

Can Perinatal OCD be treated?

Fortunately, with the right support OCD is a very treatable condition. A clinical psychologist experienced in OCD treatment can help you to understand why the unwanted intrusive thoughts and emotions are happening and, importantly, how to manage them.

Treatment options for Perinatal OCD include:

- Exposure Response Prevention (ERP) therapy in which the person changes how they respond to their obsessional thoughts, gradually building up tolerance of uncomfortable emotions and reducing the use of compulsive behaviours.
- Mindfulness can be a useful complement to ERP therapy because it helps you to notice intrusive thoughts without engaging with them.
- Selective serotonin reuptake inhibitor (SSRI) medicine. This medication helps to decrease the intensity of obsessive thoughts and so makes it easier to undertake ERP therapy. It can be helpful to have a psychiatrist's guidance when establishing the optimal medication for you. Some medicines used to treat OCD are probably safe to use for pregnant and breastfeeding women, and it's important to check with your doctor about which medicines are safest for you.

How can I help a friend or family member with Perinatal OCD?

If you are concerned that a friend or family member might be experiencing OCD, ask about the thoughts and behaviours that you are noticing in a nonjudgemental and calm way. If they are experiencing mental distress, you can help them to arrange a consultation with a health professional. Rather than trying to 'force' them into getting help, it is better to talk to them about how things would improve if they sought professional support.

When a parent has perinatal OCD, often the first instinct of family and friends is to do whatever they can to ease the person's distress. This may mean giving frequent reassurance that a feared event will not happen, or making adjustments to everyday living so that feared situations can be avoided.

In the short-run, these accommodations might put the person at ease. Although well intentioned, these types of 'help' don't work in the long-run because they unintentionally reinforce the obsessive-compulsive thought cycle.

Rather than make abrupt changes, which would likely be very distressing, be guided by the advice of a therapist about the best way to address feared situations. You could offer practical support to keep the household running. It can be helpful to learn about OCD, but it is mainly love, warmth and encouragement that is needed.

Contact Us

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General enquiries: office@pada.nz



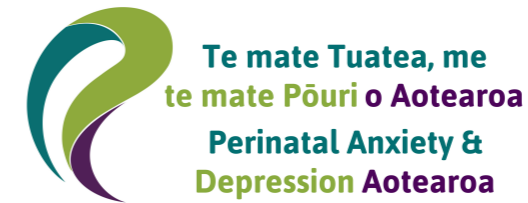
Everyone experiences intrusive thoughts from time to time (ie unwelcome ideas, images or urges). The themes are sometimes weird or unpleasant.

Intrusive thoughts are like junk mail of the mind. Usually they are hardly noticed, and quickly forgotten.

In someone experiencing OCD, some intrusive thoughts get stuck in the mind, returning again and again, and the person feels very distressed.

Find out more:

- Information about OCD - www.oed.org.nz
- Fixate, a Facebook-based peer support group for NZers living with OCD, and those supporting someone living with OCD. www.facebook.com/fixate/
- Information about perinatal mental health - www.pada.nz.



Perinatal OCD

New baby, distressing repetitive thoughts

Perinatal OCD is when a parent experiences Obsessive Compulsive Disorder while pregnant or during the first year of their baby's life. It is a little known but not uncommon form of mental distress. Perinatal OCD often revolves around unwanted thoughts and images related to a parent's fear of harming their infant. These intrusive thoughts go against the person's values and intentions, which is precisely why they are so distressing. Living with perinatal OCD can significantly interfere with the parent's wellbeing and their experience of pregnancy and parenting.

Everyone experiences intrusive thoughts from time to time (ie unwelcome ideas, images or urges). The themes are sometimes weird or unpleasant. As long as there is no intent to act on these thoughts, there is no reason for alarm. For example, new parents are focused naturally on the safety of their baby and feel particularly responsible for them. Because of this, it's perfectly normal for a parent to experience a fleeting image of hurting their baby or a thought that food may be contaminated. These uninvited thoughts are usually quickly forgotten and the parent moves on.

However, with perinatal OCD, a parent finds that intrusive thoughts get 'stuck' in their mind, returning again and again and causing them distress. Often parents with OCD worry that the intrusive thoughts are a sign that they will harm their baby or that they are 'bad' parents. To gain relief from mental distress, the parent takes measures to counter the distressing thoughts and images. These measures are called compulsions, and could be tapping, praying, over-cleaning, or avoidance of doing certain things with their baby (such as using knives around them or giving them a bath). These precautions gradually take more and more time and effort. Because the thoughts are against what the parent wants to happen, they are seeking absolute certainty that the baby will not come to harm. (Sadly, some parents do have a desire to harm their baby, but this is not the case with OCD.)

About 1% of New Zealanders live with OCD. We now know that OCD is more common during the perinatal period than during other times in life. Among women who have recently given birth, there is a twofold increase, possibly more, in the occurrence of OCD. Fathers can also experience perinatal OCD. Symptoms may appear for the first time during a pregnancy or while caring for the baby, or pre-existing symptoms may worsen.

OCD is a significant but a treatable problem. However, lack of knowledge amongst women experiencing perinatal OCD and the professionals they encounter has sometimes been a huge barrier to accessing treatment.

**Dr Fiona Challacombe,
Maternal OCD Patron**



PADA

Perinatal Anxiety and Depression Aotearoa is the national organisation committed to eliminating the stigma around perinatal mental health in New Zealand.

We do this by championing awareness and facilitating best practice in perinatal mental health and wellbeing to ensure all families/whanau have access to appropriate information and support.

