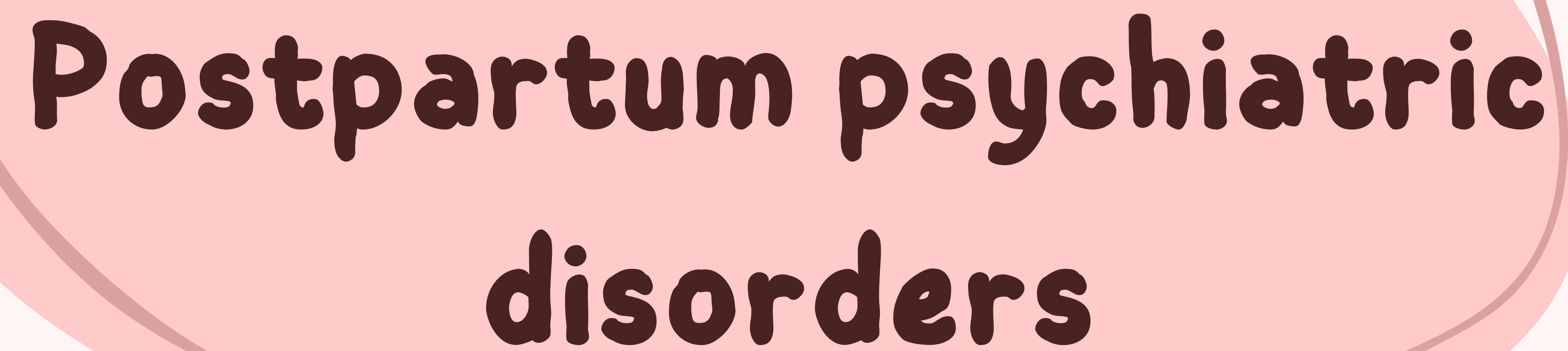

Postpartum psychiatric disorders

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Postpartum disorder

- Postpartum disorder is a psychiatric disorder that occur in the first couple weeks of childbirth.

- Postpartum blues , Postpartum depression,Postpartum psychosis are 3 of the most common psychiatric disorders experienced in the postpartum period.

Types:

1-Postpartum blues: very common,Up to 80% of pregnancies.

2-Postpartum depression:10%–25% of pregnancies.

3–Postpartum Psychosis: rare, <1-2 per 1000 births (rare but more serious).

Pathophysiology

- The exact mechanisms are unclear and often multifactorial.
- Estrogen can affect the monoaminergic system (serotonin and dopamine).
- Drastic changes in hormone levels are thought to be major contributing factors in pp psychiatric disorders,early pp period is characterised by a marked decrease in both estrogen and progesterone .
- Genetic factors may contribute.

Risk factors

- youn age(<25years)
- poor social support
- Difficulties With breastfeeding
- complicated birth
- Women with infant's having health problems and/or infants admitted to the NICU
- History of psychotic illness (especially anxiety and depression)
- Family history of psychiatric illness
- previous episode of postpartum psychiatric disorder
- Stressful life events (during pregnancy and near delivery)
- Childcare stress (e.g. inconsolable crying infant)
- History of sexual abuse and /or domestic violence
- financial difficulties

