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**CASE REPORT****Mental Disorders in Pregnancy**

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**Abstract**

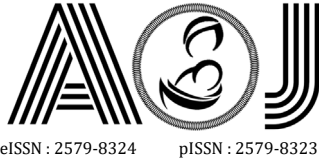
*Pregnancy is a dramatic episode of the biological and psychological changes and adaptations of a woman who never experienced it. The incidence of mental disorders in pregnancy was lower than postpartum and outside of pregnancy with 10 - 15% on post partum 10-15% and 2-7% beyond pregnancy. However Ohara reported that 10% of pregnant women was eligible if diagnosed with major and minor depression. There are two phases of pharmacological management is described in the guidelines panel: the acute phase, symptoms are treated, drug dosage adjusted to prevent the adverse effects and patient given counseling, severe phase, patients were monitored at an effective dose to prevent relapse . In the maintenance phase, patients at risk for relapse is often still treated with medicines. Reported here the case of a female patient aged 31 years diagnosed with G2P1A0H1 term gravid 37- 38 weeks + bipolar affective disorder, current episode manic with psychotic symptoms. Patients have been known to suffer from a mental disorder since 2000 and has been submitted to psychiatry ward for as much as 9 times. Trigger disorder is unknown at this time, the patient suddenly angry for no apparent reason. Patients treated with pharmacotherapy of haloperidol 2x2 mg, roboransia and psychotherapy. Treatments including consideration of the patient to provide pharmacological therapy in a minimum dosage and psychotherapy to effectively reduce teratogenic risk to the fetus. Patients have been known to suffer from a mental disorder since 2000 and has been submitted to psychiatry ward for as much as 9 times. Trigger disorder is unknown at this time, the patient suddenly angry for no apparent reason. Patients treated with pharmacotherapy of haloperidol 2x2 mg, roboransia and psychotherapy. Treatments including consideration of the patient to provide pharmacological therapy in a minimum dosage and psychotherapy to effectively reduce teratogenic risk to the fetus. Patients have been known to suffer from a mental disorder since 2000 and has been submitted to psychiatry ward for as much as 9 times. Trigger disorder is unknown at this time, the patient suddenly angry for no apparent reason. Patients treated with pharmacotherapy of haloperidol 2x2 mg, roboransia and psychotherapy. Treatments including consideration of the patient to provide pharmacological therapy in a minimum dosage and psychotherapy to effectively reduce teratogenic risk to the fetus.*

**Keywords:** Mental disorders, bipolar affective disorder, pregnancy, psychotherapy

**INTRODUCTION**

Pregnancy problems are dramatic episodes of biological conditions, psychological changes and adaptations for a woman who has experienced them. <sup>1</sup>

Changes in complex physical and emotional conditions require adaptation to the adjustment of life patterns with the pregnancy process that occurs. Conflict between the desire for procreation, the pride that arises from sociocultural norms and problems in the



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pregnancy itself (for example, bodily and hormonal changes, the pregnancy is unwanted, the pregnancy is too close, a history of miscarriage or other bad obstetric history) can trigger various causes. psychological reactions, ranging from mild emotional reactions, to severe mental disorders (psychosis). However, this should come as no surprise as ovulation and menstruation can also cause psychosis. Patients recover after the child is born, but in subsequent pregnancies, the disease usually recurs. Eclampsia and infections can also be accompanied or followed by psychosis. In addition, psychosis can be more severe in pregnancy.

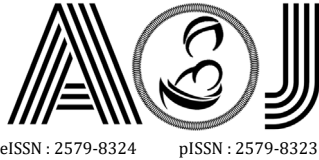
In some women, stress is mainly due to fear of pain during childbirth. The experience of pregnancy may change due to medical and obstetric complications. Women who have complicated pregnancies are twice as likely to feel anxious about their fetus or become depressed. For women with a history of mental disorders, pregnancy is often a time of improvement in general health, but for women who suffered from serious mental disorders before pregnancy, especially bipolar disorder, schizoaffective disorder, or schizophrenia, the disease may not subside. On the other hand, the postpartum period has long been recognized as a time of increasing mental illness. 10 to 15 percent of women who have recently given birth will have postpartum nonpsychotic depressive disorder. In some, severe manic or psychotic depressive disorders develop after delivery. <sup>2</sup>

Pregnancy and childbirth cause enough stress to trigger mental illness. Diseases of this class may reflect a recurrence or exacerbation of an existing psychiatric disorder, or may indicate the onset of a new disease. In a population-based study in Sweden, Andersson et al., (2003) reported a 14 percent prevalence for psychiatric disorders during pregnancy. Unfortunately, they also found that only 5.5 percent of that number had received treatment. Importantly, Boni et al. (2008) found that many diseases precede pregnancy and are detected by screening at 12 weeks' gestation.

