Postpartum OCD

When Bliss Becomes Torment

Jenny C. Yip, Psy.D., ABPP
Renae Reinardy, Psy.D.
Patricia Perrin Hull, PhD
Noah Laracy, MA
Postpartum OCD – The Secretive, Neglected Condition

- Considered the most misunderstood and misdiagnosed of the perinatal/postpartum disorders.
- Only ~20% of OB/Gyn assess for anxiety during prenatal/postpartum care.
- Postpartum OCD is often misdiagnosed as postpartum depression.
- Many pediatricians, obstetricians, and mental health professionals do not fully understand postpartum OCD, which result in misdiagnosis.
- Inconsistent and little research on postpartum OCD.
- Postpartum OCD tends to be a very secretive condition. New parents are reluctant to disclose their thoughts.
- Avoidances prevent correction of beliefs.
- May interfere with infant-parent bonding and caretaker duties.
The Dangers of Lack of Awareness

BabyCenter.com Blog Forum:

“I went to my family doctor to discuss intrusive thoughts I was having after giving birth 4 weeks ago. I would never harm her or myself. I completely regret asking for help and have been hospitalized for 72 hour hold. I am terrified. I just wanted help.”

(posted 04/29/2015 by a BabyCenter Member)
Prevalence of pOCD

- Research suggests that postpartum OCD may affect 1-3% of childbearing women.

- Among female postpartum OCD patients, pregnancy and childbirth are the most commonly reported onset for OCD.

- As many as 3-50% of new mothers may suffer from postpartum OCD.

- As many as 30-57% of new mothers with postpartum depression also have postpartum OCD.

- Many new fathers report OCD onset during the postpartum period.

- Onset is rapid – within a week of childbirth.

- Research indicates that as many as 80% of all new mothers and 66% of all new fathers experience unwanted negative thoughts about their infants.
Causes for pOCD

- The Biological Model: Fluctuations in progesterone & oxytocin hormones. Oxytocin has been linked with serotonin.
  - Limitations: Doesn’t explain
    1. OCD thoughts specifically related to infant harm as opposed to other types.
    2. Postpartum OCD onset in males.

- The Psychological Model: Harm-related thoughts are evolutionarily normal during postpartum period since most new parents have these thoughts.
  - Rapid increase of responsibility intensifies new parents’ protection mode.
  - Misinterpretation of harmful thoughts as meaningful, threatening, and significant.
  - Compulsive checking, praying, reassurance reduces subsequent anxiety.
  - Avoidance prevents the correction of misinterpretations and overvalued ideations that the thoughts are normal.
Common Postpartum Obsessions

- Physical harm befalling the newborn (accidental, intentional, or natural causes):
  - Baby dying during sleep (S.I.D.S).
  - Drowning the baby during a bath.
  - Dropping or throwing the baby.
  - Leaving the baby in a harmful place (i.e., microwave, washer/dryer, tub, car).
  - Image of the baby dead.
  - Sexually abusing the baby.
  - Not being able to save the baby choking.
  - Shaking the baby out of frustration.
  - Stabbing or suffocating the baby.
Common Postpartum Obsessions

- Proper sanitization, hygiene, germs:
  - Accidentally harming the baby due to carelessness.
  - Exposing the baby to harmful germs, toxins, chemicals, medications.
  - Being responsible for giving the baby a serious disease.

- Making a wrong decision leading to a serious or fatal outcome:
  - Rx – Self or baby
  - Vaccines
  - Daycare, nanny
  - Feeding options
Common Postpartum Compulsions

- Avoidance of the baby or potential threat:
  - Diaper changes for fear of sexually abusing the baby.
  - Feeding the baby for fear of accidental poisoning.
  - Interacting or being left alone with the baby for fear of harming him/her.
  - Hiding or throwing out knives, scissors, and other sharp objects.

- Seeking reassurance:
  - Repeatedly asking family/friends for reassurance that no harm has occurred.
  - Visiting online forums, blog posts.
  - Mentally reviewing past daily events.
Common Postpartum Compulsions

- Checking or Praying:
  - Excessive checking on the baby during sleep.
  - Repeatedly taking the baby’s temperature.
  - Monitoring self for inappropriate sexual arousal.
  - Praying, pleading, negotiating with God.

