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Emotional disorders in the perinatal period

mgr Inga Janik[1], mgr Martyna Maciejewska[1],
lek. Anna Fabian Danielewska[2], mgr Katarzyna Korabiusz[1],
mgr Agata Wawryków[1], mgr Monika Stecko[1]

[1]Pomeranian Medical University in Szczecin, Doctoral Studies of the Faculty of Health Sciences, ul. Żołnierska 54, 71-210 Szczecin

[2]Pomeranian Medical University in Szczecin, PhD Studies at the Faculty of Medicine, ul. Żołnierska 54, 71-210 Szczecin

Corresponding author:
Inga Janik
e-mail address: inga.janik@wp.pl
phone number:+48 697 458 242

Abstract

This article focuses on the specificity of pregnancy and postpartum, as well as the mood and emotional disorders that occur during this period, especially: baby blues and postpartum depression. A particular etiological factor, which may contribute to or intensify the occurrence of particular postpartum period disorders has been distinguished. Attention was also paid to identifying risk factors and preventive interventions.

Key words: postpartum depression, psychic disorders, baby blues, postpartum psychosis

Introduction

Pregnancy is a time of many changes: emotional, biological and in family. This is one of the most important moments in a woman's life. This period brings many different emotions and feelings, joy intertwines with fear and uncertainty. The role of the mother is inscribed in a social role that is presented to the culture as a natural one, which is why it is often perceived by women as easy and problem free [1].

The postpartum period is a particularly important moment in the functioning of the obstetrician and her adaptation to new conditions. Very often, this period deviates from the previous vision, because the woman has to deal with numerous new tasks and problems. She is often absorbed in looking after a child; feeding, rewinding, taking care of its needs. She cannot always meet this role, then great frustration and fatigue may appear. In addition, the woman experiences numerous hormonal and physiological changes during this period [2,3].

The research results indicate that the incidence of mood disorders during pregnancy and postpartum period significantly increases in recent years [4].

Emotional disorders of the postpartum period

There are many emotional disorders of the postpartum period. Hopkins and colleagues, after analyzing 110 research papers, identified three groups of clinical emotional states of the perinatal period, that differ in their symptoms, time of occurrence and course. These include: baby blues, postpartum psychosis and postpartum depression [5].

One of the most common is postpartum depression. This term functions in psychology and medicine. Its relatively new diagnosis, first used at the end of the twentieth century [6].

Postpartum depression is a mood disorder that affects 10-15% of women [7]. According to the diagnostic criteria in ICD10 and DSM-5, postpartum depression does not differ in symptoms from so-called high depression. However, a necessary condition for its diagnosis is the fact that the appearance of symptoms occurs after delivery. [8]. It is a disorder of medium to severe symptoms usually occurring 2-3 weeks after delivery. Sometimes the diagnosis is made 4-5 months after giving birth. The episode usually lasts from 3 to 9 months, however, it can be extended up to 12 months [9]. Characteristic symptoms are: decreasing mood, melancholy, feeling of sadness that lasts most of the time, which does not change under the influence of various situations, disorder of feeling joy, withdrawal from previous activities and loss of interest. In addition, appetite disorders occur: loss of appetite or its increase, sleeping difficulties can appear and libido disorders. There are depressive thinking disorders regarding the negative vision of the past and the future as well as a low self-esteem. In postpartum

depression, the mother often feels an excess of guilt, because of inefficiency in caring for the child, she is convinced that she is a bad mother. In addition, she feels a lot of fatigue that prevents her from performing her basic duties. Additionally, it may be accompanied by suicidal thoughts and tendencies [10,11].

There may also be panic attacks, anxiety disorders, excessive and inadequate care about own and baby's health. There may also be intrusive thoughts, about doing harm to the baby [1.12].

We can also distinguish depression in the course of recurrent depressive disorders. Such diagnosis is made when a woman experiences an episode of depression after childbirth, but she has already been depressed before delivery [9].

Factors of postpartum depression

The etiology of postpartum depression is complex and consists of various factors, including biological, psychological and sociological background.

