

Chill Out: The Changing View of How To Deal With Stress During Pregnancy

WHEN MARCY PARKER, a national account manager for a consumer-products company, saw a co-worker apologizing to bosses for being pregnant and insisting she'd work harder than ever, Ms. Parker took her aside.

"You should change your attitude," the Roswell, Ga., mother of two says she told her colleague. "This is just a company. You're making a baby. That's much more important."

The notion that women must take it easy during pregnancy has long been dismissed as folklore. But now a growing body of research links high levels of stress or anxiety in some women to preterm birth, smaller babies and potential problems later, from respiratory ailments to developmental delays. The discoveries are fueling a gradual change in working women's attitudes toward managing pregnancy, and they are yielding new information about steps women can take to reduce risk—from simple schedule changes to yoga and meditation.

In the 1980s and early '90s, when I experienced my own two pregnancies, many mothers feared any talk of controlling stress during pregnancy would be used as a basis for workplace discrimination against women. Calvin Hobel, a professor of obstetrics at University of California, Los Angeles who began studying pregnancy stress in 1984, says he had trouble at first gaining attention for his work.

Now, the issue is "becoming sort of mainstream," says Dr. Hobel, who is also vice chairman of obstetrics at Cedars-Sinai Medical Center. Studies in the past decade have shown

that stress, especially chronic strain early in pregnancy, can raise the likelihood that a woman will give birth prematurely—before 37 weeks' gestation—or that babies will be underweight, at less than 5.5 pounds, according to a 2004 review of existing research by Dr. Hobel.

ComPsych, a Chicago-based firm that provides employee-assistance services for 6,000 employers, has seen a 14.73% increase in the past two years in calls from pregnant women; controlling stress is a top concern, a ComPsych spokeswoman says.

To be sure, pregnant women respond differently to stress. Many women can work very hard in high-stress jobs and deliver healthy babies. Researchers are studying genetic and other factors that may predispose some women to higher risk. An expectant mother who keeps calm, takes care of herself, and has support from family and friends probably faces little risk. "You may have a stressful life, but that doesn't mean you're going to have a bad outcome" in pregnancy, says Nancy Green, medical director for the March of Dimes, which is financing several studies on the role of stress in preterm births.

When Jennifer Tishman Willey of Old Bridge, N.J., became pregnant in 2003, she told herself, "My whole attitude toward my career has to change." She cut back her 12- to 14-hour days on her account-executive job. She asked for, and got, management support to train a co-worker to handle extra job duties. Instead of stressing out over criticism from others, she'd tell herself, "Too bad for them, but I'm happy

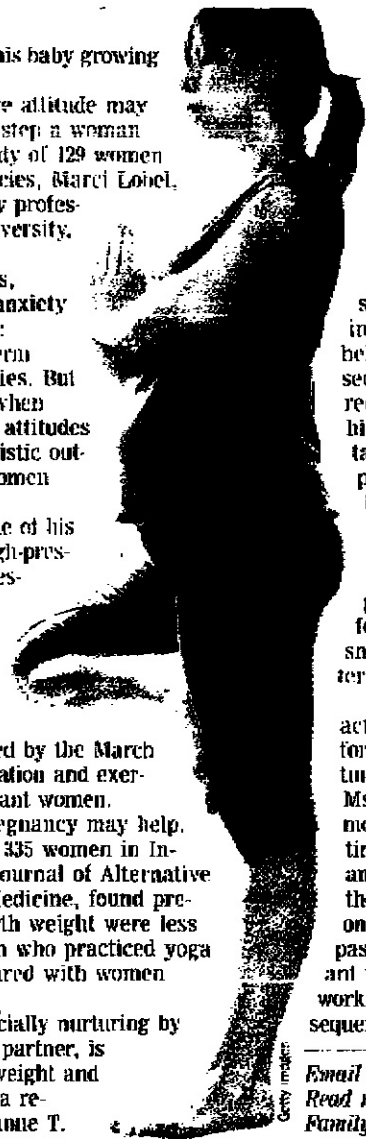
for me because I have this baby growing inside me," she says.

Cultivating a positive attitude may be the most important step a woman can take. In a 2002 study of 129 women with high-risk pregnancies, Marci Lobel, an associate psychology professor at Stony Brook University, and others, found that women with high stress, ranging from general anxiety to worries over specific events, had more preterm births and smaller babies. But the effect was erased when they took the women's attitudes into account. An optimistic outlook on life shielded women from risk, she says.

Dr. Hobel urges some of his pregnant patients in high-pressure jobs to take Wednesdays and Sundays off, instead of Saturdays and Sundays, creating a kind of mid-week circuitbreaker on stress. Stress-reduction techniques recommended by the March of Dimes include meditation and exercise designed for pregnant women.

Yoga classes for pregnancy may help. An April 2005 study of 335 women in India, published in the *Journal of Alternative and Complementary Medicine*, found preterm birth and low birth weight were less common among women who practiced yoga one hour a day, compared with women who did no yoga.

Social support, especially nurturing by a woman's husband or partner, is linked to higher birth weight and healthier infants, says a research review by Suezanne T.



Orr of East Carolina University, Greenville, N.C., published in 2001 in the journal *Clinical Obstetrics and Gynecology*.

Working mothers are finding individual solutions. After giving birth prematurely to her first child, Shannon Schoenberg, sales and catering manager for a Milwaukee restaurant concern, says she believes self-hypnosis—imagining herself in a tranquil setting—helped to avert preterm birth in her second. Other women I interviewed recommended pedicures to relax, or hiring a doula—a nonmedical assistant for physical and emotional support before, during and after childbirth.

And don't forget the basics: Pregnant women under stress may work especially hard to maintain good nutrition. Studies show eating fewer than three meals and two snacks a day raises the risk of preterm delivery 30%.

Some experienced working mothers act as supportive "pregnancy buddies" for others. After giving birth prematurely to her first child four years ago Ms. Parker says she decided to relax more with her second. She stopped putting pressure on herself at her job and cut back travel. She believes those steps helped her carry her second child to full term. She readily passes on her wisdom to other expectant mothers: "You've got 30 years left to work. ... This nine months is very inconsequential" in a career.

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