

Understanding Mothers' Experiences of First Onset Postpartum Psychosis: Research Summary

Seven women were recruited from NHS perinatal mental health teams and Action on Postpartum Psychosis (APP); a national charity for postpartum psychosis.

Characteristics of women in this sample included:

- A mean age of onset of postpartum psychosis of 32 years, with an age range of 28-38 years.
- All participants were with the same partner since diagnosis, except one who was going through a separation at the time of interview.
- 4 participants were white British, 1 was white Other, 1 was black British, and 1 was black African.
- 1 woman had a child prior to postpartum psychosis, 1 woman had a child before and after postpartum psychosis, and 1 woman had another child after postpartum psychosis.
- 3 women were admitted to mother and baby units, 2 women were admitted to general psychiatric wards and 2 women were first admitted to general psychiatric wards followed by a mother and baby unit.

A semi-structured interview aimed to capture information about mothers' feelings towards her infant and her role as a mother sequentially from pregnancy, birth, the postpartum period, to onset of postpartum psychosis and through to recovery and present time.

Results

Themes that emerged from the interviews are outlined below:

- Women's expectations of motherhood were very different to reality due to the disruptions of postpartum psychosis, particularly as a first presentation of mental illness.
- All women highlighted how they had not been informed about postpartum psychosis prior to onset, which made this an even more terrifying and confusing experience for them and their families.
- Women found disruptions to breastfeeding to be upsetting and if separation occurred between mother and baby, this was particularly distressing for mothers.
- All women felt a good bond with their infant at time of interview and felt that any disruptions during early experiences were short-term.
- Due to women's own experiences of not being aware of postpartum psychosis, it was very important to mothers to share their experiences to increase understanding for others.

Women spoke about the terror, confusion and depression that were all associated with postpartum psychosis.

- For many women, particularly those who were not treated by specialist perinatal teams, it was felt that professionals also had a lack of awareness. Those however who did receive specialist care, reported to highly value this and felt well supported.
- Women highlighted the stigma around perinatal mental health, which is perpetuated by a lack of knowledge and understanding amongst society.
- Many women felt unsupported by professionals and relied mainly on partners and family, who were seen as vital sources of support through the process of postpartum psychosis.
- As women were interviewed having recovered from postpartum psychosis, mothers were able to offer reflections on their experiences and what they would want others to know going through similar experiences.

Conclusions

- Women with first onset postpartum psychosis did not feel this experience has long-term effects on the mother-infant relationship. Although they note disruptions when they were acutely unwell, women did not report difficulties with bonding or caring for their baby. Women maintained their role as a mother and continued to care for their baby with support from specialist perinatal mental health staff, partners and families.
- Depression following postpartum psychosis was reported to be detrimental to the mother-infant relationship, with women feeling that this affected how they bonded with and cared for their infant.
- All women felt that understanding of and care for postpartum psychosis needs to be improved. The Maternal Mental Health Alliance launched the ‘Everyone’s Business’ campaign in 2011 for all women in the UK to get “consistent, accessible and quality care and support” for their antenatal and perinatal mental health. Study findings highlight the need for further research to inform improvements in perinatal mental health care and the strengths of specialist perinatal mental health provisions.

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