

Ask about unwanted or intrusive thoughts

Unwanted or intrusive thoughts, including those of harming the baby, are common (up to 70%) among postpartum women. Most women will not act on these thoughts because they are usually due to anxiety, depression, and obsessive/compulsive disorder, which is very different than thoughts of harming the baby that are due to psychosis/delusions. The following wording can be used to get information about whether these thoughts are present and how current and concerning they are.

“People often have intrusive thoughts or thoughts that seem to pop in from nowhere. Women often have thoughts about something bad happening to their baby. These thoughts can feel awful and sometimes feel as if they could be an escape from something too hard to bear. We are here to help you. We ask about these thoughts because they are so common.”

- Have you had any unwanted thoughts?
- Have you had any thoughts of harming your infant, either as an accident or on purpose?
- If the patient answers yes to the above question, follow up with:
 - How often do you have them?
 - How recently have you had them?
 - How much do they scare you?
 - How much do they worry you?

Assess Risk

	<p>LOW RISK <i>(symptoms more consistent with depression, anxiety, and/or OCD)</i></p> <p>Thoughts of harming baby are scary</p> <p>Thoughts of harming baby cause anxiety or are upsetting (ego dystonic)</p> <p>Mother does not want to harm her baby and feels it would be a bad thing to do</p> <p>Mother very clear she would not harm her baby</p>	<p>MODERATE RISK</p> <p>Thoughts of harming baby are somewhat scary</p> <p>Thoughts of harming baby cause less anxiety</p> <p>Mother is not sure whether the thoughts are based on reality or whether harming her baby would be a bad thing to do</p> <p>Mother is less clear she would not harm her baby</p>	<p>HIGH RISK <i>(symptoms more consistent with psychosis)</i></p> <p>Thoughts of harming the baby are comforting (ego syntonic)</p> <p>Feels as if acting on thoughts will help infant or society (e.g., thinks baby is evil and world is better off without baby)</p> <p>Lack of insight (inability to determine whether thoughts are based on reality)</p> <p>Auditory and/or visual hallucinations are present</p> <p>Bizarre beliefs that are not reality based</p> <p>Perception that untrue thoughts or feelings are real</p>
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Consider Best Treatment

	<p>LOW RISK</p> <p>Provide reassurance and education</p> <p>Treat underlying illness</p> <p>Discuss warning signs with patient and family</p> <p>Discuss when and how to reach out for help should she feel unsafe</p>	<p>MODERATE RISK</p> <p>Treat underlying illness</p> <p>Discuss warning signs with patient and family</p> <p>Discuss when and how to reach out for help should she feel unsafe</p> <p>Establish family, friends, and professionals she can contact during a crisis</p> <p>Establish and carry out a plan for close monitoring and follow-up</p>	<p>HIGH RISK</p> <p>A true emergency, refer to emergency services 911, as needed</p> <p>Do not alarm patient (reinforce honesty) and do not leave mother and baby alone while help is being sought</p> <p>Treat underlying illness</p> <p>Discuss warning signs with patient and family</p> <p>Discuss when and how to reach out for help should she feel unsafe</p> <p>Establish family, friends, and professionals she can contact during a crisis</p> <p>Establish and carry out a plan for close monitoring and follow-up</p>
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