



Insider Guide

Postpartum Psychosis: a guide for partners



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Contact Information

Action on Postpartum Psychosis

Tel: 020 3322 9900

Email: info@app-network.org

Website: www.app-network.org

Twitter: @ActionOnPP #PPTalk

Facebook: www.facebook.com/ActionOnPP

Online Community:

www.app-network.org/pptalk

One-to-One Email Support:

www.app-network.org/peer-support

APP Director: Dr Jessica Heron
Senior Research Fellow in Perinatal Psychiatry
University of Birmingham
Email: j.c.heron@bham.ac.uk

APP Chair: Prof Ian Jones
Professor of Psychiatry
Cardiff University



Postpartum Psychosis is a traumatic experience for both women and their partners.

Dads told us what they had wanted to know, and gave us their ideas for coping during admission, recovery and beyond.

What is Postpartum Psychosis?

Postpartum Psychosis (PP) is a severe, but treatable, form of mental illness that occurs after having a baby. It can happen 'out of the blue' to women without previous experience of mental illness. It normally begins in the first few days to weeks after childbirth. It can get worse very quickly and should always be treated as a medical emergency. Most women need to be treated with medication and admitted to hospital.

With the right treatment, women with PP do make a full recovery. Recovery takes time and the journey may be tough. The illness can be frightening and shocking for both the woman experiencing it and her partner. Women do return to their normal selves, and are able to regain the mothering role they expected. There is no evidence that the baby's long term development is affected by Postpartum Psychosis.

Symptoms

Women with Postpartum Psychosis may be:

- Excited, elated, or 'high'.
- Depressed, anxious, or confused.
- Excessively irritable or changeable in mood.

Postpartum Psychosis includes one or more of the following:

- Strange beliefs that could not be true (delusions).
- Hearing, seeing, feeling or smelling things that are not there (hallucinations).
- High mood with loss of touch with reality (mania).
- Severe confusion.

These are also common symptoms:

- Being more talkative, sociable, on the phone an excessive amount.
- Having a very busy mind or racing thoughts.
- Feeling very energetic and like 'super-mum' or agitated and restless.
- Having trouble sleeping, or not feeling the need to sleep.

- Behaving in a way that is out of character or out of control.
- Feeling paranoid or suspicious of people's motives.
- Feeling that things are connected in special ways or that stories on the TV or radio have special personal meaning.
- Feeling that the baby is connected to God or the Devil in some way.

There are a great many other symptoms that can be experienced. Visit our website for more information about psychosis and to read mums' and dads' personal descriptions of PP: www.app-network.org

Diagnosis

Postpartum Psychosis is the label used by most professionals for an episode of mania or psychosis with onset soon after childbirth.

However, other names can be used and this can be confusing. You might hear the terms: Puerperal Psychosis; Postnatal Psychosis; Mania or Bipolar Disorder triggered by childbirth (this doesn't necessarily mean that your partner will develop ongoing Bipolar Disorder); Schizoaffective Disorder with onset following childbirth (this doesn't necessarily mean that your partner will develop ongoing Schizoaffective Disorder); Postnatal Depression with psychotic features.

There are many other mental health conditions that occur following childbirth, including Postnatal Depression (PND), severe anxiety, and Obsessive Compulsive Disorder. It is important that these conditions are not grouped under the term 'Postnatal Depression'. PND is much more common than PP, but tends to require different treatments and has different causes and outcomes.



In 2004 our first child was born and everything seemed perfect. The baby (a boy) was beautiful, healthy and happy. My wife also was beautiful, healthy and happy.

For a week I was the happiest I had ever been, I was a dad, I had a beautiful family, I finally felt like a grown-up.

My wife was amazing. She had so much life and energy, and we were really enjoying parenthood and showing off our new son to friends and family... But, after about a week I began to notice that my wife's behaviour was getting a bit... unusual.

