International Journal of Advanced Multidisciplinary Research
ISSN: 2393-8870
www.ijarm.com
(A Peer Reviewed, Referred, Indexed and Open Access Journal)
DOI: 10.22192/ijamr Volume 11, Issue 4 -2024

Research Article

DOI: http://dx.doi.org/10.22192/ijamr.2024.11.04.007

"Post Partum Psychosis – The Different Side Of Motherhood"

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Keywords

PPP,
Clinical features,
Clinical features,
Differential diagnosis,
Treatment

Abstract

Postpartum psychosis (PPP) or sometimes known as puerperal psychosis or post partum blues is considered as a serious mental health emergency. As this condition affects a person's sense of reality, causing hallucinations, delusions, paranoia or other behavior changes. In severe cases, mothers with PPP may harm themselves or their newborn. Prognosis of postpartum psychosis is good and treatable, and early treatment increases the odds of a good outcome. In present case the mother is having visible symptoms of Post partum psychosis. Timely admission and treatment gave a good prognosis in this case.

Introduction

Childbirth is a powerful trigger of psychiatric illness and psychiatric episode at this time cause substantial morbidity and mortality with suicide a leading cause of maternal death.[1] Postpartum psychosis is an umbrella term for postpartum mania, psychosis, psychotic depression and mixed affective state occurring shortly after child birth [2]

Case scenario

A -22 years female patient Named XYZ is youngest and only female child of 3 sibling. She was brought with the complain of irritability, aggressiveness, decreased sense of reality and history of repeated attempts to harm her baby.

Presenting chief complains

She had history of normal delivery 4 months back. As per the relatives after 3-4 days post delivery she started behaving strangely, became agitated, restless, aggressive, irritate and started to hallucinate. In addition she was accusing her husband and relatives of conspiring against her. She frequently used to change her clothes, washing her hair. She used to self – mutter, stare at family members. In later days she started to develop harmful behavior towards the child and refused feeding and cuddling the baby. She was having abusive and aggressive behavior towards husband started beating and biting husband repeatedly.

Clinical features

After admission, at the initial evaluation patient appeared moderate body built unkempt and untidy. Throughout examination she was uncooperative scanning the room suspiciously and often make intense eye contact. Her affect was labile both tearful and euphoric at several point of examination. On her MSE she was irritable, had increased psychomotor activity, hallucinatory behavior. Relatives didn't bring baby along with the patient at the time of admission due to her harmful behavior towards child. Later due to breast engorgement relatives brought the baby for feeding.

Patient claimed having no visual and auditory hallucinations but often seemed to be responding to internal stimuli. She mumbled to herself and looked intensely in different areas of the room. She exhibited hyper motor activities (walking continuously inside the ward for more than 30min for no reason). She locked herself inside the room and tried to entangle her neck with the towel.

Differential diagnosis/ investigations

The patients' blood investigation included complete blood count, thyroid function test, liver function test, renal function test and random blood sugar. All the laboratory results were within normal limit.

Treatment

Patient was diagnosed having post partum psychosis and was started on injectables antipsychotics for first two days after which oral antipsychotic olanzapine 10mg at bed time was given. Additional doses were administered to control her symptoms. Tab quetiapine 100mg was also given at bed time. Due to her decreased sleep tab zapiz was given in tapering dose. Tab oxcarbazepine 300mg BD was also given.

The patient was continued on olanzapine, quetiapine and oxcarbazepine. Before discharge a family conference was held with the patient and relatives to educate them about the importance of adherence to the treatment, close followup and regular sleep patterns. Although she was not back to her baseline at the time of discharge on request but patient has stabilized significantly and gained sufficient insight into her condition.

Conclusion

Postpartum psychosis is a rare but disabling disorder with potentially devastating consequences including an increased risk for suicide and infanticide. There are no validated screening tools, but all women should be screened for a personal and family history of mental illness—especially bipolar disorder and PPP.

References

1. Jones, I Chandra Ps, Dazzan P, Howard LM; Bipolar disorder, affective psychosis and schizophrenia in pregnancy and postpartum period. Lancet. 384(9956): 1789-1799.
2. Bergink et al 2011; Kapfhammer et al 2014; Oshorn 2018.

Access this Article in Online	
Quick Response Code	Website: www.ijarm.com
	Subject: Nursing Science
DOI:10.22192/ijamr.2024.11.04.007	

How to cite this article:
Sonal Samuel, Vandana S. Thangavel. (2024). "Post Partum Psychosis – The Different Side Of Motherhood". Int. J. Adv. Multidiscip. Res. 11(4): 73-75.
DOI: http://dx.doi.org/10.22192/ijamr.2024.11.04.007