POSTER ABSTRACTS

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Perinatal Mental Health

UBUNTU: Umuntu Ngumuntu Ngabantu

I Am Because We Are

The International Marcé Society for Perinatal Mental Health

Diversity, Rights, and Global Inclusion in Perinatal Mental Health

181: “It’s a Girl”: Son Preference and the Cultural Pathways to Postpartum Depression

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Background: The perinatal period is marked by increased vulnerability to perinatal mood and anxiety disorders. Risk factors for these conditions include biological and socioeconomic stressors. However, in patriarchal cultures, norms such as son preference may contribute to persistent psychological distress and increase the risk of postpartum depression. Our review aims to explore the pathways contributing to this cultural phenomenon.
Methodology: We conducted a literature review in PubMed using the terms “son preference," "gender preference," and “postpartum depression." We included English-language peer-reviewed case reports, cross-sectional studies, and reviewed articles published from 2016-2026.
Results: Family preference for a male child was reported as a significant risk factor for postpartum depression in women among Chinese, Indian, Turkish, and Nigerian populations. (1,2,3,4). Asian women particularly showed a 30.7% rate of developing postpartum depression compared to 7-15% in Western populations (5). After the birth of a female child, the withdrawal of support from the disappointed family (6), difficult relationships with in-laws, inability to resolve conflicts around family dynamics (7), and failure to meet societal expectations (2) were proposed as psychological mechanisms behind the perinatal depression rather than the actual infant’s gender.
Discussion: The expectations for a male heir pose significant cultural pressure on women and contribute to postpartum depression. These pressures stem from the need to propagate family names, wealth inheritance, economic roles, and patriarchal norms (1). Furthermore, migration to Western cultures did not appear to diminish the influence of these cultural norms on women, even when they were living in diaspora communities (7).
Conclusion: This review highlights how cultural pathways and son preference may contribute to postpartum depression in non-Western societies. Psychiatrists working with families from diverse backgrounds should be equipped with greater cultural competency to care more effectively for these vulnerable populations.

Category: *Sexual and Gender Minorities*

238: A Quality improvement project to identify Health Inequalities within the Perinatal Mental Health Liaison Service and look at ways to tackle them

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Background: EMBRRACE Report UK 2021 says Mental health remains one of the leading causes of maternal death in pregnancy and in the year postpartum.
EMBRRACE Report UK Nov 2022 says 1:9 women have multiple disadvantages. A Black woman is 3.7x likely to die than compared to white woman in the perinatal period. An Asian woman is 2 x likely to die than compared to white woman.
Methodology: Referral Data was collected from 4 areas covered by the Perinatal Mental Health Service Humber Trust including Hull, East Riding of Yorkshire, North Lincs and Northeast Lincolnshire.
A comparison was made between the population ethnic group splits in these areas, vs ethnic groups for those who were referred in the year 2024. Women of reproductive age (15-45 Years) were included in this study. A second comparison was made between ethnic sub-groups of Maternities per annum in the year 2024 and those that were referred.
The number of referrals without mention of Ethnicity was recorded.
Results: In Hull/ERY: 16.84% referral for total maternities in the year 2024,19.17% for the British white population and 10.31% for the rest of the ethnic groups.
North Lincolnshire: 6.76% referrals for total maternities in the year 2024, 8.29% for the British white population, 2.75% for the rest of all groups.

Northeast Lincolnshire: 8.4% of the total maternities in the year 2024, 5.26% for the British white population, 6.66% for the rest of the Known ethnic groups' population, 32.36% for the rest of Unknown Ethnic groups
Conclusion: Data collection has been a big challenge in carrying out this project.
Hull and East Riding: Needs more referrals from the Asian and Black population.
North Lincs and Northeast Lincs: A Lot of work is needed for Asian and mixed ethnic groups.
Record of ethnicity: All areas need improvement, especially North-East Lincs needs to focus on this.

Recommendations:
Team to introduce Language Line, work with local charities, asylum seekers, and teach and raise awareness. Mental Health Trust to arrange Cultural competency training in the wider Trust and build leaflets in different languages.
This project is to be repeated in a couple of years.

