Postpartum Psychosis

Ramanpreet Toor, MD

Postpartum Psychosis

Prevalence rare, 1-2 per 1000 births. Symptoms occur within 2 weeks of delivery. Sudden onset and rapid deterioration. PSYCHIATRIC EMERGENCY!!

Risk factors

Primiparity
Prior postpartum psychosis
History of mania (bipolar disorder) or psychosis
Family history of postpartum psychosis
Discontinuation of medications

Etiology

Unclear
Since childbirth is trigger, mechanism of onset is considered to be related to specific physiological changes leading to disease in genetically vulnerable population.

Differential Diagnosis
Postpartum depression
Postpartum OCD (Obsessive-Compulsive Disorder)
Other medical cause:
Infections
Autoimmune
Medication reaction (steroids)
Sheehan's Syndrome
Encephalitis
Metabolic

Clinical Presentation
Usually within 2 weeks after delivery; symptoms change rapidly
Early Symptoms:
Insomnia/sleep deprivation, Anxiety, Mood fluctuations, Irritability
Subsequent Symptoms:
-Disorganization
-Abnormal thought content (delusions, hallucinations)
-Obsessive thoughts related to infant, childbirth
-Delirium—disorientation, disturbance in attention, cognition, disorganized behavior. All symptoms developed over short time.
-Thoughts of harm to self or infant

Laboratory Testing
Complete Blood Count (CBC)
Comprehensive Metabolic Panel (CMP)
Thyroid: TSH, T4, Thyroid Peroxidase (TPO) antibodies
Ammonia levels
Urinalysis
Imaging:
If neurological symptoms

Risk Assessment
High risk of self or infant harm
Inquire about thoughts of self-harm or harm to infant
Suicide risk: Screen with C-SSRS
Risk of infant harm: First, determine if thought of harming infant is an intrusive thought (unwanted negative thought that is frequent and difficult to dismiss) or infanticidal ideation (due to a psychosis). Ask questions assessing specific content of the thought, and emotional and behavioral responses to thoughts.
Decisional capacity assessment
Assess capacity to make decisions for any procedures during pregnancy and postpartum. Also assess capacity to parent if psychotic symptoms are present

Treatment:
Inpatient psychiatric admission

Medication
-Antipsychotics: Atypical > Typical
- Lithium: Combined with antipsychotic or monotherapy, especially in bipolar disorder
- Benzodiazepine: promotes sleep, short-term treatment, preferably one with short half-life like lorazepam

Prevention
Pharmacological Prophylaxis:
-In chronic bipolar disorder: during pregnancy and postpartum
- In postpartum psychosis limited to postpartum periods only: Start immediately postpartum
Adequate sleep
Family support
Close monitoring by providers (OB and pediatrician)

Long-term outcomes after first onset postpartum psychosis:
- 56.7% develop lifelong severe psychiatric disorder, most often bipolar disorder
- 6.1% have recurrent psychosis only during the postpartum period
- 36% with no recurrence

Postpartum Psychosis References

Bergink V, Rasgon N, Wisner KL. Postpartum Psychosis: Madness, Mania, and Melancholia in Motherhood. Am J Psychiatry. 2016 Sep 9.

Osborne LM. Recognizing and Managing Postpartum Psychosis: A Clinical Guide for Obstetric Providers. Obstet Gynecol Clin North Am. 2018 Sep;45(3):455-468.

Gilden J, Kamperman AM, Munk-Olsen T, Hoogendijk WJG, Kushner SA, Bergink V. Long-Term Outcomes of Postpartum Psychosis: A Systematic Review and Meta-Analysis. J Clin Psychiatry. 2020 Mar 10;81(2).

Antipsychotic Medication Table

Typical Antipsychotic (Brand Names)	**Therapeutic dose range for psychosis**	**Pregnancy**	**Breastfeeding**
Haloperidol (Haldol)	4-20 mg/day Doses can be higher in more severe symptoms	Higher risk for extrapyramidal signs	<10 mg daily produce low levels and no adverse effects Negative effects when combined with other antipsychotics Monitor drowsiness and developmental milestones
Atypical Antipsychotics (Brand Names)			
Risperidone (Risperdal)	3-6 mg	Effective for psychosis, acute agitation Possible increase risk of cardiac malformation	Doses up to 6 mg produced low levels in milk Limited data
Quetiapine (Seroquel)	ER:400-800 mg IR: 300-750 mg	Lowest placental transfer Risk of metabolic syndrome	Doses up to 400 mg produced low levels in milk No adverse effects noted
Aripiprazole (Abilify)	10-30 mg	Lower risk of metabolic syndrome Risk of akathisia Possible low risk of neurodevelopment disorder (Straub et al 2022)	Doses up to 15 mg produced low levels in milk It can LOWER SERUM PROLACTIN
Olanzapine (Zyprexa)	10-20 mg	Effective for mood stabilization, psychosis Sedating Metabolic syndrome! Highest placental transfer: 72.1%	Doses up to 20 mg showed low levels in milk Recommended first line in breastfeeding
Ziprasidone (Geodon)	40-80 mg	Lower risk of metabolic syndrome Limited data	Other antipsychotics preferred given very little data
Clozapine (Clozaril)	300-450 mg/day	Effective for treatment resistant schizophrenia Risk of agranulocytosis for which close monitoring is needed	Limited data Sedation and risk of agranulocytosis

No human data for newer antipsychotics including: Asenapine, Cariprazine, Lurasidone, Brexiprazole.