

Policy

# Clinical Guideline

## Psychosis in Pregnancy and Postpartum

**Policy developed by:** SA Maternal & Neonatal Community of Practice  
**Approved SA Health Safety & Quality Strategic Governance Committee on:**  
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**Summary** Clinical practice guideline on psychosis in pregnancy and postpartum

**Keywords** psychosis in pregnancy and postpartum, psychotic, schizophrenia, bipolar mood disorder, manic, hypomanic, antidepressants, benzodiazepines, mood stabilisers, antipsychotics, marijuana, nicotine, alcohol, puerperal psychosis, clinical guideline

**Policy history** Is this a new policy? **N**  
Does this policy amend or update an existing policy? **Y v4.0**  
Does this policy replace an existing policy? **N**  
If so, which policies?

**Applies to** All SA Health Portfolio

**Staff impact** All Staff, Management, Admin, Students, Volunteers  
All Clinical, Medical, Nursing, Allied Health, Emergency, Dental, Mental Health, Pathology

**PDS reference** CG242

### Version control and change history

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1.0	30 Nov 2009	25 Jan 2010	Original version
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## Note

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

### *Explanation of the aboriginal artwork:*

The aboriginal artwork used symbolises the connection to country and the circle shape shows the strong relationships amongst families and the aboriginal culture. The horse shoe shape design shown in front of the generic statement symbolises a woman and those enclosing a smaller horse shoe shape depicts a pregnant women. The smaller horse shoe shape in this instance represents the unborn child. The artwork shown before the specific statements within the document symbolises a footprint and demonstrates the need to move forward together in unison.



***Australian Aboriginal Culture is the oldest living culture in the world yet Aboriginal people continue to experience the poorest health outcomes when compared to non-Aboriginal Australians. In South Australia, Aboriginal women are 2-5 times more likely to die in childbirth and their babies are 2-3 times more likely to be of low birth weight. The accumulative effects of stress, low socio economic status, exposure to violence, historical trauma, culturally unsafe and discriminatory health services and health systems are all major contributors to the disparities in Aboriginal maternal and birthing outcomes. Despite these unacceptable statistics the birth of an Aboriginal baby is a celebration of life and an important cultural event bringing family together in celebration, obligation and responsibility. The diversity between Aboriginal cultures, language and practices differ greatly and so it is imperative that Perinatal services prepare to respectively manage Aboriginal protocol and provide a culturally positive health care experience for Aboriginal people to ensure the best maternal, neonatal and child health outcomes.***

**This guideline covers psychosis in pregnancy and postpartum with particular reference to bipolar mood disorder, schizophrenia and drug-induced psychosis**

## Introduction

- > Psychotic conditions can occur at any time of an adult's life and are common in the child-bearing years
- > Schizophrenia is a severe and generally enduring mental illness. The incidence is 1 % in the population. Women with this condition often find it difficult to make good long-term relationships, look after themselves well or lead healthy life styles. Smoking, other substance use, accommodation and finance problems are often co-associated
- > Bipolar mood disorder (Type I with full mania or Type II with less florid manic symptoms) occurs in up to 4 % of the population. It is an episodic disturbance, characterised by psychotic episodes, generally first manic / hypomanic, (lasting up to 4 months) and followed by a depression, usually of several months duration. Women can be quit

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between episodes although are sometimes chronically troubled by symptoms. Mood stabilizers can control mood swings; however, there are problems with their use in the first trimester of pregnancy as most of them are teratogenic

- > Puerperal psychosis is a psychotic illness occurring in the first 28 days after childbirth, generally believed to be an episode of bipolar mood disorder. The first presentation of this illness may be in the days following the birth, usually of a first child. Women will often present as floridly unwell, with irritability or elation, psychotic thinking including delusions, and agitated behaviour. Presentations of this sort should be regarded as a psychiatric emergency and mental health care sought wherever possible
- > Drug-induced psychoses are increasingly common in our society, with incidence difficult to calculate as there is a strong association now between mental illness and substance use: substance abuse can cause mental illness and many people with mental illness use substances as self-medication or for other reasons including life-style and friendship groups