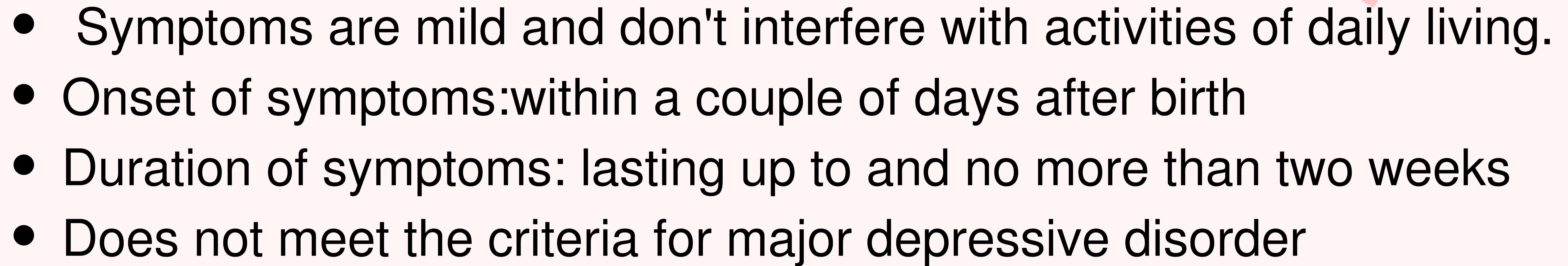
DSM-V

- Does not classify PP psychiatric disorders as distinct entities .
- Allows providers to use the “with peripartum onset with diagnosis.
- According to the DSM-V , to use the “with peripartum onset” modifier, the onset of symptoms must occur during pregnancy or whithin 4 weeks pp

Postpartum Blues

- postpartum blues:mild depression symptoms that are transient and self limiting in the perinatal period
- Symptoms may include:

1. feeling guilty and/or overwhelmed (especially about being a mother).
2. crying, sadness.
3. Rapid changes in mood and irritability.
4. Anxiety
5. Poor concentration
6. Eating too much or too little
7. Insomnia or frequent awakening at night



- Symptoms are mild and don't interfere with activities of daily living.
- Onset of symptoms:within a couple of days after birth
- Duration of symptoms: lasting up to and no more than two weeks
- Does not meet the criteria for major depressive disorder

management:

- Resolves spontaneously

Postpartum depression ETIOLOGY

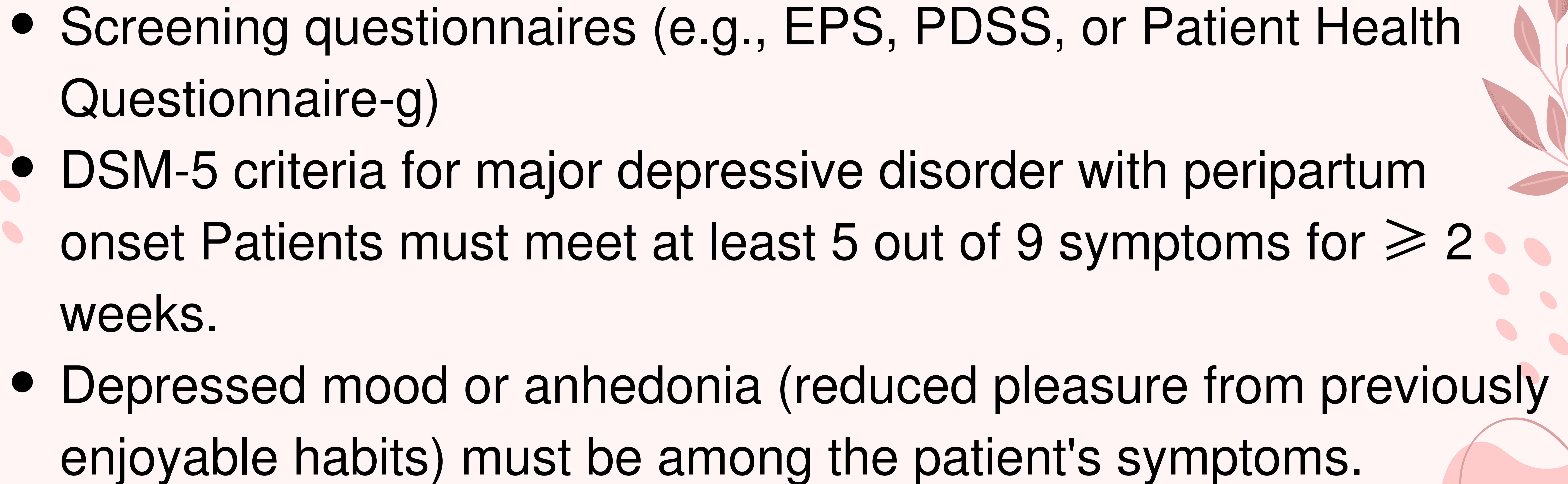
- PP depression: depressive symptoms beginning within 4 weeks following child birth and lasting for at least 2 weeks
- There is no single cause of postpartum depression, but genetics, physical changes and emotional issues may play a role.
- Genetics; Studies show that having a family history of postpartum depression especially if it was major — increases the risk of — experiencing postpartum depression

