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MATERNAL MENTAL HEALTH CHALLENGES: A REVIEW ON POSTPARTUM PSYCHOSIS

DESAFIOS DA SAÚDE MENTAL MATERNA: REVISÃO SOBRE PSICOSE PUERPERAL

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Abstract. The puerperium is a period marked by hormonal, emotional, and social changes that may increase vulnerability to mental disorders, including puerperal psychosis, a rare yet severe condition characterized by the abrupt onset of psychotic symptoms and significant risk to both mother and infant. The objective of the present study was to conduct a literature review on puerperal psychosis, its clinical characteristics, risk factors, and therapeutic strategies. This is a narrative and qualitative literature review carried out using the MedLine/PubMed and LILACS databases, employing the descriptors "Puerperal Disorders," "Postpartum," and "Psychosis," combined with the Boolean operators AND and OR. Articles published within the last five years, available in full text, in Portuguese or English, were included. Studies that did not directly address puerperal psychosis or did not meet the defined methodological criteria were excluded. Puerperal psychosis generally emerges in the first weeks postpartum and involves delusions, hallucinations, mood disturbances, as well as the possibility of suicide and infanticide. This disorder negatively affects mother–infant bonding, breastfeeding, and family dynamics, and may progress to persistent psychiatric disorders when not adequately treated. Management requires hospitalization in a large proportion of cases, often involving the combined use of antipsychotics, mood stabilizers (particularly lithium), benzodiazepines, and, in specific situations, electroconvulsive therapy. Multiprofessional support, psychotherapy, and family involvement in treatment are essential to improve care and reduce adverse outcomes. It is concluded that puerperal psychosis represents a significant public health challenge and requires early diagnosis, immediate intervention, continuous follow-up, and strengthening of support networks, promoting safe recovery, prevention of recurrences, and reduction of impacts on maternal, infant, and family health.

Keywords: Puerperium; Psychosis; Postpartum period; Mental health; Puerperal disorders.

Resumo. O puerpério é um período marcado por transformações hormonais, emocionais e sociais que podem aumentar a vulnerabilidade a transtornos mentais, entre eles a psicose puerperal, uma condição rara, porém grave, caracterizada pelo início abrupto de sintomas psicóticos e pelo elevado risco para a mãe e o bebê. O objetivo deste trabalho foi realizar uma revisão bibliográfica sobre a psicose puerperal, abordando suas características clínicas, fatores de risco e estratégias terapêuticas. Trata-se de uma revisão narrativa, de abordagem qualitativa, realizada nas bases de dados MedLine/PubMed e LILACS, utilizando os descritores "Puerperal Disorders", "Postpartum" e "Psychosis", combinados por meio dos operadores booleanos AND e OR. Foram incluídos artigos publicados nos últimos cinco anos, disponíveis na íntegra, nos idiomas português ou inglês. Excluíram-se estudos que não abordavam diretamente a psicose puerperal ou que não atendiam aos critérios metodológicos estabelecidos. A psicose puerperal geralmente se manifesta nas primeiras semanas após o parto, com delírios, alucinações, alterações do humor e risco de suicídio e infanticídio. Esse transtorno repercute negativamente no vínculo mãe-bebê, na amamentação e na dinâmica familiar, podendo evoluir para transtornos psiquiátricos persistentes quando não tratado adequadamente. O manejo requer hospitalização na maioria dos casos e, frequentemente, o uso combinado de antipsicóticos, estabilizadores do humor, especialmente o lítio, benzodiazepínicos e, em situações específicas, eletroconvulsoterapia. Além disso, o acompanhamento multiprofissional, a psicoterapia e a participação da família no tratamento são fundamentais para qualificar o cuidado e reduzir desfechos adversos. Conclui-se que a psicose puerperal representa um importante desafio para a saúde pública, exigindo diagnóstico precoce, intervenção imediata, acompanhamento contínuo e fortalecimento das redes de apoio, a fim de promover uma recuperação segura, prevenir recorrências e minimizar os impactos sobre a saúde materna, infantil e familiar.

