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POSTPARTUM PSYCHOSIS SYMPTOMS AND TREATMENTS

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Postpartum Psychosis Symptoms and Treatments

The birth of a child is a major emotional, physical, and social stressor in a mother's life. Not to mention the following hours, days, and weeks after the child's birth. Most women will experience mental disturbances like mild depression and mood swings, with a handful suffering from Post-Traumatic Stress Disorder (PTSD) or even a full-blown psychosis. The changes made in the maternal thought process and behavior are caused by bio-psycho-

social factors. But out of all, postpartum psychosis is the severest form of mental illness with no clear causes or enough research being conducted to spread the awareness that it deserves.

History of Postpartum Psychosis

Postpartum psychosis has been recorded since ancient times. Hippocrates described the first case of what we now call postpartum psychosis in 400 BC. He reported the symptoms as confusion, delusions, and insomnia in his patient, who had given birth to twins. Centuries later, a medieval gynecologist theorized that the cause of the disorder was excessive moisture within the womb, causing the brain to fill with water. During the late 18th century, French and German neurologists and obstetricians began to examine this illness in depth. In 1858, Louis Victor Marcé, a French psychiatrist, published “Treatise on the Madness of Women who are Pregnant, Recently Delivered, or Nursing.” He recognized symptoms in postpartum mothers

and suggested putting leeches on the vulva. Marcé theorized the endocrine and immune systems are factors in postpartum mental illness.

Postpartum Psychosis Challenge

While postpartum psychosis is known to be life-threatening, it is the least understood perinatal and postnatal psychiatric disorder. Postpartum psychosis is a *psychiatric emergency* as it affects one to two per 1,000 women after giving birth and requires immediate hospitalization. According to the Cleveland Clinic, experts estimate that in the United States, postpartum psychosis occurs in 320 and 9,400 births annually (Cleveland Clinic, 2022). Globally, postpartum psychosis occurs in 12 million to 32.3 million births (Cleveland Clinic, 2022). However, postpartum psychosis is overlooked by psychiatrists and obstetricians due to a lack of knowledge of how to identify it and how to treat it causing severe consequences.

Symptoms of Postpartum Psychosis

Symptoms of postpartum psychosis can appear hours, days, or something weeks after giving birth. Two major main symptoms are losing a sense of reality and how the mother comprehends the world around them. Other symptoms include strange beliefs or delusions, hallucinations, irritation, annoyance, hyperactivity, severe depression or flat affect, decreased need for sleep, suspicion, paranoia, severe and rapid mood swings, and difficulty communicating. Hallucinations are common with postpartum psychosis; according to the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition*, also known as the DSM 5, "hallucinations are perception-like experiences that occur without an external stimulus. They are vivid, clear, with the full force and impact of normal perceptions, and not under voluntary control"(American Psychiatric Association, 2013). Researchers organize the symptoms of postpartum psychosis into three subtypes: depressive, manic, and atypical/mixed.

Type One: Depressive

The first subtype, depressive, is the most common subtype of postpartum psychosis as it makes up 41% of cases. It is the most dangerous subtype, as depression and psychosis are always involved in cases of self-harm or harm to an infant. According to the Cleveland Clinic, harming an infant is involved in 4.5% of cases, with 5% dying by suicide (Cleveland Clinic, 2022). Overall symptoms of the depressive subtype are hallucinations, delusions, anxiety, panic, depression, feelings of guilt, loss of appetite, loss of enjoyment of things that normally bring joy (anhedonia), thoughts of self-harm, suicide, or harming the child.

Type Two: Manic

Manic affects about 34% of cases. The risk of self-harm or harm to the child in manic cases significantly drops to 1%. Symptoms that appear for the manic subtype are delusions of greatness or importance (revering the child as

a religious or holy figure, for example), requiring less sleep, rapid speech, aggressive and disruptive behavior, irritation, and agitation.

Type Three: Atypical/Mixed

The third subtype, atypical or mixed, makes up around 25% of cases. This subtype has a mix of symptoms from the depressive and manic subtypes. The major symptoms of the atypical subtype are significantly less self-awareness of their surroundings or a complete lack of awareness of the world around them. Other symptoms of the atypical or mixed subtype are disorganized behavior and speech, confusion, disorientation, consciousness disturbance, hallucinations, delusions, inappropriate behavior and comments, emotional displays, catatonia, and complete silence.

