

Highlights on Maternal Mental Heath Disorders (MMHD), in a Tertiary Emarati Hospital

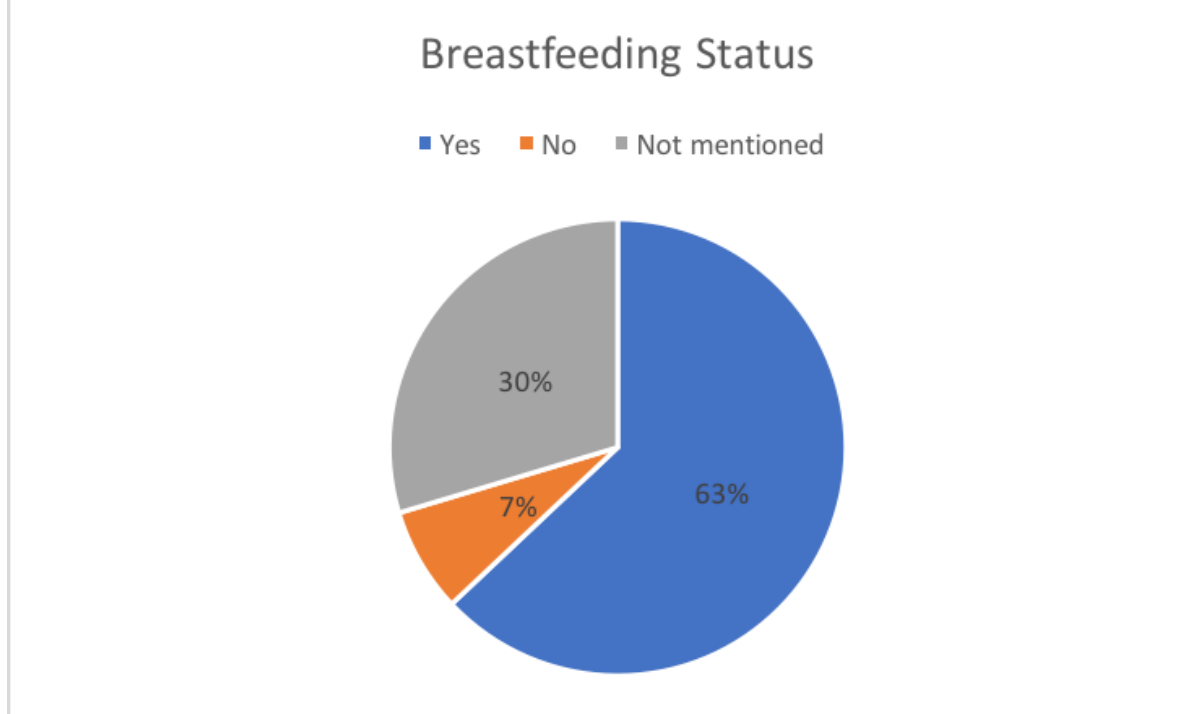
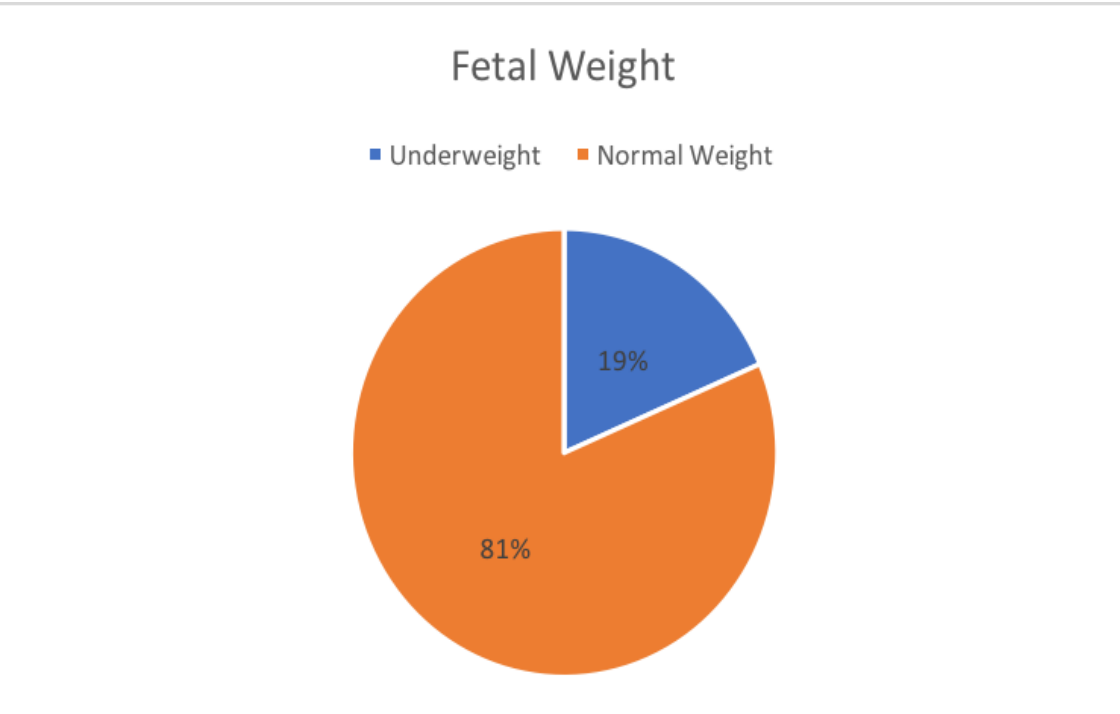
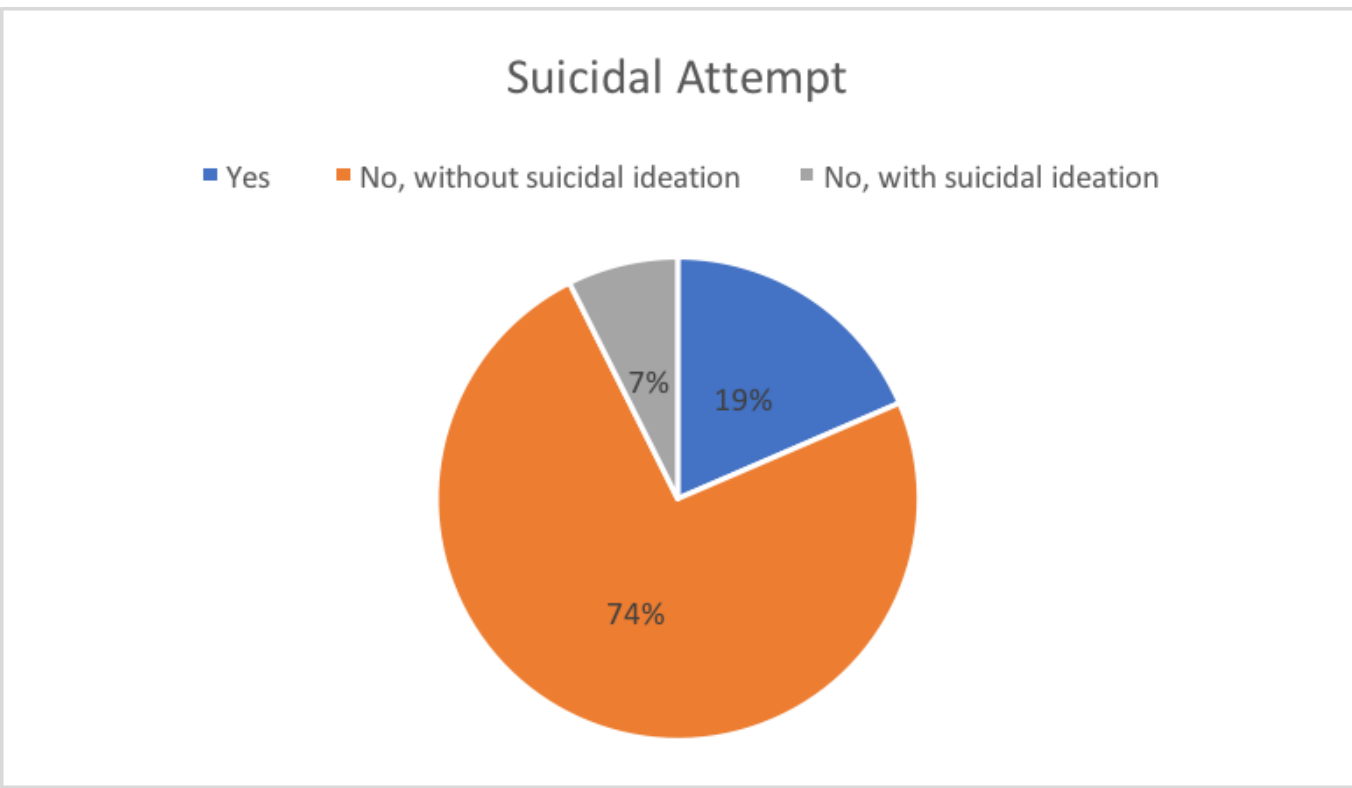
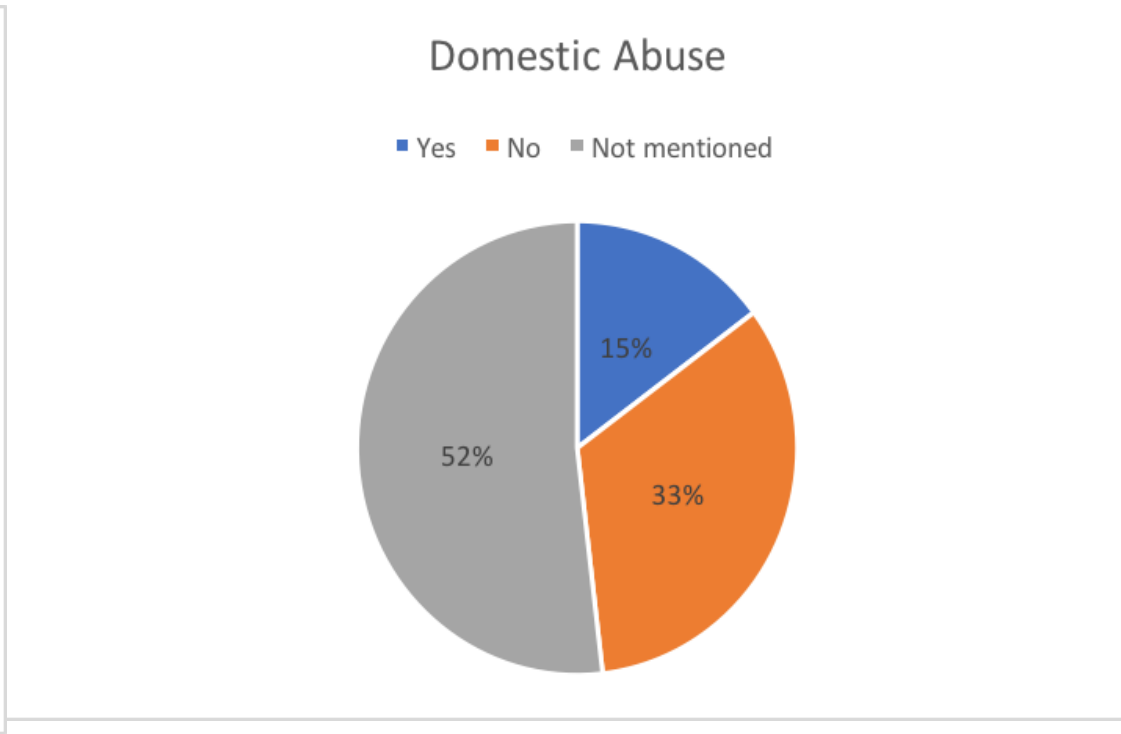
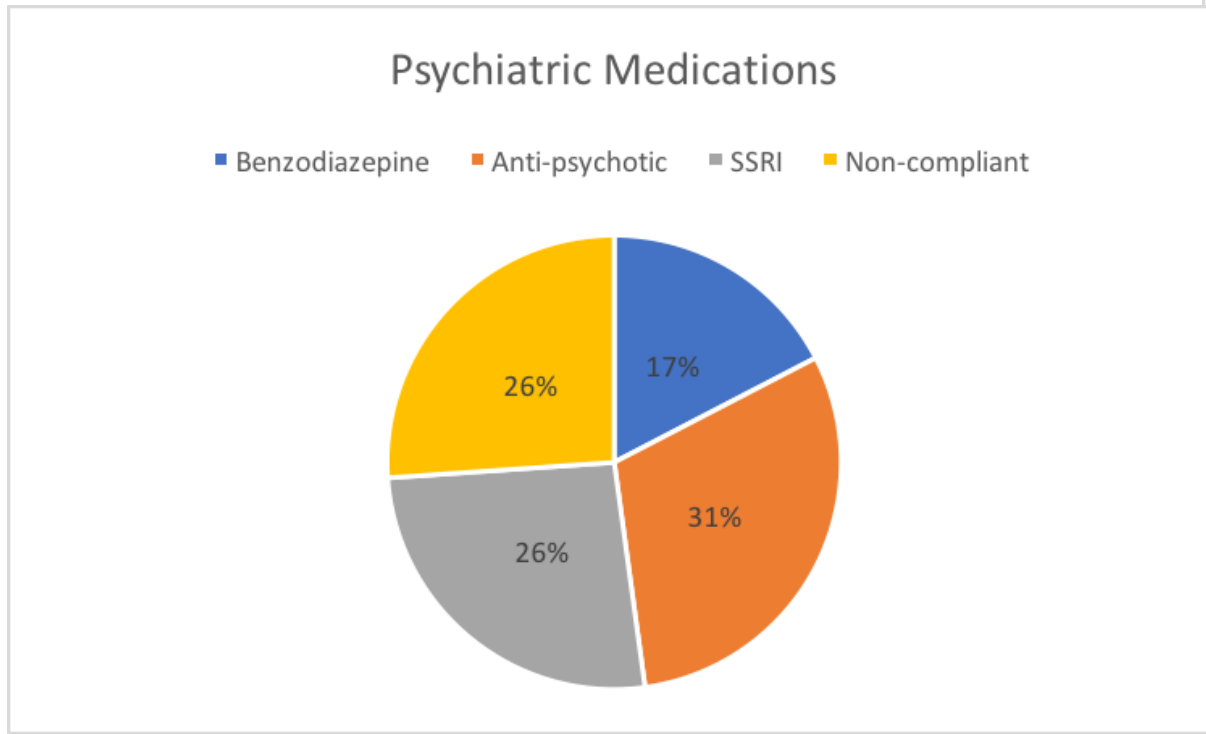
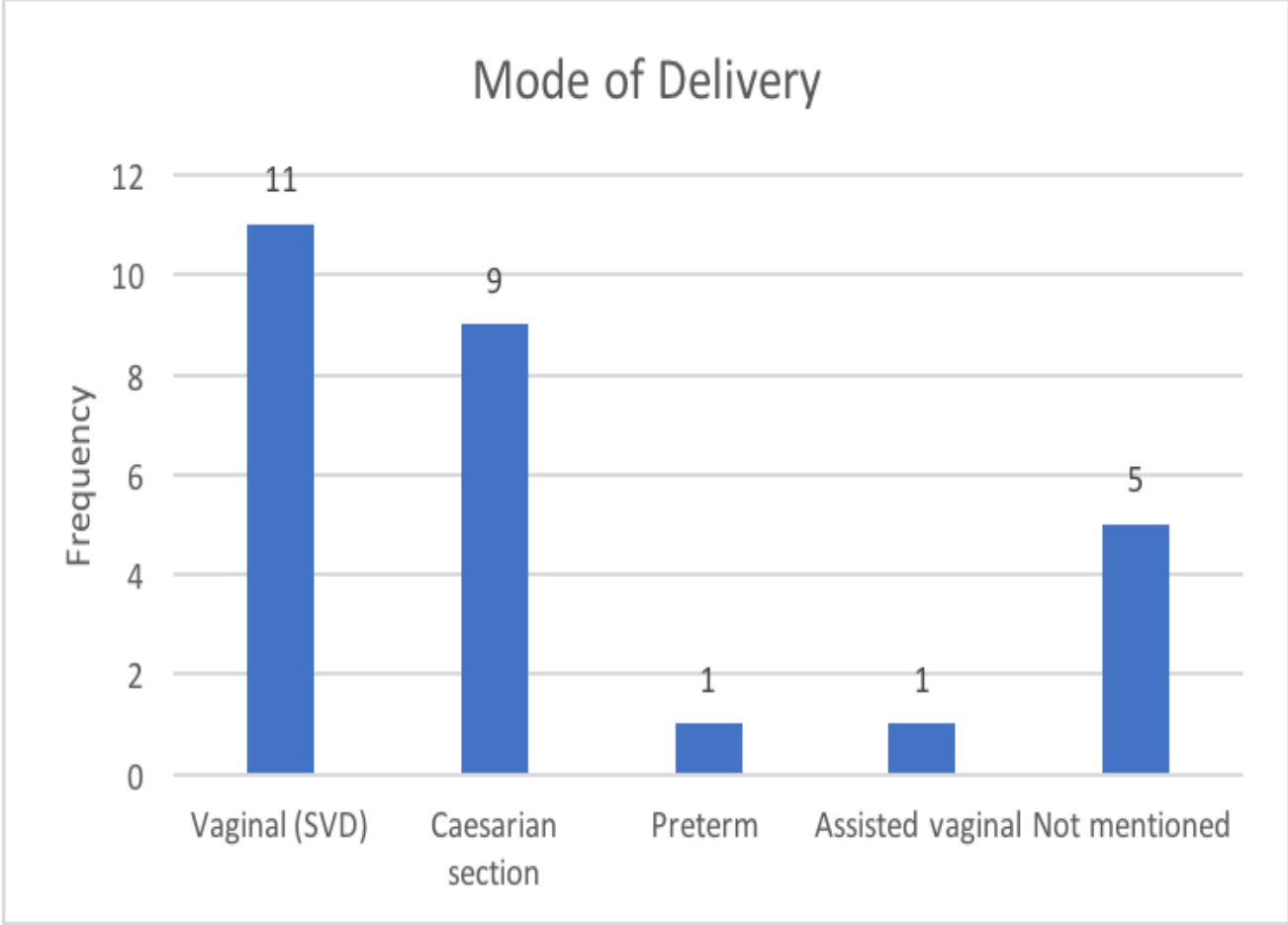
