

Preventive treatment of pregnant women at high postpartum psychosis risk

March 9 2012

(Medical Xpress) -- Twenty-nine pregnant women with a history of psychotic symptoms after previous deliveries, but not at other times, all remained stable without medication throughout their current pregnancies. Those who then began taking lithium or an antipsychotic within hours after delivery remained free of relapse after childbirth.

In contrast, relapse during pregnancy was common in women with bipolar disorder, especially in women who did not take medication during pregnancy. After delivery, most of the women with bipolar disorder took medication, but relapse nevertheless occurred in six of the ten who had experienced mood episodes during pregnancy.

This study of 70 women will be published online on March 8, 2012, at *AJP in Advance*, the ahead-of-print website of The [American Journal of Psychiatry](#) (AJP), the official journal of the [American Psychiatric Association](#). The women were treated in the Peripartum [Prevention Program](#) of Veerle Bergink, M.D., and colleagues of Erasmus Medical Center in Rotterdam, the Netherlands. They were considered to be at high risk of postpartum psychosis because of either bipolar disorder or a history of postpartum psychosis only, without manic or [psychotic symptoms](#) at other times.

The pregnant women made their own decisions regarding whether to take medication during pregnancy and the [postpartum period](#). They were given information and recommendations regarding specific drugs and treatment options, and those who were taking a mood stabilizer at the

time of evaluation were advised to continue during pregnancy.

Dr. Bergink stated, “Up to now, physicians haven’t known when to start medication to prevent postpartum psychosis. Many have thought that it has to start before delivery, but that exposes the fetus to possible adverse effects. Now women who have a history of psychosis limited to the postpartum period may be able to avoid that risk. On the other hand, in women with [bipolar disorder](#), medication during pregnancy appears critically important to maintain mood stability during pregnancy and to minimize the high risk of postpartum relapse.”

Robert Freedman, M.D., AJP Editor-in-Chief commented: “This unique study does not establish new guidelines for treatment, but it gives doctors and patients important data for their decisions on the benefits and risks for preventive treatment during pregnancy.”

The study was performed at the Erasmus Medical Center in Rotterdam, the Netherlands.

More information: ajp.psychiatryonline.org/AJPInAdvance.aspx

Provided by American Psychiatric Association

Citation: Preventive treatment of pregnant women at high postpartum psychosis risk (2012, March 9) retrieved 25 April 2024 from <https://medicalxpress.com/news/2012-03-treatment-pregnant-women-high-postpartum.html>

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