Catatonia is a neuropsychiatric condition characterized by physical presentations ranging from profound immobility to excessive motor activity. Emotional aspects of catatonia vary clinically between psychomotor retardation and extreme excitability. We present two case reports of catatonia delirium and psychomotor retardation demonstrating catatonia spectrum in postpartum psychosis.

Case 1: 26-year-old African American female, 2 weeks postpartum with history of schizoaffective disorder and non-compliance of medication throughout pregnancy, presented with disorganized thought process, impaired cognitive and executive functioning, severe psychomotor retardation, mutism, negativism, refusal to eat, insomnia.

Case 2: 26-year-old African American female, 4 weeks postpartum with history puerperal psychosis, presenting with both akinetic and excited forms of catatonia, displaying psychomotor retardation concurrent with repetitive behaviors, verbigeration, mutism, disinhibition, periods of increased psychomotor agitation, fecal incontinence, and taking multiple showers at night.

To discuss the varied presentations of catatonia in postpartum psychosis that requires urgent inpatient admission and treatment.

Background
Catatonia is quite common with prevalence of 20% in the mothers with postpartum psychosis compared to around 10% prevalence among acute psychiatric inpatients. Postpartum psychosis presenting as catatonia are serious conditions, and early diagnosis and treatment of postpartum catatonia is crucial for maternal and neonatal health. In the workup, extensive physical examination and blood tests are indicated to exclude an underlying somatic cause. But with treatment and the right support, most people with postpartum psychosis do make a full recovery.

Methods
Case reports

Results
Case reports can highlight both typical and atypical presentations of a given illness. Timely recognition and management are key. Both patients demonstrated marked improvement on combination of antipsychotics, antidepressants and lorazepam. With scant literature on postpartum catatonia, correct clinical approach to the patients requires symptom recognition on a continuum from retarded to excited in addition to other subtypes of catatonia.

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