

# Postnatal OCD: From birth into the black abyss

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While postnatal depression is widely known and acknowledged, postnatal OCD was something I'd never heard of. Photo / Getty Images

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It's always been there, buzzing away. Sometimes it landed gently, an irritation, a niggle in the brain. When I was stressed it struck king hits, leaving me dazed, incapacitated and staggering in the darkness.

When my son was born it niggled for days. It popped up here and there in between feedings and crying and nappy changes.

About eight weeks in, it took up residency in my brain and wouldn't budge.

Obsessive compulsive disorder.

My son arrived with a rush of fluid and a surgeon's knife. He was breach and I knew that unless he turned I would be forced to have a caesarean.

But we didn't have a chance to turn him, because he arrived nearly a month before his due date. My waters broke at 2am in the morning and by 6am I'd been cut open and handed heaven in a tiny blanket.

I wasn't prepared for him. His room wasn't ready and I was in the middle of a work project. Moreover, I wasn't prepared for the heart-wrenching love I felt and terrifying vulnerability of a tiny, hungry newborn.

I was told that prems sometimes had a hard time with feeding. This was an understatement. He would cry and contort and writhe with agonising confusion and need for food. And he wouldn't latch.

He had a tongue tie - cut with a pair of scissors by a strange man who turned up, unannounced, by my hospital bed. After his tiny tongue was snipped, the stranger handed my bleeding, screaming baby back to me.

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I had to fight the hospital for a bottle, which he took eagerly. They wanted me to feed him milk through a tube attached to my finger to avoid "nipple confusion" but that was too much for me.

By the time we were discharged I thought I had the pumping and feeding sorted. But when we got home no matter how much I pumped I didn't have enough for his insatiable appetite. I did something I never wanted to do - gave him formula.

I felt like a failure. I was killing my baby with powdered milk instead of giving him the liquid gold that was engorging my breasts.

I pumped and pumped and topped up with formula. Meanwhile, a "lactation consultant" tried to make me stand and rock him quickly back and forth while attempting to make him latch. He screamed and refused.

**I kept telling myself I wasn't a bad person, that I was in control, but I couldn't escape the terror that I might be a monster, I might snap.**

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The OCD first attached itself on to this failure to breastfeed. I was making him sick with the powder. I was useless and bad and I didn't deserve him.

And then the darkness kicked in. The hourly wake ups, the endless pumping, lowering me into a black abyss.

I have a history of anxiety and I knew it was likely I'd go down that path, so I'd seen a psychiatrist before baby was born. They had registered me with Maternal Mental Health in Auckland, and they contacted me soon after he was born.

Although I was wracked by anxiety day and night, I wasn't considered "bad enough" to be given a key worker (case managers who you see every week). But I was monitored and checked on regularly by the team, who provided me with some good support and relief when times were really tough.

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There was more to come. The breastfeeding fixation gave way to a terror that I would become psychotic and harm my baby. The images in my head were awful, nightmarish. I kept telling myself I wasn't a bad person, that I was in control, but I couldn't escape the terror that I might be a monster, I might snap.

This went on for weeks before I decided I needed help. Luckily I could afford to go private.

The psychologist dealt with post-natal issues. She was calm and unshockable - I told her my fears and she didn't blink. I thought she would hate me; think I was a terrible person. Instead she diagnosed me with postpartum OCD and told me the thoughts and fears were extremely common, but people with OCD magnified their importance 1000-fold.

While postnatal depression is widely known and acknowledged, postnatal OCD was something I'd never heard of. A nasty subset of anxiety, OCD is mainly known for its rituals and compulsions - the constant cleaning, tapping five times to prevent disaster befalling loved ones.

But there is a form where all the compulsions are internalised and take the form of constant checking and reassurance. It's sometimes called Pure O (which is misleading, because the compulsions are there). This is the form I have.

My psychologist taught me not to run from my scary thoughts, but to observe them, describe how they make me feel, and breathe. By exposing yourself to scary thoughts you dampen their power and eventually your brain will tire of them.

By contrast you must resist the urge to reassure, check or seek evidence to counter the images in your head. Acceptance, meditation, medication (SSRIs - serotonin re-uptake inhibitors - made a huge difference to me) and mindfulness all help.

I can't say I am completely out of the woods (the OCD is triggered when I am sleep deprived or unwell) but I now have weapons with which to fight the monster. I now realise my life has been tinged with OCD - constant ruminations around existential issues, over awareness of breathing, constant checking to see if I feel "real". In my still sleep-deprived state, these are the ones that have stuck.

It's hard to change the patterns of a lifetime, but I am committed to being the best mother I can. There are moments of great joy in the midst of the terror. My baby's worth every moment spent in the abyss.

## WHAT TO DO

Auckland-based clinical psychologist Natalie Flynn specialises in the transition to parenthood and has worked extensively with women experiencing postnatal mental health issues. We asked her advice on how to cope.

How common is postnatal OCD?

New Zealand statistics show that approximately 1.4 per cent of women are suffering from OCD at any given time. Among women who have recently given birth, the incidence increases significantly. The degree of increase varies with studies, but some studies show a twofold increase, possibly more.

Do women who develop it have signs before they give birth?

When we look back at women with postnatal OCD we will often see signs going back to childhood. The usual presentation during childhood is around contamination and responsibility OCD. Contamination OCD will present itself as children complaining of

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they've come in contact with. Children with responsibility OCD often feel that they need to perform rituals such as "checking" to keep people safe. Also, retrospective studies show that about one quarter of young people with OCD have sexual obsessions (unwanted sexual thoughts that are distressing) but many lack the confidence to report these at the time they occur.

What are some common indications of postnatal OCD?

Symptoms of postnatal OCD vary from mother to mother. Obsessions are often related to harm coming to their baby, such as intrusive thoughts or images of intentionally hurting the baby through throwing, dropping, stabbing, suffocating or sexual abuse; obsessive worry about accidentally harming baby either through carelessness, such as exposure to toxins such as bleach, or recurring fear of making the wrong decisions regarding care (such as whether to seek medical advice, immunisations) leading to serious outcomes such as fatality.

Some examples of common compulsions or rituals often seen in postnatal OCD are: avoiding, hiding or throwing out sharp objects; avoiding changing or bathing baby alone for fear of sexually abusing baby, repeatedly asking for reassurance for friends and relatives that thoughts are "normal" and that no harm has come to baby, avoidance of everyday cleaning in case baby is harmed, or over-cleaning in case baby is "contaminated" by dirt; monitoring self for perceived inappropriate aggressive or sexual feelings to baby, and repeatedly checking baby as they sleep or for illness.

Is it common for people to keep their OCD symptoms secret from others?

It's estimated that only 10 per cent of people with OCD are in treatment. There are a number of reasons for this. One common reason is that many people find the intrusive thoughts or impulses they have extremely shameful. One of the hallmarks of OCD is that the intrusive thoughts or impulses are ego dystonic [in conflict with a person's goals, desires or self-image] and cause them a significant amount of distress. Many people mistakenly believe that these thoughts say something personal about themselves, such as whether they are "good" or "flawed" and don't want other people to know about them.

What should people do if they experience intrusive thoughts about their baby?

If you have a good GP you should talk to them about what is happening. If you don't feel comfortable with this, contact the maternal mental health services in your area.

Alternatively if you can afford it, contact a psychologist with experience treating OCD.

Is postnatal OCD treatable?

Yes, it's highly treatable using evidence-based techniques such as exposure response prevention (ERP), cognitive behavioural therapy (CBT) and mindfulness. Selective serotonin re-uptake inhibitors (SSRIs) can also be helpful.

It's been found that great majority of new parents (both mothers and fathers) will have unpleasant images or thoughts pop into their heads at some stage.

What differentiates these people from others with OCD?

The line is drawn when the obsessions or compulsive rituals get in the way of usual functioning or cause significant distress. People often say they "are a bit OCD" in relation to certain behaviour, but it becomes a problem if this gets in the way of every day life or people find it really distressing.

What would you say to new parents (or anyone else) concerned that they may have OCD?

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Check and see if the thoughts are ego dystonic, that is, not in line with what you actually want to do. See what happens if you acknowledge the thoughts are just thoughts and not facts and whether this is enough to relieve distress. Attempt to resist the urge to engage in rituals or compulsions and notice whether this causes distress. Know that OCD is treatable and that the thoughts have no reflection on you as a person.

Where to get help:

- Lifeline: 0800 543 354 (available 24/7)
- Suicide Crisis Helpline: 0508 828 865 (0508 TAUTOKO) (available 24/7)
- Youthline: 0800 376 633
- Kidsline: 0800 543 754 (available 24/7)
- Whatsup: 0800 942 8787 (1pm to 11pm)
- Depression helpline: 0800 111 757 (available 24/7)
- Rainbow Youth: (09) 376 4155
- Samaritans 0800 726 666
- If it is an emergency and you feel like you or someone else is at risk, call 111.

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