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Original Research Paper

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CLINICAL AND SOCIO-DEMOGRAPHIC PROFILE OF PATIENTS PRESENTING WITH POST-PARTUM PSYCHIATRIC DISORDERS - A HOSPITAL BASED STUDY

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ABSTRACT

Introduction: In the critical postpartum period the mother and her infant are the most vulnerable to both physical and emotional problems. **Aims & objectives:** To study the socio-demographic profile of women diagnosed with postpartum psychiatric conditions. **Results:** Ninety-eight (98) patients were involved in this study. **Conclusions:** Postpartum psychiatric disorders seem to occur more commonly in younger mothers, especially belonging to the third decade of life, unemployed women (house wives), women belonging to joint and extended nuclear families or having lower educational status and less social support.

KEYWORDS : Postpartum psychiatric disorders.

INTRODUCTION:

All women are potential candidates for emotional upheaval during the postpartum period, and women who are single, primi parous, or anxious or depressed during pregnancy, as well as those who have a history of mental illness (particularly bipolar affective disorders) or previous postpartum psychiatric disorders, have problems during labour or delivery, or have concurrent personal or social stresses, may be at increased risk. A physician on the alert for postpartum disorders can offer early treatment and intervention, thereby eliminating a great deal of distress for the woman, her partner and, eventually, her child.

The World Health Organization (WHO) designates the first 28 days after birth as the neonatal period. Although it has never been officially designated, the postpartum period is considered to start about an hour after the delivery of the placenta and is complete six weeks after birth. It is during this critical postpartum period that the mother and her infant are the most vulnerable to both physical and emotional problems.[1]

AIMS AND OBJECTIVES

1) To study the socio-demographic profile of women diagnosed with postpartum psychiatric conditions
2) To determine the clinical profile of these patients.

MATERIALS &METHODS:

The present study was conducted at the Government Lal Ded Maternity hospital Srinagar and IMHANS, Postgraduate department of Psychiatry, Srinagar. Government Lal Ded Maternity hospital, Srinagar, is a tertiary care hospital providing exclusive services and emergency care in the field of Gynaecology and Obstetrics besides providing facilities of antenatal and post-natal care for women from all over the region. IMHANS, Post Graduate Department of Psychiatry, Government Medical College, Srinagar is the only tertiary care psychiatric facility catering to the whole Kashmir valley as well as Ladakh and adjoining parts of Jammu.

This study is a cross sectional study which was conducted on the patients attending LD Maternity hospital as well as IMHANS over a period of two years from October 2016 .Patients who presented in the postpartum period and who gave informed consent were included in our study Patients who did not give consent and those suffering from terminal illness were excluded from our study.

General description, demographic data and psychiatric history was recorded using the semi-structured interview schedule. Diagnosis was done by the consultant Psychiatrist using ICD-10diagnostic criteria.

RESULTS

Ninety-eight (98) patients were involved in this study. Age ranged from 20 to 45 years. Figure 1 shows the age distribution of patients serially. Third decade of life had the maximum patients of 64 in number followed by the fourth decade with 31 patients. All patients were married except one.

Only five patients had some sort of a salaried employment while the ninety two patients were unemployed. One of the participant patient was a student. Twenty one (21) patients belonged to nuclear families, 27 to the extended nuclear and the remaining 50 patients belonged to joint family structure.

We employed the Kuppuswamy social scale of 2014 modification and found one (01) patient belonging to social class V, 28 to social class IV, 34 patients belonged to social class III, 33 to class II and two (02) patients belonging to social class I.

Among the study group, 33 women were illiterate, 44 were educated to primary level, 12 patients had reached higher secondary level, and 9 women had completed graduation.

Social support was assessed employing Oslo Social Support System 3. It was found that 60 patients had minimal social support, 35 patients had Good to Fair social support, and only 3 patients were found to have a strong apparent social support.

In the evaluation of postpartum psychiatric diagnosis, 47 patients were diagnosed with Depression, 28 patients were diagnosed with Acute psychotic episodes, 11 patients had Mania, 4 patients were diagnosed with OCD, 4 patients had Panic disorder, 2 patients had Dissociative disorder, and BPAD & Anxiety disorder were found in one patient each. This is depicted in table 1.

Table 1: Postpartum psychiatric diagnosis distribution.

