

# Perinatal Obsessive-Compulsive Disorder (OCD)

Carmen Croicu, MD

# Perinatal OCD

Perinatal period is a high-risk time for the onset or exacerbation of OCD and the risk is higher in the postpartum period than during pregnancy; rates of postpartum OCD exacerbation between 25% and 75%. Consider screening for OCD in patients presenting with anxiety and depression (high rates of comorbidity with anxiety disorders and MDD).

## Screening for OCD symptoms and intrusive thoughts of harming the baby

- Some useful screening questions:

“Are you having any thoughts that keep bothering you that you’d like to get rid of but cannot?”

“Do you do things over and over again because you feel anxious if you don’t (for example, checking on your baby, washing your hands)?”

“Sometimes parents have scary thoughts or images of harm coming to their baby, accidentally or deliberately. Have you had any thoughts like that?”

- positive OCD screen should be followed by a diagnostic evaluation
- **Yale-Brown Obsessive-Compulsive Scale (Y-BOCS):** interviewer-rated scale, 10 items, gold standard for symptom severity measurement, > 25-35% decrease in score = response to treatment, < 8 = remission of OCD

## Unique features of perinatal OCD

**Pregnancy:** gradual onset

-contamination obsessions and cleaning rituals (frequent)

**Postpartum:** rapid onset (within 4 weeks)

-frequent occurrence of aggressive obsessions and intrusive thoughts/fears of accidentally harming the baby

-avoidance behaviors (e.g. bathing), mental rituals, compulsive checking of infant

-contamination obsessions and cleaning compulsions, checking compulsions

## Risks of untreated OCD

adverse pregnancy outcomes (preterm delivery, low-birth weight, preeclampsia), reduced ability to care for the newborn, negative impact on mother-infant bonding

## Differential diagnosis of intrusive thoughts about harming the baby

**OCD:** thoughts of harm are ego dystonic (foreign/disturbing to the patient, inconsistent with their beliefs and values); feelings of guilt and shame, good insight, compulsive rituals, no risk of infant-harming behaviors

**Postpartum psychosis:** thoughts of harm are ego syntonic (acceptable to the patient); poor insight, no feelings of guilt and shame, delusions and/or hallucinations, no compulsive rituals, increased risk of harm, never leave the mother alone with the baby

**Postpartum depression:** associated depressive symptoms, no delusions and/or hallucinations or mood-congruent psychotic symptoms, low risk of harm but high risk with associated psychotic symptoms

# Perinatal OCD (Continued)

## Guidelines for management of perinatal OCD

First-line evidence-based therapies: CBT, specifically exposure and response prevention (ERP), SSRIs

CBT/ERP: 1<sup>st</sup> line treatment for mild-moderate OCD, highly effective

CBT/ERP + SSRI: for moderate-severe OCD

SSRIs: preferred when the severity of symptoms prevents the mother from engaging in CBT/ERP

Other interventions: psychoeducation provided to mother and families about the nature of infant-focused obsessions

## Pharmacological treatment:

**SSRIs**: 1<sup>st</sup> line, no data suggesting one SSRI is superior to another, higher dose than used for depression

See [antidepressant table](#) in the depression care guide

**Fluvoxamine**: limited data, no major malformations with exposure (n~500); low levels in breastmilk (dose <300 mg/daily), and not expected to cause adverse effects in the breastfed infant; monitor infants for diarrhea, vomiting, decreased sleep, and agitation.

**Clomipramine**: limited data and less well tolerated compared to SSRI's, increased risk of major malformations (OR 1.4) including cardiovascular defects (OR 1.6), more severe and prolonged neonatal adaptation syndrome; limited data about risks in lactation, no adverse effects in 4 infants

## Treatment-resistant OCD

-address specific treatment for comorbid disorders

-add CBT/ERP (if not already initiated) to SSRI

-longer trial of SSRI, dose optimization, switch to a new SSRI

-augmentation of SSRI with atypical antipsychotics: very limited data, quetiapine augmentation (average dose of response 100mg daily) after inadequate response to SSRI (n=17 postpartum women)

-initiate psychiatric referral or psychiatric consultation

# Perinatal OCD Resources

## Review articles:

Brok EC, Lok P, Oosterbaan DB, et al. Infant- related intrusive thoughts of harm in the postpartum period: a critical review. *J Clin Psychiatry*. 2017;78(8):e913–e923. <https://doi.org/10.4088/JCP.16r11083>

Stein DJ, Costa DLC, Lochner C, et al. Obsessive-compulsive disorder. *Nature Reviews* 2019; 5:52; <https://doi.org/10.1038/s41572-019-0102-3>

Fairbrother N, Collardeau F, Woody SR, Wolfe DA, Fawcett JM. Postpartum Thoughts of Infant-Related Harm and Obsessive-Compulsive Disorder: Relation to Maternal Physical Aggression Toward the Infant. *J Clin Psychiatry*. 2022 Mar 1;83(2):21m14006. doi: 10.4088/JCP.21m14006. PMID: 35235718.

Fineberg NA, Van Ameringen M, Drummond L, et al. How to manage obsessive-compulsive disorder (OCD) under COVID-19: a clinician’s guide from the International College of Obsessive-Compulsive Spectrum Disorders (ICOCS) and the Obsessive-Compulsive and Related Disorders Research Network (OCRN) of the European College of Neuropsychopharmacology. *Comprehensive Psychiatry* 2020; 100: 152174

## Patient manuals:

Break Free from OCD: Overcoming Obsessive Compulsive Disorder with CBT Paperback – September 1, 2012 by Dr. Fiona Challacombe, Dr. Victoria Bream Oldfield, Professor Paul Salkovskis: [https://www.amazon.com/Break-Free-OCD-Overcoming-Compulsive/dp/0091939690/ref=sr\\_1\\_1?dchild=1&qid=1618855536&refinements=p\\_27%3ADr.+Fiona+Challacombe&s=books&sr=1-1&text=Dr.+Fiona+Challacombe](https://www.amazon.com/Break-Free-OCD-Overcoming-Compulsive/dp/0091939690/ref=sr_1_1?dchild=1&qid=1618855536&refinements=p_27%3ADr.+Fiona+Challacombe&s=books&sr=1-1&text=Dr.+Fiona+Challacombe)

Treatments that Work Exposure and Response (Ritual) Prevention Therapy (2012) by Edna B. Foa, Elna Yadin, Tracey K. Lichner: [https://www.amazon.com/Exposure-Response-Prevention-Obsessive-Compulsive-Disorder/dp/0195335287/ref=sr\\_1\\_2?dchild=1&keywords=Treatments+that+work+ocd&qid=1590530983&s=books&sr=1-2](https://www.amazon.com/Exposure-Response-Prevention-Obsessive-Compulsive-Disorder/dp/0195335287/ref=sr_1_2?dchild=1&keywords=Treatments+that+work+ocd&qid=1590530983&s=books&sr=1-2)

## Websites for patients:

Royal College of Psychiatrists’ page on Perinatal OCD <https://www.rcpsych.ac.uk/mental-health/problems-disorders/perinatal-ocd>

International OCD Foundation page with fact sheets, brochures, apps, books about OCD; guidance in finding treatment <https://iocdf.org/>

NIMH webpage about OCD with links to brochure, books <https://www.nimh.nih.gov/health/topics/obsessive-compulsive-disorder-ocd/index.shtml>