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# Postpartum Psychosis



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# This information is for anyone who would like to know more about Postpartum Psychosis (sometimes called puerperal psychosis).

We hope it will be helpful to any woman who:

- Is at a higher risk of developing postpartum psychosis because of previous mental health difficulties
- Has had or is recovering from postpartum psychosis
- Has had postpartum psychosis before and is pregnant again
- Has a family history of postpartum psychosis
- Has a partner, family and friends that want to know more
- Just wants to know more about mental health difficulties after childbirth

## Disclaimer

This leaflet provides information, not advice. For further advice and guidance please contact your midwife, health visitor, GP, psychiatrist, psychologist or mental health practitioner.

## Acknowledgements

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It has been adapted and adopted with their kind permission for use across the Wales Perinatal Mental Health Network.

## 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<sup>1-2</sup>. 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

you, your 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 and anxiety. About one in every 1000 women (0.1%) who have a baby will have a postpartum psychosis<sup>3</sup>.

## 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<sup>4</sup>. It usually starts three to four 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 difficulties that can happen after birth which do need treatment. These include:**



**Postnatal depression** affects 10 to 15 in every 100 women after childbirth<sup>5</sup>. 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. For more information see our leaflet on Postnatal Depression and Anxiety.

**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.

## When does it happen?

It usually starts within the first two weeks after birth. Often symptoms begin in the first few days after having a baby<sup>2</sup>. 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 - you are more likely to have postpartum psychosis if a close relative has had it<sup>6</sup>.

Hormone levels and disturbed sleep patterns may also be involved<sup>1-7</sup>. 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<sup>9-11</sup>. You may have an increased risk of postpartum psychosis if you have schizophrenia or another psychotic illness, but this is not as high as for women with bipolar disorder<sup>8,12-13</sup>.

Diagnosis	Other Factors	Approximate Risk	%
No history of mental illness	No immediate family history of <b>postpartum psychosis</b>	1 in 1000	0.1% <sup>3</sup>
No history of mental illness	Mother or sister had postpartum psychosis	30 in 1000	3.0% <sup>16</sup>
Bipolar disorder type I or Schizoaffective disorder	No immediate family history. First pregnancy	200 in 1000	20% <sup>6-13</sup>
Bipolar disorder type I or Schizoaffective disorder	Mother or a sister who has had <b>postpartum psychosis</b>	500 in 1000	50% <sup>15</sup>
Bipolar disorder type I or Schizoaffective disorder	Second pregnancy - no <b>postpartum psychosis</b> in first pregnancy	100 in 1000	10% <sup>11</sup>
Bipolar disorder type I or Schizoaffective disorder	Previous postpartum psychosis	500 in 1000	50% <sup>6,8,10-11</sup>
Previous <b>postpartum psychosis</b>		500 in 1000	50% <sup>6,8,10-11</sup>

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 and they can advise you on 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, obstetrician, GP and health visitor. 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. You will be offered a referral to your specialist perinatal mental health team for an assessment. You will be supported 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 having your baby. This can be difficult with a new baby, so ask your partner or family to help where needed.

## 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<sup>10,12-13</sup>. Your concerns and questions will be discussed and answered during your assessment.

## You could think about:

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

It's really important to discuss your options with the specialist mental health team. 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)

You will be offered a referral to your specialist perinatal mental health team, if not please ask for one. Having specialist advice when you are planning your pregnancy will support you to make the right decisions for you and your baby<sup>12-13</sup>. Your GP or mental health team can refer you.

### 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.

To give you some idea of the care you can expect in your local area from your specialist perinatal mental health team, see our leaflet on Specialist Perinatal Mental Health Services.

## Care during pregnancy

If you are at high risk of **postpartum psychosis**, you should have specialist care in pregnancy<sup>13</sup>. You should be referred to a specialist perinatal mental health service and your midwife can refer.

If you are already under the care of another mental health service they will work together to make sure that you get the care and support that you will need.

### Your specialist perinatal mental health team will discuss:

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

## Pre-birth planning meeting

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 may include your partner, family or any friends you would like to bring. It also includes mental health professionals, your midwife, obstetrician, health visitor 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 with you.

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. Your midwives will support you with feeding and caring for your baby.

If you, your family, friends or midwife notice that you have any symptoms of mental illness, you may need a further assessment. Your midwife will seek advice from the specialist perinatal mental health team.

If you are already receiving care from a specialist perinatal team, you may have a Perinatal Birth Management Plan where you and those caring for you have agreed what needs to happen before you go home. Arrangement will be made for you to be seen by them once you are back at home.

If this is the first time that you have been mentally unwell, then your midwife will discuss the need for an urgent mental health assessment with you.



