



Maternal OCD

10 years on

Autumn 2022



WITH THANKS
TO ALL OUR SUPPORTERS

WITH HOPE
FOR ALL WOMEN AND FAMILIES



One step at a time

To the women and families impacted by perinatal OCD,
We've put this guide together for all of you to see.

With the right treatment and support, recovery can be near,
Even when it feels like an uphill struggle, and you shed a tear.

From podcasts to footage, leaflets to books,
We know working your way through is not as easy as it looks.

But please know by going **one step at a time**,
Soon you will be ready to triumph and shine.

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"Understanding perinatal OCD is the first step in recovery."

- Dr Fiona Challacombe, Maternal OCD Patron



Resources



The Watching Collection



[Watch](#) Maria Bavetta share her experiences of suffering and recovering from perinatal OCD

[Watch](#) Diana Wilson, Dr Fiona Challacombe and Maria Bavetta for the OCD Action and BDD Foundation Joint Virtual Conference Maternal OCD - Q&A: Dispelling the Myths of Perinatal OCD



[Watch](#) Dr Fiona Challacombe and Maria Bavetta run a Facebook live session as part of the Perinatal Mental Health Partnership's Maternal Mental Health Awareness Week



'Supporting recovery one moment at a time'



The Reading Collection



About Perinatal OCD

To find out about Perinatal OCD, please [read this co-produced leaflet](#) from the Royal College of Psychiatrists



Perinatal OCD for Carers

[This co-produced leaflet](#) outlines how friends and family can support someone with perinatal OCD and look after themselves too



Perinatal OCD infographic

[This co-produced Infographic](#) explains in an illustrative design about Perinatal OCD

Break Free from Maternal Anxiety

A Self-Help Guide for Pregnancy, Birth and the First Postnatal Year by Dr Fiona Challacombe, Dr Victoria Bream and Dr Catherine Green

Break Free from OCD

Overcoming OCD with CBT, a book by Dr Fiona Challacombe, Dr Victoria Bream Oldfield and Prof Paul Salkovskis



Stories of hope

[Read personal stories of hope](#) and recovery from parents who understand first-hand the impact of perinatal OCD



'Supporting recovery one moment at a time'



The Listening Collection

#022



DR. FIONA CHALLACOMBE



MATERNAL OCD:
STRIVING TO BE SUPERMUM

MYDOWNWORSTENEMY.ORG

Listen to Dr Fiona Challacombe:
[Maternal OCD - Striving to be Supermum](#)

Maria Bavetta interviewing Dr Chrissy Jayharajah about breastfeeding and perinatal OCD:

- [Listen to Podcast 1](#)
- [Listen to Podcast 2](#)

#OCDBfing



'Supporting recovery one moment at a time'



From parents



From the heart of parents

What helped you through recovery on the darkest days?

S.A. Parker-Jeal

HOPE. Hope that the next day would be better... even slightly as nothing lasts forever.

Catherine

Being as kind to myself as possible in whatever way was needed at the time. Some days it was **resting**, others it was calling in the help of other people. Some days it was **ringing my GP**. It depended on the situation. I always tried to remember to speak to myself with **compassion and kindness** too. That was so important.

Ash

I found using **online support groups** beneficial for support and was encouraging, especially hearing that others were going through similar experiences.

Kim

All of the techniques I learned during **ERP**. I responded well to flooding, which is filling your head with all the thoughts you fear, leaning into the anxiety until it subsides. It's different for everyone but that really helped me.

Tracy

I felt that being around **nature** had a very calming effect on me. I also found that practising the **CBT** that I learned inspired me to fight this demon in my head so I would do that regularly on my darkest days.

How do you maintain the drive and commitment it takes to keep well?

Kim

I really have learnt to acknowledge my triggers and really understand myself. I'm always learning about how my mind works and have learnt to **be patient** with myself. I take **medication** and I know that it helps me a great deal so I am very grateful for it.

S.A. Parker-Jeal

It's not easy but I have started to realise that **I'm worth fighting for**.

