



Postpartum Psychiatric Disorders: A challenge Faced By Midwives

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Abstract: *Hormonal changes can cause postpartum psychotic disorders. Transition to being a parent is a stress-producing process that involves adapting both parents and their families even in the most favorable circumstances. Information on the level of psychological adaptation of women and family before and during pregnancy is very important as anxiety and the effects of accumulated life stress can directly affect individual and family well-being in the postnatal period. Especially for women or families facing multiple stresses and limited resources, ensuring security, understanding, compassion and direction may have a significant positive effect during this phase. Identification of risk factors and psychotherapy may help overcome the situation and help overcome challenges faced by the midwives.*

Keywords: Hormonal, psychotic, stress, psychotherapy, challenges, midwives

Postpartum Psychiatric Disorders

These are hormonal changes that can cause anxiety, crying and restlessness that goes away within the first two weeks after giving birth. Also called postpartum blues, the baby blues are actually a mild — and temporary — form of depression that goes away once hormones level out. Almost every new mother — up to 85 percent of them — will experience the postpartum blues. You may feel happy one minute and overwhelmed and crying the next.

“No mother is happy all the time,” says Osborne. “It’s normal to be frustrated and even need to put the baby down sometimes.”

Postpartum Depression

For others, bad feelings after giving birth become more than a mild case of the blues. As many as one in five new moms have postpartum depression, a more serious, but highly treatable, condition.

Standeven says that both mother and baby can be affected by postpartum depression. “Postpartum depression is the most common complication of pregnancy,” she says. “Untreated depression and anxiety in pregnancy is associated with preterm delivery, higher startle reflex in babies, gestational diabetes and more.”

It can also be life-threatening. Standeven says postpartum depression is a factor in 20% of all maternal deaths, according to data in countries that track the incidence of the problem.

Who Is at Risk for Postpartum Depression?

Postpartum depression symptoms may be more likely — or more severe — in some individuals. These are some factors:

History of anxiety or mood disorders. Those with bipolar disorders, depression or anxiety are 30% to 35% more likely to have postpartum depression. Likewise, mothers who have had depression symptoms after previous pregnancies are apt to have them again.

Family history. Those who have family members who have suffered with postpartum mood disorders are more likely to experience them also.

Genetics. Researchers at the Johns Hopkins Women's Mood Disorders Center identified epigenetic biomarkers — differences in the activity of certain genes — that may predict who's most likely at risk for postpartum depression.

Postpartum Depression Symptoms

The signs and symptoms of postpartum depression include:

- Anxiety
- Sadness
- Anger and irritability
- Difficulty sleeping
- Intrusive thoughts (which may include thoughts of harming the baby)

If symptoms are severe or last for more than two weeks, a new mom should be concerned about a postpartum mood disorder, such as postpartum depression. Women who had anxiety or depression before giving birth are at higher risk.

How Long Does Postpartum Depression Last?

Without treatment, postpartum depression symptoms can hang on for months, even years. In one study, 25% of participants were still experiencing depression three years after the birth of their babies. That's just one more reason why prompt assessment and treatment are recommended.

Postpartum Psychosis: A Rare Mental Health Emergency

While postpartum depression is relatively common, postpartum psychosis is an extremely rare disorder, affecting just 0.1 percent of new mothers. That number rises to 30 percent in mothers who have bipolar disorder. Symptoms of postpartum psychosis include:

- Confusion and cognitive impairment that may come and go
- Coming in and out of consciousness
- Extremely disorganized behavior
- Hallucinations or delusions

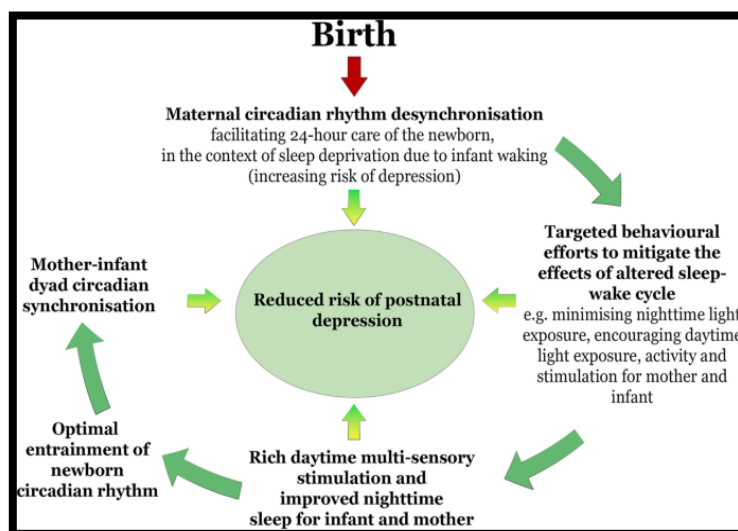


Fig: Vicious cycle of postnatal depression

Brexanolone for Postpartum Depression

The first medication solely for the treatment of postpartum depression is a drug called brexanolone. It is given as an infusion in a clinic or hospital over the course of two or three days with careful observation since it can cause sudden loss of consciousness in some people. The FDA approved brexanolone in 2019.

Brexanolone is a manufactured version of a natural byproduct (metabolite) of progesterone called allopregnanolone. When a baby is about to be born, levels of the hormone progesterone are at their height in the mother's body. As soon as the baby is born, the amount of this hormone falls steeply. Research links this sudden drop in progesterone to postpartum depression since the hormone acts on the brain and helps balance mood.

Brexanolone infusion can ease the distress, sadness and anxiety of postpartum depression in some people.

Other managements

- Psychotherapy
- Counseling

Preventing Postpartum Mood Disorders

Osborne says not enough studies exist that look at preventing postpartum mood disorders, although they are becoming more common. For example, one study showed that mothers who learned soothing and sleep-promoting methods for their babies had lower rates of postpartum depression. Another study showed that taking an antidepressant right away in the postpartum period could help prevent mood episodes in women with a history of postpartum depression.

Sleep is another key area of to help prevent mood disorders.

“If I see a woman who's at risk for postpartum depression, I have her come in with her partner so we can make a proactive plan for sleep,” she says. Proper sleep can make the difference in preventing a mood disorder. Getting at least four hours of sleep may mean taking shifts for feeding or having the partner do everything but nursing.

Postpartum blues

Around one in seven women can develop postpartum depression (PPD). While women experiencing baby blues tend to recover quickly, PPD tends to last longer and severely affects women's ability to return to normal function. PPD affects the mother and her relationship with the infant. Maternal brain response and behavior are compromised in PPD. According to Beck in 2006, as many as half of PPD in new mothers go undiagnosed because of conflict in privacy and not wanting to disclose to close family members. There is also a stigma around new mothers in that disclosure may lead to abandonment and fear of lack of support. This activity reviews the evaluation, treatment, and complications of postpartum depression and underscores the importance of an interprofessional team approach to its management.

Challenges faced by midwives

- Mother child improper bonding
- Difficulties in establishing breast feeding practices
- Family burdens
- Economical constraints
- Social stigmatization
- Difficulties in adjustment of family members
- Care burdens

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