

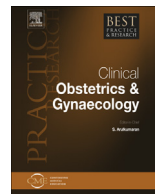


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The long-term psychiatric and medical prognosis of perinatal mental illness



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The perinatal period provides an important window into a woman's long-term health. Perinatal mental illness is a common condition conferring potential serious long-term psychiatric and medical consequences for the mother and family. It is known that childbirth acts as a powerful trigger for depressive episodes in some women, and that women with histories of a mood disorder are particularly vulnerable. Some evidence links perinatal mental illness with obstetrical complications and reduced lactation initiation and duration. Therefore, perinatal mental illness may be a marker for long-term risk, and may contribute directly to subsequent cardiometabolic disease through both neuroendocrine mechanisms and the effects of mental illness on health behaviours. In clinical practice, these associations underscore the importance of screening and treating women with perinatal mental illness to ensure best possible long-term outcomes. Early screening and treatment may both mitigate the primary disease process and reduce the risk of comorbid medical conditions.

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Introduction

The perinatal period is a critical time in a women's life that is influenced by multiple factors that have consequences on the outcome of the pregnancy, but also may have significant long-term implications. Misri et al. [1] cogently described a 'women's life span approach model to perinatal health,'

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which recognises the myriad of determinants in the perinatal period and integrates the social, psychological, behavioural, environmental and biological forces that shape pregnancy and provide a model that demonstrates the interrelationships that influence long-term health. In this model, the entire life span is considered, including the role of preconception health factors that may occur long before pregnancy begins (i.e. pre-pregnancy obesity), as well as the multiple determinants that require targeted intervention to allow for improvements in perinatal outcomes [1]. This is important, as growing evidence suggests that complications during the perinatal period may provide a window into a woman's long-term health [2]. The stressors of major hormonal fluctuations, sleep deprivation, and caring for a new infant may trigger perinatal mental illness and unmask a psychobiological vulnerability that may manifest as psychiatric disease in later life. In this chapter, we take a multiple determinants approach and discuss long-term psychiatric and medical consequences of perinatal mental illness. We first examine the long-term risk of developing a chronic mood disorder (both unipolar and bipolar depression) among women who experience perinatal mental health and also discuss perinatal obsessive–compulsive disorder and long-term prognosis. Second, we discuss the strength of the evidence linking perinatal mental illness with obstetrical and other medical outcomes, including weight retention, pregnancy complications, and lactation difficulties.

Long-term psychiatric complications of perinatal mental illness

Perinatal mental illness confers potential serious long-term psychiatric and medical consequences for the mother, her baby, and the family [3–5]. Some are the result of maladaptive behaviours by women who experience depression during pregnancy. Women with antenatal depression are less likely to participate in recommended prenatal care practices, and are at increased risk of engaging in risky health behaviours, such as smoking and substance use in pregnancy [4], thereby increasing risk of adverse obstetrical outcomes, including preterm birth and low birth weight [6–8], and long-term adverse health effects on the child. In addition, fetal exposure to maternal suicide attempts is associated with mental retardation and serious congenital abnormalities [9–11]. Research shows that a significant percentage of women who experience perinatal depression and anxiety will develop recurrent long-term mood disorders (unipolar and bipolar depression) [12,13]. Although onset of perinatal mood and anxiety symptoms may begin during pregnancy or the postpartum period, untreated antenatal depression has consistently been shown to be one of the greatest risk factors for postpartum depression (PPD) [14–16].

Postpartum depression is one of the greatest causes of maternal mortality and long-term morbidity [17,18]. Women with PPD are at increased risk of maternal suicide, infanticide, decreased maternal sensitivity, and attachment with the infant [17,19,20]. In addition to the far-reaching consequences on the infant, maternal depression also strongly affects paternal mood, and has important consequences on the short and long-term functioning of the family [21]. Therefore, perinatal mental illness often adversely affects the couple's relationship, leading to increased marital discord and less marital satisfaction [22].

Biological underpinnings and long-term risk of perinatal mental illness

Childbirth acts as a powerful trigger for depressive episodes in some women, and women with histories of mood disorders are vulnerable to a psychobiological postpartum trigger [23–25]. Recent work by Di Florio et al. [23] documents that more than 70% of parous women with a history of a mood disorder will experience at least one perinatal mood episode in relationship to pregnancy and childbirth. Moreover, women with previous histories of a mood disorder (unipolar and bipolar disorder) are likely to experience recurrent episodes, and are particularly vulnerable to the cessation of treatment during the vulnerable perinatal period [26–28].

Unipolar major depression

Most women with perinatal mental illness will experience unipolar major depressive disorder [29–31]. Moreover, the recurrence risk of PPD in women who have suffered one episode of major depression

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