Tracy

I remind myself that I am in control of my life and as a parent, my **reason for living** is more important than ever.



Catherine

I make sure I prioritise what is needed and break everything down into smaller, more manageable chunks. I choose to **read** a mental health book over keeping a spotless house. I learnt a lot about myself so now I can get **exercise** through fun sports rather than going running. I work out what suits me best and then do that. It's not always easy but it's always worth it.

Ash

I had to make **lifestyle changes** which were importantly looking after number one: good **sleep** hygiene, a **healthy diet**, keeping hydrated; **reducing alcohol** consumption. This helped with the ongoing recovery and looking at successful outcomes gave me the encouragement to keep going knowing that in time OCD can be beaten and you can make a full recovery - which I have.

How can family/friends/healthcare professionals help?

Tracy

I feel that health professionals in maternity wards need to be trained and information that goes home with the new mum and baby needs to outline what can happen after pregnancy and what to expect about being a new mother and father. This information should **outline intrusive thoughts**. If a mum felt more comfortable knowing that these intrusive thoughts are common, they can overcome mental health obstacles with therapy and support.

Kim

Family and friends should do as much **reading** on OCD and exposure therapy so they fully understand how best to respond when the OCD sufferer is struggling.

Catherine

The people around you will all be different so work out which ones suit your needs. Know the ones who will sit with you and **have a cuppa** when you need to **talk** to someone. Know the one who is around during the day to come to appointments with you. Know which ones will drag you out on a fun day out. Also, this is so important. Some of us have tiny support networks, myself included, know that people within those support networks can still help and you can always access the support networks attached to charities. **You're never alone.**

S.A. Parker-Jeal

Listening without judgement is what has gotten me through. All I want is to be heard and not judged for the thoughts we have.

More on the next page



Ash

It's important for professionals to understand how OCD works and that a person with it is not a risk to anyone, and that they **signpost people** to correct support, help and vitally **evidence-based treatments**.

What would your younger self need to hear to help recovery?

Tracy

My OCD journey started when I was 14 so I did live with it for many years of my life. I wish I had known what my therapist told me that you should **picture your worst enemy** taking over your mind. Picturing it this way from a younger age would've encouraged me to take control at an earlier age.

As a Mum who has experienced maternal OCD, I found the best help was also **speaking to someone** who had experienced exactly what I was going through. To hear that you would feel normal again. That is the light at the end of my tunnel.

S.A. Parker-Jeal

My younger self would need to know that **recovery is possible**. It doesn't just happen to other people, it can and WILL happen for you too.

Catherine

That as painful and lonely as it feels now, it won't always feel that way. All you need is one small positive thing to start an upswing of things getting better. Read about OCD, learn how it works, apply what you are learning to real life. Don't put off therapy!! Read about self-compassion - make it your priority. You are wonderful, and smart and creative and you will get through this. **Hold tight**.

Kim

Get proper help and **don't push it away** once you feel a bit better.

Ash

As a younger person I would like to **hear stories** and experiences of others dealing with OCD and how they managed to regain their life back from such a debilitating but treatable disorder.

[Read more recovery stories →](#)



Our experts



Dr Fiona Challacombe

Researcher, Clinical Psychologist, and Maternal OCD Patron

In your experience of treating those with the disorder, what analogies seem to resonate and help perinatal OCD mums and dads?

There are lots of really great analogies to help understand OCD and how to overcome it. But starting with getting a good understanding of why all of us get intrusive thoughts and images of harm, and why parents may get even more of them is usually helpful. Sometimes people find it hard to believe that this is an experience shared by many others, so that knowledge is often very powerful.

During therapy, what helps you as a clinician to help a client?

There's lots I could say here. But in general, what helps is trying to truly understand the person's unique and individual experience and not making assumptions. And being wise to the ways OCD can twist things around. So bringing the clinician's expertise on OCD together with lived experience. Teamwork, in a word! And what also really helps is the knowledge that people can recover, even when they have been in a low place.

What is the most important step a mum should focus on when she realises there is relapse?

