Postpartum Psychosis with Dr. Kirsten Thompson

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IN THIS EPISODE

It is rare, widely misunderstood, and a true medical emergency. Board-certified psychiatrist Dr. Kirsten Thompson returns to join Dr. Elliot Berlin, DC for a clear-eyed look at postpartum psychosis: who is at risk, the genetic thread it shares with bipolar disorder, why its symptoms can fluctuate so deceptively, and the red flags families should never ignore. Along the way, what treatment actually looks like, from urgent evaluation to medication and ECT, and why a plan made before birth can save precious time when it matters most.

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DR. ELLIOT BERLIN, DC: My guest today is a board certified psychiatrist specializing in women's and reproductive mental health She's joining us for the third time. We first spoke about perinatal psychiatry back in episode 153 and she returned on episode 432 to help us understand premenstrual disorder or PM DD today We're tackling something much less common, but far more urgent Postpartum psychosis it can come on quickly even in someone with no previous psychiatric history So who's at risk? Is there a genetic component? And if so, can we screen for it? What should families watch for and if it happens, what is treatment and recovery look like? I'm pregnancy focused chiropractor. Dr. Elliott Berlin and you're listening to the informed pregnancy podcast

DR. ELLIOT BERLIN, DC: Dr. Kirsten Thompson. Welcome back to the podcast. Thank you. Thanks for having me I always learn so much from you and it's always great to be around your energy Today's topic is kind of intense but really important. Let's start at the beginning What exactly is postpartum psychosis and how is it different from postpartum depression or anxiety?

DR. KIRSTEN THOMPSON: so postpartum psychosis is a psychiatric and medical emergency in Which a mother in the postpartum period after giving birth ends up having symptoms of psychosis and a bunch of other things can go on but essentially she has either delusions or hallucinations or

Thought disorders that make it difficult and even life-threatening for her to continue without intervention It's different than postpartum depression because depression is sort of the standard symptoms We think about of feeling low mood depressed having maybe trouble functioning and paired sleep sadness But in depression people and women in the postpartum remain having knowledge or insight into what's going on

DR. KIRSTEN THOMPSON: So they feel depressed but they feel kind of in touch with their mind. Whereas postpartum psychosis The brain is really not working and so those delusions and hallucinations Can cause women to do things that they wouldn't normally do

DR. ELLIOT BERLIN, DC: It sounds like the kind of thing that you would have a history for but it seems like that's not always the case

DR. KIRSTEN THOMPSON: Right postpartum psychosis is pretty interesting and sort of scary in that women who are diagnosed with it are typically diagnosed as their First-time episode of having a psychiatric disorder So if you think about it a woman can go through her whole life Maybe having her first baby at 35 or whatever age and have a very mentally stable Healthy life until then and then all of a sudden have these very severe symptoms Which she will typically not know what's going on And of course all those people around her even if they've known her her entire life May not suspect something very severe is going on as well

DR. ELLIOT BERLIN, DC: So out of left field as they say Yes, yes very much out of left field. How common is postpartum psychosis?

DR. KIRSTEN THOMPSON: It's about one to two pregnancies in a thousand and While that sounds rare and a lot of the sort of media coverage around this names that is rare That's per pregnancies So if you think about women having multiple children and how many births there are around three million a year in the US That's actually about three to seven thousand women per year are actually experiencing postpartum psychosis So yes relatively rare but not so rare that it's not happening around us in the circles of people that

DR. ELLIOT BERLIN, DC: Right, I didn't think about it that way. Like it's not per person, it's per pregnancy. Right. People tend to have multiple pregnancies. There's some relationship between postpartum psychosis and bipolar spectrum illness. Can you talk about more what is bipolar spectrum illness and what the connection is?

DR. KIRSTEN THOMPSON: So bipolar spectrum illness or bipolar disorder is when we have a mood disorder where it's by or two poles. So people experience the depression, but the other pole is the mania or hypomania. And the depression is kind of what we typically know, sadness and feeling low and down, not enjoying things and sometimes having suicidal thoughts. And then the hypomania or mania side of things is sort of this agitation, increased energy, less need for sleep, racing thoughts, sometimes fast speech and can include psychosis. And both of those things at their worst, depression and mania can include elements of psychosis. Postpartum psychosis is thought to be on the bipolar disorder spectrum. And this all starts to sound very confusing because it is.

