

Development of obsessive and compulsive behaviors scale of mothers in postpartum period regarding baby care: Validity and reliability

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Abstract

Purpose: This study was made to develop a scale instrument to determine obsessive and compulsive behaviors of mothers in the postpartum period with regard to baby care.

Design and Methods: This methodologically was conducted with 233 mothers between February and October 2017.

Findings: Age average of the women was detected as 28.47 ± 15.47 . Four items were removed from the scale because their factor load was under 0.400. It was determined that scale consists of nine items and sole factor. Cronbach alpha internal consistency reliability coefficient is 75.

Practical Implications: Results of this study demonstrate that "Obsessive and Compulsive Behaviors Scale of Mothers in Postpartum Period Regarding Baby Care" is a valid and reliable measurement instrument.

KEYWORDS

baby care, mother, obsessive and compulsive behaviors, postpartum period, scale development

1 | INTRODUCTION

Obsessive compulsive disorders (OCD) encountered in postpartum period is an anxiety disorder which starts or tends to exacerbate after giving birth.¹⁻³ This disorder commenced to draw attention in recent years.⁴ Prevalence of OCD which is encountered in postpartum period varies between 0.7% and 9%.^{3,5-8} Studying on different populations is considered as the reason of this variation.⁹ It was reported whereas the obsession with contagion and cleaning compulsions are more frequent for OCDs started during the pregnancy, avoidance is at the forefront for OCDs starting to develop after giving birth because of having worry for hurting their infants.^{10,11} Nevertheless, It is determined that the obsession with contagion is the most frequent obsession at the OCD cases in postpartum period.^{2,3,10}

Whereas, the etiology of OCD encountered in postpartum period is not completely known the effect of serotonin is suspected. In addition to this, some studies reported that fluctuations in hormones such as Gonadotrophin Releasing Hormone and prolactin which play

a role in the reproduction system may have an effect on OCDs encountered in postpartum period.^{10,11}

Mothers attempt to accommodate themselves to their new conditions, roles and responsibilities when they eventually gave a birth after physiological and psychological changes experienced during the pregnancy.⁴ Failing to cope with this process in postpartum period and increasing symptoms of OCD that they suffer in the daily life head mothers towards a deeper deadlock. Obsessive mothers affect life quality of themselves and people around them adversely because they exhibit obsessive compulsive behaviors such as insomnia, frequent handwashing, not being able to allocate time for themselves and not being able to touch their babies as they worry that their babies can get harmed.³ Families often encounter with challenging rituals and abstain from requests of women suffering from OCD in postpartum period or they are obliged to comply their lives with this situation.^{3,12} Occurrence of OCD may be sudden and unexpected for some women in postpartum period and for some other women, along with suffering from OCD, pregnancy and taking care of an infant may exacerbate the severity of OCD. Whereas

pregnant women with perinatal OCD worry about contagion, pregnant women with postpartum OCD worry about harming the infant.³ Obsessions and compulsions of women with postpartum OCD reported by them were determined by the studies. According to these studies, aggressive attitude, contagion and various obsessions are prevalent and cleaning and desire for controlling are among the most frequently encountered compulsions.^{1,2,12}

No scale which evaluates obsessive and compulsive behaviors of mothers in postpartum period with regard to baby care could be detected in literature. By taking this deficiency into consideration, this study was planned to develop a scale instrument which can determine obsessive and compulsive behaviors of mothers in the postpartum period with regard to baby care and to make this scale available to be used especially in clinical evaluations and surveys and Research connected with this matter.

2 | METHODS

2.1 | Type of research

This study was done methodologically.

2.2 | Permit for research/ethical aspects

Approval for ethical aspects of the research was received from Ethics Committee of Clinical Research of Medical Faculty of Sakarya University (Issue: 71522473/050.01.04/34). Necessary permissions were obtained both from General Secretariat of Public Hospitals Union of Sakarya Province (Issue: 23916764-702.99) and hospital management to conduct the study at Sakarya Training and Research Hospital. Participants were informed concerning the purpose of the study, confidentiality of answers given and how and where the data is generated and their consents were taken.