Relapse implies you've walked this path before. OCD can get worse at times of stress and when life throws a curveball. But remember that you know how to beat it, and that knowledge doesn't change. Get back to consciously doing the things you did to get better before (and get more support if you need it), and it will work again. Focus on the fact you can do it and life is always better without OCD.



Dr Anne Perry

Consultant Psychiatrist specialising in CBT

In your experience of treating those with the disorder, what analogies seem to resonate and help perinatal OCD mums and dads?

Learning to put the spade down rather than continuing to try and dig yourself out of a hole. It's about helping people recognise that the strategies they are using to try and help themselves are actually making the problem worse.

Scratching a mosquito bite, which helps people understand the idea of getting short-term relief from doing a compulsion but making the problem worse in the longer term.

During therapy, what helps you as a clinician to help a client?

I think the most important thing is to really understand the patient's perspective on what's going on. If what they're doing in terms of OCD behaviours doesn't make sense to me, then I haven't understood enough about how they are seeing things and need to ask more questions.

This then makes it easier to normalise the patient's experience, e.g. if I shared the same beliefs, then I would be behaving in the same way - in other words, they're not going mad and they're not stupid.

I often find it useful to help the patient identify the 'loopholes' in their OCD. This is particularly useful in contamination OCD - a common example is when the patient is carefully avoiding cross-contamination between two objects but someone else in the house is not doing so, which renders all their efforts effectively pointless.



Dr Adam Radomsky

Professor of Psychology

During therapy, what helps you as a clinician to help a client?

I consider it my job to try to gain an understanding of how things work from my clients'/patients' perspective. That includes knowing more about what they're thinking, how they're feeling, and why they do the things they do. There's always(!) a logic to this, and getting an understanding of how this works is extremely helpful as it sets the stage for coming up (together) with an alternate logic, other ways of thinking about things and of doing things differently. Remembering that everyone has reasons for what they do is therefore extremely helpful to me as a therapist.

After many sessions of CBT and ERP, what could a perinatal ocd mum or dad do if they feel they aren't moving forward?

If, after about 8-12 sessions of CBT, a client/patient is feeling like there's been no benefit whatsoever, they should either insist on a different approach to therapy or a different therapist. Sometimes, this is because the therapist isn't using science-based strategies, and sometimes it's because the client/patient is having a hard time putting them into action. In either case, something needs to change or the therapy will continue to be unhelpful. The good news is that when things work, they usually work extremely well!



Dr Blake Stobie

Chartered Consultant Clinical Psychologist

In your experience of treating those with the disorder, what analogies seem to resonate and help perinatal OCD mums and dads?

The comparison a lot of my clients have been enjoying lately is: The Grain of Truth. Many worries have a grain of truth in them (we will all die one day, bad things do sometimes happen to people, one day I did wish something bad on someone etc). OCD tricks people into swallowing some outrageous lies which it builds around these grains of truth, to try to legitimise them. Be sceptical when your thoughts are trying to blackmail you using the Grain of Truth to try to get you to swallow them.

During therapy, what helps you as a clinician to help a client?

What helps me to help clients is thinking of how doing therapy and homework can make their lives easier. And with parents, how much time it might free up for them at a time when they need it most. The point of therapy isn't to make life difficult or make people do horrible things – it is to try to help people to improve their quality of life, and reduce their fear.



Dr Nichole Fairbrother

Registered Psychologist and Clinical Associate Professor

In your experience of treating those with the disorder, what analogies seem to resonate and help perinatal OCD mums and dads?

I'm not sure this is a true analogy, but when clients express to me fear that their obsessions of intentional harm (i.e., unwanted, intrusive thoughts of harming their infant on purpose) may mean they are a bad and possibly dangerous parent, I ask them the following...

Let's say you are on a balcony on the 7th floor of an apartment building. You are standing near the railing and you have the thought: "What if I accidentally drop my baby off the balcony", what do you do?

Typically, the response is: "I take a step, or several steps, back from the railing."

