



GIG
CYMRU
NHS
WALES

Rhwydwaith Iechyd
Meddwl Amenedigol
Perinatai Mental
Health Network

Postpartum Psychosis for Carers



Visit our website executive.nhs.wales/PNMHSsupport or scan this QR code for more information and resources.



This information is for anyone who would like to know more about postpartum psychosis after having a baby.

We hope it will be helpful to partners, family and friends of women who:

- Are at a higher risk of developing postpartum psychosis because of previous mental health difficulties
- Have had or are recovering from a postpartum psychosis
- Have had postpartum psychosis before and are pregnant again
- Have a family history of postpartum psychosis
- Just want 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

This leaflet content was first produced by the Royal College of Psychiatrists' Public Engagement Editorial Board and further edited for use by HSE: The Specialist Perinatal Editorial Group a subset of the National Oversight Implementation Group, Specialist Perinatal Mental Health Programme, Clinical Design and Innovation, Health Service Executive (HSE).

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

About postpartum psychosis:

Postpartum psychosis (sometimes known as puerperal psychosis) is a severe mental illness. It affects around one in every 1000 women who give birth¹. It most often begins in the first two weeks after birth, with symptoms starting in the first few days after having a baby². A new mother can become very unwell within just a few days. For more information see our leaflet on Postpartum Psychosis.

Women with postpartum psychosis will need to get treatment as soon as possible. This may mean an admission to a specialist perinatal inpatient unit (mother and baby unit) with the baby.



What are the symptoms of postpartum psychosis?

Some of the early signs (for example not being able to sleep) can be difficult to spot at first, but women with postpartum psychosis may become unwell very quickly.

A woman with early symptoms of postpartum psychosis may feel²:

- Excited, elated or 'high'
- Overactive and energetic
- Like talking a lot
- That her thoughts are racing
- Confused or disorientated
- Unable to get to sleep even when her baby is asleep, or that she has no need for sleep
- Irritable or angry
- Anxious, fearful, suspicious or paranoid
- Easily distracted
- Weakened inhibitions, behaving 'out of character'
- That her senses are heightened, for example colours looking more vivid than usual.

As the illness develops, she will often:

- Hear, see or feel things that are not there (hallucinations), such as:
 - Hearing a voice threatening her, telling her she is special, or telling her to do something
 - Seeing 'ghosts' or 'spirits'
- Believe strange things that cannot be true (delusions), such as:
 - There are messages specifically for her in the TV or radio
 - That she or the baby need to be protected from something
 - She is famous or has special powers.

Some women with postpartum psychosis can have thoughts of harming themselves or their baby.

Sometimes irritability and anger can turn into verbal or even physical aggression. Any of these can be both frightening and upsetting for her and you.

Remember that these are symptoms of postpartum psychosis illness.

If you start to see symptoms of postpartum psychosis, you need to seek support urgently. It is likely that your partner, family member or friend will have been told during pregnancy that she is at high risk of developing postpartum psychosis. She should have emergency contact numbers for the specialist mental health team or local crisis service.

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

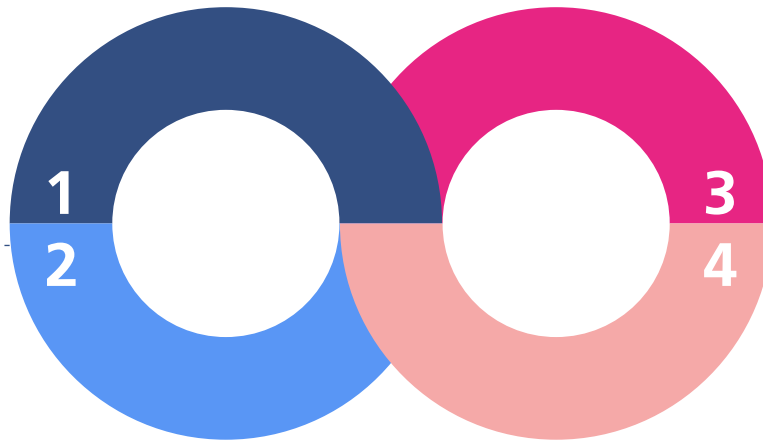
She may need to receive care and treatment in a specialist perinatal mental health inpatient unit (mother and baby unit). For more information about how these units provide care, please see our leaflet on Specialist Perinatal Mental Health Inpatient Units.



