

Schizophrenia in pregnancy

A guide for women and their families



Schizophrenia is a severe mental illness that is associated with much stigma and misinformation. While some people with schizophrenia experience only one or a few episodes, for others it may remain an ongoing health condition. People with schizophrenia often also experience depression and/or anxiety.

How common is schizophrenia?

Schizophrenia is experienced by 1 in 100 people in the Australian population.

What causes schizophrenia?

There is no known single cause of schizophrenia but we do know about factors that make it more likely.

- Genetic factors – the risk increases to 10 in 100 if you have a parent with schizophrenia
- Biochemical factors – an imbalance of certain biochemical substances in the brain may be involved in development of schizophrenia
- Stress – stressful events often precede the onset of schizophrenia
- Alcohol and other drugs – harmful alcohol and drug use may trigger symptoms in people who are vulnerable to developing schizophrenia

What are the signs and symptoms?

The main symptoms of schizophrenia are:

- delusions – false beliefs of persecution, guilt or grandeur, or being under outside control
- hallucinations – these most commonly involve hearing voices
- thought disorder – speech may be difficult to follow with no logical connection.

Other symptoms of schizophrenia include:

- lack of drive
- thinking difficulties
- blunted expression of emotions
- social withdrawal
- lack of insight.

Support in the antenatal period

Attending antenatal care is important if you have schizophrenia because relapse is common during pregnancy, especially if you have stopped taking medications. Your doctor or midwife can also give you information about nutrition and ceasing smoking, illicit substance use and alcohol intake in pregnancy.

How is schizophrenia treated?

Talking therapies

Talking therapies can be very helpful in treating symptoms of depression and anxiety. They can help you recognise and change the negative thinking and feelings that depression brings. They also give you useful tools to stop anxiety coming back.

Talking therapies include:

- cognitive-behavioural therapy (CBT): the cognitive (or thinking) part of this therapy teaches you to think logically and challenge negative thoughts. The behaviour part helps you change the way you react in situations and can help you to get involved in activities that you have been avoiding or have stopped doing
- interpersonal therapy (IPT): helps you to find new ways to connect with others, and overcome losses, challenges and conflicts that you may have.

Registered practitioners with appropriate training and experience provide talking therapies for individuals or groups.

Medicines

The main medicines used to treat schizophrenia are called antipsychotics. These assist with symptoms such as delusions or hallucinations. Some antipsychotics also help improve problems of mood, thinking and socialising and anxiety or agitation. Other than clozapine, antipsychotics can be safely used during pregnancy. As some antipsychotics increase weight gain, it is good to talk to your doctor or midwife about managing your weight.

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Depending on your symptoms, your doctor may also prescribe other medicines.

- Antidepressants are used to treat symptoms of depression and/or anxiety. Antidepressants that can be safely used in pregnancy are called selective serotonin reuptake inhibitors (SSRIs). Your doctor may also suggest another type of antidepressant called tricyclic antidepressants, especially if they have worked for you in the past.
- Mood stabilisers help to reduce the likelihood of your symptoms recurring (relapse). The most common mood stabiliser is lithium. Other mood stabilisers that may be used are carbamazepine and lamotrigine. Sodium valproate is not safe for use in pregnancy.

It is important not to change or stop taking your medicines without talking to your doctor.

Advice for women experiencing schizophrenia in pregnancy

Seek help and treatment

- Seek help from a doctor or other health professional.
- Learn about effective treatments.
- Call a support service or mental health crisis line if other help is not available.

Accept help and support

- Develop a support system of friends, family and professionals and accept help.
- Discuss your feelings with your partner, family and friends.

Look after your physical health

- Try to eat healthy meals, including fruit, vegetables, whole grains and lots of water.
- Plan some enjoyable physical activity every day.
- Try to establish good sleeping patterns.
- Practice techniques to reduce stress, such as muscle relaxation and deep breathing.

Advice for family and friends providing support

Listen and reassure:

- Encourage the woman to discuss her symptoms.
- Explain that schizophrenia can be treated and managed.

Provide information:

- Give the woman good quality information about schizophrenia in pregnancy, such as this fact sheet.
- Give 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 talk to her GP or other 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.

Information for women and their families:

Ready to Cope Guide:

Sign up to receive free fortnightly information about emotional and mental health throughout your pregnancy and first year with a new baby at readytcope.org.au

To talk to someone:

To speak with a peer support person or health professional call the **SANE Helpline** 1800 18 7263 (Monday to Friday 10.00am – 10.00pm AEST/AEDT).

Further mental health information:

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

More information about managing schizophrenia pregnancy can be found at cope.org.au.