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Teja M.S. Anke. Foto:privat

## Mothers with bipolar disorder need help in the perinatal period

Clinical psychologist Teja M.S. Anke's dissertation (2020) is based on studies of mother-infant dyads in the perinatal period.

This dissertation contributes with important new knowledge about bipolar disorders in women during pregnancy, neonatal period and the first year of the infants' life. It is well known that pregnant women with bipolar disorder (BD) have a high risk of illness relapse postpartum, including psychosis. Yet, despite the high risk, few studies of the risks in the perinatal period have been carried out so far. The women with BD are in a particularly sensitive phase psychologically in the first postpartum months, with challenges for the management of BD and the mood episodes that occur in this period. The dissertation supports the need for early interventions for these mother-infant dyads.

### Who participated?

In the first part of the study, 26 women with BD were interviewed about their concerns and how they prepared for the dual demands of new motherhood and mood episodes. In the second and third part of the study 26 dyads in which the mothers had BD and 30/28 dyads in which the mothers had no mental disorder were video-taped in a free play interaction.

### How was the study carried out?

The Parent–Child Early Relational Assessment (PCERA) was used to assess the quality of the interactions on three domains (maternal behaviour, infant behaviour and dyadic coordination) at 3 and 12 months of infant age. In the first step, the mother–infant interaction patterns between the two groups at 12 months were compared. In the second step, the researchers investigated how the patterns developed within and between the groups from infant ages 3 to 12 months. The presence of mood symptoms was investigated at both three and 12 months.

### What were the findings?

The proportion of women with moderate to severe mood symptoms (i.e., depressive; hypomanic/manic; mixed) had increased from 34 % to 54 % from three to 12 months. The assessments gave a picture of the first postpartum year as burdened by mood deviations for a considerable group of mothers with BD, corroborating the fear of illness relapse which was found among the women in the interview study. Furthermore, the women expressed concerns for mood episodes impacting on mothering, the infant and partner.

Given the increased presence of mood symptoms, the observation that follow-up from mental health services showed a declining trend from pregnancy to 12 months postpartum is worrisome. In pregnancy, 76.9 % of the women received mental health interventions. This proportion was reduced to 57.7 % at three months postpartum and to 38.5 % at 12 months – half the proportion in pregnancy.

BD dyads demonstrated significantly more challenges in all three interaction domains at infant age 12 months compared to the healthy dyads. This observation was in line with the findings at infant age 3 months. Subdued expression of positive affect and mutual underinvolvement represented core challenges in maternal and infant behaviours in the BD dyads. Continuous difficulties with dyadic coordination and reciprocity were the most concerning interaction behaviours throughout the

first year. On the positive side, there was little expression of negative affect or tension in maternal, infant and dyadic behaviour, and some positive changes in infant behaviour from 3 to 12 months.

The current results suggest that challenges in mother–infant interaction patterns in the first year of life may enhance the developmental risk for bipolar offspring. Clinical interventions should address both the BD mothers' needs in relation to postpartum mood deviations and mother–infant interactions. Anke with colleagues suggest interaction interventions to promote dyadic coordination and reciprocity, such as helping mothers being more sensitive to their infant's cues and to provide attuned contingent responses.

### Conclusion

The findings indicate that mother–infant interaction patterns in the first year of life may enhance developmental risk for bipolar offspring. Therefore, clinical interventions should address both the BD mothers' needs in relation to postpartum mood deviations and also mother–infant interactions. The pregnant mothers should be encouraged and supported in making adaptive preparations for childbirth and the postpartum period.

### Implications

This study yielded empirical support for the importance of more comprehensive and psychologically oriented perinatal care for women with BD and their families. The focus of the dissertation was on transition to motherhood and mother–infant dyads. The findings revealed which mothers and mother–infant dyads are most vulnerable. The researchers recommend interaction interventions that may provide attuned contingent responses. In perinatal prevention planning and counselling, women with BD ought to be given opportunities to share their thoughts, concerns and deliberations. Early detection of maternal mood deviations is crucial, and mother–infant interactions need to be targeted to promote resilient infant development.

## References

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