Palavras-chave: Puerpério; Psicose; Período pós-parto; Saúde mental; Transtornos puerperais.

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Introduction

The puerperium, also called the postpartum period, corresponds to the phase that begins immediately after the end of pregnancy, characterized by intense emotional and biological changes in women. Traditionally defined by the breastfeeding period, its duration can vary depending on each mother's individual experience with breastfeeding. Thus, some women experience a prolonged postpartum period. However, the average duration of this phase is estimated between 45 and 60 days, a period during which significant hormonal, physical, and emotional changes occur, making women more susceptible to developing mental disorders. [1]

The gestational period is characterized by unprecedented emotional and biological changes for the pregnant woman. In this context, not only do concerns regarding the baby's well-being arise, but also a set of biopsychosocial stressors to which the woman is susceptible 2. Similarly, the postpartum period presents its own characteristics and unique experiences. According to Izoton et al.[2], certain environmental and genetic circumstances can make the puerperal woman more susceptible to the development of mental disorders or episodes of emotional decline. Situations such as conflicted family living, lack of a support network, hormonal disturbances, the presence of previous mental disorders, and sleep deprivation increase the risk of mood disorders, such as postpartum depression, as well as the possibility of psychotic manifestations.

Postpartum psychosis (PPP) is considered one of the most severe psychiatric conditions of the postpartum period. From a classificatory standpoint, there are divergences among diagnostic systems, since the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) does not recognize postpartum psychosis as an independent clinical entity, classifying it as a brief psychotic disorder or a bipolar disorder episode with the "peripartum onset" specifier. The International Classification of Diseases – 11th Revision (ICD-11), on the other hand, includes it as a mental or behavioral disorder associated with the puerperium, occurring within the first six weeks after delivery, when no other diagnosis explains the clinical picture. [1], [3], 4

Despite its severity, postpartum psychosis still requires adequate recognition by both classificatory systems and healthcare professionals, which hinders early diagnosis and the development of effective therapeutic and preventive strategies. Although rare, with an estimated prevalence of 1 to 2 cases per 1,000 deliveries, it represents a psychiatric emergency that jeopardizes the health of both the mother and the newborn.[5, 6]

Postpartum psychosis is characterized by significant mental and behavioral manifestations, such as delusions, hallucinations, or other psychotic symptoms, in addition to mood symptoms, including depression and/or mania, frequently interspersed with brief periods of lucidity. Given its etiological complexity and the significant impact on the mother, the baby, and the entire family, it is essential to critically synthesize current knowledge about postpartum psychosis, considering its psychological, social, and physiological aspects.[7]

Understanding these elements is fundamental to improving strategies for early identification, clinical management, and recurrence prevention, contributing to the reduction of morbidity associated with this severe psychiatric condition. Thus, the objective of the present study was to conduct a literature review concisely addressing the main characteristics and therapeutic strategies of this psychiatric condition, which has a major social and public health impact.

Material and Methods

The present study is a narrative, qualitative literature review. The search for articles was conducted using the MedLine/PubMed and LILACS databases, employing the descriptors "Puerperal Disorders", "Postpartum", and "Psychosis" combined with the Boolean operators AND and OR. The inclusion criteria were: articles published in the last 5 years, available in full text for free, and in English or Portuguese. We excluded articles that deviated from the theme, those without free access, publications in languages other than English or Portuguese, and studies classified as editorials, letters to the editor, guidelines, protocols, commentaries, and conference abstracts.

A systematized search was performed, and relevant articles were identified. The eligibility assessment of the studies was carried out in three stages: 1. Title reading; 2. Abstract reading; 3. Full-text reading. A total of 189 articles were found, of which 13 were included in this review.

Results and Discussion

According to Baldaçara, Leite, Teles, and Silva1 postpartum psychosis constitutes a psychiatric emergency characterized by rapid onset and progressive deterioration of maternal mental functioning, generally occurring within the first two weeks after childbirth. The clinical picture presents mental confusion, hallucinations, and delusions, frequently related to the baby, as well as intense agitation and irritability. The psychotic episode represents a significant risk to both the mother and the newborn, considering the possibility of suicide and infanticide associated with the severity of the disorder.

