

Essay on postpartum psychiatric illness

[Health & Medicine](#), [Pregnancy](#)



Postpartum disorders may occur in some women at the time of giving birth . The disorders disastrously influence the mental health status of women. In the period of postpartum, more than 84% of women suffer from mood disturbances. Postpartum illness is broadly classified into three groups that include postpartum depression, postpartum psychosis and postpartum blues. Of the three mental conditions, postpartum psychosis is very severe while postpartum blues is very mild.

Postpartum blues are normal reactions experienced by most mothers at childbirth. This condition is characterized by mood fluctuations. Mothers suffering from the blues often experience mood liability, irritability, tearfulness and anxiety. Postpartum blues' symptoms reach their climax on the fifth or fourth day after childbirth and can last a few days or hours. These symptoms do not hinder the mental ability of mothers and are very unpredictable. Postpartum blues does not necessarily require any specific treatment. Postpartum blues may cause development of a severe mood disorder especially in mothers that have suffered from depression previously. Patients who show symptoms in more than two weeks are examined for a possibility of a serious mood swing.

Postpartum depression usually occurs after the first three months following the time of delivery. This condition can also emerge at any time after childbirth. Clinically, postpartum depression is distinguishable from normal depressions which occur in women. Symptoms include sad mood, fatigue, low concentration, guilt, low self-esteem, tearfulness and anxiety feelings. Postpartum depression may arise from hormonal fluctuations at childbirth or occur as a result of life stresses e. g. pressures of bearing a baby. Obsessive-

compulsive disorder is common and involves cases where mothers experience intrusive thoughts that make them to harm their children. For instance, Andrea Yates suffers from obsessive depression which makes her to drown her children. Further she expresses feelings of worthlessness when she describes herself as a bad mother.

The most severe mental illness is postpartum psychosis. It is very rare and possibly occurs in 2 for every 1000 mothers after childbirth. The disorder is very dramatic as symptoms may occur within 48hours just after delivery. Often, postpartum psychosis is manifest of bipolar illness. The initial symptoms are irritability, insomnia, restlessness, elated mood, confusion and erratic behavior. Auditory hallucinations instructing women to harm infants or themselves occur. Mothers experiencing postpartum psychosis may commit suicide or possibly express risk for infanticide.

Mothers having postpartum depression can recover. Deleterious effects in infants can be reduced through mobilized support. The prognoses of infants and their mothers are enhanced with early treatment. Women face the risk of recurrences of the condition in future pregnancies. Use of an antidepressant just after childbirth is known to reduce the future risk of recurrence of the condition. Children who are barely 10wks old are at a greater risk of accumulation of drugs. Drug accumulation may occur as a result of the slower rate of clearance of the drugs in the age group of neonates. Chronic use is more risky compared to intermittent use. For instance, infant poor suck and lethargy have been associated with diazepam use.

In conclusion, maternal depression has a significant effect on the

development of a child. Pediatricians are able to assist affected women in obtaining the necessary treatment. The pediatricians can also help in mobilization of social resources to reduce morbidity to patients of pediatric nature.