Important clinical features of Postpartum Psychosis

1. Usually occurs in the first two weeks following delivery
2. Perplexity, aggression, agitation, emotional lability, hallucinations and a fluctuating clinical picture.
3. Often a manifestation of bipolar disorder
4. Organic psychosis due to thyroid disorders, CVT, delirium needs to be ruled out
5. Suicidal ideas and attempts in nearly 25%
6. Infant related delusions and hallucinations are common and may contribute to infant harm

Management

Postpartum Psychosis is a psychiatric emergency
Immediate management includes assessment of risk to self (suicidality) and risk to Infant.

Start with T. Olanzapine 10 mg HS or T. Risperidone 2 mg increasing to 6 mg gradually

If the woman is aggressive or very agitated, she will need parenteral antipsychotics. Inj Haloperidol 10 mg with Inj Lorazepam 2 mg IM.

If she is suicidal or acute symptoms do not come down with antipsychotics may need Electroconvulsive therapy.

Most patients need inpatient care in a specialised mother baby psychiatry unit

Mother infant bond to be restituted when risk decreases

Most psychotropics are safe in lactation except Clozapine and Lithium

The condition has a good prognosis

Recurrence in the next postpartum period is usually 30-40%,so a good past history is important and prophylaxis can prevent a subsequent episode

Do

Consider it an emergency

Get a psychiatric consult immediately

Check for past history in the antenatal period and use prophylaxis to prevent recurrence

Rule out other medical causes including CVT and Delirium and consider brain imaging where needed

Consider Thyroid disorders and autoimmune conditions as risk factors