She was still happy and energised but now it was as if she was too energised... the volume had been turned up to 11. She started coming up with bizarre schemes to make our fortune and was starting to arrange all our possessions by colour. She spoke about how colours appeared particularly vibrant, sounds were amplified and smells were overwhelming. Finally she began to have conversations with her dead father... obviously something was going very, very wrong.



Early symptoms

For some women, the illness develops very quickly and it is obvious that something is not right. For others, things can happen more gradually. This can be difficult for partners as they are unsure what to consider unusual and at what point to seek help. For more information on the early symptoms of PP, visit:

www.app-network.org/early-symptoms

What causes PP?

We still have much to learn about the causes of PP. What is known is that:

- PP is not your or your partner's fault. It is not caused by anything you or your partner have thought or done. Relationship problems, family income, or the baby being unwanted do not cause PP.
- The dramatic changes in hormone levels following birth are thought to trigger PP, but studies have not yet identified how these factors are involved.
- Genetic factors are thought to play a role. Women are more likely to have PP if a close relative has had PP.
- Women with a history of Bipolar Disorder are at very high risk of PP.
- Disrupted sleep patterns might be involved in triggering PP in some cases.
- There is mixed evidence about whether the type of delivery or a traumatic delivery plays a role. It is possible that there are overlaps with physical illnesses that occur during childbirth, such as pre-eclampsia and infection.
- More research is desperately needed to fully understand the causes of PP. APP works hard to facilitate research into PP. You can join our network to help us: www.app-network.org/join

Treatment for PP

Partners say that seeking treatment can bring about a vast array of difficult emotions – feelings of disloyalty, guilt, relief, helplessness, stress and frustration. The health system can be hard to navigate, and a great deal of tenacity is sometimes needed.

Admission to hospital

Most women with PP need to be treated in hospital, but some can be safely cared for at home with regular support visits from mental health workers (for example Crisis Resolution and Home Treatment teams). However, managing the illness at home can be very hard for you and the rest of the family.

If you are caring for your partner at home, or while you wait for a hospital bed to become available, these tips can help you to cope with how your partner is behaving:

- Sitting beside your partner, rather than in front of her, can seem more comforting and less confrontational if she is confused. Try to remain a 'friend' and talk to her, although she might not be able to take it all in.
- Try to keep things quiet and calm, loud noises and TV images may be too stimulating for her.
- Try to limit your partner's mobile phone use if possible, so she doesn't have the embarrassment later of realising she made calls to distant friends or work colleagues when unwell.
- Try to be understanding about what she thinks is real.
- Try not to take upsetting things she says or does personally. These things are caused by the illness and not what she really thinks.
- Don't hesitate to call 999 or ring the mental health crisis team if you are at all concerned for the safety of your partner, your baby or yourself.

At first, when her symptoms are severe, your partner will probably need help to safely look after the baby. If she needs to go into hospital, your partner may go into a Mother and Baby Unit (MBU) or a General Psychiatric Ward. If your partner is admitted to a General Psychiatric Ward

you will need to care for your baby at home, and it may be helpful for family or friends to come and support you if they are able.

Where your partner receives care will depend on how ill she is, how far away the nearest MBU is, and whether they have any available places.



I had an initial feeling of shock and helplessness. I was hugely confused about what was happening both to my wife and all of us. I feared for how we would cope in the future – my wife was (and is now) a very together, organised person – I wondered if she would ever return to her old self.



Mother and Baby Units

MBUs are the best setting for treating Postpartum Psychosis. They have health care teams with expert knowledge of mental health problems following childbirth. They provide the right facilities to look after a baby and support bonding between mother and baby. Some units have a family flat that partners can stay in too.

Our research indicates that women who receive care for PP in MBUs feel more satisfied with the care they receive, recover more quickly and feel more confident with their baby when they go home.

However, if an MBU bed is not available, or is too far away, your partner might be admitted to a General Psychiatric Ward. Some areas will have a Specialist Perinatal Psychiatrist or Specialist Perinatal Team, so even if there are no MBU beds, try to ascertain from the GP or General Psychiatrist if you can have input from a specialist.

