

Overview and planning of participants' abstracts

Oral presentations

Thursday 26/10

Presenter	Title	Day	Time	Session
Mary Kimmel	Better Understanding Peripartum Depression: Clues from the Microbiota-Gut-Brain Axis	26/10	14:00-14:50	parallel symposium – biological markers
<p>Introduction/Objective: Depression and anxiety during pregnancy are associated with immediate and long-term negative health outcomes for the pregnant person and their offspring. The microbiome holds the potential to assess environment, health behaviors such as diet, and host factors such as immune system functioning in relation to perinatal mental health.</p> <p>Methods: Pregnant individuals, one in the United States and one in Sweden, at two timepoints in pregnancy filled out the Edinburgh Postnatal Depression Scale (EPDS) and provided fecal samples analyzed with whole genome metagenomics. Total EPDS scores were assessed in addition to subsets of questions reflecting anxiety, depression, and anhedonia.</p> <p>Results: The total number of samples analyzed from both timepoints included 657 from Sweden and 144 from the U.S. 13.7% had higher depressive symptoms in both cohorts based on an EPDS>11; 17.3% in Sweden and 9.9% from the U.S. Total EPDS score at each timepoint was associated with lower individual microbial community diversity, alpha diversity; driven by the evenness of different types of microbes (p=0.03 and p=0.02)) and the anxiety subscale (p=0.0099 and p=0.0099). The between group difference, beta diversity, found the depressed group differed from those with lower EPDs scores, but only when considering both timepoints (p=0.008).</p> <p>Conclusions: The EPDS may not be consistent in self-report of symptoms across two U.S. and Swedish cohorts. The microbial communities of two groups based on higher or lower EPDS score differed significantly; although this was driven by the Swedish cohort given its size. Anxiety was found to be important to study further.</p>				
Richelle Björvang	Gene expression of peripartum depression trajectories	26/10	14:00-14:50	parallel symposium – biological markers
<p>Perinatal depression (PND) has negative impact on the mother's as well the infant's health. Notably, its biological underpinnings are largely unknown. The present study sought to identify transcriptomic biomarkers of PND using a longitudinal design. As part of the Biology, Affect, Stress, Imaging and Cognition cohort, blood samples were collected for mRNA isolation at week 38 of pregnancy and 8 weeks postpartum. RNA libraries were prepared using QuantSeq 3' mRNA-Seq Library Prep Kit FWD and sequenced as 1 x 100 bp reads on Illumina NovaSeq 6000 S2 Flow CellSystem. PND was defined using the Edinburgh Postnatal Depression Scale. The 323 participants were categorized into four trajectories: controls (no PND symptoms throughout pregnancy), antepartum depression (PND symptoms during pregnancy and resolved postpartum), postpartum depression (PND symptoms with postpartum onset), and persistent (depressive symptoms throughout pregnancy). Upon sequencing, differentially expressed genes among these four trajectories will be determined, where enrichment analyses will reveal the pathways involved. Once analyses are finalized, the results may aid further understanding of the biology of PND. They may also provide potential biomarkers that can detect or predict PND, allowing early intervention.</p>				

Maria Vrettou	Peripartum depression, telomere length and genotype, and adverse childhood experiences	26/10	14:00-14:50	parallel symposium – biological markers
<p>As biological marker for cellular senescence, telomere length (TL) has been linked to adverse childhood experiences (ACEs) and a variety of psychiatric disorders, but only preliminarily to peripartum depression (PPD). The present study sought to examine the association between PPD, ACEs, TL and genetic polymorphic variations related with the telomere machinery. Adversity was self-reported, likewise were depressive symptoms evaluated at pregnancy week 17, pregnancy week 32, six-weeks and six-months postpartum. TL was assessed by use of qPCR in blood samples collected during childbirth from 99 females with antenatal PPD and 199 healthy matched controls. Twenty haplotype-tagging Single Nucleotide Polymorphisms in the Telomerase Reverse Transcriptase (TERT) and three in the telomerase RNA component (TERC) genes were genotyped. TL was negatively correlated with ACEs; controls with at least one ACE had shorter TL compared to controls without ACEs. Antenatal PPD was associated with longer TL, corroborated by a positive relationship between TL and PPD symptoms severity at gestational week 17. This association was driven by the individuals with PPD present only during pregnancy, who remitted postpartum. In the presence of PPD persisting into the postpartum period, TL was negatively correlated with the severity of PPD symptoms at pregnancy week 32. Lastly, neither ACEs nor the TERT/TERC genotype had an effect on the TL-PPD association. The findings contribute to further understanding of TL-related PPD underpinnings, which seem to be different based on PPD trajectory, while environmental or constitutional factors do not seem to influence them.</p>				
Ella Schleimann-Jensen	Premenstrual symptoms and depression during pregnancy and postpartum in two large cohorts of pregnant women	26/10	14:00-14:50	parallel symposium – biological markers
<p>Introduction: Premenstrual dysphoric disorder (PMDD) is a hormone-related mood disorder characterized by cyclic, affective, cognitive and physical symptoms that peak in the luteal phase and are absent during the follicular phase of the menstrual cycle. PMDD has a prevalence of 5% among individuals with the menstrual cycle, however, it is only the tip of the iceberg as premenstrual syndrome (PMS) affects about 20-30%. PMDD and PMS may act as risk factors for mental ill-health during reproduction, as the fluctuations of ovarian hormones may lead to peripartum depression (PPD), especially in individuals already sensitive to them.</p> <p>Aim of the study: The aim of the study was to investigate whether PMDD and/or PMS are risk factors for developing PPD in the peripartum period.</p> <p>Materials and methods: Associations between PMS/PMDD and PPD were analyzed using the datasets from two large cohorts assessed from mid-pregnancy until a year postpartum. PMS was defined according to the ICD criteria, while PMDD according to the DSM-5 criteria; PPD symptoms were tracked prospectively throughout pregnancy and postpartum. Repeated-ANOVA analyses as well as regression analyses were run, using continuous Edinburgh Postnatal Depression Scale (EPDS) scores as outcome variable and PMS/PMDD as predictor variable, while considering several possible confounders. A group-based trajectory modelling was implemented to account for time and to identify patterns. A data driven model was fit with one of the datasets and validated with the other.</p> <p>Conclusions and implications: Preliminary results show that PMDD is one of the highest risk factors for developing PPD during the peripartum period, together with a history of depression. Based on the data driven approach, clinicians could easily calculate the probability of an individual suffering from PPD, which could be relevant in preventing, diagnosing and treating PPD.</p>				

Silja B. Kårstad	Early In: A program promoting screening and communication about parental mental health, alcohol use and domestic violence	26/10	14:00-14:50	Parallel symposium - Prevention & Treatment
<p>Background and purpose: In Norway we have a public funded free training programme called Early In for professionals in municipalities and public health services that work with pregnant women, infants and their families. The goal is to promote infants' health and development through systematic screening and communication about parental mental health, alcohol use and domestic violence.</p> <p>Description of the program: The training program is module based and runs over six days. An important element in the program is regular supervision over 2 years and support to the municipalities strengthening their collaboration. In Norway there are 7 regional teams with professionals from the Drug and Alcohol Competence Centres (KoRus), Centre for Child and Adolescent Mental Health, Eastern and Southern Norway (RBUP)/ Regional Centre for Child and Youth Mental Health and Child Welfare (RKBU), The Regional Resource Centres on Violence and Traumatic Stress (RVTS) and The Offices for Children, Youth and Family Affairs (Bufetat) responsible for providing this training programme. Representatives from two teams will present the content of Early In and describe and discuss clinical experiences of implementing this programme in municipalities in Norway.</p>				
Åse Bjørseth	Lessons learned from providing Parent-Child Interaction Therapy for Toddlers (PCIT-T) in a Child and Adolescent Mental Health Clinic (CAMHS)	26/10	14:00-14:50	Parallel symposium - Prevention & Treatment
<p>Background: PCIT is an intervention program that involves coaching parents while they play with their children. One of the core components is the in-vivo coaching of parents, applying a bug-in-the-ear device. A Norwegian RCT-study has demonstrated that improvement in parenting skills were greater and that children's disruptive behaviors decreased more in the PCIT-group than in the group that received treatment as usual. Furthermore, a recent report from the Nordic Council has rated PCIT as one of two interventions with a high level of evidence for children 0-2 years of age.</p> <p>Purpose of the work: PCIT-T is an adaptation for 12- to 24-month-old children that enhances the improvement of attachment and emotion regulation. Since 2018, PCIT-T has been applied in different settings in the community and in CAMHSs in Mid-Norway. The purpose has been to improve early intervention for this age group.</p> <p>Description of the work: The presentation will provide an overview of our experiences with PCIT-T in a CAMHS, illustrated by clinical examples. The children were mainly referred from a hospital department working with at-risk parents across pregnancy and infancy. Assessment included observations of the parent-child interaction and parent-report, and PCIT-T was offered when improvement in parenting skills was considered beneficial. If possible, both parents were included in the treatment, while the coaching was provided individually. The intervention was conducted at the clinic, either as weekly sessions or as intensive treatment with multiple weekly sessions over a shorter period.</p> <p>Conclusions: All over, parents reported positive effects of the intervention, while therapists reported that overall, improvement in parenting skills was beneficial for the child's development.</p>				
Hedvig Svendsrud	Becoming Dad: Expectant Fathers Attachment Style and Prenatal Representations of the Unborn Child	26/10	14:00-14:50	Parallel symposium - Prevention & Treatment

How expectant fathers think and feel about the unborn child, (prenatal representations), have shown associations with fathers' postnatal parenting behaviors, observed father-infant interactional quality and child cognitive development. There is limited knowledge about fathers' prenatal representations. The present study examined if fathers' partner related attachment style was related to their prenatal representations of the unborn child. In the "Little in Norway Study", an ongoing prospective, longitudinal population-based study, 396 expectant fathers, completed the Experiences in Close Relationships Scale at enrollment (mean gestational week = 23.76, SD= 4.93), and in gestational week 27-35, three questions assessing prenatal representations. Correlations of attachment style and prenatal representations are reported using logistic regression analyses. We found that fathers' avoidant attachment style predicted having absent or negative representations on all three items 1) "strongest feeling about the unborn child" (CI = 1.19-2.73), 2) "thoughts about child personality" (CI = 1.16-1.87), and 3) "experiences of relationship with the child" (CI = 1.14-1.75). Fathers' anxious attachment style was not significantly associated with absent or negative prenatal representations. Results suggest that expectant fathers with a partner related avoidant attachment style have an increased risk of having absent or negative prenatal representations of the unborn child.

Elisabet Rondung	Psychologists' experiences of working with fear of childbirth: implications and advice for care providers	26/10	15:10-16:00	parallel symposium – Fear of childbirth
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Introduction: Although the available evidence suggests that many intervention strategies may help women fearing childbirth, it remains unclear which approaches are most beneficial. There also seem to be room for further improvements to make interventions more efficient. Unfortunately, we are still far from having a common concept model of fear of childbirth to guide the development and delivery of interventions. It is therefore important to build on the clinical expertise of those who regularly support women fearing childbirth.

