<table>
<thead>
<tr>
<th>BOARD</th>
<th>TITLE</th>
<th>AUTHORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CHALLENGE, CHOICE, CONTROL, AND COPING: A MODEL FOR MANAGING CHANGE AND MAINTAINING WELLBEING IN THE TRANSITION TO PARENTHOOD</td>
<td>Carol Barber</td>
</tr>
<tr>
<td>2</td>
<td>MARGINALIZATION AND ACCESS TO POSTPARTUM OUTPATIENT MENTAL HEALTH SERVICE USE PRIOR TO ED VISITS</td>
<td>Lucy Barker, Flora Matheson, Paul Kurdyak, Kinwah Fung, Simone Vigod</td>
</tr>
<tr>
<td>3</td>
<td>POSITIVE AND NEGATIVE EMOTIONS AND LIFE SATISFACTION OF WOMEN AT THE START OF FERTILITY TREATMENT</td>
<td>Shirley Ben Shlomo, Orit Taubman – Ben-Ari, Joseph Azuri, Eran Horowitz</td>
</tr>
<tr>
<td>4</td>
<td>PERINATAL OUTCOMES AMONG WOMEN WITH CO-OCcurring MENTAL ILLNESS AND INTELLECTUAL AND DEVELOPMENTAL DISABILITIES</td>
<td>Hilary Brown, Virginie Cobigo, Yona Lunsky, Simone Vigod</td>
</tr>
<tr>
<td>5</td>
<td>MOMENTARY STRESS, CORTISOL, AND GESTATIONAL LENGTH AMONG PREGNANT VICTIMS OF CHILDHOOD MALTREATMENT: A PILOT STUDY</td>
<td>Margaret Bublitz, Ghada Bourjeilly, Laura Stroud</td>
</tr>
<tr>
<td>6</td>
<td>THE PERINATAL DEPRESSION TREATMENT CASCADE: BABY STEPS TOWARDS IMPROVING OUTCOMES</td>
<td>Elizabeth Q. Cox, Nathaniel A. Sowa, Samantha E. Meltzer-Brody, Bradley N. Gaynes</td>
</tr>
<tr>
<td>7</td>
<td>HEALTHYDADS.CA: WHAT DO MEN WANT IN A WEBSITE DESIGNED TO PROMOTE EMOTIONAL WELLNESS AND HEALTHY BEHAVIORS IN EXPECTANT FATHERS?</td>
<td>Deborah Da Costa, Phyllis Zelkowitz, Nicole Letourneau, Cindy-Lee Dennis, Andrew Howlett, Brian Russell, Steven Grover, Ilka Lowensteyn, Peter Chan, Samir Khalife</td>
</tr>
<tr>
<td>8</td>
<td>FATHER'S MENTAL HEALTH IN THE PERINATAL PERIOD</td>
<td>Francine de Montigny, Kate St Arneault, Pascale de Montigny-Gauthier, Tamarha Pierce, Christine Gervais, Diane Gervais, Phyllis Zelkowitz, Samir Khalife, Michael Raptis, Anna Denis, Rebecca Wickett, Kaberi Dasgupta</td>
</tr>
<tr>
<td>9</td>
<td>FATHERS’ POSTNATAL STRESS: CONTRIBUTING FACTORS</td>
<td>Francine de Montigny, Kate St Arneault, Pascale de Montigny-Gauthier, Tamarha Pierce, Christine Gervais, Diane Gervais, Phyllis Zelkowitz, Samir Khalife, Michael Raptis, Anna Denis, Rebecca Wickett, Kaberi Dasgupta</td>
</tr>
<tr>
<td>10</td>
<td>CLINICAL SUMMARY OF A FATHERS’ MENTAL HEALTH PROGRAM</td>
<td>Andrew Howlett</td>
</tr>
<tr>
<td>11</td>
<td>ANTENATAL RISK FACTORS FOR DEPRESSIVE SYMPTOMS IN FIRST-TIME FATHERS AT 6 MONTHS POSTPARTUM</td>
<td>Deborah Da Costa, Phyllis Zelkowitz, Kaberi Dasgupta, Anna Denis, Rebecca Wickett, Michael Raptis, Samir Khalife</td>
</tr>
<tr>
<td>12</td>
<td>IMPROVING ACCESS TO WOMEN’S HEALTHCARE AT AN INPATIENT PSYCHIATRIC FACILITY</td>
<td>John Daly, Stephanie Tung</td>
</tr>
<tr>
<td>13</td>
<td>MINDFULNESS IS ASSOCIATED WITH FEWER PERCEIVED BARRIERS TO HEALTHY BEHAVIOR IN PREGNANT WOMEN</td>
<td>Anna Denis, Deborah Da Costa, Phyllis Zelkowitz</td>
</tr>
<tr>
<td>14</td>
<td>ASSESSING NEWLY DEVELOPED EDUCATIONAL TOOLS TARGETING PRENATAL CARE PROVIDERS’ KNOWLEDGE OF PERINATAL MENTAL ILLNESSES</td>
<td>Emily Dossett</td>
</tr>
<tr>
<td>15</td>
<td>AWARENESS, PERCEPTIONS AND ATTITUDES TOWARDS PERINATAL MENTAL HEALTH AMONGST PREDOMINANTLY HISPANIC WOMEN RECEIVING PRENATAL CARE</td>
<td>Emily Dossett</td>
</tr>
<tr>
<td>BOARD</td>
<td>TITLE</td>
<td>AUTHORS</td>
</tr>
<tr>
<td>-------</td>
<td>----------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>16</td>
<td>PRACTITIONERS’ PERSPECTIVES ABOUT COMMUNITY ASSETS AND NEEDS REGARDING PERINATAL MENTAL HEALTH AMONG LATINAS</td>
<td>Lisa M. Edwards</td>
</tr>
<tr>
<td>17</td>
<td>ATYPICAL ANTI-PSYCHOTIC USE AND OUTCOMES IN AN URBAN MATERNAL MENTAL HEALTH SERVICE</td>
<td>Susan Friedman, Chandni Prakash, Charmian Moller-Olsen, Abigail North</td>
</tr>
<tr>
<td>18</td>
<td>PARENTAL MENTAL ILLNESS AND THE RISK OF VIOLENCE TOWARD CHILDREN</td>
<td>Susan Friedman, Miranda McEwan</td>
</tr>
<tr>
<td>19</td>
<td>EFFECT OF LAMOTRIGINE USE IN PREGNANCY ON MATERNAL AND FETAL OUTCOMES: RETROSPECTIVE ANALYSIS FROM AN URBAN MATERNAL MENTAL HEALTH (MMH) CENTER IN NZ</td>
<td>CHANDNI PRAKASH, SUSAN HATTERS-FRIEDMAN, CHARMIAN MOLLER-OLSEN, ABIGAIL NORTH</td>
</tr>
<tr>
<td>20</td>
<td>RESEARCH TO REALITY: THE ROAD TO POLICY CHANGE REGARDING PERINATAL DEPRESSION</td>
<td>Saralee Glasser</td>
</tr>
<tr>
<td>23</td>
<td>CANCELED BY AUTHOR</td>
<td>AUTHOR CANCELLATION</td>
</tr>
<tr>
<td>24</td>
<td>PRESCRIPTION OPIOID USE AND MISUSE IN PREGNANCY</td>
<td>Constance Guille, Roger Newman, Kathleen Brady</td>
</tr>
<tr>
<td>25</td>
<td>DEVELOPMENT OF A NEW MEASURE OF MATERNAL-FETAL ATTACHMENT</td>
<td>Laura Hedrick, Joyce Hopkins and Jennifer Miller</td>
</tr>
<tr>
<td>26</td>
<td>PREFERENCE OR PRACTICE? MOTHERS’ BELIEFS AND PRACTICES AROUND BREASTFEEDING AND DEPRESSIVE SYMPTOMS</td>
<td>Avery Hennigar, Hillary Paul Halpern, Maureen Perry-Jenkins</td>
</tr>
<tr>
<td>27</td>
<td>PRENATAL MATERNAL STRESS, ANXIETY, AND DEPRESSION SYMPTOMS AND STRESS BIOMARKERS IN MOTHERS AND NEWBORNS: A PRELIMINARY INVESTIGATION OF HAIR CORTISOL CONCENTRATION.</td>
<td>Catherine Herba, Sonia Lupien, Jean Séguin, Gabriel Shapiro, Sarah Lippé, Gina Muckle, Cathy Vaillancourt, William Fraser</td>
</tr>
<tr>
<td>28</td>
<td>PREDICTORS OF PATERNAL SENSITIVITY IN LOW-INCOME, EMPLOYED FATHERS</td>
<td>Rachel Herman, Maureen Perry-Jenkins</td>
</tr>
<tr>
<td>29</td>
<td>THE RELATION BETWEEN STRESS, DEPRESSION, ANXIETY, SOCIAL SUPPORT AND MATERNAL-FETAL ATTACHMENT.</td>
<td>Joyce Hopkins, Jennifer Miller, Kristina Butler, Lynda Gibson, Amanda Lossia, Deborah Boyle</td>
</tr>
<tr>
<td>30</td>
<td>THE IMPACT OF DEPRESSION AND PSYCHOSOCIAL FACTORS ON MATERNAL RESILIENCE IN WOMEN AT AN URBAN COMMUNITY HEALTH CENTER</td>
<td>Katherine Johnson, Frances Paley, Anna Modest, Michele Hacker, Sabine Shaughnessy, Hope Ricciotti, Jennifer Scott</td>
</tr>
<tr>
<td>31</td>
<td>PERCEIVED LIFE-COURSE FINANCIAL STATUS CHANGES AND ITS RELATIONSHIP WITH DEPRESSIVE SYMPTOMS IN AFRICAN AMERICAN PREGNANT WOMEN.</td>
<td>Arun Nag Santhosh Mallapareddi, Dawn Misra</td>
</tr>
<tr>
<td>32</td>
<td>TOWARDS OPTIMAL MATERNAL MENTAL HEALTH: A COMPARATIVE CASE STUDY OF THE COMMUNITY-BASED PERINATAL SUPPORT MODEL</td>
<td>Leslie Mandel, Lynne Man, Liz Friedman, Annette Cycon</td>
</tr>
<tr>
<td>33</td>
<td>NOVEL METHODOLOGY TO STUDY THE EMOTIONAL AND INTERPERSONAL CONTEXT OF POSTPARTUM WOMEN’S EVERYDAY LIVES</td>
<td>Christina Metcalf, Sona Dimidjian</td>
</tr>
<tr>
<td>BOARD</td>
<td>TITLE</td>
<td>AUTHORS</td>
</tr>
<tr>
<td>-------</td>
<td>----------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>34</td>
<td>IMPLEMENTATION OF A SPECIALIZED WOMEN'S MENTAL HEALTH SERVICE: OBSTETRICAL STAFF OUTCOMES</td>
<td>Sarah Nagle-Yang, Jaina Amin, Susan Hatters Friedman, Lulu Zhao</td>
</tr>
<tr>
<td>35</td>
<td>HOLISTIC CARE FOR FAMILIES PREGNANT AGAIN AFTER A LOSS</td>
<td>Lindsey Henke, Joann O'Leary</td>
</tr>
<tr>
<td>36</td>
<td>PREDICTIVE ABILITY AND ACCEPTABILITY OF THE PERINATAL DEPRESSION SCREENING AND PREVENTION TOOL: PRELIMINARY RESULTS</td>
<td>Ana Pereira</td>
</tr>
<tr>
<td>37</td>
<td>DIAGNOSTIC INTERVIEW FOR PSYCHOLOGICAL DISTRESS - POSTPARTUM (DIPD-PP): DESCRIPTION AND EXPERT EVALUATION</td>
<td>Sandra Xavier</td>
</tr>
<tr>
<td>38</td>
<td>SYSTEMATIC REVIEW OF PERINATAL DEPRESSION IN MEXICO: WHERE DO WE GO FROM HERE?</td>
<td>Jean Marie Place, Filipa deCastro, Deborah Billings</td>
</tr>
<tr>
<td>39</td>
<td>INTIMATE PARTNER VIOLENCE PERPETRATION IN PREGNANCY AND POSTPARTUM MENTAL HEALTH OUTCOMES</td>
<td>Betty-Shannon Prevatt, Sarah Desmarais, Patti Janssen</td>
</tr>
<tr>
<td>40</td>
<td>MINDFULNESS BASED STRESS REDUCTION FOR HIGH-RISK PREGNANT WOMEN: A CASE STUDY IN AN URBAN FEDERALLY QUALIFIED HEALTH CENTER</td>
<td>Maureen Satyshur, Stephanie Schuette, Inger Burnett-Zeigler</td>
</tr>
<tr>
<td>41</td>
<td>ANXIETY AND DEPRESSION IN WOMEN WITH HYPEREMESIS GRAVIDARUM: A SYSTEMATIC REVIEW</td>
<td>Sapna Sharma, Verinder Sharma</td>
</tr>
<tr>
<td>42</td>
<td>A SIMPLE MODEL FOR PREDICTION POSTPARTUM PTSD IN HIGH RISK PREGNANCIES</td>
<td>Inbal Shlomi Polachek, Mordechai Dulitzky, Lilia Margolis-Dorfman, Michal Simchen</td>
</tr>
<tr>
<td>43</td>
<td>POSTPARTUM PSYCHIATRIC ADMISSION IN NEW MOTHERS WITH AND WITHOUT A HISTORY OF PRIOR TO CHILDBIRTH PSYCHIATRIC ADMISSION</td>
<td>Inbal Shlomi Polachek, Kinwah Fung, Ashlesha Bagadia, Simone Vigod</td>
</tr>
<tr>
<td>45</td>
<td>VALIDATION OF THE PATERNAL INVOLVEMENT WITH INFANTS SCALE (PIWIS)</td>
<td>Daniel Singley, Alexander Rowell, Sonia Molloy, Anthony Isacco</td>
</tr>
<tr>
<td>46</td>
<td>TOWARD A WHOLE-FAMILY APPROACH TO PERINATAL MENTAL HEALTH: BEST EVIDENCE-INFORMED PRACTICES IN FATHER-FOCUSED PROGRAMMING</td>
<td>Pamela Geller, Daniel Singley, Chavis Patterson</td>
</tr>
<tr>
<td>47</td>
<td>THE CONTRIBUTION OF AGE AND INTERNAL AND EXTERNAL RESOURCES TO THE MENTAL HEALTH OF WOMEN ENTERING FERTILITY TREATMENTS</td>
<td>Orit Taubman - Ben-Ari, Vera Skvirski, Shirley Ben Shlomo, Joseph Azuri, Eran Horowitz</td>
</tr>
<tr>
<td>48</td>
<td>PREVALENCE OF POSTPARTUM DEPRESSION SYMPTOMS AMONG WOMEN ASSISTED AT AN OUTPATIENT UNIT FOR BREASTFEEDING INCENTIVE</td>
<td>Erika Vieira, Isilia Silva, Nathalia Caldeira, Maite Varela, Elizienne Howarth</td>
</tr>
<tr>
<td>49</td>
<td>CAN EXPLORING TRANS-DIAGNOSTIC SYMPTOMS HELP REFINE A &quot;DELAYED SLEEP&quot; PHENOTYPE OF PERINATAL DEPRESSION?</td>
<td>Katherine Sharkey, Meredith Coles, Teri Pearlstein</td>
</tr>
<tr>
<td>50</td>
<td>POSTPARTUM TRAJECTORIES: SERIAL PERINATAL DEPRESSION SCREENING IN A COMMUNITY-BASED SETTING</td>
<td>Charmaine Wright, Marjie Mogul, Judy Shea</td>
</tr>
</tbody>
</table>
Objective: Pregnancy is a time of physical, social, and psychological change, and these changes often trigger stress and distress. Researchers and clinicians have begun to develop interventions to address distress among pregnant women, including psychosocial and mind-body strategies that show promise in the limited research available so far. However, delivery of these interventions is limited by cost, staffing, and practical accessibility barriers for women. This presentation describes a model for supporting stress management and improving wellbeing during pregnancy using empirically-supported techniques in a psychologically-informed self-help approach, and describes two cost-effective delivery options.

