
 - Hyperthyroidism can be a precipitating factor for postpartum-onset anxiety disorders and should be ruled out as a cause.
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Clinical Goals

By transition of care

A. The patient will demonstrate achievement of the following goals:

- Anxiety Symptom Reduction

B. Patient, family or significant other will teach back or demonstrate education topics and points:

- Education: Overview
- Education: Self Management

- Education: When to Seek Medical Attention

Correlate Health Status

Correlate health status to:

- history, comorbidity
- age, developmental level
- sex, gender identity
- baseline assessment data
- physiologic status
- response to medication and interventions
- psychosocial status, social determinants of health
- barriers to accessing care and services
- health literacy
- cultural and spiritual preferences
- safety risks
- family interaction
- plan for transition of care

Perinatal Anxiety Symptoms

Signs/Symptoms/Presentation

- acting out
- anger
- apprehension
- crying
- disorganized thought
- concentration impaired
- doubts regarding ability to care for child
- excessive worry about infant safety/wellbeing

- excessive worry about performance as mother
- fear
- feels overly anxious about the infant
- hypervigilance
- increased dependence
- irritability
- feeling overwhelmed
- racing thought
- regressive behavior
- restlessness
- sense of impending doom
- social withdrawal

Somatic Symptoms

- appetite change
- dizziness
- dry mouth
- muscle tension
- shortness of breath
- skin rash
- sleep disturbance
- urinary frequency
- urinary urgency

Problem Intervention(s)

Promote Anxiety Reduction

- Maintain a calm and reassuring environment; minimize noise; provide familiar items; cluster care; offer choices.
- Support expression and identification of feelings and worries; compassionately acknowledge and validate concerns.
- Utilize anticipatory guidance to enhance sense of control and optimism about treatment.
- Encourage activities that promote self-care, such as a healthy diet, sleep/rest and minimal caffeine.

- Utilize existing coping strategies and assist in developing new strategies (e.g., music, deep breathing, relaxation techniques, massage, meditation, mind-body techniques).
- Identify thoughts and feelings that led to current anxiety onset to enhance understanding of triggers.
- Reframe anxiety-provoking situations; provide a new perspective; engage in problem-solving.
- Consider psychiatry consult for biopsychosocial consultation and medication evaluation; anticipate need to initiate or continue pharmacologic therapy.
- Establish or reconnect linkage with outpatient mental health providers and community-based services for support and treatment.

Promote Parent and Infant Attachment

- Encourage seeing, touching, holding, skin-to-skin contact and response to infant cues.
- Provide opportunities to participate in infant care, such as feeding, bathing, decision-making and presence of personal items (e.g., blanket, family photo).
- Encourage support system presence and participation.
- Advocate for continuity of care to promote trusting relationship; provide a consistent role model for positive parenting behaviors.
- Monitor emotional status and maternal-infant interaction with ongoing assessment.
- Support and assist if mother wishes to breastfeed and current medication is considered safe for infant.

Associated Documentation

- Family/Support System Care
- Supportive Measures

Associated Documentation

- Parent/Child Attachment Promotion

General Education

- admission, transition of care

- orientation to care setting, routine
 - advance care planning
 - diagnostic tests/procedures
 - opioid medication management
 - oral health
 - medication management
 - pain assessment process
 - safe medication disposal
 - tobacco use, smoke exposure
 - treatment plan
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Safety Education

- call light use
 - equipment/home supplies
 - fall prevention
 - harm prevention
 - infection prevention
 - MDRO (multidrug-resistant organism) care
 - personal health information
 - resources for support
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Education: Overview

- risk factors
 - signs/symptoms
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Education: Self Management

- coping strategies
 - self-care
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Education: When to Seek Medical Attention

- unresolved/worsening symptoms
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Population-Specific Considerations

Pregnancy

- Anxiety disorders may result in increased uterine artery resistance, which can negatively affect fetal blood flow.
- Maternal stress can directly affect fetal heart reactivity.
- Potential development of preeclampsia is of concern.
- Risk of preterm labor and delivery is increased.

Postpartum

- Breastfeeding is encouraged. The type of maternal medication should be reviewed for safety in breastfeeding. There are certain medications that are not recommended during pregnancy or for breastfeeding mothers (e.g., carbamazepine, valproate).
- The amount of medication found in breast milk is dependent on the specific medication.

Fetal/Infant

- Fetal and infant considerations include increased risk for prematurity and low birth weight, as well as potential effects from maternal medications (e.g., neonatal adaptation syndrome, pulmonary hypertension, cardiac anomalies).

Children

- Potential long-term consequences for children may include emotional, behavioral and cognitive impairment, as well as an increased risk for developing mental illness.
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