

# Bipolar disorder, pregnancy and childbirth

Information for women, husbands and families



Having a baby is a major event in the life of any woman. For those with bipolar disorder there are even more issues to think about.

Women with bipolar disorder and their families have many questions but can find it difficult to get the answers they need. In this leaflet we will attempt to address some of the questions asked by women with bipolar disorder considering having a baby including:

- What is postnatal Depression and Postpartum Psychosis?
- What can I do before pregnancy, during pregnancy, and postnatally to reduce the chance of becoming unwell?

Each woman's experience and circumstances are unique. It is not possible to give answers that will apply to every woman – instead, we will raise some of the important issues, and emphasise the importance of discussing them with both the professionals involved in your care and the key people in your life, like your husband and family.

*“There’s a good chance now that I know and understand the condition so much better that I might stay well, and yes there is a strong chance that I could get ill, but at least if I do we’ll be prepared.”*

Mother with bipolar disorder  
considering her 2nd

Despite the important issues discussed in this leaflet, we do not want to give the impression that women with bipolar disorder should avoid having children.

Many women with bipolar disorder are very glad that they have had a family and make excellent mothers.

Indeed the majority of women with the illness thinking of starting a family, when presented with all the relevant information, make the decision to try for a baby.

## What are postnatal depression and postpartum psychosis?

Both high (manic) and low (depressive) episodes occur around childbirth in women with bipolar disorder, and can be severe. Mood symptoms like elation, irritability and depression are common. Psychotic symptoms such as delusions and hallucinations can also occur.

When such symptoms are severe, it may be called an episode of ‘postpartum psychosis’ or ‘puerperal psychosis’. Other mood episodes at this time may be labelled as ‘postnatal depression’ or ‘postpartum depression’. Women experiencing postpartum psychosis or severe postpartum depression usually require admission to hospital, but often do very well with treatment.

Although postpartum psychosis is thought to be the more severe illness, some episodes of postnatal depression can also be very severe - particularly in women with bipolar disorder.

In women with bipolar disorder it is often difficult to say whether an episode is postnatal depression or postpartum psychosis. All postpartum episodes in women with bipolar disorder must be taken seriously.

There are many different ways a postpartum episode can start. Women often have symptoms of depression or mania or a mixture of these. Symptoms can change very quickly from hour to hour and from one day to the next.

Most commonly postpartum psychosis begins in the first few weeks after birth. Often, symptoms begin in the first few days after having a baby. Less commonly, the illness starts later – several weeks after the baby is born. Postnatal depression may start up to 6 months following the birth.

## Symptoms

- Feeling 'high', 'manic' or 'on top of the world'.
- Feeling low in mood, tearful and unable to enjoy anything.
- Feeling irritable or anxious.
- Feeling confused or as if you're in a dream world.
- Finding it hard to sleep, or not wanting to sleep.
- Feeling paranoid, suspicious or fearful.
- Seeing, hearing or feeling things that aren't really there (hallucinations).
- Experiencing odd thoughts or beliefs that are unlikely to be true (delusions).

You may not be able to look after yourself as well as you would when you are well, and your symptoms may make it very difficult for you to look after your baby. If you have a postpartum episode you may not realise you are ill. Your husband, family or friends may recognise that something is wrong and need to ask for help - make sure they have the phone numbers of your doctor to hand.

## What makes some women become ill at this time?

Research has learned a lot about the causes of bipolar disorder. We know that it can run in families, and that there are lots of factors that can trigger episodes. But while we know that women with bipolar disorder are particularly vulnerable to becoming ill following childbirth, we don't fully understand what it is about childbirth that triggers the illness. It may be related to hormones, sleep disturbance or simply the fact that the arrival of a new baby is a major life event.



*Caption: If possible, discuss pregnancy with your psychiatric team and GP before trying for a baby.*

## What can I do to lower the risk of becoming unwell?

### Planning a pregnancy

Ideally, it is best to discuss your thoughts about getting pregnant with your psychiatric team before trying for a baby. Also, contact an obstetrician to identify any risk factors such as anemia, thyroid problems, or any problems which may hamper conception. Some psychiatrists and other mental health professionals have a special interest in pregnancy and childbirth (sometimes called Perinatal Psychiatry). Though, the number of these specialists is still small in India, you can find out if there is a psychiatrist who specialises in pregnancy and postpartum mental health problems in your city or town.

Once you decide to become pregnant, meet your psychiatrist as early as possible, ideally before you become pregnant, and not just if you become ill.

All women with bipolar disorder should ideally see a psychiatrist for advice if they are planning a pregnancy, even if they are not currently under the care of psychiatric services.

You will be able to discuss:

- How to make sure you are as well as possible when starting pregnancy.
- Your risk of developing postpartum psychosis or postnatal depression.
- Risks and benefits of medication in pregnancy and after birth. This will mean you have the information you need to make decisions about your treatment.

The type of care you can expect in your local area.

*"We knew that we would want to have children at some point, so we very early on investigated what it would mean to my diagnosis and being on Lithium, how it would affect pregnancy."*

Woman who discussed her medication options with her psychiatrist in advance of becoming pregnant

## During pregnancy

In reality, many pregnancies are not planned. In this situation, let people know as soon as possible, and do not stop taking your medication suddenly before getting advice.

