

# Psychotic Disorders in the Perinatal Period (Schizophrenia, Bipolar Disorder and Postpartum Psychosis)

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**Note:**

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

**Explanation of the aboriginal artwork:**

The Aboriginal artwork used symbolises the connection to country and the circle shape shows the strong relationships amongst families and the Aboriginal culture. The horse shoe shape design shown in front of the generic statement symbolises a woman and those enclosing a smaller horse shoe shape depicts a pregnant woman. The smaller horse shoe shape in this instance represents the unborn child. The artwork shown before the specific statements within the document symbolises a footprint and demonstrates the need to move forward together in unison.



**Australian Aboriginal Culture is the oldest living culture in the world yet Aboriginal people continue to experience the poorest health outcomes when compared to non-Aboriginal Australians. In South Australia, Aboriginal women are 2-5 times more likely to die in childbirth and their babies are 2-3 times more likely to be of low birth weight. The accumulative effects of stress, low socio economic status, exposure to violence, historical trauma, culturally unsafe and discriminatory health services and health systems are all major contributors to the disparities in Aboriginal maternal and birthing outcomes. Despite these unacceptable statistics the birth of an Aboriginal baby is a celebration of life and an important cultural event bringing family together in celebration, obligation and responsibility. The diversity between Aboriginal cultures, language and practices differ greatly and so it is imperative that perinatal services prepare to respectfully manage Aboriginal protocol and provide a culturally positive health care experience for Aboriginal people to ensure the best maternal, neonatal and child health outcomes.**

## Purpose and Scope of Perinatal Practice Guideline (PPG)

This guideline provides clinicians with general information about severe mental illnesses (schizophrenia, bipolar disorder and postpartum psychosis) in the perinatal period; including monitoring, care planning and referral.

# Psychotic Disorders in the Perinatal Period

(Schizophrenia, Bipolar Disorder and Postpartum Psychosis)

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### Summary of Practice Recommendations

Preconception planning should include the effects of some medications on fertility, the risk of relapse in pregnancy or after the birth (particularly if medications are stopped), normalising weight if possible prior to conception, pharmacological treatments to be used after the birth, whether she will breastfeed and the complexities of raising a child in the context of severe mental illness.

A multidisciplinary team approach to care in the perinatal period is essential, with clear communication involving the woman, her family and support people, advance written care planning and continuity of care across different clinical settings.

Support from and for partners and other extended family members, of women with psychotic illnesses is an important component of whole family care. Psychoeducation and supportive therapy that includes family and significant others is essential.

Consider high dose folate for women pre-conceptually and in the first trimester if recently weaned from valproate or other folate antagonist.

Monitor women taking antipsychotics for excessive weight gain, gestational diabetes and hypertension.

Consider tertiary level morphology ultrasound for women prescribed antipsychotic medication.

Ensure adequate drug and alcohol assessment is undertaken with appropriate referral to additional specialised services as indicated.

Undertake routine screening for anxiety and depression using the EPDS (and in some agencies a measure of psychosocial function e.g. A/PNRQ).

Preventive measures including mood stabilisers, antipsychotics and benzodiazepines for sedation can be introduced for women at high risk of psychosis (previous puerperal psychosis or known bipolar mood disorder) immediately following birth, with consideration about the effects of these medications on breastfeeding and the breastfed infant.

Provide increased support and/or targeted mother-infant therapy in the postnatal period, including early involvement by CaFHS and professional support from a wide range of practitioners.

Specialist psychiatric consultation should be undertaken when prescribing psychotropic medications in pregnancy and breastfeeding.

Safety / risk considerations for mother and infant can be paramount initially. Observing the infant at all times when with the mother may be necessary until safety can be assured.

Report Child Protection Concerns to the Department for Child Protection (i.e. if the mother is not responsive to the management plan and therefore unable to care for and protect the infant), via the Child Abuse Report Line (CARL): 131 478

When symptoms have developed, in a first or unexpected illness episode, the management plan should include:

- Urgent mental health assessment, ensuring an appropriate understanding of and attention to safety issues for mother and infant particularly, but also others in the immediate environment
- For urgent help 24/7 in South Australia, phone Mental Health Triage on 131465
- Admission to a specialised psychiatric facility is appropriate when the mother has an acute psychiatric illness. An urgent referral to Helen Mayo House (Mother-Baby Unit) should be completed. It is very important to try and keep the mother and infant together to help establish good attachment relationships and breast feeding, wherever safety considerations permit this. See [Additional Resources](#) for information.
- Commencement of medication: mood stabilisers, antipsychotics and benzodiazepines may all be appropriate. In general, the level of symptoms will guide management in the acute phase, rather than precise diagnosis.