Methods: The two approaches described are an interactive self-help mobile application and a psychoeducational group delivered in parallel with prenatal education. Both approaches include individual assessment of strengths and resources, stressors, coping strategies and emotions, and result in a plan for promoting wellbeing using preferred activities and strategies. Both also include psychoeducational material on stress, pregnancy, and parenting.

Results: The presentation will describe initial feedback and piloting of the content of the programme from a variety of sources including midwives, primary care doctors, and pregnant women.

Conclusions: The challenge for clinicians and researchers in the 21st century is to build on what we have learned about the intimate interdependence of mind, body, and social world, and develop interventions that are practical and effective for supporting families in the transition to parenthood. This presentation describes the development and initial testing of one such approach.

Acknowledgements: This work was supported by internal grant funding from the Faculty of Arts and Social Sciences, University of Waikato
Objective: Postpartum psychiatric emergency department (ED) visits may be avoidable with adequate outpatient mental health treatment. Marginalization is a barrier to access generally but whether this is true postpartum is unknown. We aimed to determine whether marginalization increases risk for postpartum psychiatric presentation to an ED without prior postpartum outpatient mental health contact.

Methods: We identified all women with a psychiatric ED visit in their first postpartum year (N=8,728) using Ontario population-based health administrative data (2006-2012). Women whose ED visit was the first mental health contact since delivery ("first presentation") were compared to women with outpatient postpartum mental health contact prior to the ED visit on: 1) the Ontario Marginalization Index (ON-Marg) dimensions: material deprivation, residential instability, ethnic concentration, and dependency; 2) rural vs. urban residence; and 3) neighbourhood income quintile (Q).

Results: About 65.5% of the cohort were having a “first presentation” (median 4 months postpartum). “First presentation” was associated with high material deprivation (Q4 and Q5 vs. Q1: aOR 1.25, 95% CI 1.07-1.46; aOR 1.3, 95% CI 1.12-1.5), high residential instability (Q5 vs. Q1: aOR 1.17, 95% CI 1.01-1.36) and low ethnic concentration (Q3, Q4 and Q5 vs. Q1: aOR 0.74, 95% CI 0.62-0.87; aOR 0.73, 95% CI 0.62-0.86; aOR 0.80, 95% CI 0.69-0.94). It was also associated with rurality (aOR 1.58, 95% CI 1.38-1.80) and low neighbourhood income (Q1 vs. Q5: aOR 1.18, 95% CI 1.01-1.38).

Conclusion: Improving access to postpartum outpatient mental health services for marginalized women could improve outcomes for these women and their children.

Acknowledgements: This study was supported by a grant from the Canadian Institutes of Health Research (CIHR). In addition, this study was supported by the Institute for Clinical Evaluative Sciences (ICES), which is funded by an annual grant from the Ontario Ministry of Health and Long-Term Care (MOHLTC).
Title: Positive and Negative Emotions and Life Satisfaction of Women at the Start of Fertility Treatment

Authors: Shirley Ben Shlomo(1); Orit Taubman – Ben-Ari(1); Yoseph Azuri (2,3); Eran Horowitz (2,3)

Authors’ institutions: The Louis and Gabi Weisfeld School of Social Work, Bar Ilan University(1)The Sackler Faculty of Medicine, Tel Aviv University(2)Maccabi Healthcare(3)

Objective: To examine the contribution of negative versus supportive interactions with the mother, personal traits, and psychological characteristics (attachment orientation) of women starting fertility treatments to their subjective well-being (life satisfaction and positive and negative emotions).

Methods: 178 Israeli women starting fertility treatment completed self-report questionnaires relating to sociodemographic characteristics, attachment style, and aspects of their relationship with their mother (independent variables), as well as life satisfaction and positive and negative emotions (dependent variables).

Results: Better physical health was associated with greater life satisfaction, more positive emotions, and less negative emotions; women with a diagnosis of secondary infertility who did not have previous children were characterized by lower life satisfaction; higher anxious attachment orientation was associated with less life satisfaction and more negative emotions; more supportive interactions with the mother was associated with a higher level of positive emotions.

Conclusions: In view of the fact that subjective well-being may impact the success of fertility treatments, interventions for women at the beginning of treatment should be directed to the enhancement of both life satisfaction and positive and negative emotions. To achieve this goal, it is important for clinicians to understand underlying contributors to subjective well-being at this time, and to strive to strengthen supportive interactions with the mother.
PERINATAL OUTCOMES AMONG WOMEN WITH CO-OCCURRING MENTAL ILLNESS AND INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

Hilary K. Brown, Virginie Cobigo, Yona Lunsky, Simone Vigod
University of Toronto and Women’s College Research Institute, Toronto, Canada

Objective: Intellectual and developmental disabilities (IDD) are a risk factor for adverse perinatal outcomes. The perinatal health of women with co-occurring mental illness and IDD (dual diagnosis) is largely unknown. Our objectives were to: 1) describe a cohort of pregnant women with dual diagnosis and 2) compare their perinatal outcomes to those of women with each of mental illness and IDD alone (active comparators) and women with neither condition.

Methods: We conducted a population-based cohort study using linked Ontario (Canada) health and social services administrative data to identify singleton deliveries (2002-2011). We identified women with IDD (N=3,932) from a larger cohort of adults with IDD in Ontario to create the dual diagnosis and IDD groups and used a 20% sample of women without IDD (N=382,774) to create the other two groups. Multivariable modified Poisson regression was used to assess adjusted relative risks (aRR) for adverse maternal and neonatal outcomes.

Results: Women with dual diagnosis were most likely to be young, to live in low income neighbourhoods, and to have pre-pregnancy health issues. Compared to women with neither condition, they had increased risks for preeclampsia/eclampsia (aRR=1.57, 95% CI 1.12-2.20), venous thromboembolism (aRR=1.96, 95% CI 1.31-2.94), perinatal mortality (aRR=2.32, 95% CI 1.36-3.97), preterm birth (aRR=1.84, 95% CI 1.61-2.10), and small for gestational age (aRR=1.32, 95% CI 1.19-1.46). The magnitude of these risks was generally greater than those for women with mental illness or IDD alone.

Conclusions: Women with dual diagnosis may require enhanced monitoring and support to prevent adverse perinatal outcomes.
Momentary stress, cortisol, and gestational length among pregnant victims of childhood maltreatment: A pilot study

MargaretUBLitz, Ghada Bourjeilly, Laura Stroud

Behavioral Medicine, The Miriam Hospital

Pregnant victims of childhood maltreatment are more likely to deliver preterm. The mechanisms explaining this relationship are unclear. The goal of the current pilot study was to investigate whether momentary stress and cortisol concentrations serve as mechanisms linking maltreatment history to shortened gestational length. Seventeen women enrolled in the current study (35% with a maltreatment history). Women completed two study sessions at 27 and 34 weeks gestation. Following each session, at 4 times a day over 2 days, women reported their momentary stress levels by text message and provided corresponding salivary cortisol samples. Gestational length was determined by medical chart review. Higher reports of momentary stress were associated with shortened gestational length, and predicted lower cortisol concentrations for women with maltreatment histories but higher concentrations among women with no maltreatment history. Results from this pilot study provide preliminary evidence for understanding mechanisms explaining increased risk for preterm birth among childhood maltreatment victims.
The Perinatal Depression Treatment Cascade: Baby steps towards improving outcomes

Elizabeth Q. Cox, M.D., Nathaniel A. Sowa, M.D., Ph.D., Samantha E. Meltzer-Brody, M.D., M.P.H., Bradley N. Gaynes, M.D., M.P.H.
University of North Carolina at Chapel Hill

Objective: Perinatal depression is a common and costly health concern with serious implications for the mother and child. We sought to quantify the “Perinatal Depression Treatment Cascade” – the cumulative shortfalls in clinical recognition, initiation of treatment, adequacy of treatment and treatment response for women with antenatal (AND) and postpartum depression (PPD).

Methods: A systematic search was conducted to identify articles about diagnostic rates, treatment rates, adequate treatment rates, and remission rates for AND and PPD. We searched PubMed and EMBASE through March 2015. Articles were included if they were in English and examined rates of detection, treatment, adequate treatment, or remission for AND or PPD. Mean rates of diagnosis, treatment, adequate treatment and remission were calculated and weighted based on the number of subjects in each study. Search results were dually reviewed for confirmation of study eligibility and data abstraction.

Results: Data suggest that 49.9% of women with AND and 30.8% of women with PPD are identified in clinical settings; 13.6% of women with AND and 15.8% of women with PPD receive any treatment; 8.56% of women with AND and 6.34 % of women with PPD receive adequate treatment; and 4.83% of women with AND and 3.24% of women with PPD achieve remission.