It is important to let all those involved with your pregnancy know that you have bipolar disorder, and that there is a risk of becoming unwell again following delivery.



*Sleep loss can be a warning sign of an episode*

Addressing other issues known to increase the risk of becoming ill may be important. This could include trying to reduce other stressful things going on in your life and paying attention to your sleep in late pregnancy and after the baby is born.

*"We had lots of open talks about it and he's watching out for any signs of me changing behaviour."*

Mother describing how her husband had prepared for any changes in her mood after birth of their baby

It is also helpful to think about your "early warning signs" of becoming unwell so that you, and those close to you, can watch out for them.

Some women, for example, start to get up very early in the morning, stop eating properly or become much more argumentative than usual.

## What care should I receive during pregnancy?

If you have bipolar disorder you should have specialist psychiatrist care in pregnancy.

Ideally everyone involved in your care in pregnancy including your family doctor, your obstetrician or your ASHA worker should be aware of the bipolar disorder, and know about your risk of a postpartum episode.

A written care plan should include early warning symptoms and a plan for the pregnancy and the postpartum period. It is good if you are given a copy of the plan, and there should be details of how you and your family can get help quickly if you do become unwell.





*In some cases the benefits of taking medication while pregnant outweigh the risks.*

## What medications are safe to take if I am pregnant?

Most women would prefer not to take medication when pregnant and the decision about taking any particular medication is always difficult. For some medications used to treat mood disorders the risks are thought to be low. For others the risks are higher, but in some circumstances it still may be appropriate that medication is taken. In these circumstances the benefits of taking medication may outweigh the risks.

The balance of risks and benefits will vary between medications and will be different for each woman. Any risk from taking medication must be weighed against the risks for you and your baby of becoming ill. It is also important to realise that unfortunately 2 or 3 in every 100 babies are born with an abnormality, even when the mother has not taken any medication.

For women who are not taking medication or who have stopped taking medication because of the pregnancy, there is the option of starting medication in late pregnancy or after the baby is born to reduce the risk of becoming ill. Many women who have responded very well to a mood stabilising medication previously may decide to resume taking it to reduce their chances of a postpartum episode.

It is important to discuss these options with your doctor - ideally before you become pregnant - but the ultimate decision to continue, stop or change your medication will rest with you and your partner.



*The maternity care you receive will depend on what you and your baby need.*

## Care when you go home from hospital with your baby

The first few weeks after your baby is born are a high-risk time for becoming unwell, and being deprived of sleep may be a trigger for some women. Getting enough sleep with a new baby is obviously difficult, but it may be possible to get your husband or family members to help with some of the night-time feeds. Your mental health should be closely monitored. If you become unwell this should be picked up quickly so you get treatment early.

You and your family should have emergency contact numbers for crisis situations. You can use these, if you, or your husband or family, think you are becoming unwell. If you think you are becoming unwell don't wait. It is better to be seen quickly as symptoms can worsen rapidly.

If you need admission to hospital, this may be to a Mother and Baby Unit (MBU) – which is available only in some hospitals in India, where you can be admitted with your baby, or a general adult psychiatry ward.

## What about breastfeeding?

Most women with a postpartum episode of bipolar disorder need treatment with medication. It is possible to breastfeed whilst taking some medications. Your psychiatrist can discuss the risks and benefits of medications in breastfeeding with you.

It is possible that you won't be able to breastfeed. There are several reasons for this:

- You may be too unwell.
- You may be admitted to hospital without your baby.
- You may need a medication which is not safe in breastfeeding.

Some women feel guilty about being unable to breastfeed, but you should not feel this way. If you have a postpartum episode it is not your fault. It is important for your baby that you have the treatment you need so that you get better.

## Perinatal Psychiatry Services

The Perinatal Psychiatric Service at NIMHANS, Bangalore is dedicated to helping the mother, the mother-infant dyad, husbands and families who need treatment, support and guidance for any mental health problem related to pregnancy or child birth.

It has a dedicated Mother Baby Unit offering inpatient care and treatment of pregnancy related and postpartum related problems and specific interventions for mother – infant bonding disorders.

Education and information on postpartum psychiatric disorders are also provided for mothers, spouses and family members.

**Clinic Timings:** Fridays 9 am to 2 pm

**Venue:** 1<sup>st</sup> Floor, New OPD Block, NIMHANS

**Phone:** 080-26995547

### Consultants

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For more information please visit these websites:

[www.perinatalpsynimhans.org](http://www.perinatalpsynimhans.org)

[www.ncmh.info](http://www.ncmh.info)

[www.app-network.org](http://www.app-network.org)

[www.beyondblue.org.au](http://www.beyondblue.org.au)

*This information leaflet has been adapted for suitability for patients in India from the booklet written by Professor Ian Jones (Director of NCMH, Cardiff University and Chair of APP), Clare Dolman (Chair of Bipolar UK and trustee of APP), Professor Nick Craddock (Professor of Psychiatry, Cardiff University), and Dr. Sarah Jones and produced by the NCMH funded by NISCHR, Welsh Government.*