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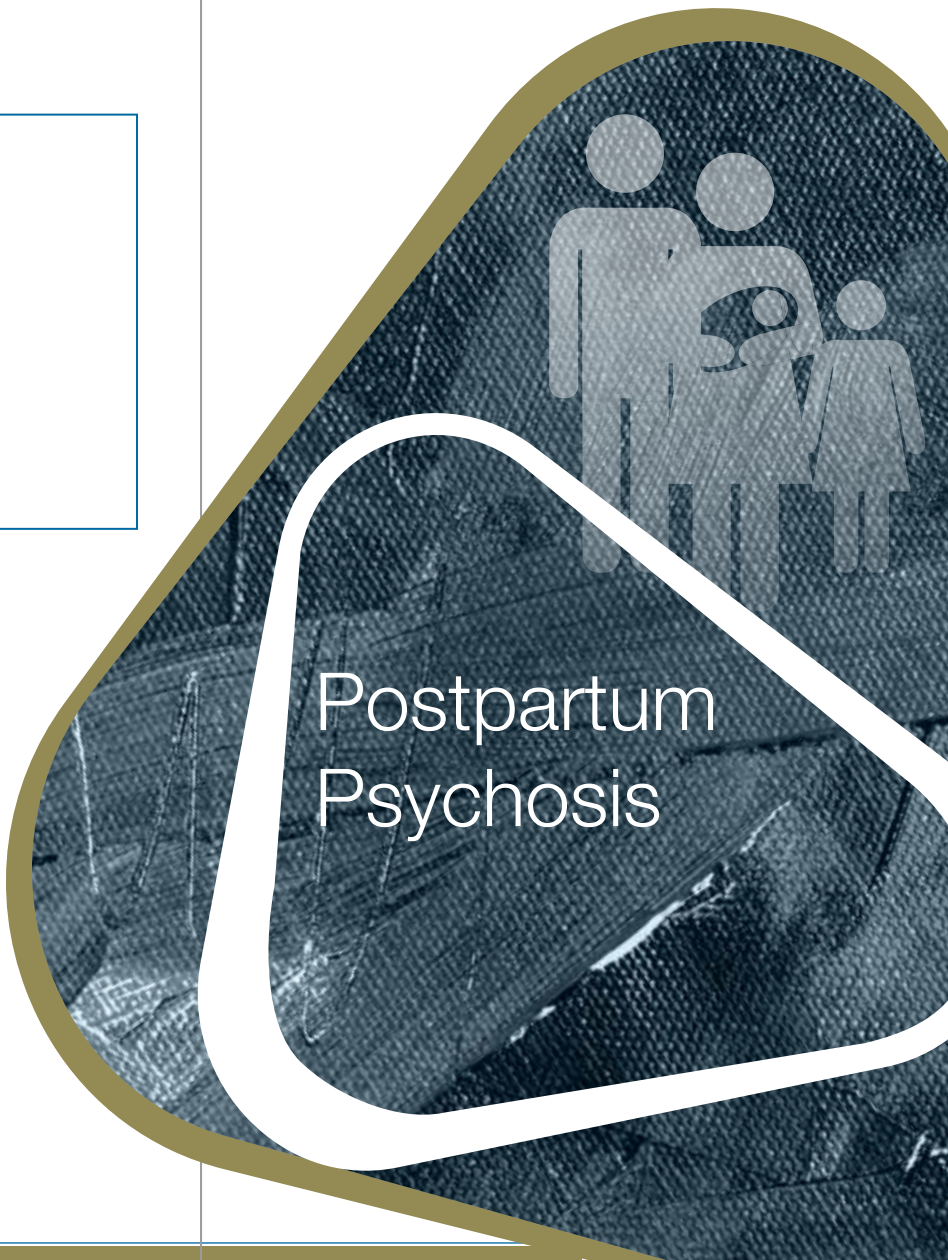

# Postpartum Psychosis

# Postpartum Psychosis

## This information is written for any woman who has

- A high risk of postpartum psychosis because of previous mental health problems.
- Had or is recovering from a postpartum psychosis.
- Had postpartum psychosis before and is pregnant again.
- A family history of postpartum psychosis
- Her partner, family and friends.
- Anyone who just wants to know more about mental health problems after childbirth.

**Disclaimer**

This webpage provides information, not advice. You should read our full disclaimer before reading further.



## What is postpartum psychosis?

Postpartum psychosis (or puerperal psychosis) is a severe mental illness. It starts suddenly in the days, or weeks, after having a baby. Symptoms vary and can change rapidly. They can include high mood (mania), depression, confusion, hallucinations and delusions.[1-2] It is a psychiatric emergency - you should seek help as quickly as possible.