The etiology of postpartum psychosis has not yet been clearly established. Approximately 50% of women with postpartum psychosis have a previous history of psychiatric problems, and familial predisposition constitutes a risk factor. The predisposing factor most commonly associated with postpartum psychosis is bipolar affective disorder, with an estimated risk of 20%. Furthermore, major risk factors include sleep deprivation, primiparity, postpartum hormonal changes, genetic vulnerability, and immunological dysfunctions, with the latter two factors still being poorly understood.[8]

The increased risk of psychosis after childbirth appears to stem from a complex interaction between previous vulnerabilities, especially bipolar disorder, and precipitating biological and psychosocial factors. Studies indicate that postpartum psychosis frequently represents a manifestation of the bipolar spectrum, with childbirth being a potent trigger for severe episodes. Additionally, articles demonstrate that women with a previous history of bipolar disorder have a significantly higher risk of developing postnatal mania or psychosis, and that postpartum psychosis may be the first episode of a previously undiagnosed bipolar disorder.[7, 9]

Among the potential triggers of the psychotic episode, the role of sleep disturbances stands out, particularly the deprivation and fragmentation resulting from the immediate postpartum period. Literature points out that sleep loss is among the most frequent and earliest symptoms of postpartum psychosis, potentially acting as both a prodrome and a triggering factor, especially in women with vulnerability to mood disorders. Recent studies also suggest that sleep patterns late in pregnancy and in the first weeks postpartum may predict manic symptoms, reinforcing the importance of investigating sleep as a risk marker.[9, 10]

Moreover, adverse life events such as trauma, psychosocial stressors, and obstetric complications (during pregnancy and/or childbirth) have been evaluated as possible risk factors. Although literature still presents heterogeneous findings, systematic reviews indicate that these events may contribute to the onset or relapse of postpartum psychosis, even though the strength of these associations varies between studies and requires more robust evidence.[11]

A cohort study published in the Journal of the American Medical Association (JAMA) analyzed the relationship between severe obstetric complications during childbirth and the increased risk of hospitalizations and emergency department visits for mental health disorders in women postpartum. The results show that women who experience conditions such as severe hemorrhage, sepsis, shock, or admission to a maternal ICU are more likely to develop depression, anxiety, psychosis, suicidal ideation, and self-harm, especially in the first year postpartum. The study reinforces the need for prolonged vigilance and mental health support for pregnant and puerperal women exposed to perinatal complications.[12]

However, the repercussions are not limited to maternal health. Postpartum psychosis compromises the mother-infant bond, affects breastfeeding, and can impair child development, reinforcing the importance of early diagnosis and immediate intervention. Studies emphasize that, if left untreated, the condition can progress into persistent psychiatric disorders, such as depression, anxiety, schizophrenia, and bipolar disorder, with severe social and family implications.[6, 11]

Regarding management, hospitalization is frequently required to ensure the safety of the mother and the newborn. The treatment of postpartum psychosis is generally based on a combination of several drugs belonging to the groups of antipsychotics, benzodiazepines, mood stabilizers, and/or antidepressants.[6]

Pharmacological management in the acute phase is considered the cornerstone of postpartum psychosis treatment. Current guidelines recommend the immediate initiation of antipsychotics, with second-generation agents (such as quetiapine, risperidone, and olanzapine) being preferred due to a better safety profile, lower risk of side effects, and reduced transfer into breast milk compared to first-generation agents, although the decision must be individualized.[13, 14]

Evidence indicates that antipsychotic monotherapy may not be sufficient for sustained remission. Studies show that only 50% of patients on antipsychotic monotherapy remain in remission after 9 months.14 Therefore, Jairaj and colleagues14 proposed a treatment algorithm for postpartum psychosis using a combination of antipsychotics and lithium in the acute phase, followed by maintenance with lithium, which is the medication with the most robust evidence for relapse prevention. The use of benzodiazepines is also indicated to control agitation and severe insomnia, with lorazepam being the preferred choice during lactation due to its short half-life and the absence of active metabolites.14

