

Portuguese Language Group of the Marcé Society
IV Annual Meeting 2021

Grupo de Língua Portuguesa da Sociedade Marcé
IV Encontro Anual 2021

Portugal, Hospital Pedro Hispano
2st – 3rd December | 2-3 Dezembro



Challenges in Perinatal Mental Health
Desafios em Saúde Mental Perinatal



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DECEMBER 2, 2021 | 2 DE DEZEMBRO DE 2021

9:30-10:00 (Western European Time - WET)

OPENING SESSION | MESA DE ABERTURA

- President of the Organizing Committee | Presidente da Comissão Organizadora: Prof. Doutora Ana Conde
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- Representative of the Order of Nurses | Representante da Ordem dos Enfermeiros: Enfermeiro Leonel Fernandes, Tesoureiro do Conselho Directivo Regional da Secção Regional do Norte da Ordem dos Enfermeiros

BREAK | INTERVALO

10:30-11:30 (Western European Time - WET)

SESSION 1: Screening and Diagnosis | MESA 1: Rastreio e Diagnóstico

Moderators | Moderadores: Sónia Simões e Manola Vidal

1. State of the art on screening of perinatal depression and other perinatal mental disorders in the Countries participating in the Research Network of Peripartum Depression Disorders (Riseup-PPD) Cost Action [Estado da arte em torno do rastreio de depressão perinatal e outras perturbações mentais perinatais nos Países participantes na Cost Action Research Network of Peripartum Depression Disorders (Riseup-PPD)]

Ilaria Lega¹, Carmen Martin-Gomez², Alkistis Skalkidou³, Tjaša Stepisnik⁴, Carolina Toscano⁵, Edith Agius⁶, Claire Zerafa⁶

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Abstract

Mental health screening in pregnancy and in the first months postpartum is recommended by international guidelines. Objectives: To provide information about the processes used for screening for perinatal depression and other mental disorders in as many of the 29 countries and 4 International Partner countries participating to the Riseup-PPD Cost Action as possible. Methods: In October 2022, a web-based survey addressed to perinatal mental health experts participating to the Riseup-PPD Cost Action will collect information on national recommendations on perinatal depression and other mental disorders screening procedures, screening instruments used in the clinical practice, type of health professionals responsible for perinatal mental health screening and respective clinical settings, timing of screening during and after pregnancy, as well as care pathways for women screening positive. Results: An original form to collect information on the procedures adopted for perinatal depression/ other mental disorders screening in different countries will be made

available. The information collected by the survey will depict an updated image on available perinatal depression screening procedures and programs in Europe: Conclusions: Updated and reliable information on the current procedures to evaluate women mental health during pregnancy and in the first year after giving birth is the first step in promoting improved clinical practices where needed.

Keywords: screening, perinatal depression, perinatal mental disorders

2. Biopsychosocial determinants of peripartum depression symptoms – a longitudinal study design [Determinantes biopsicossociais dos sintomas de depressão peripartum - um estudo longitudinal]

Maja Žutić¹, Marina Horvatiček¹, Maja Brekalo¹, Sandra Nakić Radoš¹, Jasminka Štefulj¹

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Abstract

Peripartum depression (PPD) is a severe illness that affects around 17% of pregnant and postpartum women worldwide. The repercussions of PPD are serious, with short-term and long-term adverse effects on both mother and child, including impaired maternal health, adverse pregnancy outcomes and difficulties in bonding and interacting with the newborn. Therefore, early detection of risk factors is of the utmost importance to develop targeted prevention and intervention programs that would reduce the symptom onset during the sensitive time of pregnancy and postpartum. Research has shown that PPD is a heterogeneous and multifaceted condition that derives from a combination of factors, including biological and psychosocial factors. Therefore, PPD should be explored within the biopsychosocial theoretical framework. However, although PPD research is increasingly turning towards a multidisciplinary approach, there is still a considerable paucity of integrative empirical studies. To better understand the precedents of PPD, we established an interdisciplinary longitudinal study aimed at investigating biological and psychosocial risk factors of peripartum depression symptoms. We aim to explore the interplay of indicators of serotonin system functioning (whole blood serotonin levels, polymorphisms and DNA methylation of 5-HTT gene, platelet serotonin uptake), indicators of metabolic functioning (pre-gestational body mass index, gestational weight gain, glucose tolerance status, blood metabolic parameters) and psychological factors (stress, general and pregnancy-specific anxiety, coping and social support) in predicting depression symptoms in late pregnancy, three, six, and twelve months postpartum. This presentation will outline the study design, describe the sample characteristics obtained to date, and discuss the implications for clinical practice.

Keywords: peripartum depression, risk factors, postpartum mental health, pregnancy, postpartum, serotonin, metabolic health

3. Postpartum depression “screening paradox”: many women identified, very few treated – reflections after two years of implementation a national postpartum depression preventive program in Poland [“Paradoxo” no rastreio de Depressão pós-parto: muitas mulheres identificadas, muito pouco tratadas – reflexões após dois anos de implementação de um programa nacional de prevenção da depressão pós-parto na Polónia]

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Abstract

Background: In Poland an obligation to screen for postpartum depression (PPD) was introduced recently - in January 2019, when a new standard of perinatal care was introduced. On its basis, the Polish Ministry of Health implemented the project: Next Stop MUM (co- financed by the European Social Fund, no. POWR.05.01.00-00-0023/18-00 aimed at screening for postpartum mental health disorders and offering early psychological intervention. In addition to screening procedures implemented at hospitals and primary health facilities (where women are screened for PPD in direct contact with medical personnel), implementers of the project offer training for medical staff concerning perinatal mental health, supervisions for medical staff, support group for women and an online platform for women seeking mental health support in the postpartum period. Participants. By the end of September 2021 the midwives and nurses enrolled in the project

conducted 12 130 screening test (Edinburgh Postnatal Depression Scale, EPDS), 6 630 was conducted online, 278 medical personnel took part in trainings, 511 psychological consultations for women in the first year postpartum were conducted. Results. We observe significant discrepancies among results of EPDS gathered "online" and by midwives and nurses in a direct contact. The average EPDS online score is 16,83 points, with almost 80% of self-screened women obtaining results above the clinical cut off point, the average EPDS score in direct contact is 4,53, (SD = 4.19, Min = 0, Max = 30), with 4,5% of women having slightly increased results (10-11 points) and 7,1% obtaining more than 12 points in EPDS. Unfortunately, what is alarming, very few women benefited from the consultations offered in the program, and very few women benefited from treatment (consultations with a psychiatrist, psychological consultation) under the National Health Fund. Only 0,70% from the population of the postpartum women are diagnosed with postpartum depression or major depressive episode in health facilities (and it is worth noting that treatment can only begin after the diagnosis has been made). Conclusions: Although many women achieve a significantly elevated screening results, very few women start treatment: even when it is free and available both online and close to home. This shows the importance of psychological factors which are active in the decision about the referral: such as lack of hope associated with the depressive mood, self-stigma, and shame. The medical staff should be aware of the reluctance to disclose in EPDS "direct" assessment and the low number of referrals in the group of women who screened positive for PPD. The possibility of mother – midwife/nurse conversation about the value and efficacy of treatment and self-care as well as maternal doubts regarding referral can be important step in encouraging women to seek and start treatment.

Keywords: postpartum depression, perinatal mental health, screening, postpartum depression screening

4. Validation of the French version of the City Birth Trauma Scale and its psychometric properties [Validação da versão Francesa da City Birth Trauma Scale e suas propriedades psicométricas]

Sandoz, V.¹, Hingray, C.², Stuijtzand, S.¹, Lacroix, A.¹, El Hage, W.^{3,4*}, Horsch, A.^{1,5*}

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Abstract

Aims: This study aimed (1) to validate the French version of the City Birth Trauma Scale (City BiTS-F), recently developed to measure symptoms of childbirth-related posttraumatic stress disorder (CB-PTSD), and (2) to determine CB-PTSD latent factor structure.

Methods: French-speaking mothers of a 1-to-12-month old (n = 541) participated in this online cross-sectional survey. The standardised self-report questionnaires included were: the City BiTS-F, the PTSD Checklist, the Edinburgh Postnatal Depression Scale, and the anxiety subscale of the Hospital Anxiety and Depression Scale. Medical and sociodemographic data were also collected.

Results: The bifactor model, with a general factor and the birth-related symptoms (BRS) and general symptoms (GS) subscales, fitted best the data. It indicates that using the total score in addition to the BRS and GS scores is warranted. Good convergent and divergent validity and high reliability ($\alpha = .88$ to $.90$) were shown. Weeks of gestation, gravidity, history of traumatic childbirth and event, and mode of delivery were used to calculate discriminant validity.

Discussion: CB-PTSD symptoms can be assessed by both the total score and the BRS and GS subscales scores. Women with a history of traumatic event or childbirth scored higher on the total and subscale scores than mothers without such trauma exposure. Emergency caesarian section resulted in higher total or subscale scores in comparison to other modes of delivery. Associations between gravidity and total or GS scores were observed. The City BiTS-F is a reliable and valid CB-PTSD symptoms measurement for French-speaking mothers for clinical and research purposes.

Keywords: PTSD, childbirth, trauma, validation, mental health

11:30-12:30 (Western European Time - WET)

SESSION 2: Clinical Cases | MESA 2: Casos Clínicos

Moderators | Moderadores: Raquel Correia e Alessandra Bramante

1. Risk and protective factors in maternal filicide in Italy [Fatores de risco e protetores no filicídio materno em Itália]

Alessandra Bramante¹

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Abstract

Purpose: Filicide is the tragic crime of murdering one's own child. This is a complicated and multifactorial crime. The aim of the present study was to identify the main risk and protective factors of maternal filicide, considered in an Italian sample, to recognize and prevent high risk cases. Methods: Ten cases of Italian mothers who killed their children (more than 1 month old) have been identified and analyzed. They were each studied by 3 psychological sessions and several tests: (1) A semi-structured Interview to identify risk and protective factors at different life stages, with particular attention to pregnancy and the postpartum period. (2) The Wechsler Adult Intelligence Scale-Revised and Raven's Progressive Matrices to measure general intelligence. (3) The Rorschach Test. (4) The Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I for major mental disorders) and Structured Clinical Interview for DSM-IV Axis II Disorders (SCID-II for personality disorders) to assess diagnosis and personality disorders. (5) The Adult Attachment Interview (AAI) to assess attachment style. Results: Filicidal mothers were all the biological mothers, aged 30-45 years, married, or cohabiting with the child and fathers. There was an association with psychiatric disorders, specifically Mood Disorders and Psychotic Disorders. A significant number of filicidal mothers attempted suicide after filicide. The following significant risk factors were found: a history of psychiatric disorders, a family history of psychiatric disorders, insomnia etc. Conclusions: The research shows the presence of some significant risk factors in the genesis of maternal filicide. Within this sample, severe mental illness was often underestimated and undiagnosed.

