

Planning your pregnancy

Information for women with bipolar or previous postpartum psychosis, to read and personalise



Ymchwil Iechyd
a Gofal Cymru
Health and Care
Research Wales



Women with bipolar or previous postpartum psychosis have shared their experiences and opinions with us on what would help them during pregnancy and childbirth. Professionals who work with women during pregnancy and childbirth took part in interviews about the information women need.

Experts and Peer Supporters from the national charities Action on Postpartum Psychosis (APP) and Bipolar UK and experts from the National Centre for Mental Health (NCMH), Cardiff University have helped develop the information.

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Using this guide

Planning your pregnancy

Women with bipolar or previous postpartum psychosis have shared their experiences and opinions with us on what would help them during pregnancy and childbirth.

This guide is for women with bipolar or previous postpartum psychosis who are planning a pregnancy.

Women with lived experience of other severe mental illnesses such as, schizoaffective disorder or psychotic depression are also likely to find this guide useful.

This guide may also be useful for women who are currently pregnant.

Developing a guide for women with different experiences of mental illness at different stages of planning and pregnancy means that not all sections in the guide will be relevant for everyone.

The guide does not need to be read cover to cover. It is up to you at what stage in your journey of planning a pregnancy you'll find the information in each section most useful and feel ready to work through.

This guide was created because women with bipolar or previous postpartum psychosis face many decisions when planning a pregnancy and may find it difficult to get the information they need.

The guide includes information, links to reliable and trustworthy resources and interactive sections that you can work through.

“ *When I was expecting another baby after an episode of postpartum psychosis, there wasn't much information available to help me.*

This guide will be really valuable for helping women think about their choices around pregnancy, birth and the period after their baby is born and what they might like to do to try and manage any other episodes.

Also for partners and clinicians, who are just as important in this journey and have such an important part to play.

”

A woman who experienced postpartum psychosis with her first child

Some ways to use this guide

Here are some suggestions below on how you can get the most out of this guide, **but ultimately, there is no right or wrong way to use it.** Some women may want to fill out all of the interactive sections, while others may find it more useful just to read through the sections relevant to them.

- **It can be personalised**

You will see spaces to make your own notes and interactive sections that you can work through yourself and with others.

- **It can be used to aid discussions with significant others**

Other people in your life are likely to play an important role in the decisions you make and your plans. You may find it useful to work through this guide with a partner, family member or friend. There are sections in this guide that are designed to be shared with others.

- **It can be used to aid discussions with healthcare professionals**

It may help to use the guide to prepare for your appointments with healthcare professionals and think about the questions you need to ask them. You may want to let your healthcare professionals know you are using this guide – sharing the interactive sections with them may be helpful.

The importance of clinical care

This guide is not a replacement for your usual clinical care. Your healthcare professional or clinical team will be able to give you specialist, tailored advice.

The guide has been designed to complement any clinical care you are receiving and act as a starting point to getting the information and support you need.

A summary of the guide

1 What do I need to think about when planning a pregnancy?
This section includes questions to help you consider your choices and how you feel about having a baby, and when the best time would be.

2 How might childbirth impact on my mental health?
This section includes information about different mental health conditions that women with bipolar or previous experience of postpartum psychosis can experience during pregnancy and after birth.

3 What support may I receive through pregnancy and after having a baby?
In this section you'll find information about what support may be available to you before having a baby, during pregnancy and after birth.

4 What do I need to know about medication and pregnancy?
This section discusses general principles to think about when considering taking medication during pregnancy and while breastfeeding.

5 How can I help myself stay well?
This section includes self-management strategies on your lifestyle and working with your healthcare professionals to get your medication right.

6 What do partners, family and friends need to know?

This section is for partners, family and friends who want to understand better how to be supportive during this time.

7 Bringing it all together

This section is designed to help you think about what you've worked through in the guide and to plan your next steps.

About me: questions about my history and lifestyle



These are optional interactive sections dotted throughout the guide, filled with questions to answer about yourself. We have included a separate divider at the back of the guide in case you'd like to keep these sections separate from the information in the guide.

You can also download additional copies of these interactive sections at: ncmh.info/pregnancyplanning

What do I need to think about when planning a pregnancy?

1

Deciding to have a child is an important decision for any woman. For a woman with bipolar or previous postpartum psychosis, this decision may be more complex.

This section has been designed to help you consider your choices when thinking about having a baby.

You may be deciding whether to have a baby for the first time, or you may be considering

or planning a second baby after becoming unwell in a previous pregnancy.

Thinking about whether to have a baby may be a decision that you are considering with a partner, or as a solo person. If you are planning a pregnancy without a partner, there may be additional things to think about and plans to put in place.

If you are already pregnant, you may decide to skip ahead to the next section.

“ *There were so many more things for us to consider when deciding to have our second child: Would I get ill again? How would it affect our firstborn? Would I want to take medication during pregnancy?*

While I was still in recovery from postpartum psychosis, I could never imagine wanting to take the risk of PP again. Yet I knew that I desperately wanted to give my son the joy of a sibling. So we found out everything we could about the risks of PP reoccurring and how it might be possible, with careful planning, to prevent another episode. In the end realising that there was a possibility of experiencing another episode of psychosis whether I had another pregnancy or not, cemented our decision.

We decided to have another child, and weather whatever storm may come – except this time we would be fully prepared for the worst. Thankfully, we prevented a second episode of PP with medication and a supportive perinatal team. We are now a family of four.

”

A woman who experienced postpartum psychosis with her first child



Next steps: deciding when to have a child

Once you have decided that you would like to have a baby, the next step will involve making decisions about when you want to have a baby. There may never be a 'perfect' time to have a baby for any woman.

How long does it usually take to get pregnant?

Most couples will get pregnant within a year if they have regular sex and don't use contraception (about 84 out of every 100).

There are factors that can affect a couple's chance of conceiving which include general health and lifestyle.

Another factor is age. From the mid 30s a woman's ability to get pregnant starts to decline gradually.

Some medications used by women with a mental illness may impact on fertility. If this is a concern, you should discuss this with the doctor who prescribes your medication.

You can find out more about fertility (the ability to get pregnant) and the causes of infertility in the PregnancyHub on the Tommy's website, [Fertility and causes of infertility: tommys.org](https://www.tommys.org)

Getting as well as possible

Being in good health before deciding to try for a baby can help with your chances of conceiving and help you stay as healthy as possible throughout your pregnancy. Now is a good time to consider your physical health and lifestyle.

This is also a good time to consider how well you are in terms of your mental health and reviewing your medication. It may be helpful to discuss this with your GP or mental health professional.

For tailored advice on how to improve pregnancy health, try out Tommy's Planning for Pregnancy digital tool.

This tool will take you through a questionnaire and use your answers to provide information on what you can do to have a healthy pregnancy and baby.

It also provides supportive email follow-up with tips and advice. Search [Planning for pregnancy tool: tommys.org](https://www.tommys.org)

Deciding on the best time for you and your family

As well as thinking about how you're feeling about having a child and when in terms of your physical and mental health, you may also have thought about when the best time is for your family as a whole.

If I have bipolar will my children get it too?

As with many physical and mental illnesses, bipolar seems to run in families. There is evidence to suggest that both genetics and things that happen to us play a role in making someone more likely to develop bipolar.

A large number of genes are likely to be involved in increasing someone's chance of developing bipolar, some increasing risk by a small amount and others decreasing risk. What is clear is that there isn't a single 'bipolar gene'.

For children of a parent who has bipolar, around 1 in 10 may develop bipolar although mood disorders such as depression may also be more common. Although of course another way of looking at this is that 9 in 10 children won't develop bipolar.

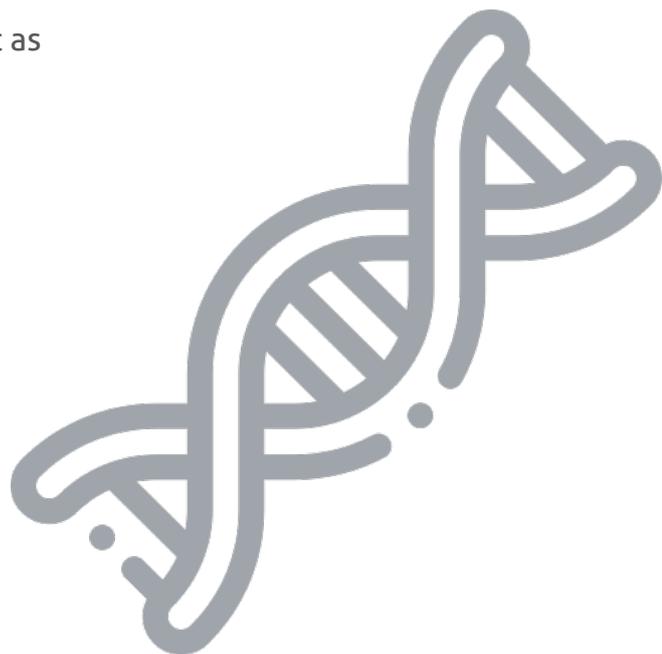
Most people when they understand these numbers feel reassured that the risk wasn't as high as they had thought.

Although the chance of developing bipolar is higher than the general population (which is around 1-3%) these children are still more likely to not develop bipolar than to develop the condition.

Two other points should also be made:

Firstly, knowing about an increased risk of developing bipolar is likely to help it to be picked up more quickly and treated early – for many people with bipolar it takes far too long to get the right diagnosis.

Secondly, we are likely to understand much more about bipolar and how best to treat it in the next 10 - 20 years, so hopefully there will be new and better treatments available should a child become unwell later in life.



Key messages

- Having a baby is a big decision for anyone, but for women with a diagnosis of bipolar or previous postpartum psychosis, there is more to think about.
- It will be helpful to think about what your thoughts and preferences are about whether or not to have a baby.
- This section and the 'About me' pages that follow might be something that you revisit and consider over time. Your decision may change as you work through the information in this guide and with your healthcare professionals.

Remember it's ok to reconsider your decision over time.



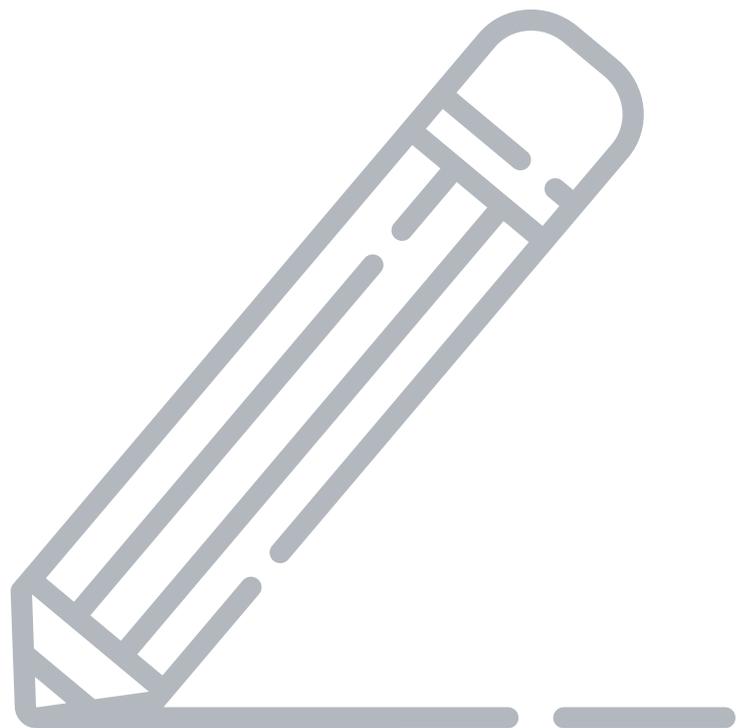
About me



The 'About me' sections are for you to fill in with information about yourself. They can be shared with a partner, family, friends and healthcare professionals - it's up to you.

They are dotted throughout this guide and can be brought together under the About me divider you will find at the end of the guide.

Writing down your information may help others to understand your decisions and know what you want to happen if you become unwell. It may also help you to prepare for healthcare appointments.



