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## Postpartum Psychosis: Management

### Introduction and Aim

This guideline provides a structured approach for managing 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 woman 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 with 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*

<b>Accountable Executive or Clinical Board Director</b>	<i>Ruth Walker, Executive Nurse Director</i>
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### Disclaimer

**If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).**

Document Title: Postpartum Psychosis	2 of 10	Approval Date: 01 MAY 2026
Reference Number: UHBOBS396		Next Review Date: 01 MAY 2029
Version Number: 1		Date of Publication: 01 MAY 2026
Approved By: Maternity Professional Forum		

<b>Summary of reviews/amendments</b>			
<b>Version Number</b>	<b>Date of Review Approved</b>	<b>Date Published</b>	<b>Summary of Amendments</b>
1	29 SEP 2021	12 JAN 2022	NEW DOCUMENT
2	01 MAY 2026		Addition of risk factors table Addition of section on differential diagnoses

## 1 Table of Contents

### Contents

1	Table of Contents .....	2
2	Background and Purpose .....	3
3	Recognising Postpartum Psychosis .....	4
3.1	Risk factors: .....	4
3.2	Symptoms: .....	5
3.3	Differential diagnoses:.....	6
3.4	Urgent escalation and referral .....	6
4	Procedure: Hospital Setting .....	7
5	Procedure: Community Setting .....	8
6	Useful Numbers.....	9
7	References.....	10

Document Title: Postpartum Psychosis	3 of 10	Approval Date: 01 MAY 2026
Reference Number: UHBOBS396		Next Review Date: 01 MAY 2029
Version Number: 1		Date of Publication: 01 MAY 2026
Approved By: Maternity Professional Forum		

## 2 Background and Purpose

Postpartum psychosis is a severe mental illness that affects around 1-2/1000 in the background population (see Section 3.1 for more specific risk figures). It is characterized by bizarre thoughts and/or behaviour, alterations of consciousness, and mood fluctuation<sup>1</sup>. It most commonly presents as an emergency and usually requires inpatient care<sup>2,3</sup>. A Mother and Baby Unit is the ideal setting for this care where possible.

Postpartum psychosis can progress very quickly and therefore prompt recognition and referral is essential<sup>4</sup>.

Severe postnatal mental illness not only burdens the affected woman but can have a significant impact on the mother-baby relationship and the long term physical and mental health morbidity of the child<sup>5</sup>. 72% of the long-term economic burden of perinatal mental illness is associated with the adverse impact on the child rather than the mother<sup>3</sup>.

[Back to Contents](#)

Document Title: Postpartum Psychosis	4 of 10	Approval Date: 01 MAY 2026
Reference Number: UHBOBS396		Next Review Date: 01 MAY 2029
Version Number: 1		Date of Publication: 01 MAY 2026
Approved By: Maternity Professional Forum		

### 3 Recognising Postpartum Psychosis

#### 3.1 Risk factors: <sup>6</sup>

- Underlying mental health issue, particularly bipolar disorder or schizophrenia
- Family history of mental health illness particularly postpartum psychosis
- Developed postpartum psychosis after previous pregnancy
- Stopped taking psychiatric medications during pregnancy
- A traumatic birth or pregnancy
- Sleep deprivation - the loss of at least one complete night of sleep across labour/delivery was associated with five times the odds of experiencing Postpartum Psychosis<sup>7</sup>

Diagnosis	Other factors	Approximate risk	%
No history of mental illness	No immediate family history of postpartum psychosis	1 in 1000	0.1%
No history of mental illness	Mother or sister had postpartum psychosis	3 in 100	3.0%
Bipolar Disorder type 1 Or Schizoaffective disorder	No immediate family history First pregnancy	1 in 5	20%
Bipolar Disorder type 1 Or Schizoaffective disorder	Mother or sister had postpartum psychosis	1 in 2	50%
Bipolar Disorder type 1 Or Schizoaffective disorder	2 <sup>nd</sup> pregnancy – no postpartum psychosis in 1 <sup>st</sup> pregnancy	1 in 10	10%
Bipolar Disorder type 1 Or Schizoaffective disorder	Previous postpartum psychosis	1 in 2	50%
Previous postpartum psychosis		1 in 2	50%

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Document Title: Postpartum Psychosis	5 of 10	Approval Date: 01 MAY 2026
Reference Number: UHBOBS396		Next Review Date: 01 MAY 2029
Version Number: 1		Date of Publication: 01 MAY 2026
Approved By: Maternity Professional Forum		

### 3.2 Symptoms: <sup>6,9</sup>

Symptoms usually start with the first days to weeks postnatally. Initial symptoms may be non-specific including:

- Poor sleep
- Poor concentration
- Confusion/befuddlement
- Mood fluctuation
- Anxiety

General symptoms include: <sup>1,5,6,8</sup>

- Hallucinations - hearing, seeing, smelling, or feeling things that are not there.
- Delusions – fixed false beliefs out of keeping with the patient’s background
- A manic mood - feeling ‘high’ or ‘on top of the world. Feeling elated and becoming overactive. May have grandiose ideas about themselves.
- 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 fluctuating mood.
- Loss of inhibitions
- Feeling suspicious or fearful
- Feeling restless or agitated.
- Feeling very confused
- Behaving out of character

