SANE

FACTSHEET

POSTPARTUM PSYCHOSIS

QUICK FACTS

- Postpartum psychosis is a serious mental health condition that starts soon after childbirth.
- Postpartum psychosis can be characterised by extreme confusion, loss of touch with reality, paranoia, delusions, disorganised thought process and hallucinations.
- Postpartum psychosis is a psychiatric emergency, and the mother and baby need immediate treatment.
- Although serious, most people with postpartum psychosis make a full recovery.

WHAT IS POSTPARTUM PSYCHOSIS?

Many people who have given birth will experience mild mood changes after having a baby; this is known as the "baby blues". This is completely normal and usually only lasts for a few days. However, postpartum psychosis is very different. It is a serious mental illness that typically starts within the first few weeks after giving birth, but it can begin within hours of delivery. The condition is rare, but very serious.

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Baby blues affects more than half of new mothers and usually starts three to four days after birth. During this time, the mother will experience mood swings, irritability, anxiety and cry more often than usual. However, this usually subsides once the baby is around 10 days old. No treatment is necessary.

Postnatal depression affects 10 to 15 in every 100 women after childbirth and requires professional support. The symptoms include: low mood, poor sleep, lack of energy, lack of appetite and negative thoughts lasting longer than two weeks.

Learn more about perinatal mental health issues here <u>Perinatal mental health issues: SANE guide</u>

SYMPTOMS OF POSTPARTUM PSYCHOSIS

Postpartum psychosis usually develops within the first week after delivery, and the symptoms

are severe. The two main symptoms of psychosis affect a person's sense of reality and how they understand the world around them. They are:

- Hallucinations occur when the brain acts as though it's receiving inputs from the senses (usually eyes or ears, but occasionally touch), without any actual input. This makes it hard to differentiate between what is real and what is not.
- Delusions are false beliefs that you hold onto very strongly, even when there's clear evidence against it. Examples include persecutory delusions (believing someone is out to get you), control delusions (feeling that someone else is controlling your body) or somatic delusions (insisting that you didn't have a child or weren't pregnant).

Other common symptoms may include:

- Mood changes, such as mania (an increase in activity and mood), and hypomania or depression (a decrease in mood)
- Feeling disconnected from your body or surroundings (depersonalisation)
- Disorganised thinking and behaviour
- Not being able to sleep (insomnia)
- Irritability or agitation
- Thoughts of self-harm or harming others, especially the baby.

Postpartum psychosis may lead to life-threatening thoughts or behaviours and requires immediate treatment.

CAUSES OF POSTPARTUM PSYCHOSIS

Although it's not clear what causes postpartum psychosis, there are many possible factors, including:

- History of mental health conditions. Around one-third of people with postpartum psychosis have a previously diagnosed mental health condition. The most common being bipolar disorder, depression or schizophrenia.
- **Sleep deprivation.** Lack of sleep can trigger mania in people with bipolar disorder, and the same is suspected with postpartum psychosis.
- Hormonal changes. The body undergoes major hormonal changes during childbirth, with some hormones spiking upwards, and others plummeting. Research suggests that certain hormones, especially oestrogen and prolactin, could play a role, although the research is inconclusive.
- Physical stress of delivery. Traumatic births, such as an emergency caesarean section, can increase the risk of postpartum psychosis.

HOW COMMON IS POSTPARTUM PSYCHOSIS?

Postpartum psychosis is a rare condition, estimated to affect between 0.089 and 2.6 out of every 1,000 births. Globally, this translates to between 12 million and 352.3 million births (3).

TREATMENT AND SUPPORT FOR POSTPARTUM PSYCHOSIS

Postpartum psychosis is a psychiatric emergency that needs immediate attention due to the potential for life-threatening thoughts or behaviours. Fortunately, it is very rare and there are effective treatments available. Treatment is typically provided in a hospital, in either a:

- **Psychiatric mother baby unit,** where the baby will stay with the mother.
- General adult psychiatric unit, where the baby will need to be cared for by a partner, family, or friends until the mother is well enough to go home.

Treatment can vary according to individual circumstances, but common treatment options include:

- Medications: such as antipsychotic medications, mood stabilisers, antiseizure drugs, and lithium.
- Electroconvulsive therapy (ECT): a safe and effective method for treating conditions involving psychosis. The treatment uses a mild electrical current, passed through the brain, to include a mild seizure, which can cause changes in brain activity that reduce or resolve the effects of postpartum psychosis.
- **Psychological therapy:** As the mother moves forward with recovery, cognitive behavioural therapy can be an effective form of psychological therapy.