- Washing, sanitizing, cleaning:
  - Bottles, nipples, pacifiers
  - Toys, baby gear,
  - Furniture, changing table, bedding
  - Hands
Evolutionarily Adaptive Survival Thoughts vs. Maladaptive OCD Thoughts

Noah Laracy, MA
Renewed Freedom Center for Rapid Anxiety Relief
www.RenewedFreedomCenter.com
Evolutionarily Adaptive?

- A period of high alert may have helped parents protect their babies from environmental harm in times when this was a treacherous and all-consuming task.

- Yale researchers hypothesize that the healthy maternal brain is hardwired for a period of “transient OCD.”

- 95 percent of mothers and 80 percent of fathers reported OCD-type thoughts. For most people, these thoughts are fleeting and only mildly distressing.
Evolutionarily Adaptive or Maladaptive/Disabling?

- Checking does not satisfy, as one needs to check again to be “certain.”
- Checking only increases anxiety in long-term
- Inability to control or delay behavior
- Leads to significant impairment in functioning
- Checking has urgency or a “charge” to it
- Checking for safety vs. checking for certainty they will always be safe.
Consequences of Compulsions

- Significant impairment in functioning could show up as:
  - Mother ends up even more exhausted
  - Mother ends up depressed
  - Strain on relations with significant other(s)
  - Strain on relations with other children
  - Possibly less attuned/attached to infant
  - Possible harm/neglect of infant
Maladaptive OCD vs. Evol. Adaptive Thoughts/Behaviors

**UNHEALTHY**
- I must watch over my baby while she sleeps, and observe her chest rise and fall so she doesn’t stop breathing.

- I must always check every stitching each time before wrapping my baby in the carrier. AND when carrying him in the carrier, I must also hold him extra, extra tight and never let go, so that I don’t drop him.

**HEALTHY**
- SIDS is a scary possibility. I can reduce the risks by following the guidelines and putting my baby to sleep on her back in an empty crib.

- Dropping the baby would be awful, so I need to be mindful when holding him.
## Maladaptive OCD vs. Evol. Adaptive Thoughts/Behaviors

<table>
<thead>
<tr>
<th>UNHEALTHY</th>
<th>HEALTHY</th>
</tr>
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<tbody>
<tr>
<td>➤ I must puree all of my baby’s foods in the blender 10 times for 2mins each, and check by stirring in between each blend to make sure my baby won’t choke while eating.</td>
<td>➤ To prevent choking, it’s best to sit my baby upright and feed him very small portions of soft food that he can gum.</td>
</tr>
<tr>
<td>➤ If I don’t throw away or lock up all knives, scissors, and other sharp objects, then my baby might accidentally get stabbed.</td>
<td>➤ Sharp objects can be dangerous when improperly used. It’s necessary to put child safety locks on all cabinets and drawers containing these the items.</td>
</tr>
</tbody>
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Maladaptive OCD vs. Evol. Adaptive Thoughts/Behaviors

**UNHEALTHY**

- All baby bottles must be scrubbed thoroughly, then boiled for 5 mins, then placed in the sterilizer for 60 mins to keep them clean from bacteria that could harm my baby.

- I need to make sure that I’m never left alone with my baby, since I have never taken care of a baby before and cannot be trusted with such a fragile human life.

**HEALTHY**

- Germs exist just about everywhere. Bottles can be kept clean by washing them in hot water and drying them on a covered rack.

- Even though my newborn is so tiny and fragile, I can find support and help from family, friends, the pediatrician, hospital, and even online forums.
Uncertainty

“The first (challenge) was learning to live with the uncertainty of her daughter’s safety whenever she was out of sight. The second, even harder for her, was living with the fear faced by every parent: Your children can die, and there is nothing you can do to prevent it.”

