

POST PARTUM PSYCHIATRIC SYNDROMES—AN ANALYSIS OF 100 CONSECUTIVE CASES¹

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SUMMARY

100 consecutive out patients with onset of Psychiatric illness within 40 days of child birth were studied by using Indian Psychiatric Interview Schedule and a specially designed Proforma. It was found that post partum psychiatric syndromes occurred most frequently in patients less than 25 years of age. Stress of Physical illness was present in a considerably high number of patients (74%). In 66% the Psychiatric illness was associated with first child birth and risk of Puerperal Psychosis in subsequent deliveries was found to be 32%. Onset of illness is seen most frequently (85% cases) within 3 weeks of child birth. The Diagnostic break up showed Schizophrenic reactions (68%) affective disorders (25%) and neurotic reactions (7%). Findings have been discussed.

Pregnancy and Post partum period are generally regarded as maturational crises equal in importance to those of adolescence and the menopause. Stresses undergone during this period include endocrinal, changes in body image, activation of unconscious Psychological Conflicts pertaining to pregnancy and intrapsychic reorganisation of becoming a mother.

Mental disorders in puerperium show well marked variation in their severity. Most are mild and transitory and only a small minority are extremely severe and require admission to a Psychiatric hospital.

Estimates of the Proportion of Puerperal women who develop severe mental disorders necessitating their admission to hospitals vary. Vislie (1956) quotes studies where the rates range from 0.8 to 2.5 per 1000 deliveries. In some more recent studies the prevalence of puerperal Psychosis per 1000 deliveries has ranged from 1.4 to 4.6.

The general feeling is that Psychoses arising post partum do not constitute an entity distinct from clinically similar non puerperal psychoses but in the present state of knowledge it is not possible to dismiss an alternate theory that the

Authors	Place of study	Criterion for duration of puerperium	Prevalence of puerperal psychosis per 1000 deliveries
Hemphill (1952)	Bristol (U.K.)	Not stated	1.4
Tetlow (1955)	Warwick (U.K.)	6 months	1.5
Pugh et al (1963)	Massachusetts (U.S.A.)	6 weeks	3.3
Jansson (1964)	Goteborg (Sweden)	1 year	4.6
Paffenbarger (1964)	Ohio (U.S.A.)	6 months	1.9

puerperium has specific aetiological importance. It may be that physical changes perhaps hormonal or metabolic or psychological changes such as activation of unconscious conflicts relating to pregnancy and child birth are responsible for psychosis when it occurs during post-partum period.

AIM

To study the Phenomenology of Post partum Psychiatric syndromes.

1. Part of this study was presented in 33rd Annual Conference of Indian Psychiatric Society at Ahmedabad.
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MATERIAL & METHOD

A Prospective Study was designed. 100 consecutive patients attending O.P.D. of Psychiatric Centre, Jaipur with onset of Psychiatric illness within 40 days of child birth formed the sample of study. A specially designed Proforma was used to record information regarding obstetric history, history of delivery, Puerperium and other historical details. Indian Psychiatric Interview Schedule (Kapur *et al.*, 1974) was used for detailed evaluation of all the patients and a psychiatric diagnosis was made according to ICD-9. Indian Psychiatric Interview Schedule is an Instrument designed to explore the presence of 124 Psychiatric Symptoms and inquire about 10 items of historical information by structure interview technique.

RESULTS & DISCUSSION

TABLE-1. *Distribution According to Source of Referral (N=100)*

Source of referral	No. of patients
Direct	61
Hospitals	29
Primary health centers	7
General practitioners	3

TABLE-2. *Distribution of Patients according to Age*

Age	Post partum Patients	Clinical* population	Total
14 to 20 years	33	18	51
21 to 25 years	48	16	64
26 to 35 years	18	35	53
36 to 45 years	1	19	20
> 45 years	0	12	12
Total	100	100	200

X² 52.0644, df=4, p<0.001

*100 Consecutive female patients above the age of 14 years attending the out patient

TABLE-3. *Distribution According to Birth Order (N=100)*

Birth order	Number of patients
Only child	5
First child	13
Last child	14
Any other	68

TABLE-4. *Family History of Mental Illness (N=100)*

History	Number of patients
Present	25
1st degree relatives	— 17
2nd degree relatives	— 5
Both 1 and 2	— 3
Absent	74
Not known	1

TABLE-5. *History of Physical Illness*

	Number of patients
Antenatal period	30
Infections	— 14
Toxemia	— 13
Other illness	— 3
Post natal period	44
Infections	— 38
Toxemia	— 2
P.P.H.	— 2
Other illness	— 2

TABLE-6. *Menstrual History*

Out of 76 patients where information was available 19 (25%) had a history of dysmenorrhoea.