2.3 | Population and sample of the research

Population of research was constituted by mothers who applied to Pediatric Department of Training and Research Hospital of Sakarya University within the first 8 weeks after giving birth between February and October 2017. It is stated that number of samples at scale developing studies must be at least 5 and ideally 10 times more than the number of items of the scale.¹³ For the sample of the study, it is planned to reach 130 (13 × 10) mothers, in conformity with the accession criteria, who accepted to participate in the study. During the study, the sample group was constituted by reaching to 233 mothers.

2.3.1 | Criteria to be able to participate in the study

Mothers who met the following criteria were included in the study

- Visiting Pediatric Department of Training and Research Hospital of Sakarya University,
- Being within the first 8 weeks after giving birth,

- Being older than 18 years old,
- Being volunteer to participate in the research,
- Not having any communication problem,
- Being literate,
- Not being diagnosed for Obsessive Compulsive Disorders.

2.4 | Data collection tools used in the study and its features

- Introductory information form: In this form, there are eight questions which were prepared by the researchers and these questions contain information about socio-demographic characteristics (age, education, employment status, family type etc.) and pregnancy state (gestational week, number of pregnancies, planned pregnancy status, whether the pregnant woman had a problem with pregnancy, etc.) of mothers.
- Draft of Obsessive and Compulsive Behaviors Scale of Mothers in Postpartum Period Regarding Baby Care

"The Draft of Obsessive and Compulsive Behaviors Scale of Mothers in Postpartum Period Regarding Baby Care" which was prepared by the researchers in accordance with literature to determine obsessive and compulsive behaviors of mothers in postpartum period consists of 13 items with 5-point likert scale.

2.4.1 | First stage

Content validity of scale

The draft of "Obsessive and Compulsive Behaviors Scale of Mothers in Postpartum Period Regarding Baby Care" was constituted by the research with 13 items with 5-point likert scale by reviewing the literature. The scale draft was sent to both faculty members of various Departments of Nursery and Medical Faculties in our country and 11 experts on this subject to assess whether this scale draft comprises the subject that is desired to be measured for its instructions and comprehensibility of items in terms of language and expression. Before its application, prepared scale draft was sent to an academic member from Department of Turkish Philology and this academic member read and checked the conformability of scale draft to rules of Turkish Language. Then, it was named as "Postpartum Obsession Scale". Some experts were required to evaluate the measurement extent of each scale items on the scale of 1 to 4 points by using this scoring system: (1 = *Not Proper*, 2 = *It Needs Too Many Corrections*, 3 = *It Needs Some Corrections*, 4 = *Very Proper*). In accordance with recommendations and comments received from experts, a scale which consists of 13 items was prepared and items were corrected in terms of language and expression. Expert opinions were evaluated through Kendall's W concordance analysis (number of experts:11; Kendall's W: 0.109; $P > .05$).

2.4.2 | Second stage

Validity and reliability analyses of scale

Exploratory and confirmatory factor analysis were applied at the validity stage of Obsessive and Compulsive Behaviors Scale of Mothers in Postpartum Period Regarding Baby Care and at the reliability stage, test-retest and Cronbach's α internal consistency reliability coefficient methods were applied.

- Factor analysis: To determine conformity of data to the factor analysis before applying the factor analysis, Kaiser-Meyer-Olkin (KMO) Test for Sampling Adequacy and Bartlett's Sphericity Test which demonstrates the correlation between items were applied. And then, exploratory and confirmatory factor analysis were applied for the construct validity of the scale.
- Test-retest analysis: To determine reliability of the scale against time, number of participants to whom the retest will be applied is specified as at least 30 persons and the time interval between the measurements were generally stated in between 2-3 and 4-6 weeks.¹⁴ Scale draft was applied with 47 participants at intervals of 2 weeks.
- Internal consistency reliability coefficient (Cronbach α): As an internal consistency measure, Cronbach's α internal consistency reliability coefficient which is one of the most frequently used criteria for evaluating reliability of the scale was calculated.