DR. KIRSTEN THOMPSON: I think we really wanna put things in sort of containers and make it very clear. And the reality, and I think one thing that gets lost is that unfortunately this is not a clear thing. It

is a spectrum for a reason. So some people have unipolar depression. They're just on that one pole of depression. Bipolar is the two and then postpartum psychosis is thought to be on the bipolar spectrum, meaning women who have postpartum psychosis have elements of both depression and mania and sometimes both all mixed together. So it can be very unclear because some women may start to seem depressed or low and that's obviously concerning, but then they may have energy and have a ton of energy to do things like exercise a lot less and not need sleep.

DR. KIRSTEN THOMPSON: So you may say, oh, she's not that depressed. She actually just went for a run, but really it could be a combination symptoms happening all at once or sort of some symptoms for a while and then other symptoms alternating. So it can be very confusing, but postpartum psychosis is thought to be a variation of bipolar disorder.

DR. ELLIOT BERLIN, DC: That does sound confusing. And later in the episode, we'll talk about what friends and family might look for to help identify this condition, but it's not so black and white is what it sounds like. Is there a genetic component? I mean, if somebody's mother, sister, or close relatives have had postpartum psychosis or bipolar disorder, does that increase her risk?

DR. KIRSTEN THOMPSON: Yes, bipolar disorder in and of itself is a very genetic condition, like many things in mental health or health in general, but if a woman has actually been diagnosed with bipolar disorder, she has a much higher risk of having postpartum psychosis because it's essentially that bipolar disorder becoming unstable in the postpartum and that risk can be up to 17%. So women who have bipolar disorder and know it already need to be really aware, but a woman who they themselves doesn't have any risk of bipolar disorder themselves, but they have a family history means it's in their genes and they are likely to have a higher risk of bipolar disorder and postpartum psychosis.

DR. ELLIOT BERLIN, DC: Because it's familial, is there some sort of screening that can be done, either a test or otherwise, that might say you're at greater risk and need to be a little more careful?

DR. KIRSTEN THOMPSON: One way for women to sort of screen themselves, so to speak, is to actually have a good understanding of their own genetic familial history. So who in my family has mental health disorders? I know this is very hard because people don't really talk about it, but it is really important. And if we're talking about preventative care and empowering women with information, one thing to do even before having kids is to just get a handle on, what was the mental health history on my genetic parents lineage on both sides? And if a woman finds out, oh, I do have a family history of bipolar disorder, or maybe it was my grandparent or my parent or a cousin, it's really good to know that about ourselves, first of all.

DR. KIRSTEN THOMPSON: And then second of all, to let both our partner know, and there are more proactive things women can do to help have their partner help them in the postpartum with regard to mental health, but letting their partner know, but also their doctor. So even just letting their OB-GYN know, hey, actually, my dad has bipolar disorder, please put that in my chart because I know that puts me at increased risk of postpartum psychosis and mood disorders in general.

DR. ELLIOT BERLIN, DC: Those are great tips and very important, but at this point, no blood tests. That wouldn't, let's say, tell you you're at greater risk.

DR. KIRSTEN THOMPSON: No, no, we are far from that, unfortunately. We don't have any blood tests available.

DR. ELLIOT BERLIN, DC: Come on, AI.

DR. KIRSTEN THOMPSON: I know, hopefully.

DR. ELLIOT BERLIN, DC: All right, so what about somebody who's had a postpartum psychosis with a pregnancy, with a birth? It sounds like they would be. How much more likely would they be to have it again?

DR. KIRSTEN THOMPSON: Much more likely. So a woman, and we do know postpartum psychosis is more likely to happen on first births. That's kind of one of the risk factors. Once a woman has it on her first birth, the chance of having it again with a second birth is 30 to 50 percent. So very, very high risk. And this is where, yeah. But the flip side of that sounds like if someone

DR. ELLIOT BERLIN, DC: doesn't have it with their first birth, their odds of having it in the second birth go down

DR. KIRSTEN THOMPSON: to even less than one in a thousand. I would assume so. I don't think we have that level of data on women, but I think it's good to be aware for sure. Either way, yeah. Wow,

DR. ELLIOT BERLIN, DC: that's a massive increase. So they would definitely need to have a plan in place.