## Pre-pregnancy counselling

- > Antenatally, women with psychotic illnesses may seek advice about heritability of their illness and also the use of medications in pregnancy and breastfeeding. Use of relevant medications is discussed below
- > Women with schizophrenia may require antipsychotics in pregnancy even when the risks to their fetus of using medication are uncertain, although of course known substantial risks must be avoided. Clinical care of the woman's mental health is necessary for both her and her offspring's sake
- > Clearly, substance abuse such as amphetamines, marijuana, nicotine and alcohol will be discouraged but often harm minimization rather than avoidance will be the only possible pathway
- > Whilst puerperal psychoses are rare (1-2 / 1,000 live births) for those who have had a previous puerperal psychosis and probably for those with bipolar mood disorder, the risk of a recurrence postpartum is 30-50 %
- > Conversations with the woman and her partner can focus on balancing the risks of the illness occurring if off medication, the risks of medication in pregnancy on the fetus and mother, and the heightened risks postpartum of a psychotic illness. A written agreed management plan, using relevant medications as discussed below should be provided to the woman, her partner, and all members of a treating team, including general practitioner, obstetrician, midwife and mental health staff

## Psychotic illness antenatally

- > Good mental health care will generally follow a bio-psycho-socio-cultural framework, with attention to the overall life and lifestyle of the woman as well as symptomatic treatment of her symptoms with medication

### Biological

- > Encourage regular antenatal clinic visits
- > Good general hygiene and nutrition
- > Motivational interviewing to help minimize substance use
- > Supplement with folate 5 mg daily from 3 months before conception through pregnancy and lactation

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## Pharmacological treatment: see below

## Non-pharmacological treatments: psycho-socio-cultural considerations

- > Good management of all psychotic illness in pregnancy and postpartum will include:
  - > Psychoeducation, with provision of both written and verbal information to the woman and her immediate family
  - > Counselling support
  - > Practical support for other children in the family
  - > Couple therapy if necessary

## Postpartum considerations

- > Psychotic illness may occur in a woman with a pre-existing diagnosis, or may occur de novo as with puerperal psychosis
- > Suppression of lactation with bromocriptine (Parlodel®) has been linked with puerperal psychosis and other psychiatric disturbances. Care is required if a similar drug, cabergoline (Dostinex®) is used to lower prolactin levels
- > In general, the level of symptoms will guide management in the acute phase, rather than precise diagnosis, although mood stabilizers as a main plank of treatment in bipolar mood disorder (puerperal psychosis) are highly likely to be used
- > Safety / risk considerations for mother and infant can be paramount initially as some psychotic illnesses at this time are florid, with delusions producing unpredictable behaviours
- > The highest risk time for occurrence / recurrence of a puerperal (postpartum) psychosis is in the 28 days postpartum, with symptoms generally appearing within days of birth and sometimes within hours. Thus, preventive measures including mood stabilizers, antipsychotics such as quetiapine and benzodiazepines for sedation can be introduced for those at risk (previous puerperal psychosis or known bipolar mood disorder) immediately labour is concluded, and some women may prefer to take the (unknown) risks of medication in late pregnancy. Type of medication and doses will vary depending on the woman's previous response
- > When symptoms have developed, for instance in a first and unexpected illness episode, the management plan should include:
  - > Urgent mental health assessment, ensuring an appropriate understanding of and attention to safety issues for mother and infant particularly but also others in the immediate environment, and level of symptomatology
  - > For urgent help 24/7 in South Australia, phone Mental Health Triage metropolitan Adelaide on 131465
  - > Admission to a specialized psychiatric facility, usually a mother-baby unit such as Helen Mayo House in South Australia (on 08 7087 1031) where possible is generally appropriate. It is very important to try and keep the mother and infant together to help establish good attachment relationships and breast feeding, wherever safety considerations permit this. A referral form and further information about admission to Helen Mayo House is available on <http://www.wch.sa.gov.au/services/az/divisions/mentalhealth/helenmayo/index.html>
  - > Commencement of medication: as discussed above, mood stabilizers antipsychotics and benzodiazepines may all be appropriate. Full remi

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achievable in most cases. For example, a recent study of 64 women with puerperal psychosis achieved nearly 100% remission rates with a four step algorithm consisting of the structured sequential administration of benzodiazepines, antipsychotics, lithium and finally if necessary electroconvulsive therapy (ECT). Of further note, those who received lithium as part of the treatment regimen had fewer relapses in the months following remission. Time to remission averaged about 6 weeks<sup>1</sup>

