



Mid-America (HHS Region 7)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Psychotic Disorders in the Perinatal Period

Elizabeth O'Brien, LPC, PMH-C

Marianela Rodriguez, PhD, PMH-C



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RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

Mid-America Mental Health Technology Transfer Center (MHTTC)

- Funded by the federal Substance Abuse and Mental Health Services Administration (Grant number: H79SM081769).
- Awarded to UNMC's Behavioral Health Education Center of Nebraska (BHECN).
- Serves to align mental health services across Missouri, Iowa, Nebraska, and Kansas with evidence-based practice.



Bipolar and Psychotic Disorders in the Perinatal Period

Elizabeth O'Brien, LPC, PMH-C

PMH-C

Marianela Rodriguez, PhD,

Introductions...who is in the room?



Elizabeth O'Brien, LPC, PMH-C




Marianela Rodríguez, PhD, PMH-C

Disclaimers, Language & Diversity/Inclusion →

- We are an independent contractors who do not represent any other organization
- We try to recognize our own biases, try to continue to learn to be open, and welcome feedback
- Terms: mother, birth person, parent, partner, father, primary caregiver and others...
- Please add your pronouns next to your name
- Most of research has been on heteronormative couples and we recognized all the data doesn't represent everyone, especially in the LGBTQ+ community + BIPOC communities
- Take care of yourself during trainings!

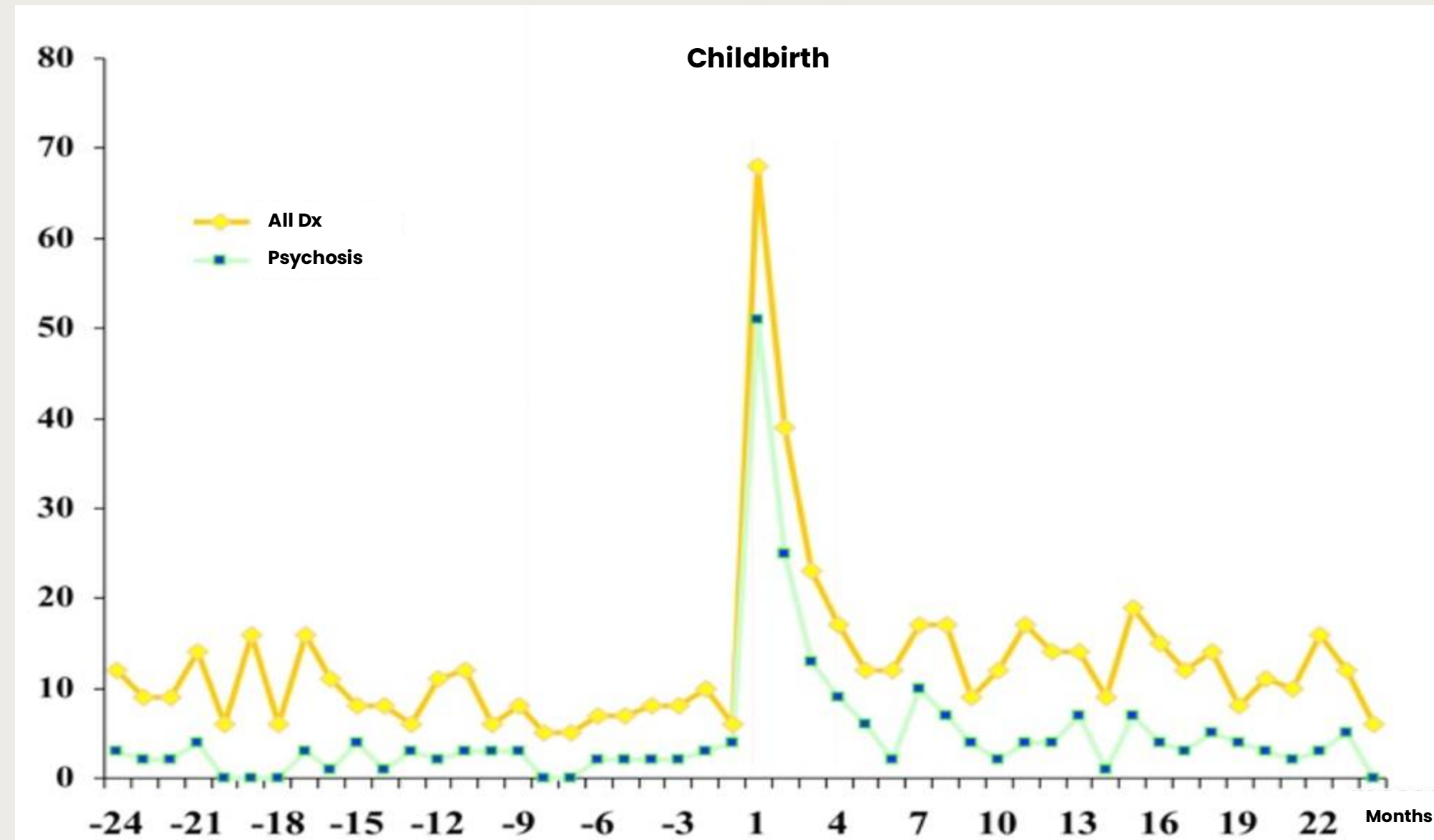
Objectives

- 
1. Discuss the prevalence of psychotic disorders and the impact they have among women and their families.
 2. Describe signs and symptoms of common psychotic disorders among women during the perinatal period and what screening processes to use to timely identification.
 3. Identify appropriate perinatal resources concerning common psychotic disorders for mothers and their families.



As providers, are you also informing your perinatal clients about their vulnerability for psychiatric hospitalization around childbirth?

