PSYCHIATRIC ILLNESS FOLLOWING CHILDBIRTH-A CLINICAL STUDY OF 34 CASES

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SUMMARY

The study comprises of 34 cases, who developed psychiatric illness following childbirth. The diagnostic breakup reveals that 50% cases were of schizophrenia, 35.4% of affective disorder, 11.7% of organic confusional state and 2.9% of hysteria. Age of the patients ranged from 17 to 35 years, average being 24.2 years. 20.5% cases gave history of psychiatric illness in 1st degree relatives. All cases of organic psychosis, 41.6% of the affective disorder and 29.4% of the schizophrenia group had one or more of the physical complications during pregnancy, around delivery or during post-partum period. 25.2% of the cases had previous psychiatric illness following childbirth. 52.9% of the cases developed psychiatric illness in the 1st fortnight after delivery. The result of the treatment was highly satisfactory, showing improvement of all the patients included in this study.

Although psychiatric ailment following childbirth has been recognised since the time of Hippocrates, there has been a lot of controversy as to its claim as a separate disease entity. In the early stages of the illness the clinical picture is often atypical with nonspecific prodromal symptoms and differentiation into typical functional psychoses or into organic reaction occurs only later in the course of the illness (Hamilton, 1962). Women with puerperal psychosis tend to come from families where the incidence of mental disorder is as high as in the families of patients with non-puerperal psychosis (Tetlow, 1955; Janson, 1964; Protheroe, 1969). Among women suffering from manic-depressive disorder the incidence of puerperal depression was at least ten times higher than that in the general population (Bratfes and Haug, 1966; Winkur and Ruangtrakook, 1966). Mental disturbances, particularly manic-depressive psychosis are more common during puerperium than at other times (Pugh et al, 1963; Dean and Kendell, 1981). Puerperium has specific aetiological importance in form of physical, hormonal, metabolic or psychological changes occurring post partum. Puerperal illness tends to recur and in individual patients mental disturbances tend to take the same form on subsequent occasions (Paffenberger, 1964; Protheroe, 1969).

AIMS

The study was undertaken with the following aims:

1. To find out different clinical presentation of psychiatric illness following childbirth.
2. To find out any relationship between constitutional factors and psychiatric illness following childbirth.
3. To find out relationship between psychiatric morbidity not related to pregnancy and childbirth, physical morbidity and parity.
4. To find out psychological variables during antenatal and postnatal periods and their relationship with psychosis.
5. To evaluate the treatment envisaged, its response and outcome.

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MATERIAL AND METHOD

The present study comprises of 34 cases of post partum women suffering from psychiatric illness of various types during the period from April, 1979 to April, 1980; of them 9 cases were treated as inpatients and 6 as outpatients at the psychiatric department of Gauhati Medical College. 7 cases were referred from the Obstetrics and Gynaecology department of the same institution. Rest 12 cases were seen by one of us (D.D.) in private clinic.

We accepted 3 months period as post-partum, as had been advised by Pitt (1968). Cases during this period are more likely to be aetiologically related to childbirth and there is less chance of co-incidence.

1. A detailed history was obtained from both patients and relatives.
2. A thorough physical examination was done to exclude any associated physical cause.
3. Proper mental status examination was made at the first interview and at subsequent sittings.
4. Treatment envisaged and patients were kept under close observation till satisfactory improvement was achieved.
5. Initial diagnostic formulation was done and final diagnosis was made on the basis of the subsequent course of illness, response to treatment and mental status examination, using the international classification of diseases (W. H. O., 1977).

OBSERVATIONS

Diagnostic breakup reveals that out of 34 cases, 17 (50%) were schizophrenic, 12 (35.4%) were of affective disorder (7 manic and 5 depressive), 4 (11.7%) had organic confusional state and 1 (2.9%) had hysteria. Age group of patients ranged from 17 years to 35 years, average being 24.2 years. 7 out of 34 cases (20.5%) had first degree relatives suffering from psychiatric illness of which 2 patients had mothers who suffered from psychiatric illness following childbirth. 9 out of 34 cases (25.2%) had previous post partum psychosis.

No significant relationship was found between any particular parity and occurrence of psychosis. However, comparatively more cases (10 out of 34) were found in primiparae.

Table 1. Relationship of Diagnostic Categories and Age, Family History, Past puerperal and Non-puerperal Psychosis.

| Diagnostic category          | Age (Years) | Positive family history | Past non-puerperal psychosis | Past puerperal psychosis |
|-----------------------------|-------------|-------------------------|------------------------------|-------------------------|
|                             | Range | Average | N | %  | N | %  | N | %  |
| Schizophrenic (N=17)        | 17—32 | 23.9    | 4 | 23.5 | 1 | 5.8 | 5 | 29.4 |
| Affective psychosis (N=12)  | 20—35 | 25.5    | 3 | 25.0 | 2 | 16.6 | 4 | 33.3 |
| Organic confusional stage (N=4) | 18—30 | 22.0    |  |      |  |      |  |      |
| Hysterical fit (N=1)        | 24    | 24.0    |  |      |  |      |  |      |
| Total No. of cases (N=34)   | 17—35 | 24.2    | 7 | 20.5 | 3 | 8.8 | 9 | 25.2 |
TABLE 2. Interval between labour and onset of psychiatric illness following childbirth (in weeks).

