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## Puerperal psychosis: An overview

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### Abstract

Psychosis is a condition that affects the way your brain processes information. It causes you to lose touch with reality. You might see, hear, or believe things that aren't real. Psychosis is a symptom, not an illness. It can be triggered by a mental illness, a physical injury or illness, substance abuse, or extreme stress or trauma <sup>[1]</sup>.

Postpartum Psychosis is a severe mental health condition following childbirth, with a psychosis and associated mood disturbance. Research to date has primarily focused on mothers' experiences, and on identifying risk factors, aetiology, and intervention efficacy <sup>[2]</sup>.

Postpartum psychosis (PPP) is a rare and serious psychiatric disorder occurring in the early postnatal period. Some consider PPP a distinct clinical entity with characteristic symptoms, such as mood lability, decreased sleep, delusions, disorganized and erratic behaviour, and perplexity/confusion. Others consider PPP to encompass any psychotic illness occurring in the postpartum period, such as postpartum depression or an exacerbation of schizophrenia. A personal history of bipolar disorder, as well as a prior episode of PPP, significantly increases the risk of developing PPP. With a high suicide (4%) and infanticide rate (4%), it is a psychiatric emergency and needs prompt evaluation in a monitored setting <sup>[3]</sup>.

**Keywords:** Psychosis, mental illness, substance abuse, stress, delusion, erratic behaviour, perplexity

### Introduction

Giving birth to a baby brings about many changes, and these can include changes in a new mom's mood and emotions. Some women experience more than the normal ups and downs of the postpartum time period. Many factors play a role in postpartum mental health. During this time, the most severe end of the change spectrum is a condition known as postpartum psychosis, or puerperal psychosis.

This condition causes a woman to experience symptoms that can be scary for her. She may hear voices, see things that aren't reality, and experience extreme feelings of sadness and anxiety. These symptoms warrant emergency medical treatment <sup>[4]</sup>.

### What is puerperal psychosis?

Puerperal psychosis is a rare, and very severe postpartum mood disorder commonly referred to as postpartum psychosis. Symptoms appear suddenly within the first couple of weeks of giving birth. While the condition may resemble symptoms of bipolar disorder and schizophrenia, puerperal psychosis has its own unique symptoms that set it apart from other mental health conditions <sup>[5]</sup>.

### Prevalence

It occurs in approximately 1 to 2 out of every 1,000 deliveries, or approximately 1 -2% of births. The onset is usually sudden, most often within the first 2 weeks postpartum <sup>[6]</sup>.

### Risk factors

1. History of bipolar disorder
2. History of postpartum psychosis in a previous pregnancy
3. History of schizoaffective disorder or schizophrenia
4. Family history of postpartum psychosis or bipolar disorder
5. First pregnancy
6. Discontinuation of psychiatric medications for pregnancy <sup>[4]</sup>.

### Onset

1. Puerperal psychosis is acute, early onset of conditions.
2. The majority of cases present in the first 14 days postpartum.

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3. They rarely arise within 48 hours following birth and most commonly develop suddenly between day 3 and day 7, at a time when most women will be experiencing the 'blues'<sup>[8]</sup>.

### Clinical features

1. Perplexity
2. Fear
3. Terror and restless
4. Agitation associated with insomnia
5. Purposeless activity
6. Uncharacteristic behaviour
7. Disinhibition
8. Irritation
9. Fleeting anger
10. Resistive behaviour
11. A women may have fear for her own and her baby's health and safety, or even about its identity.
12. Even at this early stage, there may be, variable throughout the day
13. Elation
14. Grandiosity
15. Suspiciousness.
16. Depression or unspeakable ideas of horror.
17. Confusion
18. Disoriented
19. Unable to maintained personal hygiene
20. Impaired concentration

### Diagnosis

1. Puerperal psychosis may have an acute onset.
2. The women may appear to be a experiencing normal emotional adaptive responses to childbirth and may exhibit symptoms similar to those of maternal blues which is a psychological phenomenon manifested as unexplained sadness and frequent bouts of crying.
3. These become more profound with extreme mood swings during which feelings of guilt or anxiety may be expressed.
4. The euphoria following childbirth is seen extended and exaggerated into parallel psychosis.
5. The onset of symptoms may be heralded by a time of acute restlessness and inability to sleep.
6. Subsequently, the behavior of the woman may become bizarre.
7. She may do or say in appropriate things, or react out of character.
8. She may experience delusions or hallucinations and become detached from the reality of her situation.
9. She may state that her baby is abnormal, believe it to be possessed and may avoid the baby.
10. There may be period of normal behavior and at other times, she may appear depressed.
11. She may experience suicidal impulses or desires to harm her baby.

### Treatment

1. Because of extreme nature of the illness medical help is required as a matter of emergency.
2. The woman must be kept under constant observation until appropriate psychiatric help is obtained
3. Heavy sedation is given at the time of onset.
4. Early treatment with anti-psychotic drugs under the care of psychiatric team is usually instituted.

5. Admission to a psychiatric unit and treatment with lithium and/or electroconvulsive therapy is given.
6. Psychosis may persist for 8 to 10 weeks even with prompt treatment especially when the women has a pre-existing history of schizophrenia or manic depressive illness.

### Prognosis

1. In spite of the severity of puerperal psychosis, they frequently resolve relative quickly over 2-4 weeks.
2. However, initial recovery is often fragile and relapses are common in the first few weeks.
3. As the psychosis resolve, it is common for all women to pass through a phase of depression and anxiety and preoccupation with their past experiences and the implications of these memories for their future mental health and their role as a mother.
4. Sensitive and expert help is required to assist to women through this phase to help them understand what has happened and to acquire a 'working model' of their illness.
5. The overwhelming majority of women will have completely recovered by 3 to 6 months Postpartum.
6. However they face at least a 50% or risk of recurrence should they have another child and some may go on to have bipolar illness at their times in their lives.

### Role of the midwife

1. The community midwife should continue to visit both mother and baby to undertake the non-psychiatric aspects of postnatal care.
2. Family support also needs consideration.
3. The midwife needs to offer advice and support to women during subsequent pregnancies and to alert the physician regarding psychiatric care when appropriate in order to initiate prompt referral, should it become necessary.
4. The community midwives should be able to help the mother to re-establish the mother baby e relationship and to rebuild self-esteem by encouraging care of the baby within a safe environment.

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