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INCIDENCE OF POSTPARTUM PSYCHOSIS IN OUR TERTIARY CARE HOSPITAL: A RETROSPECTIVE STUDY

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ABSTRACT

Background: Postpartum psychosis (PPP) is a severe and potentially life-threatening mental health disorder that affects women in the postnatal period, typically within the first two weeks after childbirth. PPP can have severe effects on both mother and child if treatment is not received. It is characterized by symptoms such as mood swings, delusions, hallucinations, and disordered thinking. Data regarding the prevalence of PPP in India are scarce, especially in tertiary care settings, despite its substantial impact.

Aim & Methods: This retrospective study aims to determine the incidence of postpartum psychosis among women delivering at our tertiary care hospital, identify associated risk factors, and explore the clinical characteristics and treatment outcomes of affected women. Medical records of 4953 women who gave delivery were examined from June 2022 to July 2024.

Results: A retrospective review of medical records identified 7 cases of PPP among 4,953 deliveries (incidence rate: 1.41 per 1000 deliveries). Multivariate analysis revealed previous psychiatric history, history of childhood trauma, and primiparity as significant risk factors. The most prevalent symptoms were delusions and hallucinations. Our findings highlight the importance of early identification and intervention for women at risk of PPP.

Conclusion: Postpartum psychosis is a rare but severe mental health disorder requiring prompt attention. Our study highlights the importance of routine mental health assessments for postpartum women, targeted interventions for high-risk women & the necessity of better screening and detection techniques in Indian healthcare settings in order to recognize women who are at risk and enable prompt intervention.

Keywords: postpartum psychosis, hallucinations, psychological disorders, incidence.

INTRODUCTION:

Postpartum psychosis (PPP) is a rare but severe mental health disorder that affects women in the postnatal period, typically within the first two weeks after childbirth (1). PPP, which is characterized by symptoms like mood swings, disorganized thinking, delusions, and hallucinations, can have severe effects on both the mother and the

child if treatment is not received (2). Since the disorder is regarded as a mental health emergency, it must be identified and treated quickly in order to avoid major consequences such as long-term psychological trauma, suicide, and infanticide (3).

According to estimates, the incidence of PPP varies between 1 in 1,000 and 1 in 2,500 births worldwide (4, 5). However, the population under study, the diagnostic standards, and the study design could all affect this number. Studies indicate a higher incidence rate, ranging from 1 in 200 to 1 in 500 births, in India, where there is a dearth of data on PPP (6, 7).

A history of bipolar disorder, schizophrenia, or prior postpartum psychosis is among the risk factors for PPP that have been identified (8, 9). An increased risk of PPP has also been associated with obstetric complications, such as cesarean section, pregnancy-induced hypertension, and fetal distress (10, 11). Furthermore, sociodemographic elements that could influence PPP development include youth, low socioeconomic status, and a lack of social support (12).

Despite its significant impact on maternal and infant health, PPP remains poorly recognized and undertreated in many settings (13). In India, cultural and socioeconomic factors may exacerbate the challenges of diagnosing and managing PPP. For instance, stigma surrounding mental illness, limited access to psychiatric care, and inadequate training of healthcare providers may hinder timely identification and treatment of PPP (14).

The purpose of this retrospective study is to determine the prevalence of postpartum psychosis among women giving birth at our tertiary care facility, as well as to pinpoint risk factors and examine the clinical traits and therapeutic results of impacted individuals. This study aims to inform strategies for improved detection, management, and prevention of this severe mental health disorder by adding to the small amount of research on PPP in India

MATERIALS & METHODS

This retrospective study reviewed medical records from June 2022 to July 2024 of 4,953 women at our tertiary care hospital. Inclusion criteria consisted of women diagnosed with PPP within 12 weeks postpartum. Data collected included:

1. Demographic information
2. Obstetric history
3. Psychiatric history
4. Clinical presentation
5. Treatment Outcome

Inclusion Criteria:

Medical Records were checked for the period of June 2022 to July 2024 and following inclusion and exclusion criterion was followed for selecting women data from the records.

Women were selected for the study if:

1. Age: 18-45 years
2. Confirmed diagnosis of postpartum psychosis (PPP) according to DSM-5/ICD-11 criteria
3. Onset of symptoms within 4-6 weeks postpartum

Exclusion Criteria

Women were excluded from the study if they:

1. Had a pre-existing psychotic disorder or bipolar disorder
2. Experienced a traumatic event during pregnancy or postpartum period
3. Had a history of substance abuse or dependence
4. Were taking medications that may confound study outcomes
5. Had significant medical or neurological comorbidities

RESULTS

7 cases of PPP were identified among 4,953 deliveries (incidence rate: 1.41 per 1000 deliveries).