Keywords: filicide, infanticide, neonaticide, severe psychopathology, risk factors, protective factors

2. Impact of the Attention Deficit Hyperactivity Disorder (ADHD) on pregnancy, postpartum and child development [O impacto da Perturbação de Hiperatividade e Défice de Atenção na gravidez, pós-parto e desenvolvimento da criança]

Margarida Albuquerque¹, Ana Margarida Fraga¹, Pedro Espada-Santos¹, João Facucho-Oliveira¹, Pedro Cintra²

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Abstract

Attention-deficit/hyperactivity disorder (ADHD) is frequently comorbid with major depressive disorder and bipolar affective disorder. These disorders are known to increase the risk of dysfunctionality in mother-infant relationship, with subsequent impact in the child's development. Considering the comorbidity, it is important to better comprehend the impact of ADHD in perinatal period. Recent literature focuses on the interaction between parents diagnosed with ADHD and their children (older than 3-years-old). Few studies focus on the first three years of life. Besides, the literature is sparse in what concerns the impact of parental ADHD in the development of the offspring. We aim to review the literature in the influence of ADHD in pregnancy, postpartum and child development, particularly concerning the parenting style

and mother-infant relationship. Psychoeducation, parental skills training and psychotherapy are important preventive measures in adults diagnosed with ADHD who want to become parents.

Keywords: attention-deficit/hyperactivity disorder, parenting, ADHD perinatal period, parent-child interaction

3. The Birth and Death of a Mother: a story of perinatal death in twin pregnancy [O Nascimento e a Morte de uma Mãe: história de uma morte perinatal em gravidez gemelar]

Filipa Martins Silva¹, Inês Guerra Aguiar¹

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Abstract

Perinatal loss is one of the most difficult bereavements due to the shock and profound grief experienced by parents. It has been established that such bereavement has a life-lasting impact. Twin pregnancies are associated with increased perinatal risk, with higher rates of perinatal mortality than in singleton pregnancies. However, there is still limited research considering the emotional impact on parents of a perinatal loss in a twin pregnancy.

Through the presentation of a clinical case of a twin pregnancy with a fetal death that occurred at 26 weeks' gestation and a preterm delivery of the other twin at 28 weeks' gestation (followed by the admission of the latter in the Neonatal Intensive Care Unit), this work aims to explore the maternal experience of a perinatal death in a twin pregnancy, in addition to the challenges of having a premature baby. It will also reflect on the challenge of embracing two conflicting emotions: the joy for giving birth to a surviving twin and caring for him (with the consistent emotional availability required for a secure attachment) and the grief for the death of the other twin (with the emotional vulnerability it implies). Additionally, psychosocial risk and protective factors will be explored. Finally, we will reflect on the health professionals' approach (through this complex trajectory), with a particular glance of the mental health's intervention, to best attend this new family's needs.

Keywords: perinatal loss, twin pregnancy, grief, prematurity

4. Early screening for metabolic syndrome to address the risk of postpartum depression [Rastreo precoce do síndrome metabólico para abordagem do risco de depressão pós-parto]

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Abstract

Mood disturbances during the postpartum period are so common and life threatening that early recognition and treatment of the risk factors is essential for the well-being of mother and infant and can improve outcomes. Previous studies have linked postpartum depression (PPD) to numerous risk factors, including depression during and prior to pregnancy, marital problems, recent stressful events, and inadequate social support. Many studies now suggest that obesity, diabetes, gestational diabetes, polycystic ovarian syndrome (PCOS) and other conditions of insulin resistance place women at increased risk of postpartum depression and postpartum cardiovascular complications. It has been noticed that women who had postpartum depression were at furthermore increased risk for cardiovascular events in the later stage of life. Currently as the prevalence of obesity, PCOS and diabetes is very high among the women of reproductive age both in the United States and globally, it is now indispensable to have a screening tool to identify those women for the increased risk of PPD so they can be educated and managed early. The above risk factors in the initial stages constitute the metabolic syndrome – prediabetes, prehypertension, decreased HDL, raised triglycerides, and increased abdominal circumference. We believe screening for metabolic syndrome in addition to body mass index would be a better tool to identify patients at risk for postpartum depression. This has a double fold advantage as it would decrease the likelihood of missing and increase the chances of identifying the at-risk patients at an early stage so they can be easily and effectively managed.

Keywords: Postpartum Depression, Metabolic syndrome, PPD Risk, Screening

14:00-15:00 (Western European Time - WET)

SESSION 3: Father Psychological Adjustment | MESA 3: Ajustamento psicológico do pai

Moderators | Moderadores: Márcia Baldisseroto e João Justo

1. Male progenitor perinatal depression – psychometric assessment [Depressão perinatal no progenitor do sexo masculino - Avaliação psicométrica]

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Abstract

Introduction: The prevalence of perinatal depression/PD in male progenitors (5-10%) is lower than the one for PD in mothers but higher than depression rates in men from the general population. Psychometric assessment of depression in male individuals should take into consideration gender differences in symptom presentation (e.g., alcohol abuse and tendency to higher irritability and aggressiveness in men).

Aim: To analyse the psychometric properties of Perinatal Depression Screening Scale (PDSS-19) and Male Depression Risk Scale (MDRS-22) in assessing PD in male progenitors.

Method: 203 Portuguese speaking male progenitors of babies up to 13 months old (75% Portuguese; 25% Brazilian) answered to an online survey that included the Portuguese preliminary versions of PDSS and MDRS.

Results: Confirmatory factor analysis/CFA of PDSS resulted in a four-factor second-order model with good fit: $\chi^2/df=2.501$; RMSEA=.0860; CFI, TLI, GFI>.900. Cronbach's alphas were $\alpha=.952$ for the total scale and $\alpha>.80$ for all dimensions. For MDRS, the six-factor second-order model revealed acceptable fit: $\chi^2/df=3.1892$; RMSEA=.100; CFI, TLI e GFI>.800; with $\alpha=.926$ (total) and $\alpha>.70$ (dimensions). Pearson's correlations between both scales were high between total scores ($r=.823$) and moderate to high ($r>.30$) between dimensional scores.

Conclusion: PDSS and MDRS presented good reliability and construct and concurrent validity and can be useful to assess depression in male progenitors, both in clinical and research contexts.

Keywords: Perinatal depression, Male, Father, Symptom scale, Validity, Reliability

2. Obsessive-compulsive symptoms in male progenitors: who is at risk? [Sintomas obsessivo-compulsivos no progenitor do sexo masculino: quem está em risco?]

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Abstract

Introduction: Obsessive-compulsive/OC symptoms occurring during the perinatal period have potential deleterious consequences to the parent-baby/couple relationship. To understand perinatal OC symptoms' emergence, related psychopathological processes (eg.: perfectionism) and to identify higher risk profiles, further research is needed, especially in male progenitors/MP.

Aim: To compare a group of male progenitors with severe vs. normative OC experiences.

Methods: 203 MP (mean age: 34.30±4.48 years) answered an on-line survey, including questions about clinical history and the Portuguese versions of the: Hewitt and Flett's Multidimensional Perfectionism Scale/EMP-13 and the Perinatal Obsessive-Compulsive Scale/POCS. Mann-Whitney U and chi-square tests were applied using SPSS-26.

Results: 167/117 MP reported experiencing obsessions/compulsions. All OC phenomena were related with the baby and the most represented dimensions were contamination/cleaning, harm/checking and doubt/checking. Participants were divided into two groups: "severe" (POCS≥26.15+2x15.32; n=8/3.9%) and "normative" (POCS<26.15+2x15.32; n=195/96.1%). The severe group reported significantly (p<.001) higher levels of socially-prescribed perfectionism (but not of other perfectionism dimensions). Having past psychological problems, past (last year) stress event, and the presence of most compulsions (but not obsessions; n=9/13; 69%) were associated with higher odds of being in the "severe" group (p=.050 to p=.001).

Conclusion: Our results indicate that, similarly to female perinatal OC symptoms, in the MP a) OC symptoms also enframe the cognitive-behavioural model; b) and the impact of the perinatal context is relevant in the emerging OC features (infant-related). Clinical implications include that, MP presenting with obsessions that are severe enough to generate compulsions, who also are perfectionistic (mainly socially-prescribed) and report having psychiatric antecedents are at higher risk.

Keywords: Perinatal obsessive-compulsive symptoms, male progenitor, risk factors

3. Predictors of perinatal depression in male progenitors [Preditores de depressão perinatal no progenitor do sexo masculino]

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Abstract

Introduction: Perinatal depression/PD affects about 10% of male progenitors/MP. Although less common (and less studied) than depression in female progenitors, male progenitors' depression also has disastrous consequences for the socio-emotional development and mental health of the child.

Aim: To identify predictors of perinatal depression in MP.

Methods: 203 MP (mean age=34.30±4.48 years; baby's mean age=7.07±3.40 months) answered an online survey that included questions related to sociodemographic, psychosocial and clinical variables (history of psychiatric disorder throughout life/HPDTL), and validated questionnaires: Perinatal Depression Screening

Scale/PDSS-19-MP, Male Depression Risk Scale/MDRS-22, Multidimensional Perfectionism Scale by Hewitt & Flett/MPS-13; Perseverative Thinking Questionnaire/PTQ-15 and Dysfunctional Beliefs Towards Fatherhood Scale/DBTF.

Statistical analysis was performed using SPSS. Linear regression analyzes were performed whenever the coefficients obtained with Pearson correlation analyses were significant (p=.05).

Results: The following were predictors of depressive symptoms, assessed using the PDSS-19-MP and MDRS: younger age, perception of stressful events in the last year, relationship trouble with the partner, traits of self-oriented and socially prescribed perfectionism, dysfunctional beliefs related to judgment and responsibility and repetitive negative thinking.

Discussion and conclusion: The psychosocial correlates implicated in perinatal depression in MP overlap with those previously associated with perinatal depression in women (Pereira et al. 2020). Considering that cognitive-emotional variables, both in terms of processes and contents, are potentially modifiable, we now have important clues for improving prevention and early intervention.

Keywords: Perinatal depression, Male, Fatherhood, Risk factors, Predictors

4. The role of stigma in male progenitor perinatal depression [O papel do estigma na depressão perinatal no progenitor do sexo masculino]

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Abstract

Introduction: Perinatal depression/PD in male progenitors has a prevalence of 8 to 10%. Traditional gender roles reduce the sensitivity to detect depression in male progenitors. The social paradigm that men should be self-sufficient and emotionally suppressed, as well as mental illness stigma, impair help seeking behaviour, due to the fear of suffering discrimination and being undesirably labelled.

Aim: To analyse the role of stigma in male progenitor perinatal depression.

Method: 203 male progenitors (mean age=34.30±4.48 years) answered to an online survey that included the Portuguese versions of: Perceived Devaluation and Discrimination (PDD) Scale, Perinatal Depression Screening Scale (PDSS) and Male Depression Risk Scale (MDRS).

