

Perinatal Psychiatry and Stigma

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Abstract

Stigma, maybe the most dense within psychiatric population, also effects the women who face psychiatric problems during perinatal period. As they face a mental problem, they are thought to be "ineffective mothers" and the perception of the community about perinatal psychiatric patients is always far away from the reality of their ability to be a loving partner and mother. Beyond the popular media, ruthless to these patients, the medical professionals randomly fail to realize the necessity of medical care and treatment within perinatal period. Legal issues and community prejudice prevent these women seek help. A multibranch approach is vital to these women fight for stigma as they deserve obviously more.

Key words:

Stigma; Perinatal psychiatry

Short Communication

French psychiatrists; Jean Etienne Dominique Esquirol (1772-1840) and Louis-Victor Marcé (1828-1864) mentioned perinatal psychiatric problems in their books "Maladies Mentales" and "Femmes Enceintes" with "Traité de la Folie des Femmes Enceintes", which were the milestones of perinatal psychiatry long before the previous century [1]. But although many years passed by, with the growing knowledge about these women, still much have to be done to understand and give them their reputation back.

With exaggerated news through the media, not only the rest of the population but also even the perinatal patients themselves have to cope with the horrible stories and afraid of the possibility of being one of them. Neglecting "The mirror has two sides", media only choose to focus on "The dog bitten by a man". So, mothers, who have to stay in the hospital for a psychiatric reason, whether in pregnancy or in the postpartum period, mostly tend to keep it as a secret even from most of their close circles.

In a spectrum starting from being excluded from family life and the baby; to another pole, a treatment setting with the baby in the "Mother and baby units", mothers face different aspects of perinatal psychiatry in different countries in terms of health policy as well as financial and cultural background of the country itself [2].

Mother and baby units are psychiatric care specialties where perinatal psychiatric women are hospitalized with their babies and enables psychiatric care of women while improving parent-infant interactions and child development in such a complicated period for both of them [3]. This model is far away from the aspects claiming these women, as potential danger for their babies, should be separated.

On the other hand, stigma transforms in a different style as the medical professionals come to focus. Treatment of psychiatric patients during perinatal period requires the evaluation of a combination of

many factors, makes the clinician face difficulties in making choices between them. In order to avoid possible teratogenic risks in pregnancy and minimize the possibility of infant damage during breast feeding; mostly overestimated both for many years [4,5], the medical professionals choose to neglect the medical treatment totally or even the perinatal patients themselves. Vice versa, it is not uncommon that some of the medical professionals choose to order stopping breast-feeding, although it is vital for decreasing the morbidity and mortality for infants, and has positive returns in the long term for the mothers. Different drugs used for the mother have different excretion rates in the milk beyond the exposure rate are determined by not only that excretion rate but also with the baby's metabolism. Different opinions are available about the transition rates of psychotropic drugs on the baby's central nervous system during the early post partum period and it can not be proposed as a totally "black or white" situation.

As it is also indicated in different settings [6], community mental health providers and pharmacists often do not want to participate in pharmacotherapy for perinatal women and the access to perinatal psychiatric health care must be improved.

As the partner or marriage problems during this period is not uncommon, perinatal women with psychiatric problems can also have concerns about legal issues such as the possibility of losing custody of the baby. It seems to be one of the important reasons for these women trying to hide the symptoms and not sharing them even with the closest ones.

Conclusion

Perinatal women who need psychiatric care are an important part of the stigma aggrieved within the rest of the other psychiatric patients. As different aspects seem to be guilty about the situation, first the medical professional have to take the responsibility and start helping them face the stigma.

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