

Editorial

Postpartum Psychosis: A Global Public Health Crisis We Can No Longer Ignore

Motherhood is often associated with joy, love, and the promise of new beginnings. However, for some women, the postpartum period brings a severe and potentially life-threatening mental health crisis known as postpartum psychosis (PPP). Unlike the more widely recognized Postpartum Depression (PPD), postpartum psychosis is a rare but acute psychiatric disorder that can lead to hallucinations, delusions, confusion, and paranoia. It is estimated to affect 1 to 2 in 1,000 new mothers worldwide, yet awareness, early detection, and treatment remain inadequate across many healthcare systems.

The consequences of untreated postpartum psychosis can be catastrophic, leading to suicide, infanticide, family trauma, and long-term mental health deterioration. Despite its severity, PPP remains underdiagnosed and poorly understood in many parts of the world. Women experiencing symptoms often go unrecognized by healthcare providers, dismissed as having the “baby blues” or postpartum depression, resulting in delayed or absent intervention.

This article examines postpartum psychosis from a global public health perspective, emphasizing the urgent need for early screening, medical intervention, healthcare policy reforms, and community awareness. By addressing these issues, we can help prevent life-threatening complications and ensure that maternal mental health becomes a priority in public health strategies worldwide.

Understanding Postpartum Psychosis :

Postpartum psychosis is a psychiatric emergency that typically develops within the first two weeks after childbirth, although symptoms can emerge within hours or days. Unlike postpartum depression, which is primarily characterized by sadness, exhaustion, and anxiety, postpartum psychosis includes severe mood disturbances, hallucinations, delusions and cognitive impairment.

Symptoms of Postpartum Psychosis :

Extreme mood swings (euphoria followed by severe depression).

Delusions or false beliefs (eg, believing the baby is possessed or that they must save the world).

Hallucinations (hearing voices, seeing things that are not there).

Disorganized thinking and confusion.

Paranoia and extreme anxiety.

Insomnia or an inability to rest.

Agitation and impulsive behavior.

Suicidal thoughts or thoughts of harming the baby.

If left untreated, PPP can escalate rapidly, leading to dangerous behaviors. Studies suggest that women with postpartum psychosis are at a higher risk of suicide than the general population, and cases of infanticide linked to PPP highlight the urgent need for early detection and intervention.

The Global Burden of Postpartum Psychosis

While postpartum psychosis occurs worldwide, awareness, diagnosis, and treatment vary significantly between countries. In high-income nations, maternal mental health is increasingly recognized as a critical component of healthcare, yet even in these regions, gaps in care exist. In low- and middle-income countries (LMICs), the situation is even more dire due to limited healthcare resources, stigma, and lack of specialized psychiatric care.

Postpartum Psychosis in High-Income Countries

In countries such as the United States, Canada, the United Kingdom, and Australia, maternal mental health programs have improved significantly in recent years. **For example :**

The UK has implemented Mother and Baby Units (MBUs), where mothers with severe postpartum mental illnesses can receive inpatient care while staying with their babies.

The US has growing awareness of maternal mental health, yet postpartum psychosis screening is not standardized across healthcare systems, leading to inconsistencies in diagnosis.

Canada and Australia have launched public health campaigns to reduce stigma and encourage women to seek help.

Despite these advancements, many women still face barriers to care, including stigma, high healthcare costs, and lack of trained providers.

Postpartum Psychosis in Low- and Middle-Income Countries (LMICs)

In many LMICs, maternal mental health is not a priority, and postpartum psychosis often goes undiagnosed or untreated.

Some key challenges include :

Lack of mental health infrastructure — Many

countries have limited psychiatric facilities, especially in rural areas.

Cultural stigma — In some cultures, mental illness is associated with shame, weakness, or even supernatural beliefs, discouraging women from seeking help.

Traditional healing practices — Some women are taken to spiritual or religious healers instead of receiving medical intervention.

Gender disparities — Women in some societies have limited decision-making power over their health, leading to delays in seeking treatment.

A study conducted in India found that many cases of postpartum psychosis were misdiagnosed as possession by spirits, leading families to seek exorcisms instead of medical care. Similarly, in parts of Africa, mental illness is heavily stigmatized, leaving women with postpartum psychosis at risk of abandonment or violence.

The lack of data on postpartum psychosis in LMICs makes it difficult to assess the true burden, but public health initiatives must integrate maternal mental health services into existing healthcare systems to improve outcomes.

Preventing Complications of Postpartum Psychosis

To reduce the risks associated with postpartum psychosis, a multi-faceted public health approach is essential. This includes early screening, timely medical intervention, improved healthcare policies, and community awareness.

(1) Early Screening and Identification

Many cases of postpartum psychosis go undiagnosed due to a lack of routine mental health screening. To improve early detection:

Pregnant women should undergo mental health assessments during prenatal visits. Women with a history of bipolar disorder, schizophrenia, or previous postpartum psychosis should be considered high-risk.

Postnatal checkups should include mandatory mental health screenings at 1, 3, and 6 months postpartum to identify early symptoms.

Healthcare professionals should receive training to recognize the signs of postpartum psychosis, especially in primary care and obstetric settings.

(2) Immediate Medical and Psychiatric Intervention

Once symptoms of postpartum psychosis are detected, rapid intervention is crucial.

Emergency psychiatric care must be available in hospitals to ensure that women with severe symptoms receive immediate treatment.

Mother-Baby Psychiatric Units (MBUs) should be expanded globally to provide inpatient care without separating mothers from their infants.

Medication and therapy (such as antipsychotics, mood stabilizers, and cognitive behavioral therapy) should be made accessible and affordable for all mothers.

(3) Strengthening Healthcare Policies and Support Systems

Governments and healthcare systems must prioritize maternal mental health by:

Integrating postpartum mental health into primary healthcare services to make psychiatric care accessible to all women.

Providing paid maternity leave with mental health support, allowing mothers time to recover.

Establishing crisis helplines for women experiencing postpartum psychosis, offering 24/7 support.

(4) Reducing Stigma and Raising Awareness

The fear of judgment prevents many women from seeking help. To combat stigma:

Public health campaigns should educate communities about postpartum psychosis to normalize maternal mental health discussions.

Family education programs should encourage partners and relatives to support affected mothers.

Media and social platforms should feature real stories from survivors to reduce misinformation and encourage early intervention.

CONCLUSION

Postpartum psychosis is a global public health crisis that remains underdiagnosed, misunderstood, and often neglected. While advancements have been made in high-income countries, low- and middle-income nations still face significant barriers to recognizing and treating PPP. The devastating consequences—suicide, infanticide, family trauma—are preventable with the right healthcare policies, early intervention, and societal support.

Addressing postpartum psychosis requires a global commitment to integrating maternal mental health services into existing healthcare systems, destigmatizing psychiatric illnesses, and ensuring that no mother suffers in silence. By making postpartum mental health a priority in public health agendas worldwide, we can save lives and improve the well-being of families across generations.

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