Perinatal Psychiatric Morbidity and Effect on Mother Infant Relation

Thesis

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BY

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Abstract

Aim: To detect psychiatric morbidity in the perinatal period, to study different factors affecting maternal bonding and the effect of perinatal psychiatric morbidity on maternal bonding. **Method:** Two groups of mothers in the postpartum period were recruited along one year. The first consisted of mothers who never sought psychiatric advice (n=70) and was recruited from non-psychiatric clinics and the second consisted of patients diagnosed with different psychiatric disorders (n=30) recruited from Kasr Al Aini Psychiatry Outpatient Clinic. All participants were assessed using Birmingham Interview for Maternal Mental Health, Postpartum Bonding Questionnaire, Infant Characteristics Questionnaire and Intimate Bond Measure. **Results:** 20% of the mothers from the first group were diagnosed as having depressive and/or anxiety disorders. Regression analysis was done; mother's age and infant's unadaptability were found to be predictors for maternal bonding. Mothers with depressive and/or anxiety disorders were found to have more disordered bonding than mothers with psychotic disorders or mothers without any psychiatric diagnosis. **Conclusion:** Perinatal psychiatric disorders are common but mothers may not seek any professional help. Anxiety and depressive disorders affect maternal bonding more than psychotic disorders.

Key words: perinatal- mother infant relation- maternal bonding

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List of Abbreviations

ACTH	Adreno-cortico-tropic Hormone
AN	Anorexia Nervosa
APA	American Psychiatric Association
BASIS	Behavior and Symptom Identification Scale
BN	Bulimia Nervosa
BUN	Blood urea nitrogen
CBC	Complete blood picture
CRH	Corticotropin Releasing Hormone
CT	Computed tomography
DSM IV	Diagnostic and Statistical Manual of Mental Disorders 4th ed.
ED	Eating Disorder
EPDS	Edinburgh Postnatal Depression Scale
GAD	Generalized Anxiety Disorder
HPA axis	Hypothalamic—Pituitary—Adrenal axis
IBQ	Intimate Bond Questionnaire
ICQ	Infant Characteristics Questionnaire
MRI	Magnetic resonance imaging
NE	Nor-Epinephrine
OCD	Obsessive Compulsive Disorder
PAS	Post Abortion Syndrome
PBQ	Postpartum Bonding Questionnaire
PD	Panic disorder
PP	Postpartum psychosis
PTSD	Post Traumatic Stress Disorder
USPSTF	United States Preventive Services Task

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Introduction

Perinatal psychiatry is the specialty concerned with the mental health and illness of women from conception through to the first postnatal year (Austin, 2010). The perinatal mental health of women living in low- and lower-middle-income countries has only recently become the subject of research. By using the term "perinatal" we seek to ensure not only that maternal mental health is considered from conception onwards, but also its impact on the developing mother-infant relationship (Fisher et al., 2012).

Results of some previous studies indicate that pregnant women have a higher prevalence rate of psychiatric disorders than what is estimated for the general population (Di Girolamo et al., 2006; Borri et al., 2008). However, psychiatric disorders are more frequently examined in women in the postnatal period compared to pregnant women (Uguz et al., 2010).

The most prominent work on postpartum mental illness was by Louis-Victor Marcé in 1858, yet the condition was also recognized at the time of Hippocrates as having a biological explanation. Despite the abundance of literature in the 19th and 20th centuries, there is no formal classification of puerperal psychiatric illness in ICD-10 or DSM-IV (Spinelli, 2009). The old classification under those three headings – the maternity blues, postpartum depression and postpartum psychosis – is an oversimplification. A four-part classification would be appropriate: psychoses, mother-infant relationship disorders, depression and a miscellaneous group of anxiety and stress related disorders (Brockington, 2004).

Impaired mother-infant interaction, while not diagnostically identified in either the DSM or ICD classificatory systems can lead to insecure attachment with significant consequences for the mental health outcomes of the next generation (Austin, 2004). The effect of maternal psychopathology on the quality of mother-

infant interaction has been a focus of intense research in recent decades. One of the major parental risk factors for a negative parent–baby relationship, with increased risks for child maltreatment, is parental mental illness (Brockington, 2004; Hindley et al., 2006; Pawlby et al., 2011).

Review of Literature

- Chapter One: **Pregnancy and Mental Health**
- Chapter Two: **Postpartum Mental Health**
- Chapter Three: **Mother-Infant Relationship**

Chapter One

PREGNANCY AND MENTAL HEALTH

I. Psychological Aspects of Pregnancy:

- Birth of a mother
- Pregnancy and body image

II. Pregnancy and Stress:

III. Pregnancy and Psychiatric Disorders:

1. Depression and pregnancy
2. Anxiety disorders and pregnancy
3. Obsessive Compulsive Disorder and pregnancy
4. Psychotic disorders in pregnancy
5. Eating disorders and pregnancy

Chapter I

PREGNANCY AND MENTAL HEALTH

Pregnancy is a common event for women of reproductive age and is generally viewed as a joyful occasion. However, it is also a time when considerable physical and emotional changes occur (Sieber et al., 2006).

I. Psychological Aspects of Pregnancy:

➢ Birth of a mother:

During her physical pregnancy a mother also undergoes a psychological pregnancy (Stern, 1995). Pregnancy is not only a biological event but also an adaptive process. (Cohen, 1988) In looking at the period surrounding a woman's giving birth, Daniel Stern (1995) described this period as a time when she must engage in the greatest amount of "mental work and reworking" in her life (Stern, 1995).

Bibring have described three basic psychological tasks in the developmental crisis of pregnancy (Bibring et al., 1961). The pregnant woman's first task is to ***accept the fetus as part of herself***. With marked physiological and anatomical changes there is generally increased concentration on the self. This increased concentration facilitates acceptance of the fetus as part of self. The acceptance of pregnancy requires coming to terms with role changes and changes in familiar patterns of work and leisure. Many women find this acceptance difficult even for planned pregnancies, because physiological changes often cause tiredness, nausea and other annoying symptoms which may decrease positive feelings. Ambivalence is very common at this stage. The excitement of creating new life is mitigated by fear and realization of parenthood's tremendous responsibility. Ambivalence generally continues until quickening occurs and then a second task is introduced: ***the fetus***