Conclusions: Interventions must be considered at each branch of the cascade in order to optimally allocate resources and provide sufficient treatment to patients, as perinatal depression confers serious, long-term adverse consequences that impact the patient, child, family and health-systems.
Objective: To guide the development of Healthydads.ca, a website designed to enhance mental health and healthy behaviors in expectant fathers, a needs assessment was conducted to identify informational needs and factors affecting the decision to visit such a website.

Methods: 172 men whose partner was expecting or had recently given birth in 3 Canadian provinces (Quebec, Ontario, Alberta), completed an on-line survey inquiring about information needs related to psychosocial aspects of the transition to parenthood, lifestyle behaviors, and parenting, and factors associated with the decision to visit a father focused website.

Results: Men reported spending 6.2 hours monthly on the internet to obtain information about pregnancy and 4.7 hours a month searching for information on parenting, with only 21.7% reporting information was tailored to fathers. Information needs rated highly included: parenting/infant care (75-82%), supporting (70.4%) and improving (71.6%) relationship with their partner, work-family balance (68.7%), managing stress (57%) and improving sleep (57%). Perceiving the website as personally relevant, credible, effective, with an easy navigation structure were identified as important factors related to a first visit. Providing useful, easy to understand information, free of charge were considered important for deciding to prolong their visit. Providing the possibility to post questions to a health professional, adding new content regularly and personal motivation were factors identified that could encourage a revisit.

Conclusions: Our findings support the feasibility of using web-delivered strategies to prepare expectant fathers for the transition to parenthood. Specific user and website features should be taken into account to optimize use of father focused websites.
The mental health of men during the transition to parenthood remains a much-neglected area of research. Detection and programs designed to preserve and treat the mental health of men during the perinatal period are lacking. While the transition to parenthood is often viewed as a positive and joyful life event, it can be perceived as a stressful experience, negatively impacting psychological and marital resources for each partner in the couple. The few studies conducted with fathers have shown that paternal psychological distress is associated with adverse child development outcomes. This symposium aims to summarize recent findings related to the prevalence, determinants and consequences of common psychological difficulties experienced by men during the transition to fatherhood as well identify opportunities for intervention. The first speaker will present findings from a prospective study with first time fathers followed from their partner’s third trimester of pregnancy to 6 months postpartum to examine prevalence, course, and determinants of postpartum depressive symptoms in first-time fathers. The second study will describe a model of influential factors of paternal postnatal stress. The third speaker will explore how co-parenting may be a useful framework for the prevention of postpartum depression among expectant couples. The final speaker will discuss novel ways to address paternal mental illness in the perinatal period and present key reflections from a fathers’ mental health program. The findings presented in this symposium have the potential to guide screening initiatives and inform the development of tailored strategies to prevent and treat mental health problems experienced by men during the transition to fatherhood.
Fathers’ postnatal stress: Contributing factors

Francine de Montigny¹,², Kate St Arneault², Pascale de Montigny-Gauthier², Tamarha Pierce³, Christine Gervais¹,², Diane Dubéau²,⁴
¹Department of Nursing, Université du Québec en Outaouais; ²Center of Research and Studies in Family Health, Université du Québec en Outaouais; ³Faculty of Psychology, Université Laval; ⁴Department of Psychoeducation, Université du Québec en Outaouais.

Objective: It is known that paternal postnatal depression impacts on children’s and families’ development, affecting marital satisfaction and the economic health of industrialized countries. Little is known about paternal postnatal stress. The aim of this study was to identify the psychosocial factors associated with paternal postnatal stress in a context where children had been breastfed for a minimum of six months.

Methods: A descriptive-correlational study was conducted with a sample of 205 fathers of infants (aged: 11 months), comparing psychosocial factors in fathers with and without a positive score for stress on the Parenting Stress Scale. Psychosocial factors were analysed through multivariate analysis using the logistic regression method.

Results: Fathers in this sample experienced low stress levels. However, stress in these fathers was associated with the experience of perinatal loss in a previous pregnancy, parenting distress and the age of the infant (11-16 months). Parenting stress was also associated with postnatal depression, low marital satisfaction, weak social support and low parenting efficacy. These variables explained 49% of the variance of paternal stress.

Conclusions: These findings emphasize the need to consider a set of psychosocial factors when examining fathers’ mental health in the first year of a child’s birth. Health professionals can enhance parenting efficacy and alleviate parenting distress by supporting fathers’ unique experiences and addressing their needs.
Clinical Summary of a Fathers’ Mental Health Program

Andrew Howlett MD FRCPC
St. Joseph’s Health Centre – Toronto
University of Toronto, Canada

Objective: Expectant and new fathers are at an increased risk of developing depression. Specific services tailored to men in the perinatal period are required; however, extremely difficult to obtain. The aim of this project was to describe the population referred to a new Fathers’ Mental Health Program and the outcomes of this service.

Methods: A one-year retrospective chart review was conducted on all expectant and new fathers referred to the program. Information gathered included referral source, clinical data (including demographics, diagnoses and treatment provided), psychosocial concerns and outcomes.

Results: 22 charts were reviewed. 64% were referred by a maternal mental health program, 18% referred by their family physician and 18% were self-referred. 14% did not attend their assessment. 64% had a partner currently receiving psychiatric care. 37% were expectant parents at the time of referral. 79% had never seen a psychiatrist before. The most common diagnosis was a mood disorder (74%); with a number of other conditions also identified. 68% received psychotherapy alone, while 32% also received medication. Only 1 case did not return for follow-up as planned. Common psychosocial concerns included stressful marital relationships, low self-confidence due to disappointment at work, parenting fears, and the challenge of balancing home and work priorities and interests. Treatment goals were achieved in 68% of cases.

Conclusions: The majority of fathers referred to the program participated fully in their assessment and follow-up care and many reported a preference for a service that addressed fatherhood. Common psychiatric treatments were effective and modifications to interpersonal and group psychotherapies for paternal perinatal depression should be explored further.
Antenatal Risk Factors for Depressive Symptoms in First-Time Fathers at 6 Months Postpartum

Deborah Da Costa, Phyllis Zelkowitz, Kaberi Dasgupta, Anna Denis, Rebecca Wickett, Michael Raptis, Samir Khalife

Department of Medicine, McGill University; Department of Psychiatry, Jewish General Hospital; Division of Clinical Epidemiology, Research Institute – McGill University Health Centre; Department of Obstetrics and Gynecology, Jewish General Hospital

Objective: Paternal depression has detrimental effects on children’s behavioural and emotional development. Factors associated with depression in men during the transition to parenthood are poorly understood. The aim of this study was to determine the prevalence of depressed mood in first-time fathers at 6 months following their infant’s birth and identify antenatal risk factors.

Methods: As part of a prospective study examining depressive symptoms in men over the first postnatal year, 361 men completed online questionnaires measuring depressed mood, health behaviors, psychosocial factors, and demographics during their partner’s third trimester of pregnancy and 6 months following their infant’s birth. Partners also completed the depressed mood measure at both assessments. Depressed mood was assessed with the Edinburgh Depression Scale. Multiple linear regression was used for data analysis.

Results: At 6 months postpartum, 13.6% of fathers exhibited elevated levels of depressive symptoms, with 61.2% reporting onset in the postpartum. Greater financial stress, elevated depressed mood and higher trait anxiety were significant independent antenatal risk factors for elevated depressive symptoms in men at 6 months postpartum, explaining 46% of the variance. Partner’s level of depressed mood during pregnancy was not associated with depressive symptoms in men postpartum.

Conclusions: An important number of new fathers experience elevated depressive symptoms following their infant’s birth, highlighting the need to include fathers in antenatal and postnatal screening. The antenatal psychosocial risk factors identified provide opportunities for early screening and targeted prevention strategies for expectant new fathers at risk for depression during the transition to parenthood.
Improving Access to Women’s Healthcare at an Inpatient Psychiatric Facility

Authors: John Daly, MD; Stephanie Tung, MD; Rebecca Najera, DO; Cynthia Chavira, MD, MPH; Timothy Botello, MD, MPH

Institution: Keck School of Medicine, USC Department of Psychiatry and the Behavioral Sciences

Objective: Women have a higher incidence of mental health conditions, which leads to many adverse outcomes, including: increased contraction of sexually transmitted infections, higher rates of contraception non-use or misuse, and increased risk of having unintended pregnancies with higher rates of adverse perinatal outcomes. Family planning counseling occurs at low rates in mental health settings. This QI project aims to provide referrals from an inpatient psychiatric facility for well-woman examinations that offer appropriate screening, education, and access to contraception.

Methods: Women ages 18-45 hospitalized during April 1, 2014 to March 31, 2015 were provided education about women’s health and offered referrals for well-woman examinations. Study measures included number of women using non-barrier methods of birth control on admission, number of women interested in a referral, and attendance rate to scheduled appointments.

Results: Of the 130 women admitted to the hospital, 99 women (76%) discussed women’s health counseling with a provider. Seven of these women were already using a non-barrier method of contraception prior to admission. 82 women were eligible for contraception, 35 women (43%) were interested in a well-woman examination, and eight of the 28 women who were referred to the Family Planning Clinic attended their appointment.

Conclusions: A very low percentage of women on the inpatient psychiatric unit were using a non-barrier method of birth control. These women displayed a high level of interest in obtaining a well-woman examination and initiating birth control. Further efforts are required to facilitate increased attendance to scheduled appointments.
MINDFULNESS IS ASSOCIATED WITH FEWER PERCEIVED BARRIERS TO HEALTHY BEHAVIOR IN PREGNANT WOMEN

Anna Denis, BA1, Deborah Da Costa, PhD1, Phyllis Zelkowitz, PhD1,2.
1McGill University, 2Jewish General Hospital.

Objective: Maintaining a healthy diet and engaging in regular exercise are important components of a healthy pregnancy. Mindfulness has been associated with positive health behaviors, but whether these findings extend to a pregnant population remains unknown. We examined the role of dispositional mindfulness with levels of physical activity, healthy diet, and psychosocial factors related to health behaviors during pregnancy.

Methods: In an ongoing prospective study, pregnant women completed online questionnaires assessing demographics, lifestyle, and psychosocial variables in the first (n=316), second (n=232), and third (n=174) trimesters. Dispositional mindfulness was assessed using the Mindful Attention Awareness Scale (MAAS).

Results: Mindfulness was associated with improved dietary quality in the first trimester but not with level of physical activity across trimesters. Three hierarchical multiple regressions were computed showing that higher dispositional mindfulness remained significantly associated with fewer perceived barriers to exercise (β=.18 p<.001), barriers to healthy eating (β=-.13, p<.05), and lower levels of emotional eating (β=-.22, p<.001) in the first trimester after controlling for demographic and psychosocial variables.

Conclusions: These findings provide support for the association between mindfulness and positive psychosocial factors (fewer perceived barriers, increased self-efficacy, less emotional eating) that could play a role in improving behaviors which to date have been difficult to modify during pregnancy. These findings underline the importance for further studies to investigate mindfulness as a potential strategy for the promotion of healthy behavior during pregnancy.
Assessing Newly Developed Educational Tools Targeting Prenatal Care Providers’ Knowledge on Perinatal Mental Illnesses

1Stephanie Chan, MD; 2Jenny Jaque, MD; 2Doerthe Brueggmann, MD; 2Kristin Louie, MD; 1,2Emily Dossett, MD, MTS

Institutions:  
1Keck School of Medicine of USC Department of Psychiatry and the Behavioral Sciences,  
2LAC+USC Medical Center Department of Obstetrics & Gynecology

Objective: Studies have shown low-income women seek primary care through their prenatal care providers, yet those providers report lack of confidence and knowledge in treating perinatal mental illnesses. Within a collaborative care model, the authors sought to improve prenatal care providers’ psychiatric knowledge with newly developed educational tools.

Methods: OB/Gyn PGY1-4 residents at LAC+USC were assessed anonymously with a 13-question quiz on perinatal psychiatric knowledge in October 2014 (n=45). They were then provided pocket guides and grand round lectures created by the authors, accompanied by a one-year clinical experience with psychiatric collaboration as the educational tools. Participants (n=21) were reassessed in May 2015. Two-sample t-test with unequal sample size and same variance was used for analysis.

