




Perinatal OCD and How To Treat It

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Objectives

1

Participants will learn the diagnostic criteria for Obsessive Compulsive Disorder.

2

Participants will learn about the OCD subtype Perinatal OCD, and the common obsessions and compulsions of this subtype.

3

Participants will be able to identify the recommended treatment protocols for OCD/ Perinatal OCD.



Diagnostic Criteria

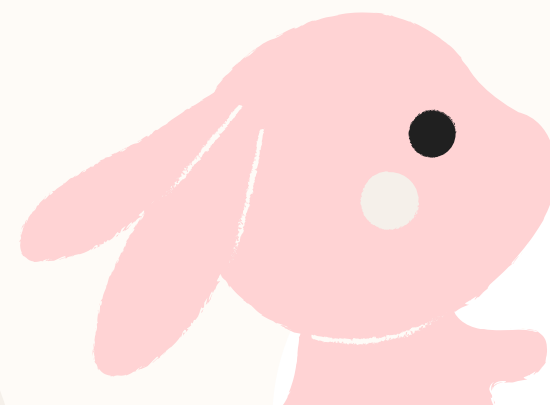
Obsessive-Compulsive Disorder

Presence of obsessions,
compulsions, or both

Not due to a substance
or medical condition

Time consuming or
causes clinically
significant distress

Not better explained by
another mental disorder



Obsessions

Recurrent and persistent thoughts, images, urges and sensations that cause anxiety or distress. The person attempts to ignore or suppress the obsessions.



Unwanted



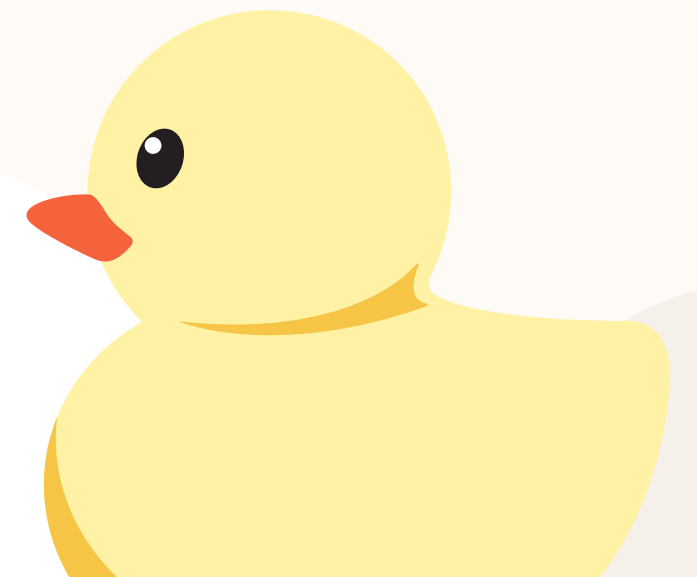
Repetitive



Intrusive



Disturbing



Obsessions

- Contamination
- Aggression/Harm
- Doubting
- Religious/Moral/Scrupulous
- Symmetry/Exactness/Order
- Sexual Obsessions
- Sexual Orientation Obsessions
- Gender Identity
- Loss of Impulse Control
- Just Right OCD
- Perfectionism
- Hyper-Responsibility
- Hyper-Awareness
- Meta OCD
- Real Event OCD
- Relationship
- Postpartum/Perinatal
- Death/Existential



Compulsions


Repetitive behaviors or mental acts the person feels driven to perform in response to an obsession.

The compulsion is aimed at reducing the anxiety or preventing a feared consequence.


May provide temporary relief, however, feeds/reinforces the OCD cycle.

Compulsions

- Washing/cleaning
- Checking
- Ordering/Arranging/Evening Out/Moving
- Repeating/Erasing/Redoing
- Touching/Tapping
- Confessing
- Praying
- Apologizing
- Camouflaging
- Staring
- Superstitious behaviors
- Behavioral avoidance
- Reassurance seeking



Mental Compulsions

- Cognitive avoidance
 - Lucky words/numbers/phrases
 - Praying
 - Cognitive restructuring
 - Counting
 - Checking
 - Self-reassurance
 - Rumination/Problem solving
 - Mental reviewing
- 

Perinatal OCD

Obsessional doubts pertaining to one's pregnancy (prenatal) to postpartum.

Includes both new onset of OCD and exacerbation of pre-existing OCD.