Note: Do not initiate use of clozapine in pregnant or breastfeeding women.

Do not prescribe anticonvulsants (especially sodium valproate) to women of childbearing age.

Where possible, avoid the use of lithium in women who are breastfeeding.



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### Abbreviations

A/PNRQ	Antenatal or Postnatal Risk Questionnaire
CaFHS	Child and Family Health Service
COPE	Centre of Perinatal Excellence
EPDS	Edinburgh Postnatal Depression Scale
PANDA	Perinatal Anxiety and Depression Australia

### Definitions<sup>1</sup>

Bipolar Disorder	Type I (with full mania) or Type II (with less florid manic symptoms) is an episodic disturbance, characterised by psychotic episodes, generally first manic / hypomanic, (lasting up to 4 months) and then followed by a depression, usually of several months duration.
Mania	Period of disorganised behaviour characterised elevated mood, inflated self-esteem, grandiose notions, mental excitement and hyperactivity, insomnia and increased activity and energy.
Postpartum psychosis	Puerperal psychosis is a psychotic illness occurring in the first 28 days after childbirth. It is generally believed to be an episode of bipolar mood disorder.
Schizophrenia	A chronic brain disorder characterised by distorted thoughts (e.g. delusions, hallucinations, apathy) and abnormal behaviour (e.g. disorganised speech, wandering, self-neglect).

### Background<sup>1</sup>

#### Prevalence

Schizophrenia: approximately 1 in 100 in general population

Bipolar disorder: approximately 1 in 100 in general population

Postpartum psychosis: approximately 1 in 1000 women

#### General Information

Women with a prenatal diagnosis of schizophrenia or bipolar disorder should ideally commence pregnancy with an individualised care plan for managing their condition prepared by their mental health care practitioner. Where the pregnancy was not planned, women should be reviewed by their mental health care practitioner to develop a plan as early as possible in their pregnancy regardless of how 'well' they have been pre-pregnancy. Maternity care providers in association with the mental health care team should ensure that the mental health management plan is documented in the case notes.

People with schizophrenia or bipolar disorder frequently have other mental health conditions such as anxiety and depression. Women with known mental illness should still be screened using the Edinburgh Postnatal Depression Score (EPDS) and Antenatal Risk Questionnaire (ANRQ) at the antenatal 'booking' visit and at least once later in pregnancy. Screening using the EPDS +/- Postnatal Risk Questionnaire (PNRQ) should occur at approximately 6 weeks after birth and again later in the first postnatal year (see *Anxiety and Depression in the Perinatal Period* PPG for more information; available at [www.sahealth.sa.gov.au/perinatal](http://www.sahealth.sa.gov.au/perinatal)).

Cognitive behavioural therapy and other psychological interventions can be beneficial in managing secondary depression or anxiety.



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Women with severe mental illness may have physical health concerns which must be addressed. Women may also engage in higher levels of substance use and misuse including nicotine. Ensure adequate drug and alcohol assessment is undertaken with appropriate referral to additional specialised services as indicated. Motivational interviewing around quitting or reducing nicotine consumption as well as other alcohol and illicit drugs whilst pregnant can be viewed positively to help the health of fetus.

Risk of relapse of a pre-existing disorder increases throughout the perinatal period. Women and their support people should be aware of this and contact the woman's mental healthcare provider early if even mild concerns of a current relapse arise.

Psychoeducation and supportive therapy that includes family and significant others is most important. Support from and for partners and other extended family members, of women with psychotic illnesses is an important component of whole family care.

Women with severe mental illness are more likely to have difficulties in the emotional care of their infant. Women should be provided with increased support and/or targeted mother-infant therapy in the postnatal period, including early involvement by CaFHS and professional support from a wide range of practitioners. Assessment of parenting skills and mother-infant relationship in the weeks following birth should be undertaken. See *Assessing Parent Infant Relationship* PPG available at [www.sahealth.sa.gov.au/perinatal](http://www.sahealth.sa.gov.au/perinatal).

