

Fourth Trimester Podcast

Episode 67: Postpartum OCD Is A Thing - Megan Elow Tells Her True Story

Sarah Trott: [00:00:05] My name is Sarah Trott. I'm a new mama to a baby girl and this podcast is all about postpartum care for the few months following birth, the time period also known as the Fourth Trimester. My postpartum doula, Esther Gallagher, is my co-host. She's a mother, grandmother, perinatal educator, birth and postpartum care provider. I've benefited hugely from her support. All parents can benefit from the wisdom and support that a postpartum Doula provides. Fourth trimester care is about the practical, emotional and social support parents and baby require, and importantly, helps set the tone for the lifelong journey of parenting.

When I first became pregnant, I had never heard of postpartum Doulas, let alone knew what they did. So much of the training and preparation that expecting parents do is focused on the birth and newborn care. Once a baby is born, often the first interaction parents have with medical or child professionals, other than the first pediatrician visits, is the six-week checkup with the OB/GYN. *What about caring for mama and family between the birth and the six week doctor visit? What are the strategies for taking care of the partner and the rest of the family while looking after your newborn?*

Our podcasts contain expert interviews with specialists from many fields to cover topics including postpartum doula practices, prenatal care, prenatal and postnatal yoga, parenting, breastfeeding, physical recovery from birth, nutrition, newborn care, midwifery, negotiating family visitation, and many more.

First-hand experience is shared through lots of stories from both new and seasoned parents. Hear what other parents are asking and what they have done in their own lives.

We reference other podcasts, internet resources and real-life experts who can help you on your own parenting journey. Visit us at <http://fourthtrimesterpodcast.com>

Sarah Trott: [00:00:05] Hi this is Sarah Trott. Welcome back to the Fourth Trimester Podcast. I'm here with guest Megan Ellow.

Sarah Trott: [00:00:48] Esther is not here with us today. She is handling a postpartum client and we're so grateful for the work that she does. And we will miss her today. And before I introduce Megan I want to remind everyone that we have a website which is fourthtrimesterpodcast.com. We have resources. We have recordings of all of our episodes there.

Please also go to iTunes if you're a listener there or Google Play and subscribe so that you can be notified every time we publish a new episode. Also on our Website you can sign up for our newsletter where you can receive updates from us via email in your inbox whenever we release a new show.

Sarah Trott: [00:01:28] So I am excited about today's topic because I've been wanting to have this conversation for months and Megan reached out to us and we're so happy that she did. We're going to be talking about the topic of postpartum OCD. So postpartum OCD is a thing. It wasn't something I was aware of until I started researching and getting into the space and having conversations with people who had experienced this firsthand.

Sarah Trott: [00:01:56] So really excited to talk more about that and demystify the subject in general. Megan herself is a licensed clinical social worker in the state of Delaware and she's been working in the field of mental health for nine years working with children, teens, adults and families. Her passion is working with women struggling with mental health concerns surrounding pregnancy postpartum and parenting.

Sarah Trott: [00:02:21] She has a small private practice called Nest Counseling and Wellness in Wilmington Delaware where she focuses on perinatal mood and anxiety disorders. She's a member and volunteer with Postpartum Support International. Yay. We love PSI. And she is a survivor of postpartum depression and postpartum OCD herself. She lives outside Philadelphia with her husband, her 7 year old stepson and her 4 year old daughter. Welcome Megan.

Megan Ellow: [00:02:50] Thank you. Thank you so much for having me on today. I'm really excited.

Sarah Trott: [00:02:56] Yeah I'm so thrilled you're saying you listened to our show on your commute. Thank you so much also for being a listener.

Megan Ellow: [00:03:02] Yeah absolutely. And I'm a little bit of a kind of birth and pregnancy junkie. I listen to all the podcasts about that kind of topic because they just never get old for me.

Sarah Trott: [00:03:12] There's always something new.

Megan Ellow: [00:03:15] Absolutely.

Sarah Trott: [00:03:17] Everyone's experience is unique and we obviously love the topic as well. And since you're a mom we were wondering if you would share your own fourth trimester experience with us.

Megan Ellow: [00:03:29] Yeah absolutely. So when I got pregnant with my daughter I was finishing up graduate school and finishing my master's in social work. And I had you know the genius idea to get that during my last year of graduate school and I would have my daughter and be you know taking maternity leave and then I you know go on to the next step in life and I thought Oh yeah that sounds like perfect timing.