Aim of the study: To explore and describe perinatal psychologists' experiences of success factors and challenges in working with women with fear of childbirth.

Materials and methods: In this qualitative study, we conducted focus group interviews with 11 licensed psychologists working with fear of childbirth and analysed their responses using reflexive thematic analysis.

Conclusions and implications: Four main themes and 13 subthemes were identified. These pointed towards the importance of first meeting the woman where she stands; of listening, validating, and exploring together, before tailoring core interventions according to her unique needs and preferences. Although most psychologists were not involved in the formal birth planning, they described how they worked with birth preparations, preferably together with a partner or support person. They also emphasized the importance of collaborative efforts to meet the needs of women fearing childbirth. Based on the findings, we present a list of advice for practitioners working professionally with fear of childbirth.

Elin Ternström	Too afraid to become pregnant: fear of childbirth among non-pregnant women	26/10	15:10-16:00	parallel symposium - Fear of childbirth
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Introduction: Almost all research about fear of childbirth has been conducted among pregnant women. Thus, little is known about the experiences of fear of childbirth among non-pregnant women.

Aim: To contribute to a broadened perspective of fear of childbirth, by sharing the experiences of women fearing childbirth while not being pregnant.

Materials and methods: We conducted semi-structured interviews with 17 non-pregnant women, eight who had been pregnant and given birth and nine who had not. All participants wanted to have (more) children but were hesitant to become pregnant due to fear of

childbirth. The interviews with women who had, and had not, given birth were analysed separately, using reflexive thematic analysis.

Conclusions and implications: The women in both groups were deeply affected by their fear of childbirth and had been so for a long time. Women who had given birth described how negative experiences of perinatal care had fueled their fear. Both women who had and had not given birth struggled with catastrophic thoughts and images of childbirth, but also with feelings of loneliness and grief when thinking about the consequences of not daring to become pregnant and give birth. While negotiating with themselves, they repeatedly postponed the decision to try to become pregnant. Many were disappointed with the support offered and had many suggestions on what healthcare could do differently. Foremost, they wished that healthcare support could be more individualized and available already when planning a future pregnancy.

Fear of childbirth can have a deep impact on women's lives, not only during pregnancy but also before and between pregnancies. During these periods, women feel abandoned by healthcare. We therefore encourage maternal health services to consider offering fear of childbirth support also to non-pregnant women.

Jennie Lenntorp	Uppföljning av införandet av extra stödsamtal vid måttlig förlossningsrädsla på Barnmorskemottagningar i Region Stockholm.	26/10	15:10-16:00	parallel symposium - Fear of childbirth
<p>Bakgrund: Studier visar på att ca var sjätte gravid har en förlossningsrädsla. I Region Stockholm remitteras gravida med svår förlossningsrädsla till förlossningsklinikernas samtalsmottagning. Vid måttlig förlossningsrädsla ansvarar barnmorskan på barnmorskemottagningen för att ge stöd. År 2020 påbörjades implementering av ny metod för att ge stödsamtal på barnmorskemottagningen vid måttlig förlossningsrädsla. Fear of birth scale (FOBS) infördes som verktyg för identifiering och bedömning av grad av förlossningsrädsla. Minst en barnmorska per barnmorskemottagning i Region Stockholm fick uppdraget samtalsbarnmorska. Samtalsbarnmorskan fick extra utbildning i stöd vid förlossningsrädsla samt handledning relaterat till förlossningsrädsla.</p> <p>Syfte: Målet var en kompetenshöjning hos barnmorskorna gällande förlossningsrädsla, minskat antal remisser till förlossningsklinikerna gällande förlossningsrädsla samt rätt vård på rätt nivå.</p> <p>Resultat: En utvärdering som 73 av 105 samtalsbarnmorskor svarade på, visade på att majoriteten av samtalsbarnmorskorna hade fått ökad kunskap om förlossningsrädsla. 98,6% av samtalsbarnmorskorna använde sig av FOBS i sitt arbete och de upplevde FOBS som ett hjälpmedel.</p> <p>För att få en uppfattning om "rätt vård på rätt nivå" så fick barnmorskor som arbetar på Aurora mottagning eller motsvarande i Region Stockholm svara på en enkät. På frågan "Min upplevelse är att de remisser som vi idag tar emot, jämfört med för 2 år sen, överensstämmer mer med vårt uppdrag på Auroramottagning" så var det 90% som höll med.</p> <p>Arbetet framåt handlar om att tydliggöra det nya arbetssättet och på så sätt ge det starkare fäste. Utmaningar framöver kan ses i att nyanställda kommer behöva utbildning och att hitta möjligheter för samtalsbarnmorskor att utvecklas vidare i sin roll på barnmorskemottagning.</p> <p>Slutsats: Implementeringen av FOBS och stödsamtal vid måttlig förlossningsrädsla har uppfyllt flera mål. Uppfattningen är att flera remisser idag har rätt grad av förlossningsrädsla. Barnmorskorna upplever att de fått ökad kunskap och införandet av FOBS har varit positivt för barnmorskorna.</p>				
Carita Nordin-Remberger	Pregnant women with severe fear of childbirth need psychological, individual, and easily accessible	26/10	15:10-16:00	parallel symposium - Fear of childbirth

	professional care: A Swedish mixed-method study			
<p>Introduction: Fear of childbirth (FOC) among pregnant women has a large spectrum of severity and includes poor emotional and psychological health, as well as increased obstetric interventions.</p> <p>Aim: The aim was to examine preferences of support, and barriers and facilitators for pregnant women with severe FOC to seek support in relation to parity.</p> <p>Materials and methods: A mixed-method study using data from a self-reported survey answered by pregnant women with severe FOC between February and September 2022. The fear of childbirth scale (FOBS ≥ 60) was used as an inclusion criterion to detect severe FOC. Data were analysed using descriptive statistics and content analysis.</p> <p>Results: In total, 609 participants had a severe FOC. Participants ranged in age from 20-47 years. Pregnant women (65%) stated they needed support in preparing for childbirth. Most pregnant women (60%) also wanted safe and individually adapted prenatal care. Pregnant women reported help-seeking barriers when they had to keep the fear inside themselves, not being offered adequate support (67%), or when offered unprofessional care that did not help (60%). Facilitators for help-seeking were described as being actively offered easily accessible support in early pregnancy by the midwife (74%), receiving respectful care, and that they would receive individual-based support. Professional evidence-based support was requested, so that they would be able to develop their own knowledge and understanding of childbirth.</p> <p>Conclusions and implications: Most pregnant women with severe FOC felt unsupported during pregnancy. Women with childbirth fear want to be offered psychological, individual, and easily available care by trained professionals that have an empathetic and respectful attitude, enabling pregnant women to sustain their autonomy.</p>				
Stina Helmstrand	Att filma spädbarn och skatta samspelen med ADBB	26/10	15:10-16:00	Parallel symposium - Assessment
<p>Introduktion: Rosenlunds barnhälsovårdsteam (RBHT) tar emot spädbarn som har exponerats för alkohol och/eller droger under fostertid eller som har föräldrar med skadligt bruk av substanser. Föräldrarna kan ha psykiatrisk samsjuklighet och social utsatthet, eller annan sårbarhet som försvårar föräldrabilivande. Dessa spädbarn löper risk för utvecklingsförsening eller -avvikelse.</p> <p>ADBB (Alarm Distress Baby Scale) är en skattning av barns sociala utveckling. När spädbarn scorar över cut off kan det vara ett tecken på depression hos omsorgspersonen, på försummelse eller en konsekvens av funktionsnedsättning hos barnet.</p> <p>ADBB skattas vid en samspelsstund. När detta samspel filmas kan filmen användas för att hjälpa föräldrar att mentalisera kring sitt barn som ett led i att förstå vikten av lyhört samspel för barnets utveckling generellt och av en trygg anknytning i synnerhet.</p> <p>Syfte: I RBHT specialiserade hembesöksprogram ingår ADBB. Syftet med att använda ADBB är att komplettera det medicinska perspektivet på barnet och lyfter fram barnets sociala utveckling. Syftet med att filma samspelsstunden är dels att det underlättar i teamets samlade bedömning, dels att det är ett hjälpmedel i samtalen med föräldrarna om betydelsen av ett lyhört samspel.</p> <p>Beskrivning: I RBHT:s program filmas spädbarn vid 3,5 månad i en samspelsstund med BHV-sköterska. ADBB skattas sedan av BHV-sköterska och barn- och föräldrapsykolog tillsammans. Därefter tittar föräldrar och psykolog tillsammans på filmen och samtalar om samspel samt barnets sociala förmågor.</p> <p>Slutsatser: De senaste drygt två åren har ca 100 spädbarn filmats. Av dessa har ca fjärdedel fallit ut på ADBB. Även andra utvecklingsavvikelse har kunnat uppmärksammas med stöd av filmen. Ett funktionellt arbetssätt har vuxit fram.</p>				

Karin Colliander	Parent-infant interaction observation scale in a Swedish context	26/10	15:10-16:00	Parallel symposium - Assessment
<p>Introductions: Research shows that the early interaction between parent and child is of great importance for the child's future attachment, relationships and health. In all services that work with infants, it is crucial that professionals have the competence to assess the interaction between parents and children as well as the parents' emotional responsiveness. This is a difficult task for most professionals and there is a clear need for a structured assessment in the area.</p> <p>Aims and purpose: The Parent-Infant Interaction Observation Scale (PIIOS) was developed by PO Svanberg in association with University of Warwick to meet the need for a short and easily accessible screening instrument to be able to early identify which children and parents are in need of support. The assessment contains of 13 areas from which the filmed interaction between infants (2 - 7 months old) and guardian is assessed. Today, PIIOS is part of the continuing education for professionals working with infants in the UK. In Västra Götaland, Sweden, the instrument has been used in an Infant Mental Health Service since 2019. During the winter of 2021–2022, a first cohort of training adapted to Swedish conditions in collaboration with Warwick University took place.</p> <p>Description: The PIIOS training has now been adapted to Swedish conditions and initial results from the first cohort show positive results. All professionals (pediatricians, child health nurses, social workers, and psychologists) support how the method can contribute to develop clinicians' assessments by using a structured tool in their work with early interaction between infants and guardians.</p> <p>Conclusion: PIIOS is a short and easily accessible screening instrument for the interaction between infants and guardians, and the training is now adapted to Swedish conditions. There is a clear need for a structured assessment among clinicians in Sweden and the training will continue.</p>				
Kjersti Sandnes	Using the Working Model of the Child Interview in the Nordic countries	26/10	15:10-16:00	Parallel symposium - Assessment
<p>Introduction: The Working Model of the Child Interview (WMCI) is a well validated and popular clinical interview measuring parents' internal representations of their child and their relationship with the child. The WMCI has been used in clinical practice and research in Denmark, Norway, Sweden and Finland over 20 years. Training courses for clinical use have been offered in these countries, but reliability training has only been available from the developers of the WMCI. There have been no concrete possibilities for interrater reliability training and method adherence in the Nordic countries.</p> <p>Purpose of the project or work: A Nordic WMCI network was formed in 2021 with members from Denmark, Norway, and Sweden. The purpose of the network was to develop a model for training in clinical use of WMCI and a model for training for interrater reliability. Additionally, the network explores the possibility of joint research using the WMCI.</p> <p>Description of the project/work: In this proposed symposium, we will briefly introduce the WMCI model. Then, we will present the work of the Nordic network to date, and current plans for clinical training and interrater reliability training models. Lastly, we will give an overview of the research with WMCI conducted in the Nordic countries.</p> <p>Conclusions: As the WMCI has proven useful in both clinical and research settings, trainings should be offered to interested clinicians and researchers. The Nordic WMCI network has concluded that it is of utmost importance to find a unified training model across the Nordic countries to ensure quality and reliability. Further, through the network, the foundations for</p>				

