



Bipolar disorder, Pregnancy and Childbirth

Having a baby is a major event in the life of any woman. For those with bipolar disorder (manic depression) there are a number of additional issues. Women with bipolar disorder and their families have many questions but can find it difficult to get the answers they need. There are many questions including:

Will having a baby mean I will become ill?
Will my children develop bipolar disorder?
What effects will the medication I am taking have on my baby?

In this leaflet we will pose and attempt to answer some of the more common questions asked by women with bipolar disorder considering having a baby. Each woman's experience and circumstances are unique. It is not possible to give answers that will apply to every woman – rather we will raise some of the important issues and emphasise the importance of discussing them with both professionals involved in your care and with key people in your life like your partner and family.

First of all, 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 such women are very glad that they have had a family and make excellent mothers. Indeed the majority of women with bipolar disorder thinking of starting a family, when presented with all the relevant information, make the decision to try for a baby.

What should I do if I am thinking of trying for a baby?

Ideally, it is best to discuss your thoughts about getting pregnant with your GP and psychiatric team before trying for a baby. Some psychiatrists and other mental health workers have a special interest in psychiatric illness and childbirth (sometimes called Perinatal Psychiatry). In the UK there are a number of excellent Perinatal Mental Health teams but unfortunately most areas are not covered.

If you are lucky to live in an area with a Perinatal team then ask if you can be referred to them – they would usually prefer to see you as early as possible, ideally before you become pregnant and not just if you become ill. Many Perinatal Mental Health teams are attached to “Mother and Baby” units (MBUs), which can admit unwell mothers *with* their baby and therefore avoid a prolonged separation. If there is no local service it may be possible to see a perinatal psychiatrist further away or there may be a specialist Mood Disorder Service in your region. If these options are not available you should see a psychiatrist if planning a pregnancy. Ideally all women with bipolar - even those who are not currently under the care of psychiatric services - should see a psychiatrist for advice if they are planning a pregnancy.

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. For example, how professionals work together with you and your family. Also whether there is a perinatal mental health service or a specialist midwife.

What is the risk of becoming ill during pregnancy and after childbirth?

Women with bipolar disorder may become unwell during pregnancy but are at a particularly high risk of becoming ill following childbirth. Both manic and depressive episodes occur at this time and can be severe. Mood symptoms – elation, irritability and depression are common and, psychotic symptoms such as delusions and hallucinations can 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 do very well with treatment.

Episodes of postpartum psychosis occur after approximately 25% or 1 in 4 births to women with bipolar disorder. This is many hundred times higher than for women who have not had previous psychiatric illness. Postnatal depression follows a further 25% or 1 in 4 births. Therefore, about 50% or 1 in 2 women with bipolar disorder stay well after having a baby and about 50% are likely to have an episode of illness.

Two groups of women with bipolar disorder are at even higher risk: those who have had a previous period of severe illness following childbirth, and those with a relative who has suffered postpartum psychosis. For these groups of women the risk of suffering postpartum psychosis is over 50% (greater than 1 in 2).

Women with bipolar disorder must therefore think very carefully about these risks. Even if you are currently well there is a real chance of becoming ill again shortly after the baby is born.

What are postnatal depression and postpartum psychosis?

Excellent information about postpartum psychosis and postnatal depression are available in leaflets from The Royal College of Psychiatrists, available on their website (www.rcpsych.ac.uk).

Postpartum psychosis is a more severe illness although 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 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. Symptoms may include:

- feeling 'high', 'manic' or 'on top of the world'
- feeling low in mood, tearful and unable to enjoy anything
- anxiety or irritability
- rapid changes in mood
- severe confusion
- being restless and agitated
- unusual behaviour
- being more talkative, active and sociable than usual
- being very withdrawn and not talking to people
- finding it hard to sleep, or not wanting to sleep
- changes in appetite
- losing your inhibitions
- feeling paranoid, suspicious, anxious or fearful
- feeling as if you're in a dream world
- delusions - these are odd thoughts or beliefs that are unlikely to be true
- hallucinations - this means you see, hear or feel things that aren't really there

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 partner, family or friends may recognise that something is wrong and need to ask for help.

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

What causes some women to become unwell at this time?

