

RECOGNIZING POSTPARTUM PSYCHOSIS

COMMON SYMPTOMS

There are many varied symptoms that may occur in postpartum psychosis, and they often change very rapidly. If you have a history of bipolar disorder, depression, or schizoaffective disorder, your symptoms might be similar to those you've experienced in the past. Because up to half of women who experience postpartum psychosis have no prior history of psychiatric illness, these symptoms may also be completely new for you.

Mania

- Feeling elated, over-excited, or "on top of the world"
- Increased energy, activity, or goal-focused behavior
- Racing thoughts, being more talkative, a "busy" brain, increased creativity, or pressured speech
- Not being able to, or not wanting to, sleep
- Feeling restless, agitated, or unable to keep still
- Extreme irritability, impatience, anger or rage
- Feeling easily distractable

Depression

- Feeling low, flat, tearful, emotional, or crying easily
- Anxiety, feeling tense, nervousness
- Feeling withdrawn and not wanting to talk to or be near others
- Tired, heavy, or without energy
- Having a harder time taking care of yourself or your baby

Psychosis

- Feeling confused, very foggy, or like you are losing gaps of time
- Seeing, hearing, or feeling things that aren't there or others can't see/hear
- Very unusual thoughts or beliefs that people around you think are strange and out-of-character
- Feeling suspicious, guarded, paranoid, or afraid of people, events, or environments
- Feeling detached from reality, or like you are in a dream

Providers:

Request a consultation at MGHP3.org/consult-line

Risk factors?

Unfortunately we don't know much about what causes PP. Likely factors include genetics and pregnancy-related hormones, but even those are not fully understood, and there are certainly other causes as well. Some risk factors we do know about include anxiety or depression during pregnancy, history of depression or bipolar disorder (in self or family), immune system or thyroid dysregulation, or sleep disturbances.

**The Postpartum
Psychosis Project**

at Massachusetts General Hospital

Find resources, research,
and more at MGHP3.org or
call (617)-643-7205

If this is a psychiatric emergency, please call
doctor or 911 and go to your
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POSTPARTUM PSYCHOSIS

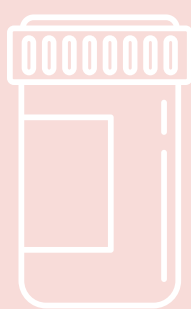


Information for Mothers

HOW CAN PP BE TREATED?

There are effective treatments for postpartum psychosis, typically a class of medication called an "atypical antipsychotic." Although the name can be alarming, these types of medicines are a well-studied and reliable way to reduce psychotic symptoms. A doctor may also prescribe a mood stabilizer or sedative, depending on your symptoms. In addition to medication, therapy and support groups can be an important part of a treatment and recovery plan. If you are interested in learning more about PP treatment, explore research at MGHP3.org/Research

SHOULD I TAKE MEDICATION?



Postpartum psychosis is an episodic illness, and like a broken bone, it needs medical treatment to heal. Work with a psychiatrist to find the medication that best works for you, and do not discontinue without their guidance. If your provider has questions, refer them to our consult service at www.mghp3.org/consult-line.

I'M SCARED TO TELL MY DOCTOR WHAT IS HAPPENING TO ME:

Even though it can be scary to share your symptoms, telling your doctor honestly what you're experiencing will help you get well as soon as possible. If you are worried about being away from your baby, remember that taking time to heal and rest will allow you to resume the mother role sooner and stronger than ever.

Even after your symptoms have recovered, you will likely have some remaining sadness about missing out on the early weeks of motherhood. This is normal, and talking to a therapist, friends, family, or your doctor can help. It may take time to feel confident in your relationships and motherhood.

I FEEL ALONE. DOES THIS HAPPEN TO ANYONE ELSE?



Although you may feel like you're the only one in the world with postpartum psychosis, there are thousands of women like you. You can connect with many of them online or in person through postpartum support groups, and read their stories, watch videos of them, and see how they have recovered on our website.

DOES HAVING POSTPARTUM PSYCHOSIS MAKE ME A BAD MOM?

Not at all. By seeking help you are doing the best you can for you and your baby. Many mothers before you have had this experience and are wonderful mothers. Although things may feel scary now, you can recover and be the mom you dreamed of soon.



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Information for Family and Friends



WHAT SHOULD I DO?

Trust your gut: you know your loved one better than anyone and if you think something is wrong, bring the mother to a local emergency room or crisis center. Postpartum psychosis is a medical emergency and should be treated immediately.

WHAT'S GOING TO HAPPEN?