future collaborative research have been established, which may strengthen future research proposals and applications for funding.				
Nina Sanner & Catarina Furmark	DC:0-5 som processverktyg vid bedömning av späda- och småbarns psykiska hälsa i Norden	26/10	15:10-16:00	Parallel symposium - Assessment
<p>Introduktion: Att diagnosticera späda och små barn kräver gedigen kunskap och specialiserad kompetens. Bedömningen av barnets och familjens situation och klassificeringen av de presenterade problemen måste få ta tid – det finns inga genvägar. Bedömning av små barn är en färskvara, den kan komma att göras om, eventuellt omvärderas och uppdateras när ny information tillkommer. Vi menar att det därför ger mening för klinikern att använda klassificeringssystemet DC:0-5 som ett processverktyg för att sammanställa all information runt barnet och familjen, snarare än enbart som en diagnosmanual.</p> <p>Mål: Denna presentation innehåller fallbeskrivningar som illustrerar hur de olika aspekterna i bedömningen sammanfogas till en helhetsbild genom information från olika källor och över tid. Vi diskuterar hur vi kan använda DC:0-5 som ett sorteringsverktyg för att kunna uttala oss om vad vi vet, men också om vad vi inte ännu vet. Vi föreslår också att DC:0-5 kan användas som ett kommunikationssystem mellan professionella för att förmedla bilden av barnets och familjens svårigheter ur ett kulturellt och mångfacetterat perspektiv. Vi diskuterar också olika bedömningsmetoders tillämplighet och vilka interventioner som kan vara aktuella i de fall vi presenterar.</p> <p>Beskrivning: Vi kommer att beskriva olika fall som belyser hur relationella, kulturella och utvecklingspsykologiska aspekter bidrar till fallformuleringen och bistår oss vid differentialdiagnostiseringsprocessen. Vi kommer även att ge en överblick över de relevanta axlarna från det multiaxiala klassificeringssystemet DC:0-5 samt över bedömningsmetoder och interventioner.</p> <p>Konklusioner: Vår förhoppning är att deltagarna kommer att få med sig både praktiska exempel som är användbara i den kliniska vardagen, men också en bild av hur viktigt det är att låta bedömningen och klassificeringsprocessen ta den tid som krävs. Vi vill också understryka vikten av att samverka med olika professionella runtom barnet för att få en fullödig bild av barnets svårighet. Slutligen vill vi belysa hur en gedigen kulturformulering kan bidra till förståelsen av barnets och familjens grad av funktionsnedsättning samt vilka insatser som bör övervägas.</p>				

Friday 27/10

Charli Colegate	motherhood and mental illness: understanding the stigma(s) experienced by women with a history of severe mental illness	27/10	09:15-10:15	Severe mental disorders
<p>The intersection of the experiences of motherhood and mental illness are complex. Health and other public services often provide support to women with histories of severe mental illness (SMI) who are contemplating motherhood, who are pregnant or who are already mothers. If women become acutely unwell perinatally, not receiving care in a timely manner can have significant consequences for women and families. Evidence suggests socioeconomic and racial inequalities in access to perinatal mental healthcare exist and some have suggested stigma plays a significant role in this. However, stigma is often used as a taken for granted concept in the literature exploring inequalities in perinatal mental healthcare. This presentation demonstrates how recent sociologically grounded concepts of stigma can shed new light on understanding inequalities in care.</p> <p>Reporting on findings from a qualitative study conducted in the UK, in which 20 women with a history of SMI were interviewed, this paper presents a rich picture of the nature of the stigmas women both experience and anticipate in the power-settings of the family, healthcare and the workplace. It places an emphasis on how the structures/organisational cultures of these</p>				

<p>different contexts shape stigmatising practices. It also demonstrates how women are not solely passive ‘victims’ of stigmatisation, illuminating the strategies that women employ to resist stigmatisation in these settings. Finally, by bringing relational concepts of access to healthcare into dialogue with power-centred concepts of stigma, this paper makes a novel contribution to addressing this pressing issue in perinatal mental healthcare.</p>				
Adrianna P. Kępińska	Familial risk of postpartum psychosis	27/10	09:15-10:15	Severe mental disorders
<p>Introduction: Postpartum psychosis, a mood disorder triggered by childbirth, is a severe psychiatric condition, with high risks of suicide and infanticide if untreated. While it is evident that genetic factors play a crucial role in disorder risk, the exact extent of their importance is yet to be determined.</p> <p>Aim of the study: We estimated the relative familial risk of postpartum psychosis in full siblings and cousins using data from the Swedish national registers.</p> <p>Materials and methods: The study consisted of 1,633,535 birthing parents from the Swedish Birth Register, of whom 2,489 (0.15%) experienced postpartum psychosis within three months of their first-ever childbirth. We estimated the relative recurrence risk of postpartum psychosis for pairs of siblings and cousins.</p> <p>Conclusions and implications: The relative recurrence risk of postpartum psychosis was high and significant in full siblings (13.92, 95% CI 8.61-21.12). After adjusting for each individual’s history of bipolar disorder and age at birth, relative recurrence risk remained significant for full siblings, although it was lower compared to the model that had not included these factors (risk value decreased from 13.92 to 8.77). In full siblings in inpatient care for severe psychosis, the risk was even higher. The findings also suggested an elevated recurrence risk in cousins, although the results were not statistically significant. The increased risk of postpartum psychosis in full siblings can be attributed to a combination of genetic factors and shared environmental influences among relatives. The increased risk observed in cousins, lower than in full siblings, highlights the impact of genetic factors on risk because shared environmental effects are likely minimal among cousins. However, caution is needed in interpreting not statistically significant results in cousins. Overall, our study supports the role of both genetic and shared environmental factors in the risk of postpartum psychosis.</p>				
Yihui Yang	Sex difference in parental suicide behavior during and after pregnancy: a nationwide register-based study in Sweden	27/10	09:15-10:15	Severe mental disorders
<p>Introduction: Although the sex difference in suicide behavior has been well-established in general population, such difference remains unknown in parents’ behavior during and after pregnancy.</p> <p>Aim: To examine the temporal trend and identify high-risk time window of maternal and paternal suicide behavior in Sweden.</p> <p>Materials and methods: We performed a nationwide register-based cohort study, involving 795,015 women who gave birth during 2003 and 2014 in Sweden and their spouses (n=606,506). Data on suicide attempt and completed suicide were obtained from the Patient Register and the Cause of Death Register. We defined 3 time windows: 1 year before pregnancy, during pregnancy, and the first year postpartum. Poisson regression was employed to estimate the association between sex and suicide attempt, and the sex-specific incidence rate ratio (IRR) comparing incidence of suicide attempt during and after pregnancy to pre-pregnancy.</p> <p>Results: Participants were followed for 5,789,433 person-years. Between 2002 and 2014, the age-standardized incidence of completed suicide increased from 0 to 8.9 per 100,000 person-years among fathers, whereas stayed stable between 0 and 3.4 per 100,000 person-years among mothers. However, the incidence of suicide attempt was stable over time among both</p>				

<p>sexes. Compared to mothers, fathers had a similar risk of suicide attempt before pregnancy (IRR= 1.02 (0.95,1.08)), yet a higher risk during (IRR= 2.73 (2.49-3.00)) and after pregnancy (IRR=2.40 (2.21-2.60)). Compared to pre-pregnancy, a decreasing risk of suicide attempt was noted during pregnancy (IRR=0.30 (0.27-0.32) among mothers and 0.80 (0.74-0.86) among fathers), and the first postpartum year (IRR=0.33 (0.30-0.35) among mothers and 0.77 (0.72-0.82) among fathers).</p> <p>Conclusion and implications: The incidence of completed suicide among fathers increased over time in Sweden. Although both fathers and mothers had decreasing risk of suicide attempt during and after pregnancy, fathers had a higher risk of suicide than mothers in these periods. "</p>				
Felix Wittström	Lithium in pregnancy: a utilization study in the five Nordic countries	27/10	09:15-10:15	Severe mental disorders
<p>Introduction: Lithium is predominantly used in treatment of severe mood disorders, most notably bipolar disorder. Due to their chronic nature, lithium may be continued in pregnancy. However, there is limited information on its use around pregnancy.</p> <p>Aim of the study: To describe the utilization of lithium before, during and after pregnancy, including trends in prevalence and characteristics of users, in the five Nordic countries.</p> <p>Materials and methods: In 4,556,273 pregnancies in nationwide health registers in Denmark (2000-2021), Finland (2005-2016), Iceland (2004-2017), Norway (2005-2020), and Sweden (2006-2019) the prevalence of lithium use was calculated as the proportion of pregnancies in which women filled ≥ 1 prescription of lithium from three months before the first day of the last menstrual period to birth. For the women using lithium, we described secondary care diagnoses related to lithium treatment recorded in the year before and during pregnancy and prescription fills of other psychotropic medications in the pregnancy period. Additionally, patterns of use in the three months before pregnancy, trimesters, and the three months after childbirth were examined.</p> <p>Conclusions and implications: Lithium use in pregnancy became three times more prevalent in the Nordic countries from 2006 (0.02%) to 2016 (0.06%). Bipolar disorder was the most common diagnosis among women using lithium in pregnancy (81%), and other indications for lithium were comparatively rare. Furthermore, concurrent use of other psychotropic medications was common. Prescription fills of lithium became less common over the three trimesters of pregnancy compared to the three months before, with a notable increase again in the three months after, indicating that some women may discontinue lithium treatment during pregnancy, and some may re-initiate after childbirth. Future studies will investigate the maternal psychiatric health consequences of discontinuing lithium treatment during pregnancy.</p>				
Sigrídur Sía Jónsdóttir	Icelandic midwives need more training to be able to offer optimal 1st. line mental health care to families around childbirth	27/10	10:35-11:35	Care pathways
<p>Introduction: Mental health screening of pregnant and postpartum women has been a routine in Iceland for several years. Forty-six percent of Icelandic women between 18 – 44 years rate their mental health being less than optimal and around 20% of men. Based on these relatively high numbers it is obvious that midwives do have to offer on a yearly basis mental health care to many parents/families, during pregnancy and after childbirth.</p> <p>Aim of the study was to shed the light of possible educational needs of midwives when it comes to offering mental health care to expectant- and new parents.</p> <p>Materials and methods: The Icelandic Midwifery Association sent an e-mail with a link to a questionnaire to all midwives (n = 272) <70 years of age, resulting in 44.5% midwives opened the link and 108 (40%) finished the questionnaire. Questions included among other, how well they feel prepared to offer mental health care and if more education and support is needed to provide optimal care.</p>				

