

Patients - Psychosis

Psychosis | Information for Parents

What is psychosis?

Psychosis is NOT an illness, but rather it is a combination of symptoms that are associated with certain psychiatric illnesses. When you are experiencing psychosis, reality is altered. You can experience things that are not there, or believe things that are untrue.

When experiencing psychosis during pregnancy, it is referred to as *prepartum psychosis* and when it occurs after delivery it is called *postpartum psychosis* or *puerperal psychosis*. In this document we will be primarily referring to postpartum psychosis.

What does it feel like to experience psychosis?

No two individuals will experience the same symptoms. Some people will have an understanding that what they are experiencing is not normal; they will attempt to hide their symptoms from loved ones and their healthcare team. Others have no such recognition, and it is evident that they are not well. If you are experiencing psychosis, you may show symptoms such as:

- **A change in mood and energy.** Some people may be very excited, and energetic. Others may be depressed and anxious and find it difficult to take care of themselves or the baby. Moods may rapidly change from high to low.
- **Hallucinations and delusions.** You will see, hear, feel, taste or smell something that is not real. Delusions are false beliefs.
- **Changes in speech.** If you have postpartum psychosis you may speak more loudly or rapidly than typical.
- **Racing thoughts.** You may have a hard time thinking through a specific idea. Or you may have many more ideas than usual and feel very creative.
- **Flight of ideas.** Your conversations may be very difficult to follow, with your thoughts jumping from topic to unrelated topic.
- **A decreased need for sleep.** New parents usually complain that they are unable to get enough sleep because of the baby's needs. But if you have postpartum psychosis, you may feel like you need little to no sleep.
- **Abnormal Behavior.** You may behave differently than normal. Someone who is normally shy may become very outgoing. Someone who is usually very reserved may become very flirtatious.
- **Paranoia.** You may feel suspicious and worry that others are out to harm you or your family. You may complain that others are following and watching you.
- **Irrational thoughts.** You may believe you possess special powers or that you're receiving special messages from the television, computer or even billboards that are meant only for you.
- **False beliefs about the baby.** You may believe your newborn has special powers, or is a demon or gift from

heaven.

How does postpartum psychosis differ from postpartum OCD?

The symptoms of postpartum psychosis are frequently confused with that of postpartum OCD. The biggest difference between the two is that the individual with OCD is upset by their thoughts and is fearful they could harm themselves or others. With postpartum psychosis, you may think your thoughts are acceptable, and you may feel compelled to act on your beliefs.

	Perinatal OCD	Postpartum Psychosis*
What kind of thought am I having?	You find the thoughts disturbing or disgusting. You know the thoughts are inappropriate and that you would not act on them.	The thoughts are acceptable to you and your current belief system. The thoughts do not feel strange to you.
What are the associated behaviors?	Compulsions: Checking, cleaning, arranging, counting, avoidance, and seeking reassurance from trusted loved ones are common.	No compulsive behavior but the individual may follow through with associated actions. Decreased need for sleep.
What other symptoms may I notice?	Anxiety, insomnia, irritability are common. You may be overly concerned with infant’s welfare. Good insight into situation. Help seeking.	Hallucinations, delusions, disorganized thoughts, and behaviors. Poor grasp on reality. Poor insight into situation. Help rejecting.
Who is likely to develop this syndrome?	You are currently depressed or have been depressed before. You have a personal or family history of OCD or anxiety.	Most often occurs among women with history of bipolar disorder.
Treatment	Cognitive therapy, antidepressants.	Hospitalization, mood stabilizers and antipsychotics.

** Postpartum Psychosis is considered a psychiatric emergency. If this is suspected, please call your healthcare practitioner immediately.*

Treatment options

Postpartum psychosis is considered a psychiatric emergency. While it is a rare condition, suicide and infanticide are occasional complications. The goal is to keep the patient safe. To do that, hospitalization may be the best option. In a family with a new baby, it is impossible to care for the baby and for the person with postpartum psychosis. Once hospitalized, the patient can expect to begin medication and receive psychotherapy and education about their symptoms.

Frequently asked questions

What causes Postpartum Psychosis?

We do not know the cause of Postpartum Psychosis. Most people with Postpartum Psychosis ultimately are diagnosed with Bipolar Disorder (Manic Depression). However, for many patients the episode of Postpartum Psychosis will be the first time that the person has experienced any symptoms of psychiatric illness.

Will the person become psychotic again?

There is not a specific answer. Some patients will only develop psychosis after having another baby, some will have psychosis unrelated to pregnancy and others may have no other episodes in the future.