In the following, we will report the case of a 31-year-old female patient being treated with mental health with a diagnosis of G2P1A0H1 Gravid aterm 37-38 weeks + Bipolar affective disorder, current episodes of manic with psychotic symptoms which will later be discussed about management during pregnancy and the postpartum period and how to minimize drug administration. -treatment in this patient considering that psychiatric drugs are teratogenic in the fetus.

**CASE REPORT**

A patient, a woman, aged 31 years was treated in the mental ward Dr. M. Djamil Padang since October 10, 2014 WIB, with a diagnosis of: Bipolar affective disorder, current manic episodes with psychotic symptoms + G2P1A0H1 gravid at 37-38 weeks, single live intra-uterine fetus prescription. The patient was initially angry with the patient's parents, husband and family for no apparent reason and damaged household items, the patient was then taken by the



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patient's family to Dr M Djamil Padang General Hospital. The tone of labor and the danger signs of pregnancy were absent. No menstruation since  $\pm$  9 months ago, regular menstrual cycles, HPHT: 27-01-2014, TP: 03-11-2014.

The movement of children was felt since  $\pm$  5 months ago ANC: midwifery control at Sapan, months 4,5,6. The pregnancy was said to be no problem.

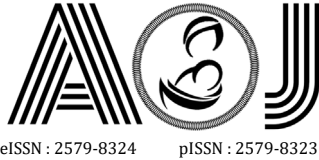
The patient has been known to be sick like this since 2000, getting better with treatment. Married 1 x in 2009. In 2010, male, full-term, helped by a spontaneous midwife, Alive. The patient, who graduated with a bachelor's degree in English, is now working as an English teacher.

Vital signs and internal status are within normal limits. Obstetric status is obtained, chloasma gravidarum (+), enlarged breasts, aerolar hyperpigmentation and mammary papillae (+), enlarged glands of Montgomery (+). Leopold, FUT 3 lower fingers of the xypoideus process, the fetus is elongated, head presentation, left back, TFU: 33 cm, TBA: 3100 gr, His: (-), FHR: 155 x / minute. On deep examination, he revealed a broad pelvic impression. Laboratory tests within normal limits, Hb: 13.2 gr / dl, Leukocytes: 9300 / mm<sup>3</sup>, platelets: 260,000 / mm<sup>3</sup>, hematocrit: 40%.

Psychiatric status was obtained from autoanamnesis on October 15, 2014, alloanamnesis with the patient's husband (35 years old), living with the patient and medical records. Initially the patient was angry with the patient's family. The patient has been experiencing mental disorders since 2000 with complaints of looking restless, angry without cause, and destroying household items. Then the patient was brought to RSJ HB Sa'anin. Then go home in a calm state, with the doctor's permission and the family picks up. However, it was difficult for the patient to take medication at home so that his father was often angry with the patient so that the disease often recurred. The patient has been treated 9 times, namely 2000, 2001, 2002, 2004, 2006, 2008,2009, 2011, and 2014.

The patient was born spontaneously, at term, was helped by a midwife, immediately cried, no history of blueness and jaundice. Growth and development according to their age. History of febrile seizures once at 1 year of age. Relations with peers are good, have no problems with the school environment, good motor and cognitive development, patients are educated hard by their families, especially by their fathers.

The patient attended Sawahlunto Kindergarten, when he was 6 years old (1989- 1990), socialized with good friends and teachers, SDN 02 Sawahlunto, 17 years old (1990-1996), won first place since grade 1 SD, had many friends, SMPN 02 Sawahlunto in 1996-1999), won first place since grade 1 SMP had many friends, SMA 1 Sawahlunto in 1999-2002. During grade 1 and grade 2 there were no problems. When the 3rd grade of high school, the patient decided to wear a headscarf, but the patient's father and patient were prohibited from getting angry, then the family took him to RSJ HB Saanin Padang, studying at UNP majoring in English from



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2002-2009, hanging out with good college friends, but during college the patient had being treated for psychiatric disorders.

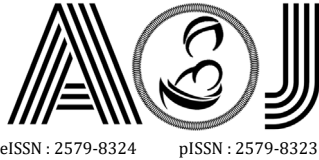
The patient works as an English teacher at an elementary school. Patient married in 2009, has 1 boy in 2010. The patient is Muslim and is diligent in worshipping. No sexual deviation, no history of sexual harassment. The patient has many friends. The patient has no criminal record. The patient's uncle and older siblings had a history of psychiatric disorders. The patient lives with her husband and child. The patient does not have significant household problems. The patient's parents live in a house which is 10 meters from the patient's house. The total family income is approximately 7 million rupiah, with monthly expenses of 4 million rupiah. The family feels sorry for the patient's open illness, the family wants the patient to recover quickly and be able to reunite with the family. The patient realizes that he is sick and needs medicine. After leaving the RSJ, the patient wants to help the parents.