Safety / risk considerations for mother and infant can be paramount initially as some psychotic illnesses in the early postnatal period are florid, with delusions producing unpredictable behaviours. Keeping the infant observed at all times when with mother may be necessary until safety can be assured. Women with schizophrenia, in particular, are at increased risk of involvement with child welfare services.

If the mother is not responsive to the mental health management plan and concerns remain for the safety of the infant, report child protection concerns to the Department for Child Protection via the Child Abuse Report Line (CARL): 131 478 or website: [www.childprotection.sa.gov.au](http://www.childprotection.sa.gov.au).

## Obstetric complications

Women with bipolar disorder experience increased rates of the following conditions:

- Gestational hypertension
- Antepartum haemorrhage
- Severe fetal growth restriction (may be linked to smoking)

Women with schizophrenia experience increased rates of:

- Preeclampsia
- Gestational diabetes
- Large for gestational age infants

Some psychotropic medication is associated with major fetal malformations. Consideration should be given to referring women for a tertiary level morphology ultrasound if they are prescribed antipsychotic medication.

## Psychotropic medication

Specialist psychiatric consultation is required when prescribing antipsychotics in pregnancy. Many antipsychotic medications are associated with weight gain. Women may benefit from targeted weight reduction strategies, including referral to a dietitian.

Whilst evidence for the safety of antipsychotics in pregnancy is limited, most do not appear to be associated with birth defects or other specific adverse outcomes. Therefore the use of antipsychotic medication to treat psychotic symptoms in pregnancy should be considered.

Some specific antipsychotic medications have been associated with increased rates of miscarriage and fetal malformations.

Anticonvulsant medication is associated with increased rates of major fetal malformation and



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is not recommended in pregnancy.

Women who are prescribed anticonvulsants such as valproate pre-conceptually should have their medication reviewed and be weaned off this prior to conception. Consideration should be given to high dose folate during the first trimester for women who have recently weaned off valproate (or other folate antagonist).

For further information on prescribing psychotropic medication during pregnancy and breastfeeding, refer to "Psychiatric conditions in pregnancy and the postpartum" in the electronic version of the *Therapeutic Guidelines* available at <https://tgidcdp.tg.org.au/etgAccess>.

Other useful information about medication exposure during pregnancy and breastfeeding can be found via the following websites:

- Mother to Baby, available at <https://mothertobaby.org/>
- Royal Women's Hospital, available at <https://thewomenspbmg.org.au/>

Preventive measures including mood stabilisers, antipsychotics and benzodiazepines for sedation can be introduced for women at high risk of psychosis (previous puerperal psychosis or known bipolar mood disorder) immediately following birth, with appropriate considerations about the effects of these medications on breastfeeding and direct infant effects when breastfeeding.

Note: Suppression of lactation with bromocriptine (Parlodel®) has been linked with puerperal psychosis and other psychiatric disturbances. Care is required if a similar drug, cabergoline (Dostinex®) is used to lower prolactin levels

## Centre of Perinatal Excellence Guideline

The Centre of Perinatal Excellence (COPE) has given permission to SA Health through the Maternal, Neonatal and Gynaecology Community of Practice to publish links to information on their website: <https://www.cope.org.au/>

The COPE guideline<sup>1</sup> "*Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline*", provides information on screening and psychosocial assessment and prevention and treatment care guidelines for women with depressive and anxiety disorders, severe mental illnesses and borderline personality disorder (and emotional dysregulation). COPE also provides *Fact Sheet* guides for health professionals derived from the COPE guideline with some additional information. Together, they have been assessed as appropriate for South Australia and have therefore been endorsed as the Perinatal Practice Guideline.