<p>Conclusions and implications: Majority of the midwives feel that they have sufficient theoretical knowledge and practical skills regarding screening. They do not have problems discussing screening results with the parents or the families although 62% (n 66) suspected individuals might be dishonest regarding their mental health situation. When it comes to providing adequate help, 64% (n = 69) disagree or are not sure that they do have needed skills. Almost all the midwives would like to participate in lectures or seminar as well as simulation training sessions to increase their ability to be able to offer adequate care to women and families in need. Based on these results a course will be developed with the main focus to deepen their knowledge in building a therapeutic relationship and offer 1st. line mental health care service for the families."</p>				
Charles Musters	Intensive Care in Community Perinatal Mental Health Teams	27/10	10:35-11:35	Care pathways
<p>Background: Community PMHTs are funded across England because the perinatal period is a time of high risk and high acuity. But most teams cannot see patients intensively: significantly unwell patients are transferred to a Crisis Resolution/Home Treatment Team. This breaks continuity of care when patients most need specialist perinatal input. Furthermore, HTT are typically large: patients often see a different staff member each day, which can feel impersonal.</p> <p>Purpose: We established an HTT function within our community PMHT, so patients requiring urgent and intensive care can receive this from their existing team.</p> <p>Description: We adapted the FACT model of Flexible Assertive Community Treatment, allowing a cohort of around seven patients at a time (from a caseload of 180) to receive intensive treatment.</p> <p>We established a short daily Psychiatrist-led MDT to discuss each patient's care, and recruited a new staff member (first a Support Worker, now a Psychiatric Nurse) to contact patients daily at home or via hybrid working. In addition, a senior nurse is on Duty all day, able to see new and existing patients within two hours.</p> <p>This has now operated successfully for three years: we have looked after 150 women on the Intensive Pathway.</p> <p>Compared to a neighbouring team which uses the conventional model of PMHT+HTT, we have provided intensive community care to 70% more women. Under the Intensive Pathway, the average number of Healthcare Professionals seeing each patient reduced from 17 to 9. There have been no recorded adverse events under the Intensive Pathway.</p> <p>Conclusions: Intensive community care for complex and acutely unwell patients is possible within a PMHT, without needing to transfer care to an HTT.</p>				
Ilaria Lega	Specialist care for perinatal mental disorders in Italy	27/10	10:35-11:35	Care pathways
<p>Introduction: the stepped care approach to perinatal mental health proposed by the World Health Organization points out that women with moderate-to-severe mental health conditions during pregnancy and in the postnatal period require interventions delivered by mental health specialists. A network of 127 Mental Health Departments (MHDs) provides public psychiatric care in Italy.</p> <p>Aim of the study: to collect for the first time information on good practices implemented by the MHDs in the Italian public psychiatric service for recognising, assessing and treating mental health disorders in women planning to become pregnant, during or after pregnancy.</p> <p>Materials and methods: in February-March 2023, a national survey was conducted through an ad hoc structured questionnaire on the organization of psychiatric care provided during preconception, pregnancy and the postnatal period. Good practices were defined according to the Quality Standards for antenatal and postnatal mental health developed by the National Institute for Health and Care Excellence. The survey was implemented online in LimeSurvey,</p>				

and the link to the questionnaire was sent via email to all the Directors of the national MHDs with a unique access code for the log-in.

Results: out of 127 MHDs, 119 (93.7%) participated in the survey. Preconception counselling to women having a current or past severe mental health problem and planning a pregnancy is provided by 58.0% of the MHDs. A reference document for a psychopharmacological prescription for women of reproductive age is not available in 87.4% of the MHDs, and a written protocol on perinatal mental health disorders recognition and treatment is lacking in 73.9%.

Conclusions and implications: well-defined pathways and protocols for the management of perinatal mental health disorders are not available in most Italian MHDs. The survey showed that urgent action is needed to improve the early detection, management and care of perinatal mental health disorders.

Allison Eriksson	Pre-pulse inhibition in late pregnancy predicts new-onset postpartum depression	27/10	13:00-14:00	Prediction of peripartum depression
<p>Introduction. Postpartum depression (PPD) affects around 12% of women and can have adverse effects on the mother and child. There are many known environmental risk factors, but objective biological tools to predict PPD are lacking.</p> <p>Aim. To explore pre-pulse inhibition (PPI), an operational measure of sensorimotor processing, as a tool to predict women at risk for PPD.</p> <p>Materials and Methods. Women participating in the BASIC study (Biology, affect, stress, imaging and cognition in pregnancy and the puerperium) in Uppsala, Sweden, were invited during gestational weeks 35-39 to measure PPI with pre-pulses at 72, 74, 78, and 86 dB levels. At gestational week 32 and 6 weeks postpartum, depressive symptoms were screened using the Edinburgh Postpartum Depression Scale. In total, 179 women with complete data were included in the main analysis. Logistic regression was conducted to determine the effect of each level of PPI on PPD outcome. Stratified regression analyses with imputed data (n =214) were conducted to determine the interaction of depression during pregnancy on PPI.</p> <p>Results. Pre-pulse inhibition at 86 dB was negatively associated with PPD symptoms among women who were not depressed during pregnancy (OR 0.97; 95% CI 0.94 - 1.00; p=0.046). ROC curve analysis confirmed a good value for PPI at 86 dB to predict new-onset PPD (AUC 90.5% in crude model and AUC 87.1% adjusted for covariates).</p> <p>Implications. Further studies are encouraged to validate these promising results and explore the potential of PPI as a predictive marker to screen women at risk for developing PPD.</p>				
Martina Caglioni	Prenatal screening of Postpartum depression: development and validation of the Italian version of the Postpartum Depression Predictors Inventory-Revised (PDPI-R-I) for Prevention and early intervention for the risk of postpartum depression	27/10	13:00-14:00	Prediction of peripartum depression
<p>Introduction: Postpartum Depression (DPP) represents, for clinical and statistical characteristics, the most relevant psychic complication related to the puerperium. Etiopathogenesis of PPD is multifactorial and factors possibly contributing to but not completely explaining PPD.</p> <p>Aim of the study: The first objective of the present research was to translate and validate an Italian version of the PDPI-R.</p> <p>The second purpose of this study was to verify the predictive accuracy of PDPI-R-I with four different statistical models in order to pinpoint the PPD constellation of risk factors according to</p>				

which clinicians may attribute the degree of estimated PPD risk and increase confidence in managing potential PPD.

Materials and methods: AIM1: Two bilingual translators translated the PDPI-R into Italian. Back translation was done to establish semantic equivalence. After the PDPI-R-I was developed, the study used a prospective cohort design performed on a sample of 286 women between August 2022 and February 2023 at San Raffaele Hospital in Milan, Italy. We administered the prenatal version of the PDPI-R-I at T1 and the EPDS questionnaire from two to six weeks after delivery (T2). A total of 250 women answered both T1 and T2 questionnaires.

AIM 2: We performed a univariate logistic regression for each variable; then we tested the ability of PDPI-R-I in a classification task. In particular, we compared 1) the output of sample classification error of a random forest against 2) LASSO (REF) regression, 3) Linear SVM and Radical SVM cases. Finally, 4) we estimated the classification error by means of leave-one-out-cross-validation.

Conclusions and implications

The PDPI-R-I was found to be a useful and valid screening tool for predicting PPD. It should be continuously administered to mothers because delivery and infant-related factors affect the potential for PPD.

<p>Michaela Schiøtz</p>	<p>Experiences with the Antenatal Risk Questionnaire in combination with the Edinburgh Postnatal Depression Scale in early pregnancy from the perspectives of pregnant women and healthcare professionals in Danish antenatal care - a qualitative descriptive study</p>	<p>27/10</p>	<p>13:00-14:00</p>	<p>Prediction of peripartum depression</p>
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Introduction: Maternal mental health problems are considered an increasing public health challenge by The World Health Organization. It is known that women with a history of mental disorders, stress, abuse, neglect, or low social support are at increased risk of mental health problems such as depression during the perinatal period. Therefore, it is crucial to identify psychosocial risk factors among women early in pregnancy to reduce the risk of short- and long-term consequences for mother and child. The Antenatal Risk Questionnaire (ANRQ) has been found acceptable as a psychosocial screening tool among pregnant women in Australia, but it has not been tested in a Scandinavian context before. This is particularly relevant because there may be potential differences in the characteristics of the study population and in the antenatal care program.

Aim: The aim of the present study is to explore the experiences of pregnant women and healthcare professionals using a screening questionnaire consisting of ANRQ and the Edinburgh Postnatal Depression Scale (EPDS) to identify psychosocial vulnerabilities among pregnant women in week 12-14 of gestation within the Danish Healthcare System.

Material and methods: A qualitative descriptive study based on semi-structured, individual interviews with pregnant women (n=18) and healthcare professionals (n=4), analysed using thematic analysis.

Conclusion and implications: Overall, both the pregnant women and the healthcare professionals found using the online ANRQ/EPDS as a screening tool acceptable and valuable. However, attention must be given to the fact that some women expressed fear of the consequences of answering honestly. A non-judgmental, open, emphatic, and reassuring approach by clinicians may help reduce stigma and promote a culture of maternity care in which discussing mental health concerns is perceived as safe. Healthcare professionals described screening with ANRQ/EPDS as a relevant supplemental tool for referral to antenatal care.

