

The background features a teal-to-blue gradient with several circular patterns. A prominent scale on the left side ranges from 140 to 260 in increments of 10. Other circles contain dashed lines and arrows, suggesting a technical or scientific theme.

# PERINATAL PSYCHOSIS

DIANE GOEDDE APRN

BILLINGS CLINIC

MOMS ECHO

# PERINATAL PSYCHOSIS

- Definitions
- Symptoms
- Treatment

# PSYCHOSIS

- Presence of one or more of the following symptoms:
  - Hallucinations
  - Delusions
  - Disorganized speech
  - Disorganized behaviors

# PERINATAL PSYCHOSIS

- Risk Factors:
- Discontinuation of mood stabilizer
- Obstetric complications
- Perinatal or neonatal loss
- Previous Bipolar episodes, psychosis or postpartum psychosis
- Family history of bipolar disorder or postpartum psychosis
- Sleep deprivation

# PERINATAL PSYCHOSIS

- 1-2 in 1000 women develop
  - 74% of mothers with bipolar disorder & first-degree relative with hx of PP
  - 30% of mothers with bipolar disorder without family hx of PP
  - 5% complete suicide
  - 4.5% commit infanticide (Brockington,2017)

# PERINATAL PSYCHOSIS

- Onset
  - Usually within 2 weeks postpartum
- Cognition
  - Decreased concentration, Impaired sensorium, Disorientation
- Mood
  - Elated, Labile, Dysphoric, Depressed (less often)
- Behavioral
  - Agitated, Hyperactive, Emotionally distant, Aloof, Lack of self-care

- Sit et al, 2006; Monzon et al 2014

# PERINATAL PSYCHOSIS

- Speech
  - Rambling
- Thought Content
  - Thought broadcasting
  - Ideas of reference
  - Infant being harmed/killed
  - Persecutory, jealousy, paranoia
  - Delusions of grandiosity
- Perceptions
  - Hallucinations

# PERINATAL PSYCHOSIS

- Evaluation
  - History
  - Physical exam
  - Labs
    - CBC, electrolytes, BUN, creatinine, glucose, B12, TFT, Ca
    - Urinalysis
    - Urine drug screen
    - Urine culture (fever)
  - Neuroassessment
    - Head CT
    - MRI



# PERINATAL PSYCHOSIS

- Screening
  - Inform family of symptoms to recognize
    - Mood swings
    - Confusion
    - Strange beliefs
    - Hallucinations
  - Tools
    - Edinburgh Postnatal Depression Scale (EPDS)
    - Mood Disorder Questionnaire (MDQ)
- **Red Flags: confusion, threats of harm to self/others, difficulty caring for children, poor self-care**

# PERINATAL PSYCHOSIS

- Reducing Risk
  - Staying on medications
    - Bipolar disorder
      - 22.7% during pregnancy
      - 51.5% postpartum
  - Initiate treatment immediately postpartum for women with hx PP
  - **Protecting good sleep is essential**

# PERINATAL PSYCHOSIS

- Treatment Decisions
  - Encourage and maximize non-pharmacologic approaches
  - Keep it simple
  - **Don't change what's working**

# PERINATAL PSYCHOSIS

- Discuss risks vs benefits
- If patient becomes pregnant while on medication, rarely advisable to change medication
- Dose to remission
  - Doses may need to change throughout pregnancy

# PERINATAL PSYCHOSIS

- Which medication to choose?
  - What has worked in the past?
  - What is working now?
  - If no medication history
    - Any family members on medication?
    - Well studied medication
    - Favorable perinatal safety profile

# PERINATAL PSYCHOSIS

- Treatment options
  - Mood stabilizers in pregnancy and breastfeeding
    - Lamotrigine (Lamictal): dose range 25 to 200mg
    - Carbamazepine (Tegretol): dose range 800 to 1200mg in divided doses
    - Valproate (Depakote): dose range 250 to 500mg tid (60mg/kg/day)
  - Lithium: dose range 300 to 1800mg in divided doses

# PERINATAL PSYCHOSIS

- Atypical Antipsychotics
  - Aripiprazole (Abilify)- dose range 5-30mg
  - Lurasidone (Latuda)- dose range 20 to 160mg
  - Olanzapine (Zyprexa)-dose range 5-20mg
  - Quetiapine (Seroquel)- dose range 25mg to 100+
  - Ziprasidone (Geodon)- dose range 40 to 80mg bid
  - Risperidone (Risperdal)- dose range 0.5 to 3mg
- Electroconvulsive Therapy (ECT)

# PERINATAL PSYCHOSIS

- Recurrence Risk
  - 29% in women with hx PP after subsequent pregnancy (Gilden, et al 2020)
  - Limited information on longitudinal course of the disease after first onset PP (Gilden et al 2020)
  - 43.5% of women with PP did not have episodes outside of the perinatal period during mean follow up period of 16 years (Gilden et al 2020)



# RESOURCES

- Infant Risk Center: [www.infantrisk.com](http://www.infantrisk.com)
- Ammon-Pinizzoto Center for Women's Health at Massachusetts General Hospital: [www.womensmentalhealth.org](http://www.womensmentalhealth.org)
- LactMed Drugs and Lactation Database: [www.ncbi.nlm.nih.gov/books/NBK501922](http://www.ncbi.nlm.nih.gov/books/NBK501922)
- Toxicology Data Network (TOXNET): [www.nlm.nih.gov/toxnet/index.html](http://www.nlm.nih.gov/toxnet/index.html)
- PSI Perinatal Psychiatric Consult Service: 877-499-4773

# RESOURCES

- PSI Profession FB Groups
  - Maternal Mental Health Professionals
  - Perinatal Mental Health Professionals
- Maternal Mental Health Now: [www.maternalmentalhealthnow.org](http://www.maternalmentalhealthnow.org)
- The Margaret L. Shaw Institute for Perinatal Mental Health: [www.mlshawinstitute.org](http://www.mlshawinstitute.org)