Bipolar disorder has many causes – we know that illness can run in families and that there are lots of factors that can trigger individual episodes. It is clear that many women with bipolar disorder are particularly vulnerable to becoming ill following childbirth. What it is about childbirth that triggers illness is not fully understood. There are a number of clues that point to the involvement of the large changes in hormone levels that occur after

having a baby but there could be other factors, including the sleep disturbance that is usual at this time, and the fact that the arrival of a new baby is a major life event. Further research is clearly needed so that we can understand more and use this knowledge in prevention and treatment. This is why it's so helpful to become involved in research projects: see the BDRN and APP websites (www.bdrn.org and www.app-network.org)

What can I do to lower the risk of becoming ill?

Most importantly, you need to recognise that this is a high-risk time. Second, it is important to let all those involved with your pregnancy know that you have bipolar disorder and that there is a real risk of becoming unwell again following delivery. Your midwife, your GP, your health visitor and your obstetrician should all be made aware of your past history of bipolar and your CPN, psychiatrist or other member of the mental health team need to be told about your pregnancy. You may want to show them this leaflet. As we discussed above, ideally let your psychiatric team and GP know that you want to get pregnant **before** you start trying for a baby. We all know, though, that many pregnancies are not planned and if this is the situation you find yourself in let people know as soon as possible, and do not stop taking your medication suddenly before getting advice.

Paying attention to other issues known to increase the risk of becoming ill may be important. These could include trying to reduce other stressful things going on in your life – it's perhaps not a good idea to try for a baby at the same time as moving home, for example. Paying attention to your sleep in late pregnancy and after the baby is born is important. With a new baby this is obviously difficult but it may be possible to get your partner or family to help with some of the night-time feeds. If there are any other factors that you have noticed that seem to trigger illness, then giving some thought as to how these can be addressed would be worthwhile. It may also be helpful to think about your "early warning signs" of becoming unwell so that you, and those close to you, can watch out for them.

If I have bipolar disorder will my children get it too?

Many illnesses run in families. This is true for illnesses such as diabetes, heart disease and asthma but also for psychiatric disorders such as bipolar disorder. There is good evidence that both genes and a person's experiences are important in making some people vulnerable to becoming ill. A number of different genes are likely to be involved – each perhaps only affecting vulnerability by a small amount. Although the children of people with bipolar disorder may be at a higher risk of becoming ill than people in general, it is important to remember that they are far more likely to remain well: only about 10% of children who have a parent with the illness develop it themselves, so 90% are likely to stay well (although other mood disorders, like depression, are also more common).

What medications are safe to take if I am pregnant?

Most women would prefer not to take medication when pregnant. For some medications a large number of women have taken them in pregnancy with no evidence of serious problems. In these circumstances the benefits of taking medication may outweigh the risks. 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. Any risk from taking medication must be weighed against the risks of being ill at this time for both the mother and her baby.

The decision about taking any particular medication is difficult. The balance of risks and benefits will be different for each woman. Although your doctor can discuss these with you, the ultimate decision will rest with you and your partner. It is important to raise these issues with your GP or mental health team – ideally before you become pregnant. Stopping medication suddenly can increase the risk of becoming ill, and for this reason if you find you are pregnant unexpectedly, it is probably best not to stop any medicines before discussing this with your doctor.

Are there medications I can take to stop me getting ill after the baby is born?

As we have discussed, an important and difficult decision for many women is whether to continue to take medication through pregnancy. For women who are not taking medication in pregnancy there is also 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 may decide to resume taking it to reduce their chances of a postpartum episode.

What about breastfeeding?

Most women with a postpartum episode of bipolar 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.

You may be unable to breastfeed. There are several reasons for this. You may be too unwell, or 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. Additionally, getting up during the night to breastfeed can exacerbate the already inevitable sleep deprivation that the parent of a new baby will be experiencing.

What sort of care am I likely to receive during pregnancy?

If you have bipolar disorder you should have specialist care in pregnancy. If there is a perinatal psychiatrist in your area you should be referred when you find out you are pregnant (or as we have discussed, when you are thinking about getting pregnant). Otherwise you should be seen by a general psychiatrist.

Ideally everyone involved in your care in pregnancy will 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. You should be 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.

Care on the maternity unit: Your maternity care in labour will depend on what you and your baby need. The midwives will support you with feeding and caring for your baby. If you

have any symptoms of mental illness a psychiatrist will see you when you are in hospital. The care you have will depend on how unwell you are.

In some maternity units you may see a psychiatrist or mental health nurse before you leave hospital even if you are well. This is to check that you are well at the time you go home. They should also check the plan made at your pre-birth planning meeting. They can make sure you have any medication you need.

