



Case Report On Assessment And Management Of Postpartum Psychosis

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Abstract

This case study presents a 43-year-old female patient exhibiting with the symptoms of delusion, auditory hallucination, confusion consistent with postpartum psychosis. Following the Caesarean delivery of her second child, a housewife with a graduate degree, had an extreme flare-up of her symptoms. Among the most notable symptoms were hyperactivity, suspicion, verbal and physical violence, repeated behaviors, and social anxiety that was exclusive to family relationships. The current episode, which started ten days after giving birth, had a sub-acute beginning and progressed over time. A mental status examination result revealed poor social judgment, present persecutory delusions, and limited emotion. This symptoms indicate relationship between life events, hormonal changes, and mental health, underscoring the necessity of thorough evaluation and customized therapies in postpartum mental health care.

INDEX TERMS : *Postpartum Psychosis, Anxiety, Postpartum Mental Health, Life Stressors*

I INTRODUCTION

Postpartum psychosis is a reversible but severe mental health condition that affects people after they give birth. This condition is rare, but it's also dangerous. Postpartum psychosis can affect anyone who recently gave birth. While it usually happens within several days of giving birth, it can happen up to six weeks after.

This condition typically presents with a rapid onset of psychotic symptoms within the first two weeks postpartum, including delusions, hallucinations, disorganized thinking, erratic behaviour, and extreme

mood swings. Without timely treatment, postpartum psychosis can lead to serious consequences for both the mother and the baby, including risks of self-harm or neglect of the newborn.

The origins of postpartum psychosis are complex and involve an interplay of biological, psychological, and social factors. Hormonal fluctuations, especially the sharp decline in estrogen and progesterone levels following childbirth, are believed to trigger psychotic episodes, particularly in women with a predisposition to mental health disorders.

In addition to hormonal changes, genetic factors are also important. Recent studies have found a genetic link between bipolar disorder and postpartum psychosis. Psychosocial factors also significantly contribute to the development and intensification of postpartum psychosis. Life stressors, such as relationship breakdowns, lack of support, or traumatic events, have been found to trigger or worsen the disorder.

Underscores the importance of these psychosocial stressors, particularly those related to relationship changes or a history of mental health struggles, which can precipitate or exacerbate the symptoms of postpartum psychosis. Thus, childbirth not only serves as a biological trigger due to hormonal changes but also as a psychosocial trigger through life transitions such as divorce or remarriage.

Effective management of postpartum psychosis requires a comprehensive approach that addresses both the acute symptoms and the longer-term recovery process. Early intervention often includes pharmacological treatment, such as antipsychotics or mood stabilizers, to stabilize the patient's condition and control symptoms.

However, medication alone is often insufficient for long-term recovery. Psychological interventions, including cognitive behavioral therapy, and psychosocial support are essential for helping women process the emotional aftermath, regain functionality, and rebuild their relationship with their child.

Case report on Assessment and Management of postpartum psychosis

Case Study

Patient profile

Name: XXX

Sex: Male

Hospital Number: 1xxxxx6

Age: 43 years

DOB: xth April

Religion: Hindu

Educational level: b.com

Address: Coimbatore

State of origin: Xxxxxx

Date of Admission : xx/xx/2025

Informant : Grandmother

Presenting Complaints

Hyperactivity

Suspicious thought

Verbal and physical violence

Repeated behaviors

Social anxiety

History of Present Illness

Following Caesarean delivery of her second child, the patient experienced an acute exacerbation of symptoms despite resumption of psychiatric medication. The postpartum presentation included verbal and physical aggression, hyperactivity, paranoid ideation, social withdrawal specifically from family members, sleep disturbance, characterized by repetitive task performance. Additionally, she demonstrated significant difficulty with breastfeeding, which precipitated severe anxiety symptoms.

Past Psychiatric History

There is no significance of any past psychiatric history

Medical History

During her pregnancy, the patient was diagnosed with thyroid dysfunction, with no other notable medical conditions reported.

Pre-morbid Personality

Prior to her illness, she was considered self-assured, outgoing, disciplined, and maintained positive interpersonal relationships and coping skills.

Mental Status Examination

- General Appearance : Moderately grooming
- Behaviour : hyperactivity
- Speech: delayed response times.
- Mood and Affect: Her affect was depressed, anxious.
- Thought and Perception: Depressive and anxious thoughts were present
- Cognition: well-oriented in time, place and person.

Diagnostic Assessments

Based on the clinical presentation and mental status examination, a provisional diagnosis of Postpartum Psychosis. was made following ICD-10 criteria. Differential diagnoses included Postpartum onset Schizophrenia and Bipolar I Disorder with psychotic features, postpartum onset.

Further psychological assessments included:

- **Rorschach Test:** Results indicated thought disorder and impaired reality testing.
- **Positive and Negative Syndrome Scale:** Total score of 98, suggested severe symptoms.
- **Millon Clinical Multiaxial Inventory-IV:** Elevated scores on the Schizotypal and Borderline personality scales.
- **Hamilton Anxiety Rating Scale :** Score of 32, indicating severe anxiety with particularly high scores on psychic anxiety and tension sub scales.
- **Beck Anxiety Inventory :** Score of 38, indicating severe anxiety with prominent somatic symptoms.