The demographic and clinical profile for the women with postpartum psychosis:

Characteristics of Women with PPP:

Characteristics	n (%)
Age (years)	
25-29	4 (57.1)
30-34	2 (28.6)
≥35	1 (14.3)
Parity	
Primipara	5 (71.4)
Multipara	2 (28.6)
Delivery type	
Vaginal	5 (71.4)
Caesarean section	2 (28.6)

The majority of women with PPP were between 25-29 years old (57.1%) and primipara (71.4%), suggesting that young age and first-time motherhood may be risk factors for PPP.

Symptoms and Management:

The symptoms and management strategies employed for women with PPP are outlined below. Prompt recognition and treatment of PPP are critical to preventing severe consequences.

Symptoms	n (%)	Management	n (%)
Hallucinations	5 (71.4)	Pharmacotherapy	7 (100)
Delusions	4 (57.1)	Psychotherapy	5 (71.4)
Disorganized thinking	3 (42.9)	Hospitalization	4 (57.1)

In women with PPP, clinical psychiatric disorders like hallucinations were present in 5(71.4%), delusions in 4(57.1%) and disorganized thinking in 3(42.9%). Management therapies like pharmacotherapy, psychotherapy and hospitalization was required for 7(100%), 5(71.4%) & 4(57.1%) patients, respectively.

Outcome	Number (%)
Symptom Resolution	
Hallucinations resolved	4/5 (80%)
Delusions resolved	4/4 (100%)

Outcome	Number (%)
Disorganized thinking resolved	2/3 (66.6%)

Hallucinations resolved: 80% (4/5) of women experiencing hallucinations showed resolution of this symptom. Delusions resolved: 100% (4/4) of women experiencing delusions showed resolution of this symptom. Disorganized thinking resolved: 66.6% (2/3) of women experiencing disorganized thinking showed resolution of this symptom.

DISCUSSION

The incidence of postpartum psychosis (PPP) in our tertiary care hospital was found to be 1.41 per 1000 deliveries, which is consistent with previously reported rates in the literature (1, 4). This finding suggests that PPP remains a significant concern in India, particularly in settings with limited mental health resources.

The demographic profile of women with PPP in our study revealed that the majority were between 25-29 years old (57.1%) and primipara (71.4%). These findings are in line with previous studies, which have identified young age and primiparity as risk factors for PPP (8, 12). The higher incidence of PPP among primipara may be attributed to the increased stress and anxiety associated with first-time motherhood.

Regarding delivery type, 71.4% of women with PPP had vaginal deliveries, while 28.6% had cesarean sections. This finding contrasts with previous studies, which have suggested that cesarean section may be a risk factor for PPP (10, 11). However, our sample size was small, and further research is needed to explore this association.

Clinically, hallucinations (71.4%) and delusions (57.1%) were the most common symptoms presented by women with PPP. Disorganized thinking was observed in 42.9% of cases. These findings are consistent with previous studies, which have identified hallucinations and delusions as hallmark symptoms of PPP (2, 3).

In terms of management, pharmacotherapy was universally required (100%), while psychotherapy and hospitalization were necessary for 71.4% and 57.1% of patients, respectively. These findings highlight the importance of comprehensive treatment approaches for PPP, incorporating both pharmacological and psychological interventions (13, 14).

The findings of this study demonstrate the effectiveness of treatment for postpartum psychosis (PPP) in resolving key symptoms. Hallucinations resolved in 80% (4/5) of women, indicating a strong treatment response. Delusions resolved completely in 100% (4/4) of women, highlighting the efficacy of treatment. Disorganized thinking resolved in 66.6% (2/3) of women, suggesting moderate treatment success. These results suggest that prompt and comprehensive treatment can effectively manage PPP symptoms.

The high incidence of PPP in our study underscores the need for improved screening and detection strategies in Indian healthcare settings. Routine screening for psychiatric symptoms during the postpartum period may help identify women at risk and facilitate timely intervention (15).

CONCLUSION

The results indicate that PPP, with an incidence rate of 1.41 per 1000 deliveries, is still a major concern in Indian healthcare settings. Potential risk factors included young age, primiparity, and vaginal delivery; the most prevalent symptoms were delusions and hallucinations. PPP was successfully treated with comprehensive management strategies that included medication, psychotherapy, and hospitalization.

The study emphasizes the necessity of better screening and detection techniques in Indian healthcare settings in order to recognize women who are at risk and enable prompt intervention. During the postpartum phase, routine mental screening should be given top priority by healthcare providers, especially for women who have a history of mental illness or complications from childbirth. To validate these results and provide evidence-based guidelines for PPP management in India, larger sample sizes in future prospective studies are required.

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