

# Bipolar disorder treatments during pregnancy and the postnatal period



## What this fact sheet covers:

- Bipolar disorder during or after pregnancy
- Treatments when pregnant or breastfeeding
- Prevention of relapse
- Medication use when planning to conceive
- Medication during pregnancy
- Key points to remember
- Where to get more information

## What is bipolar disorder?

Bipolar disorder is an illness which can require long-term treatment and skilled medical management. It is a biological condition with a strong genetic component, so effective management of bipolar disorder primarily involves the use of medications. Psychological therapies by themselves are not effective, but they can be a useful addition to the physical treatment.

Bipolar disorder can begin during pregnancy or after the birth of a baby. This may be a first episode, the continuation, or relapse from an episode before the pregnancy. Women with a prior history or a family history of bipolar disorder are at increased risk of an episode occurring during pregnancy and childbirth and so should be alert to any early symptoms.

Women who are receiving treatment for bipolar disorder are encouraged to seek an assessment from their general practitioner (GP) when planning a pregnancy so that ongoing care during the pregnancy and after the birth can be arranged. Women who experience an

episode of bipolar disorder during pregnancy or after the birth may require specialist care by a psychiatrist. For further detailed information on the symptoms, causes and treatments of bipolar disorder, see our range of fact sheets available on our website: [www.blackdoginstitute.org.au/factsheets](http://www.blackdoginstitute.org.au/factsheets)

## Treatments when pregnant or breastfeeding

There are special issues associated with the use of medications by pregnant and breastfeeding women. Psychiatrists can be helpful in explaining how best to manage medication use during this time. The need for effective treatment has to be balanced against the risk to the foetus and infant of the mother using medication.

Management of an episode of bipolar disorder usually involves treating the current episode of mania or depression, and preventing the long-term recurrence of mania and depression.



## Prevention of relapse

Prevention of relapse is an important aspect of the antenatal and postnatal care of women who have a history of bipolar disorder. Relapse is common if a woman discontinues her medication without medical advice. If an episode cannot be prevented, then early identification and treatment is desirable to minimise the impact of the disorder on mother and baby.

Once a woman has experienced one episode of bipolar disorder, there is a very high risk of having another episode.

Bipolar disorder has a genetic component, so when one parent has bipolar disorder there is a 10% chance that their child will develop the illness. This possibility rises to 40% if both parents are affected.

## Medication use when planning to conceive

When a woman is planning to conceive and is taking medication, consultation with a doctor should be undertaken. Wherever possible a drug-free conception should be attempted, to minimise risks of exposure of the foetus to medication. When medication is essential, the medication selected will depend on the severity of the symptoms.

When planning a pregnancy, women who are being treated for bipolar disorder will benefit from a detailed review by their GP. The GP can develop a plan for ongoing care and medication during the pregnancy and after the birth. In addition, specialist care from a psychiatrist is needed if a woman experiences an episode of bipolar disorder during pregnancy or after a birth.

## Medication during pregnancy

The use of medication in pregnancy is very challenging, as medications can cause malformations in the foetus when used in the first three months of pregnancy. As a result, women with bipolar disorder should always be under

specialist care with their psychiatrist at this time - and should discuss the medication options before pregnancy, where possible. High dose folate should be started before a woman becomes pregnant, to reduce the risk of malformations.

There may be an argument for being medication-free in the first trimester of pregnancy however, this can only be decided in consultation with a psychiatrist. If medication is ceased over this period there is need for very regular appointments with the psychiatrist and close communication between family and the treating team to prevent a relapse whenever possible.

**If a woman does remain off medication throughout pregnancy, she should recommence it immediately after the birth.** Three main groups of medications are used:

1. medications that treat or prevent mania by stabilising the mood
2. medications that treat the depression
3. medications for "mixed episodes".

It is important to take medication exactly as prescribed to ensure effective management. It is possible that medication is needed on a long-term basis to avoid risk of relapse. The use of mood stabilisers is a vital aspect of treatment for acute episodes and to prevent relapses.

## Psychological Therapies

Psychologically based therapies play a role in coping with bipolar disorder and bipolar depression even though the primary causes are biological and may require use of medication. Combining physical treatments and psychological therapies has been shown to produce better results than the use of physical treatments alone. Practical assistance and increased levels of social support can assist a new mother with the care of her baby when adjusting to, and undergoing treatment.



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## Electroconvulsive Therapy (ECT)

ECT plays an important role in treating both acute mania (and psychosis) and severe depression as a last resort. Examples include when a woman is pregnant and certain types of medications should not be used (i.e. contra-indicated), or when other treatments have not worked.

## Hospitalisation

The safety and care of mother and baby are of paramount concern. For this reason, during acute episodes of mania or depression, hospitalisation and supervised care is sometimes necessary to stabilise the condition.

## Key points to remember

- Onset of bipolar disorder can occur during pregnancy or after the birth of a child.
- Specialist, ongoing care from a GP and/or psychiatrist is recommended to monitor medications during pregnancy and breastfeeding.
- Where possible, a drug-free conception is advisable to minimise the foetus' risk of exposure to the medication side-effects.
- Long-term medication may be necessary to prevent relapse.
- The safety and care of mother and baby are of paramount concern and need to be fully assessed on an ongoing basis by all health care professionals involved with ongoing treatment.
- The availability of family and community supports and local mental health resources need to be included in the treatment plan.

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## Where to get more information

**MotherSafe:** Phone counselling about medications during pregnancy and breastfeeding. Also, information and advice about planning pregnancy.

**Mastering Bipolar Disorder: an insider's guide to managing mood swings and finding balance,** Kerrie Eyers & Gordon Parker (2008) Allen & Unwin.

**1800 011 511 Mental Health Line** is a NSW Government phone service operating 24 hours a day, seven days a week and will provide a telephone triage assessment and referral service staffed by mental health clinicians.

**Post and Antenatal Depression Association Inc**  
[www.panda.org.au](http://www.panda.org.au)

## Contact Us

Email: [blackdog@blackdog.org.au](mailto:blackdog@blackdog.org.au)  
Phone: (02) 9382 4530



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