Psychiatric disorder	Number of patients
Depression	47
Acute psychotic episode	28

Mania	11
Panic disorder	4
OCD	4
Dissociative disorder	2
BPAD	1
Anxiety disorder	1

It was found that 37 patients had duration of symptoms of more than 4 weeks duration at presentation, 14 patients had symptoms of 2 to 4 weeks duration, 30 patients had symptoms of 1 to weeks and 17 patients had them for less than 1 week.

Duration from time of delivery to commencement of illness: It was found to be less than 1 month in 44 patients, 1 month in 15 patients, 1 to 3 months in 26 patients, and more than 3 months in 12 patients. One patients had the symptoms form the 8th month of delivery.

Eighteen patients had positive family history of one or the other mental illness, and in each case one of the first degree relative was affected. BPAD was found in 06 patient relatives, MDD in further 06 patients, Schizophrenia in 03, dissociation in 01, and unspecified mental illness in 02 patients.

Out of the 98 study participant patients 35 had a positive mental illness in the past before the start of pregnancy. Past psychiatric history in this group of patients is shown in table 2.

Table 2: Positive past history of psychiatric illness.

Past history of psychiatric illness	Number of patients with positive history
BPAD	10
Postpartum psychosis (PPP)	6
MDD	5
Postpartum Depression (PPD)	2
Mania	2
Recurrent depressive disorder (RDD)	1
Psychotc depression	1
OCD	1
Conversion disorder	1
Dissociation	1
Total	35

Out of the 98 patients, 44 were primi-parous mentioned as birth order 01. And out of the remaining 54 multi-parous women, 21 had birth order of 02, in birth order 03 were 23, followed by 07 in birth order 04, and 03 in birth order 05 or above.

In total 49 women gave birth to female babies and 48 to males. One patient had an abortion early in pregnancy. Table 3 shows the gender distribution of infants.

Table 3: Gender of child with number of patients.

Gender of child	Number of patients
Male	48
Female	49
Abortion in early pregnancy	1

In the history 76 patients mentioned that they had a planned pregnancy and 22 had an unplanned one.

A total of 23 patients had a positive medical history in current pregnancy. Out of them 07 patients had Pregnancy Induced Hypertension and 02 patients had Hyperemesis Gravidarum. Ten (10) patients had Hypothyroidism, 02 had seizure disorder, 01 had Dilated Cardiomyopathy, and 01 had Night Blindness.

Full term normal delivery was the mode of delivery in 42 patients and LSCS in 54 patients. Two patients had a premature delivery.

There was a history of obstetric complications in 13 out of 98 patients in this study, and also 12 patients reported some complication in the infant.

DISCUSSION

Age: Postpartum psychiatric disorders in our case series were seen in patients in the age range from 20 to 45. The mean age of presentation in our study is 30 years (29.66). The 3rd decade of life has been the commonest (65.3%) age group involved. Our study is in concordance with many other studies in which it was concluded that pregnant women between age of 18-25years. Thus we can say that the younger age group patients in the third decade of life are more likely to be affected by this condition.[2,3]

Marital status: This study was conducted in a very closed and conservative society of Kashmiri population and this is the reason that our study included only one unmarried patient, rest all patients included were married. Most of the studies in literature have excluded unmarried women in their report of postpartum depression and thus failed to support the notion that relationship exists between marital status and postpartum depression.[4,5]

Employment: Majority of the patients in our study (94%) were unemployed, and this is in accordance with most of the studies in literature, which have concluded that postpartum positive mental state is directly proportional to the occupational status of women. Studies have shown that unemployed women reported more symptoms of depression than their employed counterparts' especially full time employment and holding a professional or technical job may reduce the risk of post - partum depression.[6]

Family types: Most of the patients have been found to belong to joint families (51%) followed by extended nuclear families (27.5%). This has been supported by many studies from South Asia.[7] Explaining reason of such an association, one study on post- partum depression from a rural area concluded that the relationship difficulties with mother in law and parents in joint families is a risk factor for the onset of depression, among other factors.[8]

Social class: These cases are more or less evenly distributed in the middle three social strata. Only 1 out of 98 and 2 out of 98 patients belonged to extreme upper and lower social classes. Similar to the findings in our study, various studies have failed to support any relationship between class and post- partum depression.[5,9]

Maternal literacy: The lower educational status among women will increase the chances of post- partum psychiatric morbidities. In one study on the remission rates of postpartum depression have mentioned that women with higher education and occupation index were more likely to be in remission at 6 months postpartum.