-Jonathan Grayson, Ph.D.
Postpartum OCD
vs.
Depression
vs.
Psychosis

Patricia Perrin Hull, Ph.D.
OCD and Anxiety Treatment Center of Houston
www.ocdtherapyhouston.com
Different Types of Postpartum Disorders

- Baby Blues
- Postpartum Depression
- Postpartum Psychosis
- Postpartum Anxiety: GAD, Panic Disorder
- Postpartum OCD
Postpartum Baby Blues

- Prevalence: 80% postpartum women
- Symptoms: Tearfulness, mood swings, irritability, hypersensitivity (similar to those experienced before menstrual periods PMDD), e.g.,
- Resolve on their own, usually after a couple of weeks
- Not an illness
Postpartum Depression

- Prevalence: 15-20% of all mothers, 25% of women who had baby blues went on to have postpartum depression in later pregnancy

- Predictors:
  - Having a depressive episode during pregnancy
  - Episode of baby blues or postpartum depression in prior pregnancy
  - 1st degree relative with mood disorder
  - Dx of premenstrual dysphoric disorder (PMDD)
  - Episode of significant mood change on oral contraceptives or fertility meds
Postpartum Depression

 Symptoms:
  ➢ Sad or irritable mood  
  ➢ Tearfulness  
  ➢ Difficulty sleeping  
  ➢ Change in appetite  
  ➢ May be unable to care for self or baby  
  ➢ Suicidal thoughts  
  ➢ Guilt  
  ➢ May have no interest in, feelings of attachment toward, or able to enjoy baby  

This is an illness and requires treatment with medication and therapy (CBT)
Postpartum Psychosis

- Prevalence: 1 in 1000 postpartum women, yet most serious disorder
- Predictors: Postpartum depression or psychosis in prior pregnancy. 50% later diagnosed with bipolar disorder.
- Symptoms:
  - Extreme insomnia
  - Rapid mood swings
  - Confusion and disorientation
  - Hallucinations and / or delusions
  - Elevated risk of suicide or infanticide
Postpartum Psychosis

- Delusions involve thoughts of harming infant, e.g., altruistic infanticide (ex: Andrea Yates wanted to save children from the devil); Delusions may also involve feeling feel baby is possessed by the devil
- Thoughts are ego-syntonic, ego-identified. They make sense, in their delusional system.
- This is a **medical emergency** and requires immediate treatment, hospitalization
Postpartum Anxiety Disorders

- Symptoms: Nervousness, worry, hypervigilant re: baby (GAD)
- Prevalence of Panic Disorder: 10% of postpartum women
- Symptoms of PD:
  - Increased heart rate, shortness of breath, chest tightness or pain, chills, numbness of extremities, inability to focus
  - Subjective fear that one is having a heart attack, may go crazy, or do something embarrassing
  - Fear of having panic attack while driving, while holding the baby
  - Sometimes panic attacks come out of the blue
  - Sufferers spend a lot of time worrying about having a panic attack
Postpartum OCD

- Prevalence: Unclear - Estimates - 2-5%; other study, 50% of number of women with PPD reported obsessional thoughts of harming (7.5-10%)
- Postpartum period is most frequent time of noted onset of OCD
- Predictors: Prior history of OCD, prior episode of postpartum OCD
Postpartum OCD

- Symptoms:
  - Intrusive thoughts or horrific imagery of harming baby (infanticide), by various methods, when there is no desire to do so:
    - dropping baby, strangling, smothering, stabbing, drowning, poisoning, putting baby in microwave
    - Pushing baby in carriage in front of car
  - Intrusive thoughts and horrific imagery of molesting baby or fears that one is sexually attracted to baby
  - Fear of “snapping” and doing something a psychotic person might do
  - Fears that one is a bad mother, bad father
  - Fear that baby will be taken away
Postpartum OCD

- Symptoms (cont'd):
  - Compulsions:
    - Checking and reviewing memory to see if one touched baby inappropriately or if they are having sexual feelings toward baby
    - Self-reassurance that one did not molest, have sexual feelings
    - Checking for reassurance that one is a good parent, or “not crazy”
    - Hiding sharp objects
  - Avoidance of being alone with baby, compulsively going out with baby or being with others with baby
  - Avoidance of changing baby’s diaper alone, bathing baby alone
  - Avoidance of looking at baby’s genitals
Postpartum OCD

- Intrusive thoughts and horrific imagery are ego-dystonic, ego-alien, i.e., unwanted, undesired, they do not make sense in their rational thought process.

