

SESSION SUMMARY

This session focused on **postpartum psychosis**, a **rare but serious mental health condition** that can present in unexpected ways and change quickly, making it challenging to recognize. Participants explored how to better identify signs and symptoms, support timely responses, and navigate the complexities of caring for families experiencing this emergency. Through a case-based approach, the session highlighted the importance of early intervention and coordinated support to help keep both the parent and infant safe.

**Postpartum psychosis impacts
1-2 per 1,000 births each year**

Source: Toor et al 2024

CLINICAL FEATURES:

There are **three main symptom profiles** of postpartum psychosis to be aware of including:

1) Affective, such as mania, depression, or a mixture of both. **2) Psychotic**, including paranoia, delusions, and hallucinations. **3) Cognitive symptoms** such as confusion, disorientation, depersonalization, etc.

Early signs of postpartum psychosis to watch for are restlessness, irritability, mood fluctuations, insomnia, and delusions that are often focused on the newborn.

RISK FACTORS:

- First-time pregnancy
- Sleep deprivation
- Past personal history of postpartum psychosis
- First-degree family history of postpartum psychosis or bipolar disorder
- Personal history of bipolar disorder, especially with medication discontinuation, unplanned pregnancy, or a patient of a younger age

What Components Create This Condition?

Postpartum psychosis can occur from a combination of genetic vulnerability, rapid hormonal and immune changes after birth, and disrupted circadian rhythms related to labor, delivery, and early postpartum adjustment.

Source: Bergink et al, 2016 and Bergink et al, 2025

KEY RECOMMENDATIONS:

1

Understanding Obsessions vs. Delusions

- **Obsessions:** Unwanted, distressing, intrusive thoughts that the patient does not want to act on. These thoughts may lead to obsessive-compulsive behavior, and patients experiencing these kinds of thoughts are at **low risk** of harming their baby.
- **Delusions:** Fixed, false beliefs that may involve unusual, sexual, religious, or violent themes. The patient may feel compelled to act on these beliefs. Patients experiencing delusions are at **higher risk** of harming themselves or their baby.

2

How to Ask the Right Questions:

- Currently, there are no validated postpartum psychosis screening tools available for use. However, **asking the right questions** can help identify someone who needs immediate support.
- **Key question to ask:** “*Are you having any thoughts of harming yourself or your child?*”
- Reassure patients that **intrusive thoughts can be more common** than they realize and that mental health check-ins are a routine part of care.
- Source: Osborne, 2018. [Find more helpful questions.](#)

3

Treatment Standards:

- Postpartum psychosis **treatment should occur through inpatient hospitalization.**
- **Lithium is considered the gold standard** for acute treatment and prevention of recurrence. Other options may include antipsychotics, lorazepam, or electroconvulsive therapy (ECT).
- **Psychotherapy is encouraged after treatment** to support recovery and prevent future episodes.
- **98% of patients hospitalized for postpartum psychosis experienced remission** when they received timely, evidence-based treatment.

RESOURCES SHARED:

- **Good Moms Have Scary Thoughts: A Healing Guide to the Secret Fears of New Mothers, by Karen Kleiman and Molly McIntyre:** Available for purchase on Amazon, Target, and Kindle.
- **MotherToBaby** is a trusted resource to learn more about the safety of medications and exposures during pregnancy. Access their [fact sheet webpage](#) to find specific considerations and recommendations about many common exposures. These fact sheets are available in English and Spanish.
- **LactMed** is a free, evidence-based database that provides information on medications and other chemicals that breastfeeding parents may be exposed to in the postpartum period. It offers practical guidance on how these substances can affect breast milk and infant exposure. Access the database [here](#) to learn more.
- **National Maternal Mental Health Crisis Hotline:** This hotline is free, confidential, and available 24/7 for pregnant or postpartum mothers seeking support.
 - Visit the Hotline Website [here](#).
 - Call or Text 1-833-TLC-MAMA for direct counseling support
 - [Access the chat feature](#) online
- **Pregnancy and Postpartum Support Minnesota (PPSM)** is a volunteer-run organization that connects families, professionals, and allies with support, training, and free resources.
 - Learn more about PPSM [here](#).
 - Call or Text 1-800-944-4733 for direct counseling support

Q&A:

Question: How common are intrusive thoughts?

- **Answer:** Intrusive thoughts are very common, and they impact more than 70% of new mothers. They can have varying levels of distress, and some people might experience a higher level of distress based on the content, intensity, and frequency of these thoughts.

Question: Can an individual remember their intrusive thoughts after an episode of postpartum psychosis?

- **Answer:** Though there might be gaps in recalling some details of what happened during a postpartum psychosis episode, many people can remember the feelings, thoughts, and events that occurred.

PRESENTER CONTACT

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ADDITIONAL DETAILS

If you have **questions about this session snapshot or would like to request access to the session slides**, please contact the QI Team: QI@minnesotaperinatal.org.

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Updated as of June 2026

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