Essay

Easing fears and enhancing care: proposing a protocol for patients with anxiety

I began having routine cervical smear tests as a teenager, due to my in-utero exposure to diethylstilbestrol—a synthetic oestrogen once given to pregnant women. My parents, seeking to ease my embarrassment and anxiety during these examinations, found a compassionate female gynaecologist to undertake the procedures—a rareity in the 1970s. Despite my doctor's kindness, every visit made my stomach churn and tension settle into my bones. I remember lying on the examination table—the paper crinkling beneath me and the fluorescent lights humming above—while my doctor performed yet another cervical smear or took samples from the growths that were discovered. Afterwards, my mother gave me aspirin to ease the relentless cramping, but there was no medication to remove the awkwardness that seemed to cling to me like a shadow. Once home, I could not relax while waiting for the results, which were frequently abnormal and led to more procedures. Fortunately, each growth was benign, but the endless loop of fear and relief caused an ever-present sense of unease that I still battle today.

Anxiety runs in my family. Both my parents were anxious, and my sibling has agoraphobia. In my mid-20s, I was officially diagnosed with generalised anxiety disorder. Receiving that diagnosis helped me to find the tools and techniques that I needed to manage my anxiety, although it took many years. Even so, for me and more than 301 million adults globally, anxiety can be a significant hurdle to receiving medical care. One way to help is by creating an anxiety protocol.

At first glance, it may seem that mental health screening is outside the scope of obstetricians and gynaecologists, but research suggests otherwise. For example, WHO statistics show that more women are diagnosed with anxiety disorders than are men. Moreover, data from the SWAN study indicate that women's risk for anxiety increases during and after menopause, and findings from another study suggest an association between anxiety and obstetric complications. The impact of anxiety can also extend to family members; untreated mental health conditions in a parent are considered an adverse childhood experience, according to guidelines from ACOG. Furthermore, around 20% of women are understood to use their obstetric or gynaecological provider for primary health care, which might explain why both ACOG and the Royal College of Obstetricians and Gynaecologists (RCOG) have issued statements recommending that everyone receiving well-woman, pre-pregnancy, prenatal, and postpartum care be screened for depression and anxiety. Knowing how deeply anxiety has impacted my life, I think these screenings could save lives.

I know my gynaecologist did everything she could to make me as comfortable as possible when I was a teenager going through those procedures. Even so, it was traumatic. Thankfully, much has changed in the past 50 years, and my gynaecological visits have steadily improved, since trauma-informed care was standardised. Now, my doctor asks about any recent or past traumatic events before we begin the examination. She asks for my consent before she touches me. She explains what she is doing before taking any action. While my anxiety grips me every time I enter that examination room, these measures make taking care of my health possible.

One of the ways anxiety manifests is through avoidance. My anxiety makes scheduling annual gynaecological examinations and cancer screenings very difficult, yet I know that these appointments are necessary. Thankfully, the solution has been simple: at the end of every gynaecological visit when I check out, the receptionist immediately schedules whatever my doctor ordered—a mammogram, my next visit, whatever. While I wait for the receptionist, she gets on the phone or pulls up the schedule and we book the appointment. Right there. Done.

Both my gynaecologist and primary care physician work with me to actively manage my medical care. They know that the more knowledgeable I am, the less anxious I get, so they provide me with information and resources. For example, when ordering a mammogram, we discuss whether a standard mammogram is appropriate, or if there is a change that would necessitate a diagnostic mammogram. I am involved in the decision. While I still get anxious leading up to the appointment, it is a more manageable process.

Like millions of women struggling with anxiety, I fight its relentless pursuit—I fight it and I refuse to be defined by it. Anxiety might always be a part of my life, but my medical providers have found ways to help me to manage it. By normalising mental health screenings, providing trauma-informed care, reducing logistical barriers, and fostering a sense of control through education, anxiety does not have to be a barrier to care.

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For **WHO statistics on anxiety disorders** see https://www.who.int/news-room/fact-sheets/detail/anxiety-disorders

For the **data from the SWAN study** see *Int J Womens Health* 2024; **16:** 1079–91

For more on the **association between anxiety and obstetric complications** see *Prim Health Care Res Dev* 2023; **24:** e69

For **ACOG guidelines on diagnosis of and screening for mental health conditions during pregnancy and postpartum** see *Obstet Gynecol* 2023; **141:** 1232–61

For the **RCOG statement on health screening for women** see https://www.rcog.org.uk/about-us/campaigning-and-opinions/better-for-women/

For more on the **ACOG clinical practice guidelines for the care of people who have experienced trauma** see https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/04/caring-for-patients-who-have-experienced-trauma