

Patients - Bipolar Disorder

Bipolar Disorder | Information for Parents

What is bipolar disorder?

Bipolar disorder is also known as “manic depression.” It is a psychiatric illness characterized by shifts in mood and behavior. These episodes impact a person’s mood, thinking and behavior for weeks to months at a time. For some people, the first episodes occur while a teenager, but for others, it can appear later. It is common for women with bipolar disorder to report early history of depression, but not mania.

What does bipolar disorder feel like?

Individuals with bipolar disorder can have lengthy periods of a “normal” or balanced mood with episodes of highs or lows in between.

During the highs, you may report feeling exceptionally happy, creative, or productive. You may be active and talkative and need very little sleep.

During the lows, you will have a sad, depressed or irritable mood and a combination of symptoms including diminished energy, sleep problems (too much or too little), appetite changes (poor appetite or overeating), poor concentration, and thoughts of death.

A third kind of episode is notable for the person being both depressed and manic or high and low or “mixed” at the same time. This kind of episode is the most worrisome. The risk of suicide is highest in people during a mixed period.

How would I know if I have bipolar disorder?

Bipolar disorder is diagnosed by a medical provider, who can look at current symptoms or symptoms that may have been present in the past. Providers will ask:

- About changes in mood or behavior that were different from your usual self.
- If you have seemed or acted differently to those around you for periods of time lasting a few days or longer, even weeks.
- If the behaviors happened when you were sober or under the use of alcohol or drugs.
- If you have a family history of bipolar disorder; if so, you are at higher risk of developing bipolar disorder.

Treatment options

Most patients with bipolar disorder need regular medication to avoid becoming sick. There are a variety of medications that can be used to treat bipolar disorder; many of them can be used during pregnancy and/or lactation. When the episode is severe (one has delusions or hallucinations, is suicidal or homicidal, or is making very unsafe decisions) hospitalization may be needed. In extreme cases, patients may respond to electroconvulsive therapy (ECT), which is considered safe in pregnancy.

Special issues with bipolar disorder in pregnancy

Being pregnant or postpartum can make it more difficult to manage bipolar disorder. Sleep disruptions, hormone shifts and stress are part of pregnancy and the postpartum period. All of those things can trigger manic episodes. Patients with bipolar disorder are at an increased risk of postpartum psychosis, which puts one at greater risk of harming oneself or one's infant.

Frequently asked questions

Am I prepared to become pregnant?

You must first know that you WANT to be a parent; Psychotherapy may help you determine if you want to have a family. If you know that to be the case, speak with your obstetric and psychiatric providers about how to do so safely. Before stopping contraception and choosing to become pregnant we recommend the following:

- No hospitalizations for at least one year
- Mood and medications have been stable for at least six months
- Someone is available to care for you and your child(ren) if you were to become ill
- You can avoid becoming sleep deprived

Also remember that there are different ways to become a parent. Even if you do not carry a pregnancy yourself, adoption and surrogacy may be an alternative means of achieving your goal.

How can pregnancy and parenting affect bipolar disorder?

Pregnancy and parenting are physically and emotionally stressful. Your body is transformed by pregnancy. In addition to the physical changes, finances can become tighter, work can become more difficult, relationships are modified. Pregnancy may alter how well a medication is working or require changing to a medication that's safer for pregnancy.

I am on a fair amount of medication. Is it safe for me to have a baby?

It depends. Some medications are associated with birth defects; those should not be used unless absolutely necessary. Most medications can be considered relatively safe if monitored closely by a professional.

If I do not know if my medication is a problem, should I just stop them when I get pregnant?

No. Medical studies prove that women who stop their medication are at a high risk of having a relapse of their symptoms. Many require hospitalization as well. It is very important that during pregnancy you follow the directions of your healthcare team. Get adequate sleep, and take your medication and prenatal vitamins as prescribed. Avoid behaviors and toxins that may harm the fetus or risk the pregnancy.

I want to breastfeed. Is that okay?

Before deciding to feed your child your breastmilk, talk with your baby's pediatrician. A medication that was safe for your fetus in pregnancy, may not be as safe in breastmilk. Also, breastfeeding is a lot of work. If sleep deprivation triggers your mood symptoms you may want to consider not breastfeeding and use formula instead.