DR. KIRSTEN THOMPSON: Right. A plan in place and medications can be very effective for postpartum psychosis. So this is when, you know, for that second pregnancy, if a woman has it with her first, she may want to be preventative and be on, you know, stable medication like lithium, which is kind of our gold standard medication for bipolar disorder for that second pregnancy and have a psychiatrist in place who knows how to manage care during pregnancy in the

DR. ELLIOT BERLIN, DC: postpartum. Okay, we're definitely going to talk a lot about treatment options in our third segment. Why don't we take a quick commercial break? When we come back, we're going to move from the diagnosis more to the experience. What does postpartum psychosis look like? What does it feel like and why it can be surprisingly easy to miss? We'll be four times and brand D, four times. Welcome back. We're talking to Dr. Kirsten Thompson about postpartum psychosis. We talked a lot about diagnosis, what the condition is. In this segment, I want to talk a little bit more about the practical elements of it. What does it look like and feel like? I think when people hear the word psychosis,

DR. ELLIOT BERLIN, DC: sometimes picture somebody who's obviously disconnected from reality, like something you might see in the movies. But it doesn't always look that way. So why don't we break it down first? What does the term psychosis mean? And does it always mean something very

DR. KIRSTEN THOMPSON: big and dramatic that's obvious? No, psychosis means disordered thoughts. And there are different types of psychotic thoughts. So people tend to think about, you know, visual hallucinations, seeing ghosts or seeing things or auditory hallucinations, like hearing

voices, which those are psychotic symptoms. But additionally, psychotic symptoms can be just very disorganized thoughts, like all of a sudden not, you know, performing or functioning in a way that is normal, because the brain is essentially not working correctly. Another sort of type of psychotic thought is sort of, you know, it's called thought broadcasting, which is when someone thinks their thoughts are kind of

DR. KIRSTEN THOMPSON: being displayed. And then another really common one that we see is a delusion. So a delusion is a fixed false belief. So it can be as simple as I'm the worst mother in the world. Right. And even though that can be a felt experience, if it feels like it is a certain thought, and yet the mom is kind of doing everything she can, that would be considered a delusion because it's not a fact. Right. So the subtlety has to be there of looking at is this woman's thoughts kind of normally what she'd be thinking if she wasn't, you know, in the postpartum right now, or is something really odd, she seems kind of or of course, if there are hallucinations, hearing voices or seeing things.

DR. ELLIOT BERLIN, DC: And like you said, that can fluctuate, so she could look really disorganized in one moment, and then all of a sudden be totally put together, and then later start to not look or feel like herself again.

DR. KIRSTEN THOMPSON: Right, and I would say that is one of the most risky aspects of postpartum psychosis, which is that the symptoms by nature of postpartum psychosis fluctuate. And so at some moments, a woman might be really struggling and having, you know, disorganized thoughts, or even maybe some of these delusions. And a few minutes later, she might be very high-functioning, not even normal, but even, you know, if she's on the spectrum of hypomania, she might be doing even more, going for that run, going grocery shopping, you know, kind of even making the people around her feel more assured that she's doing very, very well, when in fact she may not be. And then five minutes later, she may have some of the psychotic symptoms. So the fluctuating nature of it

DR. KIRSTEN THOMPSON: makes it very difficult to discern, is she okay or is she not? And for her as well, right? But for the people around her, it's very difficult.

DR. ELLIOT BERLIN, DC: So those disruptive thoughts, intrusive thoughts, delusions, some of those things happen, let's say with OCD, you have intrusive thoughts. It seems like, how would you tell the difference?

