

Patients - OCD

Obsessive Compulsive Disorder | Information for Parents

What is Perinatal OCD?

Obsessive Compulsive Disorder, or OCD, is a psychiatric illness which presents commonly with two problems: obsessions and compulsions. When these obsessions and compulsions present during pregnancy or shortly after a woman has had a baby, this is known as Perinatal OCD.

Intrusive thoughts are unwelcome ideas or images or urges. They can make you feel uncomfortable but typically disappear before you even recognize it was there. For some people, intrusive thoughts get stuck. They can happen over and over again, causing distress and worry.

Common obsessions and compulsions

Obsessions are unwanted, intrusive thoughts, images or urges. These thoughts are more than annoying; they are distressing. Compulsions are behaviors that are done to make the obsessions disappear or to lower anxiety. Among the most common obsessions and compulsions are those that deal with *harm* and *safety*.

- **Fear of contamination.** You might worry that others carry germs that will hurt you or your family. To protect their child, a new parent may prevent family from visiting, insist they put on fresh clothes when they visit, or not allow the baby to be touched by non-family members.
- **Fear of hurting someone you love.** You may be convinced that you will stab, beat, or shoot your child or partner even if you love them and have no negative feelings towards them. You may make your family hide any potential weapons or even confess to a crime you have not committed.
- **Obsession with symmetry or doing things “right.”** You may develop obsessions or compulsions surrounding a desire to do things just right, or think bad things will happen if you don’t follow specific rituals. You may fear that if things in your home are not lined up at right angles someone in your family may die. Much of your time may be spent straightening things in the home.

Do my thoughts mean I’m ‘crazy’?

Postpartum OCD is much more common than Postpartum Psychosis. Despite that, many with OCD still worry that their symptoms mean they have lost their grasp on reality. Here is a table to help you figure out what may be wrong.

Perinatal OCD

Postpartum Psychosis

What kind of thoughts are you having?	You find the thoughts disturbing or disgusting. You know the thoughts are inappropriate and that you would not act on them.	The thoughts are acceptable to you and your current belief system. The thoughts do not feel strange to you.
What are the associated behaviors?	Compulsions: Checking, cleaning, arranging, counting, avoidance, and seeking reassurance from trusted loved ones are common.	No compulsive behavior but you may follow through with associated actions. Decreased need for sleep.
What other symptoms may I experience?	Anxiety, insomnia, and irritability are common. You may be overly concerned with infant's welfare. Good insight into situation. Help seeking.	Hallucinations, delusions, disorganized thoughts, and behaviors. Poor grasp on reality. Poor insight into situation. Help rejecting.
Who is likely to develop this syndrome?	You are currently depressed or have been depressed before. You have a personal or family history of OCD or anxiety.	Most often occurs among women with history of bipolar disorder.
Treatment	Cognitive therapy, antidepressants.	Hospitalization, mood stabilizers and antipsychotics.

Treatment Options

- Psychotherapy:** There are specific forms of psychotherapy that have been found beneficial for OCD, including exposure therapy, habit reversal, and/or cognitive therapy. Clinicians with a specific interest and training in OCD can be found at iOCDf.org.
- Write or speak about the thoughts:** Writing thoughts down may allow you to see that the thoughts are irrational, and can make them less frightening. Likewise, speaking about them to a safe individual can reduce the thoughts' power.
- Meditation:** Meditation can help clear your mind of disturbing thoughts.
- Medication:** If your OCD symptoms are not responding to psychotherapy or other treatments, you may benefit from beginning medication. Antidepressants are the first line medication used for the treatment of OCD.

What if I'm afraid to take medication?

People with OCD are commonly hesitant to take medication. Try these suggestions:

- Talk to your clinician.** Share your concerns and ask any questions you may have. Simply talking with your doctor might assuage your fears.
- Low and slow.** Start out with very small dosages. Some medications will dissolve in liquids allowing you to

take only a fraction of a particular dosage. Compounding pharmacists can also formulate smaller dosages.

- **Take the medication in the office**, during an appointment, if that helps you feel safer.
- **Exposure Therapy** can help you overcome your fear of medication.