



What are Postpartum and Perinatal OCD?

- OCD that occurs immediately after childbirth is called postpartum OCD
- OCD that occurs during pregnancy is called perinatal OCD

Research shows that women who are pregnant, or who have recently given birth, are at an increased risk of developing OCD symptoms. If they already have OCD, the obsessions and compulsions may worsen during this time. Because these two forms of OCD are very similar, we refer to them collectively as “pOCD” in this fact sheet. (Of note, “pOCD” can also be used to refer to pedophilia OCD.)

How is pOCD different from OCD that occurs at other times?

- In pOCD, the obsessions and compulsions usually focus on the newborn (or unborn) infant. For example, there may be obsessions about the baby getting hurt, contaminated, or lost; and compulsive rituals involving checking, mental rituals, and seeking-reassurance. There may also be unwanted sexual obsessions. The person may also use excessive avoidance, such as avoiding bathing or holding the baby.
- While OCD typically begins gradually, pOCD tends to begin somewhat rapidly, coinciding with feelings of being responsible for the newborn.

What are the signs of pOCD?

- OCD symptoms that start or worsen around the time of pregnancy or delivery.
- Obsessions involving the fear of harm coming to the unborn or newborn infant.
- Not wanting to tell others about obsessions for fear of being diagnosed with psychosis or being hospitalized.
- Fear that you might harm the baby even when you don't really want to.
- Compulsions meant to control or stop the obsessional thoughts, or to prevent fears from coming true (e.g., checking on the baby, excessive washing, repeating prayers or requests for assurances).
- Avoiding certain activities with the baby (e.g., bathing, using stairs, holding, diaper changing).
- Feeling overwhelmed by the obsessions and compulsions.
- Feeling depressed (postpartum depression and pOCD often occur hand in hand).
- Needing to have a partner or helper nearby because of obsessional fear.
- Trouble sleeping because of obsessions and compulsive urges.
- Interference with taking care of the child.

Why do obsessions and compulsions focus on the unborn/newborn baby?

- Increased anxiety about having a baby is normal, but it is a major source of stress, so some people develop anxiety during this time.
- Feelings of responsibility for the unborn or newborn baby.
- Research shows that it is normal to have strange unwanted thoughts about stressful events.
- Thinking upsetting thoughts about your baby seems like the worst possible thing to think about — and OCD feeds off of these kinds of thoughts because these are the exact kinds of thoughts that you try very hard to control, dismiss, or fight. But this is how OCD plays a nasty trick — the more you try to use



strategies for fighting thoughts, the more they backfire, and the more you get caught into OCD's web of obsessing over and over. (Do an experiment: try not to think of a pink elephant!).

- Compulsions are performed because they reduce anxiety over obsessional thoughts about the newborn, but these don't work well in the long run — they just lead to more obsessing.

Will obsessions about violence or sex lead me to harm my baby?

The chance of someone acting on unwanted, disgusting, distressing obsessional thoughts is extremely low. But although this risk is low enough that treatment actually involves provoking these thoughts (i.e., exposure therapy), it probably doesn't seem low enough! That's what leads to obsessional anxiety and fear. We have worked with many people with pOCD and none have ever acted on their unwanted obsessional thoughts to harm their children.

Who struggles with pOCD?

The estimates vary, but pOCD seems to affect about 1-2% of pregnant or postpartum women. Some new fathers can even develop pOCD symptoms because they also bear responsibility for taking care of the new infant. People with OCD who become pregnant may have a worsening of their symptoms, but this is not necessarily the case for everyone.

Is pOCD related to postpartum depression?

Yes, but how these problems are related is not clear. When people become depressed they tend to have more negative thoughts, which can develop into obsessions. Alternatively, obsessions and compulsions can lead to depression because these are very distressing symptoms. Many people expect pregnancy and childbirth to be a very happy time. When negative obsessional thoughts occur, the person might feel extremely sad and anxious because they don't expect to have these types of thoughts.

Is pOCD related to postpartum psychosis?

No, but sometimes pOCD is confused for postpartum psychosis because both might involve thoughts about harming the newborn infant. Recently, a few serious cases of postpartum psychosis have received media attention, leading many people with pOCD to worry that they have psychosis. In postpartum psychosis, the sufferer develops hallucinations (seeing or hearing things that aren't really there; e.g., "I saw smoke coming from the baby's ears") and delusions (strongly held beliefs that are not based in reality; e.g., "The baby is possessed by the devil and I must kill him to save his soul"). Postpartum psychosis is also an extremely rare condition, affecting 0.1% of new mothers. In some severe instances (but not in all cases), mothers with postpartum psychosis have actually harmed their infant, acting on their hallucination and delusions. On the other hand, pOCD is not nearly as rare as postpartum psychosis, and pOCD is not associated with actually committing violence. Whereas a person with postpartum psychosis believes his or her hallucinations and delusions are true, pOCD sufferers are afraid of their obsessions and recognize that these thoughts and ideas are inconsistent with their world view and general sense of morality. People with pOCD try to fight their obsessions. Finally, there is no evidence that pOCD symptoms can change into postpartum psychosis. These two conditions are very different problems.



What are the effects of pOCD?

- Depression (sadness, loss of interest in people and activities, sleep loss or excessive sleepiness, loss of appetite, suicidal thinking, hopelessness, helplessness, lack of self-care)
- Problems with caring for the newborn because of fear and avoidance
- Problems bonding with the newborn because of avoidance
- Problems with one's relationship (marriage or partnership) because of extreme anxiety.

Can pOCD be treated?

Yes, pOCD can be treated using the same methods used to treat other types of OCD. Strategies to treat pOCD include:

- Cognitive-behavioral therapy (CBT)
- Learning that unwanted thoughts are normal and not dangerous
- Challenging how the person interprets their obsessional thoughts
- Gradually confronting situations and thoughts that have been avoided
- Reducing the use of compulsive rituals to deal with obsessional anxiety
- Serotonin reuptake inhibitor (SSRI) medicine
- Most medicines used to treat OCD are probably safe to use for pregnant and breastfeeding women, although it is important to check with your doctor about whether he or she thinks these medicines will be safe for you.

How can I help a friend or family member with pOCD?

The first instinct of family and friends of people with pOCD is to tell them constantly that everything is going to be alright, and to do whatever they can to ease the person's anxiety. In the short-run, this might put the person with pOCD at ease, but these types of "help" do not work over the long-run. In fact, sometimes they make the problem worse! The best thing to do if a friend or family member is suffering is to help them to arrange a consultation with a skilled mental health treatment provider who can provide the right kinds of treatment for OCD/pOCD. Rather than trying to "force" them into getting help, it is best to talk to them about how things would improve if they sought professional help.

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