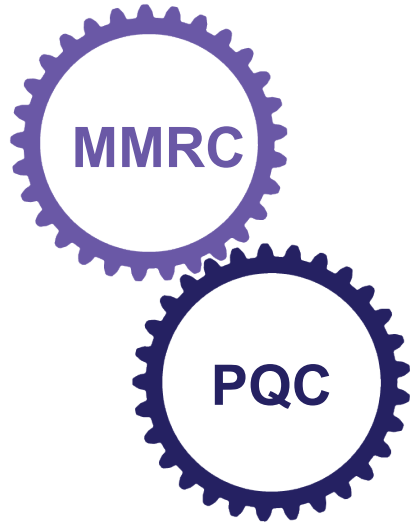




**Pennsylvania Perinatal Quality Collaborative**

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**Postpartum Psychosis: A Primer for PQC**  
**PA PQC Virtual Supplemental Learning Session**  
September 30th, 2026

# Agenda

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1. **Welcome** – **Kristen Brenneman**, MSN, RNC-NIC, Women's Health Program Specialist, Jewish Healthcare Foundation
2. **Postpartum Psychosis: Practical Considerations for the PA PQC** – **Reid Mergler**, MD  
Medical Director, Penn Center for Women's Behavioral Wellness and Assistant Professor of Clinical Psychiatry, Perelman School of Medicine, University of Pennsylvania
3. **Questions & Answers With Dr. Mergler** – **Facilitated by Sarah Pesi**, MSPPM, Policy Specialist, Jewish Healthcare Foundation
4. **Wrap-up & Next Steps** – **Lisa Boyd**, BA, PA PQC Data Manager and QI Coach, Jewish Healthcare Foundation

**No CEUs will be offered for this Session**

# Dr. Reid Mergler, MD

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# Learning Objectives

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- Review the definition and prevalence of postpartum psychosis (PPP)
- Identify the risk factors of PPP and how we screen and assess patients at risk
- Understand postpartum psychiatric disorders to consider during diagnostic evaluation
- Provide suggestions for evidence-based treatment regimens
- Give an overview on breastfeeding for this patient population
- Recognize ways to prevent recurrence of PPP

# To start with a case:

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You receive a call from the OB/GYN service about a 25-year-old woman who delivered a baby girl two days earlier. She seemed to be doing well the day after delivery, but she is now refusing to see or care for her daughter. She has been unable to sleep and appears confused.

You go to her bedside and find her wandering around her room, and you're unable to engage her in a meaningful interview. From speaking to her husband, you find that she was previously diagnosed with bipolar disorder (BD) in her early 20s but felt stable and stopped mood stabilizers about a year ago.

