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Scientia Research Library **ISSN 2348-0416**
USA CODEN: JASRHB

Journal of Applied Science And Research, 2017, 5 (4):52-58

(*http://www.scientiaresearchlibrary.com/arhcive.php*)

Mental health in postpartum period

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ABSTRACT

As per WHO "health is a state of complete physical, mental, social & spiritual well-being. Not merely absence of disease & infirmity". Our Mental health plays very vital role in our overall health but still it is neglected the most. Mental health problems which a new mother can experience in post natal period are the same as those, that can affect other people at any point of time, and they are often similar in nature. However mental health problems in new mothers are particularly important to identify & manage because of the fact that this problems often are not disclosed, recognized or treated during postnatal period.

Keywords: POST PARTUM BLUES, PSYCHOSIS, MENTAL HEALTH & ILLNESS

INTRODUCTION

Healthy women experience marked psychological & emotional changes during pregnancy& in particular after delivery, the majority of women experience a sequence of marked emotional & behavioral changes following delivery.

Psychiatric disorder is more common in 1st & 3rd trimester of pregnancy, in the 1st trimester unwanted pregnancies art associated with anxiety & depression. In the third trimester there may be fear of impeding delivery, doubts regarding the normality of the fetus, Psychiatric symptoms in pregnancy are more common in women with history of previous psychiatric disorders.

Many women experience postpartum reactions after giving birth. The baby blues and Postpartum Depression are terms popularly used and postpartum psychosis is the most serious form of emotional upheaval that women may experience after giving birth.

MATERIAL AND METHODS

Definition:

Depression:

A mood or feeling state characterized by sadness, discouragement & self doubt that may occur at the loss or possible loss of the loved ones or something valued, may be brought about by the action of criticism of others or failure to meet self-set goal.

According to Blackwell's Nursing Dictionary

Psychosis:

A major mental illness of organic or emotional origin, arising in the mind itself, where the patient has a distorted perception of reality

According to Blackwell's Nursing Dictionary

Psychiatric morbidity in child birth:

Child birth contributes a substantial risk to the mental health of the mother. 4/1000 deliveries will be admitted in psychiatric hospital, of whom half 2/1000 will be suffering from psychotic illness, about 80% will be suffering from there first ever psychotic illness but 20% have had a previous post partum illness or non childbirth related psychiatric illness.

Incidence of postpartum mental illness:

15-30%	Depression
10%	Major depressive illness
3-5%	Moderate / Severe depressive illness
1.7%	Referred
4/1000	Admitted
2/1000	Admitted psychosis

Pregnancy in mentally ill women:

For women with an existing psychiatric disorder, childbirth poses predictable risk for relapse & the ability to care for their child. Women whose mental stability & functioning depends upon regular taking of drugs pose a challenge for the psychiatrist & obstetrician.

With the exception of Anorexia Nervosa no psychiatric illness is associated with a reduction in biological fertility.

Prediction of Risk:

Women with a family history of serious affective disorder are at increased risk of developing such illness following childbirth. Some of the risk factors for a primiparous mother developing a mild depressive illness are also known they include such factors as:

Single women

- Young mother
- Short relationship
- Early deprivation
- Chronic life difficulties
- Social adversity
- Lack of a confident
- Past psychiatric history
- Ambivalence about the pregnancy

Postpartum Blues:

Approximately 80% of all women suffer from the baby blues after giving birth, Symptoms typically last from a few hours to several days & include irritability. The maternal blues are not same things as post partum depression nor are they precursors of postpartum depression or postnatal psychosis.

The baby blues is characterized by one or more of the following:

- Feelings of sadness
- Crying more than usual
- Oversensitivity
- Irritability
- Feeling overwhelmed
- Anxiety
- Hypochondriasis
- Isolation
- Headache
- Oversensitive
- Impaired concentration

The "baby blues" are a passing state of heightened emotions that occurs in about half of women who have recently given birth.

- This state peaks 3-5 days after delivery and lasts from several days to 2 weeks.
- A woman with the blues may cry more easily than usual and may have trouble sleeping or feel irritable, sad, and "on edge" emotionally.
- Because baby blues are so common and expected, they are not considered an illness.
- Postpartum blues do not interfere with a woman's ability to care for her baby.
- The tendency to develop postpartum blues is unrelated to a previous mental illness and is not caused by stress. However, stress and a history of depression may influence whether the blues go on to become major depression.

