MINIMISING RISK

STRATEGIES FOR
MINIMISING RISK

The high risk of illness in the 2 weeks following delivery in a woman with established bipolar disorder must be recognised both by healthcare professionals and by the woman and her family.

The possibility of future pregnancy should be considered in all women with bipolar disorder who are of childbearing years. The risks of illness following childbirth should be discussed with these women, and the importance of seeking help if contemplating pregnancy (or if unexpectedly becoming pregnant) emphasised.

Given that many women with a history of bipolar disorder will be well and not in current contact with psychiatric services, all women receiving antenatal care should be screened for known important risk factors, and protocols should be in place to ensure that women at potential risk receive a formal risk assessment and management plan. In recent years a number of reports and guidelines recommending antenatal screening have been published by the Confidential Enquiries into Maternal Deaths (2001, 2004), the Scottish Inter-collegiate Guidelines Network (2002), the Royal College of Psychiatrists (2000) and the National Institute for Clinical Excellence (2003). How screening and risk management are delivered will vary according to local circumstances, but is arguably best achieved by a specialist obstetric liaison service in the context of a perinatal psychiatry team. The recent announcement of a section of perinatal psychiatry in the College is an important step in this direction.

Decisions about continuing or stopping medications prior to or during pregnancy are difficult and should be the result of a detailed and individualised risk–benefit analysis. No universal recommendation can be made and it must be emphasised that the decision ultimately must rest with the woman and her family. However, stopping medication should always be a carefully considered decision and never a reflex response. Likewise, the decision to start medication for women who develop symptoms during pregnancy or when breastfeeding must be the result of weighing up both the potential risks of taking medication...
and the risks posed by the illness itself. Given the serious nature of these episodes and the potential for tragic consequences highlighted by the findings of the Confidential Enquiries, the need to treat the mother's illness must weigh heavily in this risk–benefit analysis.

Women with bipolar disorder should have access to specialised, individualised risk assessments – ideally prior to conception but certainly as early in pregnancy as possible. For women at risk, perhaps the most important aspect of management is to maintain close contact and regular review during the period of risk. It may also be important to address other avoidable factors that might increase risk – decreasing general levels of stress, for example, and paying attention to sleep in late pregnancy and the first post-partum weeks.

It is possible that some women with bipolar disorder would benefit from prophylactic medication in the immediate post-partum period. Some evidence exists for the use of lithium in this context (e.g. Stewart et al., 1991), but the few studies published have been open and retrospective, and there are practical problems with obtaining therapeutic levels quickly to cover the period of risk. These issues have led some perinatal psychiatrists to use typical or atypical neuroleptics as prophylaxis, and despite some anecdotal reports of success with this strategy, no research trials have had access to a perinatal psychiatry report during the period of risk. It may also be important to address other avoidable factors that might increase risk – decreasing general levels of stress, for example, and paying attention to sleep in late pregnancy and the first post-partum weeks.

David Emson, in the obituary he wrote for his wife, expressed the hope that the independent inquiry would enable Daksha, even in death, to have a positive impact on the care and treatment of other mothers with bipolar illness (Emson, 2004). It is our hope that a lasting legacy of the tragic death of Dr Emson and her daughter, Freya, will be major improvements in the management of women with bipolar disorder through childbirth: a wonderful but, for these women, a dangerous time.

**DECLARATION OF INTEREST**

None.

**REFERENCES**


Bipolar disorder and childbirth: the importance of recognising risk
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References
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