

Intrusive Thoughts in the Perinatal Period

- 70–100% of new parents experience intrusive thoughts about infant harm.
- Intrusive thoughts do not indicate intent.
- The perinatal brain becomes hyper-alert to danger. Intrusive thoughts are often protective alarms, not desires.
- Intrusive thoughts are often produced by protector parts trying to prevent harm.

Intrusive thought:

“What if I drop the baby down the stairs?”

IFS reframe:

- A protector part generates worst-case scenarios.
- Its goal is increased vigilance.

Common managers: the alarmist (creates shocking pictures or thoughts), the hyper-responsibility manager (creates rigid rules like “I will never carry baby down the stairs - may play a part in OCD), the shaming critic (steps in after the thought, you are such a terrible mom, how could you have these thoughts?).

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Help clients relate differently to intrusive thoughts

- Bring in self-energy to acknowledge the part, don't debate with it, distract, then soothe nervous system.

Steps to use with a client:

- Notice and Externalize (unblend from the thought):
 - When the thought happens, can you notice the part that brought the thought? What do you feel in and around your body and head?
- Identify the protective part:
 - This is a part of me that feels anxious about baby's safety, this is not all of me.
- Get curious about the part:
 - What is this part afraid might happen?
 - How old does this part feel?
 - What is it trying to protect?
- Offer compassion and understanding to the part:
 - Say "thank you for trying to keep me and the baby safe"
- this will usually lessen the intensity of the thought.
- Update the part and offer your presence "I am an adult, I can handle this".



Thank you!

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ifspathways.ca



info@ifspathways.ca



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