Bipolar and Postpartum Psychosis: PREgnancy Planning (PREP) Study

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Mental Health in the Perinatal Period

• The perinatal period – pregnancy up to 1 year postpartum

• Mental health problems are common during the perinatal period - affecting up to 1 in 5 women

• Suicide is a leading cause of maternal death

• £8.1 billion for each one year cohort of births - mainly impact of maternal illness on the child
Postpartum Psychosis

• Affects 1-2 in every 1000
• Symptoms:
  o mania, severe affective psychosis, mixed mood symptoms, perplexity
• Onset - within 2 weeks of delivery
• Rapidly progressing and changing picture
• Treatment: psychiatric emergency, medication, admission
Women bipolar disorder and/or previous experience of postpartum psychosis are at high risk of experiencing postpartum psychosis.

**Risk of postpartum psychosis:**

- 20% of women with bipolar disorder
- 50% of women with previous history of postpartum psychosis
High Risk Period for Recurrence

Bipolar disorder affects 2-3% of the population
Perinatal is a high-risk period - 40-50% risk recurrence

Figure 2. Lifetime perinatal episodes (PNEs) of illness in parous women with affective disorders. Narrowly defined PNE: an episode of mania/hypomania or affective psychosis with onset within 6 weeks of delivery. Broadly defined PNE: any major mood disorder with onset in pregnancy or within 6 months of delivery. For simplicity we have not presented the intermediate definition. BD-I indicates bipolar I disorder; BD-II, bipolar II disorder; and RMD, recurrent major depression.

Figure 4. Proportion of postpartum episodes identified as related to childbirth according to different definitions of oostartum onset.

In light of the lack of advice available to them, a number of women thought it would be useful to have ‘some kind of guide or booklet for women’, which was ‘not forbiddingly medical ... and “doomy and gloomy”’

“It took us quite a long time to become proactive ... I think it would have been good...to have some hard facts from them, rather than... just sort of putting me off really”
Conclusions from Dr Clare Dolman’s research: Improved access to information and specialist advice is needed and research on the possible usefulness of a decision aid would be helpful.

“...so that someone isn’t coming to me and then I’m just hitting them with all this information; they’ve actually had time to think about it, to process it, to start that decision making process before they’ve even come to see me ...” General Psychiatrist

“...it could help facilitate the discussion and also ...help her have that ongoing discussion with other family members.” Perinatal Psychiatrist

Decision aid use in pregnancy

Evaluation of a Decision Aid for Women with Epilepsy Who Are Considering Pregnancy: A Randomized Controlled Trial

Amanda McGrath, DCP/MSc, Louise Sharpe, PhD, Suncica Lah, PhD, Kaitlyn Parratt, MBBS

The motherhood choice: A decision aid for women with multiple sclerosis

Martine C. Prunty, Louise Sharpe, Phyllis Butow, Gary Fulcher

BMC Musculoskeletal Disorders

The motherhood choices decision aid for women with rheumatoid arthritis increases knowledge and reduces decisional conflict: a randomized controlled trial

T. Meade, E. Dowswell, N. Manolios and L. Sharpe
Resources for women at risk of postpartum psychosis
This project - Bipolar and Postpartum Psychosis: Pregnancy Planning (PREP) Study

Co-producing a guide that women at risk of postpartum psychosis can use when planning for the perinatal period

1) Determine critical components of the guide

2) Establish whether the guide is acceptable to women and clinicians

3) Determine whether a phase 2 Randomised Controlled Trial (RCT) is feasible
Method

Following Medical Research Council (MRC) guidance for developing and evaluating complex interventions - developing a prototype, pilot testing and refining on the basis of feedback.

Stage 1 - Development

• Focus groups
• Interviews

Stage 2 - Piloting and Refining

• Test guide (2 phases)
• Feedback and refinement
• Inductive Thematic Analysis (Braun & Clarke, 2006).

Partnership and Collaboration
The ‘collaborative guide’

Stage 1 – developing the guide
Stage 2 – testing the guide (2 pilot studies)
Feedback and refining
Dissemination
Using the guide - Co-producing plans and joint decision making
Stage 1 so far:

Women with lived experience of bipolar disorder or postpartum psychosis:

On current resources available:

“no central place to write it down, other than your general booking notes ... I’ve just been kind of pulling things together myself.”

“there is no formal guide, and nowhere to write down, so I’ve been writing notes myself and putting them in a folder”

On the importance of planning:

“I think it is all in the planning ... knowing what works if you’ve had a previous episode of postpartum psychosis ... making those sort of advanced decision ... and having everything in place”
Next steps:

Continue with Stage 1 Recruitment:

• Women with lived experience of bipolar disorder and / or postpartum psychosis

• Key stakeholders, for example:
  Clinicians
  Healthcare workers
  Researchers
  3rd Sector organisations
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www.ncmh.info/prep

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