

# POSTPARTUM PSYCHOSIS

**Postpartum psychosis** describes a sudden onset of psychotic symptoms following childbirth.

- The condition is rare, affecting 0.1-0.2% of people who have given birth.
- There is **not a known cause** for postpartum psychosis, but a personal or family history of postpartum psychosis and/or bipolar disorder may increase risk.



## SYMPTOMS

Postpartum psychosis symptoms typically develop rapidly, most often within the first 2 weeks after giving birth, although it may occur later during the postpartum period.

### Symptoms include:

- Needing less sleep, not wanting to sleep, or severe insomnia (e.g., lack of sleep for several consecutive days)
- Restlessness (e.g., racing thoughts, feeling more talkative)
- Rapid changes in mood
- Feeling suspicious or afraid of people or events
- Delusions (fixed, false beliefs), often concerning one's newborn (e.g., that the baby is being harmed)
- Hallucinations (seeing, hearing, feeling, or smelling things that aren't really there)
- Feeling detached from reality, or like you're in a dream
- Thoughts of harming oneself and/or others (including one's newborn)



**POSTPARTUM PSYCHOSIS SHOULD BE TREATED AS A MEDICAL EMERGENCY.  
URGENT HELP SHOULD BE SOUGHT FROM A HOSPITAL EMERGENCY  
DEPARTMENT OR BY CALLING 911 TO MINIMIZE SAFETY RISKS FOR BOTH THE  
POSTPARTUM PARENT AND THEIR BABY.**



**If you think you may have postpartum psychosis and/or if you are considering harming yourself or others, get help right away:**

- **Go to the nearest emergency room or dial 911**
- **Distress Centre of Greater Toronto** (service available in English, Cantonese, Mandarin, Portuguese, Spanish, Hindi, Punjabi, Urdu): 416-408-4357 or 408-HELP; <http://www.torontodistresscentre.com/>
- **Crisis Services Canada:** 1-833-456-4566 or text 45645; <https://talksuicide.ca/>
- **First Nations and Inuit Hope for Wellness Help Line** (service available in Cree, Ojibway, Inuktitut, English, French): 1-855-242-3310; <https://www.hopeforwellness.ca> (online chat available)
- Find other local resources at **ConnexOntario**

## TREATMENT

While postpartum psychosis is a very serious condition, it is **treatable**.

**Inpatient admission to the hospital is almost always required** to adequately care for the person experiencing postpartum psychosis in a safe environment. Hospitalization may occur in a parent-baby unit, if available and appropriate.

**Treatment plans may include one or more of the following:**

### PSYCHOTHERAPY

Psychological therapies, such as **cognitive-behavioural or interpersonal therapy**, are frequently used for the treatment of postpartum psychosis.

**Individual and/or family therapy** may help the affected parent and/or their family to better understand the condition, learn coping strategies, and address any underlying emotional issues or mental health concerns.

### MEDICATION

**Medication is a primary treatment method for postpartum psychosis.**

Medications may include:

- **mood stabilizers**
- **antidepressants**, and/or
- **antipsychotic** medications

Medications are typically first administered in-hospital. Their effectiveness, as well as any side effects, are closely monitored by a psychiatrist.

### OTHER

**Social and community support:**

Family, friends, and other community resources (e.g., peer support programs) often play an important role in creating a supportive environment throughout treatment.

**Electroconvulsive therapy (ECT):** ECT may be suggested to rapidly reduce symptoms in those who may not be responding to other forms of treatment.



### CAN I BREASTFEED WHILE TAKING MEDICATION FOR POSTPARTUM PSYCHOSIS?

While medications that are used in the treatment for postpartum psychosis may be passed into breast milk, the amount that a medication is transferred into breast milk can vary greatly from person to person.

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#### References

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Bergink V, Burgerhout KM, Koorengevel KM, et al. Treatment of psychosis and mania in the postpartum period. Am J Psychiatry. 2015;172(2):115-23.  
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