DR. KIRSTEN THOMPSON: OCD, so all my women with postpartum OCD have, for the most part, intrusive thoughts or images. So in postpartum OCD, it's very common to have intrusive thoughts or images, such as I have this image of my baby, you know, falling out of my arms down the stairs, really, really dark images or thoughts. What if I grab that knife? In OCD, those intrusive thoughts, meaning they just come into your brain, you're not wanting them, they just show up there, they're ego dystonic. That means they make us feel really bad. We don't want to grab the knife. We don't want the baby to fall down. So those thoughts are not consistent with what we want and we feel is good. That's postpartum OCD. And in OCD, women maintain insight. That means they're aware

DR. KIRSTEN THOMPSON: that they're having that weird thought and that they don't want to have it. So there's this sort of self-awareness. That's what insight is. Whereas in postpartum psychosis, the

thoughts are ego syntonic, meaning same or they're kind of fused with our brain. So women may feel, okay, you know, I'm having this thought that I have to harm my baby in order for them to live. I need to do that. And there's sort of this fusion of the thought or whatever is going on and the woman herself. So there isn't this thought of like, oh, I can't believe my brain's doing that. It's sort of the brain is all fused in one, if that makes sense. And there's not in postpartum psychosis, there's not this sort of insight. So women don't realize

DR. KIRSTEN THOMPSON: that they're actually having these thoughts that aren't themselves. And it's not something that they can necessarily even ask for help with sometimes because it may be internal.

DR. ELLIOT BERLIN, DC: Clear that up for me a little bit, meaning somebody is having that thought right now that they haven't had before. They don't realize that they're having a thought that's different from typical or normal if they feel like harming the baby right now.

DR. KIRSTEN THOMPSON: So if they've never had the thought before, yes, it would be, you know, still possibly recognized as like a new thought, but it's in a way, it doesn't feel as though it's coming from an illness or something outside of them. So they're not aware, in other words, they don't have that insight or awareness that they're really, really sick and they need to get help right away for these disorganized or bad thoughts. It's sort of all fused in one.

DR. ELLIOT BERLIN, DC: Could someone listening to the podcast right now with intrusive OCD thoughts hear your voice and realize that's OCD, postpartum OCD? And could someone who's listening to you give these descriptions right now who's having an episode of postpartum psychosis hear you and say, uh-oh, this might be me?

DR. KIRSTEN THOMPSON: I would hope so, I would hope so. I think the clarifying distinction is with intrusive OCD thoughts, women are very alarmed and they have no intention to act. With postpartum psychosis, if a mom is listening right now, she may have these intrusive thoughts or images about hurting the baby or hurting themselves, and it may be connected to this sense that I have to act. And that's maybe a better, simpler way of describing it.

DR. ELLIOT BERLIN, DC: I just wonder if there's a way to help somebody in that situation have the realization, maybe I need help.

DR. KIRSTEN THOMPSON: Yes, I think the question would be, are you having any thoughts about... or your baby at all that you may act on? And if the answer is yes or maybe, that's a medical emergency and a reason to reach out immediately for help.

DR. ELLIOT BERLIN, DC: Okay. That's a great distinction. Thank you. What else besides intrusive thoughts, physical or emotional symptoms might someone experience?

DR. KIRSTEN THOMPSON: Given that this is on the bipolar spectrum, it really can be all of the symptoms or any cluster of them. So some women may have the tearfulness, the depression, feeling not connected to their baby, maybe not having appetite, not eating as much, having insomnia, not being able to sleep. Other common symptoms of more the mania symptom cluster would be feeling really irritable or agitated or almost uncomfortable, sort of crawling out of their skin, having a lot of

excess energy, feeling somewhat impulsive, needing to get out that energy even.

DR. ELLIOT BERLIN, DC: I mean, it's interesting because a lot of those symptoms, I think a lot of new moms just have anyway, like insomnia or energy issues. During psychosis, is there an indicator that goes off for the mom saying something might be wrong, something doesn't feel right?

DR. KIRSTEN THOMPSON: Is there an indicator within the mom themselves? Well, there can be. And I would say that, you know, again, this is kind of spectrums, but it's also a Venn diagram where you have kind of symptoms all over the map. And then you have the circle that surrounds postpartum depression symptoms, a circle that surrounds postpartum OCD, a circle that surrounds postpartum psychosis. And there is overlap there. So insomnia is a great example. And we call it sort of the wired tired in the postpartum where a mom is really exhausted because she may be breastfeeding or not or up with the baby and she's exhausted and tired. But when she tries to fall asleep, she feels absolutely wired and can't. And so that's

