



# Study of Psychiatric Disorders Among Postnatal Women Attending Tertiary Care Referral Centre

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**Keywords:** Psychiatric Disorders; Postnatal women; Maternal and Fetal outcome.

## Abstract

**Introduction:** Postpartum is a period of great vulnerability in a women's life for developing mental health problems. Postpartum mental health disorders are often underdiagnosed and undermanaged. These Psychiatric illness has great adverse outcome on maternal, neonatal and child health. It is a huge burden on the family and society hence, demanding screening, early diagnosis and treatment.

**Aims and objectives:** 1) To find out the prevalence of Psychiatric Disorders Among Postnatal Women in a tertiary care referral centre. 2) To know their maternal and fetal outcome

**Methodology:** It was a cross sectional study. All postnatal women from obstetric and gynaecological department from outpatient and also who were admitted in mamata general hospital were screened for postpartum psychosis using Edinburgh postpartum psychiatric depression scale. 100 postnatal women were included in the study .

**Results:** In our study, 50% of the postnatal Women were between 26 to 30 years, 28% were between 21 to 25 years, 12% were aged less than 20 years and 10% were more than 30 years of age. 38% of the postnatal women were residing in rural areas and 62% in Urban areas. 52% were Primiparous women and 48% of them were multiparous. 6% of them had Thyroid disorder, 4% had Anaemia, 2% in each group suffered from Hyperemesis Gravidarum, PIH and GDM .84% of them did not have any high risk factors during the Antenatal period. Majority of the women i.e., 76% had a term delivery and 24% delivered preterm. In our study, 38% of the women delivered by LSCS indications being Previous LSCS, PIH, GDM, Anaemia with IUGR and Fetal Distress. 60% had Normal vaginal Delivery and 2% of them required Vaccum Assistance. 64% of the babies did not require any NICU admission and they were motherside. 12% of them were admitted for observation and 24% needed admission for treatment. In our study, psychiatric disorder were diagnosed in 64% of the women in less than 2 weeks of postpartum period, nearly 26% of them were between 2 to 6 weeks, 08% of the participants were between 6 to 12



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weeks and only 02% of them were diagnosed more than 12 weeks of the postpartum period. Generalized Anxiety disorder was the most commonest disorder and was seen in nearly 10% of the postnatal women. Postpartum depression was seen in 4% of the women, Postpartum Psychosis also was present in another 4% of them, Paranoid Schizophrenia and Postpartum OCD was seen among 2% of the women in each group .88% of the women were absolutely normal.

**Conclusion:** The results suggest that most women with postpartum psychosis when diagnosed and treated early, recovered considerably. Women with associated psychiatric disorder with history of psychiatric illness, were found to have sustained symptoms, which requires comprehensive care that involves close coordination between Obstetrician and Psychiatry specialist for optimal mental and physical health of mother during postpartum period.

## Introduction

The perinatal mental health problems term encircles the full array of mental health disorders experienced by women in this period that ranges from anxiety and prenatal depression to more serious issues of postnatal mental health comprising bipolar disorder, severe depression, post-traumatic stress disorder and psychosis [1-3]. Though, not only clinical inspection and laboratory examinations but also women's mental condition is encompassed to antenatal care [4]. The pregnant women should be given adequate time and opportunity to clear all the myths, fears and misconceptions related to pregnancy or delivery [5]. It is consequential to recognize and treat perinatal mental health problems as it has a considerable effect on the mother, her child and the entire family [6-8]. Postpartum psychiatric disorders can be separated into 3 types: postpartum blues; postpartum psychosis and postpartum depression [9,10]. With a global incidence ranging from 300 to 750 per thousand mothers, postpartum blues may take a few days to a week to get resolved. A few negative sequelae are found in it and generally needs only reassurance [9]. Being a severe disorder, postpartum psychosis has a prevalence that ranges from 0.89 - 2.6 per thousand births globally, and begins within 4 weeks postpartum which is a medical and obstetrical emergency that needs hospitalization [11]. Soon after the birth of child or as a continuation of antenatal depression, postpartum depression can begin and it requires to be treated. The estimated postpartum depression prevalence has been as 100–150 per thousand births globally [12]. The estimation for antenatal or postnatal depression prevalence within India ranges between 6 and 48% [13-16]. The use of screening tools could be the reason behind the high variation in calculation; The prevalence estimated in two studies from South India that made use of diagnostic interviews showed the value of 11% and 16%. So, This study was undertaken to know the prevalence of post partum psychosis in our hospital.