2.5 | Collecting the data

Mothers who applied to Pediatric Department of Training and Research Hospital of Sakarya University received information regarding the study. Data collection transaction was conducted at the waiting room of Pediatric Department of the Hospital. There are sufficient number of chairs at the waiting room to enable participants to sit down. Data collection forms were given to participants by the research and they were requested to fill it. Besides, other materials (pencil, eraser, etc) which will be used to fill the data collection forms were provided for the participants. To avoid deficient and/or erroneous filling of data collection forms, forms were received by researchers upon control. Average duration of collecting data is 15 minutes.

2.6 | Statistical analysis

Data was evaluated by using IBM SPSS Statistics 23 and IBM SPSS AMOS 23 programs. Average and standard deviation values which are among measures of central tendency were given for numeric variables and for categorical variables, descriptive statistics (N, %) were given. For scale developing, firstly exploratory factor analysis and subsequently and confirmatory factor analysis were applied. For scale reliability, we benefitted from Cronbach's α values. In addition to these, we negotiated with 47 participants once again to determine

time invariance and it was finalized with test-retest analysis and wilcoxon test.

3 | RESULTS

3.1 | Descriptive characteristics of participants

It was detected that age average of the women who participated in the study is 28.47 ± 15.47 (min = 19 max = 42) and 28.9% of them are primary school graduate. Furthermore, 85% of them are housewives and 73.3% of them live within a nuclear family. 91.8% of participant mothers expressed that their babies were born as a result of planned pregnancy and again 91.8% of them reported that they did not suffer from a health problem connected with pregnancy. Moreover, 95.7% of them underwent medical examinations regularly during the pregnancy and 65.2% of mothers asserted that they accommodated themselves to maternity very well.

3.2 | Validity and reliability analyses of scale

3.2.1 | Construct validity

A factor analysis was conducted at the stage of construct validity for the scale. While applying the factor analysis, sample size must be great enough to ensure reliability of the correlation and to ensure that this competence is met, Kaiser Meyer Olkin (KMO) and Barlett tests are performed. In accordance with the results of our study, result of KMO test is 0,809 and Barlett sphericity test is found meaningful ($P < .01$) (Table 1).

Exploratory factor analysis

Via exploratory factor analysis (EFA), it was observed that nine items united under the sole factor and it was ensured that only expressions whose factor loads were over 0.400 were included in the scale. As a result of applied analysis, 4-scale items out of 13 items were excluded from the scale because factor loads of these 4 items were below 0.400. Variance level of items constituting unidimensional structure which was produced at EFA is 34.003% (Table 2).

Confirmatory factor analysis

Single factorial structure of Obsessive and Compulsive Behaviors Scale of Mothers in Postpartum Period Regarding Baby Care which consists of nine items was analyzed via confirmatory factor analysis (CFA). Furthermore, the path diagram which displays the distribution of standard load values obtained with respect to its single factorial structure procured via CFA is given in Figure 1.

TABLE 1 Results of Kaiser-Meyer-Olkin and Bartlett

Kaiser-Meyer-Olkin		0.809
Bartlett Sphericity Test	χ^2	351.765
	SD	36
	P	0.000***

Bold value is statistically significant.

TABLE 2 Result of factor analysis for items of scale for obsessive and compulsive behaviors of mothers in the postpartum period with regard to baby care

Variables	Factor loads	Percentage of variance	Eigen-value
Scale for obsessive and compulsive behaviors of mothers in the postpartum period with regard to baby care		34.003	3.060
Item 3	0.684		
Item 2	0.673		
Item 5	0.659		
Item 8	0.627		
Item 9	0.555		
Item 7	0.511		
Item 4	0.510		
Item 6	0.504		
Item 1	0.479		
Grand total		34.003	

Bold values are statistically significant.

Data obtained for fit index as a result of the analysis was found as RMSEA = 0.04, CFI = 0.97, GFI = 0.97, and SRMR = 0.45.

