



A CLINICAL CASE REPORT POSTPARTUM PSYCHOSIS IN MULTIGRAVIDA

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ABSTRACT:

Background: post-partum psychosis is rare psychiatric serious condition treated by a medical emergency. It is also called as puerperal psychosis or postnatal psychosis. Postpartum psychosis classifies with a low incidence rate with an estimated global prevalence of 0.089 to 2.6 per 1000 births. The onset of puerperal psychosis is usually unexpectedly, and it more commonly occurs after 2 weeks of delivery. But it can appear any time in after delivery up to one year .If the postpartum psychosis is not detected and treated properly, there are serious medical and social consequences can occur like suicide and filicide.

Patient history: A 26 married female, educated till 9th, homemaker belonging to a low socio-economic Hindu nuclear family. Presented in psychiatric OPD, with episodic course with exacerbations and remissions. The precipitating factor was the delivery of 2nd child 6 months ago. The patient was in remission for 5 months, and till 5 days ago she developed hearing of voices not heard by others, misidentification, aggressive and abusive behavior, irritability and muttering and smiling to self with gesturing behavior and decreased sleep since the last 3 days. Clinical finding: The investigation carried out such as history taken, physical examination and mental status examination revealed that speech - decreased rate, tone, volume, Mood – sad, Affect- restricted, and thought- ideas of reference denies delusions.

Management & Prognosis: Here Patient was treated with Tab. Tab olazepam 5mg HS, Tab.Clonazepam 0.5mg. HS, and Electro Convulsive Therapy, supportive therapy. The patient's prognosis was improved.

Conclusion: Timely treatment and management of postpartum psychosis it helps to prevent of future episodes and reduction of risk to the mother and her children and family.

Key Word: post-partum, psychosis, multigravida, maternal health.

INTRODUCTION: Post puerperal psychosis is a rare but serious mental disorder. From 1000 about 1 to women are affected by postpartum psychosis after giving birth to the child.

Postpartum psychosis commonly occurs in the first 1 to 4 weeks after delivering the child.¹

Postpartum psychosis is life threghthening condition for mother as well as child if it is not treated at proper time. Also the period makes them highly vulnerable to various psychiatric disorders. During pregnancy and the postpartum period, many women feel a wide range of intense emotions, including happiness, contentment, excitement, anticipation, frustration, and anxiety. Postpartum psychosis affects the attachment and emotions between child and mother .²The post-partum period is that period occurring in or being the period following childbirth. Brings many changes after birth of baby in the women like changes in the mother's mood and her emotions. In that condition, the women may have chances to develop symptoms like visual and audial hallucination, worth feeling and anxiety. That clinical manifestation need to hospitalization. Such type of factors play important role in postpartum psychosis. During this time, the most severe end of the change spectrum is a condition known as post-partum psychosis or puerperal psychosis.³Multigravida is a pregnant woman who has been pregnant two or more times. The amounts of estrogen and progesterone drop significantly

within the first 48 hours following delivery. Many researchers have postulated that these hormonal changes play a role in the development of postpartum affective disease because these gonadal steroids influence neuronal systems involved in the regulation of mood. While it appears that there is no consistent relationship between the prevalence of postpartum mood disturbance and serum levels of estrogen, progesterone, cortisol, or thyroid hormones, some researchers theories that there is a subgroup of women who are particularly sensitive to the hormonal changes that occur after delivery.⁴ The symptoms of postpartum psychosis more firmly mimic those of a quickly developing episode of mania. Postpartum psychosis is a bipolar disease episode. The first symptoms are sleeplessness, irritability, and restlessness. Women with this illness display irregular or chaotic conduct, a fast changing melancholy or joyful mood, and bewilderment or disorientation. Delusional beliefs are frequent and frequently revolve around the baby. Also possible are auditory hallucinations instructing the woman to harm herself or the baby. Both infanticide and suicide risk are elevated in this demographic.⁵

PRESENTATION OF CASE: A 26 married female, educated till 9th, homemaker belonging to a low socio-economic Hindu nuclear family. Presented in psychiatric OPD, with episodic course with exacerbations and remissions. The precipitating factor was the delivery of 2nd child 6 months ago. The patient was in remission for 5 months, and till 5 days ago she developed hearing of voices not heard by others, misidentification, aggressive and abusive behavior, irritability and muttering and smiling to self with gesturing behavior and decreased sleep since the last 3 days. Mental status examination revealed that conscious, cooperative, oriented to time, place and person, gesturing and staring look, Rapport- established with difficulty speech - decreased rate, tone, volume, Mood – sad, Affect- restricted, and thought- ideas of reference denies delusions. The investigation carried out such as history taking the physical examination, mental status examination hallucination (auditory) and in speech – decrease rate, tone, volume, incorporate behavior present. The patient removed his clothes during a mental status examination. After the investigation and mental status, examination doctors reached on decision to patient have postpartum psychosis.