Lotte Broberg	An evaluation of the Antenatal Risk Questionnaire in combination with the Edinburgh Postnatal Depression Scale as a screening questionnaire in early pregnancy in Danish antenatal care	27/10	14:00-14:40	The Nordics
<p>Introduction: Maternal mental health problems are considered an increasing, major public health challenge by the World Health Organization (WHO), and the transition to motherhood is a time of increased vulnerability to the onset or relapse of a mental disorder. In addition to reduced quality of life for the individual, mental health problems are associated with social and economic consequences for society in terms of inequality in health, increased health expenditure, and reduced productivity. These challenges imply a strong focus on promoting mental health in the care of pregnant women and their families. To reduce the risk of short- and long-term consequences for mother and child, it is crucial to identify psychosocial risk factors among pregnant women early in pregnancy.</p> <p>Aim: To evaluate psychosocial assessment with The Antenatal Risk Questionnaire (ANRQ) and antenatal depression screening with The Edinburgh postnatal depression scale (EPDS) in early pregnant women in Denmark.</p> <p>Materials and methods: The study was conducted at the Department of Gynecology and Obstetrics, Copenhagen University Hospital – North Zealand, Hilleroed, Denmark, from November 2021 to March 2022. The Hospital serves approximately 4,000 women giving birth annually. All pregnant women who planned to attend antenatal care at the North Zealand Hospital in the Capital Region of Denmark were invited to the study when they came for their first-trimester ultrasound scan. The participants (n=439) fulfilled a questionnaire consisting of the ANRQ and the EPDS in gestational weeks 12-14, followed by a questionnaire in 36 weeks of gestation including items on mental health, perceived maternal-fetal attachment, social support, maternal morbidity, and socio-demographic characteristics.</p> <p>Conclusion and implications: The analysis is ongoing, and results will be presented at the conference</p>				
Emma Fransson	Uppföljning av införandet av depressionsscreening graviditetsvecka 16 på Barnmorskemottagningar i Region Stockholm	27/10	14:00-14:40	The Nordics
<p>Bakgrund: Studier visar att gravida och nyblivna mödrar som lider av depressiva symtom har en ökad risk för graviditetskomplikationer och ohälsa senare i livet. Upptäckt av psykisk ohälsa och erbjudandet av stöd är viktigt såväl för graviditeten som för det kommande föräldraskapet. För att underlätta barnmorskans arbete med att identifiera och stötta gravida med psykisk ohälsa och för att skapa ett strukturerat förfaringsätt, infördes 2020 i Region Stockholm ett obligatoriskt besök i vecka 16 för att fånga upp psykisk ohälsa, bland annat med hjälp av Edinburgh Postnatal Depression Scale (EPDS). Gravida som identifieras ha psykisk ohälsa erbjuds upp till två stödsamtal och/eller remittering till annan vårdgivare.</p> <p>Syfte: Införandet följs upp med statistik över hur gravida skattar sitt mående samt täckningsgrad av screening över Regionen.</p> <p>Beskrivning av utvärderingen: Från graviditetsregistret hämtas lokal information från Region Stockholm som visar andelen gravida som skattat sitt mående på EPDS per stadsdel samt medelpoäng över regionen. Från enkäter till barnmorskor på barnmorskemottagningar hämtas information om hur arbetet med screening upplevs. Preliminära siffror visar på stor variation över Region Stockholm kring hur många som screenats liksom medelpoäng på EPDS i olika stadsdelar.</p>				

Enkät svar från barnmorskor tyder på att arbetet med EPDS fungerar väl under graviditeten. Till utmaningarna hör arbetet med att erbjuda stöd eller hänvisa till rätt instans för de som behöver mer vård, samt att arbeta med metoden för blivande föräldrar med annat modersmål än svenska.

Slutsatser: Att screena för psykisk ohälsa med EPDS verkar vara en användbar metod. Utmaningar med att öka täckningsgraden och att nå fler grupper med screening och insatser, samt hur barnmorskan bäst kan erbjuda stöd till gravida med psykisk ohälsa kommer att diskuteras.

Marie Bendix	Pre- och postnatalt psykiatriskt nätverk i Stockholm (POPPIS)	27/10	14:00-14:40	The Nordics
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Introduktion: Sveriges befolkning har en lagstadgad rätt till jämlik vård. I Region Stockholm föds årligen omkring 28 000 barn på 7 förlossningskliniker. Vården för gravida och nyblivna föräldrar med psykisk ohälsa involverar många, både privata och offentliga vårdgivare inom mödra- och barnhälsovård, primärvård, obstetrik, neonatologi, barnmedicin, barnungdoms- och vuxenpsykiatri. Trots att Region Stockholm har ett gemensamt vårdprogram för hela vårdkedjan gällande psykisk ohälsa under den perinatale perioden varierar tillgängligheten till vård beroende på bostadsort och förlossningssjukhus.

Beskrivning av projektet: Nätverket bestående av vårdpersonal från hela vårdkedjan har kartlagt vilken tillgång till vård för psykisk ohälsa som erbjuds gravida, nyförlösta och deras barn i Region Stockholm, identifierat ett flertal områden där tillgången till jämlik vård kan förbättras samt initierat olika projekt med syfte att öka jämlik vård i regionen.

Syfte:

- Att beskriva nätverket som en modell för vårdutveckling i en miljö med komplexa vårdkedjor
- Att presentera en kartläggning av den perinatalpsykiatriska vården i Region Stockholm
- Att presentera projekt som initierats av nätverket

Slutsatser: POPPIS drivs helt genom engagemanget från nätverkets medlemmar. Deras gemensamma drivkraft är att erbjuda kvalitativ vård i rätt tid och på rätt nivå, för psykiskt sköra/-sjuka blivande och nyblivna föräldrar och deras barn. Genom kontinuerligt samarbete strävar POPPIS efter att skapa en mer jämlik vårdmiljö för alla familjer i Stockholm samt att verka som Regionens kunskapscentrum i den perinatalpsykiatriska vårdkedjan.

Malin Eberhard-Gran	Peripartum Mental Health Research data sources from the Nordic countries	27/10	14:00-14:40	The Nordics
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Purpose: Perinatal mental health disorders affect a significant number of women with debilitating and potentially life-threatening consequences. Researchers in Nordic countries have access to high quality, population-based data sources and the possibility to link data, and are thus uniquely positioned to fill current evidence gaps. We aimed to review how Nordic studies have contributed to existing evidence on perinatal mental health.

Methods: We summarized examples of published evidence on perinatal mental health derived from large population-based longitudinal and register-based data from Denmark, Finland, Iceland, Norway and Sweden.

Results: Nordic datasets, such as the Danish National Birth Cohort, the FinnBrain Birth Cohort Study, the Icelandic SAGA cohort, the Norwegian MoBa and ABC studies, as well as the Swedish BASIC and Mom2B studies facilitate the study of prevalence of perinatal mental disorders, and further provide opportunity to prospectively test etiological hypotheses, yielding comprehensive suggestions about the underlying causal mechanisms. The large sample size, extensive follow-up, multiple measurement points, large geographic coverage, biological sampling and the possibility to link data to national registries renders them unique. The use of novel approaches, such as the digital phenotyping data in the novel application-based Mom2B cohort recording even voice qualities and digital phenotyping, or the Danish study design paralleling a natural experiment are considered strengths of such research.

<p>Conclusions: Nordic data sources have contributed substantially to the existing evidence, and can guide future work focused on the study of background, genetic and environmental factors to ultimately define vulnerable groups at risk for psychiatric disorders following childbirth.</p>				
<p>Tiina Riekki</p>	<p>Mental disorders in children of mothers with antenatal fatigue in two birth cohorts</p>	<p>27/10</p>	<p>15:00-16:00</p>	<p>Trans-generational effects</p>
<p>Introduction: Maternal fatigue during pregnancy is common with prevalence varying from 44% to 58% depending on the identification method and population. In our previous study, we have identified different types of antenatal fatigue in two birth cohorts. Although the adverse effects of perinatal psychological stress on the child mental health is well-known, research on the effects of antenatal fatigue to child neurodevelopment is lacking.</p> <p>The aim of the current study is to explore whether different symptoms related to antenatal fatigue are associated to adverse mental health outcomes in children.</p> <p>Materials and methods: This study is based on the Northern Finland Birth Cohort 1986 (NFBC1986) and the Avon Longitudinal study of Parents and Children (ALSPAC). Antenatal fatigue was identified with a questionnaire during pregnancy in both cohorts. Several maternal background factors were also identified and their associations with antenatal fatigue evaluated. Biological and physiological stress-markers, such as C-reactive protein, blood glucose and blood pressure were utilized to identify stress-related antenatal fatigue in the mothers. The offspring were followed with questionnaires and clinical examinations from childhood to adulthood. Mental health outcomes will be evaluated with questionnaires included in the birth cohort data, such as the Rutter Scale at 7-8 years of age and The Youth Self-Report at 15-16 years in the NFBC1986, and Development and Well-Being Assessment at 7 years in the ALSPAC. The associations between different types of antenatal fatigue and child mental health outcomes will be studied with statistical tests.</p> <p>Conclusions and implications: The research group has started the work, but the analyses are not ready to be reported. The findings will be presented at the conference. If certain types of antenatal fatigue are found to associate with adverse mental health outcomes in the offspring, these mothers could be identified and preventive interventions could be targeted for them.</p>				
<p>Angela Lupatelli</p>	<p>Prenatal exposure to antidepressants and longer-term risk of depressive and anxiety outcomes in children</p>	<p>27/10</p>	<p>15:00-16:00</p>	<p>Trans-generational effects</p>
<p>Introduction: The longer-term reproductive safety of antidepressants on psychiatric outcomes in offspring remains unresolved.</p> <p>Purpose: This study sought to quantify the association between child depressive and anxiety disorders and prenatal exposure to antidepressants, overall and by duration, with quantification of bias due to exposure misclassification.</p> <p>Methods: Data stem from the Norwegian Mother, Father and Child Cohort Study and national health registries. We included 6589 children born to women who reported depression/anxiety before pregnancy and were either medicated with antidepressants before and during pregnancy (n=665 continuers) or only before pregnancy (n=442 discontinuers), or did not use antidepressants neither before nor during pregnancy (n=5482, unexposed). The main outcome measure was specialist outpatient or inpatient diagnosis for depression in children up to age 18 years, and mother-reported symptoms of depression or anxiety by child age 8 years. We adjusted for confounding via inverse probability of treatment weights methods.</p> <p>Results: The cumulative incidence of anxiety disorders was 4.8%, 3.4% and 3.6% in antidepressant continuers, discontinuers, and unexposed, respectively. For depression, it was respectively 5.1%, 4.5%, and 4.4%. After weighting, there was no difference in the risk of depression in children following prenatal antidepressant continuation relative to discontinuation (weighted Hazard Ratio (wHR): 1.23, 95% Confidence Interval (CI): 0.70-2.16) or</p>				

to unexposure (wHR: 1.23, 95% CI: 0.80-1.88). The results were similar for the risk of anxiety. There was no association with depressive or anxiety symptoms at child age 8 years. Maternal severity of depression/anxiety symptoms in early pregnancy was independently associated with child psychiatric outcomes, independently of the antidepressant.

Conclusion: Prenatal antidepressant exposure is unlikely to considerably increase the risk of psychiatric depressive and anxiety outcomes in children beyond that posed by maternal depression/anxiety.

