Postpartum Psychosis

Marissa Beal, DO
Assistant Professor
Department Of Psychiatry and Behavioral Health

Disclosures

- No conflicts of interest

Postpartum Psychosis (PPP)

- Very rare from 1 to 2 per 1,000 births
- Occurs in first 2 weeks after birth
- 40% of cases are first episode psychosis
- Increased risk for suicide and infanticide
- The risk of infanticide in the setting of PPP is estimated at 4%

(Friedman et al., 2023)
(Perry et al., 2021)

Symptoms

- Insomnia, irritability
- Delirium-like presentation: waxing and waning confusion, disorientation, disorganization
- Delusions related to infant
- Persecutory delusions, such as fears of someone trying to harm infant
- Hallucinations
- Mood symptoms present along with psychosis – often mania, depression or mixed states
  - It is an affective psychosis

(Osborne et al., 2018)

Differentials

- Infection
- Thyroid or parathyroid disease
- Substance induced psychosis
- Baby blues
- OCD
- Postpartum depression
- Autoimmune encephalitis if neurologic symptoms are present

(Friedman et al., 2023)
(Osborne et al., 2018)

Risk Factors

- Personal history of bipolar disorder
- Family history of bipolar disorder or PPP
- Primiparity
- Prior history of PPP
- Sleep deprivation

(Osborne et al., 2018)

Postpartum OCD vs Psychosis

Postpartum OCD	PPP
Insight into thoughts	Poor insight
No psychotic symptoms	Symptoms of psychosis; confusion, disorientation, delusions
Anxiety/fear about acting on thoughts; ego-dystonic	Not horrified by thoughts; ego-syntonic
Thoughts can be violent, sexual, contamination related	

(Hutner et al., 2021)

Evaluation and Management

- Tease out paranoia and intrusive thoughts to harm baby
  - Ego-syntonic (non-distressing) vs ego-dystonic (distressing)
- Obtain collateral to verify diagnosis
- Considered a psychiatric emergency
- Patient should be psychiatrically hospitalized if concerning symptoms for PPP

Treatment

- Lithium – first line
- Benzodiazepines
- Antipsychotics
- ECT
- Encourage and protect sleep

(Bergink et al., 2015)
(Osborne et al., 2018)

Prognosis

- 50-80% of patients will have another episode
- Most patients likely have an underlying bipolar disorder
- Those with history of PPP are at increased risk of another episode of PPP in subsequent pregnancies
  - Most require medications during pregnancy or prophylaxis in the postpartum period
- Continue treatment for at least 6 months postpartum

(Wesseloo et al., 2016)

Agitation in Pregnancy

- Verbal de-escalation first
- Choose medications based on potential etiology of agitation
- Offer oral medications
- Utilize antipsychotics which have reassuring safety data in pregnancy
- Treat withdrawal symptoms if patient using substances

(Aftab & Shah, 2017)

Agitation in Pregnancy

- Avoid physical restraints when possible
- If restraints are necessary:
  - Do not use 4-point restraints when a pregnant patient is on their back or right side
  - Risk of inferior vena cava syndrome
    - Turn body part way to left
    - Ensure frequent monitoring

(Aftab & Shah, 2017)

Take Away Points

- PPP is an affective psychosis, often with delirium-like presentation
- Determine if thoughts to harm baby are due to OCD vs PPP
- Identify PPP and treat as a psychiatric emergency

Resources

- Massachusetts General Hospital (womensmentalhealth.org)
- Postpartum Support International
- National Curriculum on Reproductive Psychiatry
- Reprotox
- LactMed
- InfantRisk

References

- Aftab A, Shah AA. Behavioral Emergencies:Special Considerations in the Pregnant Patient. Psychiatr Clin N Am 40 (2017) 435–448
- Bergink, V., Burgerhout, K. M., Koorengevel, K. M., Kamperman, A. M., Hoogendijk, W. J., Lambregtse-van den Berg, M. P., & Kushner, S. A. (2015). Treatment of psychosis and mania in the postpartum period. *American Journal of Psychiatry*, *172*(2), 115-123.
- Friedman, S. H., Reed, E., & Ross, N. E. (2023). Postpartum psychosis. *Current psychiatry reports*, *25*(2), 65-72.
- Hutner, L. A., Catapano, L. A., Nagle-Yang, S. M., Williams, K. E., & Osborne, L. M. (Eds.). (2021). *Textbook of Women's Reproductive Mental Health*. American Psychiatric Pub.
- Perry, A., Gordon-Smith, K., Jones, L., & Jones, I. (2021). Phenomenology, epidemiology and aetiology of postpartum psychosis: a review. *Brain sciences*, *11*(1), 47.
- Osborne, L. M. (2018). Recognizing and managing postpartum psychosis: a clinical guide for obstetric providers. *Obstetrics and Gynecology Clinics*, *45*(3), 455-468.
- Wesseloo, R., Kamperman, A. M., Munk-Olsen, T., Pop, V. J., Kushner, S. A., & Bergink, V. (2016). Risk of postpartum relapse in bipolar disorder and postpartum psychosis: a systematic review and meta-analysis. American Journal of Psychiatry, 173(2), 117-127.