PSYCHOLOGY AND PSYCHIATRIC DISORDERS ASSOCIATED WITH PREGNANCY, PARTURITION AND LACTATION

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INTRODUCTIONS!

- Psychiatry
- Psychology?

Pregnancy

GAME TIME!

YES

Raise your hand

■ NO

Keep your hand down





IS THIS WHAT MENTAL ILLNESS LOOKS



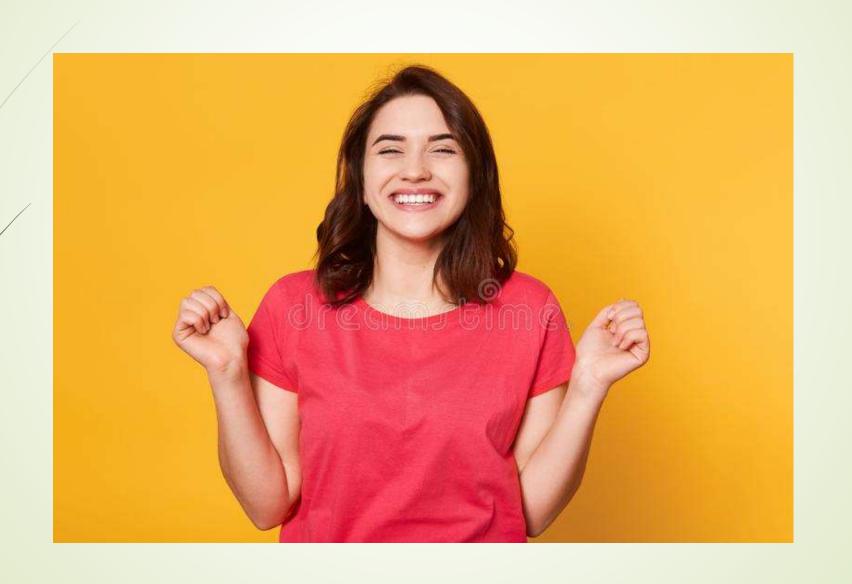
WHAT ABOUT THIS?



OR THIS?



IS THIS MENTAL ILLNESS?



HOW ABOUT THIS?



FINALLY...





TOPIC AT HAND

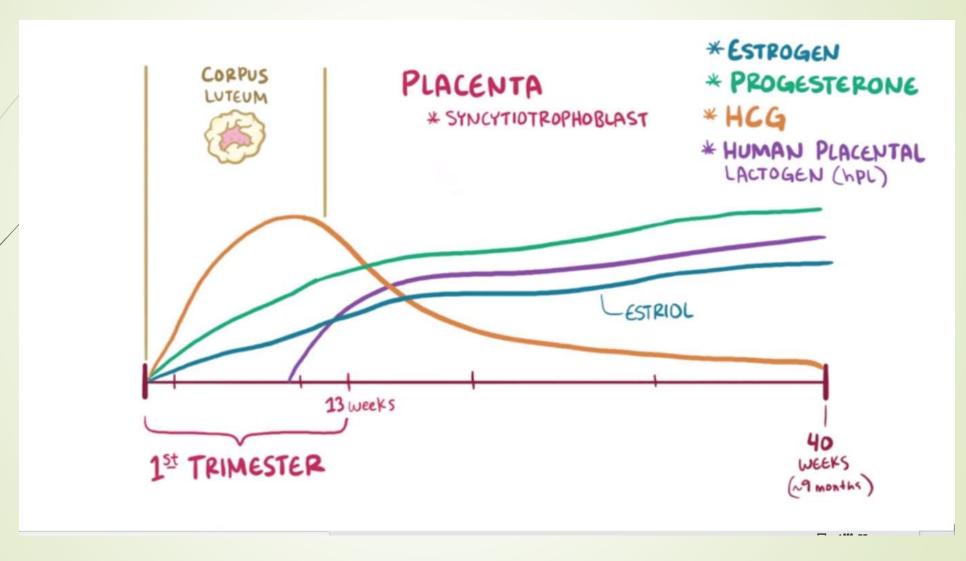
TERMINOLOGIES

- Pregnancy: Pregnancy, also known as gestation, is the time during which one or more offspring develops inside a woman.
- Parturition: Childbirth, the process of delivering the baby and placenta from the uterus to the vagina to the external world. Also called labor and delivery. (Latin parturire: "to be ready to bear young"; parere, "to produce.")
- Postpartum: (Postnatal) Time starting after childbirth. (6weeks? 1year?)
- Peripartum: Last 1-2 months of gestation to after childbirth.
- Prepartum: ?

WHAT WE KNOW ALREADY

- Maternal physiological changes in pregnancy are the adaptations during pregnancy that the pregnant woman's body undergoes to accommodate the growing embryo or fetus.
- These physiologic changes are entirely normal, and include
 - behavioral (brain),
 - cardiovascular (heart and blood vessel),
 - hematologic (blood),
 - metabolic,
 - renal (kidney),
 - posture, and
 - respiratory (breathing) changes.
- The pregnant woman and the placenta also produce many other hormones that have a broad range of effects during the pregnancy.

HORMONES



- Tightly orchestrated hormonal events- potential for unique psychological states.
- Pregnancy: hormones rise, new hormones released.
- Parturition: intense biological event! Ends in abrupt withdrawal of hormones
- Lactation: large release of oxytocin-initiates neuroendocrine cascade.
- Childcare: across circadian rhythm-activity cycle, hypoestrogenism
- Ovulation: 6-12 weeks or 4-6 months

PERINATAL MENTAL ILLNESSES

POSTPARTUM BLUES

Baby blues Most common (50-80%) Transient, rapid shifts

- Tearfulness
- Irritability
- Anxiety
- Insomnia
- Lack of energy
- Loss of appetite
- Feeling overwhelmed Day 3-10

POSTPARTUM DEPRESSION POSTPARTUM PSYCHOSIS

Peripartum

20-25%

- Sadness of mood
- Anhedonia
- Easy fatiguability
- Intrusive thoughts
- Violent thoughts
- Anxiety
- Psychotic symptoms

>2 weeks

Causing dysfunction

Most severe

0.1-0.2%

- Hallucinations
- Delusions
- Deficits in judgment
- Impulsivity

Escalates rapidly

within days- 3 weeks at presentation

PERINATAL DEPRESSION: DATA

- Pregnancy: mental wellness (?)
- 20-25% same as non-pregnant women
- Outcomes?
 - Suicide
 - Infanticide
 - Relapse (68% vs 16%)
- Family studies, genetic studies
- More in primi
- Multiple psychosocial problems, trauma, chronic interpersonal difficulties.
- Childhood sexual abuse (50%)

POSTPARTUM PSYCHOSIS: DATA

- Medical emergency
- 70x increased risk of suicide (mother-suicide relationship)
- Infanticide: 24%- psychosis, 56% altruistic

MHAS

- Hormonal trigger?
- Scientific curiosity!
- EXPERIMENTS:
 - Postpartum withdrawal of estradiol and progesterone in day 2-7, does it induce depressive relapse?
 - What if we did an fMRI?
 - Any biomarkers? Gestationally elevated CRH, reduced oxytocin, prolonged blunting of HPA axis, subclinical hyperthyroidism

- fMRI
- Mothers
- Attending to cues of baby
- Activation in
 - Reward. (striatum, midbrain, OFC)
 - Empathy. (superior temporal sulcus)
 - Emotional appraisal. (insula, amygdala)
 - Emotion-cognition integration centers. (ant. Cingulate gyrus)
- What happened in depressed mothers?

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- Genetics
 - Genetic vulnerability with hormonal sensitivity
 - Personal or family history of depression
 - GWAS
 - Monoamine and steroid hormone gene polymorphisms described

MHAS

- What else can there be?
- What do patients come and tell us?
- How do families explain?
- Is there evidence?

- Psychological and Sleep-related mechanisms
 - Maternal sleep deprivation sleep therapy?
 - Identity transition (relationships, work, sleep, exercise, nutrition, finances)
 - Other problems?
 - High social stress
 - Marital discord
 - Minorities
 - Adolescence
 - Neuroticism
 - ► History of trauma: protect

WHAT ABOUT PREGNANCY IN PEOPLE LIVING WITH MENTAL ILLNESS?

- Schizophrenia
- Bipolar Affective Disorder
- Anxiety Disorders
- OCD
- Personality Disorders

MHAT DO WE DO NEXTS

■ AFTER DIAGNOSIS?

TREAT!

- Options?
- Safety?
- Public understanding?
- Whose decisions?
- And whose risk?
- Non-somatic treatment?

THINGS TO CONSIDER...

- Pseudocyesis
- Tocophobia
- Pregnancy loss
- Contraception
- Infertility
- Pre-menstrual dysphoric disorders
- Menopause
- Bonding and attachment disorders
- Paternal mental illnesses?

COMING BACK...

- Bidirectional relationship between reproductive events and psychological concomitants.
- Mind-body dichotomy -> psyche and soma interact
- Medicine has traditionally separated the treatment of that of reproductive events from that of psychological functioning.
- False dichotomy!

- Importance of reproduction to the sense of mortality and immortalitygreater anxiety aroused
- Sex steroids imprint the brain in a fundamental way how will we think about gender, families, ageing?
- The psyche, individual and collective, will continue to be ever more troubled by the implications for society and self.
- Reproductive behavior is extremely personal but governments and religion continue to interfere
- Sense of invasion is unavoidable.

- Offsprings may not applaud their biological and social parent's choices and actions.
- More and more choices are available and offered.
- People will turn to authority for guidance YOU.
- Increased knowledge and scientific expertise needed now more than ever.
- Science literacy will continue to be critically necessary.

SO PLEASE STUDY

THANK YOU!

- QUESTIONS?
- **■** COMMENTS?
- ANSWERS\$\$
- ANY DOUBTS?

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