

Opening Doors: The Future of Antenatal Education

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1. Objective

To introduce antenatal education on mental health, relationships and transition issues to hospitals. Similar programs show this helps improve relationships, reduce postnatal depression/anxiety and increase confidence (Milgrom, Schembri, Ericksen, Ross, & Gemmill, 2011; Pirak, 2014)

2. Methods

I have met with hospitals to discuss introduction of emotional preparation for parenthood into antenatal classes. I have run parent and midwife sessions, a pilot session at Freemasons and an abridged version of the course to postnatal mums at Cabrini.

3. Results

Over 85 parents attended the workshop between 2011 and 2014. 100% of people agree/strongly agree that receiving information on the emotional aspects of transitioning to parenthood is helpful. 97% of the participants agree/strongly agree that the tools provided on how to navigate parenthood, were helpful.

4. Conclusion/Discussion

A mother who is depressed /anxious may be unable to form a secure bond with her child and this may impact the relationships this child goes on to have for the rest of his/her life;. (Martins & Gaffan, 2000; Waters, Hamilton, & Weinfield, 2000). Delivering this education matters.

5. Key words

Peri natal Mental Health

6. References

Carolyn Pirak (2014). Bringing Baby Home: A psycho-educational intervention to increase relationship satisfaction during the transition to parenthood. *International Journal of Birth and Parent Education*, 1 (4), 43-46.

Martins, C., & Gaffan, E. A. (2000). Effects of early maternal depression on patterns of infant–mother attachment: A meta-analytic investigation. *Journal of Child Psychology and Psychiatry*, 41(06), 737-746.

Milgrom, J., Schembri, C., Ericksen, J., Ross, J., & Gemmill, A. W. (2011). Towards parenthood: an antenatal intervention to reduce depression, anxiety and parenting difficulties. *Journal of affective disorders*, 130(3), 385-394.

Waters, E., Hamilton, C. E., & Weinfield, N. S. (2000). The stability of attachment security from infancy to adolescence and early adulthood: General introduction. *Child development*, 71(3), 678-683.

Online recruitment for postnatal mental health research: feasibility, cost and sample representation

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Objectives/Background: Difficulty recruiting participants in mental health research has led researchers to investigate the Internet as a recruitment tool [1]. New parents appear highly suited to online recruitment given they are often socially isolated at home, restricted in their mobility and time-poor [2]. The current study is one of the first to examine the feasibility and cost of recruiting a sample of postpartum women online and to investigate the representativeness of this sample.

Methods: Participants were recruited in early 2015 to participate in the online Living with a Young Baby Survey (LYBS). Recruitment took place online via advertisements on a popular infant development website (www.babycentre.com.au) and 'facebook'. We compared the socio-demographic characteristics and levels of psychological distress between our online LYBS sample (n=1083) and postnatal mothers from waves 11 and 13 of the nationally representative Household Income and Labour Dynamics in Australia (HILDA) Survey (n=583).

Results: The online recruitment strategy was highly time-efficient and low-cost. Over a period of thirteen days, 1083 eligible participants were recruited for a total direct cost of AUD\$448.68. Postnatal women recruited online in the LYBS were comparable to those from HILDA in their location and remoteness of residence. However, the online sample over-represented those who were younger, were in a de facto relationship, had higher levels of education, spoke only English, who were first-time mothers, and had poorer mental health.

Conclusion: Online recruitment of a population of postnatal women appears to be highly efficient, feasible and low-cost. However, researchers need to consider carefully if a representative sample is needed to answer their specific research questions – if so, strategies to maximise sample representation must be considered.

3 Key words: Online recruitment, postpartum, mental health

References:

1. Batterham PJ. Recruitment of mental health survey participants using Internet advertising. *International journal of methods in psychiatric research*. 2014;23(2):184-91.
2. McDaniel BT, Coyne SM, Holmes EK. New mothers and media use. *Maternal and child health journal*. 2012;16(7):1509-17.

Maternal Mental Health Changes from Third Trimester to 6-Months Postpartum: A longitudinal study.

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1. Objectives/Background

Few studies have tracked mental health changes during the transition period from pregnancy to postpartum (Kunseler Willemen, Oosterman & Schuengel, 2014; Sayil, Gure & Ucanok, 2007). Even among these studies, large intervals between data collection points prevent some intra-individual variability in mental health outcomes from being detected. Consequently, this study aimed to provide a sensitive assessment of variability in key mental health variables from pregnancy to 6- months postpartum.

2. Methods

Sixty-eight women in the third trimester of pregnancy (< 38 weeks gestation) were recruited and given surveys to complete at baseline (32-37 weeks gestation) and every 3-weeks postpartum until 6-months postpartum. Variables measured were stress, depression and maternal self-efficacy.

3. Results

One-way repeated measures ANOVA revealed both stress and depression peaked at 3- weeks postpartum before declining. Maternal self-efficacy was lowest at 3-weeks postpartum before increasing. In addition, significant negative correlations were found between maternal self-efficacy at 3-weeks postpartum and both stress and depression up to 9- weeks postpartum, after controlling for physical activity levels ($r = -.45$ to $-.56$, $p < .01$).

4. Conclusion

Our sensitive assessment approach demonstrated that self-efficacy at 3-weeks postpartum was associated with lower stress and depression up to 9-weeks postpartum. Therefore, future intervention efforts could focus on improving mothering efficacy in the early postpartum period.

5. 3 Key words

Stress, Depression, Self-efficacy

6. References

- Kunseler, F. C., Willemen, A. M., Oosterman, M., & Schuengel, C. (2014). Changes in parenting self-efficacy and mood symptoms in the transition to parenthood: A bidirectional association. *Parenting: Science and Practice*, 14, 215-234.
- Sayil, M., Gure, A, & Ucanok, Z. (2007). First time mothers' anxiety and depressive symptoms across the transition to motherhood: Associations with maternal and environmental characteristics. *Women & Health*, 44, 61-77.

Women seeking asylum seen at City Hospital Antenatal Mental Health Liaison Clinic (ANMHLC)

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Background

Women seeking asylum are arriving in Birmingham in ever increasing numbers and are often of child bearing age. The area of Birmingham served by City Hospital contains the highest concentration of asylum seeker housing in the city (1). They are putting considerable additional pressure on the Perinatal Mental Health Service across the city and often have complex mental health needs.

Method

One hundred (100) consecutive new patient assessments seen at City Hospital ANMHLC between 1st March 2014 and December 31st 2015 were reviewed. Demographic and clinical information was collected from computerised records and clinic letters written to GP's.

Results

Figures suggest Asylum Seekers constitute less than 0.5% of the population (2). However, they accounted for 12% of the new patients seen at the City Hospital ANMHLC.

33% were diagnosed with Post Traumatic Disorder, 17% with Adjustment Disorder, 17% with Bipolar Disorder, 17% with Recurrent Depressive Disorder and 16% had no mental illness.

Discussion/Conclusion

Women seeking asylum were seen in the City Hospital ANMHLC in far greater numbers than expected. This is unsurprising given their social isolation, language barrier, estrangement from family and the difficulties they endured before coming to the UK.

The Perinatal Service at City Hospital needs to be further individualised to better meet the specific needs of the women it serves. Additional funding for The Maternal Mental Health Service has recently been announced by the UK Government. This will hopefully allow the service at City Hospital to expand to accommodate the increasing numbers of women needing to access this specialist service.

Clinicians will need to acquire new knowledge and skills to deliver an effective perinatal service to a diverse group of pregnant women. Further research is urgently needed to ensure we meet the needs of this migrant population.

Key words

Asylum seeker
Mental health
Antenatal Mental Health Liaison Clinic

References

- (1) Perinatal Institute for Maternal and Child Health (2010) fourth report of the perinatal data collection programme. Perinatal Institute: Birmingham
- (2) British Refugee Council asylum statistics November 2015

A retrospective audit of admissions to the Werribee Mercy Mother and Baby Unit between 2011 and 2015 and depression outcomes in this population

Objectives: This study involved an examination of (i) the clinical service context of the Mercy Health mother and baby unit (MBU) located in Werribee, Victoria (ii) the demographic and diagnostic characteristics of the women admitted (iii) the depression outcomes in this population.

Method: A retrospective audit was conducted using routinely collected data from 307 mothers who were consecutively hospitalized at the Werribee Mercy MBU between January 2011 and June 2015. Admission and discharge Beck Depression Inventory (BDI) scores were analyzed for statistically and clinically significant change.

Results: Secondary or tertiary educated, partnered women, aged 25-35 comprised a majority of admissions. The first three months postpartum had the highest rate for hospitalization. Unipolar depression, anxiety disorders, postpartum psychosis, and borderline personality disorder were the most common diagnoses. One third of this population met criteria for 2 or more psychiatric diagnoses. The mean length of stay was four weeks. Paired data for BDI scores were available for 125 patients, and a statistically and clinically significant improvement from entry to exit was seen, with a mean reduction in score of 16 points ($p < 0.001$).

Conclusions: This is the first study to compare the Werribee Mercy MBU with MBUs abroad. Examining a 3.5-year 'snapshot' of admissions, the results support the prevailing impressions that in the short term, joint admission of mothers with their babies to the MBU is highly beneficial in terms of depression outcomes.

Fathers mental Health and Child Development

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Key words:

Father, mental health, child development, Norwegian Mother and Child Cohort Study

Abstract

Background

While the effect of mothers' mental health on children's development is well documented, studies of the predictive value of prenatal psychological distress in fathers for their children's early psychosocial and behavioural development are still scarce.

Objectives

The overall aim was to investigate if and to what extent expectant fathers' mental health presents a risk factor for their children's development.

Methods

This study was based on data from 31,663 children participating in the Norwegian Mother and Child Cohort Study (MoBa) (Magnus et al., 2006). Data on fathers' and mothers' prenatal psychological distress were obtained through the self-report at week 17 or 18 of gestation. Information on children's social, emotional and behavioural development at age 3 years was obtained from mothers' reports. Linear and logistic regression analyses were performed to assess the predictive value of fathers' psychological distress for their children's subsequent development.

Results

Three percent of fathers had high level of psychological distress. We found a small, but consistent association between fathers' psychological distress and children's behavioural difficulties, $B = 0.19$ (95% CI=0.15-0.23), emotional difficulties, $B=0.22$ (95%CI=0.18-0.26) and social functioning, $B=0.12$ (95%CI=0.07-0.16). The associations did not change after adjusting for fathers' age, education, marital status, somatic conditions, physical activity, and mothers' mental health (the effect size, B , did not vary more than ± 0.01 from the B reported in each model).

Conclusions

The findings of this study suggest that an increased risk of future developmental problems can be identified during pregnancy.

References

- Kvalevaag, A. L., Ramchandani, P. G., Hove, O., Assmus, J., Eberhard-Gran, M., & Biringer, E. (2013). Paternal mental health and socio-emotional and behavioural development in their children. *Pediatrics*, *131*(2), e463–9.
- Kvalevaag, A. L., Ramchandani, P. G., Hove, O., Eberhard-Gran, M., Assmus, J., Havik, O. E., Sivertsen, B., & Biringer, E. (Submitted 2014). Parents' prenatal mental health and social, emotional and behavioural development in their children.

State legislative efforts reduce PPD rates in adolescent mothers

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Objectives/Background:

Postpartum depression (PPD) is the most common childbirth complication in the USA, occurring disproportionately higher in adolescent mothers. Little is known about the impact legislative efforts mandating screening and treatment of PPD has on reduction of PPD in adolescent mothers. The current study aimed to determine the impact state-level legislation has on PPD rates in adolescent mothers.

Methods:

We examined the CDC Pregnancy Risk Assessment Monitoring System (PRAMS) data from 2004-2011; restricted to women indicating “maternal age<20”. PPD rates were calculated by survey question regarding reported frequent postpartum depressive symptoms. States participating in PRAMS for ≥ 2 years were included in the study. States with legislation initiated at a state-level that participated in PRAMS for at least one-year prior and subsequent of passing legislation were defined as having legislation. Serial cross-sectional analysis was performed to test if legislation presence impacted PPD rates over time.

Results:

PPD rates significantly decreased over time in USA (25.2% in 2004 versus 13.2% in 2011, $p<0.001$). PPD rates decreased regardless of the presence of legislation ($B=-5.6$, $p<0.001$), but rate of decrease was significantly greater for states with legislation ($B=-1.2$, $p<0.001$). Results indicate legislation may be responsible for 17.0% of response variance ($R^2=0.17$).

Conclusions/Discussion:

State-level-initiated legislative efforts lead to increased reductions in PPD and may be a valuable tool in combatting PPD.

Keywords: Legislation, postpartum depression, adolescents.

References:

Centers for Disease Control and Prevention. (2015). *2004-2011 PRAMStat data sets*. Available from CDC PRAMS website: <http://www.cdc.gov/prams/pramstat/index.html>

Rhodes, A., & Segre, L. (2013). Perinatal Depression: A Review of U.S. Legislation and Law. *Archives of Women's Mental Health*, 16(4), 259–270.

Perinatal and Infant Mental Health Collaborative Day Program: a research project.

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Key words: Collaborative Day Program

Objective/Background:

Perinatal mental illness impacts on an infant's earliest neurological, social and emotional development. With 15% of Australian women diagnosed with a perinatal mental illness there is an urgent need for the development of responsive perinatal and infant mental health programs. The Queensland Centre for Perinatal and Infant Mental Health (QCPIMH) is investigating the impact of a psycho-educational day program for mothers with a perinatal mental illness and their infants. The objectives of the program are to:

- Improve the mother's mental health
- Improve the mother-infant relationship
- Improve knowledge, competence and confidence in parenting
- Improve the social and emotional development of the infant

Methods

The paper will explore the development of a perinatal and infant mental health day program between three collaborating services, in public mental health service sites across Queensland. The sites include three regional areas and a large urban area involving approximately 64 mothers attending the day program groups. The research replicates a small pilot program conducted in Brisbane in 2009, published in *Australasian Psychiatry* (2013). Services involved in the delivery of the program are Adult Mental Health, Child and Youth Mental Health (Infant) and Community Child Health Services. Evaluation is a process of pre and post research measures taken at 6 weeks and 3 months post intervention and feedback questionnaires completed by both participants and clinicians delivering the program.

Discussion

The discussion will focus on the development of the program and the early findings from the research.

References:

Vander Ham, J., Berry, K., Fraser, J., & Hoehn, E. (2013)., A Collaborative Approach to Perinatal and Infant Mental Health Service Delivery in Australia. *Australasian Psychiatry*, 21 (4), 371-375

Myors, K. A., Schmied, V., Johnson, M., & Cleary, M. (2013). Collaboration and Integrated Services for Perinatal and Infant Mental health: An Integrated Review. *Child and Adolescent Mental Health*, 18 (1), 1-10

Title: Screening, Education, Referral for PPD by Nurses: Mothers' Perceptions of Acceptability and Effectiveness

Authors:

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Category: Qualitative research

Background: The role of hospital-based perinatal nurses related to PPD has been unclear since PPD, by definition, occurs after hospital discharge. The purpose of this study was to determine the effectiveness of a new policy requiring nurses to address PPD.

Methods: Participants were recruited from an academic health sciences center in the U.S. Women at high risk for PPD (EPDS score greater than or equal to 10) and women at low risk for PPD (EPDS less than 10) were recruited prior to hospital discharge to receive a telephone call 2-4 weeks later. Participants answered seven open-ended questions and received a \$15 stipend. High-risk women were also asked about depression follow-up services. The study received IRB approval from the university and the hospital.

Results: Several participants were ineligible due to infant deaths, language barriers, or current incarceration. Forty-six high-risk and 26 low-risk women were recruited. Narrative responses were classified as positive or negative. Low-risk participants had 25 positive and 1 negative responses and high-risk participants had 43 positive and 3 negative responses.

Conclusion/Discussion: New mothers perceived screening, education, and referral for PPD by hospital-based perinatal nurses as effective and acceptable, regardless of EPDS score.