DR. KIRSTEN THOMPSON: a concerning symptom. I'm always looking for that in my patients with postpartum depression, but it can also present with postpartum psychosis. So the sort of indicator of when things are more in the realm of postpartum psychosis is when those thoughts or the behavior tend to not look like the woman anymore, when bizarre things are happening and or there, of course, any of those psychotic thoughts that we talked about. How quickly after birth might it pop up? Typically, it's within the first month of the postpartum. But there's also sort of this bimodal distribution. So it generally happens quickly after birth. But then there are also a number of cases where it's happening after

DR. KIRSTEN THOMPSON: three months. So really, there isn't a specific safety window when it's completely clear that a mom is going to be fine. But the biggest risk period is in the first month of the postpartum.

DR. ELLIOT BERLIN, DC: When someone has thoughts of harming their baby due to a psychosis, is it that they don't feel the love for the baby? They don't want the baby? Or could both of those things be happening at the same time? I do love my baby. I care for my baby. I want my baby.

DR. KIRSTEN THOMPSON: And I feel like I need to harm my baby. The thoughts. So I think the simplest way to think about postpartum psychosis is hormones are causing the brain to not function properly a lot of the time. So that can look like moments where the brain is functioning. Of course, the mom loves the baby. And then moments where the brain is not functioning and they either may not feel connected to the baby and they may have elements of depression. Or even the most extreme, where the love for the baby is actually attached to the psychotic thoughts. And that's kind of what we saw in certain cases of postpartum psychosis that have been in the news where women feel so much love and they're getting these intrusive psychotic

DR. KIRSTEN THOMPSON: thoughts telling them if they love their baby and to be safe, they actually need to hurt their baby. And this is where you can understand that doesn't make any sense. And so the evidence is there. This is not a brain that's working. We need to get this woman help. She's not choosing to do this. It's a true emergency.

DR. ELLIOT BERLIN, DC: Okay. Speaking of the news and postpartum psychosis, there's been enormous attention around the Lindsay Clancy case, a Massachusetts mother who killed her three children and then tried to take her own life. Her defense argued that postpartum psychosis was central to what happened. Prosecutors challenged that explanation and the jury couldn't reach a verdict. So obviously you can't diagnose somebody that you didn't treat, but what can we learn from a case like that? And what can it lead people to sort of misunderstand about postpartum psychosis?

DR. KIRSTEN THOMPSON: Well, so yes, I have not treated Lindsay Clancy, but I would say what that case illustrates. to mothers to take care of themselves in the postpartum, right? She was a very educated woman as a labor and delivery nurse. She probably knew a lot about postpartum depression and even postpartum psychosis, and she did try to seek help from multiple medical providers, but in the end she was not able to protect herself or her children from her own illness, and so we can't leave it up to women to do that. We need to sort of create the village, and if a woman's having a pregnancy on her own, she needs to create that village in advance, and really kind of inform people ahead of time what to do and

DR. KIRSTEN THOMPSON: what's that sort of code word going to be for her if she needs help, but also letting everyone else know around her if things don't seem normal, if I don't seem like myself, we're gonna step up and say something and get her help right away, and I think leaving it up to the woman to coordinate her own medical care is just not okay. Even if she's having moments of seeming like she's alright, if there are still any symptoms that are concerning, that means that illness is still there and she needs help. It's really

DR. ELLIOT BERLIN, DC: important. I think that there used to be a village, and we don't have it the same way anymore. We don't live with our families on the family property. They're not surrounding us and helping take the pressure off and recognizing when something doesn't look right, so we have to sort of artificially create that village. I wonder with cases like Lindsay Clancy if the coverage of, I mean, it's a very tragic situation. I feel like sometimes the coverage highlights something like postpartum psychosis that maybe people hadn't heard about before, but also sometimes that could make someone less likely to disclose their frightening thoughts because they're afraid that someone will think they're dangerous or someone will

DR. ELLIOT BERLIN, DC: want to take away their baby or they'll end up in court. What's the