About me

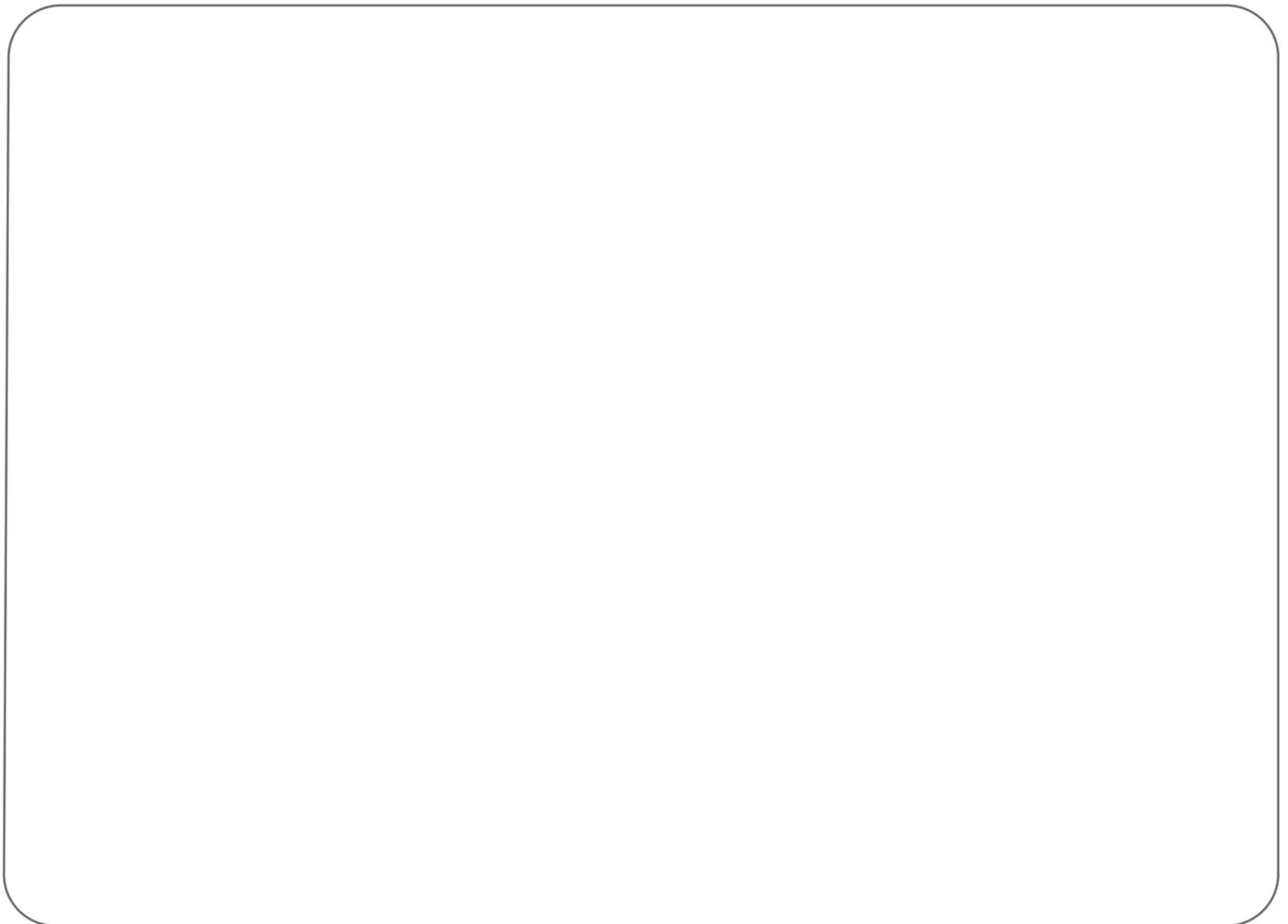
Reflecting on the decision to start a family or have another baby

The following questions are designed to provide you with a starting point to help you explore how you are feeling about having a baby.

You may find this section useful to revisit once you've had time to read through the information in this guide.

Spend some time noting down your thoughts below. You may find it helpful to work through these questions with a partner, family member or a friend.

What are my worries and fears for having a baby, or not having a baby?

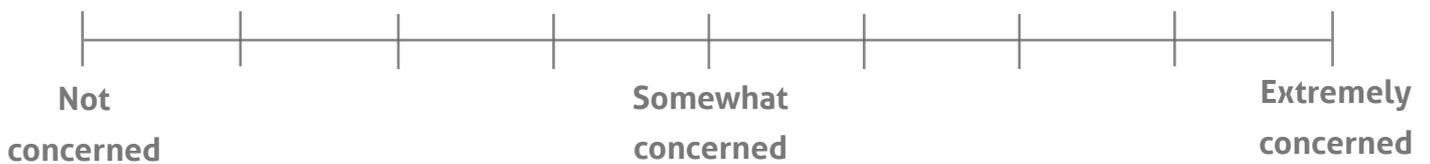


These statements may help you to think about what you'd find helpful to talk through with those close to you, healthcare professionals or peer supporters from organisations such as Action on Postpartum Psychosis (APP) or Bipolar UK.

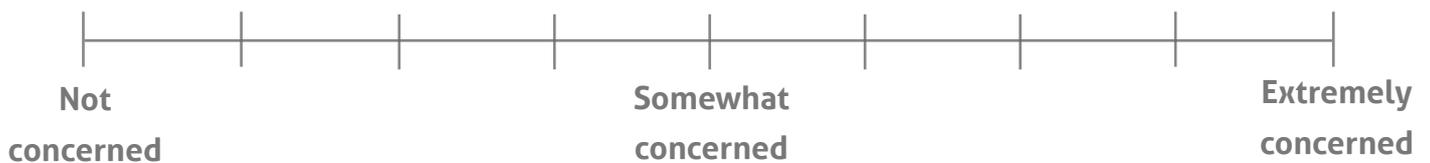
Consider the statements below - how do you relate to each one?

Put a cross on the scale at the point that best fits how concerned you are

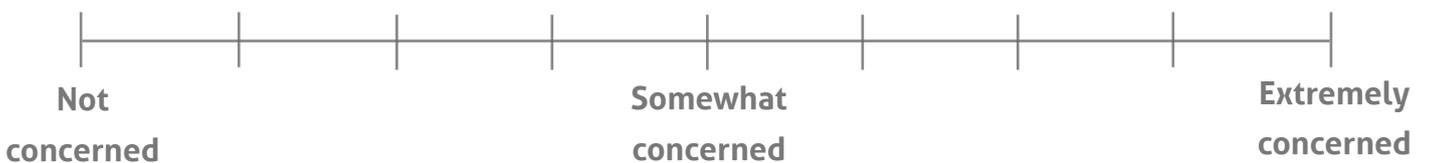
The chance of becoming unwell if I become pregnant



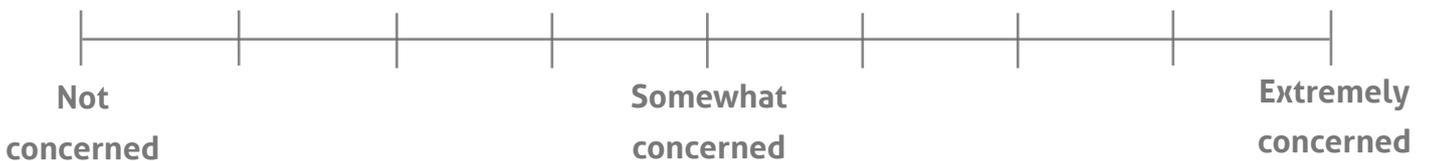
How being a mum would impact on my illness



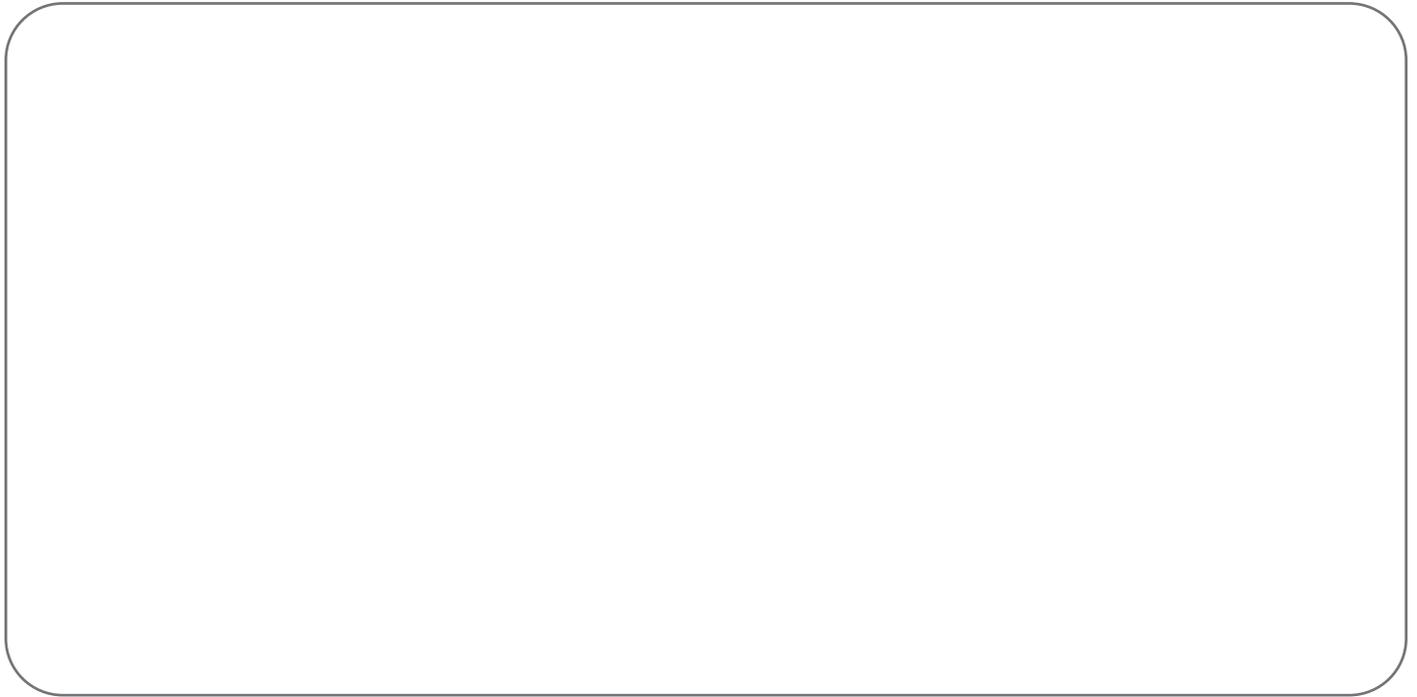
Not being able to stay on my current medication



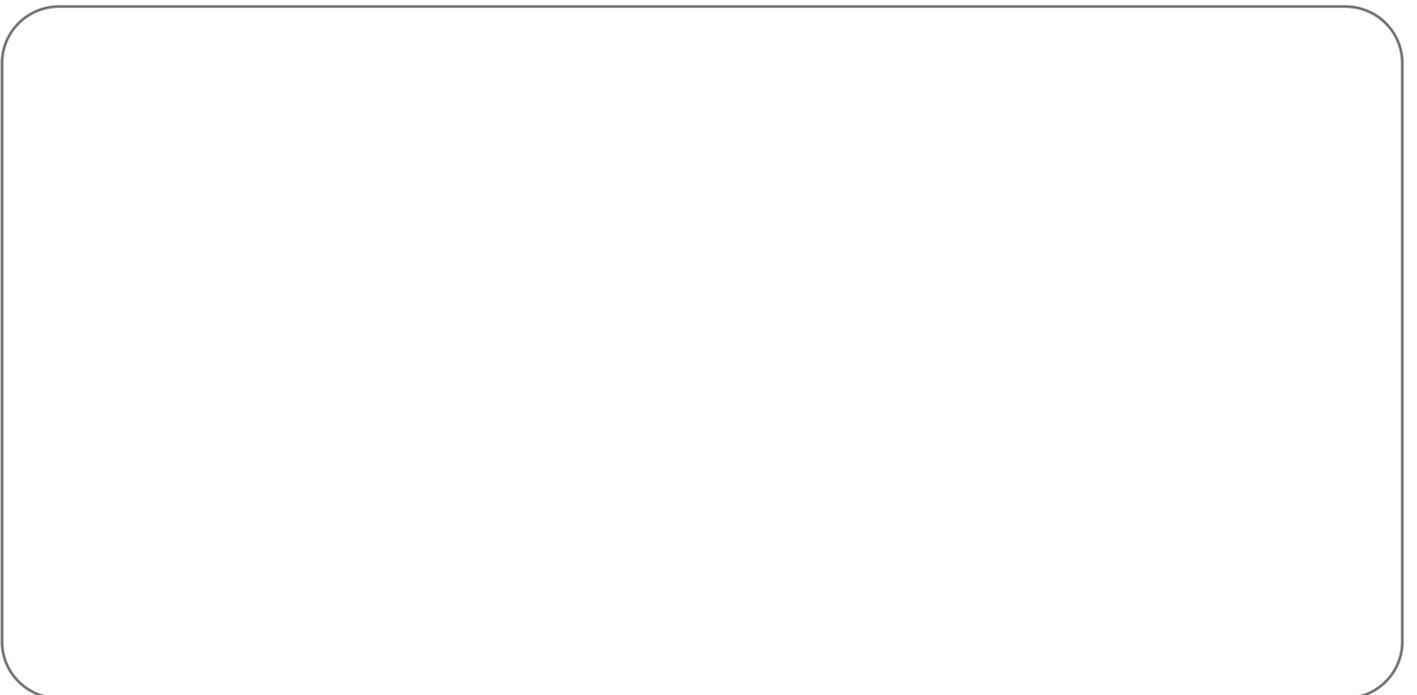
Coping with everything that comes with having a baby



In what ways can a partner, friend or family member support me with this

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Additional notes

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About me

When is the right time for me to have a baby?