Psychiatric Hospitalizations for Women During Perinatal Years →



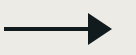
Prevalence of BD



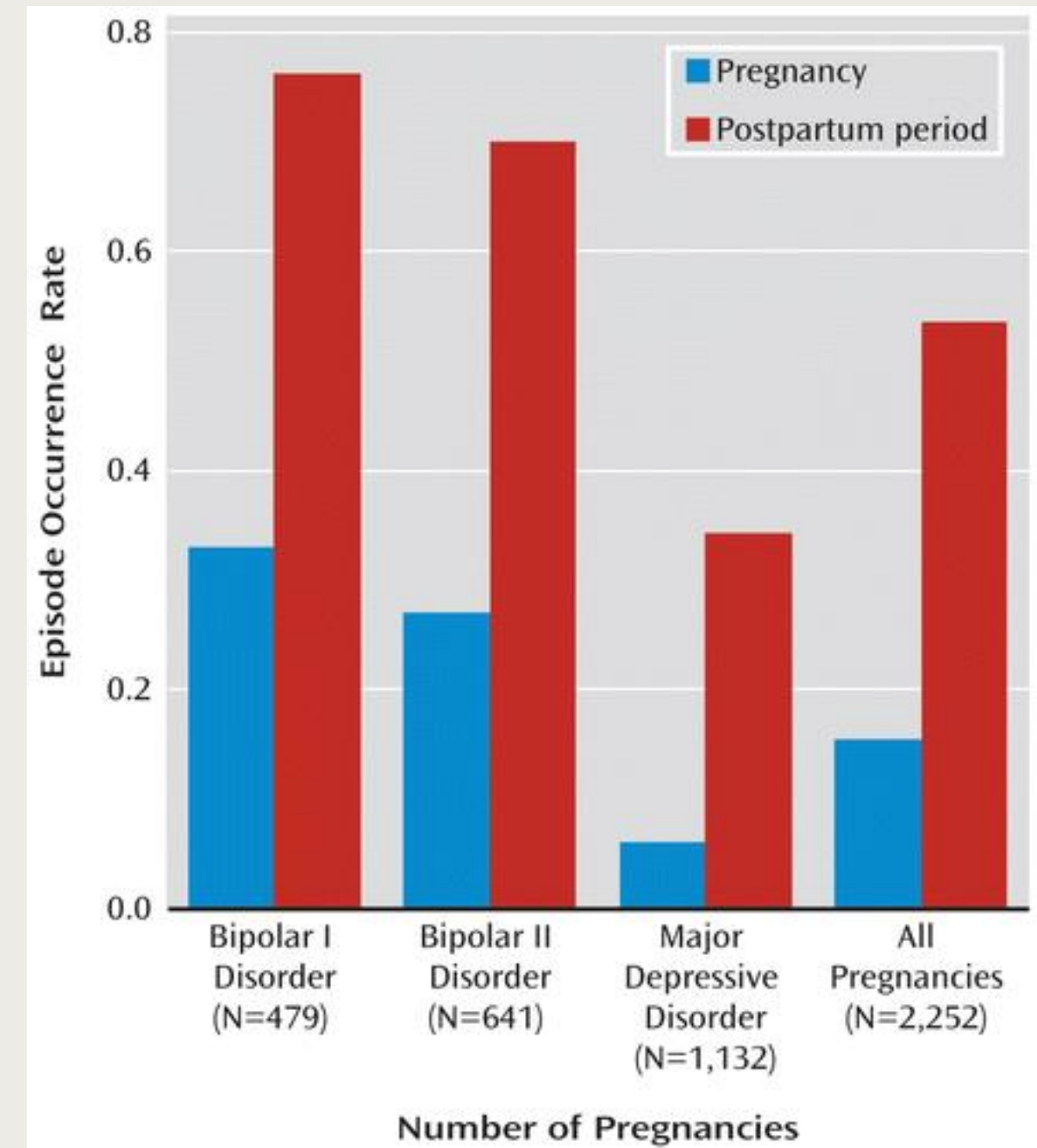
Perinatal Mood and Anxiety Disorders is the #1 complication during childbirth

- **4%** for general population
- **2%-8%** of pregnant and postpartum
- Most often diagnosed between **18-30 years** of age
- Perinatal period associated with the highest lifetime risk of first onset and an increased vulnerability to relapse

BD Systematic Review (2022)



- **20% of women** with no history of psychiatric illness experience their first bipolar-spectrum mood episode (including depression, hypomania/mania, or mixed mood) during the perinatal period
- Women with previously diagnosed BD, **54.9%** were found to have at least one bipolar-spectrum mood episode during the perinatal period.
- **Positive screenings** were associated with comorbid substance use and low treatment rates.



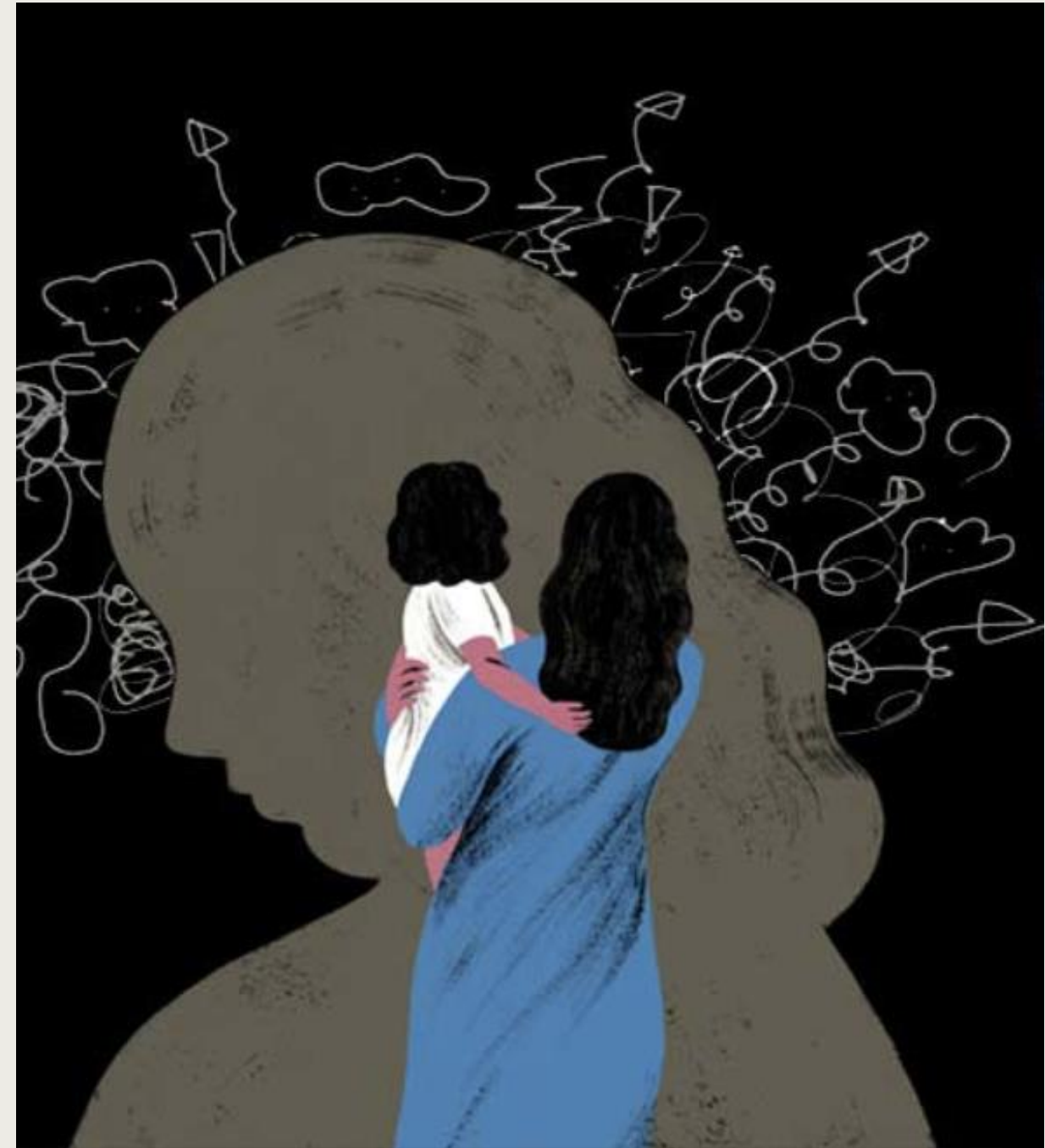
Perinatal Bipolar Disorder



- Mood disorder Bipolar I and II DSM-5
- Onset: prior to pregnancy, during pregnancy or in the postpartum period (often precipitated by disturbed sleep)
- Specifier peripartum
- Bipolar I- At least one lifetime episode of mania
- Bipolar II- Hypomania "Severe PPD/PPA imposter"