Results: PDSS and MDRS correlated positively and moderately with PDD (total and dimensions – personal stigma/PS and social stigma/SS) ($r \geq .25$). PS was a predictor of depressive symptoms (PDSS and MDRS); SS was a predictor of MDRS' score. History of a mental problem throughout life/HMPTL correlated with PDD (total and PS) and with both scales of perinatal depression, being a significant predictor of those variables ($p < .05$).

Discussion and Conclusions: For the male progenitor, as well as for the mother, the perinatal period is one of higher vulnerability for psychological distress. HMPTL, being a predictor of stigma and perinatal depression, should be systematically assessed in both progenitors. Evidence that stigma is a predictor of depression reinforces the relevance of screening for psychological distress also in male progenitors and of including assessment, prevention, and awareness of mental health stigma in the perinatal period.

Keywords: Perinatal depression, stigma, male progenitor

15:00-16:30 (Western European Time - WET)

SESSION 4: Relational triad and parental relationships | MESA 4: Tríade relacional e relações parentais

Moderators | Moderadores: Ana Paula Camarinho e Eunice Camargo

1. Perinatal mental health and maternal perception about the newborn infant [Saúde mental perinatal e percepção materna acerca do recém-nascido]

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Abstract

Perinatal mental health is an issue of utmost importance for mother-infant dyadic interaction in the short term as well as for the individual's development in the long term. Despite the major developments in obstetrical health that took place in the last five decades, at present birth is still a moment of surprise for both the new mother and for the new infant. Supporting mothers' and infants' efforts to become acquainted with each other is one of the main goals of the methodology proposed by Berry Brazelton

relative to the behavioral assessment of newborn infants. This methodology, usually designated as NBAS (Neonatal Behavioral Assessment Scale), became an instrument of intervention once it seems able to change caregivers' perceptions about the newborn; this change seems able to enhance caregivers' behavior when interacting with the newborn infant.

As a consequence, it can be questioned if the assessment of the newborn is able to induce improvements in the domain of maternal perinatal mental health? In order to answer this question, we will try to provide examples of successful interventions based in Brazelton's methodology as also based in a more recent alternative, the NBO (The Newborn Behavioral Observations) proposed by Nugent, Keefer, Minear, Johnson and Blanchard. The possibility of performing this

kind of newborn assessment in the context of the Portuguese National Health Service will be the target of a final discussion where costs and benefits will be considered simultaneously.

Keywords: perinatal mental health, maternal perception, newborn, NBAS, NBO, self-regulation

2. Mattering and Depressive Symptoms in Portuguese Postpartum Women with High and Low Risk to Postpartum Depression: The Mediating Role of Loneliness [Importância percebida para os Outros e Sintomatologia Depressiva em Mulheres Portuguesas no período pós-parto com alto e baixo risco para a Depressão Pós-Parto: o papel mediador da Solidão]

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Abstract

Objectives: The current study aimed to (a) understand the relationship between mattering, loneliness, and depressive symptoms in Portuguese postpartum women during the COVID-19 pandemic, (b) understand if this relationship is similar in women with high or low risk for postpartum depression [PPD]. **Method:** This cross-sectional study included a sample collected online, comprised of 530 Portuguese women in the postpartum period (that elapsed during the COVID-19 pandemic), who answered self-report questionnaires to assess the risk for PPD, depressive symptoms, mattering, and loneliness.

Results: Women with a high risk for developing PPD had lower levels of mattering and higher levels of loneliness and depressive symptoms; the relationships between mattering, loneliness, and depressive symptoms were significant, $p < .001$. The relationship between mattering and postpartum depressive symptoms occurred directly and indirectly through loneliness, 95% CI = [-0.75, -0.46]. The direct effect was only found in the group at high risk for PPD, while the indirect effect occurred in both groups (at high and low risk). **Conclusions:** These results highlight the importance of studying loneliness as a possible risk mechanism for PPD and alert to the relevance of considering mattering and loneliness in the assessment and intervention of

women in the perinatal period. COVID-19, as a context factor, was shown to influence the results.

Keywords: COVID-19, depressive symptoms, loneliness, mattering, Portuguese women, postpartum, postpartum depression, risk to postpartum depression

3. O Cordão - a glimpse at Motherhood in Portugal [O Cordão - um olhar sobre a maternidade em Portugal]

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Abstract

a) Presentation and practical methodology of “Cordão”, an informal digital community that was created with the aim of being an inclusive community journal - co-written and open to everybody - about the process of having children, evolving around plural realities and possibilities of this subject written and submitted by the audience. “Cordão” was founded with the purpose of sharing and normalizing the diversity of real and honest experiences through self-writing. “Cordão” has been proving the importance of open communication and sharing as a primary way of building a strong community, rethinking experiences, and balancing expectations. Isolation and solitude are contributors to the silencing and invisibility of motherhood and parenthood various problems that can and have been deconstructed through writing and reading of testimonies that amplify the plurality of feelings around this subject.

b) Presentation of collect data from community inquiries. As “Cordão” is a safe space for sharing without judgement, where most of the individuals speaks and communicates freely about the challenges and singularities of their path, it has been possible to retain important information around the subject of motherhood that can be relevant in the observation and study of Maternal Mental Health. For example, in 1000 women, 86% affirms that was never questioned by health

professionals about their history of Mental Health disease during pregnancy, 75% affirms that was never informed about Mental Health disorders that can occur during pregnancy and post-partum, only 16% of women say their Mental Health was evaluated after giving birth and only 9% of women who suffered pregnancy losses affirm, they received psychological support.

Keywords: community, maternity, sharing, testimonios, data

4. The women victim of Intimate Partner Violence during pregnancy and postpartum period: Specific characterization and psychosocial adjustment [A mulher vítima de Violência nas Relações Íntimas durante a transição para a maternidade: Caracterização específica e ajustamento psicossocial]

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Abstract

Although Intimate Partner Violence during pregnancy and postpartum period (IPV-PPP) is recognized as a global and prevalent public health problem with severe and adverse impact on both women and infant's health, there is limited research across the globe on descriptions of this vulnerable population and its psychosocial adjustment. This study had two main aims: (1) to describe the sociodemographic, reproductive, relational, and psychological characteristics of a Portuguese sample of women victims of IPV-PPP; and (2) to characterize their psychosocial adjustment (i.e., psychological distress and QoL), using a comparison group of women with no previous history of IPV. This quantitative and cross-sectional study had a sample of 213 pregnant or postpartum women (53 victims and 160 non-victims). Data collection took place in two public maternity hospitals, at APAV and their respective shelters, where all participants completed a self-report questionnaire to assess characteristics and psychosocial adjustment. The results revealed that the group of victims had differentiating and specific sociodemographic, reproductive, relational, and psychological characteristics, as well as worse psychosocial adjustment (i.e., higher levels of psychological distress and lower quality of life) compared to non-victims' women. Findings highlight the importance of identifying specific and modifiable characteristics of women victims of IPV-PPP that can be strategically targeted in screening, assessment, and intervention practices in reproductive health services in Portugal.

Keywords: intimate partner violence, pregnancy and postpartum period, specific characterization, psychological distress, quality of life

BREAK | INTERVALO

16:30-17:30 (Western European Time - WET)

SESSION 5: Breastfeeding and Weaning | MESA 5: Amamentação e desmame

Moderators | Moderadores: Erika Vieira e Lara Vilela

1. Improvement of the breastfeeding self-efficacy and postpartum mental health after lactation consultations – Observational study [Melhoria da auto-eficácia na amamentação e saúde mental no pós-parto após as consultas de lactação – Estudo observacional]

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Abstract

Maternal self-efficacy in breastfeeding may be undermined by common mental health difficulties in the postpartum, leading to an early breastfeeding cessation. The relationship may also be the opposite: problems with effective breastfeeding and breastfeeding cessation may increase the postpartum mental health difficulties. The purpose of this study was the assessment of the effectiveness of lactation consultations in strengthening the breastfeeding self-efficacy and maternal postpartum mental health.

Design and participants: 160 Polish women (90 consultation participants and 70 controls) completed a structured interview, the General Health Questionnaire, and the Breastfeeding Self-Efficacy Scale twice: before lactation consultation and one month later. Findings: Study revealed that women seeking lactation support exhibited greater mental health difficulties while their breastfeeding self-efficacy was similar to the control group. Initial breastfeeding self-efficacy was negatively correlated with the severity of the postpartum mental health problems. One month after lactation consultations, a significant increase in the breastfeeding self-efficacy and significantly reduced symptoms of mental health difficulties (somatic symptoms, functional disorders, and anxiety and insomnia) were observed among mothers. Key conclusions: Women willing to benefit from the lactation consultations may exhibit symptoms of mental health difficulties that may be associated with difficulties in breastfeeding. Implications for practice: Midwives and lactation consultants can make a difference in the mental health promotion by offering breastfeeding interventions which address also the emotional needs of a mother.

Keywords: breastfeeding self-efficacy, lactation consultations, mental health, postnatal care

2. Impact of the Covid-19 Pandemic on the Breastfeeding Experience [Impacto da Pandemia Covid-19 na Experiência de Amamentação]

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Abstract

The Covid-19 pandemic posed several challenges to the perinatal period, with the need to adapt to rapid and uncertain changes, scant information and sometimes confusing messages from the media. Successful breastfeeding depends heavily on the support provided by specialized professionals. The need for social distancing and confinement has led to a reduction in the means of support and promotion of breastfeeding.

The aim of this presentation is to explore the impact of the Covid-19 pandemic on breastfeeding practices, on mothers expectations, the perception of support as well as the implications for maternal mental health. A narrative review of publications on the PubMed platform was performed with the keywords "Covid-19" OR "Sars-Cov-2" and "Breastfeeding".

Interestingly, studies indicate very different breastfeeding experiences during this period. Most studies do not attribute a significant impact of the pandemic in relation to breastfeeding practices. Evidence points to positive effects in the practice of breastfeeding, namely the increase in the time spent at home to dedicate to the baby, more privacy and less pressure from family members. However, the decrease in professional and family support and advice, as well as isolation had a negative impact, contributing to the increase in maternal anxiety and stress related to breastfeeding. It emphasizes the importance of personal maternal experiences, family and professional support contributing to the increase in the sense of maternal self-efficacy.

It is essential to take these results into account when planning the neonatal care and breastfeeding support network.

Keywords: Covid-19, Breastfeeding, Social support, Confinement

3. Women's HPA axis function during the perinatal period: The impact of breastfeeding cessation and depression [Funcionamento do eixo HPA das mulheres durante o período perinatal: Impacto da cessação da amamentação e da depressão]

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Abstract

Although the majority of the studies are consensual about an association between breastfeeding and the function of HPA axis, data regarding breastfeeding and HPA axis function over the time, taking account depression are limited. This study main aimed to analyze the impact of exclusive breastfeeding and breastfeeding cessation on several measures of COR. A sample of 30 primiparous women with an EPDS ≥ 9 at the third pregnancy trimester, reported Breastfeeding status, provided salivary samples of COR and completed questionnaires that measure depressive and anxiety symptoms, over the perinatal period.

