Letter to the Editor

Ian Brockington

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Dear Sir,

The answer to the problem posed by Sharma and Burt (2011) is to code childbirth-onset specifiers for all psychiatric disorders—not just hypomania—that is, all the multitudinous complications of childbirth, which is the most complex event in human experience. That includes all the variants of bipolar and acute polymorphic disorders, depression, anxiety, obsessional, post-traumatic stress and querulant disorders, various forms and degrees of mother–child relationship disorders, psychogenic psychoses and the many distinct forms of organic psychosis. The ‘specifier’ should not be ‘postpartum-onset’, but also (at least) pregnancy and parturition onset, and probably also abortion and subdivisions of the postpartum period. This is what we have recommended for the International Classification of Diseases (ICD)-11 (Brockington et al. in press a). Furthermore, we have recommended, as WPA Guidelines (Brockington et al. in press b), coding parenting status (for men as well as for women). It is good practice to inquire

about reproductive and parenting status. It is the work of a few moments to code them on a form. If this were standard for DSM-V and ICD-11, it would put an enormous amount of information in the hands of epidemiologists.

Prof. Ian Brockington

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