Key words: Acceptability; Policy; Nurses

References

Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.
O'Conner, E. et al. (2016). Primary care screening for and treatment of depression in pregnancy and postpartum women. *JAMA* 315: 388-406.

TITLE: A systematic review of the impact of preconception and contemporaneous intimate partner relationship quality on offspring attachment security.

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Background: Attachment insecurity in the early years plays an important role in a range of psychosocial adjustment problems in later life and continues to be an important focus of prevention and intervention research. Intimate partner relationship quality has long been argued to play a seminal role in offspring attachment (Davies & Cummings, 1994), and in itself, is affected by relationship experiences earlier in life (e.g. in the preconception years including adolescent dating experiences and parental marital conflict (Amato & Booth, 2001; Madsen & Collins, 2011). This systematic review provides a synthesis of the evidence on the role of intimate partner relationship quality in the development of offspring attachment security.

Methods: Search terms encompassing three major concepts (intimate partner relationship, intergenerational, attachment) were used in five EBSCOHost databases, and key article cross-checking in Web of Science. After assessing eligibility, studies underwent a quality rating assessment.

Results: Twenty studies met all inclusion criteria. Findings from this review will report the influences of preconception and contemporaneous intimate partner relationship quality on offspring attachment security, with father and mother.

Conclusion: Findings are equivocal with some studies reporting strong direct effects of intimate partner relationship quality on offspring attachment, and others reporting modest or no effect. Future access to data emerging from mature cohort studies that are now following offspring will advance understanding of intergenerational effects of intimate partner relationship quality on attachment organisation in the next generation.

Key Words: parent, relationship, attachment

References:

- Amato, P.R., & Booth, A. (2001). The legacy of parents' marital discord: Consequences for children's marital quality. *Journal of Personality and Social Psychology*, 81(4), 627–638.
- Davies, P.T., & Cummings, E.M. (1994). Marital conflict and child adjustment: An emotional security hypothesis. *Psychological Bulletin*, 116(3), 387–411.
- Madsen, S.D., & Collins, W.A. (2011). The salience of adolescent romantic experiences for romantic relationship qualities in young adulthood. *Journal of Research on Adolescence*, 21(4), 789–801.

Self-efficacy assessment for breastfeeding between postpartum women assisted in a university hospital of São Paulo / Brazil

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Objective: To evaluate self-efficacy of women for breastfeeding at hospital discharge and postpartum follow-up visit (7-10 days pp), and identify factors associated with self-efficacy levels for breastfeeding. **Methods:** Cross-sectional study with mothers assisted in the University Hospital of the University of São Paulo. Data collection was conducted from June to September / 2015 in two stages: in the hospital - filled the related instrument to sociodemographic characteristics, medical, obstetric, neonatal and the process of breastfeeding and applied the Breastfeeding Self-Efficacy Scale- short Form (BSES-SF) and postpartum consultation - second application of the BSES-SF and collected data as possible breastfeeding difficulties. **Results:** 105 participants (100%) mothers of which only 46 (43.8%) were interviewed on the return visit. Most postpartum women, between 28-32 years old, have a steady partner and has previous experience in breastfeeding. The results show that on the day of discharge, 85 (81%) had high levels of self-efficacy at discharge and none of the respondents showed regression of self-efficacy level in the return visit. None of the associations between variables was statistically significant. **Conclusion:** Although most women present high level of self-efficacy, suggesting a greater possibility of maintaining breastfeeding and quality of care received, have not been identified associated factors requiring studies that seek to deepen and enhance the confidence building process to breastfeed.

Keywords: breastfeeding, postpartum period, self-efficacy

References:

1. Santos V, Bárcia S. Contributo para a adaptação transcultural e validação da Breastfeeding Self-Efficacy Scale - Short Form – versão portuguesa. Rev Port Clin Geral [online]. 2009, 25:363-9.
2. Rodrigues AP, Padoin SMM, Paula CC, Guido LA. Factors those influence in self-efficacy of breastfeeding: integrative review. Journal of Nursing UFPE online. 2013 may, 7(5):4144-52

Background

Little research has been conducted evaluating psychological health and wellbeing of women during pregnancy in Nigeria^{1,2}.

The aim was to explore the associations between socio-demographic and pregnancy characteristics and depression and anxiety and mental wellbeing among Nigerian women in a western Nigerian urban location.

Methods

Cross sectional survey of pregnant women aged at least 16 years attending a support group organised by a church in a Western state of Nigeria. Data were collected by self-completed questionnaire which included the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)³ and the Edinburgh Postnatal Depression Scale (EPDS)⁴. Data were analysed in SPSS v 22.

Results

Data were gathered for 111 (74% response) women September and October 2015. Twenty-four percent of women had EPDS score >13 indicative of depression. There was moderate correlation between EPDS score and WEMWBS score ($r=-0.455$), depression subscale score and WEMWBS score ($r=-0.471$), but negligible correlation between anxiety subscale score and WEMWBS score (-0.037). Multivariable regression analyses indicated that insufficient income and unplanned pregnancy were associated with higher depression and anxiety scores, and higher educational attainment was associated with greater mental wellbeing.

Conclusion/discussion

These data suggests that anxiety is not an important aspect of mental wellbeing.

Keywords

depression, anxiety, wellbeing

References

- 1 Adewuya AO et al. (2007) Prevalence and correlates of depression in late pregnancy among Nigerian women. *Depress Anxiety*. 2007;24(1):15-21.
- 2 Esimai OA et al. (2008) Antepartum anxiety and depressive symptoms: A study of Nigerian women during the three trimesters of pregnancy. *J Obstet Gynaecol*. 28(2):202-3.
- 3 Tennant R et al. (2007) The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): development and UK validation. *Health Qual Life Outcomes*. 2007 Nov 27;5:63.
- 4 Cox JL et al. (1987) Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. *Br J Psychiatry*. 1987 Jun;150:782-6.

Objective/Background:

Maternal health risk behaviours (alcohol consumption, smoking, poor nutrition and sedentary lifestyle) increase the risk of poorer maternal and infant health. Psychological health and wellbeing are positively associated with the natural psychological characteristic of mindfulness. It is unknown to what extent these factors are associated with health risk behaviours during pregnancy. This study investigates associations between psychological health and maternal health risk behaviours.

Methods

Cross-sectional questionnaire survey of women under midwifery-led care aged at least 16 years, and at least 13 weeks gestation in Oxfordshire. Questions included socio-demographics, wellbeing (Tennant et al., 2007), perceived stress (Cohen et al., 1983), positive and negative affect (Watson et al. 1988), mindfulness (Bohlmeijer et al., 2011), physical activity, smoking, alcohol intake and use of nutritional supplements. Data were analysed in SPSS v 21.

Results

February 2013 to February 2014, 286 (19%) questionnaires were returned.

Negative affect, perceived stress and wellbeing scores indicated 69%, 54% and 51% women, respectively, met criteria for poorer mental health. Lower mood scores were associated with lower trait mindfulness scores, and with engaging in health risk behaviours. The association between mindfulness and health risk behaviours was inconclusive.

Conclusion/Discussion

Negative affect, perceived stress and lower wellbeing was common in addition to health risk behaviours.

Key words

Mindfulness, wellbeing, lifestyle

References

Bohlmeijer, E et al. (2011). Psychometric properties of the five facet mindfulness questionnaire in depressed adults and development of a short form. *Assessment*, 18(3), 308-320.

Tennant, R et al (2007). The Warwick-Edinburgh Mental Well-being Scale. (WEMWBS): development and UK validation. *Health and Quality of Life Outcomes*, 5(63).

Watson, D. et al. (1988). Development and validation of brief measures of positive and negative affect: the PANAS scales. *J Pers Soc Psychol*, 54(6), 1063-1070.

Psychosocial Factors Associated with Sleep Quality in New Fathers

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Background/Objectives. Little is known about changes in sleep patterns in men during the transition to parenthood. This study examined sleep duration and quality in men 2 months following their infant's birth and identified factors associated with poor sleep quality. **Methods.** Men expecting their first child were recruited from prenatal classes and obstetric clinics. During their partner's third trimester of pregnancy and 2 months postpartum, 459 men (mean age = 34.3 years, \pm 5.5 years) completed self-report questionnaires measuring depressed mood, physical activity, marital adjustment, life events, financial stress, and demographics. Sleep was assessed using the Pittsburgh Sleep Quality Index (PSQI). Parental stress was assessed postpartum. Multiple linear regression examined correlates of poorer postpartum sleep quality. **Results.** Sleep duration was reduced by 48 minutes to 6.2 hours at postpartum, and mean sleep efficiency was reduced from 90.9% to 83.1%. The prevalence of poor sleep quality (defined as PSQI global score > 5) increased from 29.6% during the third trimester to 44.7% at 2 months postpartum. Poorer antenatal sleep quality ($\beta = 0.38$, 95% CI [0.30, 0.46]), greater postnatal depressive symptoms ($\beta = 0.17$, 95% CI [0.05, 0.18]) and higher parental stress ($\beta = 0.20$, 95% CI [0.03, 0.09]) were significant determinants of poorer postpartum sleep quality. **Discussion.** Sleep is compromised in fathers following the birth of a child. Sleep hygiene counseling, psychosocial strategies to improve depressed mood, and parenting skills training are needed to support the transition to parenthood in men.

Key Words: fathers, sleep quality, mental wellbeing

Da Costa, D., Zelkowitz, P., Dasgupta, K., et al. Dads Get Sad Too: Depressive Symptoms and Associated Factors in Expectant First-Time Fathers. *Am J Mens Health*. doi:10.1177/1557988315606963 (published online Sept 18 2015)

Nath, S., Russell, G., Ford, T., Kuyken, W., & Psychogiou, L. (2015). Postnatal paternal depressive symptoms associated with fathers' subsequent parenting: findings from the Millennium Cohort Study. *The British Journal of Psychiatry*, 207(6), 558-559.

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Background: Perinatal anxiety and depression affect around 20% of perinatal women (1). In the UK, general practitioners (GPs) manage mild-moderate perinatal mental health. The aim of this review was to synthesise the available information from qualitative studies on GPs' attitudes, decision making and routine clinical practice for diagnosis and treatment of perinatal mental illness (PMI).

Method: A systematic search was conducted on Embase, Medline, PsycInfo, Pubmed, Scopus and Web of Science. Grey literature was searched using google, google scholar and British Library EThOS. Papers and reports were eligible for inclusion if they reported qualitatively on GP' clinical practice for the diagnosis or treatment of perinatal anxiety or depression. The synthesis was constructed using meta-ethnography.

Results: Five key themes were established from five eligible papers: diagnosing depression and anxiety; clinical judgement versus guidelines; care and management; use of medication; and the role of other professionals. GPs considered perinatal depression as a psychosocial phenomenon, being reluctant to label disorders and medicalise distress. They relied on clinical judgement rather than evidence based guidelines. They reported helping patients make informed choices about treatment, and attempting to plug the gap in availability of "talking" therapies by inviting women back regularly. GPs felt isolated dealing with PMI.

Conclusions: GPs have different perspectives from affected women about PMI (2). This may partially explain reasons for under-detection, under-treatment and dissatisfaction with care. GPs may not have timely access to appropriate psychological therapies. Training should focus on these issues and be evaluated to see if this alters outcomes for women.

Keywords: postnatal depression, general practice, metasynthesis.

1. JCC-MH: Guidance for commissioners of perinatal mental health services. RCPsych 2012.
2. Chew-Graham CA, Sharp D et al. Disclosure of symptoms of postnatal depression, the perspectives of health professionals and women: a qualitative study. *BMC Fam. Pract.* 2009;10:9.

**Anxiety, Depression and Psychosocial background of pregnant
admitted to MFICU(Maternal-Fetal Intensive Care Unit) for
threatened preterm labor**

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Objectives/Background

It has been noted that psychosocial stress is one of the risk factors for preterm labor¹⁾, and it is crucial that we must understand psychosocial background of pregnant with threatened preterm labor before we treat them.

Methods

Each of those who are admitted to MFICU was interviewed by a psychiatrist. The interviews included education, jobs, relationship between their parents and partners, psychiatric histories, preexisting obstetric risk factors, and stress factors pertinent to this hospitalization. We used HADS(Hospital Anxiety and Depression Scale)²⁾ for standardization.

Results

We interviewed sixty eight pregnant from October to December of 2015. They were average of 33.1 years old and recieved average of 13.8 years of educaiotn. Twenty two of those had multiple pregnancy and eighteen received infertility treatments. Ten of those have history of any visit to psychiatrists and two pregnant are still receiving treatments at the time of admission. Twenty four of those showed dissatisfied with their partners. One pregnat developed adjustment disorder during this hospitalization. The average score of HADS was 11.7(SD 7.38). Fifty four pregnant received deliveries at this hospital and thirty five were preterm deliveries. The pregnant with psychiatric treatment history had significantly higher score of HADS. Also, pregnant with higher HADS scores and those who were dissatisfied with their partners were significantly more likely to have preterm deliveries.

Conclusion/Discussion

We found that for pregnant women admitted for threatened preterm labor, history of psychiatric treatments was related to developing anxiety and depression after hospital admission. We also found that anxiety, depression and dissatisfaction with their partners during hospitalization can be risk factors for preterm delivery.

Keywords

threatened preterm labor , anxiety , psychosocial stress

References

- 1) C.D. Schetter et al. Anxiety, depression and stress in pregnancy: implications for mothers, children, research, and practice. (2012)
- 2) A.S. Zigmond et al. The Hospital Anxiety and Depression Scale. (1983)

Development of a web-based comprehensive educational programme for nurses to facilitate mother-infant bonding

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Background: The acknowledgement of the importance of the role nurses can play in facilitating mother-infant bonding during the very early postnatal period has created many interventions. But most of them don't seem to function as well as expected due to low availability, and requirement of rigorous training and certification. This motivated us to develop a user-friendly, easy-to-access, web-based comprehensive training programme for nurses to effectively enhance their responsiveness to postnatal mother-infant bonding. **Methods:** First, observations of nurses and mother-baby dyads were conducted. Then, semi-structured interviews with those nurses were implemented to generate a structural nursing care model for facilitating mother-infant bonding during the early postpartum period. Finally, this model and a literature review were synthesized. And then the theory of the ICE model (F. Young) and the Reflective approach model (G. Gibbs) were applied to design our educational programme. It was pilot-tested with ten midwives at a birth centre.

Results: Our educational programme comprises a web-based programme and a case study through reflection on clinical practice. The web-based programme has three following steps: Step 1, application of HUG Your Baby programme (J. Tedder) to enhance knowledge and skills about infants' behaviours; Step2, construction of effective communication skills and sustainable childrearing support to engage as an "Attacher", who helps enhance mother-infant bonding and; Step 3, case studies for incorporation of acquired knowledge and skills into clinical practice. The process evaluation generated positive feedback regarding its course length, interestingness and levels of difficulty.

Conclusion: This comprehensive educational programme for nurses has the potential to contribute to facilitating nurses' responsiveness to infants and mother-infant bonding in the early postnatal period.

Keywords: early postnatal nursing care, mother-infant bonding, educational programme

References: Yasue Ota, Mari Takahashi (2016). Nurses' support to facilitate mother-infant attachment during the early postpartum period. Japanese Journal of Maternal Health, 56(4), 618-625.

The Premiestart Intervention Study: Helping parents help their preterm infants

The Premiestart intervention comprises 10 x 1-hour intervention sessions for parents of still-hospitalized preterm infants. It was modelled on the 1980s Mother-Infant Transaction Study, where an early parent-sensitivity/infant stress-reduction intervention resulted in cognitive advantages to the infants of intervention mothers, starting at 2 years of age, and *increasing* to 9 years of age.

We changed some of the intervention content based on recent research, the timing of the delivery and the population of preterm infants (our sample comprised infants born at less than 30 weeks of gestation).