Megan Ellow: [00:03:57] Obviously you know that was a horrible idea. So I had a really really rough pregnancy. I actually had hyperemesis so it was really really sick all the time and I was working as a Therapist Counselor and finishing up graduate school which is challenging of course.

Megan Ellow: [00:04:21] And so it was really really busy all the time on top of being really really sick. And just dealing with all the pregnancy stuff and agreements and you

know aches and pains and things like that. So it's just go go go during my pregnancy. Thinking like once I have her like that will be kind of my rest and.

Megan Ellow: [00:04:42] I had my daughter in April of 2014. And it was really hard at first. I was very very anxious. And I'm not really much of an anxious person in general. But I was terrified all the time.

Megan Ellow: [00:05:03] And so you know what started off with what I thought was kind of normal mom worries and a lot of people were reassuring me that you know every mom worries about the baby you know not breathing. And every mom checks on their baby to make sure that they're breathing. And every mom has concerns that they might drop the baby.

Megan Ellow: [00:05:25] And so I thought well this is normal. And it wasn't until you know it got worse and worse that I sought treatment a couple months later and really started this journey of discovering that what I had was postpartum OCD.

Megan Ellow: [00:05:48] I was having these intrusive thoughts about things happening to my daughter. And it wasn't just a scary thought that would come and go. It was. It was all the time. And it was really frightening to me. It was like a horror movie that just wouldn't stop. And I think a lot of women experience it like that, like it's a really really scary movie that you just can't turn off.

Megan Ellow: [00:06:10] And so I would have thought of dropping my baby down the stairs. I would have thought that she would get hit by a car when we were crossing the street. I would have thought a lot of times of her not breathing. And so I wasn't getting much sleep because I was up all night every day checking on her.

Megan Ellow: [00:06:34] And so after her maternity leave I got her a wonderful job. But I was working as a therapist for kids in the foster care system. And specifically I was doing trauma therapy with them. So kind of some of the therapy that I was doing involves them saying their trauma narrative.

Megan Ellow: [00:06:57] So I would hear the details of the stories that these kids experienced and kind of that combined with my anxiety. It got really bad. And so I would have I would go home and I'd have these nightmares of these things that I heard during the day in my work as a trauma therapist and what I would experience like it was happening to my daughter.

Megan Ellow: [00:07:19] And so I'm sure you can imagine how terrifying that was. And so it was just all the time like a hyper vigilance. You know I always like being jumpy when something was wrong. I had a really hard time leaving her. I mean they left her for work and had to leave her for work. But I wouldn't leave her for anything else. I wouldn't go to the grocery store without her.

Megan Ellow: [00:07:43] I would never get a babysitter. And so that became difficult. Luckily I had a really really excellent therapist who worked with me and we did a lot of mindfulness stuff and you know worked on things like yoga and things like that that really helped kind of center me and calm me down.

Megan Ellow: [00:08:04] And slowly but surely I got better and you know more into the zone as a mom and my relationship with my husband and my stepson improved.

Megan Ellow: [00:08:16] And you know eventually a couple of years later when I was truly well I was able to kind of get back and get involved with Postpartum Support International. And now I'm a helpline volunteer for PSI which I just loved doing here all the time from moms that have kind of a similar thing where. These moms have these terrifying scary thoughts and they don't want to tell anybody. And you know they finally speak it to us. And I'm able to normalize it and tell them Yeah I know that's postpartum OCD potentially.

Megan Ellow: [00:08:53] And I get it and it's normal and it's common and it's also really really treatable.

Megan Ellow: [00:08:59] And I think there's a lot of people that just don't understand postpartum OCD so I'm really glad to be here talking about it but that's just a little bit of my story. And you know my healing from postpartum OCD.

Sarah Trott: [00:09:14] You really went through a lot. What was it that you said was making you sick during your pregnancy?

Megan Ellow: [00:09:18] I had hyperemesis gravidarum and I might not be saying that right. And I was really really sick all the time. I was nauseous and throwing up constantly and it was just horrible.

Sarah Trott: [00:09:32] Yeah, so that was just something that developed through your pregnancy they genetically not a disease or illness. Just just happy yeah. OK. So that was hard. Yeah absolutely. Your pregnancy was tough.

Sarah Trott: [00:09:46] You're also listening to children share their traumas. You know I certainly know myself well enough to know I personally couldn't do that day to day. I think I would affect me too. Like I'm trying to give you a compliment. I'm very impressed that you can do that work because it's extremely important.