If your partner is admitted to a General Psychiatric Ward, you can help her recovery by arranging to visit regularly with the baby and giving her the opportunity to help with dressing, feeding and changing the baby as well as plenty of time for cuddles. Later on you should be able

to take time off the ward to walk the baby in the hospital grounds or go to a cafe together.

For more ideas about things you can do to help, see: www.app-network.org/partners

Being Sectioned – Involuntary Treatment under the Mental Health Act

Your partner may not be willing to go into hospital voluntarily. 'Sectioning' is a legal process to find out if your partner has the legal capacity to agree to or refuse treatment.

The idea of having your partner sectioned might feel uncomfortable. You may worry that your partner, or her family, will resent your decision.

Your partner is safest in hospital. Try not to feel guilty if she has needed to be sectioned under the Mental Health Act. She will be given the treatment and support she needs to get through this time. Whether she goes into hospital voluntarily or is sectioned under the Mental Health Act, what matters is that your loved one gets the help she needs.

Medication

Your partner may only be in hospital for a short time, but she will probably need to take medication for a longer period after being discharged from hospital.

Different medications and dosages work for different people. Many take 3–4 weeks to have an effect. Your partner's doctors will be keeping an eye on how she is doing and may change her medication if needed. Do ask the doctors and nurses any questions you have about your partner's medication.

Medications commonly used to treat PP

Antipsychotics are used to help treat psychotic symptoms such as unusual beliefs (delusions) and seeing or hearing things that are not there (hallucinations). They can also help to reduce anxiety and high mood (mania).

Sleeping tablets are used in the short term to help regain normal sleeping patterns.

Benzodiazepines are used to help to reduce agitation and anxiety.

Mood stabilisers are used to treat high mood (mania), low mood (depression) and dramatic changes in mood.

Antidepressants are used to help improve low mood, but in women with PP they would most often be used alongside a mood stabiliser.

ECT (Electroconvulsive therapy)

In some cases, severe symptoms of Postpartum Psychosis persist even when your partner has been taking medication for quite a long time. If this is the case, or if the illness is particularly severe, the psychiatrist treating your partner may recommend that you consider ECT. ECT can be an effective treatment for PP. The Royal College of Psychiatrists website gives a helpful overview: www.rcpsych.ac.uk/expertadvice/treatmentswellbeing/ect.aspx

Side Effects

Medications for PP may have some unpleasant side effects, particularly when just starting to take them. The website Choice and Medication is a good place to find information about medications, side effects and advice about whether they are safe whilst breastfeeding. www.choiceandmedication.org/ncmh

Talk to your partner about how she's feeling. If she's unhappy with the medication or worried that side effects are stopping her from caring for the baby, explain this to her doctor. Discourage your partner from stopping medications suddenly, until she has talked to her doctor.

Stopping breastfeeding

For some women, there is a great sense of loss and sadness if they have to stop breastfeeding due to their illness or medication. Try to involve her in feeds once she is well enough and reassure her that many women have to bottle-feed for many reasons. It is not a failure to bottle-feed – what is most important is that she gets better.

Your role during admission

The length of time for hospital admission is highly individual. An average stay for PP is around 8–12 weeks, but some women are admitted for only 2 weeks and some for much longer.

Your role for a few weeks is going to be balancing looking after yourself, your partner and bonding with your baby. It is going to be a difficult time and you are likely to be exhausted.

Feeling alone, confused, stressed, frustrated or unsure of how to help is very normal at this point.

Telling family and friends

It's worth giving yourself a bit of time to think about who needs to know and what they need to know. Explaining what's happening to family and friends may be difficult. It can be hard for people to accept that someone close to them is mentally ill.

