

Avoiding Crisis and the Loss of Life
by Recognizing and Treating
Postpartum Psychosis

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Postpartum Psychosis

When the Bough Breaks

Postpartum Psychosis

Angela's Story

Postpartum Psychosis

- ❖ A rare but **devastating** condition, with an estimated prevalence of 0.1%-0.2% (one to two per thousand)
- ❖ Women with Bipolar Disorder, risk is 100 times higher at 10% - 20%
- ❖ **Psychiatric emergency** & requires immediate treatment with a mood stabilizer & antipsychotic
- ❖ Onset usually 2-3 days postpartum
- ❖ Has a 5 % suicide & 4 % infanticide rate
- ❖ Risk for recurrent episode with subsequent pregnancy is 90%

Postpartum Psychosis

- * Severe sleep disturbance unrelated to newborn
- * Mood disorder - manic or depressed (or both)
- * Rapid mood changes, irritability
- * Feelings of not wanting the child
- * Frank delusions, hallucinations, compulsions
 - * 53% have delusions about their child
- * Infanticidal ideation
 - * Untreated, 4% leads to infanticide
- * Suicidal ideation

Postpartum Psychosis

- * Median onset 8 days vs 2 days with bipolar
- * Median onset 18 days pp if also depressed
- * Median duration 5 weeks if also manic
 - * Similar to pp bipolar disorder, 7 weeks
- * Median duration 11 weeks if also depressed
 - * Similar to bipolar depression, 15 weeks

Postpartum Psychosis Risk Factors

- * Hormonal changes of pregnancy
- * Including cessation of lactation
- * Primiparity
- * Younger age
- * Unplanned pregnancy
- * Prior postpartum mood episode
- * Family history of mood disorder or postpartum psychosis

- * Increased frequency of maternal complications (infection, venous, lactation)

Normal changes in the HPA axis during pregnancy and into the postpartum period

- The third trimester of pregnancy is characterized by high estrogen and progesterone levels and a hyperactive HPA axis with high plasma cortisol
- At childbirth and during the transition to the postpartum period the following occur:
 - estrogen and progesterone rapidly decline
 - there is blunted HPA axis activity due to suppressed hypothalamic CRH secretion

Pregnancy Hormones

- * Estrogen:
 - * Stimulates breast tissue during pregnancy.
 - * When levels fall after delivery there is suppression of the HPA axis which may contribute to mood instability in sensitive women
 - * While low levels are important for milk synthesis this fluctuation may play a role in mood changes in sensitive women.

Pregnancy Hormones

- * Progesterone:
 - * Withdrawal leads to milk synthesis
 - * May also trigger mood instability (Baby Blues)
 - * Allopregnanolone (GABA) agonist rises during pregnancy (with progesteron) to inhibit stress reactivity
 - * Allopregnanolone withdrawal may interfere with the establishment of breastfeeding in women who are neurosteroid sensitive.

Pregnancy Hormones

- * Prolactin:
 - * Stimulates milk synthesis
 - * Elevated in pregnancy and immediate postpartum
 - * Plays a central role in maternal behavior
 - * Deficits or blockade of prolactin during pregnancy may increase maternal anxiety
 - * Low serotonin levels may lead to insufficient prolactin release
 - * Prolonged stress may inhibit prolactin production leading to diminished milk supply

Pregnancy Hormones

- * Oxytocin:
 - * The mothering hormone, decreases aggressive behavior toward offspring and increases aggressive/defensive behavior toward perceived threats to offspring.
 - * Stimulates letdown
 - * Stressors including pain can inhibit oxytocin activity and block milk transfer

Pregnancy Hormones

- * Cortisol:
 - * Necessary cofactor for milk production
 - * In pregnancy placental production of CRH upregulated the HPA axis and increases the levels of cortisol.
 - * Gradually returns to normal after childbirth but with mood disorders it can be dysregulated and low circulating levels of cortisol along with disruption of oxytocin and prolactin can diminish the stress-attenuating effects of breastfeeding

Take Away

- * From a clinical perspective **care of the patient** is our utmost responsibility. Screening for mood disorders are important to the health of mom and baby, we need to screen and treat
- * While the hormones and neurochemicals can be helpful that can only happens if they are **working right** in the first place.
- * Continuing research is needed to help us all understand the intricate working of the **neuroendocrine system**

Question & Answers

- * What helped you recover?
- * What could have been done different?
- * What do you want this group to understand about Postpartum Psychosis


