

## New moms suffer more obsessive-compulsive symptoms than general population

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A new mother may constantly worry and check to see if her baby is still breathing. Or she may fret about germs, obsessing whether she's properly sterilized the bottles, then wash and rewash them.

A new Northwestern Medicine study found that <u>women</u> who have recently given birth have a much higher rate of obsessive-compulsive <u>symptoms</u> than the general population.

The study found 11 percent of women at two weeks and six months postpartum experience significant obsessive-compulsive symptoms compared to 2 to 3 percent in the general population. This is the first large-scale <u>longitudinal study</u> of obsessive-compulsive symptoms in the <u>postpartum period</u>.

These symptoms, including fear of injuring the baby and worry about germs, are usually temporary and could result from <u>hormonal changes</u> or be an <u>adaptive response</u> to caring for a new baby, researchers said. But if the compulsions interfere with a mother's functioning, they may indicate a <u>psychological disorder</u>.

"It may be that certain kinds of obsessions and compulsions are adaptive and appropriate for a new parent, for example those about cleanliness and hygiene," said study senior author Dana Gossett, M.D., chief and assistant professor of obstetrics and gynecology at Northwestern University Feinberg School of Medicine and a physician at Northwestern Memorial Hospital. "But when it interferes with normal day-to-day



functioning and appropriate care for the baby and parent, it becomes maladaptive and pathologic."

The study will be published the March/April issue of *The* <u>Journal of</u> <u>Reproductive Medicine</u>.

Gossett and colleagues' recollections of their own obsessive and upsetting thoughts after giving birth led them to investigate if the experience was universal.

Obsessions are unwanted and repeated thoughts or images that create anxiety.

"A compulsion is a response to those obsessive thoughts, a ritualistic behavior that temporary allays the anxiety but can't rationally prevent the obsession from occurring," explained Emily Miller, M.D., lead study author and a clinical fellow in maternal fetal medicine at Feinberg.

Obsessive-compulsive disorder (OCD) may be triggered by stress, research shows. Thus, stressful situations, such as pregnancy and the postpartum period, may exacerbate or predispose women to OCD.

The most prevalent thoughts women reported in the study were concern about dirt or germs followed by compulsions to check that they did not "make a mistake," Miller said. New mothers may check and recheck baby monitors are working, the baby's crib side is properly latched or bottles are properly sterilized, for example.

Some women in the study reported intrusive thoughts that they would harm the baby. "That can be emotionally painful," Miller said. "You don't intend to harm the baby, but you're fearful that you will."

For postpartum women with obsessive-compulsive symptoms who



otherwise are functioning normally, Gossett said, "It would be reassuring to hear that their thoughts and behaviors are very common and should pass."

Gossett recalled that after she gave birth to her first child, she routinely worried about falling down the stairs with her baby or the baby would fall out of bed. "It comes into your mind unbidden and it's frightening," she said.

Researchers now need to determine what behavior is normal and what's pathologic, Gossett said.

The women in the study were recruited during their delivery hospitalization at Northwestern Memorial and completed screening tests for anxiety, depression and OCD two weeks and six months after going home. A total of 461 women completed the surveys at two weeks and 329 of the original group completed them at six months. The women's symptoms were self-reported and they did not receive a clinical diagnosis by a psychologist.

About 50 percent of the women reported an improvement in their symptoms by six months, but at that time point new women developed symptoms whom had not experienced them at two weeks.

"If those symptoms are developing much later after delivery, they are less likely to be hormonal or adaptive," Gossett said. The risk for psychological disorders persists for up to a year after delivery, she noted.

About 70 percent of the women who screened positive for obsessive-compulsive symptoms also screened positive for depression. That overlap and the unique subset of obsessions and compulsions could indicate postpartum OCD represents a distinct postpartum mental illness that is not well classified, Miller said.



"There is some debate as to whether postpartum depression is simply a major depressive episode that happens after birth or its own disease with its own features," Miller said. "Our study supports the idea that it may be its own disease with more of the anxiety and obsessive-compulsive symptoms than would be typical for a major depressive episode."

## Provided by Northwestern University

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