Care when you go home from hospital with your baby: Your mental health should be closely monitored. Your midwives, health visitor and mental health nurse should visit you regularly in the first few weeks after your baby is born. If you become unwell this can be picked up quickly so you get treatment early.

You and your family should have emergency contact numbers for local crisis services. You can use these, see your GP or go to A&E if you, or your partner 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.

Might I be referred to Children and Families Social Services?

Some women will be referred to Children & Families Social Services. You may be referred in pregnancy, because of your high risk of a severe postpartum episode. You may be referred if you develop a postpartum episode. Sometimes women worry that this means that people think they cannot care for their baby. This is not usually the case. The reason for assessment is to check the support you have from family, friends and professionals. It is also to make sure there is a safe plan for your baby if you are too unwell to care for him/her. If referral is needed, this should be discussed with you (unless you are too unwell).

Some women and their partners worry that if they seek help for symptoms of mental illness, people may think they can't care for their baby. On the contrary, seeking help and having treatment means you are doing the best for your baby. This will be seen as positive.

You may need extra help from family members. If you have no support from family or friends social services may be able to help. Social workers can find a temporary carer for your baby if you need to come into hospital and there is no MBU bed.

Although it might take a while, most women recover fully and become good mothers. It is very rare for babies to be removed from women with bipolar disorder.

Where can I learn more or find support?

Action on Postpartum Psychosis (APP) is a charity run by a group of women who have suffered with this illness, clinicians and academic researchers. They have a website to provide support and information for other women in a similar position and their partners: www.app-network.org

APP would also be interested to hear from women with bipolar disorder who are pregnant or considering pregnancy, so they can keep them informed of research projects which might interest them. You can join for free and receive occasional emails about the latest news and research. The website also contains advice on recovery, personal stories and details of a Peer Support Network using trained volunteers who have recovered from postpartum psychosis themselves.

Bipolar UK the national charity for people affected by bipolar including families, carers and loved ones. They provide a range of services across England and Wales including self help groups and regularly run workshops at their Annual Conference on the issues facing women who have bipolar and want to start a family. See www.bipolaruk.org.uk

There is also a thread on the charity's web-based forum – the eCommunity - accessed via the website, where these issues are discussed and women can support each other.

Other useful websites:

The Royal College of Psychiatrists (www.rcpsych.ac.uk)

This site has excellent leaflets on postnatal depression and postpartum psychosis.

Postpartum Support International – PSI (www.postpartum.net)

An international network that links volunteers, support groups, and professionals, particularly strong in the US.

PNI ORG UK (Post Natal Illness) (www.pni.org.uk)

An information site for sufferers and survivors of all types of postnatal illness.

Bipolar Disorder Research Network (www.bdrn.org)

BDRN is a group of researchers and research participants in the UK undertaking a major study investigating the underlying causes of bipolar disorder.

BEPCymru (www.bep-c.org)

A group education programme featuring an excellent video aimed at people with bipolar disorder considering pregnancy.

Also useful:

Association for Postnatal Illness (www.apni.org)

Helpline: 020 7386 0868. Provides a telephone helpline, information leaflets and a network of volunteers who have themselves experienced PND.

Cry-sis (www.cry-sis.org.uk)

Helpline: 08451 228 669. Provides self-help and support for families with excessively crying and sleepless and demanding babies.

Family Action (www.family-action.org.uk)

Tel: 020 7254 6251. Support and practical help for families affected by mental illness. Including 'Newpin' services - offering support to parents of children under-5 whose mental health is affecting their ability to provide safe parenting.

Home Start (www.home-start.org.uk)

Tel: 0800 068 6368. Support and practical help for families with at least one child under-5. Help offered to parents finding it hard to cope for many reasons. These include PND or other mental illness, isolation, bereavement, illness of parent or child.

Meet-A-Mum-Association (MAMA) (www.mama.co.uk)

Helpline: 0845 120 3746. Support and information for all mums and mums-to-be who are lonely, isolated or depressed in pregnancy or after having a baby. Local groups and on-line support.

Netmums (www.netmums.com/pnd)

A website offering support and information on pregnancy and parenting. There is also information on local resources and support groups.

The Samaritans (www.samaritans.org)

24-hour helpline 08457 90 90 90 (UK) or 1850 60 90 90 (Ire); Email: jo@samaritans.org. Confidential emotional support for those in distress who are experiencing feelings of distress or despair, including suicidal thoughts.

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