

South Australian Perinatal Practice Guideline

Borderline Personality Disorder (& Emotional Dysregulation) in the Perinatal Period

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Note:

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

SA Health does not accept responsibility for the quality or accuracy of material on websites linked from this site and does not sponsor, approve or endorse materials on such links.

Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

Explanation of the aboriginal artwork:

The Aboriginal artwork used symbolises the connection to country and the circle shape shows the strong relationships amongst families and the Aboriginal culture. The horse shoe shape design shown in front of the generic statement symbolises a woman and those enclosing a smaller horse shoe shape depicts a pregnant woman. The smaller horse shoe shape in this instance represents the unborn child. The artwork shown before the specific statements within the document symbolises a footprint and demonstrates the need to move forward together in unison.



Australian Aboriginal Culture is the oldest living culture in the world yet Aboriginal people continue to experience the poorest health outcomes when compared to non-Aboriginal Australians. In South Australia, Aboriginal women are 2-5 times more likely to die in childbirth and their babies are 2-3 times more likely to be of low birth weight. The accumulative effects of stress, low socio economic status, exposure to violence, historical trauma, culturally unsafe and discriminatory health services and health systems are all major contributors to the disparities in Aboriginal maternal and birthing outcomes. Despite these unacceptable statistics the birth of an Aboriginal baby is a celebration of life and an important cultural event bringing family together in celebration, obligation and responsibility. The diversity between Aboriginal cultures, language and practices differ greatly and so it is imperative that perinatal services prepare to respectfully manage Aboriginal protocol and provide a culturally positive health care experience for Aboriginal people to ensure the best maternal, neonatal and child health outcomes.

Purpose and Scope of Perinatal Practice Guideline (PPG)

This guideline provides clinicians with general information about Borderline Personality Disorder and emotional dysregulation in pregnancy and postpartum, including prevention, screening questions, assessment and referral.

INFORMAL COPY WHEN PRINTED

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Public-I2-A2



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Summary of Practice Recommendations

Women with Borderline Personality Disorder (BPD) and substantial recurrent emotional dysregulation (ED) require appropriate diagnosis, psychoeducation and appropriate care.

Many women with BPD and/or ED have a history of childhood trauma including sexual, physical and emotional abuse. Use a trauma-informed care framework for care.

If concerned, women should be referred to the mental health team or community mental health services if severe ED is identified at any point during the perinatal period.¹

Many, but not all women with BPD or ED engage in risk-taking behaviours which may include higher levels of substance misuse. Ensure adequate drug and alcohol assessment is undertaken with appropriate education about self and infant risks and referral to additional specialised services as indicated.

Women with BPD and ED are often at increased risk of self-harm and suicide. Ensure women are screened using the EPDS. Take immediate action if there is a positive score on question 10 regarding significant suicidal thoughts and/or plans or if there is any disclosure of suicidal ideation at any point in the perinatal period (see *Anxiety and Depression* PPG available at www.sahealth.sa.gov.au/perinatal).

Women with BPD and ED often have difficulties in the emotional care of their infant. Assess parenting skills and mother-infant relationship in the weeks following birth.²

Provide increased support and/or targeted mother-infant therapy in the postnatal period.

Encourage women with BPD or ED to undertake mindfulness and/or relaxation techniques.

Structured psychological and psychosocial therapies are the preferred treatments for women with BPD and ED. Refer women to appropriately trained health professionals to provide therapies.

Where possible, do not use pharmacological treatments as the primary therapy for women with BPD as there is no evidence for their efficacy for people with BPD.

Report Child Protection Concerns to the Department for Child Protection:

- Website: <https://www.childprotection.sa.gov.au/> or
- Child Abuse Report Line (CARL): 131 478



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Abbreviations

| | |
|--------|---|
| BPD | Borderline Personality Disorder |
| BPD Co | Borderline Personality Disorder Collaboration |
| CaFHS | Child and Family Health Service |
| COPE | Centre of Perinatal Excellence |
| DHS | Department for Human Services |
| ED | Emotional Dysregulation |
| EPDS | Edinburgh Postnatal Depression Scale |
| WCHN | Women's and Children's Health Network |

