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Perinatal psychiatry: Is it all about the mother?

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Abstract

ECP0001

Risk of severe postpartum episodes

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Abstract Body: The risk of mothers to develop a severe mental illness is dramatically increased in the first three months after giving birth. Childbirth has the strongest relationship with postpartum affective psychosis, a condition that is characterized by an acute onset of florid symptoms, usually within 2 weeks of delivery, and atypical features, such as rapidly fluctuating psychotic symptoms, florid motor symptoms, perplexity and high risks to the mother and her baby. Follow up data of women with a first episode suggest that some women only become ill in the context of childbirth whereas in others it is an expression of a lifelong bipolar disorder. Whether this reflects two distinct forms of the disorder or different degrees of vulnerability requires future study. The profound hormonal and metabolic as well as psychosocial changes in the perinatal period give rise to a number of hypotheses that seek to explain the pathogenesis of postpartum psychosis. Current research findings on biological and psychosocial risk factors will be discussed as well as what is currently known about responses to treatment.

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ECP0002

Joint care of parents and infants in perinatal psychiatry

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Abstract Body: In the perinatal period, about 15-20 % of women will present a mental health disorder. These disorders, as with all sources of psychological and physical stress in early childhood, especially the poor quality of parent-child relationships, are widely involved in predicting poor mental health in adulthood. The economic cost of perinatal mental health, corollary of this human cost, evaluated in 2014 would amount to £GBP 8.1 billion per annual birth cohort according to a UK report. This report highlights another fundamental element: 3/4 of the costs are associated with the deleterious consequences of parental psychological disorders on child development. The mechanisms involved in the relationship between parental psychiatric disorders and child development are complex. On the other hand, the influence of parental characteristics on the future of children can vary depending on social determinants such as familial income level. During the perinatal period, parental mental health represents one of the keys to the infant development. Perinatal psychiatry allows a dual approach essential to deal with the complexity of perinatal psychiatry care, combining a curative aim (care of the parent) and a preventive one (preventing the risk of dysfunction in the process of becoming parents, in parent-child relationships and of impaired child developement). This intervention wil discuss how this interactive circle must be supported by perinatal mental health policies, of which the joint care of parents and infants (from parent-child psychotherapy to joint mother-baby hospitalisation) in perinatal psychiatry is a pivotal element.

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