



Obsessive-Compulsive Disorder (OCD) in Pregnancy & Postpartum



What Is Perinatal OCD?

Perinatal OCD is a form of anxiety that can begin during pregnancy or after birth. It affects caring, responsible parents who are distressed by intrusive thoughts – not parents who want to cause harm.

These thoughts are a sign of anxiety – not intent, character, or danger.

OCD often targets what you love most.

Perinatal OCD can affect mothers, fathers, and non-birthing parents.

What Are Obsessions?



Obsessions are unwanted, intrusive thoughts, images, or impulses that cause distress.

- Feel disturbing or “not like you”
- Focus on specific feared consequences
- Repeat or feel hard to dismiss
- Target what matters most to you

Common themes in perinatal OCD include:

- **Harm:** “What if I lose control?”
- **Contamination:** “What if the baby gets sick because of me?”
- **Doubt:** “Did I latch the car seat correctly?”
- **Sexual intrusive thoughts:** Distressing, unwanted images
- **Perfectionism:** “If it’s not done exactly right, something bad will happen.”



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What Are Compulsions?

Compulsions are repetitive behaviors or mental rituals used to reduce the anxiety caused by obsessions.

They may include:

- Repeated checking
- Excessive cleaning or sanitizing
- Avoiding certain situations (stairs, baths, knives)
- Reassurance-seeking
- Mental reviewing or repeating phrases
- Creating rigid rules to “prevent” harm

Compulsions

temporarily reduce anxiety – but tend to keep the fear coming back stronger.



A Gentle Reassurance

Even among parents without OCD, about 1 in 2 report unwanted intrusive thoughts about harm coming to their baby at some point.

OCD develops when the brain mistakenly treats these thoughts as important or dangerous.





Perinatal OCD Is . . . More Common Than You Think



1 in 33 Women
experience OCD
during pregnancy

Up to 1 in 14
women
postpartum

1 in 11
postpartum women report
new-onset
OCD symptoms

OCD Can:
✓ Begin for the first time in pregnancy or postpartum
✓ Worsen if you've had it before
✓ Flare due to stress, sleep loss, or hormonal changes

OCD vs. Psychosis

OCD:

- Thoughts are unwanted and distressing
- You fear the thought because it goes against your values

Psychosis:

- Thoughts feel real or true
- Often includes confusion or loss of insight

If you're unsure, professional help can provide clarity and support.

When to Seek Support
Consider reaching out if you notice:

- **Intrusive** thoughts that won't go away
- **Increasing** rituals or checking
- **Avoiding** baby-related tasks
- **Feeling** stuck in fear or doubt
- **Difficulty** enjoying or bonding
- **Feeling** overwhelmed



What Helps? OCD Is Highly Treatable

<p>Therapy (First-line treatment)</p> <ul style="list-style-type: none">• Exposure & Response Prevention (ERP)• Cognitive Behavioral Therapy (CBT)	<p>Medication</p> <ul style="list-style-type: none">• SSRIs (Zoloft, Prozac, Lexapro)• Reduces intensity of thoughts	<p>Support</p> <ul style="list-style-type: none">• Partner involvement• Support groups• Self-care + sleep
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! A Final Reminder

- ✓ You are not your thoughts
- ✓ You are not unsafe
- ✓ You are not a bad parent

OCD targets what you love most.

Recovery is Possible & Support is available