One of the outcomes from our intervention was improved white matter (connective tissue) in the brains of babies of intervention mothers at 40 weeks of gestation (full-term equivalent). Neuroplasticity is at its height at this very young age and it is possible that infant stress-reduction, as a result of parental sensitivity, has life-long positive effects on a child's development. This ultra-early intervention, that has both short and long-term effects, is possibly due to changes in neural architecture of the infant as well as psychological processes in the dyad. This is especially important for preterm children who are at increased risk of developmental difficulties.

In this workshop participants will learn about:

- The effects of prematurity on child development, including cognitive and emotional outcomes
- The effects of prematurity on parental mental health and parenting practices
- The theory underpinning this type of intervention
- Long-term outcomes (for infants and mothers) from the Premiestart intervention
- Premiestart session-by-session content – participants will be supplied with the implementation manual

A practical component of the workshop will be to teach participants the observation skills taught to mothers, to increase their sensitivity to preterm infant cues.

References:

Newnham, C.A., Milgrom, J., & Skouteris, H (2009). Effectiveness of a modified mother–infant transaction program on outcomes for preterm infants from 3 to 24 months of age. *Infant Behavior and Development*, 32(1), 17-26.

Milgrom, J., Newnham, C., Anderson, P.J., Doyle, L.W., Gemmill, A.W. Lee, K., Hunt, R.W. Bear, M., & Inder, T. (2010) Early Sensitivity Training for Parents of Preterm Infants: Impact on the Developing Brain (2010). *Pediatric Research*, 67, 330–335.

Biography

Dr Carol Newnham 's research focus has been on ultra-early interventions with preterm infants. She has planned and implemented programs for the mothers of preterm infants who were still in the Neonatal Intensive Care Unit. She also writes the magazine Premmiepress and was the expert consultant for the Raising Premmies section of the Raising Children Network webpage. Dr Newnham has presented in many local, national and international forums. The overall aim of her work is to improve outcomes for children born prematurely.

Newnham, C.A., Milgrom, J., & Skouteris, H (2009). Effectiveness of a modified mother–infant transaction program on outcomes for preterm infants from 3 to 24 months of age. *Infant Behavior and Development*, 32(1), 17-26.

Milgrom, J., l Newnham, C., Anderson, P.J., Doyle,L.W., Gemmill, A.W. Lee, K., Hunt, R.W. Bear, M., & Inder , T. (2010)Early Sensitivity Training for Parents of Preterm Infants: Impact on the Developing Brain (2010).*Pediatric Research*, 67, 330–335.

Presenters' Details

1. Dr Carol Newnham

Senior Research Fellow

Parent-Infant Research Institute

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Melbourne

2. Carmel Ferretti

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**Stability and Change in Attachment Organisation from Infancy into Early Childhood:
A Systematic Review.**

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Objective: This systematic review was conducted to identify, synthesise and analyse the literature on childhood attachment continuity between infancy and the preschool period, a transitional period with profound implications for later development.

Methods: The authors systematically searched the PsycINFO, Academic Search Complete, MEDLINE Complete, CINAHL, SocINDEX and Embase electronic databases, with key article cross checking. Papers published in English, with longitudinal and prospective gold standard observational assessments of attachment at infancy (12 months) and during the preschool period (3-5 years) were included in the review. The poster outlines the results of this review, and discusses implications for future research.

Results: Of the 903 articles identified, 15 met inclusion criteria. Evidence of attachment stability across the early childhood is inconsistent. Some studies suggest moderate levels of stability between infancy and the preschool years while others do not (e.g. Hautamäki et al., 2010; Seifer et al., 2004).

Conclusions: While the research is mixed, it is suggested that stability rates are lower than initially theorised, and that change can occur. Additionally, important indicators of sustained security and insecurity are emerging. Taken together these findings provide therapeutic possibilities for those with attachment disorders.

Key words: cohort studies, attachment stability, early childhood

References

- Hautamäki, A., Hautamäki, L., Neuvonen, L., & Maliniemi-Piispanen, S. (2010). Transmission of attachment across three generations. *European Journal Of Developmental Psychology*, 7(5), 618-634. doi:10.1080/17405620902983519
- Seifer, R., LaGasse, L. L., Lester, B., Bauer, C. R., Shankaran, S., Bada, H. S., & ... Liu, J. (2004). Attachment Status in Children Prenatally Exposed to Cocaine and Other Substances. *Child Development*, 75(3), 850-868. doi:10.1111/j.1467-8624.2004.00710.x

Abstract Submission for Poster Presentation

The Psychometric Properties of Measures of Women's Antepartum Expectations of Motherhood: A Scoping Review

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Keywords: maternal, expectations, measures

ABSTRACT

Women have been reported to hold various expectations about the transition to motherhood, however these expectations may not match early postpartum experiences. Research findings suggest that when expectations are unrealistic and unmet in the postpartum period, women may be at an increased risk of developing postpartum depression, anxiety and maladjustment to the role (Harwood, McLean, & Durkin, 2007). Current measurement methods of expectations are inconsistent as researchers often use study-specific measures, resulting in a variety of available scales that assess a range of domains.

Aim

The aim was to systematically review the literature to identify measures used to assess expectations of motherhood, to evaluate their psychometric properties and to make recommendations for their use in both research and clinical practice. A further aim of the review was to identify and quantify the domains of expectations that the identified measures assess.

Method

The review will be conducted in accordance with the methodology recommended by the PRISMA guidelines (Moher, Liberati, Tetzlaff, & Altman, 2009). A search of published and unpublished literature will be conducted in order to identify articles, reviews, and masters/doctoral dissertations that cite instruments of expectations of motherhood. Databases that will be searched include PsycINFO, PsycTESTS, CINAHL, ProQuest, PubMed, and Tests in Print, and for unpublished studies databases will include ProQuest Dissertations and

Theses, PsycEXTRA, and OpenGrey. Psychometric properties of included measures will be evaluated using the COSMIN checklist (Terwee et al., 2012).

Results

Results of the review will be reported in narrative form, including characteristics of measures, psychometric evaluation, mapping of the domains of expectations, and recommendations of use based on the psychometric evaluation.

Conclusion

This review will identify any limitations in the measurement of expectations and may aid clinicians and researchers to choose the most appropriate measure of maternal expectations.

References

- Harwood, K., McLean, N., & Durkin, K. (2007). First-time mothers' expectations of parenthood: What happens when optimistic expectations are not matched by later experiences? *Developmental Psychology*, 43, 1-12.
- Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. (2009). Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *British Medical Journal*, 339.
- Terwee, C., Mokkink, L., Knol, D., Ostelo, R., Bouter, L., & deVet, H. (2012). Rating the methodological quality in systematic reviews of studies on measurement properties: a scoring system for the COSMIN checklist. *Quality of Life Research*, 21, 651-657.

e-PIMH: A Perinatal and Infant Mental Health Workforce Development Pilot

Dr Andrea Baldwin and Ms Naomi Kikkawa,
Queensland Centre for Perinatal and Infant Mental Health, Child and Youth Mental Health Service,
Children's Health Queensland Hospital and Health Service.

Oral Presentation - Implementation and Policy

Objective/Background:

The e-PIMH project uses a combination of telehealth and outreach to support the mental health of mothers, fathers, infants and families in rural and remote areas of Queensland. eCYMHS (Child and Youth Mental Health) is a service whose effectiveness has been demonstrated (Levy & Strachan 2013; Wood et al 2012). e-PIMH aims to implement a similar model for perinatal mental health and infant mental health in rural and remote areas. The project seeks to develop awareness, knowledge and skills among healthcare professionals and other workers in rural and remote communities, to identify perinatal and infant mental health issues early, intervene effectively, and refer appropriately (Ducat et al 2014; Starling et al 2003).

Methods

The pilot takes an innovative cross-sectoral approach, strengthening relationships among public, private and non-government providers of health and education services, including Indigenous organisations. It uses face-to-face, telephone, email and video conferencing to support the existing workforce in practical ways with tailored advice, provision of resources, training and education. Furthermore, it aims to foster local connections, networks and referral pathways.

Discussion

The discussion will focus on the development and implementation of the pilot, and early learnings.

Key words: Rural and Remote Pilot

References:

Ducat WH, Burge V, Kumar S (2014) Barriers to, and enablers of, participation in the Allied Health Rural and Remote Training and Support (AHRRTS) program for rural and remote allied health workers: a qualitative descriptive study *BMC Medical Education* 14:194.
<http://www.biomedcentral.com/1472-6920/14/194>

Levy S, Strachan N (2013) Child and adolescent mental health service providers' perceptions of using telehealth *Mental Health Practice* 17(1): 28-32.

Starling J, Rosina R, Nunn K, Dossetor D (2003) Child and adolescent telepsychiatry in New South Wales: moving beyond clinical consultation *Australasian Psychiatry Supplement* 11 s117-s121.

Wood, J, Stathis, S, Smith, A, Krause J (2012) E-CYMHS: An expansion of a child and youth telepsychiatry model in Queensland. *Australasian Psychiatry* 0(0) 1-5.

Even though I tell him not to smoke, he will never listen - **Experiences of pregnant women's exposure to second hand smoke (SHS) at home- a qualitative study from India and Bangladesh**

Prabha S. Chandra¹, Veena Satyanarayana¹, Manpreet Kaur¹, Cath Jackson², Shammi Nasreen³ Rumana Huque³, Atif Rahman⁴

¹ National Institute of Mental Health and Neurosciences, Bangalore, India

² University of York, UK

³ ARK Foundation, Dhaka, Bangladesh

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Abstract

Background

Higher number of still births, pre-term births and small-for-gestation babies have been reported among pregnant women in India and Bangladesh exposed to SHS who are non-tobacco users. This study assessed experiences of pregnant women exposed to SHS at home and their efforts to negotiate a smoke free home.

Method

Pregnant women (N=19) whose husbands smoke at home were interviewed in India and Bangladesh. We studied various aspects of home smoking by the husband and other family members and the pregnant woman's ability to negotiate a smoke free home. Framework analysis was done using NVivo 10.

Results

Women from both sites reported exposure to SHS throughout pregnancy. Despite reporting symptoms like nausea and breathing difficulties few women asked husbands to smoke outside. However mothers were unable to negotiate with other family members who smoked. Several women felt they needed allies to request husbands not to smoke in front of them or it would be ineffective as they were the only ones asking their husband to stop smoking.

None of the women had been educated about SHS by health professionals but believed that educating husbands would be helpful.

Conclusions

Increasing the pregnant woman's awareness, helping her negotiate with her husband and involving him in creating a smoke free home should be part of routine antenatal care.

Key words- Secondhand smoke, pregnancy, LAMI country

References

1. CDC. Current tobacco use and secondhand smoke exposure among women of reproductive age—14 countries, 2008–2010. MMWR 2012; 61:877–82. Centres for Disease Control and Prevention: Morbidity and Mortality weekly report. 2012 Nov 2; 61 (43):877-882
2. Subramoney S, d'Espaignet ET, Gupta PC. Higher risk of stillbirth among lower and middle income women who do not use tobacco, but live with smokers. Acta Obstet Gynecol Scand. 2010; 89(4):572-7

Author: Murray Bardwell

Promoting Mental Health via Ante Natal Classes

Biography: Murray is a mental health clinician practicing in the area of perinatal mental health. He has strong interests in social outreach, primary mental health care, early intervention and values the empowering nature of knowledge and education. His work is with Raphael Services St John of God Hospital Ballarat.

Poster Presentation: Fathers

Presenter:

Murray Bardwell Mental Health Clinician , Credentialed Mental Health Nurse

Raphael Services St John of God Hospital Ballarat

Contact: 03 53202016, murray.bardwell@sjog.org.au

Objectives

- Provision of a forum for sharing concerns as couples transition to parenthood.
- Increased awareness of perinatal mental health issues, strategies aimed at prevention, their early detection and sources of help.
- Recognition of the supportive role of the father and to encourage him to be a fully active partner in the care of the infant.

St John of God Hospital Ballarat has incorporated focused conversation about mental health and wellbeing into ante natal classes. The discussion, led by a perinatal mental health clinician, departs from the more traditional antenatal content of woman-centred birth and parenting preparation by addressing the challenge of transitioning from couple to family with specific emphasis on the role of the father. Major themes include adjustment and transition to changes in lifestyle, expectations and relationships as frequently experienced by new fathers. The discussion emphasises the challenges of early parenthood and actions that encourage sound emotional health and wellbeing. Specific topics covered include the joys of parenting as well as the commonly silenced painful experiences such as ambivalence, guilt and loss. Topics challenge the public discourse on new parenting that all too frequently brush over more difficult experiences. Whilst the discussion takes place with the couples, it is targeted more specifically at new fathers' roles as supporters, nurturers, protectors and participative parents. The stance taken in the discussion is one of openness and the style of delivery is light hearted. Whilst formal evaluation has yet to take place, anecdotal evidence and informal testimonials are positive.

References:

- Fletcher, R., Silberberg, S., & Galloway, D. (Summer 2004). New father's postbirth views of antenatal classes: satisfaction, benefits, and knowledge of family services. *Journal of Perinatal Education*, 13(3), 18-26.
- May, C., & Fletcher, R. (2013). Preparing fathers for the transition to parenthood: Recommendations for the content of antenatal education. *Midwifery*, 29(5), 474-478.

An Audit Exploring the Reasons for Non-Admission to a Mother and Baby Unit in Birmingham, UK

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Background

Perinatal mental health affects about 10% of all women, and mental illness is one of the leading causes of maternal death¹. An inpatient Mother and Baby Unit (MBU) is equipped for mentally ill women and their babies so that these women can receive the care they need, without forfeiting the bond they should develop with their baby. This has been shown to benefit maternal outcome and mother-infant relationship². Despite this high prevalence and supporting evidence, there are only 17 MBUs across the UK.

Method

This audit was conducted at the Birmingham & Solihull Mental Health NHS Foundation Trust (BSMHFT). Birmingham is the second largest city in the UK with a birth-rate of 24000pa. The audit reviewed the medical notes of all 76 women who could not be admitted to the Birmingham nine-bedded MBU between April 2013 & October 2015.

Results

Women were not admitted for two reasons: 57% due to bed shortage, 43% due to mother's refusal. Women not admitted because of bed shortage were admitted to the MBU after a delay (One to 30 days), admitted to another distant MBU, managed at home, or managed on a general ward without their baby.

Of the other group that refused admission, the majority were managed at home.

Discussion

More MBU beds are needed to prevent separation. More information is needed why some women refuse admission.

3 key words: Perinatal, mother and baby, mental health

[1] Hogg S. Prevention in Mind- All Babies Count: Spotlight on Perinatal Mental Health. National Society for the Prevention of Cruelty to Children, London, UK; 2013.

[2] Pawlby S, Fernyhough C, Meins E, Pariante CM, Seneviratne G, Bentall RP. Mind-mindedness and maternal responsiveness in infant-mother interactions in mothers with severe mental illness. *Psychol Med*. 2010 Nov;40(11):1861-9. doi: 10.1017/S0033291709992340. Epub 2010 Jan 27.

Impact of the Antenatal Mental Health Liaison clinics in Birmingham on admissions to the Mother and Baby Unit

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Objectives/Background

Antenatal Mental Health (AMH) Liaison clinics in maternity units were introduced in Birmingham in 2010 to try to improve perinatal care by identifying and treating women with mental health problems in the perinatal period. This study evaluated the impact of the AMH liaison clinics on admissions to the Birmingham Mother and Baby Unit (MBU) and the demographic and clinical characteristics of those admitted.

Methods

Demographic and clinical characteristics were collected for all MBU admissions from inception of liaison clinics (1997) to 2014, through interrogation of medical records.

Results

882 (97.8%) records were evaluated. From 1997-2014, most women admitted to the MBU were White (65%), 19.8% were Asian and 11.5% Afro-Caribbean. Median (IQR) age of women admitted to MBU increased (28 (9) vs. 31 (6) years) following introduction of the liaison clinics, with an increase in the frequency of women admitted with more severe psychiatric diagnoses. Length of stay in the MBU increased following introduction of liaison clinics 40 (56) vs. 46 (52) days.

