South Australian Perinatal Practice Guidelines

Personality disorders and pregnancy

Introduction

- Personality (behavioural) disorders are a set of chronic non-psychotic disorders that affect mood and behaviour in a variety of ways. Personality disorders are generally believed to stem from a combination of genetic and environmental factors present in early life and throughout childhood[1]
- Amongst the personality disorders, the most prevalent and concerning for women in perinatal period is Borderline Personality Disorder (BPD). This guideline is written to address its major associated features

Borderline personality disorder

- Women with BPD have many complex traumas in their past, including verbal, physical and sexual abuse[2]
- Pregnancy and childbirth can evoke many issues for these women, which in turn will cause difficulties for them and often for their carers. Whilst they may be extremely distressed at times and seek help urgently, they may also back away from ongoing care and fail to re-attend for follow-up appointments
- The major associated features of BPD are:
    - Affective (mood) disruption
    - Identity problems
    - Poor impulse control (including self-harm and suicide attempts)
    - Persistent difficulties in interpersonal functioning[3]

Perinatal assessment and referral

Antenatal care

- Complete the personal history section of the South Australian Pregnancy Record, including mental health history
    - Establish who is responsible for the woman's mental health care throughout pregnancy and postpartum
    - Document details of any existing mental health or community supports e.g. general practitioner, psychiatrist, psychologist, social worker, mental health case worker, Anglicare, Kids and You, local community centres
- Complete the Edinburgh Postnatal Depression Scale (EPDS) and psychosocial risk questionnaire (Questionnaires should only be used by appropriately trained staff)
- Assess the need for referral to any other services e.g. Social Worker, Mental Health liaison, Case discussion meeting, General Practitioner
- Aim for continuity of care and carer
- Consider obstetric consultant and psychiatric review
- Identification of symptom patterns as described above will lead to consideration of a team approach for the woman and her family
- Better treatments (see below) are now emerging for BPD and community treatment referral may be acceptable to the woman in addition to a considered plan for management of her pregnancy

Perinatal management

ISBN number: UNKNOWN
Endorsed by: SA Maternal & Neonatal Clinical Network
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- The fetus / infant needs to be central to the considerations of treatment, as the relationship between an infant and his / her mother or other caregiver is critical for development: early identification of features of BPD is critical[4]
- The deficit in regulating emotions and managing stress poses a significant risk to the infant2 (for further information, refer to PPG 'Intent to harm fetus') as do issues of self-harm (for further information, refer to PPG 'suicidal ideation and self harm')
- Medication, while of some benefit for temporary relief or stabilisation of mood, is not the mainstay of treatment. Psychotropic medications used in pregnancy have risks for mother and for fetus (for further information, refer to PPG 'Use of psychotropic medication during pregnancy and breastfeeding: A guide to guidelines')

Factors to consider

- Be mindful of the possibility of overdose and other self harm in this group of patients6 (for further information, refer to PPG 'suicidal ideation and self harm')
- Requests / demands for early delivery may dominate the presentations
- Consistency and continuity in approach, basic problem-solving techniques, and assistance in containing psychological stress form the foundation for the clinical approach to these patients
- Ensure that the patient, carers, family and others involved in their care understand the treatment plan and aims
- The practitioner needs to be very clear about his / her role and boundaries
- Often a case conference with all agencies and workers involved is a useful initiative. These can also assist by identifying the 'lead' worker, both in the hospital setting and in the community
- Establish a clear protocol for how all members of the team will respond to the patient during a crisis. Crisis contacts should be brief, focused and goal-oriented. If possible, give the patient some responsibility for resolving the crisis
- Treat co-morbid conditions
- Focus on immediate, everyday problems. The aim is not to cure the personality disorder but to help the patient deal with everyday life. Behavioral disturbances associated with Personality disorder tend to improve with advancing age
- Specialist treatment of personality disorders consists of a combination of psychological treatments reinforced occasionally by drug therapy if there are co-morbid features. Psychological treatments include dialectical behaviour therapy (DBT) and mentalisation based therapy (MBT). These are available in some areas through adult mental health services and private psychologists.

Postpartum

Collaboration between midwives and perinatal mental health services

ISBN number: UNKNOWN
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- Ongoing risk assessment
- Maintain clear communication, collaboration between all levels of staff
    - Early referral where risk identified to either mother or infant
    - Documented plan of care
- Parents with BPD should be considered a high priority for referral postnatally to early childhood intervention services

Follow-up

- Personality-disordered patients can be supported by a primary care team in conjunction with input from specialist psychiatric services where appropriate. Often these patients fare better in a community setting with a skill based and well being approach rather than a medical or pathologising approach. The support generally needs to be long-term and the style of consultation needs to be adapted to the type of personality disorder and presenting features.

Acknowledgement: NHS Evidence, WHO UK collaborating centre

References

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6. Winston AP. Recent developments in borderline personality disorder. Advances in Psychiatric treatment 2000; 6: 211-18. Available from URL: http://apt.rcpsych.org/cgi/content/full/6/3/211

Useful web sites

University of Adelaide. Treatment guidelines for Mental Health. Available from URL: http://www.adelaide.edu.au/library/guide/med/menthealth/guidelines.html#postpartum

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Borderline personality disorder information and support website. This site is mainly for families of people with Borderline personality disorder. Available from URL: http://www.BPDcentral.com

'Borderline UK' and 'Personality Plus' have merged to become 'Emergence'. A national service user-led organisation with the overarching aim of supporting all people affected by personality disorder including service users, carers, family and friends and professionals. The site provides detailed information on Borderline personality disorder. Available from URL: http://www.emergenceplus.org.uk/

Abbreviations

NIMHE	National Institute for Mental Health in England
BPD	Borderline personality disorder
APA	American Psychiatric Association
EPDS	Edinburgh Postnatal Depression Scale
GP	General Practitioner
DBT	Dialectical behaviour therapy
MBT	Mentalisation based therapy (treatment)
NHS	National Health Service
WHO	World Health Organisation
UK	United Kingdom
BC	British Columbia
NICE	National Institute for Health and Clinical Excellence
URL	Uniform Resource Locator

Version control and change history

PDS reference: OCE use only

Version	Date from	Date to	Amendment
1.0	18 Jan 11	current	Original version

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