E. Fertility/Fecundity

REPRODUCTIVE PATHOLOGY IN WOMEN WITH SCHIZOPHRENIA AND AFFECTIVE PSYCHOSES

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In Stage 1 of this study we determined the frequency and distribution of pregnancy and birth complications (PBCs) in mothers with schizophrenia and affective psychoses, compared with a random sample of control mothers with no history of mental illness. Linkage between 43,000 women, born 1931–80, with contact with the WA mental health register and 308,000 births on the Maternal and Child Health Research Database (MCHRDB) generated 1831 case mothers (9.1% of all linked mothers), 382 with a diagnosis of schizophrenia and 1449 with a diagnosis of affective psychoses. Linkages to other registers (mortality, birth defects, cerebral palsy, intellectual handicap) provided additional birth outcomes data. The McNeil-Sjöström scale for obstetric complications was used to assess the overall level of PBCs. The risk of offspring with intellectual handicap was significantly increased for schizophrenia mothers (RR 6.9, CI 2.6–18.5) and affective psychoses mothers (RR 4.6, CI 2.5–10.5) compared with control mothers, but there was no significantly increased risk of birth defects or cerebral palsy. Using the McNeil-Sjöström Scales, we found significantly more severe PBCs among schizophrenia mothers in comparison with affective psychoses mothers and controls. In addition, schizophrenia mothers were twice as likely as control mothers to deliver infants in the 2–9 centile group for fetal growth (measured using percent expected birthweight—actual birthweight expressed as a percentage of expected birthweight for gestational age). These data suggest that women with schizophrenia have a heightened risk of PBCs, and their offspring are at greater risk of impaired intrauterine development and of intellectual handicap.

REPRODUCTIVE HISTORY IN WOMEN WITH SERIOUS MENTAL ILLNESS

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Background. There is evidence from the international literature that women with serious mental illness are at risk of receiving suboptimal antenatal care and being exposed to an increased risk of pregnancy and birth complications. This not only impacts on the health of the mother, but may expose the developing 'high risk' foetus to additional risk factors for neurodevelopmental deviance. The aim of this research was to gather representative Australian data describing the characteristics and reproductive histories of women with a history of serious mental illness.

Method. Data was collected from a representative sample of women with a history of a psychotic illness (schizophrenia and related disorders, bipolar disorder, depression with psychotic features) attending three mental health services (two integrated mental health services and one long-stay rehabilitation hospital). Variables relating to pregnancy and contraception were gathered.

Results. 110 women participated in the survey. 73 of the subjects had had a total of 254 pregnancies resulting in 196 livebirths. 65 of the 110 women were mothers. 131 (52%) of the pregnancies were unplanned. 19 of the unplanned pregnancies resulted from failed contraception, the remainder as a result of contraception not being used.

Discussion: These findings highlight the need to promote education and care relating to reproduction for women who have serious mental illness. We are extending this research by undertaking a prospective case-control study to examine the antenatal needs of women with serious mental illness.

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FERTILITY OF PATIENTS WITH PSYCHOSES VERSUS THEIR UNAFFECTED SIBLINGS

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Background. Research examining the fertility of patients with serious mental illness provides information of relevance to service providers (eg. the needs of parents with serious mental illness) and to those interested in the genetic epidemiology of psychoses.

Method. We interviewed a representative sample of patients from two integrated mental health services who had a psychotic disorder (divided into nonaffective and affective psychoses groups) confirmed by OPCRIT based on interview and chart review.

Results. Data on fertility and fecundity were collected on 280 patients and 802 of their unaffected siblings. Controlled for age and sex, there was no significant difference in the number of children between the two diagnostic groups. Within the nonaffective psychoses group, patients had significantly fewer children than their unaffected siblings. This effect was most pronounced for men (mean number of children for male patients versus well brothers = 0.45 versus 1.5). In the affective psychoses group, patients had fewer children than there well siblings, but this did not reach significance ($p = 0.58$). We