Conclusions

No reduction in admissions to the Birmingham MBU was evident following the introduction of liaison clinics, but fewer women were admitted with moderate psychiatric disorders. Although there has been an increase in admissions to the MBU from ethnic-minority groups over time, more needs to be done to encourage these women to engage with mental health services.

Keywords

Antenatal liaison clinic; maternal mental health; perinatal

References

(1) National Institute for Clinical Excellence (2015). *Antenatal and postnatal mental health: Clinical management and service guidance*. (CG192). London: NICE

(2) Wainscott G, Berrisford G. Obstetric liaison services. In: Kohen D (ed.) *Oxford Textbook of Women and Mental Health*. Oxford: Oxford University Press; 2010. p187-192.

Emotional Wellbeing in Parenting (EWiP): An accepted and Effective group program for Perinatal Anxiety and Depression in a regional setting

Presenter Details: Marie Carter

Biography: Marie is employed as a Mental Health Clinician with Raphael Service sjog Ballarat since 2010. She is a Social Worker and Family Therapist.

Background

The EWIP group program for perinatal anxiety and depression has been running over almost 5 years at Raphael Services Ballarat. Program is aimed at not only reduction of anxiety and depression but also to reduce sense of isolation and development of healthy patterns of thought and behaviour.

Method:

The group sessions of 1.5 hrs each are held weekly basis for total 9 sessions. Program was developed locally with Cognitive Behavior Therapy (CBT) based strategies as main framework. Subsequent revision/feedback also led to inclusion of Acceptance and Commitment Therapy (ACT) and Mindfulness based strategies.

Evaluation

Patients are evaluated using Depression, Anxiety, Stress Scale (DASS21) and the Edinburgh Postnatal Depression Scale (EPDS) at the commencement and the completion of the program. Participants evaluate the sessions individually using a Likert scale. Sociodemographic and Clinical data is currently being analysed and will be presented in the final presentation.

Conclusion:

EWiP has proved to very effective indicated by reduction of their scores on all scales. EWiP content was also acceptable to both Clinicians and Patients. Learning/ Challenges and acceptability in other settings will be also discussed.

Key words:

Perinatal Mental Health, Group Therapy, Psycho-education.

References:

Irvin D Yalom and Moyln Leszcz *The Theory and Practice of Group Psychotherapy*, Fifth Edition.

Perinatal Mental Health, Group Therapy, Psycho-education. Kirk D. Strosahl, PH.D and Patricia J. Robinson, PH.D Foreword by Steven C Hayes, PH.D 2008 *The Mindfulness & Acceptance Workbook for Depression*.

Judith S. Beck Foreword by Aaron T Beck *Cognitive Behaviour Therapy second Edition Basics and Beyond*

Current Status of Women Requiring Perinatal Mental Health Care in Japan

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Objective: We examined the current status of Japanese women requiring perinatal mental health care in 2014. **Methods:** On December 2015, we requested 2,462 obstetrical facilities that are members of Japan Association of Obstetricians and Gynecologists (JAOG) to provide information of Japanese women who required mental health care during pregnancy, hospitalization period for childbirth and puerperal 1 month. A total of 1,304 (53.0%) of 2,462 obstetrical facilities validly responded with possible statistical analysis information on a total of 514,608 women, accounting for approximately 52% of all deliveries that occurred in Japan during the study period (approximately 1,008,000 births). **Results:** The number of women requiring mental health care during pregnancy, hospitalization period for childbirth and puerperal 1 month were 4,652 (0.90%), 4,713 (0.92%) and 2,991 (0.58%), respectively. In total, there were 8,424 women (1.64%) requiring perinatal mental health care in 2014.

Discussion: Considering the response rate, the number of women requiring perinatal mental health care was estimated to be 16,000 per year in Japan.

Key words: Current status, Perinatal mental health care, Japan

TITLE

The influence of maternal antenatal depression on infant brain function: a functional MRI study

Authors and Affiliations

Eileen Daly^{*1}, Vaheshta Sethna^{*1}, Michael. J. Brammer¹, Maria Gudbrandsen¹, Clare Watson¹, Emily Perry¹, Steven. C.R Williams², Declan. G.M Murphy^{±1}, Michael Craig^{±1,3}

^{*±}Contributed equally

1. King's College London, Institute of Psychiatry, Psychology & Neuroscience, Sackler Institute of Translational Neurodevelopment, Department of Forensic and Neurodevelopmental Science, UK.
2. NIHR Biomedical Research Centre for Mental Health at South London and Maudsley NHS Foundation Trust and King's College London Institute of Psychiatry, UK
3. National Autism Unit, Bethlem Royal Hospital, South London and Maudsley NHS Foundation Trust

ABSTRACT

Background: Maternal antenatal depression is associated with an increased risk for later symptoms of depression, anxiety and neurodevelopmental difficulties in offspring. The biological basis for these findings remains unclear. In the current study we analysed, for the first time, the effects of antenatal depression on brain function in 3-6-month old infants.

Methods: We used functional magnetic resonance imaging (fMRI) and an auditory stimuli probe to examine cortical sensitivity in infants born to women with diagnosed antenatal depression (n= 34) and infants born to women with no current or past psychiatric diagnosis (n= 29). Infant brain activation in response to human non-speech vocalisations (e.g. laughter, crying) and environmental sounds (e.g. toys, running water) were extracted from MRI scans during the infants' natural sleep.

Results: Infants born to mothers with antenatal depression showed an increased activation to human non-speech vocalisations in the bilateral ventral striatum compared to infants of non-depressed mothers.

Conclusion: The ventral striatum is central to the processing of affective stimuli (Delgado, 2007). Our results suggest that maternal antenatal depression influences the processing of social stimuli in early infancy and highlights a potential pathway of risk transmission in offspring of antenatally depressed women.

Key words: maternal antenatal depression; infancy, MRI

References: Delgado, M. R. Reward-related responses in the human striatum. *Annals of the New York Academy of Sciences*, (2007), 1104, 70 – 88.

Using CBT & Mindfulness with pregnancy loss – A case study

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Objective / Background

It is estimated that 60-70 per cent of grieving mothers in high-income countries reported clinically significant depressive symptoms one year after their baby's death and longer. (Ending preventable stillbirths study, 2016). Perinatal loss is also associated with maternal anxiety during pregnancy and linked to maternal postnatal distress. Mothers with a history of anxiety and poor coping skills and perinatal loss have a higher risk for complicated grief, now introduced in DSM V. A third of mothers with AND will go on to experience PND (Austin 2003, 2007). Antenatal distress can adversely affect the developing fetal brain and thus influence the baby's behaviour.

Method

Cognitive Behaviour Therapy for Grief & Loss (Malkinson 2010) was used over 5 months and a follow-up session, and will be explained through a case study of a mother with a toddler, who had recently experienced a traumatic foetal anomaly termination and was considering another child. The loss was overwhelming. The therapy also included a mindfulness approach, (Cacciatore 2012) to effect change in thinking and interpretation, feelings and behaviour, and to facilitate the attachment and bonding with her children.

Results

Profound changes in thinking, enabled feelings of peace and acceptance and a renewed sense of competence and joy in her mothering abilities and the relationship with her toddler blossomed and hope was restored.

Discussion

Maternal distress during pregnancy influences behaviour with other children and can influence the subsequent birth outcome and relationship with the new baby and the other children.

Identifying these mothers early in pregnancy and working with CBT to adapt dysfunctional thinking can lead to better outcomes for mother and the infants.

Keywords

perinatal loss; prolonged grief; cognitive behavioral therapy

References

Austin, MP., Tully, L., Parker, G., (2007). Examining the relationship between antenatal anxiety and postnatal depression. *Journal of Affective Disorders* 101(1-3):169-74. DOI: 10.1016/j.jad.2006.11.015 PubMed

Austin, MP., (2003). Psychosocial Assessment and Management of Depression and Anxiety in Pregnancy. *Australian family physician* 32(3):119-26. PubMed

Botha, A. (2009). Last time technique. Auckland NZ. lifechangenz@hotmail.com

Cacciatore, J., & Flint, M., (2012). ATTEND: Toward a mindfulness-based bereavement care model. *Death Studies*. 36:61-82.

Malkinson, R. (2010). Cognitive behavioural grief therapy: the ABC model of rational-emotion behaviour therapy. *Psychological Topics* 19 (2010), 2, 289-305.

Potvin, L., Lasker, J., & Toedter, L. (1989). Measuring grief: A short version of the perinatal grief scale. *Journal of Psychopathology and Behavioral Assessment*, March 1989, Volume 11, Issue 1, pp 29-45.

BIO

Rosie is an experienced perinatal distress, loss and grief counsellor in private practice, running workshops to improve knowledge, confidence and awareness. Her two living children came in between multiple childloss. Manager of PND support in Wellington, she later founded PADA - Perinatal Anxiety & Depression Aotearoa (NZ) in 2011. Rosie believes passionately in improving perinatal outcomes through delivering quality training to health and allied agencies working with new parents, through seminars and conferences, and works with key stakeholders to influence the implications of perinatal mental illness in maternity care and early parenting. 2015 Finalist Westpac NZ Women of Influence Awards

Autism spectrum disorder in perinatal psychiatry: a diagnostic consideration in atypical postnatal depression

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Abstract

Objective: This case aims to highlight the importance of recognition and accurate diagnosis of primary ASD in perinatal psychiatry, and to emphasize the unique challenges that mothers with ASD may experience in satisfying the demands of an infant and adequately incorporating the infant into the mother infant dyad

Method: Case report and review of literature

Results: A 30-year-old G1P1, tertiary educated woman, presented to the community mental health service with her 3-month-old baby boy, referred by her husband and general practitioner following 2-months of lowered mood, heightened anxiety. A diagnosis of PND was made, and the antidepressant desvenlafaxine was initiated and titrated up to 150mg per day. The patient arrived on the authors' mother-baby unit on account of the degree of maternal functional decompensating, and the role this played in maintaining the infant's unsettled behavior and attachment. Attachment psychotherapy and pharmacotherapy were continued for eight-weeks. During this time, the patient's parenting style was hampered by ASD characteristics such as mental inflexibility, and she imposed strict expectations on staff and others, including on her infant. She was hypersensitive to intrusions, and disruptions to her infant's routine could prompt sudden, intense, emotional reactions. The Victorian Dual Disability Service provided secondary consultation. ASD was felt to be the primary disorder, with the mood disorder being secondary.

Conclusions: Women presenting with atypical PND should be assessed for indications of ASD. This report describes a case of unrecognized ASD in an intelligent woman presenting in the postpartum with an atypical depression. This case highlights the association of high prevalence psychiatric mood disorders with ASD.

Abstract

Factors associated with care and protection issues for babies of mothers with an enduring mental illness

Background

We aim to identify potential psychosocial and psychiatric factors associated with statutory child protection involvement in pregnant women with severe mental illness (SMI) attending a specialist antenatal clinic Childbirth and Mental Illness (CAMI) in Perth, Western Australia,

Methods

A nested case control study conducted between December 2007 and July 2014 (n = 206), aged 18-44 who gave birth via the CAMI clinic. Descriptive statistics, one-way ANOVA, logistic regression and Chi Squared tests were conducted using SPSS version 22. Data were compared between those with Department of Child Protection and Family Support (DCPFS) involvement (n=64) and those that did not have DCPFS involvement (n=142).

Results

The overall sample represented a highly vulnerable population with nearly a quarter, 23.8% (n=49) had a psychiatric inpatient admission during pregnancy, and 32.5% (n= 67) of women having an immediate postnatal psychiatric admission. Of note, in the entire cohort, 29.7% (n=52) of women reported current Family Domestic Violence (FDV) with a significantly higher percentage in the child protection group (41.4% vs 23.9% p=0.017). Similarly, women in the DCPFS group had a higher percentage of current illicit substance abuse (57.8% vs 13.4% p<0.001). Statutory action occurred in 12.6% of women (n=26), of which 61.5% (n=16) of babies went into family placement and 38.5% (n=10) into foster care. Logistic regression revealed two significant predictors of statutory child protection: psychiatric admission during pregnancy (aOR 3.0 CI 1.10 to 8.32); substance use during pregnancy (aOR 8.4, CI 2.38 to 29.56).

Conclusion

Women with SMI have psychosocial risk factors contributing to DCPFS involvement, which may contribute to a higher proportion having DCPFS involvement of a statutory nature. Pre-birth assessment, planning and support early in the pregnancy may lead to better outcomes for these women and their infants.

Key Words

1. Psychosocial risk factors
2. Care and Protection
3. Specialist Antenatal clinic

Suicidal ideation in depressed postpartum women associated with sexual early trauma

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Keywords: Suicidal ideation; postpartum depression; sexual early trauma

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Background. Although there is a great literature related to perinatal psychopathology, principally focused on depressive symptomatology, studies that estimate suicidal ideation during this period are limited. In contrast, suicide is one of the most prevalent categories of death among women during the perinatal period. The aim of this study is to identify factors related to suicidal ideation among depressed postpartum women.

Methods. The sample was 99 women with a major postpartum depression episode (SCID; DSM-IVTR criteria), attended at the Perinatal Psychiatry Program of a Public University Hospital. Sociodemographic, reproductive, psychiatric history and clinical data were collected. Postpartum depressed women were assessed in depressive symptomatology (Hamilton Depression Rating Scale HAMD; Hamilton, M.J. 1960), childhood trauma (Early Trauma Inventory Self Report; ETI-Short Form (Bremner JD, Bolus R & Mayer EA 2007), hostility trait (Buss-Perry Aggression Questionnaire

(AGQ); Buss, A. H., & Perry, M. P. 1992), and anxiety symptomatology (State-Trait Anxiety Inventory (STAI), Spielberger GD, Gorsuch RL & Ylushene RE, 1970). Suicidal ideation was assessed using item 3 of Hamilton Depression Rating Scale (HAMD; Hamilton, M.J. 1960). Score of one and above one in this item were considered as presence of suicidal ideation.

Results. Of the depressed mothers, 37 (37.4%; 95% CI: 27.7-47.1) reported suicidal thoughts assessed using item 3 of the Hamilton Depression Rating Scale (HAMD). Multivariant logistic regression models indicated that having suicidal thoughts was related with higher global scores in HAMD (OR=1.12, 95% CI=1.04, 1.21), higher childhood sexual events (ETISR-SF) (OR=1.43, 95% CI= 1.02, 2.01), and lower scores in the verbal aggression dimension of AGQ (OR= 0.84, 95% CI= 0.73, 0.98).

Conclusion. More than one third of women with a major postpartum depressive episode, clinical diagnosed, reported suicidal thoughts. The presence of childhood sexual abuse becomes a risk factor for presenting suicidal thoughts. Furthermore, the intensity of depressive symptomatology and the lower verbal hostility were associated with higher presence of suicidal thoughts. These results suggest the importance of a correct evaluation of the presence of infant traumas, sexual abuses in particular, during the perinatal period.

Mothers with past infertility have higher levels of symptoms of anxiety and depression than mothers who have not experienced infertility –results from the North-Trøndelag Health Study (HUNT 2) and the Medical Birth Registry of Norway

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1. Objectives/Background

Infertility is associated with mental distress (1). Levels of symptoms of anxiety and depression in women with resolved infertility were compared with symptom levels in women without infertility.

2. Methods

In a population sample from the North-Trøndelag Health Study (HUNT 2), levels of anxiety and depressive symptoms as measured by the Hospital Anxiety and Depression Scale (HADS) in a group of women with resolved infertility (n=1,081) were compared to symptom levels in mothers who had not experienced infertility (n=8,570). Infertility was defined as having tried to get pregnant for >12 months without achieving pregnancy. Linear regression models with group as independent variable and HADS-subscales as dependent variables were used. Analyses were adjusted for a range of potential confounders.

3. Results

Women with resolved infertility had higher levels of anxiety (adjusted B=0.71, 95% CI=0.12; 1.29, p=0.017) and depressive symptoms (B=0.58, 95% CI=0.10; 1.05, p=0.18) than mothers without infertility. Adjusting for number of children increased the effect size for the association between infertility and anxiety or depressive symptoms.

