

Tips for the early stages for the partner/support person/whānau

- The mother or birthing parent will probably have lost confidence as a parent. Try not to be the 'baby expert'. Let them take the lead to gain that confidence.
- Try to support them taking small steps with independent baby care, rather than backing out and letting you do it.
- Make time to talk to each other – you are all getting over a big ordeal.
- Try to have fun together and enjoy some of the things you've missed.
- Prioritise spending time together.
- Take lots of photos of them and their baby. It will help the mother or birthing parent to recall this time better and order their memories when they look back.
- Reassure them that their feelings of anxiety are normal and common to new mothers or birthing parents.
- Encourage them to accept help from friends and whānau.
- Most women or people find that as medication begins to take effect, and recovery begins, they feel physically and emotionally drained. Try and remind them that this is normal, and make sure they get as much rest as possible.
- Encourage them to take short buggy-walks in the daytime if they feel drained when baby is unsettled.
- Make sure that you have a plan in place should the mother or birthing parents symptoms get worse again, be aware of early signs that things are getting bad again, and that you know who to call in an emergency.

Rest

Resting is easier said than done with a small baby. However, it is essential in recovery from PP. Some things to tell the mother or birthing parent to try:

- Get into bed or put feet up on the sofa at least once a day when baby is asleep.
- Listen to gentle music when holding or feeding baby.
- Put a time limit on essential jobs like laundry – after 15 minutes of tasks, reward self with a hot drink or magazine break.
- Accept as much hands-on help from friends and whānau as possible, bringing you meals and doing chores is better than holding baby in this case.
- Low lights, minimal TV or Internet searching, and a slow pace in the evening to relax for bed. Use ear plugs if sharing the night feeds with partner so that they do not get disturbed.

Bonding

Bonding is a big worry for most mothers or birthing parents who have been through PP. There can be a lot of focus on breastfeeding and skin-to-skin contact in the very early days of newborn life, and they may feel as though they have missed out on this chance. It's normal to feel really sad about this, but important to remind them that bonding is an ongoing process and just spending time with their baby as they recover will strengthen the bond. Things to encourage them to try:

- Copy baby's facial expression when cuddling.
- Learn to recognise the different cries and cues.
- Look at simple picture books together, especially faces.
- Talk about what they are doing even if it feels silly – a baby loves to hear their parents voice.
- Hold baby close, facing the body during feeds even if bottle feeding.

Breastfeeding

For some women or people who have had to stop breastfeeding because of their illness or medication, there can be a great sense of sadness and loss.

Try to involve them in feeds once they are well enough and reassure them that many people have to bottle feed for many reasons.

Acknowledging these feelings and supporting them through the grieving process is important, as well as exploring options for mixed feeding and relactation, perhaps with the help of a lactation specialist.

This resource has been prepared using gender additive language recommended by [https:// MIND.ORG.UK](https://MIND.ORG.UK)
www.bsuh.nhs.uk/maternity/documents/gender-inclusive-language-in-perinatal-servicesbsuh/

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Postpartum Psychosis

Postpartum Psychosis (PP) is the label used by most professionals for an episode of mania or psychosis with onset soon after childbirth.

Postpartum Psychosis is a rare illness, compared to the rates of postnatal depression or anxiety. It occurs in approximately 1 to 2 out of every 1,000 births.

PP is a severe, but treatable, form of mental illness that may occur after having a baby. It can happen very suddenly to women or people without any previous experience of mental illness. It normally begins in the first few days to weeks after childbirth. It can get worse very quickly and should always be treated as a medical emergency.

Most women or people who experience postpartum psychosis do not pose risk to themselves or anyone else. However, because psychosis includes delusional thinking and irrational judgment, there is always some risk of harm to themselves or others, and this is why women or people with this illness must be quickly assessed, treated, and carefully monitored by a trained mental health professional.

Recovery takes time and the journey may be tough. The illness can be frightening and shocking for both the woman or person experiencing it and their whānau. Some women or people make a rapid recovery and return to their everyday activities and relationships within a few weeks. Others may continue to have symptoms or challenges getting back to normal activities for some months.

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PADA

Perinatal Anxiety and Depression Aotearoa is the national organisation committed to eliminating the stigma around perinatal mental health in Aotearoa New Zealand.

We do this by championing awareness and facilitating best practice in perinatal mental health and wellbeing to ensure all families/whānau have access to appropriate information and support.

This resource is freely available to assist in raising awareness of Postpartum Psychosis.

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What are some common symptoms of Postpartum Psychosis?

Mood disturbances and being out of touch with reality (psychosis) are the key signs of postpartum psychosis. Symptoms can include:

- **Delusions** – an unusual belief that seems very real to the mother or birthing parent but is not true; an example would be the belief that someone is trying to harm them or their pēpi.
- Feeling **paranoid or suspicious** of people's motives.
- **Thought disturbances** – a feeling that thoughts are being interfered with. Feeling that thoughts are put into or taken out of the head, or spoken aloud so everyone can hear them.
- **Hallucinations** – this is when someone hears, sees, feels or smells something that is not there. Hearing voices, which others cannot hear or when there is no-one else in the room, is very typical of psychosis.
- **Changed perceptions** - experiencing things differently from usual. Sensations may take on a different quality from normal, e.g. colours and sounds may seem unusually intense.
- **Loss of insight** – loss of awareness that these experiences are the result of being unwell.

