

Postpartum psychosis

A guide for women and their families



Postpartum psychosis is a condition that can affect a woman's thinking and behaviour shortly after the birth of her baby. It is very serious as the woman may be at risk of harming herself or others, including her baby or other children. For this reason, the condition must be identified and treatment sought **urgently**.

How common is postpartum psychosis?

Postpartum psychosis affects around 1 in 1,000 mothers.

What causes postpartum psychosis?

We don't know what causes the condition but women with a history of bipolar disorder or who have experienced postpartum psychosis before are at much greater risk. Some women with no previous history experience the condition.

What are the symptoms?

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

Manic and psychotic 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 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

How is postpartum psychosis identified and diagnosed?

Seeking urgent help from a GP, mental health service or hospital emergency department is very important. Delays in identification and treatment can mean that treatment lasts longer and is more complex. There can be significant safety risks for both the mother and her baby.

Partners and family members are likely to have to take the lead in accessing treatment. The condition can make the mother confused and she may have trouble seeing things in perspective. She may not be aware that something is wrong or be incapable of accessing timely and appropriate help.

How is postpartum psychosis treated?

There are safe and effective treatments for postpartum psychosis. Getting help as soon as possible can help reduce the effect of this condition on the mother, her partner, the infant and other members of the family.



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Hospital care

Women with postpartum psychosis will almost always 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 allows the mother to 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 incapable of caring for the baby and/or when there are concerns for the safety of the baby.

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 daily, which may require drawing on family or community support services.

Medicines

Medication is necessary for the treatment of postpartum psychosis to correct the chemical imbalance that is causing the symptoms.

Use of medications requires ongoing monitoring of the mother and her infant. Being in a hospital setting provides this opportunity for close monitoring while the woman stabilises.

There are three different types of medication that may be used to treat the range of symptoms:

- **Mood stabilisers** – work to stabilise mood and help reduce the likelihood of the symptoms recurring (relapse). The most common mood stabiliser is lithium. Other types of mood stabilisers (which are also used to manage epilepsy) are sodium valproate, carbamazepine and lamotrigine.
- **Antidepressants** – are used to treat the symptoms of depression.
- **Antipsychotics** – assist with both manic and psychotic symptoms such as delusions or hallucinations.

Medications should not be prescribed, changed or stopped without discussion with a specialist psychiatrist.

Electroconvulsive therapy (ECT)

ECT is used when symptoms are severe, medicine is not working and the risks of symptoms (eg thoughts of self-harm) are very high.

How long does it take to recover from postpartum psychosis?

Recovering from the most severe symptoms of postpartum psychosis generally can take from between 2 and 12 weeks depending on the individual, severity of symptoms and response to treatment. The time taken for a full recovery can be much longer and range from 6 to 12 months.

Advice for women experiencing postpartum psychosis

Seek help and treatment

- Seek help from a doctor or other health professional **urgently**.
- 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.