Neurological status within normal limits. Mental status based on examination date October 15, 2014, the patient is a woman, looks age-appropriate, self-care sufficient, brown skin, wears pretty neat clothes, rich facial expression. The patient seemed calm during the interview and was quite long, cooperative and able to follow the interview well. The patient tells the story fluently and spontaneously according to the questions asked by the examiner. Mood: euphoric, affective: hypertim, affective harmony: harmonious. Based on the examination on 10 October 2014, Awareness / Sensorium: Good, Attention: Yes, Attitude: cooperative, Initiative : Yes, Motor behavior: active, Facial expression: rich, Verbalization and speech: fluent and clear, Psychic contact: doable, natural, long.

Hypertime affective state, stable emotional life, good control, echt, adequate einfuhlung (invoelaarhaid), deep, wide differentiation scale, fast emotional flow.

The state and function of the intellect, good memory (amnesia), good concentration power, orientation (time, place, personal, situation) is not disturbed, the extent of general and school knowledge is quite wide, discriminative insight is not disturbed, the alleged level of intelligence is normal, discriminative judgment is not compromised, intellectual decline does not exist.

Impaired sensation and perception, absent illusions, absent hallucinations. The speed of the thinking process (psychomobility) is fast, the quality of the thinking process is quite clear and sharp, the circumstances are not available, the incoherent is absent, the obstructed (sperrung) does not exist, is obstructed (hemmung) does not exist, does not jump (flight of ideas) does not exist, verbigeration persevarative (persevaratich) does not exist. The content of the mind, the central pattern in his mind is absent, phobia does not exist, obsession does not exist, delusions exist, greatness and suspicion, suspicion is present, confabulation does not exist, hostility / resentment does not exist, feelings of inferiority do not exist, a lot / a little: a lot, the feeling of sin is absent, the hypochondria is absent.



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Abnormal instinctual drive and actions, absent abulia, absent stupor, absent raptus / impulsivity, general noise / excitement state, absent sexual deviation, absent ecopraxia, absent vagabondage, absent pyromany, absent mannerism, lack of anxiety. seen overt non-existent, the relationship with reality is disturbed in terms of behavior, thoughts and feelings.

Patient diagnosed with G2P1A0H1 Gravid at term 37-38 weeks + Bipolar affective disorder, current manic episode with psychotic symptoms, prescription intra-uterine single live fetus. The patients were controlled for KU, VS, His, DJJ. Ultrasound if the patient's condition is stable. Psychiatric therapy, pharmacotherapy: Haloperidol 2x2 mg, Vitamin B complex 3x50 mg, Vitamin C 3x50 mg, psychotherapy to patients in the form of supportive psychotherapy, helping patients identify and express their emotions and help with ventilation. Finding out the triggers and causes then helping the patient to solve external problems in a directed way, psychoeducation, helping patients to know more about the disorder they are suffering from, it is hoped that the patient will have an increasingly effective ability to recognize symptoms, prevent symptoms from appearing and get immediate help. Psychotherapy to the family, the patient's illness, provides a communicative, informative, and educational explanation of the patient's illness (causes, symptoms and the relationship between symptoms and behavior, disease course and prognosis). In the end, it is hoped that the family can support the healing process and prevent recurrence, therapy, provide an explanation of the therapy given to the patient (the use of drugs for the patient's symptoms and side effects that may arise in the treatment). In addition, it also emphasized the importance of patient control and taking medication regularly.

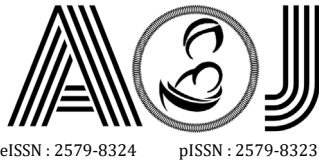
The prognosis in this patient is *quo ad vitam: dubia ad bonam, quo ad functionam: dubia ad bonam, quo ad sanationam: dubia ad bonam.*

## DISCUSSION

It was reported that a 31-year-old female patient was admitted to a mental ward with a diagnosis of G2P1A0H1 Gravid at term 37-38 weeks + Bipolar affective disorder, current episodes of manic with psychotic symptoms, prescription intra-uterine single live fetus, in this patient there are several things that need to be discussed, namely:

1. Is the diagnosis in this patient correct ?
2. What is the risk of administering the drugs to this patient ?
3. What is the management of this patient ?

