



POSTNATAL PERIOD AND MENTAL ILLNESS

Dhanpal H. N., Research Scholar, Shri JJTU, Jhunjhunu, Rajasthan.

Dr. AchaammaVerghese, Research Supervisor, Deptt. of Nursing, Shri JJTU, Jhunjhunu,

Dr. Ramu K., Co-Supervisor, Deptt. of Nursing, Shri JJTU, Jhunjhunu, Rajasthan.

Email ID-dhanpal2000@gmail.com

ABSTRACT: Mental illness is considered to affect up to one in every five mothers and one in every ten fathers during the postnatal period. Suicide is responsible for one in every seven mother fatalities, while mental problems account for 25% of all maternal deaths during the postnatal period. Although there have been no reported incidents of paternal fatalities, fathers are more likely to demonstrate a higher risk of suicide due to mental illness in the postpartum period.

INTRODUCTION

Being a parent can be a journey laced with joy and fulfillment as well as worry and turbulence. Parents are more susceptible to various types of mental illnesses during the postnatal period due to the psychological anguish that arises from the increased physical and emotional demands placed on them after childbirth. The most common complications that have a considerable impact on the morbidity, mortality, and cost of treatment for both mothers and newborns are postnatal mental disorders. Compared to postnatal mental disorders in mothers, research on the prevalence, effect, and economic consequences of postnatal mental disorders in fathers is sparse. However, it is observed that a sizable portion of fathers endures major and debilitating mental difficulties. Postnatal mental health disorders necessitate early management due to their negative impact on parents' health and child outcomes. Nonetheless, mental disorders in the postnatal period frequently go unrecognized and untreated.

POSTNATAL PERIOD AND MENTAL ILLNESS

Mental illnesses are among the most prevalent morbidities following childbirth. Mental illness is thought to affect up to 1 in 5 mothers and 1 in 10 fathers during the postnatal period. One in seven maternal deaths is caused by suicide, and mental disorders account for 25% of all maternal deaths during the postnatal period. Although there haven't been any cases of

documented paternal deaths, fathers are more likely to exhibit a higher risk of suicide due to mental illness in postpartum period.

Parents, particularly mothers and to a lesser extent fathers, are more prone to a range of mental illnesses during the postpartum period. However, studies indicate that the postnatal period is when affective (mood) disorders tend to manifest most frequently. Postnatal mood disorders are often categorized into three categories: postnatal depression, postnatal psychosis, and postnatal blues. Each category differs in frequency, clinical presentation, severity, and management. Postnatal blues, milder dysphoria, affects 40% to 85% of new mothers after delivery. It is a self-limiting condition that requires no active therapy other than social support. Depression that appears between four and six weeks after childbirth is known as postnatal depression. However, studies on the prevalence of postnatal depression among mothers and fathers indicate that it can manifest at any time within the first year of childbirth. It affects 10% to 20% of mothers, with the highest prevalence occurring within 4 months of childbirth. The prevalence of PND in fathers is between 8% and 10%, with the maximum prevalence occurring within 3 to 6 months of childbirth. Postnatal depression is a moderate mood disorder that needs both pharmacological and psychosocial interventions. Postnatal depression is one of the most prevalent mental illnesses and affects both mothers and fathers in significant numbers throughout the postnatal period. In the latest study to investigate the prevalence of postnatal depression in parents, it was found that 7% of fathers and 13% of mothers had postnatal depression. Postnatal depression is a serious health concern due to its proven negative effects on infant's development, parent quality of life, and health-care costs. Postnatal psychosis is the most severe mood disorder. A rare life-threatening condition that endangers both mothers and newborns, affecting 1-2 mothers out of every 1000 births. Infanticide and suicide have been documented in 4% and 5% of women suffering from psychosis, respectively. The prevalence of postnatal psychosis in fathers has not been established however, it is regarded as a psychiatric emergency. Anxiety and stress-related illnesses are two other postnatal mental disorders that affect parents. Postnatal anxiety disorder is more frequent than PND, affecting 15.2% of mothers and 10.6% of fathers. Postnatal posttraumatic stress disorder (PTSD) affects 4.7% of mothers and 1.2 % of fathers. The incidence of obsessive-compulsive disorders in women during the postnatal period is 2.4%, which is comparable to the prevalence in fathers.

Major physiological and psychosocial adjustments—both good and negative—are required of a couple as they make the journey to parenthood. The transition to parenting is linked to negative impacts on parental mental health, even though many parents can cope with the

responsibilities of parenthood. According to studies, the prevalence of PND in mothers varies depending on the kind and timing of the evaluation from 8% to 28%. The rates of PND in fathers range from 5% to 13%, with the peak incidence occurring between three and six months after childbirth. Having a spouse with severe depression symptoms is most frequently correlated with depressive symptoms in fathers.

Postpartum mental health issues are linked to a variety of biopsychosocial connected risk factors, with a complicated and reciprocal interplay between them. A stressful life event, such as childbirth, may have a moderating influence on a person's mental health depending on genetic predispositions and vulnerabilities resulting from early life hardship, personal attachment issues, a family history of mood disorders, and other factors. Additionally, prenatal experiences of psychological distress, obstetric difficulties, and assisted delivery all raise women's risk for postnatal mental health issues. Poor marital relationship, a lack of postnatal support, and sleep disturbance during pregnancy and after delivery may also lead to the emergence of mental health issues and may have a detrimental impact on the connection between parents and children.

An overlooked but crucial subject in the research is fathers' mental health. Due to changing cultural perceptions of masculinity, males, and fatherhood, increased gender equality, and women's and mothers' increasingly active positions in the workforce, fathers have been increasingly involved and incorporated into parental duties. Despite various social norms that can act as obstacles or deterrents to father engagement, there is a rise in father involvement. For men of reproductive age, becoming a parent is a life-altering experience that lasts their entire lives. The man, his child, and the family are all significantly impacted by fatherhood. Fathers can play a special role in parenting and directly impact their children's health in positive ways. Positive outcomes for children's mental and physical health from conception through childhood and into adulthood have been associated with father engagement.

CONCLUSION

Mental health has always been, and continues to be, an unnoticed, peripheral, and marginal component of reproductive health. Given the considerable contributions of reproductive and mental health to the burden of disease and impairment worldwide, it is regrettable that it has not gotten more attention. In a study to gather opinions from researchers in the fields of reproductive or mental health on epidemiology, determinants, and outcomes of reproductive and mental health, most of the experts expressed the opinion that reproductive mental health is understudied.

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