Definitions³

| | |
|---------------------------------|---|
| Borderline Personality Disorder | Characterised by a pattern of instability of emotions, relationships, sense of identity and poor impulse control. It is associated with emotional dysregulation and severe functional impairment. |
| Emotional dysregulation | Also referred to as labile mood, mood swings and mood or affective instability, it refers to poorly modulated emotional responses. |
| Trauma-informed care | Refers to understanding and being responsive to the impact of trauma to enable survivors to rebuild a sense of control. It includes the following principles ⁴ : <ul style="list-style-type: none"> • Ensure physical and emotional safety • Maximise trustworthiness through task clarity, consistency and interpersonal boundaries • Maximise consumer choice and control • Maximise collaboration and sharing of power • Prioritise empowerment and skill-building |



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Background

Borderline personality disorder (BPD) and substantial recurrent emotional dysregulation (ED) are common conditions which can impact on a woman's progress through her pregnancy and cause postnatal difficulties for mother, infant and sometimes other family members.

BPD is a long-term mental illness characterised by severe emotional dysregulation that impacts the individual's ability to control and regulate their emotions and impulses which causes problems relating to other people, including their infants. Thus, women with BPD are at increased risk of impaired mother-infant interactions and should be assessed for this (see *Assessing Parent Infant Relationship* PPG available at www.sahealth.sa.gov.au/perinatal).

BPD often co-exists with anxiety, depression, eating disorders and substance misuse. Many women with BPD and/or ED can score extremely high (>20) on the EPDS.

Whilst women with BPD have often experienced sexual, physical and/or emotional abuse or neglect in childhood, BPD has multiple causes that do not always include trauma.

Common symptoms include:

- Fear of abandonment
- Unstable relationships
- Unstable sense of self
- Impulsive, risk-taking and self-destructive behaviours
- Self-harm and suicidal behaviour (note: lifetime rate for suicide attempts is 80%)
- Extreme emotional/mood swings
- Chronic feelings of emptiness or worthlessness
- Anger that is intense and disproportionate to the trigger
- Paranoia or feeling out of touch with reality

BPD is associated with increased rates of the following perinatal complications:

- Gestational diabetes
- Venous thromboembolism
- Premature rupture of membranes
- Chorioamnionitis
- Preterm birth
- Caesarean section

In general, medication does not appear to be effective for treatment of BPD. Structured psychological therapies specifically designed for BPD are the preferred treatment. Professional help through a trained mental health practitioner is preferred, therefore referral is recommended if there is no current therapist.

The woman's emotional instability and subsequent behaviours can cause concern for herself, her family and treating practitioners, therefore collaborative care which involves open planning with the woman and her family and all professionals involved in her care is essential to provide best outcomes. Clear written plans shared by all team members can be appropriate.

Involvement of family members in psychoeducation can assist them to support the woman's management plan.



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Centre of Perinatal Excellence

The Centre of Perinatal Excellence (COPE) has given permission to SA Health through the Maternal, Neonatal and Gynaecology Community of Practice to publish links to information on their website: <https://www.cope.org.au/>

The COPE guideline³ “*Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline*”, provides information on screening and psychosocial assessment and prevention and treatment care guidelines for women with depressive and anxiety disorders, severe mental illnesses and borderline personality disorder (and emotional dysregulation). COPE also provides a *Fact Sheet*⁶ guide for health professionals derived from the COPE guideline with some additional information. Together, they have been assessed as appropriate for South Australia and have therefore been endorsed as the Perinatal Practice Guideline.

Guideline links:

1. **Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline³**
https://www.cope.org.au/wp-content/uploads/2018/05/COPE-Perinatal-MH-Guideline_Final-2018.pdf
2. **COPE Fact Sheet: Borderline personality disorder in the perinatal period. A guide for health professionals⁵**
https://www.cope.org.au/wp-content/uploads/2017/11/BPD-in-Perinatal-Period_Health-Prof-Fact-Sheet.pdf

Additional Resources

For Health Professionals

For support in a mental health crisis, dial 13 14 65.

This service operates 24 hours a day, 7 days a week and is staffed by experienced mental health clinicians.