DR. KIRSTEN THOMPSON: take home message? The take home message is when it comes to pregnancy and the postpartum that mom's health is number one in order to have a healthy baby also be number one. And so more and more, thankfully, we're having development of postpartum depression and mental health services and programs around our country where moms can actually bring their babies in with them. So we have this at UCLA. And the good news is that it's not good for anyone to have mom and baby separated, right? We know for brain development, it's best for the baby to be close and in contact with the mother. So keeping them together is actually a priority unless a mom is so sick that they're putting the baby at risk and really the best. Taking the baby away in those

DR. KIRSTEN THOMPSON: settings can go down. You can stay with your baby, care for your baby, love your baby, and we can take care of you at the same time. Right. And having worked in the space

of women's health and postpartum depression and psychosis now for years, that is never actually in the plan to take a baby away. The plan is A, get the mom medical help as soon as possible and keep her and everyone around her safe until we get there. And then once she's in a safe environment with medical professionals, then figure out what next.

DR. ELLIOT BERLIN, DC: Okay. I want to talk about that in our third segment, treatment. What does it look like? How effective is it? To end here before the next break, you gave one clear line in the sand so far. If you ask someone, are you having thoughts of hurting your baby that you might act on? And they say either yes or maybe that's a medical emergency. That's postpartum psychosis. Are there other lines in the sand? Something that should set off an alarm bell for a partner, for a family friend, for other members of the family, or even like a clinician, let's say a chiropractor who's seeing somebody postpartum. What should we be aware of? What kind of red flag should we look at and say, hold on a second. This needs intervention right now.

DR. KIRSTEN THOMPSON: Any disordered thoughts or disorganized thoughts should be concerning. And I know that's kind of hard to conceptualize. What does that mean? But if you're talking to someone and a lot of people haven't talked to someone who's experiencing psychosis ever before in their life. But if you're talking to someone and they're saying sort of odd things or talking about things that they wouldn't normally like if they're not religious and they're sort of all of us and talking about God and what God believes. And it feels it gives you this like ick feeling of like what's going on? Something's weird or something's really off about this person right now. That's enough to sort of do a little bit more due

DR. KIRSTEN THOMPSON: diligence and figure out you know if there are more symptoms there and how you can support someone. And I think the threshold of keeping the bar lower and if you have any sense that something could be going on and making sure that nothing worsens is always safer than the latter and just saying well that was odd. You know she was very confused by something she does every day. Right. Or she was talking about God even though she's you know an atheist. or doesn't believe in God, right? It's better to sort of raise the red flag than to not. Better be safe.

DR. ELLIOT BERLIN, DC: Better be safe. Okay. Now that we know a little bit more about the condition and what to look for, what the experience of having it might be like. When we come back, I want to talk about treatment, about hospitalization, medication, ECT, and what recovery looks like. We'll be right back. Welcome back. We're talking with Dr. Kirsten Thompson about postpartum psychosis. We've talked about recognizing the condition. Let's talk about treatment. All right, Doc, we talked about lines in the sand when it's like obvious that someone should call or if you're not sure call anyway. First of all, who do you call? And second of all, what happens next?

DR. KIRSTEN THOMPSON: The first person to call is a trusted person in your life. So I say that because sometimes people can't necessarily, you know, they don't know who to trust. And so that can be part of the illness itself. But usually that would look like a partner, a family member, or if possible, even a doctor. So you know, nurse practitioner, person OB GYN, if someone has a psychiatrist, obviously reaching out to them. And ideally, it would be someone close to them, and or a medical professional. And I think if it was only going to be narrowed down to one person, I would probably say reach out to any doctor, you know, or any medical provider that you have. And maybe that's the

simplest way to say it.

DR. ELLIOT BERLIN, DC: Once that call is made, once help is initiated, what does it look like? What's what are they going to do? Not just a family friend who's going to then call the right practitioner. But once you get in touch with the practitioner, what's the process like?

DR. KIRSTEN THOMPSON: The process should include an urgent psychiatric evaluation. So that might include something like, okay, let's have an appointment today to talk to you right now and do an assessment and see your symptoms. Or let's have you go to urgent care today or to the emergency department today. And you'll see the through line there is today. So once somebody has the symptoms, it's really important that we all view the woman is having illness that she is in by no means control of. And we have to take control of her and her body's health to support her immediately. So that also means people if she's with the kids, you know, home alone with three kids and calls the partner and says, Hey, I'm having these

DR. KIRSTEN THOMPSON: like weird thoughts, it needs to be treated like an emergency. So partner should drive home immediately, get some babysitters to take care of the kids and then take her to the hospital or to her psychiatrist for an evaluation.

