The Cornell Peripartum Psychosis Management Tool

Benjamin Brody, MD
Assistant Professor of Clinical Psychiatry
Weill Cornell Medical College
Chief, Division of Inpatient Psychiatry
Weill Cornell Medical Center
Disclosure Statement: Benjamin Brody, M.D.

- Grant support from the Pritzker Neuropsychiatry Disorders Research Consortium.
- Expert witness to the law firm of Wilson, Bowling & McKinney
Cornell Peripartum Psychosis Management Tool: Background

- Good perinatal psychiatric care requires collaboration between obstetrical and psychiatric teams.

- Women with psychotic disorders are more likely to have unplanned pregnancies, to receive less prenatal care, and to have higher rates of obstetrical complications than unaffected cohorts.
Cornell Peripartum Psychosis Management Tool

- Pregnant patients with psychotic disorders may require a team previously unknown to the patient to rapidly develop a safe birth plan.

- In addition to obstetrics and psychiatry, a birthplan may require input from multiple disciplines, including neonatology, anesthesiology, ethics, hospital legal affairs, nursing, social work, and hospital security services to create a comprehensive birth management plan.
Example Patients

Ms. A, a 36-year-old woman with bipolar disorder, was involuntarily admitted to the inpatient psychiatric service at 36 weeks and 5 days of gestation for labile mood, anger outbursts, physical aggression toward staff at a prenatal appointment, and a delusion that her fetus was an alien. Ms. A had received prenatal care but was not taking psychotropic medications or otherwise receiving psychiatric treatment.
Example patients

Ms. B, a 27-year-old woman with bipolar disorder and multiple substance use disorder, was transferred to our hospital from a free-standing psychiatric facility at 30 weeks gestation for further care of manic symptoms, self-injurious behavior, and prenatal care. The initial admission to the outside facility had been prompted by behavioral disorganization, head-banging, a recent suicide attempt by self-suffocation, and statements of intent to kill her fetus.
Example Patients

Ms. C, a 30-year-old woman with bipolar disorder, was admitted at 37 weeks of gestation for suicidal behavior including attempts to choke herself. Earlier in the pregnancy she had made a suicide attempt by bupropion overdose, which led to seizures and required intensive care unit management.
The Cornell Peripartum Psychosis Management Tool

Case Reports

The Cornell Peripartum Psychosis Management Tool: A Case Series and Template

Simriti K. Chaudhry, M.D., M.S., Janna S. Gordon-Elliott, M.D., Benjamin D. Brody, M.D.
The Cornell Peripartum Psychosis Management Tool

TABLE. Cornell Peripartum Psychosis Management Tool

(1) Delivery, surgical needs, consent issues:
- Assess patient's capacity to give informed consent for procedures such as epidural anesthesia and cesarean delivery.
- If patient has capacity to consent to procedures, create a Ulysses contract (an advance directive that authorizes treatment should she later lose decision-making capacity).
- If patient does not have capacity to consent to procedures, evaluate if capacity can be restored.
- If capacity cannot be restored, determine the next of next of kin that can serve as surrogate decision-maker.*
- If the patient has a cesarean delivery, decide if the incision should be closed by sutures or staples.
- Inquire about and document the specific individual who the patient wants included or excluded from the delivery suite.

(2) Medications:
- Assess the risks and benefits of using psychotropics in the context of the patient's history.
- Document and discuss the risks and benefits of medication vs. no medication treatment with the patient.
- If the patient is not accepting medications and they are clinically indicated, obtain a court order for medications.
- Adjust patient's medications to account for the patient's expected postpartum decrease in blood volume.
- Determine which medications should be used if the patient becomes acutely agitated during labor.
- Consider nonpharmacologic interventions (music, television, and other) that the patient could find soothing that can be used during labor.
- Assess if the patient is at risk for complications from drug or alcohol withdrawal.
The Cornell Peripartum Psychosis Management Tool

(3) Safety considerations:
- Assess the need for constant observation during labor and postpartum (i.e., are there concerns about her potential for danger to self or others).
- Evaluate the safety of patient being left unaccompanied with the infant.

(4) Pediatric needs:
- Observe infant for symptoms of withdrawal, toxicity, or structural abnormalities if exposed to psychotropic medications.
- Evaluate risks and benefits of breastfeeding based on the psychotropic regimen.
- Monitor and document mother-infant interactions if there is concern about the patient's basic caregiving abilities.