Social support: Like in our study, many studies in literature have found a postpartum depression to be common in women with less social support.[11,12] Social support received from 0-1 persons only has been found to be a risk factor for postpartum psychiatric morbidities in these studies.

Post-partum Psychiatric disorders: Most of the studies in literature have found depression to be the commonest postpartum psychiatric disorder as is the case in our study.[10,13] However, a few studies carried out in Africa have reported Schizophrenia as the commonest diagnosis.[3,14]

Time of commencement of illness and presentation to clinician: As expected about 60% patients had symptom onset within 1 month of delivery (depression being the commonest

diagnosis). Arguing about this one author reports that as within this period a nursing mother still enjoys the attention of people around and abnormal behaviours during this period would easily be detected and reported for treatment.[14]

Family history: In our study there was a positive family history of mental illness in 18% patients in a first or second degree relation. The commoner psychiatric disorders reported in families were MDD and BPAD (in 6% each) followed by schizophrenia. In a study done it was found that having a first degree relative who has experienced post- partum psychosis and having a first degree relative with bipolar disorders are risk factors for developing Post-partum Psychosis.[15] A family history of severe Post-partum episodes is very important and may itself indicate a risk in excess of 50%.[16]

Past Psychiatric history: Postpartum depression or psychosis in previous pregnancies, depression disorder, anxiety disorder and bipolar disorder are reported to be known risk factors for postpartum depression.[17] A positive past history of psychiatric disorders in postpartum psychotic patients as were found in our study is not surprising.

Parity of women: Similar to present study, in older studies, whilst several authors suggest that primiparous patients experience higher rates of Postpartum depression than multiparous women[18] others have reported findings in the opposite direction.[19] In a more recent study[20] findings of an increased risk of postpartum psychosis were consistently associated only with primiparity. Also regarding primiparous women the overlap with other pregnancy related disorders that also occur more frequently in first pregnancies (Primiparous) such as pre-eclampsia is of interest.

Infant Gender: In the present study, the gender of the child did not seem to affect the development of the condition as male and female children were found to be equally distributed. We don't get consistent evidence from literature that the gender of the infant has a significant influence on development of mental disorders in postnatal period and it may be influenced by differing socioeconomic and cultural factors.[10,21]

Planned/Unplanned pregnancy: A significant proportion of our patients in our study had their pregnancy unplanned which is an important observation as many studies have mentioned that unplanned or unwanted pregnancy is a predictor of PPD.[22] An unexpected pregnancy may change the mother's life extensively and have social and economic implications.[23] A recent Finnish study by mentioned that unwanted pregnancy and an indifferent attitude to pregnancy were connected to depression.[24] An unwanted pregnancy may change life considerably, be a stressful experience with social and economic changes, and further impact on difficulties with motherhood.

Obstetric and infant complications: Studying this factor is important and findings in our study are significant as well as in numerous studies obstetric factors, including pregnancy-related complications such as hyperemesis, preeclampsia, premature contractions and labour, hypertension, headache, pain, anaemia, gestational diabetes, diabetes mellitus, and, as well as delivery-related complications, such as difficult and painful labour, caesarean section, instrumental delivery, premature delivery, and complicated puerperium-like excessive bleeding have been examined as potential risk factors for PPD. Also various studies have found that mothers with infant symptoms and sicknesses were at risk for developing PPD.[22-25]

CONCLUSIONS

Postpartum psychiatric disorders seem to occur more commonly in younger mothers, especially belonging to the third decade of life, unemployed women (house wives), women belonging to joint and extended nuclear families or having lower educational status and less social support. Postpartum depression is the commonest Psychiatric disorder found in Puerperal period, followed closely by Acute Psychotic episodes (Postpartum Psychosis). Primiparous women seem to have a closer association with Postpartum Psychiatric Disorders. Also as the birth order increases the number of women developing postpartum psychiatric disorder seem to decrease. Obstetric complications or any complication in the infant seems to have an influence on the development of postpartum psychiatric disorders.

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