Category: *Sexual and Gender Minorities*

384: Understanding Perinatal mental heaLth inequality in reFugees and Those seeking asylum (UPLIFT asylum): Co-producing perinatal mental health research priorities

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Background: Perinatal mental health (PMH) difficulties can affect any parent worldwide. Evidence finds considerably greater prevalence among parents who have migrated, and especially forced migrants, often referred to as asylum seekers and refugees. Alongside increased vulnerability to perinatal mental health difficulties, forced migrant parents face significant inequalities in accessing support. Within high-income countries in the Global North, considerable investment has been made in PMH promotion, identification and treatment, yet disparities persist. The aim of the UPLIFT asylum project was to identify PMH research priorities from the perspectives of women who are or have been asylum seekers or refugees and have lived experience of mental illness during or after pregnancy.
Methodology: Mothers and birthing parents aged at least 18 years who are or have been asylum seekers or refugees in the UK and have experience of living with mental illness during or after pregnancy were eligible to take part, regardless of diagnosis or support accessed. The study was shared via community groups and social media. Three workshops were held (two in-person, one online), each including a focus group and a self-care and well-being session. The in-person focus groups provided childcare and catering. In total, 26 mothers participated, supported by interpreters, where applicable. Discussions were analysed using thematic content analysis to develop the research priorities. Focus group members were then invited to vote on whether each resonated with them.
Results: Focus group discussions highlighted the impact of negative interactions with practitioners, services and systems on mothers' PMH, and were understood through a social justice lens. Nine research priority areas were developed: 'safe and respectful care', 'help understanding and using services', 'doulas or birth companions for everyone', 'safe housing and control over your home', 'mental health support for sleep and safety', 'easy-to-join support groups', 'creative and movement activities', 'learning the UK way of parenting without losing your own way', and 'helpful, not stressful, online information'.
Conclusion: The UPLIFT asylum project demonstrates the importance of centring the voices of mothers who are asylum seekers or refugees in PMH. The nine priorities offer a clear, community-driven agenda for more equitable, culturally responsive and justice-focused PMH policy, practice and research.

Category: *Perinatal Refugee and Immigrant Women's Health*

Early Career Perinatal Mental Health Research

9: The Relationship Between Birth Trauma and Perinatal Mental Health: A Cross-Sectional Study

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Background: Globally, 130 million live births occur annually, with 3.6 million in the U.S. in 2023. While many women anticipate a positive birth experience, approximately 45% report birth trauma—a subjective experience that can occur regardless of medical complications. Birth trauma shares risk factors with perinatal mental health disorders (PMHDs) such as depression, anxiety, obsessive-compulsive disorder (OCD), bipolar disorder, and psychosis. Existing literature largely focuses on birth trauma and perinatal PTSD, with limited research exploring its relationship with other PMHDs. This study examined associations between birth trauma and five PMHDs.
Methodology: A cross-sectional survey was conducted in December 2024 using Amazon's Mechanical Turk and REDCap. Participants (N=249) were U.S.-based women, 4 weeks-7 months postpartum, meeting inclusion criteria. Birth trauma was measured using the City Birth Trauma Scale. PMHDs were assessed with validated tools including EPDS, PASS, DOCS, and MDQ. Modified Poisson and linear regressions, adjusted for demographic and birth variables examined associations.
Results: Birth trauma was reported by 21.3% of respondents. Prevalence of PMHDs among all participants was depression (84.7%), anxiety (81.9%), OCD (93.6%), bipolar disorder (10%), and psychosis (3.2%). Birth trauma was significantly associated with higher risks for depression (RR=1.15), anxiety (RR=1.34), bipolar disorder (RR=9.59), and psychosis; OCD risk increase was non-significant. Symptom severity scores were significantly higher across all PMHDs in the birth trauma group.
Conclusion: Birth trauma is positively associated with increased risk and symptom severity of multiple PMHDs beyond PTSD. Findings highlight the need for integrated postpartum screening and interventions addressing trauma's psychological impact to improve maternal mental health outcomes.