It can happen to any woman and often occurs 'out of the blue', even if you have not been ill before. It can be a frightening experience for a mother, her partner, friends and family. It can last several weeks or longer – but you will usually recover fully.

It is much less common than baby blues or postnatal depression. About 1 in every 1000 women (0.1%) who have a baby[3] will have a postpartum psychosis.

## How does Postpartum Psychosis differ from Postnatal Depression or Baby Blues?

Many mothers have mild mood changes and many different emotions after having a baby.

Baby blues affects more than half of new mothers.[4] It usually starts 3 to 4 days after birth. Your mood swings up and down, you burst into tears easily. You can feel irritable, low and anxious at times. You may also over-react to things. It usually stops by the time your baby is about 10 days old. You don't need any treatment for baby blues.

There are several different mental health problems that can happen after birth which do need treatment. These include:

**Postnatal depression** affects 10 to 15 in every 100 women after childbirth.[5] The symptoms are similar to those in depression at other times – low mood, poor sleep, lack of energy, lack of appetite and negative thoughts, and they go on for more than 2 weeks. It can vary from mild to very severe. See the leaflet on **postnatal depression**.

**Postpartum psychosis** is a severe illness and can start in different ways. You can have symptoms of depression or mania or a mixture of these. Symptoms can change very quickly from hour to hour and from one day to the next.

These are some of the symptoms of postpartum psychosis:

- feeling 'high', 'manic' or 'on top of the world'
- low mood and tearfulness
- anxiety or irritability
- rapid changes in mood
- confusion(disorientation or perplexity)
- being restless and agitated
- racing thoughts
- behaviour that is out of character
- being more talkative, active and sociable than usual
- being very withdrawn and not talking to people
- finding it hard to sleep, or not wanting to sleep
- losing your inhibitions, doing things you usually would not do
- feeling paranoid, suspicious, fearful
- feeling as if you're in a dream world
- delusions: odd thoughts or beliefs that are unlikely to be true. For example, you might
- believe you have won the lottery. You may think your baby is possessed by the devil, or that people are out to get you
- hallucinations: you see, hear, feel or smell things that aren't really there.

Your symptoms can make it hard for you to properly look after yourself or your baby. During a **postpartum psychosis** you may not understand that you are ill. However, your partner, family or friends will usually know that something is wrong and that help is needed.

## When does it happen?

Usually in the first two weeks after birth. Often symptoms begin in the first few days after having a baby.[2] Less commonly, the illness can start later – several weeks after the baby is born.

## Why does it happen?

**Postpartum psychosis** is not your fault. It is not caused by anything you or your partner have thought or done. It is not caused by relationship problems, stress, or doubts about your pregnancy.

Several things seem to play a part in **postpartum psychosis**. Your family history and genetic factors are important[6] - you are more likely to have **postpartum psychosis** if a close relative has had it. Hormone levels and disturbed sleep patterns may also be involved.[1-7] But more research is needed on **postpartum psychosis**.

## Who is most likely to get postpartum psychosis?

You do have a higher risk if you have bipolar disorder type I or schizoaffective disorder, a previous **postpartum psychosis** yourself or a history of **postpartum psychosis** in a close relative (see the table below). If you have bipolar type II your risk is likely to be much lower than for bipolar type I [9-11]. You may have an increased risk of **postpartum psychosis** if you have schizophrenia or another psychotic illness [8, 12-13], but this is not as high as for women with bipolar disorder.

| Diagnosis | Other Factors | Approximate Risk | % |
|---|---|---|---|
| No history of mental illness | No immediate family history of **postpartum psychosis** | 1 in 1000 | 0.1% [3] |
| No history of mental illness | Mother or sister had **postpartum psychosis** | 30 in 1000 | 3.0% [16] |
| Bipolar disorder type I or Schizoaffective disorder | No immediate family history<br>First pregnancy | 200 in 1000 | 20% [6-13] |
| Bipolar disorder type I or Schizoaffective disorder | Mother or a sister who has had **postpartum psychosis** | 500 in 1000 | 50% [15] |
| Bipolar disorder type I or Schizoaffective disorder | 2nd pregnancy - no **postpartum psychosis** in 1st pregnancy | 100 in 1000 | 10% [11] |
| Bipolar disorder type I or Schizoaffective disorder | Previous postpartum psychosis | 500 in 1000 | 50% [6,8,10-11] |
| Previous **postpartum psychosis** | | 500 in 1000 | 50% [6,8,10-11] |

Ask your psychiatrist about how these risk factors might apply to you.

