

Helen Mayo



## **Puerperal Psychosis: Information**

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## **Introduction**

This brochure will give you information about the condition of puerperal psychosis. You may be reading this because a doctor or other mental health worker has told you that you have or may have this condition, or someone in your family has it, or you think yourself you may be feeling as though you are “going mad” after childbirth

You will find information about:

- ❖ the difference between puerperal psychosis, the “blues” and postnatal depression which are the 3 types of mood disturbance after childbirth
- ❖ more information about the things that happen to women with puerperal psychosis
- ❖ usual treatments
- ❖ effects on babies and families
- ❖ chances of getting it again and what you can do about it
- ❖ why it happens
- ❖ what family members can do about it
- ❖ where else you can get help or information

## **Mood disturbances after childbirth.**

There are 3 types of mood disturbance after childbirth. Puerperal psychosis is one of these but is certainly the rarest.

The most common (at least 1 in every 2 women) is the “blues” which happens usually about day 2-4 after delivery. Women feel tearful and upset, and are very sensitive about their baby, problems with breastfeeding, other people’s comments and so on. With support and reassurance, things generally settle down within 1-2 days, and women feel completely well (provided for instance they are getting enough sleep and support).

The next condition is postnatal depression or PND. About 1 in every 6 women in Australia suffer from PND, which can start anytime in the first several months after having a baby, and can be very mild or quite severe, with lots of tearfulness and irritability, sleep disturbance, suicide thoughts, low energy and many other distressing symptoms. Although the depression part of puerperal psychosis can look quite like postnatal depression, other things make puerperal psychosis a different condition. You can obtain more information about PND from many sources, one of which is on the Helen Mayo House website.

## **What is puerperal psychosis?**

Puerperal means something to do with childbirth and psychosis means being out of touch with reality, so puerperal psychosis is an illness which happens in the first 4 weeks after childbirth and in which women become very mentally unwell. This condition is much

rarer than the blues or PND, and happens only to one woman in every 500 or so deliveries. There is a much higher risk of getting this condition for women who already have a bipolar mood disorder, also known as manic depression or BPAD. Most women who develop puerperal psychosis don't know that they are at risk of getting this condition and the first time they are aware something is wrong is in the first few days after childbirth when strange and difficult things start to happen, as follows.

### **How it starts.**

- ❖ Often the first signs of puerperal psychosis are related to sleep. The woman may find it very hard to sleep from the time her baby is born, and she has almost no sleep at all the first few nights or even longer.
- ❖ While some excitement and sleep difficulty on the first night after childbirth are common, and an infant can keep new mothers awake for many weeks, most women after the first night want to sleep and usually can do so if the baby lets her.
- ❖ For a woman developing puerperal psychosis, other things begin to happen. The symptoms are quite variable. She can be full of energy, very restless and irritable, believe that she has special powers or strengths and that she is unbeatable in any way.
- ❖ Some women become very obsessed with their new baby but many are so busy doing things like telephoning their friends in the middle of the night or making plans to save the world in some way that they almost ignore their baby.
- ❖ While a woman may want to do the right thing by her baby, she is often lacking in organisation and can't sit still long enough to feed her baby properly.
- ❖ Some women feel paranoid, as though people are trying to harm them or their baby & unfortunately these feelings may be directed towards family members, who are worried by the woman's behaviour & trying to assist her to get help.

### **The manic phase.**

- ❖ By about 4 to 14 days after the baby is born, it is becoming clear to everyone that something is seriously wrong.
- ❖ The woman may be very irritable and begin to believe things that are clearly not true – these are called delusions – fixed false beliefs that may be very harmless but can sometimes lead to the woman harming herself, her infant or maybe others.
- ❖ This may also be because she is hearing voices (auditory hallucinations) or seeing things, which aren't there (this is less common).
- ❖ She will talk quickly, often not finishing sentences or ideas can be quite elated or confused and her moods may vary within a very short space of time.
- ❖ If she is stopped doing what she wants, she may become very abusive and aggressive in a way, which is quite out of character.
- ❖ Frequently, women will deny that there is anything wrong and refuse to stop what they are doing or think about the fact that other people find their behaviour strange or out of character.
- ❖ During this phase, a new mother may seem quite confused and forgetful. This of course will make her very disorganised just at a time when she is trying to learn new skills in caring for her baby. This can very quickly become a very upsetting situation.

