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Your link to psychiatric consultation, support, and resources

Case Presentation – Postpartum Psychosis

Ariadna Forray, MD

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Case: Background

- Jane is a 30-year-old G2P2002 married woman
- History of mild-moderate postpartum depression following the delivery of her first child
- Episode of postpartum depression resolved with psychotherapy and venlafaxine
- In remission for the last 2 years and not on any psychotropic medications
- No prior psychiatric treatment prior to postpartum episode
- Recently relocated to CT following the death of her father
- Family history: mood disorder in mother, anxiety disorder in father
- Past medical history prior cesarian delivery

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Case: Postpartum course following 2nd delivery

- 3 weeks following delivery of second child developed decreased mood, increased anxiety, insomnia
- Was seen in an outpatient psychiatric clinic and failed 3 different drug trials, including: 1) olanzapine, 2) escitalopram, 3) bupropion + clonazepam
- She continued to have increased anxiety, became suicidal and subsequently overdosed on 115 pills of clonazepam
- She was hospitalized around 8 weeks postpartum and started on new pharmacological regimen: fluoxetine + risperidone + quetiapine
- Anxiety and suicidal ideation recurred, requiring second hospitalization around 10 weeks postpartum
- She was discharged on fluoxetine + quetiapine around 12 weeks postpartum
- Following discharge patient overdosed on 26 tablets of Percocet and was hospitalized at our institution

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Postpartum Psychosis (PP)

- 1-2 out of 1000 women
- 40% have no history of psychiatric illness
- 70-80% due to underlying bipolar disorder
- Usually develops within 12 weeks postpartum
    - Median 10 days following delivery
- Duration weeks to months
- 50% risk of the recurrence of a perinatal mood episode in subsequent pregnancies

Cohen LS, et al., Mol Psych. 2025;30:2537-2544
Perry A, et al., Brain Sci. 2021;11(1):47
Bergink V, et al., Biol Psych. 2026; 99(9):740-747

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Postpartum Psychosis (PP) - Symptoms

Psychiatric emergency

- If untreated:
  - 5% risk of suicide
  - 4% risk of infanticide

- Must rule out delirium

Mood symptoms

- Mood lability
- Irritability
- hyperactivity/restlessness
- Insomnia/decreased need for sleep

Psychotic symptoms

- Delusions
- Paranoia
- Hallucinations

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Postpartum Psychosis (PP) - Presentation

“Kaleidoscopic” presentation - rapid and dramatic changes in mood and perception

Mood Variability: Individuals may rapidly shift between feelings of mania (elevated mood, increased energy) and depression (low mood, withdrawal).

Hallucinations: These can include seeing, hearing, or feeling things that are not present, which can change frequently.

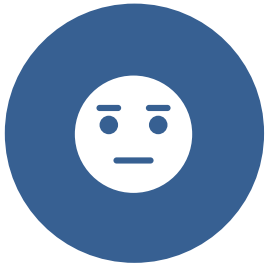
Delusions: False beliefs that can vary widely, such as fears about the safety of oneself or the newborn

Assessing Self-harm and Harm to Others

Asking specifically about thoughts of harm to baby or self

Normalizing this, asking in non-judgmental way

Checking to see if these thoughts are ego-syntonic or ego-dystonic



Are there other psychotic symptoms?

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Risk Factors for PP

- 40–50% have a family history of mood disorders among first- and second-degree relatives
- Primiparity
- Sleep loss/deprivation
- Abrupt discontinuation of medications with those with underlying psychiatric diagnosis
- Stillbirth is associated with a 2.5 x increased risk of severe psychiatric disorder (not specific to PP)
- Psychosocial risk factors associated with perinatal mood disorders might also play a role

Perry A, et al., Brain Sci. 2021;11(1):47

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Treatment

- Pharmacotherapy is mainstay: combination of antipsychotics and lithium
- Electroconvulsive Therapy (ECT): very effective and rapid response
- Lithium best evidence for relapse prevention and prophylaxis

Jairaj C et al., J Psychopharmacol. 2023; 37:960–970
Bergink V, et al., Am J Psychiatry. 2016;173: 1179–1188.

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Case Continued…

- Following MICU admission was transferred to the psychiatric unit
- Symptoms: insomnia, restlessness, perseverations over infant safety, extreme anxiety
- Started on olanzapine 10 mg, lamotrigine 25 mg, and ECT
- By 3rd ECT treatment noted to have significant improvement in symptoms
- Was discharged home after 2 weeks
- Continued ECT as outpatient
- Received total of 10 ECT treatments

Questions

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Full Case

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