Short communication

Pregnancy in women with psychotic disorders

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Summary

Clinical experience and past research suggest that women with psychotic disorders have special needs when it comes to the provision of family planning and obstetric care. The aim of this study was to examine variables related to these issues in a representative sample of women with psychotic disorders who were in contact with mental health services. Of the 110 women who completed the survey, 65 (59.1%) were mothers. These women had a total of 257 pregnancies and 198 live births. One hundred and thirty-four (52%) of the pregnancies were unplanned and twenty-five percent of these pregnancies ended in termination. This population suffers from a high rate of unwanted pregnancies and reproductive losses. Further research is needed to assess the pre- and peri-conceptual needs of these women in order to optimize outcomes for the mothers and their fetuses.

Keywords: Schizophrenia; women; reproduction; contraception.

Introduction

Preparation for conception and pregnancy enhances the opportunity to optimize the fetal environment, prepares the woman for her new role as mother and harnesses appropriate supports for her and her infant. This is particularly important for women with psychotic disorders who are at increased risk of being without the support of a spouse or significant others, of having an unplanned pregnancy, holding a negative view towards pregnancy (McNeil et al., 1983; Rudolph et al., 1990) and receiving less than optimal antenatal care (Miller, 1990).

In order to design better antenatal services for women with psychoses, a better understanding of issues related to contraception and pregnancy is necessary. Women with schizophrenia or affective psychosis have similar number of offspring compared to their unaffected sisters and these rates appear comparable to those of the general population (McGrath et al., 1999; Thomas et al., 1996). The literature suggests that women with psychotic disorders have more unplanned pregnancies than the general population (Miller and Finnerty, 1996; Coverdale et al., 1997) and are at risk of reproductive losses such as termination and loss of custody of their children (Thomas et al., 1999).

In advising on family planning for women with psychosis consideration needs to be given to the cognitive capabilities of the women to comply with contraception (e.g. remembering to take the oral contraception) while respecting the rights of the mentally ill consumer to manage her own fertility (Coverdale and Aruffo, 1989; Coverdale et al., 1993).

As part of a wider research program examining the antenatal needs of women with psychoses, we assessed selected variables relating to pregnancy in a sample of women in contact with mental health services. Related papers concerning the entire sample (both males and females with psychoses) describe the fertility and fecundity of the sample compared to unaffected siblings (McGrath et al., 1999), and contact with children and child-care services (Hearle et al., 1999). In this paper we present data related to the number of pregnancies, outcome of these pregnancies and whether they were planned or unplanned.

Methods

Participants were drawn from three sites; (1) an inner-city community mental health service, (2) a community mental health service which contained urban and rural sectors, and (3) an extended-care psychiatric hospital. Those with a chart diagnoses of a psychotic
Results

Of the 819 eligible participants, 118 had had their files “closed” between the census and the interview, which were completed over an 18-month period. We were unable to contact 58 individuals and 121 individuals remained too unwell to give written informed consent. Of the remaining 522 available participants, 342 consented to join the study and completed the interview. There were no significant differences between subjects who consented versus those who did not consent on age ($t = 0.17, df = 493, p = 0.86$), sex ($\chi^2 = 2.25, df = 1, p = 0.12$) or chart diagnosis (divided into affective versus nonaffective psychoses; $\chi^2 = 0.289, df = 1, p = 0.59$).

Of the 343 participants in the overall study, 110 (32%) were women. The range of ages for the women was 21 to 80 years, with a mean (and standard deviation) of 46.6 (14.3) years. The DSM-III-R diagnoses of the women were schizophrenia ($n = 75$), atypical psychoses ($n = 13$), and affective psychoses (including bipolar affective disorder, schizoaffective disorder and related conditions, $n = 22$). Concerning marital status, 29 were married or in defacto relationships, 36 were divorced, separated or widowed and 45 had never married. Four of the women had partners with a serious mental illness.

The women in the survey had had a total of 257 pregnancies resulting in 198 live births. Sixty-five of the 110 women were mothers. One hundred and thirty-four (52%) of the pregnancies were reported as being “unplanned”. Twenty-four of the unplanned pregnancies resulted from failed contraception, the remainder as a result of contraception not being used. Of the unplanned pregnancies 25% ended in termination. None of the planned pregnancies were terminated.

The mean (and standard deviation) age-at-first diagnosis for the women was 25.5 (8.7) years. For the mothers, the mean (and standard deviation) age-at-birth of first child was 23.8 (5.0) years. The gap between age-at-first-child and age-at-first diagnosis ranged from −23 to 19 years, with a mean (and standard deviation) of −3.1 (9.2) years. Concerning all the offspring, 94 (47%) were born prior to the mother’s diagnosis being made, 71 (36%) were born after the mother’s diagnosis (data missing for 17 women). Eighteen (16.4%) reported that at least one of their psychiatric admissions was within six months after the birth of one of their children.

Discussion

This study found that over half of all pregnancies in women with psychotic disorders were unplanned. This appears to be in keeping with a number of other studies examining unplanned pregnancies in psychiatric populations (Miller and Finnerty, 1996; Thomas et al., 1996). Therefore in over half of these pregnancies the opportunity to optimize the conditions for conception were lost. Statistics relating to unplanned pregnancies in the United States reveal rates are as high as 48% for the general population (Henshaw, 1998), however the mental health status of the mother was not taken into account. Australian evidence in this area is limited. One study has reported rates of around 30% (Webb, 1996), this figure was for unplanned pregnancies resulting in live births and did not include those unwanted pregnancies ending in termination. However, even if these women have rates of unplanned pregnancy similar to that of the general population research suggests that more of these pregnancies are not only unplanned but also unwanted (Miller and Finnerty, 1996). While the degree of “wantedness” can fluctuate over time, these women are at high risk from adverse consequences of unwanted pregnancies (Coverdale et al., 1997).

One quarter of the unplanned pregnancies for our sample resulted in terminations. While termination rates for Australian women are difficult to ascertain, these rates are similar to those found in the Thomas study (1996). In this paper it is reported that 21% of US women of childbearing age experience abortion. Even if we presume that the abortion rates here are similar to the general population, the impact of termination of pregnancy on women with psychotic disorder needs to be considered. Gilchrist and her colleagues (1995) found that for most women...