(5) Disposition and monitoring:
- If patient requires reporting to local child protective service agencies, call at the time of delivery.
- Determine the dispositions of the mother and the infant after delivery.
- Establish psychiatric treatment for patient after discharge from hospital.
Cornell Peripartum Psychosis Management Tool: 5 Domains

- Delivery, surgical needs, consent issues
- Medications
- Safety Considerations
- Pediatric Needs
- Disposition and monitoring
Delivery, Surgical, Consent Issues

- Capacity for informed consent
- Determination of next of kin
- Caesarean section – sutures vs. staples
Medications

- Risks vs. benefits of the use of psychotropics
- Postpartum medication adjustment
- Medications for behavioral disturbances
- Complications from withdrawal
Safety Considerations

- Assess the need for constant observation
- Evaluate safety of patient being left unaccompanied with infant
Pediatric Needs

- Observe infant for withdrawal
- Assess risks vs. benefits of breastfeeding
- Monitor and document mother-infant interactions
Disposition & Monitoring

- Assess the need for notifying child protective services
- Determine dispositions of mother and infant
- Establish psychiatric treatment for patient after discharge
Cornell Peripartum Psychosis Management Tool

- Use the tool as an agenda for an interdisciplinary meeting shortly after admission.

- Patient may be present for part, all, or very little of the meeting depending on what she can tolerate.

- Distribute to staff via email.

- Place in physical chart.

- Put into electronic record or handoff system.
Example Patients: Follow up

Ms. A, a 36-year-old woman with bipolar disorder, was involuntarily admitted to the inpatient psychiatric service at 36 weeks and 5 days of gestation for labile mood, anger outbursts, physical aggression toward staff at a prenatal appointment, and a delusion that her fetus was an alien.

1) Delivery, surgical needs, consent issues:

- Cesarean deliver was planned because of prior C/S.

- Ms. A was felt to lack decisional capacity to provide informed consent for a C/S and her partner declined to act as surrogate of highest priority.

- Sister provided surrogate consent. Ms. A assented.

- Given history of aggression, sutures were recommended to close surgical wound.
Example Patients: Follow up

Ms. A, a 36-year-old woman with bipolar disorder, was involuntarily admitted to the inpatient psychiatric service at 36 weeks and 5 days of gestation for labile mood, anger outbursts, physical aggression toward staff at a prenatal appointment, and a delusion that her fetus was an alien.

2) Medications:

- Lorazepam was discontinued on the night prior to delivery to minimize neonatal sedation.

- Lithium was discontinued on the night before delivery and resumed postpartum at a lower dose.

- Haloperidol and diphenhydramine were continued intrapartum.
Ms. A, a 36-year-old woman with bipolar disorder, was involuntarily admitted to the inpatient psychiatric service at 36 weeks and 5 days of gestation for labile mood, anger outbursts, physical aggression toward staff at a prenatal appointment, and a delusion that her fetus was an alien.

3) Safety Considerations:

-Given prior statements about wanting to kill the fetus, constant observation was recommended during the duration of the admission.

-All interactions with the baby were to be supervised and documented by nursing staff.
Example Patients: Follow up
Ms. A, a 36-year-old woman with bipolar disorder, was involuntarily admitted to the inpatient psychiatric service at 36 weeks and 5 days of gestation for labile mood, anger outbursts, physical aggression toward staff at a prenatal appointment, and a delusion that her fetus was an alien.

4) Pediatric Needs:
- Pediatrics service recommended that baby be formula fed
- All interactions with the baby were to be supervised and documented by nursing staff.
Example Patients: Follow up

Ms. A, a 36-year-old woman with bipolar disorder, was involuntarily admitted to the inpatient psychiatric service at 36 weeks and 5 days of gestation for labile mood, anger outbursts, physical aggression toward staff at a prenatal appointment, and a delusion that her fetus was an alien.

5) Custodianship:

Upon delivery, the obstetrical social worker was to report the case to the New York State child protection agency to determine the disposition of the child.
Ms. A, a 36-year-old woman with bipolar disorder, was involuntarily admitted to the inpatient psychiatric service at 36 weeks and 5 days of gestation for labile mood, anger outbursts, physical aggression toward staff at a prenatal appointment, and a delusion that her fetus was an alien.

Follow up:

- A C/S was performed at 37 weeks 4 days. Health girl Apgar scores of 8 and 9 at 1 and 10 minutes.

- Mother had an uneventful postpartum course. Transferred back to psychiatry for definitive management of psychosis.

- Baby ultimately placed in non-kinship foster home.
The Cornell Peripartum Psychosis Management Tool

Acknowledgements:

Simriti Chaudhry, MD, MS.

Janna S. Gordon-Elliot, MD.