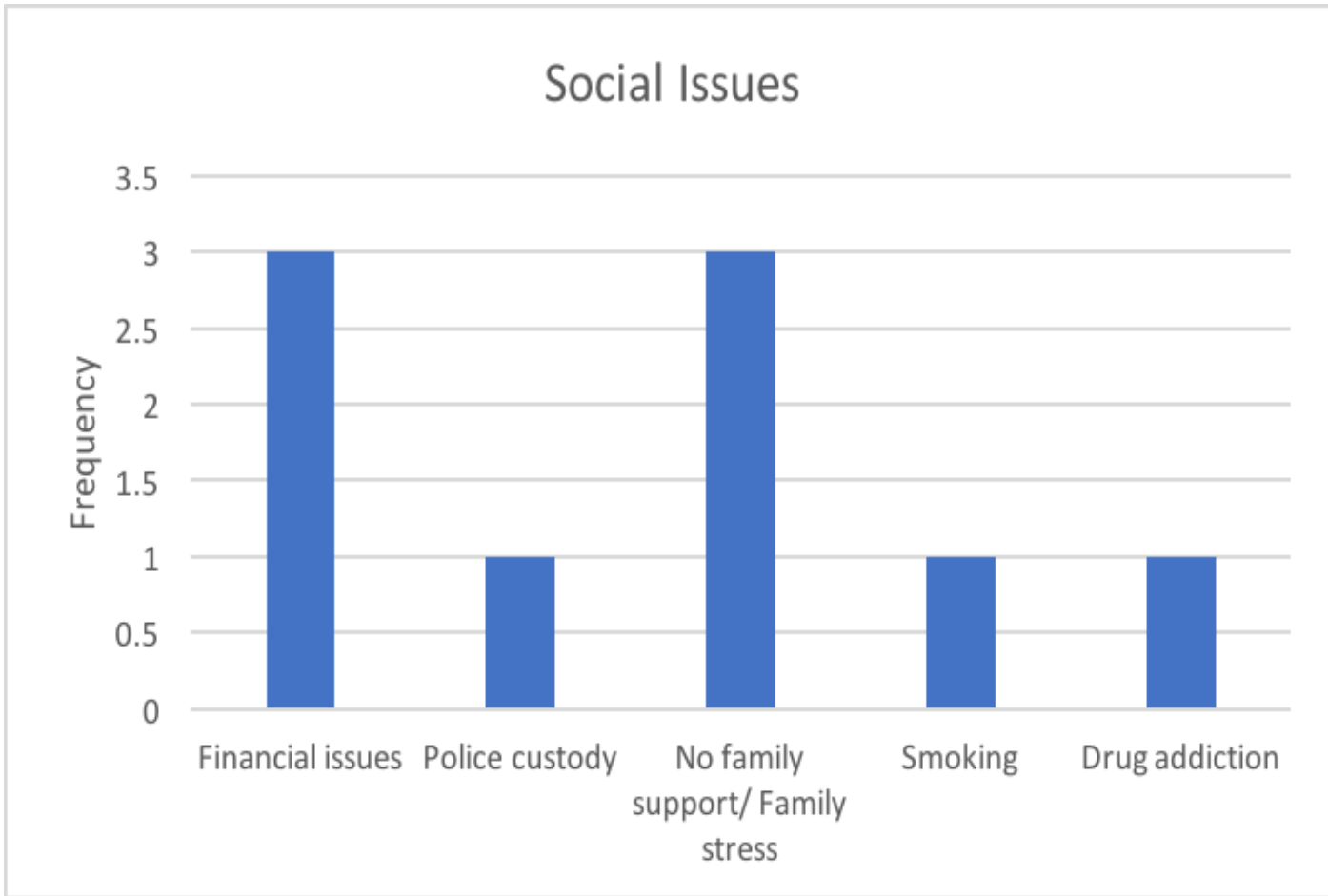
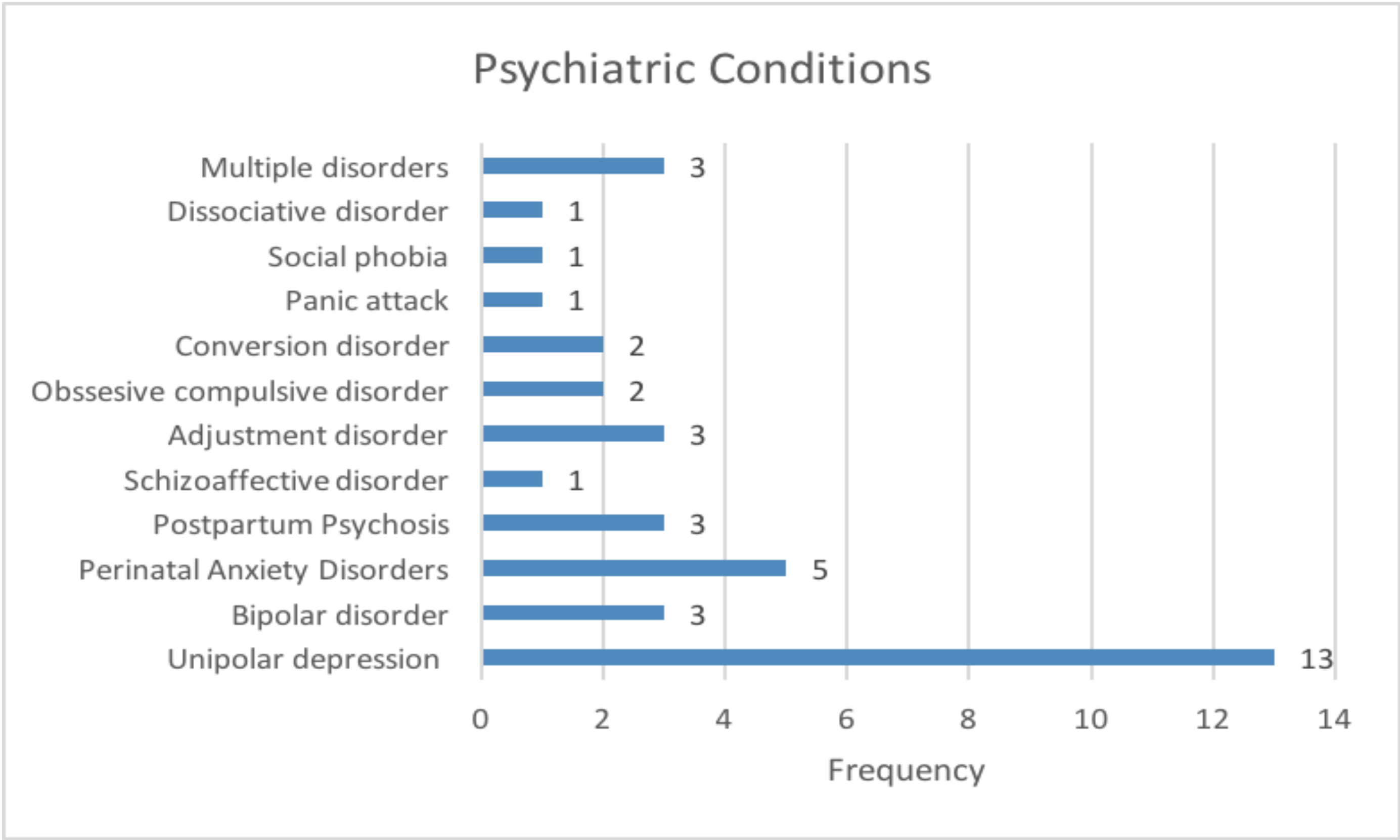
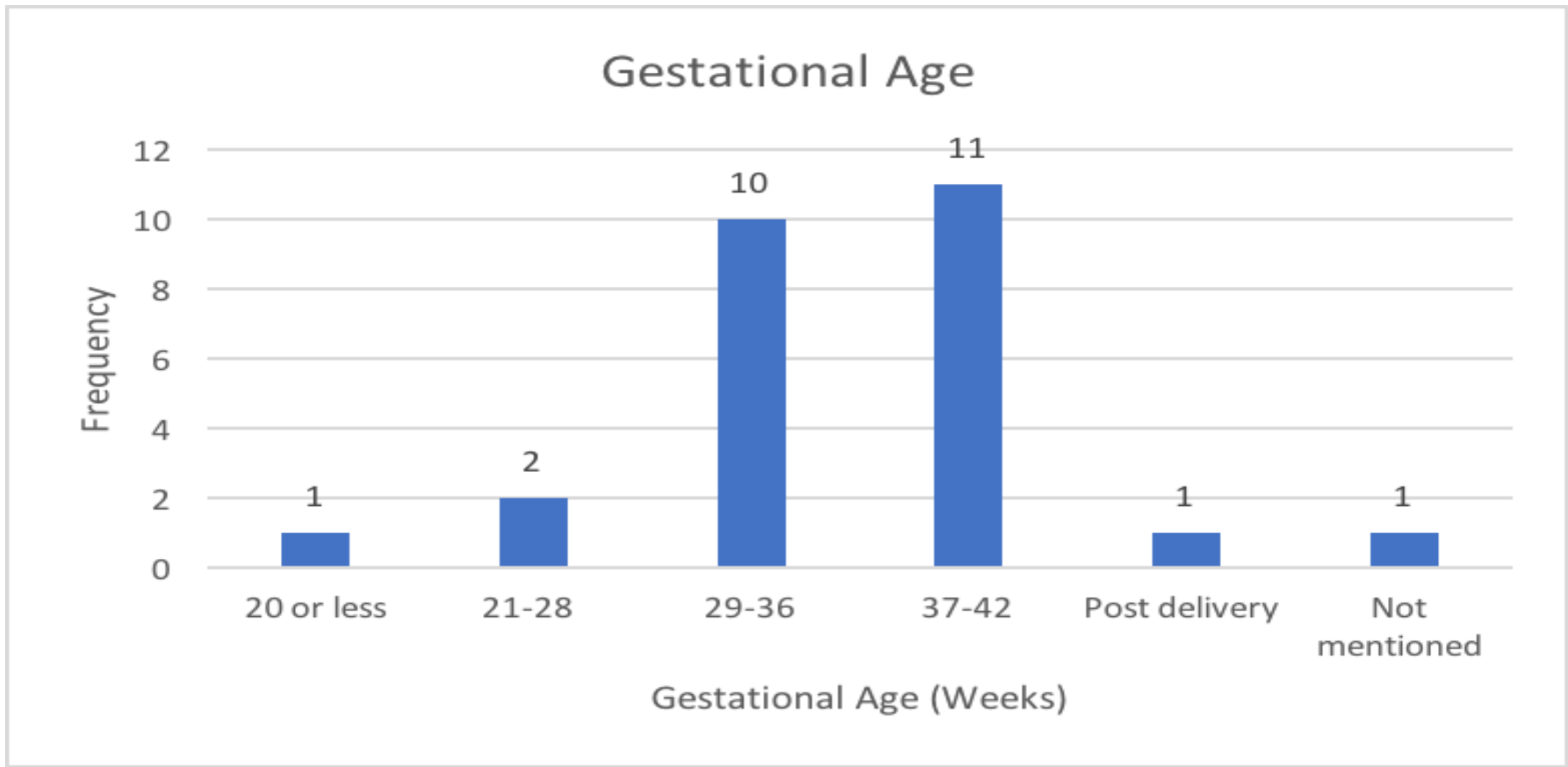
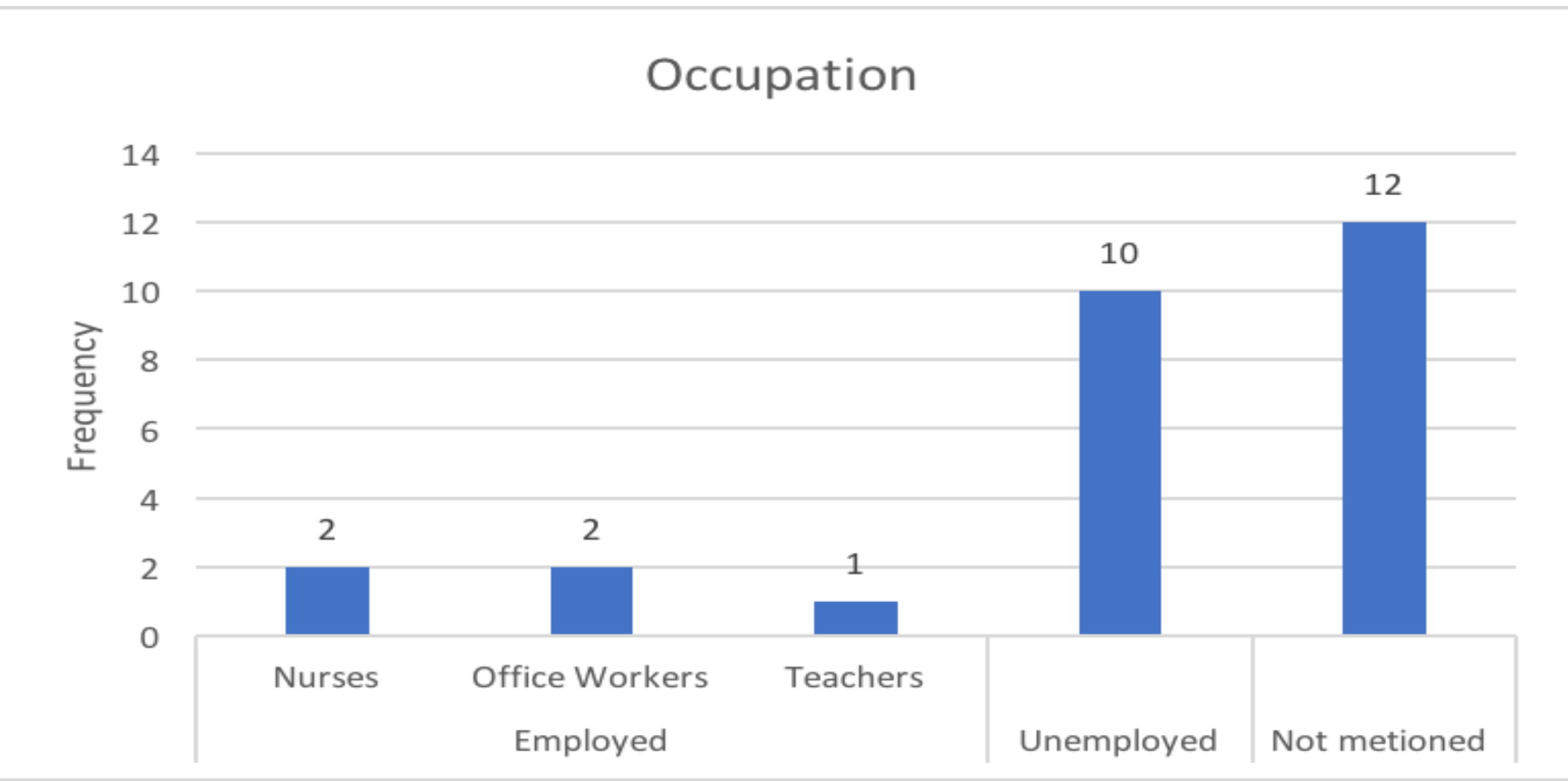
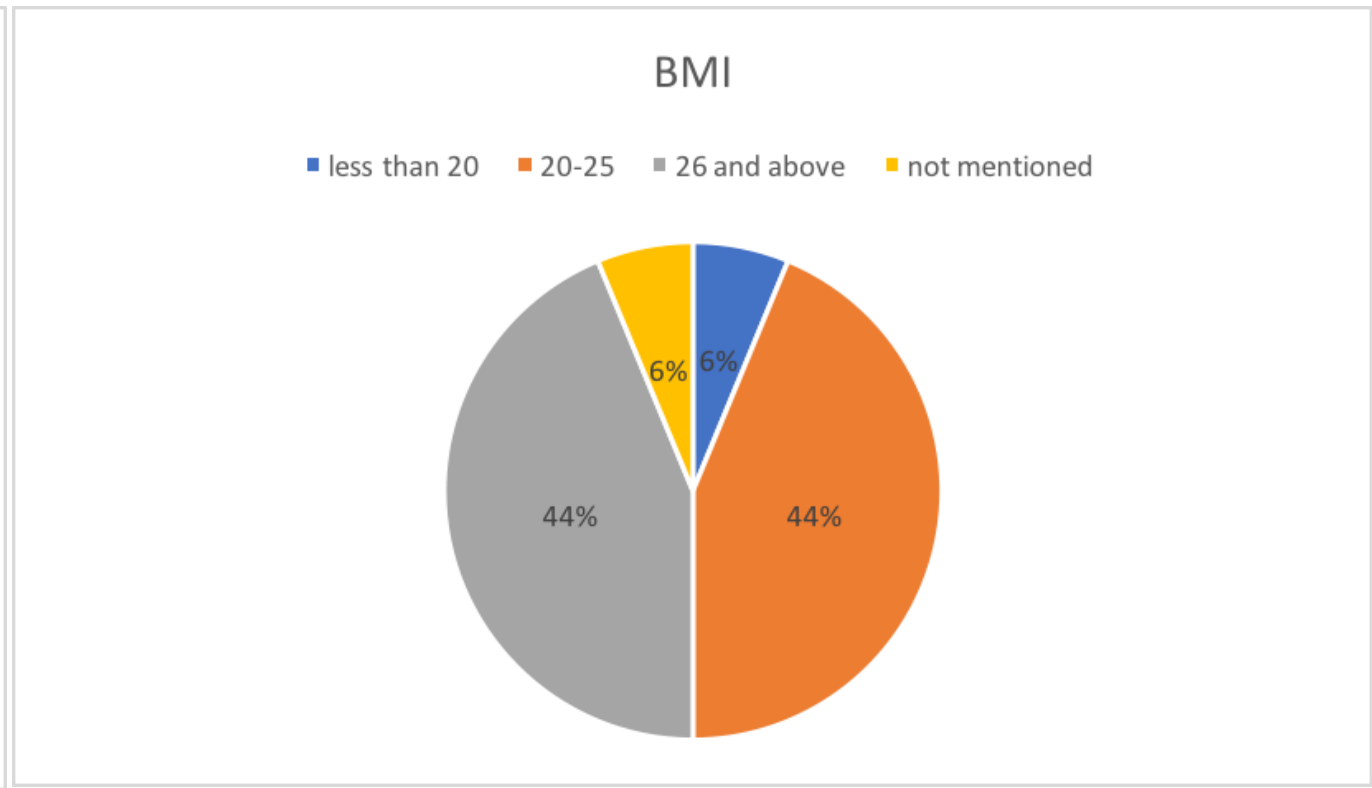
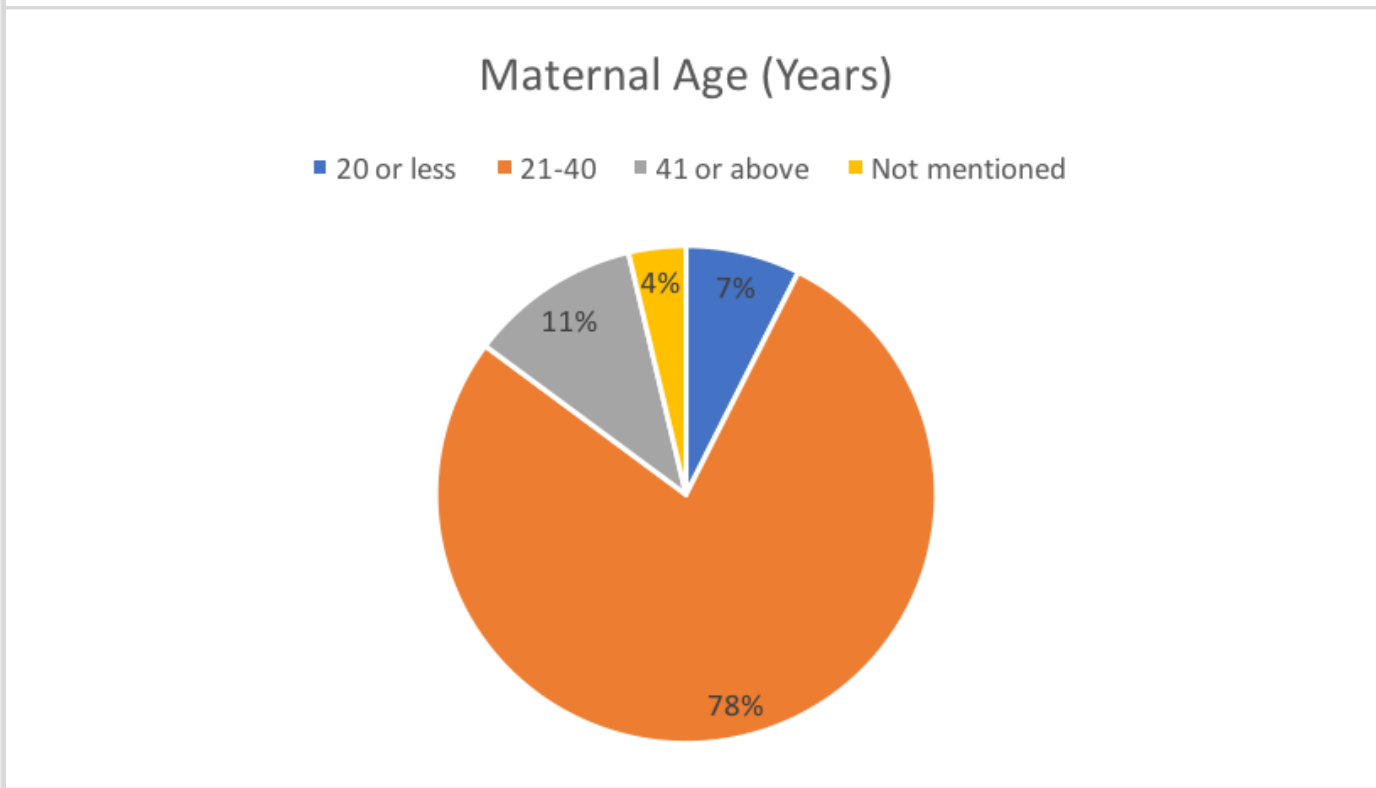
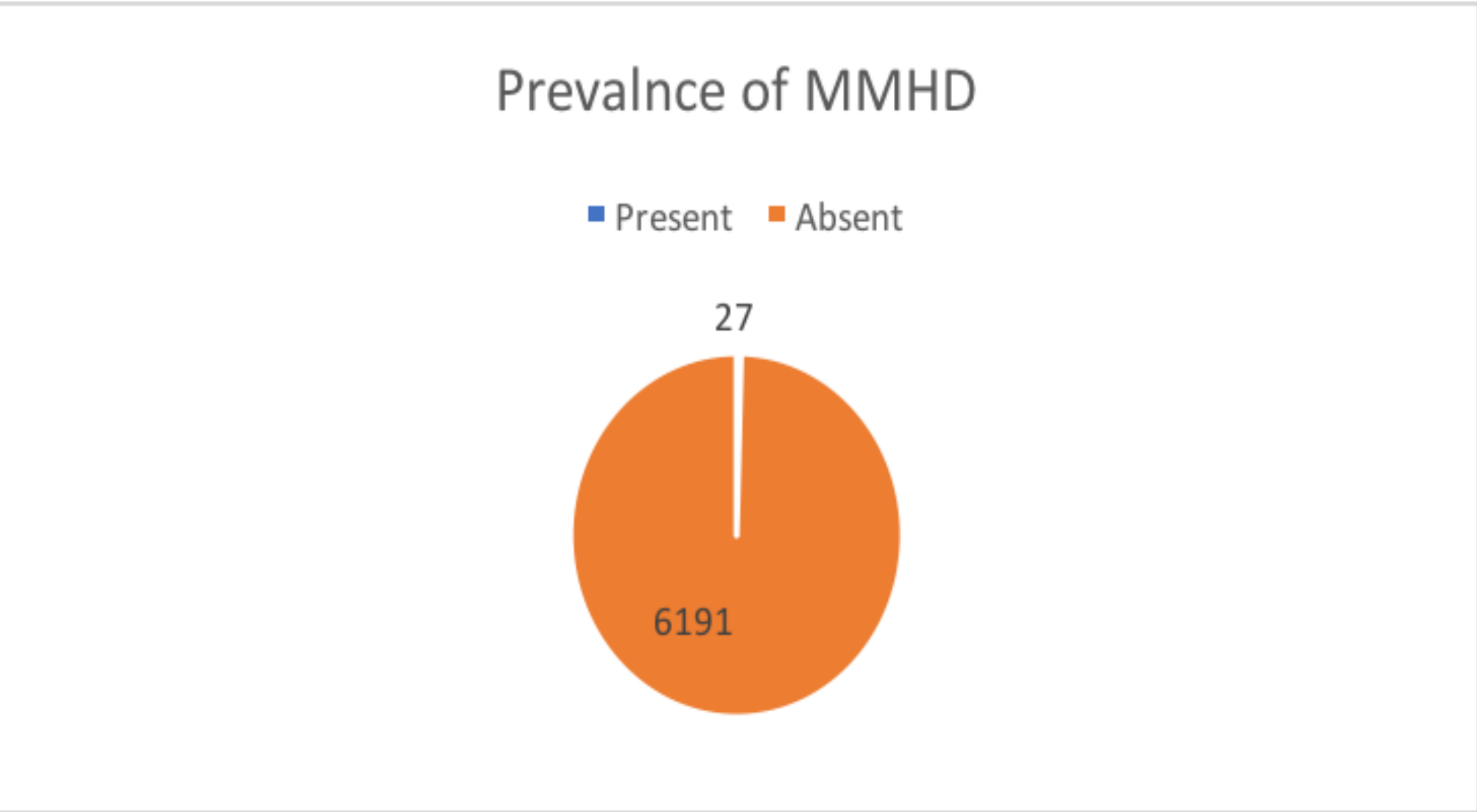