## If I am at high risk, can anything be done to prevent it?

Ideally, let your psychiatrist and GP know that you want to get pregnant before you start trying for a baby. You can discuss with them any medications you are taking. They can advise you how to stay as well as possible before becoming pregnant. Your pregnancy may not be planned (many pregnancies aren't). In that case, let your doctor know as soon as possible.

If you are already pregnant, it's important that everyone involved in your care knows about any mental illness you have had in the past. This includes your midwife, mental health midwife, obstetrician, GP and public health nurse. Your mental health team and GP need to know you are pregnant. They all need to know that you have a high risk of **postpartum psychosis** so that they can arrange the care and support you need. They should help you to make a plan for your care (see below).

Have a look at the things which seem to trigger your episodes of illness – and do whatever you can to deal with them. Can you reduce other stressful things going on in your life? Try to get as much sleep and rest as you can in late pregnancy and after the birth. This can be difficult with a new baby, so ask your partner or family to help do some of the night-time feeds.

## Will medication stop me getting ill after the baby is born?

If you are taking medication to stay well, it can be hard to know whether to continue or stop it while you are pregnant. If you have bipolar disorder the risk of **postpartum psychosis** may be higher if you stop medication. [10,12-13] However, there are no absolutely right and wrong answers here, there are risks involved with all the options. You could think about:

- Staying on all, or some of, your current medication.
- Switching to other medications which may be safer in pregnancy.
- Stopping all your medications.
- Starting medication in late pregnancy or after delivery.[8] This may reduce the risk of becoming ill again.[10] You can do this with medications like antipsychotics and lithium.[12]

Talk these options over with your psychiatrist. This will help you decide what is best for you and your baby.

## What should I do if I am well, but have a high risk of postpartum psychosis?

**Preconception (when you are planning a pregnancy)**

Ask for specialist advice when you are planning your pregnancy.[12-13] Your GP can refer you to a perinatal psychiatrist - a doctor who specialises in looking after pregnant and postnatal women with current or previous mental health problems. If there is no local perinatal psychiatrist you should see a general psychiatrist for advice. You should discuss:

- Your risk of developing **postpartum psychosis**.
- The risks and benefits of medication in pregnancy and after birth. This should give you the information you need to make decisions about your treatment.
- The type of care you can expect in your local area from perinatal mental health and maternity services and how professionals work together with you and your family. See our page on **perinatal mental health services.**

## Care during pregnancy

If you are at high risk of **postpartum psychosis**, you should have specialist care in pregnancy.[13] You should be referred to a perinatal mental health service when you find out you are pregnant. Ask your midwife to refer you to a mental health midwife to access the service. (See our page on **perinatal mental health services** for more information.) If you are already under the care of another mental health service they can work together. Your psychiatrist should discuss with you:

- The risk of becoming unwell in pregnancy or after birth.
- The risks and benefits of medication - to help you make choices about treatment.
- Who will be involved in your care in pregnancy and after the birth of your baby.

Ideally you should have a pre-birth planning meeting when you are around 32 weeks pregnant which involves you and everyone involved in your care. This includes your partner, family or any friends you would like to bring. It also includes mental health professionals, your midwife, mental health midwife, obstetrician, public health nurse and GP. The aim is to make sure that everyone involved in your care knows about your risk of **postpartum psychosis** – and that a plan for your care is agreed.

You should get a copy of your written care plan. This should include early warning symptoms and a plan for your care. There should also be details of how you and your family can get help quickly if you do become unwell.

### Care on the maternity unit

Your care in labour will depend on what you and your baby need. The midwives will support you with feeding and caring for your baby.

If you have any symptoms of mental illness, a psychiatrist will see you when you are in hospital.

In some maternity units, you may see a psychiatrist or mental health nurse before you leave hospital, even if you are well. This is to check that you are well at the time you go home. They should also check the plan made at your pre-birth planning meeting. They can make sure you have any medication you need.

### Care when you go home from hospital with your baby

Your mental health should be closely monitored. Your midwives, public health nurse and mental health team should see you regularly in the first few weeks after your baby is born. If you become unwell, they will see this quickly, so you can get treatment as soon as possible.

You and your family should have emergency contact numbers for local crisis services. See your GP or go to A&E if you, or your partner or family, think you are becoming unwell.

If you think you are becoming unwell don't delay in seeking help. Symptoms can get worse quickly.

## What can be done if I develop postpartum psychosis?

### Urgent help

If you start to have symptoms of **postpartum psychosis**, you need to be seen urgently.[13] If you have been told, during pregnancy, that you have a high risk of postpartum psychosis, look at your care plan. This should have emergency contact numbers for your mental health team or local crisis service.