Out of 55 patients where information was available 12 (21.8%) had irregular menstrual cycles.

TABLE-7. *Obstetric History (N=100)*

Primi gravida	50
Multi gravida	43
Grand multi	7
Previous history of mental illness associated with child birth was present in 16 cases (32%) out of 50 multi gravidas.	

TABLE-8. *Onset of Illness after Child-birth (N=100)*

1 to 7 days	39
8 to 14 days	26
15 to 21 days	20
22 to 28 days	6
28 to 40 days	9

TABLE-9. *Diagnostic Break up according to ICD 9 (N=100)*

Diagnosis	ICD No.	No. of cases
Schizophrenic psychoses	295.0	67
Brief depressive reactions (Post Partum Blu)	309.0	14
Depressive psychosis	296.1	5
Manic Excitement	296.0	6
Hysteria	300.1	4
Conversion Reactions	—2	
Dissociative Reactions	—2	
Hysterical psychosis	298.8	3
Psychogenic paranoid psychosis	298.4	1

Out of 100 subjects it was possible to interview only 58 patients, rest were uncooperative. Behavioural observation was made for all patients. Common signs and symptoms observed in order of frequency were vague physical complaints, aches and pains and sleep disturbance in all patients.

Loss of appetite was present in 84% patients. 16% had increased appetite. Auditory hallucinations were present in 55%, subjective depression in 30%, visual hallucinations in 45%, suicidal ideation in 40%, and persecutory delusions in 30%. Poor attention and concentration, feelings of incompetence and forgetfulness were observed in 30% cases. Features of anxiety were present in 15 to 20% cases.

Out of 100 consecutive cases registered in the OPD 61 came directly to the hospital. 29 were referred from other hospitals. Some of these patients were seen as inpatient referrals, then transferred to Psychiatric Centre and registered as OPD patients, 7 patients were referred by PHC doctors and 3 by the general practitioners. These figures show that hospital deliveries are less common in the catchment area (Table-1).

From the above results it has been observed that Post partum Psychiatric Syndromes occurred most frequently in patients with an age of less than 25 years (81%). Comparison of age break-up of post partum patients with clinical population of OPD (100 consecutive female patients above the age of 14 years attending the out-patients) shows significantly higher percentage of patients suffering from postpartum psychiatric syndrome (81%) as compared to clinical population (34%) in the age group of less than 25 years (Table 2). It is quite understandable because majority of the women conceive during this part of the child bearing age. In India, and especially in rural areas, the age at marriage is comparatively lower and hence conception at an early age.

Birth order of the patient does not seem to have any relation to the post partum psychiatric syndromes (Table 2). Family history of mental illness was present in 25% of the patients. In a considerably high number of patients (74%) stress of physical illness either during Antenatal period in the form of Infections, Toxemias,

Post partum haemorrhage or other illness was found. In the menstrual history one fourth of the patients had Dysmenorrhoea and or irregular Menstrual cycles in the premorbid period (Table 5). Looking at the obstetric history (Table 6) we find that 50% patients were primiparas and among multigravidas 32% had mental illness associated with first child birth indicating that majority of women (66%) who get post partum Psychiatric illness have it with first child birth. The risk of puerperal psychosis in subsequent deliveries is 32% according to our observation which is higher than in the studies reported in the West.

Prognosis of Puerperal Psychosis. Proportion of women having further Post-Partum Psychosis

	No. of women with subsequent pregnancies	Proportion of women subsequent puerperal psychosis (%)
Fondeur et al (1957)	22	13.6
Jansson (1964)	74	9.5
Vislie (1956)	15	20.00
Martin (1958)	63	23.9
Arentsen (1968)	72	15.4
Protheros (1969)	53	26.4
All series	299	17.7
Present study (1982)	50	32.0

Onset of illness is seen most frequently within 3 weeks of child birth (85% cases) though a small percentage do have the illness later also. Looking at the diagnostic

break up in our study, we have observed more schizophrenic reactions (68%) as compared to affective disorders (25%) and Neurotic reactions (7%). This can be explained by adequate management of Physical problems in cases who were referred by Hospitals, PHC or General practitioner. However, in patients who had direct contact also, organic brain syndrome was not observed. These findings are similar to those observed by Fondeur *et al.* (1957) and Martin (1958).

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