### Guideline links:

1. **Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline<sup>1</sup>**
2. [https://www.cope.org.au/wp-content/uploads/2018/05/COPE-Perinatal-MH-Guideline\\_Final-2018.pdf](https://www.cope.org.au/wp-content/uploads/2018/05/COPE-Perinatal-MH-Guideline_Final-2018.pdf)
3. **COPE Fact Sheet: Bipolar Disorder in the Perinatal Period. A guide for health professionals<sup>2</sup>**  
[https://www.cope.org.au/wp-content/uploads/2017/11/Bipolar\\_Disorder-in-Perinatal-Period\\_Health-Prof-Fact-Sheet.pdf](https://www.cope.org.au/wp-content/uploads/2017/11/Bipolar_Disorder-in-Perinatal-Period_Health-Prof-Fact-Sheet.pdf)
4. **COPE Fact Sheet: Schizophrenia in the Perinatal Period. A guide for health professionals<sup>3</sup>**  
[https://www.cope.org.au/wp-content/uploads/2017/11/Schizophrenia-in-Perinatal-Period\\_Health-Prof-Fact-Sheet.pdf](https://www.cope.org.au/wp-content/uploads/2017/11/Schizophrenia-in-Perinatal-Period_Health-Prof-Fact-Sheet.pdf)
5. **COPE Fact Sheet: Postpartum Psychosis. A guide for health professionals<sup>4</sup>**  
[https://www.cope.org.au/wp-content/uploads/2017/11/Postpartum-Psychosis\\_Health-Prof-Fact-Sheet.pdf](https://www.cope.org.au/wp-content/uploads/2017/11/Postpartum-Psychosis_Health-Prof-Fact-Sheet.pdf)



# Psychotic Disorders in the Perinatal Period

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### Additional Resources

#### For Health Professionals

**For support in a mental health crisis, dial 13 14 65.**

This service operates 24 hours a day, 7 days a week and is staffed by experienced mental health clinicians.

#### Helen Mayo House

Helen Mayo House is a State-wide acute mother-baby unit which admits parents (usually mothers) and their children 2 years of age or younger, if the parent needs treatment for mental health problems such as depression, anxiety or psychosis following childbirth. Priority is given to mothers with severe psychiatric illness and younger infants.

Phone: (08) 7087 1030 or 7087 1031

Email: [helenmayohouse@sa.gov.au](mailto:helenmayohouse@sa.gov.au)

Website (including referral form):

<http://www.wch.sa.gov.au/services/az/divisions/mentalhealth/helenmayo/index.html>

#### Perinatal and Infant Mental Health Services at Metropolitan Hospitals:

- Flinders Medical Centre: Telephone (08) 8404 2551
- Lyell McEwin Hospital: Telephone (08) 8282 0794
- Women's and Children's Hospital: Telephone (08) 8161 7227

#### General Practitioner (+/- Mental Health Plan referral)

#### Rural and Remote Telemedicine/Tele-Psychiatry Unit

Telephone (08) 7087 1660

#### Child and Family Health Services (CaFHS)

Telephone 1300 733 606

<http://www.cyh.com>

#### Advice on the safety of medications in pregnant and breastfeeding women:

e-TG: <https://tgldcdp.tg.org.au/etgAccess>

Lactmed: <https://www.ncbi.nlm.nih.gov/books/NBK501922/>

Mother to Baby: <https://mothertobaby.org>

Royal Women's Hospital: <https://thewomenspbmg.org.au/>

SA Pharmacy Medicines Information Service, Women's and Children's Hospital

Hours: 9am-5pm weekdays

T: 8161 7555

E: [medinfo@sa.gov.au](mailto:medinfo@sa.gov.au)

#### For Women

#### COPE Fact Sheet: Bipolar disorder in pregnancy. A guide for women and their families

[https://www.cope.org.au/wp-content/uploads/2017/11/Bipolar-Disorder-in-Pregnancy\\_Consumer-Fact-Sheet.pdf](https://www.cope.org.au/wp-content/uploads/2017/11/Bipolar-Disorder-in-Pregnancy_Consumer-Fact-Sheet.pdf)

#### COPE Fact Sheet: Schizophrenia in pregnancy. A guide for women and their families

[https://www.cope.org.au/wp-content/uploads/2017/11/Schizophrenia-in-Pregnancy\\_Consumer-Fact-Sheet.pdf](https://www.cope.org.au/wp-content/uploads/2017/11/Schizophrenia-in-Pregnancy_Consumer-Fact-Sheet.pdf)

#### COPE Fact Sheet: Postpartum Psychosis. A guide for women and their families

[https://www.cope.org.au/wp-content/uploads/2017/11/Postpartum-Psychosis\\_Consumer-Fact-Sheet.pdf](https://www.cope.org.au/wp-content/uploads/2017/11/Postpartum-Psychosis_Consumer-Fact-Sheet.pdf)



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Telephone helplines for support run by non-government services are:

- **Lifeline** - 13 11 14
- **Beyond Blue** - 1300 224 636 (24 hours) or [chat online](#) (3 pm to 12 am)
- **PANDA** - 1300 726 306
- **Suicide call back service** - 1300 659 467 or [online counselling](#)

## **COPE: Ready to COPE**

A free e-newsletter providing perinatal women with timely, relevant information about their emotional and mental wellbeing

<https://www.cope.org.au/readytocopec/>

## **COPE Website**

Contains information for women to assist them to understand their feelings around pregnancy, birth and parenting, manage mental health conditions during this time and how to get help.

