Puerperal (postpartum) psychosis
A guide for primary care health professionals

Puerperal psychosis (also referred to as postpartum or postnatal psychosis) is a very serious but rare mental health condition that affects 1 or 2 in every 1,000 mothers in the first few weeks after the birth of their babies. Recognising symptoms is essential as the mother is at serious risk of self-harm and there is risk of potential harm for the baby and/or other children. Seeking urgent professional assistance is essential. The earlier a woman is diagnosed, the sooner she will able to get the right treatment and improve her mental health and wellbeing.

Although we do not know what causes puerperal psychosis, we do know that women with a history of bipolar disorder or who have experienced puerperal psychosis after previous births are at much greater risk of the illness – hence it is important that the health professional is aware of any previous history. In some cases, puerperal psychosis is the first episode of bipolar disorder, or less commonly, another psychotic illness.

SYMPTOMS OF PUERPERAL PSYCHOSIS
Puerperal 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. Symptoms can be extremely distressing for the woman experiencing them and for her family, and they impact on the mother’s ability to care for her infant. The earlier symptoms are recognised, the sooner the woman can receive the best treatment for herself and her family. Psychotic symptoms can occur alone but most commonly occur with manic or depressive symptoms (see table).

GETTING HELP
A woman who experiences these symptoms can become very confused and may be at risk of harming herself and her baby because of strange beliefs she has as a result of the illness. Many women experience manic symptoms and may be inattentive towards the baby due to agitation and an inability to focus. For some women, this manic phase is followed by a severe depression where the woman is unable to function and may be at risk of harming herself and/or her baby. This high risk of suicide or infanticide requires urgent, careful assessment and management on an ongoing basis – often for many weeks or months.

If you notice any changes like those described here in a woman who has recently had a baby, seek urgent assistance from a general practitioner (GP), mental health service or a hospital emergency department as specialist treatment is required.

STEPS TO TREATMENT AND RECOVERY
Urgent mental health assessment
Women experiencing symptoms of puerperal psychosis should seek urgent assistance through a GP, mental health service or the emergency department. As puerperal psychosis is a serious and complex mental health condition, a specialist psychiatrist needs to be consulted and provide continuing care.

Symptoms of depression and mania

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Mania</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleep, energy, appetite, libido</td>
<td>• Lack of need for sleep, increase in energy and libido</td>
<td>• Lack of energy, unable to sleep or eat, loss of libido</td>
</tr>
<tr>
<td>Thoughts and experiences e.g. thoughts of self harm and/or harming baby</td>
<td>• Feeling strong, powerful, unbeatable</td>
<td>• Wanting to die</td>
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<tr>
<td></td>
<td>• Hearing voices or seeing things that aren’t there (hallucinations)</td>
<td>• Thoughts of harming herself (and/or her baby)</td>
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<tr>
<td></td>
<td>• Having false beliefs e.g. that they or baby have special powers or someone is trying to harm the baby (delusions)</td>
<td>• Hearing critical voices (hallucinations)</td>
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<tr>
<td></td>
<td>• Difficulty concentrating</td>
<td>• Having false beliefs e.g. that they are guilty or should be punished for being a bad person/mother (delusions)</td>
</tr>
<tr>
<td>Behaviour</td>
<td>• Being disorganised</td>
<td>• Difficulty coping with usual activities e.g. caring for baby, home duties</td>
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<tr>
<td></td>
<td>• Talking quickly, often not finishing sentences</td>
<td>• Withdrawing from everyone</td>
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<tr>
<td></td>
<td>• Making lots of unrealistic plans</td>
<td>• Unable to enjoy anything</td>
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<tr>
<td></td>
<td>• Seeming confused and forgetful</td>
<td>• Feeling hopeless, helpless and worthless, especially as a mother</td>
</tr>
<tr>
<td></td>
<td>• Overspending, getting into arguments, sexual indiscretions</td>
<td>• Persistently depressed mood, not reactive in any way</td>
</tr>
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</table>

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Hospital admission
A woman with puerperal psychosis will almost always need to be admitted to a psychiatric hospital setting, to allow monitoring and treatment in a safe environment. Some hospitals have a mother and baby unit where the baby can stay with the mother.

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.

