

Perinatal and Childbirth as a Factor of Decompensation of Mental Illness: The Case of Depressive States in Newly Delivered Cameroonian Women

Georges Pius Kamsu Moyo

Faculty of Medicine and Biomedical Sciences, University of Yaoundé I, Yaoundé, Cameroon

*Corresponding author: Georges Pius Kamsu Moyo, Faculty of Medicine and Biomedical Sciences, University of Yaoundé I, Yaoundé, Cameroon, E-mail: kamsuzicfried@yahoo.fr

Received date: July 23, 2020; Accepted date: August 04, 2020; Published date: February 25, 2021

Citation: Georges Pius Kamsu Moyo (2021) Perinatal and Childbirth as a Factor of Decompensation of Mental Illness: The Case of Depressive States in Newly Delivered Cameroonian Women. Arch Med Vol. 7 Iss.2

Copyright: ©2021 Georges Pius Kamsu Moyo R, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract

Decompensation in psychiatry alludes to the cycle by which a formerly steady quiet or inclined individual may out of nowhere show side effects or experience compounding of an infection. This is provoked by factors which might be physiological, obsessive, endogenous or exogenous, being liable for mystic disequilibrium. Perinatal is portrayed by various chemical variety and stress, which may comprise a danger for mental lopsided characteristics. The blue eyes is a bright and transient burdensome condition of the post pregnancy, which may happen as a fringe, flagging clairvoyant decompensation. This examination intends to research the wonder in ladies inclined to mental issues, having showed the blue eyes during prompt post pregnancy. For a situation control study directed in 2015 of every two showing emergency clinics of Yaoundé, Cameroon more than four months, the Kennerley and Gath blues screening allowed to isolate the gathering of "cases" from that of "controls". After different investigations, ladies with mental and mental danger factors including: previous history of gloom (OR=6.8; $p < 0.001$), previous history of post pregnancy blues (OR=2.3; $p = 0.002$), previous history of other mental ailments (OR=10.21; $p < 0.01$), family background of sorrow (OR=3.58; $p < 0.001$), family background of other mental ailments (OR=4.39; $p < 0.001$), ebb and flow constant infections (OR=2.33, $p\text{-value} < 0.001$), disorder or confusion during pregnancy (OR=2.53, $p\text{-value} < 0.0211$) were more defenseless to show the blue eyes during quick post pregnancy. In this manner, ladies with mental inclinations, stand a danger of decompensation during the perinatal period including mental issues of post pregnancy. Preventive measures like guiding, sharp observing and treatment change may assist with forestalling this wonder.

Keywords: Perinatal, childbirth, decompensation, mental illness.

Introduction

There exists an expanded danger of mental weaknesses during the perinatal period as near one lady out of three in our setting may foster post pregnancy clairvoyant disturbances [1]. In principle, this distress is somewhat ascribed to the physiological chemical varieties that happens during pregnancy, labor and breastfeeding; which may connect with natural and psychosocial factors happening during a similar period [2, 3]. Nonetheless, as a general rule, neonatal and other obstetrical elements than chemical variety may have an extensive impact also [neonatal factors]. The blue eyes might be characterized as a gentle, transient burdensome express that happens during the early post pregnancy time frame, inside the initial fourteen days of the puerperium [2, 3]. It could be considered as a temporary state towards more significant mental problems of the puerperium instead of a neurotic condition essentially [4]. All things considered, the depiction of an abnormally serious blue eyes has been made by various scientists and involves attributes or signs and side effects that may relate to different types of mental issues of the post pregnancy time frame [5]. This may take into account a "reevaluation hypothesis" of the blue eyes as a trigger point from which the other clairvoyant disturbances of post pregnancy arise [4, 6]. The blue eyes may subsequently mirror a psychological decompensation measure creating in some inclined ladies during the perinatal period. This is to say all mystic disturbances of the post pregnancy may create from a "blue eyes" of "relative seriousness" which might be normal or abnormal as from its beginning [4, 7, 8].

Methodology

A case-control study was done on a general example of 321 recently conveyed ladies, of which 107 had been determined to have the blue eyes and were considered as the gathering of "cases", while the other 214 ladies who didn't show passionate unsteadiness were considered as the "control" bunch. The examination was completed in two showing medical clinics of Yaoundé, Cameroon: The Yaoundé Gynaeco-Obstetric and

Pediatric Hospital, and the Yaoundé Central Hospital which are reference and University showing clinics in Cameroon. After endorsement of the examination convention by the moral panel, ladies who conveyed at 28 weeks or a greater amount of pregnancy were enlisted, after their assent was gotten. A pretested poll was controlled and data recovered from the patients' documents. Information gathered included socio-segment qualities, babies boundaries and the Kennerley and Gath survey. The Kennerley and Gath blues survey is an approved self-rating scale comprising of 28 things concerning the enthusiastic condition of recently conveyed ladies. The accessible answers are "yes" or "no" comparing individually to signs of 1 and 0 with a greatest conceivable score of 28 and at least 0. The scale filled in as a demonstrative and explorative device. Ladies who had a general score more noteworthy than the mean pinnacle score of their gathering were considered as sure for passionate flimsiness.

