

# Symptoms of Perinatal OCD and Bipolar Disorder



## What does OCD look like in the Perinatal period (PPOCD)?

- You have intense fears and intrusive thoughts around baby's safety; getting sick (contamination), SIDS (accidental harm or death), getting hurt (fear of accidental or deliberate harm). Intrusive thoughts can be sexual in nature as well.
- You feel very anxious about sleep, feeding or development.
- You fear being left alone with baby.
- You engage in behaviours to soothe your obsessive thoughts (compulsions), ie. excessive hand washing to soothe the fear of passing germs to the baby and they get sick.
- The behaviours you engage in (compulsions) to soothe the obsessive thoughts take up more than 2 hours of your day, ie. cleaning the kitchen daily for an hour and washing surfaces throughout the house for another hour, showering more than necessary or for long periods of time.
- Feeling unsatisfied that the behaviour will help soothe the thoughts, ie. "something doesn't feel right, I didn't check on the baby enough, I have to check on them again to make sure they're breathing" (even though you've checked on baby several times already).
- OCD is an anxiety disorder and will include intrusive thoughts and symptoms of anxiety such as panic, difficulty sleeping, racing thoughts, excessive worry and difficulty managing stress.
- These thoughts and fears are distressing to you and PPOCD often includes excessive guilt.

## What does Bipolar Disorder look like in the Perinatal period (PBD)?

- Bipolar Disorder (BD) in the postpartum period is characterized by periods of mania, depression, and wellness and cycling through these 3 states.
- Symptoms of mania can include exaggerated feelings of grandeur or self-confidence, hyperfocus, high energy and less need for sleep, racing thoughts and speech, distractibility, engaging in risky behaviours, irritability.
- Symptoms of depression can include loss of interest in pleasurable activities, appetite changes, low energy, excessive guilt or feeling worthless, thoughts of suicide or self-harm.
- Symptoms must last more than 1 week for mania or hypomania (a less severe form of mania) and more than 2 weeks for depressive symptoms.
- More severe symptoms of psychosis (delusions and hallucinations) and catatonia can occur with PBD.
- Some research shows that over 20% of people diagnosed with BD are diagnosed in the perinatal period.
- People with a family history or BD have a higher risk of developing Perinatal BD.
- A history of BD can be a risk factor for Postpartum Psychosis.

## WHERE TO FIND US



[www.perinatalwellbeing.ca](http://www.perinatalwellbeing.ca)



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