Dealing with Postpartum blues

- Since emotional instability of all kinds can be connected to sleep deprivation, mother should be provided with calm, quite & comfortable environment to recover from exhaustion of labour process.
- Family members should be actively participating in taking care of newborn baby, allowing mother to take time for herself.
- Most importantly ventilation of thoughts, anxiety and agitation can help mother feel less overwhelmed.
- Usually the Baby Blues does not require any kind of formal intervention. However, if symptoms persist for longer than a couple of weeks, it may be Postpartum Depression.

Post-Partum Depression:

Postpartum depression (PPD), also called postnatal depression, is a form of clinical depression which can affect women after childbirth. Studies report prevalence rates among women from 5% to 25%, but methodological differences among the studies make the actual prevalence rate unclear. Postpartum depression occurs in women after they have carried a child, usually in the first few

months, and may last up to several months or even a year. Ten to thirty percent of women suffers with postpartum depression (PPD),it can occur at any time during the first year after giving birth, but typically occurs within the first few months.

Symptoms of postpartum depression:

- Sadness
- Hopelessness
- Low self-esteem
- Guilt
- A feeling of being overwhelmed
- Sleep and eating disturbances
- Inability to be comforted
- Exhaustion
- Emptiness
- Social withdrawal
- Low or no energy
- Becoming easily frustrated
- Feeling inadequate in taking care of the baby
- Impaired speech and writing
- Spells of anger towards others
- Increased anxiety or panic attacks
- Decreased sex drive

One method of detecting Postnatal Depression (PND) is the use of Edinburgh Postnatal Depression Scale (Fig 1.1). If the new mother scores more than 13, she is likely to develop PND

The EPDS is a 10-item questionnaire. Women are asked to answer each question in terms of the past seven days.	
1. I have been able to laugh and see the funny side of things	As much as I always could (score of 0) Not quite so much now (score of 1) Definitely not so much now (score of 2) Not at all (score of 3)
2. I have looked forward with enjoyment to things	As much as I ever did (score of 0) Rather less than I used to (score of 1) Definitely less than I used to (score of 2) Hardly at all (score of 3)
3. I have blamed myself unnecessarily when things went wrong	Yes, most of the time (score of 3) Yes, some of the time (score of 2) Not very often (score of 1) No, never (score of 0)
4. I have been anxious or worried for no good reason	No, not at all (score of 0) Hardly ever (score of 1) Yes, sometimes (score of 2) Yes, very often (score of 3)
5. I have felt scared or panicky for no very good reason	Yes, quite a lot (score of 3) Yes, sometimes (score of 2) No, not much (score of 1) No, not at all (score of 0)
6. Things have been getting on top of me	Yes, most of the time I haven't been able to cope at all (score of 3) Yes, sometimes I haven't been coping as well as usual (score of 2) No, most of the time I have coped quite well (score of 1) No, I have been coping as well as ever (score of 0)
7. I have been so unhappy that I have had difficulty sleeping	Yes, most of the time (score of 3) Yes, sometimes (score of 2) Not very often (score of 1) No, not at all (score of 0)
8. I have felt sad or miserable	Yes, most of the time (score of 3) Yes, quite often (score of 2) Not very often (score of 1) No, not at all (score of 0)
9. I have been so unhappy that I have been crying	Yes, most of the time (score of 3) Yes, quite often (score of 2) Only occasionally (score of 1) No, never (score of 0)
10. The thought of harming myself has occurred to me	Yes, quite often (score of 3) Sometimes (score of 2) Hardly ever (score of 1) Never (score of 0)

Source: Edinburgh Postnatal* Depression Scale (EPDS Cox et al 1987).
(*Developed as the Edinburgh Postnatal Depression Scale but can be used in both pregnancy and postnatal period to assess for possible depression and anxiety. Questions 3, 4 and 5 relate to possible symptoms of anxiety disorders)

Fig.1.1 Edinburgh Postnatal Depression Scale

Risk factors for postpartum Depression

- A history of depression
- Cigarette smoking
- Low self esteem
- Childcare stress
- Prenatal depression during pregnancy
- Prenatal anxiety
- Life stress
- Low social support
- Poor marital relationship
- Infant temperament problems/colic
- Maternity blues
- Single parent
- Low socioeconomic status
- Unplanned/unwanted pregnancy

Prevention

Early identification and intervention improves long term prognoses for most women. Some success with presumptive treatment has been found as well. A major part of prevention is being informed about the risk factors. Women should be screened by their physician to determine their risk for acquiring postpartum depression.