Factors that may affect this decision will be different for everyone. Here are some things that may be important to consider:

- Your age
- The right time for you in terms of your career or your relationship
- The support system you have around you
- Your mental and physical health
- Financial factors
- Housing factors

Who can I talk to that can help me make a decision?

There may be pre-conception consultations available to you from a perinatal mental health service. A good place to start is discussing what services are available in your area with your GP.

It will be helpful to discuss your thoughts and feelings with those close to you. Many women also find it helpful to access peer support services through third sector organisations.

How might childbirth impact on my mental health?

2

Mental health conditions are common during pregnancy and within the first year of giving birth (the perinatal period), affecting more than 1 in 10 women (10%).

An episode during pregnancy or after having a baby may be the first instance of mental illness for some women, while others may have experienced a previous mental health condition.

In this section we will first look at the mental health conditions that women may experience in pregnancy or in the postpartum. We can't discuss all episodes in detail, but we will cover the baby blues, postnatal depression and postpartum psychosis.

Following this, we will then consider the particular issues for women with bipolar or who have experienced a previous postpartum psychosis.

If this is the first time you have thought about these issues, it may all feel a bit daunting. It's good to have all the relevant information when making the difficult decisions covered in this guide.

Discussing your situation with the clinicians involved in your care will help you better understand your individual chances of becoming unwell and the best ways to help you stay well.

Although the numbers we discuss below may feel scary, remember most women with bipolar or previous postpartum psychosis faced with these decisions will go on to try for a baby, and even if they become unwell, they will recover and go on to be great mothers.

While it's important to plan for all situations, it's also important to remember that even with early planning, you may still experience issues with your mental health.

This is not your fault and it's important not to blame yourself.

It's important that early symptoms of more serious mental illnesses such as postnatal depression or postpartum psychosis are not dismissed as 'baby blues'.

If you or those close to you are unsure about your symptoms, it's best to ask a professional to assess you. More serious mood episodes can begin suddenly and can get worse quickly.

Postnatal blues or 'baby blues'

The 'baby blues' are a normal reaction to having a baby, affecting more than 50% of women, and don't require treatment.

Symptoms can include feeling a little down, tearful or irritable and having difficulty sleeping.

Symptoms usually start within two to three days after giving birth and come to an end within 10 to 12 days after birth without requiring treatment.

For women with symptoms that last longer than this, it's important to have further assessments as around 20% of women with the baby blues go on to develop postpartum depression within the first year following childbirth.



“ I think it is all in the planning - knowing what the options are, knowing what treatments work for you and having plans in place. It's like planning for the worst and hoping for the best. ”

A woman planning for a second pregnancy after experiencing postpartum psychosis

Postnatal depression

Postpartum psychosis is one of the most severe episodes of illness that can occur following childbirth. It is much less common than postnatal depression and affects 1 in every 500 to 1,000 births. As we will discuss later, it is much more common in women with bipolar or who have previously experienced postpartum psychosis.

Postpartum psychosis can begin suddenly, often within a few days or weeks of giving birth.

An episode of postpartum psychosis usually lasts between 2-12 weeks. It may take longer, up to 6-12 months, for you to recover fully and feel your normal self again. Women may also experience a period of depression, anxiety and low confidence following the initial period of psychosis.

It's important to remember though, that most women do make a full recovery.

These are some of the symptoms of postnatal depression:

- Feeling low, unhappy and tearful for much or all of the time
- Feeling anxious or irritable
- Having trouble sleeping, even when your baby sleeps
- Having a poor appetite or comfort eating
- Feeling unable to enjoy anything
- Feeling that life isn't worth living
- Difficulty bonding with your baby
- Difficulty concentrating or making decisions

Treatment

The choice of treatment for postnatal depression depends on how severe the symptoms are and individual choice.

Improving sleep habits, reducing stress, and eating healthily and exercising can all help to improve mood. Spending more time with friends, and connecting with people can help with symptoms of depression. For many women, however, more specific help is needed.

A range of treatments are recommended for postnatal depression -from measure such as "pram walking" to psychological therapies such as cognitive behavioural therapy (CBT) and medication such as antidepressants.

More rarely, if symptoms are very severe or if other treatment hasn't worked, electro-convulsive therapy (ECT) may be considered.

Antidepressant medications may be particularly helpful if symptoms are severe or if a woman has not responded to psychological treatments alone.

For women with a diagnosis of bipolar, an episode of depression may need to be treated differently as antidepressants alone may not be as effective and may lead to a high episode or cycling between high and low mood.

It's important to discuss your individual situation with a healthcare professional.

You can find more information by searching [treatment for postnatal depression](#) on the NHS website: [nhs.uk](https://www.nhs.uk)

In women with a history of bipolar or postpartum psychosis however, it's important that any mood symptoms in the postpartum period are taken very seriously and help is sought quickly.

For women with a diagnosis of bipolar, an episode of depression may need to be treated differently.

Postnatal anxiety

Postnatal anxiety affects around 1 in 10 women. Around half of women who experience postnatal depression will also experience postnatal anxiety.

Symptoms of postnatal anxiety include worrying beyond the normal concerns of a new mum.

This can include persistent, generalised worry and more focused worrying relating to the health, wellbeing or the safety of their baby.



Other mental health conditions during pregnancy and after birth

There are many other mental health conditions that can occur during pregnancy and after giving birth.

These include anxiety, obsessive compulsive disorder (OCD), post-traumatic stress disorder (PTSD), as well as depression or psychosis occurring in pregnancy itself.

You can find more information by searching mental health conditions on the Tommy's website: [tommys.org](https://www.tommys.org)

Postpartum Psychosis

Postpartum psychosis is one of the most severe episodes of illness that can occur following childbirth. It is much less common than postnatal depression and affects 1 in every 500 to 1,000 births.

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It's important to remember though, that most women do make a full recovery.

“*Within days of being at home, after two sleepless nights at hospital, I started accelerating into mania, but very different to episodes I had experienced before. I was very anxious and irritable one minute, singing and laughing the next, unable to sleep or relax; becoming paranoid and hallucinating... it was several more weeks before I felt “well” again.*”

A mum with bipolar

These are some of the symptoms of postpartum psychosis:

- Feeling high, manic or 'on top of the world'
- Low or depressed mood and tearfulness
- Rapid changes in mood involving a mixture of feeling extremely happy or high and as well as feeling low and depressed
- Severe confusion
- Feelings of fear, anxiety and irritability
- Experiencing racing thoughts
- Being more talkative or sociable than usual
- Having trouble sleeping or not wanting to sleep
- Psychosis - for example losing touch with reality and having trouble telling what is real and what is not. Symptoms of psychosis include delusion and hallucinations:
 - Delusions involve a person being convinced that something is true, even when it's not. Examples include thinking that people are out to get you and your baby
 - Hallucinations involve hearing, seeing, feeling or smelling things that are not really there. For example, hearing voices that other people can't hear or seeing people that aren't really there.

If you have postpartum psychosis, you may not realise that you're ill and it may be a partner, family or friend that is worried about you and seeks help.



Treatment

Postpartum psychosis is a serious condition and needs immediate assessment and treatment, in most cases in hospital.

National guidelines recommend that women who require in-patient care for a mental health condition during late pregnancy up to 12 months postpartum should be admitted to a specialised Mother and Baby Unit (MBU). You will find more information about MBUs on page 36-37.

Episodes of postpartum psychosis, at least in the initial stages, are usually treated with medication. Psychological support is important as well, particularly in the recovery phase.

You can talk to other women who have recovered from postpartum psychosis through Action on Postpartum Psychosis' (APP) peer support service (app-network.org). APP and Bipolar UK (bipolaruk.org) also have online peer support forums where you can read other people's posts or write your own for support from other members and volunteers.

Women are likely to take medication for the first 6-12 months following recovery from an episode, or longer in order to keep well. Medications used to treat postpartum psychosis include antipsychotics, mood stabilisers, antidepressants and sleeping tablets.

More rarely, if symptoms are very severe or if other treatment hasn't worked, electro-convulsive therapy (ECT) may be considered. You can find more information about ECT on the Royal College of Psychiatrists website.

Search for: [Electroconvulsive therapy rcpsych.ac.uk/mental-health](http://rcpsych.ac.uk/mental-health)

Early, well-planned care is likely to help women to recover more quickly. You can find more information about treatment for postpartum psychosis and recovery in the Action on Postpartum Psychosis (APP) 'Insider Guides' which can be found on their website:

app-network.org



Bipolar, postpartum psychosis and childbirth

Women with experience of bipolar or previous psychosis are more likely to become unwell during pregnancy or in the year after giving birth compared to those who have not experienced these conditions.

In the final part of this section, we look at the chances of becoming unwell in pregnancy and following childbirth if you have experienced bipolar or postpartum psychosis.

For most women, it's the days and weeks after the baby is born that are a particular time of risk. However, other women may become unwell during pregnancy, particularly if medication has been stopped to try for a baby.

What if I have a diagnosis of bipolar or have experienced previous postpartum psychosis?

If you have a diagnosis of bipolar, there is an increased chance of becoming unwell in pregnancy and particularly after the baby is born.

The chance of experiencing an episode of postpartum psychosis is higher for women with bipolar (200 in 1000 or 20%) compared to the general population (1 in 1000 or 0.1%).

In addition, there is a further chance of experiencing depression during pregnancy or the postpartum period (around 250 in 1000 or 25%).

Although we can talk in general terms here about the chances of becoming ill, all women are different and it's important to discuss with the clinicians involved with your care your individual risks. This will help you plan ahead to reduce the chance of becoming unwell, and to think about the care you may receive if you do become unwell.

It's very important to bear in mind that while some women with bipolar or previous postpartum psychosis become unwell during pregnancy or after childbirth, many will remain well during this time.

It's important to think positively while doing what you can to keep well.

If you have a diagnosis of bipolar, therefore, your overall chance of becoming unwell with postpartum psychosis or postnatal depression is around 450 in 1000 or 45%.

Alternatively, you can think of this as around 550 in 1000 or 55% chance of staying well.

The type of bipolar episodes you have experienced is important, however. These figures are for women with Bipolar I, that is women who have experienced a severe episode of high mood (mania).

The risk of postpartum psychosis is lower in women with Bipolar II, that is women who have experienced less severe high episodes (hypomania). In women with Bipolar II, the risk of postpartum depression may be higher, so the risk of experiencing some form of perinatal mood episode is also high.

If you have previously experienced postpartum psychosis, your chance of experiencing a further episode of postpartum psychosis following another pregnancy is higher (around 400 in 1000 or 40%).

What else may influence my chances of becoming unwell?

These are only approximate figures, however. It will be important to discuss your individual chances of becoming unwell with your healthcare professionals.