Lived Experience :What are the considerations? →

- 33 year old LantinX woman, married 3 years in a stable relationship
- Works full time as a creative director in marketing
- Previous history with generalized anxiety
- 32 weeks pregnant, first time mother
- Client's mother was hospitalized after childbirth, but unknown diagnosis
- Client's husband reports she has become more "mystical" during pregnancy



Here is what may be reported to you →

#HealingStartsWithHelp

perinatal bipolar I

Signs of Perinatal Bipolar I can include:

- Periods of severely depressed mood and irritability
- Periods of mood much better than normal
- Rapid speech
- Little need for sleep
- Racing thoughts, trouble concentrating
- Continuous high energy
- Delusions (often grandiose, but including paranoid)
- Impulsiveness, poor judgment, distractability
- Grandiose thoughts, inflated sense of self-importance
- In the most severe cases, delusions and hallucinations

Postpartum Support International
800-944-4773 | postpartum.net

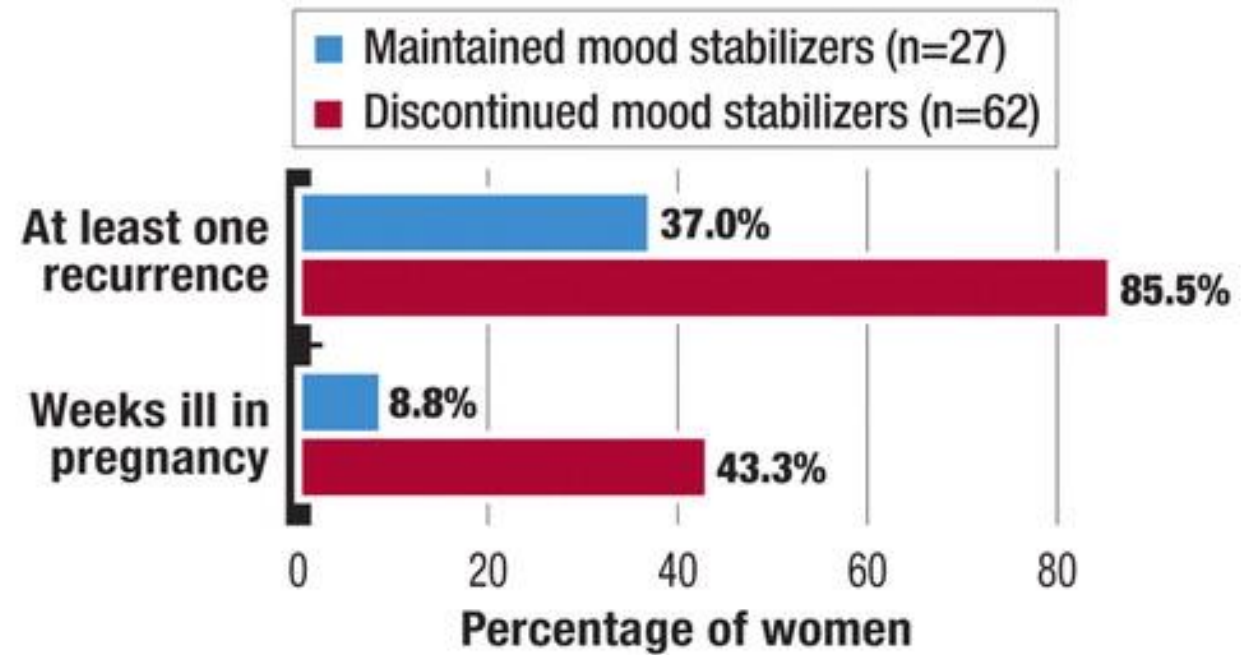
- Cleaning in the middle of the night; spending excessive money.
- Hypomania may improve functioning.
- Mania-functioning is impaired more severe.
- No need for sleep

Challenges with Relapse



Pregnant Women Face Relapse Without Treatment

Women with bipolar disorder who discontinued mood stabilizers from 6 months before conception through the first trimester saw increased risk of recurrent mood episodes during pregnancy and spent more time suffering with the illness than women who maintained drug therapy at least through week 12 after conception.



Adele Viguera, M.D., et al., *American Journal of Psychiatry*, December 2007



Why do you think women may stop taking medication during their pregnancy and in the postpartum period?

Screening



- Recommendations for depression screening but not for Bipolar disorder (often missed)
- ACOG June 2023 guidelines recommends screening for Bipolar disorder
- Mood Disorder Questionnaire (MDQ)
- Comprehensive family history
- Informal screening: Ask, be curious
 - Do you feel like your mind is racing?
 - Do you feel like you do not *need* sleep?