Sarah Trott: [00:10:03] And the children are extremely lucky to have you to help support them. So thank you. I am very impressed that you could do that any way. But just on top of being sick and on top of you knowing having your own baby at home that you're worried about I just can't imagine how that compounds it in your mind as worrying thoughts.

Sarah Trott: [00:10:24] I for sure thought all kinds of disaster things were going to happen to my child. Normally it would come and go when it was first like the first time I had to go back work or you know and someone else was looking after my baby. You know it's one of those things that it's you know I think it's hard to to draw that line and say well OK that was what intrusive thought but I like how you were differentiating between an occasional worry versus all the time.

Megan Ellow: [00:10:53] Yeah. All the time yeah. And it's like I said it's really common. I think every mom has these thoughts and dad. Have these thoughts. But when it's when it's getting in the way of your functioning. That's when it starts to be a problem and it was getting in the way of my sleep, my well-being, my relationship with, like I said, my husband, my stepson and my friends. It was getting in the way of my work. So it's kind of impacting my whole life.

Megan Ellow: [00:11:20] And I think that's where the differentiation is between you know just normal mom worries and postpartum anxiety or postpartum OCD.

Sarah Trott: [00:11:31] And you said this is common. How common is that?

Megan Ellow: [00:11:33] So there's not a ton of research but from what we can tell some of the research that's been done we're thinking it's around 11 percent of new moms that have this postpartum OCD.

Megan Ellow: [00:11:46] And then moms that have preexisting OCD a lot of times you see like a recurrence in the postpartum period that's really really common. But yet from what I've read it's about 11 percent of new moms which just you know kind of a lot.

Sarah Trott: [00:12:05] Yes, that's one in ten. Yeah. Yeah. I mean that's very common. And you said if someone already has anxiety or already has OCD that this is something that could intensify those situations.

Megan Ellow: [00:12:19] Yeah absolutely. I think it's really common for women that already have any kind of preexisting mental health issue. It's fairly likely that they're going to have kind of a recurrence of symptoms or a worsening of symptoms in the postpartum period because of all of the things that go on in the postpartum period.

Megan Ellow: [00:12:39] The hormones and the changes in the relationship and lack of sleep and all of that stuff so it kind of makes sense that it's going to make it worse. You know if you already have something similar with depression you know women that

already have had depression are more at risk to have postpartum depression. And so it's the same. So in some ways that's good that we know that.

Megan Ellow: [00:13:03] So women that have had some kind of preexisting mental health issue are preexisting OCD they can maybe be a little bit more prepared to kind of get their support someplace. And I encourage all women that I work with that are pregnant that you know to go through their history and try to figure out if they're at risk for this afterwards.

Megan Ellow: [00:13:23] I know for me it kind of came out of the blue. Like I said I'm not an anxious person I've never had been diagnosed with OCD or any anxiety disorder. And so it really came out of the blue for me and that was part of what was kind of really scary for me. I just didn't know what was happening even as a therapist. Although I hear that a lot from other therapists that they didn't know what was happening even though they're kind of trained in this. But I guess you know we all get our blindspots.

Sarah Trott: [00:13:54] Yeah yeah. I mean this is meant to be an area of expertise and yet there you go. You don't know.

Sarah Trott: [00:13:59] But isn't that the way we've had a number of people come on the show and talk about postpartum depression specifically and it's very hard when you're in that kind of state from what they've described to recognize your own symptoms to stop and question what's happening.

Sarah Trott: [00:14:20] Like part of the depression my understanding is that you know it's hard to reach out for help. It's hard to help yourself. You're so stuck in rut in your own feelings in your own head that understanding what's even happening and having that awareness is really tough.

Megan Ellow: [00:14:36] Yeah absolutely. Well because that's also part of what you know mental health does to us if we have depression or anxiety it kind of distorts our thinking. And so for me along with the OCD I had depression as well and so I had kind of a lower self-esteem and you know my depression kind of told me that you know

things were never going to get better. And this is just how they were and. Nobody can help you.

Megan Ellow: [00:15:02] And so that's kind of what mental health issues do to us as it distorts our thinking. And so we're not necessarily thinking logically or rationally because we're stuck in this kind of emotional mind. And so it is one of the biggest barriers to people getting help. And there's a lot of barriers so this is tough stuff.

