

Postpartum MENTAL HEALTH

The Intrusive Thought Decoder: A Guide to Understanding and Calming Unwanted Thoughts

*Understanding*Intrusive Thoughts

Intrusive thoughts are unwanted, involuntary thoughts, images, or impulses that can be distressing or unsettling. They often pop into our minds unexpectedly and can feel intense or disturbing, especially if they are inconsistent with our values or intentions. Common among new moms, intrusive thoughts may include worries about harm coming to loved ones, doubts about one's abilities, or fears of making mistakes.

These thoughts are not reflective of someone's true desires or intentions; instead, they're often the brain's way of processing fear, stress, or heightened responsibility, especially in high-stakes situations like parenting. Intrusive thoughts are a normal part of the human experience and, while they can be uncomfortable, do not define your character or intentions.

Examples *Include*:

Fear of Accidental Harm:

- "What if I accidentally drop my baby while walking up the stairs?"
- "What if I leave something dangerous within reach, and my baby gets hurt?"

Doubts About Parenting Abilities:

- "What if I'm not a good enough parent for my child?"
- "What if I'm doing everything wrong, and my child suffers because of it?"

Worries of Losing Control:

- "What if I suddenly lose control and yell at my child?"
- "What if I unintentionally hurt someone I love?"

Health and Safety Fears:

- "What if something bad happens to my baby when I'm not watching?"
- "What if I get seriously ill and can't take care of my child?"

Fear of Negative Outcomes:

- "What if my partner leaves because I'm struggling with parenting?"
- "What if I make a mistake that has long-term consequences for my child?"

Unwanted Thoughts of Self-Doubt:

- "Am I cut out for this role, or am I failing my child?"
- "What if I'm not the mom my child deserves?"

what is IDENTITY?

Identity is the core of who we are—our sense of self that includes our values, beliefs, personality traits, and the things we're committed to. It's shaped over time by our experiences, relationships, and the choices we make, and it reflects what we find meaningful about ourselves.

what is THOUGHT?

A thought is a quick mental event—like an idea, image, or impression that pops into our mind. Thoughts can be random, influenced by what's going on around us, our emotions, or stress, and they usually don't last long. They can be positive, negative, neutral, or even contradictory. Unlike our identity, thoughts don't define our character, values, or actions; they're just the brain's way of constantly processing things.

what is INTENTION?

Intention is a conscious choice to act in a certain way. It's the purpose or goal behind what we do or think, often shaped by our values, beliefs, or desires. Intentions come from what really matters to us—they're things we **decide on purpose**, not just random thoughts that pop up. In that way, our intentions are more connected to who we truly are than those passing, involuntary thoughts we might not even want.

what is INTRUSIVE?

An intrusive thought is a thought that pops up when we don't want it to. Any thought can feel intrusive if it shows up at the wrong time, and we're more likely to notice them when we're stressed or have a lot on our minds. We actually have tons of these thoughts, but most of the time, we ignore them—especially if they're boring, don't really apply to us, or are just part of what's around us. But when a thought is really upsetting, feels personal, makes us question ourselves, or seems like it could actually happen, we're more likely to get stuck on it.

Example:

If someone has an intrusive thought like, "What if I accidentally hurt my child?" that thought does not mean they want to harm their child, nor does it reflect their character or intentions. Their identity, as a caring, protective parent, is separate from the fleeting thought. Recognizing that thoughts are separate from identity can help people manage distressing or intrusive thoughts without feeling defined or judged by them.

Intrusive vs. Intentional

practice knowing the difference



How to use:

List the intrusive thought that has caused distress. INote the actual intention or feeling behind the thought. Then, reframe the thought.



Goals

This helps you distinguish a genuine intention from an intrusive thought and recognize when anxiety is amplifying fears.

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What if I accidentally hurt my baby?

Real Intention

I want my baby to be safe.

Reframe

My mind is alerting me to be careful because I care about my baby's safety.

Intrusive Thought	Real Intention	Reframe

The Connection Between Intrusive Thoughts, Meaning, Feelings and Behaviors

Situation: Mom taking care of baby



Thoughts noticed more and increase in frequency

Intrusive Thought/Image:

I could drown my baby



Beliefs about thoughts:

"having a thought means it's irresponsible to ignore it"

Avoid bathing baby or being alone to minimize chance of harm even thought she has no actual intention to cause harm/delegate this job next time

Make additional **checks** on baby to ensure they're safe, looking for reassuance nothing is wrong, repeatedly

Personal **meaning**:

I'm a terrible mother to even think this! Monitors her own thoughts and feelings to make sure she isn't actually a threat which is exhausting and heightens anxiety.

Create **rituals** to "counteract" the thought by telling herself she is a good mother, praying or replacing thought with a more positive image.

Seeks **reassurance** that she's a good mother and that the baby is safe, or that she's not dangerous.

Intrusive thoughts often reflect what's most meaningful to a mother, typically focusing on her baby. The reaction to these thoughts is driven by the meaning she assigns to them, like seeing them as warnings ("This thought means it could happen") or judgments about herself ("Having this thought means something's wrong with me"). This can lead to anxiety-reducing behaviors, like over-checking or avoiding situations, even though there's no real threat.

These thoughts feel like they conflict with her identity, increasing the need for certainty ("I must be sure the baby is safe"). This need for certainty creates a "vicious circle," where each reaction reinforces the initial fear, keeping her in a cycle of anxiety. Past experiences and beliefs around responsibility shape how she interprets these thoughts.