The determined insignificant example size was 41 cases for 82 controls dependent on the 31.3% commonness of blue eyes among Nigerian ladies in post pregnancy, detailed by Adewuya and utilizing Schlesselman's recipe with a normalized force of 84%. Measurable investigations were finished utilizing CSpPro form 4.1 and SPSS rendition 22.0 programming. The distinction between factors surveyed was measurably huge for P -esteem < 0.05. Pearson Chi square and Fisher's accurate tests were utilized to look at extents. Chances Ratio (OR) and 95% Confidence span (CI) were determined to evaluate the relationship among factors and enthusiastic precariousness. Multivariate examination served for disconnecting free prescient components.

Results

Mental and mental components with genuinely huge relationship with blue eyes were patients with: previous history of melancholy (OR=6.8; p <0.001), previous history of post pregnancy blues (OR=2.3; p =0.002), previous history of other mental ailments (OR=10.21; p <0.01), family background of despondency (OR=3.58; p <0.001), family background of other mental ailments (OR=4.39; p <0.001), flow constant infections (OR=2.33, p -value<0.001), ailment or difficulty during pregnancy (OR=2.53, p -value<0.0211).

References

- Oates M. Major mental illness in pregnancy and puerperium. *Baillières Clin Obstet Gynaecol* 1987; 3(4):905-920.
- Rezaie-Keikhaie K, Arbabshastan ME, Rafiemanesh H, Amirshahi M, Mogharabi S, Sarjou AA. Prevalence of the Maternity Blues in the Postpartum Period. *J Obstet Gynecol Neoatal Nurs*. 2020. <https://doi.org/10.1016/j.jogn.2020.01.001>.
- Virginie IM, Michel riex. Baby blues. *Eres spirale*. 2019; 89:131-135.
- Georges Pius Kamsu Moyo, Nadège Djoda. Relationship Between the Baby Blues and Postpartum Depression: A Study Among Cameroonian Women. *American Journal of Psychiatry and Neuroscience*. Vol. 8, No. 1, 2020, pp. 26-29. doi: 10.11648/j.ajpn.20200801.16.
- Kennerley H, Gath D. Maternity blues. *Br J Psychiatry*. Baltimore: Williams and Wilkins, 1994; 155: 367-73.
- O'Hara MW, Schlechte JA, Lewis DA, Varner MW. Controlled prospective study of post-partum mood disorders: Psychological, environmental and hormonal variables. *J Abnorm Psychol* 1991; 100(1): 63-73.
- Lemperière T, Rouillon F, Lépine JP. Troubles psychiques liés à la puerpéralité. *Encyclopédie medico- chirurgicale Psychiatrie*, 1984.p.7.
- Savage GE. Observation on the insanity of pregnancy and childbirth. *Guy's Hospital*. Rep 1975; 20:83.
- Harris B. Maternity blues. *Br J Psychiatry* 1980; 136:520-521
- Stein G H. The pattern of mental change and body weight change in first postpartum week. *J Psychosom Res* 1980; 24:165-171.
- F. Gonidakis, A D Rabavila et al. Maternity blues in Athens. *J Affect Disord* 2007; 99(1):107-115.
- K. Mbaïlara et al. Le baby blues : caractérisation clinique et influence des variables psycho-social. *L'encephale* 2005 ; 31 : 331-6.
- Y Takahashi, K Tamakoshi et al. Factors associated with early postpartum maternity blues and depression tendencies among Japanese mothers with full –term healthy infants. *Nogo J Med Sci* 2014; 76(1):129-138.
- Alexandre F C, Paolo R M. Maternity blues: Prevalence and risk factors. *Sp J Psychol* 2008; 2(11): 593-599.
- Bremmer M A et al. Depression in older age is a risk factor for ischemic cardiac events. *Am J Geriatr Psychiatry* 2006; 14(6):523-30.
- A S E Akabawi et al. The nature and associates of maternity blues in an Egyptian culture. *Egypt J Psychiat* 1988;11:57-80.
- Katon W J. Epidemiology and treatment of depression in patients with chronic medical illness. *Dialogue Clin Neurosci* 2011; 13(1):7-23.
- Moussavi S et al. Depression chronic diseases and decrement in health: results from the World Health Survey. *Lancet* 2007; 370(9590):851-8.