Postpartum psychosis

A guide for health professionals

Postpartum psychosis, as the name suggests, is an acute psychotic episode arising in the early postnatal period. It is also referred to as postnatal or puerperal psychosis. Postpartum psychosis is very serious as the woman may be at risk of harming herself or others, including her baby or other children.

Prevalence

Postpartum psychosis is very rare, occurring in 1 in 1,000 pregnancies.

Causes

Although we do not know what causes postpartum psychosis, women with a history of bipolar disorder or who have experienced postpartum psychosis after previous births are at much greater risk.

Symptoms

Postpartum psychosis causes significant changes in a woman's usual behaviour. These changes usually start within the first few days or weeks after giving birth but may develop up to 12 weeks after the birth and can last for many months.

Manic symptoms

- Lack of need for sleep, increased energy
- Feeling strong, powerful, unbeatable
- Hearing voices or seeing things that aren't there (hallucinations)
- Having false beliefs (delusions)
- Being disorganised
- Talking quickly, often not finishing sentences
- Making lots of unrealistic plans
- Seeming confused and forgetful
- Impulsive behaviour
- Changing moods in a short space of time
- Excessive happiness

Depressive symptoms

- Lacking in energy, unable to sleep or eat, loss of libido
- Wanting to die
- Thoughts of harming herself (and/or her baby)
- Hearing critical voices (hallucinations)
- Having false beliefs e.g. that they are guilty or should be punished for being a bad person/mother (delusions)
- Difficulty concentrating
- Difficulty coping with usual activities e.g. caring for baby, home duties
- Withdrawing from everyone
- Unable to enjoy anything
- Feeling hopeless, helpless and worthless, especially as a mother
- Persistently depressed mood, not reactive in any way

Postnatal care

Key considerations in providing postnatal care to women with a history of bipolar disorder or postpartum psychosis are as follows.

- Ensuring partner, family or paid (e.g. nanny) support is important, particularly overnight so the woman can sleep. Sleep deprivation is a common trigger for relapse so prevention is worthwhile.
- Careful monitoring is required in the first month after birth, with regular review in the following months.
- Consider access to specialist intervention to support parenting skills, including the role of partners and significant others, and attend to the mother-infant attachment.

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Pharmacological treatments

Medications should only be prescribed after careful deliberation with the woman and her significant others. Involving a psychiatrist is advisable.

Antipsychotics – The evidence on the safety of clozepine in breastfeeding women is limited.

Anticonvulsants – There is uncertainty about the passage of some anticonvulsants into breast milk.

Lithium – There is potential for high passage of lithium into breastmilk and risk of infant toxicity.

Where possible, avoid the use of lithium in women who are breastfeeding

Hospital care

Postpartum psychosis symptoms are usually severe enough to warrant hospital admission. Co-admission to a specialist mother-baby unit (where available) will assist with the development of mothercraft skills and a positive relationship with the baby.

This approach may not be appropriate for women who are severely unwell and incapable of caring for the baby and/or the safety of the baby may be compromised.

Following discharge from hospital, ongoing support and monitoring of mother and baby is required from a specialist mental health professional. In most instances, the woman will need to be supported and monitored on a daily basis, which may require drawing on family or community support services.

Electroconvulsive therapy

Electroconvulsive therapy (ECT) is a safe and effective treatment for the more severe forms of psychiatric illness. It is recommended as first-line treatment in severe melancholic depression, particularly when the woman refuses to eat or drink and/or there is a high suicide risk.

A decision to prescribe ECT must involve obtaining informed consent from the woman and her significant carer(s) where possible. Involving carers and families is critical in situations where the woman is clinically unable to provide informed consent due to her psychiatric condition.

Tips for providing support

Listen and reassure

- Encourage the woman to discuss any symptoms she may be experiencing.
- Assure the woman that postpartum psychosis can be treated and managed.

Provide information

- Provide the woman with quality information about postpartum psychosis – see COPE consumer fact sheet.
- Provide details of helplines if she is feeling distressed and needs support.
- Offer information to the woman's partner/others.

Direct to care and support

- Encourage the woman to consult with her general practitioner (GP) or other qualified health professional.
- Encourage the woman to identify and draw on possible supports and services that may be available to her for practical and/or emotional support.
- Remind the woman that she can go to her doctor or local hospital if she is at risk of harming herself or others.

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Information for women and their families:

Provide women with the fact sheet on **postpartum psychosis**.

Telephone support:

To access peer support person or health professional call the **PANDA helpline** on 1300 726 306 (Monday to Friday 9.00am – 7.30pm AEST/AEDT).

Further mental health information:

To find out about other mental health organisations and services visit **headtohealth.gov.au**

COPE

Centre of Perinatal Excellence

This fact sheet has been developed by COPE: Centre of Perinatal Excellence and is derived from *Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline*. 2017. Centre of Perinatal Excellence.

Funded by the Australian Government