Sarah Trott: [00:15:23] And of course there's also the healthcare system that is set up in the U.S. in the way we have you know families living all over the country and not necessarily in the same town supporting one another. You know you have women with the mentality that. All right. I had my baby. I don't have my checkup for weeks and weeks and weeks away. I've just got to survive this on my own and I'm going to be tough and I'm going to smile and entertain people and yeah you know all of these things are not oriented around helping mom and baby not necessarily.

Sarah Trott: [00:15:58] Moms aren't getting their 40 days of rest. They're not. Our culture doesn't support some of the traditions that we see around the world. Our culture isn't really supporting women to take the time that they need and get the help that they need from their community.

Sarah Trott: [00:16:14] So it's like alright so we already set up to fail and that even if he didn't have depression or OCD or anything it's like you just have to survive.

Sarah Trott: [00:16:22] Was a guest on this show who said like oh I'm just a she thought she was like I'm just a pioneer woman. I have to do this.

Sarah Trott: [00:16:28] It's like no you don't. You can put a lot of things in place to help you get the support you need. You know I have friends who bring you meals have people help you clean your house. You don't have to do everything.

Actually your job after you have a baby is to heal your body, get the rest that you need and have that bonding time with your baby and take care of yourself. So this mentality

of having to survive on top of maybe feeling anxiety, OCD, depression... What a recipe for pain for a lot of people. Yeah that's really hard.

Megan Ellow: [00:17:06] I think that it is hard for women to think, well all people but I think especially for women it's really hard for us to ask for help.

Megan Ellow: [00:17:14] And so I think we're so conditioned to be caretakers. Like you know we take care of the kids and you know we help our family and we do all these caretaking things. So we're so conditioned to be the ones taking care of other people. It's so hard for us to drop back and to ask for help.

Megan Ellow: [00:17:33] And I know I had that experience. I didn't ask anyone for help. Luckily I had a couple of people especially my mom who was just a blessing to me who I didn't have to ask. She just came over and she brought food again and again and again she came wherever and she washed the dishes and cleaned my house. And you know talked with me when I was crying and she said you know I didn't have to ask her but I know a lot of people don't have even that.

Megan Ellow: [00:18:02] And so it's hard. And I didn't know how to ask for help. I had never needed help like I needed help in the postpartum period. I've never had any health problems and I just always have been able to do stuff on my own and been proud of that.

Megan Ellow: [00:18:17] And so it was hard for me to need help from other people. And I hear that a lot with women that they don't know how to ask for help and so you know I always encourage moms. You know I heard at a training through PSI they talked about the season of giving and the season stopped receiving. We all go through the seasons of needing more help in the seasons of giving more help and that when you have a baby you're in the season of needing to receive help.

Megan Ellow: [00:18:45] That's just the way it is for everybody and that we should be ok with that. We as a society should really get that message out there. You know New moms need help even if they don't ask, they need help. So go help them.

Sarah Trott: [00:19:01] Yeah I was just in the grocery store today and my daughter I have a toddler now but my daughter was kind of tired and hungry you know trying to give her some grapes and snacks and things. She wasn't really particularly pleased to be shop and the woman from the tease counter came out from behind the counter and said hey let me help you arrange some things in your basket and she gave my daughter some cheese samples and talked to her and just yeah that was incredible like that act of kindness was whole like the moment I was just like oh wonderful great givers and geez Yeah.

Sarah Trott: [00:19:33] I reflected on that and thought like that was incredible and just these little things, these micro kindnesses that we can do for each other it doesn't have to be a stranger you know your friends or whomever. But it's really meaningful. Yeah, so nice. Yeah absolutely. So you also said OCD is very treatable. Let's talk about that part. So let's say someone understands that they have postpartum anxiety postpartum OCD specifically. What does the treatment look like?

Megan Ellow: [00:20:02] So you know being a therapist I always say therapy is great. Let's go to therapy. There's a lot of therapies that are proven and really effective for this kind of thing. Including cognitive behavioral therapy and some exposure therapy. But the important thing is to find a provider who's trained. And so that's where I think PSI does a really great job of helping connect women to trained providers because it is a specialty.

Megan Ellow: [00:20:32] And so if you can find a therapist who's trained specifically in perinatal mood and anxiety disorders and can do this kind of work I think that's probably the key. And so I think therapy is really great especially because you know medications can come with all kinds of side effects. But you know therapy is pretty low risk, it's usually pretty helpful.

