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Editorial. Ethics and Communication in Pregnancy Among Mentally Disabled Women

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Over the years, many controversies have stemmed from analyzing the pregnancy and maternity in women with mental illnesses. The possibility of them being passed on to their children has been a matter of concern, as well as providing for themselves during pregnancy, the ability to properly interact with, care for and later on educate the newborn. Right alongside stands the controversy regarding the child's development in an appropriate environment that might offer him a balanced cognitive, emotional and psycho-social prompt. The opinions about all these aspects regarding women with mental illnesses have also been analyzed from a socio-cultural point of view, considering costs and expenses when they become mothers and thus raising the child becomes the responsibility of social and medical services as well.

Generally speaking, the period of pregnancy is characterized by a tumultuousness of emotional well-being and this problem is analyzed with more precautions especially when it refers to women with a history of mental illness. In normal population, we appreciate that almost 20% of pregnant women have mood disorders or anxiety problems during their pregnancy. In a vulnerable population (like mentally ill women) the rates are higher.

In such cases, most pregnancies are unintended and one of the ethical problems is related to the possibility of mentally disabled women to be "allowed" or to "become" mothers.

Another ethical issue is related to the continuing medication that they have to maintain during pregnancy in order to cope with their condition. But the use of some drugs is proven to have teratogen effects on the fetus and

some other supposed effects are difficult to be proven due to the ethical limits of researches among pregnant women. It is important to point that, in 1975, the U.S. Food and Drug Administration (FDA) provided guidelines to all pharmaceutical companies for labelling medication with special regard to their safety during the period of pregnancy. Medications were labelled using a classification system of five risk categories (A, B, C, D and X) based on data provided by researches on humans and animals. While widely used to make decisions regarding the use of medication during pregnancy, that classification was replaced in 2015 by a new system of information referring to the effects on pregnancy and breastfeeding, due to the fact that the information provided by the old was unhelpful and confusing. At present, pharmaceutical companies have to inform about the effects and risks of using a certain medication on both the mother and fetus.

Some women voluntarily stop the administration of drugs considering that the interruption of psychiatrical treatment is recommended for pregnant women because they have to protect their fetus from malformations. Many studies proved the side-effects of mood stabilizers, anti-depressive and anti-psychotic medication on the development of the fetus brain and the rise of cardiac problems or other organ malformations. So, the teratogen effects are possible, especially because many women discover the pregnancy after several weeks (craniofacial abnormalities, cardiovascular malformation, limb defects and genital anomalies, central nervous system structural abnormalities). But the interruption of medication during pregnancy increases the risk of relapse and some effects might be seen (delirium episodes, suicidal thoughts, anxiety, depression, etc.). Even after birth, the interruption of medication could prolong depression with high impact on the mother-baby relationship, on the ability of properly caring for the baby and to normally answer to their needs.

Another ethical issue is related to the development of the newborn of depressed, schizophrenic or psychotic mothers. The impact of a psychiatric ill mother on an infant's physical, cognitive, emotional and psychosocial development is also an aspect worth mentioning. Apart from the possibility of inheriting the illness, are they exposed to a vicious environment as well? Studies proved that a mother's mental illness is associated with medical problems (pre-eclampsia, high risk of abortions, low weight, low Apgar score, obstetrical complications). After the child’s birth a distant attitude towards the child has important consequences

on the baby's development because of the insufficient cognitive stimulation, the lack of emotional response, inadequate feedback to the baby's needs, neglect during relapse episodes and misuse of rewards (smiles, positive reactions, encouragements, hugs, and caresses). This dysfunctional relationship has behavior consequences: sleep disorders, swings, eating difficulties, anorexia and regurgitation, insufficient weight gain, prolonged crying, dermatological complaints, changes observed in psychomotor development, insecure attachment, avoidance and delay in speech and language acquisition Some researches presented important differences in assessing the capacity of motherhood. Comparing the mental diseases, s schizophrenic mothers proved to have lower rates of negative influences on the baby and proved to have maternal abilities comparing to other psychiatric diagnostics (Hameed and Lewis, 2016; Jones et al, 2014).

Medical and psychological policies should protect the mother-baby relationship (Kenny et al, 2013). In most of the western countries, the hospitalization of mothers with a mental illness is made together with her baby, offering the mother the possibility to practice her abilities in the presence of the healthcare professionals and to be taught, to continue the breastfeeding and to maintain a relationship with her child. But in many other countries, the mother is hospitalized by herself, causing distress to both her and the child.

Becoming a mother must be every women's right and counseling women with mental illness about pregnancy and motherhood must be considered an important aspect before the pregnancy. After becoming pregnant, a matching interaction between healthcare professionals (psychiatrist, psychologist, obstetrician, pediatrician, family doctor and nurse) and family members (parents, caregivers, and partner) should be helpful in order to guide and supervise pregnancies among mentally disabled women. Both mother and child should be supervised and helped in order to assure a psychological, medical and social support doubled by a humanistic approach.

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