Other telephone helplines for support run by non-government services are:

- **Lifeline** - 13 11 14
- **Beyond Blue** - 1300 224 636 (24 hours) or [chat online](#) (3 pm to 12 am)
- **Suicide call back service** - 1300 659 467 or [online counselling](#)

SA Health Borderline Personality Disorder Collaborative (BPD Co)

Delivered through a hub and spoke model, BPD Co offers outreach, consultation and liaison services, shared assessment and treatment planning, support and clinical supervision, integrated with primary care and service partners. Current programs include:

- Assessment and Brief Intervention Clinics in pilot sites
- Short term group program available from the BPD Co hub in Unley
- Shared care for people with severe and complex Borderline Personality Disorder working in partnership with the Local Health Networks
- A specialist Early Years program working together with WCHN, CaFHS, Education and DHS (will commence later in 2020)

Telephone: 7425 6500

www.sahealth.sa.gov.au/BPDCo

Borderline Personality Disorder Support Services in SA Website

Provides a range of links for both women, carers and clinicians

<http://bpdsa.com.au/>



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Project Air Website

Provides a range of fact sheets and treatment tools for health professionals

<https://www.projectairstrategy.org/mpafactsheets/index.html>

Perinatal Anxiety and Depression Australia (PANDA)

Information leaflets, telephone counselling and service information

<http://www.panda.org.au/>

PANDA advice line: Telephone 1300 726306

Helen Mayo House (Statewide Service)

Acute inpatient unit for women who have significant mental health issues with infants aged 2 years or under.

Telephone 08 7087 1030

Referral information available at:

<http://www.wch.sa.gov.au/services/az/divisions/mentalhealth/helenmayo/ServiceProviders.html>

Perinatal and Infant Mental Health Services at Metropolitan Hospitals:

- Flinders Medical Centre: Telephone (08) 8404 2551
- Lyell McEwin Hospital: Telephone (08) 8282 0794
- Women's and Children's Hospital: Telephone (08) 8161 7227

General Practitioner (+/- Mental Health Plan referral)

Rural and Remote Telemedicine/Tele-Psychiatry Unit

Telephone (08) 7087 1660

Child and Family Health Services (CaFHS)

Telephone 1300 733 606

<http://www.cyh.com>

For Women

COPE Fact Sheet: Borderline personality disorder in pregnancy and the postnatal period. A guide for women and their families

https://www.cope.org.au/wp-content/uploads/2017/11/BPD-in-Perinatal-Period_Consumer-Fact-Sheet.pdf

Project Air Website

Provides a range of fact sheets and self-help guides for women and their support person(s) and treatment tools for health professionals

<https://www.projectairstrategy.org/mpafactsheets/index.html>

COPE: Ready to COPE

A free e-newsletter providing perinatal women with timely, relevant information about their emotional and mental wellbeing

<https://www.cope.org.au/readytocope/>

COPE Website

Contains information for women to assist them to understand their feelings around pregnancy, birth and parenting, manage mental health conditions during this time and how to get help.

<https://www.cope.org.au/>



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References

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Acknowledgements

The South Australian Perinatal Practice Guidelines gratefully acknowledge the contribution of clinicians and other stakeholders who participated throughout the guideline development process particularly:

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Document Ownership & History

Developed by: SA Maternal, Neonatal & Gynaecology Community of Practice
Contact: HealthCYWHSPerinatalProtocol@sa.gov.au
Endorsed by: Commissioning and Performance, SA Health
Next review due: 17/08/2025
ISBN number: 978-1-76083-281-0
PDS reference: CG223
Policy history: Is this a new policy (V1)? **N**
 Does this policy amend or update an existing policy? **Y**
 If so, which version? **2.0**
 Does this policy replace another policy with a different title? **Y**
 If so, which policy (title)? **Personality Disorders and Severe Emotional Dysregulation in the Perinatal Period**

| Approval Date | Version | Who approved New/Revised Version | Reason for Change |
|---------------|---------|--|--|
| 17/08/20 | V3 | Lynne Cowan, Deputy CE, Commissioning and Performance Division, SA Department for Health and Wellbeing | Formally reviewed in line with 5 year scheduled timeline for review. |
| 7/09/2015 | V2 | SA Health Safety and Quality Strategic Governance Committee | Formally reviewed in line with 3 year scheduled timeline for review. |
| 18/06/2011 | V1 | SA Maternal and Neonatal Clinical Network | Original SA Maternal and Neonatal Clinical Network approved version. |

