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The effect of postpartum psychosis on partner's and infant's life

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Abstract

Postpartum psychosis is an acute mental disorder that occurs after childbirth with a prevalence of 1-2 cases per 1,000 births. The disorder usually occurs suddenly and is a medical emergency that often requires hospitalization and medication. However, in some cases they signal the onset of chronic psychiatric illness. Various studies have shown that postpartum psychosis has a negative effect on the emotional state and daily life of all family members. The aim of the study was to identify the effects of postpartum psychosis on the lives of partners and infants, and how this disease affects the relationship between them and the development of the infant. Data were collected from the databases through the review of the literature published in the last 5 years, (Medline/PubMed, Google Scholar, and Crossref). Based on the collected data on an international level, the main problem in the practical and emotional management of postpartum psychosis by family members is the isolation and lack of knowledge in the treatment of the disease, as there is insufficient information about postpartum psychosis and perinatal mental health disorders in general.

Keywords: Postpartum psychosis; Postpartum mental disorders; Effect of psychosis; Effects on infants; Effects on partners

1. Introduction

Postpartum psychosis (PP) is a mental disorder that occurs during postpartum period and has been reported since antiquity as an acute serious psychiatric illness, which follows childbirth in new mothers [1]. Over the centuries this disease has been described in terms such as "mania lactea", "amentia", "puerperal insanity", "puerperal psychosis", "puerperal mania", "dreamlike delirium" and finally "postpartum psychosis". Since the 19th century, it has been evaluated as a disease that needs immediate treatment in a psychiatric unit, and has generally good prognosis [2]. The manifestation of PP may occur either as a primary episode or a recurrence of a pre-existing disease, such as Bipolar Disorder (BD) [3]. In both cases, the psychiatric medical family history is taken for granted.

1.1. Prevalence and symptoms of Postpartum Psychosis

The incidence of PP ranges from 1–2 cases per 1,000 births [4] and is more common in women with a history of BD [5] or depression [6]. However, some studies have shown that this frequency may vary depending on the reference population and the country of the epidemiological study, from 0.89–2.6 women per 1,000 births [4].

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The onset of psychopathology can be immediate after childbirth, as according to different studies, symptoms in the mother usually appear within the first or second week1 or from the first days to 3 months after, 3 or within 6 weeks of childbirth [5] and result in a change in balance throughout the family [7, 8]. In most cases, symptoms of depression and anxiety are present. Mania, irritability, insomnia, disorganized behavior, disorientation, disturbance of consciousness, catatonia or hyperactivity, hallucinations, pursuit delirium, visual and auditory hallucinations, suicidal and infanticides [2, 9].

Table 1 Symptoms of Postpartum Psychosis

1	Hallucinations	Smelling, hearing, seeing, or feeling things that are not there
2	Delusions	Thoughts or beliefs that are unlikely to be true
3	Mixture mood	Both a manic mood and a low mood - or rapidly changing moods
4	Low mood	Showing signs of depression, being withdrawn or tearful, lacking energy, having a loss of appetite, anxiety, agitation or trouble sleeping
5	Manic mood	Talking and thinking too much or too quickly, feeling "high" or "on top of the world"
6	Inhibitions	Lost
7	Behavior	Out of character
8	Feeling	Suspicious or fearful, restlessness, confused

1.2. Postpartum psychosis and bipolar disorder

The onset of PP has been linked to the sharp drop in hormones (estrogen, progesterone, cortisol) immediately after birth, as this time coincides with the onset of the symptoms of PP [7]. Also, a possible relationship of postpartum psychosis with obstetric, psychological and social factors has been investigated [10]. It is estimated that one in five women with BD develops a psychotic or manic episode after delivery [11]. However, for some women PP is a condition which will affect them only in the postpartum period, but in most women with first PP appearance, the risk of developing the next out of postpartum period episode is 69% [9]. Thus, many women with a history of PP are expected to develop a greater degree of BD and the opposite [9].

Despite the urgency of the PP, the prognosis for its course is good, as most cases respond well to medication. Medications usually include mood stabilizers, antipsychotics, and often antiepileptic drugs. Common drugs in these categories are lithium, lamotrigine, carbamazepine, benzodiazepines, quetiapine, olanzapine, etc [5, 9, 10].

1.3. The social effects of postpartum psychosis in a woman's life

As a result of the sudden onset of the disease and the high intensity of the symptoms, women are often unable to realize what is happening to them. Chaotic thoughts and distorted perceptions of reality create phobias in women.As a result, they do not trust the people around them, nor do they trust themselves [12]. This traumatic experience, which frightened them with its sharp escalation, is exacerbated by their admission to a psychiatric department, their separation from the infant and their isolation from the family [10]. An aggravating factor is the lack of counseling about the disease in high-risk women and their families before childbirth or pregnancy. As a result, those patients are completely unprepared for what they are facing. Many times, the lack of information and prior counseling creates a feeling of shame, which may prevent her relatives from seeking help [13]. In the acute phase of PP, patients experience loss of their identity and sense of self, feel abandoned by their family and fear for the future [14]. In addition, their expectations regarding motherhood are denied, they lose the first moments with their neonate due to the emergency hospitalization, the first moments with the partner as parents and finally the very essence of any relationship. Even after the psychotic symptoms have passed the feeling of losing control and upset in every aspect of their life remains. Therefore, the need for support from the family, both during their hospitalization and afterwards, is considered imperative [13]. The couple's decision to have another child in the future is also affected [12].

