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Epidemiological, clinical and ethnological particularities of puerperal psychosis in Toamasina, Madagascar

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Abstract

Introduction: A descriptive retrospective study in the Psychiatry service of the Analankininina University Hospital Center of Toamasina Madagascar was conducted from January 1st to December 31st, 2018 to know the epidemiological, clinical and ethnological particularities of puerperal psychosis affecting women hospitalized in this service.

Methodology and results: Women presenting mental disorders corresponding to the diagnostic of puerperal psychosis coded F.53 from the Tenth version of the International Classification of Diseases of the WHO were included. Then, among the 451 patients hospitalized at the Toamasina Psychiatry Service, 27 women presented puerperal psychosis. The average age was 25 years with extreme ages of 18 and 34 years. The age between 20 to 24 years was the most affected. According to the level of education, 55.55% of patients attended secondary school and 29.62% had a school break in primary level. They were housewives in 51.85% of cases, married in 59.25%. Obstetrically, 59.25% of patients are primiparous, delivered vaginally in 92.59% and by caesarean surgery in 7.40 % of cases. They had full-term births in 92.59% of cases and premature births in 7.40%. Psychiatrically, no family past of mental troubles was reported in 88.88% of the patients while 7.40 % have had it with first-degree relatives. Furthermore, no personal history of psychosis was found in 74.07% of the patients, while 22.22% had a history of psychosis and 3.70% a history of bipolar disorders. A traumatic experience of childbirth was reported in 22.22% of patients, while 18.51% reported traumatic previous pregnancies and/or deliveries. Marital conflicts (14.81%) and financial difficulties (11, 11%) were the most present stressors. Clinically, puerperal psychosis appeared on average within 8 to 14 days postpartum in 37% of cases. The most presented clinical signs were insomnia (81.48%), delusional state (59.25%), behavioral dissociation (51.85%), anorexia and weight loss (44. 44%) and psychomotor agitation (37.03%). Polymorphic thema of delusions were the most observed in 44.44% of cases. Brief delusional psychoses were the most reported (51.85%), followed by depressive states (25.92%) and schizophrenic troubles (14.81%).

Conclusion: Psychological preparation and support for women during pregnancy, childbirth and postpartum are importants. It is suggested that the population would be concious of the existence of appropriate psychiatric care and specific place in Toamasina to treat puerperal psychosis.

Keywords: Delirium; Epidemiology; Madagascar; Psychiatry; Puerperal Psychosis

1. Introduction

It has recently been noted the frequency of women coming for consultation and hospitalization in the Psychiatry department of Toamasina for mental disorders related to purperality. The dangerousness of this pathology depends on

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the risk of infanticide by the mother presenting difficulty in managing of the delirium. Then, this study was carried out with the aim to know and to show the ethnic particularities of the socio-demographic, obstetrical and psychiatric profiles of these patients.

2. Generalities

“Puerperal psychosis” represents acute delusional manifestations associated with a mood change, in women in the first fifteen days after childbirth or throughout the first year postpartum [1].

According to the Tenth Edition of the International Classification of Diseases (ICD 10) of the World Health Organization [2], "Mental and behavioral disorders associated with the puerperium" (F.53) are defined as mental disorders that appear during the first six weeks after delivery and which do not meet the criteria for another disorder classified elsewhere.

Three specific psychopathological entities are individualized in the postpartum [3]: postpartum blues or baby blues or third day syndrome, postpartum depression and postpartum psychosis or puerperal psychosis or episode of brief postpartum psychosis.

From a psychopathological point of view [4], the mother presents a trauma because of a separation with the child. She seems unable to identify with an internalized image of a good mother. Delirium appears as a solution to a narcissistic flaw revealed by childbirth, in a previously poorly structured maternal personality. Moreover, if the maternal image internalized in the parturient is like an all-powerful and persecuting mother, identification with the mother becomes impossible. Consequently, she projects onto the baby the aggressive urges that would have been destinated to the internalized mother. In addition, the disorder could come from the non-abandonment of the imaginary child. The role of delirium would be to fight against this loss of imaginary child.

