

Special Considerations for Patients with Bipolar Disorder in the Perinatal Period

Patients with bipolar disorder are very sensitive to disturbances in sleep, and have a higher risk of postpartum psychosis than patients with depression or anxiety. Therefore, make sure to counsel them about the following:

Sleep

- Speak with family/friends about what the planned supports will be regarding sleep
- Try to get at least one four hour block of uninterrupted sleep per night

Feeding Considerations

- If the patient plans to breastfeed, encourage them to meet with a lactation consultant during pregnancy or very soon postpartum regarding how to optimize sleep
- If patient is taking lithium, it may not be recommended that she breastfeed. This requires shared decision-making/planning
- Some patients may consider formula feeding in order to minimize disruption to sleep (and allow others to feed the baby)

Postpartum Psychosis

- Can be precipitated by poor sleep
- May have insomnia as a symptom
- Patients may start to have odd beliefs or ideas, or speak or behave in bizarre ways
- Patients may start to hear voices or see things that others cannot
- This is a psychiatric emergency as it increases risk of intentional or unintentional harm to child—instruct patient to present to nearest emergency room
- Discuss these symptoms and instructions with patient and, if patient is willing, their close support person/people