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POSTPARTUM PSYCHOSIS: A SERIOUS MENTAL DISORDER THREATENING THE HEALTH OF BOTH MOTHER AND CHILD

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Abstract: Postpartum psychosis is a severe psychiatric condition that arises during the perinatal period and is marked by acute disorientation, hallucinations, delusions, and significant behavioral disturbances. This article provides a comprehensive analysis of the clinical features, etiological factors, potential consequences, international practices, and the legislative approaches adopted in the Republic of Uzbekistan concerning postpartum psychosis.

Key Words: Postpartum psychosis, maternal mental health, childbirth, psychiatric disorders, postpartum care, infant safety, reproductive health, Uzbekistan health legislation, perinatal period.

Introduction

Mental well-being in mothers is a critical element in nurturing a healthy generation. During the postpartum period, a number of women experience serious psychological disturbances, including psychotic episodes. Without timely diagnosis and treatment, such conditions may result in self-harm or harm to the newborn. According to the World Health Organization (WHO), postpartum psychosis affects approximately 0.89 to 2.6 out of every 1,000 births globally. In the United Kingdom, statistics indicate that around 1,380 women annually experience this condition—roughly 2 per 1,000 births. In Denmark, studies report that within the first three months postpartum, 0.64 women per 1,000 require inpatient psychiatric care.

In Asia, postpartum depression is more prevalent, though some cases progress into psychosis. For example, in South Korea, postpartum psychosis occurs in 0.82% of new mothers, while the rate of perinatal depression in China reaches 16.3%. Similar trends are observed in Japan and India, where cultural factors, societal support, and attitudes towards women significantly influence the occurrence and recognition of mental health disorders.

In Uzbekistan, unfortunately, official statistics on postpartum psychosis are not readily available. However, perinatal care protocols introduced by the Ministry of Health in 2022 emphasize the importance of assessing the psychological condition of

mothers, indicating a growing recognition of the need for systematic research and monitoring in this area.

Definition and Clinical Characteristics

Postpartum psychosis typically develops within 48 to 72 hours after childbirth, though in some cases it may appear within several weeks. According to the International Classification of Diseases (ICD-10), it is coded as F53.1 — severe mental and behavioral disorders associated with the puerperium.

Key Symptoms:

Disorientation and confusion

Hallucinations (visual or auditory)

Recurrent psychotic episodes

Delusional beliefs about the baby (e.g., “the baby is evil” or “possessed”)

Insomnia, anxiety, and emotional instability

Possible Causes

The development of postpartum psychosis is often associated with a combination of biological, psychological, and social factors.

Biological factors: Sharp drops in estrogen and progesterone levels

Psychiatric history: Women with a personal or family history of bipolar disorder or schizophrenia are at higher risk

Psychosocial factors: High stress, lack of social support, and family instability

Risks and Consequences

In a state of psychosis, a mother may be unable to properly care for her infant. In extreme cases, she may neglect or even physically harm the child. According to WHO data:

5% of women with postpartum psychosis attempt suicide

4% have committed infanticide

Real Case Example:

In the United States, Andrea Yates, suffering from untreated postpartum psychosis, tragically drowned her five children in 2001. She was later found not guilty by reason of insanity and admitted to a mental health facility. This case raised global awareness of the dangers of untreated maternal mental illness.

Legal Protection in Uzbekistan

According to the Law on Reproductive Health Protection (2000) of the Republic of Uzbekistan, women’s physical and mental health during the perinatal period must be safeguarded. Furthermore, the Ministry of Health’s 2022 Clinical Guidelines on

perinatal and postnatal care highlight the importance of providing psychological support.

Recommended Actions for Medical Professionals:

Evaluate mental health using validated tools (e.g., Edinburgh Postnatal Depression Scale – EPDS)

Refer to a psychiatrist when symptoms of psychosis are present

Promote bonding and positive interaction between mother and infant.

Treatment and Rehabilitation

Postpartum psychosis requires immediate medical attention and a multi-disciplinary approach.

Pharmacological treatment: Use of antipsychotics (e.g., olanzapine, risperidone); antidepressants in selected cases

Psychotherapy: Cognitive-behavioral therapy and family counseling

Hospitalization: In cases where there is a danger to self or others

Family involvement: Ongoing social and emotional support during recovery

Conclusion

Postpartum psychosis is a severe and potentially life-threatening condition that requires early diagnosis and comprehensive treatment. The collaboration of gynecologists, psychiatrists, and family members is crucial in managing this condition and ensuring the safety of both the mother and the child. Promoting mental health awareness, providing timely intervention, and establishing a support system can help prevent the devastating consequences of postpartum mental disorders.

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