Postpartum Psychosis

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Postpartum Psychosis

Prevalence rare, 1-2 per 1000 births. Symptoms usually 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 (e.g. 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 (see also Assessing Safety section)
Increased risk of suicide (5%) or infanticide (4%) with untreated postpartum psychosis
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 medication immediately postpartum
Adequate sleep (at least 4-5 hours uninterrupted sleep at night)
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

Antipsychotic Medication Table (see Peripartum Agitation section for information about IV/IM medications)

Antipsychotic (Brand Name)	**Therapeutic dose range for psychosis**	**Pregnancy**	**Neonatal Effects**	**Breastfeeding**
Haloperidol (Haldol)	4-20 mg/day Doses can be higher with more severe symptoms	Higher risk for extrapyramidal signs Case series do not suggest an elevated risk for congenital malformations	In 2011, the FDA highlighted the risk of extrapyramidal signs (EPS) and other neonatal symptoms in newborns exposed to antipsychotic medications during the third trimester of pregnancy. Symptoms can include agitation, abnormal muscle tone (increased or decreased), tremor, sedation, respiratory distress, or feeding difficulties. Some affected infants recover quickly, while others may require additional hospital care.	Doses <10 mg daily produce low levels and no long-term adverse effects Negative effects when combined with other antipsychotics Monitor infant for drowsiness and developmental milestones
Risperidone (Risperdal)	3-6 mg	Effective for psychosis, acute agitation Possible increased risk of cardiac malformations		Doses up to 6 mg produce low levels in milk Limited data Monitor infant for sedation, inadequate weight gain, tremors, abnormal muscle movements, developmental milestones
Quetiapine (Seroquel)	ER:400-800 mg IR: 300-750 mg	Lowest placental transfer Not expected to increase rate of malformations Risk of metabolic syndrome Probable increased risk of gestational diabetes		Doses up to 400 mg produced low levels in milk Monitor infant for sedation, developmental milestones

Antipsychotic (Brand Name)	Therapeutic dose range for psychosis	Pregnancy	Neonatal Effects	Breastfeeding
Aripiprazole (Abilify)	10-30 mg	Not expected to increase rate of malformations Lower risk of metabolic syndrome Risk of akathisia Possible low risk of neurodevelopment disorder (Straub et al 2022)	In 2011, the FDA highlighted the risk of extrapyramidal signs (EPS) and other neonatal symptoms in newborns exposed to antipsychotic medications during the third trimester of pregnancy. Symptoms can include agitation, abnormal muscle tone (increased or decreased), tremor, sedation, respiratory distress, or feeding difficulties. Some affected infants recover quickly, while others may require additional hospital care.	Doses up to 15 mg produced low levels in milk Can LOWER SERUM PROLACTIN and decrease milk supply
Olanzapine (Zyprexa)	10-20 mg	Effective for mood stabilization, psychosis Sedating Not expected to increase rate of malformations Risk of metabolic syndrome!		Doses up to 20 mg produce low levels in milk Sedation observed in some infants Recommended first line second generation antipsychotic in breastfeeding
Ziprasidone (Geodon)	40-80 mg	Not expected to increase rate of malformations 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 in infant

No or scant human data for newer antipsychotics including: asenapine, cariprazine, lurasidone, brexiprazole

Postpartum Psychosis References

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