Results revealed exclusive breastfeeding cessation had an impact on the decrease of the overall secretion of COR during the day and both exclusive breastfeeding and breastfeeding cessation had an impact on the decrease of the CAR. The interaction effects between the impact of exclusive breastfeeding cessation and depressive symptoms on overall COR secretion during the day shows that women with more depressive symptoms at exclusive breastfeeding cessation have a greater decrease on the overall secretion of COR, after exclusive breastfeeding cessation.

These results help to explain the functioning of the HPA axis underlying the benefits of breastfeeding and the risks of early breastfeeding cessation, especially in women with depressive symptoms.

Keywords: Breastfeeding cessation, HPA axis, cortisol, depression, perinatal period

4. Exclusive Breastfeeding Moderates the Association Between Prenatal and Postpartum Depression [A amamentação exclusiva modera a associação entre a depressão pré-natal e a depressão pós-parto]

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Abstract

Background: Exclusive breastfeeding has a wide range of benefits for maternal health. However, the benefit of exclusive breastfeeding for maternal mental health needs to be further explored.

Research aim: To determine the moderating role of exclusive breastfeeding at 3 months on the association between prenatal and postpartum depression.

Methods: This study had a prospective, longitudinal, and comparative design with two groups and three assessment waves. The sample comprised 334 participants (70 depressed and 264 non-depressed) recruited at public health services in northern Portugal. Participants completed a measure of depression symptoms between the second and the third trimester of pregnancy and between 3 and 6 months, and a measure of breastfeeding status at 3 months.

Results: Exclusive breastfeeding at 3 months moderated the association between prenatal and postpartum depression. Participants with prenatal depression who were exclusively breastfeeding at 3 months showed fewer symptoms of depression and lower rates of depression between 3 and 6 months postpartum, compared to participants with prenatal depression who were not exclusively breastfeeding. Participants without prenatal depression who were exclusively breastfeeding at 3 months showed similar depression symptoms and similar rates of depression between 3 and 6 months postpartum, compared to participants without prenatal depression who were not exclusively breastfeeding.

Conclusion: Exclusive breastfeeding has a potential protective influence on postpartum depression among women with prenatal depression. Public health policies targeting women with prenatal depression should be implemented and include practices to promote and support exclusive breastfeeding in order to enhance women's exclusive breastfeeding and mental health.

Keywords: breastfeeding, breastfeeding duration, exclusive breastfeeding, lactation, postpartum depression, prenatal depression

9:00-10:00 (Western European Time - WET)

SESSION 6: Medically Assisted Procreation and Pregnancy Interruption | MESA 6: Procriação medicamente assistida e Interrupção da Gravidez

Moderators | Moderadores: Maria Raúl e Maria Jesus Correia

1. Working Group and Intervision in Psychology in Medically Assisted Procreation - GIPPMA [Grupo de Trabalho e Interversão em Psicologia na Procriação Medicamente Assistida - GIPPMA]

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Abstract

With a view to improving provision of care in the field of Psychology in the context of Medically Assisted Procreation (PMA), the GIPPMA - Working Group and Intervision in Psychology at PMA was created in 2019. This informal group includes Psychologists who carry out their work activities in a hospital of the SNS (North Zone) and a professor/researcher. The GIPPMA emerged on the personal initiative of these professionals with the central assumption of creating a shared practical approach, overcoming some of the difficulties present in clinical practice.

The group's objectives are: to build standardized psychological protocols in the field of PMA (pre-treatment evaluation, treatment and post-treatment protocols), as well as to develop, evaluate and propose work initiatives aimed at disseminating solutions and good practices in this area. GIPPMA has been emphasizing joint scientific research, seeking to contribute to knowledge on the subject, crucial as a basis for intervention. Similar to other areas of Psychology, which are undergoing rapid development and change, requiring professionals to be constantly updated/trained, this group also includes Clinical Intervision. Taking advantage of the geographical proximity and formal relations between institutions and following what the Portuguese Psychologists Association has been highlighting, GIPPMA considers this area of its activity as relevant in promoting well-being and self-care of professionals, in facilitating training and continuous development, as well as a safe and quality professional practice.

Keywords: Infertility, Medically Assisted Procreation, Psychological Care

2. Sociodemographic characteristics, (in)fertility and psychological impact on women and men undergoing Fertility Treatments [Características sociodemográficas, (in)fertilidade e impacto psicológico em mulheres e homens que recorrem à PMA]

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Abstract

This transversal study includes 109 women and 109 men (heterosexual couples) who attended two Public Medically Assisted Procreation (MAP) Units in northern Portugal. The aim is to characterize the services' users regarding sociodemographic and lifestyle characteristics, clinical characteristics related to (in)fertility and psychological aspects of the experience/impact (individual, marital and social) of the MAR process.

The instruments used are part of the protocol used by the psychology services: Infertility Problems Inventory, Personal Assessment Scale of Intimacy in Relationships and SCREEN-IVF.

Data regarding gender differences, experiencing a first treatment or a second/or more treatments or when the diagnosis refers to primary or secondary infertility are presented. Associations between variables are also explored: rejection of a childless life, the need for parenthood, acceptance of infertility and intimacy (sexual, social, emotional closeness and communication) – little explored in other studies.

Gender differences were founded in some variables of psychological well-being, but not regarding different aspects of intimacy. These seem to be positively correlated with need for parenthood and difficulty in accepting infertility. The results suggest that sharing hardship and adversity related to infertility can contribute to greater intimacy between the couple. As other studies have identified, differences were found when couples are undergoing or not a first treatment, pointing to greater emotional overload associated with more treatments.

Keywords: Medically Assisted Procreation, heterosexual couples, psychological impact, sociodemographic characteristics

3. Male Pregnancy Failure: A Clinical Case [Insucesso de Gravidez no Masculino: Um Caso Clínico]

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Abstract

The theme pregnancy and parenting, in our time, is approached, experienced and felt by men and women. We are far from the time when it was just a female affair. However, when we talk about pregnancy failure and the experience of loss, the tendency continues to be predominantly considering and valuing the pregnant woman. We know the influence of culture in this area: a man doesn't cry; woman needs the support of man...

Recent literature and our clinical experience shows that, often, male suffering in the face of pregnancy failure is enormous, but it's still often silenced and even repressed. On the other hand, we know that the impact of this experience on men affects their mental health, but also their marital balance and, consequently, may influence the quality of a future parental relationship.

As health professionals who work in this area, we have a responsibility to help change this approach by promoting research, training and a normal approach to clinical intervention in this field.

It is with all this as a background that we present the clinical case of Pedro, a 35-year-old man who lost his daughter Maria at 28 weeks of gestation. We will highlight their experience of loss and the importance of a psychological approach/intervention for their elaboration of the grieving process.

Keywords: pregnancy failure, men

4. Mental health trajectory following perinatal loss: a descriptive study [Trajectória de saúde mental após experiência de luto perinatal: um estudo descritivo]

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Abstract

Introduction: Perinatal loss, either spontaneous loss, medical pregnancy interruption due to malformations or neonatal death, represents a potentially long-lasting and complicated grief experience, which often demands mental health care. **Methods:** Brief literature review through Pubmed search engine using the keywords “perinatal grief” plus longitudinal description of sociodemographic and clinical factors referring to six cases of women under psychiatric outpatient care following perinatal loss.

Results: Grieving processes included spontaneous pregnancy losses ranging from first to third trimester, one medical interruption due to genetic anomaly and one neonatal death. 67% (n=4) of women had a history of at least one previous loss and 33% (n=2) had a history of multiple losses. All women started psychiatric outpatient care within the first three months after the loss, 50% of which were referred to psychology consults. Symptoms most often observed were insomnia, fear-related thoughts and emotions and feelings of guilt. 67% (n=4) of women were prescribed antidepressants. 67% (n=4) delivered healthy babies within 2 years after their losses.

Conclusion: The experience of perinatal grief involves a multidimensional loss which affects the mental health of the woman and the couple. Symptoms may be intensified by the perception that society does not recognize parents’ suffering, given such a short-lived life. It is essential to educate health professionals involved in these settings of care, for perinatal loss and grief are common phenomena which can lead to long-term negative consequences for the woman and the couple.

Keywords: perinatal, grief, phenomenology

10:00-11:00 (Western European Time - WET)

SESSION 7: Impact of COVID-19 pandemic | MESA 7: Impacto da pandemia de COVID-19

Moderators | Moderadores: Raquel Costa e Ilaria Lega

1. The impact of prenatal distress on infant temperament during the COVID-19 pandemic [Impacto do distress prenatal no temperamento da criança durante a pandemia COVID-19]

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Abstract

Depression and anxiety symptomatology during pregnancy may negatively affect offspring’s development. Greater depressive and anxiety symptoms during the current COVID-19 pandemic were reported among pregnant women, which can have a negative impact on infant’s temperament. This study aimed to investigate the impact of prenatal mental distress experienced during the COVID-19 pandemic on subsequent mothers’ perception of their infants’ temperament. Participants were 138 Portuguese mothers. When pregnant, they were invited to participate on a survey about the impact of the pandemics on their mental health. Prenatal depression and anxiety symptomatology was assessed using the Edinburgh Postnatal Depression Scale (EPDS) and Generalized Anxiety Disorder Screener (GAD-7), respectively. When infants were 3- to 6-month-old, mothers were asked to answer the Infant Behavior Questionnaire - Revised (IBQ-R) to assess infants’ temperament. Independent t-test were computed to compare mothers who reported higher levels of depression (EPDS ≥ 10) and/or anxiety symptoms (GAD-7 ≥ 10) (n = 49) and those without symptomatology (n = 85), regarding infants’ temperament. Significant differences between groups were observed regarding distress to limitation, $t(132) = - 2.68$, $p = .008$. Mothers who indicated higher levels of depression and/or anxiety symptoms when pregnant perceived their infants as fussier and more distressed at the age of 3 to 6 months. No differences emerged for the

perceptual sensitivity, cuddliness, and soothability dimensions (all p-values > .133). Future studies should address the consequences of perinatal mental problems during the COVID-19 pandemic on infant's subsequent development.

