

mothers due to their lower birth weight and possible risk of suffering from poor parenting from their mothers.

A Mother-Baby Unit in an Adult Psychiatric Unit: Particularities and Distinctiveness

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The Mother-Baby Unit of the University Hospital of Strasbourg was founded 12 years ago and can accommodate until 4 mothers and 4 children. Located in the adult psychiatric unit, this unit is half-managed by the pedopsychiatric department for the baby care.

Because of its proximity to the closed adult department, mothers with strong psychiatric diseases can be hospitalized, and in some cases under constraint. Childs can also be admitted on interim supervision order. How we will show it, hospitalization indications are varied and emphasized all the puerperal pathologies but also situations with interaction troubles between mother and child. On the other hand, psychosocial difficulties will increase the mother psychopathologie.

Our Unit involve mother and babies (406 mothers and 411 children in 12 years), pregnant women (50) and sometimes couples with their baby (4 fathers).

To organize this collaboration between an adult psychiatric department and a pedopsychiatric department, we had to imagine an original system of care, which was complicated because of the distance between the two departments.

This work pays attention to the specificities of the adult psychiatry and the baby psychiatry but has common representations of the relational care. It becomes possible with the intervention of pedopsychiatric professionals (psychologist, pedopsychiatrists and psychomotorists) to help parents and babies, but also the team, during professional meetings, practical analysis about clinical situations and therapeutic problems.

We will present on the first hand the activity in the specific unit and on the other hand the interactions between the two units about the perinatal psychiatry in a permanent collaborating construction.

8-Posters

Maternal Prenatal Anxiety and its Relationship with Early Neonatal Temperament, Quality of Caregiving and Mother-Infant Interactions

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Introduction: An increasing number of studies evidence how anxiety disorders are present, even more so than depression, during the perinatal period (Mauri et al., 2010; Austin et al., 2007; Milgrom et al., 2008; Uguz et al., 2010) and how they can influence foetus and

neonatal development (Austin et al., 2005; Rieger, 2004; Field et al., 2003), representations of the maternal role (Hart, McMahon, 2006) and the quality of mother-infant interactions (Murray et al., 2007; Grant et al., 2010).

Aims: The aims of this study were to evaluate, in the early postpartum, the relationship between maternal prenatal anxiety and: neonatal neuro-behavioural development, quality of caregiving, maternal and infant's interactive behaviours.

Methods: At the 3rd trimester of pregnancy 125 women were recruited and asked to complete: Edinburgh Postnatal Depression Scale (Cox et al., 1987), State-Trait Anxiety Scale (Spielberger, 1983), Antenatal Risk Questionnaire (Grant et al., 2008), Social Interaction and Anxiety Scale and Social Phobia Scale (Mattick, Clarke, 1998), Pregnancy Related Anxiety Questionnaire-R (Huiznik et al., 2003). Women were also assessed using the Structured Clinical Interview for DSM-IV (First et al., 1997), to diagnose an anxiety disorder: 35 women reported clinical anxiety (experimental group), while 90 women did not (control group).

At 1 month postpartum, the neonatal development was assessed using Neonatal Behavioral Assessment Scale (NBAS; Brazelton, Nugent, 1995) and the mothers completed the Mother and Baby Scale (Brazelton, Nugent, 1995). At 3 months postpartum, mother-infant interactions were video-recorded in our Lab and coded using Global Rating Scales of Mother-Infant Interactions (Murray et al., 1996). Moreover, mothers and infants went through the Stranger Episode procedure (Murray et al., 2007), to evaluate the neonatal reaction to a stranger.

Results: The neonates of anxious mothers had poorer performances on NBAS regarding general tonus, attention, self-quieting, examiner facilitation, state regulation ($p < 0.05$). Anxious mothers perceived themselves as having a greater lack of confidence in caretaking, a lower global confidence, and to consider their baby as more unsettled-irregular ($p < 0.05$).

Data on mother-infant interactions are now being analysed and will be presented at the Conference.

Conclusion: Preliminary results underline the importance of assessing and monitoring maternal perinatal anxiety.

The Relationship Between Past History of Premenstrual Syndrome and Depression in the First Trimester of Pregnancy

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Aims: Research shows that mood disorders and Premenstrual Syndrome (PMS) commonly occur together. It has been reported that women who are diagnosed with PMS have lifetime prevalence for Major Depressive Disorder ranging from 57 % to 100 %. In this study, our aim is to identify retrospectively the prevalence of PMS in women in the first trimester of their pregnancy, and evaluate the relationship between PMS and depression.

