

The Silent Existence of Postpartum OCD

Many times postpartum depression takes the spotlight for new mothers as a common but powerful symptom that occurs after childbirth. It is talked about fairly openly among doctors and patients and becoming more recognized in the mental health community. However, postpartum OCD has taken a backseat as a condition for new parents. Yes- parents! As stated in a study performed by Dr. Jonathan Abramowitz (2012) and his colleagues, “new fathers are also vulnerable to postpartum OCD symptoms.” Postpartum OCD relates to thoughts and obsessions specifically about the newborn baby, as opposed to non-postpartum OCD where thoughts may be surrounding contamination, hoarding, order and symmetry, etc. In the mentioned study, some sufferers report “obsessions having to do with accidental harm, while in others the obsessions involve unwanted thoughts or ideas of intentionally harming the newborn” (Abramowitz, 2012). Compulsions are also related to the baby, such as constant checking on the baby, praying over the baby, reassurance seeking that thoughts are normal, or avoidance of the infant. This is an important study to understand due to the normalcy of unwanted and harmful thoughts but rarity of the postpartum OCD diagnosis. Abramowitz’s research shows 80 percent of new mothers have these thoughts and two-thirds of new fathers have also reported these thoughts, but only approximately 1-3 percent of new mothers are actually affected by postpartum OCD (2012).

There are two main causes Dr. Abramowitz describes for OCD symptoms soon after childbirth. The first but not well tested theory is the biological model. After pregnancy, levels of progesterone and oxytocin are in fluctuation. Research has shown a correlation of oxytocin and serotonin, which is a neurotransmitter linked to OCD. If oxytocin is increased after childbirth, this can cause an increase in serotonin which can possibly lead to an increased rate of OCD. However, since new fathers are also known to express similar thoughts and symptoms, this caused researchers to go a step further. The second theory for postpartum OCD is a psychological model where these unwanted thoughts are mistaken as significant or threatening. If a new mother or father misinterprets their violent thoughts as he or she will cause harm to or kill the baby, the parent may develop a compulsion to avoid such harm. In turn, causing the parent to become fearful and anxious and spurring on OCD symptoms.

The key is to share your thoughts and ask for help. Mothers and fathers will not realize the normalcy of the unwanted thoughts unless they speak up. The chances of acting on such thoughts are extremely low (Abramowitz, 2012). When the thoughts are more intense and a desire to commit the action is present, postpartum psychosis is more than likely a diagnosis instead. The common treatments for OCD include medication (if applicable and agreed upon by a professional) and CBT. Medication might not be an option for new mother so receiving consult from a mental health professional is critical. Cognitive Behavioral Therapy commonly will include four components: an assessment, education about the normalcy of the unwanted thoughts at the time of childbirth, cognitive therapy to challenge misinterpreted thoughts, and possibly exposure and response therapy to confront fearful or stressful situations. You and your newborn deserve the help that exists for you. Don’t suffer in silence as the unwanted thoughts invade your mind. Speak up and take advantage of the effective treatments available for you.

Abramowitz, J. (2012). *Beyond the blues: Postpartum OCD*. International OCD Foundation.