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SCHIZOPHRENIA AND MOTHERHOOD

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Increasingly women with schizophrenia are becoming mothers. This can cause different problems for them, their partners, their relatives and other caregivers.

Traditionally women with schizophrenia suffered from infertility - partly due to the illness itself and its psychosocial impacts such as social isolation and lack of partnership, partly due to treatment with hyperprolactinaemia-/infertility-inducing neuroleptics. Recently this has changed dramatically, due to better community-based psychosocial treatments and also due to prolactin-sparing neuroleptics. Many women with schizophrenia now become pregnant - planned or unplanned. This, as well as motherhood, can be a considerable strain to the women concerned and her caregivers.

Counselling a women with schizophrenia therefore always has to include her fertility situation, her desire to become a mother or not, contraception or planning pregnancy and motherhood (considering the course of her illness, her medication, her psychosocial situation, partnership, social support etc.). Counselling in case of unwanted pregnancy is of utmost importance as well as addressing issues such as medication, prenatal care, etc. during pregnancy. Cooperation with the obstetrician, midwife, paediatrician and childcare agencies is necessary. After delivery, parenting assessment in mother-baby-units can be very helpful to evaluate the need for additional care. Long-time programmes for training parenting skills and "parenting rehabilitation" are urgently needed and should also support the relatives and others who care for the woman and her child.