There are many other factors that may be impact on your chances of becoming unwell. For example, if a sister or your mother had an episode of illness following childbirth, this may increase your risk.

Other factors that may be important are how well you are going into the pregnancy, and the number and severity of your past episodes.

We also know that the type of bipolar you have is important, as discussed above.

Again, there is the risk of an episode of depression in pregnancy or following delivery, so the overall chance of becoming unwell may be around 500 in 1000 or 50%, or higher.

It's important to remember that you can also think about this as a 500 in 1000 or 50% chance of remaining well.

Whilst reading through these figures may feel daunting, it may help you to make choices that are right for you when planning a pregnancy.

In sections 3, 4 and 5, we discuss support (professional and support network), medication and self-management strategies that you may like to think about.

Considering these and thinking about what has helped you to stay well in the past, may reduce your chances of becoming unwell.

“ *There’s a good chance now that I know and understand the condition so much better that I might stay well, and yes there is a strong chance that I could get ill, but at least if I do we’ll be prepared.* ”

A woman planning for a second pregnancy after experiencing postpartum psychosis

Key messages

- It’s important to be able to tell the difference between postnatal depression and postpartum psychosis, and the mood changes that women experience as part of the ‘baby blues’ that are normal after having a baby.
- Postpartum psychosis is a serious mental illness and should be treated as a medical emergency. Postpartum depression may also be very severe - all episodes of illness need to be taken seriously in women with a history of severe mental illness.
- It’s important to plan and make decisions in advance in case you become unwell.
- Early planning is helpful but sometimes isn’t enough to stop you from becoming unwell.
- It’s not your fault if you become unwell with your mental health during the pregnancy or in the postnatal period. Women can become unwell even with the most careful planning.

What support may I receive during pregnancy and after having a baby?

3

During your pregnancy you will have several different healthcare professionals involved in the care of your physical and mental health.

It will be important for all healthcare professionals to know about your mental health history, including those who are firstly concerned with your physical health, such as your midwife.

You will find 'About me' questions at the end of this section to fill in with information

about yourself. You may want to share this with those involved in your care.

You may develop a care plan during pregnancy with your healthcare professionals, detailing the care that you will receive.

The care plan may be given to you and shared with all health professionals involved in your care.

What appointments should I expect during pregnancy?

If you have a current or previous history of a severe mental health condition, you may expect more appointments compared to other women. This will be to ensure that your mental health is considered when planning your care.

Maternity health appointments

You will have regular antenatal appointments to check the health of you and your baby.

Antenatal appointments are important for keeping an eye on how your baby is growing and checking the health of your baby through blood tests and ultrasound scans. They are also important to monitor your health and pick up conditions such as pre-eclampsia.



You can book an appointment with your GP or directly with your midwife as soon as you find out you're pregnant.

Many women will have midwife led care, but some women may be under the care of an obstetrician (doctor specialising in pregnancy).

'Booking in' appointment - 8-12 weeks

Once you know you are pregnant, you should contact a GP or midwife to arrange this as soon as possible.

Antenatal appointments - throughout pregnancy

If you're pregnant with your first baby, you'll have more appointments than women who already have children. Some women may receive extra appointments in certain circumstances. Antenatal appointments may take place at a GP surgery, hospital, other community settings or in your own home – ask your local team what is available for you.

Ultrasound scans - 8-14 and 18-21 weeks

You will receive a 'dating scan' at around 8-14 weeks to see how far along in your pregnancy you are and to check your baby's development.

All pregnant women are offered a 'mid-pregnancy' scan at around 18 to 21 weeks of pregnancy to check for some physical conditions that your baby may have.

Some women are offered more than two scans which depends on their health and their pregnancy.

If you are taking medication during pregnancy, you may be offered additional scans to make sure that your baby is developing normally.



Mental health appointments during pregnancy and after birth

It's important that you are given the opportunity to discuss your mental health and the treatment and care options available to you.

Even if you are well at present, it's a good idea to be seen by a mental health team. If you have been well and are pregnant, now may be a good time to ask about a referral back to a community mental health team or a specialist perinatal team if available.

You may be referred to the perinatal mental health team if there is one in your local area.

This is a mental health team specifically for women planning a pregnancy, pregnant women and new mothers. You should ask your GP about what's available in your area.

If there isn't a perinatal mental health team in your area, you may be referred to a community mental health team (CMHT) if you are not already under their care.

Healthcare professionals involved in your usual antenatal care, such as your GP and midwife, will also be involved in your mental health care.

Other appointments

You will be offered additional appointments throughout your pregnancy.

You can find more information about when to expect your appointments are and what each one will involve on the NHS website. Search for **Your antenatal appointments** on:

www.nhs.uk



What is a perinatal mental health service?

A perinatal mental health service is for women with mental health conditions who are either planning a pregnancy, pregnant or have given birth in the last year.

The aim of a perinatal mental health service is to help you stay as well as possible during pregnancy and the postpartum period and to help and support those close to you, such as a partner or family member.

Ideally, all women with a severe mental health condition should have access to specialist perinatal mental health care during pregnancy and after giving birth.

While access to specialist perinatal mental health services has improved in recent years, there are still some local areas where access to these services are limited.

To find out what is available in your local area, speak to your GP or midwife who will be able to tell you what services are available to you.

You can also see the progress in perinatal mental health service availability here: everyonesbusiness.org.uk

How can a perinatal mental health service help me?

Perinatal mental health services can provide you with specialist advice about a wide range of mental health conditions during the preconception period, pregnancy and after birth.

If you have a current or previous severe mental health condition, you may be offered a one-off appointment with a perinatal mental health specialist when planning a pregnancy.

Perinatal mental health services offer the following:

- Advice about your chance of becoming unwell during pregnancy or after giving birth. They will also be able to help you with trying to reduce your chance of becoming unwell.
- Discussing what services will be available to you during pregnancy and after birth.
- Medication reviews and advice relating to medication use during pregnancy and breastfeeding.
- Psychological treatments, such as talking therapies, group therapies and 'parent-infant' therapies during the postpartum period.

- Working with you to plan for your care throughout the perinatal period.
- Providing a partner or family members with information about your mental health condition, your chance of becoming unwell and how they can support you during this time.
- Referring you to other services which may help you, such as third sector organisations.
- Arranging an admission to a Mother and Baby Unit (MBU) if you become unwell after giving birth.
- They may work with other healthcare professionals involved in your care.

Pre-birth planning meeting

This appointment at around 32 weeks of pregnancy will involve developing a plan help keep you as well as possible during pregnancy and after birth and make sure that everyone involved in your care is aware of what's been decided.

Not everyone will be offered a pre-birth planning meeting. This will depend on the service offered in your area and your individual circumstances.

For more information about Perinatal Mental Health Services, the Royal College of Psychiatrists have developed a leaflet on Perinatal Mental Health Services.

Search for: **Perinatal Mental Health Service**
rcpsych.ac.uk/mental-health

What is a Mother and Baby Unit?

If you become unwell during the perinatal period, you may be treated in a Mother and Baby Unit (MBU). An MBU is an inpatient service for new mothers with severe mental health conditions which is designed to keep mothers and their baby together. Although units may differ, women can usually be admitted during late pregnancy up until one year after giving birth.

MBUs offer treatments including medication and psychological therapies such as cognitive behavioural therapy (CBT) and group therapies.

MBUs may also offer additional activities such as cooking, arts and crafts, baby massage and relaxation activities. Staff are available on the ward 24 hours a day, every day, meaning that you and your baby are always looked after and that you are supported to care for your baby.

All staff will have specialised knowledge and experience in caring for women with severe mental health conditions during the perinatal period and their babies. The team of professionals who work on an MBU usually include a psychiatrist, perinatal mental health nurses and nursery nurses, psychologists, occupational therapists and a pharmacist.

An MBU will also work closely with the perinatal or community mental health service, maternity service and health visitors involved in your care.

“*The MBU was my home from home, I felt safe and cared for and most importantly I was reunited with my baby, who I was apart from when in a general ward in the early days of my illness. I didn't realise it at the time because I wanted to be at home but I couldn't, I was too unwell. Looking back I'll be forever grateful to the staff who cared for me, my baby and my husband and helped our family in that time.*”

Experience of a woman admitted to a MBU with postpartum psychosis

Things to think about with a Mother and Baby Unit

It will be worth discussing with the healthcare professionals involved in your care about what would happen if you needed to be admitted during the perinatal period, and whether an MBU would be an option for you.

MBUs can usually offer a visit to you and a partner or family member before you go in, although this may not be possible if you need to go in as an emergency.

While MBU admission is the gold standard care for new mothers with severe mental health conditions, unfortunately, there may not always be a bed available for when you need it.

Although there has been an increase in the number of beds at MBUs in the UK over the last few years, numbers are still limited meaning that other options may need to be considered, such as being under the care of a home treatment team or receiving inpatient treatment in a general psychiatric ward.

This website can be used to check the availability of beds at all MBUs in the UK and the likelihood of a bed becoming free in the near future: nhswebbeds.co.uk

Some women are treated in a general psychiatric ward while waiting for an MBU bed to become free. Some women and their partner or family decide to receive inpatient treatment in a general psychiatric ward because of how far the MBU is from their home.

It's a very personal decision and it's important to discuss your preferences and the options available to you in advance with a partner or family and professionals involved in your care.

For more information about MBUs, the Royal College of Psychiatrists have developed a leaflet on MBU's.

Search for: **Mother and Baby Units**
rcpsych.ac.uk/mental-health



Will I be referred to social services?

It's important to say that the majority of women with bipolar or previous experience of severe postpartum episodes go on to be great mothers with an excellent relationship with their babies.

Professionals have a responsibility to make sure you and your baby are safe, however, and some women may need a referral to Children and Families Social Services.

It's normal to be anxious about this and some women worry that a referral means that people think they can't care for their baby. This isn't usually the case.

Social Services assessments are to establish whether women have the support they need from family, friends and professionals.

Things to remember:

- The main aim of Social Services is to check that you have the help and support that you need and that you are ok.
- Social Services prefer to keep families together and will never take a baby into care just because the mother has a mental illness.
- Although it might take a while, most women recover fully from a postpartum episode of mental illness. It's rare for babies to be removed from women with bipolar or postpartum psychosis.

If you want to read more about this:

Visit Tommy's – a website providing information for parents to be.

**[Why do social services want to check on me after I've had baby
tommys.org/pregnancy-information](https://www.tommys.org/pregnancy-information)**

If you have less support than is needed, Social Services may be able to identify where you can get more help.

Some women will be referred in pregnancy because of their high risk of a severe postpartum episode.

Social Services will want to check what support you have from family, friends and professionals and make sure there is a safe plan in place for your baby if you become too unwell to care for them.

Some women worry about sharing that they are unwell with professionals, but this shows that they are taking positive steps to look after themselves and their baby as best they can.

How can third sector organisations help me?

You may find it helpful to look into other support that may be available to you, such as those offered by third sector organisations.



Action on Postpartum Psychosis (APP) is a national charity that supports women and their families who are affected by postpartum psychosis.

They offer a range of services including a peer support service so that you can talk to other women and partners that have 'been there', through their online support services.

You can find out more information here app-network.org/peer-support

They also have an online community forum which you can access following this link: app-network.org/pptalk

APP have produced a series of guides with the help of women that have experienced PP and their partners which you can access here: app-network.org/what-is-pp/app-guides/



Bipolar UK is a national charity that supports individuals with a diagnosis of bipolar, their families and carers.

They have a peer support line bipolaruk.org/support-line and an online forum for those affected by bipolar bipolaruk.org/ecommunity

You can join their Pregnancy and Parenting e-forum where there's a pregnancy thread for women thinking about having children or already pregnant to talk to each other: ecommunity.bipolaruk.org/

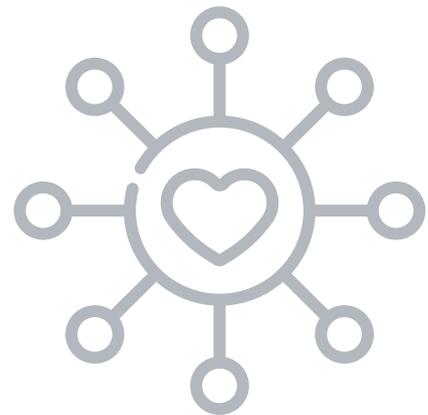
They also offer a range of services including support groups across England, Wales and Northern Ireland.

