MOTHERS IN EMERGENCY

A study of postpartum psychiatric emergency visits

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INTRODUCTION

- Postpartum severe mental illnesses have an abrupt onset and rapid progression.
- This can result in serious consequences for the mother, baby and the family.
- Psychiatric emergencies are a common reason for emergency visits in the postpartum period.
- Very little is known about these women who access emergency mental health care services in the postpartum period.

METHOD

- We studied postpartum (from time of delivery to one year of childbirth) women who presented to emergency psychiatry service at a tertiary hospital from May 2018 to April 2019 (n= 77).
- Sociodemographic details, clinical history and examination findings were collected and ICD 10 diagnosis was made.
- Laboratory investigations and imaging were done based on clinical picture.

RESULTS

- The mean age was 26.8 years (SD=4.4).
- 44.2% women were primiparous, 98.7 % were married.
- The mean postpartum period was 125.8 days (SD=102.8).
- Past history of psychiatric illness was present in 50.6% women and 20.8% had family history of psychiatric illness.

For 64.9% women, the presentation to emergency was the first contact with psychiatrist.

Some women (n=25, 32.5%) had travelled >300 kilometres to reach the hospital.

- 70.1% women had travelled to the hospital with their infants.
- More than half (61%) women hailed from lower socioeconomic class and 59.7% were from rural areas.
- Obstetric complications were noted in 32.5% of these women.

Psychiatric History Details	n (total n= 77)	Frequency (%)
Risk of harm to self	27	35.1
Risk of harm to baby	11	14.3
Risk of harm to others	7	9.1
Catatonia	15	19.5
Women requiring parenteral sedations	35	45.5
Women requiring IP Care	34	44.2

DIAGNOSIS

Organic conditions were diagnosed in 7 (9.1%) out of 77 women. The organic conditions identified were Left frontal haemorrhage, Cerebral venous thrombosis, Seizure disorder, Septicemia, Neurofibromatosis, Severe Hyponatremia, Delirium.

DISCUSSION

- Ideally, the first point of contact for postpartum mental health care would be in outpatient settings.
- Presentation to emergency indicate severe and florid illness, high risks (self/baby/others), lack of awareness of mental health services, inadequacy of services, poor access to services.
- Organic conditions presenting with psychiatric manifestations are common in the postpartum period and account for ~8% of acute psychiatric presentations.

CONCLUSION

- First contact at emergency and need for travelling long distance to avail perinatal psychiatric services suggest the need to improve timely and equitable access to effective outpatient postpartum mental health services.
- The need for high index of suspicion and evaluation of organic conditions during postpartum period is emphasized.