Postpartum Psychosis

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Action on Postpartum Psychosis (APP)

www.app-network.org
My Story

- Sickness
- High Blood Pressure
- Baby under the 3\textsuperscript{rd} centile
- C-section at 31 weeks
- Baby daughter Oona weighed just 860 grams (under 2lbs)
First notable symptoms of Postpartum Psychosis

- Felt unwell 4 days after having Oona
- Husband and family thought I was sleep deprived
- I had racing thoughts
- I felt I didn’t need to sleep
- I was at times aggressive
- I felt euphoric
A traumatic event
In Hospital

[Two women giving thumbs up in a hospital room]

[Another woman in a hospital bed wearing a crown, holding a sign that says "I hope you will get better soon"]
Escalation of symptoms and severe symptoms

At Home

- On discharging myself I had a major episode

Whilst in hospital

- I was admitted to the Trauma Ward at Kings to recover from my back injuries
- I was sent home after 1.5 weeks under the care of the Home Team
- I was still suffering occasional bouts of paranoia
- Displaying occasional out of character behaviour
What happened in my pathway to care

- After a week at home, I was admitted to the Maudsley following another episode
- A bed became available at Bethlem Mother and Baby Unit two weeks later and I was transferred
- I spent two months at the Mother and Baby Unit recovering from PPP and PND
- Whilst my baby was in SCUBU I was able to visit her daily
- Husband visited daily and I was increasingly allowed to stay at home with Oona-my discharge was supported and gradual

If I lived in Northern Ireland or Wales there would have been no provision for me

The MBU saved my life
Mother & Baby Units

Big gaps

Postcode lottery

Plans for new units (East, South-West, North-West & South East)
Experience of recovery, medication, treatments

• I was on Olanzapine for a few months after my illness
• The depression, once medicated, only lasted in its extreme form two weeks
• I was prescribed a high dose of the anti depressant Sertraline which was gradually reduced.
• I was offered ECT. My husband was adamant I should wait for the medication to work before considering this option.
• Once home, I suffered from anxiety for a year
• I was referred to a Mindfulness Course, A Keeping Well Group, I did yoga and Buddhist meditation
• I was advised not to drive for two months, move house….or have another baby any time soon!

“Putting the pieces back together”
Holding it together
• **Red areas**
  - no specialist team exists.

• **Pink areas**
  - Some extremely basic level of provision exists but currently falls short of national standards and needs expanding.

• **Amber areas**
  - Some basic level of provision exists but currently falls short of national standards and needs expanding.

• **Green areas**
  - Women and families can access treatment that meets nationally agreed standards.
Outcome - what helped

• support from Mental Health care team
• Talking therapy
• APP network
• Meeting other new mums
• Sharing my story
• Spending time with friends and family
• Being a mindful mum

Society’s expectation of motherhood & stigma
Key Facts
Postpartum Psychosis Facts

- PP is the most severe form of postnatal mental illness
- Affects 1-2 in 1000 women
- Women with a history of bipolar disorder at very high risk
- Onset usually within two weeks of childbirth
- Acute phase can last weeks
- As common as Downs syndrome and this is highlighted to women routinely through pregnancy…
- Half of all cases happen to women ‘out of the blue’ with no previous psychiatric history
- Full recovery can take a year or more
Symptoms of “high” mood (mania)

Symptoms of low mood

Psychotic symptoms

Many early symptoms are missed by health professionals
Many early symptoms are missed

Difficult to differentiate between normal emotions

This table shows the top 10 early symptoms a group of 127 PP women reported before the onset of full-blown psychosis

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Number (%)</th>
</tr>
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<tbody>
<tr>
<td>Excited, elated, high, ‘over the moon’ giggly</td>
<td>66 (52)</td>
</tr>
<tr>
<td>Active, energetic, overactive</td>
<td>47 (37)</td>
</tr>
<tr>
<td>Chatty, sociable, talking more, always on the phone</td>
<td>45 (35)</td>
</tr>
<tr>
<td>Busy mind, racing thoughts, lots of ideas</td>
<td>40 (31)</td>
</tr>
<tr>
<td>Muddled thinking, mixed up, confused, not with it, disorientated</td>
<td>37 (29)</td>
</tr>
<tr>
<td>No need for sleep</td>
<td>32 (25)</td>
</tr>
<tr>
<td>Not able to sleep</td>
<td>29 (23)</td>
</tr>
<tr>
<td>Irritable, people getting on nerves, arguing, angry, impatient</td>
<td>29 (23)</td>
</tr>
<tr>
<td>Anxious</td>
<td>24 (19)</td>
</tr>
<tr>
<td>In a dream world, unreal, detached from world</td>
<td>21 (17)</td>
</tr>
</tbody>
</table>
Is childbirth associated with risk?

Onset of major functional psychiatric disorders in the puerperium

Kendell et al 1987
APP
Who we are and
What we do
About Action on Postpartum Psychosis

- Registered charity
- Over **700 women** members who have experienced PP throughout UK
- Run by a team of: academic experts; specialist health professionals; women with personal experience of PP
- Lottery Awards Finalist, Health Category 2015 (coming a close 2\textsuperscript{nd}!)  
  - Hosted by University of Birmingham
  - Director: Dr Jessica Heron
  - Board of Trustees chaired by Dr Giles Berrisford
We field requests for **specialist advice** to our panel of experts and offer signposting to **appropriate resources** or sources of support.

We **campaign** for improvements in perinatal mental health care.
Everyone’s Business

MATERNAL MENTAL HEALTH
everyone’s business
www.everyonesbusiness.org.uk

- 1 in 10 women affected in pregnancy or first year after giving birth
- Personal stories
- £8 billion cost according to October 2014 report

We must ACT
To make sure women receive the perinatal mental health care they need, we must ensure the following:

**Accountability** for perinatal mental health care is clearly set at a national level and complied with.

**Community** specialist perinatal mental health services meeting national quality standards are available for women in every area of the UK.

**Training** in perinatal mental health is delivered to all professionals involved in the care of women during pregnancy and the first year after birth.
Leaflets & web resource for women, their families & health professionals
We have an **online forum**, manned by trained peer support volunteers, where women & their families can talk to others who have experienced PP.
We offer a **one-to-one peer email** service supporting women and partners who have experienced Postpartum Psychosis.
We are building a team of **Regional Representatives** in each area of the UK to: make links with perinatal services, give training, build volunteer teams; hold fundraising events; raise awareness.
What can you do?

- Social Media
- Sign up to the APP mailing list
- Request leaflets and distribute them to staff
- Signpost to APP and Peer Support
- Experts by Experience training, team meetings etc
- Fundraising

Follow us on Twitter: ActionOnPP
www.facebook.com/ActionOnPP
1. PP is not the same as Postnatal Depression and is not a severe form of Postnatal Depression

2. PP is as common as Down’s Syndrome yet awareness is very limited

3. Everyone should have access to specialist services and inpatient units no matter where they live in the UK

4. All parents to know what Postpartum Psychosis is and what to do if it happens.

5. All front line health professionals should know the risk factors for PP, key symptoms and to be able to identify potential early symptoms.

6. All frontline health professionals should know how to talk about mental health
Any Questions?

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PP Talk support forum: www.app-network.org/pptalk

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