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Perinatal Dönemde Depresyon Dışındaki Diğer Ruh Sağlığı Sorunları ve Bakım

Other Mental Health Problems and Care in the Perinatal Period

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Abstract

Mental disorders in the perinatal period are an important complication of pregnancy and postpartum. These disorders include depression, anxiety disorders, and postpartum psychosis, which often manifest as bipolar disorder. Perinatal depression and anxiety are common, with major and minor depression prevalence rates of almost 20% during pregnancy and in the first three months postpartum. Postpartum maternal blues is a common but less common type of postpartum emotional disorder. Perinatal psychiatric disorders affect a woman's daily life and negatively affect the development of newborns. Risk factors are psychosocial factors such as a history of depression, anxiety, or bipolar disorder, as well as conflict with the partner, low social support, and ongoing stressful life events. Early symptoms of depression, anxiety, and mania are detected during pregnancy and postpartum screening. Early detection and effective management of perinatal mental disorders are critical to the well-being of women and their children.

Keywords: Perinatal period, mental disorder, care

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Introduction

Pregnancy is an important time in which physiological and psychological changes occur in women. Whether the woman's first or fifth pregnancy; hormonal, physical, social, and psychological changes occur rapidly. These changes affect the family as well as the woman. It may be difficult to manage pregnancy, delivery, puerperium, and postpartum periods when a woman already has a mental disorder. It is known that an average of 500,000 pregnant women are diagnosed with mental disorders each year and 1/3 of them need psychopharmacological medication during pregnancy (American Congress of Obstetricians and Gynecologists, 2008). 20% of pregnant women have a mental disorder during pregnancy (Davidson et al., 2012). In this review, mental health problems other than depression and care in the perinatal period are discussed.

General Anxiety Disorder

Anxiety Disorders are more common in women compared to men and are highly prevalent mental disorders in society. The lifelong rate of women experiencing one of the Anxiety Disorders is 30% (Karnitz & Ward, 2011). It is known that anxiety disorders are seen during pregnancy and the prognosis of the existing condition worsens. Among the anxiety disorders in pregnancy, Generalized Anxiety Disorder (GAD) 9.5%; Social Phobia 6.8%; Post Traumatic Stress Disorder (PTSD) 2.3-7.7%; Panic Disorder is seen between 1.3-2.0% (National Institute of Mental Health, 2012). As a result of anxiety disorders in pregnancy, miscarriage, preterm labor, prolonged labor, an increase in birth rates with forceps, and a slowdown in the development of the newborn may be in question (American Congress of Obstetrician and Gynecologists, 2008).

PTSD is an anxiety disorder that occurs after physical or psychological trauma during pregnancy, birth, or puerperium. When looking at gender, PTSD is more common in women compared to men. The lifetime prevalence of PTSD in women varies between 9.7-10.4% (U.S. Department of Veteran Affairs, 2011). Women who are exposed to emotional, physical, or sexual abuse during pregnancy or traumatic birth can cause PTSD symptoms in women. Early detection is important in women with PTSD as it negatively affects mother-baby attachment. Besides, comorbid mental disorders such as panic disorder, depression, alcohol-substance use disorder should be questioned along with PTSD.

Bipolar Disorder

Bipolar Disorder is seen in the population at 0.5 to 1.5% and in men and women equally. The prevalence of Bipolar Disorder is high in late adolescence and early 20s, that is, at these

ages when pregnancy is most common (Yonkers et al., 2014). Pregnant women diagnosed with Bipolar Disorder may require hospitalization at a rate of seven times compared to those without. Besides, depressive episodes, rapid inter-episode cycles, and mixed episodes are more common in women (American Congress of Obstetrician and Gynecologists, 2008). While the rate of symptoms in women who do not continue to use medication for 6 months before or during pregnancy is 40; This rate drops to 8% for those who use drugs. Bipolar Disorder risk factors include young age, Bipolar Disorder II, combined drug use, and rapid cycling of the manic-depressive episode (Viguera et al., 2007).

Schizophrenia & Postpartum Psychosis

Although postpartum psychosis is not common, it is an important mental problem that needs to be intervened. The incidence rate in women in the postpartum period is between 0.1 and 0.2% (Stone & Menken, 2008). It is more common in women with Bipolar Disorder, Schizoaffective Disorder, or Psychosis in the prenatal period. Postpartum psychosis is seen within 12 months after birth. The psychosis table, which starts on the 8th postpartum day, can last up to 40 days. Along with hormonal changes, family history is among the important risk factors. Among the symptoms; bizarre behavior, lack of inner vision, tactile, olfactory, and/or visual hallucinations, insomnia, excessive aggression, rapid mood swings.

Schizophrenia is a disorder characterized by delusions, hallucinations and some cognitive symptoms, and it is seen at a rate of ‰ 1 in the general population. The age of occurrence varies between 25-35 years old. These ages are also the ages when the incidence of birth is high. Since the first-generation antipsychotics, which are widely used in the treatment of schizophrenia, cause an increase in prolactin level in women, they have a contraceptive effect. However, since atypical antipsychotics, also known as the new generation, do not increase prolactin levels, the rate of conception increases. There are various problems in women diagnosed with schizophrenia such as unplanned pregnancy, pregnancy after sexual abuse, smoking during pregnancy, and inadequacy in prenatal care. However, premature birth, low birth weight, stillbirth or infant death can be seen in the baby (Davidson 2012).

Treatment and Nursing Care

An important issue in the treatment and care of mental disorders in pregnancy and the postpartum period is the use of medication. The teratogenic effect should be taken into consideration in drug use, and it should be carefully monitored by the nurse and the physician. A multidisciplinary approach should be preferred in the follow-up of the woman. Nurses and physicians who are experts in mental health and psychiatry and postpartum pediatrics should

collaborate with obstetric and obstetric nurses and physicians. Consultancy and therapies should be used as well as drug therapy. Support groups and/or psychoeducation should be planned to provide baby care. If necessary, social service planning should also be made.

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