10: Understanding Relationships Between Birth Trauma, Helplessness, and Perinatal Mental Health Disorders

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Background: Childbirth can be psychologically traumatic, with approximately 45% of women reporting birth trauma and nearly 20% experiencing perinatal mental health disorders (PMHDs). While birth trauma is well-documented as a risk factor for perinatal depression and post-traumatic stress disorder, less is known about its relationship to other PMHDs. Empowerment theory suggests helplessness—low intrapersonal empowerment—may link birth trauma to psychiatric outcomes. This study examined associations between birth trauma, helplessness, and PMHDs.
Methodology: A cross-sectional survey was administered via Amazon's Mechanical Turk to U.S. women 4 week-7 months postpartum (N=249). Measures included validated scales for birth trauma, depression anxiety, obsessive-compulsive disorder (OCD), bipolar disorder, and psychosis, along with two items assessing helplessness. Modified Poisson and linear regressions, adjusted for sociodemographic and birth-related variables examined associations between (1) birth trauma and helplessness, and (2) helplessness and each PMHD.
Results: Birth trauma was reported by 21.3% of participants and was significantly associated with greater helplessness (adjusted β=0.48, 95% CI: 0.17-0.79). Helplessness was positively associated with screening positive for depression (RR=1.05), anxiety (RR=1.10), OCD (RR=1.04), bipolar disorder (RR=1.24), and psychosis (RR=1.75), with higher symptom scores for all PMHDs. All participants reporting birth trauma screened positive for at least one PMHD, which high rates of comorbidity.
Conclusion: Findings suggest helplessness may be a transdiagnostic mechanism linking birth trauma to diverse PMHDs. Interventions that enhance perceived control and agency during childbirth—through shared decision-making, empathetic communication, and respectful care—may reduce both the prevalence and severity of postpartum psychiatric symptoms.

11: Women's Experiences of Helplessness and Powerlessness During the Perinatal Period

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Background: Perinatal mental health disorders (PMHDs) affect approximately one in five U.S. women and are associated with significant maternal infant morbidity. Experiences of helplessness (internal belief that action is futile) and powerlessness (externally imposed lack of control) may play distinct roles in shaping PMHD trajectories. However, these concepts are often conflated, and little is known about how they are experienced or differentiated by women during the perinatal period.
Methodology: Using a phenomenological qualitative design, this study explored women's lived experiences of helplessness and powerlessness in relation to PMHDs. Eighteen postpartum women, recruited from a larger survey study and stratified by combinations of PMHD status and responses to questions about helplessness and powerlessness, participated in 67-174 minute semi-structured interviews. Data were thematically analyzed using comparative analysis and analytic induction. Trustworthiness was enhanced through reflexive journaling, member checking, and intercoder reliability (Cohen's $\kappa = 0.82$).
Results: Three themes emerged: (1) a cyclical relationship between helplessness and PMHD symptoms; (2) helplessness and powerlessness brought on by a lack of provider engagement in perinatal care; and (3) internal and external attributions of helplessness and powerlessness—women with PMHDs tended to internalize helplessness and externalize powerlessness, while women without PMHDs reversed these attributions.
Conclusion: Findings illuminate complex psychological, relational, and structural pathways linking helplessness, powerlessness, and PMHDs. Addressing PMHDs effectively requires care models that validate women's experiences, strengthen autonomy, and disrupt cycles of learned helplessness. Attributional differences by PMHD status suggest novel intervention targets for enhancing empowerment in perinatal care.

141: Intersecting identities among mothers who have their baby removed at birth - a trauma-informed narrative study

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Background: Infant removal shortly after birth due to safeguarding concerns is a distressing phenomenon with a profound impact on mothers, babies, their families and professionals involved. In the UK, as in other countries, rates of babies removed at birth are increasing. In addition, infant removal has been associated with increased maternal post-removal morbidity and mortality. Limited qualitative research is available to understand birth mothers' experiences of healthcare during this time. This is crucial to inform service delivery improvements to support this group of marginalized and under-served mothers.
Methodology: This study adopted a trauma-informed combined personal and thematic narrative analysis approach in order to explore the experiences of maternity care among birth mothers who were separated from their baby. A panel of women with lived experience involvement was consulted at regular intervals to inform study design, data collection and analysis. Narrative interviews were held with 8 women, arranged around their preferences. At each step of the data analysis, findings were shared with women and they were invited to comment. An adapted candidacy framework was used to inform the synthesis of findings.
Results: Seven intersecting and co-existing identities were generated: Victim, Protector, Mother, Incubator, Shamed and Flawed, A cog in a machine, and Stronger and Wiser. Each of these identities consisted of common themes across the women's accounts.
Conclusion: We identified critical areas for improvement of health and social care service delivery and professional awareness, to ensure care for mothers in these situations is improved, current research and service gaps are identified, and professional and societal stigma is addressed.