If you don't have this type of plan, or have not had a mental illness before, see your GP urgently (the same day) or go to your local A&E department. If you are told you do not have postpartum psychosis but your symptoms then get worse, go back to be re-assessed.

You may have to come into a general psychiatric ward. If that happens, your partner or family will need to care for your baby. This will only be until you are well enough to care for your baby yourself. Most inpatient units will facilitate daily visits with your baby where appropriate.

### Medication and breastfeeding

If you have a **postpartum psychosis**, you will probably need treatment with an antipsychotic medication, a mood stabiliser or both.[12-13,17]

You can breastfeed whilst taking some medications.[12,13] Discuss the risks and benefits of doing this with your psychiatrist.

You may find that you can't breastfeed. You may be

too unwell or may have to be in hospital without your baby. You may need a medication which is not safe in breastfeeding. You might feel guilty about being unable to breastfeed - but it's not your fault, just as the psychosis is not your fault. It's just important that you have the treatment you need so that you can get better and get on with looking after and enjoying your baby.

**Help in caring for my baby**

During the worst part of your **postpartum psychosis** you will need practical help to care for your baby – and also help to bond with your baby. Public health nurses and mental health professionals can help and support you at home. There may be a local perinatal or parent-infant mental health service. In some areas, health and social centre staff and/or voluntary organisations can also help.

It is normal to lack confidence with your mothering after **postpartum psychosis**. Remember - most new mothers, who have not had an illness, also feel like this. But, it can be hard to go to mother and baby groups while getting over a postpartum psychosis. Public Health Nurses and community mental health nurses can give you one-to-one advice until you feel up to attending groups with other mothers.

Some mothers have difficulty bonding with their babies after an episode of **postpartum psychosis**. This can be very distressing, but usually doesn't last long. Most women who have had **postpartum psychosis** go on to bond well with their babies and have good relationships with them.

Ask your public health nurse, GP or other professional involved in your care, what help is available in your area. Health professionals can support you in learning how to interact with and respond to your baby. You may find baby massage and other groups for new parents helpful.

**Care and support for you during recovery**

Allow your partner, family or friends to help and support you while you get better (see section on partners below).

You will usually need to have care from a **specialist perinatal mental health service** until you fully recover. This team can advise you about treatment and support for you and your family. You may also have a community adult mental health team.

Your health visitor and GP will also continue to support you whilst you recover.

Do ask for advice about contraception. It is a good idea to avoid getting pregnant again too soon after an episode of **postpartum psychosis**.

## Does everyone with postpartum psychosis need to be referred to Tusla Child and Family services?

No – but some women may be referred to Tusla Child & Family Services for support:

- In pregnancy, if there is a high risk of **postpartum psychosis**.
- After birth, if a **postpartum psychosis** develops.

If this happens, you may worry that people think that you cannot care for your baby. This is **not** usually the case. The referral and assessment are done to make sure that you get the support you need from family, friends and professionals. It is also done to make sure there is safe plan for your baby, if you become too unwell to care for him/her. Any referral to Tusla should be discussed with you (unless you are too unwell).

Some women and their partners worry that if they seek help for symptoms of mental illness people will think they can't care for their baby. On the contrary, seeking help and having treatment shows other people that you are trying to do the best for your baby.

You may need extra help from family members while you are getting better. If you don't have any family, or if they can't do this, child and family services can help provide the necessary support. If required, social workers can find a temporary carer for your baby.

It is very rare for babies to be removed from women with **postpartum psychosis**. Although it can take a while, most women recover fully and can care for their babies perfectly well.

## A partner's experience:

If your partner has postpartum psychosis, it can be very distressing for you – even frightening or shocking. Do ask for help when your partner first has symptoms. This is particularly important if she does not understand that she is ill.

If your partner is in hospital, you may feel alone and isolated and frustrated that there is little you can do to help. If you do feel like this, you can get help for yourself from organisations who can support you during this difficult time (see list at the end of this page).

It is important that home life is as calm and organised as possible. Take time for yourself and prepare for when mum returns home. Once your partner is home try to:

- Be as calm and supportive as you can.
- Take time to listen to your partner.
- Help with housework and cooking.
- Help with looking after the baby.
- Help with night time feeds as much as possible.
- Let your partner get as much rest and sleep as possible.
- Let other family members and friends help with shopping, cooking etc. This will give you more time to spend with your partner and baby.
- Try not to have too many friends and relatives visiting.
- Try to keep your home as calm and quiet as possible.

It can be very stressful and tiring when you partner is recovering from postpartum psychosis. Stay healthy by exercising, eating well and getting enough rest. Don't use drugs or alcohol to cope.