# What is postpartum psychosis?

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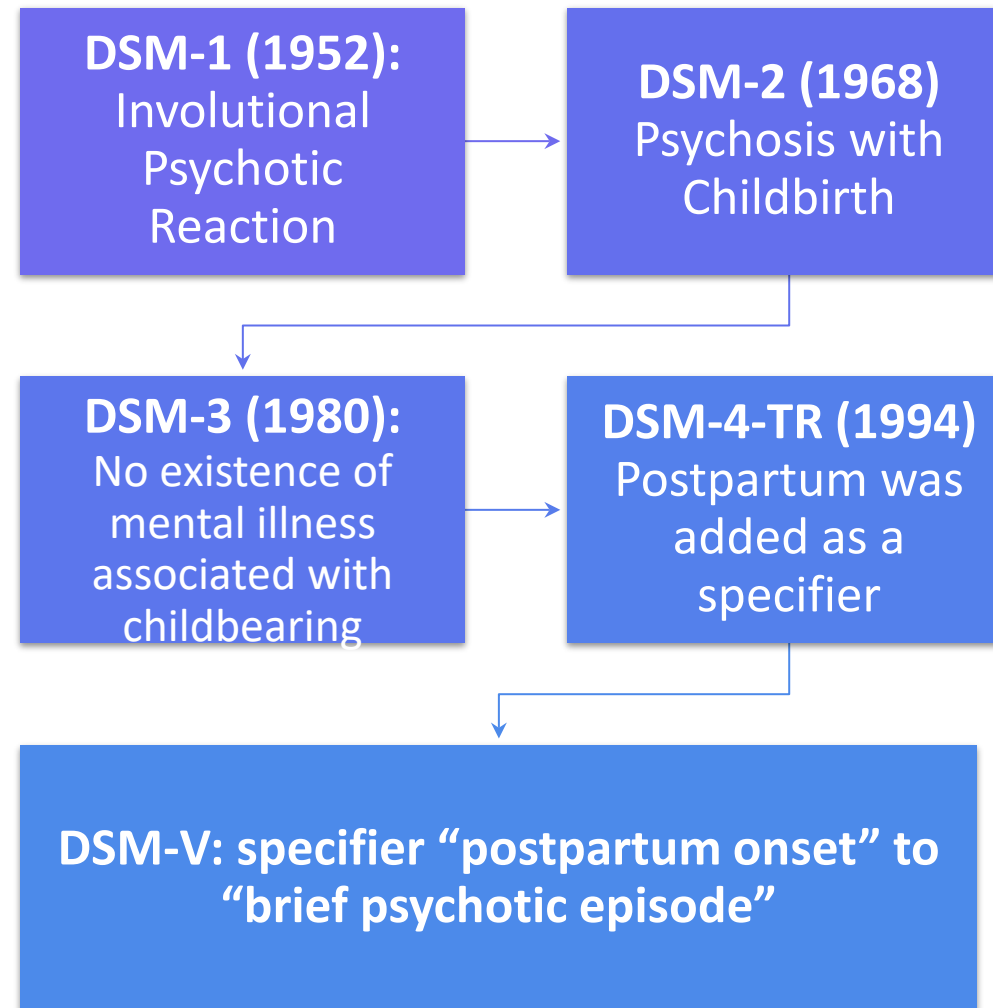
Defined as psychosis after childbirth in the first year postpartum, **not** in DSM-V

Affects 1-2 per 1000 new mothers

Psychiatric emergency with risk of suicide (5%) and infanticide (4%)

Can be seen as early as 48-72 hours after delivery

# The evolving diagnosis



# What are the symptoms of PPP?

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## Early or prodromal symptoms

- Insomnia
- Mood fluctuation
- Irritability
- Depressive symptoms
- Mania

## Unique symptoms

- Waxing and waning of consciousness
- Incongruent delusions
- Disorganized behavior
- Obsessional thoughts re the newborn

# What are the symptoms of PPP?

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***There is no single symptom—or even a single constellation of symptoms—that reliably identifies postpartum psychosis, particularly in its earliest stages***

***The symptoms of postpartum psychosis vary remarkably from one individual to another.***

Understanding Postpartum Psychosis: Beyond the Headlines - MGH Center for Women's Mental Health

# Risk factors for PPP

Personal or family history of bipolar disorder

Prior episode of PPP

Advanced maternal age

Sleep loss

Primiparity

## Questions you want to ask:



1) Is this the patient's first psychiatric presentation?

2) If there is a history, any episodes of depression, mania and/or hypomania?

3) Is there any family history of bipolar disorder?

4) Is there any family history of postpartum psychosis?

5) Any substances, medications, or supplements?

6) Does the patient have thoughts of harming self or the child?

# The medical workup:

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- **Assess the patient:** complete physical exam, neurological exam and mental status exam
- **Labs:** CMP, CBC, TSH, urinalysis, urine toxicology screen, ammonia level
- May want to do brain imaging/MRI or lumbar puncture if concern for auto-immune encephalitis
- **Consider the differential from a medical perspective:** infection (mastitis, endometritis, UTI), Sheehan's, substance use, vitamin deficiency, thyroiditis, urea cycle disorders, steroid-induced mania

# Postpartum psychiatric disorders

Postpartum blues: 50-75% of postpartum women

- Baby blues, maternity blues
- Phase of emotional lability – crying, irritability, anxiety
- Arise within first 10 days, peak days 3-5

Postpartum depression: 10-15% of new mothers

- Difficult to distinguish from MDD
- Guilt, inadequacy, pre-occupation with infant's well-being
- Onset in few days-weeks following delivery, generally in first 2-3 months

# Postpartum psychiatric disorders

Childbirth-related PTSD: 6% of new moms

- Tension, flashbacks, nightmares
- Avoidance of places
- Can lead to tocophobia

Postpartum anxiety: 10-20% of new moms

- Underdiagnosed and may be more common than PPD
- Excessive worry
- Preoccupation about safety and health of children