Many names may be used to clinically describe an episode of psychosis or mania following childbirth, a fact that can be confusing for patients and families. Most doctors will use the term postpartum psychosis, but you may also hear "postpartum mania", "puerperal psychosis", "postnatal/perinatal psychosis", "postpartum depression with psychotic features", "bipolar disorder with postpartum onset", or "postpartum bipolar disorder with psychotic features", among others. Use of these other terms does not necessarily mean that the mom will have further episodes of mania or psychosis, but we encourage you to speak with the doctor about long-term treatment plans if you have any concerns. While PP can be an alarming experience for women and families, it is a treatable illness from which most women fully recover.

HOW CAN I HELP?

Support: Emphasize the importance of sleep, support, and medication adherence. These will help the mother recover as soon as possible.

Communicate with providers: Doctors, social workers, and therapists are all here to help you, and can help you figure out when it is time to engage in more treatment or go to the hospital.

Advocate: There are effective medications to treat postpartum psychosis—if the first medications don't work, speak up.

WHAT WILL RECOVERY LOOK LIKE? WHEN WILL SHE BE BACK TO NORMAL?

Each woman's recovery follows a unique timeline. Recovery can be a long and difficult journey, but most women do return to their normal selves. Treatment for PP almost always includes hospitalization, medication, and therapy. There are many medication options, so it may be a while before the mother and her doctor find the regimen that works best. After manic and psychotic symptoms resolve, many women will continue to experience depression and anxiety symptoms before becoming well. The most severe symptoms of PP typically last between 2 and 12 weeks, although full recovery can take up to a year.

WHAT ARE THE RISK FACTORS FOR THE FIRST EPISODE AND RECURRENT EPISODES?

A history of postpartum psychosis and personal or family history of bipolar disorder may put the mother at risk for PP. Risk factors (for initial episode and relapse) include history of bipolar disorder in family, history of anxiety or depression prior to or during pregnancy, lack of sleep, lack of support with childcare, stressful/traumatic birth or postnatal experience.

WHAT RESOURCES ARE THERE?

There are a number of online support groups for survivors and family members, as well as guides for loved ones, books, and videos. Please visit [MGHP3.org/Resources](https://www.mghp3.org/Resources) for more information.

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POSTPARTUM PSYCHOSIS

Information for Providers



WHAT IS POSTPARTUM PSYCHOSIS?

PP is a severe postpartum disorder that often starts in the first few days or weeks after delivery as depression, mania, or a mixture of the two before progressing to psychosis. Symptoms can vary widely and change very rapidly, even over the course of hours. Rarely, the symptoms start later than a few weeks after childbirth. It is important to distinguish between PP and the “baby blues” or postpartum anxiety; postpartum psychosis is a medical emergency and should be treated as such.

RISK FACTORS

- History of postpartum psychosis, bipolar disorder, schizophrenia, or schizoaffective disorder
- Family history of bipolar disorder
- Discontinuation of psychiatric medications during pregnancy
- Excessive sleep deprivation in early postpartum

PAY ATTENTION

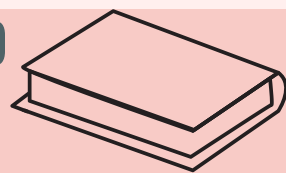
Patients often appear put together and underreport their symptoms for fear of losing their baby. Ask about intrusive thoughts, feeling worried/paranoid, not letting anyone else see/hold baby, feeling a need to stay awake all night to watch over baby, hearing whispers, seeing shadows, etc.

SLEEP



It is paramount that the patient has long and uninterrupted sleep. Make an effort to minimize night-time interruptions, and if possible, encourage use of an outpatient night nurse.

REFER PATIENTS TO RESOURCES



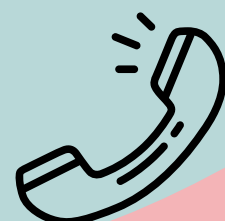
Our website has a number of resources for postpartum psychosis survivors, including resources for loved ones. Encourage them to visit [MGHP3.org/resources](https://www.mghp3.org/resources).

BREASTFEEDING

For many women, being told that they will have to stop breastfeeding can be a difficult hurdle; if she wishes and is able to continue, try to find effective medications that are safe for breastfeeding. If the mom is hospitalized, make sure she has access to a pump; many psychiatric floors do not have breast pumps. One should also weigh the potential benefits of breastfeeding against the risk of sleep disruption. For more information on which medications are safe to breastfeed on, please submit a consultation request form or review the research shared on [womensmentalhealth.org](https://www.womensmentalhealth.org)

REQUEST A CONSULT

If you are looking for specific recommendations on the treatment or prevention of postpartum psychosis, please fill out a consultation request on our website. An expert will provide a free consultation for any provider (physician, nurse, therapist, etc.) and return your call in 1-2 business days. Visit [MGHP3.org/consult-line](https://www.mghp3.org/consult-line)



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