4. Conclusion/Discussion

Women with resolved infertility have higher levels of anxiety and depressive symptoms than women who have not experienced problems with getting pregnant. Findings are in line with earlier research showing that women with resolved infertility may suffer from persistent psychological and social distress resulting from their past infertility, and they may have different mother-child interactions, family functioning, and show more anxious over-concern for their children than women with naturally conceived children (2).

5. Key words

Infertility, anxiety, depression

6. References

Greil A, Slauson-Blevins K, McQuillan J. The experience of infertility: a review of recent literature *Sociol Health Illness*. 2010;32:140-162.

Hammarberg K, Fisher JRW, Wynter KH. Psychological and social aspects of pregnancy, childbirth and early parenting after assisted conception: a systematic review. *Human Reprod Update*. 2008;14:395-414.

The Edinburgh Postnatal Depression Scale: Screening tool for postpartum anxiety as well?

Factor structure and construct validity of the EPDS Hebrew version

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Background: The Edinburgh Postnatal Depression Scale (EPDS) was originally created as a uni-dimensional scale to screen for postpartum depression (PPD); however evidence from various studies suggests that it may be a multi-dimensional scale, mainly assessing also postpartum anxiety (PPA). This study examined the factor structure of the EPDS-Hebrew version and the construct validity of its subscales.

Methods: Israeli Hebrew-speaking women ($n = 715$) were recruited from a maternity ward in Jerusalem, Israel, completed a baseline survey providing demographic data, and were screened at 6 weeks postpartum using the EPDS-Hebrew version. Confirmatory factor analysis (CFA) was used to test four models: (1) 10-item one factor, (2) 10-item two factor, (3) 9-item two factor, and (4) 10-item three factor. Construct validity was examined using a structural regression model.

Results: Of the four CFA models tested, a 9-item two factor model fit the data best, with one factor representing an underlying depression construct and the other an underlying anxiety construct. The structural regression model showed that history of depression was a significant predictor of both PPD and PPA, and that income and number of past pregnancies were significant predictors for PPA.

Conclusions: The Hebrew version of the EPDS appears to consist of depression and anxiety sub-scales. Researchers and clinicians should bear in mind that an elevated total score on the EPDS may be indicative of increased symptoms of anxiety rather than just symptoms of depression. Given the widespread PPD screening initiatives, anxiety symptoms should be addressed in addition to depressive symptoms in order to provide treatment tailored to a woman's specific assessment and diagnosis.

Key words: postpartum depression, anxiety, EPDS factor structure

Matthey, S., Fisher, J., & Rowe, H. (2013). Using the Edinburgh Postnatal Depression Scale to screen for anxiety disorders: Conceptual and methodological considerations. *Journal of Affective Disorders*, 146, 224–230.

Yelland, J., Sutherland, G., & Brown, S.J. (2010). Postpartum anxiety, depression and social health: findings from a population-based survey of Australian women. *BMC Public Health*, 10, 771.

Antenatal common mental disorders, suicidality and associated risk factors: a cross-sectional survey from a socially adverse setting, Cape Town

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Background: Diagnostic prevalence studies conducted in South Africa have reported rates of perinatal depression between 34-47% (1,2). The study aimed to determine the diagnostic prevalence of common mental disorders and associated risk factors in pregnant women attending for antenatal care in a socially adverse setting in Cape Town.

Methods: At their initial visit, 376 adult women attending the MOU were recruited. Socio-demographic were collected. Mental health disorders were diagnosed using the Expanded Mini-International Neuropsychiatric Interview Version 5.0.0. Descriptive statistics were used to describe the characteristics of the study population. Bivariate associations were used to explore associations between risk factors and diagnosed mental health disorders. Multivariable analysis was performed to obtain adjusted odd ratios among dependent and independent variables. Statistical significance was established at $p \leq 0.05$.

Results: The prevalence results were: 22% for Major Depressive Episode (MDE), 23% for any anxiety disorder, 18% for current alcohol abuse and other drugs use and 9% for high and moderate suicidal risk level. There were high levels of co-morbidity. Older age, higher education levels, current employment, cohabitation with partner, intended pregnancy, and increased perceived support are protective factors against mental health disorders. Increased odds for CMDs include food insecurity, not having a partner, experiencing difficult life events, intimate partner violence, not being pleased with pregnancy, and a history of mental health problems.

Conclusion: There is a high prevalence of common mental health disorders among pregnant women in Hanover Park, many of them co-morbid. These disorders are associated with multiple risk factors. Maternal mental health services should be integrated into routine obstetric care.

Key words: common mental disorders, antenatal, poverty

References:

1. Cooper et al, 1999 Improving quality of mother-infant relationship and infant attachment in socioeconomically deprived community in South Africa. *British Journal of Psychiatry*
2. Rochat et al, 2006 Depression among pregnant rural South African women undergoing HIV testing. *Journal of the American Medical Association*

Childhood sexual abuse and perinatal mental health outcomes – a review of the literature and current recommendations.

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Objectives/Background: Childhood sexual abuse (CSA) has been associated with psychiatric sequelae in the perinatal period, most commonly depression and post-traumatic stress disorder (PTSD). However, the relative importance of CSA as a risk factor during the perinatal period is not clear, and optimal management is not well established. CSA often remains hidden unless volunteered by the patient, or specifically screened for.

Methods: Studies were identified by a systematic literature search of databases including Medline, Pubmed, Embase, CINAHL. Studies were only included if they evaluated adult patients who have experienced CSA, and if they recorded mental health outcomes in the perinatal period.

Results: Most studies demonstrated a higher prevalence of PTSD in women with a history of CSA compared with control populations. There was also an association of CSA with prenatal depression. The link between CSA and postpartum depression was less well established. These studies frequently failed to control for confounding variables. Qualitative studies highlighted the impact upon perinatal mental health outcomes, and suggested potential strategies for management, but were based upon interviews in very small numbers of patients.

Conclusion/Discussion: Clinicians should screen for CSA in pregnant patients, as it is associated with PTSD and prenatal depression.

Key Words: Childhood sexual abuse, Depression, Post-traumatic Stress Disorder, Perinatal period

References:

1. Wosu AC, Gelaye B, Williams MA. History of childhood sexual abuse and risk of prenatal and postpartum depression or depressive symptoms: an epidemiological review. *Arch Womens Ment Health* 2015; 18: 659-671.
2. Wosu AC, Gelaye B, Williams MA. Childhood sexual abuse and posttraumatic stress disorder among pregnant and postpartum women: Review of the literature. *Arch Womens Ment Health* 2015; 18: 61-72.
3. Montgomery, E. Feeling safe: A metasynthesis of the maternity care needs of women who were sexually abused in childhood. *Birth* 2013; 40: 88-95.

Evaluating the Postnatal Depression & Anxiety Group Program at the Raphael Centre, St John of God Health Care, Berwick, Victoria

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Objectives/Background

According to data from the 2010 Australian National Feeding Survey (2012), 1 in 5 mothers of children aged 2 years and under had been diagnosed with depression. The Raphael Centre, Berwick, offers specialised perinatal mental health services to families living in the Casey-Cardinia area. This includes a postnatal depression and anxiety (PNDA) group therapy program that has been adapted from *The Getting Ahead of Postnatal Depression Group Program* (Milgrom, Martin & Negri, 1999) - an effective Cognitive Behaviour Therapy (CBT) group program. The Raphael Centre program is offered four times per year and consists of seven weekly two-hour group sessions and one two-hour group session for women and their partners. Each group consists of between four and eight women. In 2015, the Raphael Centre program was updated to include an expansion of the mindfulness information provided; a revised participant manual and the consistent involvement of a co-facilitator. The aim is to provide a current evaluation of this group program to guide future directions in improving outcomes for clients of the Raphael Centre.

Methods

Participants complete the following outcome measures pre and post group: The Beck Depression Inventory-II (BDI-II), the Beck Anxiety Inventory (BAI), and the Edinburgh Postnatal Depression Scale (EPDS). Participants also complete a feedback questionnaire at the conclusion of the group therapy program. These measures will be examined to evaluate the group program. Data collection is ongoing and this poster will present quantitative and qualitative data collected from the 2015 and 2016 group therapy programs.

Results

Preliminary data was examined on a total of 19 participants who attended the group program between April and December 2015. Paired sample t-tests indicated a significant decrease in post group scores on the BDI-II ($t(18) = 3.52, p < .01$), the BAI ($t(18) = 2.52, p < .05$) and the EPDS ($t(18) = 3.42, p < .01$).

Overall, positive feedback was obtained from the feedback questionnaire, this included: a sense of social connectedness through open communication, shared experiences and information; the opportunity to learn strategies to manage mood symptoms; increased self-compassion; and positive improvements in their relationship with their child/ren and partner.

Conclusions/Discussion

According to the preliminary data, the current PNDA group program at the Raphael Centre demonstrates a reduction in symptoms of depression and anxiety.

3 Key words

- Postnatal
- Depression
- Anxiety

References

Australian Institute of Health and Welfare. (2012). *Experience of perinatal depression: data from the 2010 Australian National Infant Feeding Survey* (Information Paper. Cat. no. PHE 161). Canberra: AIHW.

Milgrom, J., Martin, P. R., & Negri, L. M. (1999). *Treating postnatal depression: A psychological approach for health care practitioners*. West Sussex, England: John Wiley & Sons, Ltd.

A qualitative descriptive study of
midwives' knowledge of perinatal
depression and their perceived role in
supporting pregnant and postnatal
women experiencing depression:
An Appreciative Inquiry

Dianne Hurt

Supervisors

Professor Maralyn Foureur

Professor Cathrine Fowler

Perinatal Depression

Perinatal depression is defined as depression occurring in “...the period from conception to end of the first postnatal year” (Austin, et al, 2013,p1)

Women's experiences

It was the worst experience of my life

Worse than grief...there was nothing I could do about it

Worse than loss... and I was scared it would last the rest of my life

Research Questions

- What knowledge and skill do midwives bring to the care of women with PND?
- How does this specialised knowledge and skill inform midwives' role in supporting women with or at risk of PND?

Key findings from PND literature

- PND Screening: There is limited evidence to suggest that depression screening benefits women (Austin 2008; Alderdice et al., 2013).
- There is a lack of studies identifying a specific role for midwives. (Alderdice et al., 2013)
- Research focuses on identification of knowledge and skill deficits of healthcare workers, particularly midwives (Brown, et al. 2009; McCauley et al., 2011).
- There are few studies which have identified how midwifery interventions may reduce the incidence of PND (Seimyr, et al., 2013)

The need for midwives to have perinatal mental health knowledge

It is essential for midwives to have enhanced perinatal depression knowledge to enable the provision of increase specialist care and midwifery lead programs for women experiencing perinatal depression (McCauley, et al., 2011).

Research Study Participants

- A purposive sample up to 10 midwives will be invited to participate in the research. Participants will need to be working a minimum of 2 shifts per week in midwifery.
- Flyers and posters explaining the research will be distributed in the hospitals prior to my visit to meet with staff. Interested staff will be given a detailed letter about the research.
- Interviews will be done at a time and place convenient to the participant – ideally in a private area in the participants place of work.

Ethical Issues

- **Ethics approval** will be sought from University of Technology Sydney, Hunter New England Local Health District and Newcastle Private Hospital.
- All participants will sign a consent form agreeing to participate in the research– participants will be able to withdraw from the research at any time. Each midwife will be given a pseudonym. No midwife will be identified in any publication or presentation arising from the research.
- Should a midwife become distressed at interview support will be offered through the Employee Assistance Program provided by HNE Health.

Study Design & Methods: Appreciative Inquiry (AI)

A qualitative descriptive design using the four stage AI model will be employed – the four stages are discovery, dreaming, design and destiny. These four stages will be used to frame interviews with the participants and to orient analysis of the data (Cooperrider & Whitney, 1999). AI advocates positive thinking, encourages success, achievement, what is it that works well and participating midwives will be encouraged to visualise and/or imagine how their practice could be (Sidebotham, et al 2015).

The discovery and dreaming phase will be analysed, the interviewer will go back to the participants after analysis has been completed with examples of how an ideal organization could materialise.

Data Analysis

- AI will be used as a theoretical lens to lead the thematic analysis of the interview transcripts.
- Focus will be on identifying positive keywords or phrases which will be coded and grouped into sub-themes and finally into major themes.
- Data belonging together will be assembled into groups, followed by a preliminary analysis and if needed recoding will take place.
- I plan to develop a design for a way forward from the analysis of the interviews.
- The design will be presented back to the participants in the final interview to determine whether the findings and design resonate with participants as a new way of working.
- This final step fits with the destiny phase of the 4D cycle.

Conclusions

- PND has many serious repercussions and remains an important issue of concern for all maternity health clinicians and the wider community.
- My focus is on the contribution midwives can make to this important area of maternity care.

References

- Alderdice, F, McNeill, J., Lynn, F (2013). 'A systematic review of systematic reviews of interventions to improve maternal mental health and well-being'. *Midwifery* 29 (2013) 389-399
- Austin, M-P., Middleton, P., Reilly, N., Highet, N. (2013). 'Detection and management of mood disorders in the maternity setting: The Australian Clinical Practice Guidelines'. *Women and Birth*, 26, 1, 2-9
- Austin, M-P., Priest, S., Sullivan E. (2008). 'Antenatal psychosocial assessment for reducing perinatal mental health morbidity' *Cochrane Pregnancy and Childbirth Group*
(/ocochrane/clabout/articles/PREG/frame.html) DOI: 10.100/1465 1858.CD005 124.pub2
- Brown, M., Lees, S., McCalmont., Mills, N. (2009). 'Professionals' knowledge of perinatal mental health care: Susan Lees and colleagues report the findings of a survey to evaluate practitioner' knowledge of women's needs and available services, and make recommendations on improving referral pathways and staff training'. *Mental Health Practice* 13.4 (Dec. 2009): 24
- Cooperrider, D., Whitney, D., (1999). 'Appreciative Inquiry: a positive revolution in change' in Peggy Holman & Tom Devane (eds.) *The Change Handbook: Group Methods for Shaping the Future*, San Francisco CA: 'The promise of Appreciative Inquiry as an interview tool for field research'. *Development in Practice* 15 (2) April 2005
- McCauley, K., Elsom, S., Muir-Cochrane, E., Lyneham, J. (2011). 'Midwives and assessment of perinatal mental health'. *Journal of Psychiatric and Mental Health Nursing*, 2011, 18, 786-795
- Seimyr, L., Welles-Nystrom, B., Nissen, E. (2011). 'A history of mental health problems may predict maternal distress in women postpartum'. *Midwifery* 29 (2013) 122-131
- Sidebotham, A., Fenwick, J., Rath, S., Gamble, J. (2015). 'Midwives perceptions of their role within the context of maternity service reform: An Appreciative Inquiry. *Women and Birth* (2015)

Objectives / Background: The European strategic framework for promoting equality is served in Greece with respect to perinatal care, through targeted actions for the unimpeded access of vulnerable social groups, such as migrants, to community primary care units. One of these actions is a socially innovative Action Plan, entitled "Counseling and support of immigrant pregnant women and new mothers" that it was held between 01.11.2013 and 30.09.2015 in Athens, Greece financed through Community Structural Funds and supervised by the General Secretariat for Gender Equality – Ministry of Interior. This presentation reports on the basic outcomes of the provision of perinatal mental health services.

Methods: Standard operating procedure of the Action Plan was examined along with the final report.

Results: According to the Action Plan, psychological/psychiatric and midwifery intervention was provided to a total number of 255 beneficiaries (38% pregnant and 62% postpartum). The vast majority were from Nigeria and Albania, unemployed (82%) and in poor financial condition (45%). In terms of assessing their perinatal mental health status, 77.8% reported having anxiety and / or depressive symptoms, 64% experienced physical violence, while 28% admitted to have fallen victim of trafficking.