159: Australian midwives' perceptions and practice of trauma-informed care: A qualitative study

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Background: Trauma informed care is an evidence based, strengths-focused model of care that is gaining momentum internationally across health services. Globally, one in three women have experienced trauma. Despite the pervasiveness of trauma, little is known about the trauma-informed care knowledge and skills of midwives internationally, including Australia. This study explored midwives' perceptions and practices of providing trauma-informed care to women in Australian pregnancy care services.
Methodology: A qualitative study informed by interpretive description was conducted. Nine Australian midwives participated in in-depth online interviews exploring their perceptions and clinical practices related to trauma-informed care. Interview transcripts were analysed thematically using the Braun and Clarke's framework.
Results: Participants recognised that factors such as substance use and domestic violence were often associated with a trauma history. Midwives observed that women were frequently hesitant to disclose trauma, and when disclosures did occur, midwives' responses were uncertain. Trauma-informed care was described as sensitive care that was characterised by listening, empathy, acknowledgment of adversity and validation of women's stories. Significant barriers to trauma-informed were identified, including limited organisational support for trauma informed education and training. Importantly, midwives reported experiencing vicarious impacts when hearing women's trauma stories.
Conclusion: This study contributes new insights into the perceptions and practices of Australian midwives regarding trauma informed care. Findings highlight the need for strengthened education, enhanced organisational support, and increased professional development opportunities to improve midwives' capacity to provide sensitive, competent care for women with lived experiences of trauma.

160: Social Support in Peripartum Depression: A Cross-Sectional Analytical Study at a District Hospital in Gauteng Province, South Africa

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Background: Peripartum depression (PPD) impacts maternal and child health globally. The aetiology of PPD involves biological, psychological, and social factors, with social support emerging as a critical issue. This study aimed to determine the relationship between social support levels and peripartum depression symptoms among women at a district hospital in Gauteng, South Africa.
Methodology: This cross-sectional analytical study was conducted at the Tshwane District Hospital, involving 200 peripartum women. The Edinburgh Postnatal Depression Scale (EPDS) and Oslo Social Support Scale were used to measure depression symptoms and social support levels, respectively. Sociodemographic data were collected through a structured questionnaire.
Results: The prevalence of peripartum depression was 36.5% using an EPDS cutoff of 13 or greater. Poor social support was found in 29.5% of participants, 45.5% reported moderate and 25% reported strong social support. There was a statistically significant association between poor social support (Chi square, $p = 0.0068$) and higher EPDS scores, indicating that women with lower social support are at higher risk of developing PPD. Access to electricity and a history of depressive disorder also showed a significant association.
Conclusion: This study suggests that perceived social support is crucial during the peripartum period, prompting thorough screening during this period to improve outcomes. This study contributes to the knowledge about social support and PPD in Southern Africa.

165: It takes a Village to Break the Cycle of Stress: A Structured Narrative Review of Interventions Reducing Maternal Anxiety and Improving Pediatric Preventive Care Uptake

