Quick Recognition Guide: Perinatal OCD

A brief guide for healthcare professionals

For GPs, Midwives, Maternal & Child Health Nurses, Psychologists and other Health Professionals

Perinatal OCD at a Glance

Perinatal OCD is a recognised and highly treatable form of OCD that develops or worsens during pregnancy or within the first year after welcoming a baby. It can affect birthing parents, fathers, partners, adoptive parents, foster carers and other primary caregivers.

Key Point

Parents with Perinatal OCD are frightened because they **fear they may harm their baby, not because they want to.** Many fear disclosing their experience because they worry they will be misunderstood.

Common Features of Perinatal OCD

- Unwanted and intrusive thoughts/images/urges of harm to the baby
- These are ego-dystonic (go against the person's values)
- High distress, disgust, guilt and shame
- Excessive checking of the baby or internet searching
- Avoidance of caring for the baby
- Excessive reassurance seeking with others including health professionals
- Rumination and analysing thoughts
- Insight is preserved

Perinatal OCD vs Postpartum Psychosis

Perinatal OCD

- Intrusive unwanted thoughts
- Knows thoughts are unwanted
- Fear of harming baby
- Compulsions to prevent harm

Postpartum Psychosis

- Delusions and/or hallucinations
- Reduced insight
- Loss of contact with reality
- Psychiatric emergency