Conclusion: Timely detection of risk factors for mental disorders was achieved in social vulnerable groups. Appropriate psychological and psychiatric interventions was provided.

Key words (3): intervention, immigrant women

References (minimum of 2):

1. Kotecha N. *Black and minority ethnic women*. In: Fernando S, Keating F, eds. *Mental health in a multi-ethnic society: a multidisciplinary handbook*. 2nd Edition. London Routledge, 2009; 58-70
2. Edge D, Mackian S. Ethnicity and mental health encounters in primary care: help-seeking and help-giving for perinatal depression among Black Caribbean women in the UK. *Ethnicity & Health* 2010; 15: 93-111

Objectives/Background: Epidemiological data for Perinatal Mental Disorders in Greece justify the need for timely screening, diagnosis, treatment and follow up of women at risk. Considering the total absence of specialized primary care units for the promotion of perinatal mental health, NGO Fainareti was founded in order to advance the improvement of community mental health services to Greek women and their families, via innovative actions and specialized interventions.

Methods: Annual reports of Fainareti were reviewed since its establishment in 2006.

Results: Key milestones in Fainareti's history are: a) the operation of the first specialized "Day Center for the Care of the Mental Health of Women (Postpartum Disorder)" (> 4,000 clients), b) the implementation of the Action Plan "Counselling and Support of Immigrant Pregnant Women and New Mothers"(> 250 beneficiaries), c) the implementation of the first national campaign for the promotion of perinatal mental health via the operation of a national helpline, conferences, workshops, animated awareness TV spots, publication of guidelines for health professionals.

Conclusion: NGO Fainareti is an advocate for the best interest of Greek mothers/families by undertaking initiatives in the field of perinatal mental health and applying a hands-on multidisciplinary approach that encompasses psychological support and midwifery care.

Key words (3): Care, NGO, Greece

References (minimum of 2):

1. Economou, M., Madianos, M., Peppou, L. E., Patelakis, A., & Stefanis, C. N. (2013). Major depression in the era of economic crisis: a replication of a cross-sectional study across Greece. *Journal of affective disorders*, 145(3), 308-314.
2. Leonardou, A. A., Zervas, Y. M., Papageorgiou, C. C., Marks, M. N., Tsartsara, E. C., Antsaklis, A., ... & Soldatos, C. R. (2009). Validation of the Edinburgh Postnatal Depression Scale and prevalence of postnatal depression at two months postpartum in a sample of Greek mothers. *Journal of reproductive and infant psychology*, 27(1), 28-39.

Translational Potential of Transcranial Direct Current Stimulation in Perinatal Mental Health: Illustrative Case Applications

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Objectives/Background

Given the neonatal risks associated with the use of psychotropics, most women with severe mental illness during perinatal period abstain from taking medications, warranting use of non-pharmacological approaches in treatment.

Transcranial Direct Current Stimulation (tDCS), a re-emerging brain stimulation technique, is proposed as a safe treatment option for pregnant women with psychiatric disorders ^{1,2}. In this presentation, we describe two case studies demonstrating successful application of tDCS in treatment of moderate depressive episode with anxiety symptoms & relapse of schizophrenia in pregnant women.

Methods

Patient-1: Ms.X, a 23-year-old married woman, during her 6th week of pregnancy, presented with 2 months history suggestive of moderately severe depressive episode with past history of depressive episodes for 3 years.

Patient-2: Ms.Y, a 25-year-old schizophrenia patient presented with treatment resistant auditory hallucination during her 18th week of pregnancy. She was on 12-mg/day loperidone with partial response at the time of presentation.

tDCS: Delivered using a standard equipment with stringent safety measures. Depression (left prefrontal anode, right prefrontal cathode, 2-mA; 30-minutes; once-daily session, 10-days); Schizophrenia (prefrontal anode, temporo-parietal cathode, left-sided, 2-mA; 20-minutes; twice-daily sessions; 5-days)

Results

Patient-1: During the follow-up reassessment at 1- month after the 10th tDCS session, there was a significant reduction in depression and anxiety scores, suggesting clinical remission in the depressive patient. Patient-2: Schizophrenia patient showed an immediate reduction in auditory hallucination scores after 5-days of tDCS and improvement persisted until the time of childbirth.

Conclusion/Discussion

tDCS can be a safe & effective treatment alternative to psychotropics in severe mental illness such as depression and psychosis in perinatal population. However, this needs further systematic research.

References

1. Shenoy et al. Brain Stimul. 2015 Jan-Feb;8(1):163-4
2. Sreeraj et al. Brain Stimul. 2016 (in press)

Keywords

tDCS, Perinatal Mental Health, severe mental illness

ADVANCED TRAINING IN REPRODUCTIVE PSYCHIATRY: WORKING TOWARDS THE ESTABLISHMENT OF CORE COMPETENCIES

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Objective/Background: The field of women's mental health and reproductive psychiatry has grown considerably in the past 10 years. In North America, there has been notable expansion in fellowship-level training programs geared towards training psychiatrists to develop expertise in reproductive psychiatry. Yet this is currently a non-ACGME accredited subspecialty in psychiatry, and no governing board exists to standardize the curriculum or training objectives amongst programs.

Methods: We examine the history and growth of reproductive psychiatry fellowship programs within the United States and Canada from 2002-2016. In addition, we present training goals and milestones that may be most pertinent to reproductive psychiatry fellows, drawing upon existing fellowship descriptions and our experience developing a women's mental health fellowship.

Results: We present an overview of the history of women's mental health training programs, and a list of training milestones related to reproductive psychiatry as they pertain to core competency areas: medical knowledge, patient care, practice-based learning, system-based practice, professionalism, and interpersonal/communication skills.

Conclusions: As we look to the future of perinatal mental health and reproductive psychiatry, it is important to consider standardization of training goals, as have other psychiatric sub-specialties (Faulkner, 2011, Gitlin, 2004). Development of core competencies will facilitate incorporation of reproductive psychiatry as an ACGME-recognized subspecialty in psychiatry.

Key Words: medical education, training, reproductive psychiatry

Faulkner LR et al (2011) Recent trends in American Board of Psychiatry and Neurology psychiatric subspecialties. *Academic Psychiatry* 35:1, 35-39.

Gitlin, DE, Levenson JL & Lyketsos, CG (2004) Psychosomatic medicine: A new psychiatric subspecialty. *Academic Medicine* 28:1, 4-11.

Abstract

Ahmed HS, Persaud J, Richardson M, Das K, Berrisford G

Title

Incidence of Neonatal Abstinence Syndrome (NAS) in babies who have been exposed to antidepressants

Background

NAS is a constellation of symptoms and signs occurring after exposure to certain drugs during pregnancy. Antidepressants have been linked to the development of NAS in babies and current literature suggests rates of NAS of 30 percent in babies who have been exposed ¹. However we feel that the actual incidence of clinically significant NAS is lower. Uncertainties about the actual incidence of NAS are reflected in varying practice across different hospitals in Birmingham.

Methodology

The study is being carried out at the Heart of England Foundation Trust (HEFT). This is a retrospective cohort study. Women who have given birth in January-December 2015 having taken antidepressants in the final trimester will be identified. The records will be examined to see which of the babies developed NAS.

Results

In Jan - Dec 2015 there were 9,749 births across the Trust. It is estimated that 1.8 percent of pregnant women are taking antidepressants ². The literature suggests that rates of NAS are approximately 30 per cent. This would predict that approximately 175 women are taking antidepressants and of these 52 babies will develop NAS symptoms.

Conclusion/Discussion

If the incidence of clinically significant NAS is lower as expected, then this information can be useful in helping to develop guidelines and streamlining services across hospitals.

References

- 1) Levinson-Castiel et al. Neonatal abstinence syndrome after in utero exposure to selective serotonin reuptake inhibitors in term infants. Archives of Paediatric and Adolescent Med. 2006
- 2) Stephansson et al, Selective Serotonin Reuptake Inhibitors during pregnancy and risk of stillbirth and infant mortality. JAMA 2013;309(1):48-54

Keywords

**Neonatal Abstinence Syndrome
Antidepressants in Pregnancy
Antenatal Depression**

Background: Telephone interventions have become a widely popular mode of providing community mental health services. NGO Fainareti offers daily support and 12 –hour professional counselling to pregnant women, new mothers and their families via the Greek National Perinatal Mental Health Helpline. This study reports on data collected from 182 callers to the Helpline.

Methods: An on-line survey of a self-selected sample of callers was conducted, using simple random sampling, in order to assess and evaluate their experiences of the support received. The survey included questions using Likert-type scales, demographic and open-ended questions to elicit the variables associated with callers satisfaction with the helpline service.

Results: Callers experienced anxiety, depression, panic attacks, difficulties related to newborn care, perinatal loss, difficulty in the relationship with the husband/ partner or other member of the wider family, etc. Furthermore, 97,8% of the callers reported positive experiences of accessing support from the helpline service and 93% were satisfied in terms of rapid and practical information provision. Helpline employees' counselling and communication skills were evaluated very positively.

Conclusions: Overall, callers reported high levels of satisfaction with the Greek National Perinatal Mental Health Helpline. Telephone delivered information and counselling was described as accessible and targeted support. Recommendation for changes to the service included the extension to a 24 hour service.

Key words (3): helpline, perinatal support

1. Biggs, L.J., Shafiei, T., Forster, D.A., Small, R., and McLachlan, H.L. (2015). Exploring the views and experiences of callers to the PANDA Post and Antenatal Depression Association Australian National Perinatal Depression Helpline: a cross-sectional survey. *BMC Pregnancy Childbirth*, 15:209
2. Cardone, I.A., Kim, J.J., Gordon, T.E., Gordon, S.M., Silver, R.K. (2006). Psychosocial assessment by phone for high-scoring patients taking the Edinburgh Postnatal Depression Scale: communication pathways and strategies. *Arch Womens Ment Health*, 9(2):87-94

The Marcé Society Abstract

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A Poster is submitted by one Presenter but may have multiple authors. Some presentations will be selected to be delivered as a physical poster display only and others to also be delivered with a brief presentation. The following submission information is requested (300 words maximum including references):

Title: Postpartum Psychosis through the Lens

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Presenters Details: Lewis Roberts¹, Intercalating Medical Student, University of Birmingham, UK,

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Biography: ?

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As a medical student intercalating in public health with a particular interest in perinatal mental health, I have spent the last 6 months preparing for and carrying out this unique qualitative project. Undertaking this research has further driven my desire to pursue a career within the faculty of public mental health.

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Category: Poster Presentation

All Co-authors, institutions, and email addresses:

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Deirdre A Lane¹, Jessica Heron¹, Lisa Jones²², Ian Jones³³, Giles Berrisford⁴⁴

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Objective/-Background: Postpartum Ppsychosis (PP) has recently been the focus of a lengthy, in-depth storyline on BBC been thrust into the public sphere as a result of its recent, lengthy in-depth portrayal on EastEnders, a British television soap serial drama watched by millions of viewers¹. This e researchers aims to explore the impact of watching that how watching the storyline, and its the concomitant increase in public awareness of Ppostpartum Ppsychosis PP, will have has had had on have been received by women who have recovered from the condition. Secondary aims include understanding The research seeks to understand how this population feel the condition is perceived

by the general public, and to gain insight into how experiences, such as those relating to stigma, have changed following the storyline's broadcasting.

Methodology: 98 in-depth, semi-structured, one-to-one, qualitative interviews will have been conducted with women who have recovered from experienced postpartum psychosis^{PP}, using a combination of telephone and in-person interviewing. Thematic analysis consistent with Braun and Clarke's (2006) 6 step approach² will be employed to generate themes from the data.

Results: Emerging themes will be presented. Preliminary analysis suggests that these are likely to centre around: the television portrayal as a tool to reflect and revisit PP experiences from multiple perspectives; perceptions of stigma; overcoming guilt and shame; factors affecting the usefulness of media to inform about maternal mental health; and the television portrayal as a vehicle for understanding the condition from the perspective of family members; perceptions of stigma and further steps to overcome this, and frustration at the inadequacy of professional support.

Conclusion/-Discussion: Establishing the impact of this media portrayal will enable organisations, such as maternal mental health charities, to offer more tailored support to this population, and will develop the currently limited^{2*} understanding of the experiences of women following their clinical recovery.

Establishing the reception to this media portrayal will enable mental health charities to understand the impact of this method of raising awareness, and may identify potential therapeutic benefits of watching such storylines, for example in terms of self-acceptance and reducing guilt. Additionally, this research will provide novel insight into recovered women's perceptions of the stigma surrounding severe-severe maternal mental illness and the impact of increasing public knowledge on this.

3 Key Words: Postpartum Psychosis; Patient Experiences; Media Portrayal.

References (minimum of 2):

1. Broadcasters Audience Research Board [Internet]. Barb.co.uk. 2016 [cited 9 March 2016]. Available from: <http://www.barb.co.uk/>
2. Braun V, Clarke V. Using thematic analysis in psychology. Qual Res Psychol. 2006;3(2):77-101
3. Robertson E, Lyons A. Living with puerperal psychosis: A qualitative analysis. Psychol Psychother T. 2003;76(4):411-431

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Commented [Office1]: Just some other thoughts here - Help mental health charities understand impact of this method of raising awareness; novel insight into recovered women's perceptions of stigma surrounding severe maternal mental illness and impact of increasing public knowledge on this; whether there are any therapeutic benefits of watching storyline in terms of self acceptance, reducing guilt etc / creating discussions with family members / providing focus for revisiting episodes long after recovery...

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Delusional Ideation in the Perinatal Period: Increased Risk of Immigration

Anna L. MacKinnon^{1,2}, Mariam Naguib¹, Helena Barr¹, Anna Levinsson^{1,2}, Phyllis Zelkowitz^{1,2}, and Ian Gold¹

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Background: Despite the prevalence of mental health problems during the perinatal period, little research has examined psychotic symptoms during this time. Level of exposure to environmental risk factors (1), and immigration in particular (2), are associated with increased risk for psychotic disorders. The current investigation examined whether psychosocial risk and immigrant status would predict delusional ideation across the perinatal period beyond depression, anxiety, and other demographic factors.

Methods: A community sample of 316 pregnant women ($M_{\text{age}} = 31.92$ years) was assessed across pregnancy, at 12-14 and 32-34 weeks gestation during routine clinic visits, and at 7-9 weeks postpartum during a home visit. Measures included self-report ratings of psychosocial risk (Antenatal Risk Questionnaire), prenatal anxiety (Cambridge Worry Scale), depressive symptomatology (Edinburgh Postnatal Depression Scale), and delusional ideation (Peters et al. Delusions Inventory).

Results: Multilevel Modeling analysis indicated significant fixed-effects for time, age, partnership, religiousness and prenatal anxiety, but not depressive symptomatology, on delusional ideation. Immigrant status moderated the effect of psychosocial risk such that greater

psychosocial risk predicted more symptoms of delusional ideation among immigrants ($b = .49, p = .007$), but not non-immigrants ($b = .18, p = .184$).

Conclusion: Psychosocial risk factors (e.g., history of mental health problems or abuse, stressful life events, lack of social support) places individuals who have immigrated at increased risk for experiencing delusional ideation during the perinatal period.

Key words: Delusional Ideation, Perinatal Period, Immigrant Status

References

- (1) Van Os, J., Linscott, R. J., Myin-Germeys, I., Delespaul, P., & Krabbendam, L. (2009). A systematic review and meta-analysis of the psychosis continuum: evidence for a psychosis proneness–persistence–impairment model of psychotic disorder. *Psychological medicine, 39*, 179-195.
- (2) Kelleher, I., & Cannon, M. (2011). Psychotic-like experiences in the general population: characterizing a high-risk group for psychosis. *Psychological medicine, 41*, 1-6.

The Impact of Parental Age at Birth on Self-Reported Behaviour Problems in Adolescents

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Background: Previous studies have identified parental age as an important predictive factor for child and adolescent behaviour outcomes¹⁻³. This study looked to examine whether maternal and paternal age influenced adolescent-reported behaviour outcomes in a prospectively collected cohort population-based cohort.