Keywords: prenatal, depression; anxiety, COVID-19, infant temperament

2. The impact of COVID-19 on perinatal experiences and mental health of women in contact with Family Care Services in Italy [Impacto da COVID-19 nas experiências perinatais e saúde mental das mulheres em contacto com os Serviços de Assistência à Família em Itália]

Ilaria Lega¹, Alessandra Bramante², Laura Lauria¹, Pietro Grussu³, Valeria Dubini⁴, Marcella Falcieri⁵, Maria Carmen Ghiani⁶, Antonia Giordano⁷, Stefania Guidomei⁵, Anna Domenica Mignuoli⁸, Serena Paris⁹, Silvia Andreozzi¹, Valeria Brenna², Mauro Bucciarelli¹, Gabriella Martelli¹, Claudia Ferraro¹, Maria Enrica Bettinelli¹⁰, Patrizia Proietti¹¹, Ana Mesquita¹², Serena Donati¹

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Abstract

Introduction: Limited access to health care, family and social support and the concern of SARS-CoV-2 infection have emerged as risk factors for emotional perinatal distress during the COVID-19 pandemic. **Objectives:** To evaluate the impact of the COVID-19 pandemic on maternity care experiences and mental health of women in contact with selected Family Care Centres (FCCs), the Italian public primary care services dedicated to pregnancy and post partum care. **Methods:** An online cross-sectional survey collected information on perinatal experiences, psychological distress and Post-Traumatic Stress Disorder (PTSD) symptoms related to the pandemic among women during pregnancy or within 6 months from childbirth, between October 2020 and May 2021. The study was part of a larger initiative in the framework of the COST Action 18138 "Research Innovation and Sustainable Pan-European Network in Peripartum Depression Disorder". **Results:** 1235 pregnant women and 1006 within 6 months from childbirth completed the survey. Among pregnant women, 41.1% (n=507) felt very well supported by health services. Among new mothers, 57.7% (n=580) felt very well supported by health services during pregnancy, 65.2% (n=656) at delivery and 39.7% (n=399) during the six months after childbirth. The whole sample perceived reduced family and social support compared to the pre-COVID-19 era. Significant PTSD symptoms were reported by 5.9% (n=124) of the participants and were associated with financial difficulties, previous mood or anxiety disorders, perceived lack of family/social and perinatal medical support. **Conclusions** Strengthening perinatal health services and social support, particularly among most vulnerable women, is crucial in the present scenario and in possible future pandemics.

Keywords: COVID-19, maternity care, perinatal mental health, Italy

3. Impact of COVID-19 pandemic on women's perinatal depressive symptoms [Impacto da pandemia COVID-19 nos sintomas depressivos perinatais das mulheres]

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Abstract

Perinatal depression increased during the COVID-19 pandemic. The aim of this study is to analyze the prevalence and severity of specific depressive symptoms during pregnancy and the postpartum period. Women from studies conducted before (n = 2395) and studies conducted during the COVID-19 pandemic (n = 1396) that completed a sociodemographic and obstetric questionnaire and the Edinburgh Postnatal Depression Scale (EPDS) during pregnancy or the postpartum period were included in this analysis. For each EPDS item, scores ≥ 1 indicate prevalence and scores ≥ 2 severity of depressive symptoms. Women assessed during COVID-19 had increased depressive symptoms prevalence and severity during pregnancy and the postpartum period, compared to women assessed before COVID-19 pandemic. The increased prevalence was found in the item 1 “been able to laugh and see the funny side of things” (pregnancy 32.6%, postpartum 40.6%), item 2 “look forward with enjoyment to things” (pregnancy 37.2%, postpartum 47.2%), item 8 “feelings of sadness/miserable”, in the postpartum period (34.2%) and item 9 “unhappiness leading to crying”, in the postpartum period (30.2%). The severity of symptoms was especially increased for item 6 “things have been getting on top of me” during pregnancy and the postpartum period (19.4% and 31.6%), item 8 during pregnancy “I have felt sad or miserable” (10.8%), as well as item 5, “feeling scared/panicky”, in the postpartum period (21.4%). Clinical attention should be paid to the specific perinatal depressive symptoms to improve adequate screening and treatment in the current pandemic and future crisis contexts.

Keywords: COVID-19 pandemic, depressive symptoms, prevalence, severity, pregnancy, postpartum

4. The Impact of COVID-19 pandemic on mother’s and father’s postpartum depressive symptoms and negative couple interactions [Impacto da pandemia COVID-19 nos sintomas depressivos e interações conjugais negativas de mães e pais após o parto]

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Abstract

The negative impact of COVID-19 pandemic on mental health and couple’s relationship can be particularly higher in most vulnerable groups, namely mothers and fathers during the transition to parenthood. This study analyzed the impact of COVID-19 pandemic on mother and father’s anxiety and depressive symptoms, and couple’s relationship quality at six months postpartum. A sample of 109 primiparous mothers and fathers recruited before COVID-19 pandemic were assessed at six months postpartum, before (n = 69) or during COVID-19 pandemic (n = 40). Participants completed measures of anxiety and depressive symptoms, and couple’s positive and negative interactions. Results indicated significant effects of COVID-19 pandemic on mother and father’s depressive symptoms and couple’s negative interactions at six months postpartum. Mothers and fathers assessed at six months postpartum during COVID-19 pandemic reported more depressive symptoms and more couple’s negative interactions than mothers and fathers assessed at six months postpartum before COVID-19 pandemic.

Findings suggested a negative impact of COVID-19 pandemic on mother and father’s postpartum depressive symptoms and negative couple’s relationship. COVID-19 pandemic may be an adverse condition for mother and father’s postnatal mental health and couple’s relationship.

Keywords: COVID-19 pandemic, anxiety symptoms, depressive symptoms, couple relationship, postpartum period

BREAK | INTERVALO

11:30-12:30 (Western European Time - WET)

SESSION 8: Promotional, preventive and remedial intervention | MESA 8: Intervenção promocional, preventiva e remediativa

Moderators | Moderadores: Alexandra Antunes e Ana Conde

1. “Mommy, can you play and cry at the same time?” – Untreated perinatal mental illness and consequences for the offspring [“Mãe, consegues brincar e chorar ao mesmo tempo?” – Doença perinatal mental não tratada e consequências para as crianças]

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Abstract

Emotional and behavioral problems beginning in infancy can persist into adulthood. Parents’ mental illness leads both to child emotional and physical developmental difficulties. Perinatal Mental Illness (PMI) can have a negative impact on mother-infant interaction and is associated with development of insecure attachments. Additionally, and depending on the type of psychiatric disease, untreated PMI can have an impact on obstetric, fetal and neonatal outcomes (premature delivery, intrauterine growth restriction, low birth weight), parenting capacity, practical care provided to baby (mothers less likely to continue breastfeeding, mothers less likely to follow advice from health professionals), feeding and eating habits and attitudes, as well as emotional development (increased risk of anxiety and depression, social skills deficits and emotional regulation difficulties), behavioral development and cognitive development (lower IQ, lower ability to learn, impaired executive function). Untreated PMI increases the susceptibility of exposure to abuse and neglect and, in extreme situations, can result in infanticide. The present work aims to expose the existent data about the impact of untreated PMI in physical and mental health of the offspring and its different etiological mechanisms. With this work, the authors also aim to show some therapeutical strategies with positive results in terms of prevention and promotion of perinatal mental health.

Keywords: perinatal, mental illness, attachment, infant

2. Multidisciplinary Intervention in Perinatal Mental Health - an innovative project of the Centro Hospitalar de Lisboa Ocidental (CHLO) [Intervenção Multidisciplinar em Saúde Mental Perinatal – um projeto inovador do Centro Hospitalar de Lisboa Ocidental (CHLO)]

Catarina Melo Santos¹, Emília Pereira², Sara Teixeira¹, Paula Afonso³, Paula Duarte¹

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Abstract

Created in 2019, the Perinatal Mental Health Intervention Program includes a multidisciplinary team that encompasses the areas of psychiatry, psychology and social work. The objective of the Program is to accompany women with mental illness during pregnancy and the first year of the puerperium and women who develop psychopathology after pregnancy loss, allowing the planning and an adequate care for the mother and baby, establishing a therapeutic alliance, surveillance and treatment of symptoms and the prevention of relapse episodes through pharmacological and non-pharmacological treatment. This program is in close coordination with CHLO’s Gynecology/Obstetrics, Neonatology, Child Psychiatry and Psychiatry services. From its beginning until the 15th of August 2021, the program followed 73 women (average age 33). Of the cases followed, 32 began follow-up during pregnancy, 31 during the puerperium and 10 after pregnancy loss. Of the 73 women, 39 were referred from the obstetrics consultation, 9 from the emergency department, 8 from the psychiatry consultation, 7 from primary care, 6 from the neonatology hospital and 4 from the obstetrics hospital. During follow-up, the following diagnoses were made: 21 postpartum depressive episodes, 18 depressive episodes in pregnancy, 6 generalized anxiety disorders, 5 depressive episodes and 5 adaptation reactions resulting from pregnancy loss, 5 panic

disorders, 3 personality disorders emotionally unstable, 2 bipolar affective disorders, 2 intellectual development disorders and 1 paranoid schizophrenia.

Keywords: Perinatal Mental Health, Multidisciplinary team, biopsychosocial intervention

3. Perinatal mental health nursing counselling programme [Programa de Aconselhamento em enfermagem de saúde mental perinatal]

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Abstract

Perinatal Mental Health is characterised by the mental health of women from conception to the first year after birth. Studies indicate that 10% of men experience depression in the perinatal period but due to the stigma of masculinity, invulnerability and independence they do not seek help. Counselling allows reducing health risks, with concrete changes in behaviour, personal empowerment and acquisition of autonomy by the pregnant woman/father in a short period of time.

This study aims to create and implement a Perinatal Mental Health Nursing Counselling programme.

A mixed methodology, observational-descriptive focused on a Focus Group will be used, applying a Randomized Control Trial (RCT), being divided into three studies (Scoping review, Focus group and RCT). The population is the pregnant women/partners registered in Porto. A sociodemographic questionnaire will be elaborated, and the Mental Health Literacy Scale - HMLS; Depression, Anxiety and Stress Scale - DASS 42 and the Attitudes About Pregnancy and Motherhood Scale will be used.

The scoping review verified the importance of the father in integrating care, supporting and preventing postpartum depression, and the evidence of Mindfulness programmes to decrease anxiety and prevent depression in pregnancy and postpartum. No Perinatal Mental Health counselling programmes were found.

In conclusion, screening for depression and anxiety, early intervention and increasing Perinatal Mental Health literacy in pregnant women and partners becomes increasingly important.

Keywords: counselling, perinatal mental health, nursing

4. Cres(SER) – Pilot project to promote mental health in pregnancy and early childhood [Cres(SER) – Projeto piloto de promoção da saúde mental na gravidez e primeira infância]

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Abstract

Despite the enormous advances obtained in relation to child health in the last 40 years, in terms of mental health, little or nothing has been achieved. Although scientific research attributes a decisive impact to the first years of life, there is still a lack of knowledge of the importance of the first 1000 days (starting with pregnancy) and a disinvestment by both Health and Education in the creation of development opportunities that favor the relational and emotional aspects. Parents feel unaccompanied and insecure, Health continues to be very focused on the biological model, and Education without specific pedagogical guidelines for day care centers and without spaces for reflection on practices, and socio-emotional aspects are not sufficiently valued. There is also a lack of articulation between services/entities, with a waste of existing resources. Based on a systemic and multisectoral approach, the project proposes a new way of looking at childhood, through the implementation of community work that maximizes existing resources and an intervention strategy based on health literacy and psychosocial intervention, in which affections and the child's socio-emotional

development takes on a special importance. The planned activities include: • provide training and tools for health professionals, so that, from pregnancy, they support the formation of the mother-child bond and promote affectionate, sensitive and stimulating parenting; • provide training and monitoring to day care centers so that they can develop quality teaching practices; • provide training and support to parents; • enhance the different community, local and regional resources, creating intersectorial collaborative networks. “Changing the beginning of the story is changing the whole story!”