Alina Rodriguez	Maternal overweight and stress during pregnancy predict infant birth weight	27/10	15:00-16:00	Trans-generational effects
<p>Introduction: Birthweight is still the leading predictor of infant mortality and morbidity. Both low and high birthweight carry health risks. While high maternal body mass index (BMI) contributes to fetal overgrowth, high perceived stress may contribute to lower birth weight. However, the interplay between maternal BMI and perceived stress is not well-understood. Aim: The aim of this study was to examine the association between maternal pre-pregnancy BMI and perceived stress on infant birthweight. This study examines whether stress had an impact on consumption of sugary foods.</p> <p>Materials and Methods: First Child in the Family (FCIF) is a prospective cohort study of all nulliparous women consecutively recruited at their first visit to one of five antenatal health care clinics, in Uppsala County, Sweden and 414 women participated. A repeated-measures design (six assessments during gestational weeks 10-36) was used to assess perceived stress (Perceived Stress Scale, PSS) and self-reports of diet intake. Obstetric medical records provided data on maternal BMI and birth outcomes.</p> <p>Conclusions and implications: The results showed that overweight/obese women who reported high perceived stress during pregnancy delivered infants of higher birth weight than their counterparts who reported average or low levels of stress. Women who experienced high levels of stress consumed more sugary foods. Increased consumption of sugary foods may be used especially by overweight and obese women as a way of coping with stress. Therefore, antenatal care providers should be aware of poor eating habits and support women under stress to make healthy lifestyle choices and lower risk of infant macrosomia.</p>				

Poster presentations

Please note that posters will be up during the entirety of the conference. The speaker will be with their poster to answer questions at the designated day and time.

Thursday 26/10

Presenter	Title	Day	Time	Poster number
Mona Bryggman	Solihullmodellen utvecklar barnhälsovårdsarbetet – utvärdering av en utbildningsåtgärning	26/10	13:30-14:00	101
<p>Bakgrund: Det finns ett behov av att arbeta med barns psykiska hälsa, föräldraskap och samspel mellan barn och föräldrar. I Storbritannien används en evidensbaserad utbildningsmodell "The Solihull Approach (SA)". Modellen har sin grund i tre centrala begrepp för att främja en trygg anknytning: bemötande, ömsesidig följsamhet och inkännande gränssättning. Solihullmodellen är ett redskap för tidiga insatser till alla familjer och är både preventiv och behandlande.</p> <p>Syfte: Rapporten utgör en utvärdering av en ettårig pilotutbildning för att implementera Solihullmodellen, ett evidensbaserat arbetssätt för barnhälsovård. Syftet med utvärderingen var att undersöka sjuksköterskors uppfattning om vad Solihullutbildningen har inneburit för deras professionella utveckling och för utveckling av ett evidensbaserat arbetssätt för barnhälsovården.</p> <p>Metod: Utvärderingen har kvalitativ ansats och genomfördes med en kvalitativ metod för innehållsanalys (Graneheim & Lundman, 2004). Pilotutbildningen omfattar BVC mottagningar inom ett område i Västra Götalandsregionen. Deltagarna var mellan 30 och 60 år (n=9). Datainsamlingen ägde rum under juni 2019 med två fokusgruppsintervjuer. Intervjuerna analyserades enligt (Graneheim et al., 2017).</p> <p>Slutsats: Deltagarna anser att utbildningen påverkat deras professionella utveckling genom att de fått ökad kompetens, djupare insikt, förändrat förhållningssätt och en större handlingsrepertoar i barnhälsovårdsarbetet. Solihullmodellen har gett deltagarna en ökad kunskap och ökad medvetenhet om vikten av att reflektera tillsammans med föräldrarna över föräldra-barnrelationen. Fler handlingsstrategier har gjort det lättare att anpassa sina insatser utifrån familjernas behov. Solihullutbildningen har sammanfattningsvis ökat deltagarnas förståelse för det egna agerandet och ökat tryggheten i yrkesrollen. I samband med utvärderingen av pilotutbildningen, genomfördes en bredare utbildningsåtgärning till samtliga verksamheter inom barnhälsovården i aktuellt geografiskt område (2019–2021). Utvärdering av den utbildningen beräknas vara klar 2023.</p>				
Kenneth Stensen	Student-teacher relationship scale short form	26/10	13:30-14:00	102
<p>The Student-Teacher Relationship Scale-Short Form (STRS-SF) is one of the most frequently used instruments globally to measure professional caregivers' perceptions of the relationship quality with a specific child. However, its psychometric properties for children younger than 3 years of age enrolled in early childhood education and care (ECEC) centers are largely unknown. Thus, this study aimed to investigate and evaluate the factorial validity of the STRS-SF and measurement invariance across children's gender and age by combining two large Norwegian community samples (N = 2900), covering the full age range of children enrolled in ECEC (1–6 years olds). Our findings indicate promising psychometric properties for the STRS-SF; thus, its applicability is supported for both younger and older children indiscriminate of their gender. However, some caution is advised when comparing latent means between older and younger ECEC children because professional caregivers interpret the STRS-SF differently based on children's age.</p>				

Stina Helmstrand	Tvärprofessionell mödra- och barnhälsovård för sköra och utsatta barn	26/10	13:30-14:00	103
<p>Introduktion: Varje år föds ett stort antal barn i Sverige med skador efter exponering för alkohol och/eller droger under fostertid. Samsjuklighet är hög mellan beroendetillstånd och psykisk sjukdom, samt neuropsykiatrisk och kognitiv funktionsnedsättning, och sammanhänger ofta med social utsatthet. Sammantagna utgör de uppväxtvillkor - ACES (Adverse Childhood Experiences) - som innebär risker för psykiska och somatiska men.</p> <p>Syfte: Rosenlunds mödra- och barnhälsovårdsteam är två unika verksamheter som arbetar med blivande och nyblivna föräldrar, samt med spädbarn i en identifierad riskgrupp. Graviditet och spädbarnstid ökar motivationen för nykterhet och drogfrihet, vilket ökar chanserna till ett lyhört föräldraskap och för barnet en trygg uppväxt. Eftersom problematiken i familjerna är komplex är de båda teamen multidisciplinära. Syftet är att ge omfattande stöd till blivande och nyblivna föräldrar för att minimera risken för att barnet ska exponeras för droger och/eller alkohol, för att öka stabiliteten i familjen, samt att följa spädbarnets utveckling för att kunna uppmärksamma avvikelser.</p> <p>Beskrivning: Rosenlunds mödravårdsteam och Rosenlunds barnhälsovårdsteam erbjuder ett utökat och högspecialiserat program under graviditet och under barnets första tio månader. Huvudman för verksamheterna är SLSO/Beroendecentrum i Region Stockholm. I teamen arbetar åtta olika yrkeskategorier. Verksamheterna tar emot ca 50 gravida respektive ca 50 spädbarn per år. Förutom det kliniska uppdraget finns även ett uppdrag att arbeta utåtriktat med kunskapsspridning.</p> <p>Slutsatser: I de två teamen finns en högspecialiserad kompetens om det ofödda och nyfödda barnet och en klinisk verksamhet som når ett fåtal av landets spädbarn i målgruppen. Det behövs en spridning av kunskapen om konsekvenserna av exponering, såsom neonatal abstinens (NAS) och fetalt alkoholsyndrom (FAS-D), så att fler barn kan få tidiga insatser.</p>				
Emma Bränn	Maternal psychiatric disorders before, during, and after pregnancy	26/10	13:30-14:00	104
<p>Introduction: The perinatal period encompasses great alterations in body function, hormonal levels, and inflammatory responses, and comprises a life changing event, which includes adaptation to a new family constellation. These alterations are all factors associated to mental ill-health. However, it is still debated if psychiatric disorders are more prevalent during the perinatal period.</p> <p>Aim of the study: To characterize clinically diagnosed incident psychiatric disorders before, during and after pregnancy.</p> <p>Materials and Methods: Leveraging the national registers in Sweden, we conducted a cohort study of all women who gave births during 2003-2017 in Sweden (n=1,621,889). After excluding women with a history of psychiatric disorder one year before pregnancy (n=133,695), we included 1,488,194 pregnancies from 891,676 women. All women were followed from one year before pregnancy (or January 1, 2001, whichever came later) until one year after pregnancy (or December 31, 2018, whichever came first). We identified any incident diagnosis of psychiatric disorders (ICD-10: F20-F59, F70-F98) recorded in the Patient Register during the follow-up and classified the disorders into 11 major groups. We calculated incidence rate (IR) of any psychiatric disorder by week in three periods; (1) the year before pregnancy, (2) during pregnancy, and (3) the year after pregnancy. IR was then standardized by age and calendar year at delivery.</p> <p>Conclusions and implications: Preliminary results show that standardized IR of any psychiatric disorder increased from 10-15 per 1000 person-years during the year before pregnancy, to a peak of 300 per 1000 person-years during late pregnancy. After delivery, it decreased from 20 to 7 per 1000 person-years by one year postpartum. Further analyses addressing e.g., surveillance bias, has been planned. If these results are confirmed, policy changes to allocate</p>				

resources to maternal healthcare and aftercare, is essential to reduce maternal mental ill-health during perinatal period.				
Hsing-Fen Tu	Perinatal depression and offspring's language development: an umbrella review	26/10	13:30-14:00	105
<p>Introduction: Language development in first few years of life has been linked to executive functioning, social competence, and academic achievement later in life. It has been assumed that both prenatal and postnatal depression might have an adverse impact on language development in early childhood.</p> <p>Aim of the study: The goal of the current review is to synthesize existing evidence examining the relationship between perinatal depression and language development in early years.</p> <p>Materials and methods: Three databases were searched in March and April 2023, including PubMed, PsycINFO, and Web of Science. Studies examining perinatal depression and language development, or cognitive development including language in a subscale were included. Studies focusing on prenatal birth or infants with genetic or neurological disorders were excluded. Titles, abstracts, and full text were screened by two independent reviewers. We also performed a quality assessment using AMSTAR 2. The final sample included 9 articles (one meta-analysis).</p> <p>Conclusions and implications: The association between perinatal depression and language development in early years is mixed. The only meta-analysis reported that the association was not significant when depressive symptoms did not coexist with anxiety symptoms. Seven out of nine studies had low to moderate quality.</p>				
Ferdinand Sörensen	Interactions of Perinatal Depression versus Anxiety and Infants' Early Temperament Trajectories	26/10	13:30-14:00	106
<p>Introduction: Infant temperament is one of the earliest indicators of later developmental difficulties.</p> <p>Aim: The interaction between maternal depression and anxiety, and the developmental course of infant temperament over time is not well explored.</p> <p>Materials and methods: Data from 1,687 Swedish mother-infant dyads were used (maternal age: 18-48; 823 boys/819 girls). Maternal depressive and anxiety symptoms were assessed via the Edinburgh Postnatal Depression Scale at gestational weeks 17/32, and postpartum at week 6. Difficult infant temperament trajectories were calculated from postpartum week 6 to month 18. Multinomial regression was employed for associations between maternal variables and temperament trajectories.</p> <p>Conclusions and implications: Prenatal anxiety was linked to a high rising difficult temperament trajectory, while prenatal depression/anhedonia was associated with a stable medium temperament trajectory. Associations of infant temperament and maternal mood vary, depending on the timing (pre- or postpartum) and type of symptoms (depression/anhedonia vs. anxiety).</p>				
Marika Leppänen	Co-morbidity of Attention deficit hyperactivity disorders and conduct disorders in association with psychosocial and biological factors in Finnish children born	26/10	13:30-14:00	107
<p>Introduction and aims of the study: Attention deficit hyperactivity disorder (ADHD) in children often co-occurs with oppositional defiant disorder or conduct disorder. We aimed to study early maternal and child related factors in association with co-morbidity of these disorders.</p> <p>Materials and methods: All Finnish children (N=341,632) born January 1, 2001–December 31, 2006, were included. Data was obtained from population-based primary and special health care registers. Children with perinatal deaths, unclear or very low (<32 weeks) gestational age,</p>				

major congenital malformations, and severe/profound/unclear cognitive impairment were excluded. Final data consisted of 324,766 children and 240,020 mothers. ADHD and conduct disorders at 0–12 years were defined with codes: F90.x, F98.8 and F91.x–F92.x. The models were controlled for prematurity (33–37 weeks) and gender, maternal prenatal smoking, working and relationship status, parity, and mental health diagnosis (one year before and four years after childbirth year) of mother.