Things to think about:

- Who needs to know everything and who just needs to know a bit?
- Does your partner want any visitors yet?
- Whom do you need to support you personally?
- What practical support can they give?
 - cooking meals
 - keeping other friends and family informed
 - offering childcare
 - helping with housework

At 1 am I phoned my best mate who lived 30 minutes away. His wife was at my front door 45 minutes later. She was wonderful. She phoned the hospital and got a duty midwife to call with supplies of formula. She swept up the broken glass and shattered crockery and, most importantly, made me a cup of tea.



Some tips from people who've been through this:

- Speak to your own and your partner's families as close together in time as possible.
- Encourage people not to call the hospital or your partner directly in the first few days.
- Updates can be sent by email or text if it gets difficult fielding calls from everyone.
- Ask a trusted friend to pass on messages from you to friends and family so you don't have to spend all your time making calls to update everyone.

Emotionally it was very difficult because she wasn't doing things. All the things in our life fell on me.

Supporting your partner in hospital

There will be a lot of information to take on board and conversations with doctors and nurses can be jargon-heavy.

It might help to keep a notebook with you to record things like: important phone numbers; names of the psychiatrist and nurses caring for your partner; dates of meetings e.g. ward round; the spellings and dosages of medications; how your partner is doing, and what her symptoms are when you visit or phone; any advice you've been given; and questions you want to ask.

Don't be afraid to ask doctors and nurses to take the time to explain things to you.



It was a weird time because I didn't feel it was my own wife who was in hospital. It felt like there was kind of a stranger who'd taken her over and I was very much on my own.



Care in a Mother and Baby Unit (MBU)

In an MBU, nursing staff often do a lot of the baby care in the first few days to help your partner to sleep. But it's important to find a balance so your partner can gain confidence in her skills as a new mum.

If your partner is in an MBU you may want to ask:

- How does the hospital plan to look after your baby?
- Will they be supporting your partner to breastfeed or bottle feed?
- How much baby care will your partner be doing and how much can you do when you visit?
- Do they have visiting hours for partners or can you come whenever you like?
- Can you stay overnight with your partner?
- What kinds of health professionals will be involved with your partner? What will they do?



What made the difference in our case was, eventually, access to specialist support. I cannot speak highly enough of the specialist support that we received.



Care in a General Psychiatric Ward

Psychiatric wards can feel chaotic and a bit frightening. They often don't seem a suitable environment for a baby. If your partner is being cared for here, it might be worth asking:

- Is there somewhere to have some privacy when you visit – e.g. family rooms or ward rooms?
- Can you visit with the baby? When and for how long?
- Are there facilities to refrigerate/warm formula?
- How do they plan to manage any postpartum physical issues (e.g. Caesarian-section care)?
- Will your partner have short leave periods when you could take the baby for a walk around the grounds or go to a cafe?
- Is there the possibility of transferring to a Mother and Baby Unit when a bed becomes available?



I would have liked to have understood more about the condition and what I could do to help. What was normal? None of it felt normal to me, and I felt very isolated and out of the care process.



Looking after your baby

Caring for a baby might be new to you.

Remember that the first few weeks after having a baby are hard for every parent, even without the additional worries and extra jobs that you have.

All new parents need help and advice in the early days, so don't be afraid to ask the midwife or health visitor for any support or advice you need in terms of feeding, holding, bathing, sleep routines, and bonding with your baby.

In the first few days your midwife may be able to give you cartons of ready-made milk so you don't have to worry about making up bottle feeds from scratch.

If your partner is in an MBU, try to get really involved with baby care when you visit. Don't be afraid to ask the staff to support you with caring for and bonding with your baby. Try and visit as regularly as you can, even for short periods, and spend time with your baby.

Looking after your own health

Looking after your partner and family is a lot to cope with. You might find things particularly difficult if the person that you normally turn to for support is your partner. She can't be there for you because of her illness.

You might find yourself feeling stressed, anxious, low or unwell. If you have a friend or family member you can talk to, then let them know how you're feeling. It can be good to let it out. It isn't selfish to think about yourself.



There is also the element that, I think, as a bloke, it was my wife that was ill, and therefore I was the one that had to be strong and to support her and to look after her and the baby and not show stress or weakness.