Then I ask: Ok, so now let's suppose that you are standing with your baby near the same railing but this time you have the thought: "What if I drop my baby off the balcony on purpose?" What do you do?

Typically, the response is: "I take my baby back inside."

When I follow up it usually becomes clear that the parent's response to the obsession of intentional harm is stronger than their response to the obsession of accidental harm.

In my experience, this can really help to shift what parents believe these thoughts mean about them. Rather than the thoughts implying that they are a bad or evil person, they may be evidence that they are an attentive and caring parent.



During therapy, what helps you as a clinician to help a client?

This is a tricky question as there are so many things we can do to help our clients. In my opinion, the best therapy happens when we have really great skills and strategies for change (for example strong training in cognitive-behaviour therapy) as well as an authentic and compassionate connection with our client. Neither of these alone is enough.

The other thing that helps me with my clients with postpartum OCD is that I am also a mom. When my first child was born, I experienced unwanted, intrusive thoughts of harming him. This was what inspired me to begin a career in perinatal OCD. I am able to share these thoughts with my clients and I think this helps to normalize their experience for them.

After many sessions of CBT and ERP, what could a perinatal OCD mum or dad do if they feel they aren't moving forward?

There can be many different strategies for helping with this. The first thing I might suggest is that we look at any data we may have (for example, their scores on a self-report measure of OCD) to see if there is evidence of change.

It can be helpful to see if the person's feeling that things aren't changing is accurate or if maybe they are just discouraged in the moment. If they are changing, then helping them see this via dropping scores can be very encouraging. If their scores have not been changing, then either: (a) as a therapist I can explore changing up what we are doing in therapy to try new ways of intervening, or (b) suggest they take a break with me and do a little work with someone else who may have some fresh ideas or different ways of approaching things that I have not thought of.



Signposting



Support options

OCD Action

OCD Action's helpline operates (normal hours) between 9.30 am – 5pm, Monday to Friday. Volunteers are also able to call people back in the evenings. If you are unable to get through, please leave a message and a volunteer will get back to you as soon as possible.

Contact

- Helpline: 0300 636 5478
- Email: support@ocdaction.org.uk

They also run an online perinatal OCD support group (Skype/Phone) twice monthly on the second and fourth Tuesday of the month, 7 pm.

Alternative suggestions

The Samaritans

- Helpline: 116 123 (this is a free telephone number and will not appear on the phone bill)
- Email: jo@samaritans.org
- Website: www.samaritans.org

You can also speak to your GP, midwife or health visitor.

Private therapy

BABCP

To find an accredited CBT therapist, please visit www.cbtregisteruk.com.

Check or ask questions about their qualifications, experience in treating OCD, supervision and up-to-date training.

Know your rights

The National Institute for Health & Care Excellence (NICE)

NICE states that all women who need psychological interventions in the perinatal period should start treatment within 4 weeks of an initial assessment.

[Read more antenatal and postnatal mental health guidance →](#)

[Read more about treatment and guidance for OCD for adults →](#)



Acknowledgments



A big thank you

"Maternal OCD is a beacon for so many, providing information, connection to others and most importantly hope."

- Dr Fiona Challacombe, Maternal OCD Patron

10 years ago, we launched Maternal OCD wanting to let other women and families know they are not alone. Our shared experiences bonded us in a way that we couldn't imagine. Together, we gathered and provided the necessary information to empower families to seek treatment and begin their recovery.

This included:

- Peer support to know others had experienced perinatal OCD and recovered
- Creating accessible materials to read, learn and understand our brains
- Training healthcare professionals to provide informed services and help women to feel safe enough to share their thoughts and support recovery.

We are incredibly humbled by the honesty of women and support generally to make Maternal OCD the place to learn and inspire. We share this resource with heartfelt thanks to our family, friends, volunteers, Scientific Advisory Group and supporters.

There is still a way to go to ensure services are 'fit for purpose' for women and families impacted by perinatal OCD. However, there has been a positive change in the last decade.

We are hopeful and look forward to what the next 10 years will bring.

With warmest wishes,
Diana and Maria

Co-founders
Maternal OCD