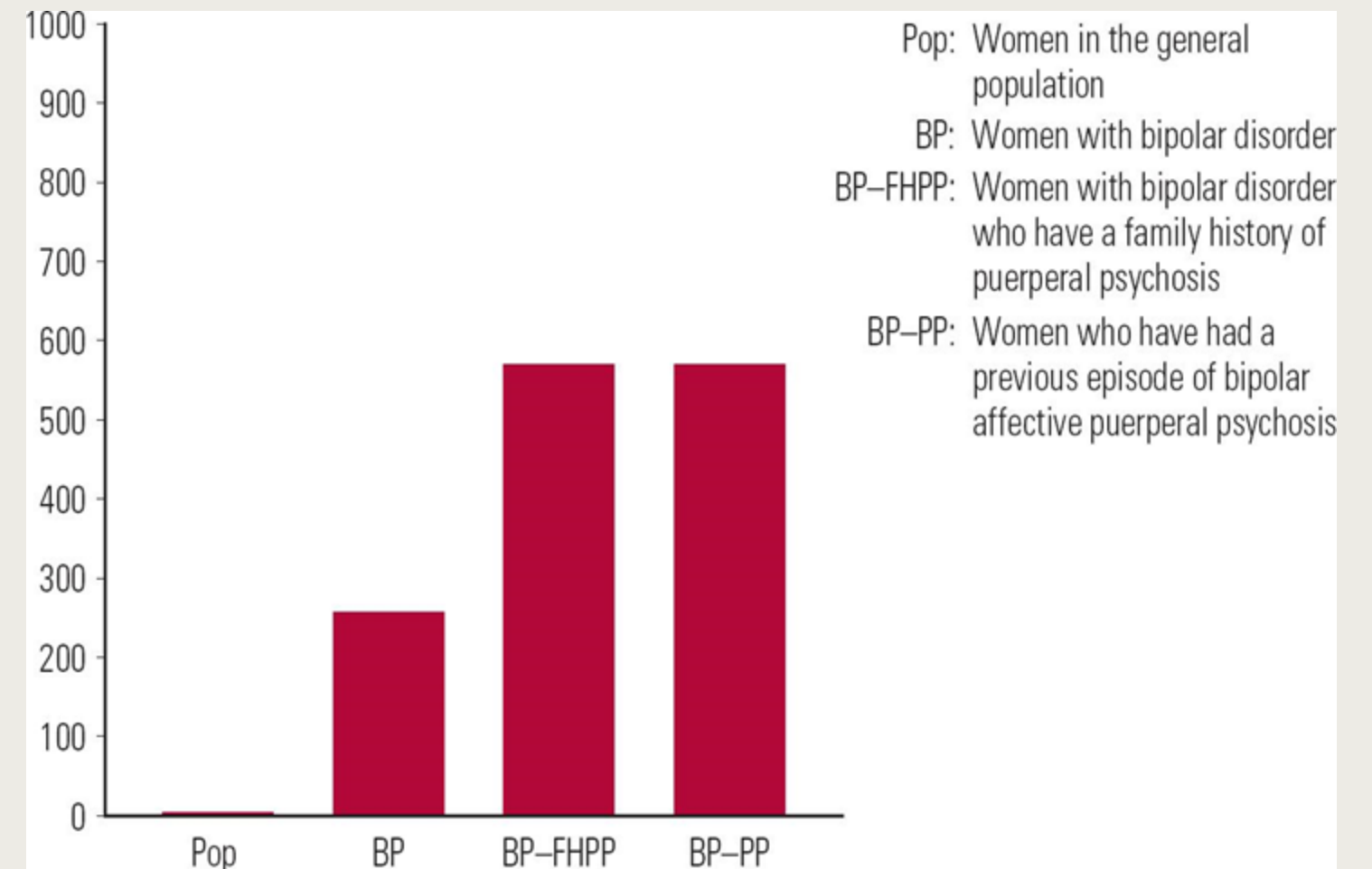




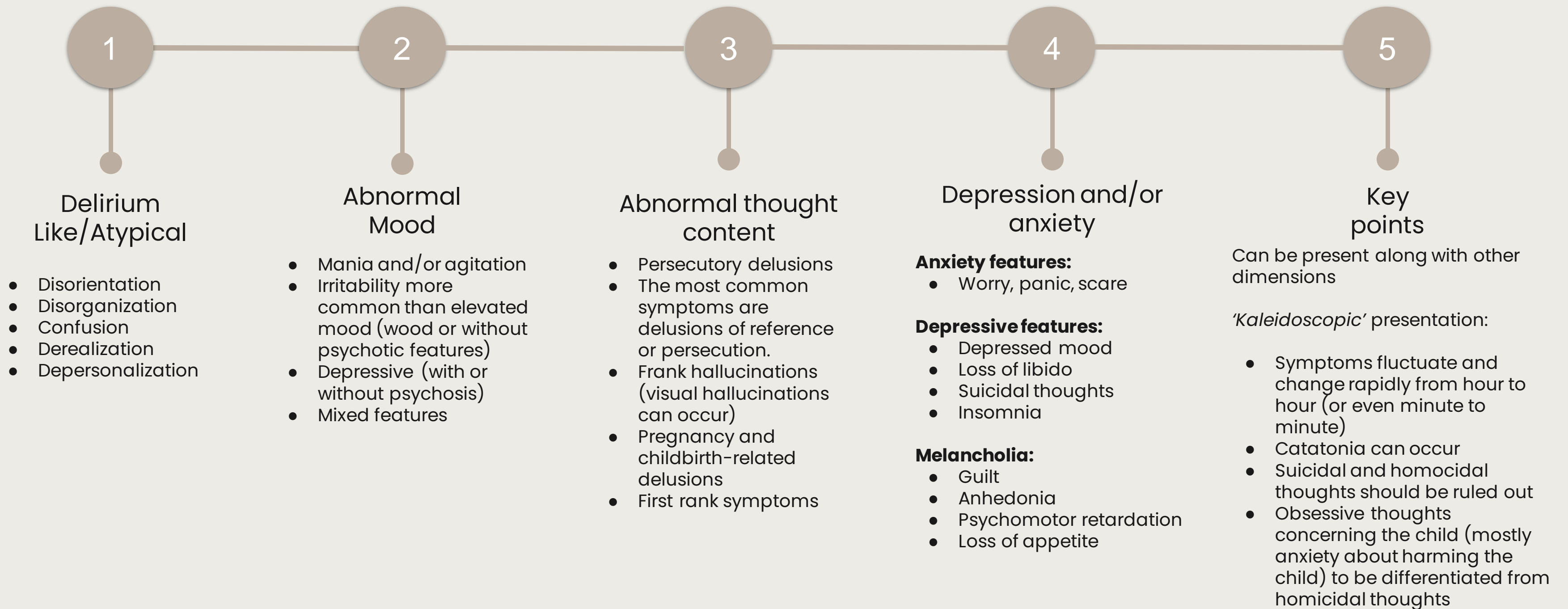
Prevalence



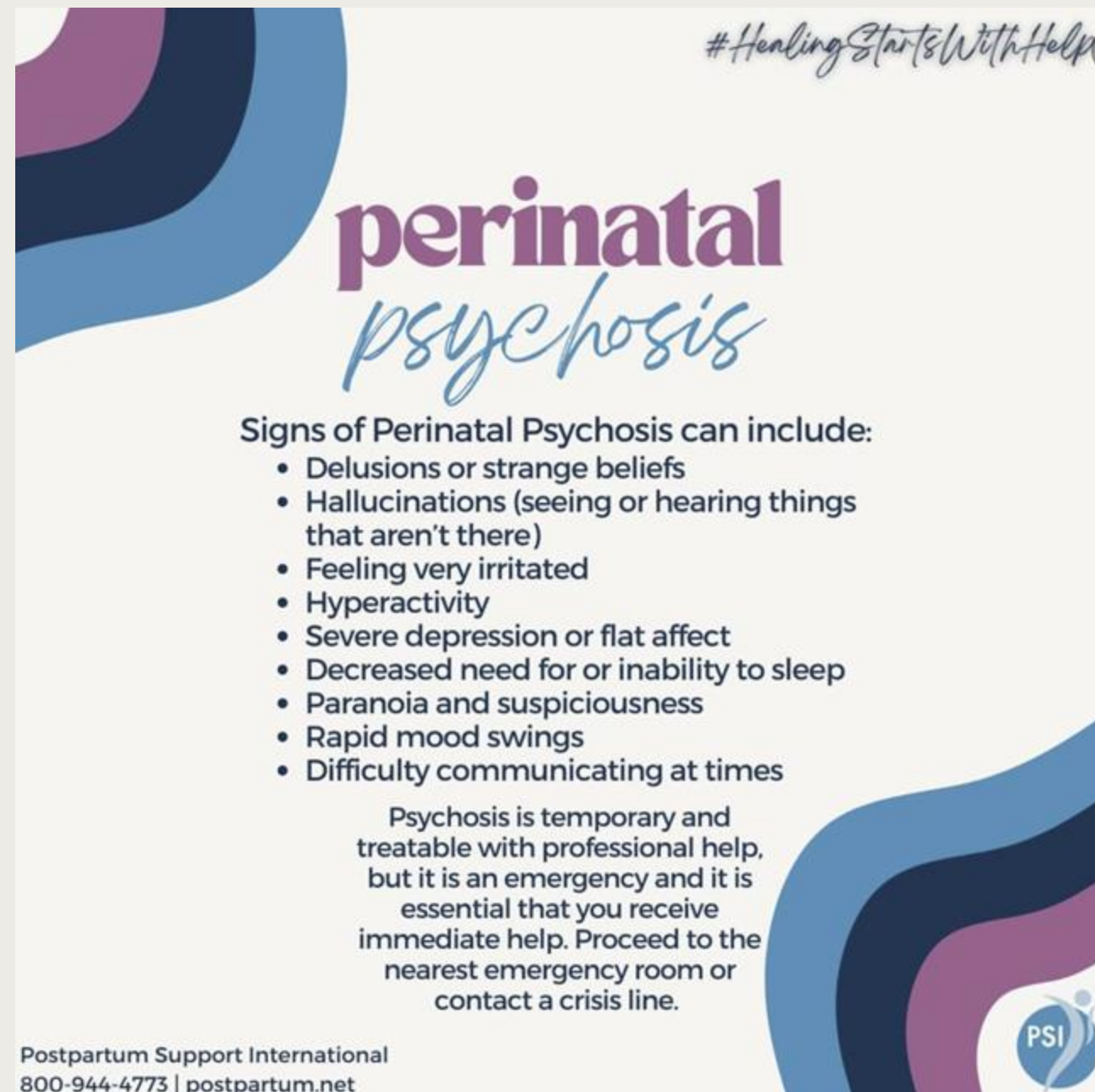
- 1–2 in 1,000 (0.1%)
- Personal history of Bipolar disorder/schizoaffective/schizophrenia = 1 in 4 (25%)
- Personal history of postpartum psychosis = 1 in 2 (50%)
- 43.5% “isolated postpartum psychosis”
- 56.7% experienced lifelong psychiatric conditions



Postpartum Psychosis Symptom Dimensions →



Here is what may be reported to you →



#HealingStartsWithHelp

perinatal psychosis

Signs of Perinatal Psychosis can include:

- Delusions or strange beliefs
- Hallucinations (seeing or hearing things that aren't there)
- Feeling very irritated
- Hyperactivity
- Severe depression or flat affect
- Decreased need for or inability to sleep
- Paranoia and suspiciousness
- Rapid mood swings
- Difficulty communicating at times

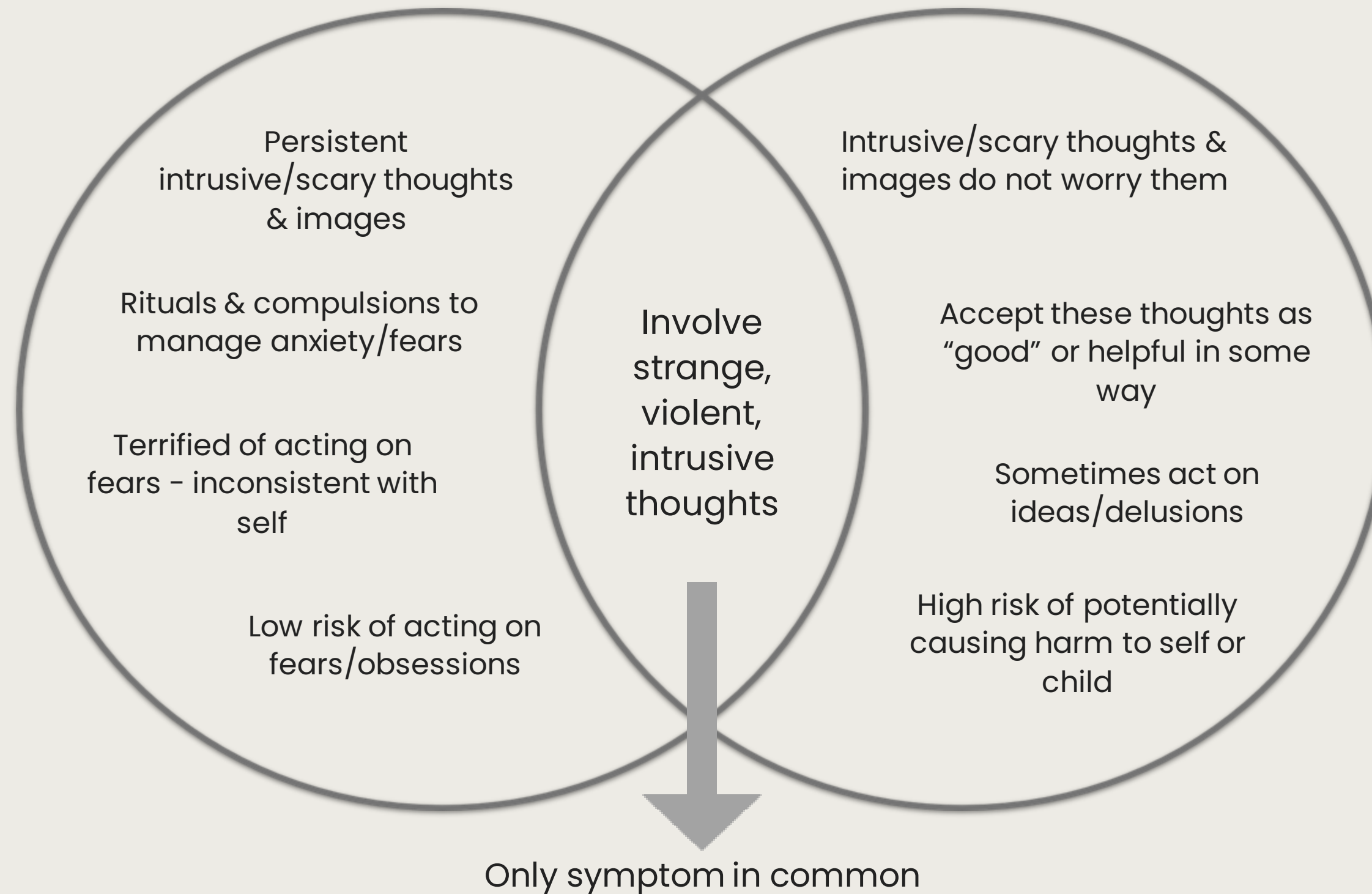
Psychosis is temporary and treatable with professional help, but it is an emergency and it is essential that you receive immediate help. Proceed to the nearest emergency room or contact a crisis line.