### **The depressed phase**

- ❖ After days or sometimes several weeks, depending on factors such as treatment, the manic phase may stop as suddenly as it has started and the woman may become extremely depressed.
- ❖ Just like with PND, her mood is very depressed, she is very lacking in energy, doesn't want to sleep or eat, may begin to think of killing herself (and/or sometimes her baby), and her concentration is very poor. She may just sit around, it is hard to have a conversation with her, she is very tearful and hates herself. She feels hopeless, helpless and worthless, especially as a mother. There is very little energy to do anything and women may stop caring for themselves in their usual ways.

### **The Treatment**

It is clear from the symptoms that puerperal psychosis is a severe illness and urgent specialist treatment is highly advisable. If a woman has a milder form of this illness, she may be able to manage at home if she has supportive family around her and there are professionals whom she can see. For most women, admission is the best pathway, and in South Australia, Helen Mayo House (a unit of the Women's and Children's Hospital) offers specialised treatment where women can be admitted with their babies.

Treatment usually consists of:

#### **Medication**

- ❖ Most women will need an antipsychotic medication, in other words tablets or sometimes injections which calm her down, slow her thinking and behaviour and help her get back in touch with reality.
- ❖ She will often also need tablets to stabilise her moods (mood stabilisers) such as lithium or other drugs. These include sodium valproate, carbamazepine or lamotrigine.
- ❖ If she is in the depressed part of the illness, antidepressants are often used.

#### **General care**

- ❖ Women often need assistance with looking after their babies safely, and keeping themselves safe and cared for as well.
- ❖ Sleep is a real problem for women suffering from puerperal psychosis & is an essential part of getting well.
- ❖ Often women appear to deteriorate when they are admitted to hospital and this happens for several reasons. It may be that the lack of sleep is beginning to have more effects, or that the woman is irritated by the restrictions which being in hospital may impose. It can also be the natural progression of the illness. As women often cannot understand that they are unwell, anger can be quite obvious.

### **Family involvement**

- ❖ It is very important for partners and other immediate family members to be informed and available for support.
- ❖ This illness although relatively rare as mentioned, often occurs for the first time after the birth of a first child, which makes things very hard indeed for the new family.
- ❖ The new father may find his partner suddenly unwell and not able to come home and he may find the separation from his partner and child very difficult. He may also need to get support from family, friends or professionals.
- ❖ Getting more information about the condition can be very helpful in coming to terms with what is going on but it is clear that it is a difficult time.

### **ECT (electroconvulsive therapy or shock treatment).**

- ❖ Sometimes women are so unwell that ECT will be recommended. This can sound very alarming indeed but it is only recommended when the illness (sometimes the manic phase but more commonly the depressed phase) is really severe and other methods of treatment aren't helping.
- ❖ It is an extremely successful treatment, which may work when medications are failing or not working quickly enough. If this treatment is recommended, staff will provide a great deal more information about how it works, and the risks and benefits, usually involving the woman herself and her main support person/s in the decision.

### **Hospital and Home.**

- ❖ Most women need to be treated in hospital, and are likely to be in hospital for 2-3 weeks.
- ❖ When she is discharged home, a woman will still need to be taking medication, often for 6-12 months and this will be discussed with her and her family before discharge. Generally, a woman will need to continue to see her GP, a psychiatrist and perhaps a mental health nurse after discharge who will monitor her medication and help to determine the length of time that she needs to stay on it. She may also want support with her baby and this may involve Child and Youth Health or other agencies.

## **Effects on babies and families**

When a woman is really unwell, at first, as described already, she may be at risk of deliberately harming her baby because of some unusual belief she has related to her illness. In the early days of her being unwell therefore, staff usually keeps a very close eye on her so that harm cannot happen to her baby. A woman may also neglect her infant because she is so excited and restless— she may intend to do the right things by her baby but cannot do so because she isn't organised enough and lacks concentration. Staff therefore will need to be very involved in helping her care for herself and the needs of her baby.

When a woman is depressed, she may find it difficult to have enough energy to look after her baby properly and may need some help at this stage too. Sometimes the medication(s) she is taking also interfere with her care of her baby and there are sometimes concerns about breastfeeding on tablets. The woman, her family and the doctors, must discuss the risk/benefits of medication with breastfeeding so that everyone has enough information and understands the best choices for each situation.

