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PUERPERAL MADNESS: A CASE REPORT

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Introduction: Postpartum psychosis occurs in 1 of 500 mothers, with rapid onset in the first 2-4 weeks after delivery. It is considered a psychiatric emergency and usually results in inpatient psychiatric hospitalization. Infanticide is one of the most serious risks of postpartum psychosis.
Objective: The purpose of this article is to report a clinical case of Postpartum Psychosis.
Methods: Case study and review of the literature.
Results: A 38 year old woman developed a clinical picture characterized by agitation, irritability, mood swings, hyperactivity, disorganized behavior and insomnia, within the first week after delivery. She had no history of mental illness and no family history of mood disorder. The patient was hospitalized to study this first episode of Psychosis occurring after the childbirth of her second son.
Discussion and conclusion: Postpartum psychosis impacts 0.2% of women of childbearing. The recurrence rate is about one in four pregnancies. Postpartum psychosis is considered a psychiatric emergency due to the potential for catastrophic suicide and/or suicide. Treatment with haloperidol should be used with caution, because dangerous side-effects including neuroleptic malignant syndrome have been reported. The newer neuroleptic drugs, seem to be safer. Women with a history of bipolar disorder or postpartum psychosis are at extremely high risk of relapse postpartum. Some authors recommend initiating prophylactic treatment immediately postpartum in women with a history of psychosis limited to the postpartum period.

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