Postpartum Support International
800-944-4773 | postpartum.net

PSI

- Symptoms can wax and wane from hour to hour
- Manipulative or lying
- Auditory commands from God
- Feeling like baby is possessed
- Feeling like a robot
- Feeling like she's being watched

Perinatal OCD vs. Psychosis



Lived experience: Lindsay Chancy, 32



- Charged for killing her 3 children in Massachusetts Jan 2023
- Attempted suicide after killing 2 children, and injuring the third who also died, leaving her paraplegic and suffered severe spinal fractures after her jump
- Worked as a labor and delivery nurse
- Previous history of anxiety and depression, treated w/medications & on 24/7 monitoring from hospital
- “ Lindsay Clancy told her husband that she heard a man's voice telling her to kill her children”

Association to suicide



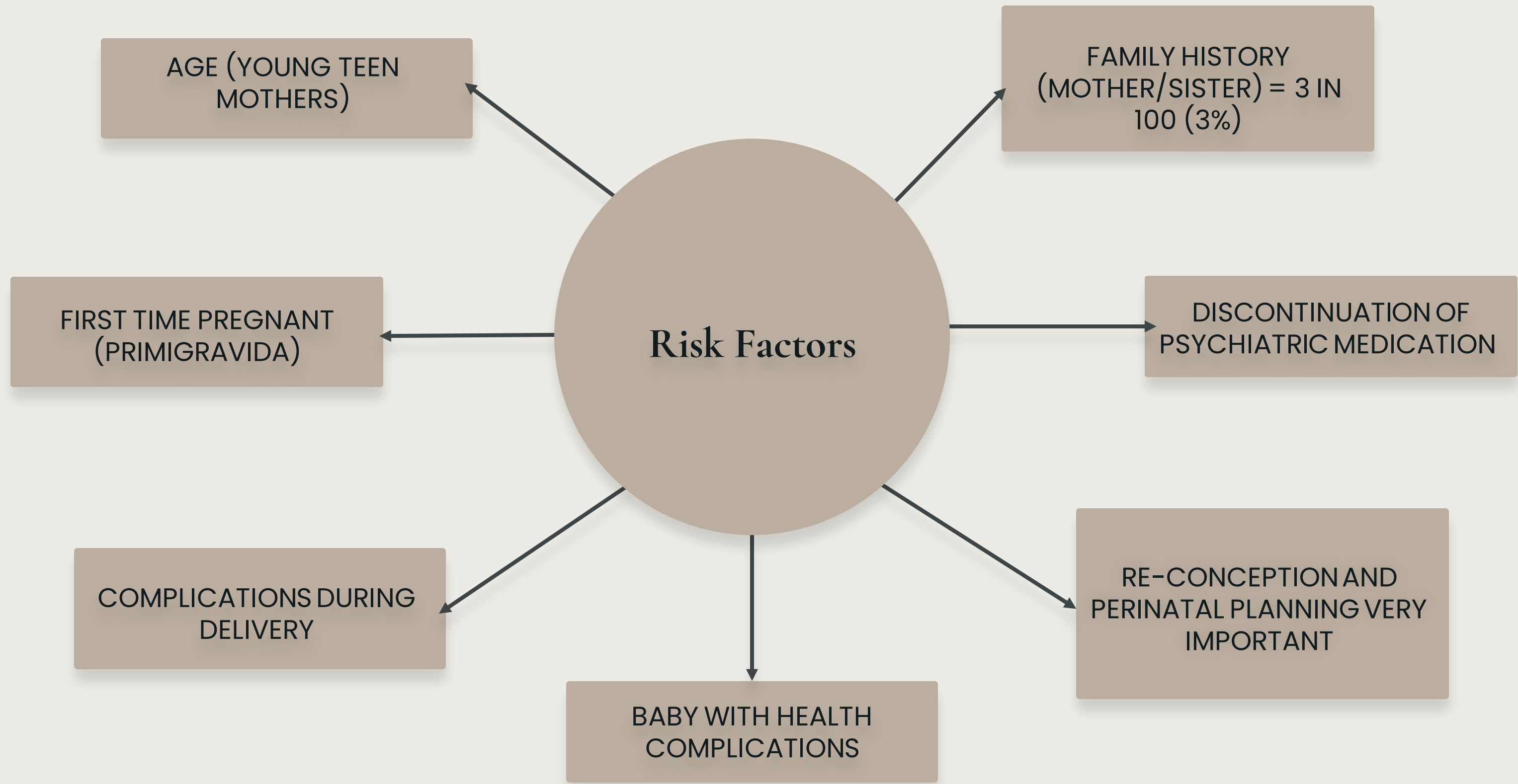
“Postpartum psychosis is associated with an increased risk of both suicide and infanticide. Delusions of altruistic homicide (often in conjunction with maternal suicide) may occur.”

- 5% suicide
- 4% infanticide

Increases when pregnancy is unwanted, intimate partner violence, psychiatric illness and stopping medication abruptly

