

## When to seek therapy during pregnancy



### **Pregnancy can affect mental health in real and treatable ways**

Pregnancy changes the body's endocrine, immune, metabolic, and sleep systems. These changes occur alongside psychological tasks: adjusting identity, preparing for birth, renegotiating relationships, and making decisions about work, finances, family involvement, and infant care. For some people, these demands remain manageable. For others, they contribute to clinically significant distress.

Perinatal mental health concerns include depression, anxiety disorders, obsessive-compulsive symptoms, post-traumatic stress symptoms, eating disorder relapse, substance use concerns, and, rarely, severe conditions such as psychosis. A previous mental health condition can recur or intensify during pregnancy, but symptoms can also appear for the first time.

Therapy is one way to reduce suffering and improve functioning. It can help you recognize patterns, regulate anxiety, process trauma, strengthen communication, and make a plan for the postpartum period. In some cases, therapy is used alone; in others, it is combined with medication, social support, safety planning, or specialist perinatal psychiatric care. These decisions should be individualized with qualified clinicians.

## **Seek therapy if low mood or anxiety is persistent or worsening**

Many pregnant people experience transient tearfulness, worry, or irritability. However, support is recommended when symptoms are intense, do not improve, or interfere with daily life. The National Institute of Mental Health notes that perinatal depression can involve sadness, anxiety, or exhaustion that makes it difficult to complete daily care activities, and it advises evaluation by a healthcare provider when symptoms suggest depression. Symptoms that are severe or last longer than two weeks deserve attention.

Consider therapy or a clinical assessment if you notice:

Persistent sadness, hopelessness, guilt, or worthlessness.

Excessive worry, panic attacks, intrusive fears, or inability to relax.

Loss of interest or pleasure in activities that normally matter to you.

Marked irritability, anger, emotional numbness, or feeling detached from the pregnancy.

Sleep or appetite changes that are not explained only by pregnancy discomfort.

Difficulty concentrating, making decisions, attending appointments, working, or caring for yourself.

You do not need to decide whether you have a specific diagnosis before asking for help. A therapist, obstetric clinician, midwife, or primary care professional can help determine whether symptoms fit a perinatal mood or anxiety disorder, an adjustment reaction, trauma-related distress, or another medical or psychological condition.

## **Seek therapy when worry becomes hard to control**

Pregnancy often brings understandable concerns about miscarriage, fetal development, labor, pain, parenting, and medical tests. Therapy may be helpful when worry becomes repetitive, disproportionate, physically activating, or difficult to interrupt. Some people describe "what if" thoughts that run for hours, repeated reassurance-seeking, avoidance of normal activities, or panic symptoms such as palpitations, shortness of breath, trembling, or dizziness.

It is also important to recognize intrusive thoughts. These may be unwanted,

distressing images or fears that feel alien to your values. Intrusive thoughts can occur in anxiety and obsessive-compulsive presentations and are not the same as intent to act. Still, because they can be frightening and exhausting, they are a valid reason to seek professional support. A clinician can assess risk sensitively and help you find appropriate care.

Cognitive behavioral therapy, often called CBT, is commonly used to address anxiety and depressive symptoms by identifying unhelpful thought-behavior cycles and building coping skills. Interpersonal therapy, or IPT, focuses on role transitions, grief, conflict, and social support, which can be especially relevant in pregnancy. These therapies are not about being told to "think positive"; they are structured, collaborative approaches to reducing distress and improving function.

### **Seek support if pregnancy triggers trauma, grief, or relationship strain**

Therapy can be appropriate even when symptoms do not fit neatly into depression or anxiety. Pregnancy may reactivate memories of previous pregnancy loss, infertility treatment, birth trauma, sexual trauma, childhood adversity, domestic abuse, medical trauma, or earlier psychiatric illness. Body changes, pelvic exams, genetic screening, hospital environments, and loss of control can all be triggering.

You may benefit from therapy if you feel persistently unsafe in your body, avoid prenatal care because it feels overwhelming, experience flashbacks or nightmares, or feel emotionally flooded before appointments. Trauma-informed therapy can help with grounding, planning for medical visits, consent-focused communication, and birth preferences that support psychological safety.