Support from partner, family and friends

A partner, family members or friends may also play important roles in supporting you during your pregnancy and after birth.

Having someone who knows about your mental health history and what your symptoms can look like will be helpful. The 'About me' dotted throughout the guide are designed to be shared with others.

This section includes practical suggestions on how a partner, family member or friend can help support you during this time in Section 5 ('How can I help myself stay well' page 65) and Section 6 ('What do partners, family and friends need to know?' page 77).



Key messages

- All your healthcare professionals should be aware of your mental health history, even those who are mainly looking after your physical health.
- The availability of perinatal mental health services differ across the UK. You should ask your GP what specialist perinatal mental health services are available in your area.
- In addition to NHS healthcare services, third sector organisations such as Action on Postpartum Psychosis (APP) and Bipolar UK offer services to help you and your partner, family or friend during the perinatal period.

About me



Previous episodes of mental illness

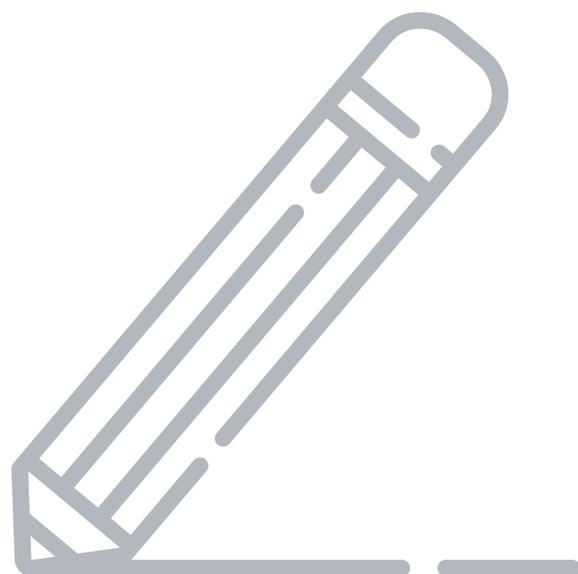
Information about previous episodes of mental illness can help predict and plan for future episodes.

It will be helpful for your healthcare professional to be aware of your mental health history as you make plans and decisions relating to your pregnancy and after you have your baby.

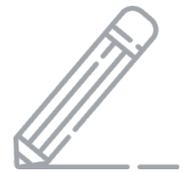
This section is for you to write about previous episodes of mental illness that you have experienced.

You will see that you have the option of either writing about these by filling out a life chart or by writing in the note boxes.

Do what works best for you.



About me



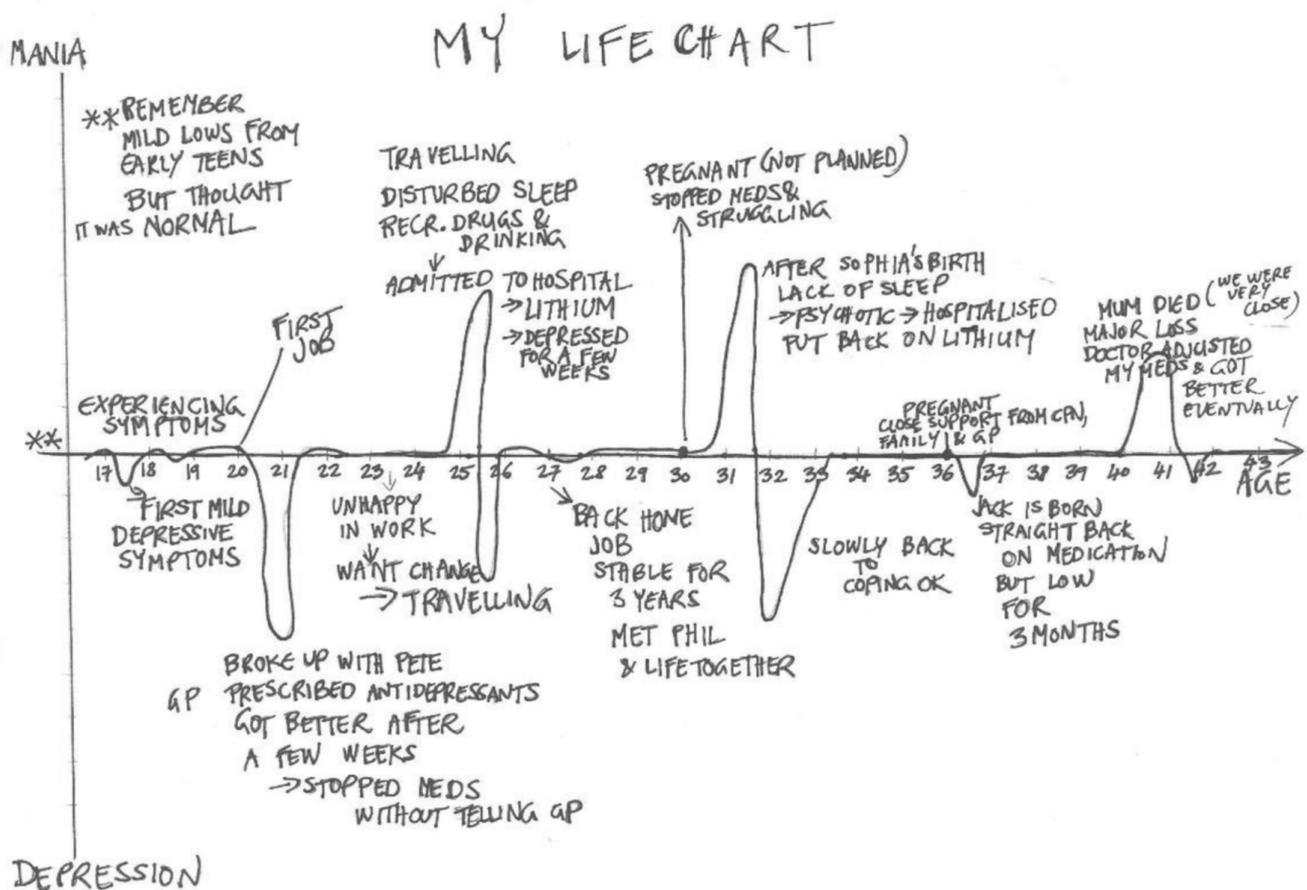
Drawing a life chart

A life chart can be useful to visualise your history, and see if there are any associations or triggers to your mood episodes.

Before you start you may find it helpful to make some bullet points or notes about important things that you'll be including in your life chart.

Drawing a life chart might not be right for everyone – if you prefer to make a few notes instead, that's fine – do whatever works for you.

Below is an example of a filled-out life chart. Your life chart may be more or less detailed than this.



Here are some suggestions on what you can include in your life chart:

- How old are you now?
- How old were you when you first experienced problems with your mood/mental health?
- At that time, do you think you had depression (low mood) or mania (high mood) or something else?
- On a scale of 0-10 how severe was this episode (for example, needing to go into hospital would score a 10, needing to start on medication would score a 5, a definite change from normal, but without many problems would score a 1)?
- Roughly, how long did this episode of illness last?
- Were there any possible triggering factors?
- Did you require treatment? Were you treated as an outpatient or an inpatient?
- Were you treated with medication or psychological therapies?
- How old were you when you next experienced serious problems with your mood, including any previous episodes during pregnancy or after birth?
- Repeat this process for any other episodes, and write down any other major life events you would like to include.
- Have you noticed any effect on your mood from use of contraception or hormonal treatments?

Notes for life chart

Mania



Depression

Age



Previous episodes of mental illness

What mental health conditions have you experienced (not related to pregnancy and childbirth)?

e.g. number of episodes, diagnoses, medication and/or treatment received

What mental health conditions have you experienced (not related to pregnancy and childbirth)? continued...

Previous episodes of mental illness during pregnancy or after birth

Information about previous episodes of illness in pregnancy or after having a baby, if this is not your first pregnancy:

- Have you previously experienced any mental health episodes during pregnancy or after birth?
- How severe was the episode? Did you require treatment?
 - Were you treated as an in-patient or an outpatient?
 - Were you treated with medication?
 - Were you treated with medication immediately after birth?
- Did you experience psychosis during the episode?
- How long did the episode last?
- Did the episode affect your ability to function? In what way?

Family history of mental illness

Has your mother or a sister experienced bipolar or postpartum psychosis?

Write any information that you know about their symptoms, episode severity or the treatment that they received below:

A large, empty rounded rectangular box with a thin black border, intended for the user to write their response to the question above.

Knowing your chances of becoming unwell during the postpartum period can help you to prepare as best you can in advance.

What do I need to know about medication and pregnancy?

4

Women with bipolar or previous postpartum psychosis have many important decisions to make when planning a pregnancy.

These include deciding whether to stop, switch or continue medication, with all these options having possible risks and benefits.

There are many different factors that you will need to consider when weighing up the benefits and risks of taking medication during pregnancy.

Women not currently taking medication will also have decisions to make on whether or not to take medication during pregnancy and after birth.

Whether a particular medication is safe to use during pregnancy is often not an easy question to answer.

No medication can be guaranteed completely safe to use during pregnancy and when breastfeeding.

There is still a lot that is unknown about the safety of medication and new information is coming out all the time.

This can make it very difficult to make decisions. It will be important to consider your own preferences in relation to using medication and managing your condition.

Because what we know about the safety of medication is changing constantly, a detailed review of each medication isn't possible in this guide, however this section will cover information for you to consider when making these decisions.

A key point to make here is that there are no right or wrong answers when it comes to deciding whether to take medication – it's a very personal choice.

What if I find out I'm pregnant unexpectedly while I'm on medication

It's very important that you don't stop taking your medication suddenly as this can increase your chances of becoming unwell.

Contact your healthcare professional as soon as you find out that you're pregnant so that they can talk through your options and help you decide what to do.

Weighing up the risks and benefits of taking medication

It's important that you come to the decision that feels right for you. Following discussion with your health care professionals, it will be a matter of weighing up the risks and the benefits of all the options available to you.

- **What are the possible risks of taking medication?**

Some medication used to treat bipolar may carry risks when you are pregnant and breastfeeding. This includes a greater chance of the baby experiencing problems – during pregnancy and birth or later in childhood.

These can include problems evident at birth such as heart defects, or disorders that can affect learning, emotion or memory that become noticeable later in childhood. The increased risk for these effects are often small and should be discussed in detail with your healthcare professional.

- **What are the possible benefits of taking medication?**

We tend to focus, understandably perhaps, on the risks of medication but stopping medication also has risks. There may be risks to your baby from becoming unwell in pregnancy and taking medication may reduce the risk of becoming unwell.



Sodium valproate

Although every medication can't be discussed in this guide, there is one medication which can cause particular issues in pregnancy.

Sodium valproate, also called valproic acid is a medication used for bipolar and also as an anticonvulsant in people with epilepsy.

There's a lot of evidence suggesting that sodium valproate can cause harm to the baby if taken during pregnancy.

This includes the baby having a birth defect such as spina bifida (where the bones of the spine don't join up properly), cleft lip and cleft palate (where the upper lip or bones in the face are split) and abnormalities of the limbs, heart, kidney, urinary tract and sexual organs.

It can also cause problems with development, learning and memory that become noticeable later in childhood.

There are therefore particular concerns about taking this medication in pregnancy or when pregnancy is possible, when compared to other medicines that are used to treat bipolar.

Because of this, sodium valproate is not recommended for use in women who could get pregnant and they shouldn't be prescribed it unless alternative treatments are unsuitable and there is a pregnancy prevention programme in place.

If you are currently taking sodium valproate, speak with your healthcare professional about what other options are available to you.

For more information, visit the Best Use of Medicines in Pregnancy (Bumps) website which provides reliable and up-to-date information about sodium valproate: [medicinesinpregnancy.org](https://www.medicinesinpregnancy.org)

Feeling guilty about taking medication during pregnancy

After considering all the alternatives, taking medication during pregnancy may be the best option for some women.

Unfortunately there is still stigma attached to this and many women feel guilty about making this decision.