3.2.2 | Studies for reliability

Internal consistency

As an internal consistency measure, Cronbach's α internal consistency reliability coefficient which is one of the most frequently used criteria for evaluating reliability of the scale was calculated. These values are above 0.70 which is the generally accepted value¹⁵ (Table 3).

Test-retest analysis

Test-retest method was used to determine whether we are able to obtain similar measurement values from the repetitive measurements of Scale for Obsessive and Compulsive Behaviors of Mothers in the Postpartum Period with regard to Baby Care. The scale was applied to 47 mothers at intervals of 2 weeks. As a result of applied Wilcoxon test, it was detected that there was statistically a meaningful difference ($P < .05$) in terms of the medians of first

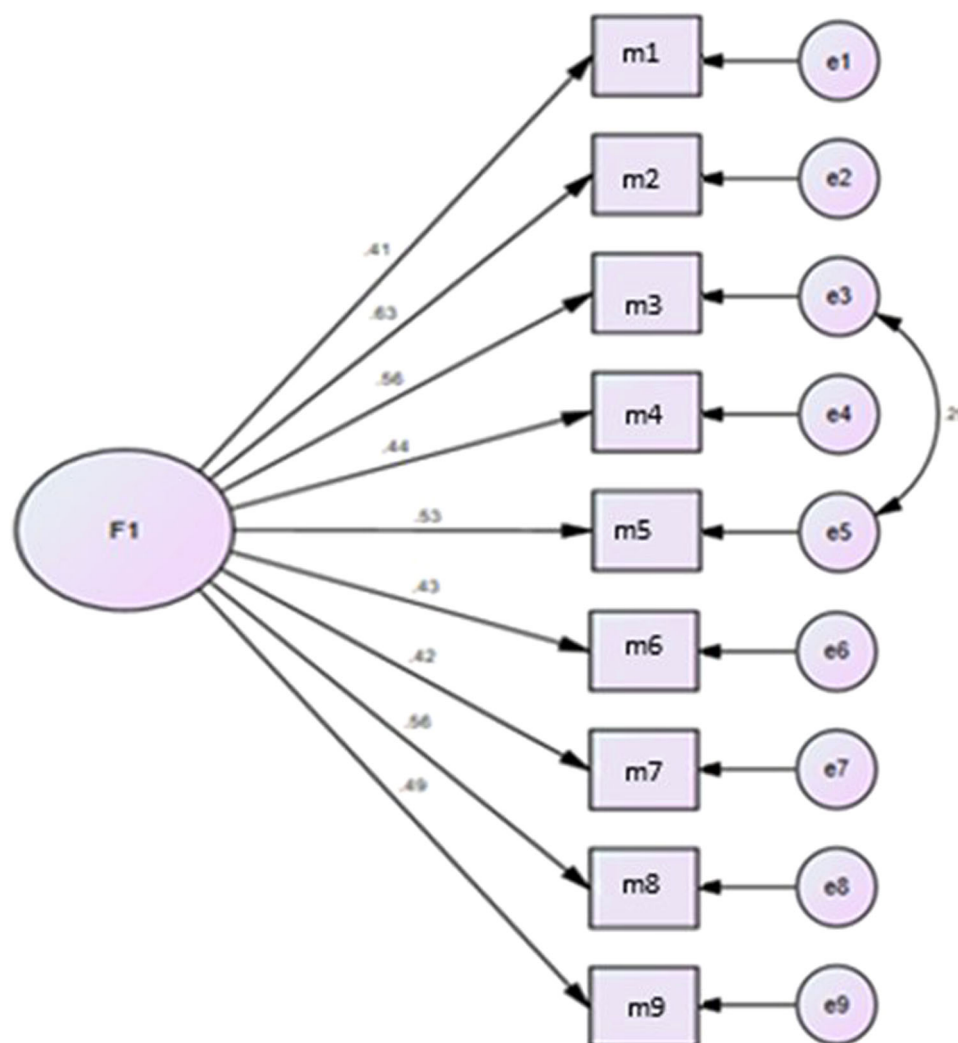


FIGURE 1 First-degree CFA model with sole sub-dimension [Color figure can be viewed at wileyonlinelibrary.com]

