

# Postpartum Psychosis

**Marissa Beal, DO**

Assistant Professor

Department Of Psychiatry and Behavioral Health

[mbeal1@pennstatehealth.psu.edu](mailto:mbeal1@pennstatehealth.psu.edu)



# Disclosures

- No conflicts of interest



# Postpartum Psychosis (PPP)

- Very rare from 1 to 2 per 1,000 births
- Occurs in first 2 weeks after birth
- 40% of cases are first episode psychosis
- Increased risk for suicide and infanticide
- The risk of infanticide in the setting of PPP is estimated at 4%

Friedman et al., 2023; Perry et al., 2021



# Symptoms

- Insomnia, irritability
- Delirium-like presentation: waxing and waning confusion, disorientation, disorganization
- Delusions related to infant
- Persecutory delusions, such as fears of someone trying to harm infant
- Hallucinations
- Mood symptoms present along with psychosis – often mania, depression or mixed states
  - It is an affective psychosis

Osborne et al., 2018

# Differentials

- Infection
- Thyroid or parathyroid disease
- Substance induced psychosis
- Baby blues
- OCD
- Postpartum depression
- Autoimmune encephalitis if neurologic symptoms are present

Friedman et al., 2023; Osborne et al., 2018



# Risk Factors

- Personal history of bipolar disorder
- Family history of bipolar disorder or PPP
- Primiparity
- Prior history of PPP
- Sleep deprivation

Osborne et al., 2018



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# Postpartum OCD vs Psychosis

Postpartum OCD	PPP
Insight into thoughts	Poor insight
No psychotic symptoms	Symptoms of psychosis: confusion, disorientation, delusions
Anxiety/fear about acting on thoughts; ego-dystonic	Not horrified by thoughts; ego-syntonic
Thoughts can be violent, sexual, contamination related	

Hutner et al., 2021



# Evaluation and Management

- Tease out paranoia and intrusive thoughts to harm baby
  - Ego-syntonic (non-distressing) vs ego-dystonic (distressing)
- Obtain collateral to verify diagnosis
- Considered a psychiatric emergency
- Patient should be psychiatrically hospitalized if concerning symptoms for PPP



# Treatment

- Lithium – first line
- Benzodiazepines
- Antipsychotics
- ECT
- Encourage and protect sleep

Bergink et al., 2015; Osborne et al., 2018



# Prognosis

- 50-80% of patients will have another episode
- Most patients likely have an underlying bipolar disorder
- Those with history of PPP are at increased risk of another episode of PPP in subsequent pregnancies
  - Most require medications during pregnancy or prophylaxis in the postpartum period
- Continue treatment for at least 6 months postpartum

Wesseloo et al., 2016



# Agitation in Pregnancy

- Verbal de-escalation first
- Choose medications based on potential etiology of agitation
- Offer oral medications
- Utilize antipsychotics which have reassuring safety data in pregnancy
- Treat withdrawal symptoms if patient using substances

Aftab & Shah, 2017



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# Agitation in Pregnancy

- Avoid physical restraints when possible
- If restraints are necessary:
  - Do not use 4-point restraints when a pregnant patient is on their back or right side
  - Risk of inferior vena cava syndrome
    - Turn body part way to left
    - Ensure frequent monitoring

Aftab & Shah, 2017



# Take Away Points

- PPP is an affective psychosis, often with delirium-like presentation
- Determine if thoughts to harm baby are due to OCD vs PPP
- Identify PPP and treat as a psychiatric emergency



# Resources

- Massachusetts General Hospital ([womensmentalhealth.org](http://womensmentalhealth.org))
- Postpartum Support International
- National Curriculum on Reproductive Psychiatry
- Reprotox
- LactMed
- InfantRisk



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