HOW TO MANAGE POSTPARTUM PSYCHOSIS

Because postpartum psychosis disrupts a person's ability to understand what's real and what isn't, most people aren't aware they have a medical issue. This condition cannot be managed on one's own, and it is rare for individuals with postpartum psychosis to recognise the symptoms themselves. Usually, those close to the person notice the symptoms.

SUPPORTING SOMEONE WITH POSTPARTUM PSYCHOSIS

People with postpartum psychosis need support to help them with their recovery, especially as they may resist help or think that others intend to harm them. You can help by:

- Being calm and supportive
- Taking time to listen
- Helping with housework and cooking
- Helping with childcare and night time feeds
- Letting them sleep as much as possible
- Helping with shopping and household chores
- Keeping the home calm and quiet
- Limiting the number of visitors.

SUPPORT FOR FAMILY AND FRIENDS

Postpartum psychosis can be distressing for partners, relatives and friends, too. It's important



that they are not afraid or ashamed to access support and prioritise their own mental and physical health whilst supporting someone with postpartum psychosis.

There are many other people out there with a similar experiences, and services designed to help those caring for someone with postpartum psychosis, such as:

- Check out our Guide for Families and Friends for more info.
- To connect with others who get it, visit SANE's online <u>Forums</u>. They're safe, anonymous and available 24/7.
- Centre for Perinatal Excellence (COPE) have a searchable database of specialist providers https://www.cope.org.au/getting-help/

RESOURCES AND SUPPORT

- SANE's free counselling service 1800 187 263 (weekdays 10am-8pm AEST/AEDT)
- PANDA Supporting the mental health and wellbeing of expecting, new and growing families
- Pregnancy, birth and baby Supporting Australian parents from pregnancy to preschool.

For further information about postpartum psychosis from SANE, please visit these website pages:

- Mel's story with Postpartum Psychosis | SANE Australia
- SANE's Overview <u>Understanding Postnatal Psychosis The SANE Blog</u>

If you are interested to read more about postpartum psychosis please visit:

- Postpartum Psychosis StatPearls NCBI Bookshelf
- Postpartum Psychosis: What It Is, Symptoms & Treatment
- "Because I'm Not Myself, You See" A Memoir of Postpartum Psychosis and Recovery
- Postpartum depression Symptoms and causes Mayo Clinic
- Postpartum psychosis Royal College of Psychiatrists

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REFERENCES

- 1. Friedman, S. H., Reed, E., & Ross, N. E. (2023). Postpartum psychosis. Current Psychiatry Reports, 25(2), 65–72. https://doi.org/10.1007/s11920-022-01406-4
- 2. American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.)
- 3. Cleveland Clinic. (2024, January 7). Postpartum psychosis: What it is, symptoms & treatment. Cleveland Clinic. https://my.clevelandclinic.org/health/diseases/24152-postpartum-psychosis

- 4. Howard, L. M., Molyneaux, E., Dennis, C. L., Rochat, T., Stein, A., & Milgrom, J. (2014). Non-psychotic mental disorders in the perinatal period. *Lancet (London, England)*, 384(9956), 1775–1788. https://doi.org/10.1016/S0140-6736(14)61276-9
- 5. Jairaj, C., Seneviratne, G., Bergink, V., Sommer, I. E., & Dazzan, P. (2023). Postpartum psychosis: A proposed treatment algorithm. Journal of Psychopharmacology, 37(8), 960–970. https://doi.org/10.1177/02698811231123324
- 6. Jones, I., Chandra, P. S., Dazzan, P., & Howard, L. M. (2014). Bipolar disorder, affective psychosis, and schizophrenia in pregnancy and the postpartum period. The Lancet, 384(9956), 1789–1799. https://doi.org/10.1016/S0140-6736(14)61278-2
- 7. Silva-Fernandez, C. S., de la Calle, M., Arribas, S. M., Garrosa, E., & Ramiro-Cortijo, D. (2023). Factors associated with obstetric violence implicated in the development of postpartum depression and post-traumatic stress disorder: A systematic review. Nursing Reports, 13(4), 1553–1576. https://doi.org/10.3390/nursrep13040111
- 8. Woody, C. A., Ferrari, A. J., Siskind, D. J., Whiteford, H. A., & Harris, M. G. (2017). A systematic review and meta-regression of the prevalence and incidence of perinatal depression. *Journal of affective disorders*, *219*, 86–92. https://doi.org/10.1016/j.jad.2017.05.003