Postpartum depression Symptoms

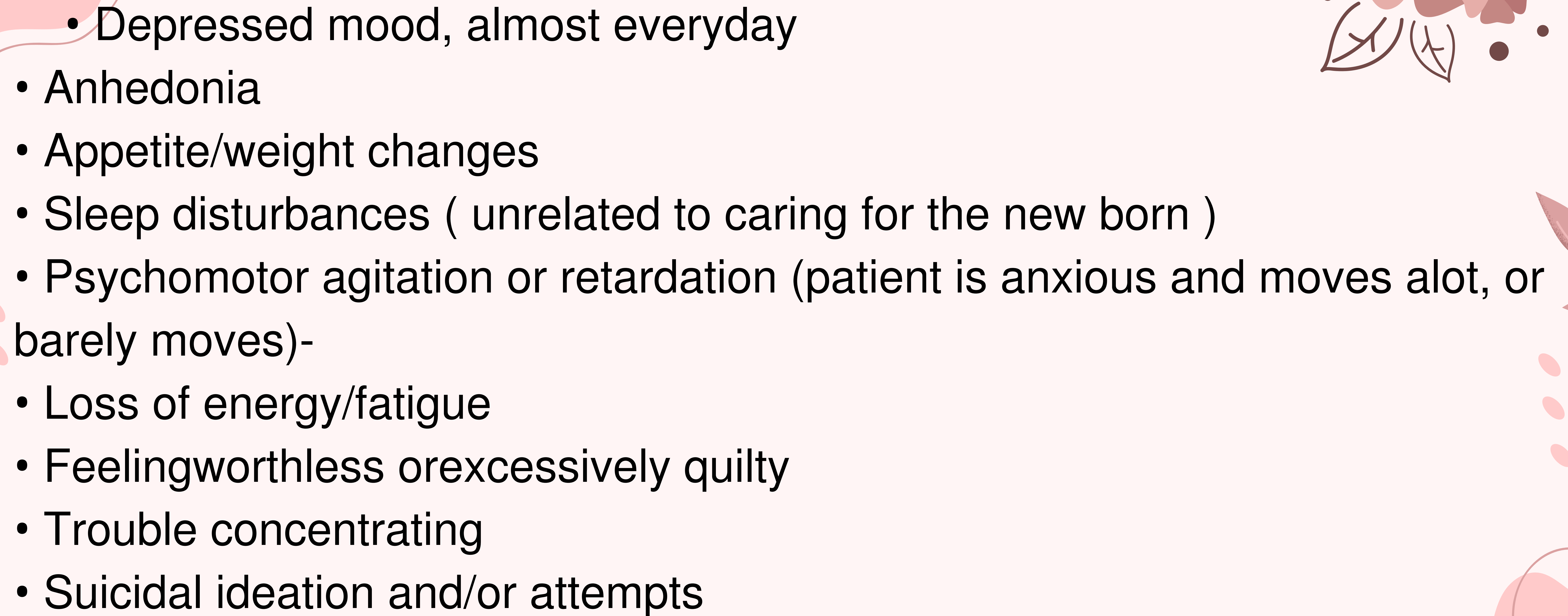
- Disinterest in self, in child, and in normal activities Feeling isolated, unwanted, or worthless
- Feeling a sense of shame or guilt about parenting skills
- Anger outbursts
- Suicidal ideation or frequent thoughts of death
- Symptoms are more severe and patients have an inability to cope

