



Minister for Health & Medical Services

Honourable Dr Ratu Atonio Rabici Lalabalavu

Parliament Session - Tuesday 3rd December, 2024

Written Question

282/2024 Hon. Sashi Kiran to ask the Minister for Health and Medical Services - Can the Minister inform Parliament on the following:

- (a) Data available on the number of women who experience Postpartum Depression;
- (b) Are there specific statistics available regarding the demographics of these women (age and socioeconomic status); and
- (c) What services or programmes are currently offered to support women dealing with Postpartum Depression?

Written Response:

(a) Data available on the number of women who experience Postpartum Depression;

Postpartum Depression is a significant mood disorder affecting 1 in 7 women following childbirth. The postpartum phase has been defined broadly as within 12 months after childbirth, but the World Health Organisation (WHO) specifies that postpartum period to be within 6 weeks after childbirth. According to the American Psychiatric Association's Diagnostic and Statistical Manual, Fifth Edition (DSM-5), onset of post-partum major depression can occur prior to or after childbirth. The DSM-5 specifier “with peripartum onset” is used when onset of major Depression occurs either during pregnancy or in the four weeks following delivery.

Postpartum depression can range from a mild depression which is usually self-limiting, to a severe syndrome which when untreated can lead to serious consequences to the mother and her baby. Unfortunately local data on postpartum depression is limited.

Globally, the prevalence is estimated to be about **14%**, however the country's economy status is a factor in its prevalence, where rates are higher in developing countries compared to developed countries.

Primary risk factors show previous depression prior to or during pregnancy to be the largest effect and mainly associated with postpartum depression while secondary risk factors such as stressful life events (intimate partner violence is one of them) and poor financial and social support during the post pregnancy period are contributors to postpartum depression.

(b) Are there specific statistics available regarding the demographics of these women (age and socio-economic status); and

Women who are most likely to develop postpartum depression are those in lower economic status, minimum education, unmarried and in the young and older spectrum of age. Given the limited data in Fiji, the statistics from other country and clinical settings reveal the aforementioned socio-economic issues as main contributors to postpartum depression in most country settings.

	<u>SUMMARY</u>			
	RACE		GENDER	TOTAL
YEAR	I-TAUKEI	FOID	FEMALE	
2024	2	1	3	3 (1- post-partum depression and 2 cases of post-partum psychosis)
2023	1		1	1(this only case in 2023 was post-partum depression)
2022	2	1	3	3 (1 case of post partum depression and rest psychosis)
2021	3	2	5	5 (all Post-partum psychosis)
2020	2	2	4	4 (all Post-partum psychosis)
2019	1		1	1(all Post-partum psychosis)
TOTAL	11	6	17	17

Source: St Giles Hospital

Data from St Giles Hospital in the table above show that a total of 17 women were diagnosed to have Postpartum Depression from 2019 – 2024. Eleven of these women were of iTaukei descent while six (6) were Fijians of Indian descent.

(c) What services or programmes are currently offered to support women dealing with Postpartum Depression?

Women after childbirth exhibiting symptoms whilst admitted in the post natal wards are referred to mental health specialists for further assessment and care together with counselling support and services within the respective medical divisions. Counselling services provided by the NGO Empower Pacific assist those who are referred through the current referral processes for women dealing with postpartum depression.

Given that post partum depression can develop at anytime within the twelve months after childbirth, Maternal Child Health (MCH) services for mothers and babies at the Primary Care level provide the access to mothers for further health assessment. The Ministry is also currently reviewing its MCH Policy and SOPs where mental health screening component by trained health practitioners will be included for post partum women with an appropriate referral and care pathway established for those requiring further care.

Reference:

- 1) Viguera,A . 7/4/2023. Postpartum unipolar major depression: Epidemiology, clinical features, assessment, and diagnosis. Uptodate
- 2) Goyal D et al, 2009. How much does low socioeconomic status increase the risk of prenatal and postpartum depressive symptoms in first-time mothers?