



*“It’s especially important for new parents to know intrusive thoughts are normal.”*

# Perinatal OCD

## A penny for your (intrusive) thoughts?

Have you ever stood on a high balcony and suddenly felt an urge to jump or push someone over? While preparing lettuce for a salad, have you had an image pass through your mind of an animal peeing on the leaves?

Most people have unpleasant thoughts like these without feeling any real concern. But sometimes individuals become seriously distressed.

KiwiParent sits down with Marion and Sophie\*, members of a New Zealand support group for obsessive compulsive disorder (OCD). They explain what intrusive thoughts are and why it’s important for every new parent to learn and understand more about them.

“Although it can feel uncomfortable, it’s important to discuss intrusive thoughts, because they are key to understanding the experience of perinatal OCD,” says Marion.

“It’s especially important for new parents to know intrusive thoughts are normal. It’s common for a mother or father to notice them while expecting a baby or caring for an infant, and they often present as unwanted thoughts around the baby being harmed in some way.”

Marion explains that with perinatal OCD, however, the person gets stuck in a persistent cycle of intrusive thoughts (obsessions), emotional distress and seeking relief by doing physical or mental actions (compulsions).

Sophie’s had OCD since she was little. She thought living with a brain that tried to constantly scare you was normal – and that everyone had thoughts that made you constantly question your decisions and your values.

“My obsessive thoughts have ranged from being afraid of accidentally hurting others, hating that the letter M came before N, and not being able to cook a meal without being worried I’d poison someone, to fearing I’d randomly cheat on my husband without meaning to, and worrying I’d run someone over on the footpath,” says Sophie.

But nothing came close to the crippling anxiety that came from the fear of hurting her two children, or the thought that someone else could try and hurt them and she wouldn’t react in time to protect them.

“I had thoughts while I was pregnant – and then for at least the first 6–9 months with my first child. I didn’t have anything when my second child was born two years later, but then the thoughts came back with a vengeance when they were four and six years old,” she explains.

Sophie’s behaviours included visible things like religiously checking every door before bed, or constantly going through the

fire escape plan for their house. But often her compulsions were less obvious, such as mentally reviewing scenarios, avoiding feared situations or constantly seeking reassurance.

Eventually, a web search led to Sophie’s self-diagnosis, and what she learned empowered her to take control of her own health. She sought medication, and undertook ‘Exposure and Response Prevention’ therapy, which encourages you to face your fears and let obsessive thoughts occur without ‘putting them right’ or ‘neutralising’ them with compulsions.

“I can now happily and confidently say almost four years later that OCD only affects about 1% of my life. I only wish I’d learned sooner that what I was experiencing was OCD, as it does upset me to think of those early years with my children and the joy I missed because of it,” she says.

Marion says that lack of awareness about intrusive thoughts and OCD means that people often needlessly

endure mental distress – but there is peer and clinical support available so people don’t need to battle alone.

“Sophie and I are passionate about spreading the word about what OCD really is. With the right support you can recover from perinatal OCD. A clinical psychologist experienced in OCD treatment can help you understand why the unwanted intrusive thoughts and emotions are happening and, importantly, how to manage them,” she says.

“Often parents feel embarrassed or ashamed about their thoughts and compulsions and it can be very hard for them to tell someone. You could begin a conversation by showing this article to someone you know and trust.”

*\*Name changed to protect privacy*

————— **KP** —————

#### FOR MORE INFORMATION

If you would like to know more about OCD or the ‘Fixate’ support group, please visit [www.oed.org.nz](http://www.oed.org.nz)  
For information about perinatal OCD, including a brochure for new parents and links to the studies cited in this article, visit [pada.nz/obsessive-compulsive-disorder-what-is-it](http://pada.nz/obsessive-compulsive-disorder-what-is-it)

Anxiety Helpline 0800 269 4389 (0800 ANXIETY)

## About perinatal OCD

### What is obsessive compulsive disorder?

**In order to recognise perinatal OCD, it's important to understand how OCD works.**

OCD is an anxiety disorder and is thought to affect 1–2% of the population (Torres et al, 2006). It is a condition surrounded by a great deal of misunderstanding and misconception, and the term is often incorrectly used to describe those with a love of order, perfection or cleanliness. Thankfully, because of advancements in awareness and understanding, this is changing.

At its simplest, OCD is a condition characterised by obsessions and compulsions.

Obsessions are often referred to as unwanted recurring intrusive thoughts, although they can also be experienced as images, urges, bodily sensations

and/or doubts. Obsessions cause a great deal of distress, because they often centre around harm coming to loved ones or those things the individual holds most dear.

To reduce the anxiety brought on by the obsessions, those with OCD enact compulsions. Compulsions are certain behaviours that the sufferer feels compelled to carry out, which can be a physical action or a mental ritual. The relief of having carried out a compulsion is only felt momentarily, and very soon the individual will find themselves wanting to repeat the behaviour again and again until they get caught in an OCD cycle, a state where the compulsions drive the obsessions and vice versa.

### What is perinatal OCD?

**Studies suggest that perinatal OCD affects 1% of women in pregnancy and 2.9% of women in the postnatal period (Fairbrother et al, 2016). Interestingly, and just as a comparison, this study also found that anxiety disorders were more common than depression in mothers during this time, something that is not reflected in the level of awareness and identification for both conditions (Matthey et al, 2003). Sadly, there is very little research available on fathers and OCD.**

There is a range of potential risk factors for perinatal OCD. New parents may find that their previously existing symptoms intensify in the perinatal period, with their obsessions shifting to focus on their children, or they may experience OCD for the first time after becoming a parent. It has been suggested that a heightened sense of responsibility and an increase in harm-centred thoughts during the perinatal period could lead to an onset of perinatal OCD (Fairbrother and Abramowitz, 2007).

Just as in non-perinatal OCD, individuals feel driven to carry out compulsions as a way of preventing the

perceived harm from happening. Compulsions can range from staying up all night to check on a child's breathing, to excessively cleaning to stop the spread of infection. Parents may spend hours scanning for information on the internet or undertaking mental rituals such as reviewing or replaying events in the past, praying, or mentally repeating sentences and words.

A particularly frightening, yet common, side effect of perinatal OCD is one that involves parents worrying that they themselves pose a risk to their child. They may experience intrusive thoughts or urges about deliberately harming or abusing their child.

This perceived level of threat may lead parents to carry out compulsions as a way of securing the child's safety. They may leave the family home, or refuse to be left alone with their children.

Women with OCD report a significant effect on their quality of life, parenting tasks, relationships with partners and perceived social support (Challacombe et al, 2016).