Are some women at higher risk of postpartum psychosis?

A woman with bipolar disorder type I, or schizoaffective disorder, will have around a **one in five (20%)** risk after her first baby is born^{4,5}.

If a woman has had a postpartum psychosis before, her risk is at least **one in two (50%)**^{4,5,7}.



A woman with bipolar disorder type I, or schizoaffective disorder, who also has a mother or a sister who has had postpartum psychosis, will have an even higher risk- at least **one in two (50%)**⁶.

If she has not had any past mental illness BUT her mother or sister has had postpartum psychosis the risk is around **three in every 100 births**⁶.

Planning a pregnancy

If a woman has ever had a diagnosis of bipolar disorder, a psychotic illness, or a family history of postpartum psychosis, she should be offered a referral to her specialist perinatal mental health team. If she hasn't been offered a referral, support her to ask for one.

Having specialist advice when planning a pregnancy will support her as a mother and you as her partner, relative or friend to make the right decisions for both of you and the baby.

Your GP or mental health team can provide a referral.

You should discuss:

- Your partner, relative or friend's risk of developing postpartum psychosis.
- The risks and benefits of medication during pregnancy and after birth – the team should give you the information needed to support your partner, relative or friend to make decisions about 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.

Diagnosing postpartum psychosis

Often, family and friends are the first people to notice that something is not right, and they will usually tell the midwife, health visitor or GP. But sometimes people think that early symptoms of elation are just someone being very happy about being a new mum.

If you think that your partner, family member or friend has a postpartum psychosis, she should be assessed urgently (within four hours)³ by a mental health crisis team (if at home) or a psychiatric liaison team through your local Accident and Emergency department.

She may not be diagnosed with postpartum psychosis until she has had further assessments. If she is very unwell, you will need to arrange for her to attend the nearest Accident & Emergency Department.

Treatments

The safest, and most effective way to deal with a postpartum psychosis is for your partner, family member or friend to receive specialist care and take medication – usually antipsychotic medication. Mood-stabilisers, or other medications can also be used to reduce agitation and improve sleep^{3,8-9}.

Alongside medication, she will need emotional and practical support to make a good recovery.

Your feelings

When talking to health professionals about your concerns, you may feel scared or guilty about describing what's been happening. Remember - the more you can tell staff about your partner, relative or friend (and how she usually is, compared to how she is now), the better they will be able to understand and support her.

Once she has been admitted, you may feel a whole range of emotions:

- Shocked by what you have seen her go through

- Exhausted
- Relieved that she is safe
- Guilty for agreeing that she needs to be in a specialist unit – particularly if she needed to be involuntarily admitted under the Mental Health Act
- Worried about her recovery and how long it will take
- Helpless - especially if you do not have support for yourself.

Postpartum psychosis can be traumatic for the whole family, so it's not surprising that people often have these feelings. Remember, nearly all women recover completely from postpartum psychosis. Your partner/relative/ friend just needs time, the right treatment, and support from her family, friends and professionals.

Recovery

The length of time it takes to recover from postpartum psychosis is unpredictable. Even after the worst has passed, it can take several months or even longer to feel "back to normal". Don't worry if your partner/relative/friend seems anxious when she first comes home. She may need a lot of support with seemingly simple everyday decisions and tasks. In time, she will get her confidence back.

Once home from hospital, she will usually be supported by her specialist perinatal mental health team, along with your health visitor and GP.

You can help by doing some practical tasks like housework and shopping. You can also support and encourage her to become more confident in looking after the baby.

Support from other families who have been through postpartum psychosis can be really helpful. Action on postpartum psychosis offers an online forum and one-to-one email support. Visit APP-network.org/peer-support to find out more.

Working with the health care team

It can be hard to feel involved in your partner/relative/friend's treatment when she is not at home. However, you are really important in her recovery. You know her best and can help the team to understand her needs and preferences.

Don't be afraid to ask for information about what treatment has been recommended, any side-effects – and anything else you are concerned about.

When you are visiting, or on the phone, make time to talk to her named nurse. Ask questions

and share your views about her treatment and recovery.