In the long term, when these safety factors are adequately addressed, follow-up studies have shown that the babies grow up without any major consequences of their mother's illness.

Other family members, eg partners, parents and other children in the family may also find the going tough in the early times of the illness when a woman is clearly very unwell and everyone is coming to terms with the illness.

- ❖ Talking to staff
- ❖ Seeking information
- ❖ Getting support for themselves

may all benefit family members and therefore also help the unwell woman.

There are books for small children, which help them in regard to their mother's illness, eg Jake's Dinosaurs, by Anne Sved Williams which is available from Helen Mayo House, at the Women's and Children's Hospital.

There are also more services developing for the children of parents with mental illness. You may find these on the Internet (your local library can help you if you haven't got Internet access at home). COMIC (<http://www.howstat.com.au/comic> ) in South Australia has information about this and so also does COPMI (<http://www.aicafmha.net.au/copmi>).

## **Chances of getting it again and what you can do about it**

Although puerperal psychosis is a rare condition (1 in every 500 births) for those women who have had it in the past, the chances of the illness recurring after another delivery have been estimated at between one in two or one in three. Most families find this very daunting and some may decide not to take this risk again and have no further babies. Taking medications, usually from late pregnancy onwards can usually prevent a relapse after childbirth, so talking this over with a psychiatrist may be an excellent idea.

**Please note:** that taking some medications such as sodium valproate or Tegretol may not be advisable in early pregnancy as they can cause the baby to develop with defects, but later in pregnancy it is believed that the benefits of these medications far outweigh the risks.

It is also important to know that for some but not all women who have puerperal psychosis, the illness is the first presentation of bipolar mood disorder. What this means is that there may be episodes of illness like a puerperal psychosis but occurring at any

time i.e not just after childbirth. The treatment will basically be the same as the treatment for puerperal psychosis and it will usually be recommended that women stay on medications long term (usually mood stabilisers) to prevent relapses.

## **Why it happens**

Doctors believe that puerperal psychosis is a condition caused by problems with brain chemistry. It certainly runs in families, and in those families where there is a history of bipolar mood disorder, the chances of this illness are higher. It is believed that when the big hormone changes at the end of pregnancy take place they trigger off a change in the brain, which is vulnerable for genetic reasons, and the symptoms of the condition rapidly develop.

## **What family members can do about it**

Some of this has already been mentioned.

- ❖ When a woman first becomes unwell, she needs a great deal of support and understanding.
- ❖ She may find it extremely distressing not understanding what is happening.
- ❖ Her baby may also need extra care and attention, and someone in the family making sure that the baby is safe and well cared for.
- ❖ When a woman believes her family are out to harm her in some way, or is extremely irritable, family members are likely to find it all particularly difficult. Trying to understand what is going on, learning about the illness and the treatments, and supporting the woman to understand what is happening to her are all vital roles.
- ❖ If family are in doubt about what is happening, seeking information from staff is very appropriate.
- ❖ When a woman goes home from hospital, she may need special love and care too. The dreams of all the family have been very disrupted and although things are likely to go well in the long term, it all takes some working through to come to terms with what has happened. She may not be back to her regular self at the time of discharge from hospital as the manic phase can last many weeks, and then a depression of weeks or months may follow on. The pattern is rather difficult to predict at first, so knowing what might happen and just being there for practical and emotional support is very important.
- ❖ You can give support best yourself if you feel OK. Making sure you look after yourself by a bit of self-time, some exercise or some socialising may help. It is usually quite helpful if you also have someone, perhaps a family member or friend that you can talk to, and some people will choose to get some professional help for themselves if they are not coping with the situation.

## Where else you can get help or information

There are many sources of information:

- ❖ Talking to staff at the hospital or your GP
- ❖ Going to the local library
- ❖ Internet for those who have access – you may want to do a search yourself but good websites include:
  1. <http://www.bham.ac.uk/app/Appfaq.htm>
  2. <http://www.mdfwales.demon.co.uk/facts/puerper.htm>
  3. <http://www.rpsych.ac.uk/info/factsheets/pfacchild.asp>