Women have to take medication for many different physical and mental health problems in pregnancy and it's just as important to have the treatment you need for a severe mental illness as it is for a physical one. You may be doing the best thing for your baby to take medication if the alternative is potentially having a very serious episode of illness.

Every woman's situation is different and after careful weighing up of the pros and cons with their healthcare professional, there should be no shame attached to deciding that taking medication during pregnancy if it's the best decision for you and your baby.

Likewise, if, after careful consideration and talking it through with your doctor, your decision is to not take medication, that's ok too.

What's important is that you make the right decision for you and one you feel comfortable with.

“ I was determined in the planning stage that I would not take medication during pregnancy, and just use it immediately after birth. But in my 3rd trimester, after speaking to the perinatal psychiatrist who rated my risk of recurrence as very high and strongly recommended medication before the birth, I found myself reconsidering (albeit with tears!).

It's definitely ok for women to change their minds and adapt plans. Things can feel very different towards the late stage of pregnancy when the possibility of illness is looming closer. ”

A woman with lived experience of postpartum psychosis discussing her experience of making decisions about medication during pregnancy

Who can I discuss my options with?

It's important to discuss medication plans with the doctors prescribing for you - your psychiatrist, or GP for example, ideally before you become pregnant.

A pharmacist may also be able to give you information.

If you have a perinatal mental health team in your area, they may be able to offer you an appointment even before you are pregnant to discuss your options.

The options to consider are summarised in the box below.

Your options with medication and pregnancy:

If you are currently taking medication, there are three broad options that you will need to consider with the professionals involved in your care: no change, switch or stop

- **No change** - continue your current medication through pregnancy and after birth
- **Switch** - stop one or more of your current medication and start another medication(s)
- **Stop** - come off your current medication

There are two options if stopping:

- To stop taking medication throughout the pregnancy and after the baby is born – restarting only if you become unwell
- To stop taking medication and then restart medication later in the pregnancy or after birth to help keep you as well as possible

There are also options for you to consider if you are currently not taking medication, including starting medication during pregnancy or after the birth to help keep you well or starting medication should you develop symptoms.



What about breastfeeding?

Most women with postpartum psychosis or an episode of bipolar during pregnancy or after birth need treatment with medication.

Small amounts of medication can be passed on to a baby in breast milk. It is however possible to breastfeed whilst taking a number of medications.

A perinatal psychiatrist or a specialist team will be able to talk through your options and discuss the risks and benefits of medications in breastfeeding with you.

It's possible that you won't be able to breastfeed if you need a medication which is not considered safe for breastfeeding. Some women feel guilty if they are unable

to breastfeed, but you shouldn't feel this way.

If you become unwell with your mental health during pregnancy or after birth, it's not your fault. It's important for your baby that you have the treatment you need so that you get better.

The Choice and Medication website has advice on specific medications, their side-effects and whether they are safe for breastfeeding:

choiceandmedication.org/ncmh

Where can I find more information about using medication during pregnancy and while breastfeeding?

- **Bump (Best Use of Medicines in Pregnancy) leaflets**

This website (provided by the UK teratology information services – UKTIS, a national organisation hosted by the Newcastle upon Tyne hospital NHS Foundation trust) provides reliable and accurate information about use of medication in pregnancy, in the form of freely available patient information leaflets.

medicinesinpregnancy.org/Medicine--pregnancy/

- **Drugs and Lactation Database (LactMed)**

The LactMed® database contains information relating to medication and breastfeeding.

This includes information on the levels of the medication in breast milk and infant blood, and the possible risks to babies who are breastfed on certain medications. The information is based on information from scientific research articles.

ncbi.nlm.nih.gov/books/NBK501922/

- **Royal College of Psychiatrists information on 'Antipsychotics in pregnancy and breastfeeding'**

The Royal College of Psychiatrists provide user-friendly and evidence-based information on mental health and treatment, written by psychiatrists with help from patients and carers.

Search for 'Antipsychotics in pregnancy' and 'Lithium in pregnancy and breastfeeding'

rcpsych.ac.uk/mental-health





Questions about medication:

- What is known about the safety of each medication option?
- What is your mental health history?
- Have you been unwell before during pregnancy or after having a baby?
- How severe were your previous episodes?
- How long has it been since you experienced your last episode of mental illness and how well are you now?
- Your experience of medications – which medications have been effective, which less effective, which have led to side effects, what options have not been tried?
- Are you planning on breastfeeding?

Key messages

- Women with bipolar or previous postpartum psychosis have a number of options when thinking about medication and pregnancy. These options include stopping, switching, or continuing with the medication that they're on, with all these options having potential risks and benefits.
- Data on the safety of using medication during the perinatal period is sometimes limited and changes all the time, making it difficult for women to get the information they need and make decisions about medication.
- There is no right or wrong when it comes to deciding whether to take medication or not. It's important to discuss your options with a healthcare professional involved in your care.



About me



Your medication and treatment information

This section is designed to help you record information about treatments that worked for you, or did not work well. This will help you work with your healthcare professionals and partner or others supporting you when making decisions about pregnancy and birth.

Use the next pages to record your current medication and previous medications you have taken:

- Name of current medication - Dose - Date started	Any side effects?	Do they help?

About me

Psychological therapies

Have you received any psychological therapies e.g. cognitive behavioural therapy (CBT)?

- What have you tried? What helped? What didn't?



About me

What do I need to think about when making decisions about medication?

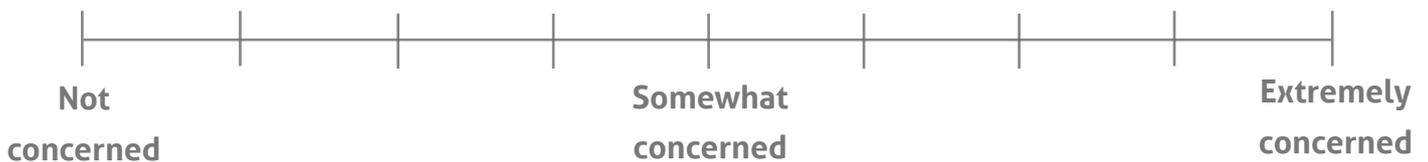
Making an informed decision about medication will involve considering your own thoughts and preferences alongside the evidence-based information and advice from your healthcare professional.

These decisions are not easy. These statements may help you to think about what you'd find helpful to talk through with your healthcare professional.

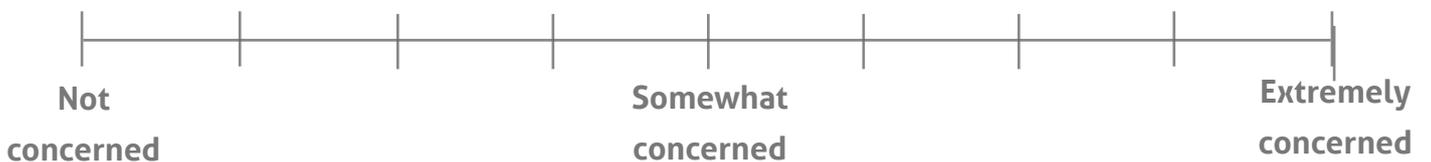
Consider the statements below - how do you relate to each one?

Put a cross on the scale at the point that best fits how concerned you are

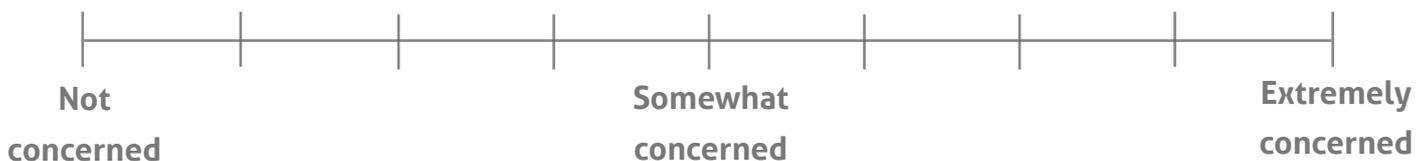
Staying well during pregnancy may be less likely if I stop medication



Not taking medication and becoming unwell in pregnancy may affect my baby



Taking medication during pregnancy may be associated with some risks for my baby



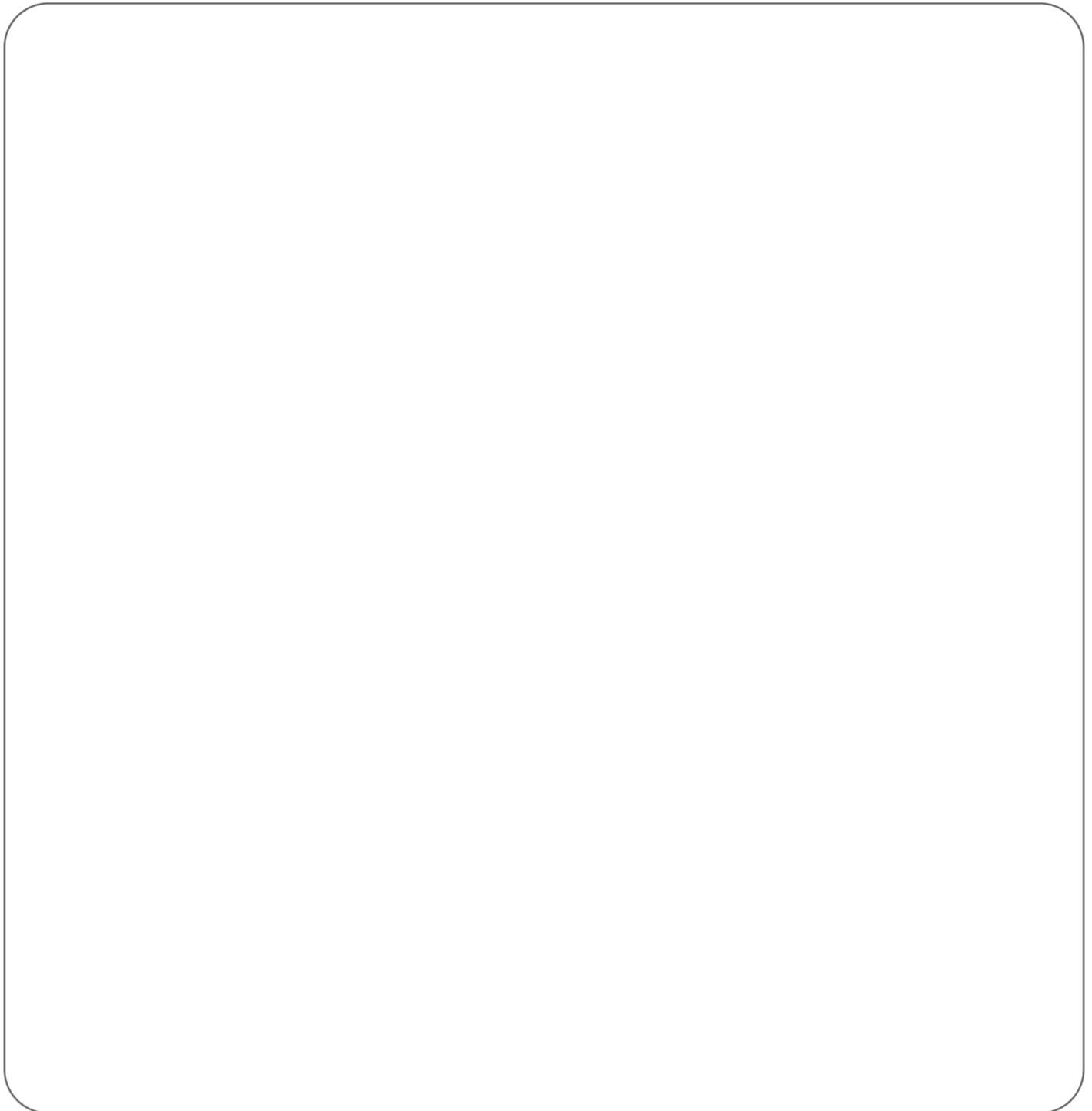
Needing to take higher doses or other medication if I become ill in pregnancy



About me

Notes

You can use this space to list questions and concerns when preparing for appointments. You can also make notes from the conversations with healthcare professionals during your appointments and outline your next steps.



How can I help myself stay well?

5

Working with your healthcare professionals will play a vital role in helping you to keep well.

This will include decisions about medication that are right for you. But there are other things you can do alongside this to help you keep well on a day-to-day basis.

