



Psychosocial Complications During Post Natal Period

KEYWORDS

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INTRODUCTION

Mental health problems can complicate pregnancy, Child birth and puerperium .Psychosocial conditions have implications for the health of the mother & new born.These conditions can interfere

postpartum reactions:

First few days following delivery are psychologically stressful. There are also major hormonal changes and the women's behaviour may mimic depressive symptoms associated with any mild adjustment reaction. Women frequently complain of anxiety, irritability, dysphoria, tearfulness, fatigue and vegetative symptoms (such as disturbances in appetite and sleep) and a desire for intimacy. But many women experience postpartum period as pleasant and emotionally satisfying.

Emotional Complications:

Mood disorders are the major emotional complications, which include manic and depressive reactions.

Manic reactions: It often occurs during last or 2nd week of the puerperium, perhaps after a brief depression. Agitation, excitement and volubility (continuous flow of words or talkativeness) often with rhyming or punning are the major symptoms of manic reactions. And also the women become disinterested in personal care and food, because of dehydration and exhaustion may occur, prompt and effective supportive treatment is essential.

2. Depressive reactions: The depressive reactions are categorized in to three. These are

Postpartum blues
Postpartum depression
Postpartum psychosis

a. Postpartum blues:

The blues may elicit crying spells, feeling of loneliness or rejection, anxiety, confusion, restlessness, exhaustion, forgetfulness and inability to sleep. These reactions may occur anytime afterbirth but often manifest on the 3rd or 4th day and peak between 5th and 14th postpartum period. (Hansen, 1990).

b. Postpartum depression

Depressive episodes are manifested as poor concentration, feeling of guilt, loss of energy and lack of interest in usual activities, social withdrawal, inability to cope, tiredness, irritability, anxiety and phobic symptoms (Hopkin etal 1989), usually occurs after 2 weeks of puerperium.

c. Postpartum psychosis

The most severe depression is that of postpartum psychosis, occurs within the 1st one to two week after delivery.

The common symptoms include

- Severe insomnia and early morning waking
- Liability of mood, sudden tearfulness or inappropriate laughter.
- Disorientation or depersonalization
- Unusual behaviour such as restlessness, excitement or sudden withdrawal
- Paranoid ideas that may involve close family relations or hospital staff
- Unexpected rejection of the baby or a conviction that the baby is deformed or dead
- Suicidal or infanticide threats
- Excessive guilt, depression or anxiety

Emotional complications of puerperal psychosis includes

Suicidal attempts
Infanticide attempts

Predisposing factors of depressive reactions

Hormone related:

Hormonal fluctuations such as progesterone, cortisol and prolactin levels (Harris, etc 1990)

Stress related:

Stress theory supporter propose that any stressful event can trigger reactions such as blues (Iles etal 1989)

Infant related

Infant problems and difficulties, less adaptation of the newborn to extra uterine life may cause depressive reactions to mothers (Whiffen, Goltib, 1989)

Social and environmental issues

Unsatisfactory marital and family relations, a history, PMS, anxiety, fear of labour, depression during pregnancy, and poor social adjustment may be the predisposing factors (Kennerley, Gath 1989)

Obstetrical factors

Age of the mother, prematurity, medical complication during pregnancy, prolonged or complicated labour, caesarean delivery, fetal loss or gender of the baby can contribute depressive reactions.

Role of the midwife

- Reassurance
- Psychological support
- Early identification of emotional disturbances and prompt treatment
- Social measures
- Psychotherapy
- Anti depressant in case of mothers who are in severe depressive state.

Conclusion

The midwife should be alert in exploring the emotional trauma experienced by the postnatal mothers and as-
sertive steps should be taken to protect the **WOMEN'S MENTAL HEALTH.**

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