# PPP vs. Perinatal Obsessive Compulsive Disorder

## **Postpartum psychosis**

- Ego-syntonic
- Rarely distressed by her thoughts
- Content often bizarre or unusual
- Desire to act on thoughts
- Feeling of being compelled to act

## **Postpartum OCD:**

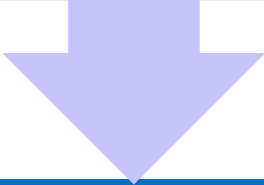
- Ego-dystonic
- Disturbed by thoughts, unwanted and horrifying to patient
- Avoidance of certain objects or being with the newborn; no desire to act on thoughts
- Can engage in compulsive behavior (checking, seeking reassurance) to ease distress

**This may be nuanced though; those with PPP can also feel distress about their thoughts**

# Treatment for postpartum psychosis

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Requires placement in an inpatient facility for safe and rapid treatment



Standard of care:

**Benzodiazepine:**  
lorazepam 0.5-1.5  
mg TID

**Anti-psychotic:**  
quetiapine,  
olanzapine

**Lithium:** to achieve  
serum level 0.8-1.2  
mmol/L

# Returning to the case:

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*You transfer the patient to the psychiatric unit and initiate lithium 1200 mg at bedtime and olanzapine 5 mg twice daily, with lorazepam 1 mg as needed for sleep or agitation. Over the next five days she increasingly returns to her baseline and acknowledges she gave birth to a healthy girl. The unit provides a breast pump so she can collect breast milk for the father to take home for the baby.*

# Considerations for breastfeeding

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- Consider challenges with sleep deprivation
- Encourage moms to pump if they can!
- Shared decision making
- Advocate for availability of pumps on inpatient units
- Use **LactMed** for updated information to share with patients:
  - Antipsychotics: olanzapine is most studied, safe by new scoring system
  - Benzodiazepines: lorazepam >> clonazepam



# Breastfeeding and lithium

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- It can be possible if infant is healthy and full-term!
- Collaborate with pediatric team : monitor infant closely, obtain labs regularly
  - Labs: serum lithium, TSH, creatinine and BUN
- Educate mothers to watch for signs of toxicity: lethargy, restlessness, feeding difficulty
  - Risk factors: dehydration, high maternal doses

# To prevent recurrence of PPP:

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**Discuss medication prophylaxis when planning next pregnancy**

If history of isolated postpartum psychosis, treatment can be deferred until immediately postpartum

For those with bipolar disorder, continue the prophylactic medication

# Key Takeaways

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Postpartum psychosis affects 1-2 per 1000 women in the United States

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Unique characteristics include waxing and waning of consciousness, disorganized behavior and thoughts of infanticide

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Workup should be extensive with screening, labs and brain imaging

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Treatment involves use of antipsychotic, mood stabilizer (lithium) and benzodiazepines

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Prevention during the next pregnancy includes medication prophylaxis

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# Resources

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MGH Resources:

[MGH Postpartum Psychosis Project \(MGHP3\)](#)

Postpartum Support International:

[Postpartum Support International - PSI](#)

InfantRisk:

<https://infantrisk.com/>

Repro Psych Trainees: [Home](#) | [RPT](#)

Contact me for educational  
opportunities:

[reid.mergler@pennmedicine.upenn.edu](mailto:reid.mergler@pennmedicine.upenn.edu)

# References

VanderKruik R, Barreix M, Chou D, et al. The global prevalence of postpartum psychosis: a systematic review. *BMC Psychiatry*. 2017;17(1):272. Published 2017 Jul 28. doi:10.1186/s12888-017-1427-7

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Uguz F. A New Safety Scoring System for the Use of Psychotropic Drugs During Lactation. *Am J Ther*. 2021;28(1):e118-e126. doi:10.1097/MJT.0000000000000909

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[Postpartum Psychosis: A Primer | CARLAT PUBLISHING](#)

# Questions & Answers with Dr. Mergler

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FACILITATED BY: SARAH PESI, MSPPM, POLICY  
SPECIALIST, JEWISH HEALTHCARE FOUNDATION

# Wrap-Up

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LISA BOYD, PROGRAM SPECIALIST, DATA MANAGER AND  
PA PQC QI COACH, JEWISH HEALTHCARE FOUNDATION

# Patient Care Communication Sprint

Wednesdays 11 a.m. - 12 p.m



**Goal:** Improve respectful communication approaches with patients and families experiencing postpartum discharge transition, depression, or substance use during the perinatal periods.