Results: Mean total score improved by 14% (t=3.78, p<0.0005). Specifically, statistically significant improvement was found for questions on screening tools (t=3.90, p<0.0025) and general psychiatric knowledge (t=3.98, p<0.0005). Within that subgroup, statistically significant improvement was found for crisis intervention (t=2.63, p<0.01), diagnosis (t=1.73, p<0.05), and differentiating post-partum depression and psychosis (t=4.13, p<0.0005). No statistically significant improvement was found for referral algorithm, epidemiology, and Axis II pathology.

Conclusion: The educational tools are helpful in improving perinatal psychiatric knowledge, which will likely lead to increased comfort for prenatal care providers in managing mentally ill women. Future studies are needed to gather resident feedback on the educational tools, expanding tools to other prenatal care providers (e.g. nurses/midwives), and improving knowledge on care algorithm.
Awareness, Perceptions and Attitudes towards Perinatal Mental Health Amongst Predominantly Hispanic Women Receiving Prenatal Care.

Jamie Lacsino DO MS, Vivian Tang MS4, Kate Wolitzky Taylor, PhD, Doerthe Brueggmann MD, Jenny Jaque MD, Emily C. Dossett, MD, MTS.

INSTITUTIONS:

1Keck School of Medicine, LAC+USC Medical Center, Department of Psychiatry and the Behavioral Sciences
2Keck School of Medicine, LAC+USC Medical Center, Department of Obstetrics and Gynecology

OBJECTIVE: Perinatal mental illness impacts up to 40% of low-income women in Los Angeles County, yet little is known about this population’s understandings of mood and anxiety disorders in pregnancy and the postpartum period. The objective of this cross-sectional study was to investigate the awareness, common perceptions, attitudes and treatment preferences of perinatal mental illnesses in this vulnerable population.

METHODS: We developed and validated a 62-item questionnaire as our study tool. 53 predominantly Hispanic women were enrolled while visiting the LAC+USC OB/GYN clinic for prenatal care. They received the study questionnaire as well as screening tools for anxiety and depression (GAD-7 and PHQ-9).

RESULTS: 83% of women believe that anxiety or depression in pregnancy hurt the baby “somewhat” or “very much.” However, 60% believe that psychotropic use in pregnancy was “not safe at all,” and 35.8% did not know where to seek mental health care. When asked how they would prefer to receive health information, 40% named their primary care provider. Over 98% of women utilize text messaging, and study participants indicated social media and internet as potentially acceptable information sources.

CONCLUSIONS: Stigma continues within our patient population regarding perinatal mental illness, particularly regarding psychotropic medications. Our results underscore the importance of the doctor-patient relationship in the education and treatment of these conditions. The utilization of various technologies is predominant within this population, suggesting potential avenues to increase health literacy and meaningful care.
Objective: The Latina/o population grew 74% in Wisconsin between 2000 and 2010, with 40% now residing in Milwaukee county, the state’s largest urban area. Little is known about the perinatal mental health of Latinas in Milwaukee, though studies across the U.S. have suggested prevalence rates of depression of 17% to 56% for pregnant and postpartum Latinas (Fortner et al., 2011; Wisner et al., 2013). Given the lack of bilingual/bicultural mental health providers in Milwaukee, and the lack of awareness about perinatal mental health in general, it is critical to understand the resources and needs of Latinas within this community.

Methods: A focus group, as well as follow-up individual interviews were conducted with six health practitioners with experience working with perinatal Latinas. Questions addressed the following areas: mental health concerns, demographics and cultural context, and existing community services and needs. Interviews were transcribed and analyzed by a team of faculty and students using Grounded Theory (Strauss & Corbin, 1998; 2008) methods.

Results: Results suggested several themes related to perinatal mental health among Latinas, including: isolation, stigma (particularly related to gender/cultural expectations and fear of gossip), complex trauma, and lack of bilingual practitioners with expertise in perinatal mental health. Recommendations for increased mental health services, particularly those in conjunction with home visitors, were discussed.

Conclusions: The perspectives of experienced health practitioners who work with perinatal Latinas on a daily basis is critical to understanding community resources and needs. Data from this project suggests there are many potential areas of intervention with this population.
ATYPICAL ANTIPSYCHOTIC USE AND OUTCOMES IN AN URBAN MATERNAL MENTAL HEALTH SERVICE

Susan Hatters Friedman, Chandni Prakash, Charmian Moller-Olsen, Abigail North. University of Auckland; Auckland District Health Board.

Objective: Despite many women suffering from psychosis in their childbearing years, limited data exist about the use of atypical antipsychotic agents in pregnancy. Atypical antipsychotic agents are often used to treat bipolar disorder, instead of lithium or valproate because of those agents’ known teratogenicity. As well, atypical antipsychotics may be used in treatment of anxiety disorders and as adjunctive therapy for depression. This study sought to describe characteristics of women prescribed atypical antipsychotics in pregnancy, and their outcomes.

Methods: A retrospective review was completed, including all cases treated by Auckland Maternal Mental Health services in which atypical antipsychotic agents were used in pregnancy from 2012-2014.

Results: Over that time period, 45 women were treated with atypical antipsychotic agents, including 21 with quetiapine, 19 with olanzapine, 5 with risperidone, 4 with aripiprazole, and one with clozapine. Of the pregnant women, 40% were diagnosed with bipolar disorder and 20% with schizophrenia/schizoaffective disorder. The rest were treated with an atypical for another reason. Regarding illness severity, 20% required psychiatric hospitalization during their pregnancy. Mean risperidone equivalents at 12 weeks was 2.2mg (range 0-10.25mg). 64% took multiple psychotropic medications during their pregnancy. 13% were diagnosed with gestational diabetes. There was one stillbirth at 21 weeks gestation. 7% were premature, but all were born after 35 weeks. Two major malformations were noted, including a cleft palate and a club foot.

Conclusions: This naturalistic study adds to the limited literature about treatment with atypical antipsychotic agents in pregnancy.
PARENTAL MENTAL ILLNESS AND THE RISK OF VIOLENCE TOWARD CHILDREN

Susan Hatters Friedman, Miranda McEwan.
University of Auckland.

Objective: Mothers often report that they did not seek mental health treatment because they were worried about their children being removed from their care. Parental mental illness is often cited as a major risk factor for acts of violence against children. However, this is despite a dearth of empirical research. Therefore, this study sought to describe rates of parental violence toward their children when parents had mental illness, substance abuse, or neither.

Methods: The MacArthur Foundation Study on Mental Illness and Violence database was therefore re-analyzed regarding prevalence of violence against children. The MacArthur study collected comprehensive data about violence from self-report, report from collateral informants, as well as official reports. The sample included 1136 subjects followed over 10 weeks from discharge from the psychiatric hospital, and 519 controls in the community who were matched for age and socio-economic issues.

Results: Of 1136 subjects treated and discharged from psychiatric hospitals, 30 committed violence towards a child (2.6%) in the following 10 weeks. Subjects were categorized by Serious Mental Illness (SMI, n=264, 3.8% of whom committed violence towards a child), Substance Abuse alone (SA, n=423, 1.9%), SMI and SA (n=261, 1.5%) or those who did not meet criteria for SMI but similarly did not have a reported SA problem (n=188, 4.3%). 41 (7.9%) of those in the community comparison group (n=519) committed violence towards a child in the 10 weeks. For the patient group, the prevalence was 9.12 violent acts per 100 children, whereas for the community group this was 31.14 violent acts per 100 children.

Conclusions: Our analysis suggests that treated serious mental illness in a parent does not translate to increased risk of violence, and in fact patients who have been admitted to an acute psychiatric facility and treated appeared to be at lower risk of abusing their children than parents in the community.
Effect of lamotrigine use in pregnancy on maternal and fetal outcomes: retrospective analysis from an urban maternal mental health (MMH) centre in NZ.

Chandni Prakash, Susan Hatters-Friedman, Charmian Moller-Olsen, Abigail North.
Auckland District Health Board

ABSTRACT

Objective: Pregnancy is a vulnerable period for recurrence of bipolar illness and discontinuation of mood stabilisers can increase the risk of recurrence significantly during pregnancy and the post-partum period. Lamotrigine is an anti-epileptic drug that has been approved for the maintenance treatment of bipolar disorder. Lamotrigine has reassuring safety data in pregnancy but there is little information on its effectiveness and safety in pregnant women with bipolar disorder.

Aim: We evaluated outcomes in pregnant women who received lamotrigine in an urban MMH Centre in Auckland, NZ

Method: A retrospective analysis of all women who presented to the MMH between 2012 and 2014 and were treated with antipsychotics and/or mood stabilisers was conducted. We analysed outcomes in the subset of women who were treated with lamotrigine.

Results: Six pregnant women were treated with lamotrigine during this period. Of the 6 women, 5 were diagnosed with bipolar disorder and 1 with major depression and anxiety. Four received additional psychotropic medications during pregnancy. All babies were live births and 2 women required lower segment caesarean section. A trachea-oesophageal fistula was noted in one baby. Three babies were breastfed with no complications. Five women received maintenance therapy with lamotrigine 250 mg/day or less. Five women maintained stability of mental state in the post-partum period and no patient required hospitalisation.

Conclusion: This naturalistic study indicates that lamotrigine is an effective and well tolerated option for maintenance and treatment of bipolar illness in women of childbearing age.
**Objective:** Perinatal depression (PND) is a significant public health problem. This presentation illustrates the transition from recognizing the problem, through research, networking and training, finally translating into national PND policy of early identification and intervention.

**Method & Results:** In response to concern of Mother-Child Healthcare Clinic (MCHC) nurses for women suffering PND, a prospective study was conducted to document the scope and risk factors for PND. The results indicated that: 22.6% scored $\geq$10 on the Edinburgh Postnatal Depression Scale (EPDS); psychosocial risk factors identified women at risk; screening was feasible in the primary clinic. Following dissemination and networking, the Ministry of Health (MOH) recommended a program of screening and nurses’ supportive intervention as part of routine perinatal care. In 2001 a pilot study in five cities confirmed the program’s feasibility. Subsequently, the MOH expanded the program on a voluntary basis, added a 6-hour study unit on PND to its public-health-nurse qualification course, and published an information brochure about PND. In 2011 a 2-day training course was conducted for Perinatal Liaisons in MOH mental health clinics to serve as consultants for the MCHC nurses and referral addresses, as necessary. In January 2013 the MOH Public Health Department issued a Directive requiring all services providing perinatal care to conduct EPDS screening in pregnancy and postpartum, with guidelines for intervention and referral.

**Conclusion:** Working through the MOH was a long but effective way of translating practice in the field into policy change on a national basis.
The association between prenatal maternal objective stress, perceived stress, preterm birth and low birthweight

Tamar Wainstock\textsuperscript{1}, Eyal Anteby\textsuperscript{2}, Saralee Glasser\textsuperscript{3}, Ilana Shoham-Vardi\textsuperscript{1}, Liat Lerner-Geva\textsuperscript{3}

\textsuperscript{1}Department of Epidemiology & Health Services Evaluation, Ben Gurion University of the Negev, Beer Sheva, Israel
\textsuperscript{2}Department of Obstetrics & Gynecology, Barzilai Medical Center, Ashkelon, Israel
\textsuperscript{3}Women & Children’s Health Research Unit, Gertner Institute for Epidemiology & Health Policy Research Ltd., Tel Hashomer, Israel

\textbf{ABSTRACT}

\textbf{Objective:} To evaluate the association between prenatal maternal stress, preterm birth (PTB) and low birthweight (LBW).

\textbf{Methods:} Forty-seven women exposed to life-threatening rocket attacks during pregnancy were compared to 78 un-exposed women. Women were interviewed within nine months of delivery regarding socio-demographic background, smoking and perceived level of stress prenatally. Clinical data was obtained from hospital records and information regarding rocket attacks was obtained from official local authorities.

\textbf{Results:} Women exposed to rocket attacks during the second trimester of pregnancy were more likely to deliver LBW infants than were unexposed women (14.9\% vs. 3.3\%, \textit{P}=0.03). No association was found between stress exposure and PTB. A multivariate logistic regression revealed that every 100-alarm increment increased the risk of LBW by 1.97 (adj.OR=1.97, 95\%CI 1.05-3.7). Perceived stress was not associated with LBW.

