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Bipolar Mood Disorders

Bipolar Mood Disorders include Bipolar I and Bipolar 2

There are two phases of a bipolar mood disorder: the lows and the highs. The low time is clinically called depression, and the high is called mania or hypomania. Many women are diagnosed for the first time with bipolar depression or mania during pregnancy or postpartum. In Bipolar 2, the manic episode is less apparent; the highs and lows are not as extreme, and sometimes it is more apparent to friends and families than to the individual going through the phases.

The criteria for a diagnosis of a bipolar mood disorder is that the symptoms last longer than four days and interfere with functioning and relationships. Sometimes the ups and downs seem to happen at almost the same time; this confusing state is called a mixed episode. These cycles and emotional states are more than the moodiness of pregnancy or postpartum. For many women, pregnancy or postpartum might be the first time she realizes that she has bipolar mood cycles.

Sometimes, a person with severe episodes of mania or depression has psychotic symptoms too, such as hallucinations or delusions. These symptoms present a high risk and must be treated immediately. In an emergency, [click here](#) for information.

Bipolar disorder can look like a severe

depression or anxiety.

In pregnant and postpartum women, a bipolar depression can look just like a very severe depression, or might be experienced as anxiety. It is very important that your mood history is reviewed to assess whether you have had times of a persistently elevated mood, decreased need for sleep, and periods of over-average productivity. There is a very high risk of increased severity if you are treated only for depression, but have the potential to move into a manic or hypomanic part of your cycle.

Risk Factors

Risk Factors for Bipolar Mood Disorder are family or personal history of bipolar mood disorder (also called manic-depression).

Bipolar I Mood Disorder

- Periods of severely depressed mood and irritability
- Mood much better than normal
- Rapid speech
- Little need for sleep
- Racing thoughts, trouble concentrating
- Continuous high energy
- Overconfidence
- Delusions (often grandiose, but including paranoid)
- Impulsiveness, poor judgment, distractibility
- Grandiose thoughts, inflated sense of self-importance

- In the most severe cases, delusions and hallucinations

Bipolar II Mood Disorder

- Periods of severe depression
- Periods when mood much better than normal
- Rapid speech
- Little need for sleep
- Racing thoughts, trouble concentrating
- Anxiety
- Irritability
- Continuous high energy
- Overconfidence

It is essential to consult an informed professional with experience and training in mental health assessment and treatment during pregnancy and postpartum. Each woman's situation is different, but it is best practice to consult before pregnancy and to have a treatment plan in place. There is a growing body of research that explores the risk-benefit balance of using mood stabilizers during pregnancy and breastfeeding.

Please visit our page about [perinatal medication resources](#) for more information.

