



Postpartum Psychosis

Intrapartum Care Conference – October 28, 2022

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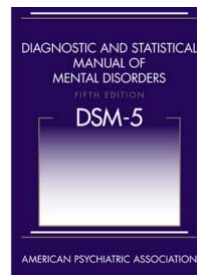
Take home messages at the beginning

- Postpartum psychosis is an EMERGENCY!!
- Safety risk is extremely high - suicide/infanticide
- Have a very low threshold to call psychiatry
- Recurrence rates are very high



Background

- Incidence: 1-2/1000 births (0.1%)
- Onset: mean ~ 2-3 weeks pp (usually within 8 weeks of delivery)
- Recurrence Rates high (up to 70%)
- 4% infanticide, 5% suicide
- Often unmasking of bipolar disorder



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Symptom profile

- Early
 - insomnia
 - mood lability
 - restlessness
- Later
 - marked memory/concentration impairment
 - Incoherence
 - Suspiciousness
 - irrational/obsessive concerns
 - delusions and hallucinations



Management

- Focus on safety planning
- Agitation
- Staff support
- Early involvement of psychiatry



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SAFETY FIRST!

- If a patient starts escalating towards agitation:
 - Keep yourself safe – closer to the door, safe distance
 - Keep baby at a safe distance if at all possible
 - Use verbal de-escalation techniques
 - Call psychiatry concurrently
 - Low threshold to call a code white



SAFETY FIRST!

- If a patient you are worried about is agitated or trying to leave:
 - Form 1/42 (Application for Psychiatric Assessment, up to 72 hrs)
 - Ensure baby is safe
 - Call psychiatry concurrently
 - Call security
 - Try to remove unsafe items from direct clinical space
- We will prescribe:
 - Loxapine 25mg PO/IM + lorazepam 2mg SL/IM for severe agitation
 - Lorazepam 1-2mg SL/IM for less severe agitation



De-escalation techniques

- You can't 'reason' with people who aren't reasonable
- Don't argue, agree
- Validate fear – 'you're going through a lot', 'you are frightened, we want to help'
- Ask patient for input when possible – 'what helps when you're distressed?'
- Identify if family members are reassuring or triggering



Anything else I can comment on?