Authors: Dr Shahad Mahmoud Hussein (presenting) 1,2, Dr Afraa Jamal AlYoussef 1, Dr Rubina Rashid Shaikh 1, Dr Fatima Salman 2, Dr Abdul Rahman Taha 2, Dr Tariq Saadaldin Altamimi 2, Dr Walaa Abdul Rahman Alsafi1, Dr Muhieddine Abdul Fatah Seoud 1,2. **Affiliations:** 1 Shaikh Shakhbout Medical City, Abu Dhabi, UAE, 2 Khalifa University, Abu Dhabi, UAE

Objective: To report on a 3-years prevalence of diagnosed perinatal Maternal Mental Health Disorders (MMHD), of women who delivered in a tertiary care center in Abu Dhabi, United Arab Emirates (UAE).

Design: Hospital based retrospective descriptive study

Method: Data were collected from electronic medical records of patients diagnosed with MMHD, who delivered in our hospital,10-01-2020 to 10-01-2023. Study variables were; demographic characteristics, types of MMHD, medications, presence of suicidal ideas/attempts, gestation at presentation, and pregnancy outcomes. Data were entered on an Excel Sheet, and results presented numerically and in percentages.

Results: 27 cases of MMHD delivered in our center, out of 6218 deliveries in the study period. Prevalence of MMHD was found to be low, less than 1%. Maternal age ranged mostly between 21-40 years (N=21, 77.74%), more than half (N= 18, 66.67%) were overweight, majority unemployed (N=18, 66.67%), 5 employed; 2 nurses, 2 office workers, 1 teacher, and 4 unknown. Most presented at 20-42 weeks of gestation (N=24, 88.89%), 2 below 20 weeks (7.40%), and least postpartum (N=1, 3.70%).



Conclusions: The prevalence of MMHD is alarmingly under estimated. Despite our small study sample, women identified with suicidal ideas/attempts highlighted an urgent need for action. We developed a multidisciplinary guideline including psychologists and psychiatrists to screen for MMHD, identify vulnerable women, timely triage to psychologist/psychiatrist, and provide joint care before, during and after pregnancies. Future auditing and research will highlight further areas for quality improvement.