<https://www.cope.org.au/>

## **For Partners**

A carer's "survival guide" for partners of postnatal women with a psychotic illness:

<http://www.wch.sa.gov.au/services/az/divisions/mentalhealth/helenmayo/documents/CraigAllattACarersSurvivalGuide-Web171011.pdf>



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## References

1. Austin M-P, Highet N and the Expert Working Group (2017) Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline. Melbourne: Centre of Perinatal Excellence.
2. COPE Fact Sheet: Bipolar disorder in the perinatal period. A guide for health professionals derived from Austin M-P, Highet N and the Expert Working Group (2017) Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline. Melbourne: Centre of Perinatal Excellence available at: [https://www.cope.org.au/wp-content/uploads/2017/11/Bipolar\\_Disorder-in-Perinatal-Period\\_Health-Prof-Fact-Sheet.pdf](https://www.cope.org.au/wp-content/uploads/2017/11/Bipolar_Disorder-in-Perinatal-Period_Health-Prof-Fact-Sheet.pdf)
3. COPE Fact Sheet: Schizophrenia in the perinatal period. A guide for health professionals derived from Austin M-P, Highet N and the Expert Working Group (2017) Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline. Melbourne: Centre of Perinatal Excellence available at: [https://www.cope.org.au/wp-content/uploads/2017/11/Schizophrenia-in-Perinatal-Period\\_Health-Prof-Fact-Sheet.pdf](https://www.cope.org.au/wp-content/uploads/2017/11/Schizophrenia-in-Perinatal-Period_Health-Prof-Fact-Sheet.pdf)
4. COPE Fact Sheet: Postpartum psychosis. A guide for health professionals derived from Austin M-P, Highet N and the Expert Working Group (2017) Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline. Melbourne: Centre of Perinatal Excellence available at: [https://www.cope.org.au/wp-content/uploads/2017/11/Postpartum-Psychosis\\_Health-Prof-Fact-Sheet.pdf](https://www.cope.org.au/wp-content/uploads/2017/11/Postpartum-Psychosis_Health-Prof-Fact-Sheet.pdf)



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### Acknowledgements

The South Australian Perinatal Practice Guidelines gratefully acknowledge the contribution of clinicians and other stakeholders who participated throughout the guideline development process particularly:

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### Document Ownership & History

<b>Developed by:</b>	SA Maternal, Neonatal & Gynaecology Community of Practice
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<b>Endorsed by:</b>	Commissioning and Performance, SA Health
<b>Next review due:</b>	28/09/2025
<b>ISBN number:</b>	978-1-76083-277-3
<b>PDS reference:</b>	CG242
<b>Policy history:</b>	Is this a new policy (V1)? <b>N</b> Does this policy amend or update an existing policy? <b>Y</b> If so, which version? <b>V5</b> Does this policy replace another policy with a different title? <b>Y</b> If so, which policy (title)? <b>Psychosis in Pregnancy and Postpartum + Psychotropic Medication during Pregnancy and Breastfeeding</b>

Approval Date	Version	Who approved New/Revised Version	Reason for Change
28/09/20	V6	Lynne Cowan, Deputy CE, Commissioning and Performance Division, SA Department for Health and Wellbeing	Reviewed
19/04/16	V5	SA Health Safety and Quality Strategic Governance Committee	Reviewed
4/09/12	V4	SA Maternal and Neonatal Clinical Network	Reviewed
20/04/10	V3	SA Maternal and Neonatal Clinical Network	Minor update
25/01/10	V2	SA Maternal and Neonatal Clinical Network	Minor update
30/11/09	V1	SA Maternal and Neonatal Clinical Network	Original SA Maternal and Neonatal Clinical Network approved version.