TABLE 3 Item reliability analysis of scale for obsessive and compulsive behaviors of mothers in the postpartum period with regard to baby care

Items	Total-item correlation	α -Value of scale when the item is removed	Cronbach's α
Item 1	0.337	0.746	0.753
Item 2	0.520	0.716	
Item 3	0.540	0.712	
Item 4	0.369	0.740	
Item 5	0.500	0.719	
Item 6	0.366	0.741	
Item 7	0.363	0.741	
Item 8	0.477	0.723	
Item 9	0.411	0.735	

Bold value is statistically significant.

question which belongs to Scale for Obsessive and Compulsive Behaviors of Mothers in the Postpartum Period with regard to Baby Care when that question was asked to same persons at different times however, other questions did not vary in terms of their medians ($P > .05$) (Table 4).

3.3 | Evaluating the scale

Every items of the scale which was developed to determine obsessive and compulsive behaviors of mothers in postpartum period with

TABLE 4 Test-retest analysis of scale for obsessive and compulsive behaviors of mothers in the postpartum period with regard to baby care

	Median	z	P
Item 1 before	3.00	-2.208	0.027*
Item 1 after	3.00		
Item 2 before	2.00	-0.153	0.878
Item 2 after	2.00		
Item 3 before	5.00	-0.568	0.570
Item 3 after	4.00		
Item 4 before	1.00	-0.955	0.339
Item 4 after	2.00		
Item 5 before	5.00	-1.533	0.125
Item 5 after	3.00		
Item 6 before	1.00	-1.459	0.145
Item 6 after	2.00		
Item 7 before	5.00	1.073	0.283
Item 7 after	5.00		
Item 8 before	3.00	-1.368	0.171
Item 8 after	4.00		
Item 9 before	1.00	0.947	0.344
Item 9 after	2.00		

** $P < .01$; *** $P < .001$

Bold value indicates $P < .05$.

* $P < .05$.

regard to baby care and which consists of 9 positive items with 5 point likert type are graded from 1 to 5 (APPENDIX). Grading according to items is as below

It does not describe me at all	1
It describes me slightly	2
It somewhat describes me	3
It usually describes me	4
It describes me perfectly	5

The minimum score to receive from the scale is 9 and the maximum score is 45. The greatness of the total score received from the scale indicates that obsessive and compulsive behaviors of mothers in postpartum period are quite high. A detailed evaluation regarding the issue is recommended for mothers who received a score higher than 9 from the scale. As the scale can be evaluated through the total score, it is also possible to evaluate each items of the scale separately. Evaluating each items separately would be leading for the healthcare professionals. The scale is applied to mothers in postpartum period between 2 and 8 weeks.

4 | DISCUSSION

For developing a scale, it is recommended to make a literature review while creating the items, to consult experts for the conformity of items, to evaluate the developed scale draft for conformity to rules of Turkish language and to collect the data from a heterogeneous sample group.¹⁶ We started our study by making a literature review regarding obsession occurring in postpartum period to develop a scale. Even if there are many scales for obsessive disorders, we could not encounter with any scale whose validity and reliability were tested towards evaluating obsessive and compulsive behaviors encountered in postpartum period.

Factor analysis was performed at the stage of construct validity of the scale. The result of performed KMO test varies between 0 and 1 and it is expected to approach to 1. For a healthy factor analysis, KMO value is recommended to be above 0.60. KMO test must be greater than 0.50 and the result of Barlett's sphericity test must be statistically meaningful to ensure that sample size is suitable for factor analysis.¹⁷ Within this scope, according to results of our study, the result of KMO test is 0.809 and Bartlett sphericity test is found meaningful ($P < .001$) (Table 1). These results indicated that sample size is proper for factor analysis.¹⁸

In the evaluation of the EFA as a factor analysis for the construct validity of the scale, it was ensured that only expressions whose factor loads are above 0.400 are included. It was reported that it is sufficient when factor load value which explains the relationship of items in the scale with factors is minimum 0.30 at single factorial

scales.¹³ Within this direction, it is detected that factor loads obtained as result of the performed analyses were sufficient.