This section includes suggestions on how to help yourself keep well during pregnancy and after giving birth.

Most of these suggestions are useful for women with bipolar to consider at any time.

Some of these suggestions are likely to be most useful for women with bipolar, however there are many suggestions that may be helpful to women with other mental health conditions.

It is important to note that these are suggestions, rather than essential strategies that you need to adopt. Some of these strategies may not be possible or appeal to everyone.

These are ideas that you can consider, but you shouldn't feel pressure to take them all on board.

“ I decided to have a second baby when my eldest daughter was five. I was very well supported in this pregnancy – but as my due date loomed I was definitely more nervous. Being thoughtful about my own wellness helped me to recognise ‘early warning’ signs and put my plan into action. ”

A woman with previous experience of Postpartum Psychosis

Your support network

It will be helpful to start thinking about who you have around you for support and help during pregnancy and once your baby is here.

A partner, family or friends can help you to keep track of your mood and spot any early warning signs if you are becoming unwell.

- Batch cooking and freezing meals in advance, so that you have meals that are easy to prepare during the first few weeks after giving birth.
- Helping around the house, for example cleaning and tidying.
- Looking after the baby while you sleep or have a break. For example, to have a walk outside on your own.
- Helping to look after older siblings.
- Providing transport if it's helpful for you to get out of the house, especially if you are unable to drive after giving birth.



Those close to you can help by providing practical support too. Here are some suggestions:

Visitors

Those close to you can help to manage visitors during the first few days or weeks after giving birth. You may want to think about times of the day that best suits you for people to visit.

It may be helpful to make sure that you have enough time to rest in between visits.

Those close to you can explain to family and friends how important it is that you are getting enough sleep and rest.

Some visitors may be helpful however. For example, it may be helpful to arrange for a family member to look after the baby for a short time so that you can have a rest or some sleep.

Practical ways to prepare for when your baby is born

You may find it helpful to prepare for the early weeks after giving birth in advance, to help reduce the stress. Practical things that you can consider include:

- Arranging weekly supermarket deliveries.
- Batch cooking and freezing meals for yourself in advance.
- A convenient, but less cost effective option are meal delivery boxes. These are services that deliver fresh, pre-portioned ingredients and step-by-step recipes to your home. Popular services include 'Hello Fresh' and 'Gousto'. This is more costly than buying the ingredients yourself from the supermarket, so it may not be the best option for everyone.
- Planning self care for when your baby is here. You may want to share a plan of things that you can do to look after your wellbeing with those close to you. For example, this might be taking some time out for yourself each day to have a hot drink, a short walk or a bath while someone looks after your baby.



Avoiding major life changes

Pregnancy may be the time to avoid major life changes. For example, if you are thinking of moving house, it may be worth thinking whether you can postpone for a year or so, until you have had your baby.



Thinking about your physical health

It will be important to keep yourself well by not smoking or drinking, eating well and doing gentle exercise.



Dealing with stress

Sometimes you can't avoid stress. Unexpected things can happen during pregnancy and after the birth.

If you do experience stress during this time, it doesn't mean that you'll definitely become unwell. Or if you do become unwell, it doesn't mean that this was because of the stress that you experienced. It's important not to blame yourself if you become ill. However it may be worth thinking about how you can avoid stressful situations.

Find ways to relax that work for you - this will look different for everyone. You may find going for a walk, listening to music or having a bath helps. Or you may find it helpful to practice relaxation exercises, such as mindfulness, breathing exercises or yoga.

You can find an example of a simple breathing exercise on the NHS website. Search for 'ways to relieve stress': [nhs.uk](https://www.nhs.uk)

The 'NHS Apps Library' includes a list of apps and online tools designed to help with managing your mental health. You can find this here: [nhs.uk/apps-library/](https://www.nhs.uk/apps-library/)



Getting enough sleep

Sleep loss can trigger an episode of high mood during pregnancy and after birth. Women with bipolar or previous postpartum psychosis are likely to be more sensitive to the effect of sleep loss on their mood.

You will likely experience dramatic changes in your sleep pattern and sleep quality during late pregnancy and once your baby is here, so getting enough sleep may be something that feels difficult to achieve.

It's important to be realistic about how much sleep you will be able to get.

Here are some suggestions on how you can plan to get some extra sleep during late pregnancy and once your baby is here:

- Plan to get extra rest and sleep during pregnancy, especially during late pregnancy.
- Include sleeping arrangements in your care plan. It will be helpful for you to know the options available to you at your hospital and what your preferences are. For example, this could include requesting a single room after having your baby.



Feeding your baby

There are many ways in which women feed their babies, this includes breastfeeding, formula feeding or combination feeding.

A perinatal mental health specialist should be able to talk to you about your options, but it's your decision to make.

The benefits of breastfeeding are well known, but breastfeeding will also mean getting up in the night to feed your baby, which could make you more vulnerable to becoming unwell.

As discussed in the previous section on medication, breastfeeding isn't always possible.

You shouldn't feel guilty if you are unable to breastfeed or have chosen not to. It's important that you have the treatment that you need and are able to rest.

If you're planning on breastfeeding, establishing breastfeeding in the first few days can be very tiring and stressful. Make time for rests.

Some women decide to combine breastfeeding and bottle feeding. This is called combination feeding and involves feeding your baby bottles of expressed breast milk or formula alongside breastfeeding.

Women may decide to combination feed for a number of reasons, for example, as a way to share feeds with a partner.

If you are bottle-feeding and have a partner or family member that can help you, don't be afraid to ask for their help with feeding.

You can find more information on breastfeeding, bottle feeding and combination feeding by searching [Feeding your baby](https://www.tommys.org/pregnancy-information) on the Tommy's website: [tommys.org/pregnancy-information](https://www.tommys.org/pregnancy-information)

Night feeds

Support with night feeds may be needed because of the medication that you are on.

If you are taking antipsychotics after the birth, it's important to consider that some antipsychotics can cause drowsiness. This may make it difficult for you to wake in the night for feeds.

If you have someone that can support you with night feeds, you can ask for help with

the feeds or nappy changing so that you can get some sleep. You may find it helpful to create a rota ahead of time so that it takes the stress away.

In addition to medication, sleep is also likely to be a factor that you think about when making decisions about whether or not to breastfeed your baby. Your decision will involve carefully weighing up the pros and cons.

Monitoring your mood and identifying triggers

If you have a diagnosis of bipolar, monitoring your mood is a useful way of recognising when you're becoming unwell.

This helps you to recognise the relationship between what's going on in your life and how this might affect your mood.

Monitoring mood symptoms is useful at any time for women with bipolar, and is also likely to be useful during pregnancy and after birth.

While monitoring your mood can be helpful, childbirth is a very powerful trigger and it may not be possible to avoid becoming unwell, even with the most careful monitoring.

Monitoring your mood can be something that you include in your weekly routine. For example, some people use a mood diary to keep track of their moods and write a short description or a score of how they're feeling each week.

Using a mood scale and diary

You may find it helpful to use a mood scale to help with your mood-monitoring. A mood scale helps you to describe your moods. Bipolar UK have an example on their website:

bipolaruk.org

Some people find it helpful to personalise their own mood scale based on previous symptoms they have experienced. Mood diary templates are also available on the Bipolar UK website:

bipolaruk.org

You may also find it helpful to use an online mood management programme such as True Colours, which can be found on the Bipolar Disorder Research Network (BDRN) website:

bdrn.org

Lifestyle and triggers

Your lifestyle may act as a trigger for a mood episode, for example, disrupted sleep, stressful events, alcohol, work and relationship issues.

Some triggers are important for lots of people, such as too little sleep, whilst other triggers will be individual to you.

Some triggers may also be more important during pregnancy and following birth, such as sleep disruption, while others, such as work issues, may be less relevant.

Writing a list of early warning triggers and sharing this with your healthcare professional, partner or close family members may be helpful. You will find space to do this in the 'About me' pages following this section.

It may be helpful to ask your partner or someone that knows you well whether they are aware of anything that appears to be a trigger for you when you are becoming unwell.



Key messages

- There are some things that you can do to help yourself stay well alongside working with your healthcare professional. For example, monitoring your mood and planning support and time for yourself after the birth of your baby.
- Some of these suggestions are likely to be particularly useful for women with bipolar.
- Childbirth is a very powerful trigger and because of this, it may not be possible to avoid becoming unwell. By doing all you can to prepare, you're giving yourself the best chance of staying well.
- If you do become unwell, it's important to try not to feel guilty and to focus on getting better





Early warning signs that I'm becoming unwell

Looking back at times where you've been unwell with your mental health, you may have noticed certain thoughts, feelings or behaviours that emerge early on in an episode.

Recognising these early warning signs and sharing them with those you are close to may help you get help quickly when you're becoming unwell. Write these in the box below.

If you are unsure if you experience any warning signs, you could talk to others around you and ask if they noticed any warning signs, or what they think the first symptoms you experience are.

You could also take a look at information about symptoms in Section 1 of this guide ('How might childbirth impact on my mental health?' page 9)

Early warning signs

My personal triggers

Have you noticed anything that you feel triggered previous episodes? If you have experienced postpartum psychosis, was there anything else that you feel increased your risk of becoming ill?

Write these here:

e.g. getting less sleep, changes in medication

You may want to think about times when you have been at your most stable in your mental health

What were the things that may have helped keep you well?

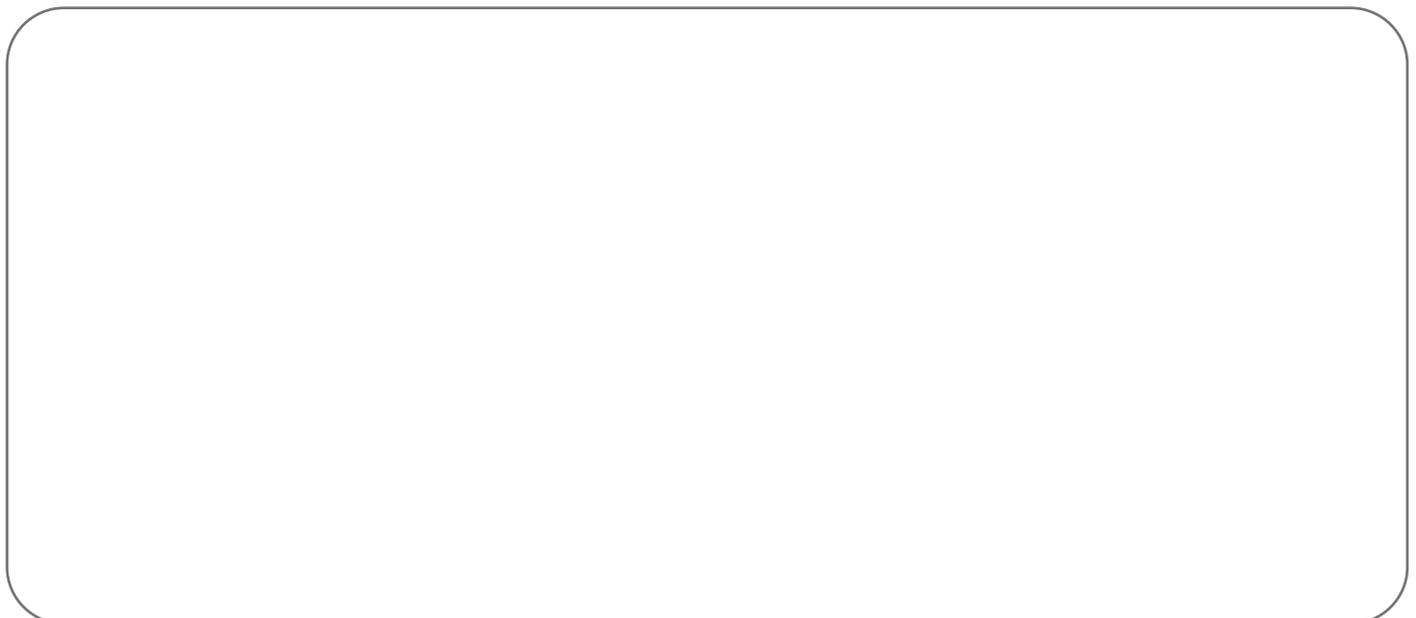
Was this a particular medication? Or were there other things like practising self-management, mood monitoring or making changes to your lifestyle that could have been important?