Distinction from postpartum anxiety or postpartum depression

Differentiation from psychosis*

Distinction from normal, intrusive thoughts and clinical obsessions

Ego-dystonic; extremely unlikely to act on obsessions

*hallucinations, delusions, disorganized or bizarre behavior, lack of insight

Rationale for Addressing Perinatal OCD

01

OCD is often missed or misdiagnosed

02

OCD can worsen during major life events (like pregnancy/birth)

03

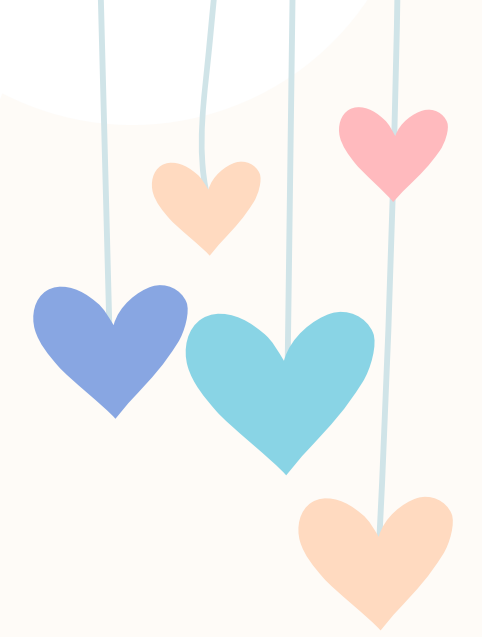
Hormonal shifts and sleep deprivation can contribute to sudden/worsening of symptoms

04

Untreated symptoms can impair bonding and quality of life



Perinatal Obsessions



What if I accidentally dropped my baby down the stairs?

Maybe I poisoned my baby.

What if I suffocate my baby?

What if I touch my baby inappropriately while changing their diaper?

What if my baby is contaminated?

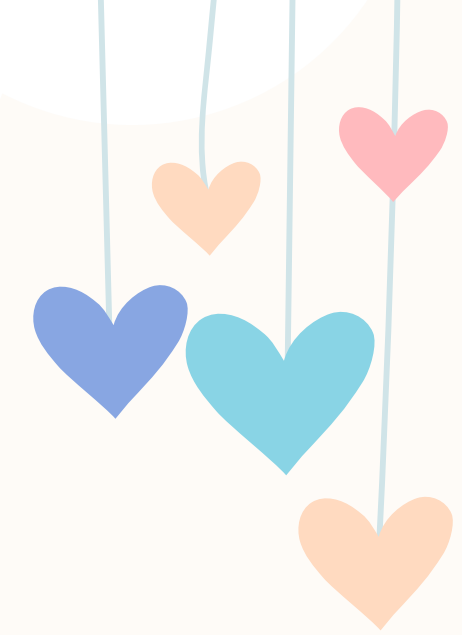
What if I stab my baby?

What if I shake my baby?

What if my baby is possessed?



Perinatal Compulsions



Repetitive checking

Reassurance seeking

Avoidance

Mental rituals

Excessive cleaning



Assessment

In addition to assessing for all postpartum diagnoses and comorbidities (Edinburgh Postnatal Depression Scale, Postpartum Depression Screening Scale, PHQ-9, Beck Anxiety Inventory)...



Clinical
Interview



Yale-Brown
Obsessive
Compulsive
Scale (YBOCS)



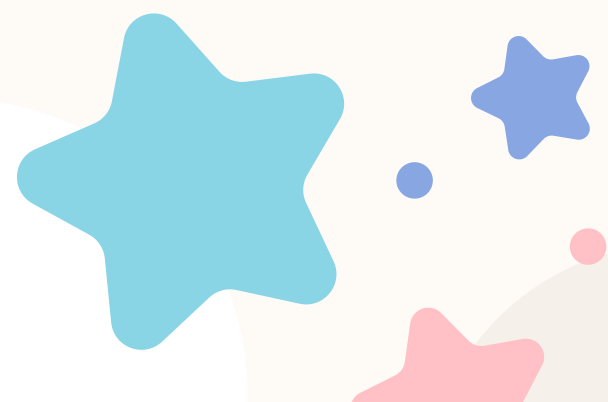
Obsessive
Compulsive
Inventory-
Revised (OCI-R)



Inferential
Confusion
Questionnaire
(ICQ)



Family
Accommodation
Scale



Recommended Treatments

Exposure &
Response
Prevention

Medication

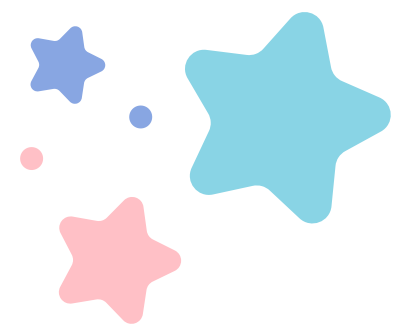
Inference-Based Cognitive
Behavioral Therapy

Acceptance &
Commitment Therapy



Exposure & Response Prevention (ERP)

- Evidence based treatment for OCD, been around the longest, is the most well known, and has the largest research base
- Utilizes exposure to face the fear and habituate to anxiety
- Decreases the compulsions which are reinforcing OCD