DR. ELLIOT BERLIN, DC: Don't finish the errand list. Right, right. Does true postpartum psychosis generally require hospitalization?

DR. KIRSTEN THOMPSON: It is an emergency until it's further assessed. So it often does require hospitalization because that's typically one of the very few ways to have 24 seven medical supervision. Because as we said, this is like a spectrum, you know, sometimes women are sort of developing some symptoms but aren't in full fledged postpartum psychosis and they can get treatment and maybe stay in an outpatient or do an intensive outpatient program for moms and babies where they're sort of in the hospital but for just six hours a day with a lot of supervision and maybe at night, they have a night nurse and family. But the point is there does need to be 24 seven supervision of mom and baby. And so what that looks like, even for me, you know, in talking

DR. KIRSTEN THOMPSON: to a partner once of a patient is saying, okay, you're home, you have these thoughts, we're going to have you go to the hospital right now. She's going to pack a bag but when she's packing the bag, I'd like you to go with her into the bathroom and not close the door if she needs to go in there, help her get her bag together and you're not going to take your eyes off of her until you get to the safety of other medical professionals. And that's just so that we can keep her safe.

DR. ELLIOT BERLIN, DC: Sounds scary.

DR. KIRSTEN THOMPSON: It is scary. It is scary. And nobody wants to go to the psychiatric hospitals or be admitted. And yet this is one of those things where if you got in a car accident, and you know, your leg was bleeding out, you also don't want to go to the ER but you treat it like that and you do so that you live and that's how we need to approach postpartum psychosis.

DR. ELLIOT BERLIN, DC: So much harder because you can't see it. I could see the leg bleeding out, I could feel the leg bleeding out. These conditions are much more challenging because they're not tangible from the outside. In terms of treatment, what does medication look like medical

treatment?

DR. KIRSTEN THOMPSON: Medical treatment typically includes benzodiazepines like Xanax to help her sleep at night. And then ideally transition to lithium, which is our gold standard medication for bipolar disorder, which also can reduce the risk of relapse. And so those are generally the medications we use and psychiatrists, we use those medications all the time for bipolar disorder and psychosis, and they really can be very effective. And another option is ECT or electroconvulsive therapy, which is also pretty effective. That's shock therapy, which is creating a seizure in the brain while under medical supervision. So also very effective and can be really, really helpful.

DR. ELLIOT BERLIN, DC: OK, but that conjures up images of 1960s films also.

DR. KIRSTEN THOMPSON: Yes, yes, a lot like they're on a lecture chair, but it's not quite like that anymore. No, no, it's it's not painful. It's done under medical supervision and it generally induces that seizure, but without, you know, severe side effects other than there can be some memory loss, which concerns people understandably. But it's one of the most effective things that we have for postpartum psychosis and other forms of severe mental illness. And also they're asleep for it. Yes, yes, they're not like awake during the ECT.

DR. ELLIOT BERLIN, DC: Yes, you mentioned medications, a variety of different medications, anti-psychotic medications and lithium. Are these medications compatible with breastfeeding?

DR. KIRSTEN THOMPSON: More and more, the research is showing that a lot of our psychiatric medications are fine during breastfeeding. We already actually have a lot of data on these medications, the anti-psychotics and lithium on breastfeeding. And they can be used, but there does need to be medical monitoring. So lithium is a medication that requires monitoring of the lithium level and then kidney and thyroid function. So women can use it still while breastfeeding. It just means that the pediatrician needs to be monitoring the baby as well, including the baby's thyroid and kidney. But we do this and I've done this with many women. So it just entails some degree of planning and having good medical care.