| Diagnostic categories | 1–2 | 2–3 | 3–4 | 4–5 | 5–6 | 6–7 | 7–8 | 8 | Total |
|-----------------------|-----|-----|-----|-----|-----|-----|-----|---|-------|
| Schizophrenic         | 6   | 4   | 2   | 2   | 2   | 2   | 3   | 17|
| Affective             | 3   | 1   | 2   | 2   | 2   | 2   | 4   | 12|
| Organic               | 4   |     |     |     |     |     |     | 4 |
| Hysterical            |     |     |     |     |     |     |     | 1 |
| **Total**             | 13  | 5   | 4   | 5   | 5   | 5   | 7   | 34|

% \[ \begin{array}{cccccc}
13 & 14.7 & 11.8 & 14.7 & 20.6 & 100.0 \\
\end{array} \]

TABLE 3. Complications of pregnancy, childbirth and puerperal and psychiatric illness following childbirth.

| Complications | Schizophrenic psychosis (N=17) | Affective psychosis (N=12) | Organic psychosis (N=4) | Functional fit (N=1) | Total (N=34) |
|---------------|---------------------------------|---------------------------|------------------------|----------------------|--------------|
| (a) During pregnancy |                                 |                           |                        |                      |              |
| Pre-eclampsia  |       | 1 | 1 |       | 2 |                   |              |
| Eclampsia      |       | 1 |       |       |       | 1 |                   |              |
| Fever in last trimester | 1 |       |       |       |       | 1 |                   |              |
| APH            |       | 1 |       |       |       | 1 |                   |              |
| (b) Around Delivery |                                 |                           |                        |                      |              |
| Fever          | 1 |       |       |       |       | 1 |                   |              |
| Stillbirth     | 1 |       |       | 2 |       | 3 |                   |              |
| LSCS           | 1 | 1 |       |       |       | 2 |                   |              |
| Forceps delivery |       | 2 | 1 |       |       | 3 |                   |              |
| Gastroenteritis |       | 1 |       |       |       | 1 |                   |              |
| Fits           |       | 1 |       |       |       | 1 |                   |              |
| (c) Puerperal |                                 |                           |                        |                      |              |
| PPH            | 2 | 1 | 1 |       |       | 4 |                   |              |
| Dysentery      | 1 |       |       |       |       | 1 |                   |              |
| Puerperal sepsis |       | 2 |       |       |       | 2 |                   |              |

No. of cases having physical complications \[ 5 \ 5 \ 4 \ 1 \ 15 \]

13 out of 34 cases (38.2%) had the onset of symptoms within 1st week of delivery and 5 cases (14.7%) had in the 2nd week.

5 out of 17 cases (29.4%) of the schizophrenic group, 5 out of 12 cases (41.6%) of the affective disorder group and all the 4 cases of the organic psychosis group had
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one or more of the physical complications during pregnancy, around delivery or during post-partum period. Only 2 cases of the organic psychosis group had sepsis during puerperium.

Premarital sexual attitude in all the cases were normal.

Only 4 out of 34 cases (11.7%) had premarital sexual experience. 27 out of 34 cases (79.4%) had arranged marriage. 32 out of 34 cases (94.2%) had satisfactory sexual relationship after marriage. No association was found between family pattern and post partum psychosis. 58.8% patients of the schizophrenic group were treated with drug alone and 41.2% with drug and E. C. T. of the affective disorder group 33.3% with drug and 66.7% with drug and E. C. T. Only one case of organic group, uncontrollable with drugs, had one E. G. T. The case of hysteria was treated with minor tranquiliser and suggestions. Supportive psychotherapy was administered when and where and became necessary. All the cases recovered fully symptom free at the time of discharge.

DISCUSSION

In contrast to the finding of some western workers (Hemphill, 1952; Seager, 1960; Protheroe, 1969; Arnold et al., 1979) we found more cases of schizophrenia than of affective disorder, which confirms observations of other studies (Fondev et al., 1957; Martin, 1958; Melges, 1968; Bhattacharya and Vyas, 1969; Dutta, 1971). It may be that mild degree of depression or hypomania was overlooked and an abnormal state of schizophrenia with florid symptoms made the relatives more concerned and prompt in seeking psychiatric help. That genetic predisposition is a factor in psychiatric illness following childbirth is evident from the fact that 20.5% of the patients had first degree relatives suffering from psychiatric illness. Our finding confirms that women with psychiatric illness following childbirth have higher risk of having relapse in subsequent pregnancies. More cases were found in primipara, which is in keeping with findings of Bhattacharya and Vyas (1969), Protheroe (1969) and Paffenbarger (1966). 52.9% cases had an onset within first fortnight which is identical to the findings of some authors (Tetlow, 1955; Seager, 1960; Melges, 1968; Protheroe, 1969). This is because the factors responsible for psychosis, either physical or psychological are more intense in this period than later part of puerperium. Looking into psychological factors like premarital sexual attitude and experience, marital adjustment and family factors like pattern of the family, it can be concluded that psychiatric illness following childbirth has little correlation with psychosocial factors. None of the cases has come back with relapse till six months from the date of conclusion of the study. Treatment when timely instituted may bring about gratifying results.

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