POSTPARTUM PSYCHIATRIC DISORDER (A STUDY OF OBSTETRIC AND NEONATAL FACTORS)

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SUMMARY

A prospective study of 50 consecutive cases of postpartum psychiatric disorder was done to find out associated obstetric and neonatal factors. The disorder occurred most frequently in patients less than 20 years of age. Primipara, lack of antenatal care, various antenatal complications, home delivery, operative interferences, intranatal and postnatal complications, neonatal death and abnormalities were found to be chief contributing factors. All these factors suggest a key role of obstetrician in prevention of postpartum psychiatric disorder.

Introduction

One of the most significant events in a woman's life is child bearing. In terms of physiological and psychological changes, it may even surpass that of menarche and menopause. The development of significant psychiatric disorder during this period can be tragic, not only because it may represent a significant aberration in the mother, but also because of the impact on the new born child and the father.

Postpartum psychiatric disorder may be the result of stresses undergone during pregnancy. These stresses can be psychological, endocrine, obstetric or neonatal. Amongst these, psychological and endocrinal factors are hypothetical and for that, the best one can offer is emotional support. While numbers of obstetric and neonatal factors are identified by investigators from different corners of the world, the present study was designed to evaluate the various obstetric and neonatal factors associated with occurrence of postpartum psychiatric disorder.

Materials and Methods

A prospective study of 50 consecutive patients of postpartum psychiatric disorder was carried out at the Departments of Obstetrics and Gynaecology and Psychiatry of Sheth V.S. General Hospital, Ahmedabad. Diagnosis of postpartum psychiatric disorder was made according to ICD-9 (WHO, 1978). Each patient and her nearest relative was personally intervewed by the same investigating team (consisting of

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Obstetrician, Psychiatrist and staff nurse), using semi-structured proforma. The proforma included preliminary data, detailed obstetric, as well as psychiatric history and other necessary details. Complete physical examination, obstetric examination and mental status examination was undertaken by the team. Each patient was advised laboratory investigations like Hb%, TC, DC, ESR, Blood Sugar, Blood Urea, Urine, Complete Urine for culture and sensitivity, Vaginal Swab for culture and sensitivity, Blood group, Rh grouping etc.

Results

Age: In the present study 74% of patients were below 30 years and the range was 25-60 years.

Parity: 28 out of 50 patients (58%) were primiparae. There were three (6.0%) elderly primigravidae and 22% were second para.

Antenatal Care: In the present study, 56% had no antenatal care, while 20% had attended the clinic regularly and 24% had only taken treatment for their ailments.

Antenatal Complications: Table I shows that the incidence of antenatal complications was higher amongst patients who developed postpartum psychiatric disorder. Anemia was the most common condition detected.

Place of Delivery: In the present study 60% of patients had home delivery, while 40% of patients had hospital delivery.

Intranatal Factors: From Table - II, we can see that, in present study, Episiotomy (22.0%) Premature onset of labour (18%) and Caesarean Section (16%) were important intranatal factors associated with the postpartum psychiatric disorder.

TABLE - I

Antenatal Complications	*No. of Patients N = 50*	*Percentage %*
Anemia	28	56.0%
Hypermesis gravidarum	6	12.0%
Pre-eclampsia	6	12.0%
Eclampsia	4	8.0%
Placenta Previa	1	2.0%
Threatened Abortion	1	2.0%
Jaundice	1	2.0%
No Complications	8	16.0%

TABLE - II

Intranatal Factors	*No. of Patients*	*Percentage*
Episiotomy	11	22.0%
Twins	1	2.0%
Forceps	4	8.0%
Caesarean Section	8	16.0%
Premature Labour	9	18.0%

TABLE - III

Postnatal Complications Factors	*No. of patients N=50*	*Percentage*
PPH	3	6.0%
Urinary Tract Infection	6	12.0%
Fever	10	20.0%
Sepsis	4	8.0%
Breast Engorgement	9	18.0%
No Complication	21	42.0%

Postnatal Complications

In the present study 58% of patients had postnatal complications (Table-III), among them chief were postnatal infections as indicated by fever, urnary tract infections (evident from complete urine examination), puerperal sepsis (confirmed by vaginal examination and vaginal swab

for culture) etc. Breast engorgement (18.0%) was also common.

Neonatal Factors

In our study 64% patients had male child and one of the patients had twins (one male and one female). Six babies died, of which 5 (10.0%) died before the onset of illness and 1 (2.0%) died after the illness had set in. 30% of the babies had some problem like umbilical cord infection, cyanosis, convulsions, congenital anomalies etc.

Discussion

Postpartum psychiatric disorder was more common below 30 years. (A. Papenwalla, 1974, Shiv Gautam, 1982). Because of early marriage, patient becomes pregnant at a tender age and so may be unable to cope up with the stresses of marriage and child bearing.

Young primiparae being inexperienced, are not physically and mentaly prepared to bear the responsibility of child bearing and rearing, with the result that the changes of physical and mental illness after childbirth are increased.

In our study, majority of patients had not attended any antenatal clinic and 60% had home deliveries, which is in accordance with the findings of A. Papenwalla et al. 1974. These findings emphasise the pivotal role of obstetrician during the antenatal period.

Postpartum psychiatric disorder was also found more commonly with antenatal, intranatal and postnatal complications. Among them, chief were anemia and toxaemia (Soichet et al. 1959, A. Papenwall et al. 1974), Twin Pregnancy, Caesarean Section and Premature labour (Kendell et al. 1987), Postnatal infections (Shah et al. 1971, A. Papenwalla et al 1975, Shiv Gautam et al. 1982) etc. All these conditions make the patient more vulnerable to the physical and emotional stress of labour and puerperium. It also increases her concern about her child's survival, intelligence and normal development. All these matters cause anxiety to mothers. This is also true for a child delivered by forceps and caesarean section.

Neonatal death and neonatal problems also add to maternal stress and make her more vulnerable to condition (Todd et al. 1964, A. Papenwalla et at. 1975, Kendwll et al. 1987).

Conclusions

From above discussion, it is clearly evident that the obstetrician has a central position in prevention of postpartum psychiatric disorder. During initial months, a woman is anxious over being pregnant, while later, some complications make more vulnerable. An obstetrician can do much by relieving the patient of her anxieties and successful early management of complications.

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