\textbf{Conclusions:} Exposure to rocket attacks during the second trimester of pregnancy was associated with LBW. Objective stress can be used as an indicator of stress. Further studies are required to understand the underlying mechanism.
Exposure to life-threatening stressful situations and the risk of preterm birth and low birthweight

Tamar Wainstock¹, Eyal Y. Anteby², Saralee Glasser ³, Liat Lerner-Geva³,⁴, Ilana Shoham-Vardi¹

¹ Department of Public Health, Faculty of Health Sciences, Ben Gurion University of the Negev, Beer-Sheva, Israel
² Department of Obstetrics & Gynecology, Barzilai Medical Center, Faculty of Health Sciences, Ben Gurion University of the Negev, Ashkelon, Israel
³ Women & Children's Health Research Unit, Gertner Institute for Epidemiology & Health Policy Research Ltd., Tel Hashomer, Israel
³ School of Public Health, Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel

ABSTRACT

Objective: To evaluate the association between exposure to life-threatening rocket attacks and the risks of preterm birth (PTB) and low birth weight (LBW).

Methods: The present retrospective cohort study compared the outcomes of 1,851 births by women exposed to rocket attacks and 2,979 births by unexposed women. The timing, frequency, and intensity of exposure were calculated for each trimester and for the entire pregnancy period. Demographic and medical data were abstracted from the patients' records.

Results: The rates of PTB and LBW were higher among exposed than unexposed women (PTB: 9.1% versus 6.8%, P = 0.004; LBW: 7.6% versus 5.8%, P = 0.02). The rate of infants who were small for gestational age did not differ between the groups. After controlling for potential confounders, the risks for PTB and LBW remained significantly higher in the exposed group (PTB: adjusted odds ratio 1.3 [95% confidence interval, 1.1–1.7]; LBW: adjusted odds ratio 1.3 [95% confidence interval, 1.03–1.7]). There was no linear association between the intensity of exposure and the risk of PTB or LBW.

Conclusion: Maternal exposure to intermittent but repeated life-threatening rocket attacks for a prolonged period might be associated with increased risks of PTB and LBW.

Acknowledgement: The present study was supported in part by grant 3–00 000–6643/2011 from the Chief Scientist Office of the Ministry of Health, Israel.
Acknowledgement: Van Ameringen Foundation
**Objective:** Prescription opioid (PO) use during pregnancy has increased by 5-fold over the past decade and has become a major public health problem due to its impact on maternal and fetal health and overutilization of healthcare resources. However, very little is known about how and why women use these medications during pregnancy.

**Methods:** A clinical research database was queried to determine the use of POs in a sample of 2,394 pregnant women receiving prenatal care in an outpatient obstetrics practice from 2013 to 2014. Electronic medical records of women prescribed 2 or more months of POs were reviewed for indication for use, comorbid illnesses and PO misuse.

**Results:** 12.4% (298/2394) of pregnant women were prescribed at least one PO during pregnancy, with 29.2% (87/298) of these women receiving at least 2 or more prescriptions. Among women taking POs throughout their entire pregnancy, 76% (23/30) had evidence of PO misuse; 65.2% (15/23) of women requested an early refill on average 5.2 (SD: 2.6) days in advance; 34.8% (8/23) of women obtained concurrent POs from another source. The indication for PO use could not be identified in 23.3% (7/30) of women. A mood or anxiety disorder was identified in 73% (22/30) of women.

**Conclusions:** Our findings underscore the high rate of PO use and misuse during pregnancy. The absence of a primary pain indication for many of the pregnant women using POs and high comorbidity of psychiatric illness may suggest that POs are inappropriately used to moderate mood and anxiety disorders.

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DEVELOPMENT OF A NEW MEASURE OF MATERNAL-FETAL ATTACHMENT

Laura Hedrick, M.S., Joyce Hopkins, Ph.D. and Jennifer Miller Ph.D.
Illinois Institute of Technology

Introduction: Interest in studying maternal-fetal attachment (MFA) has resurged recently, and MFA has been correlated with several postnatal variables (e.g., parenting behavior and infant attachment). However, no measure of MFA has both adequate psychometric properties and reasonable ease of implementation. The purpose of this study was to develop a new measure of MFA that is easier to use, was developed with more empirically-sound procedures, and has improved psychometric properties relative to existing instruments.

Methods: All items from extant questionnaires were pooled with additional, novel items derived from an established interview measure. This bank of 112 items was administered to a diverse sample of 292 women in their second and third trimesters of pregnancy. Exploratory Factor Analysis (EFA) was used to derive possible models for a new measure, and initial validity and reliability of each model were explored.

Results: Four EFA approaches resulted in three viable models for a new measure with interpretable factor structure, acceptable face validity, good internal consistency, and some favorable results in initial concurrent validity analyses.

Conclusions: The present study identified three viable models for a new measure of MFA. Unlike existing measures, this tool will be easy to implement, has good initial psychometric properties, and was developed with emphasis on an interpretable, face-valid factor structure. It could be used to explore the psychological processes of pregnancy and to identify early risk factors for problems in mother-infant interaction and attachment.
PREFERENCE OR PRACTICE? MOTHERS’ BELIEFS AND PRACTICES AROUND BREASTFEEDING AND DEPRESSIVE SYMPTOMS

Avery Hennigar, Hillary Paul Halpern, & Maureen Perry-Jenkins
University of Massachusetts Amherst

Objective: Breastfeeding has been related to a number of positive physical and mental health outcomes for both mothers and infants. This study examines the links between breastfeeding preferences and practices to maternal depressive symptoms in a sample of low-income, employed mothers. Breastfeeding is especially difficult for this group since many are returning to low-status jobs within 12-weeks of birth, where there are few, if any, supports for nursing mothers.

Methods: A total of 207 participants were included: 47 Black, 75 White, 74 Latina, 1 Asian, and 10 Multiracial. Mothers were primarily unmarried, either single or cohabiting, with a smaller subsample of married mothers. Analyses examined the relationships between breastfeeding preferences and number of weeks mothers breastfed with depressive symptoms across the first year of parenthood. The match between preferences and practices was also examined as a predictor of depressive symptoms.

Results: Depressive symptoms were significantly higher for mothers who indicated a preference for nursing prenatally, but did not nurse postpartum compared to all other groups. An examination of racial and ethnic differences revealed that the previously significant results only held up for White mothers. Qualitative data will address how cultural differences are related to mothers’ experiences of nursing and their mental health.

Conclusions: The results demonstrate the importance of looking at both mothers' breastfeeding beliefs and behaviors and how the congruence between these two constructs predict better mental health. In addition, the findings point to the particular importance of examining these processes within racially, ethnically, and culturally diverse populations.
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Objective: Prenatal maternal stress, depression, and anxiety (SDA) are associated with negative child outcome. Knowledge is lacking on associations with stress biomarkers in mothers and babies. Hair cortisol concentration (HCC) provides a measure of stress response over months. We hypothesized associations between prenatal maternal SDA symptoms and biomarkers in mothers and newborns (HCC).

Methods: Analyses were conducted on a subsample of mother-baby dyads from the 3D cohort study (53 mothers, 26 newborns). Maternal SDA was assessed prenatally (1\textsuperscript{st}, 2\textsuperscript{nd}, 3\textsuperscript{rd} trimesters) using the Perceived Stress Scale, the Pregnancy anxiety measure, and the Center for Epidemiological Studies–Depression Scale. Hair samples were collected within 48 hours of delivery. As hair grows approximately 1 cm/month, we assessed stress response over the last pregnancy trimester by analyzing 3 cm of hair. HCC was analyzed using on-line solid phase extraction liquid chromatography tandem mass spectrometry. Spearman's correlations were used to estimate effect sizes between prenatal SDA and maternal and newborn HCC (Cohen's $d$ indicates small (0.2-0.3), medium (0.5) or large (>0.8) effect size).

Results: Higher 1\textsuperscript{st} trimester SDA tended to be associated with increased maternal HCC (stress; $d=.76$, anxiety; $d=.82$, depression; $d=0.63$) whereas higher 3\textsuperscript{rd} trimester depression symptoms were associated with lower maternal HCC ($d=0.8$). Higher 3\textsuperscript{rd} trimester anxiety ($d=0.65$) and depression ($d=0.23$) tended to be associated with reduced newborn HCC, whereas higher prenatal stress was associated with elevated newborn HCC ($d=0.64$).

Conclusions: Findings could contribute to a better understanding of the mechanisms by which maternal SDA affect early child development.

Acknowledgements: The 3D study is funded by the Canadian Institutes of Health Research (CIHR) and the Ministère de la Santé et des Services Sociaux (Québec).
Predictors of Paternal Sensitivity in Low-Income, Employed Fathers

Rachel Herman, B.A., & Maureen Perry-Jenkins, Ph.D.
University of Massachusetts Amherst

Objective: Given the large research base documenting the importance of positive parent–child interactions for optimal child development, researchers have focused much attention on identifying the antecedents of quality parenting. However, due to the almost exclusive focus on maternal caregiving across the perinatal period, very little is known about the predictors of paternal sensitivity, particularly in low-income families. This study examines the linkages between fathers’ mental health and early caregiving practices in a sample of low-income, employed fathers.

Methods: Forty, racially diverse fathers participated in a longitudinal study on the transition to parenthood. Paternal depressive symptoms and anxiety were assessed five times across the first year and sensitivity was assessed through a 10-minute father-child interaction conducted in families’ homes when the infant was one-year old. A coding system from the NICHD Study of Early Child Care was used to examine four domains of caregiving: 1) responsiveness; 2) intrusiveness; 3) detachment; 4) stimulation of development. Analyses examined the demographic and mental-health predictors of fathers’ sensitive caregiving.

Results: Older fathers were significantly more responsive, less intrusive, and engaged in more stimulating play with their infants than did younger fathers. A significant interaction revealed that for older fathers, increased levels of anxiety were predictive of lower paternal responsiveness; however, among younger fathers increased levels of anxiety were associated with increased paternal responsiveness.

Conclusions: These findings suggest that anxiety may operate differently among high-risk populations. It is plausible that anxiety among young fathers leads to increased vigilance and engagement, and therefore higher levels of sensitivity.

Acknowledgements: Research funded by NIMH grant (R01-MH56777)
Figure 1. Interaction between age and anxiety predicting paternal responsiveness.

Note. Responsiveness is measured on a 1-5 scale, with higher averages indicating higher levels of responsiveness. Anxiety is measured using the State-Trait Anxiety Inventory for Adults, where means above 40 indicate clinically significant levels of anxiety.
THE RELATION BETWEEN STRESS, DEPRESSION, ANXIETY, SOCIAL SUPPORT, AND MATERNAL-FETAL ATTACHMENT

Joyce Hopkins¹, Jennifer Miller¹, Kristina Butler¹, Lynda Gibson¹, Amanda Lossia¹
¹Illinois Institute of Technology
Deborah Boyle²
²University of Chicago Medical Center

Objective Maternal-fetal attachment (MFA) is related to women’s health behaviors during pregnancy and postnatal mother-infant interaction. Previous research has identified several variables associated with MFA, including stress, depression, anxiety, and social support. However, the relation between these variables and MFA has not been studied concurrently. The aim of this study was to examine if stress, depression, anxiety (state and trait), and social support are related to MFA in the second trimester of pregnancy.

Methods: Participants included 92 diverse (28.9% Caucasian, 58.9% African-American; 15% Hispanic) women (mean age = 28.9; SD = 5.63) in their second trimester of pregnancy (mean gestational age = 21.60; SD = 4.55). Stress, depression and state anxiety were assessed with the Depression Anxiety Stress Scale; trait anxiety with the State-Trait Anxiety Inventory; State subscale; social support with the Postpartum Social Support Questionnaire (revised for pregnancy); and MFA with the Maternal Antenatal Attachment Scale.

Results: Results of a regression analysis indicated that stress, depression, state and trait anxiety, and partner support accounted for a significant 46% of the variance in MFA (F = 7.87, p < .0001). Beta weights for depression (-.32, p < .05), trait anxiety (-.40, p < .01), and support (.37, p < .01) were significant, indicating that, women with higher levels of depression and trait anxiety and lower levels of support had lower levels of MFA.

Conclusions: Interventions designed to treat depression symptoms and increase social support in pregnant women may decrease their risk for low levels of MFA.
The Impact of Depression and Psychosocial Factors on Maternal Resilience in Women at an Urban Community Health Center

Katherine M. Johnson1,3, Frances M. Paley2, Anna Merport Modest1, Michele R. Hacker1,3,5, Sabine Shaughnessy6, Hope A. Ricciotti1,3, Jennifer Scott1,3,4

1Department of Obstetrics and Gynecology, Beth Israel Deaconess Medical Center, Boston, MA
2The Dimock Center, Roxbury, MA,
3Department of Obstetrics, Gynecology and Reproductive Biology, Harvard Medical School, Boston, MA
4Division of Women’s Health, Department of Medicine, Brigham and Women’s Hospital, Boston, MA
5Department of Epidemiology, Harvard T.H. Chan School of Public Health, Boston, MA
6Barnard College, Columbia University, New York City, NY

Objective: Resilience—the process of negotiating, managing, and responding to stress—is inversely related to distress and anxiety during pregnancy. It is unknown how peripartum depression and psychosocial factors impact maternal resilience.