Results: There were 2783 children with co-occurring diagnoses, which was 21.2% of children with ADHD (N=12,922). Co-morbidity was more common in boys (N=2,386, 85.7%) than in girls (N=397, 14.3%). We found that 17,594 mothers received mental health diagnosis around birth, and a total of 21,354 (6.6%) mothers had diagnosis until child filled four years. Co-morbidity was more likely (adjusted Odds Ratios [95%CI]) if mother prenatally smoked vs. not OR (2.6 [2.4–2.8]), lived single vs. not (1.8 [1.6–2.0]), was out of work life vs. not (1.4 [1.3–1.5]), or had mental health disorder vs did not (2.5 [2.3–2.8]), and if the child was boy versus girl (6.0 [5.3–6.8]), $p < 0.0001$. Prematurity or parity of mother did not relate to co-morbidity risk.

Conclusions and implications: ADHD and conduct disorder seem to concentrate on boys. Children whose mothers have mental health disorders perinatally and have other adverse perinatal conditions are at risk to express both conduct and ADHD disorder symptoms."

		26/10	13:30-14:00	108
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RESCHEDULED TO FRIDAY

Martina Caglioni	Development of an integrated saluto-physiology and self-improvement platform for postpartum depression screening and intervention	26/10	13:30-14:00	109
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Introduction/background: The dominant model of birth care today is the medical, pathology-oriented model. Pregnancy and childbirth are often characterized by unnecessary medical interventions, even for low-risk women. However, the medicalization of childbirth does not guarantee a higher level of safety.

This project consists in the development of a distance e-learning platform based on the teaching methodology of non-formal education to support low-risk pregnant women, providing an empowerment tool and offering a first screening of postpartum depression (PPD), creating a personalized care program for high PPD risk screened women. The empowerment intervention consists of weekly mindfulness and yoga meetings, nutritional screening with additional check-ups, motivational meetings with a coach and participation in four prenatal classes

Purpose of the project or work:

The aim of this project is a) to make women more empowered through the platform intervention; b) identify early risk factors for postpartum depression c) define and enhance resilience pathways d) perform a clinical evaluation (where necessary) and finally e) intervene for resolution.

Description of the project/work: The platform is constituted on four different levels:

1. PRIMARY PREVENTION: information and training interventions aimed at the entire population of pregnant women;
2. SECONDARY PREVENTION: first assessment, identification of women with increased PPD risk factors and strengthening resilience pathways;
3. CLINICAL EVALUATION AND POSSIBLE INTERVENTION of women who, despite the interventions to strengthen the resilience pathways, need further evaluation by the clinician and targeted intervention;
4. RESEARCH: space in the platform dedicated to data collection.

Conclusions

This intervention expects the spread of the promotion of a "positive pregnancy" and conscious, which supports both the somatic and psychological component at three different

levels of the mother-newborn dyad, and therefore organically and proactively prevents the main problems that arise during pregnancy and childbirth due to unhealthy lifestyle				
Richelle Björvang	Association of diabetes mellitus in pregnancy and perinatal depression	26/10	13:30-14:00	110
<p>Diabetes is often associated with depression. Both are complications prevalent during pregnancy. Nevertheless, studies investigating the association between diabetes mellitus in pregnancy (DMP) and perinatal depression (PND) are inconsistent. The aim of this study is to investigate the association between DMP and depression in the perinatal context. Pregnancies (n=4459) at maternal ages 18-48 years with data on DMP and PND were identified from the Biology, Affect, Stress, Imaging and Cognition cohort. The diagnosis of DMP was determined from medical records and national registers, and was classified as pre-gestational (PGDM), gestational (GDM) or unspecified diabetes. PND was assessed using psychometric instruments, clinical interviews and/or register data and categorized into antepartum depression (APD) or postpartum depression (PPD). Logistic regression was employed to study the association of DMP with APD and PPD. Models were adjusted for age, pre-pregnancy body mass index (BMI), parity, depression history and pregnancy complications. Out of 4459 pregnancies, 949 women had APD (21.2%) and 1123 had PPD (25%). DMP had a prevalence of 1.3%. Women with DMP had two-fold higher odds for PPD compared to women without DMP. No association was seen between DMP and APD. None of the types of DMP were associated with APD nor PPD. Our study shows an association between DMP and PPD, which might thus be considered a risk factor when screening for high-risk groups.</p>				
Ylva Walldén	Allopregnanolone levels and depressive symptoms throughout the perinatal period in relation to early life adversity	26/10	13:30-14:00	111
<p>Peripartum depression (PPD) is one of the major causes of disability worldwide for people giving birth and is associated with poor long-term outcomes not only for parent but also for the child. Risk factors include sensitivity to endocrine changes as well as exposure to psychosocial challenges such as early life adversity. The role of allopregnanolone (a neuroactive metabolite of progesterone) has been highlighted by the recent approval of the first PPD-dedicated pharmacological treatment Brenaxolone®, a synthetic form of allopregnanolone. However, the relationship between allopregnanolone and the development of mood symptoms during pregnancy and postpartum is not fully understood. This study aimed to investigate allopregnanolone trajectories during and after pregnancy in relation to mood symptoms in a large Swedish cohort, as well as the moderating role of early life stress on sensitivity to changes in allopregnanolone levels. Participants were selected from the Biology, Affect, Stress, Imaging and Cognition cohort. Early life adversity before the age of 18 years was assessed using the Lifetime Incidence of Traumatic Events (LITE). Allopregnanolone plasma concentrations were determined using mass spectrometry. PPD symptoms were assessed using the Edinburgh Postnatal Depression Scale (EPDS). Both allopregnanolone levels and PPD symptoms were measured at gestational week 17, 38 and postpartum week 8. EPDS scores of ≥ 13 and ≥ 12 were used as the clinical cut-off during pregnancy and postpartum, respectively. Spearman correlations will be performed to describe crude associations between allopregnanolone and concurrent PPD scores. Regression analyses will be performed to adjust for relevant covariates. Repeated ANOVA models will be applied to test the association between EPDS scores at multiple time points and respective allopregnanolone levels. ANCOVA models will test whether allopregnanolone levels interact with LITE scores to predict EPDS scores.</p>				
Ingvill Øvsthus	Nettbasert behandling av fødselsrelaterte traumesymptomer	26/10	13:30-14:00	112
<p>Introduksjon: Om lag 4 % av nybakte mødre utvikler posttraumatisk stresslidelse (PTSD) etter fødsel. Fødselsrelatert PTSD kan ha store konsekvenser for psykiske helse, livskvalitet og</p>				

funksjonsnivå, samt ha negativ innvirkning på tilknytning til baby, amming, parforhold og om kvinnen får flere barn. Det er et stort behov for utvikling av virksom behandling.

Hensikt/mål med studien: Vårt prosjekt består av to delstudier: 1) utvikle et digitalt behandlingsprogram for kvinner med fødselsrelaterte traumesymptomer for å forebygge utvikling av PTSD, og 2) teste programmets effekt i en randomisert kontrollert (RCT) multisenterstudie ved fire fødeavdelinger. Vi vil da undersøker om programmet kan redusere traumesymptomer og forebygge PTSD, samt forebygge fødselsdepresjon og utfordringer med amming, tilknytning og parforhold.

Datamateriale og metode: I delstudie 1 benytter vi metoden «The Person Based Approach to Intervention Development» hvor tidlig, systematisk og gjentakende brukerinvolvering kombineres med sammenfatning av relevant empiri og teori. Basert på dette utvikler vi prototyper som testes og revideres i en dynamisk prosess. I delstudie 2 vil kvinner 10 dager etter fødsel inviteres til å fylle ut en pretest i form av digitalt spørreskjema for kartlegging av traumesymptomer, depresjon, amming, tilknytning og parforhold. Kvinner med traumesymptomer inviteres i behandlingsstudien (RCT). Intervensjonsgruppa gjennomfører det digitale selvhjelpsprogrammet i de neste to ukene, mens kontrollgruppa mottar vanlige oppfølging. 30 dager etter fødsel fyller alle deltakere ut posttest spørreskjema med de samme målene.

Konklusjoner og implikasjoner: Vi har ingen resultater enda. Behandlingsprogrammet og RCT-studien er planlagt ferdigstilt i henholdsvis 2025 og 2027.