Invariance by time measure is the repeatability of the scale i.e. consistency in the repetitions.^{14,17} Test- retest carried out for this issue is the power of scale for being consistent in the repetitive applications and remaining stable by time.¹⁹ It is the application of scale to same individuals and under the same conditions for two times at a time interval which is long enough to prevent them to significantly remember the content but at the same time short enough not to cause occurrence of significant changes at the measurable scale.²⁰ The values obtained from the test retest indicated that not all of the items showed a change in time.

Another important step of the reliability analyses is the internal consistency. Alpha coefficient is the measure of items included in the scale for the internal consistency and we calculated Cronbach alpha internal consistency reliability coefficient for the internal consistency reliability of our study. It is reported that if alpha coefficient is 0.60 or higher, it proves the internal consistency.¹⁷ In addition to this, as alpha reliability coefficient approaches to 1, the consistency is increasing and naturally it is decreasing as it approaches to 0.¹⁸ According to results of our study, reliability coefficient of the Scale for Obsessive and Compulsive Behaviors of Mothers in the Postpartum Period with Regard to Baby Care was calculated as 0.75. According to this result, it is understood that the whole scale meet the internal consistency.

5 | CONCLUSIONS

Results of this study demonstrate that Scale for Obsessive and Compulsive Behaviors of Mothers in the Postpartum Period with Regard to Baby Care is a valid and reliable scale instrument to evaluate obsession of mothers in postpartum period. With this study which aims to determine the validity and reliability of the Scale for Obsessive and Compulsive Behaviors of Mothers in the Postpartum Period with Regard to Baby Care, a reliable and valid scale is introduced into the literature. The scale provide advantages to healthcare professionals towards determining obsessive and compulsive behaviors of mothers in the postpartum period with regard to baby care. Moreover, this scale is the first scale in the world and in our country developed on that subject. Within this context, it may make a significant contribution for more detailed future research work regarding that matter.

6 | RELEVANCE FOR CLINICAL PRACTICE

Pregnancy and postpartum period is a period in which psychiatric illnesses frequently occur or flare up. Psychotic disorders and anxiety disorders can also be seen in this period, especially mood disorders. The reasons for the obsessions of the patients, especially their avoidance of their babies, disrupt the very important mother-infant relationship. The breakdown of the bond between the mother and the child leads to the

cognitive behavioral development of the baby. The occurrence of obsessive-compulsive symptoms in the postpartum period may be associated with poor prognosis. Therefore, it is important to assess the presence of obsessions and/or compulsions when evaluating any patient with anxiety or depression in the postpartum period. The scale we have developed for evaluating obsessive compulsive disorders during the postpartum period will facilitate the work of clinicians.

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CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

AUTHOR CONTRIBUTIONS

The literature was reviewed, data collected, analyzed, evaluated and interpreted and the article was written by KÖ and DM. NC determined the subject matter, planned the study, interpreted the data, and wrote the article.

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APPENDIX: SCALE FOR OBSESSIVE AND COMPULSIVE BEHAVIORS OF MOTHERS IN THE POSTPARTUM PERIOD WITH REGARD TO BABY CARE

Items	It describes me perfectly	It usually describes me	It somewhat describes me	It describes me slightly	It does not describe me at all
1. I cannot sleep from fear that my baby may suffocate in the night.					
2. I clean my baby again and again during the day to avoid catching an infection.					
3. I abstain from touching my baby because of worrying that she/he may catch an infection.					
4. I regularly check whether my baby breathes or not while breastfeeding since I worry about suffocation of my baby.					
5. I do not take my baby out of the house because I am afraid that my baby will get sick.					
6. I worry when my baby is at a place where I am not present.					
7. I do not let someone touch my baby.					
8. I am always worried that something bad will happen to my baby.					
9. I always think I must give full attention to my baby.					