Methods: A prospective cohort study was conducted among a convenience sample of adult women with singleton gestations ≥20 weeks’ gestation receiving prenatal care at an urban community health center. Participants were recruited from March – October 2014 and completed verbally administered surveys upon recruitment and postpartum. The Connor-Davidson Resilience Scale (CD-RISC) and Patient Health Questionnaire-9 (PHQ-9) measured resilience and depression, respectively. Semi-structured interviews were conducted among a subset; transcripts were coded and analyzed.

Results: Thirty participants completed prenatal surveys, 26 completed postpartum surveys, and 10 were interviewed. Median resilience scores were 82.0 (74.0-92.0) at recruitment and 84.0 (73.0-89.0) postpartum. Self-reported depression history was significantly correlated with lower prenatal [68.0 (60.0-75.0) vs. 85.0 (79.0-92.0), p = 0.003] and postpartum [72.0 (54.0-86.0) vs. 88.0 (82.0-91.0), p = 0.02] resilience scores. Though not statistically significant, a PHQ-9 score ≥7 also was associated with lower prenatal and postpartum resilience scores. Neither self-reported history of anxiety nor substance use correlated with resilience scores. Prominent themes emerged related to the role of support systems, resource utilization, religious beliefs, and self-efficacy in the process of resilience.

Conclusions: The association between depression and lower prenatal and postpartum resilience scores suggests a need to consider maternal resilience as part of perinatal mental health assessments. Qualitative data identified factors that may influence resilience, but warrant further study.

Acknowledgements: This project was conducted with funding from the Massachusetts League of Community Health Centers Special Projects Grant.
Perceived Life-course Financial Status Changes and its Relationship with Depressive Symptoms in African American Pregnant Women.

Arun Nag Santhosh Mallapareddi, Dawn P. Misra
Department of Family Medicine and Public Health Sciences, Wayne State University.

Introduction: Current and childhood financial status has been shown to have an effect on the health status of a person. Our objective is to understand the impact of perceived financial status across the life-course on depressive symptoms during pregnancy among African-American women.

Methods: Depressive symptoms in the two weeks prior to birth were assessed using the Center for Epidemiologic Studies Depression (CES-D) scale, using 5 point Likert items with higher scores representing more depressive symptoms. Using a five point ordinal scale (higher scores indicate better status), financial status was assessed for periods from birth to 10 years, 11-18 years, and current age.

Results: 1410 women with age ranging from 18-45 years participated in this study. CES-D scores ranged from 0 to 53 (mean score=15.3). In the period from birth to age 10, a one point increase in the financial status scale was associated with approximately a half point decrease in the CESD (p<0.05) while this same increase in the period from 10-18 years of age was associated with approximately one point decrease in the CESD (p<0.05). The effect of current status was the largest with a nearly two point decrease in CESD associated with a one point increase in the financial score (p<0.05). Further trajectory analysis is proposed to find the relationship between the life-course financial status changes and the depressive symptoms in pregnant African-American women.

Conclusion: This study signifies the importance of both childhood and current financial status effects on mental health in African-American pregnant women.
TOWARDS OPTIMAL MATERNAL MENTAL HEALTH: A COMPARATIVE CASE STUDY OF THE COMMUNITY-BASED PERINATAL SUPPORT MODEL
Leslie Mandel, PhD, MA, MSM1; Lynne Man, PhD, MPH, MS2; Liz Friedman, MFA3; Annette Cycon, MSW4
1,2 Regis College School of Nursing and Health Professions, Weston, MA; 3,4 MotherWoman, Inc., Hadley, MA

Objective: Although Post-Partum Depression (PPD) clinical research is extensive, understanding how local systems and supports promote this knowledge translation is scant. The Community-based Perinatal Support Model (CPSM), a community-driven, systematic approach promotes optimal mental health outcomes through multi-sector coalitions that coordinate education, training, resource-development, triage/referral protocols and screening. This study explains CPSM actualization within contextual environments, determines facilitating factors for PPD coalitions' ideal functioning and explores their contribution to PPD screening/treatment efficacy.

Methods: A qualitative multiple case study design with coalitions as the unit of analysis was employed. This comparative approach best enables information extraction regarding complex entities versus individuals. Key informants with similar characteristics were purposively selected from each of four coalitions operating for >2 years. Investigators conducted 19 semi-structured interviews and 4 focus groups among 40 participants (administrators, medical/mental health providers, community agency representatives). Data were coded/analyzed with NVIVO9 to explore similarities and differences within and between cases.

Results: Findings were grouped by overall patterns, rather than results idiosyncratic to particular coalitions. Distinguishing characteristics of success included: 1) local confluence of political, social and organizational factors; 2) strong, consistent leadership emanating from supportive clinical institutions; 3) influential institutionally-based champions; 4) intention towards systems change; and 5) well-defined community boundaries.

Conclusions: As a coalition model, CPSM has potential to be scaled to statewide or national levels. The greatest promise is CPSM's ability to mobilize and change perinatal women and families' environments, policies and systems. These broader outcomes may reach larger numbers than individual patient outcomes and have sustainable impact.
Objective: To examine the feasibility and promise of a novel naturalistic observation method of studying the emotional and interpersonal context of the postpartum transition.

Procedure: Participants were a community sample of primiparous women with an infant 0-6 months old (N=36). The electronically activated recorder (EAR; Mehl et al., 2001) was used to record ambient sounds from women’s daily lives (259 intervals) over 3 days. Participants also completed self-report questionnaires that assessed mental health (e.g., Edinburgh Postpartum Depression Scale), social support (e.g., Social Support Questionnaire Short Form), and parenting (e.g., Postpartum Bonding Questionnaire).

Results: Participants reported wearing the EAR 84.38% of waking hours and indicated on a 5-point scale that the EAR was between “not at all” and “somewhat” obtrusive in their lives and behaviors ($M = 1.51$, $SD = .80$). Convergent validity will be explored using two novel methods of coding EAR data in conjunction with self-report data. Files are coded to assess frequency and intensity of maternal emotions (e.g., happiness), social support (e.g., time with others), and parenting (e.g., talking to baby). Also, transcripts are coded using Linguistic Inquiry and Word Count (LIWC2007) textual analysis dictionaries.

Discussion: Using the EAR is a feasible method for obtaining behavioral observation data of women’s emotions and interactions in everyday life during the postpartum transition. We will consider the convergent validity of this method in the context of standardized, widely used self-report questionnaires, and the potential for this method to inform the psychopathology and treatment of mental health problems during the postpartum transition.
Implementation of a Specialized Women’s Mental Health Service: Obstetrical Staff Outcomes

Sarah Nagle-Yang MD, Jaina Amin MD, Lulu Zhao MD, Susan Hatters-Friedman MD

Objective Integrated care models in Obstetrics have focused on outpatient settings. The goal of this study is to determine the impact for Obstetrical staff of a Women’s Mental Health Service consisting of a specialized inpatient consultation service, an integrated outpatient clinic and a NICU maternal mental health program. Measures included staff comfort with mental health and perceptions of the collaborative relationship.

Methods: Obstetrical staff were invited to complete a survey after the launch of this service. A similar follow-up survey was sent 9 months later.

Results: The initial survey had 41 RN, 8 CNM and 11 MD respondents. The follow-up survey had 33 RN, 4 CNM and 17 MD respondents. All groups were most comfortable with depression and least comfortable with schizophrenia; comfort level did not change between tests. MD respondents felt better supported by the consult team and more able to refer their patients to competent psychiatric care. Survey comments suggest a substantial improvement in professional collaboration among physicians. RN respondents indicated a positive regard for the service but were less aware of specific interventions and felt only marginally more supported by the consult team. RN survey comments indicated inconsistency in referral procedures and a desire for more communication.

Conclusions: Implementation of a multi-component women’s mental health service over a 9 month period resulted in an improved collaborative relationship with Obstetrical staff which was most robust for the staff physicians. Future efforts should focus on increased emphasis on staff education and improved communication with nursing staff.
Holistic Care for Families Pregnant Again After a Loss

Lindsey Henke, Joann O'Leary

The moment pregnancy is confirmed both the woman and her partner begin a complex journey of redefinition, reorganization, and reintegration of self. What parents do not anticipate is perinatal loss, a baby dying during pregnancy or in the newborn period. Perinatal grief is enduring, exhausting and has a profound and often lasting effect on both the bereaved and those caring for them. Families are drastically changed in the pregnancy that follows.

This presentation will provide information on the educational and therapeutic needs of families as they move through a pregnancy that follows the loss of a baby. A model educational intervention that integrates the continued bond and attachment theories will be explored and discussed with the audience.

Bereaved mothers (and their partners) often experience feelings of intense inner conflict as they begin a new pregnancy (Kersting, Kroker, Schlicht, et al. 2011). Rather than putting their grief aside, the new pregnancy becomes a reminder of the loss and their attachment relationship parents continue to hold with their deceased baby. This grief can be labeled “unresolved or complicated” by some, but in fact, is part of an expected developmental stage parents need to work through as they begin to parent their new unborn baby (Fernandez, et. al, 2011; O’Leary, 2004). Regardless of the gestational age of the previous loss, women (and their partner) have been found to at risk for continuing grief, depression symptoms, anxiety and post-traumatic stress in the subsequent pregnancy (Adeyemi, Mosaku, Ajenifuja, Fatoye, Makinde & Ola, 2008; Couto, Couto, Vian, Gregorio, Nomura, et al., 2009; Hutti, Armstrong, Myers & Hall, 2015). In studies women report high rates of symptoms of anxiety on pregnancy anxiety scale. Since pregnancy anxiety is based on a real threat and is justified anxiety, it does not necessarily have to be classified as pathological (Bergner, 2007)

- Describe and identify the common symptoms of perinatal and postnatal mood and anxiety disorder symptoms the mom pregnant again after loss experiences during a subsequent pregnancy
- Identify and implement interventions and resources of support into the holistic treatment plan for the mom and her partner pregnant after a loss.
- Recognize the concept of prenatal parenting that honors ones parenting role to both a deceased baby and an unborn baby carried after a previous loss
PREDICTIVE ABILITY AND ACCEPTABILITY OF THE PERINATAL DEPRESSION SCREENING AND PREVENTION TOOL: PRELIMINARY RESULTS

Ana Telma Pereira¹, Mariana Marques¹,², Sandra Bos¹, Maria João Soares¹, Berta Maia³, José Valente¹, Elisabete Bento¹, Julieta Azevedo¹, Sandra Xavier¹, Vera Freitas¹, Ilda Murta², António Macedo¹,²

¹Department of Psychological Medicine, Faculty of Medicine, Coimbra University, Portugal
²Coimbra Hospital and University Centre, Portugal
³The Catholic University of Portugal, Braga Regional Centre, Faculty of Philosophy and Social Sciences

Introduction: Marcé International Society recommends universal depression screening programs that combine the evaluation of symptoms and psychosocial risk factors. Following the Marcé recommendation we have developed the Perinatal Depression Screening and Prevention Tool/PDSPT to evaluate the perinatal depressive symptoms and risk-factors that we found to be the most valid/robust with a representative sample of Portuguese women - lifetime history of depression, prenatal insomnia and prenatal negative affect (Marques et al. 2014). The objective is to describe the new PDSPT tool and to present preliminary results on its predictive ability and acceptability.

Method: 250 pregnant women (12-25 weeks gestation), are being asked to fill in the PDSPT at local primary health care centers. To test its predictive ability, participants will be assessed again at 5 weeks and at 3 and 6 months postpartum with the Portuguese short version of the Postpartum Depression Screening Sale (PDSS-21; Pereira et al. 2013) and with the new Diagnostic Interview for Major Depressive and Anxiety Disorders in Postpartum (DSM-5). In the present work we will only present data relative to the 5 weeks postpartum. Participants will also be asked to complete additional questions addressing the PDSPT tool acceptability. Health professionals (approximately 30) will also be asked to fill in a questionnaire to explore their views on its use (comfort, usability, pertinence, utility).

