

Aims: Depressive disorder accompanying the hormonal and physiological changes experienced in pregnancy may have negative impact for both the mother and the baby and lead to undesirable results. For these reasons, it is important to determine the risk factors and predictors of depression within the cultural context of the pregnant women in order to ensure early diagnosis and treatment. In this study, our aim is to identify the risk factors and predictors of depressive disorders in women in the first trimester of their pregnancy.

Methods: A total of 463 women who were in the first trimester of their pregnancy were randomly selected for this study. Participants were administered the Structured Clinical Interview for DSM-IV (SCID) for the diagnosis of depressive disorders. Pregnant women who were diagnosed with a depressive disorder were administered the Hamilton Depression Scale, the Global Assessment of Functioning Scale, Brief Disability Questionnaire, and the Perceived Social Support Scale which was developed for Turkish population. A sociodemographic information sheet was completed for each patient to identify the risk factors associated with depressive disorders.

Results: The risk factors that were found to be associated with depressive disorders in this study were level of education, low income, early marriage, adolescent pregnancy, history of miscarriage, low education level of the spouse and exposure to violence. Previous mental illness, a history of mental illness during the previous pregnancy, unemployment of spouse, exposure to violence during current pregnancy and unplanned pregnancy were found to be the predictors of depressive disorder during the first trimester of pregnancy.

Conclusion: The first step in preventing depression in the pregnant population is to identify the women at risk. Identification of at-risk pregnant women in their first trimester and early treatment will reduce potential risks for both the mother and the infant. In terms of early diagnosis and treatment of pregnant women, it would be helpful to start depression screening programs that are run by specialists in our country.

Effects of Continuity of Care on Birth Experience

Muriel André¹, Mélanie Reumaux²

¹Groupe Naissances, France; ²Student, Paris V, France
Email: AmurielM@aol.com

Birth is a major event in a woman's life, socially, as much as physiologically and psychologically. The experience of such an event will have an important impact on her identity as a woman and a mother and most of all on the child's development (Racamier, Bydlowski, Revault d'Allones).

In this context, we have chosen to study the effects of maternity care during the birth period (pregnancy, delivery and days that follow delivery)

In France, maternity care conditions seem to be particularly medicalised with potential harmful psychological consequences for the mother and the child (Fort, Vande Vusse, Beck & Siegel). In order to estimate these effects we have compared two different care approaches among women with a non pathological pregnancy and measured the impact on the birth experience.

Circumstances in which we have led this research brought us to reduce our cross-section to compare two groups of 5 women. Semi-structured interviewing allowed us to improve our research and compensate the statistical weakness of quantitative tools that however gave us the opportunity to give a first direction to further exploration.

Results have shown a positive effect of continuity of care, especially on the perception of pain and days following delivery. It also benefits the perceived control and support, effects that could be assigned to the confidence established between the future mother and the care referent.

These results bring perspectives. Continuity of care effects in Maternity make us wonder about a care referent in chronic disease as well as submission to medical authority and its consequences in France.

Beyond, our results could suggest a new dimension of perceived control that would be the notion of "active release". To conclude, the effects of continuity of care puts once again the perinatal prevention in the heart of the discussion.

As a midwife and psychologist, our purpose is to share the experience of the benefits of continuity of care in birth experience. Crossing experience from the UK and France, we suggest that time, perceived control, and a trust relation between medical actors and patients can prevent pregnancy and postpartum psychological crisis.

Perinatal Mental Health in Turkey

Nazan Aydin¹, Oguz Omay²

¹Atatürk University; ²La teppe
Email: nmda25@gmail.com

Turkey is a developing country and Turkish people have different cultural features from Europe and Asia. Turkey has been experiencing a social and cultural transformation during the last century. Conjunctions with these changing values and expectations women also have had new roles and responsibilities.

Women's health has always been an important issue of the health policies in Turkey. Perinatal care is given free of charge and is widely available. 92 % of mothers receive antenatal care from health personnel during the pregnancy. About 85% of mothers and 90% of infants receive postnatal care from health personnel in the two months following the delivery in Turkey.

Turkey has some improvements in its health system especially to prevent early motherhoods, mother and infant deaths, to decrease the fertility rate, to increase literacy rate, to protect the families' domestic violence, to promote small entrepreneurship and, to educate the health personnel about perinatal care. Although significant advancements have been achieved, women still need support to overcome some problems related with their roles, status and health issues in the society. Pregnancy and birth related mental disorders still require more attention.

Research studies about perinatal psychiatry have been conducted all over the country. Most of them are related to prevalence and risk factors of postnatal depression. According to the studies, unemployment of the husband, low education, poverty, early age pregnancy, unplanned pregnancy, premenstrual syndrome, lack of antenatal care, history of mental illness, history of mental illness in first-degree relatives and adverse life events were associated with postnatal depression.

As a conclusion, depression prevention programs in the perinatal period should become a high priority issue in Turkey. Implementing community-based programs to meet the care needs of new mothers, including at least two follow up visits, giving education on psychiatric disorders related to pregnancy and, establishing departments on women's mental health must be a concern of health authorities.