ERP Examples

Holding your baby,
bathing your baby,
changing diaper

Sit with
anxiety

Decrease avoidance,
checking, reassurance
seeking

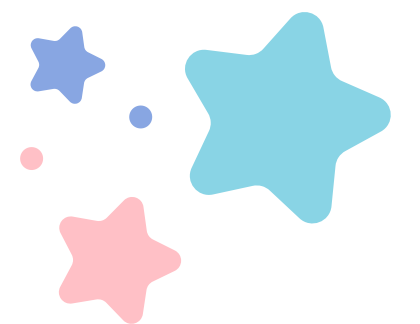
Habituate to
fear

Tolerating uncertainty



Inference-Based CBT (I-CBT)

- A “newer” evidence-based treatment for OCD
- Obsessions are inferences that are created through a faulty reasoning process.
- The goal is to decrease inferential confusion, which is when we mistake imagined possibilities for reality.
- Recognize how our doubts are constructed in the first place and how the obsessional story is built in the imagination; therefore is irrelevant to the present moment



I-CBT: How a doubt is constructed?

Hearsay stories: I've heard this happen to other moms.

Values/Rules: It's important to take care of my newborn.

Personal experience: I did have the thought.

It's just possible

Facts: Newborns are fragile.

I-CBT: Uncovering OCD's Tricks

Mismatched stories

Using your values
against you

Misapplying experiences

Relevant vs irrelevant
possibilities

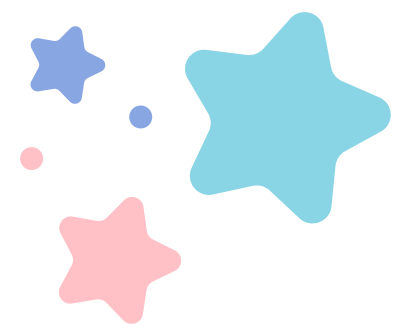
Out-of-context facts





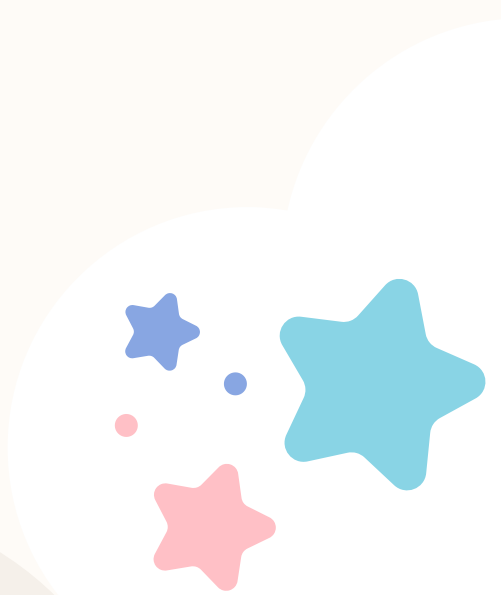
Acceptance & Commitment Therapy (ACT)

- Acceptance that internal experiences exist, including obsessions
- Thought defusion to create space between self and thoughts
- Mindfulness to increase living in the present moment
- Live a valued lifestyle





Medication

- Selective Serotonin Reuptake Inhibitors (SSRIs)
 - Considered safe for perinatal use, often compatible with pregnancy and breastfeeding, but follow doctor's recommendations and tailor to individual
 - Clinician should collaborate with OBGYN/psychiatrist
 - Medication is often considered for moderate to severe symptoms, if unable to tolerate treatment, if not making progress, or patient preference
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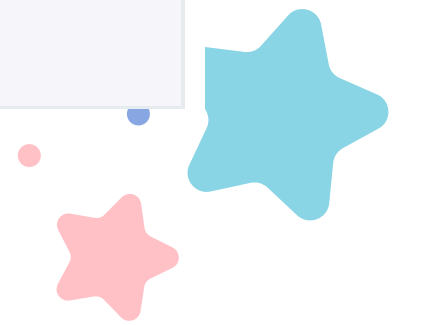


Medication

Which medications help OCD symptoms?

The following antidepressants have been found to work well for OCD in research studies:

▪ fluvoxamine (Luvox®)	▪ fluoxetine (Prozac®)
▪ sertraline (Zoloft®)	▪ paroxetine (Paxil®)
▪ citalopram (Celexa®)*	▪ clomipramine (Anafranil®)
▪ escitalopram (Lexapro®)	▪ venlafaxine (Effexor®)



Additional Treatment Recommendations

01

Psychoeducation for spouse and family. Reducing accommodations

02

Utilize telehealth if needed for caregiver flexibility

03

Address shame, stigma, fear of consequences

04

Support systems for new parents

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Thank you!

Comments & Questions

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