

# Treatment and Prevention of Postpartum Psychosis



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## Introduction

The birth of a baby can trigger a jumble of powerful emotions, from excitement and joy to fear and anxiety. But it can also result in something you might not expect — depression.

Most new moms experience postpartum "**baby blues**" after childbirth, which commonly include mood swings, crying spells, anxiety and difficulty sleeping.<sup>(1)</sup>

Baby blues typically begin within the first two to three days after delivery, and may last for up to two weeks.<sup>(1)</sup>

**Postpartum depression** may be mistaken for baby blues at first — but the signs and symptoms are more intense and last longer.<sup>(1)</sup>

Signs and symptoms:



**Postpartum psychosis** is a rare condition that typically develops within the first week after delivery.<sup>(1)</sup>

The prevalence of postpartum psychosis in the general population is 1–2 per 1,000 childbirths, and the rate is 100 times higher in women with bipolar disorder or a previous history of postpartum psychosis.<sup>(2)</sup>

Signs and symptoms:

- Confusion and disorientation
- Obsessive thoughts about your baby
- Hallucinations and delusions, Sleep disturbances
- Excessive energy and agitation
- Paranoia
- Attempts to harm yourself or your baby<sup>(1)</sup>

## Discussion

A 34-year-old married mother who lived with her husband and their 5-year-old daughter, strangled her infant son to death 3 weeks after birth. She had a planned, healthy pregnancy with some depression at 28 weeks' gestation. From postpartum days 2 through 11, her depression worsened. She was unable to sleep and could not get out of bed.<sup>(3)</sup>

On post-partum day 2, she began having obsessional images of throwing her baby out of the window.

On day 12, she thought of killing herself and the baby. On day 13, attempted suicide by overdose.

On day 15 she attempted to smother the baby with a towel.

On postpartum day 20 she felt as if she was "taken over."

She placed a washcloth in the baby's mouth and strangled him with a telephone cord.

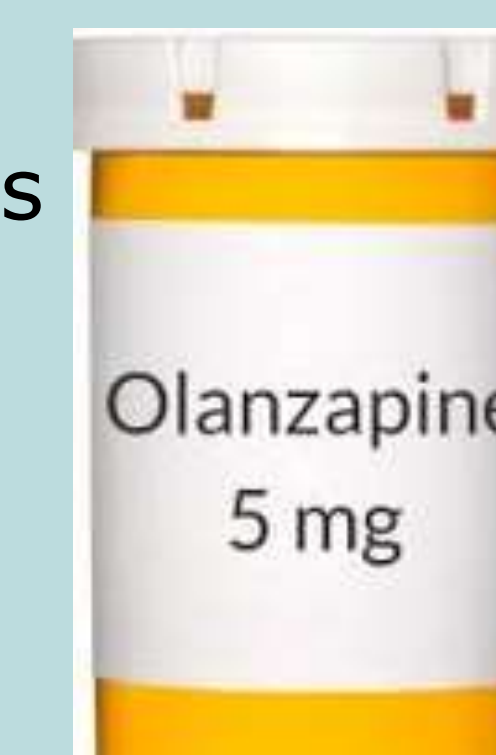
after the event she was diagnosed with bipolar disorder

which worsened after the birth.<sup>(3)</sup>

A 31 year old female with no history of mental illness was admitted to the psychiatric unit because of disorganized behavior two weeks after giving birth to her second child, As the patient was diagnosed with postpartum psychosis.

**Treatment** was started on the oral antipsychotic olanzapine. Olanzapine was not well tolerated because of sedation and was discontinued in favor of risperidone, which was more effective and better tolerated.<sup>(4)</sup>

The patient was continued on lithium and risperidone and transferred to a larger military hospital for further inpatient management. The patient had stabilized significantly and gained sufficient insight into her condition.<sup>(4)</sup>



## Prevention

The Peripartum Prevention Program was designed to provide standardized evidence-based clinical care for women at high risk for peripartum relapse. Each patient and her partner should contact her psychiatrist in case of affective instability, psychotic symptoms, or refractory insomnia.<sup>(4)</sup>

## Conclusion

To conclude postpartum psychosis is a psychiatric emergency that needs to be given more importance requiring immediate treatment to prevent dire outcomes such as suicide or infanticide. Doctors need to find ways of dealing with it and are also required to keep women with other mental conditions under supervision.

## References

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