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Postpartum Psychosis:

Management

Introduction and Aim

This guideline provides a structured approach as an intervention for women and people in the postpartum period experiencing symptoms of postpartum psychosis (PPP) either in the hospital or community setting.

The purpose of this document is to provide staff with information regarding a multi-disciplinary approach when presented with a postnatal women or person displaying symptoms of PPP and has been developed as a way of standardising care.

Objective

- To support Midwives with recognition and a guided approach to provide safe effective care to postpartum women and people who are presenting symptoms of postpartum psychosis either in the hospital or community setting.

Scope

This policy applies to all healthcare professionals in all locations including those with honorary contracts

Equality Health Impact Assessment	*An Equality Health Impact Assessment (EHIA) has not been completed.*
Documents to read alongside this Procedure	*Lone Worker Guideline,*
Approved by	*Maternity Professional Forum*

Accountable Executive or Clinical Board Director	*Ruth Walker, Executive Nurse Director*
Author(s)	*(Re-draft) Judith Cutter*

Summary of reviews/amendments			
Version Number	**Date of Review Approved**	**Date Published**	**Summary of Amendments**
1	29 SEP 2021	12 JAN 2022	NEW DOCUMENT

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2 Background and Purpose

Childbirth is associated with substantial psychiatric morbidity, pregnancy does not protect against the development or relapse of mental illness. The postnatal period is associated with an increased likelihood of severe mental illness and psychiatric admission (Howard, Molyneaux et al. 2014, Jones, Chandra et al. 2014, Howard and Khalifeh 2020).

Women are more likely to require psychiatric admission in the early postnatal period than at other times in their lives, with and without prior psychiatric illness (Kendell, Chalmers et al. 1987, Langan Martin, McLean et al. 2016, Munk-Olsen, Maegbaek et al. 2016). The likelihood of severe postnatal relapse is higher among women with bipolar disorder with around one in five experiencing postpartum psychosis (Kendell, Chalmers et al. 1987, Jones and Craddock 2005, Munk-Olsen, Maegbaek et al. 2016, Wesseloo, Kamperman et al. 2016).

Childbirth and the transition to motherhood carries an expectation of happiness, but it is also an emotional time with new adjustment to changes in lifestyle and relationships. Significant mental health issues at this time may cause distress and can seriously interfere with this adjustment and the care of the new born baby and older children (Dolman, Jones et al. 2013).

Acute serious perinatal illness usually presents as an emergency and often requires inpatient care (Jones, Chandra et al. 2014, Howard and Khalifeh 2020). Separation of mother and infant at this point is likely to have a significantly adverse impact on the developing relationship between the mother and infant, which may have longstanding effects on both mother and child. Separation causes great maternal distress and interferes with treatment of the mother, as well as preventing opportunities for bonding and continuation of breastfeeding.

Serious perinatal mental health issues are associated with increased risks of obstetric and neonatal morbidity (McAllister-Williams, Baldwin et al. 2017, Howard and Khalifeh 2020, Easter, Sandall et al. 2021). Psychotic illness in pregnancy is associated with severe complications, including an increased risk of placental abruption, postpartum haemorrhage, stillbirth and neonatal deaths (Howard, Goss et al. 2003, Vigod, Kurdyak et al. 2014).

Perinatal mental health issues are therefore a major public concern. They make a significant contribution to both maternal and infant morbidity and mortality, as well as having a potentially long-term adverse impact on children's development.

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3 Recognising Postpartum Psychosis

3.1 Signs and Symptoms of Postpartum Psychosis.

Postpartum psychosis is a serious mental health illness that can affect someone soon after having a baby. It affects around 2 per 1000, NICE (2014), Howard *et al* (2014) and Jones *et al* (2014). It is common to experience mild mood changes following birth which is usually short lived, Postpartum psychosis is very different to these mild mood changes and should be treated as a medical emergency symptoms usually develop suddenly within the first 2 weeks of the postnatal period.

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3.2 Potential Causes/Red flags:

- Underlying mental health issue such as bipolar disorder or schizophrenia
- Family history of mental health illness particularly postpartum psychosis
- Developed postpartum psychosis after previous pregnancy

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3.3 Symptoms can include:

- Hallucinations - hearing, seeing, smelling, or feeling things that are not there.
- Delusions - thoughts or beliefs which are unlikely to come true
- A manic mood - talking I am thinking too much too quickly, feeling ‘high’ or ‘on top of the world
- A low mood - showing signs of depression, being withdrawn or tearful, lack of energy, having a loss of appetite, anxiety, agitation, or trouble sleeping
- Sometimes a mixture of both a manic mood and a low mood or rapidly changing mood.
- Loss of inhibitions
- Feeling suspicious or fearful
- Restlessness.
- Feeling very confused
- Behaving in a way that is out of character

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4 Procedure: Hospital Setting

Suspected symptoms of psychosis in the hospital

- Ensure safety, privacy and dignity of patient and other patients
- Inform Maternity Unit Manager (42686/42679)

Contact on call Pyschiatric Liaision via Switchboard

- Contact Perinatal mental helath team (02921832161) if out of hours leave answerphone message.
- Contact Specialist midwife for perinatal mental health or ELAN team (07817170032)

If patient harms self, another person or absconds contact security via switchboard

- If absconds inform Emergency duty team (02920788570) and police if required
- Complete DATIX when appropriate to do so.

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5 Procedure: Community Setting

Suspected symptoms of Psychosis in the community

- Ensure saftey of yourself and the patient (dial 999 if you, the patient or baby are in immediate danger or symptoms worsening)
- Inform Maternity Unit Manager (42686/42679

Maternity Unit manager or named midwife to contact GP and/or Crisis team

- If out of hours dial 999
- Contact Perinatal mental health team (02921832161) if out of hours leave answerphone message.
- Contact Specialist midwife for perinatal mental health or Elan Team (07817170032)

If women harms herself, another person or absconds dial 999.

- Only remain at the property if it is safe to do so, when the crisis team , GP or emergency services arrive, hand over care, provide the partner and baby with the unit numbers and leave the property.
- Update Maternity Unit Manager or Senior Midwife on call and arrange community midwife visit the following day for baby.

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6 Useful Numbers

Emergency Duty Team (Children and Adult Social Services)	02920788570
Hamadryad Community Mental Health Crisis Team (Cardiff South West)	02920463488
Hamadryad Community Mental Health Crisis Team (Cardiff North)	02921824950
Hamadryad Community Mental Health Crisis Team (Cardiff South and Vale)	02921824930
Maternity Unit Manager	02920742686/42679
Perinatal mental health team	029 21832161
Specialist Midwife perinatal Mental Health	07817170032
UHB safeguarding team	02921832001/32002

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