



Postpartum Psychosis

The bolt from the blue

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What is Postpartum Psychosis?

- Severe mental illness with a dramatic onset shortly after childbirth
- Prodromal symptoms: insomnia, mood fluctuation and irritability
- Evidence of psychosis with delusions and hallucinations
- Commonly takes the form of mania, severe depression, or mixed picture of both high and low mood.
- Marked confusion or perplexity, delirium like appearance, disorientation, derealisation, depersonalisation.
- Disorganised, unusual behaviour
- Obsessive thoughts regarding the new born.



Management of postpartum psychosis

- ✓ Psychiatric emergency: Inpatient care.
- ✓ Rule out primary cerebral and systemic disease before IP care.
- ✓ RISK assessment
- ✓ Joint admission of Mother Baby Dyad. (Mental Health Care Act 2017)
 - Satisfaction with care
 - Reduced time to recovery
- ✓ Pharmacotherapy
 - Antipsychotics
 - Antidepressants
 - Mood stabilisers
- ✓ Electro Convulsive Therapy (ECT)
- ✓ Benzodiazepines



How safe is breastfeeding when on psychotropics?

- Among SSRIs, Sertraline and Paroxetine are the safest
- Clozapine is contraindicated
- Lithium- Infant serum levels can reach upto 50% of the maternal value and cases of lithium intoxication have been reported.
- Benzodiazepines to be used with caution
- Lamotrigine tends to pass in high concentration into breast milk and caution is advised
- Carbamazepine is also found in breast milk at significant levels but Valproate less so



Any specific precautions?

- Little evidence to support the discarding of breast milk or timing of breastfeeding in relation to time of maternal drug administration
- Monitoring the infant for adverse effects such as (but not limited to) over sedation and poor feeding.
- Great caution should be exercised for breastfed premature or sick infants, and where the mother is taking more than one drug.
 - British Association of Psychopharmacology 2017