Postpartum Psychosis:  
A Treatable 
Psychiatric Emergency

Hilary Waller, LPC  
Director of Programming  
hwaller@postpartumstress.com

The Postpartum Stress Center • postpartumstress.com

Health care providers: what happens when you hear...

• “My baby was going to die in the middle of the night and I was going to find her in her crib cold and lifeless.”
• “I kept picturing my daughter flying over the ledge of a loft and smashing onto the floor below.”
• “I started thinking I’d push his head under the bath water and wouldn’t be able to stop myself.”
• “I feel sexually aroused when breastfeeding.”
• “I kept bringing the diaper to his face to see if I would smother him.”
• “I imagined putting my children in my chest freezer so I could sleep.”

Learning Objectives

Recognize and treat symptoms of Postpartum OCD and Postpartum Psychosis.

Identify relevance of ego syntonic vs. ego dystonic thoughts.

Prevalence, risk factors, and symptoms of Postpartum Psychosis.

Discuss Postpartum Psychosis with patients and family members in encouraging, supportive manner.
POSTPARTUM OCD
VS.
POSTPARTUM PSYCHOSIS

Postpartum OCD &
Postpartum Psychosis

OCD:
Patient is terrified harm may occur and wishes to avoid thoughts of harm coming to baby.

PSYCHOSIS:
Thoughts are perceived as consistent with person’s character and world view. They do not resist thoughts. Thoughts are part of delusions and are accompanied by loose associations and other bizarre beliefs and behaviors.

Postpartum OCD &
Postpartum Psychosis

• Ego Syntonic vs. Ego Dystonic Thoughts

• Altruism vs. Guilt/Shame associated with bringing harm to baby
Treatment for Ego-Dystonic Postpartum OCD Scary Thoughts
Psycho-educate (do not dismiss) & treat for OCD

- 91% of mothers & 88% of fathers!
- Openly discuss plans for maintaining bonding between mom and baby in spite of her thoughts.
- She will feel better if she discloses but doesn’t have to.
- Ego-dystonic thoughts are not correlated with parents bringing harm to their babies.

therapy + meds + cbt

Treatment for Ego-Syntonic Psychotic Scary Thoughts

- Act to protect mom / baby, escalate care (hospitalization & medication), resume treatment after stabilization
- Likely to observe additional symptoms of psychosis include delusions, agitation, “bizarre” beliefs / rituals including paranoia (the devil is out to get my baby / my baby is the devil)

PPP Prevalence/ Triggers

- Rare: 0.1% of women or 1-2 per 1000 women
- Occurs during highly vulnerable first 4 weeks after delivery
- Low incidence but high potential for suicide (5%) & infanticide (4%) in each case
- Possible triggers are disrupted sleep patterns, significant hormonal shift
FOCUS ON POSTPARTUM PSYCHOSIS

Risk Factors for PPP

• Most consistently identified risk factor: Personal or family history of bipolar illness or psychosis

• Within first month of delivery risk of mental illness significantly increased compared to other times in woman’s life

• Screen ALL perinatal women for depression/ mania/ hypomania (MDQ)

Symptoms of PPP

• Excited, elated, high mood
• Overactivity, unusually energetic
• Racing thoughts, ideas
• More gregarious than usual, rapid speech
• Confusion, disorientation
• Sleep disturbance (unable or no urge)
• Mania
• Hallucinations, delusions, detachment from reality
• Mom may believe she is thriving in motherhood
• Symptoms wax and wane (Barnes, 2016)
Treatment

- Hospitalize, Medicate, Protect Sleep
- Benefit of providing access to baby
- Inclusion of family system in treatment

DISCUSSING PSYCHOSIS WITH YOUR PATIENT

Ask:

“I know this may be overwhelming right now. Sometimes we see mothers here who tell us they are hearing unusual voices in their head or others are telling them that they aren’t making sense. Are you experiencing anything like this?”
Consider:

What unique challenges do women hospitalized after giving birth experience when hospitalized for a psychiatric disorder?

Do:

1. Psycho-educate mom & support person on reasonable expectations for treatment & prognosis
2. Ensure safe transfer to hospital
3. Call ahead to hospital

Reassure her
Do not make promises
Do instill hope

Hope is a legitimate intervention
RECOVERY

Resuming Therapy

1. Ensure proper level of care via collaboration with family and care providers and monitoring of symptoms
2. Ensure compliance with medication, protected sleep, and safety plans
3. Early therapy may involve parenting skills and maternal-infant bonding
4. CBT & IPT are recommended to support role transition once thinking is organized.
5. Later focus on processing and integrating experience

Subsequent Pregnancies

- Prophylactic medication during perinatal period
- Planning for protected sleep upon delivery
- Team approach to treatment planning (obstetrics, psychiatry, primary care, patient, family support, counselor)
Additional Q & A

Resources

The Postpartum Stress Center: Emergency Room Guidelines
https://postpartumstress.com/2015/03/13/postpartum-psychosis-emergency- room-guidelines/

Postpartum Support International: Article on Postpartum Psychosis
https://www.postpartum.net/learn-more/postpartum-psychosis/

Massachusetts Child Psychiatry Access Project

References

Hilary Waller
Director of Programming/ Psychotherapist
The Postpartum Stress Center
postpartumstress.com
hwaller@postpartumstress.com
610-525-7527

Facebook: @postpartumstresscenter2
Twitter: @ppstresscenter
Instagram: postpartum stress
LinkedIn: The Postpartum Stress Center, LLC