Results: We expect that the PDSPT tool will reveal good predictive ability and favorable acceptability.

Conclusions: If our hypotheses are corroborated, we will prove the benefit of using the PDSPT tool and provide training to Portuguese healthcare professionals.

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**DIAGNOSTIC INTERVIEW FOR MAJOR DEPRESSION AND ANXIETY DISORDERS - POSTPARTUM (DIMDAD-PP): DESCRIPTION AND EXPERT EVALUATION**

Sandra Xavier¹, Elisabete Bento¹, Julieta Azevedo¹, Mariana Marques¹,², Vera Freitas¹, Maria João Soares¹, António Macedo¹,², Ana Telma Pereira¹

¹Department of Psychological Medicine, Faculty of Medicine, Coimbra University, Portugal
²Coimbra Hospital and University Centre, Portugal

**Introduction:** Depression and anxiety are the most prevalent and pernicious perinatal mental disorders. In spite of the DSM-5 depression specifier “with peripartum onset” (4/6 weeks postpartum), experts consensually consider that the perinatal period includes the first year after delivery. Due to the lack of a diagnostic interview according to DSM-5, we developed a brief and specific diagnostic interview to assess depression and a selection of the most prevalent anxiety disorders in the postpartum. The **objective** is to describe the Diagnostic Interview for Major Depression and Anxiety Disorders - Postpartum (DIMDAD-PP) and to present results on the evaluation of an experts panel.

**Method:** The DIMDAD-PP is a DSM-5 based semi-structured interview with several possible time frames: five weeks, three months (the periods of higher risk) and six/twelve months postpartum. The completed version includes Major Depressive Disorder, Suicidal Behavior, Anxiety Disorders (Panic disorder, Agoraphobia, Social Anxiety, Generalized Anxiety Disorder), OCD and PTSD. Subtypes, severity and course specifiers are included. As anxiety disorders require six months of duration to be diagnosed, the five weeks and three months postpartum versions only includes Major Depressive Disorder and Suicidal Behavior sections. A panel of experts in perinatal mental health (n=15) will evaluate each section of the interview (Lickert scale) regarding pertinence and intelligibility.

**Results:** We expect our results will reveal the clinical utility of DIMDAD-PP in assessing postpartum affective disorders.

**Conclusions:** If our hypotheses are supported, DIMDAD-PP will prove to be a useful diagnostic instrument for epidemiological and clinical purposes.

* Funded by EEA-Grants (Ref. 161SM3)
Objective: There is a dearth of information on perinatal depression and psychosis in low- and middle-income countries. In light of the need to prioritize perinatal mental health for women in LMICs, we aim to systematically review evidence on perinatal depression and psychosis among Mexican women with the goal of forging a culturally-contextualized path towards improved attention and care in Mexico.

Methods: Key-word searches of seven electronic databases were used to identify a list of quantitative and qualitative studies in both English and Spanish, published between 1992 and 2015. Exclusion criteria include studies about depression outside of the perinatal period, published prior to 1992 or from countries other than Mexico, animal studies, and books. Abstracts were evaluated based on exclusion criteria and articles were subsequently documented as included or rejected. We will use descriptive analyses to evaluate study design, measurement instruments, sample size, region, and reported prevalence rates.

Results: We are concluding the data extraction phase and will conduct descriptive analyses prior to the conference presentation. Based on initial analyses of articles reviewed from 1992 to 2012, we have extracted a total of 530 articles. After exclusion criteria are applied, 107 articles remain. Few articles address detection and treatment for perinatal depression or risk factors. Prevalence rates range widely. We will add articles from the most recent years to descriptive analyses.

Conclusions: This systematic review highlights findings from more than the last twenty years from a middle-income country with insights on measurement, community care practice, and future research priorities.
Intimate Partner Violence Perpetration in Pregnancy and Postpartum Mental Health Outcomes
Betty-Shannon Prevatt, MA1, Sarah L. Desmarais, PhD1, and Patti A. Janssen, PhD2
1 North Carolina State University, 2 University of British Columbia

Objective: Research demonstrates the profound consequences of intimate partner violence (IPV) victimization during pregnancy on postpartum mental health (Desmarais et al., 2014). In contrast, even though violence is transactional in nature and women may perpetrate IPV in the form of “violent resistance” (Johnson & Ferraro, 2000), there is scant research examining IPV perpetration during pregnancy. The current study examines the relationship between IPV perpetration during pregnancy and postpartum mental health.

Methods: One-hundred women participated in semi-structured interviews within three months postpartum. Postpartum mental health measures included the Depression Anxiety Stress Scales-21, the Yale-Brown Obsessive-Compulsive Scale, and the PTSD Symptom Scale-Self Report. The Conflict Tactics Scale Revised was used to assess participants’ psychological aggression, physical assault, sexual coercion, and injury to their partners during pregnancy.

Results: IPV perpetration during pregnancy was endorsed by 87% of participants. Of these, 69% reported both victimization and perpetration, and 18% reported perpetration in the absence of victimization. Women with prior mental health problems were more likely to perpetrate IPV ($p=.017$). Women who were physically assaultive demonstrated worse postpartum mental health on measures of PTSD ($p=.003$), OCD ($p=.004$), anxiety ($p=.008$), depression ($p=.034$), stress ($p=.020$), and overall mood ($p=.002$). Women who were psychologically aggressive demonstrated higher OCD symptomatology ($p=.076$).

Conclusions: Results support screening for IPV perpetration, in addition to victimization, during pregnancy not only to mitigate violence but also to promote postpartum mental health. Interventions targeting victimization to the exclusion of perpetration may fall short of improving the long-term health and well-being of mothers and their children.

Acknowledgements: Funding for this study was provided by the British Columbia Mental Health and Addictions Research Network, the Social Sciences and Humanities Research Council of Canada, and the Michael Smith Foundation for Health Research.
Mindfulness Based Stress Reduction for High-Risk Pregnant Women: A Case Study in an Urban Federally Qualified Health Center

Maureen D. Satyshur, B.S., Stephanie A. Schuette, B.A., Inger E. Burnett-Zeigler, PhD
Northwestern University, Department of Psychiatry and Behavioral Sciences,
The Asher Center for the Study and Treatment of Depressive Disorders

Introduction: Pregnant women are at increased risk for depression and are less likely to seek out treatment, posing potentially harmful consequences for themselves and their offspring\(^1\). These women are more likely to prefer psychotherapy over pharmacotherapy for depression treatment and prevention\(^2\). Previous studies have found clinically significant improvements in perinatal depression after participation in mindfulness based interventions\(^3,4\). Thus, exploring the acceptability, feasibility, and potential benefits of mindfulness based stress reduction (MBSR) as a treatment for high-risk depressed women in primary care is warranted.

Objectives: Specific aims were to 1) examine acceptability and feasibility of MBSR among pregnant participants, 2) examine pre-post changes in depression, stress, and mindfulness 3) obtain feedback on women’s overall experience in the intervention.

Methods: Women with mild to moderate depression were recruited from an urban federally qualified health center (FQHC) to participate in an adapted 8-week MBSR protocol. Primary outcomes assessed included depression, stress, and mindfulness. Additionally, qualitative data was collected from pregnant participants (\(N=2\)) on their experiences participating in the intervention.

Results: Pregnant participants had decreased perceived stress and increased mindfulness skills. Results of participant’s depression symptom change were mixed. Participants perceived the intervention as acceptable and expressed a desire to continue practicing mindfulness. Participants reported the need to modify portions of the yoga practice but did not feel this hindered their overall experience with the intervention.

Conclusions: Preliminary evidence suggests that MBSR interventions are acceptable and feasible and likely help reduce stress during pregnancy.

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Anxiety and depression in women with hyperemesis gravidarum: a systematic review

Authors: Verinder Sharma, M.B., B.S., FRCP (C), Sapna Sharma, BSc, M.D., FRCS (C)
1. Western University, Department of Psychiatry and Department of Obstetrics & Gynecology, 1151 Richmond St, London, ON, Canada N6A 3K7
2. St. Joseph’s Health Care, Perinatal Clinic, 550 Wellington Rd. London, ON, Canada N6C 0A7
3. McMaster University, Department of Obstetrics & Gynecology, 1200 Main St W, Hamilton, ON, Canada, L8N 3Z5

Objective: Systematically evaluate the literature on anxiety and depression in women with hyperemesis gravidarum.

Data Sources: MEDLINE, PsycINFO, and EMBASE, were searched using keywords: “hyperemesis gravidarum”, “depression”, “depressive disorder”, “depressive disorder, major”, “anxiety”, “generalized anxiety disorder”, “social anxiety disorders”, “anxiety disorders”, “post-traumatic stress disorder”, “stress disorders, post-traumatic”, “stress”, “stress, psychological”, “psychiatric disorders”, “mental disease”, “mental disorders”, “mental disorders, chronic”, “psychotherapy”, “anti-anxiety agents”, “anti-depressive agents”, and “psychotropic drugs”. The reference lists of identified articles were searched to select other relevant publications. Although all individual case reports and case series have been referred to, only studies with at least 10 participants are described in detail.

Results: 27 studies were identified and included. Ten studies reported information on depression and nine studies reported information on anxiety disorders. There is evidence that major depressive disorder and generalized anxiety disorder are more common in women with HG than in control participants. Symptoms of depression and anxiety generally precede rather than follow symptoms of HG. Women with partially resolved symptoms of HG have more severe symptoms of depression compared to women with fully resolved HG. There is some evidence that the risk of developing HG may be higher among women with anxiety or depression. And finally, the findings are inconsistent as to whether anxiety or depression are associated with an increased risk of HG.

Conclusions: Given the potentially serious consequences of untreated antenatal anxiety and depression controlled prospective studies are needed to ascertain the prevalence, course, risk factors, and outcomes as well as effective treatment in women with hyperemesis gravidarum.
A Simple model for prediction postpartum PTSD in high risk pregnancies

Abstract

Purpose: to examine the prevalence and possible antepartum risk factors of complete and partial PTSD among women with complicated pregnancies and define a predictive model for postpartum PTSD in this population.

Methods: Women attending the high-risk pregnancy outpatient clinics at Sheba Medical Center completed the Edinburgh Postnatal Depression scale (EPDS) and a questionnaire regarding demographic variables, history of psychological and psychiatric treatment, previous trauma, previous childbirth, current pregnancy medical and emotional complications, fears from childbirth and expected pain. One month after delivery, women were requested to repeat the EPDS and complete the Post-traumatic Stress Diagnostic Scale (PDS) via telephone interview.

Results: The prevalence of postpartum PTSD (9.9%) and partial PTSD (11.9%) were relatively high. PTSD and Partial PTSD were associated with sadness or anxiety during past pregnancy or childbirth, previous very difficult births experience, preference for caesarian section in future childbirth, emotional crises during pregnancy, increased fear of childbirth, higher expected intensity of pain and depression during pregnancy. We created a prediction model for postpartum PTSD which shows a linear growth in the probability for developing postpartum PTSD when summing these 7 antenatal risk factors.

Conclusions: Postpartum PTSD is extremely prevalent after complicated pregnancies. A simple questionnaire may aid in identifying at-risk women before childbirth. This presents a potential for preventing or minimizing postpartum PTSD in this population.

Disclosure of interests: There is no conflict of interest to declare.
Postpartum psychiatric admission in new mothers with and without a history of prior to childbirth psychiatric admission

Inbal Shlomi Polachek MD, Kinwah Fung MSc, Ashlesha Bagadia MD, Simone N. Vigod MD MSc

1 Women’s College Hospital, 76 Grenville Street, Toronto, Ontario; 2 Women’s College Research Institute, 790 Bay Street, Toronto, Ontario; 3 Institute for Clinical Evaluative Sciences, 155 College Street Suite 424, Toronto, Ontario; 4 University of Toronto, 27 King’s College Circle, Toronto, Ontario

Abstract

Objectives: To compare postpartum psychiatric admissions of women with and without history of psychiatric admission prior to childbirth.

Methods: This population-based cohort study in Ontario, Canada included 1,071 women who were hospitalized on an acute psychiatric inpatient unit within 1 year postpartum (2007-2013). We compared those with and without a history of psychiatric admission prior to delivery on sociodemographic, clinical characteristics and post-discharge health service use.