Methods: The Western Australian Pregnancy (Raine) Cohort is a study of 2900 pregnancies. The Youth Self Report for Ages 11-18 was used to measure self-reported total, internalising (e.g. anxious/withdrawn) and externalising (e.g. delinquent/aggressive) behaviours in adolescents at the 14- and 17-year cohort follow ups. Concordance between adolescent- and parent-report data was lowest for internalising behaviours.

Results: There was a significant linear relationship between maternal age and total and externalising behaviour morbidity, but not paternal age. Older maternal age was associated with decreased risk for problem behaviours in adolescents. However, after accounting for other socioeconomic and psychosocial variables, no significant associations between either maternal or paternal age were evident.

Conclusions: This study found no evidence that paternal age impacted upon adolescent-reported behaviour problems. After controlling for a number of psychosocial variables associated with both maternal age at childbirth and child behaviour, no associations between maternal age and adolescent behaviour outcomes were evident.

Key words: behaviour, maternal age, CBCL, Raine Study

References:

¹ McGrath, J. J., Petersen, L., Agerbo, E., Mors, O., Mortensen, P. B., & Pedersen, C. B. (2014). A comprehensive assessment of parental age and psychiatric disorders. *JAMA psychiatry*, 71, 301-309.

² Tearne, J. E., Robinson, M., Jacoby, P., Li, J., Newnham, J. P., & McLean, N. J. (2015). Does late childbearing increase the risk for behavioural problems in children? A longitudinal cohort study. *Paediatric and Perinatal Epidemiology*, 29(1), 41-49. doi: 10.1111/ppe.12165

³ Tearne, J. E., Allen, K. L., Herbison, C. E., Lawrence, D., Whitehouse, A. J. O., Sawyer, M. G., & Robinson, M. (2014). The association between prenatal environment and children's mental health trajectories from 2-14 years. *European Child and Adolescent Psychiatry*. doi: 10.1007/s00787-014-0651-7

Postnatal demoralisation: growing evidence for its relevance, detection, and treatment

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Objectives/Background: Demoralisation is a psychological state occurring in stressful life situations where a person feels unable to respond effectively to their circumstances, characterised by feelings of distress, subjective incompetence, helplessness and hopelessness. Demoralisation is particularly relevant to women mothering unsettled infants, who can feel incompetent and helpless (Bobevski et al., 2014; 2015). Early parenting programs seek to improve parental confidence and decrease helplessness through psychoeducation and skill building, and might thereby reduce demoralisation. This study examined whether demoralisation: (1) is a valid, detectable, and relevant construct postnatally; (2) improves following an intervention program.

Methods: Women admitted to an Australian residential early parenting program were recruited consecutively. Demoralisation (Demoralisation Scale), depression and anxiety (EPDS; DASS-21), and experiences of motherhood (BAM-13) were assessed on admission and discharge.

Results: Participant's (N=186) demoralisation level was high (M=30.9; SD=15.5) and associated with functional impairment and negative experiences of motherhood, independently of depression and anxiety symptoms. Women perceived the Demoralisation Scale as relevant to their postnatal experiences. Demoralisation decreased significantly after the intervention (M=18.4; SD=12.4). More participants improved on demoralisation (57.5%) than on depression (34.8%) and anxiety (9.8%).

Conclusion/Discussion: Postnatal demoralisation is a valid, detectable, and relevant construct, responsive to treatment. Its utility is in: (1) providing a framework for understanding and measuring women's experiences in a more meaningful and less stigmatising way, by bringing the focus on the circumstances of looking after an unsettled infant; (2) guiding interventions towards skill building to increase women's sense of competence and decrease helplessness and hopelessness.

Keywords: demoralisation; postnatal mental health; early parenting

References

Bobevski, I. et al. (2014). Postnatal demoralisation among women admitted to a hospital mother-baby unit: validation of a psychometric measure. *Archives of Women's Mental Health*, 18(6), 817-827.

Bobevski, I. et al. (2015). Early postnatal demoralisation among primiparous women in the community: measurement, prevalence and associated factors. *BMC Pregnancy and Childbirth*, 15(1), 259.

Exposure to interpersonal trauma is related to depression and self harm attempts in pregnant women in India

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Background: Exposure to interpersonal trauma in one's lifetime as well as during the current pregnancy has important implications for maternal and infant wellbeing. We examined the experiences of interpersonal trauma among pregnant women across their lifespan, as well as during their current pregnancy.

Methods: 330 women in the 2nd trimester of pregnancy were interviewed at an antenatal clinic in urban Bangalore, India to assess their experiences of interpersonal trauma. A semi-structured interview schedule exploring interpersonal trauma across one's lifespan and relating to specific life events was used to record women's experiences. Socio-demographic details of the participants were also recorded.

Results: Overall 143 women (43.3%) had experienced some form of interpersonal trauma in their lifetime. 91/330 women (27.7%) reported trauma from the death of someone they were close to during their lifetime. 25/330 (7.6%) women had been separated from either parent under 5 years of age; one-tenth of the women (33/330) had experienced verbal / emotional abuse, and 6.1% (20/330) had reported being physically punished in their childhood. Since marriage, 32 women (9.7%) had felt emotionally harassed by their in-laws. Emotional, physical or sexual harassment from the spouse during pregnancy was reported by 18 women (5.5%). There were no differences between women who were exposed to interpersonal trauma and those who were not, on socio demographic variables except family income. However, women who were exposed to interpersonal trauma compared to those who were not, reported significantly greater symptoms of depression (PHQ9) and self harm (EPDS item 10) ($p < 0.05$, $p < 0.001$ respectively).

Conclusion: Findings indicate that this subgroup of pregnant women who report interpersonal trauma are particularly vulnerable and may benefit from targeted psychological interventions.

Keywords: Interpersonal trauma, depression, self harm

References: Satyanarayana VA, Chandra PS, Vaddiparti K. Mental health consequences of violence against women and girls. Curr Opin Psychiatry. 2015 Sep;28(5):350-6.

Background

The Mental Welfare Commission for Scotland protects and promotes the human rights of people with mental health problems. Its duties are set out in current Mental Health and Incapacity law in Scotland.

In 2015, the Commission carried out its first themed visit in perinatal mental health. The objectives were to:

- Find out whether women receiving postpartum inpatient care were being admitted to hospital with their babies, in accordance with the Act¹.
- Explore the experiences of women.
- Review national perinatal service provision, following a recent study by the NSPCC and Maternal Mental Health Scotland².

Methodology

Our study took place from July to September 2015. The following quantitative and qualitative data was collected:

- Survey identifying postpartum women admitted to general adult wards, IPCU's and both Mother and Baby Units over 3 months.
- We interviewed 23 women across inpatient settings.
- All 14 health boards returned questionnaires about local perinatal services.
- An online survey was sent to all consultant psychiatrists in Scotland (81 responded).

Results

Full findings will be published in May/June 2016 in the full Commission report.

Details include:

- Numbers of women who received inpatient care with / without their babies.
- Experiences of women treated in MBU and non-specialist settings.
- Regional inequities in perinatal mental health care.
- Insights into the views and experiences of consultant psychiatrists.

Conclusions

We make recommendations on perinatal care, training and service provision at national, regional and local levels, supporting and adding to those of the SIGN 127 guidelines³.

Reference

¹ Mental Health (Scotland) Act 2015. Section 24 (www.legislation.gov.uk)

² Galloway S, Hogg S. Getting It Right for Mothers and Babies: Closing the Gaps in Community Perinatal Mental Health Services. NSPCC Scotland, 2015

³ Scottish Intercollegiate Guidelines Network. Management of Perinatal Mood Disorders (SIGN 127) 2012

Background:

Desire of the female to bear children can surpass the most extreme of situations. Over and above that, majority of mentally ill women are mothers with increasing number of them seeking help. Little is known about their own experiences in this regard and the extent to which their needs are met.

Objectives:

To assess the needs and experiences of pregnancy & motherhood in women with severe mental illness

Method:

The study used qualitative design with social constructivist paradigm. A purposive sample of 30 mothers with severe mental illness was obtained. Data was collected through one-to-one in-depth semi-structured interviews. After verbatim transcription, inductive thematic analysis was used to explore transcripts.

Results:

The varied experiences were arranged along the pre-pregnancy and post-pregnancy timelines. Overall: feelings for the child (ambivalence, possessiveness, guilt), impact of illness (stigma, symptoms, medication), unmet needs (for shared responsibility, emotional support, support groups) & caregiver reaction (blame, discrimination, custody threats) appeared as the main categories (and themes). Most women considered motherhood ‘central’ to their lives & almost all of them experienced the burden of “dual role”. A widespread idea that mentally ill women cannot be “good mothers” was common and the services for parenting were inconsistent and lacking.

Conclusions:

Women who are mothers and also users of mental health services do prize motherhood though facing special challenges in managing the contradictory aspects of their dual identity. Hearing their voices are essential for service provision and ensuring adequate mental health needs. Strategies to understand and address their unmet needs are critical for the well-being of both mother and child.

Keywords: severe mental illness, motherhood, qualitative

References:

- Diaz-Caneja, A., Johnson, S., (2004) The views and experiences of severely mentally ill mothers—a qualitative study. *Social Psychiatry & Psychiatric Epidemiology* 39(6):472–482
- Dolman, C., Jones, I., & Howard, L. M. (2013). Pre-conception to parenting: a systematic review and meta-synthesis of the qualitative literature on motherhood for women with severe mental illness. *Archives of women's mental health*, 16(3), 173-196

Introduction:

The prevalence of depression during pregnancy is about 8-10%, more frequently in the first and third trimesters. Perinatal suicidal ideation presents additional risks, since the potential harm is extended to the fetus. From a case report, the authors made a literature review on pregnancy and suicidal behaviour.

Case report:

39 years-old woman, unemployed, lives with her husband. She has personal history of depression, without regular medical consultation. In 2013 she complained to her general practitioner about anxiety and somatization after her 19 year-old daughter's death due to Leukemia. In September 2015, 11 weeks pregnant, she was admitted in the emergency department after voluntary drug intake. During the Psychiatric evaluation, she regretted her actions, referring she acted in an impulsive way, after a phone call of an ex-partner, with alleged threats to abort. She presented a depressive mood and her speech was coherent, without suicidal ideation or heterologous activity. Since she had good family support, she was advised to remain permanently monitored by family members until the next psychiatric appointment.

Conclusion

There are few articles written in this subject, and despite some of them face pregnancy as a risk factor for suicide, there are others that highlight pregnancy as a protective factor. There is a lack of evidence-based articles in this subject, therefore, more investigation is required.

Key-words:

pregnancy, suicidal behaviour, depression

References:

- "Suicide and suicidal behavior in women-issues and prevention", Suicide prevention Australia, 2015

- Khalifeh, H. et al., "Suicide in perinatal and non-perinatal women in contact with psychiatric services: 15 year findings from a UK national inquiry", 2012

International Marcé Conference, September 26-28, 2016

"Frontiers in Perinatal Mental Health - looking to the future"

Theme: Creative Arts - Full oral presentation

Abstract

'I'm not right': Students' evaluation of the film 'Beyond Baby Blue' as an educational resource

Dr Sarah Church, Associate Professor and Reader in Midwifery, London South Bank University & Barts Health NHS Trust; Anna Lyons Senior Lecturer Midwifery, London South Bank University; Barbara Jayson, Paediatric Liaison Specialist Practitioner, St Georges NHS Foundation Trust, London; David King, Maternal Mental Health Project Manager, Best Beginnings.

Objective/Background

Increasing evidence indicates that healthcare professionals and students lack knowledge and confidence to care and support women with mental health conditions (McCauley et.al 2011; Kahn 2015; Hauck, et.al 2015). This paper presents the findings of an evaluation of the film 'Beyond Baby Blue' produced as a learning resource for students and healthcare professionals. Commissioned by Best Beginnings, produced by WhiteBoat TV and with a screen play developed from accounts of women with post natal depression, the film focusses on the deteriorating health of a young mother who is experiencing postnatal depression.

Methodology

Ethical approval was sought and approved from the University Ethics Committee at London South Bank University. Focus groups were undertaken with 16 senior students (11 student midwives and five student health visitors), to explore the extent to which the film 'Beyond Baby Blue' contributed to students' knowledge and understanding of perinatal mental health. Each focus group discussion was digitally recorded and lasted up to 90 minutes.

Results

The film was described as powerful and emotional in terms of how it stimulated discussion and reflection on experiences; which highlighted a number of issues in relation to the current provision of care; the role of healthcare professionals; improvements needed in care and the issue of education and training.

Conclusion

Students agreed that the film was a good learning resource with its portrayal of a realistic and credible account of women's experiences within the current healthcare system; and a powerful medium for learning and teaching healthcare professionals and students, supported by facilitated reflection.

References

Hauck YL; Kelly G; Dragovic M; Butt J; Whittaker, P and Badcock, J.C (2015) Australian midwives knowledge, attitude and perceived learning needs around perinatal mental health. *Midwifery* 31(2015)247–255. doi.org/10.1016/j.midw.2014.09.002

Kahn L (2015) Falling through the gaps: perinatal mental health and general practice. Centre for Mental Health, London: Royal College of General Practitioners.

McCauley K, Elsom S, Muir-Cochrane E, Lyneham J (2011) Midwives and assessment of perinatal mental health. *J Psychiatr Ment Health Nurs* 18(9): 786–95. doi: 10.1111/j.1365-2850.2011.01727.x

Use of online forums for perinatal mental illness, stigma and disclosure: an exploratory model.

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Full Oral Presentation

Abstract

Background/Objectives: Perinatal mental illness is a global health concern, however, many women with the illness do not get the treatment they need to recover (Dennis and Chung-Lee, 2006; UNFPA/WHO, 2009). Interventions that reduce the stigma around perinatal mental illness have the potential to facilitate women disclosing their symptoms to healthcare professionals and accessing treatment. There are many online forums for perinatal mental illness and thousands of women use them. Online forums may promote help-seeking behaviour, potentially because they have a role in reducing stigma. This study tested a model that measured the mediating role of stigma between online forum use and disclosure of distress to healthcare professionals. Qualitative results were collected to enhance understanding of women's experiences of stigma as a barrier to disclosure.

Methods: An online survey of 200 women who were pregnant or had a child under five years of age and reported psychological distress. Women were recruited through social media and questions measured forum usage, perinatal mental illness stigma, disclosure to healthcare professionals, professional treatment uptake, depression and anxiety symptoms, barriers to disclosure and demographic information.

Results: There was a significant positive indirect effect of length of forum use on disclosure of psychological distress through internal stigma, $b=0.399$, BCa CI [0.13, 0.85]. Long-term forum users reported higher levels of internal stigma and higher internal stigma was associated with disclosure of distress to healthcare professionals when controlling for depressive and anxious symptoms. Many women said they found it difficult to disclose to a healthcare professional (80.5%, $n=161$) and stigma was cited as the most frequent explanation for disclosure problems (41.0%, $n=66$).

Conclusion/discussion: Internal stigma mediates the relationship between length of forum use and disclosure to healthcare professionals. Forums have the potential to facilitate women recognising and revealing their internal stigma, which may in turn lead to greater disclosure of symptoms to healthcare professionals. Clinicians could refer clients to trustworthy and moderated online forums that facilitate expression of perinatal mental illness and promote disclosure to healthcare professionals.

Keywords: perinatal mental illness, stigma, online forum.

References

Dennis, C.L., Chung-Lee, L., 2006. Postpartum depression help-seeking barriers and maternal treatment preferences: A qualitative systematic review. *Birth* 33, 323–331. doi:10.1111/j.1523-536X.2006.00130.x

UNFPA/WHO, 2009. Maternal mental health and child health and development in resource-constrained settings 1–16.

Availability of Perinatal mental health services in Maternity departments across West Midlands

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Background

The West Midlands region, in the centre of the United Kingdom has areas of contrast with areas of high deprivation and urbanisation as well as rural and more affluent areas.

