

Pregnancy for bipolar women

Past editions of *Pendulum* have stressed the impact pregnancy can have on the mood swings of bipolar women and the difficulties of staying on medication. **Clare Dolman** evaluates the pros and cons and, if you decide to go ahead, how to maximize the chances of staying healthy.



Photograph Twinkl Tinning

Clare Dolman

The usual worries of a mother-to-be – Can we afford a baby? Is our home big enough? How will it affect my career? – pale into insignificance compared to the difficult decisions that a bipolar woman faces. Can I risk it? Should I stop my medication before getting pregnant? Should I try to breastfeed? Should I prepare myself and my family for the possibility of having to go into hospital when the baby is born?

So many questions, and though most health professionals are careful not to pressurize women with bipolar into remaining childless, the risks are very real and potentially so serious that it would be irresponsible to ignore them.

As a bipolar mother of two,

who had postpartum psychosis after my first birth but not my second (when I was much better prepared), I think the most important thing you can do if you're thinking of having a baby is to inform yourself, take the risks seriously, and prepare yourself as thoroughly as possible – hopefully you'll be fine and have a wonderful experience, but if not, you will have put things in place so that swift action can be taken to help you and your family cope.

So let's start by facing the hard facts and move on to the positive, practical steps you can take to maximize your chances of staying well.

Women with bipolar disorder are at very high risk of having a severe episode of illness in relation to pregnancy and childbirth – this is many hundreds of times more likely than for women without bipolar.

They are more likely to experience postnatal depression and/or an affective episode during pregnancy but, most alarmingly, they are at serious risk of having postpartum or puerperal psychosis: this occurs with 25 – 50 per cent of deliveries to bipolar mothers (Craddock N & Jones I, 2001).

Puerperal psychosis (PP) usually manifests itself very quickly after giving birth – typically within a few days –

and takes the form of: increased agitation and irritability; extreme mood swings; decreased sleep and greater confusion; delusions, often about the baby; and/or hallucinations (see page 24 for example).

Many readers probably recognize the similarity to an extreme 'mixed affective' episode of bipolar, but the severity of the symptoms can be unusually dangerous both for the mother and her baby.

In addition, the possibility of it happening is often missed, especially when the woman has been well for many years. Tragically, this can be disastrous, in the worst cases leading to the death of the new mother and sometimes her child too.

Thank goodness such tragedies are extremely rare, but it is a fact that suicide is a leading cause of maternal deaths in the UK, and the majority of those are linked to an episode of PP. If, as a woman with bipolar disorder, you are at greater risk of a psychotic episode being triggered by childbirth, you need to be fully aware of the risks in your own case, and discuss them thoroughly with a perinatal psychiatrist.

According to Dr. Ian Jones, of the Mood Disorders Research Team at Cardiff, 'women are 23 times more likely to be admitted to

psychiatric hospital with bipolar disorder in the month following delivery than at any other time in their life – a bipolar tendency is specifically and strongly linked to the triggering of severe episodes by childbirth.'

Why should this be so? 'We do have some clues – we know that genetic factors are important, and it is likely that the big hormonal changes that occur in the first postpartum week are involved,' says Dr. Jones.

'Sleep disruption may play an important role in some women. However, for severe postpartum psychosis the evidence suggests that biological factors may play more of a role than may be the case for less severe episodes of mood disorder occurring at this time.'



Dr Ian Jones: pregnancy is a common trigger

When weighing up the risk factors, it is important to be aware if a relative has suffered puerperal psychosis, as this significantly increases the risk. Also, more problems are encountered with first pregnancies than subsequent ones, but this may be because (like me), greater precautions were taken after having a bad experience the first time round.

So you've discussed your personal level of risk with the most informed health professionals you can get access to (preferably a specialist perinatal psychiatrist), and your partner and family, and you've decided to go ahead.

Perhaps the most important decision to make before trying to get pregnant concerns your medication: whether to stop, when to stop, whether there's something less teratogenic (harmful to the developing foetus) that you can take if you need to.

Sodium valproate and carbamazepine, for example, are known to carry quite a high risk of causing abnormalities, and there are also risks with lithium, though these may have been over-estimated in the past, and it can be used – especially in the second and third trimester, if the risk of an episode is high.

There is good evidence that, if a mood stabilizer is to be discontinued, a very gradual reduction is best (Viguera et al, 2007). This can improve the prospects of staying well, even if you need to resume medication after the critical first trimester.



Clare and her daughter Ettie (then and now): "Inform yourself, take the risk seriously and prepare".



Postpartum psychosis – and how I avoided it second-time round

Having been diagnosed with bipolar disorder at 23 after a manic attack which led me to being sectioned, I had been well on lithium for five years when my new husband and I decided we wanted to start a family.

I discussed coming off medication with my psychiatrist who was quite positive, even saying that some women were mentally healthier when pregnant (evidence of this is inconclusive). Nowadays, she might have advised me to reduce my dose very, very gradually, and warned me of the possible problems postpartum, but it was 20 years ago. Having seen her only once (I was feeling well, after all), I moved from our tiny flat to a house – in a different health authority region – three months before my due date.