Megan Ellow: [00:20:56] But on the other side I think that there are a lot of medications that are really really helpful and that there's a lot of stigma around mental health

medications. And that stigma gets in the way of a lot of women getting the help that they need.

Megan Ellow: [00:21:11] And so I encourage all moms like you know you can go talk to a doctor like that's OK. It's ok to need medication because your brain chemistry is a little haywire right now. And it doesn't mean you have to take it forever. But let's get you some help because there's no reason to be suffering. And there's lots of adjunct therapies. I think with any kind of postpartum mental health issue social support is really really key.

Megan Ellow: [00:21:41] And so a lot of the work that I do with moms is helping them build that village however they can. So reaching out to family and friends and you know getting them to come. Like I said, do your dishes or bring you food or just hang out with you. There's support groups from moms kind of all over the country for perinatal mood and anxiety disorders. And they're really great. A lot of hospitals run them. But even just a regular mom group, if can find other moms that you can connect with and that you can commiserate with and laugh with and that can help you with practical things when you need it. I think that's really really important.

Megan Ellow: [00:22:22] So you know therapy, medication if needed, and then I think social support. Those three things together are really really key to getting mom well. And when we're talking about moms we're talking about families so I think it's important always to bring Dad or partner into the mix with treatment. You know my mother in law best friend whoever. Because this isn't like something's wrong with mom. This is a family issue and so I think it's really important to do like family therapy and to bring the family into the treatment and have them be a part of the treatment team.

Megan Ellow: [00:23:02] So you know I think the first step is getting connected with somebody which again I'm a bunch of points out there for PSI because I just love them. You know any mom dad caregiver anybody can call the helpline and start getting connected with some of those services.

Sarah Trott: [00:23:20] So that PSI phone number is free and that phone number I understand is also available in Spanish. (PSI HelpLine: 1-800-944-4773) So you know just encourage friends to use that and families to check it out. It's the kind of thing to have on your fridge before you have the baby. Do your research beforehand we always say. And you know I mean anytime is great but you know before you have the baby you tend to have a tiny bit more time on your hands.

Megan Ellow: [00:23:53] I always like moms to have the numbers ready like I did that with them having a couple lactation consultants ready because I was planning to breastfeed and did it but I was a little nervous about it. And luckily I did some research on some lactation consultants near me and I had them ready.

Megan Ellow: [00:24:19] I think moms should do that with everything. Have the lactation consultant numbers, have some postpartum doulas you know ready standby, the PSI helpline number and you'll be kind of ready to go and do like this kind of pregnancy plan and you'll be in a much better place because it's hard. Like I said when you're in that place where you're struggling to reach out for help. I mean it's hard enough just to try to find a phone number.

Sarah Trott: [00:24:47] It's so much tougher to try to do the research when sleep is your main priority.

Sarah Trott: [00:24:58] Yeah. I love your thoughts there. So the three things are social support and therapy and medication support.

Megan Ellow: [00:25:09] Yes and there's lots of things that you can do that can be really helpful. Like I said when I was doing therapy, mindfulness and yoga was really important to me. And so there's lots of all kinds of alternative holistic therapies that people can do.

I know there's a lot of research with acupuncture and so whatever mom wants to do like I support you know and I know a lot of moms have different ideas about what's best for

them and I just think you know mom knows what's best for her and I'm just here to show be a mirror and kind of help her figure out what's best for her.

Sarah Trott: [00:25:43] So and you are talking about the body chemistry the brain chemistry and the hormones of being pregnant and having a baby. All of this stuff is in flux which can trigger even if someone hasn't even had any anxiety or OCD previously. Those things can trigger those mental health issues and some of the questions I have are like. Is that right. Like what is the trigger. And then also you know presumably after the hormones are sort of rebalanced a period of time after the baby born would someone who has postnatal OCD would that continue for the rest of their lives - does it disappear?

Megan Ellow: [00:26:21] Yes. So again there's not a ton of research being done specifically on or that has been done on postpartum OCD. But for a lot of perinatal mood and anxiety disorders, we find that it really is just around the postpartum period.

Megan Ellow: [00:26:38] And so women who have postpartum depression or anxiety or anything like that, usually if it's treated and they get good treatment, it doesn't necessarily come up again. For some women it does. For me. I haven't had any new experiences of symptoms since I have my daughter and she's four and a half now. And I don't think that I will. But I'm also ready for it. Like it if something were to happen again.