Relevant past intervention and outcome: the patient was apparently alright 6 months ago when about 24 hrs after the delivery of her 2nd child, she talking irrelevantly, according to the informant. The patient had the same symptoms like muttering to herself; abusing her sister, refused to breastfeed. She was admitted to a govt. hospital, where she stays for 10 days. She had to be restrained as she would physically abuse the staff and would bite the relatives of other patients. As for relative verbalization, there is no improvement in the patient. After that, they shifted to the patient in bartota hospital where she was given 2 ECT on 2 consecutive days and was discharged on the 4th day. Relatives report 100% improvement after discharge from there. After that patient was alright for up to 6 months, then again patient got symptoms like muttering to herself, smiling to herself, being irritable, she had crying spells, following this patient was brought to AVBRH.

Treatment and outcome: Here Patient was treated with Tab. Olazepam 5mg HS, Tab. Clonazepam 0.5mg. HS, and Electro Convulsive Therapy, supportive therapy, now the symptoms were minimized after a week and improving the patient's condition.

DISCUSSION: We believe the current study will help to understand postpartum psychosis and its treatment. Hazards of a breath. In the first year following the birth of the child, almost 1 in 5 pregnant women will experience mental health concerns. These conditions can sometimes become dangerous for mother and her baby especially if it is not diagnosed at the proper time very once. 6 Antipsychotics, lithium, and benzodiazepines are frequently used in the standard treatment for postpartum psychosis. Treatment for a patient with a non-postpartum psychotic disease, who typically wouldn't take mood stabilizers like lithium, differs slightly from this method. Expos for nursing infants. There is some connection between postpartum psychosis and bipolar disorder and it is treated by mood stabilizer, including one for postpartum psychosis seems indicated. Because postpartum psychosis is regarded as a mental emergency, prompt stabilization and treatment are crucial. The decision to use an antipsychotic or another psychotropic drug to treat postpartum psychosis depends on the patient's ability to breastfeed. The advantages of treatment should be compared to the dangers of exposing a nursing newborn to the medicine.⁷

CONFLICT OF INTEREST: - No conflict.

REFERENCES:

SIT D, ROTHSCHILD AJ, WISNER KL. A Review of Postpartum Psychosis. J Womens Health (Larchmt). 2006 May;15(4):352–68.

Rai S, Pathak A, Sharma I. Postpartum psychiatric disorders: Early diagnosis and management. Indian J Psychiatry. 2015 Jul;57(Suppl 2): S216–21.

Postpartum Psychosis: Symptoms, Treatment and More [Internet]. Healthline. 2016 [cited 2022 Dec 14]. Available from: <https://www.healthline.com/health/parenting/postpartum-psychosis>

Health MC for WM. Postpartum Psychiatric Disorders [Internet]. MGH Center for Women's Mental Health. [cited 2022 Dec 30]. Available from: <https://womensmentalhealth.org/specialty-clinics-2/postpartum-psychiatric-disorders-2/>

Postpartum depression - Symptoms and causes [Internet]. Mayo Clinic. [cited 2022 Dec 30]. Available from: <https://www.mayoclinic.org/diseases-conditions/postpartum-depression/symptoms-causes/syc-20376617>

Mental health problems after birth [Internet]. [cited 2022 Dec 30]. Available from: <https://www.nhsinform.scot/ready-steady-baby/early-parenthood/your-wellbeing-after-the-birth/mental-health-issues-after-the-birth>

Cranford K, Gedzior J, Su V. Postpartum Psychosis in a Young VA Patient: Diagnosis, Implications, and Treatment Recommendations. Fed Pract. 2018 Feb;35(2):28–33.