Ask to speak to the Perinatal Psychiatrist or the other staff involved in your partner's care if you have any concerns or questions. They should be supportive and sympathetic.

Be patient. It takes time for someone to get over an episode of postpartum psychosis.

In the long term, talking about your experiences can help your recovery. Counselling or couple therapy may be helpful for some couples.

For more information, see our page on **Postpartum Psychosis for Carers**.

## When will I get better?

It can take 6 -12 months or more to recover from **postpartum psychosis**. The most severe symptoms tend to last 2 to12 weeks.[17] You are likely to recover fully, but you may have another episode in the future.

After a **postpartum psychosis**, you may feel depressed, anxious and have little social confidence. It can take time to come to terms with what has happened. It's normal to feel some sadness for missing out on some parts of early motherhood. It can take time to rebuild confidence in relationships and friendships, but most women get back to feeling like their usual selves again.

It can help to tell your family and friends about how you feel. See about getting expert help from a psychologist, psychotherapist or counsellor. For advice on practical steps that can be taken during recovery, see the recovery guide produced by **Action on Postpartum Psychosis**.

## How likely is it to happen again?

**Will I get postpartum psychosis again after a future pregnancy?**

Many women who have had postpartum psychosis go on to have more children, but there is a high risk of having another episode. About 1 in 2 (50%) women who have had postpartum psychosis will have this again after the birth of another baby.[6,8,10,11] With the right care, if you have another episode, you should be able to get help quickly.

**Am I likely to have an episode of psychiatric illness at other times?**

Over half of women with **postpartum psychosis** will have a further episode of illness not related to childbirth.[6] Avoiding having further babies does not guarantee that you will stay well.

**Summary**

Although **postpartum psychosis** can be frightening for you and your family, with the right help you can recover fully and enjoy your baby.

# Further information/ online resources

## Further information:

**Action on Postpartum Psychosis:** A network of women across the UK who have experienced postpartum psychosis. They aim to increase public awareness and promote research into the condition. Run by a team made up of academics, health professionals and women who have recovered from postpartum psychosis. https://www.app-network.org/

**MyChild** (https://www2.hse.ie/my-child/). Your guide to pregnancy, baby and toddler health. Trusted information from experts and Health services and support.

**Cuidiú** (https://www.cuidiu.ie/). Caring Support for Parenthood. A parent to parent voluntary support charity.

**HSE's Your Mental Health**, https://www2.hse.ie/mental-health/ , support in looking after your mental health.

**Dads Matter UK** (www.dadsmatteruk.org/). Support for Dads and Mums suffering from Anxiety, Depression and Post-traumatic stress.

**Dadpad** (https://thedadpad.co.uk/). It's the essential guide for new dads, developed with the NHS.

**Tusla Family Support**. Family Resource Centres can be a good starting point for information www.tusla.ie/services/family-community-support/family-resource-centres/ other supports may be available through the Meitheal programme. https://www.tusla.ie/uploads/content/4189_TUSLA-Meitheal_DL_PARENTS_LR1.pdf

**Relate** (www.relate.org). Relationship support including couple and family counselling. Face-to-face, telephone or online counselling.

**Accord**: (https://www.accord.ie/services/marriage-and-relationship-counselling). ACCORD offers a professional counselling service throughout the island of Ireland, through its 55 centres, facilitating couples and individuals to explore, reflect upon and work to resolve difficulties that arise in their marriages and relationships.

**Alcohol and Pregnancy**. HSE's Ask about Alcohol - https://www.askaboutalcohol.ie/health/alcohol-and-pregnancy/ https://www.askaboutalcohol.ie/helpful-resources/leaflets/pregnancy-and-alcohol.PDF

**Citizen's Information:** https://www.citizensinformation.ie/en/search/?q=pregnancy Your rights and entitlements from the citizen's information board.

**The Samaritans** (www.samaritans.org), https://www.samaritans.org/ireland/branches/

Confidential emotional support for those in distress who are experiencing feelings of distress or despair, including suicidal thoughts. 24-hour free helpline 116 123 ; Email: jo@samaritans.org

## Further Reading:

The following are personal accounts of **postpartum psychosis** which some women may find helpful:

- Eyes without Sparkle by Elaine Hanzak
- Saving Grace: My journey & survival through postnatal depression by Grace Sharrock
- Out of me: the story of a Postnatal Breakdown by Fiona Shaw
- Understanding **Postpartum Psychosis**: A Temporary Madness by Teresa Twomey
- Hillbilly Gothic: A Memoir of Madness and Motherhood by Adrienne Martini.

## Credits:

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