

A lush garden scene featuring a large, mature tree with dense green foliage on the right. In the foreground, there are several flowering plants, including a large bush of bright red flowers on the left and a cluster of orange and white flowers in the center. A path or clearing leads through the garden towards the background. The overall atmosphere is peaceful and natural.

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Psychiatric aspect of pregnancy



1. Despite the widespread ,long standing notion that pregnancy is a time of happiness and emotional well being , accumulating evidence suggest that pregnancy does not protect women from mental illness.

2. Psychiatric symptoms in pregnancy are more common with a history if previous psychiatric disorder ,and those with serious medical disease as diabetes .

These symptoms increase with poor prenatal care , inadequate nutrition and substance abuse.



3. Psychiatric disorder is more common in first and third trimesters than in the second . In first trimester unwanted pregnancies are associated with anxiety and depression.

4. In third trimester there may be fear about impending delivery or doubts about normality of the fetus .



5. Minor psychiatric symptoms are more in pregnancy while serious psychiatric disorder are less common than in non – pregnant women .

6. Some women who had chronic psychological problem before being pregnant report improvement in these problems during pregnancy .



Hyperemesis gravidarum

About half of all pregnant women experience nausea and vomiting in the first trimester . Some authors have suggested these symptoms are primarily of psychological aetiology .

Pseudocyesis

Is a rare condition in which a woman believes that she is pregnant when is not , and develops amenorrhea , abdominal distension and other changes similar to those of early pregnancy . it is more common in younger women .

Pseudocyesis usually resolves quickly once diagnosed but some patient persist in believing that they are pregnant .

Rarely associated with psychiatric disorder.



Termination of unwanted pregnancy

Most of the evidence suggest that psychological consequences of termination , are usually mild and transient ,although they are greater for mothers who cultural or religious beliefs against termination . In sever psychiatric disorder –as schizophrenia , psychotic depression ,mental retardation and psychopathic personality ,therapeutic abortion is indicated .

In Japan ,psychiatric indications for abortion need not be supported by medical evidence, while in Britain the abortion act passed in 1967 liberalized the law in relation to psychiatric grounds for abortion .



Spontaneous abortion

4 weeks after spontaneous abortion are found that half were psychiatric cases of depressive (it is 4 times than in the general population). Depressive symptoms were most frequent in women with history of previous spontaneous abortion .

Antenatal death

Antenatal death (still birth) causes a cut bereavement reaction , for some women , long term psychiatric problems as well as concern about future pregnancy .



Caesarian section

Caesarian section has been said to have adverse psychological consequences for parents and infants most of the research has failed to test this association because it has not separated the effects of surgery from other adverse factors .



Substance abuse and pregnancy

<u>Tobacco:</u>	<ul style="list-style-type: none">• spontaneous abortion• Slowed fetal growth• Low birth weight• Premature labour .
<u>Alcohol:</u>	<ul style="list-style-type: none">• Fetal alcohol syndrome• Mental retardation• Growth retardation .• Facial and limb deformities
<u>Cocaine:</u>	<ol style="list-style-type: none">1. Maternal depression2. Fetal cerebral hemorrhage3. Spontaneous abortion4. Low birth weight5. Neurobehavioral problems in neonates
<u>Opiates:</u>	<ol style="list-style-type: none">1. Increase perinatal morbidity and mortality2. Premature labour, neonatal septicemia, liver damage, C.V.A, neonatal addiction .
<u>Cannabis:</u>	<ul style="list-style-type: none">• Slowed fetal growth• Fetal hypoxia .



Psychotropic drugs and pregnancy

A/

most common psychotropic drugs have not been shown to have a teratogenic effect .

Drugs	side effect
Lithium	<ol style="list-style-type: none">1. Congenital malformation –as ateroventricular valves and septa2. Hypothyroidism.
Benzodiazepine	<ol style="list-style-type: none">1. Transient neurological deficit , hypotonic, respiratory depression2. Floppy infant syndrome.
Tricyclic A.D Antipsychotic	<ol style="list-style-type: none">1. on Fetus by anticholinergic effect cause tachyarrhythmia2. After delivery cause withdrawal symptoms as respiratory distress , cyanoses , hypertonic.

So must discontinuation of drugs gradually several weeks before delivery



B/

Many psychotropic drugs are found in breast milk, so in severe cases when drugs are indicated, it is better to give drugs in divided doses and monitor the child's well-being carefully. The exception for this are benzodiazepine and lithium.



Post natal psychiatric disorder

Maternal blue

Two third of female develop maternal blue. Feeling of irritability ,liability of mood and episode of crying .Liability characterize of rapid alteration between euphoria and misery . The peak on 2nd or 3 rd day . There is no depress mood only irritability and tension .It is not related to complication of delivery or anesthesia

Puerperal depression .

Usually in the first 1-2 week after delivery in about 15%.
Criteria of depression. Risk factor are previous history of depression

Puerperal psychosis

Usually in primiparous women, those if has history of psychiatric illness, those with (+ve) F.H, and probably in unmarried women . More in developing than in developed countries .Occur in first 1-2 week after delivery.

Feature either : schizophreniform or delirium

spectrum of psychiatric disorder in the puerperum

	Post natal blue	Puerperal depression	p. psychosis
1.Frequency	50%	15%	0.2%
2.time of onset	4-5day after child birth	2-4 week after child birth	1-3 week after child birth
3. duration	Usually 2-3 days	4-6 weeks if treated and up to 1 year (if not treated)	6-12 weeks after child birth
4.Treatment	Nil but observation if sever	Counseling Antidepressant	Admission Antipsychotics E C T Counseling and advice about further pregnancies

thanks