## Aims and objectives

- 1) To find out the prevalence of psychiatric disorders among postnatal women in a tertiary care referral centre.
- 2) To know their maternal and fetal outcome

## Methodology

It was a cross sectional study done in Mamata Medical College over a period of two years. 100 postnatal women were included in the study. All postpartum women aged 18 years and

above Who delivered in our hospital or attending out patient department after obtaining informed consent were included in the study. Patients who did not give consent for the study were excluded. From all the women History was noted, Demographic data obtained, General, Abdominal And Pelvic examination was done. Relevant Blood, Urine tests were done. Delivery and Postnatal events were studied and noted. Patients were also screened using Edinburgh postpartum psychiatric depression scale and positive cases was referred to the department of Psychiatry for diagnosis of psychiatric disorders using WHO ICD-10 criteria. We Assessed the proportion of psychiatric illness in postpartum women, types of psychiatric illness and its association with perinatal outcome. The data which was collected was analysed by appropriate statistical methods.

## Results

**Table 1:** Distribution of Postnatal women based on Age group

Age in years	Number of women	Percentage
<20yrs	12	12%
21 to 25yrs	28	28%
26 to 30yrs	50	50%
>30yrs	10	10%
Total	100	100%

In our study, 50% of the postnatal Women were between 26 to 30 years, 28% were between 21 to 25 years, 12% were aged less than 20 years and 10% were more than 30 years of age.

**Table 2:** Distribution in relation to Locality

Location	Number of women	Percentage
Rural	38	38%
Urban	62	62%
Total	100	100%

38% of the postnatal women were residing in rural areas and 62% in Urban areas.

**Table 3:** Distribution in relation to Parity

Parity	Number of women	Percentage
Primipara	52	52%
Multipara	48	48%
Total	100	100%

52% were Primiparous women and 48% of them were multiparous .

**Table 4:** Distribution in relation to Parity

Risk factors	Number of women	Percentage
No risk factors	84	84%
Hyperemesis	02	02%
Thyroid disorders	06	06%
PIH	02	02%
Anaemia	04	04%
GDM	02	02%
Total	100	100%

6% of them had Thyroid disorder, 4% had Anaemia, 2% of them suffered from Hyperemesis Gravidarum, PIH and GDM. 84% of them did not have any high risk factors during the Antenatal period.

**Table 5:** Distribution in relation to Time of Delivery

Time of delivery	Number of women	Percentage
Preterm	24	24%
Term	76	76%
Total	100	100%

Majority of the women i.e., 76% had a term delivery and 24% delivered preterm.

**Table 6:** Distribution in relation to Mode of Delivery

Mode of delivery	Number of women	Percentage
NVD	60	60%
Instrumental	02	02%
LSCS	38	38%
Total	100	100%

In our study, 38% of the women delivered by LSCS indications being Previous LSCS, PIH, GDM, Anaemia with IUGR and Fetal Distress. 60% had Normal vaginal Delivery and 2% of them required Vacuum Assistance to deliver vaginally.

**Table 7:** Neonatal outcome in terms of NICU Admissions

NICU Admissions	Number of babies	Percentage
No Admissions	64	64%
Admitted for Observation	12	12%
Admitted for Treatment	24	24%
Total	100	100%

64% of the babies did not require any NICU admission and they were motherside. 12% of them were admitted for observation and 24% needed admission for treatment.

**Table 8:** Distribution of women in relation to Post Partum Diagnosis.

Postpartum Period	Number of women	Percentage
< 2 weeks	64	64%
2 to 6 weeks	26	26%
6 to 12 weeks	08	08%
>12 weeks	02	02%
Total	100	100%

In our study, psychiatric disorder was diagnosed in 64% of the women in less than 2 weeks of postpartum period, nearly 26% of them were between 2 to 6 weeks, 08% of the participants were between 6 to 12 weeks and only 02% of them were diagnosed more than 12 weeks of the postpartum period.