1

**Kickoff**

October 14, 2026



Setting the Stage  
for Patient Care  
Communication

2

**Check-in #1**

October 28, 2026



Applying Respectful  
Maternity Care  
Practices

3

**Check-in #2**

November 10, 2026



Tools and Templates

4

**Technical Assistance**

November 18, 2026  
(Office Hours)



Open Forum

5

**Final Sprint Series  
Check-in**

December 2, 2026



Lessons Learned  
and Next Steps

REGISTER HERE



# Learning Sessions

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**DECEMBER 9<sup>TH</sup>, 2026**

*Whole Person Care Consideration  
in Discharge Planning*

11:00 a.m. – 12:00 p.m.

Zoom

**JANUARY 13<sup>TH</sup> 2027**

*Applying Trauma-Informed Care  
to Support Patients Experiencing  
Intimate Partner Violence*

11:00 a.m. – 12:00 p.m.

Zoom

**FEBRUARY 10<sup>TH</sup>, 2027**

*Strengthening Prenatal & Postpartum  
Depression Screening and Follow-up  
Protocols*

11:00 a.m. – 12:00 p.m.

Zoom

**REGISTER HERE**



Learn about the  
Initiatives

Access Session  
Materials

# Pennsylvania Perinatal Quality Collaborative

The PA PQC provides quality improvement support to healthcare teams to improve the standard of care for pregnant and postpartum people and babies.

[REGISTER FOR SESSIONS](#)

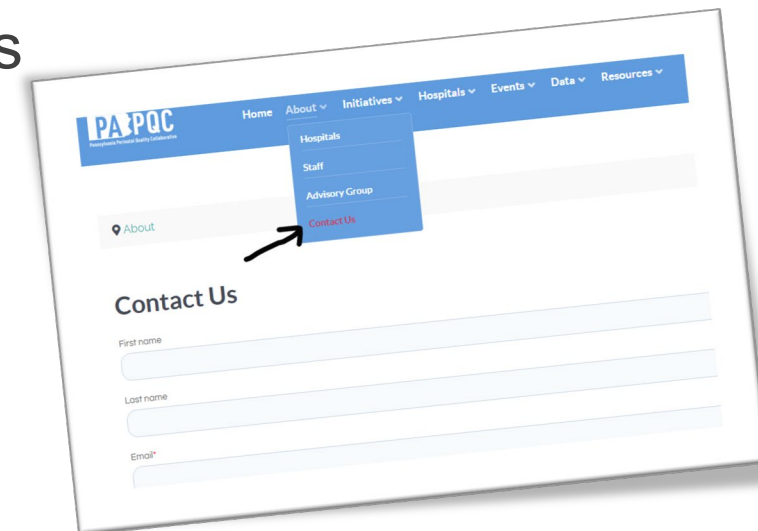
<https://www.papqc.org/>

# Updated Contact Info.

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Upcoming changes to your email address? Haven't heard from us in a while?

- Please reach out to your coach to provide them updated contact info. for anyone at your site who is involved in the PA PQC.
- If you haven't gotten a newsletter or PA PQC emails in a while, check to make sure you are subscribed to our newsletter with your updated email address.
- You can always reach us [here](#)



# PA PQC Project Team

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**Kristen Brenneman, MSN, RN,  
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Women's Health Program  
Specialist and QI Coach,  
Jewish Healthcare Foundation



**Lisa Boyd, BA**  
Program Specialist, Data  
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**Hadar Re'em, MPH, MSW**  
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# PA PQC Project Team

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Jewish Healthcare Foundation



**Sarah Pesi, MSPPM**  
Policy Specialist, Jewish  
Healthcare Foundation



**Olivia Gifford, BA**  
Program Associate,  
Jewish Healthcare Foundation

# Thank You!

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Pennsylvania Perinatal Quality Collaborative



Northeastern Pennsylvania Perinatal Quality Collaborative

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