Nine months after hospitalization the highest percentage of patients (88%) have returned to work. However, in relation to the general population, symptoms of depression, anxiety and discomfort are reported more frequently, while cases of recurrence continue to present functional difficulties in other areas [15]. However, women often need additional psychiatric support, as they have difficulty reintegrating after their hospitalization, even one year after. Ideally, psychological support is provided with the involvement of the family, so that they can process mentally and emotionally

the traumatic experience of postpartum psychosis [12]. Over time, some women report positive aspects of their experience with PP. They state that it gave them more strength and self-confidence, motivated them to help other women with similar problems, and increased their empathy and understanding in matters of perinatal mental disorders. Others claim that some events (e.g., their child's birthday) trigger bad memories of that period and bring back feelings of fear, sadness, guilt for several years, while there are memories that are never sure if they were true. facts or hallucinations due to PP [13].

1.4. Effects of postpartum psychosis in a partner's life

The appearance of PP denies the expectations of partners. At first, partners seem to be overwhelmed by anxiety and irritability due to the difficulty of understanding their wife's condition [8]. They usually feel frustrated and lost as they separate from their partner who needs to be treated [12]. Prior to the diagnosis of PP, it is not necessary that they were informed or prepared. Therefore, they do not always know how to deal with the disease and where to turn to for help [13, 16]. Also, in some cases, the shame for the stigma that will leave on their family for the presence of mental illness lurks [17] and many times their dissatisfaction with the difficulty of setting limits on the involvement of the family environment has also been observed [7]. Due to this condition, some couples do not succeed and their relationship ends in divorce after the onset of the disease [2, 16]. In other cases, the change of role of the partner, from mutual supporter of the relationship to protector and caregiver of all, leads to an unequal, paternalistic way of communicating of the couple [7]. The couple's sexual life also remains affected, as there are problems in the expression of female tenderness and interest in the partner [18, 19]. On the other hand, a large percentage of couples state that through the disease there have been long-term and positive changes in their relationship, since there has been an increase in understanding and support for the partner [8].

1.5. Effects of postpartum psychosis in infant's life

The bond that develops mainly between the infant and the mother provides the infant with a sense of security and care necessary for the infant’s normal development [20]. However, this relationship and psychopathology in PP has been recognized as clinically significant, although data in this area are scarce.

After the onset of PP, both parents express their concern about the possible negative consequences of their physical or mental absence (especially of the mother) from their child's life [19]. Therefore, separation from the infant due to the mother's hospitalization can disrupt the development of intimacy and mother-infant bond [21]. For this reason, the hospitalization of the mother in units that support the stay of the infant in their facilities aims at the continuous development of the bond and intimacy between them and the strengthening of the maternal identity [22]. The possibility of the woman harming the child while she is being treated, as she has a distorted perception of reality, is small, and immediately requires a proper clinical assessment and appropriate manipulations [21]. Based on a study published in 2018 [23], the effect on the development of the infant-mother bond is different between women who had a primary PP and have fully recovered and mothers who developed PP in the context of a lingering severe schizophrenic spectrum disorder. However, an acute episode of PP associated to better mother-infant interlinkages. In another study, it seems that mothers with persecutory delusions associated with infants were more likely to exhibit affectionate behavior and had normal ability and care for infant's needs. Nevertheless, they were more likely to be annoyed and upset when separated from the infant. In addition, mothers who had delusions that the infant was a devil or an abuser or someone else's infant were more likely to have significant incidents of child abuse [24]. But even after the mother's treatment, observing the mother-infant interaction through play, while the mother was present in the room, infants are less cooperative, with more negative behavior and fear of strangers, suggesting that the mother-infant relationship is a fragile process that is not always easily restored.

2. Conclusion

The onset of PP in a woman’s life is an emergency disease that strongly affects all members of the family and their relationships. A major difficulty in dealing with this is the lack of information and counseling to young parents about PP and perinatal mental disorders in general. It is proposed to encourage the familiarity of all health professionals with perinatal mental health problems and what they entail, in order to identify early signs and optimize the quality of psychosocial and medical care provided to women and their families. Great care is required in the approach of the couple experiencing such a situation and psychological support for the whole family in the short- and long-term. This will improve the health of the mother, partner, baby and their quality of life.

Compliance with ethical standards

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Disclosure of conflict of interest

The authors declare no conflict of interest.

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