From a pathophysiological point of view [5], during childbirth, estrogen levels collapse. Then, their inhibition on dopaminergic receptors is lifted, causing delirium which appears in certain predisposed women.

2.1. Research methodology

This is a descriptive retrospective and prospective study in the Psychiatry department of the Analankininina Toamasina University Hospital Center, for a period of 16 months, from January 01st to December 31st, 2018, including all hospitalized women, meeting the criteria for diagnosis of puerperal psychosis coded F.53, according to the Tenth version of International Classification of Diseases of the World Health Organization (ICD.10). All non-cooperative patients with other diagnoses were excluded from the study. Sociodemographic, obstetrical and psychiatric variables were studied.

3. Results

Among 451 patients hospitalized in the Psychiatry department of Toamasina, 27 women presented puerperal psychoses. The average age was 25 years old with extreme ages of 18 and 34 years old. The age between 20 to 24 years was the most affected (44.44%). According to the level of education, 55.55% of the patients followed a secondary study, 11.11% had a training up to a higher level and 29.62% had a education dropout in primary school. They were housewives in 51.85% of cases, married in 59.25%, single in 11.11%.

Obstetrically, 59.25% of patients are primiparous, delivered vaginally in 92.59% and by cesarean surgery in 7.40% of cases. They had term births in 92.59% of cases and premature births in 7.40%.

Psychiatrically, no family history of puerperal psychosis was reported in 88.88% of the patients while 7.40% had it in the first-degree relatives and 3.70% in the second-degree one. In addition, no personal history of puerperal psychosis was found in 74.07% of the patients, while 22.22% had already had one and 3.70% had a history of bipolar trouble. A traumatic experience of childbirth was reported in 22.22% of patients while 18.51% reported traumatic pregnancies and/or childbirths. A notion of child abuse was reported in 14.81% of women. Marital conflict (14.81%) and financial difficulties (11.11%) were the most common stressors.

Clinically, puerperal psychosis appeared averagelly within 8 to 14 days postpartum in 37% of cases. The most presented clinical signs were insomnia (81.48%), delusional state (59.25%), behavioral dissociation (51.85%), anorexia and weight loss (44. 44%) and psychomotor agitation (37.03%). Polymorphic thema of delusions were the most observed

in 44.44% of cases. Brief delusional psychoses were the most frequent (51.85%), followed by depressive states (25.92%) and schizophrenic troubles (14 .81%). All patients followed psychotherapies (100%) and received antipsychotics (100%), anxiolytics (92.59%), antidepressants (25.92%) and mood stabilizers (14.81%). Under treatment, patients have a good improvement in 92.59% of cases.

4. Discussion

The prevalence of postpartum psychoses in the Psychiatry department of Toamasina Madagascar during the study period is 5.98%, which differs from the study [6] in Burkina Faso (1.61%). Geographic distances, the shame of the family, the cost of medicines, meals and hospitalization costs, entirely borne by the patient's family, would constitute the brakes to hospitalization.

The age range between 20 to 24 years (44.44%) was the most affected, unlike a study carried out in Sweden (40 to 44 years) [7]. In fact, the precocity of fertility among Malagasy women around the age of 20 to 24 [8] could be the cause.

Housewives were the most affected, as in the Togola study in Mali [9]. Work is universally one of the factors of psychological stability.

Married women were also the most affected, thus joins the studies of Shehu and co. [10] in Nigeria. In fact, in a country with limited income like Madagascar, the psychological and financial difficulties related to marriage and post-marriage conditions would constitute a hard psychological endurance for some sensible women: the preparations, the marriage and the related rituals.

Primiparous women were the most affected in 59.25% of cases, which is comparable to the study conducted in Egypt by Khedr and co. [11] with 73.3% of cases. In fact, for some women, the first pregnancy would constitute a terrible psychological ordeal in relation to the transition to the new life of mother and the associated psychosocial upheavals.

The majority of patients had a term delivery (92.59%) and the remaining (7.40%) had premature babies. Obviously, the birth of a premature baby could be a source of additional anxiety for the vulnerable women. Moreover, according to Nager [7], psychosocial and obstetrical stressors could play a role in the occurrence of puerperal psychosis.