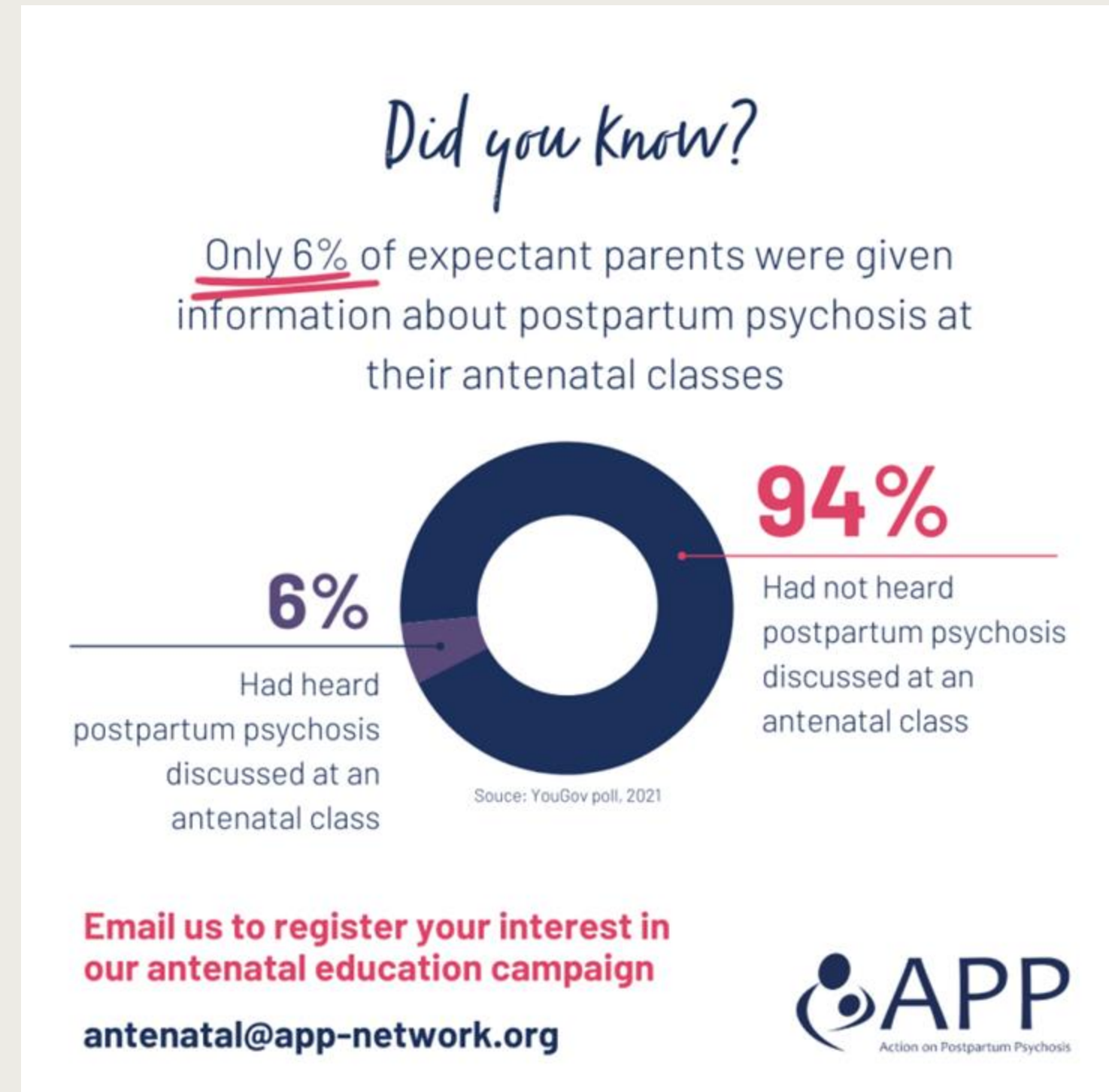
- Determine plan, intent, method
- Importance of having an established protocol
- Safety first





What to do?

- Educate
- Family planning
- Screen for personal and family history
- Medication education
- Perinatal/Reproductive Psychiatry
- Care plan; crisis plan
- MB Units



Treatment



- Complete physical and initial labs
- Once organic causes have been ruled out, medications to control acute psychosis should be started
- Inpatient or PHP
- Medication management
- CBT and family interventions
 - Seeking safety and containment
 - Recognizing and responding to the psychological impact
 - Planning for the future

Mother-baby units are considered **gold** standard psychiatric care →

Intensive Perinatal Inpatient Units (n=0)

- North Carolina: Chapel Hill NC – UNC Perinatal Psych Inpatient Unit
- New York: Northwell Health Perinatal Psychiatry Service
- California: El Camino Inpatient Psychiatric Care Women's Specialty Unit
- Outpatient or Partial Hospitalization programs (27 total) California, Florida, Illinois, Michigan, North Carolina, Ohio, Pennsylvania, Minnesota, Missouri, New Jersey, Nevada, New York, Rhode Island, Washington, Utah (n=7)
- MBUs in the UK (n=17), France, Belgium, Germany, and Australia



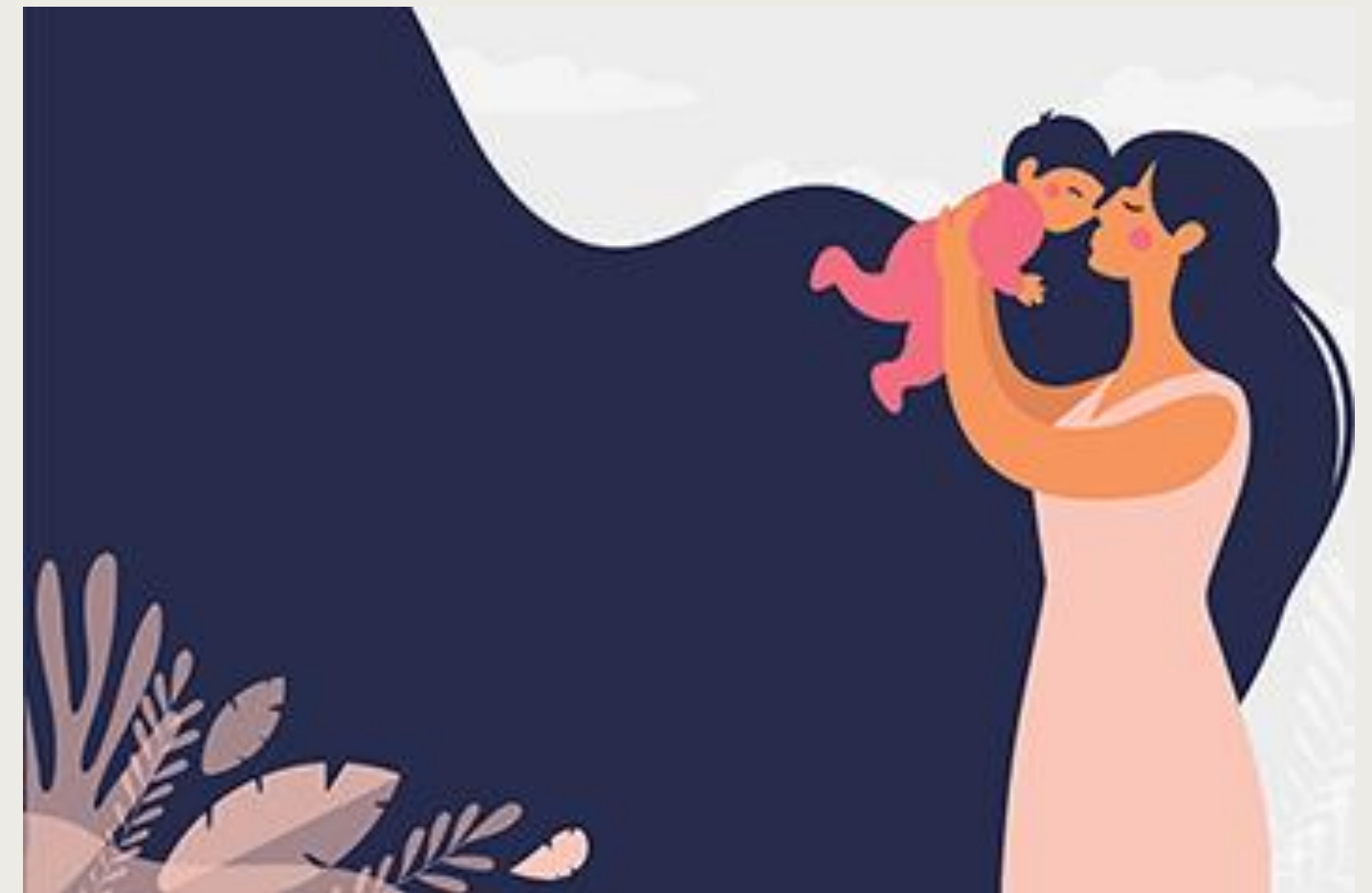


Maternal postpartum psychosis

Recovery



- Early detection improves early recovery
- Symptoms of anger, shame, guilt, fear, stigma may be part of the recovery
- Recovery as ongoing
- Processing traumatic memories or shocking behavior
- Bonding with baby
- Adjusting to taking medication
- Learning to improve confidence