Many dads find that taking an hour or so a week away from hospital visiting and baby care is vital for their health and wellbeing. Make it a priority to get 'down time' for yourself – whether this is getting out for a walk or a bike ride or spending an hour catching up with a friend.



I suppose there was the worry about money, because I was obviously thinking if I've got to look after the baby I won't be able to work... So, all these things are going on in your head all at the same time.



Make sure you eat and sleep properly. If you're finding it hard to cope with how you're feeling or you're struggling to sleep, talk to your GP or find out if there is a carer's support service via the hospital where your partner is being treated. It's OK to admit feeling stressed when your world's been turned upside down.

Managing work

It's really normal to feel worried about work and finances after your paternity leave ends. It may be a good idea to let your employer know what's going on. Your employer has a responsibility to look after your health and wellbeing and you might be able to arrange a period of paid sick leave, compassionate leave or unpaid parental leave.



Recovery

Well done for making it through the time when your partner was in hospital. Now it's time for her to come home. It's OK for you both to feel nervous about this. Coming home is the beginning of a deeper recovery process, and it can be a long haul.

Tips for the early stages:

- Your partner will probably have lost confidence as a mum. Try not to be the 'baby expert'. Let her know there are things you're unsure of and worried about too.
- Try to support her taking small steps with independent baby care, rather than backing out and letting you do it.
- Make time to talk to each other – you are both getting over a big ordeal.
- Try to have fun together and enjoy some of the things you've missed.
- Prioritise spending time together.
- Take lots of photos of yourselves and your baby. It will help your partner to recall this time better and order her memories when she looks back.
- Make sure that you have a plan in place should your partner's symptoms get worse again, and that you know who to call in an emergency.

Health services support

Ideally there will be a plan in place for community mental health services to continue supporting your partner at home.

A Health Visitor should be visiting you in the same way as for any other new parents. You can ask for more regular visits if support with baby care, bonding and recommendations for local parent and baby groups would be helpful.

Most areas have a huge number of privately run parent-infant groups, such as baby massage, singing and signing, baby yoga etc. Some mums find these groups helpful and others find it too daunting to attend alone when recovering. Most groups are also open to Dads and babies.

Some areas of the UK also have parent-infant specialists such as clinical psychologists who can help with bonding with the baby and helping your partner to regain her confidence.



Once your partner has left hospital is when you really need support like fathers' groups and contact with the psychiatrist and nurses.



Informal support – friends, family and volunteers

Raising a child is a lot of work! Don't be afraid to ask friends and relatives to help out in practical ways. You could ask people who live locally to organise a meal rota, or just to be available to text when you need some shopping or to get some laundry done.



"After about 10 months we had reached a stage where my wife was probably 75% back to "normal". The turning point was realising that she could laugh out loud without those around her worrying she was becoming manic. She was making decisions and generally feeling "in control"... Now, 5 years later, we are good. My wife is the woman I met and fell in love with and is coping as well as any mother with two boys can!"



Dealing with the impact of PP

People recover from distressing experiences in different ways. Some need to talk about it, others want to 'move on' and 'get on with it'. You may find that you and your partner have similar or completely different ways of dealing with what you've been through. Work together where you can, but bear in mind that you may both need individual support from friends and family or perhaps through counselling.

It can take time to deal with the difficult emotions that have been part of your partner's illness and recovery. It's important not to rush her and to be sensitive to her feelings. Your partner might feel embarrassed about some of the things she can remember saying or doing during her illness. It might also be difficult for her to separate what really happened when she was ill from some of the things she thought were real, but were not.

The experience of going through PP does not need to be 'done and dusted'. It may feel difficult to accept, but you won't be able to control how long your partner takes to get over her illness. If you can be available to talk to her on a daily basis, it's less likely that the big issues will be swept under the carpet and never talked about.



My experience tells me this:

You as a partner cannot make the illness go away. All you can do is be patient; provide support and source the appropriate outside help without taking over that person's life.