Results: About 637 (59%) had no previous history of psychiatric admission. Women with no previous admission had higher socioeconomic status and less past outpatient psychiatric health service use. The hospitalizations were shorter (mean 13.6 ± 12.7 vs. 18.9 ± 27.8 days) and further from the delivery (mean 147.0 ± 109.4 vs. 134.2 ± 107.9 days). Fewer had index presentations of psychotic (13.7% vs. 25.3%) and bipolar disorders (8.6% vs. 22.4%), but there were similar rates of admission because of concerns about harm to self (54.6% vs. 49.3%) or others (25% vs. 22.8%). Within 365-days from the index hospitalization, women with previous psychiatric admission had higher risk for emergency department revisits (OR 1.63, 95% CI 1.26-2.09) and re-hospitalization (OR 1.82, 95% CI 1.39-2.38). The Outcome differences were explained by adjustment for sociodemographic and clinical characteristics at discharge such as rating scales for psychotic and depressive symptoms.

Conclusions: Women with no prior psychiatric hospitalization comprise the majority of postpartum hospitalizations, and differ significantly from women with previous hospitalizations. This knowledge can inform the delivery of inpatient psychiatric services for new mothers requiring psychiatric hospitalization.

Disclosure of interests: There is no conflict of interest to declare.
Title: Validation of the Paternal Involvement with Infants Scale (PIWIS)

Presenters:
Daniel B. Singley, Ph.D., The Center for Men's Excellence
Alexander Rowell, M.A., Alliant International University
Sonia Molloy, M.S., Virginia Polytechnic University
Anthony Isacco, Ph.D., Chatham University

Objective: Much previous work aimed at measuring father involvement with their children has been criticized due to essentially broadening a template used to study mother-child interactions and broadening it to include father's child interactions (Evans, 2004). In order to address the father's specialized parenting behavior with infants, the Paternal Involvement with Infants Scale (PIWIS) self-report instrument was designed to cover the areas identified in the fatherhood involvement literature as the key domains describing how fathers care for and interact with their children (Pleck, 2010): positive engagement, warmth and responsiveness, control, indirect care, process responsibility, and emotional connection with the infant.

Methods: Participants (N=104) in this online study included fathers of infants aged 0-6 months who completed the PIWIS along with a battery of other surveys online.

Results: Responses showed that the instrument has adequate internal consistency ($\alpha=.94$) and high four week test-retest reliability ($r =.74$). PIWIS full-scale scores generally correlated with measures of paternal engagement with infants, parenting self-efficacy, parenting satisfaction, parental alliance, satisfaction with life, and postpartum depression in theory-consistent ways. Principal components factor analyses identified item clusters suggesting that the PIWIS items break down into three factors reflecting responsibility (26.8% of the variance), warmth and responsiveness (10.4% of the variance), and providing for basic needs (6.8% of the variance).

Conclusions: Further work is needed to refine the usefulness of subscales to better clarify specific areas of paternal involvement with their infants. However preliminary analyses suggest that the PIWIS full-scale score is a valid self-report instrument to measure the extent to which fathers are involved and connected with their newborns.
Toward a Whole-Family Approach to Perinatal Mental Health: Best Evidence-Informed Practices in Father-Focused Programming

Paper Title:

Creating Support for NICU Dads

Authors:

Chavis A. Patterson, PhD, Pamela A. Geller, PhD, Victoria A. Grunberg, BA

1 The Children’s Hospital of Philadelphia; 2 Perelman School of Medicine at the University of Pennsylvania; 3 Drexel University; 4 Drexel University College of Medicine

Background:

Parenting a baby in the Neonatal Intensive Care Unit (NICU) is an overwhelming experience (Hynan, 2005). Fathers’ emotional responses in the NICU are understudied compared to mothers (Lindberg et. al, 2007). As mothers are usually at the bedside, the majority of supportive services to address emotional distress provided within the NICU only reach them. Fathers, on the other hand, tend to focus on work and taking care of the house and other children (Pohlman, 2005; St. John et al., 2005).

Objective:

In this presentation we describe results from our work in our Newborn/Infant Intensive Care Unit (N/IICU), past literature focusing on fathers and families in NICUs, and results from telephone focus groups.

Methods:

By reviewing the literature on gender differences in response to NICU experiences, working with fathers in our N/IICU, surveying NICUs across the country and conducting focus groups with current and past NICU fathers, we aimed to understand effective supports, how to maintain participation in interventions, and creating supportive services that are engaging for fathers.

Conclusion:

We will identify and review the unique aspects of NICU fathers’ experiences in order to create services to stave off post discharge challenges.

Paper Title:

Engaging New Dads in “Maternal” Health: What the Research Tells Us About Best Practices in Fatherhood Engagement Programs
Background:
While the vast majority of perinatal health services target mothers and their children, there is a growing base of research which points to the importance of fathers’ involvement even in the earliest years of their children’s lives (Roubinov et al., 2014). Although the current generation of new fathers are more highly involved with their partners and babies than ever before (CDC, 2013), perinatal health providers interested in providing a whole-family approach to their services commonly report difficulty engaging fathers (Bellamy, 2014). The research regarding programmatic father engagement is somewhat fractured, yet a variety of studies in the area have identified a series of evidence-based best practices in developing father-inclusive programs.

Objective:
To provide an overview of research and best practices for administrators, clinicians, and front line staff interested in increasing the presence of fathers in the populations they serve. Participants will learn about the essentials of implementing a fatherhood engagement program including nuts-and-bolts interpersonal techniques along with specifics of integrating modular, whole-family father-inclusive elements into their existing programs.

Methods:
A thorough review of the programmatic fatherhood engagement research literature along with the presenter’s experience with program development inform the information presented.

Conclusion:
Rather than creating entirely new programs, organizations interested in better engaging fathers throughout the perinatal period should draw from the existing research base in order to identify key modular elements to overlay onto their existing offerings.
The Contribution of Age and Internal and External Resources to the Mental Health of Women Entering Fertility Treatments

Orit Taubman – Ben-Ari¹, Vera Skvirski¹, Shirley Ben Shlomo¹
Joseph Azuri², Eran Horowitz²

¹School of Social Work, Bar-Ilan University, Israel
²Maccabi Healthcare Services, Sackler Faculty of Medicine, Tel Aviv University, Israel

**Objective:** On the basis of Lazarus and Folkman’s (1984) model of stress and coping, and in light of the medical impact of a woman’s biological clock, the study examined the contribution of internal resources (hope, narcissism, self-awareness), an external resource (perceived mode of maternal support), and age (above or below 35) to women’s mental health at the start of fertility treatments.

**Methods:** The sample consisted of 137 Israeli women (76 aged 20-34, and 61 aged 35-44) entering fertility treatment who completed a series of self-report questionnaires.

**Results:** A hierarchical regression revealed that lower age, poorer physical health, and higher rumination (the negative aspect of self-awareness) contributed to higher distress, whereas better physical health, lower rumination, and greater hope contributed to higher well-being. Mother’s support via active involvement moderated the association between age and distress, so that when mothers were perceived to provide lower active involvement, younger women experienced higher distress.

**Conclusion:** Younger women starting fertility treatments seem to report more distress than older women. Poorer physical health and higher rumination contribute to distress, while hope enhances well-being. Furthermore, perceiving their mothers to be less actively involved has a negative effect on younger women’s distress level. The study enables clinicians to differentiate between the medical protocol of treating older women as at higher risk for infertility, and the psychological benefits of age, which may protect their mental health during stressful times.
PREVALENCE OF POSTPARTUM DEPRESSION SYMPTOMS AMONG WOMEN ASSISTED AT AN OUTPATIENT UNIT FOR BREASTFEEDING INCENTIVE

Erika Vieira
Isilia Aparecida Silva
Nathalia Torquato
Maite Varela
Elizienne Howartt

Postpartum depression constitutes a public health problem. Its early identification is paramount for the healthy development of the child and for the health of the mother, who is seeking to adapt biologically, psychologically and socially to her new maternal condition. **Objective**: To determine the prevalence of positive symptoms of postpartum depression among puerperal women assisted at an outpatient unit postpartum. **Methods**: This cross-sectional study included 150 puerperal women assisted at a Center for Incentive and Support for Breastfeeding for their first nursing consultation after giving birth. The instrument used was the Edinburgh Postnatal Depression Scale, and the cohort score was ≥10. **Results**: Participants had a mean age of 30 years; 43% had a college education, and 50% were married and had a formal job. Mean postpartum days was 22; 49% of women mentioned having planned or desired the pregnancy, 53.3% experienced any comorbid disease during pregnancy, 62.3% had a cesarean delivery, 96% were breastfeeding, and 31.8% had positive symptoms for postpartum depression. Among this last group of women, most (70.7%) reported no depressive episodes at other times during their life. **Conclusion**: In the service where the study was conducted, the prevalence of postpartum depression was higher than that reported in most international studies. Nursing consultation in the first month postpartum is an excellent opportunity to track postpartum depression and make the appropriate referrals for treatment.

**Keywords**: Depression, Postpartum; Postpartum Period; Obstetric Nursing.
Can Exploring Trans-diagnostic Symptoms Help Refine a “Delayed Sleep” Phenotype of Perinatal Depression?

Sharkey KM\textsuperscript{1,2}, Coles, M\textsuperscript{3} and Pearlstein TB\textsuperscript{1,4}
\textsuperscript{1}Warren Alpert Medical School of Brown University, \textsuperscript{2}Rhode Island Hospital; \textsuperscript{3}Binghamton University; \textsuperscript{4}Women’s Medicine Collaborative, Providence, RI

**Objective**: Later sleep times and circadian phase during pregnancy are associated with postpartum depressive symptoms (Sharkey, 2013). Refining our understanding of the trans-diagnostic behavioral/cognitive processes that underlie these correlations could provide insights into the pathophysiology of perinatal depression (PD) and advance novel treatment strategies.

**Methods**: Sleep onset, sleep offset, and total sleep time (TST) were estimated with wrist actigraphy averaged over each week in 30 women with a past history of major depression (mean age 28.3±5.3 years) at 33 weeks gestation and postpartum weeks 2, 6, and 16. Participants were divided into a late-sleep group (LS) and an earlier-sleep group (ES) based on median split of sleep onset time during pregnancy (cut point=11:22 PM). We compared hypomanic symptoms (Highs Scale-Glover, 1994); OC symptoms (Obsessive-Compulsive Inventory-Foa, 1998) and depressive symptoms (HAM-D-17) between LS and ES groups.

**Results**: LS had shorter TST than ES at 33 weeks only (LS TST = 6.3±1.3 hours; ES TST=7.3±1.0 hours, p<.05). There were no differences in LS vs. ES HAM-D scores at 33 weeks, but LS had higher HAM-D scores than ES at all postpartum time points (2 weeks: 10.0 vs 5.8; 6 weeks: 10.1 vs. 6.1; 16 weeks: 11.6 vs. 7.0; p<.05). LS reported significantly more hypomanic symptoms than ES at all time points. Although LS endorsed more OC symptoms than ES consistently, differences were not statistically-significant.

**Conclusions**: Later sleep times during 3\textsuperscript{rd} trimester were associated with hypomanic symptoms and development of postpartum depressive symptoms. These trans-diagnostic correlates represent novel targets for diagnosing and treating PPD.

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Objective: Perinatal depression encompasses depressive episodes during pregnancy or within the first 12 months following delivery. Questions remain regarding prevalence and incidence, and the appropriate management.

Methods: Utilizing a 6-year academic-community partnership, an intervention combatting postpartum weight retention and depression was developed and tested by RCT among 170 low income clients of a community based organization. The RCT compared holistic social and nutrition support, to usual care by the home visiting peer case managers. Four serial postpartum assessments of psychosocial factors and depression screening using the Edinburgh (EPDS), provided a trajectory of mental health.

Results: At baseline 6-12 weeks postpartum, women were on average 22 years, with BMI 32 kg/m² and 82% black. In regards to depression point prevalence, 15.3% were at risk at 6-12 weeks postpartum, with no change 6 weeks later. This risk increased to 18.1% at 6 months, and fell to 12% at 1 year. In terms of depression incidence, 8 additional women (6%) developed depression between 6-18 weeks postpartum, 10 additional women (10%) developed depression in the following 3-6 months, and 2 additional (4%) developed depression between 6-12 months. No one at risk for depression at the 6-12 week time point, resolved long-term even if there was temporary improvement. There was no difference between intervention and usual care groups except for decreased EPDS at 12 months in the usual care group.

Conclusions: Interventions utilizing social support may be effective in reducing depression risk, while those that encourage weight loss should be administered with extra psychosocial support.

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