http://jppbr.ub.ac.id/
DOI: 10.21776/ub.jppbr.2023.004.01.3
eISSN: 2723-083X pISSN: 2723-0821

Journal of Psychiatry Psychology and Behavioral Research
Vol. 4, No. 1, March 2023

JPPBR

SELF-HARM RISK IN PREGNANT WOMEN WITH PERSONALITY DISORDER

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REVIEW OPEN ACCESS

ABSTRACT

Background: Mental distress in being pregnant is still underreported due to the similarity with changes in pregnancy itself. Almost of women with personality disorder history report mental distress which induces suicide targets on attempted self-murder during pregnancy.
Objective: To reveal the threat elements for self-harm behavior in a pregnant woman with a history of personality disorder.
Methods: This paper included searching for pregnant women with a history of personality disorders, records of miscarriage, cigarette use, maternal dysfunction, adolescents, and depression during pregnancy who are at risk of committing suicide attempts or self-harm.
Results: Self-harm risk in pregnant women involving adverse results not only suicide but also homicide. Self-harm can be triggered by symptoms of depression before and after birth, economic state, social support, childhood physical and sexual experiences, mental state condition, education level, maturation of age, and social communication. Intervention needs to be assessed as soon as possible to refer to a psychiatrist and conduct of Consultation liaison psychiatry as needed if found many comorbidities can disturb pregnant development.
Conclusion: Self-harm in pregnant women with personality disorder had various risk factors not only from their personality disorder itself but also many stressors which can be triggered their impulsivity behavior. Consultation-liaison psychiatry can be conducted and need to be referred if the clinician found about emergency psychiatry evidence.

Keywords: self-harm, pregnant, personality.

Article History:
Received: April 6, 2021
Accepted: March 28, 2023
Published: March 31, 2023

***Cite this as:** Mahardhika, G.P.C. Self-harm Risk in Pregnant Women with Personality Disorder. Journal of Psychiatry Psychology and Behavioral Research; 2023.4(1). p9-11.*

INTRODUCTION

Mental distress in pregnant women becomes a comorbidity of psychiatric problems which occurs up to 39% in the Southeast Asia Region of the World Health Organization (WHO).[1] Being pregnant is also followed by some changes due to the pregnancy itself include of mental conditions. Comorbidity with a mental disorder in pregnancy and nonpharmacological treatments collectively with psychotherapy, mindfulness, and antidepressants (which have not been associated with teratogenicity, especially fluoxetine) is suggested throughout pregnancy.[2]

Self-murder as suicide is categorized as a prime public fitness hassle around the world, and intellectual infection has been recognized as a chief hazard factor. Self-murder is likewise one of the main reasons for perinatal maternal death, however, only a few research have centered on triad suicide withinside the perinatal period. Up to 154 girls (11.68%) tried suicide; 49 throughout were pregnant (3.71%) and 105 (7.97%) at puerperium. Attempted to make away with oneself for the duration of being pregnant and the puerperium has special chance factors. Special interest in the danger of suicide is needed for girls with extreme intellectual contamination and records of miscarriage, alcohol or cigarette use, youngsters, and melancholy at some point being pregnant.[3]

The rate of maternal mortality from self-injury, including suicide and overdose, has been omitted from published maternal mortality rates, although attention to the prevalence of mood disorders in pregnancy is increasing, and it is estimated that as much as 15% of pregnant and postnatal ladies in the United States of America. Suicide through pregnant girls and opiate overdose are essential public issues and arise at better quotes than formerly reported. The author tried to find out recognized sef-damage through suicide or opiate overdose because the main reason for loss of life at some stage in pregnancy. A current dialogue has summarized the evolution of maternal mortality reporting and highlighted the persevering with want for general definitions and statewide facts sharing.[4]

Broeks et al. (2017) found that a decrease in the proportion of women who took prescription drugs during pregnancy.[5] There is a high prevalence of the use of antidepressants without mood stabilizers, potentially leading women at risk to become dependent on antidepressant drugs although this is still debated and needs further investigation.