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Background: Maternal perinatal anxiety and depression are common and persistent, with large cohort data showing that 9.5% of first-time mothers report moderate/severe anxiety, 14.2% report depression, and 19.2% report stress symptoms during the postpartum year. These conditions are linked to suboptimal parenting and reduced maternal sensitivity, with increased intrusiveness, hostility, and withdrawal over the first three years postpartum. Maternal distress also shapes healthcare use; mothers with depression are more likely to seek non-urgent emergency care for their infants, and children of mothers with depression or anxiety are more likely to be under-immunized. Following the theme "I am because we are," this review examines how collaborative pediatric and reproductive psychiatry interventions can reduce maternal anxiety and improve pediatric preventive care.
Methodology: A focused, structured narrative review of studies from 2000–2026 was conducted using PubMed and manual reference searches. Eligible studies included randomized controlled trials, cohort studies, and systematic reviews assessing interventions targeting perinatal or early parenting anxiety or related distress, with outcomes including maternal mental health, parenting behavior, pediatric service utilization, or immunization status.
Results: Educational interventions, such as prenatal pediatric consultations and structured newborn care programs, improved maternal knowledge and self-efficacy, with gains sustained at follow-up compared with routine care. Baby calming and infant-care training for primiparous mothers significantly increased maternal attachment, positive role perception, and breastfeeding self-efficacy. Behavioral strategies to reduce infant distress during procedures decreased crying and pain scores and increased parental use of comfort measures at subsequent vaccinations. Communication-based interventions showed particularly strong effects: in PIVOT-I, a brief clinician discussion led 66.6% of parents to intend to accept influenza vaccine for their child. A randomized trial of postpartum motivational interviewing demonstrated a sustained reduction in vaccine hesitancy and higher vaccination intentions months after a single midwife-delivered session.
Conclusion: Maternal mental health and pediatric preventive care are tightly interconnected. Pediatric visits represent underutilized opportunities to identify and address maternal anxiety, employ behavioral pain-reduction strategies, and use evidence-based communication including motivational interviewing. A collaborative care model linking pediatricians and reproductive psychiatrists may help break the cycle of stress, improve immunization uptake, and strengthen the parent–provider alliance in line with the relational ethos, "I am because we are."

185: Association between Infantile Atopic Dermatitis and Mother-to-infant Bonding Disorder: A Cross-sectional Study

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Background: Bonding is defined as a mother's emotional response to her infant, and mother-to-infant bonding disorder (MIBD) refers to difficulties in establishing this emotional connection. MIBD can substantially affect the mother–infant relationship, including an increased risk of maltreatment, poorer maternal mental health, and adverse consequences for children's development. Although infantile atopic dermatitis (AD), a common chronic inflammatory skin disease in early childhood, is known to impair caregivers' quality of life and mental health, its association with MIBD remains unclear. Clarifying whether infantile AD is linked to bonding difficulties may inform clinical practice and provide new insights into caring for mothers of infants with AD.
Methodology: This study examined the association between MIBD and infantile AD using data from 4,236 postpartum women who had given birth within the past two years and had an infant aged ≥6 months, drawn from the Japan COVID-19 and Society Internet Survey (JACSIS), a nationwide cross-sectional survey. The survey was

conducted in July and August 2021. We assessed MIBD using the Japanese Mother-to-Infant Bonding Scale (MIBS-J) and defined infantile AD based on maternal perception (Reported AD: R-AD) and physician's diagnosis (Diagnosed AD: D-AD). Demographic characteristics and maternal depression history were included as covariates. We estimated associations using modified Poisson regression with robust error variance, reporting relative risks (RRs) and 95% confidence intervals (CIs).
Results: The prevalence of MIBD was 24.2% (n=1,024). Infantile AD was significantly associated with MIBD, whether R-AD (RR=1.22; 95% CI: 1.07–1.40) or D-AD (RR=1.41, 95% CI: 1.18–1.69). Furthermore, we found that the presence of infantile AD was associated with a higher RR for Anger and Rejection, a subscale of the MIBS-J.
Conclusion: This study showed that infantile AD was significantly associated with MIBD. Our findings suggest that clinicians involved in the care of infants with AD may be able to pay attention to maternal mental health and the mother–infant relationship. Given the cross-sectional design and the lack of data on AD severity, longitudinal studies with a wider range of relevant factors are needed to clarify underlying mechanisms and the direction of causality between infantile AD and MIBD.

197: Through the Woods: An Interpretative Phenomenological Analysis of Psychiatric Hospitalization in the Postpartum

