

Meth-associated psychosis in pregnancy: New Voices



Disclosures

Meth-associated psychosis in pregnancy: New Voices

- Appreciate the challenges of psychosis in community; assess the role of hospitalisation
- Identify community programs that can wrap-around care
 - Linking with the medical team
- Describe strategies to support a safe birth experience in the setting of psychotic symptoms



Lived Experience



Meth-associated psychosis

KIM KLASSEN

- Title
- Organization
- Area of particular specialty

HEATHER WATSON

- Psychosocial OBGyn
- HSC Women's Hospital
- Stimulant affected pregnancy
- Opioid Agonist Therapy provider

- Director OBGyn Preclerkship
- Max Rady College of Medicine
- MedII Curriculum, EDI



Psychosis 101

Impaired ability to discern what is real and what is not.

- Altered sensory experiences
- Disordered cognitive processes
- Inappropriate emotional responses
- Transformed beliefs out of keeping w own culture
- Disrupted ability to initiate tasks & interactions



Psychosis 101 - Symptoms

ADDITIVE

- Hallucinations
- Delusions
- Disorganized thoughts
- Loose-association
- Inappropriate laughter/tears
- Spontaneous outrage

SUBTRACTIVE

- Blunted emotions
- Demotivation
- Thought-blocking
- Loss of self-expression
- Task inertia
- Social isolation



Psychosis 101 - Long term



43x

increased risk of psychosis



Form 4

Involuntary hold up to 72h
for psychiatric assessment

SUBSTANTIAL RISK OF:

- HARM TO SELF/OTHERS
- MENTAL/PHYSICAL
DECOMPENSATION

AND:

- UNWILLING TO BE ASSESSED
- NOT COMPETENT TO DECLINE
ASSESSMENT





Form 6

Involuntary admission to a psychiatric facility for 21 days

SUBSTANTIAL RISK OF:

- HARM TO SELF/OTHERS
- MENTAL/PHYSICAL DECOMPENSATION

AND:

- UNWILLING TO BE ASSESSED
- NOT COMPETENT TO DECLINE ASSESSMENT

Psychiatric admission

- Mixed ward
- Daily rounds with psychiatrist & team
 - If in seclusion, stimulation is minimized
- No fetal monitors or doptones
- 30 minutes to transport to Women's Hospital
 - MD may administer sedatives
 - Security may require restraints

15%

ED presentations for meth
will be admitted to psych

70%
of admissions are involuntary

Obstetrical admission - Antepartum/Postpartum Units

- Unlocked unit - free to leave
- Nurses follow up to 8 patients each
 - Long intervals unobserved
- Staff untrained in early recognition of escalation
- No security on site after hours
- Rooms aren't risk reduced



Obstetrical admission - Triage/Labour Floor

- Noisy environment with sounds of distress
- Unpredictable rounds, multiple teams
- Abdominal bands to hold on monitors; restricting
- Escalating repetitive pain in labour
 - IV access can be challenging
- May require chemical restraint
 - Transferred to the fetus



De-escalation protocol

REMAIN CALM	Avoid aggressive postures and prolonged eye contact
	Use a soft, calm and clear voice
	Use plain/non-medicalized language without being condescending
	Show compassion
AVOID CONFRONTATION	Listen respectfully and acknowledge frustrations
	Avoid giving opinions on issues beyond your control
	Ask open-ended questions
	Avoid excess stimulation
OPTIMIZE RESOURCES	Consult/trade-off with clinical and allied health team members
	Consider environment and offer neutral space
	Recruit friends/family members (if not present, reach out by phone)
	Security as a last resort
MANAGE UNDERLYING DX	Explore solutions with patient
	Consider withdrawal/toxicity as a contributor, consider PRNs
	Consider organic delirium and differential source for same
	Consult services such as psychiatry for diagnostic assistance



87%

unmet needs:
counselling & coping skills

94%
experienced stigma

Meth-psychosis in pregnancy: TOP TIPS & TAKE-AWAYS

- Psychosis does not preclude rapport & trust building
- Link with wrap-around programs to promote stability
 - Think of this as equally important as the OB-referral
 - HOCS, ACT, Life's Journey, CEDVIP
- Consult social work upon admission to start DC planning
 - Low barrier access to recovery programming
- Low threshold for long-acting IM antipsychotics
- Protocolize management of psychosis in non-psych units