Women with a history of self-injury had vulnerable to infection at some point being pregnant and needed extra interventions.[6]

Women with a mental problem and some personality character tendencies in pregnancy looked feasible related to the emergency condition and dangerous accomodation.[7]

Symptoms of mental disorders as well as confusion are usually felt by pregnant women. This situation induces a negative impact on both to mother and fetus. Sleep disturbances during pregnancy cause bad results in psychopathology during pregnancy. Pregnant women become sleepless, stressed, and fidgeting. Stress-associated sleep reactivity is a first-rate danger component for the occurrence of sleeplessness, mental distress, and tension in a pattern of preferred adults. However, just a few data revealed about sleep reactivity and its relation with sleep and temper pathologies in pregnancy.[8]

Melancholy in younger pregnant women is better nowadays than in the 1990s. There are some viable factors for this condition that want to be in addiction investigated in destiny studies for prevention and treatment steps. The outcomes look want for elevated screening and assets to assist pregnant women and reduce the capacity effect of dysphoria, and melancholy conditions in mothers and their babies.[9]

This paper will discuss and reveal about the threat elements for self-harm behavior in a pregnant woman with a history of personality disorder

METHOD

Searching method in this paper from selected review which included searching for pregnant women with a history of personality disorders, records of miscarriage, cigarette use, maternal dysfunction, adolescents, and depression during pregnancy who are at risk of committing suicide attempts or self-harm

RESULT

High risk pregnancy becomes problem that occurs during pregnancy, parturition and puerpureum. Some of risk factors for pregnancy are congenital diseases to problems that arise during pregnancy. Self-harm as non-suicidal self injury characterized by a tendency to emotionally unstable, lasting relationship and feeling of inner emptiness. Self-harm is a common helath problem and requires adequate treatment.[10] Self injury amongst younger generation is a diagnosed hassle in populace fitness in high-profits countries, which produces as much as adverse results included suicide.[11] Self-harm can be triggered by symptoms of depression before and after parturition, social economic state, social support, childhood physical and sexual experiences, mental state condition, education level, age, employement and social relationship.[12]

CONCLUSION

Self-harm in pregnant women with personality disorder had various risk factors not only from their personality disorder itself but also many stressors which can be triggered their impulsivity behavior. Consultation-liaison psychiatry can be conducted and need to be referred if the clinician found about emergency psychiatry evidence.

DISCUSS

Age of Pregnant Women

Hysteria condition looked excessive in younger woman up to 25%, especially with social phobia condition (22.7%). Young pregnant girls and the hazard of intellectual issue by Estrin (2019) observed among 16-25 years old looked serious problem and excessive chance of intellectual problems.[13] Interventions that enhance social networking, deal with abuse and offer good enough intellectual fitness care can lessen unfavourable results for woman and their children. Woman in their 25 years old state had risk of intellectual issues, with an predicted populace of 67.2% in comparison to 21.2% to older women.

Woman who tried suicide in their pregnant or puerpureum phase had distinctive psychopathological and environmental profiles. Pregnancy is the main relative to addictive conduct and a record of miscarriage, which shows being pregnant-associated strain and or problem accomplishing being pregnant, while postpartum state correlated with youthful temper and age settings.[3]

Increasing risk of self-harm in age periode 15-24 years has been found, then up to 60% has been tried to suicide in age period 20-24 years old. While pregnant still on progress, up to 10% girls die at the same time, 39.8% women used poison to end their life.[14]

Behavior by Depression Condition

Prevalence of suicidal ideation in women up to 4.6%. Women with depression had specific behvaior such as smoking which reported 13 times more likely report had suicide thougths. Women with self-injury behavior increased their depressive symptoms. The presence of depressive signs turned into 31%, predominant melancholy 10%, self-harm behavior 8.3%.[15] The most powerful affilition for hereditary despair turned into that the ones mother with 3 or extra dysfunctional character tendencies had been 2.27 instances much more likely to reveal in melancholy, in comparison to offspring of mothers without dysfunctional personal problems.[9]

Woman with excessive sleep reactivity stated better fees of sleeplessness, mental distress, and tension, had been much more likely to have mind of self-damage than women with low sleep reactivity. In emergency psychiatry condition, womes could perform such as sleep disturbances, fidgeting, bad temper, do harm for others, more necessity to take cigarretes or another drugs. Women at emergency psychiatric situation need to assess as soon as possible and to refer to a psychiatrist and conduct of Consultation liaison psychiatry as needed if found many comorbidities can disturb pregnant development.

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