Postpartum Psychiatric Illness

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Introduction

Childbirth though stressful is considered a "happy period" and is believed to bring immense joy to woman and her family. However for some women things take a completely different turn when they go through emotional and behavioral problems after delivery. Women may experience mood symptoms during the post-partum period, 4-6 weeks following delivery of the baby [1]. The severity of emotional symptoms varies and is on a spectrum ranging from milder forms to more severe ones. The postpartum emotional disorders are classified into 3 major categories: postpartum blues, nonpsychotic postpartum depression and the most severe form being postpartum psychosis [2]. Postpartum depression is gaining widespread attention nowadays due to the fact that although it is intangible in nature but can be quite impactful to the affected woman and her family. Postpartum depression is a disorder followed by childbirth where a female may feel much stressed while navigating her new role, balancing care for herself and an infant, it can be overwhelming as well as exhausting, and in this medical condition a female may also feel guilty or ashamed. The common symptoms of this disorder include anxiety, anger, crying, restlessness, depression, fear, lack of concentration and unwanted thoughts, insomnia, and fatigue. Postpartum depression affects about 15 % of the women around childbirth [3]

Contributing factors may include physical, environmental, emotional, and biological factors [4]. The physical factors may include hormonal changes that occur while giving birth to a baby. Sleep deprivation is also considered as a prominent physical factor. Apart from physical factors emotional factors also play a major role in PPD, these factors may include stress and anxiety due to the new responsibilities and a completely new and different role. The environmental factors may include the level of education of a new mother, the quality of physical environment provided to that female, the kind of social environment , whether the female is provided the power or choice to decide the routine and major decisions of her life and the kind of communication that is done by the female. Biological factors like genetic factors like family history or past history of psychiatric illness also play a role.[5]

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Medically or clinically it can be classified as follows:

Disorder	Incidence	Time Course	Clinical Features
Postpartum blues	30-75% of women who give birth	Days to weeks	• Tearfulness • Anxiety • Insomnia • Mood lability
Postpartum depression	10-15% of women who give birth	Months to years if untreated	• Depression • Guilt • Anxiety • Crying spells • Poor care of the baby • Suicidal ideations • Fear of harming the baby
Postpartum psychosis	0.1 to 0.2%	Within 2-3 weeks and almost within 8 weeks of delivery	• Suspiciousness • Confusion • Incoherence • Irrational statements • Obsessive concerns about baby's health • Fear of harming self and/ or the baby

According to Kübler-Ross model the first stage also known as baby blues occurs a few days after the birth of the baby and is characterised by sadness, tearfulness and irritability. Signs and symptoms of baby blues — which last only a few days to a week or two after the baby is born — may include:

- **Mood swings**
- **Anxiety**
- **Sadness**
- **Irritability**
- **Feeling overwhelmed**
- **Crying**
- **Reduced concentration**
- **Appetite problems**
- **Trouble sleeping**

Postpartum blues may get better or may progress to a more severe form- post-partum depression. This is characterized by the following [6][7]:

- Low mood
- Decreased interest in previously pleasurable activities
- Increased guilt or feelings of inadequacy
- Suicidal thoughts-sometimes
- Thoughts of harming the baby-often

If postpartum depression is untreated it may worsen and can be associated with psychotic features. Sometime the illness may begin with psychosis and then it is called postpartum psychosis. With post-partum psychosis, a rare condition that typically develops within the first week after delivery, the signs and symptoms are severe. Signs and symptoms may include:

- Confusion and disorientation
- Obsessive thoughts about your baby
- Hallucinations and delusions
- Sleep disturbances
- Excessive energy and agitation
- Paranoia
- Attempts to harm yourself or your baby

Postpartum psychosis may lead to life-threatening thoughts or behaviors and requires immediate treatment.

People with other mental illnesses, such as schizophrenia, also experience psychosis. But those with psychotic depression usually have delusions or hallucinations that are consistent with themes about depression (such as worthlessness or failure), whereas psychotic symptoms in schizophrenia are more often bizarre or implausible and have no obvious connection to a mood state (for example, thinking strangers are following them for no reason other than to harass them). People with psychotic depression also may be humiliated or ashamed of the thoughts and try to hide them. Doing so makes this type of depression very difficult to diagnose.

Management

Education of the patient and family members is of paramount importance.

Postpartum blues- no medication is recommended. Supportive therapy and support from family members may help in speedy recovery.

Postpartum depression (PPD) - Therapy and antidepressants are usually recommended. There is a new medication called brexanolone (brand name Zulresso) that was approved by the US Food and Drug Administration in 2019 for ameliorating the symptoms of PPD. It's administered as an intravenous (IV) infusion over a period of 60 hours (2.5 days). The patient has to stay in a healthcare facility for this medication. It was studied in particular in women with moderate to severe PPD in whom it improved symptoms more than a placebo

Postpartum psychosis- Antipsychotics and lithium in combination with

antidepressants are the treatments of choice.

Electroconvulsive therapy (ECT) is extremely helpful and first line management option for a patient with severe depression with psychotic features and suicidal ideations.[8]

For patients of postpartum depression and/or psychosis, suicidal and homicidal ideations should be thoroughly assessed. If the mother has thoughts of harming self then brief hospitalization is considered for further management. If she has thoughts of harming the baby, distancing the mother from the baby briefly is a prudent approach.[9][10]

With proper treatment, studies report high rates of recovery from postpartum psychiatric disorders. There is growing evidence that postpartum psychosis is essentially an episode of mood disorder, usually bipolar disorder. Hence it is recommended to psychoeducate the patient and the family about the episodic nature and course of mood disorder/ bipolar disorder and to catch early warning signs in the future in case of an impending episode so that it can be nipped in the bud.

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