Megan Ellow: [00:27:05] So now I know kind of the signs and symptoms and so that's kind of what I talk with moms when they are at the end of treatment and they're feeling a lot better about doing like a safety plan. So if these kind of symptoms come up again, we know what we will do, who we will call. We know how my partner can look out for the symptoms of something happening again.

Megan Ellow: [00:27:27] And so I think it's really important to just just be ready like it could definitely happen again. Obviously if you have more children that you know could definitely happen again. With women our hormones are always changing and so there's a lot of research being done on menopause and how that affects our mental health.

Megan Ellow: [00:27:48] And so even just thinking they say you know if you're having a baby that menopause maybe is potentially kind of far away. But just something to kind of be aware of and have in the back of your head that these are the potential times when things can pop up. But just being ready for them and having the kind of safety plan of what you're going to do if the symptoms do come up again.

Sarah Trott: [00:28:09] What time period are you referring to as the postpartum period.

Megan Ellow: [00:28:12] So when I say a period I usually mean the first year, only because that's kind of the marker for a lot of mental health issues is that in the DSM you know that the diagnostics criteria is within the first year after having a baby. So that's what I refer to it as.

Megan Ellow: [00:28:30] But I know for a lot of people it's a fluid thing. I think postpartum because I mean even at a year I think like for me I didn't feel postpartum for longer than that honestly. Yeah. Oh. I mean I was breastfeeding past that and not sleeping very well past that. So I still very much felt like I had a very young child and that I was early postpartum even at a year and a half two years.

Sarah Trott: [00:28:57] Now why. Why can we not give women their first year off of work. I really don't know. I really if I could change ... well, if I could change 10 things that would probably be on the list.

Megan Ellow: [00:29:12] I think that's one of the worst things you know is that so many women are forced to go back to work. And I mean. I'm a working mom and I love working in the work that I do. But I think it's we know that it's better for moms and babies for them to be able to make that choice and we just we don't let moms make that choice and I think that's such a shame.

Sarah Trott: [00:29:34] We don't we don't. And the expectations that we have on women and on babies in terms of their children are resilient. Right. They just are. And by design. Yeah and that's a really good. But my goodness they want to be with them. They should be. They want to have that closeness. Well what else.

Megan Ellow: [00:29:53] I talked a little bit about the kind of intrusive thoughts and the scary things that happen that moms think about. So for some moms that is kind of just the intrusive thoughts but for a lot of moms that's kind of the compulsive behavior it's also the kind of "C" of OCD.

Megan Ellow: [00:30:11] And so for a lot of moms state they not only have the scary thoughts but they do some kind of behavior to make sure that these thoughts don't become a reality. So for a lot of moms that say they have thoughts of maybe drowning the baby or the baby drowning, they avoid giving the baby a bath. And if they are afraid that they're going to drop the baby down the stairs they won't go upstairs at all.

Megan Ellow: [00:30:39] This is where it gets into kind of impairing functioning. These moms are doing all kinds of things to avoid the intrusive thoughts coming true. And that can really get in the way of Mom's functioning but also in the way of taking care of the baby properly.

Megan Ellow: [00:30:54] And so you know a lot of moms have thoughts of you know accidentally doing things to the baby. But some even have thoughts of them doing things to the baby on purpose and that's where a lot of the shame aspect comes in with this because moms tend to think like they have these thoughts like what if I stabbed the baby. And they're terrified by these thoughts. And they think, What is happening. And a lot of these moms think like I'm going crazy like these are crazy thoughts.

Megan Ellow: [00:31:25] But really it's just postpartum OCD and it's just like you know loving your baby and the anxiety of all that in overdrive and go on a little bit wonky.

Megan Ellow: [00:31:35] And so I always tell the moms you know you're not crazy you're not going to act on these thoughts and we can usually tell that because they're so upset by these thoughts. So a lot of moms get scared that like I said that they're going crazy or that they're going to act on these thoughts.

But the way to kind of distinguish between postpartum OCD and something like postpartum psychosis so a lot of moms when they have these these kind of scary thoughts they think things like oh gosh I'm going to be Andrea Yates who drowned her five kids. And you know what's wrong with me.

Megan Ellow: [00:32:08] There's a really big difference between postpartum OCD and postpartum psychosis. Women who have postpartum psychosis are out of touch with reality. They don't realize that what they're thinking is wrong or out of touch with reality. And that's why they act on them because they're not living in reality.