Keywords: health promotion, multisectoral work, health literacy, community intervention, pregnancy, early childhood, attachment, affection, emotions

14:00-15:00 (Western European Time - WET)

SESSION 9: Promotional, preventive and remedial intervention | MESA 9: Intervenção promocional, preventiva e remediativa

Moderators | Moderadores: Inês Pinto e Tiago Pinto

1. Multicenter evaluation of pharmacological management of women with bipolar disorder in the perinatal period

[Avaliação multicêntrica do uso de medicação em mulheres com doença bipolar no período perinatal]

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Abstract

Introduction: The use of medication in women with bipolar disorder in the perinatal period is challenging. This population has a high recurrence rate, but some medications can be a concern in pregnancy and breastfeeding. Little is known about prescription practices in perinatal services, and the impact of medication on recurrence rates. The objectives of this study are: 1) to describe the use of medication in women with bipolar disorder in the perinatal period and 2) to assess the impact of medication on the postpartum recurrence rate.

Methods: Clinical data was collected from pregnant women with bipolar disorder at nine centres in the United Kingdom for the period between conception and three months postpartum: sociodemographic, reproductive health, disease severity, medication and recurrence. Data was analysed for association with χ^2 tests and logistic regression.

Results: In this sample of 167 women, 91 (55%) took medication at delivery: 62 (37%) antipsychotics, 41(25%) antidepressants and 25(15%) mood stabilizers. 42% of women in this sample had a recurrence, with 30% experiencing a manic/psychotic episode. There was no significant association between taking medication and recurrence $\chi^2(1)=0.07$, $p=0.79$. There continued to be no association in a multivariate analysis adjusted for parity, severity, and type of medication aOR 0.33 95%CI [0.03; 3.40], $p=0.35$.

Conclusion: Many women with bipolar disorder take medication before giving birth and most are prescribed antipsychotics. The postnatal recurrence rate in medicated and non-medicated women is high, in keeping with the existing literature. More studies are needed in larger samples to provide clinical guidance to women.

Keywords: medication, perinatal, bipolar disorder, recurrence, postpartum

2. VIP Neo Project [Projeto VIP Neo]

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Abstract

Introduction: For a healthy growth and development of a child is necessary to create a balance between the biological and physiological needs as well as the psycho-emotional ones. Therefore, the feeling of security through the human relationship with their caregivers is essential for promoting a harmonious development of the child. Also, an important part of the functions of a health professional should include the identification and mitigation of the threats to this process, which was the reason that gave rise to the Neo VIP project. VIP is the acronym for vinculação (attachment in english), inclusion and parenting.

Objectives: The aim of this project is to create activities in order to minimize the separation of parents during hospitalization, promote the bonding with the newborn, facilitate the creation of bonds with siblings and other family members, include the family and multidisciplinary teams (doctor, nurse, psychologist) in a partnership towards a more involved and positive parenting.

Conclusion: To achieve the goals of this project it's necessary to develop initiatives that facilitate the bonding, the partnership with the family and promote an engaging, welcoming environment that facilitates communication; train and motivate health professionals; articulate efforts with pre-existing institutional departments; and publicize the initiatives to the community.

Key-words: VIP Neo project, Neonatology, Attachement, Inclusion, Parenting, Mental health

3. Implementing a perinatal mental health programme in a Portuguese public hospital [Implementação de um programa de saúde mental perinatal num hospital público em Portugal]

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Abstract

Introduction: The perinatal period constitutes a unique individual and family experience, involved in multifaceted transformations and adaptations at the physical, psychological, social, and emotional levels. This is the period in women life cycle where there is a higher risk for the development of mental illness.

Objectives: To introduce the perinatal mental health programme of the Hospital do Espírito Santo de Évora. The main objective is to structure an intervention with the woman and her support network to promote healthy parenting.

Methodology: Implementing secondary and tertiary intervention approaches in a general and public hospital in the Alentejo region of Portugal. The programme is composed of the following components and domains of intervention in the pre-conception, pregnancy, and post-partum periods: individual consultation; brief intervention consultation; mindfulness sessions in the immediate postpartum period; home-based interventions; empowerment interventions for hospital and community healthcare professionals.

Results: It is expected that the project will result in a multidisciplinary approach to perinatal mental health, with significant impact, improved perinatal mental health of the women integrated in the project, as well as improved level of satisfaction in the provision of care in the woman/family.

Conclusions: Considering the prevalence and impact of mental health issues in the perinatal period, it is desirable to structure interventions with a holistic and multidisciplinary approach. Perinatal mental health should be prioritized during the entire process of pregnancy and postnatal period. A network of primary and secondary care systems may allow mitigating and/or overcoming vulnerabilities.

Keywords: program, perinatal mental health, intervention, general hospital

4. Mind the Mom – preliminary results of using an online preventive intervention to enhance mental health during pregnancy with or without medical risk [Mind the Mom – resultados preliminares da utilização de uma intervenção preventiva online para promoção da saúde mental em grávidas com e sem risco obstétrico]

Anabela Araújo Pedrosa^{1,2}, Maria Alice Coelho¹, Daniela Fernandes¹, Fabiana Monteiro¹, Sandra Xavier¹, Teresa Bombas¹, Helena Moreira¹

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Abstract

The COVID-19 pandemic imposed specific contingencies on perinatal population, with increased risk for women's mental health; the project Mind the Mom aimed to develop and study an online preventive, brief, psychological intervention, delivered through a mobile app, with information, exercises and cognitive-behavioral strategies with evidence in promoting mental health, adjusted to the context of pregnancy during pandemic times.

The sample consists of 138 pregnant women recruited online and in health services, who used and evaluated the app between October 2020 and July 2021, after completion of self-report assessment instruments. The participants mainly lived in urban areas, had a university degree, 43% reported no previous need for mental health services, and 22% reported medical complications during the present gestation.

Results about using the Mind the Mom app show 47,2% participants evaluated it as useful or very useful, and 50% as extremely useful, either they presented or not medical risk during their pregnancy; the majority of users state they will continue to use it and recommend it to other pregnant women.

The program seems to provide useful strategies to promote their wellbeing, which corroborates data about the importance of e-health tools to enhance perinatal mental health. Further studies are needed to assess if they are useful in similar contexts besides the pandemic, and which women benefit more from these programs.

Keywords: pregnancy, perinatal mental health, preventive intervention, e-health

15:00-16:00 (Western European Time - WET)

SESSION 10: Promotional, preventive and remedial intervention | MESA 10: Intervenção promocional, preventiva e remediativa

Moderators | Moderadores: Teresa Maia e Fernanda Schier

1. Parenting practices group of mothers with perinatal depression – a mixed-methods pilot study in Brasilia, Brazil [Grupo de Práticas Educativas Parentais de Mães com Depressão Perinatal- um estudo quali-quantitativo piloto em Brasília, Brasil]

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Abstract

Introduction: Perinatal depression can be detrimental not only to the mother, but also to the course of pregnancy, obstetric outcomes, and child development. The literature points to an association between maternal depressive symptoms and poorer quality of parenting practices. Objectives: This study aimed to assess the feasibility and impact of a psychoeducational group of mothers with perinatal depression on their educational parenting practices and depressive symptoms. Methods: Mixed methods study. Ten weekly sessions of 1h30min duration were carried out, in which the following themes were addressed: depression treatment, educational practices, mother-infant bonding, social support

network and agreements between caregivers. Inventories were applied to assess depressive symptoms, parenting styles and parenting self-efficacy. All participants were diagnosed with depression during the perinatal period and were undergoing psychiatric treatment at the perinatal mental health clinic at the University Hospital of Brasília, Brazil. Results: In total, 5 women with infants up to 1 year of age were recruited, of which 60% completed all sessions (2 participants lost follow-up). The average age was 32.3 years and the babies' were 4.7 months. A decrease in depression symptoms was observed, as well as negative educational practices in baby care. There was an increase in positive educational practices and an improvement in the perception of self-efficacy of parenting at the end of the group. Conclusions: The group served as an intervention to raise the awareness of the participants about their knowledge of their mental health condition and to stimulate the search for an active change in their parenting and self-care.

Keywords: perinatal depression, parental practices, psychoeducational group

2. Semente pregnancy and first years of life – The Perinatal Psychiatric level of intervention [Semente gravidez e primeiros anos de vida – a intervenção em Psiquiatria Perinatal]

Teresa Maia¹, Catarina Pereira¹, Jessica Marques², Joana Marau¹, Mónica Loureiro¹, Alexandra Lourenço¹, Tânia Roquette¹, Inês Ramos¹

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²*Escola Nacional de Saúde Pública, Portugal*

Abstract

Introduction: The Mental Health Department of Fernando Fonseca Hospital, is implementing a Mental Health Promotion Program focused on pregnancy and first years of life, involving the Primary Health Care structures, several community partners, and the two Services who integrate the Mental Health Department, the Adult Psychiatric Service and the Child and Adolescent Psychiatric Service. This Program has the financial support of Calouste Gulbenkian Foundation, and is organized in three levels of intervention. The Public Health National School is responsible for its scientific evaluation.

Aim – To describe “Semente pregnancy and first years of life”, and more specifically the level of Perinatal Psychiatry (women attending the Psychiatric Service)

Methodology – After a brief description of the global Program we'll explain with more detail this third level of intervention that began one year ago.

All the women that are already attending the different units of our Service and become pregnant or those who are new referral son behalf of their pregnancy will be involved in the Program we'll describe the instruments used in the Program and the existing intervention Developed by the Service or other partners in the community.

We'll present some initial data, and a brief analysis on the implementation process, its benefits, challenges and sustainability.

Conclusions – Finally we'll share our present reflexions and the next steps to implement.