Document Title: Postpartum Psychosis	6 of 10	Approval Date: 01 MAY 2026
Reference Number: UHBOBS396		Next Review Date: 01 MAY 2029
Version Number: 1		Date of Publication: 01 MAY 2026
Approved By: Maternity Professional Forum		

### 3.3 Differential diagnoses:

Ensure that other medical or pharmacological causes of these symptoms are considered. The include but are not limited to <sup>9</sup>:

	Differential diagnosis	Risk factors
<b>Medical</b>	CVA	Pre-eclampsia, Eclampsia, Hypertension Major haemorrhage, DIC
	Hyponatraemia	Excessive fluid intake Long duration of syntocinon use
	Hypoglycaemia or DKA	Diabetes/GDM
	Uremic encephalopathy	Acute or chronic kidney disease
	Hepatic failure	Hepatitis or liver disease
	Graves' disease	Current or past thyroid disease
	Myxedema	Current or past thyroid disease
	Sepsis	Presence of associated features
	Meningitis/encephalitis	Presence of associated features
	SLE	Personal or family history
<b>Pharmacological</b>	Recreational drugs Illicit substances	History of substance misuse
	Psychotropic drugs Benzodiazapine	Medication recently started Dose recently increased Dose increased in pregnancy
	Corticosteroids Cyclizine	Medication recently started Dose recently increased

### 3.4 Urgent escalation and referral

If you suspect a woman of having postpartum psychosis please ensure that you escalate this to your senior team members and make an urgent referral as per the procedures below.

Assessment by a Mental Health Team should occur *within 4 hours of referral* due to the potential for rapid deterioration.<sup>4</sup>

[Back to Contents](#)

Document Title: Postpartum Psychosis	7 of 10	Approval Date: 01 MAY 2026
Reference Number: UHBOBS396		Next Review Date: 01 MAY 2029
Version Number: 1		Date of Publication: 01 MAY 2026
Approved By: Maternity Professional Forum		

## 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)
- Inform the Consultant Obstetrician On Call

### Make an urgent Psychiatric referral

- Contact the on call Psychiatric Liaison team via switchboard from 0900-1600
- From 1600, please call the On Call Outreach Psychiatrist via switchboard
- Contact Perinatal mental health team (02921832161). If out of hours leave answerphone message.
- Contact Specialist midwife for perinatal mental health or ELAN team (47027)

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

- If absconds inform Emergency duty team (02920788570) and police if required
- Inform the Psychiatric team of this development
- Complete DATIX when appropriate to do so.

Document Title: Postpartum Psychosis	8 of 10	Approval Date: 01 MAY 2026
Reference Number: UHBOBS396		Next Review Date: 01 MAY 2029
Version Number: 1		Date of Publication: 01 MAY 2026
Approved By: Maternity Professional Forum		

## 5 Procedure: Community Setting

**Suspected symptoms of Psychosis in the community**

- Ensure safety of yourself and the patient (dial 999 if you, the patient or baby are in immediate danger or symptoms rapidly worsening)
- Inform Maternity Unit Manager (42686/42679/41555)

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

- **Out of hours:**
  - Call 999
- **In working hours:**
  - If patient is under a mental health team, please inform that team and request an urgent assessment
  - If patient is under the Perinatal mental health team, call them to request an urgent review (02921832161)
  - If they are not under a mental health team, or you do not know if they are, then contact their local Community Mental Health Team and refer as an emergency
  - Contact Specialist midwife for perinatal mental health or Elan Team (45196, ask for ELAN midwife)
  - Inform patient's GP

**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 or emergency services arrive, hand over care, provide the partner and baby with the unit's phone numbers and leave the property.
- Update Maternity Unit Manager or Senior Midwife on call and arrange community midwife visit the following day for baby.

Document Title: Postpartum Psychosis	9 of 10	Approval Date: 01 MAY 2026
Reference Number: UHBOBS396		Next Review Date: 01 MAY 2029
Version Number: 1		Date of Publication: 01 MAY 2026
Approved By: Maternity Professional Forum		

## 6 Useful Numbers

<b>Emergency Duty Team (Children and Adult Social Services)</b>	02920788570
<b>Community Mental Health Crisis Team (Cardiff South West)</b>	02920463488
<b>Community Mental Health Crisis Team (Cardiff North)</b>	02921824950
<b>Community Mental Health Crisis Team (Cardiff South and Vale)</b>	02921824930
<b>Maternity Unit Manager</b>	02920742686/42679 41555
<b>Perinatal mental health team</b>	029 21832161
<b>ELAN midwives</b>	02920745196 (MLU, and ask for ELAN midwife)
<b>UHB safeguarding team</b>	02921832001/32002

[Back to Contents](#)

Document Title: Postpartum Psychosis	10 of 10	Approval Date: 01 MAY 2026
Reference Number: UHBOBS396		Next Review Date: 01 MAY 2029
Version Number: 1		Date of Publication: 01 MAY 2026
Approved By: Maternity Professional Forum		

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[Back to Contents](#)