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Background: Perinatal depression affects 10–15% of women. Suicide is a leading cause of death in the first postpartum year, with women hospitalized for postpartum mental illness facing up to 70 times higher suicide risk. Despite this, Canada lacks Parent-Infant Units, leading to separation of parents and infants during hospitalization, which may deter care-seeking. This study explores the hospitalization experiences of postpartum individuals.
Methodology: Nine Canadian women were recruited from perinatal mental health clinicians. Purposively-sampled participants completed demographic surveys and virtual semi-structured interviews. Interpretative Phenomenological Analysis was supported by a Lived Experience and Patient Advisory Group. Significant "experiential statements" from written transcripts of the participant interviews were translated into "personal experiential themes," from which a description of the essence of the experience was built.
Results: The transition to motherhood involved profound identity shifts, affecting physical and mental well-being, and sometimes societal expectations of motherhood trigger an identity crisis. Hospital care focused on pharmacotherapy lacked holistic support, including for the parent-infant bond, which led to prolonged distress post-discharge. Recovery often occurred outside the hospital through self-sought resources. Barriers included lack of social and financial support, delays in specialized care, and psychiatric hospitalization models that failed to meet postpartum needs.
Conclusion: The lived experience of postpartum psychiatric hospitalization in Canada identifies that trauma is built into the current model of care. Future work should explore alternative, trauma-informed models of care to better support the postpartum parent and the family as a whole.

256: A pilot qualitative assessment of patient perspectives on antenatal hospitalization due to pregnancy complications

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Background: Pregnant individuals who experience maternal or fetal complications may require hospitalization prior to anticipated delivery. There is limited qualitative data exploring how patients experience this hospitalization in contemporary times with widespread smartphone and social media use that enables easier communication.
Methodology: This was a pilot qualitative study performed at an academic tertiary referral center in the Northeastern USA. Pregnant adults who spoke English and were admitted to the antepartum unit were approached and offered enrollment in the study. Participants were stratified into two independent groups: Group A for individuals where admission was anticipated until delivery and Group B for individuals where admission was not anticipated until delivery. An individual semi-structured interview was conducted by one of two interviewers (JS or EC), professionally transcribed, cleaned, and de-identified. A planned evaluation for thematic saturation was performed after 10 participants were enrolled in each group. A framework matrix-based rapid analysis was performed to facilitate implementation of findings into clinical care.
Results: 20 individuals were enrolled with each interviewer completing 5 of the interviews for each group. Participants across both groups expressed feelings of shock/surprise about admission, especially when a prolonged hospitalization was anticipated. Many voiced worries about how their hospitalization would affect the care of their dependents and a significant portion, especially in Group B, struggled with the uncertainty around when they would ultimately deliver or be discharged. Some individuals felt reassured by extra surveillance and monitoring they would receive while admitted. Many reported coping with their admission by trying to replicate activities from home, journaling, reading, or exploring hobbies that they had previously had less time to pursue outside of the hospital. Participants communicated with family members frequently via calling or texting, but some voiced challenges about how to communicate with relatives about sensitive topics (e.g. peri-viability).
Conclusion: Antenatal hospitalization due to pregnancy related complications is often perceived as a surprise. Challenges that pregnant individuals report facing include uncertainty about when delivery or discharge may occur, the impact of their absence on others at home, and how to communicate with family members about complex or sensitive aspects of their care.

336: Mental health crisis planning in the perinatal period: stakeholder perspectives on the use of Advance Choice Documents

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Background: An Advance Choice Document (ACD) is a statement in which a mental health service user sets out their preferences for care and treatment in the event of a mental health crisis. The term ACD is relatively new, having been introduced in the context of a review of mental health legislation in the UK. However, ACDs are similar to other service user-led crisis planning tools - such as Psychiatric Advance Directives, Advance Statements and Joint Crisis Plans - in that they are specifically designed to be the service user's voice when they are acutely unwell and involuntary inpatient treatment is being considered or already in place. While there is an existing body of evidence on service user-led crisis plans like ACDs, it comes predominantly from general adult mental health settings. The perinatal period brings a distinct set of considerations for those with a history of severe mental illness (SMI), and it is therefore hypothesised that implementing ACDs effectively in perinatal mental health care may require a different approach.
Methodology: A qualitative study, using semi-structured interviews and focus groups, with two sets of stakeholders: 1. multidisciplinary staff working across a range of perinatal mental health services (PMHS) and 2. women with lived experience of involuntary inpatient treatment during the perinatal period. A thematic analysis

using the Framework Method is adopted to analyse and synthesise the results.
Results: Findings will be presented from analysis of both sets of stakeholders on: 1. using mental health crisis planning and advance decision-making interventions in the perinatal context both in the content of the ACD and the process of making, using and updating the ACD, 2. anticipated barriers and facilitators to the use of ACDs in PMHS, and 3. possible outcome measures for assessing the effectiveness, acceptability, appropriateness and feasibility of ACDs created and/or used in PMHS.
Conclusion: Practice implications for those supporting women with a history of SMI who are planning for the perinatal period will be discussed. Specifically, this study has the potential to inform policy guidance on ACD implementation within UK PMHS and hence the empowerment of women with SMI to plan proactively for the perinatal period.

