

Postpartum psychosis: Mothers still aren't getting the support they need

24 July 2019, by Marisa Casanova Dias



Symptoms of postpartum psychosis are severe but most mothers do go on to make a full recovery. Credit: [Dragana Gordic/Shutterstock](#)

If you look on social media, you'll see plenty of mothers showing how "perfect" their lives are with their babies and children. But smiles and cuddles don't always show the whole truth. While most of us know that having a baby comes with physical consequences for the mother, not all are aware that it can impact a woman's mental health too, and, in rare cases, can lead to severe episodes of illness known as [postpartum psychosis](#).

Postpartum psychosis is rarely talked about. When it [appears in the news](#) it is usually because it was not spotted in time or because, on rare and tragic occasions, a new mother has committed suicide or harmed their baby. It isn't very often that mothers [speak out](#) about [their experiences](#).

But, despite this lack of coverage, it is more common than you might think. This severe episode of mental illness affects [one to two mothers in every 1,000 births](#). It has a clear onset, days or weeks after childbirth. Symptoms during an episode [are acute](#), and can change rapidly, within

days or even hours. They may include high or low mood, confusion, abnormal beliefs, and hearing or seeing things that are not there. They are [very different](#) from the "baby blues" or [postpartum depression](#).

Causes and circumstances

Research has shown that in [around 50% of cases](#) where [postpartum psychosis](#) happens the mother has an established history of severe mental illness. But women with no previous psychiatric history can experience [postpartum](#) psychosis too. Women with bipolar disorder are at a particularly high risk—around one in five go on to experience an episode of psychosis following childbirth. For these women, being pregnant for the first time, or reporting sleep loss as a usual trigger of manic episodes, is associated with having postpartum psychosis. In other cases, childbirth can trigger further bipolar episodes.

In a [recent BBC documentary](#) hosted by Louis Theroux, the "perfect storm" of events and circumstances that can lead to postpartum psychosis was mentioned—with hormones, breastfeeding, sleep changes, obstetric complications, previous history and genetics and adapting to new circumstances among them.

The mechanisms underlying *why* women experience postpartum psychosis are complex, however. And while we know about some of the links with other mental illnesses, we don't yet understand the full range of other biological factors, nor how genetics and environmental factors can affect or cause women to experience it.

Unfortunately this also means that we don't yet know much about how to predict who is going to have an episode either, and, more importantly, how can we prevent it. So far it is just history of bipolar disorder or postpartum psychosis that is the most established associated factor and so is used in

clinics to identify those at higher risk.

Lack of support

Becoming unwell after having a baby can have a huge impact on the lives of women and their families, disrupting the relationship with the new child. As it is an emergency, women experiencing it will need to be admitted to hospital in the initial stages, ideally with their [babies](#). An episode of postpartum psychosis can last from weeks to months, but despite its severity, with the right treatment, most women recover – [sometimes within weeks](#) – and go on to develop excellent relationships with their children.

But in the UK, specialist help is sparse. While funding was announced in 2017 to increase the [number of mother and baby units](#) able to help women with postpartum psychosis [from 15 to 19 in England](#), there are still only two units in Scotland, and [none in Wales](#) or Northern Ireland. What specialist units there are only have a limited number of beds available. This means there are still women in the UK facing the difficult decision of having to travel hours from their homes for the treatment they need, or being admitted [to a general psychiatry ward](#) and being separated from their baby. Specialist community services are also lacking across the country.

The Maternal Mental Health Alliance is [pressing for this issue](#) to be addressed through the [Everyone's Business campaign](#), which calls for all women to have access to the care they and their families need, wherever and whenever they need it. Meanwhile researchers like myself are [working to better understand the causes](#) of postpartum psychosis and mood disorders such as bipolar disorder in pregnancy. To achieve this goal, we currently need [women](#) who have experienced postpartum psychosis and/or have [bipolar disorder](#)—especially those who are currently pregnant—to [take part in our studies](#). By continuing our research we hope that we can develop better ways of predicting postpartum psychosis and improve treatment for [mothers](#) affected by it and other mental illnesses.

If you think you, a family member or friend are

experiencing postpartum psychosis or any other maternal mental health issue, please contact a GP urgently or go to A&E. More advice and support is also available from [Action on Postpartum Psychosis](#), [Bipolar UK](#), [Association for Postnatal Illness](#), and the [National Centre for Mental Health](#).

More information: In the U.K., [Samaritans](#) can be contacted on 116 123 or by email—jo@samaritans.org. Other similar international helplines can be found [here](#).

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