Do everything together, even though your partner is ill. Make the key decisions together. Remember that you have a wonderful child even though the situation is difficult at times.



Thinking about counselling?

Your experiences during your partner's illness may leave you feeling shocked, frightened or overwhelmed. You might feel it would be helpful to talk to a counsellor about what you've been going through. You may be able to access a 'talking therapy' through the NHS.

The impact on your relationship

While your partner is unwell and in recovery, your relationship will probably be very different from how it used to be. Many couples who've been through PP say that their relationship did change due to the illness. Some feel that their relationship suffered. Others feel that their relationship strengthened as they shared the experience of going through PP and learned to respect the resilience and determination their partners showed in the sometimes-long recovery period.

There are a number of organisations that help couples think about problems in their relationships and these might be helpful a little further down the line. Relate is an organisation where couples and individuals can receive counselling around issues in their relationships: www.relate.org.uk, 0300 100 1234



Little by little, I think we are getting our lives back, but it certainly takes the wind out of you...



Peer Support

APP runs an online forum for anyone affected by PP. Dads who have been through PP can share their ideas and offer their own experiences: www.app-network.org/pptalk

We also have a one-to-one email support service if you would like to talk privately to another dad whose partner has recovered from PP. Visit: www.app-network.org/peer-support

Being aware of your partner's mental health

Many women who have been through PP find that there are ups and downs in their mood over the first year of recovery. It can sometimes feel like a real setback, if things had been going well, to have another period of low energy, anxiety or depressed mood.

It's important to remember that all new mums (and dads) have good days and bad days, so tears, exhaustion and grumpiness aren't



necessarily signs that your partner is getting ill again. Some symptoms during recovery are more worrying, like not being able to sleep or having too much energy as they can be early signs of mania. Talk to the health professionals about anything you're worried about.

Offering the right support to your partner while she monitors her own feelings and behaviour can be a bit tricky. It's important that you're both aware of the seriousness of what she's been through and are looking out for any signs that she's becoming unwell. But try to be sensitive to the fact that your partner may feel watched or judged and fear that whatever she does might be seen as a symptom of illness.



9 months after our baby was born, we were going on our first holiday down to Cornwall. I'd booked a beautiful self-catering cottage, it was lovely. The day after we'd arrived I remember my wife saying to me "I feel really great." There they were again, the four little words. Instantly the hairs on the back of my neck stood on end... I was right and she knew it as soon as I mentioned it; those words always seemed to be said when things were not ok and there was a certain amount of apprehension from both of us.



There are things you can do to support your partner as she gets back on her feet:

- Encourage her to set herself small achievable goals. As she monitors her progress she'll see that every setback doesn't take her back to square one. It's important for her to see how far she's come.
- Encourage her to keep a mood diary. This will help her see what things trigger her to have high or low moods. You can then work together to try to do more of the things that help her to feel level. Visit: www.app-network.org/moodcharts
- Keep a mood diary of your own. Getting to know yourself better could help if it allows you to notice any things you do which particularly affect the mood at home, for better or worse.
- If your partner has made a list of things that make her feel happy, sensitively encourage her to try something from the list when she is feeling low.
- If your partner has a list of things that help her feel calmer and more relaxed, encourage her to try something from it if she is feeling stressed or high.
- It can be very distressing if your partner is having suicidal thoughts during recovery, but these can happen. There is no evidence that asking about suicidal thoughts can 'give someone the idea' so it is best to discuss this subject openly. Encourage her to speak to her mental health workers or GP about her thoughts, and to use support lines such as the Samaritans (08457 909090). If you are concerned that your partner is making plans to commit suicide, get help urgently by calling your crisis team or 999, or taking her to A&E.

PP is a severe illness and recovery takes time. Women who have had PP say it can take 12 – 18 months or longer to feel 'normal again' and to fully regain their confidence. You can obtain further information about recovering from PP from our Insider Guide to Recovery: www.app-network.org/what-is-pp/app-guides

Planning for the future



The long-term outcome after an episode of PP tends to be very good. Some women will never experience another episode of mental illness. However, other women who have had PP will become ill after having another child, or have future episodes of mental illness not related to childbirth.

