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Postpartum Mom Mood Disorders

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ABSTRACT

Postpartum mood disorder is a postpartum maternal psychological problem that includes a range of psychiatric disorders. Postpartum mood disorders can have a serious impact on both the mother and the baby. About 70-80% of women experience mood swings during pregnancy and postpartum. Some experience mild and temporary changes, while others experience significant depression or anxiety. Provides a brief overview of the issue of mood disorders, given their high impact globally. This review will cover aspects such as the prevalence of mood disorders, clinical manifestations, and relevant management strategies. Postpartum mood disorders have a high prevalence, both globally and in our country context. Risk factors include a history of psychiatric disorders, stress during pregnancy, lack of social support, and economic problems. Symptoms vary from mood swings, anxiety, sleep disturbances, to severe symptoms such as psychosis. These disorders can be life-threatening to both mother and baby if not detected and treated quickly. Early detection is crucial and using diagnostic tools such as the Edinburgh Postpartum Depression Scale can help. Treatment involves cognitive behavioral therapy, interpersonal therapy, and the use of medications such as antidepressants. This review is not only useful for increasing healthcare professionals' awareness of mood disorders in this period, but also provides important insights into providing appropriate and time-effective treatment. In the context of clinical significance, in addition to pharmacological treatment, interpersonal or cognitive-behavioral therapy, as well as family therapy, have a very important role in managing mood disorders during pregnancy and the postpartum period.

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1. INTRODUCTION

Postpartum Mood Disorder is a psychological condition that can affect postpartum mothers. It encompasses a range of psychiatric disorders, including postpartum depression, postpartum anxiety, and even postpartum psychosis. These disorders have a significant impact on the well-being of both mother and baby, and as such, it is important to understand the factors that play a role in their development, their symptoms, and detection and treatment strategies. Postpartum Mood Disorders are becoming a relevant public health issue, especially given their underappreciated impact on maternal and newborn health.

The prevalence of postpartum mood disorders varies worldwide, but approximately 70-80% of women experience mood changes during pregnancy and postpartum. While many experience temporary and mild symptoms, some experience significant depression or anxiety. Risk factors that may increase the likelihood of postpartum mood disorders include a history of psychiatric disorders, stress during pregnancy, lack of social support, economic problems, and other factors.

Postpartum mood disorders have a variety of symptoms, ranging from mood swings, anxiety, sleep disturbances, to more severe symptoms such as hallucinations and delusions in the case of postpartum psychosis. In some cases, these disorders can be life-threatening to both mother and baby if not detected and treated quickly. Early detection of postpartum mood disorders is crucial to initiate appropriate treatment.

Postpartum blues, which is the most common cause of postpartum mood disorders, occurs in about 85% of women. Postpartum psychosis, although rare with a rate of about 0.1%, is a psychiatric

emergency that requires immediate treatment. Electroconvulsive therapy has been shown to be safe in pregnancy, as noted by Pathiraja (2020). The prevalence of postpartum blues itself ranges widely, between 10-80%, according to different studies (Greene et al., 2023). Postpartum depression has a prevalence that also varies worldwide, with estimates reaching 150-200 per 1,000 live births according to Marami & Bornali (2020). However, in some cases, the prevalence of postpartum depression can be lower, ranging from 0.87 to 2.5 per 1,000 live births, but requiring hospitalization, as suggested by Perry et al. (2021).

More than 75% of women are reported to experience some form of mood disorder during the postpartum period. The fact that approximately 80% of women experience these changes during pregnancy and/or the postpartum period suggests the importance of viewing this condition as a significant public health issue. A study by Rezaie-Keikhaie and colleagues showed that the prevalence of maternity blues, a form of postpartum mood disorder, reached 39.0%. Moreover, it was found that the prevalence of maternity blues is higher in middle- and low-income countries compared to high-income countries. It is estimated that approximately 72-88% of patients with postpartum psychosis also suffer from bipolar or schizophreniform disorders, whereas only 12% have a history of schizophrenia (Rai et al., 2015).

In addition, nearly 70-80% of women experience some type of postpartum mood disorder, while 10-20% of them experience symptoms of depression and anxiety. It was revealed that about 80% of women experience changes during pregnancy or the postpartum period, and among them, about 14-80% experience symptoms of postpartum blues based on a random effects model. All these data underscore the complexity and variation in postpartum mood disorders and the need for greater understanding and attention to the mental health of postpartum mothers.

The incidence of postpartum depression varies across studies and populations. Iyengar et al. (2018) reported that about 60% of women experience depression during the postnatal period. This is a fairly high rate, indicating the extent to which postpartum depression can affect women in some specific regions or groups. Meanwhile, Grigoriadis (2020) noted that the incidence rate of postpartum depression ranges from 9-16% among women who have recently given birth. This figure indicates a lower incidence rate, but remains significant in the general population.

Research by Toohey (2012) suggests that approximately 10-15% of women experience postpartum depression. This figure is similar to the findings of Kossakowska et al. (2019), who reported that postpartum depression affects about 10-20% of mothers worldwide. This suggests that postpartum depression is a fairly common problem in various countries. However, research conducted by Makarova et al. (2021) shows a lower figure, which is about 11.3% of women experiencing depression within six weeks of giving birth. Meanwhile, Mohammed et al. (2021) estimated that 10-25% of women suffer from postpartum depression. This difference in numbers could be due to variations in the population studied, different research methods, and other factors.

Postpartum psychosis is a relatively rare event, ranging from one to two cases per 1000 births, and tends to be more common in women giving birth for the first time, as mentioned in a study by Friedman et al. (2023). During the postpartum period, approximately 70-80% of women experience a variety of mood disorders, with symptoms generally being transient and mild. However, around 50-85% of women may experience more significant symptoms of anxiety and depression.

Overall, the incidence of postpartum depression ranges from 9-25%, with significant variation between studies. This emphasizes the importance of early monitoring, detection and intervention in addressing this issue as well as the importance of social support and appropriate care for women experiencing postpartum depression.This article aims to provide an in-depth understanding of postpartum mood disorders, including their causes, symptoms, diagnosis and management. With a better understanding of this disorder, it is hoped to increase awareness and early detection efforts, so that postpartum women can receive appropriate care and recover well after experiencing postpartum mood disorder.

2. METHOD

In this study, two authors separately conducted searches in PubMed®, Scopus, Embase®, and Google Scholar databases for informative and relevant articles that had been published from the

beginning of the database until September 2023. The search strategy used involved keywords and subject headings without language restrictions. If there were any discrepancies or irregularities in the search results. To identify review articles on postnatal mood disorders, the following keywords were used in the search: "Mood Disorder" OR "Postpartum blues" OR "Postpartum depression" OR "Postpartum psychosis". Studies considered were original research, published within the last 15 years.

The study selection process and data collection were conducted in accordance with the research protocol. In the initial stage, researchers independently reviewed titles and abstracts, adhering to predefined matching criteria. Articles that were duplicates were removed, and the full texts of all remaining articles were analyzed in detail according to the predefined match criteria. Relevant information was extracted from the articles. Where there were differences in views between the two researchers, these were resolved through a consensus process. In this study, cross-sectional, prospective, retrospective, and descriptive studies were included, whereas letters to the editor, reviews, case reports, correspondence, case series, and articles without full text were excluded from this review. The method of developing this systematic review refers to the guidelines adapted from the Cochrane Handbook for Systematic Review.

3. RESULTS AND DISCUSSION

Postpartum mental illness in the form of mood disorders can be grouped into three main categories: (1) Mood Disorder, (2) postpartum blues, (3) postpartum depression, and (4) postpartum psychosis.

Mood disorders

During the postpartum period, mood disorders are an issue of higher prevalence, both globally and in our country. These include conditions such as postpartum grief or baby blues, postpartum depression and postpartum psychosis. During the pregnancy period and even a few weeks after delivery, biochemical changes occur in the mother's body, including hormonal, psychological and social changes. These changes increase the mother's susceptibility to these mood disorders.

Some of the risk factors associated with these conditions include experience of depressive symptoms or depressive episodes during pregnancy, stress levels during pregnancy, having a caesarean section, presence of anxiety symptoms, hypochondriasis, history of premenstrual dysphoric syndrome, history of death, changes in dreams, and having a baby girl.

Postpartum blues

Postpartum blues is a common experience for many women after childbirth (Mullins, 2021). As a continuum, postpartum blues is generally considered the mildest, while postpartum psychosis is considered the most severe form (Balaram & Marwana 2023). Maternity blues can interfere with infant care and is known to be associated with the risk of problems in mother-infant interaction, postpartum depression, and affecting child development. Postpartum blues is considered a temporary physiological and psychological disorder, with symptoms that may include unstable mood swings, crying, sadness, depression, anxiety, confusion, and insomnia (Greene et al, 2023).

Maternity blues is a form of postpartum depression characterized by depression, drowsiness, mood swings, irritability, fatigue, insomnia, exhaustion, feelings of hopelessness, pessimistic anorexia, lack of selfishness, and suicidal thoughts (Mangkhang et al., 2019). Factors that can cause changes in maternal behavior during the postpartum period include biological, physiological, and social stress (Mangkhang et al., 2019). Sadness can be observed in women during the first year of the postpartum period (Mangkhang et al., 2019). 45.5% of respondents experienced postpartum blues after giving birth under the age of 20 (Pratiwi et al, 2017), and Indonesia has a high percentage of early marriage in the world (Pratiwi et al, 2017).

Student-patient interactions during midwifery clerkships highlight the importance of understanding the patient's emotional state and responding with empathy (Mullins, 2021). Such interactions ultimately result in positive outcomes, demonstrating the importance of the patient-doctor relationship (Mullins, 2021). Postpartum blues that are not treated properly can lead to postpartum depression which can be fatal for mothers and their babies (Pratiwi et al, 2017). Quasi-experimental research with a non-random control group design was used to analyze the effect of seven contact lactation counseling on postpartum blues (Muyassaroh et al, 2017), and the Mann-Whitney test

showed a significant difference between the control group and the treatment group (p-value: 0.0000) (Muyassaroh et al, 2017). There is an effect of seven contact lactation counseling on postpartum blues (Muyassaroh et al, 2017).

Personal and family history of depression, social adjustment, stressful life events, and free and total estriol levels were predictors of postpartum blues (O'Hara et al, 2016). Postpartum blues falls within the spectrum of affective disorders (O'Hara et al, 2016), and 182 women were followed from the second trimester of pregnancy to week 9 postpartum (O'Hara et al, 2016). Up to 80% of new mothers experience temporary "baby blues" symptoms (Robinson, 2020), and no specific treatment is required, and symptoms usually resolve spontaneously within 2-3 weeks (Robinson, 2020). Women should be rechecked within the first 6 weeks postpartum to ensure symptoms have resolved (Robinson, 2020).

Age and parity do not always trigger symptoms of postpartum blues (Purwati & Noviyana, 2020). Concerns about the baby, maternal fatigue, comments from people around the mother, support and presence of the husband, and adaptation to the presence of the baby are the main causes of postpartum blues (Purwati & Noviyana, 2020), and postpartum blues usually disappear after 2 weeks post partum (Purwati & Noviyana, 2020). Experiencing disturbing problems during childbirth and the postpartum period has an impact on separation anxiety (Karakoç & Uçtu, 2021), and there is a significant correlation between guilt, fear of not being a good mother, and feelings of weakness and separation anxiety (Karakoç & Uçtu, 2021). Birth blues is the fear and anxiety that the baby will be harmed if the mother is separated from it, and it is caused by negative experiences during labor and the postpartum period (Karakoç & Uçtu, 2021).

The adjustment variable has the greatest influence on the emergence of postpartum blues (56.3%) (Ningrum, 2017), and coping stress has the second largest influence on the emergence of postpartum blues (46.1%) (Ningrum, 2017). Social support had the third largest influence on the emergence of postpartum blues (30.2%) (Ningrum, 2017). There is a significant relationship between normal labor history with intervention and the incidence of postpartum blues in postpartum women at the Wara Health Center, Palopo City (p=0.014) (Yanti & Farida, 2022). A history of normal labor with a good measure of induction, rupture, and episiotomy of labor is associated with the incidence of postpartum blues in postpartum women at the Wara Health Center in Palopo City (Yanti & Farida, 2022). Postpartum blues can cause eating and sleeping disorders in postpartum women (Yanti & Farida, 2022).

Postpartum blues is a normal occurrence in the peripartum period after childbirth (Jannah, 2022). Early identification and intervention by health care providers can help reduce the level of postpartum grief (Jannah, 2022). Evaluation of maternity needs with nursing and midwifery concepts can significantly reduce postpartum blues (Jannah, 2022). The prevalence rate of postpartum blues is 12% (Ramanujam, 2016), and the most common symptoms are insomnia, lack of energy, and dysphoric mood (Ramanujam, 2016). International studies estimate the prevalence of postpartum blues ranges from 30-75% (Ramanujam, 2016), and this study was conducted at Dr. MM Dunda General Hospital, Limboto, Gorontalo Regency (Ismail et al., 2019). The results of data analysis show that there is a significant relationship between type of delivery and post-partum blues (Ismail et al, 2019), and factors that influence the incidence of postpartum blues include age, education, occupation, and obstetric status (Saraswati, 2018).

The research instrument used the EDPS (Edinburgh Postnatal Depression Scale) questionnaire (Saraswati, 2018), and data processing using the Chi Square test showed that the factors that influence the phenotype of postpartum blues include p value = 0.04, education with p value = 0.049, obstetric status with p value = 0.011 (Saraswati, 2018). Overall the level of knowledge about postpartum blues in postpartum women in the Rambah Hilir I Health Center area is mostly knowledgeable (50%) (Wahyuny, 2015). Hormonal changes, psychological disorders, marital conflict, interference during childbirth, education and work, breast milk does not come out, and lack of support from husbands are factors that can affect postpartum blues (Wahyuny, 2015). It is recommended that local health workers provide the best service for postpartum women and that postpartum women play an active role in learning about postpartum blues (Wahyuny, 2015).

A large proportion of women experience postpartum blues (Sorani et al, 2015), and women with LSCS and newborn girls show a higher proportion of depressive features (Sorani et al, 2015). Screening and intervention should be done as early as possible (Sorani et al, 2015). Postpartum depression (or baby blues) is a common condition affecting women who have recently given birth (AKEDIA - Versões & Mundos, 2022), and research shows that postpartum depression can lead to other physical and mental health conditions that have a long-term impact on the mother's life (AKEDIA - Versões & Mundos, 2022). Treatment and diagnosis for postpartum depression is available and can help women in this difficult time (AKEDIA - Versões & Mundos, 2022).

The puerperium is a risk factor for developing or exacerbating mental disorders (Villavicencio & Ortiz, 2020), and postpartum depression and "baby blues" are common and should be treated early to avoid complications (Villavicencio & Ortiz, 2020). Postpartum psychosis is a risk factor for suicide and infanticide and should be treated immediately (Villavicencio & Ortiz, 2020). Postpartum depression is a common condition that can have adverse effects on both mother and baby (Aly, 2023), and postpartum depression can manifest as postpartum blues, mild or severe depression, or a more severe syndrome (Aly, 2023). Early diagnosis and treatment of postpartum depression is essential to reduce the risk of adverse outcomes (Aly, 2023).

Postpartum depression and the 'baby blues' are common mental health challenges experienced by women during the postpartum period (Jackson-Best, 2016), and studies conducted in the last five decades have largely focused on women in developed countries, and have not taken into account the experiences of women of Caribbean descent in the diaspora and Caribbean women in the region (Jackson-Best, 2016). Research conducted on women of black Caribbean descent in the UK and Barbados has highlighted the role of financial hardship and socioeconomic issues in triggering psychological distress (Jackson-Best, 2016). 10 out of 34 postpartum adolescent mothers (29.4%) were likely to experience postpartum blues (Liani & Kurniawati, 2022), and 22 out of 34 postpartum adolescent mothers (64.7%) experienced postpartum blues (Liani & Kurniawati, 2022). Factors that influence the incidence of postpartum blues in adolescent mothers include age, parity, pregnancy planning, education level, occupation, socioeconomics, ethnicity, and type of work (Liani & Kurniawati, 2022).

Most postpartum mothers at the Kemiling Health Center and midwife clinic in Kemiling Bandar Lampung did not experience postpartum blues (85.4%) (Octarianingsih et al, 2020), and cases of postpartum blues at the Kemiling Health Center and Kemiling midwife clinic were 14.6% (Octarianingsih et al, 2020). Respondents were mostly 21-35 years old, multiparous, vaginal, low education, employment, income above the regional minimum wage (Octarianingsih et al, 2020). There is a relationship between postnatal health education provided by health workers and family involvement in caring for the baby with the incidence of postpartum blues (Harianis & Sari, 2022). Pregnancy plan and labor complications did not have a significant relationship with the incidence of postpartum blues (Harianis & Sari, 2022). Social support, information, and assistance from health workers are needed for mothers who experience postpartum blues (Harianis & Sari, 2022).

Postpartum depression (or baby blues) affects women who have recently delivered a fetus (AKEDIA - Versões, Mundos, 2022), and women who have gone through this depressive phase may experience physical and mental health disorders that can be long-lasting (AKEDIA - Versões, Mundos, 2022). Treatment and diagnosis are available to help women in this difficult time of their existence (AKEDIA - Versões, Mundos, 2022). Postpartum affective disorders are usually divided into three categories: postpartum blues, postpartum depression, and puerperal psychosis (postpartum) (Wahyuntari, 2017). Factors that influence postpartum affective disorder include pregnancy anxiety, pregnancy depression, life events, social support, neuroticism, socioeconomic status, and obstetric factors (Wahyuntari, 2017). Treatment of postpartum affective disorder varies depending on the diagnosis, ranging from sedation to hospitalization (Wahyuntari, 2017). Postpartum depression is a common mental health problem in women and affects 10-15% of mothers worldwide (Ahmadinejad et al, 2019), and postpartum depression is characterized by depressed mood, increased anxiety, and insomnia (Ahmadinejad et al, 2019). Possible causes of postpartum depression include hormonal changes, fatigue, fear of diminished attractiveness, anxiety about the mother's inability to care for her baby, changes in the relationship with a life partner, and genetic and hormonal factors (Ahmadinejad

et al., 2019). Although postpartum depression is common, many women do not receive appropriate diagnosis or treatment.

In addition to the factors mentioned, it is also important to consider the role of counseling and emotional support in overcoming postpartum blues. Student-patient interactions in midwifery, as highlighted in a study by Mullins (2021), demonstrate the importance of understanding the patient's emotional state and responding with empathy. Positive interactions and good relationships between patients and medical personnel can have a positive impact on the management of postpartum blues.

In addition, research by Muyassaroh et al. (2017) highlighted the effect of seven contact lactation counseling on postpartum blues. Their results showed that this lactation counseling had a significant effect in reducing the symptoms of postpartum blues. This emphasizes the importance of a comprehensive approach in caring for postpartum mothers, not only focusing on physical aspects, but also emotional and psychological aspects.

Early diagnosis is also an important step in overcoming postpartum blues. Most of the symptoms of postpartum blues, such as feelings of sadness, irritability, and fatigue, are temporary and can disappear on their own within 2-3 weeks after delivery (Robinson, 2020). However, in some cases, these symptoms can develop into more serious postpartum depression if not treated properly. Therefore, it is important for medical personnel to identify these symptoms early and provide appropriate support and treatment.

Other factors that may influence postpartum blues include personal and family history of depression, stress levels, and social support received by postpartum mothers (O'Hara et al., 2016). Therefore, care should consider these factors in planning interventions to address postpartum blues. Overall, postpartum blues is a common experience experienced by many women after childbirth. Although the symptoms are temporary, it is important to recognize and properly address this condition. Factors such as patient interaction, emotional support, counseling, and early diagnosis play an important role in reducing the negative impact of postpartum blues on mothers and their babies. In addition, an understanding of the risk factors and appropriate treatment is essential in overcoming postpartum blues.

Postpartum depression

Postpartum depression is a common mental health problem in women after childbirth. It affects many women around the world and requires serious attention. It is important to detect symptoms quickly, provide support and provide appropriate treatment so that both mother and baby can overcome this condition and avoid serious negative repercussions. The supportive role of family, partner and professional medical support is crucial in overcoming postpartum depression. Maternity blues can interfere with infant care and is known to be associated with the risk of problems in mother-infant interaction, postpartum depression, and affecting child development.

Postpartum depression can develop into recurrent or chronic depression, which affects the mother-infant relationship and hinders the growth and development of the child. Children who have mothers with a history of depression often experience higher rates of interpersonal, behavioral and cognitive problems compared to other children. A meta-study analysis in developing countries showed that children of mothers with postpartum mood disorders are more at risk of stunting or underweight. In addition, mothers with postpartum depression also have a higher risk of developing eating disorders, sleep disorders and other mental disorders.

Symptoms of postnatal depression are an important aspect in understanding and diagnosing this condition. Bourin (2018) identified several common symptoms that include feelings of sadness, anxiety, irritability, and difficulty bonding with the baby. These symptoms reflect the emotional changes often experienced by women experiencing postnatal depression, which can affect their interactions with their baby and the environment around them.

Additionally, Ивашиненко & Култыгина (2011) noted symptoms of postpartum depression involving sleep disturbances, loss of appetite, anxiety, and feelings of sadness. These symptoms reflect the impact of depression on physical and emotional health, which can affect the quality of life of women who have recently given birth. Grosse (2011) added that women with postnatal depression can also feel exhausted, overwhelmed, lack confidence as mothers, and experience stress due to changes in their routines and roles. This shows that postnatal depression symptoms not only affect

emotional aspects, but also interfere with a woman's general well-being and ability to face her new role as a mother.

Furthermore, Sari (2020) stated that symptoms of postpartum depression include depressed mood, loss of interest in activities, changes in appetite, sleep disturbances, and even suicidal thoughts. These symptoms reflect the varying severity of postpartum depression, from mild to more severe symptoms. This highlights the importance of early detection and treatment for women experiencing these symptoms to prevent worse impacts on their mental and physical health.

Overall, postnatal depression symptoms cover a variety of aspects, including emotional changes, sleep disturbances, changes in eating patterns, and negative feelings about motherhood. A good understanding of these symptoms is important for energy. Treatment of postpartum depression is a key step in helping women who experience this condition. There are various treatment approaches that can be applied. According to Sari (2020), treatment for postpartum depression includes non-pharmacological therapy such as psychological therapy and changes in daily behavior. This therapy helps women manage depressive symptoms and develop strategies to cope with stress and changes in their lives after giving birth.

Apart from non-pharmacological therapy, pharmacological therapy is also an effective treatment option. Sari (2020) states that tricyclic antidepressant drugs (TCA) can be used in some cases to treat postpartum depression. It is important to note that the choice of pharmacological therapy should consider the benefits and risks especially during pregnancy and breastfeeding, as stated by Iyengar et al. (2018). They emphasize that safe treatment during this period is available and applicable.

Furthermore, in the treatment of postnatal depression, early detection and intervention are essential, as highlighted by Minjollet et al. (2016). This means that early identification of symptoms and action can help prevent the condition from becoming more severe. Support from the social environment, including a husband or partner, also has an important role in helping women overcome postnatal depression, as noted by Grönoset (2014). Emotional and practical support from those closest to you can make a big difference in the recovery process.

In addition to therapy and environmental support, rational-emotive and cognitive-behavioral therapy have been shown to be effective in helping women with postnatal depression, as mentioned by Makarova et al. (2021). This therapy aims to change negative thought patterns and behaviors that may contribute to depression. Additionally, in some cases, the use of short-term pharmacotherapy may also be part of the treatment, as found in their study.

Overall, the treatment and management of postnatal depression involves a variety of approaches including non-pharmacological therapy, safe pharmacological therapy, early detection, environmental support, and cognitive behavioral therapy. It is important to consider individual needs and the severity of the condition in choosing the best approach to help women experiencing postpartum depression.

Postpartum psychosis

Postpartum psychosis is a severe disorder that usually appears within four weeks after delivery (Perry et al, 2021). Although rare compared with some other mental disorders, postpartum psychosis has sharp and severe consequences, such as infanticide or suicide, which require special attention and immediate action. Additionally, postpartum psychosis is also considered an important indicator of serious bipolar disorder, and increases the risk of future psychotic episodes unrelated to pregnancy.

Postpartum Blues

Postpartum blues or baby blues is a condition in which changes in thinking patterns occur, characterized by symptoms such as a tendency to cry, feeling sad, and being irritable, and is often seen during the first 15 days after giving birth. This is often thought to be the impact of hormonal changes, such as a decrease in cortisol and progesterone levels after birth, as well as social and family adjustments that the mother must face (Balaram, 2023). To date, the exact causes of this condition are not fully understood, although many see it as a strong risk factor for postpartum depression (Gaillard et al, 2014).

Risk factors for postpartum blues, giving birth to girls tend to experience maternity blues more often. In developing countries, factors such as a lack of socialization and emotional support can also

increase the prevalence of maternity blues, because newborn girls there often do not receive adequate attention.

The main symptoms of maternity blues include emotional fluctuations, easy crying, anxiety, irritability, and feelings of sadness. These symptoms usually reach their peak in the first 2-4 days of the postpartum period and tend to experience spontaneous remission within 2 weeks after delivery. Some other signs to watch out for include too strong a bond with the newborn, excessive behavior in protecting the child, obsessive thoughts and behavior regarding the child, and negative thoughts towards the baby.

Even if it does not require medical or psychological treatment, it is important to inform the family of the need to provide ongoing support to the mother. If symptoms last more than 3 weeks, it is important for obstetricians to detect the risk of postpartum depression and sadness, which requires a comprehensive approach involving specialists such as psychiatrists, pediatricians and psychologists. Increased attention is needed in understanding this disorder. Typically, this disorder is difficult to classify as a clear disease due to limited information available.

One reason is a lack of adequate understanding of this issue, which is often caused by a lack of adequate support for mothers in facing their role as new parents. The impact is that almost half of these cases are undiagnosed. The lack of an adequate clinical approach also results in difficulties for patients to obtain appropriate care and treatment, which in turn can endanger the mother's life, family stability, and the development of the newborn baby (Dange & Bisman, 2021).

Postpartum Depression

Postpartum depression, also known as postpartum depression (PPD), is a type of clinical depression that occurs in the post-pregnancy period. This condition affects a woman's mental health after giving birth and can interfere with her role as a mother (Srilekha & Punitha, 2020).

Postpartum depression is the main condition of depressive illness that often occurs after the birth of a baby, usually in the first month after delivery. This condition lasts for at least 2 weeks and is characterized by symptoms such as feelings of depression, loss of interest in activities usually enjoyed (anhedonia), sleep and weight disorders, feelings of guilt or worthlessness, psychomotor problems, such as retardation or agitation, difficulty in decision making , difficulty thinking and concentrating, as well as thoughts of death or suicidal thoughts (Sit, et al, 2015).

Some risk factors that are often associated with postpartum depression include a history of depressive and anxiety disorders, premenstrual dysphoric syndrome, depressive episodes during pregnancy, history of postpartum depression in previous pregnancies, stressful events or obstetric complications during pregnancy, unwanted pregnancy, problems in the couple's relationship. , lack of family support, economic problems, history of recurrent miscarriage, thyroid function disorders (especially hypothyroidism), difficulties in breastfeeding, or health conditions of the newborn (Agrawal et al, 2022).

The etiology of this condition is still not completely understood, although some researchers have proposed several mechanisms that may explain the pathophysiology of this disorder. It is known that after pregnancy ends, postpartum women become more susceptible to fluctuations in estradiol and progesterone levels, which can result in sleep disturbances and emotional instability (Ross et al. 2005). Additionally, the hypothalamic-pituitary adrenal axis may also play a role due to elevated serum cortisol levels, which is a finding consistent with major depressive disorder (Corwin & Pajer, 2008).

Arginine vasopressin, also known as antidiuretic hormone, has also been identified as a factor that may be involved in this condition. Decreased levels of this hormone can result in decreased functional capacity (Corwin & Pajer, 2008). From a nutritional perspective, decreased serum, long-chain polyunsaturated fatty acid and brain concentrations may also contribute to depressed mood. In addition, a decrease in serotonin receptors in the postsynaptic cleft has been reported (Moses-Kolko et al, 2008).

Although the pathophysiology of postpartum depressive disorder is still not completely understood, these factors may play a role in the symptoms experienced by women during the postpartum period. The clinical picture generally appears during the first 4 weeks after birth, with symptoms being more important than those used in the diagnostic criteria for depression according to

the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), fifth edition. Additionally, patients often report symptoms such as ongoing crying, anxiety, panic attacks, irritability, and difficulty making appropriate decisions (Tolentino & Schmidt, 2018).

Although the pathophysiology of Postpartum Depression is not completely understood, it likely plays a role in clinical manifestations that resemble depressive disorders, especially hypothyroidism. In addition, it is important to carry out differential diagnosis with other postpartum mood disorders, such as Postpartum Sadness and Postpartum Psychosis. The main difference is that Postpartum Grief symptoms usually appear within the first week after delivery and tend to disappear within 10 days without threatening the patient's functional abilities. Postpartum psychosis is considered the most serious disorder, characterized by hallucinations, disorganized thoughts and delirium, and requires urgent medical attention (van der Zee-van den Berg et al, 2019).

In terms of treatment, an approach is needed that involves both psychiatry and psychology. In medical aspects, the use of tricyclic antidepressants and selective serotonin reuptake inhibitors (SSRIs) is generally the preferred choice, although there is debate about their use during breastfeeding. Tricyclic antidepressants are considered safe, with the exception of doxepin. SSRIs are also a suitable choice for treating Postpartum Depression. However, the use of fluoxetine is not recommended because it can cause irritability, sleep and feeding disorders in babies. Escitalopram is also considered a safe option for use during breastfeeding in these situations and may be a useful alternative for patients who cannot tolerate sertraline or paroxetine adequately.

In summary, in this context, the most suitable antidepressants are sertraline, paroxetine, nortriptyline, and imipramine. It is important to prescribe the selected drug until symptoms disappear and continue its use for more than 6 months to prevent recurrence of symptoms. In the psychological aspect, cognitive behavioral therapy or interpersonal therapy has an additional role in pharmacological management. For patients who have a history of postpartum depression, it is strongly recommended to consider the use of antidepressants or SSRIs as a preventative measure, as these drugs have been shown to be beneficial in treating previous episodes. Timely detection and adequate treatment are essential, considering that postpartum depression can recur, become chronic, or be difficult to treat, which can have a negative impact on the well-being of the mother and newborn.

Postpartum psychosis

Postpartum psychosis is a serious mental disorder that can be fatal, and it is important to understand, detect, and treat this condition. In this article, we will discuss the meaning of postpartum psychosis, its incidence, signs and symptoms, available treatments, and treatment approaches that can help. Postpartum psychosis, also known as puerperal psychosis, is a psychiatric disorder that begins with insidious symptoms, characterized by changes in behavior and thought content, including hallucinations and delusions. This condition is considered a serious psychiatric emergency that threatens the lives of both mother and baby.

Postpartum psychosis is a serious mental disorder that can have dangerous impacts, including a high risk of suicide, especially in mothers and first-degree relatives (Fathia, 2021). Although rare during an acute episode, this risk is something to be aware of in postpartum care. To ensure appropriate treatment, early screening and diagnosis are important steps that must be taken as part of postnatal care (Fathia, 2021). Postpartum psychosis is a serious mental disorder that affects women after giving birth. In some cases, this condition can result in irrational thoughts and behavior, even suicide (Fathia, 2021). This condition may be less common than other postpartum mood disorders, but its effects can be very serious.

Postpartum psychosis is a psychiatric emergency that affects approximately 1 in 500 postpartum women and can be caused by various etiological factors (Madora et al, 2023). Evaluation, diagnosis and treatment of patients with complex neuropsychiatric symptoms in the postpartum period should be personalized according to the individual's condition (Madora et al, 2023). In addition, the role of immunology in the development and treatment of postpartum psychosis needs to be further investigated (Madora et al, 2023).

These symptoms generally appear within the first 2-4 weeks after giving birth, but can occur even up to the sixth month. Associated risk factors include a family or personal history of affective disorders, especially bipolar disorder, a history of schizophrenia or schizoaffective disorder,

experience of postpartum psychosis in a previous pregnancy, as well as stressful events or obstetric complications during pregnancy.

Postpartum psychosis can present with a variety of signs and symptoms. Common symptoms include irrational thinking, confusion, hallucinations, and paranoia. Apart from that, postpartum psychosis can also be triggered by physical stress during labor and the postpartum period (Walter, 2020). Women with a history of mental illness or a family history of mental health problems have a higher risk of developing postpartum psychosis (Walter, 2020).

To identify postpartum psychosis, apart from referring to DSM-V criteria, several other diagnostic instruments are available, such as the Edinburgh Postpartum Depression Scale. This is a 10-item questionnaire, where a diagnosis can be made if the score exceeds 12. Sensitivity and specificity may vary depending on the choice of cut points used. It is recommended to apply this questionnaire from the second week postpartum to 6 months after birth. Although there are alternatives such as the Beck Depression Questionnaire, Patient Health Questionnaire, and Anxiety and Depression Scale, it is recommended that the Edinburgh Scale be used if diagnosis is suspected.

It is important to carry out early screening and diagnosis when symptoms of postpartum psychosis appear (Fathia, 2021). Appropriate treatment should be prescribed as soon as possible as part of postpartum care. The role of the immunological system in the development and treatment of postpartum psychosis also needs to be further explored (Madora et al, 2023). For women who experience complex neuropsychiatric symptoms in the postpartum period, evaluation, diagnosis and treatment must be tailored to individual needs (Madora et al, 2023). Evidence shows that the majority of cases of postpartum psychosis are a manifestation of bipolar disorder and can be triggered by postpartum factors (Perry et al, 2021). Neurobiological factors, such as hormones, immunological dysregulation, circadian rhythm disturbances, and genetics, also have an important role in the development of this disorder (Perry et al, 2021).

Postpartum psychosis is a serious mental disorder and requires prompt and appropriate attention. With appropriate treatment and appropriate support, most women who experience postpartum psychosis can recover well and the risk of recurrent psychotic symptoms can be greatly reduced (Benders-Hadi, 2020). Therefore, understanding, detection and appropriate treatment are very important in dealing with this disorder.

4. CONCLUSION

Postpartum mood disorders are a serious and underappreciated mental health problem, despite their significant impact on the health of mothers and newborns. It can affect around 70-80% of postpartum women, with 10-20% of them experiencing serious symptoms of anxiety and depression. These symptoms range from milder postpartum sadness to severe postpartum depression and even postpartum psychosis which is a psychiatric emergency. Risk factors include a history of psychiatric disorders, stress during pregnancy, lack of social support, and economic problems. This disorder can interfere with the mother's daily functioning, relationship with her partner, and baby care. Diagnosis of postpartum mood disorders can be made using diagnostic tools such as the Edinburgh Postpartum Depression Scale. Timely detection is essential because this disorder can have negative consequences if not treated appropriately, including the risk of suicide or harm to the baby. Treatment of postpartum mood disorders involves a comprehensive approach between psychiatry and psychology. Cognitive behavioral and interpersonal therapy may be used in conjunction with pharmacological treatment, such as antidepressants. For patients with a history of postpartum mood disorders, prophylactic treatment may be necessary during subsequent pregnancies. The prognosis for postpartum mood disorders is good if detected early and managed properly during the acute phase. In all aspects of treatment, collaboration between obstetricians and psychiatrists is very important to minimize risks for mother and baby. With proper treatment, many women who experience postpartum mood disorders can recover and live healthy lives.

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