More symptoms may include:

- Persistently **high** or elated mood
- Labile emotions, **intense and changeable**; may laugh one minute then cry the next
- Trouble getting **back to sleep** after settling baby, or not feeling the need to sleep
- Often the mother or birthing parent can seem **high or irritable**, with increased speech and thought patterns, but their underlying mood and thinking is usually sad and depressed
- **Talking very rapidly**, sometimes loudly, rapidly changing topics, difficult to interrupt
- **Picking up the baby frequently** even when it's not needed. Increased activity, e.g. embarking on intense spring cleaning of the house
- May behave in a very **disorganised or confused manner**, and/or agitated and jumpy

What causes postpartum psychosis?

Childbirth can be a particularly stressful life changing event for most women or people, involving significant physical, emotional and interpersonal changes. For people who are vulnerable to depression or psychosis, (and who may have had a previous episode) this can be a time of increased risk. The strongest risk factor is indeed a past history of a psychotic condition.

As with many mental health conditions, the exact cause of PP remains unknown. We know that:

- Dramatic changes in hormone levels following birth are suspected to trigger PP, but studies have not yet identified how these factors are exactly involved.
- Genetic factors are thought to play a role. Women or people are more likely to have PP if a close relative has had PP.
- People with a history of Bipolar Disorder are at very high risk of PP.
- PP is not the women or persons fault. It is not caused by anything the mother or birthing person has done.
- Relationship issues, financial stress, or the baby being unwanted do not cause PP!
- Severe lack of sleep may contribute to developing PP in some cases.
- There is mixed evidence about whether the type of delivery or a traumatic delivery plays a role. It is possible that there are overlaps with physical illnesses that occur during childbirth, such as pre-eclampsia and infection.

Usual treatments

Most women or people with postpartum psychosis will need to be admitted to an inpatient unit, at least for a few days

Medications may help bring the symptoms of psychosis under control and to stabilise mood. The mother or birthing parent may be prescribed an antipsychotic, a mood stabiliser, antidepressants or sleeping tablets. However, it is important to use more active recovery methods alongside medication to help with self-confidence and full remission.

Talking based therapies have been found to be effective for people once they start to recover. Unlike antidepressants, which can be only effective as long as they are taken, the benefits of therapy are long term and may protect from future episodes. Once the psychosis has improved, the goal is to have mothers or birthing parents regain their confidence and belief in themselves, which is critical to recovery. The focus, alongside the whole whānau, is to identify ways of dealing with symptoms and stress. The early signs that indicate a possible relapse should also be identified, and a plan of early response is to be developed.

Certain complementary therapies may help to maintain wellbeing. In general, mindfulness, hypnotherapy, yoga, exercise, relaxation, massage, and aromatherapy have all been shown to have some effect in alleviating mental distress.

Recovery

It's normal to feel a whole range of emotions when a woman or person begins to recover from PP. Here are some common emotions:

- Shock
- Embarrassment
- "Why me? "
- Anger
- Exhaustion
- Guilt
- Worry (bonding, relationship with pēpi, future health)

In the early days after being diagnosed and/or receiving treatment at home or in a specialist in-patient mother baby unit, the mother or birthing parent may feel a sense of confusion about the events of their baby's birth and the illness. It is very normal for them to feel embarrassment or shock at the things they did when unwell.

These ideas can help:

- Remind them that these were symptoms of the illness and not a permanent change.
- Encourage them to talk through upsetting symptoms with their whānau and/or mental health support team.

It can take time to deal with the difficult emotions that have been part of the illness and recovery. It's important not to rush them and to be sensitive to their feelings. It might also be difficult for them to separate what really happened when they were ill from some of the things they thought were real, but were not.

If family can be available to talk to them on a daily basis, it's less likely that the big issues, such as their mixed feelings about parenthood or their guilt about their episode, will be swept under the carpet and never talked about.

They will also benefit from specialist help from a clinician trained in infant and mental health, to support the whānau and the mother or birthing parent in protecting the infant from adverse outcomes from this challenging time.

What the numbers tell us

THE NUMBER OF BIRTHS IN NEW ZEALAND IN 2021-2022:

60,141

THE PERCENTAGE OF MEN WHO CAN EXPERIENCE HIGH LEVELS OF DEPRESSION AFTER CHILDBIRTH:

4.3%

PERCENTAGE OF PREGNANT WOMEN WITH SEVERE DEPRESSION:

12%

PERCENTAGE OF WOMEN WHO SUFFER WITH DEPRESSION IN PREGNANCY WHO DEVELOP POSTNATAL DEPRESSION:

50%

Postpartum psychosis is uncommon - 1-2 women or people per 1000 births will be affected

