



# Bipolar disorder in the postnatal period

## A guide for women and their families

Bipolar disorder is a mental health condition that causes mood shifts, usually between episodes of depression and mania (extremely high mood). The risk of developing bipolar disorder or having a relapse increases in the postnatal period (especially in the first few weeks after childbirth).

### How common is bipolar disorder?

Bipolar disorder is experienced by 1 in 100 people in the Australian population.

### What causes bipolar disorder?

While the cause of bipolar disorder is unknown, it is often inherited or linked to stressful life events.

### What are the signs and symptoms?

#### Common behaviour associated with depression

- Moodiness that is out of character
- Increased irritability and frustration
- Finding it hard to take minor personal criticisms
- Spending less time with friends and family
- Loss of interest in food, sex, exercise or other pleasurable activities
- Being awake throughout the night
- Increased alcohol and drug use
- Staying home from work or school
- Increased physical health complaints like fatigue or pain
- Slowing down of thoughts and actions.

#### Common behaviour associated with mania

- Increased energy
- Irritability
- Overactivity
- Increased spending
- Being reckless or taking unnecessary risks
- Increased sex drive
- Racing thoughts
- Rapid speech
- Decreased sleep
- Grandiose ideas
- Hallucinations and/or delusions.

### Support in the postnatal period

Women with bipolar disorder may find the early postnatal period distressing and may have difficulty bonding with the baby. As well as seeing your doctor regularly, it is helpful to have support from your partner and/or family or from a nanny. Having this type of support overnight will mean that you can sleep. This is important as lack of sleep can trigger a relapse.

Your doctor or maternal child health nurse may also suggest that you attend a special group to help you with parenting skills.

### How is bipolar disorder treated?

#### Talking therapies

Talking therapies can be very helpful in treating symptoms of depression and anxiety, which are common in people with bipolar disorder. 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 bipolar disorder are called mood stabilisers. These help to reduce the likelihood of your symptoms recurring (relapse). The most commonly used mood stabiliser is lithium but this is not safe if you are breastfeeding. Other mood stabilisers that may be used are carbamazepine, lamotrigine and sodium valproate. Sodium valproate is not safe for use in pregnancy so it should only be used if you are taking contraception.



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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 when breastfeeding 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.
- Antipsychotics help improve problems of mood, thinking and socialising and anxiety or agitation. Other than clozapine, antipsychotics can be safely used when breastfeeding. As some antipsychotics increase weight gain, it is good to talk to your doctor or another health professional about managing your weight if you are taking antipsychotics.

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

### Hospital care

Women with bipolar disorder who experience relapse in the postnatal period may require **admission to a psychiatric hospital**. This allows the woman to be monitored by health professionals in a safe environment. Some hospitals have mother and baby units, where the baby can stay with the mother. This means that the mother can remain close to her baby and encourages ongoing close contact between them.

This approach may not be appropriate for women who are severely unwell and unable to care for the baby and/or when there are concerns for the safety of the baby.

Following discharge from hospital, you and your baby will need ongoing support and monitoring by a specialist mental health professional.

## Advice for women experiencing bipolar disorder in the postnatal period

### 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 bipolar disorder can be treated and managed.

### Provide information:

- Give the woman good quality information about bipolar disorder 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.

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## 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 [readytocopeco.org.au](http://readytocopeco.org.au)

### To talk to someone:

To speak with a 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](http://headtohealth.gov.au)

## Where you can get more information:

More information about bipolar disorder can be found at [cope.org.au](http://cope.org.au). This includes information on the following topics:

**[Bipolar disorder](#)**

**[Managing bipolar disorder](#)**

**[When to seek help](#)**

**[Available support under Medicare](#)**

**[Helpline, resources and Services](#)**



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