Keywords: Promotion of mental health, perinatal psychiatry

3. Investigating the impact of eye movement desensitization and reprocessing (EMDR) in reducing symptoms of delivery-related trauma [Investigação do impacto da dessensibilização e reprocessamento dos movimentos oculares (EMDR) na redução dos sintomas de trauma relacionado com o parto]

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Abstract

Delivery-related traumatic experiences are an overlooked area of psychological suffering, often leading to Post-Traumatic Stress Disorder (PTSD), Perinatal Mood and Anxiety Disorders (PMADs), and difficulties in bonding between mother and baby. In this prospective experimental longitudinal pilot study, 12 women with self-reported trauma symptoms related to their delivery experience received three 90-minute sessions of eye-movement and desensitization (EMDR) sessions over two weeks on average. Subjects were assessed through two trauma self-report questionnaires using the Modified Perinatal PTSD Questionnaire (M-PPQ) and Impact of Events Scale-Revised (IES-R). Additionally, subjects underwent a

brief Autonomic Nervous System (ANS) assessment using skin conductance response. The Edinburgh Postnatal Depression Screening (EPDS) was also administered as a secondary outcome measure to track mood changes. Post-treatment assessment showed significant differences in mean trauma scores with a 31 points reduction on the M-PPQ (40 to 9.4 mean, $p=0.002$), 28 points reduction on IES-R (40.7 to 12 mean, $p=0.002$), resulting in sub-clinical cut-off scores post-treatment for both measures. Skin conductance response changes from baseline to stressor reduced from a mean of +19% to +15% but were not statistically significant ($p=0.388$). EPDS mean score also decreased by 7.9 points from 15.4 to 7.6, again reducing to below clinical cut-off score ($p=0.002$). This brief intervention has shown promise in the use of EMDR for the treatment of delivery-related trauma.

Keywords: Birth trauma, EMDR, PTSD treatment

4. Treating posttraumatic stress disorder symptoms with a single-session behavioral intervention [Tratamento de sintomas de transtorno de stress pós-traumático com uma intervenção comportamental de sessão única]

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Abstract

Background. Intrusive traumatic memories (ITM) are involuntary sensory impressions (mental images) from a traumatic birth, and a key symptom of childbirth-related posttraumatic stress disorder (CB-PTSD). ITM contribute to the maintenance of other C-PTSD symptoms. One approach to treat C-PTSD could be to reactivate the birth memory, and then to interfere with its reconsolidation into long term memory, as this would result in a weakened fear learning, and reduced ITM frequency. If laboratory studies support this assumption, it has never been tested for old and real-life single-event trauma. This translational proof-of-principle study aimed at testing the efficacy of a single-session behavioural intervention based on memory reconsolidation processes to reduce CB-PTSD symptoms.

Method. In this single case experimental study, 18 mothers suffering from childbirth-related ITM (C-ITM) received a single-session behavioural intervention consisting of a combination of birth evocation and a visuospatial task interfering with memory reconsolidation. They daily reported their C-ITM during the two weeks before the intervention (diary 1), the two weeks after (diary 2), and the 5th and 6th weeks post-intervention (diary 3). C-PTSD symptoms were assessed with the PCL-5 just before and one month after the intervention.

Results. C-ITM frequency was reduced in diary 2, compared to diary 1. The changes were durable, given C-ITM frequency did not differ between diary 2 and 3. C-PTSD symptoms were also significantly reduced at one month post-intervention.

Participants rated the intervention as highly acceptable.

Discussion. This single-session behavioural intervention seems promising, thus justifying the launch of a large randomized controlled trial.

Keywords: Posttraumatic stress disorder, Intervention, Intrusive memories, Memory, Reconsolidation, Childbirth, Behavior therapy

17:30-18:30 (Western European Time - WET)

CLOSING SESSION | MESA DE ENCERRAMENTO

- President of the Portuguese Language Group of Marcé Society for Perinatal Mental Health | Presidente do Grupo de Língua Portuguesa da Sociedade Marcé para a Saúde Mental Perinatal: Prof. Doutora Bárbara Figueiredo
- President of the Società Italiana per la Salute Mentale Perinatale | Presidente da Società Italiana per la Salute Mentale Perinatale: Alessandra Bramante, PsyD, PhD
- Representative of Matosinhos City Hall | Representante da Câmara Municipal de Matosinhos: Diretora do Departamento de Intervenção Social da Câmara Municipal de Matosinhos, Dra. Lília Pinto
- Coordinator of the Child Psychiatry Unit of the ULSM: Dra. Lara Vilela | Coordenadora da Unidade de Pedopsiquiatria da ULSM

POSTERS

POSTER 1 Psychological differences and obstetric pathologies in pregnant women [Diferenças psicológicas e patologias obstétricas em mulheres grávidas]

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Abstract

Background: The unexpected occurrence of obstetric pathology (OP) changes “normal pregnancy” into “high-risk pregnancy”. It is estimated that the risk of pregnancy is about 3% for woman up to 35 years old, increasing with age and also with associated diseases.

Objectives: to compare psychological variables of pregnant women without OP and of pregnant women with OP, based on previous psychological assessment at 18-22 gestational weeks; to know about psychological differences between groups of pregnant women according to OP.

Method: prospective quantitative study. Participants were 395 women in the second gestational trimester and after delivery.

Instruments: during pregnancy, Sociodemographic-Clinical Questionnaire, Prenatal Attachment Scale, Attitudes Towards Pregnancy and Motherhood Scale, Marital Satisfaction Scale, DASS-42, BSI, Problems Resolution Inventory. After delivery, clinical data were retrieved.

Procedures: psychological assessment of healthy pregnant women in the second gestational trimester. After delivery, information about the evolution of pregnancy and about childbirth was retrieved.

Results: 24.3% of the participants suffered OP, presenting higher interpersonal sensitivity and lower request for help than women without OP. Comparing five groups with OP (threat of preterm birth; hypertension; diabetes; diseases of pregnancy and fetus; other OP), differences were: anxiety ($p = .049$), hostility ($p = .008$), marital satisfaction focused on the other ($p = .047$) and control of emotions ($p = .027$).

Conclusions: some psychological differences exist between pregnant women previously of OP occurrence. According OP, several psychological differences exist between pregnant women. Psychological assessment at an early stage is essential for immediate intervention, contributing to psychologically healthier pregnancies.

Keywords: pregnancy, obstetric pathologies, psychology, longitudinal study

POSTER 2 Challenges of the perinatal period to the pregnant women with Anorexia [Desafios do Período Perinatal na Grávida com Anorexia Nervosa]

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Abstract

Anorexia nervosa (AN) is an eating behavior disorder (ED) that mainly affects female adolescents and young women. AN is responsible for changes such as menstrual irregularities and amenorrhea, which can cause fertility problems. There is an overlap with the age group of female reproductive function and sometimes AN can be diagnosed for the first time during pregnancy. Together with the adaptation to motherhood, the perinatal period can be very challenging and complex for pregnant women that are affected by ED.

A literature review was carried out on the diagnosis, complications and treatment of AN in the perinatal period. Signs suggestive of AN in pregnant women include lack of weight gain on two consecutive second-trimester visits, hyperemesis gravidarum, and a history of PDA. Food restriction or compensatory behaviors can improve, stabilize or worsen in

pregnancy. Many inappropriate compensatory behaviors are adopted or intensified to control the normal progression of weight in pregnancy. Discussing the importance of nutrition for the development of the fetus can offer the woman an incentive to eat, lessening the focus on weight gain. AN increases the risk of various perinatal complications. Postpartum is a period of greater

vulnerability for women with AN, with a high incidence of relapses. Relapse and inadequate adherence to prenatal care are harmful factors for both the mother and the fetus.

Cognitive-behavioral therapy is important in the treatment and moderate to severe cases may require psychotropic drugs. The multidisciplinary approach is a fundamental intervention in pregnant women with AN.

Keywords: perinatal psychiatry, eating disorders, anorexia nervosa

POSTER 3 When everything starts at home - Shaken baby syndrome and its consequences for babies [Quando tudo começa em casa – o Traumatismo Craniano Violento (Síndrome do bebê sacudido) e suas consequências para os bebês]

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Abstract

Violent Head Trauma (TCV), also known as Shaken Baby Syndrome (SBS) is described by the US Centers for Disease Control and Prevention as any cranial or intracranial injury resulting from a sudden impact or violent jolt to an infant or young child of five years. It is characterized by a set of injuries caused by repeated acceleration-deceleration movements, when shaking a child, with or without impact. The average age of occurrence of this violence is 4.6 months, but the diagnosis can be made up to three years of age. Infants are more susceptible to injury from these movements because of a set of characteristics such as weak and immature cervical musculature, flat skull base, thin skull, relatively large, heavy and unstable head, relatively soft brain and with large water content, in addition to the increased brain/cranium ratio with consequent loss of intracranial space for brain expansion. It is one of the most difficult causes of non-accidental injury to diagnose. It is estimated that it occurs in 15 to 30 cases per 100,000 infants per year in Brazil. The absence of a history of trauma has a high predictive value, requiring a certain degree of suspicion. The objective of this work is to promote reflection and discussion on the topic, making health professionals aware of the importance of being aware of this problem and investing in information and training in this area, in order to prevent cases and diagnose them correctly and timely.

Keywords: baby, shaken baby syndrome, emotional aspects of perpetrators, prevention

POSTER 4 Reliving my food trauma – a case report of feeding difficulties in early childhood [Reviver o trauma da alimentação: descrição de caso clínico de dificuldades alimentares na 1ª infância]

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Abstract

Maternal history of Eating Disorders (ED) is a risk factor for feeding difficulties in infants. Mothers with Anorexia Nervosa (AN) often have difficulties in feeding their children, with mealtimes being perceived as stressful and a moment of conflict about control over the infant. In these cases, the dyadic relation is characterized by less reciprocity, a greater negative affect, with more intrusive and restrictive parenting styles during mealtimes. An early detection and follow-up of children of mothers with ED are essential to prevent the establishment of a dysfunctional mother-child dyad and eating disorders in children of mothers with history of ED. Based on a case report of an infant with feeding difficulties followed in a Child Psychiatry service, the authors aim to shed a light on a possible transgenerational transmission of eating disorders.

Keywords: early childhood, eating disorders, mother-child dyad, child mental health

POSTER 5 Impact of early adversity, stress and perinatal illness on parenting neurobiology [Impacto da adversidade precoce, stress e adoecimento perinatal na neurobiologia da parentalidade]

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Abstract

This review describes evidence of neural plasticity in human mothers' brains based on magnetic resonance imaging studies. First, the structural and functional plasticity involved in maternal care behavior is summarized. Second, abnormal maternal brain changes in early adversity, stress and postpartum depression are introduced. The maternal brain network consists of structural and functional changes, which occur influenced by both hormones and interaction with the baby. These brain changes act to support maternal bonding behavior and sensitivity in response to infant's cues. Mothers who have been abused or neglected in their childhood, or mothers with high levels of stress or postpartum depression may experience difficulties in mother-child relationship; insecure attachment style; or abusive, intrusive, neglectful, or generally 'poor' parenting style. The childhood adversity negatively influences mother's ability to manage her own negative emotions in response to her distressed infant. The perinatal stress has been associated to lower maternal sensitivity during mother-baby interaction. Depressed mothers can show reduced response to their own infant's needs or cues, less pleasure, sensibility, and motivation in mother-child relationship. Difunctional brain activation in response to infant's cues (including reward system, emotional processing, salience and empathy area) has been related to this negative impact in mother-baby relationship or poor parental style. It is a growing field of research that can improve comprehension of maternal behavior.