If you are attending a ward round meeting, take time with your partner/relative/friend beforehand to think about what you would like to say. Think about any observations you want to share with the team. You might want to ask to talk to members of the team separately, as well as together. This can help if you need to talk about any concerns about symptoms or treatment decisions.

Useful questions you may want to ask

How do I contact the ward?

- What is the best time to phone?
- When do ward rounds happen and can I attend?
- Who is my partner/relative/friend's named nurse?

How is she finding the ward?

- Is she sleeping well?
- Does she need support with feeding and baby care?
- Has she been able to talk to staff or other mums?

What medications have been prescribed?

- What doses?
- Will she be able to breastfeed with the medication?
- How long might she need to stay on the medication after recovery?

What psychological support will she have?

- Is there any peer support available on the ward?
- Are there any talking therapies available on the ward or for when she comes home?



Can she take some time off the unit?

- If not, when will her leave be reviewed?
- When might she have some periods of leave at home?
- What would help to make leave feel safe and enjoyable?
- Should I expect her to be back to her normal self when she has leave?

What is included in the care plan?

- Can I make suggestions for the care plan?
- Is there a plan for my needs as a partner/carer?

How can I access additional support and information on caring for the baby?

- Are there additional community supports for partners?
- When she comes home, who can support and help us?

Do you have any information leaflets?

- Explaining postpartum psychosis
- Explaining medications
- Explaining other therapies



Taking care of yourself as a carer

- Don't be afraid to ask for practical support from friends or family members - helping with other children or cooking meals.
- Talk to your employer and take time off if at all possible.
- Look after your physical health:
 - Try and eat well even when you are busy and visiting
 - Make time to rest
 - Exercise when you can.
- Look after your own emotional health:
 - Make time to talk to trusted friends or family
 - Seek support from organisations such as Action on Postpartum Psychosis www.APP-network.org
- Ask for a carer's assessment which look at the support you may need
- Speak to your health visitor or midwife about support in your area for carers.

Further Information and Support

We have extensive resources on our webpage - visit us at executive.nhs.wales/PNMHSsupport or scan this QR code.



References

1. VanderKruik R, Barreix M, Chou D, Allen T, Say L, Cohen LS. VanderKruik et al. The global prevalence of postpartum psychosis: a systematic review. *BMC Psychiatry*. 2017; 17:272
2. Heron J, McGuinness M, Blackmore ER, Craddock N, Jones I. Early postpartum symptoms in puerperal psychosis. *BJOG* 2008; 115: 348–53.
3. National Institute for Health and Care Excellence (2014) Antenatal and postnatal mental health: Clinical management and service guidance. NICE Guidelines CG192. www.nice.org.uk/guidance/CG192
4. Jones I, Chandra PS, Dazzan P, Howard LM. Bipolar disorder, affective psychosis, and schizophrenia in pregnancy and the postpartum period. *Lancet*. 2014; 384: 1789-99.
5. Wesseloo R, Kamperman AM, Munk-Olsen T, Pop VJ, Kushner SA, Bergink V. Risk of Postpartum Relapse in Bipolar Disorder and Postpartum Psychosis: A Systematic Review and Meta-Analysis. *Am J Psychiatry*. 2016;173:117-27.
6. Jones I, Craddock N. Familiality of the puerperal trigger in bipolar disorder: results of a family study. *Am J Psychiatry*. 2001;158: 913–17.
7. Di Florio A, Gordon-Smith K, Forty L, Kosorok MR, Fraser C, Perry A et al. Stratification of the risk of bipolar disorder recurrences in pregnancy and postpartum. *Br J Psychiatry*. 2018; 213: 542-547.
8. McAllister-Williams RH, Baldwin DS, Cantwell R, Easter A, Gilvarry E, Glover V et al. British Association for Psychopharmacology consensus guidance on the use of psychotropic medication preconception, in pregnancy and postpartum. *J Psychopharmacol*. 2017; 31: 519-552.
9. Bergink V, Burgerhout KM, Koorengel KM, Kamperman AM, Hoogendijk WJ, Lambregtse-van den Berg MP, Kushner SA. Treatment of psychosis and mania in the postpartum period *Am J Psychiatry*. 2015;172 :115-23.



Contact Details

Include details for your midwife or health visitor here:

