PSYCHOSIS AND PREGNANCY: APPROACH CONSIDERATIONS ON THE TREATMENT AND THERAPEUTIC APPROACH

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- **GROUND**S The puerperal psychosis is a clinical entity known since antiquity. It has been conceptualized from different theoretical points of view throughout the history of psychiatry, considering different biological, psychological and social approaches. The prevalence of this pathology remains practically constant. Postpartum psychosis is more frequent in women diagnosed of bipolar disorder than schizophrenia. Mothers with bipolar disorder have a hundred fold increase in rates of psychiatric hospitalization after delivery.
- **SUMMARY** One of the main characteristics of psychosis during pregnancy is its polymorphism, it can be presented as schizophreniform episodes or mood disorders. The clinical presentation is usually an acute onset and, in most cases, a complete final recovery. The puerperal stage is the one with the highest risk of psychiatric hospitalization. There are especially elevated risk of psychiatric hospitalization during de first three months after delivery, and risk remains high during next two years. There are some risk factors during pregnancy such as psychological stress or previous episode of puerperal psychosis. _The use of antipsychotic treatment is controversial. It is known that antipsychotics partially cross the placental barrier, so we could asses prenatal exposure to antipsychotics might have some adverse effects on prenatal neurodevelopment, although there is insufficient conclusive available evidence. Nowadays, there is insufficient evidence to conclude whether the neurodevelopmental impact of prenatal exposure to antipsychotics is dependent upon the specific type or class. Apparently delay in motor development is the most frequent finding. Atypical antipsychotics may also increase the risk of gestational diabetes and Caesarean section. The assessment of risk-benefit is important if any type of antipsychotic is prescribed during pregnancy. Using monotherapy at the minimum effective dose is suggested. Avoiding antipsychotic treatment in the first term is recommended if possible.
- **CONCLUSIONS** The treatment of psychosis during pregnancy and puerperium is of great complexity, it is usually recommended the interdisciplinary and specialized approach. It is important to assess the risks of treating against possible risks of development problems. Adequate information must be provided to women, respecting their competence to reflect and make decisions, while trying to optimize clinical stability. More clinical studies will be required in order to properly assess the risk of adverse neurodevelopmental effects of intrauterine exposure.

RISK OF UNTREATED PSYCHOSIS DURING PREGNANCY

- Low birth weight, preterm birth
- Risk behaviors: substance abuse, insomnia, eating disorders.
- Suicidal behavior
- Risk of infanticide
- Risk of developmental effect

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