

Case Report: Postpartum Mood Disorders

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Mrs Nasrin-a 23 years old lady gave birth her first baby-a female baby 3 days ago. Family members were very happy and remained busy with newborn but Nasrin remained expressionless- not at all caring newborn and herself-no smile, no food consumption rather she had less sleep, feeling tired, irritated and a little bit depressed. All relatives are astonished by her behaviour. Her grandmother and other seniors said “it is quite normal, she will be okay within few days”. But no, gradually the situation worsen-she is totally withdrawn- no care to herself nor breast feeding the baby, she refused to hold the baby and sometimes reverse like she firmly holds baby saying people are coming to do harm her baby.

This is a common scenerio found among some newly delivered mothers- problems start either 2-3 days after delivery or sometimes after 2-3 months and persisting for a reasonable time. These includes a spectrum of problems ranging from minor (Baby Blue or Postpartum Blue) to serious/major psychiatric problems (Postpartum Psychosis). Sometimes family members are engaged with newborn baby and these problems are overlooked or neglected/unattended and most of the time the problems get deteriorated.

Now let's see why she faces these problems:

Women's body undergoes not only physical but also emotional, psychological changes due to interactions of different hormones and chemical neurotransmitters-all act in a balanced way to sustain pregnancy and then to undergo processes of childbirth and thereafter lactation/ breastfeeding. Hormones responsible are Relaxin, Prolactin, Oestrogen, Progesterone, Oxytocin, Thyroid hormones, Dopamine, Serotonin and Glutamate –all these influences social behaviour, metabolism, immune regulation, fluid balance, sexual arousal, love and mother infant bonding. These intricate balance system can be disturbed/distracted by – biological or environmental factors as chronic illness, trauma, sudden death or bad news of near/dear ones, domestic violence (crude and crucial language from family members, giving less food/ less care), family or personal history of anxiety or depressive illnesses, attention deficit hyperactive disorders (ADHD), obsessive compulsive disorder (OCD) or serious childhood trauma (PTST) or difficult delivery or extreme unhealthy family environments even sometimes too much

loneliness might trigger to outburst these problems. It can affect all reproductive age groups irrespective of education, social or economic level.

Spectrums of problems:

The spectrum of postpartum mood disorders has come into clearer focus in recent years. As many as 1 in 5 expecting or new mums and 1 in 10 will experience perinatal anxiety or depression.

1. Postpartum Blue or Baby blue – common, almost 50% women suffer from this transient state of mental state, occurs 2-3 days after delivery- manifested by unusual tiredness, crying, irritation, too much stressed and some negative feeling towards baby. Usually persists 2 weeks. It is usually a self limiting disorder -reassurance, close family members love and affection, attention and care (psychosocial support is good enough) -90% cures within few days. If persists more than 2 weeks can progress to Postpartum Depression.
2. Post-partum Depression: Usually occurs within 2-3 months following delivery or miscarriage in 10-20% women – similar to PP Blue but painful situation that lasts long and hamper her daily activities – too sad, apathetic, not showing interest to anything or anyone even to her newborn baby, less sleep/less food intake or too much eating, unusual tiredness or hatred to others and or constant crying. When severe enough can hurt herself or baby or suicidal attempts. So, as soon as symptoms manifest-better seek consultation from psychiatrist as she needs medication - short term antidepressants like sertraline, escitalopram, fluvoxamine and psychotherapy- can expedite recovery (these medications can appear in breast milk and so whenever necessary it is advisable to provide formula milk for a while). Though risk of recurrence is high (50-100%) in subsequent pregnancy but overall prognosis is good.
3. Post-Partum Psychosis: Extreme/dangerous form, sudden onset usually within 1st week after delivery, 1 in 500-1000 mothers with past history or family history of such illness- manifested by unusual attitude and behaviour, delusion (false unshakable belief), imaginary sound/thinking/hearing (hallucination), unnecessary laughter or crying, insomnia. The symptoms mimic schizophrenia like or manic depressive like disorders. The earlier the better to seek treatment from psychiatrist as Postpartum psychosis is a medical emergency, medication, psychotherapy and counselling is extremely helpful. The affected mother require antipsychotics like risperidone, olanzapine and quetiapine. Mood stabilizers like sodium valproate, and lamotrigine can be helpful for those with manic depressive like symptoms. In some situations where mothers are not responding to oral medications-then electroconvulsive therapy(ECT) is recommended. Remainder that some women may become very unwell very quickly. We all know about the unthinkable stories of mothers committing suicide or killing their own children.

No doubt the greatest success and at the same time the toughest job of a woman like a frontline soldier in the battle field is to become a mother knowing grievous consequences. She has to undergo great many physical changes, mental stresses and psychosomatic outbursts but all these can be relieved if she received warm greetings, proper empathy and sympathy from close family members specially husband, mother

and sister in laws. Simple kind words, sincere assistance in her daily activities like cooking, taking care of baby, bathing, cleaning- these minor but warm wishes means a lot specially a fresh new mother in a complete new environment where she is trying to cope up. Family members must remember “not to unduly criticize or try to find faults in every activity, never compare with other mothers and using harsh comments to willingly hurt her” rather should try to praise her for minimum efforts to sustain her morality, personality, self- respect and to keep her overall functioning. All these sincere assistance can help her tremendously to overcome minor psychological problems but when she suffers from some serious problems it will be wiser for the family members to seek consultancy from health care professionals as early as possible for medication, psychotherapy and proper counselling. Another important thing to remember not all need medication but psychotherapy and proper counselling would be enough. Some needs medications which cures acute problems to bring insight then psychotherapy, counselling and proper home management can relieve/alleviate symptoms and prevent recurrences by new psycho scientific methods.

Its our aim / sacred responsibility to help every mother to lead a healthy decent functioning life by proper care, attention and affection.