

POSTPARTUM PSYCHOSIS EMERGENCY ROOM GUIDELINES

You cannot afford to miss this diagnosis

Postpartum psychosis occurs in approximately 1-2 out of every 1,000 deliveries. The clinical onset is rapid, with symptoms occurring as early as the first 48 to 72 hours postpartum, although the majority of episodes develop **within the first 2 weeks after delivery**. Postpartum psychosis is always a psychiatric emergency.

Women with postpartum psychosis may not present with typical psychotic symptoms since despite the psychosis, many women retain a preoccupation with and concern for returning to care of their babies. In fact, some convincingly try to refute any diagnosis that will keep them from their baby.

If they are in the emergency room, it is likely that they are experiencing either 1) acute/severe anxiety symptoms and/or 2) psychotic symptoms. Differentiating between the two is crucial.

THEREFORE

The following questions should be asked of **every single postpartum woman** who comes to the emergency room. The assessment should include information from family members who may be in a better position to be objective. In addition, family members who accompany a mother to the ER should be asked directly and **specifically** about behaviors they find concerning.

Ask her and those who are with her, the following questions:

- ✓ Does she or anyone in her family have a history of **bipolar** illness or previous psychosis?
- ✓ Is she talking or acting in a **strange manner** that is not characteristic for her?
- ✓ Is she unusually quiet and **withdrawn**, or speaking **rapidly** with difficulty focusing or concentrating?
- ✓ Does she claim to **hear things** or see things that others do not?
- ✓ Is she **suspicious** of others or expressing concern that others are out to get her or trying to disturb things in some way?
- ✓ Does she have a **decreased need for sleep** or food or exhibit a high degree of confidence or an exaggerated sense of her capabilities or self-worth?
- ✓ Does she feel/appear abnormally hyperactive with **racing thoughts** and/or behaviors?

IMPORTANT POINTS TO KEEP IN MIND

New mothers may be frightened and overwhelmed. HOW the questions are asked is as important as what the questions are. "I know this may be overwhelming right now, but sometimes we see mothers here who tell they are hearing unusual voices in their head or others are telling them that they aren't making sense. Are you experiencing anything like this?"

There is a 5% infanticide or suicide rate associated with postpartum psychosis.

During the psychotic state, a delusion may take many forms and may not necessarily be destructive. **However**, there is **always** a great risk of danger because delusional and irrational thinking will impair her judgment and ability to care for herself and her baby.

You cannot assume that if she looks good, she is fine. Postpartum women are exceptionally good at holding it together and saying all the right things, in order to maintain control and put forth this illusion that they are fine. The key for early intervention is to keep the possibility of psychosis in mind when evaluating **any woman who has recently given birth**.