Schatten & Licht e.V.
Initiative peripartale psychische Erkrankungen

Prevention and Relapse Prevention Tips

1. Relapse prevention is essential

In one survey, 6 out of 8 women who had not taken preventive measures experienced another episode of illness. This corresponds to 75%. By comparison, the recurrence rate among women who had followed a relapse prevention plan was around 33%. This figure could potentially be reduced even further if preventive measures were tailored more closely to each woman's individual risk factors. However, no approach can completely eliminate the possibility of postpartum depression (PPD) or postpartum psychosis (PPP) occurring again.

2. Relapse prevention begins before pregnancy

Ideally, you should have recovered as fully as possible from your first episode before planning another pregnancy. Before becoming pregnant again, take time to learn about the condition, relapse prevention strategies and treatment options through books, reliable online resources and discussions with healthcare professionals.

3. Make decisions together as partners

It is important that your partner also feels confident about the decision to have another child. Take time to work through the experience of your first illness together, if necessary with therapeutic support, and openly discuss any fears or concerns about another pregnancy.
Where possible, decisions about relapse prevention, your place of birth and other aspects of your maternity care should be made together.

4. Prepare a crisis plan

Prepare a written plan outlining who you would contact if symptoms were to return. This may include your GP, psychiatrist, psychologist or therapist, a peer support group, or a specialist Mother and Baby Unit where available. It is helpful to establish contact with these services during pregnancy.
Talk to family members and friends in advance about how they could support you if you became unwell, for example by helping with childcare, shopping or household tasks.
You may also wish to explore additional practical support, such as family support workers, postnatal care services or doulas, depending on what is available in your area.

5. Tailor relapse prevention to your individual risk factors

Take time to reflect on the factors that may have contributed to your first episode and plan your preventive measures accordingly.
Where **childhood experiences** or **longstanding personal patterns** may have contributed—for example perfectionism, difficulties setting healthy boundaries or unresolved issues in your relationship with your own mother—it is advisable to allow sufficient time for psychotherapy or body-oriented therapy before pregnancy. A small number of sessions, such as those received during a hospital admission, is usually not enough for more in-depth therapeutic work.

A **family history** of mental health conditions may substantially increase the likelihood of another episode. In the survey, 91% of the women who became unwell again reported a family history of mental illness. In these situations, preventive treatment with antidepressant or antipsychotic medication after birth may be worth discussing with your healthcare team. Decisions about medication should always be based on your individual circumstances, taking into account both your mental health history and your breastfeeding plans. Your healthcare professional can obtain information on the compatibility of psychiatric medication with breastfeeding from the Embryotox Centre for Clinical Teratology and Drug Safety in Pregnancy and Breastfeeding (www.embryotox.de) or from Reprotox (www.reprotox.de).

Some clinicians have reported positive experience with progesterone therapy and placental therapy to help address the **rapid hormonal changes** after childbirth. In the survey, 79% of the women who used these treatments did not experience another episode. Hormonal approaches should be considered alongside other relapse prevention measures rather than on their own, as hormonal changes are unlikely to be the sole cause of PPD or PPP but may be an important contributing factor for some women. It is not uncommon for women to experience pregnancy as emotionally very positive, possibly reflecting higher hormone levels, and nevertheless develop PPD or PPP after birth (see the work of Katharina Dalton).

Where possible, avoid **major life stresses** - such as moving house, changing jobs or building a home - during pregnancy and throughout the first year after birth. If unavoidable stressful events occur, such as bereavement or relationship breakdown, seek support from family and friends and consider working through these experiences with a therapist.

If a **traumatic birth experience** contributed to your first episode, discussing different options for maternity care may help you feel safer and more supported in a future pregnancy. Depending on your individual circumstances and medical needs, this may include choosing a different birth setting or a different maternity care team. During pregnancy, try to find a midwife with whom you feel comfortable discussing your previous experience and who can support you before, during and after the birth.

6. Plan for the best possible support after birth

Before your baby is born, make arrangements so that you can rest during the early postnatal period. This is particularly important for women with a history of postpartum psychosis, as around 75% of postpartum psychotic episodes occur within the first two weeks after birth and often begin with symptoms of mania. A calm and restful environment may therefore be especially beneficial.

Make rest a priority. If you are giving birth in hospital, you may wish to request a single room if one is available and limit the number of visitors during the first few days. Explain to family members and friends why this is important for your recovery. Give yourself time to process the birth emotionally and to get to know your baby.

Getting enough sleep during the first few nights after birth is particularly important. If you are in hospital, you may wish to discuss whether overnight care for your baby by maternity staff is available if needed.

Arrange close follow-up care after the birth. Depending on your individual circumstances, this may include regular contact with your midwife, GP, psychiatrist or other mental health professionals, together with additional monitoring during the early postnatal period.

If you are planning a home birth or an early discharge from hospital, consider arranging practical support with household tasks and the care of older children.

In many countries, midwives continue to provide home visits for several weeks after birth. Find out what postnatal care is available where you live and make full use of these services.

During pregnancy, it can also be helpful to learn a relaxation technique such as yoga, autogenic training or progressive muscle relaxation. These approaches may support you during labour and can continue to help you cope with the demands of everyday family life afterwards.

7. Be aware of when your first episode began

In the survey, around 60% of the women who became unwell again experienced the onset of symptoms at approximately the same time after birth as during their first episode. Even women who remained well often described this time as emotionally challenging.
For this reason, it can be helpful to pay particular attention during the period when your previous illness first began. Plan extra support, reduce unnecessary demands where possible, and make time for rest and supportive conversations. If you experience a temporary emotional setback during this period, try not to panic. However, if you or those close to you notice symptoms that become more severe or persistent, seek professional advice promptly.

8. Documentary recommendation

Orgasmic Birth: The Best Kept Secret