Relationship strain is another common reason to seek help. Pregnancy can intensify conflict about money, sex, parenting roles, extended family, substance use, or division of labor. Individual therapy, couples therapy, or family-based support may help clarify needs and reduce escalation. If there is coercion, intimidation, physical violence, reproductive control, or fear of a partner, tell a healthcare professional privately if possible and ask about local domestic abuse resources and safety planning.

### **Seek therapy if symptoms affect prenatal care or daily functioning**

A practical threshold for seeking therapy is impairment: when emotional distress changes what you can do. This may include missing prenatal appointments, struggling to eat or hydrate adequately, being unable to work or rest, withdrawing from supportive people, using alcohol or drugs to cope, or feeling unable to prepare for the baby in any meaningful way.

Functioning can also be affected by medical complications such as hyperemesis gravidarum, gestational diabetes, hypertensive disorders, fetal anomalies, recurrent bleeding, preterm birth risk, or hospitalization. These experiences can produce understandable anxiety and grief. Therapy does not erase the medical problem, but it can help you tolerate uncertainty, communicate with clinicians, and make decisions under stress.

The NHS advises seeking help if self-help steps are not working or if mental health symptoms are affecting how you feel and function. In practice, this means you do not have to wait until you are in crisis. If your usual coping strategies are no longer enough, therapy may be a protective intervention for both the remainder of pregnancy and the postpartum period.

### **Urgent situations: when to get immediate help**

Some symptoms require prompt or emergency support rather than waiting for a routine therapy appointment. Contact your maternity unit, obstetric clinician, crisis line, emergency department, or local emergency number immediately if you feel at risk of harming yourself or someone else, or if you cannot stay safe.

Urgent assessment is also important for symptoms that suggest possible psychosis or severe mood disturbance, such as hearing or seeing things others do not, believing things that others say are not true, extreme agitation, severe confusion, not sleeping for long periods with high energy, or feeling commanded to act in dangerous ways. Although postpartum psychosis is more widely discussed, severe psychiatric symptoms can occur during pregnancy and need immediate medical attention.

If you are supporting a pregnant person and they mention suicide, self-harm, feeling like others would be better off without them, or frightening experiences that seem disconnected from reality, stay with them if it is safe,

remove immediate means of harm if possible, and contact urgent medical or crisis services. Do not rely on reassurance alone.

## **How to ask for therapy during pregnancy**

Starting the conversation can feel uncomfortable, especially if you worry about being judged. Perinatal clinicians are increasingly trained to screen for depression, anxiety, and safety concerns because mental health is part of prenatal care. You might say, "I have been anxious most days and it is affecting my sleep," "I have felt low for more than two weeks," or "I am having intrusive thoughts that scare me." Clear examples help clinicians triage the level of support needed.

Your healthcare team may suggest talking therapy, referral to a perinatal mental health service, community mental health care, peer support, social work, crisis services, or psychiatric consultation. If medication is discussed, ask about benefits, risks, alternatives, and the risks of untreated illness; do not start, stop, or change psychiatric medication without medical guidance.

If access is difficult, ask whether your clinic has an integrated behavioral health provider, a perinatal mental health referral pathway, teletherapy options, or a list of therapists experienced in pregnancy and postpartum care. If you already have a therapist, tell them about the pregnancy and any obstetric or medical concerns that may affect treatment planning.

## **Therapy can be preventive, not only reactive**

You can seek therapy before symptoms become severe. Preventive therapy may be useful if you have a history of depression, bipolar disorder, anxiety disorders, OCD, PTSD, eating disorders, substance use disorder, self-harm, previous postpartum depression, prior traumatic birth, pregnancy loss, infertility, or limited social support. It may also be helpful for people facing high-risk pregnancy, single parenting, adoption planning, donor conception, surrogacy, or major life stressors.

A preventive approach can include identifying early warning signs, creating a postpartum support plan, discussing sleep protection, clarifying who to call in a crisis, planning feeding support, and reducing isolation. These steps are not

pessimistic; they are similar to preparing for gestational diabetes monitoring or birth preferences. They acknowledge that mental health deserves the same proactive care as physical health.