Ad.1. The patient was diagnosed with G2P1A0H1 at term 37-38 weeks where the history showed that the patient was pregnant with a second child, the first child was alive at four years old, based on HPHT, the patient's gestational age was 37-38 weeks, the diagnosis of a single live intra-uterine fetus prescription was obtained from physical examination at which time of examination. Leopold found a single fetus head presentation, vaginal toucher



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examination and ultrasound could not be done because the patient was not cooperative. Diagnosis of bipolar affective disorder, current episodes of manic with psychotic symptoms where based on the history of the disease course and examination of the patient found changes in behavior, thoughts, feelings that are clinically significant and cause distress, disability, and social dysfunction. Thus, based on PPDGJ III, it can be concluded that the patient has mental disorders. From the history, there was no history of capitis trauma and the use of alcohol and addictive substances so that organic mental disorders could be excluded and the consequences of using psychoactive substances could be excluded.

In this patient, there were symptoms of affective disorder (mood) that often recurred from 2000 to 2014, the patient had been treated 8 times, the patient was often angry, talked a lot, had hypertension, increased activity, and had psychotic symptoms. What stands out is the concept of greatness, namely feeling like a rich person and having a suspicious attitude so that it meets the criteria for the current episode of manic bipolar affective disorder with psychotic symptoms.

Ad. 2. In general, psychiatric drugs cause abnormalities in the fetus. Try to keep the dose of the drug to a minimum, taking into account the effects on the fetus. some of them have been shown to be teratogenic in the fetus, the lithium group, for example, cause heart defects, Ebstein's anomaly.

Ad. 3. Management of these patients includes pregnancy, childbirth, and the postpartum period by taking into account the condition of the mother and fetus. In principle, the management of these patients is divided into 2 phases:

1. Acute Phase

Symptoms are managed, drug doses are adjusted to prevent adverse effects and patients are counseled.

2. Next Phase

Patients are monitored for effective doses to prevent relapse. In the maintenance phase, a client who is at risk of relapse is often still given medication. For patients who are considered not at high risk of relapse, treatment is stopped. The use of tricyclic antidepressants should only be used in pregnant patients experiencing severe depression who complain of vegetative symptoms of depression, such as crying, insomnia, appetite disorders and suicidal thoughts.

Selective serotonin reuptake inhibitors (SSRIs) have proven to be very useful in treating depression, so they are options for pregnant women, including fluoxetine and sertraline. This drug is of choice because it has less adverse anticholinergic effects, cardiac toxicity, and reacts more quickly than tricyclic antidepressants and monoamine oxidase inhibitors (MOA) and does not cause orthostatic hypotension, constipation and sedation. In addition, routine



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psychotherapy or support group methods should be used if there is an intrapsychic conflict affecting the pregnancy. Cognitive-behavioral therapy is especially helpful for depressed patients and is accompanied by antidepressants. Electro-convulsive therapy (ECT) is used in patients with psychotic depression to get a quicker response, when the lives of both mother and child are threatened, for example in severe depression and suicidal patients or if they do not respond to antidepressant treatment. In dealing with clients suffering from depression, it must be done with a serious attitude and understand the sufferer's condition. We must give understanding to them and support or provide motivation that can calm their souls. Should not entertain, give false hope, be optimistic and joke because it will increase feelings of inadequacy and inferiority complex.<sup>3,4</sup>

**CONCLUSION**

Diagnosis in this patient is correct, where anamnesis is done autoanamnesis and alloanamnesis to confirm the diagnosis of mental disorders and obstetric examinations are carried out to confirm a diagnosis of pregnancy, ultrasound examination to assess the condition of the fetus is carried out after the patient's condition is stable. Patient management includes the consideration of providing pharmacological and psychotherapy therapy where in the administration of therapy, it is expected that the drug dose is minimized with an effective effect thereby reducing the risk of teratogenicity to the fetus.

**REFERENCES**

1. Cunningham FG, Leveno K J, Bloom S L, Hauth J C, Gilstrap III L C, Wenstrom K D. Neurological and Psychiatric Disorders. In: Williams obstetrics 23rd ed. McGraw Hill, 2010.
2. Maslim, Rusdi. Buku Saku Diagnosis Gangguan Jiwa Rujukan Ringkas dari PPDGJ-III. Bagian ilmu kedokteran jiwa FK Unika Atma Jaya, 2001.
3. Kaplan HI, Sadock BJ, Grebb JA. Sinopsis Psikiatri Ilmu Pengetahuan Perilaku Psikiatri Klinis Jilid Dua. Binarupa Aksara, 1997
4. Herz EK. Management of psychiatric illness and pregnancy. In : Isada NB, Drugan A, Johnson MP, Evans MI (eds). Maternal genetic disease. Appleton & Lange, 2003; 89 - 95.