TREATMENT PLAN

The treatment strategy focused on three key areas: pharmacotherapy, psychological interventions, and psychosocial support.

1. Pharmacotherapy

The primary pharmacological treatment for postpartum psychosis often involves the use of antipsychotic medications to control the acute psychotic symptoms, alongside mood stabilizers or antidepressants when appropriate. In this case, the patient was started on a low dose of an atypical antipsychotic (such as Olanzapine) to address the delusions, paranoia, and aggression that were prominent in her presentation. A mood stabilizer, such as lithium or valproate, was also considered, given the patient's history of emotional instability and anxiety, although it was important to monitor for potential side effects, including impact on thyroid function, given her thyroid dysfunction during pregnancy.

Additionally, benzodiazepines were prescribed to manage the patient's acute anxiety symptoms and improve her sleep, which had been severely disturbed due to her psychotic and anxiety symptoms. The use of medication was closely monitored in the inpatient setting to assess efficacy and tolerance, with regular blood tests to monitor for adverse effects and ensure the safety of both the mother and infant during breastfeeding.

2. Psychological Interventions

In addition to pharmacotherapy, psychological interventions were introduced early in the patient's treatment plan to help her gain insight into her condition, manage anxiety, and develop better coping strategies. These interventions included:

Supportive Therapy:

Supportive therapy sessions were scheduled twice weekly to provide a safe and empathetic space for the patient to express her feelings and concerns. The goal was to reduce feelings of isolation and improve emotional regulation. The supportive therapist helped the patient process her emotional distress, particularly related to her difficulty adjusting to motherhood and her strained familial relationships. Additionally, these sessions focused on building the patient's coping skills to manage stressors such as sleep deprivation, anxiety about her abilities as a mother, and ongoing relationship tensions.

Cognitive Behavioral Therapy :

CBT was implemented to assist the patient in recognizing and challenging the distorted thoughts associated with her paranoia and delusions. The therapist worked with the patient to identify thought patterns that contributed to her anxiety and psychotic symptoms, and to replace these with more realistic and adaptive ways of thinking. Special emphasis was placed on increasing the patient's insight into her condition and helping her regain a sense of control over her thoughts and emotions.

Mindfulness-Based Stress Reduction (MBSR):

MBSR techniques were incorporated to address the patient's heightened anxiety, particularly during moments of emotional distress and sensory overload. The patient was taught relaxation exercises, such as deep breathing and mindfulness meditation, to help her manage symptoms of panic and reduce agitation. These practices aimed to enhance her emotional regulation, increase her sense of self-awareness, and promote a sense of calm and stability.

Psychosocial Support and Family Involvement

A critical component of the treatment plan was the involvement of the patient's family in her care. The patient's spouse and mother-in-law were engaged in family therapy sessions to improve communication, address family dynamics, and educate them about postpartum psychosis. Given the patient's difficulty with familial relationships and the social withdrawal she exhibited, the family was encouraged to provide a supportive and non-judgmental environment that would promote her recovery. Psycho education for the family members focused on understanding the symptoms of postpartum psychosis, the importance of patience and empathy, and the need for consistent emotional and practical support.

Mother craft Training and Baby Care Skills:

Given the patient's difficulty in establishing a bond with her infant, particularly her challenges with breastfeeding, mother craft training was introduced. A lactation consultant and a pediatric nurse worked with the patient on improving breastfeeding techniques and resolving any physical issues that might

have been contributing to her anxiety. These sessions were designed to foster positive interactions with her baby, reduce feelings of incompetence, and build the mother-infant bond.

Inpatient Care and Safety:

Because the patient presented with severe psychotic symptoms, including physical aggression, inpatient care was deemed necessary to ensure her safety and that of her baby. The inpatient unit provided a controlled environment where she could be closely monitored for changes in her mental state, ensuring rapid intervention if her symptoms worsened. During her hospital stay, she was provided with 24-hour psychiatric care, including frequent evaluations by the psychiatry team to monitor her progress and adjust medications as necessary.

DISCUSSION

The patient showed significant improvement during her inpatient stay. After two weeks of intensive care, her symptoms had notably decreased, with a reduction in psychotic features such as delusions and hallucinations. At the time of discharge, her PANSS score had decreased from 98 (severe symptoms) to 65 (moderate symptoms), indicating an encouraging response to treatment. At the one month followup, she reported substantial improvements in her mood, a reduction in anxiety, and the resolution of psychotic symptoms. She was more engaged with her infant, successfully breastfeeding, and reported better sleep patterns. This case report transcends a mere clinical narrative; it serves as a call to action. It urges us to elevate our standards of perinatal mental health care, bridge gaps in understanding postpartum psychosis, and foster supportive communities for new mothers. As we move forward, may this case inspire continued research, enhanced clinical practices, and greater public awareness, striving for a future where no mother faces the challenges of postpartum psychosis in isolation, and every case receives prompt, compassionate, and effective care.

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