

THE MARCÉ SOCIETY FOR PERINATAL MENTAL HEALTH --
LISTSERVE ACTIVITY by Kathie Wisner

I am delighted to see the Listserve being used by our members for such interesting international discussions about research and clinical care! It is really wonderful to get the comments about the listserv being useful to our members! Your feedback is appreciated! I have highlighted a few of the comments from the listserv in this column. One topic of discussion have been mother-baby units and lithium prophylaxis for women who have had previous episodes of postpartum psychosis. The other was mother-baby units, which I will cover in the next newsletter.

A consideration in lithium prophylaxis is breastfeeding. A point of view from pediatricians is that exclusive breastfeeding should be the goal for infant feeding through 6 months, and that more women might plan for breastfeeding if the message included the risks of bottlefeeding. Several comments made me (yet again) aware of the importance of the context in which risk benefit decisions are made. For example, Prabha Chandra commented: "In the developing world where breast feeding is the norm and bottle feeding/feeding with an indigenous spoon puts the baby at great risk for GI infections and lowered immunity, we really do not have options. 90% of all our mothers, specially in low income groups have to breast feed. Artificial milk is too costly or unadvisable, keeping hygiene and nutrition in mind. Also if the mother is on lithium, the baby requires frequent monitoring, which is sometimes impossible due to long distances, poor resources and fewer doctors. We have to think very hard if the mother is on lithium and chooses to breast feed."

Susanne von Schreeb commented upon the need for pharmacokinetic studies of lithium to provide a data-based approach to lithium monitoring during childbearing. The point is that if we are going to use medications and expose the fetus to a medication because the benefit outweighs the risk, let's get the most benefit possible by using the minimum effective dose for the specific time in pregnancy. Models for lithium dosing could be developed from population pharmacokinetic data, and the Organization of Teratology Information Specialists in North America and Europe (OTIS/ENTIS/Motherisk) have discussed this possibility and a grant has been submitted, but not funded. Wouldn't it be a great advance to get a serum level in a pregnant patient and be able to predict accurately her probable dosing regimen across pregnancy, with a serum level check each trimester rather than frequent sampling? We can dream and hope our colleagues interested in pharmacokinetics take this project on (and get funding)! Until we have these data, we have to use frequent serum levels to guide dosing. The NICE national guidelines (from NICE, 2007) advise to monitor lithium levels monthly from week 20 gestation and then weekly in the 4 weeks before delivery. There is controversy as to reducing the dose of lithium in the last few weeks before delivery but the majority in this country don't (this comes from data from 9 centres in the UK) because of the high risk of recurrence around that time. Angelika Wieck advises women to stop lithium at the onset of labor and that is my recommendation as well.

With respect to contributing to desperately needed research, former Marcé Society President Philip Boyce (philip.boyce@sydney.edu.au) has made the following request for help with a project: “We are conducting an online survey of women diagnosed with bipolar disorder to find out more about the relationship between time (and age of diagnosis) childbirth and mood episodes. We are also asking about the relationship between mood changes and the menstrual cycle. I would hope to present the findings of the survey (if we can get sufficient numbers) at a Marcé meeting. Could I ask your help in recruiting women to complete this survey?” If they are willing to do so, the link to the survey is: <https://www.surveymonkey.com/s/YGQBL5G>