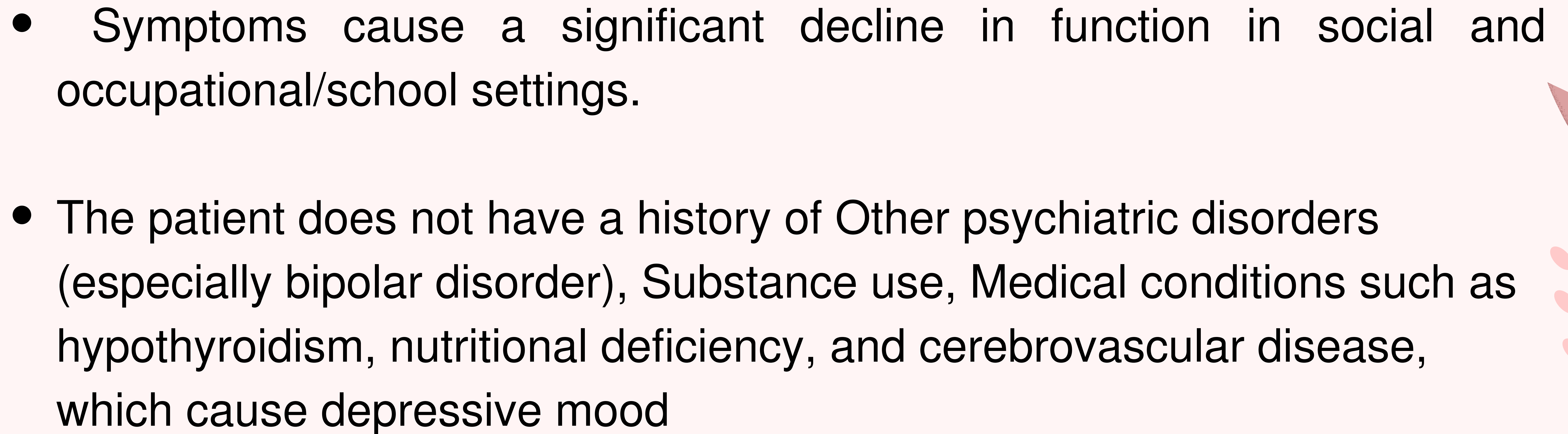
PPD Diagnosis

- Postpartum depression is a clinical diagnosis, which may be assisted by using screening questionnaires and the DSM-5 criteria, as well as excluding any contributory medical conditions: (hypothyroidism)



- Screening questionnaires (e.g., EPS, PDSS, or Patient Health Questionnaire-g)
- DSM-5 criteria for major depressive disorder with peripartum onset Patients must meet at least 5 out of 9 symptoms for ⩾ 2 weeks.
- Depressed mood or anhedonia (reduced pleasure from previously enjoyable habits) must be among the patient's symptoms.


• Depressed mood, almost everyday
• Anhedonia
• Appetite/weight changes
• Sleep disturbances (unrelated to caring for the new born)
• Psychomotor agitation or retardation (patient is anxious and moves alot, or barely moves)-
• Loss of energy/fatigue
• Feelingworthless orexcessively quilty
• Trouble concentrating
• Suicidal ideation and/or attempts



- Symptoms cause a significant decline in function in social and occupational/school settings.

- The patient does not have a history of Other psychiatric disorders (especially bipolar disorder), Substance use, Medical conditions such as hypothyroidism, nutritional deficiency, and cerebrovascular disease, which cause depressive mood

Management

- 1st-line treatments:

- Milddepression: psychotherapy alone
- Moderate-to-severe depression: psychotherapy plus an antidepressant

Psychotherapy

- Psychotherapy Cognitive behavioral therapy
- Family-centeredtherapy
- Non directive counseling

Medication

- Selective serotonin reuptake inhibitors (SSRIs):1st-line treatment; best studied
- Avoid Patoxetine during pregnancy due to potential risk of cardiac anomalies
- Choose a medication with the lowest side effects possible and minimal breastmilk transfer, ex: Sertraline.
- Target doses are similar to those used in the general adult population but monitor closely
- Electroconvulsive therapy (ECT) can also be considered (no risk to infant).
- Most women recover within 6-12 months.

- Risk of developing major depressive disorder later in life
- Suicide (preventable with adequate treatment)
- Infanticide

Postpartum Psychosis (PPP)

PP psychosis: a psychiatric manifestation with abrupt onset after delivery that is characterized by psychotic symptoms

- There is no clear evidence on what causes postpartum psychosis, but there are some factors which mean you may be more likely to develop it.

For example, if you have:

- a family history of mental health problems, particularly a family history of postpartum psychosis
- a diagnosis of bipolar disorder or schizophrenia
- a traumatic birth or pregnancy
- experienced postpartum psychosis before.
- But you can develop postpartum psychosis even if you have no history of mental health problems.