Medication
Medication is essential for the treatment and management of puerperal psychosis. Different medications may be used, including:

- **mood stabilisers** – stabilise mood and help to reduce the likelihood of relapse; e.g. lithium (most common) and some antiepileptic drugs such as sodium valproate, carbamazepine or lamotrigine
- **antidepressants** – alleviate depressive symptoms that are part of a depressive psychosis
- **antipsychotics** – assist with both manic symptoms and psychotic symptoms i.e. delusions or hallucinations.

When use of medication is considered, a specialist psychiatrist should be consulted. The woman’s needs (including her mental state and whether she is pregnant and/or breastfeeding) and the potential risks and benefits to the woman and baby all need to be taken into account.

**Note**
- Advice should be sought from a psychiatrist before medications are prescribed, changed or ceased and the potential risks and benefits to the woman and fetus/baby should be considered.
- Medications should **not** be ceased suddenly.
- Sodium valproate should **not** be prescribed in pregnancy (or in women with bipolar disorder of childbearing age), and specialist advice should be sought from a psychiatrist.
- Clozapine should not be initiated during pregnancy. Wherever possible, an alternative antipsychotic should be used in women contemplating pregnancy or already taking clozapine. This should involve consultation with a specialist psychiatrist.
- Sodium valproate and clozapine should **not** be used without consultation with a psychiatrist when breastfeeding.
- Lithium should be used cautiously. Advice should be sought from a psychiatrist if breastfeeding, and it is important to ensure close monitoring of the baby by a specialist (e.g. neonatologist/paediatrician).
- If pregnant (or planning pregnancy), women taking mood stabilising drugs are advised to supplement with high dose folate preconception and in the first trimester (to reduce the small increased risk of birth defects with these drugs) and consult with a psychiatrist.

Given the need for medication and sleep, consideration of the advantages and disadvantages of breastfeeding for the mother and baby need to be discussed with both the woman and her partner. Following discharge from hospital, ongoing monitoring of medications is needed.

**Electroconvulsive Therapy (ECT)**
ECT is a specialist treatment that may be used or even essential for treating acute mania, psychosis and severe depression. This treatment is only used in major hospital settings with close monitoring of the woman.

**Getting support**
Minimising stress, maximising sleep and reducing stimuli are vital not only for the mother, but also her baby, partner and key support people. Where possible it is beneficial to draw on support from family members, friends, community and/or health services including in-home support or respite services. As the woman recovers, it is helpful to develop a routine for the care of the baby that also allows the parents to have quality time, both as a couple and individually.

**Psychological therapies**
As the woman recovers and begins to benefit from the prescribed medication, ‘talking therapies’ such as cognitive behavioural therapy or interpersonal psychotherapy can help her to develop effective coping strategies. Mother–infant therapy can also be useful. It is important to assess, monitor and, if required, provide therapy for the mother–infant relationship. Counselling/support is also recommended for the partner and key support people.

**Ongoing monitoring**
(including mother–infant interaction)
Regular visits with the health professional who is managing care (e.g. GP or psychiatrist) helps to make sure that the woman is getting appropriate treatment and allows the opportunity to address concerns. Assessment and monitoring of the mother–infant interaction is a key component of care of both the mother and infant.

**Planning for future pregnancies**
Specialist advice is important if planning another pregnancy. It is necessary to discuss medication before becoming pregnant. It is also helpful to plan for additional care and support during and after the pregnancy (e.g. staying on the postnatal ward long enough to get help establishing breastfeeding or alternative feeding if necessary).

**INFORMATION AND SUPPORT FOR FAMILY MEMBERS**
People living with and supporting a woman with puerperal psychosis can feel overwhelmed and exhausted due to the ongoing demands. The effect of this is compounded as the woman and her family are adjusting to a new baby. It is critical for family members/carers to ensure they have support. Family members may benefit from more detailed information about the types of help available, practical tips and strategies that is included in the beyondblue Guide for carers.

**INFORMATION AND HELP LINES**

For women and their families

- beyondblue
  - 1300 22 4636
  - www.beyondblue.org.au

- PANDA – Perinatal Anxiety and Depression Australia
  - 1300 726 306
  - www.panda.org.au

For health professionals

- beyondblue
  - 1300 22 4636
  - www.beyondblue.org.au

- TGA electronic Therapeutic Guidelines and Medications Handbook

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