Diagnosing Postpartum Psychosis

First, a mental health provider diagnoses the condition based on symptoms through observation or

questionnaires and a neurological and physical exam. Other exams may be done, such as blood and urine tests. Imaging scans may be taken as these can examine the changes within the brain that could explain the symptoms of the patient. The most common imaging scans performed for postpartum psychosis are a computerized tomography (CT) scan and a magnetic resonance imaging (MRI) scan. However, these tests do not diagnose postpartum psychosis but serve as a tool to cancel out the other possible conditions or the hidden causes of postpartum psychosis.

Causes and Risk Factors

According to experts, there is not one clear cause of postpartum psychosis but rather a combination of components: history of mental health conditions, number of pregnancies, family history of postpartum psychosis or mental health conditions, hormone changes, pre-eclampsia, sleep disturbance, immune dysregulation (Osborne, 2015). Studies show that around one-third of mothers with

postpartum psychosis have a history of previously diagnosed mental health circumstances like bipolar disorder, major depressive disorder (MDD), and schizophrenia, which increases the risk. According to the National Library of Medicine, around 20 to 30% of women experiencing postpartum psychosis have a history of experiencing bipolar disorder. A recent study indicated that 33% of women presented experiencing postpartum psychosis had a prior psychiatric history (Osborne, 2015).

Researchers also suspect other factors that may cause postpartum psychosis. For example, people struggling with postpartum psychosis often have a family member with a history of postpartum psychosis or a related mental health concern. As well, certain hormones like estrogen and prolactin play a major role in postpartum psychosis. Experts also suspect that not sleeping or having sleep deprivation can play a major role in postpartum psychosis.

Pre-eclampsia (PE) and immune dysregulation are also components that may cause postpartum psychosis. Pre-eclampsia is a disorder that occurs during pregnancy regarding high blood pressure and damage to major organs. The risk factors and clinical features for both pre-eclampsia and postpartum psychosis overlap. A recent study found a strong relationship between pre-eclampsia and the beginning of postpartum psychiatric episodes. However, further research on pre-eclampsia and postpartum psychosis is needed.

Lastly, there has been recent evidence about immune system dysregulation as a potential biological origin of postpartum psychosis. Bergink and other researchers have studied many components of immune dysfunction associated with postpartum psychosis and found key findings such as increased autoimmune thyroiditis, which was found in 19% of postpartum psychosis subjects, abnormal elevation of T cells, an altered

monocyte to non-monocyte ratio, and the notable up-regulation of immune-related genes within individuals with postpartum psychosis.

Treatments and Interventions

Fortunately, postpartum psychosis is treatable with multiple approaches. However, due to the rareness of postpartum psychosis, there is a restricted amount of available research on how to treat it. But before treatment, inpatient mental healthcare at a hospital is necessary as postpartum psychosis is a mental health emergency. Because an individual with postpartum psychosis is unaware of their surrounding and their sense of reality is disturbed, many are unaware that they have a mental concern or issue. Therefore, hospitalization is almost always involuntary; it is rare that a patient volunteers to receive care. Instead, a close relative or family member usually initiates hospitalization when the mother shows signs of harm to themselves or their child.

Medications like mood stabilizers, lithium, antiseizure drugs, antipsychotic medications, and electroconvulsive (ECT) therapy are available treatments for postpartum psychosis. Electroconvulsive (ECT) therapy is an effective and safe approach to treat postpartum psychosis. ECT delivers a mild electrical current to the brain to induce a mild seizure. The outcome of the seizure can cause changes within the brain activity that reduce or resolve the effects of postpartum psychosis.

Conclusion

"No, she'll never do that. That's her child. No mother could do that to her child." is often what most people might say when their loved ones are diagnosed with postpartum psychosis. However, postpartum psychosis is a complex and severe mental illness that comes from many risk factors that are also understudied, resulting in no clear causes. Awareness regarding postpartum psychosis needs

to be spread to prevent another family from struggling and to prevent another family from the worst-case scenario.

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