Biological factors may be associated with changes in the endocrine system, because in a few days the concentration of progesterone and estriol decreases even by 90-95% in the woman's body [13,14]. Researchers are attempting to explain the formation of psychiatric disorders by the mechanism of neurohormonal kindling by monoamine metabolism in the limbic system and the release of neuropeptides. It is also likely to be associated with thyroid hormones at the onset of depressive disorders after childbirth, because thyroxine reaches high serum concentration in the third trimester of pregnancy, and after giving birth in about 3 weeks begins to reach the level as it was before pregnancy [15]. Attention is also paid to the decrease in beta-endorphins, research suggests that its more rapid decline in the body may cause mood disorders [16]. An important aspect pointing to the biological background is the more frequent occurrence of postpartum disorders in women who in the first line of affinity experienced these types of diseases [1].

Psychosocial factors also play a significant role in the development of perinatal disorders. Many researchers point out that risk factors may be: young age, low sociodemographic status, insufficient social support, especially from the partner [17]. Small and co-workers research shows that women indicate difficulty in the perinatal period associated with a sense of lack of help, an excess of duties that they cannot cope with, limiting social contacts, changing their activities and day plan, feeling of constant fatigue [18] . On the basis of the conducted research among 184 patients of the Gynecological-Obstetrics Clinical Hospital of the Medical University of Poznan, who were in postpartum wards, the mild depressive states in the first week after delivery occurred in 11.96% of patients, and after 30 days from delivery, the

frequency was 19.51 %. Medium severity of symptoms occurred in 0.54% of the maternity wards daily after delivery, while in postpartum periods- 2.44%. The factors that most often predisposed to the disorder were: complications related to pregnancy and maternal health problems, unplanned pregnancy, hospitalization due to pregnancy risk [19]. Subsequent studies aimed at distinguishing the risk factors for childbirth depression included 548 women who had been in the Obstetrics Clinic of the Medical University of Gdańsk after giving birth. Researchers aimed to create a profile of a mother exposed to postpartum depression. They assessed the characteristics as follows: "This patient is neurotic, experiences problems with initial breastfeeding, presents mood disorders already in the first week after delivery, and poorly evaluates social support. She was also hospitalized during pregnancy. "[20] Another important factor that can cause difficult and negative emotions among future mothers is the way of completing pregnancy. In a study conducted by Fórmaniak et al., the psychological status of 200 patients after physiological delivery and after deliveries completed by caesarean section was analyzed. It turns out that the groups do not differ in terms of the occurrence of mild depressive symptoms. However, it was observed that patients after cesarean section were more likely to experience symptoms of severe depression, 70% of them complained of mood swings, 94% felt that they were unable to properly take care of their child [21]. Blom's and colleagues' research shows that women who experienced serious perinatal complications such as preterm labor, sudden caesarean section, preeclampsia, achieved higher scores on the depression rating scale [22].

It can be observed that the model of formation of perinatal disorders is very complex. It is therefore very important to look after and diagnose patients in postpartum wards.

Postpartum depression should be distinguished from the so-called postpartum blues, which is characterized by moderate, transient mood disorders that occur after 3-5 days after delivery and usually last for about 14 days after [23]. Postpartum depression affects 30 to 75% of mothers. Symptoms that can be distinguished include: decrease of mood, emotional lability, crying, feeling of constant fatigue. The diagnosis is very important because the appearance of postpartum depression is a risk factor for depression later in life.

Disorder of post-partum period and formation of mother-child interaction

Emotional disorders in the postpartum period have a significant impact on the formation of the mother-child relationship. Problems experienced by mothers resulting from the course of depression often prevent her from performing basic duties, strictly included in the new role. They significantly block the formation of emotional bond between mother and newborn baby.

The depressive mother is much more difficult to respond adequately to the child's needs. As a result of depression, the mother may be irritable, hostile to the newborn and avoid contact with him. She may show less sensitivity to signals sent by a child or respond to a child's cry with a delay, which significantly interferes with the proper interaction. Research indicates that children whose mothers have suffered from postpartum depression may not develop properly in terms of cognitive and emotional [24, 25, 26].

Prevention

Preventive impacts are very important, because they can minimize the risk factors. Rapid diagnostics, which should include sociodemographic evaluation, personality, previous experience and the possibility of receiving support by the child's father and family, is very important. The role of medical staff, especially midwife, is also important in the early detection of the first symptoms of illness. In addition, it seems important to carry out screening tests for the detection of symptoms of emotional disorders [13].

Summary

Epidemiological data indicate that 10-20% of women experience mood disorders during pregnancy and postpartum. It is possible to distinguish factors that predispose to postpartum depression and baby blues. The occurrence of these types of symptoms significantly changes the relationship between mother and child. Women with a tendency to depression are in particular need of support and specialist care to minimize the negative consequences of the disease [20,28].

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