

Panic Disorder

Information for women who have panic disorder during pregnancy or breastfeeding

The information provided below is for readers based in the United States of America. Readers outside of the United States of America should seek the information from local sources.

What is panic disorder?

Panic disorder (PD) is a type of [anxiety](#) disorder that features uncontrolled worrying or feelings of nervousness and restlessness. There are also physical symptoms such as rapid heartbeat ([tachycardia](#)), gastrointestinal upset, tremors, breathing difficulty, shakiness, dizziness, excessive sweating, or cold hands and feet. Other anxiety disorders that may affect a pregnant woman include generalized anxiety disorder (GAD), [obsessive-compulsive disorder](#), phobias, [social anxiety](#) disorder, and post-traumatic stress disorder.

How common is panic disorder in pregnancy?

PD is fairly common as it develops in approximately 1.5-2.5 percent of pregnancies.

How is panic disorder diagnosed?

PD is a clinical diagnosis, meaning that it is diagnosed based on your medical history and physical examination, and other complaints that are assessed during a patient interview. Mental health care providers can interpret the findings using any of a handful of diagnostic tools to arrive at a diagnosis. One such tool consists of diagnostic criteria provided in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-V). Specifically, the examiner will be looking to see if you experience several of the following symptoms: Palpitations or sensations of a rapid heartbeat, trembling, sweating, shaking, shortness of breath, feelings of choking, chest pain or discomfort, abdominal distress, fainting, dizziness, or lightheadedness, feelings of being detached from yourself, fear of losing control or that you are going mad, hot flashes or chills, numbness or tingling, or fear of dying. All of this is, of course, when you have no evidence that the symptoms are caused by a heart condition or any other physical problem.

Does panic disorder cause problems during pregnancy?

In addition to PD symptoms, such as feelings of your heart racing, breathing issues, abdominal distress, and feelings of being out of control, PD may worsen the physical discomforts of pregnancy. It's possible that panic disorder can even trigger [spontaneous abortion](#) (miscarriage) or premature labor.

Furthermore, pregnancy and the time just before and after birth can exacerbate GAD that was present prior to pregnancy.

Does panic disorder cause problems for the baby?

PD may possibly trigger premature birth, or spontaneous abortion (miscarriage) especially if you have medical conditions other than PD.

What to consider about taking medications when you are pregnant:

- The risks to yourself and your baby if you do not treat the PD
- The risks and benefits of each medication you use when you are pregnant
- The risks and benefits of each medication you use when you are breastfeeding

What should I know about using medication to treat panic disorder during pregnancy?

The principal medications for PD consist of selective serotonin reuptake inhibitors ([SSRIs](#)), serotonin and norepinephrine reuptake inhibitors (SNRIs), and [benzodiazepines](#). Benzodiazepines can cause certain birth defects if given during the first trimester, but since they are potentially very addictive, they are used only in the very short term. There is no strong evidence suggesting that SSRIs are harmful during pregnancy or breastfeeding.

Who should NOT stop taking medication for panic disorder during pregnancy?

Since PD can provoke premature delivery, or even spontaneous abortion (miscarriage), treatment should be continued. You and your doctor may decide to try tapering down the usual dose to see how low a dose you can tolerate without your anxiety returning.

What should I know about choosing a medication for panic disorder in pregnancy?

You may find Pregistris expert reports about the individual medications to treat PD [here](#). Additional information can also be found in the sources listed at the end of this report.

What should I know about taking a medication for panic disorder when I am breastfeeding?

There is no strong evidence suggesting that SSRIs are harmful during pregnancy or breastfeeding.

What alternative therapies besides medications are there to treat panic disorder during pregnancy?

PD can be treated with psychotherapy, particularly cognitive-behavioral therapy. During this process, medications can play a supportive role.

What can I do for myself and my baby when I have panic disorder during pregnancy?

Mental health conditions should be managed with the same seriousness as we approach any other medical conditions. If you have PD, there are serious symptoms that can have negative consequences for you and your baby. Therefore, you must balance realistically the risks of drug treatment versus the risks of no drug treatment. Taking a stress reduction class and yoga or any other prenatal exercise class can help keep you calmer overall so that you are less likely to have a panic attack. Regular exercise and relaxation are good for any pregnant mom!

Resources for panic disorder during pregnancy:

For more information about **panic disorder** during pregnancy, contact <http://www.womenshealth.gov/> (800-994-9662 [TDD: 888-220-5446]) or read the following articles:

- Mayo Clinic: [Panic Disorder and Panic Attacks](#).
- Psychiatric times: [Panic Disorder and Pregnancy](#)

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General information

It is very common for women to worry about having a miscarriage or giving birth to a child with a birth defect while they are pregnant. Many decisions that women make about their health during pregnancy are made with these concerns in mind.

For many women these concerns are very real. As many as 1 in 5 pregnancies end in a miscarriage, and 1 in 33 babies are born with a birth defect. These rates are considered the background population risk,

which means they do not take into consideration anything about the health of the mom, the medications she is taking, or the family history of the mom or the baby's dad. A number of different things can increase these risks, including taking certain medications during pregnancy.

It is known that most medications, including over-the-counter medications, taken during pregnancy do get passed on to the baby. Fortunately, most medicines are not harmful to the baby and can be safely taken during pregnancy. But there are some that are known to be harmful to a baby's normal development and growth, especially when they are taken during certain times of the pregnancy. Because of this, it is important to talk with your doctor or midwife about any medications you are taking, ideally before you even try to get pregnant.

If a doctor other than the one caring for your pregnancy recommends that you start a new medicine while you are pregnant, it is important that you let them know you are pregnant.

If you do need to take a new medication while pregnant, it is important to discuss the possible risks the medicine may pose on your pregnancy with your doctor or midwife. They can help you understand the benefits and the risks of taking the medicine.

Ultimately, the decision to start, stop, or change medications during pregnancy is up to you to make, along with input from your doctor or midwife. If you do take medications during pregnancy, be sure to keep track of all the medications you are taking.