Keywords: neurobiology of motherhood, maternal brain, neuroimaging, parental behavior, maternal stress, postpartum depression

POSTER 6 Medicalization and psychologization in the process of maternity [A medicalização e psicologização no processo de maternidade]

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Abstract

Medicalization and psychologization in the different stages of life have been a source of concern from the ethical, aesthetic and political point of view because it hinders other ways of being, other ways of doing, obstructing the creative flow, the multiplicity, the reinvention of being, being and feeling, problematization and criticism of reality. In the pregnancy-puerperal period, the new turn of the screw of these understandings produce the risks, pains and injuries that take the scene and care are sometimes restricted to the dangers with the health of the woman and the baby. In this context, the subjects involved, parents and babies, are little heard and met in their needs. Biologizing theories take the body as the object of knowledge, hindering each woman's knowledge about themselves and the other-baby. In this sense, the medicalized and psychologized act produces a certain understanding that we must submit to the prescribed rules and predictions. Not following them is a risk to healthy life, life itself and produce fears. Under the shadow of fear, in the context of motherhood, women seek guidance and the best referrals from professionals recognized as a guarantee of success in pregnancy, childbirth, postpartum and in the way of caring for the baby. From this perspective, the intervention most often resonates as truth and creates the illusion that we can control everything and that life is dangerous, which would justify more interventions in pregnant women and puerperal women because they are considered a risk group.

Keywords: medicalization, psychologization, maternity process

POSTER 7 The impact of gestational loss on women's mental health [O impacto da perda gestacional na saúde mental da mulher]

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Abstract

Pregnancy loss (PL) – by induced or spontaneous termination of pregnancy – is common, although its consequences on women's mental health are often neglected in clinical practice. Through a narrative review of the literature, the present work aims to understand the existence of psychiatric morbidity in women, associated with PL, as well as related risk factors. After a PL, anxiety is the most frequent symptomatology in 41% of women. Depression occurs in 22-36% of women in the first two weeks after PL, declining over time. Symptoms compatible with Post Traumatic Stress Disorder (PTSD) are found in 25% of women with PL in the first month. Women who meet criteria for PTSD are more likely to present criteria for Depressive Episode. Substance Use Disorder and Prolonged Grief Disorder are also reported, the latter being, as predictors, previous relational difficulties, poor social support and absence of descendants.

Risk factors associated with significant psychopathology within PL are, for example, nulliparity, infertility, previous PL, longer gestation time, lower marital satisfaction, previous psychiatric illness, and history of abuse.

In clinical practice, the risk of psychopathology in women with PL should be considered. This population should be actively questioned about the presence of symptoms, as well as their persistence and impact, requiring timely and appropriate pharmacological and psychotherapeutic intervention. Perinatal Mental Health interventions show important gains in the overall health of women and their offspring.

Keywords: pregnancy, pregnancy loss, termination of pregnancy, Perinatal Mental Health

POSTER 8 Postpartum depression crisis since the second lockdown in Poland [Crise de depressão pós-parto desde o segundo bloqueio (estado de confinamento) na Polónia]

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Abstract

Background: Exposure to stressful situations, such as emergencies, infectious diseases, and natural disasters, may lead to a heightened risk of perinatal mental health problems. Declared on the March 11th, 2020, global COVID-19 pandemic triggered additional burden on women in the perinatal period. Safety recommendations, such as social distancing and isolation, were opposite to usual advice given to new mothers, and along with fear, changes in financial stability and daily life reorganization contributed to an increase in depressive symptoms. As the periods of epidemic waves and lockdowns were associated with greater burden for young families, we aimed to assess the intensification of depressive symptoms during pandemic with respect to the time intervals of the three lockdowns introduced in Poland.

Methods: 1779 postpartum women took part in the on-line self-assessment with the Edinburgh Postnatal Depression Scale (EPDS), between January 1, 2020, and March 31, 2021. This self-screening is a part of a prevention program blinded, implemented in the North of Poland.

Results: The highest severity of PPD symptoms was observed during the second lockdown in Poland: the mean score in the EPDS assessment was significantly higher in comparison to the mean scores from previous periods of the pandemic. Since the second lockdown, the average EPDS's score remained at a similarly high level. Moreover, with the duration of the COVID-19 pandemic, the percentage of women with elevated symptoms of postpartum depression began to increase.

Conclusions: Increased severity of depression symptoms during the pandemic indicate on the need for additional psychological support for postpartum women.

Keywords: coronavirus, postpartum depression, perinatal mental health, lockdown, pandemic

POSTER 9 Word cloud about staying at the Kangaroo Neonatal Intermediate Care Unit (UCINCa) at Maternity Odete Valadares (State reference of the Kangaroo methodology) [Nuvem de palavras sobre a estadia na Unidade de Cuidado Intermediário Neonatal Canguru (UCINCa) na Maternidade Odete Valadares (referência Estadual da metodologia Canguru)]

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Abstract

Introduction: Parents of premature newborns experience different feelings and scenarios for which they were not prepared. This includes sensations of fear, anxiety, frustration and guilt. The cloud world is a method that exposes, in intuitive ways, the keywords in a certain scenario, highlighting the most frequent words, displaying them in a bigger size than the lower frequency ones. **Goals:** To create, through Cloud words, a synthesis of the feelings expressed by the parents when their newborn arrives at the Kangaroo Neonatal Intermediate Care Unit (UCINCa) and at the discharge moment from the unity and then analyze the effectiveness and importance of UCINCa through the keywords. **Methods:** A retrospective transversal study was conducted, evaluating 26 preterm newborn's handbook that were hospitalized at UCINCa in Odete Valadares Maternity in the period from april 2019 to October 2019. The sentiment was assembled in one keyword and were collected from those newborns' handbook at the time of arrival in UCINCa and at the time of discharge of the unity. A word cloud was created by using those keywords. **Results:** A total of 32 keywords were registered at the time of arrival in UCINCa and the most frequent words were "Fear" and "Gratitude". There was a total of 35 keywords at the time of discharge of the unity and the most frequent keywords were "Happiness" and "Gratitude". **Conclusions:** UCINCa plays an important role in reducing negative effects like fear and it brings positive feelings, such as happiness. This approach establishes an interesting therapy tool.

Keywords: Kangaroo-Mother Care Method, Infant, Premature, Word Cloud, Maternal Mental Health, Perinatal Health

POSTER 10 Implementation of the Support Group Mentalizing Parenthood in Pregnancy and Postpartum [Implementação do Grupo de Suporte Mentalizando a Parentalidade na Gravidez e Pós-Parto]

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Abstract

Introduction: Support groups have shown evidence of their positive and significant impact on perinatal mental health due to factors such as altruism, behavior imitation, interpersonal learning from a horizontal perspective, group cohesion, catharsis, reflection on existential factors, motivation of hope, universality, impartial information, thoughtful review of family functioning, and socialization techniques. The Support Group on Minding Parenting in Pregnancy and Postpartum is a social support group aimed at women who are pregnant or up to 1 year after childbirth. Its main objective is to create an informal support network, paying special attention to the challenges of parenting and well-being in the process of (re)building and adapting of the family.

Methodology: Present the Support Group Minding Parenting, as a support resource facilitated by professionals specialized in the area of parenting, free, online, weekly, open, with a maximum capacity of 12 participants. The implementation impact's has been measured through the standardized application of satisfaction questionnaires and through the number of participants.

Results: So far, 5 sessions have been carried out, with an average number of five participants per session. All participants considered that their doubts regarding the topic addressed were adequately answered, 88.3% considered the contents presented were useful. All the interviewed participants recommend attending the group to other women.

Conclusion: The implementation of support groups can be a valid form of integration and support for the challenges and mild symptoms of emotional distress during the parenting path.

Keywords: group, support, perinatal mental health, intervention

POSTER 11 Pregnancy and Drug Addiction: What Approach? [Gravidez e Toxicodependência: Que Abordagem?]

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Abstract

The use of psychoactive substances (PAS) in pregnancy is a risk factor for maternal morbidity, neonatal complications and worsening of the socio-economic and family context. However, the prevalence of PAS use by women of childbearing age has increased in recent decades. In drug-addicted women, pregnancy may represent the threshold for changing patterns of substance use. It is essential to understand the complexity of the psychic, physical and social issues involved, the optimization of the therapeutic approach and the appropriate counseling in pregnancy and postpartum.

Through a narrative review of the literature, it is intended to deepen knowledge about the consumption of PAS in pregnancy, gathering recommendations for appropriate screening and therapeutic management.

Early cessation of consumption is the best strategy at any gestational stage. Pharmacotherapy should not be used, except where necessary, in the approach to the consumption of alcohol, tobacco, opioids and benzodiazepines. In opioid dependence, maintenance treatment with opioid agonist is indicated, contributing to decreased consumption and number of relapses, as well as stabilization of opioid levels in the fetus, avoiding maternal and fetal abstinence syndrome. Pain control in the peripartum period can be challenging. Opioids are the most frequent cause of Neonatal Abstinence Syndrome, whose characteristics and treatment differ with the substance used.

In drug-addicted women, pregnancy carries risks inherent to lifestyle, consumption modalities and effects of PAS on fetal development. Pregnancy, as a vulnerable period, is susceptible to therapeutic intervention and can function as a powerful reason to start or restart treatment.

Keywords: pregnancy, drug addiction, psychoactive substances, additive disorders, neonatal withdrawal syndrome

POSTER 12 Medically assisted procreation: psychological adjustment, sexuality and intimacy in men [Procriação medicamente assistida: ajustamento psicológico, sexualidade e intimidade nos homens]

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Abstract

Objective: The distress of infertility diagnose, and Medically Assisted Procreation (PMA) process are reported to affect different aspects of each partner's personal and the couples life. This research aims to understand psychological adjustment, sexuality and intimacy of a group of Portuguese men with a diagnosis of infertility. More specifically, characterize and explore relations between infertility/PMA and depression, anxiety, sexuality, and intimacy

Design and Method: This quantitative cross-sectional study presents a sample of 53 men, aged between 30 and 45 years. The instruments used were the Sociodemographic and Infertility/PMA Form, the SCREEN-IVF for psychological adjustment, the male version of the Sexual Satisfaction Index (ISS) for sexuality and the Personal Assessment Scale of Intimacy in Relationships (PAIR) for the intimate relationship.

Results: The findings related to psychological adjustment show that anxiety is positively associated with the number of previous children and depression is negatively associated with the same dimension. Regarding sexuality and intimacy, no associations were found between the subscales of the PAIR and the ISS. In both instruments, the results are different from general population data.

Conclusions: In conclusion, data on depression and anxiety correspond, in general, to scientific research published to date. Non-identification of the relationship between sexual satisfaction and intimacy needs to be explored in the future. Results corroborates the complexity of the subject and the need for more research that may serve as basis for the work of the professionals who accompany these men/couples, including the integration of sexologists in the teams.

Keywords: Psychological Adjustment, Sexuality, Intimacy, PMA, Infertility