Nutrition

Omega-3 fatty acids: Some experts believe that postpartum depression can be attributed to depletion of omega 3 fatty acids from the mother's brain to support development of the brain of the fetus or breast fed infant. This can be prevented by ensuring that sufficient omega 3 fatty acids are provided in the mother's diet. Good natural sources of omega 3 fatty acids include edible linseed oil, certain fish, grass fed rather than grain fed meat, and eggs from chickens fed on flax seed or other feed high in omega 3 fats. Omega 3 fatty acids can also be purchased in capsule form as a dietary supplement.

B Vitamins Some limited research has indicated that the intake of B vitamins, specifically riboflavin, can help reduce the chance of post partum depression.B vitamins are water soluble and must be replenished each day.

Appetite: If a woman finds herself with a loss of appetite or other eating disturbance, she should consult her physician. This may be a sign of postpartum depression and therefore should be discussed with a doctor.

Treatment

Numerous scientific studies and scholarly journal articles support the notion that postpartum depression is treatable using a variety of methods. If the cause of PPD can be identified, as factors," treatment should be aimed at mitigating the root cause of the problem, including increased partner support, additional help with childcare, cognitive therapy, etc.

Various treatment options include:

- Medical evaluation to rule out physiological problems

- Cognitive behavioral therapy (a form of psychotherapy)
- Possible medication
- Support groups
- Home visits/Home visitors
- Healthy diet
- Consistent/healthy sleep patterns

Post Partum psychosis:-

First recognized as a disorder in 1850, postpartum psychosis is a very serious mental condition that requires immediate medical attention. Interestingly, studies on the rates of the disorder have shown that the number of women experiencing postpartum psychosis haven't changed since the mid 1800s.

Postpartum (or puerperal) psychosis is a term that covers a group of mental illnesses with the sudden onset of psychotic symptoms following childbirth These psychoses are endogenous, heritable illnesses with acute onset, benign episodic course and response to mood-normalizing and mood-stabilizing treatments. The inclusion of severe postpartum depression under postpartum psychosis is controversial: many clinicians would allow this only if depression was accompanied by psychotic features

Symptoms

Some patients have typical manic symptoms, such as

- Euphoria,
- Overactivity,
- Decreased sleep requirement,
- Loquaciousness,
- Flight of ideas,
- Increased sociability,
- Disinhibition,
- Irritability,
- Violence and
- Delusions, which are usually grandiose or religious in content
- Severe depression with delusions,
- Verbal hallucinations,
- Mutism,
- Stupor or transient swings into hypomania
- Perplexity
- Confusion,
- Emotions like extreme fear and ecstasy,
- Catatonia or rapid changes of mental state with transient delusional ideas.

Mothers at Risk:

Women with a personal history of psychosis, bipolar disorder or schizophrenia have an increased risk of developing postpartum psychosis. Likewise, women who have a family history of psychosis, bipolar disorder or schizophrenia have a greater chance of developing the disorder. Additonally, women who have had had a past incidence of postpartum psychosis are between 20% and 50% more likely of experiencing it again in a future pregnancy.

Causes of Post partum Psychosis:-

Experts aren't exactly sure why postpartum psychosis happens. However, they do offer a variety of explanations for the disorder, with a woman's changing hormones being at the top of their list. Other possible reasons or contributing factors include a lack of social and emotional support; a low sense of self-esteem due to a woman's postpartum appearance; feeling inadequate as a mother; feeling isolated and alone; having financial problems; and undergoing a major life change such as moving or starting a new job.

Treatment:

- Severe over activity and delusions may require rapid tranquilization by neuroleptic (antipsychotic) drugs,
- Electro-convulsive treatment is highly effective
- Mood stabilizing drugs such as lithium are also useful in treatment and possibly the prevention of episodes in women at high risk (i.e., women who have already experienced manic or puerperal episodes).

Suicide is rare, and infanticide extremely rare, during these episodes. It does occur, as illustrated by the famous cases summarized below. Infanticide after childbirth is usually due to profound postpartum depression (melancholic filicide) when it is often accompanied by suicide.

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