Before she is discharged from her psychiatrist or the community support services, you and your partner should ask for help in making a plan of action just in case she gets ill again. This type of plan can also be written up with your Midwife and Mental Health Team if you decide to have more children.

The plan should include:

- Triggers that could make your partner more vulnerable to high or low mood, such as stress.
- Any early warning signs to look out for, such as sleeplessness.
- Which treatments or medications, and what doses, have worked well in the past.
- Any medications she would prefer to avoid.
- Where your partner would like to be treated if she was to go back in to hospital.
- The phone numbers of any health professionals and services you'll need.
- Activities that your partner finds helpful to her recovery.

Thinking about having another baby

Making the decision to have another baby will not be straightforward. Thinking about it might bring up a lot of worries – will you and your partner go through the same painful experiences all over again? The more you can both share about your hopes and fears, the easier it will be to make an informed decision together. Things to remember:

- Many women who have had Postpartum Psychosis go on to have more children.
- About 50% do not experience PP again after the birth of another baby – but about half do.
- With the right care, if your partner does have another episode, you should be able to spot the signs, get help before it becomes too severe, and recover more quickly the second time around.
- If you do decide to have another baby, you and your partner should talk to her GP and seek referral to a Specialist Perinatal Psychiatrist as early as possible to discuss medications and any special arrangements that should be made during pregnancy and following birth. This will help you to be as prepared as possible. For more information, see APP's Insider Guide: Planning Pregnancy from: www.app-network.org/what-is-pp/app-guides

Help is available

You're not alone. Visit our website for more information: www.app-network.org/partners

You can chat to other people on the PPTalk forum, share your experiences and hear from others who've been through the same things as you – and have come through the other side: www.app-network.org/pptalk

Request one-to-one email support from another dad who has been there: www.app-network.org/peer-support

If, in the future, you would like to offer support to other partners, you can: become a Peer Supporter yourself; write about your experience for our website; raise awareness and funds or find out about other things you can do to help. Email: andrea@app-network.org

Further reading

A copy of these academic journal articles can be obtained from the APP office.

Heron, J. et al (2012) Information and support needs during recovery from Postpartum Psychosis. Archives of Womens Health 15: 155 – 165. <http://bit.ly/14NicRz>

Robertson E & Lyons A. (2003) Living with Puerperal Psychosis: a qualitative analysis. Psychology & Psychotherapy 76 (4) 411 – 31. <http://1.usa.gov/16vQVkJ>

Doucet, S et al (2012) Support needs of mothers who experience Postpartum Psychosis and their partners Journal of Obstetric, Gynecologic, & Neonatal Nursing: 41 (2) 236 – 245. <http://bit.ly/ZzzRE4>

The following leaflets are available to download at: www.app-network.org/what-is-pp/app-guides

APP Insider Guide: Recovery after Postpartum Psychosis

APP Insider Guide: Planning Pregnancy – A Guide for Women at High Risk of Post Partum Psychosis

APP/Bipolar-UK Leaflet: Guide to Bipolar Disorder, Pregnancy and Childbirth

Royal College of Psychiatrists Leaflet: Postpartum Psychosis – Severe Mental Illness after Childbirth

Puerperal Psychosis: A Carer's Survival Guide by Craig Allatt: www.app-network.org/what-is-pp/books-references

Find useful links and organisations at: www.app-network.org/useful-links

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UNIVERSITY OF
BIRMINGHAM

Action on Postpartum Psychosis

Tel: 020 3322 9900

Email: info@app-network.org

Website: www.app-network.org

Twitter: @ActionOnPP #PPTalk

Facebook: www.facebook.com/ActionOnPP

Online Community:

www.app-network.org/pptalk

One-to-One Email Support:

www.app-network.org/peer-support

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