Symptoms

- 1-Hallucinations
- 2-Delusions
- 3-Thought disorganization
- 4-Disorganized behaviours
- 5-• Mood symptoms (e.g., mania, depression, or both)
- 6- Obsession with caring for the infant
- 7- Severe insomnia or frequent awakenings at night
- 8- Irritability, anxiety, hyperactivity, and psychomotor agitation
- 9- Homicidal or violent thoughts related to the infant
- 10- Suicidal ideation or attempts

Management

- Postpartum psychosis is considered a psychiatric emergency.
- Hospitalization:
- Especially if there is homicidal or suicidal ideationThe patient should be under the care of a psychiatrist (not an obstetrician).
- Ensure safety of the patient and infant
- Mother should remain hospitalized until stable
- Mother should not be left alone with the infant.
- Supervisedvisitswiththeinfantmaybepossible.

Medical therapy

- Antipsychotics: Typically considered 1st-line therapy

• Consider risks of medication for breastfeeding infants:- Medications do enter the breast milk, though levels tend to be low

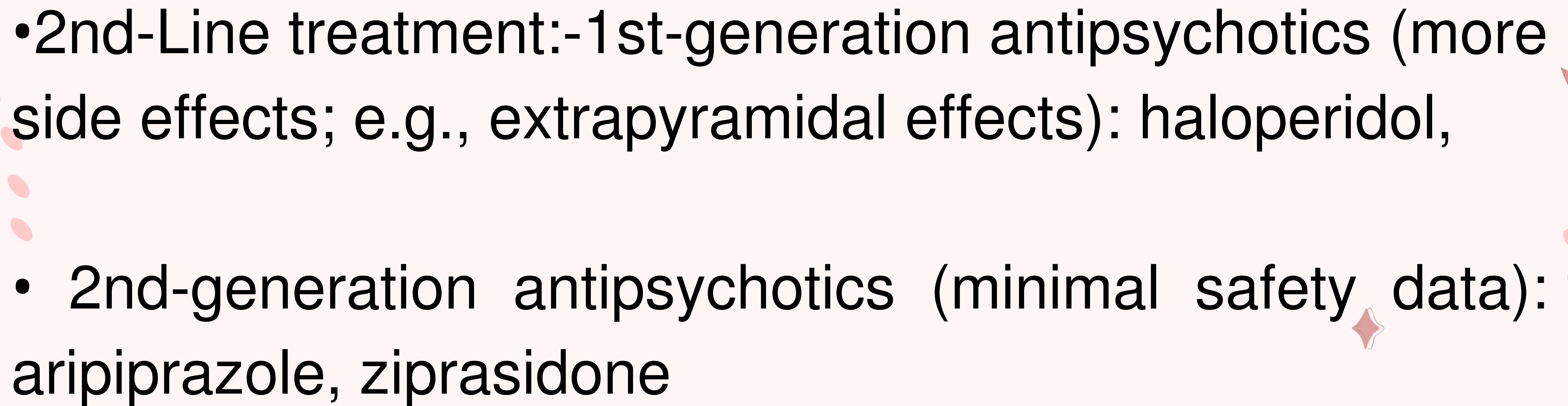
• During lactation, choose options with more safety data.

• • Best options (expert opinion): older 2nd-generation antipsychotics (start with the following initial doses, with a higher dose given for severe symptoms)

• - Quetiapine

• Risperidone

• Olanzapine



- 2nd-Line treatment:-1st-generation antipsychotics (more side effects; e.g., extrapyramidal effects): haloperidol,

- 2nd-generation antipsychotics (minimal safety data): aripiprazole, ziprasidone

- Mood stabilizers (used in bipolar disorder): Lithium (if not breastfeeding) 300 mg twice a day (requires serum monitoring)
- Valproate (if breastfeeding) 500 mg once or twice daily, titrated until blood levels are 50-125 ug/mL
- Antidepressantsareaddedtoantipsychoticsinwomenwith:Major depression with psychotic features, Schizoaffective disorder with affective symptoms
- Consider benzodiazepines for insomnia.

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•Generally only useful after the initial crisis

• • May help prevent recurrence (no clinical trials)

•Family-centeredtherapycanprovidesupportforrecovery .

•ECT can be used to reduce depressive symptoms.

• Complications:

risk of behavioral problems and/or developmental delay in the infant

Suicide and/or homicide (usually preventable with adequate treatment)

Thank You