This resource is freely available to assist in raising awareness of OCD in new parents.

Content for this resource comes from www.oed.org.nz; Marion Maw, a member of Fixate; Dr Natalie Flynn, DipSWSP, BA Hons, DClinPsy at Emotional Health Services.

We gratefully acknowledge Pelorus Trust who donated funds to develop this resource.



What are some common indications of Perinatal OCD?

Each individual's experience of perinatal OCD is unique but there are some common symptoms. This list of common features may help a parent, friend or whānau to identify the possibility of perinatal OCD, but it requires a health professional to determine whether the condition is actually present.

- OCD symptoms that start or return during pregnancy or within the first year after the birth.
- Persistent worry of accidental harm coming to the unborn or newborn infant.
- Persistent thoughts or images of actively harming the baby, despite the mother or father knowing they don't want to harm the baby in any way.
- Repeatedly doing actions meant to control or stop the obsessional thoughts, or to prevent fears from coming true (e.g. excessive checking on the baby, washing, mental rumination, saying prayers).
- Avoiding certain activities with the baby (e.g. holding, giving a bath, using stairs, changing nappies).
- Needing to have a partner or helper nearby to provide frequent reassurance related to thoughts and images, to carry out avoided tasks, and as an insurance against carrying out a feared action.
- Feeling overwhelmed by the obsessions and compulsions.
- Trouble sleeping because of the disturbing obsessions and time-consuming compulsions.
- Interference with taking care of the baby.



“No one could touch the food or surfaces the food was placed on. We had to change how we bought food, stored food and cooked food.” - Jane, Mum

“I had images of kicking my son when he was lying on the mat, so I would walk with a gap around the mat or crawl to him on the mat.

Changing baby's nappy and a thought pops up...What if you're a pedophile? This then turned into...Why would you even think that you weirdo? Does that mean I really am a pedophile?...” - Trudy, Mum

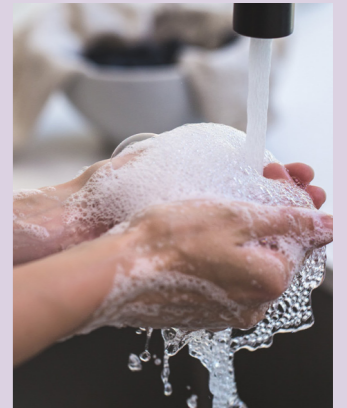
“There were swirling tensions as a father wanting to do the best for my child while at the same time all these horrible thoughts flooded my mind.” - David, Dad

If you are in mental distress because of intrusive thoughts about your baby, what should you do?

It is normal to worry about the responsibility of being a new parent, and to be careful about caring for and protecting your baby. The great majority of new parents will have unpleasant images or thoughts that pop into their head at some stage. If obsessive thoughts and compulsive behaviours are getting in the way of everyday life or causing significant distress, then it is time to seek help. It is easier to talk about mental distress if you are confident that others will understand. You could begin a conversation by giving this brochure to someone you know and trust.

If you have a good relationship with your midwife or GP you should talk to them about what is happening. You could show them this leaflet. If you don't feel comfortable with this, contact the maternal mental health services in your area.

Alternatively if you can afford it, contact a psychologist with experience in treating OCD.



Is it common for people to keep quiet and not tell others that they are experiencing OCD?

One of the hallmarks of OCD is that the intrusive thoughts are in conflict with a person's values, desires and beliefs. The unwanted thoughts often involve themes around contamination, harm, health, sexuality, gender identity, relationships, morality and religion. Often people initially don't know that they are experiencing OCD, and instead mistakenly believe that the persistent, disturbing thoughts say something about themselves as a person. It may be particularly difficult to disclose taboo thoughts of a violent, sexual or religious nature.

Contamination is a common perinatal OCD theme. This obsession is about a parent seeking complete certainty that they will keep their baby safe from illness. The parent may feel compelled to repeatedly clean or to be extremely careful about food, even though they know their concern about germs is excessive. The person may keep this private as they recognise that other people might not understand and might judge them.

Harm is another common perinatal OCD theme. A mother or father may have obsessive thoughts or images related to accidentally or actively hurting their baby. Because OCD is not about desire or intention to harm they may feel deeply ashamed and so may find it difficult to confide in others.

Do people who experience Perinatal OCD have signs before they become parents?

Sometimes OCD emerges for the first time in the perinatal period. However, often when they look back, a parent sees signs of OCD from their childhood or adolescence. The content of the obsessive thoughts and nature of the compulsions may have changed. As a child they might have felt a need to perform rituals such as 'checking' to keep people safe whereas as a young adult they might have experienced intrusive sexual thoughts. In hindsight, the person may recognise an underlying pattern: wrestling with unwanted thoughts and uncomfortable emotions, and seeking relief by doing mental and/or physical actions.

Rather than intrusive thoughts, some people have an unsettling sense that something doesn't feel right. Sometimes people feel compelled to arrange objects again and again or balance sensations on one side of the body by achieving exactly the same sensations on the other side of the body.

Remember - you are not alone

THE NUMBER OF NEW ZEALANDERS
LIVING WITH OCD AT ANY TIME:

50,000

THE NUMBER OF NEW ZEALANDERS
WHO EXPERIENCE PERINATAL OCD IN
ANY YEAR:

1,500

PEER SUPPORT FOR NEW
ZEALANDERS LIVING WITH OCD OR
SUPPORTING SOMEONE LIVING WITH
OCD:

Fixate, a Facebook-based
support group
www.facebook.com/fixate

