




Obsessive Compulsive Disorder (OCD) in the Perinatal Period

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The background features a light grey base with large, overlapping organic shapes in muted green and brown. On the left, there are stylized, layered patterns of foliage in shades of grey and brown. A thin white line curves across the bottom right of the image.

No
Disclosures

PRISM for Moms: Psychiatric Referrals, Intervention, and Support in Montana

Free consult

1-833-837-7476 or
HIPPA-compliant online e-consult
form at prismconsult.org



Objectives

- Epidemiology, Features and Diagnosis

- Risks of untreated perinatal OCD versus medication use during pregnancy and lactation

- Evidenced-based for treatment approaches of perinatal OCD

Case

21Y/O F referred by OB/GYN for anxiety in postpartum. First child is 8 months old.

PPHx: Anxiety in high school- missed class and eventually dropped out. Met with therapist and tried SSRI.

HPI:

- During pregnancy noted mild increase depression symptoms and concerns daughter would be born unhealthy
- Starting 4 months PP, sudden increase in anxiety and distress about daughters' health and safety
- Checking frequently if daughter was breathing, fear of meningitis
- Call mom +20X in 4-hour period to get reassurance that daughter wasn't drowning
- Following fire trucks to ensure it is not for her daughter
- Intense fear that brother-in-law or husband will harm her daughter
- Husband noticed she would repeat things 4X-to see if she took her daughter out of the car seat
- Sleeping max 4 hours, now trusting fiancé to watch daughter at night
- Changed jobs from Sales Manager to Barista.

Symptoms of OCD

Obsessions:

- Recurrent and persistent thoughts, urges, or images that are intrusive and unwanted leading to anxiety or distress. Ego-dystonic (distressing)
- Attempts to ignore, suppress, neutralize with other thought or action

Compulsions:

- Repetitive behaviors that the individual feels driven to perform in response to the obsession
- Behaviors or mental acts to prevent or reduce, anxiety/distress/dreaded event or situation

More than 1 hour/day, or causes significant distress or impairment in social, occupational or other important areas of functioning. Specify level of insight.

Features of Perinatal OCD

	<u>Onset</u>	<u>Obsessions:</u>	<u>Compulsions:</u>
During Pregnancy	Gradual Onset	Fear of fetal death, contamination	Checking for fetal movements, excessive washing and cleaning,
Postpartum	Rapid Onset (within 4 weeks)	<ul style="list-style-type: none"> • Fear of intentional or accidental harm to the infant (including sexual abuse) • Fear of misplacing the baby • Intense fear of SIDS • Fear of contamination • Fear of criticism of mothering skills 	<ul style="list-style-type: none"> • Compulsive checking of the infant (at night) • Excessive washing and cleaning • Avoidant behavior (avoiding infant, support groups, knives) • Seeking reassurance • Counting to correct obsessional thoughts

Epidemiology

- Prevalence of OCD increases during pregnancy and 1 year postpartum ¹⁻²
- Perinatal OCD more likely in first time mothers⁴
- Intrusive thoughts are common, however not everyone who has them meets OCD criteria ³
- Hx of OCD dx, increases risk of perinatal OCD ^{5, 6}
- Fathers' experience perinatal OCD ^{6, 7}
- Lower rates of perinatal screening and lack of studies in BIPOC and LGBTQ+ populations ⁸

Risk Factors and Etiology

- Primiparity
- Early postpartum period (first 4 weeks)
- Major depressive disorder
- Anxiety
- Hx of OCD
- Obsessive compulsive personality disorder

Etiology is thought to be related to hormone changes in pregnancy- no direct research

- Other theories include change in responsibility and stress

Exploring OCD symptoms and intrusive thoughts

- "It's not uncommon for new mothers to experience intrusive, unwanted thoughts that they might harm their baby. Have any such thoughts occurred to you?"
- "Have you had any scary thoughts, for example, that you might accidentally harm the baby? Many women experience such thoughts, but are afraid to mention them."

Screening Tools

- Perinatal Obsessive- Compulsive Scale (POCS)
 - Yale-Brown Obsessive Compulsive Scale
- Screen for comorbid psychiatric disorders

Differential Diagnosis

Psychosis:

- poor insight, Ego-syntonic (acceptable)
- less anxiety with thoughts

Intrusive thoughts:

- symptoms not severe enough to cause impairment

Depression:

- Obsessions
- depressive symptoms

Comorbid psychiatric disorders ⁷

70% Depressive Disorder

25% Anxiety Disorder

Risks of Untreated Perinatal OCD

- Adverse Pregnancy Outcomes:
 - Higher rates of miscarriage, preeclampsia, gestational diabetes, preterm birth, low birth weight
- Impaired bonding/attachment
- Negative cognitive and emotional development in children
- Diminished Quality of life
- Reduced ability to care for infant
- Marriage/relationship problems

Treatment Options

Psychotherapy:

- CBT, specifically Exposure and Response Prevention (ERP)

Psychopharmacology:

- SSRI: Preferred when the severity of symptoms prevents the mother from engaging in CBT/ERP
- No SSRI is superior to another *Sertraline in drug naïve patient or SSRI that worked in the past
- Fluvoxamine approved SSRI for OCD, limited data
 - No major congenital malformations, low levels in breast milk

Treatment Resistant:

+therapy, optimized dose, switch to alternative SSRI, try SNRI, augment

Perinatal Pharmacology

SSRI is first line for treatment (Sertraline most studied)

Start low and go slow, depending on severity

Discuss and monitor symptoms and potential side effects

Bottom line: More evidence suggest no increased risk of malformations, differences in language IQ or behavior.

Encourage breast feeding as able

Optimizing Protective Factors

- Early Identification
- Early engagement in evidenced based treatment
- Engaged in good prenatal care
- Good family and social support
- Balanced diet, sleep hygiene, exercise and mindfulness

CASE

- Identified and discussed perinatal OCD diagnosis
- Assessed for co-morbid mood disorders, safety concerns
- Recommended ongoing engagement in IBH to bridge until engaged in CBT/ERP therapy
- Started on fluvoxamine, discussed risks/benefits and potential side effects. Not breastfeeding.
- Discussed way to get more sleep
- Patient has good support from husband and parents
- Close follow up

Take Home Points

- Perinatal period is a vulnerable time for the onset or exacerbation of OCD
- Screen for OCD in patient presenting with anxiety and depression or consult psychiatry
- Untreated perinatal OCD is associated with risks for mother and baby
- Recommend therapy, CBT/ERP if able
- Optimize pharm and non-pharm treatment



Thank you

General Perinatal Psychiatry Resources

- University of Washington Perinatal Mental Health and Substance Use Education, Research and Clinical Consultation Center: Comprehensive Care Guides and Screening tools: <https://www.mcmh.uw.edu/care-guide>
- Massachusetts General Hospital Center for women's mental health: A reproductive psychiatry resources and information center. <https://womensmentalhealth.org>
- LactMed: Peer-reviewed database that provides safety data on drugs and other chemicals during breast feeding. <https://www.ncbi.nlm.nih.gov/books/NBK501922/>
- Reportox: Database about medications during pregnancy, breast feeding, and development. Requires subscription. <http://reportox.org/>
- InfantRisk Center: Phone app and call center that provide evidence-based data on medication and drug safety in pregnancy and breastfeeding. <http://www.infanrisk.com/>
- Postpartum Support International: Helpline: 1-800-944-4PPD (<https://www.postpartum.net>)
- National Maternal Mental Health Hotline: 1-833-9-HELP4MOMS
- National Domestic Violence Hotline: 1-800-787-SAFE (7233)

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