- > Attention to the mother-infant relationship, firstly considering safety of mother and infant, and then supporting quality of the interaction dependent on the mother's mental state as it improves over time<sup>2</sup>
- > Long term mental health follow up is likely to be appropriate
- > A substantial package of care is generally necessary, which will include family and professional support from a wide range of practitioners, including Child and Family Health Services, at times Families SA regarding child protection matters, as well as help with mother's ongoing mental health (and possibly drug-related) problems

## Medications

- > For general considerations and direction to evidence-based guidelines, see "Psychotropic medication during pregnancy and breastfeeding" in the A-Z index at [www.sahealth.sa.gov.au/perinatal](http://www.sahealth.sa.gov.au/perinatal)
- > All medications have potential side effects for the mother when used longer term and their ongoing use must be reviewed regularly
- > **Lithium** is an excellent mood stabilizer but is generally not recommended with breast feeding unless the mother is sufficiently well-organised and compliant to understand the necessity for regular monitoring, adequate fluid intake particularly in heat waves or at times of physical sickness, and infant monitoring for signs of lithium toxicity. Thus it is highly unlikely to be the treatment of choice in the initial phases if a mother is breastfeeding
- > **Sodium valproate** use in breast feeding: see below
- > **Second generation antipsychotic use in breastfeeding:** as with these drugs in pregnancy, compilation of the relatively small amount of published data shows that only small quantities of these medications pass through into breast milk and few infant effects have been noted. Nevertheless, safety cannot be guaranteed and families must be suitably informed.

## Effects on infant

- > Safety considerations may initially be paramount as infanticide or other harm can occur as the result of maternal delusions, particularly command hallucinations. Keeping the infant separate, or observed at all times when with mother may be necessary until safety can be assured
- > While the mother remains acutely unwell, she may find complete care of her infant very difficult as for instance her concentration may make it difficult for her to feed her baby. Keeping breast feeding going may be manageable but can sometimes be difficult
- > Provided the infant is kept safe and nutritional and emotional needs are met by the mother and others around, the long term outcomes for infants of mothers with bipolar mood disorder generally fall within the normal ranges so assurance can be given to the family
- > Medications such as sodium valproate do pass through in breast milk and have been

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to cause liver dysfunction so some experts advise haematological monitoring if choosing to use this medication

## Family members

- > Support from and for partners and other extended family members for antenatal and postnatal women with psychotic illnesses is an important component of whole family care. A first episode of a psychotic illness at the time of first parenthood can be very traumatic for the woman and for her partner and other family members including grandparents to the new infant and other children within the family. Where possible, ensure that family members are kept well informed and included, although this may depend on pre-existing family relationships
- > Where partners are seeking additional information and support, information can be obtained at URL:  
<http://www.wch.sa.gov.au/services/az/divisions/mentalhealth/helenmayo/documents/CraigAlatACarersSurvivalGuide-Web171011.pdf>
- > Information for helping other children in the family is available through [copmi.net.au](http://copmi.net.au) who have a wide range of resources
- > Action on Postpartum Psychosis, the UK Postpartum Psychosis Network, produces several helpful “Insider Guides” for patients and carers. These can be found at URL:  
<http://www.app-network.org/what-is-pp/app-guides/>

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## References

1. 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(2):115-23.
2. Sved Williams A, Cowling C, editors. *Infants of parents with mental illness: developmental, clinical, cultural and personal perspectives*. Brisbane: Australian Academic Press; 2008.

## Useful web sites

Children of Parents with a Mental Illness (COPMI). Available from URL:

<http://www.copmi.net.au/>

Mental Health and Well-being. Available from URL: <http://www.mentalhealth.gov.au>

Multicultural Mental Health Australia. Available from URL: <http://www.mmha.org.au>

SANE Australia. Available from URL:

<http://www.sane.org>

Abbreviations	
ACIS	Acute crisis intervention service
ADEC	Australian drug evaluation committee
COPMI	Children of parents with a mental illness
ECT	electroconvulsive therapy
e.g.	For example
et al.	And others
mg	Milligram/s
OTIS	Organisation of Teratology Information Specialists
tds	Three times a day

## Version control and change history

**PDS reference:** OCE use only

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1.0	30 Nov 2009	25 Jan 2010	Original version
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