DR. ELLIOT BERLIN, DC: What do you say about the stigma? I think there's still a pretty big stigma about mental health in general, maybe less than there used to be, but people are still concerned about being labeled. health struggles, or even a partner or a loving family member realizes that their loved one is having a mental health struggle, might hesitate to get care because of that stigma. What do you say to them? How do we overcome

DR. KIRSTEN THOMPSON: that? If we view mental illness just like any other illness that afflicts people, like cancer, we would start to realize there's treatments that work, first of all. There's nothing that people did wrong to sort of get that mental illness, especially because we know a lot of these things are genetic now. And sort of separating the person from the illness in so far as they didn't create it, they didn't cause it, it likely happened to them because of genetics. And now we just need to kind of manage it and manage it like you would another illness. And sometimes that helps people think about, well, if I had cancer right now, I would reach out and get help. This isn't something I did wrong. I just want to move through it. And it is worth getting

DR. KIRSTEN THOMPSON: help because we do have a lot of treatments that work.

DR. ELLIOT BERLIN, DC: I think that's a big key, too. Like having a condition and not treating it is way worse, especially today when we have such effective treatments, than having a condition and treating it. I have two questions really left. One is, so if you're suspicious about a condition like this, a psychosis like this, especially in a new mother, are there kind of safety recommendations that you recommend implementing around her?

DR. KIRSTEN THOMPSON: Yes. So I was posting on social media about this and one partner wrote to me, he said, I'm learning about postpartum depression, postpartum psychosis. My wife is pregnant, but I sat down with her and I said, I will be here for you no matter what. If you start to feel different or you have any of these symptoms, or if I start to see things, this is our plan. We're going to reach out to this doctor and just know that I will be here for you. And I thought that was the most loving, compassionate, supportive answer that anyone could give, that the partner was actually coming to the woman saying, I'm educated on this and I will be here to help you. And I think there's nothing better than having the support and love of someone in advance.

DR. KIRSTEN THOMPSON: So planning, kind of knowing someone's, knowing the woman's, the genetic mother's mental health history is really important. And then having a plan in place of who are we going to reach out to if anything goes wrong? Is it our OBGYN? Who do we trust in our family? mental illness, right? I should have said that earlier. But having a plan of what are we going to do when we reach out or when, you know, when something happens, who are we going to reach out to is really, really important and can help the women feel more supported even before they give birth.

DR. ELLIOT BERLIN, DC: It's such an important topic that and we've covered a lot. I'm so grateful to you as always for taking these hard topics and making them much more clear and easy to understand. Is there anything that's on your mind about this topic that I didn't ask?

DR. KIRSTEN THOMPSON: I think the only other thing is that because we talked about this prevalence, you know, people call it rare. It's one to two in a thousand. But that's actually not that rare if women have multiple births. The more women can do to talk about their own experiences and normalize it for others, that's also really helpful. So one of I think the good parts of the Lindsay Clancy trial coming into the media was that women started to stand up and say, hey, I actually have this. I was hospitalized. And that creation of a network of women supporting each other, maybe not at the same time, but realizing, oh, someone else I know had this postpartum psychosis. I'm having this weird thought. Maybe she's the trusted person that I

DR. KIRSTEN THOMPSON: can reach out to. And that network effect of creating support is really helpful as well. So I think standing up against that stigma, if you've experienced it, can be helpful to other women without realizing you may save a life. In other words, by sharing your own mental health story.

DR. ELLIOT BERLIN, DC: Absolutely. And information is power. So if you're listening to this episode, you know, someone is pregnant or might be pregnant or recently had a baby. Even if you have no suspicions, share the episode, get the conversation going more broadly and more people will be able to get help in time. Doc, thank you so much. Like I mentioned in the opening, you joined us in episode 153 with a bird's eye view of perinatal psychiatry. And then again, in episode 432 with an important topic, PMDD. I recommend listeners go check those out. Where else can we find you

online?

DR. KIRSTEN THOMPSON: I could be found on TikTok and Instagram at Dr. Psych in the City, DR, Psych in the City. And I have a telehealth company called Remedy Psychiatry, where we see patients, including peripartum women, but also children, adolescents and adults in California for psychiatric medication management.

DR. ELLIOT BERLIN, DC: Amazing. Thank you, Dr. Thompson. And you really help make sense of something that could be really frightening. And you've given families concrete ways to recognize it, respond quickly and understand that treatment and recovery are possible. At home, thanks for listening to the Informed Pregnancy podcast. For more pregnancy and parenting information just like this, visit us online at informedpregnancy.com.

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