## 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<sup>13</sup>. 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 specialist mental health team or local crisis service.

If you don't have this type of plan, or have not had a mental illness before, arrange an urgent GP appointment or go to your local A&E immediately. If you are told you do not have postpartum psychosis but your symptoms then get worse, you will need to go back for an urgent reassessment.

You may need to receive care and treatment in a specialist perinatal mental health inpatient unit (mother & baby unit). For more information about how these units provide care, please see our leaflet on Specialist Perinatal Mental Health Inpatient Units.

### Medication and breastfeeding

If you have a postpartum psychosis, you will probably need treatment with an antipsychotic medication, a mood stabiliser or both<sup>12-14</sup>.

You can breastfeed whilst taking some medications and it is important to discuss the risks and benefits of doing this with your specialist mental health team<sup>12-13</sup>. They will be able to discuss your feeding choices and support you to make the right decisions for you and 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 staff within the mother and baby unit will be able to support you to decide what

it is that you will need from them.

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.

It may be more difficult for you to attend community groups while getting over an episode of postpartum psychosis. Your health visiting and specialist perinatal mental health team are there to support you until you feel up to attending groups on your own. They can provide information or refer you to community support provided by a number of third and voluntary organisations.

**For support available in your area, visit [executive.nhs.wales/PNMHSupport](https://executive.nhs.wales/PNMHSupport) or scan the QR code at the end of this leaflet.**



## 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 be referred to a community adult mental health team.

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

Your specialist perinatal mental health team may also encourage you to contact them directly if you are planning a pregnancy or when you are pregnant again.

### For partners, family or friends:

If your partner, family member or friend has postpartum psychosis, it can be very distressing for you – even frightening or shocking. Please ask for help if you are concerned that she may have postpartum psychosis symptoms. This is particularly important if she does not understand that she is ill.

If she 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 find further information by visiting [nhs.wales/PNMHSupport](https://nhs.wales/PNMHSupport) or scanning the QR code at the end of this leaflet.

It is important that home life is as calm and organised as possible. Take time for yourself and prepare for when she returns home.

### Once she is at home, try to:

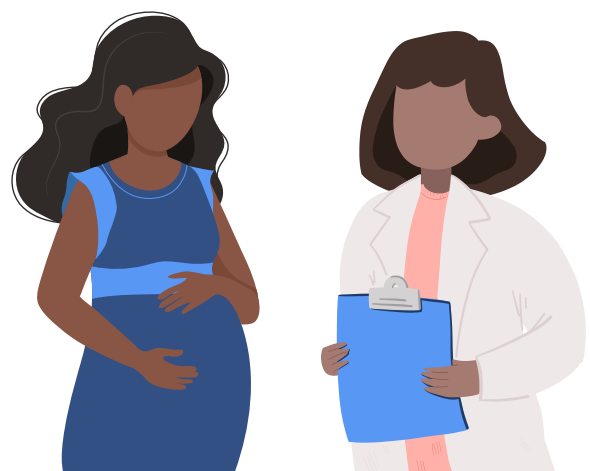
- Be as calm and supportive as you can
- Take time to listen to her
- Help with housework and cooking
- Help with looking after the baby
- Help with night time feeds as much as possible
- Let her get as much rest and sleep as possible
- Let other family members and friends help with shopping, cooking and other household chores - this will give you more time to spend with her and your baby
- Try not to have too many friends and relatives visiting
- Try to keep your home as calm and quiet as possible
- Speak to your midwife, health visitor or GP if you need more support.

Recovering from postpartum psychosis can be very stressful and tiring both for the woman and her family. Stay healthy by exercising, eating well and getting enough rest. Don't use drugs or alcohol to cope.

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 leaflet on Postpartum Psychosis for Carers.



## When will I get better?

It can take six to twelve months to recover from an episode of postpartum psychosis. The most severe symptoms tend to last two to twelve weeks<sup>14</sup>. You are likely to recover fully, but you may be at increased risk in future pregnancies.

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 - you'll find a link on our support page [executive.nhs.wales/PNMHSupport](https://www.executive.nhs.wales/PNMHSupport) or scan the code at the end of this leaflet.

## 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 higher 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<sup>6,8,10,11</sup>. If you are thinking about having another baby, you will be supported by your specialist perinatal mental health team to make sure that you get the care and support that you need during your pregnancy and after having your baby.

### 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<sup>6</sup>. Avoiding having further babies does not guarantee that you will stay well.

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 and Support

We have extensive resources on our webpage - visit us at [executive.nhs.wales/PNMHSsupport](https://executive.nhs.wales/PNMHSsupport) or scan this QR code.



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## Contact Details

Include details for your midwife or health visitor here:

