



Case report

Successful obstetric outcome in a schizophrenic - A case report

P.Bhat^{1*}, M.Narayanaswamy¹, M.M.Reddy²

¹Department of Obstetrics and Gynaecology, Sri Devraj Urs Medical College, Tamaka, Kolar, Karnataka-563 101, India

²Department of Psychiatry, Sri Devraj Urs Medical College, Tamaka, Kolar, Karnataka-563 101, India.

Received: 20 Mar 2013 / Revised: 01 Apr 2013 / Accepted: 03 Apr 2013 / Online publication: 05 Apr 2013

ABSTRACT

Pregnancy is a period of increased risk for mental illness in view of the physiological stress that the woman undergoes. Schizophrenia occurs in around 1% of pregnancies. The fertility rate in schizophrenics is reduced due to the ovulation suppression effects of the psychotropic drugs. The schizophrenic patient requires considerable care in the prenatal, intra partum and post partum period. Considering the rarity of schizophrenia in pregnancy and the successful management of the same this case is being reported.

Key words: Pregnancy, Schizophrenia, Elective caesarean section

1. INTRODUCTION

Schizophrenia is a disabling brain disease that affects 1% of the population. It is a clinical syndrome of variable, but profoundly disruptive, psychopathology that involves cognition, emotion, perception, and other aspects of behavior. Pregnancy with schizophrenia is considered as high risk and one such case which we came across is being reported.

2. CASE REPORT

A 37 year old lady married for seven years, gravida 3 para 2 living 2 with two previous caesarean deliveries presented with 9 months of amenorrhoea for safe confinement. Patient had visual and auditory hallucinations for which she was evaluated and diagnosed to have schizophrenia 8 years ago. Patient conceived while on treatment with antipsychotics (Risperidone + Trihexyphenidyl). There was history of aggressive behavior with children and husband on discontinuing medications. Antenatal period of previous pregnancies were uneventful. Patient did not undergo any preconceptional counseling for all the three pregnancies. There was history of exacerbation of symptoms in the

intrapartum period of first pregnancy in the form of violent behavior with doctors. She underwent caesarean delivery for the same. Patient underwent elective caesarean delivery in second pregnancy. Postpartum period were uneventful in both pregnancies. Her menstrual cycles were regular and duration of pregnancy was 39 weeks.

On examination patient was conscious and well oriented. General physical examination and vitals were normal. Abdominal examination showed Pfannenstiel scar and uterus was term size with oblique lie and good fetal heart rate. Elective caesarean section was performed with tubectomy. Psychiatric opinion was sought before surgery and was advised to continue the same medications. Patient had acute onset of aggressive behavior on second post operative day. Psychiatric review was sought. This episode was suspected to be due to post partum stress exacerbating the disease and the dosage of drug was increased with sedation of the patient. Patient had difficulty in nursing the baby. Supervised feeding of baby was undertaken to avoid any complications. Patient was asked to continue the treatment and was discharged after suture removal with advice for regular follow up with Psychiatrist.

3. DISCUSSION

Women with schizophrenia are said to have lower fertility rates despite less frequent use of contraception and higher

*Corresponding Author. Tel: +91 8152 649208 Fax: +91 8152 243008
Email: padminibhat9@gmail.com

rates of irreversible causes of infertility [1]. They tend to receive less prenatal care, have poorer nutrition, compared to women without schizophrenia. Alarming situation occurs when schizophrenic develops command hallucinations telling her to destroy her fetus. Occurrence of suicidal thoughts, gestures, and violent behavior are considered obstetric emergencies and treated accordingly [2].

The offspring of women with schizophrenia appear to face an increased risk of lower APGAR scores, low birth weight, intrauterine growth restriction, preterm delivery, stillbirth, malformation, and infant death. Postpartum relapse of 24% is reported in patients with schizophrenia [3]. The choice of antipsychotic agent in treatment depends on the the greatest symptom reduction and least side effects on the mother and baby [1].

4. CONCLUSIONS

Pregnancy with schizophrenia is a high risk pregnancy. The rarity of this condition warrants a team approach in the successful obstetric outcome. The obstetrician with the

Psychiatrist forms the core of the team that includes trained paramedical staff, social workers and last but not the least the family members of the concerned patient.

Schizophrenics were treated as outcasts in the centuries gone by. Better medications and social support have enabled these patients lead a normal life and hence pregnancies in schizophrenic patients would not be an uncommon sighting in the future. Hence pregnancy isn't off-limits to a woman with schizophrenia, provided the disorder is treated adequately with the tender, loving care of the physician and family.

REFERENCES

- [1] Katherine, L.W., Dorothy, K.Y.S., Sarah, K.R., Margaret, A., Debra, L.B., Keerthy, R.S., et al. in: Steven, G.G., Joe, L.S., Jennifer, R.N., Henry, G., Laura, G., Eric, R.M.J., Mark, L., (Eds.), *Obstetrics: Normal and Problem Pregnancies*, 5th Edn., Churchill Livingstone/Elsevier, Philadelphia 2007, pp. 1266-1268.
- [2] Stephen, J., Richardson, D., *Obstetrics and Gynecology Clinics of North America* 1995, 22, 369-383.
- [3] Yaeger, D., Smith, H.G., Altshuler, L.L., *Am J Psychiatry* 2006, 163, 2064-2070.