Birmingham in the West Midlands is the second largest city in the UK. There were 70,123 births in the region in 2014³.

The Royal College of Psychiatrists report CR197⁴ highlights the importance of early identification both for treatment and for prevention of maternal mental health problems. Specialist Mental Health Midwives can lead on this early identification. The aim of this study was to explore the current position for Perinatal Mental Health Services (PMHS) in the Maternity Departments across the West Midlands, the pathways in place and any gaps that exist for PMHS.

Method

A questionnaire was devised to collate information about the services available. It was sent to named individuals (specialist midwife/consultant obstetrician) who are responsible for maternal mental health in each maternity department across the West Midlands.

Results

The information collected showed specific deficits in the services available for Perinatal mental health services.

Conclusion

Currently, there are gaps in the availability of PMHS in maternity departments across the West Midlands. These can now be addressed, together with the help of the West Midlands Maternity and Newborns' Strategic Clinical Network to find ways to improve these services including providing education to staff.

Keywords

Perinatal, services, Midlands

References

³Office for National Statistics (2015) Birth Summary tables – England and Wales. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthsummarytables>

⁴Royal College of Psychiatrists' college report (July 2015). Perinatal Mental Health Services: Recommendations for the provisions of services for childbearing women (CR197). Available from: <http://www.rcpsych.ac.uk/files/pdfversion/CR197.pdf>

Pregnancy and mindfulness-based stress reduction

- can MBSR influence the way mothers reflect about their pregnancy or unborn baby?

Introduction:

Mindfulness practices have the potential to prepare parents for birth, by reducing the risk of postpartum depression, induce confidence and increase the attention available for the baby (Baardac 2013). Since women's reflections are related to the quality of the relationship to the child after birth, we wanted to see if increased awareness of the baby also influences how mothers reflect about their unborn baby.

Method:

In this pilot study, we are inviting pregnant women between pregnancy week 10 and 30 to sign up for an 8 week course in MBSR. Before and after training they will be given structured questionnaires about their reflections (mental representations) and prenatal attachment to the unborn baby, as well as their satisfaction with life, level of stress and how they experience the mindfulness training. They will also be rated according to the Edinburgh postnatal depression scale.

Results:

Preliminary results will be presented on the conference poster.

Conclusion:

Given that the study has no control group, the design do not allow for firm conclusions about the effectiveness of MBSR in changing mental representations in pregnancy. Nonetheless, the results will give indications of whether MBSR can be of use in pregnancy, not only in reducing stress, but also whether it can be useful in enhancing the mothers' mental representations of their unborn baby. If so, this may pave the way for a larger study.

March 2016

Marcé Society Conference Abstract 2016

“Frontiers in Perinatal Mental Health - looking to the future”

Title: The Worldwide Prevalence of Tocophobia – a Systematic Review and Meta-analysis

Presenters Details:

O’Connell, MA^{1, 2}

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Biography:

Maeve is a PhD Student at the Irish Centre for Fetal and Neonatal Translational Research (INFANT Centre)/ Dept. of Obstetrics & Gynaecology, University College Cork, Ireland. Maeve has over 10 years clinical experience in nursing & midwifery and holds a Masters by research from King’s College London. Her research interests are perinatal mental health, normalising birth and smoking cessation in pregnancy. The aim of her PhD is to establish an evidence base for the treatment of tocophobia in Ireland. She is a member of The Marcé Society since she commenced her PhD and presented in London at the UK & Ireland Annual Scientific Meeting in September 2015.

Category: HOT TOPICS: Anxiety

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Marcé Society Conference Abstract 2016

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March 2016

Marcé Society Conference Abstract 2016

“Frontiers in Perinatal Mental Health - looking to the future”

Objective/ Background:

Tocophobia (severe fear of pregnancy & birth) is associated with serious adverse effects in pregnancy. More information is needed about the prevalence of tocophobia since there is wide variation in reports. Using a systematic review and meta-analysis design, the study aim was to provide the first quantitative estimate of the global prevalence of tocophobia in the published literature to date.

Methods:

The systematic review adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, and a protocol was registered on the international prospective register for systematic reviews database (PROSPERO). Six databases were searched using a comprehensive search strategy, data were extracted and study quality assessed. A meta-analysis using the random-effects model was conducted due to significant heterogeneity.

Results:

Twenty-five studies were eligible for inclusion in the meta-analysis comprising 851,993 women. Large differences in reported prevalence from 0.8-31% were noted and significant heterogeneity was found. The overall pooled prevalence of tocophobia was 11%. Subgroup analyses including definition of tocophobia used, parity and gestation did not change the overall pooled estimate.

Discussion & Conclusion:

Tocophobia is a complex and topical issue in perinatal mental health and is linked with increasing caesarean rates. This systematic review found a global prevalence of tocophobia in pregnant women of 11%. However, results should be interpreted with caution due to high heterogeneity. There is a lack of consensus on the definition of tocophobia. This area requires further research to inform care.

3 Keywords:

Tocophobia, Fear of Birth, Prevalence

References:

Laursen M, et al. BJOG: An International Journal of Obstetrics & Gynaecology. 2008; 115(3):354-60.
Räsänen S, et al. BJOG: An International Journal of Obstetrics & Gynaecology. 2014; 121(8):965-70.
Wijma K, et al. Journal of Psychosomatic Obstetrics & Gynaecology. 1998; 19(2):84-97

Title of Abstract: Evidence based practice in the community sector: PANDSI's Pathway to Wellness

Presenters details: Dr Marian Currie RN, RM PhD

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Biography: Nurse and Midwife, PhD thesis in epidemiology (postnatal depression). Research interests: effective interventions for perinatal mental health, sexual health and health services research. President of PANDSI Board 2002-2014. Finalist ACT Women's Awards 2016 for PANDSI work.

Other authors:

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Britt McDonald-Hall Principal Support Worker britt@pandsi.org

Select Category: Interventions - Mother

ABSTRACT

Objective: Describe Post and Antenatal Depression Support and Information (PANDSI's) Pathway to Wellness and determine its effectiveness.

Background: PANDSI is a community-based NGO providing ACT families with free information, facilitated support groups and referral to appropriate services. The Pathway is based on psychoeducation and exercise principles^{1,2}. The Pathway comprises: Telephone Support; Group Support (day & evening); Playgroup; Yoga; Fitness/Support Group; adjunct childcare and Partners Information Sessions.

Methods: Clients complete the EPDS at an intake interview and on exit from PANDSI and before and after each Pathway program.

Results: 250 women access PANDSI services each year and participate in 1-5 programs. The most commonly subscribed program is Telephone Support (1300 hours provided each year). For the cohort, median EPDS scores at intake and exit were 16 (range 7-27) and 6 (range 0-17) respectively. The median reduction in EPDS scores was 10 (range 1-22).

Conclusion / Discussion: PANDSI provides services to a significant proportion of women affected by perinatal mental health conditions each year. Most women who accessed PANDSI's Pathway programs demonstrated meaningful reductions (> 4 points)³ in EPDS scores. These results suggest that the community sector has a role to play in aiding recovery from PND.

3 Key words: Community, support, efficacy.

References:

1. Shorey S., Wai Chi Chan S., Seng Chong Y., & Hong-Gu He H-G (2015). A randomized controlled trial of the effectiveness of a postnatal psychoeducation programme on self-efficacy, social support and postnatal depression among primiparas. *Journal of Advanced Nursing*. 71 (6) 1260–1273. doi: 10.1111/jan.12590
2. Blamey R.V., Daley A. J., Jolly K. (2012) Exercise for postnatal psychological outcomes: a systematic review and meta-analysis. *The Lancet*. Published Online November 23, 2012.
3. Matthey S (2004) Calculating clinically significant change in postnatal depression studies using the Edinburgh Postnatal Depression Scale. *Journal of Affective Disorders*. 78(3) 269-272. DOI: [http://dx.doi.org/10.1016/S0165-0327\(02\)00313-0](http://dx.doi.org/10.1016/S0165-0327(02)00313-0)

- Do you need to have an oral presentation to have financial support to attend the conference?

NO

- If your abstract is rejected for oral presentation, do you agree that it will be submitted for poster?

YES

Abstract

Title: Women's experiences of pregnancy, birth and the perinatal period following an eating disorder

Presenters details: Dr Rakime Elmir, Western Sydney University

Biography: Dr Rakime Elmir is a lecturer at Western Sydney University. Her doctoral work focused on women's experiences of severe postpartum haemorrhage and emergency hysterectomy. Since completing her doctoral work, Rakime has completed research around father's experiences of traumatic birth and midwives experiences of obstetric emergencies. Rakime's research interests include, qualitative research designs, birth trauma, father's experiences of birth and high risk maternity care.

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Background: Eating disorders are associated with the highest mortality and morbidity of any mental illness in young Australian women and have been on the rise since the 1980s with 9 percent of the Australian population affected by eating disorders (National Eating Disorders Collaboration [NEDC], 2015). During pregnancy, women with an eating disorder are more vulnerable to heightened body image concerns and the adjustments to a growing abdomen and other changes over which they have no control can be very difficult with the possibility of disordered eating behaviours returning (Koubaa et al 2005). Eating disorders in pregnancy have also been linked to poor maternal and neonatal outcomes including miscarriages (Micali, Simonoff & Treasure, 2007) postnatal depression and poor infant attachment/bonding (Abraham, Taylor & Conti, 2001). The aim of this study is to explore experiences of pregnancy, birth and the perinatal period in women with a self-reported history of an eating disorder.

Methods: A qualitative research design underpinned the study. 10 women from Australia participated in telephone interviews.

Results: Women expressed their joy at being pregnancy and having a little person growing inside their belly. However, some women described their difficulties with maintain a high calorie diet to accommodate for the growing fetus and often participated in exercises such as walking and yoga. A strong desire to provide the 'best' for their infants growing bodies were expressed, hence women choosing to breastfeed. While, breastfeeding provided nutritional benefits for their infants, it also provided weight loss benefits for women. Support from health professionals was considered paramount in their recovery and coping abilities.

Conclusion: Findings emphasise the need for adequate professional support to assist women in coping with pregnancy and the perinatal period.

Keywords: Qualitative research, eating disorders, women's experiences

References:

- National Eating Disorders Association [NEDA], (2015). www.nationaleatingdisorders.org
- Koubaa, S., Hallstrom, T. & Hirschberg, A. L. (2008). Early Maternal adjustment in women with eating disorders. *International Journal of Eating Disorders*, 41, 405-410.
- Micali, N, Simonoff, E. & Treasure, J. (2007). Risk of major adverse perinatal outcomes in women with eating disorders. *British Journal of Psychiatry*, 190, 255-259.
- Abraham, S., Taylor, A. & Conti, J. (2001). Postnatal depression, eating, exercise, and vomiting before and during pregnancy. *International Journal of eating Disorders*, 29(4), 482-487.

Theme: Cutting edge research



iHV Poster Presentation Submission for the International Marce Society Biennial Meeting

Abstract Title: The Institute of Health Visiting Health Visitor Perinatal Mental Health Training - changing practice and systems together

Presenter Details: Melita Walker

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Biography

Pioneer Fellow of the Institute of Health Visiting (iHV) and current national lead for perinatal mental health and professional development officer with the iHV. Melita worked in mental health services for ten years in a variety of roles that spanned the broad spectrum of mental health services. Her experience of working with people with a mental illness and the links this has with early life experience, health inequalities and the intergenerational transmission of poor mental health inspired her to train as a health visitor and practice teacher and fuelled a subsequent passion for championing the importance of perinatal mental health.

Category: Poster Presentation

Co- Authors: Dr Cheryll Adams cheryll.adams@ihv.org.uk

Objective

To provide evidence (1,2,3) based post registration education and training in perinatal mental health (PMH) to all 14,000 health visitors in England at the same level thereby strengthening local health visiting services and improving early detection of perinatal mental illness.

Background

In 2013/14 the Department of Health, England commissioned the Institute of Health Visiting (iHV) to train health visitors in perinatal mental health (PMH). The iHV successfully negotiated to instead create 400 PMH champions who would then cascade their training to all their peers.

Methods

The training was rolled out in centres across England by national expert trainers. In order to make the champions training as robust as possible, various safeguards were built in. It was evaluated at the time of training and 1 year later.

Results

By 2016 a total of 577 champions have been trained and they in turn have rolled out the training to in excess of 10,000 health visitors and others. Whilst the training was designed for health visitors many other professions have benefited during the roll out including midwives, general practitioners and mental health workers. As a result the iHV has now designed a multi-professional champions and direct deliver training. As encouraging as the reach, has been the effects of the training on service transformation. This will be explored in more detail on the poster.

Conclusion

Creating local perinatal mental health champions (providing the risks are addressed) can, as well as upskilling the workforce against national evidence based standards, lead to service transformation through the creation of a new level of local leaders in perinatal mental health. Furthermore it can initiate new partnership working and evidence dissemination through a sharing of the training with other professional groups.

Discussion

What are the essential elements of effective PMH training?

3 Key Words: Confidence - Competence - Commitment

References

1. Brugha, T.S., Morrell, C.J., Slade, P., Walters, S.J. (2011) Universal prevention of depression in women postnatally: cluster randomized trial evidence in primary care. *Psychological Medicine*. 41(4):739-48.
2. Cowley, S., Whittaker, K., Grigulis, A., Malone, M., Donetto, S., Wood, H., Morrow, E., Maben, J. (2013) Why Health Visiting? A review of the literature about key health visitor interventions, processes and outcomes for children and families. London: National Nursing Research Unit, Kings College London.
3. Davis, H., Day, C. (2010) *Working in Partnership with Parents*. 2nd Ed. Oxford: Pearson.
4. Morrell, J., Slade, P., Warner, P., Paley, G., Dixon, S., Walters, S.J., Brugha, T., Barkham, M., Parry, G.J., Nicholl, J. (2009) Clinical effectiveness of health visitor training in psychologically informed approaches for depression in postnatal women: pragmatic cluster randomised trial in primary care. *BMJ*. 338:a3045.

Prevalence and Predictors of Spontaneous Smoking Cessation at the First Trimester of Pregnancy

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Abstract

Objectives: Quitting smoking during pregnancy has been associated with women's socio-demographics and smoking-related variables, but the psychological aspects that may also contribute to explain why women quit or not quit smoke during pregnancy remain poorly studied. The purpose of this study was to assess the prevalence of spontaneous smoking cessation at the first trimester of pregnancy and associations with women's socio-demographics, smoking-related variables and psychopathological symptoms (anxiety and depression). The contribution of depressive symptoms to spontaneous quitting, while controlling for anxiety symptoms, socio-demographic and smoking-related variables was also analyzed.

Methods: The study sample is comprised of 901 Spanish pregnant women at the first trimester of pregnancy. Assessment included an ad hoc questionnaire with socio-demographic and tobacco consumption information, the *Edinburg Postnatal Depression Scale* (EPDS), and the *State-Anxiety Inventory* (STAI-S). Multiple logistic regression analyses were performed.

Results: 12.3% (n = 111) of the women spontaneously quit smoking at the first trimester of pregnancy, 41.4% of those who were smoking when becoming pregnant (n = 268, 29.7%). Being primiparous (OR = 2.463), having a college education (OR = 2.141), smoking fewer cigarettes before pregnancy (OR = 1.175), and lower scores on the STAI-S (OR = 1.045) increase the probability of spontaneously quitting smoking at the first trimester of pregnancy.

Conclusion: Spontaneous quitting was better predicted by anxiety symptoms than depressive symptoms. Findings highlight that women's anxiety symptoms should be targeted in interventions for smoking cessation during pregnancy.

Keywords: Anxiety. Depression. Pregnancy. Smoking cessation. Quitters. Spontaneous quitting.

Reference

Miguez, C., B., Pereira, B., & Figueiredo, B. (*under review*). Tobacco consumption and spontaneous quitting at the first trimester of pregnancy. *Addictive Behaviors*.