Frequently Asked Questions:

Why are some intrusive thoughts opposite of what I want?

We are more likely to **pay attention** to intrusive thoughts about things we don't want to happen. For example: "What if my baby gets sick" or "What if I say my ex's name to my partner"

Who experiences which thoughts?

Intrusive thoughts can happen to anyone, although they often go unnoticed because they tend to reflect what we're most focused on or worried about. They're usually related to something that feels upsetting, personal, or important, and they may make us question ourselves or feel like they could actually happen. Here are some examples of intrusive thoughts based on different roles:

- Mom: "What if I hurt my baby?"
- Doctor: "What if I give my patient the wrong medication?"
- Teacher: "What if I lose control and yell at a student in front of the whole class?"
- Chef: "What if I accidentally cause food poisoning for a customer with an allergy?"

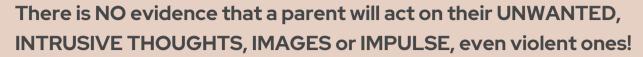
Since these thoughts are connected to things that matter to us, they can sound different for each person but are a normal experience for everyone.

A new mom thinks about their baby ALL THE TIME and want to keep them safe, so moms think about danger a LOT and experience unwanted, intrusive thoughts about their baby.

What kind of thoughts are most common?

- **Accidental Harm:** Nearly 100% of new mothers report experiencing unwanted, intrusive thoughts of accidentally harming their baby. Examples include:
 - "What if I drop my baby?"
 - "What if my baby suffocates in their sleep?"
 - "What if I get distracted and she drowns in the bath?"
- *Intentional Harm:* Around 50% of mothers report intrusive thoughts of intentionally harming their infant, even though they have **no desire** to act on these thoughts. Examples include:
 - "I could puncture the soft spot on my baby's head."
 - "I could throw my baby off the balcony."
 - "I could drop my baby."
 - "I could cut my baby with a kitchen knife."

but...What if I ACT on my thought?





A mom who has thoughts of hurting her baby by **ACCIDENT**

A mom who has thoughts of hurting her baby on **PURPOSE**



Even though it's **REALLY RARE**, some women do hurt their babies.

It's usually because they are struggling with serious mental health difficulties or are very isolated and unsupported. If you are experiencing mental health difficulties, or are struggling in other ways (even if you think you are not at risk of harming your infant) it can be really helpful to talk to someone about what you're going through.

Postpartum OCD

If your unwanted intrusive thoughts keep popping up and you interpret the fact that you are having the thoughts or the content of your thoughts mean you're crazy, in danger to hurt your baby or you're a bad person, it could be part of Obsessive-compulsive disorder (OCD)



OCD is an anxiety-related disorder with 2 main features

Obsessions: Recurrent, unwanted intrusive thoughts that are often upsetting

• **Image:** Stepping on my baby

• **Thought:** What if I shove my baby

• **Impulse:** To scream at my baby



Compulsions: Things you do over and over again to help you feel better about your obsessions.

- Checking: Checking if my baby is breathing
- Reassurance seeking: Asking my partner if they think our baby is healthy
- Washing: Washing my baby's things over and over to make sure they're clean

OCD is particularly **common** during the postpartum period and is more likely to occur during pregnancy and after childbirth. In cases of perinatal OCD, obsessive thoughts often focus on the infant, with harm-related obsessions being especially frequent. Approximately **17% of pregnant and postpartum women experience perinatal OCD**.

If your obsessions and compulsions take over an hour a day, cause significant distress, and make it hard to manage daily life—such as your relationships, caring for your baby, work, and everyday tasks—you may be experiencing OCD. **What can you do?** Seek out Cognitive Behavioral Therapy (CBT) with a therapist experienced in perinatal OCD. They can help you explore how you're interpreting your obsessions and guide you in responding to them in a healthier way.

DISCLAIMER

This resource is intended as a tool to support understanding of perinatal mental health, tools, self-reflection, self-awareness, and personal growth. While it may offer insights and tools that can be beneficial for managing feelings and promoting mental well-being, it is not a substitute for professional mental health advice, diagnosis, or treatment.

If you are experiencing severe symptoms of depression, anxiety, or any other mental health condition, or if you're in crisis or need immediate help, please seek the assistance of a qualified mental health professional or appropriate healthcare provider. This resource is not intended to replace the specialized training and professional judgment of a healthcare or mental health care professional.

Always consult with a qualified mental health professional before making any decisions regarding treatment of any conditions you may be experiencing. Use of this resource is at your own risk, and the creators and publishers are not responsible for any potential consequences.

Your perinatal mental health is important. Remember, seeking help is a sign of strength and self-awareness.

RESOURCES

You are not alone. You are not to blame. With help, you will be well.

Postpartum Support International (PSI)

- Helpline: Call or text 800-944-4773
- Spanish Helpline: 971-203-7773
- PSI App: Available on Apple and Google Play
- Perinatal (Pregnancy & Postpartum) OCD Support for Moms: Free support groups
 - Learn more here

National Maternal Mental Health Hotline

• Phone: 833-852-6262

National Crisis Text Line

• Text: HOME to 741741 (available anywhere in the USA)

National Suicide & Crisis Lifeline

• Phone: #988

Emergency: Call 911