**Table 9:** Psychiatric Disorders among postnatal women

Psychiatric Disorder	Number of women	Percentage
Without any disorder	88	88%
PPD	04	04%
Generalized Anxiety Disorder	10	10%
Postpartum Psychosis	04	04%
Paranoid Schizophrenia	02	02%
OCD	02	02%
Total	100	100%

Generalized Anxiety disorder was the most commonest disorder and was seen in nearly 10% of the postnatal women. Postpartum depression was seen in 4% of the women, Postpartum Psychosis also was present in another 4% of them, Paranoid Schizophrenia and Postpartum OCD was seen among 2% of the women in each group. 88% of the women were absolutely normal.

### Discussion

In our study, postnatal women coming to the tertiary care centre were screened for psychiatric disorders through standardised screening tools, like EPDS for postnatal women.

Edinburgh Postnatal depression scale is a questionnaire used to screen postnatal psychiatric disorders. It consists of 10 questions scored 0 to 3 and seven are reverse scored. It has been validated as a good screening measure of postnatal depression in south Indian population for a cut-off of  $\geq 13$  with sensitivity of 100% and specificity of 84.9% [17]. A large number of studies [18,19] have shown that onset of postpartum depression can range from few days to few weeks following the delivery; generally it is seen in the first 2-3 months following the childbirth. In our study too, majority of the women developing postpartum onset of psychiatric disorders within 2 months of delivery. In this study, psychiatric disorder was diagnosed in 64% of the women in less than 2 weeks of postpartum period, nearly 26% of them were between 2 to 6 weeks, 08% of the participants were between 6 to 12 weeks and only 02% of them were diagnosed more than 12 weeks of the postpartum period. Generalized anxiety disorder was the most commonest disorder and was seen in nearly 10% of the postnatal women. Postpartum depression was seen in 4% of the women, Postpartum Psychosis also was present in another 4% of them, Paranoid Schizophrenia and Postpartum OCD was seen among 2% of the women in each group. 88% of the women were absolutely normal. Mean age of women was 25.9 years which was also the mean age of postpartum depression in various other studies. In the present study, there was no significant correlation found between the psychiatric disorders in the postnatal period and the age of women, marital status, parity or the mode of delivery. Some studies showed higher incidence of depression among caesarean section mothers, while other studies showed no significant association with the mode of delivery. In line with our study, a study conducted by Petrosyan D and colleagues and others showed that mode of delivery had no significant effect on the development of postpartum depression. In a community based study done by V Shriram and co-workers in a south India population revealed that mother with vaginal deliveries had a greater incidence of postpartum depression, however in

our study though mode of delivery was not statistically significant, majority of the women who underwent caesarean section were associated with postpartum psychiatric disorders. Early resolution of Postpartum psychiatric illness was significantly related with lower prevalence of previous psychiatric disorders. In the present study, in patients with a history of psychiatric disorders, less than 18% resolution in the illness was seen at the end of three months. These findings were similar to a follow up study made by Anderson et al and a review on postpartum depression by Robertson and co-workers which found that the “depression and anxiety during pregnancy” and “a previous history of depression” had a significant correlation with the recovery of postpartum depression. All patients were given standard psychiatric care which included counselling and pharmacotherapies [20,21]. Women with Depression, Generalized Anxiety Disorder, Obsessive Compulsive Disorder were treated with Antidepressants like Sertraline and Fluoxetine and some patients with severe depression were also given antipsychotics. Patients with postpartum psychosis, schizophrenia were treated with Risperidone, Olanzapine, Quetiapine and Clozapine. Patients with bipolar disorder were treated with mood stabilizers like Lithium, Sodium valproate, Divalproex sodium and some of them also received antipsychotics. The babies of all the women with post partum psychiatric disorders were isolated from their mothers. However, this study has not looked into the dosage, adverse effects of psychotherapy. Future studies are needed to include treatment information as one of the parameters in course and outcome.

### Conclusion

The results suggest that most women with psychiatric disorders during pregnancy and postpartum period when diagnosed and treated early, recovered within 6-12 months. Women with perinatal psychiatric disorder with history of psychiatric illness, when followed up for 12 months, were found to have sustained symptoms, which requires comprehensive care that involves close coordination between OBG and Psychiatry specialist for optimal mental and physical health of mother during period of pregnancy and postpartum period.

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