

Postpartum depression in the UAE

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Summary

The postpartum period is a critical transition in every woman's life as she navigates a multitude of psychological, physical, and social changes. During this time, women are particularly susceptible to mental health issues, with postpartum depression emerging as one of the most prevalent psychiatric problems. It affects approximately one in seven women within the first year after childbirth. The etiology of postpartum depression is multifactorial, representing an interplay between personal (e.g., a history of depression), environmental (e.g., insufficient social support, poor partner relationship), and biological factors (e.g., hormonal fluctuations). Although a wide array of effective therapies exist to address postpartum depression, more than half of the affected women do not receive treatment. This gap in care is alarming, as left unrecognized and untreated, postpartum depression can persist for years, exerting detrimental effects not only on the mother but also on the infant and overall family dynamics.

In the context of the United Arab Emirates (UAE), there is a notable scarcity of evidence on postpartum depression. Only a few studies have been conducted, yielding inconsistent findings and impeding our understanding of this situation. However, the principal challenge lies in the country's mental health infrastructure, extending from the limited research landscape to the shortage of appropriate mental health resources and scant efforts to promote mental health. Therefore, the primary aim of this thesis is to bridge this knowledge gap by offering a comprehensive overview of the current state of postpartum depression among women residing in the UAE.

As a starting point, **Chapter 2** focuses on assessing the prevalence of postpartum depression and its associated risk factors among women of diverse cultural and ethnic backgrounds living in the UAE. Findings of the prospective study revealed a considerable period prevalence of postpartum depression of 35% (N = 457) within the first six months postpartum. Several factors were identified to significantly increase the likelihood of developing depressive symptoms, including women under the age of 25, those employed part-time, those facing financial challenges, and those receiving financial support from their families. Conversely, women who received sufficient support from their husbands, had employed husbands, and lived in their own homes had a lower likelihood of experiencing postpartum depression. Furthermore, the study suggests that there is temporal variation in the risk factors for postpartum depression. For example, women who had maternity leave exceeding three

months had a higher risk of postpartum depression during the initial three months after childbirth. In contrast, during the 3–6 month postpartum period, Muslim women had a higher risk of postpartum depression, while those with a history of breastfeeding, engaging in recent breastfeeding, and perceiving their infants as healthy had a lower risk of postpartum depression.

During the COVID-19 pandemic, a cross-sectional design was used to evaluate any emerging changes in the rate and risk factors of postpartum depression amid a public health crisis (**Chapter 3**). Nearly 50% of the recruited women (N = 70/142) who were within 6 months postpartum exhibited depressive symptoms. A history of depression and experiencing complications during childbirth increased the risk of postpartum depression. On the other hand, breastfeeding and sufficient support from the husband were found to lower the risk of postpartum depression. Concerning COVID-19-related variables, postpartum women whose work status was negatively influenced by the pandemic and who experienced difficulties in managing their weight were at an increased risk of developing depressive symptoms. Conversely, engaging in regular physical activity and seeking medical advice from a healthcare provider via virtual consultation decreased the mothers' risk of developing depressive symptoms.

Fortunately, the aforementioned challenges pertaining to mental healthcare in the UAE do not permeate the entire healthcare sector. The latter has consistently demonstrated dedication to promoting innovation, particularly by focusing on integrating technology to enhance service quality. Building on previous chapters and considering the accelerated adoption of digital health solutions in the UAE during the pandemic, particularly telemedicine services, this thesis further aimed to explore potential advancements in the application of these digital approaches when addressing postpartum depression.

In **Chapter 4**, we systematically evaluate the evidence on the effectiveness of technology-based interventions delivered exclusively after childbirth in mitigating depression symptomatology among postpartum women with no existing or history of mental disorders. Ten randomized controlled trials involving 2366 participants contributed data to the review, of which seven were included in the quantitative synthesis. The findings showed that technology-based interventions, regardless of the delivery method, resulted in a significant

reduction in postpartum depression symptoms compared with standard care or no intervention. Overall, these interventions were found to be satisfactory, feasible, and promising for the prevention of postpartum depression.

To add a layer of depth, we sought to gain insights into the lived experiences of postpartum women in the UAE. Through a multi-purpose exploratory focus group study, we first explored mothers' perceptions of the available resources and unique mental health needs during the postpartum period. In **Chapter 5**, the analysis of four focus group discussions revealed that both primiparous and multiparous women shared comparable emotional experiences despite differences in their perceptions of the overall postpartum period. Feelings of guilt and emotional unresponsiveness are prominent in the early postpartum period. Breastfeeding has emerged as a significant challenge, both physically and emotionally, especially for mothers who encounter difficulties and lack sufficient lactation support. Postpartum women highly value instrumental support, particularly from their own mothers, and emotional support from their husbands. However, the analysis also generated a theme about factors negatively influencing postpartum mental health, such as lack of attention to mental well-being from family and healthcare providers, societal and personal expectations, absence of support systems for expatriate mothers, external life circumstances, and challenges related to work-life balance. The mothers expressed the need for both formal and informal resources to support their mental health during the postpartum period. They emphasized the importance of having access to specialized psychotherapists for postpartum mental health in the UAE, especially to overcome stigma barriers. Additionally, mothers demanded support beyond physical examinations from healthcare providers after childbirth. Interestingly, they also expressed the need for solitary time to manage postpartum stressors, cope with self-identity issues, and improve mental health.

An integral part of developing effective future interventions is to consider the needs of the targeted community. Thus, the second part of the focus group study (**Chapter 6**) delved into the digital usage patterns of mothers and their perceived need for digital resources to support their postpartum journeys. Mothers were found to extensively use digital resources, primarily to seek parenting and infant-related information and emotional support within online communities of postpartum mothers. However, they still voiced several concerns. They emphasized the need for a government-led digital platform that provides trustworthy and evidence-based information on parenting, infant health, and postpartum mental health.

Additionally, they highlighted the importance of tailored telemedicine services for postpartum support, including virtual specialized psychotherapy and lactation consultations, as well as the need for empowerment-oriented online forums for mothers, potentially moderated by experts.

In conclusion, this thesis represents a foundational step toward advancing our understanding of the multifaceted nature of postpartum depression, particularly within the UAE context. It also provides several practical and research implications. First, future studies addressing postpartum depression in the UAE should adopt inclusive approaches to accommodate women with diverse cultural and socioeconomic backgrounds. Second, imperative efforts should be directed towards developing structured education and health promotion programs aimed at improving mental health literacy and reducing stigma. Third, healthcare providers should undergo training on postpartum mental health issues to enhance the continuity of care from pregnancy through the postpartum period, thereby ensuring that mothers' mental health needs receive equal attention and support following childbirth. Fourth, the promising results of digital interventions in mitigating postpartum depression symptoms offer opportunities to overcome the challenges of UAE mental healthcare and improve mothers' accessibility to adequate resources and support. Finally, the heterogeneous nature of the UAE population implies the importance of implementing culturally sensitive and responsive strategies to meet the needs of its diverse population and effectively tackle postpartum depression.