Similar past of psychosis among first-degree parents were observed in 7.40% and personal past of psychotic evants were found in 25.92% of women with actual puerperal psychosis, including similar antecedent of puerperal psychosis (22.22%) and bipolar disorders (3.70%). Togola [12] in Mali observed the presence of personal psychotic past events in 16.1% of patients with puerperal psychoses. The literature [13] has highlighted that personal psychiatric antecedents represent a considerable risk factor for postpartum psychosis with an estimated risk of 30-35%.

The family stress factors found were marital conflicts (14.81%), separation (11.11%), bereavement (11.11%) and family conflicts (7.40%). Or, in the Malagasy culture, the pregnant woman is generally and usually supported closely by the family or relatives. The ritual is called "Mifana", during which, the mother of the parturient or another woman who is already a mother in the close family has the duty to take care of her intimately. This mother woman has the responsibility of initiating the new mother to the care of the newborn to respect the traditions. Moreover, in the period of giving birth, the new mother receives a symbolic gift called "Rompatsa" or "Breakup" from the family and the close surroundings as a witness of their affection and support for the new mother and the baby. The presence of conflicts and family separation will be considered as a big distance and a harmful psychological endurance, source of guilt and ideas of incapacity.

The clinical signs most encountered in women suffering from puerperal psychosis were insomnia (81.48%), delusional state (59.25%), behavioral dissociation (51.85%), anorexia and weight loss (44.44%) and finally psychomotor agitation (37.03%). Polymorphic thema (44.44%) was the most represented. The other themas found are persecution (7.40%), megalomania (3.70%) and mysticism (3.70%). However, a study by Khedr and co. [64] in 2019 found as predominant early symptoms: sleep disorder (66.7%), irritability (65%), anxiety (58.3%), hypomanic symptoms (56.7%) , confusion (33.33%) and somatic complaints (30%).

According to the literature [14], there is no specific thema to puerperal psychosis, but delusions frequently concern the child. Food refusal and weight loss have been included as part of delirium. Then, distrust of food is due to fear of poisoning or witchcraft through food. Generally, the delusional themes would be related to the Malagasy customs context. In fact, the moral weight represented by the “Fady” or taboos would often be externalized by delusions. These delirious states were often perceived as being a demonic possessions requiring the use of exorcism by the "Mpimasy"

or traditional healers or even by the called "Fanalana Devoly" or deliverance made by the Malagasy current religious vigil movements called "Mpiandry" or "Shepherds". Persecution is widely reported as coming from husband, family, sorcerers or Satan. Consultation with a psychiatrist is always a last resort for the majority of patients.

According to this study, there is a predominance of brief delusional psychosis (51.85%), followed by other clinical forms: depressive mood states (25.92%), schizophreniform troubles (14.81%), manic states (7.40%).

For pharmacological treatment, psychotropic drugs were used depending on the clinical signs. Neuroleptics were widely used (100%), then anxiolytics (92.59%), and antidepressants (25.92%). Some patients benefited mood stabilizer drugs (7.40%). For the non-drug treatment, all the patients benefited individual and family psychotherapy.

Most of the treated patients (92.95%) return to a normal life. However, long-term survey has been difficult because of lossing sight.

5. Conclusion

Consultation with a psychiatrist is always a last resort for the majority of patients. Psychological preparation and support for women during pregnancy, childbirth and postpartum are therefore important. It is suggested that the population be made aware of the existence of appropriate psychiatric care and specific place in Toamasina Madagascar to treat puerperal psychosis.

Compliance with ethical standards

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Disclosure of conflict of interest

The authors declare no conflict of interest.

Statement of ethical approval

The present research work does not contain any studies performed on animals/humans subjects by any of the authors. Permission to conduct the study was obtained from Department of Psychiatry, Analankininina Toamasina University Hospital, Madagascar.

Statement of informed consent

Informed consent was obtained from the patient included in the study. The patient information was be kept confidential during and after study perio.

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