Friday 27/10

Ylva-Li Lindahl	Implementation of a structured method to identify risk factors and mental illness during pregnancy	27/10	12:30-13:00	201
<p>Depression and anxiety symptoms postpartum begin during pregnancy or earlier but despite this, fewer women receive support and treatment during pregnancy than postpartum. Early identification and treatment are important and can reduce the rate of depression postpartum. Region Västmanland decided to implement a structured method in 2020 at maternal health care. The method includes a structured interview in early pregnancy to all women with questions about previous mental illness, heredity, previous perinatal mental illness. social support, stress, anxiety and experiences of domestic violence. In the first and third trimesters, Whooley questions and GAD2 are asked to identify symptoms of depression and/or anxiety. If there is a positive outcome on the structured questions, EPDS is carried out for the further assessment. The method also includes consultation with psychologist and pathways for referral to other caregivers if symptoms of mental illness are identified.</p> <p>The structured method of psychosocial assessment is evaluated with comparisons before and after implementation to investigate possible effects. The study includes data from questionnaires, the Swedish Pregnancy Register, medical records of the included patients, and interviews with midwives.</p> <p>It has been suggested that maternal health care can contribute to improve the mental health for women by actively asking them about mental health during pregnancy and offering help. There is no previous research study conducted to investigate the actual effect of the structured method. The results are therefore of high relevance for the maternal health care in Sweden and other countries</p>				
Fatima Tauqeer	Assessing Decisional Conflict and Challenges in Decision-Making among Perinatal Women Considering Antidepressant Use during Pregnancy" – A Mixed-Methods Study	27/10	12:30-13:00	202

<p>Introduction: To investigate decisional conflict (DC) and elucidate challenges in decision-making among perinatal women considering antidepressant use during pregnancy.</p> <p>Methods: A sequential, mixed-methods study was employed among pregnant and postnatal women in Norway who had been offered antidepressants in the last five years. Quantitative data were obtained through an electronic questionnaire. DC in pregnancy was assessed using the Decisional Conflict Scale (DCS) defined as either low (DCS<25) or moderate-high (DCS ≥25) (evaluated retrospectively for postnatal women). Logistic regression was used to identify factors associated with moderate-high DC. Qualitative data were collected through focus groups with pregnant and postnatal women, and an inductive approach was used for data analysis.</p> <p>Results: Among 174 pregnant and 102 postnatal women, 67.8% and 69.6% respectively, reported moderate-high DCS during pregnancy. Unsatisfactory doctor-patient relationship was associated with greater likelihood of having moderate-high DC in pregnancy, both in pregnant (aOR = 1.20, 95% CI: 1.00 – 1.44) and postnatal women (aOR = 1.40, 95% CI: 1.08 – 1.82). Reported barriers to decisionmaking regarding AD use in pregnancy encompassed five DCS subscales: uninformed knowledge following contradictory research and unfamiliarity with authorised resources, unclear values due to emotional blunting and fear associated with AD use, inadequate support, uncertainty in decisions and ineffective decisions due to difficulty in finding personalised treatment, and diverging recommendations by the healthcare providers.</p> <p>Conclusions: The quality of the interaction with the healthcare provider plays a crucial role in managing DC and supporting informed decisions in the management of perinatal mental illness. This study highlights the need for increased provision of clear, evidence-based information by healthcare providers to facilitate shared decision-making and create personalized treatments for perinatal women considering antidepressant use during pregnancy.</p>				
Cecilia Brundin Pettersson	Experiences, needs, and requests for support in pregnant women with eating disorder symptoms – one first step in developing treatment for women pre-partum –an ongoing study in Sweden	27/10	12:30-13:00	203
<p>Introduction: Eating disorders are common. Research suggests that approximately 5% of pregnant and 13% of postpartum women suffer from impairing eating disorder symptoms. Eating disordered during pregnancy can have negative consequences for both the woman and her offspring.</p> <p>There is a need to deepen our understanding of pregnant women's experiences, as well as needs and requests for support both during pregnancy and post-partum. In addition, interventions for pregnant women has an advantage, since this period is characterized by a readiness to change.</p> <p>Aim: The aim of this project is to explore experiences, needs and requests for support in pregnant women with disabling eating disorder symptoms, as well as perceived obstacles for behaviour change.</p> <p>Methods: This study is a qualitative interview study with pregnant women, 18 years or older, that identify themselves as being troubled with eating disorder symptoms. Recruitment takes place in mother health care units and on social media. The interviews will be analyzed using qualitative content analysis as well as discourse analysis</p> <p>Conclusions and implication: Based on the deepened knowledge of what pregnant women with eating disorders request, we intend to develop interventions for this group.</p>				
Femke Geusens	Exploring the motives why women drop out of a perinatal depression m-health study	27/10	12:30-13:00	204

<p>Introduction: M-health tools can be powerful tools to support and monitor maternal mental health and collect research data. While literature focuses on the usability of these applications, there is little understanding of the reasons why women stop using m-health tools.</p> <p>Aim: The aim of this study is twofold: (1) to explore why participants drop out of a perinatal depression m-health study and (2) to identify periods during pregnancy and post-partum when participants prefer to use the app more intensively.</p> <p>Materials and Methods: Previous users (n=134) of the Mom2B app who had dropped out of the study, completed an online questionnaire including multiple choice questions and optional free text fields. For the analysis of the quantitative data descriptive statistics were used and qualitative data was analyzed using content analysis.</p> <p>Results: Most participants dropped out of the study due to 'Lack of time' (34%) and 'Problem with pregnancy' (18.1%). The content analysis of the open-ended questions supported these findings. Also, the length and repetition of some surveys, need for more information on the study itself and technical issues of the app were repeatedly mentioned. Participants have no clear preference for when during the peripartum time-period they would prefer to use the app, but an inclination towards pregnancy in comparison to postpartum emerged.</p> <p>Conclusions and Implications: These results provide insight in how to strengthen app design for studying and supporting maternal mental health. It shows the importance of using short surveys and streamlining the overall study design when including many questions. Extensive usability pre-testing is recommended.</p>				
Femke Geusens	Insights in Care Experiences Through YouTube Stillbirth Stories: Lessons for the Labor Ward	27/10	12:30-13:00	205
<p>Introduction: Telling birth stories empowers individuals to transform from a pregnant being into a parent. However, one in 160 pregnancies end in stillbirth. Some parents use social media to talk about their pregnancy loss experience. These women are intentionally or unintentionally advocating for their own care and treatment as part of their obstetrical care by sharing their stories.</p> <p>Aim of the study: We aim to examine which met and unmet needs are discussed in stillbirth stories shared on YouTube to improve obstetrical care.</p> <p>Materials and methods: We analyzed 19 English-language stillbirth stories uploaded to YouTube. To analyze the data, we conducted a thorough textual reading of the transcripts following Braun and Clarke's guidelines for thematic analysis.</p> <p>Conclusions: While some women actively used their birth videos to call out shortcomings in their care, most others used their platform for other purposes such as destigmatization, awareness and support, and rather unintentionally provided insight in their met and unmet needs. When analyzing their birth stories, three major themes emerged: choice and decision making, education and information, and behavior of care personnel.</p> <p>Implications: This study demonstrates the value of birth stories in research. We identified three major opportunities for improvement of obstetrical care, all three of which are embedded in the shared-decision making framework: being provided options and being able to make choices in the decision-making process is clearly valued, but there are some caveats, women and other childbearing individuals need timely and continuous information, and more attention is needed for emotional intelligence training of care personnel.</p>				
Maria Grandahl	Separation between mothers and infants after birth - reasons and mothers experiences	27/10	12:30-13:00	206
<p>Background: It is well known that separation between parents and their newborn should be avoided. Immediate and uninterrupted skin-to-skin contact following birth is recommended by the World Health Organization. Skin-to-skin contact after birth has many advantages and helps to regulate the infant's temperature, facilitates breastfeeding, and promotes the mother-infant</p>				

bonding and attachment. Associations between preterm birth and postpartum depression have also been described, and it is uncertain how much of the impact depends on the imposed separation.

Aim: The aim of this study is to describe reasons for separation after birth, and also mothers' experiences of the separation.

Methods: The sample population is selected from the Mom2B cohort (N=>5000), an application based ongoing national data collection cohort consisting of pregnant and postpartum women in Sweden. We included mothers (N=342) who had been separated from the infant after birth and who had completed the open ended questions about separation and their related experiences.

Results: Data is currently being analyzed with simple descriptive statistics as well content analysis and will be presented at the conference.

With the socio-demographic changes in Sweden in recent years, it is important to conduct new research on mothers' well-being in relation to neonatal intensive care and more generally, cases of separation between mothers and infants. The project is expected to contribute with increased knowledge regarding this group vulnerable to peripartum depression. Hopefully, the results can be used to improve the neonatal care in Sweden.

Malin Eberhard-Gran	Prospective associations between the degree of perineal tear and birth-related posttraumatic stress over 2 years postpartum: findings from a prospective cohort study	27/10	12:30-13:00	207
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Objective: Quantitative studies examining the occurrence of childbirth-related posttraumatic stress disorder (CB-PTSD) following severe perineal rupture are lacking. The objective of this prospective, population-based study was to investigate the prospective associations between the degree of perineal tear during childbirth and CB-PTSD symptoms, when adjusting for known confounders (maternal age, years of school education, premature birth, and parity). We hypothesized that women with different degrees of perineal tear will differ regarding (1) the level of CB-PTSD symptoms at 8 weeks and 2 years postpartum and (2) the rate of change in CB-PTSD symptoms from 8 weeks to 2 years postpartum.

Method: Secondary data analysis from the Akershus Birth Cohort, a large population-based prospective cohort study using self-report questionnaires and hospital record data.

Results: The degree of perineal tear was significantly associated with CB-PTSD symptoms at 8 weeks and 2 years postpartum. However, the degree of perineal tear was not significantly associated with the decrease in CB-PTSD symptoms over time. Similar patterns were found for both total CB-PTSD symptoms as well as for avoidance and intrusion symptoms only.

Conclusion: Results seem to support a dose-response model, suggesting that the higher the severity of the perineal tear, the higher the posttraumatic morbidity.

Ilknur Safak Demirel	Chronic exposure to glucocorticoids during critical neurodevelopmental periods leads to lasting shifts in neuronal type distribution and overall brain	27/10	12:30-13:00	208
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Background: The brain undergoes important growth and plasticity during prenatal development, and altered activation of the glucocorticoid receptor (GR) system is one of the factors mediating stress effects during this time, likely through transcriptional dysregulation. To investigate these processes in a human-specific in vitro system, we used induced pluripotent stem cell-derived 3-dimensional brain organoids.

Methods: To determine cell-type specific GR activation response, we profiled the transcriptomes of thousands of individual cells using single-cell transcriptomic analyses following glucocorticoids exposure acutely, chronically, and using a two-hit model. We used

immunofluorescence to better understand protein, and cell morphology-level long-term effects on cell-type population dynamics.

Results: Prolonged glucocorticoids exposure in cerebral organoids activated a robust cell-type-specific differential response of key transcription factors involved in neuronal cell fate regulation, including SOX2, PAX6, TBR1 and GAD1. Lineage analyses identified an over-commitment toward inhibitory neurons, whereby glucocorticoids acted directly on lineage driver genes and directed the likelihood of individual cells' commitment to this neuronal lineage. In vitro findings were consistent across diverse genetic backgrounds and were supported by in vivo human fetal brain data.

Conclusions: Cerebral organoids show responsiveness to GR activation consistent with in vivo data, including a cell-type specific transcriptional regulatory response through key lineage drivers capable of shifting lineage commitment. The likely outcome of aberrant overexposure is a lasting shift in neuronal type distribution and developing brain architecture. This work sheds light on the mechanisms by which environmental stimuli like maternal stress-mediated elevated glucocorticoids could lead to subtle changes in brain development. Ultimately, this could induce vulnerability to mental illness affecting both lives of the mother and the baby.