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Childbirth always constitutes a profound change in the life of the mother and the rest of the family. Pregnancy, birth and postpartum are crucial periods where the mother will have to face unknown situations and make decisions that are going to determine the strength and type of bond between mother and baby. In the specific case of women with mental illness, this time can involve an important risk of descompensation or aggravation of her condition. For this reason, a specific attention to these patients in moments of special vulnerability, as pregnancy and perinatal period, is necessary.

In our community there are few resources for this need, and because of this we have initiated a program involving perinatal care for women diagnosed with severe mental diseases. The objective of the program is to improve clinical stability of the mother and strengthen the bond with the baby, trying to make it secure and stable.

Our methodology is based on a comprehensive approach including clinical, pharmacological and familiar interventions. Health promotion and coordination with primary care, obstetrics and pediatrics are necessary as well.

To illustrate this, we present here two clinical cases that are being followed in our program. The first one is an adolescent mother with an affective disorder consequence of an unstructured family and several years of violence at home. The second case is a patient with undiagnosed psychotic disorder with serious psychotic symptoms during the pregnancy requiring hospitalization.