The doctors and midwives I saw at antenatal appointments didn't seem very interested in my history of mental illness, neither did they question the fact that I had not been assigned a

psychiatrist in my new area.

My beautiful daughter Esther Maria was born on November 15 – two weeks late but perfect in every way. I was ecstatically happy – but very soon everything became far from perfect.

Within days of being at home, after two sleepless nights at hospital, I started accelerating into mania, but very different to episodes I had experienced before.

I was very anxious and irritable one minute, singing and laughing the next; unable to sleep or relax; becoming paranoid and hallucinating about a black pair of scissors and throwing a teddy bear down the stairs. It was very frightening, and with knowledge of my bipolar illness, I knew I needed help.

Eventually I managed to get to see a psychiatrist, who told me to stop breast-feeding and put me back on lithium at once, but it was too late. When he and my husband said they thought I needed to go to hospital, I was strangely relieved.

I chose not to take my baby with me, as I was lucky enough to know she would be very well cared for at home. I came out a month later – on Christmas Eve – but it was several more weeks before I felt 'well' again.

After what had happened with Esther, I was determined to be better prepared second-time round. I discussed the issues thoroughly with my psychiatrist, who was positive that things would be better if we took the necessary steps. Again, I came off my lithium and had a healthy pregnancy, but this time I was ready to start taking it as soon as I had delivered my son Alex – I felt it was better to try to stay well than risk problems again by breastfeeding.

I also went home within hours of delivery, and I had first my sister, then a cousin look after the baby 24/7 for a fortnight. This meant I could relax and get a proper amount of sleep. It worked! Perhaps I was lucky, but I also think I helped to make my own luck second-time round.

Clare Dolman

Pregnancy for bipolar women continued

This is why it is so important to plan your pregnancy and consult your psychiatrist; if a bipolar woman doesn't discover until the second or third month that she is pregnant and, in a panic, stops her medication abruptly, she may be doing more harm than good, as the most serious period of risk to the fetus has already passed and her attempt to protect her baby may unwittingly increase the risk of relapse.

Even if you stay well without medicinal help while pregnant, you need to consider all possible scenarios once the baby is born, and think about your options in advance. For example, the best thing for many women is to resume their normal medication.

More studies are clearly needed, but the limited data that exists suggests that taking lithium immediately after birth, for instance, can reduce the risk of a severe recurrence.

The decision to take medication is complicated if you are very keen to breastfeed, but again it requires a careful weighing up of the pros and cons.

So, apart from making the most informed decisions you can about medication, what else can the bipolar mother-to-be do to minimize the likelihood of the birth triggering an episode?

- **Minimize stress** – whether that means taking more time off work if you possibly can, or practicing yoga or meditation to stay calm.
- Try to **avoid major life changes** like moving house, often on the agenda because of needing more room, but it might be better to wait a year or so – the baby won't mind!
- **Make a pregnancy and birth plan**, preferably in consultation with your psychiatrist, which in-

cludes regular review of your mental state.

- **Sleep** is of paramount importance, during and after birth.
- **Organise help for when you have the baby.** If you can, plan to have someone do the night feeds for at least a fortnight when you get home: a maternity nurse or a relative.
- **Consider the pros and cons of breastfeeding in your situation.** I was keen to do it, but in retrospect, it would have been wiser to bottle-feed and start on lithium immediately my daughter was born.
- Try to get home to a more relaxing atmosphere as soon as you are able to, and **don't have too many visitors.** Involve your partner so he/she can judge whether you're getting over-tired.

Some of this is common sense, but perhaps the most

important advice is to be informed and plan ahead. The 2007 NICE guidelines recognised the need to help women in this situation, advocating 'a specialist multi disciplinary perinatal service in each locality'. But unfortunately so far such provision is patchy at best.

It goes without saying that you need to be as physically healthy as you can; don't smoke, drink etc., do moderate exercise; but don't put pressure on yourself to be 'the perfect mum'. It's not the end of the world if you don't breastfeed, or you need some extra help.

To be the best mother to your child for the whole of their life, you need to take really good care of yourself around the birth. If you're confident that you're well-prepared, you're much more likely to be able to relax and enjoy your baby.

Clare Dolman is Assistant Editor of *Pendulum*.

Useful websites

The 'Bipolar Disorder' section on this website gives good advice about the pros and cons of different medications under 'Reproductive Health Issues'

www.bipolar-foundation.org

Other sites for more general advice and support include:

The Association for Post-Natal Illness

www.apni.org

Support for women with any perinatal illness

www.mothersvoice.org.uk

Local support from other mums

www.netmums.com/pnd/

Royal College of Psychiatry information

www.rcpsych.ac.uk

BBC: good on postnatal depression

www.bbc.uk/health/conds/postnatal

Site endorsed by Esther Rantzen to combat possible isolation by helping new mums meet other mums locally

www.mama.co.uk

US-based sites:

www.postpartum.net

Personal tips from a sufferer

www.womensmentalhealth.org/library/postpartum-psychiatric-disorders/

www.overcomingpnd.com