- Intrusive thoughts and horrific imagery are extremely frightening, but create doubt as to whether one might act (thought-action fusion).

- Due to intense fear, people often hide these thoughts, fearing that family members or doctors will think they are psychotic and put them in hospital, and/or take baby away from them because they are dangerous. Sometimes they entrust thoughts to other, suffer consequences because person told does not understand OCD.

- People with postpartum OCD do not act on these thoughts / images.
Hormonal Influences on Postpartum OCD

- Hormonal changes, especially decreased estrogen, leads to dysregulation of serotonin.
- Oxytocin, implicated in bonding and nurturing, has been found to be elevated in cerebrospinal fluid of patient with OCD.
- Cingulate gyrus (area of brain which is also part of OCD brain circuitry) is rich in oxytocin receptors.
Hormonal Influences in Postpartum OCD

- Maternal behavior resembles an obsession, i.e., mothers are preoccupied with / hypervigilant about the care and protection of infants. So oxytocin may have a lot to do with obsessional nature of maternal behavior.

- In women with postpartum OCD, the brain may “overshoot” this process, causing hypervigilance, excessive fear of harm, and excessive triggering of protective instincts.
Treatment of pOCD

Renae Reinardy, Psy.D.
Lakeside Center for Behavioral Change
CourageCritters.com
Identify Obsessions and Compulsions

**Obsessions**
- I may forget my baby in the car
- I will not be watching and something bad will happen
- I will get so angry at the baby that I will shake her and cause brain damage
- I do not really want to be a parent and I want to hurt my baby
- I may stab my baby
- I will hurt her if I am left alone
- I need to end on even numbers so I remain in control of my actions and not hurt the baby

**Compulsions**
- Compulsive checking of car
- Close observation of baby
- Asking spouse/others for reassurance
- Self assurance
- Avoidance of picking up baby when she is crying
- Not being alone with baby
- Avoidance of sharp objects
- Repeat/end on even numbers
Exposure and Response Prevention

**Exposure**
- Stand toe to toe with fear
- Intentionally think fearful thoughts
- Touch items that are avoided
- Put yourself into situations that your OCD wants you to avoid
- Break OCD rules

**Response Prevention**
- Stay with the emotion rather than “fix it” with compulsions
- Resist asking for reassurance
- Resist self assurance
- Resist avoidance behaviors
Types of ERP Treatment

- Office
- In vivo - real life situations
- Gradual
- Flooding
- Imagery
- Scripts
- Treatment setting
- Family involvement
Setting Up a Behavioral Plan

Subjective Units of Distress - SUDS

- Build a hierarchy
  10  Freak out anxiety
  9   Extreme anxiety
  8   Strong anxiety
  7   Pretty strong anxiety
  6   Kind of strong anxiety
  5   Moderate anxiety
  4   Somewhat anxious
  3   A little bit of anxiety
  2   Tiny bit of anxiety
  1   Calm
## Hierarchy Development

- This is your roadmap in overcoming OCD!
- Use Fear Thermometer to plot ERP activities
- Include behavioral exposures, imagery exposures, thought exposures (TE) and response prevention exercises
- Monitor your progress

<table>
<thead>
<tr>
<th>SUDS</th>
<th>SUDS PRE</th>
<th>Activity</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td></td>
<td>Handle baby doll alone in office</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>TE- Some mothers have troubling thoughts</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>Hold knife baby in other room</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>Look at picture of a baby in car</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>Gentle bounce of baby on knee</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>Only check car 2X</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>Hold crying baby around others</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>Write or say “stab”</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>Only ask for reassurance 1X</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>End on odd number</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>Write/read exposure script</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>Hold crying baby alone</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>Hold knife with baby in room</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>TE- I hate my baby and will hurt her</td>
</tr>
</tbody>
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Cognitive Behavioral Therapy (CBT) With or Without Medication

- ERP
- Challenge how one views obsessions
- Address Family Accommodation Behaviors
- Self care
- Serotonin Reuptake Inhibitors (SSRI)
  - Speak with your doctor about which medications are believed to be safe during pregnancy and nursing