For refractory cases or those requiring a rapid response (such as in situations of catatonia or a high risk of suicide/infanticide), electroconvulsive therapy (ECT) is recommended. ECT demonstrates high response rates in the postpartum period and is considered safe during lactation and should be considered early in severe cases.13, 14

It is important to emphasize that sleep regulation emerges as a fundamental component in both the etiology and the management of postpartum psychosis. Sleep deprivation is a relevant risk factor for the emergence of psychotic symptoms, especially in women with bipolar disorder. In addition, insomnia can act as a prodrome and a potential trigger for mania and psychosis. Thus, interventions aimed at sleep hygiene and ensuring adequate periods of maternal rest are essential in the therapeutic plan.10, 14

Decisions regarding breastfeeding represent another therapeutic challenge. Although breastfeeding is encouraged in the general population, in postpartum psychosis, the risks may outweigh the benefits. Sleep deprivation associated with exclusive breastfeeding can precipitate relapses, and gold-standard medications, such as lithium, are excreted in significant amounts in breast milk, requiring rigorous monitoring if breastfeeding is maintained. Thus, it is frequently recommended to suspend breastfeeding or use mixed feeding, allowing for greater stability of maternal sleep and optimization of pharmacological treatment.14

The importance of the therapeutic environment for effective treatment is also highlighted. A study conducted in the United Kingdom with 12 women admitted for postpartum psychosis revealed that general psychiatric wards are considered inadequate environments, marked by forced separation between mother and baby. Patients reported that these units do not offer specialized support for postpartum care nor do they favor the establishment of the maternal-infant bond, which contributes to greater emotional distress and hinders recovery. Given these findings, the study suggests that the management of postpartum psychosis should preferably take place in Mother and Baby Units (MBUs), which allow for joint admission, offer multidisciplinary support, and guarantee a safe environment that favors both maternal recovery and the strengthening of the bond with the newborn.15

It is worth noting the need for better preparation of healthcare teams in the therapeutic process to reduce care barriers and improve care quality.15 A study conducted at a hospital in São Paulo showed that nearly half of the interviewed nursing professionals did not know or did not remember the clinical manifestations, onset, and symptomatic duration of different puerperal mental disorders. Thus, these findings highlight gaps in academic training and show the need to implement educational actions that improve the practice of these professionals, including nurses, nursing technicians, and nursing assistants.16

Finally, alongside pharmacological therapy, psychotherapy and multiprofessional follow-up are recommended to reduce the risk of recurrence and promote the woman's reintegration into her maternal and social roles.6 The inclusion of the partner and the family support network is a fundamental element, both in detecting early clinical signs and in supporting recovery and reducing stigma. Healthcare professionals must actively involve partners in the care plan, offering appropriate support to the entire family unit.17

It is of paramount importance to reduce the impact of postpartum psychosis on the family and its relational dynamics, as well as to strengthen bonds and favor the recovery of affected women. This approach also underscores the importance of interpersonal relationships as a fundamental element in the rehabilitation process.17

Final Considerations

Understanding postpartum psychosis is fundamental for its detection, management, and prevention. There is a scarcity of studies on the topic, reinforcing the need to expand research and public policies aimed

Final Considerations

Understanding postpartum psychosis is fundamental for its detection, management, and prevention. There is a scarcity of studies on the topic, reinforcing the need to expand research and public policies aimed at mental health during the pregnancy-puerperal cycle so that vulnerable women can be identified and treated effectively, considering not only the mother but also the mother-baby dyad and the family unit. The isolation of mothers suffering from postpartum psychosis should be avoided, and efforts should be made to maintain the bonds between the child, the partner, and the family, as the support of loved ones is of utmost importance in accelerating the recovery process.

Finally, the need to implement improvements in healthcare systems is emphasized to expand early detection, comprehensive follow-up, and access to specialized care for pregnant and postpartum women, reducing the risks and impacts of postpartum psychosis on maternal, infant, and family health.

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