Methods: A total of 463 women who were in the first trimester of their pregnancy were randomly selected for this study. Patients were screened for depression using the Structured Clinical Interview for

DSM-IV (SCID). Premenstrual Assessment Form (PDF) was used to measure the severity of PMS symptoms. A sociodemographic information sheet was completed for each patient by a psychiatrist. For analysis, the sample was divided into three clusters according to the severity of symptoms and the data was analyzed using K-means cluster analysis.

Results: In this retrospective study, the Premenstrual Assessment Form (PDF) scores of women with depressive disorder were found to be much higher than those without. According to the PDF cluster analysis, 7.4 % ($n=34$) of the sample had severe symptoms and were considered at-risk group since meeting the criteria for PMS.

Conclusion: Women with PMS pose a significant risk for depression and therefore should be informed about this illness and be closely monitored during pregnancy since the risk for developing depression in this period is higher.

Prevalence of Depressive Disorders in the First Trimester of Pregnancy in Eastern Anatolia (Turkey)

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Aims: Although quite a few studies have been conducted in Turkey regarding postpartum depression, there is still limited data available on depression during pregnancy. The studies indicate that the prevalence of postpartum depression in Turkey is between 14 % and 40 %. This ratio was reported to be between 12 % and 36 % in studies that have looked at the frequency of depressive symptoms during pregnancy. In this study, our aim is to identify the prevalence of depressive disorders in women in the first trimester of their pregnancy, in a province in Eastern Anatolia Region, where rates of depression in women is reported to be higher in comparison to other regions.

Methods: A total of 463 women who were in the first trimester of their pregnancy were randomly selected for this study. The Edinburgh Postnatal Depression Scale was administered to participants for screening. Patients were diagnosed clinically via the Structured Clinical Interview for DSM-IV (SCID).

Results: The prevalence of depressive disorders in the first trimester was found to be 16.8 % in this study. Out of the 463 participants, 57 (12.3 %) of them had major depressive disorder, 7 (1.5 %) of them had double depression, 12 (2.6 %) of them had minor depressive disorder and 2 (0.4 %) of them had dysthymia.

Conclusion: Depression during pregnancy is a common, serious health problem for both women and infants. It appears that evaluating women in terms of depressive disorders in the first trimester of their pregnancy may help in preventing any of the negative consequences that may arise later in the pregnancy or in the postpartum period.

A Mother-Baby Unit in Créteil (France): From a Pioneer's Heritage to Modernity

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The objective of this poster is to present the mother-baby unit of Créteil, from its creation to nowadays.

In the first time, we will go back to the history of this unit, through the emergence of perinatal care in France and the first mother-baby units in the world.

This unit, was the first to be created in France in 1979. It belongs to a general and not psychiatric hospital, which is focused on the care of mothers and children.

Secondly, we will show an overview of the current activity methods of working in the unit. We will clarify the composition of the multidisciplinary team and the different types of care which are proposed for our two main ways of working: institutional therapy and parent-child psychotherapy interviews.

We will briefly discuss the indications, mode of address, and conduct of supported, that we will illustrate with a few pictures of the service.

Prevalence of Premenstrual Syndrome in 15-49 Age Women in Erzurum Province (Turkey)

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Objective: The aim of this study is to determine the prevalence of premenstrual syndrome (PMS) in 15–49 age women in the province of Erzurum.

Method: The study included 589 women between 15 years and 49 years old from the region of 32 family practitioners selected randomly among 113 family physicians in the provincial center. Prevalence of PMS was determined by Premenstrual Assessment Form (PAF). The form filled with face to face interview by an experienced psychiatric resident. In the analysis of the data, sample is divided into three clusters with K-means cluster analysis according to the severity of symptoms. Cluster analysis of the sample according to the PAF with severe symptoms, the third group was considered to be at risk group that meet the criteria for PMS.

Results: In this study, 14.1 % ($n=83$) of the women had severe symptoms and meet criteria for PMS-risk groups were adopted, 26.7 % were determined with only mild symptoms according to cluster analysis of PAF. The prevalence of PMS was higher in single and illiterate women, in women who had history of a mental disorder and who were undergoing treatment for a mental disorder. The most prevalent symptoms were having decreased energy or tend to fatigue easily (77.8 %), having tired legs (75.7 %), tend to have backaches, joint and muscle pain or stiffness (68.4 %), feeling jittery or restless (68.4 %), feeling anxious or more anxious (66.9 %), having intermittent pain or cramps in the abdomen (66.0 %).

Conclusion: PMS symptoms are common among women 15–49 years of age. Women should be given training on the symptoms of PMS, awareness should be increased and should be given advice on ways to deal with.

Depressive Disorders, Related Factors and Impact on Functionality in Reproductive Age Women in Erzurum (Eastern Turkey)

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