Megan Ellow: [00:32:29] But women who have postpartum OCD are terrified by these thoughts. They're really really scared, they're what we call the ego-dystonic which means they are not in line with our sense of self and they're really really unwanted. So it becomes like a really great sigh of relief for women to hear like that what they have is anxiety based and not based in delusion or psychosis and that they're not crazy and that they just have this anxiety disorder and it's normal and common and treatable.

Megan Ellow: [00:33:00] So it's one of the biggest scary things that I think happens with women with OCD. So that's why it's really really important for them to get the help that they need by a trained provider.

Megan Ellow: [00:33:11] And I think we have a lot of work to do on training not only mental health clinicians but also medical providers. There was a story of gosh maybe like six months ago now. Where a mom went into her doctor's office and told them about some scary thoughts that she had. And instead of getting her the help that she needed and recognizing that what she had was anxiety and they called the cops on her.

Megan Ellow: [00:33:38] And I think that's what stops a lot of moms from getting help is that they're they're really afraid that if they speak these thoughts that they're going to have Child Protective Services call, or they're going to be you know taken up to a psych ward. And so of course you're not going to say those thoughts out loud because you're terrified that your baby's going to be taken from you. And that's just not the case when you have somebody who knows what they're doing with this kind of stuff.

Megan Ellow: [00:34:05] And so we have a ton ton of work to do on training providers medical providers on what this is. And so I hope that I can be a part of that work in the future because I think it's really really important. And I always have a heavy heart when I hear stories like that. And luckily that mom you know they took her and somebody assessed her and recognized what she had. She got the help that she needed. But what a horrible horrible situation.

Sarah Trott: [00:34:36] Yeah that's awful. I mean it's hard enough to just be concerned that for example our house isn't clean enough when someone comes to see your baby for the first time. It is which by the way for anyone who's listening you can say no to people and say I'm not going to have any guests until I'm ready like that's actually think about that. Don't do it. Wait till you're ready.

Sarah Trott: [00:34:56] But yeah I mean we have these anxieties about just being performative and showcasing that we're strong and showcasing that we know what we're doing.

Sarah Trott: [00:35:07] You know it's not a weakness to admit you need help. It's not weakness to confide in someone and to just make sure you're taking care of yourself like it's actually bravery to take care of yourself. It's bravery to reach out to someone and have that conversation. So please feel brave and everyone who's listening.

Sarah Trott: [00:35:25] Ok so tell me anything else you'd like our audience to know about postpartum OCD.

Megan Ellow: [00:35:30] So what I really hope moms and dads and families can kind of take away from this discussion on postpartum OCD is that it can be. It's a really common disorder. Really really treatable as long as you can find the correct help to get.

Megan Ellow: [00:35:47] And so any mom who is out there experiencing these really really scary thoughts. I just want you to know you know you're not alone. You didn't do anything wrong. And you know there's help out there.

So find somebody that you trust and tell them you know tell them what's going on with you. And I kind of speak this secret out. And. We can get some help. So if any moms out there that are having this can call the warm line or the helpline for PSI and get some help.

Sarah Trott: [00:36:18] So for listeners that PSI helpline is 1-800-944-4773. It's FREE. You can dial an extension to get that in Spanish as well.

Sarah Trott: [00:36:36] And so I just want to take the opportunity Megan to thank you once again for being such a wonderful guest on our program.

Megan Ellow: [00:36:42] Yeah. Thanks so much for having me. And we're talking about this topic that's so important. And yeah it was great. Thank you.

Sarah Trott: [00:36:50] Yeah. Thanks so much. All right. So everyone who's listening please remember to go on to fourthtrimesterpodcast.com to Sign up for our newsletter. And we'll talk to you again soon. Bye bye everybody.

Sarah Trott: You can find out more about Esther Gallagher on <http://www.esthergallagher.com/>. You can also subscribe to this podcast in order to hear more from us. [Click here for iTunes](#) and [click here for Google Podcasts](#). Thank you for listening everyone and I hope you'll join us next time on the Fourth Trimester. The theme music on this podcast was created by Sean Trott. Hear more at <https://soundcloud.com/seantrott>. Special thanks to my true loves: my husband Ben, daughter Penelope, and baby girl Evelyn. Don't forget to share the Fourth Trimester Podcast with any new and expecting parents. I'm Sarah Trott. Goodbye for now.