Education, Support & Resources

Resources



- Action on Postpartum Psychosis (UK): app-network.org
- A Review of Postpartum Psychosis (2021): bit.ly/ppp-review
- Massachusetts General Hospital Postpartum Psychosis Project: bit.ly/massgenpppext
- FILM- NOT CAROL is a documentary that examines postpartum psychosis through the prism of Carol Coronado



**New mum
seems strange?
Seek help.**

After childbirth, changes are expected, but some mums need urgent help. Postpartum psychosis (PP) is a severe illness that can occur after birth. If you notice:

- *Confusion or racing thoughts*
- *Feeling unusually elated, frightened or tearful*
- *Unable to or no need for sleep*
- *Beliefs that are unusual or concerning to others*
- *Seeing, hearing or sensing things that others can't*

It could be PP, a treatable medical emergency.

Help make an urgent appointment with their doctor, midwife, health visitor or call 111. If you think there is imminent danger, call 999. With help they will recover.

Seek help today



Postpartum Psychosis Support Services

+ [Specialized Support Coordinators](#)

+ [Online Support Group](#)

More Resources

- [Action on Postpartum Psychosis - Insider Guide Recovery](#)
- [Action on Postpartum Psychosis – Insider Guide for Partners](#)
- [Action on Postpartum Psychosis – Planning Pregnancy Guide for Women at High Risk of PP](#)
- [Postpartum Psychosis Resources: Books, Journalism and Creative Media](#)
- [PSI Bookstore](#) for books, including those on postpartum psychosis for providers, advocates, and families
- [Recognizing Postpartum Psychosis](#), The Postpartum Psychosis Project at Massachusetts General Hospital
- [Action on Postpartum Psychosis](#)
A British network, with resources to share, comprised of women who have experienced an episode of psychosis or bipolar disorder only in relation to childbirth, and also women who have bipolar disorder who suffer an episode of illness after childbirth. This site includes many helpful resources.
- [National Suicide Prevention Lifeline](#)
Call 1-800-273-TALK (8255) and you'll be connected to a skilled, trained counselor at a crisis center in your area, anytime 24/7.

Ask the question; educate



POSTPARTUM PSYCHOSIS

Be informed. Be aware.

To all Moms

What you need to know



- Do you or anyone in your family have a history of bipolar illness or psychosis?
- Do you feel you have to hide what you are feeling or thinking so no one knows?
- Do you feel like a stranger to yourself?
- Do you feel disconnected from loved ones and friends?
- Are people telling you that you are speaking or acting differently than you usually do?
- Do things that make sense to you not make sense to others?
- Do you have a decreased need for sleep or food and/or feel better than you have ever felt in your life?
- Are your thoughts racing making you feel unable to concentrate or make decisions?
- Do you believe you hear things or see things that others do not?
- Are you suspicious of others or worried that others are out to get you in some way?
- Do you feel confused or disoriented?

THE POSTPARTUM STRESS CENTER

POSTPARTUM PSYCHOSIS

Be informed. Be aware.

Everyone

What you need to know

- If you or your loved ones are concerned about any of the above items - it is imperative that you reach out for professional help to immediately assess the situation.
- Postpartum psychosis is a severe mental illness.
- It occurs 1-2 in every 1000 women (0.1%-0.2%) after giving birth.
- PP has an early and rapid onset, typically the first days, or weeks, after having a baby is born.
- Symptoms can change quickly. Symptoms also can ebb and flow, with varying degrees of severity.
- PP is always a psychiatric emergency - Families should go to emergency room or seek help as soon as possible to expedite treatment and reduce risk to mom and baby.
- Prognosis is very good for a full recovery when help is obtained early.



THE POSTPARTUM STRESS CENTER

Postpartum Support International
800-944-4773 | postpartum.net



Online Support Groups

- Free weekly online support groups on numerous topics
- Trained facilitators offer peer (not clinical) support
- "Come as you are" atmosphere - cameras optional
- 90-minutes in length, providing information and resources, with the majority of time spent on open discussion among peers.

#ilovepsi



Free Virtual support groups such as :

- Postpartum Psychosis (PPP) for Moms
- Support for Families Touched by Postpartum Psychosis (PPP)
- Bi-Polar Support groups for Perinatal Moms and Birthing people

Sign up here:

<http://bit.ly/FindSupportGroup>





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[FIND A CHAPTER](#)

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Postpartum Support International

Kansas

PSI-KS

KANSAS

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If you have a patient who is struggling...



Call the Free PSI HelpLine 1-800-944-4773(4PPD) or text 503-894-9453
Someone will return message within 24 hours



Visit <https://psidirectory.com>
Search free online directory of vetted providers and support groups



Prescribers can call PSI Perinatal Psychiatric Consultation Line 1-800-944-4773, ext 4
Medical prescribers (only) can consult with experts

Support



Postpartum Support International
800-944-4773 | postpartum.net 

social media groups

- *PSI Closed Facebook Group:* For support & peer educational purposes, not clinical help.
- *PSI Dads Closed Facebook Group:* For support & peer educational purposes specific for dads, not clinical help.
- *Smart Patients:* An online community outside of regular social media for patients and their families beyond the postpartum period. Survivors are welcome to share stories of recovery and hope. Users can be anonymous.

#HealingStartsWithHelp



MATERNAL MENTAL HEALTH MONTH

POSTPARTUM SUPPORT INTERNATIONAL | 800-944-4773 | POSTPARTUM.NET

Help is just a call or text away

POSTPARTUM SUPPORT INTERNATIONAL
HELPLINE AT 800-944-4773

NATIONAL MATERNAL MENTAL HEALTH
HOTLINE AT 1-833-943-5746

NATIONAL SUICIDE & CRISIS
LIFELINE AT 988

#IHealendwithHelp 

We are all affected by Perinatal Mental Health



We are in this together. Thank you.

Thank you! ...and where to find us:



Elizabeth O'Brien, LPC, PMH-C



/elizabeth-o-brien-



elizabethobrienlpc@gmail.com



eoba-lpc.com



/ElizabethOBrienLPC



Marianela Rodríguez, PhD, PMH-C



/drmarianelarodriguez



mrodriguez.inter@gmail.com



<http://linktr.ee/marianelarodriguez>

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