MOTHERHOOD IN WOMEN WITH SERIOUS MENTAL ILLNESS: THE ROLE OF PSYCHIATRY

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Dear editor,

Motherhood – pregnancy, childbirth and puerperium – causes changes at biological, psychological, family and social levels for women in a relatively short time frame, assuming an adaptive effort. This challenge is understandably expanded in women with Severe Mental Illness (SMI), defined as persistent and chronic mental illness, usually encompassing Psychotic Disorders (Schizophrenia) and Major Affective Disorders, with intensive use of Mental Health Services for a period of more than one year (Mowbray et al. 1995). Demographic trends and deinstitutionalization are among the reasons why there is a greater number of people with SMI in the community, with issues not characteristic of institutional environments, such as maternity (Mowbray et al. 1995, 2001, Oyserman et al. 2000). Most of the existing literature focuses on the impact of maternal SMI on offspring, but the extent and nature of the problems experienced by women in this context are not widely addressed and understood (Mowbray et al. 1995, Benders-Hadi et al. 2013). It is, then, essential that clinical practice in Psychiatry includes women with SMI, considering their specificities and challenges in motherhood, making them an important focus of intervention.

Comparing with the general population, problematic prenatal conditions (such as unplanned pregnancy and early age), use of psychotropic drugs (with teratogenicity and safety issues during pregnancy and breastfeeding) and other health factors (such as gestational loss and obstetric complications) are more frequent in women with SMI (Mowbray et al. 1995, Joseph et al. 1999, Benders-Hadi et al. 2013). Psychiatric hospitalization occurs in 34% of women with SMI during pregnancy and may also occur later, by risk behaviour for the child and in relevant phases of psychomotor development (Mowbray et al. 1995, Oyserman et al. 2000). Changes in mental status or functioning are common, with anxiety about childbirth, concerns about future mental health and the performance of the maternal role (Mowbray et al. 1995, Oyserman et al. 2000). Occasionally, denial of pregnancy arises, with compromised prenatal care and increased risk of postpartum psychiatric decompensation, unassisted delivery, fetal abuse and infanticide, as well as a higher probability of loss of parental custody (Mowbray et al. 1995, Oyserman et al. 2000).

Regarding resources and support, women with SMI have less support from an emotional, economic, clinical, social and judicial point of view. They are usually single or in an unstable/abusive relationship, without family support, with a low socio-economic status and with self-stigma, considering an inevitable relationship between mental illness and insufficient parental role. Clinically, motherhood in SMI is often a forgotten life role. Conversely, in the care provided to pregnant and postpartum women, psychiatric diseases are not always adequately considered (Mowbray et al. 1995, Oyserman et al. 2000, Mowbray et al. 2001, Benders-Hadi et al. 2013).

According to literature, motherhood is a positive role of life, valued by many women with SMI, and may even reinforce motivation for the therapeutic project, as well as a key to the expression of care and to a normative and valued social role (Oyserman et al. 2000). The parental capacity of women with SMI will be modulated by current and previous experiences, as well as by life situations, and not simply by its diagnostic category (Oyserman et al. 2000). Maternal identity – and consequently motivation and skills – can be largely modified by stressors, but also by proper involvement with Mental Health services, with interventions that facilitate her sense of competence and effectiveness as a mother. These interventions may include general support; pharmacological, psychotherapeutic, psychoeducational and psychosocial/rehabilitative measures; and articulation with family, community and judicial services, as well as prenatal care providers (Mowbray et al. 1995, 2001, Oyserman et al. 2000).

Clinical practice in Psychiatry should encompass this area and provide care in relation to the needs associated with motherhood in SMI – not only for its meaning for women, but also for the increased effort to maintain/obtain parental care and achieve a normative life with their children in difficult circumstances (Joseph et al. 1999, Oyserman et al. 2000).

As mentioned by Apfel & Handel (1993): *For some persons with mental illness, parenthood can potentially overcome the major problems of isolation, identity confusion, and stigma that are associated with long-term mental illness. By becoming a parent, one can travel from outcast to a valued and honored status* (Mowbray et al. 2001).

Acknowledgments: None.

Conflict of interest: None to declare.

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