

Thoughts and considerations of women with bipolar disorder about family planning and pregnancy: a qualitative study

Anja W.M.M. Stevens, Thea H. Daggenvoorde, Martijn S.M.D. van der Klis, Ralph W. Kupka, Peter J.J. Goossens

Introduction

Women with bipolar disorder have an increased risk of relapse during pregnancy (up to 25%)(1) and the postpartum period (33% while using medication, 67% when medication-free)(2). Psychotropic medication can have pharmacological and teratogenic effects on the fetus. However, psychiatric symptoms in the woman also can present risks to the developing fetus (3). Women with bipolar disorder often express concerns about family planning, especially about the heritability of bipolar disorder to offspring and about the impact of the illness and/or the medication on pregnancy and the unborn child.

Aims

To explore the thoughts and considerations of women with bipolar disorder, of childbearing age, about family planning and pregnancy and to ascertain which information and/or support these women expect from their treatment team.

Methods and Data analysis

A qualitative descriptive study was conducted: 15 women with bipolar I disorder were individually interviewed. A topic list was used by the interviewer. Content analysis was applied. Through open coding the text of the interview was examined. After the twelfth interview no new codes came up, so data saturation was assumed. The final step in the data analysis was selective coding to make categories.

Table 2 Information on participants

Participant	Age	VAS score ¹	Married/ In a relation ² Y/N	Desire to have children Y/N	Choice for pregnancy ³ Y/N/Doubt
P1	28	45	Y	Y	Y
P2	31	50	Y	Y	Doubt
P3	35	45	N	Y	Doubt
P4	41	55	Y*	Y	N
P5	28	50	Y	Y	Y
P6	45	50	N	Y	Y
P7	32	50	Y*	Y	Y
P8	41	45	Y	N	N
P9	30	45	Y	Y	Doubt
P10	40	50	Y	N	N
P11	39	50	N	Y	Doubt
P12	37	50	Y*	Y	Y
P13	40	45	Y*	N	N
P14	31	50	Y	N	N
P15	29	50	N	N	N

¹ VAS score at the start of the interview

² Having a partner relation

³ Reporting she made the decision for future pregnancy



Results

Analysis of the interviews resulted in five themes referring to the research questions.

- Considerations and thoughts related to having bipolar disorder (e.g. heritability of their illness, whether or not use medication while pregnant)

"Maybe you do not pas the disease, but there is a chance of course. I do not know how fair it is to take that risk. It is a sort of selfish." (P02)

- The support of partner, family and friends

"being a mother.....I think I cannot handle this alone: being a mother as a woman with a bipolar disorder. With a stable partner I will manage....." (P06)

- The support and care of their regular treatment team: a stable and trustful relationship with professionals of their regular treatment team and continuity of care was mentioned as very important
- The information needed about heredity, possible risks of the current medication and concrete solutions in case of occurring problems
- When and how support was expected

"For me it is very important that the professional asks questions, gives information and is not being suppressive." (P11)

Related to bipolar disorder, the women worried about heritability of the illness, medication issues and risk of relapse during pregnancy. Women mentioned their fear to be incapable as a mother during future mood episodes. Support of partner, family/friends, and professionals was mentioned as essential.

Conclusions

The results of this study underline that family planning is an essential topic in the treatment of every woman with bipolar disorder in childbearing age. These women expect early consultation with professionals for support, and specific information about heritability of the illness and use of medication during and after pregnancy.

Recommendations

Family planning and pregnancy should be explicitly discussed with every woman with bipolar disorder in childbearing age, together with her partner.

An open invitation by the professional to talk about these highly personal issues, including heredity, and the use of medication, is helpful for patients. Women with bipolar disorder in childbearing age should be encouraged to express their thoughts and considerations about family planning. This is an important role for nurses. The attitude of professionals should be supportive, informative, and not judgmental.

References

1. Viguera, A. C. et al. (2011). Episodes of mood disorders in 2,252 pregnancies and postpartum periods. *Am J Psychiatry*, 168(11), 1179-1185. doi: 10.1176/appi.ajp.2011.11010148
2. Wesseloo, R. et al. (2016).. Risk of Postpartum Relapse in Bipolar Disorder and Postpartum Psychosis: A Systematic Review and Meta-Analysis. *Am J Psychiatry*, 173(2):117-27.
3. Boden, R. et al. (2012). Risks of adverse pregnancy and birth outcomes in women treated or not treated with mood stabilisers for bipolar disorder: population based cohort study. *BMJ*, 345, e7085. doi: 10.1136/bmj.e7085

Contact information

Centre for Bipolar Disorders, Dimence
Pikeursbaan 3, Deventer, 7411 GT, The Netherlands
M: 0031-6-12969202
E: a.stevens@dimence.nl