Use this box to write down anything you feel may have helped you to keep well:



Notes

Is there anything that you are planning to put in place or prepare?



What do partners, family and friends need to know?

6

This section is for the partners, family and friends.

This section includes information on what to consider when supporting your partner before pregnancy, during pregnancy and after birth. This section also aims to help you think about your own wellbeing during this time.

Spending time reading through the other sections in this guide will be helpful. This will increase your understanding of what early warning signs look like, what care your partner may receive and how you can help to plan and prepare for pregnancy and birth. Showing an interest and seeking to understand as much as possible can make a big difference.

Although we use the term 'partner' in this section, this information will be helpful for everyone who plays a key part in the mother's life.

Families come in all shapes and sizes and this section is for anyone who wants to know more and be supportive during this time.

While it's important to plan ahead in case your partner does become unwell, it's not inevitable that she will. Many women will remain well during pregnancy and after birth.

Thinking about having a baby

Deciding on whether to have a baby can bring up a mixture of feelings for anyone.

For women with bipolar or those who have been unwell with their mental health during previous pregnancies, thinking about having a baby can bring up a lot of worries, for them and also for their partners.

You and your partner may find that you are worried about different things. Being honest and sharing your feelings and worries will help you to make informed decisions together.

Remember that help is available. You may be able to speak to a specialist such as a perinatal psychiatrist when planning for a pregnancy.

Things to consider when planning for pregnancy and birth

If your partner has been unwell with her mental health before, she may know what can act as a trigger.

You may not have seen your partner unwell before. It will be useful to discuss with your partner what early symptoms she has shown in the past and what might have triggered previous episodes.

It's important to remember that your partner may not realise when she is unwell.

Episodes of mental illness after birth may look different to episodes at other times in her life. You may be the first person to recognise that your partner is showing early symptoms.

It will be important for you to know where to find important contact numbers so you can act quickly to get the help she needs.

You can find a list for your partner to fill in on the final page of this guide.

Don't hesitate to reach out for help (for example, from the mental health crisis team, your GP or your local A&E department) if you are concerned for the safety of your partner, your baby or yourself.

Sleep

Research suggests that sleep disturbance might be involved in women becoming unwell with postpartum psychosis.

In the early days after giving birth, you and your partner may want to think of ways to ensure she has enough time to sleep and rest.

This can include managing visitors, helping with night feeds and looking after the baby so that your partner can have a nap during the day.

It may be helpful to discuss this with your partner before the birth.

Your work

You may be feeling worried about work and how you will be able to manage everything once your parental leave ends. It may be helpful to keep your employer informed of what is going on.

There may be options available to you, such as arranging a period of paid sick

leave, compassionate leave or unpaid parental leave.

You may plan to take annual leave so that you can have a longer period of paid parental leave.

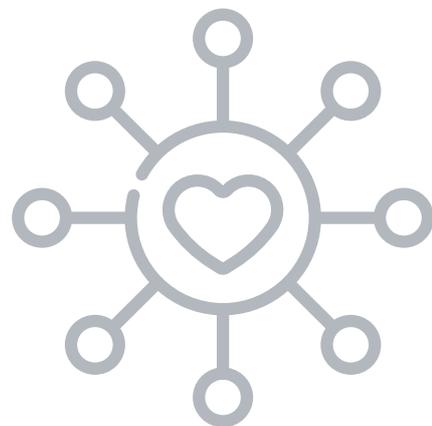
Getting support from family, friends and volunteers

Your partner becoming unwell after giving birth may mean that you take on more responsibilities than you imagined, including looking after your partner and your baby.

Severe mental illness during pregnancy and childbirth can be distressing for partners, family and friends. You may need emotional and practical support of your own.

Older siblings may also need support if your partner becomes unwell. South London and Maudsley NHS foundation have created booklets designed for different age groups that provide clear and simple explanations about mental illness and when a parent is in hospital.

They are available free from the Our Time website, search for When a parent is in hospital: ourtime.org.uk



Looking after your own health

If your partner becomes unwell, looking after your partner and baby will likely feel like a lot to cope with. You may notice that you are feeling stressed, anxious, low or unwell - this is understandable.

You may also feel other emotions, such as guilt, disloyalty or relief if you have to seek support for your partner – it's common to feel like this. Try not to feel guilty about this, what matters is that your partner gets the treatment and support she needs during this time.

If you can, try to take time for yourself, away from hospital visiting or baby care. This could be something as simple as taking a walk or catching up with a friend.

It's important that you seek support for yourself during this time.

Reach out to a friend or family member to let them know how you are feeling.

If you are struggling to cope or having trouble sleeping, talk to your GP.

You may find it helpful to speak with other partners who have been through a similar experience.

Action on Postpartum Psychosis (APP), a third sector organisation for women and families affected by postpartum psychosis, have an online peer support service where you can talk to other partners who have 'been there'.

You can find details on the next page under 'Support and helpful resources'.



Support and helpful resources

Action on Postpartum Psychosis (APP) is the national charity for women and families affected by postpartum psychosis

- Information about early symptoms - app-network.org/early-symptoms
- Visit their online support forum to ask questions to other partners and discuss issues that are worrying you - healthunlocked.com/app-network
- APP have developed an 'insider guide' for partners - **Postpartum Psychosis a Guide for Partners**
- APP have a number of resources available for partners - app-network.org
- APP also have personal descriptions of PP from women and their partners who have been through it
- Puerperal Psychosis: A Carer's Survival Guide by Craig Allatt: app-network.org

Mind, a mental health charity, have developed information about support and services for people who are helping others seek help - search for 'Helping someone else seek help' on their guides to support and services section



Key messages

- You may not have seen your partner unwell before. It will be useful to discuss the early warning signs your partner has shown in the past.
- It will be important for you to know where to find the contact numbers needed to act quickly to get the help she needs.
- Severe mental illness during pregnancy and childbirth can be distressing for partners, family and friends. You may need emotional and practical support of your own from family, friends or volunteers.
- It's important that you seek support for yourself during this time. Make sure to reach out to a friend or family member to let them know how you are feeling.
- While it's important to plan ahead in case your partner does become unwell, it's not inevitable that she will. Many women will remain well during pregnancy and after birth.



Bringing it all together

7

Now that you have come to the end of the guide, you may be better placed to make some of the difficult decisions we have discussed.

Reading through the information may have answered some questions you had and made clear the questions that you still need to ask.

Next steps

Consider each of these questions and use the boxes below to write down how you feel and any plans that you have related to each one.

If you are currently pregnant, some of these questions might not apply.

Am I clear about my reasons for wanting to have a baby? **Yes**

No

Do I know which concerns relating to having a baby are **Yes**

most important to me? **No**

Do I have enough information about my chance of **Yes**

becoming unwell during pregnancy and after birth? **No**

Do I understand the medication and other treatment **Yes**

options available during pregnancy and after the **No**

baby is born?

Do I have a clear plan in place in case I become **Yes**

unwell? **No**

Am I clear about the support that may be **Yes**

available to me during pregnancy and after **No**

birth from both professionals and significant others?

You may now be looking to develop plans and discuss further with your healthcare professionals.

This section is designed to help you plan your next steps.

If you feel you don't have enough professional support, you may want to think about what steps you need to take to find out what's available to you in your area.

If you are not currently under the care of a community mental health team or a perinatal mental health team, the first step in accessing more support will be to contact your GP.

For more information about professional support during the perinatal period, refer to Section 3 'What support may I receive during pregnancy and after having a baby?' on page 31.



What do you need more information about?

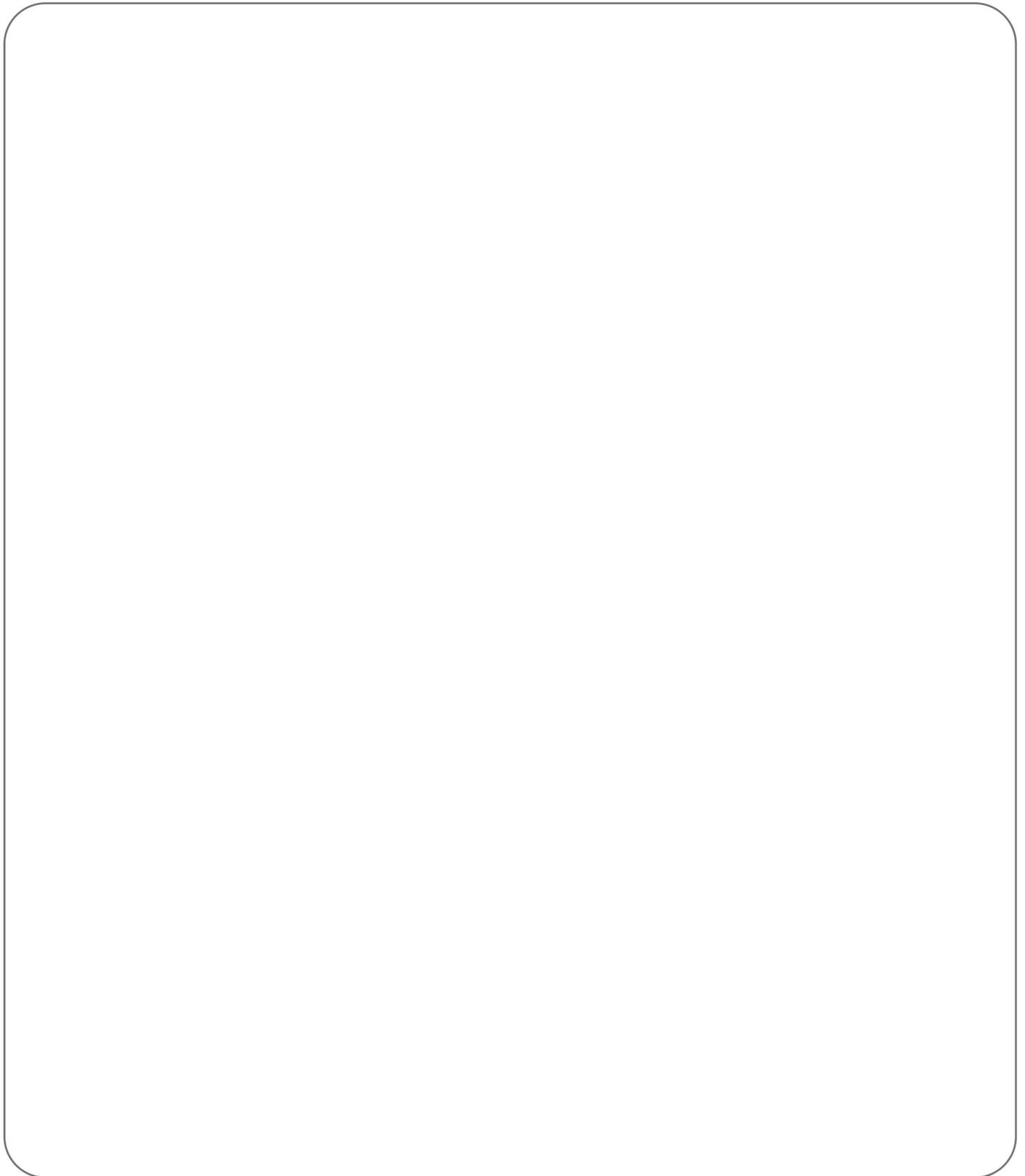
You may have questions that you haven't got answers for yet and plan to ask your healthcare professional about or look into further yourself. Use this space to identify these questions:

Questions What questions do I have for my healthcare professional?	My notes Information to help answer my questions:

Making a plan

You may like to use the space below to summarise any steps that you now plan to take:

eg Make an appointment with my GP to discuss pre-conception services available in my area

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Notes

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Notes

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About me



Important contacts

Use the list below to record contact details for those who are involved in your care and friends, family and significant others who will be able to provide support. This list could be very helpful during times of crisis or relapse.

Making it easily accessible for partners, family or friends will help them to access help for you easily should you need it.

Name:	Role:
Contact details:	
Name:	Role:
Contact details:	
Name:	Role:
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NCMH
National Centre for Mental Health

 **APP**
Action on Postpartum Psychosis


bipolar UK
SUPPORTING PEOPLE AFFECTED BY BIPOLAR