362: Improving Infant Feeding Support for Women with Severe Mental Illness: Findings from a World Café Stakeholder Consultation

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Background: Breastfeeding has many benefits to the physical and emotional wellbeing of mothers and babies but can be more challenging for women living with severe mental illness (SMI). Mixed methods research examining infant feeding in the context of SMI identified a paradox: despite potentially heightened relational and emotional benefits of breastfeeding for women with SMI, they are less likely to initiate and maintain breastfeeding, and their individualised feeding support needs are frequently unmet. These disparities are largely unrecognised and there remains limited evidence regarding feasible, system-level support initiatives within the current UK healthcare context.
Methodology: A World Café stakeholder consultation was conducted with 60 participants, including midwives, mental health nurses, specialist nursery nurses, health visitors, infant feeding specialists, psychiatrists, psychologists, researchers, policymakers and experts by experience. Participants engaged in facilitated group discussions exploring three core questions focused on improving infant feeding support for women with SMI. Discussions were synthesised thematically to identify shared priorities and actionable strategies.
Results: Communication and joint working across maternity, mental health and community services emerged as central themes, with strong consensus that fragmented care pathways currently undermine consistent support. Participants highlighted gaps in staff training, confidence, and resources, particularly regarding psychotropic medication, risk management and trauma-informed feeding support. Time pressures and system-level constraints were described as limiting opportunities for relational continuity, individualised conversations and coordinated care. There was clear emphasis on the importance of person-centred, non-judgemental approaches that prioritise listening and shared decision-making. Experts by experience underscored the emotional impact of stigma and inconsistent messaging, reinforcing the need for individualised, compassionate, coordinated systems of care.
Conclusion: Women with SMI require integrated, trauma-informed and collaborative infant feeding support embedded within existing maternity and mental health systems. Stakeholders identified practical opportunities to strengthen cross-sector communication, workforce training and relational continuity of care. Addressing these system-level gaps may help reduce inequities in breastfeeding initiation and continuation, ensuring that women with SMI are supported to make informed, empowered infant feeding decisions.

364: Profiles of maternal reflective functioning from pregnancy to the postpartum period

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Background: Prenatal parental reflective functioning (PRF) refers to a parent's capacity to think of the fetus-child as a separate individual. It refers to a mentalizing process that relies on emotional and cognitive dimensions and starts to develop during pregnancy as part of the parental identity. Parental mentalization is important for sensitive caregiving, allowing the parent to respond appropriately to the child's and provide essential feedback on the child's internal states. Authentic prenatal PRF (i.e, genuine mentalization) refers to high PRF, while difficulties in PRF refer to underestimation (hypomentalization) or excessive inferences (hypermentalization) about the child's and one's own mental states. PRF is multidimensional and can have different patterns. Identifying maternal PRF profiles can contribute to understanding how mentalization operates during the transition to parenthood. To identify maternal PRF profiles during pregnancy and the postpartum period. Identified PRF trajectories from 3rd trimester of pregnancy to 2 months postpartum
Methodology: The sample comprised 1711 women, 855 assessed during pregnancy, 792 assessed at 2 months postpartum, and 334 assessed at both assessment waves. Women completed a sociodemographic and health-related questionnaire, and self-reported measures of prenatal (Prenatal Parental Reflective Functioning Questionnaire; 3 subscales: opacity, dynamic nature of mental states, and reflecting on fetus-child) and postnatal (Parental Reflective Functioning Questionnaire; 3 subscales: prementalizing; certainty about infant mental states and interest and curiosity in infant mental states) PRF at the 3rd trimester of pregnancy and at 2 months postpartum, respectively. Profiles were built based on the PRF items using the package tidyLPA in R. Criteria for the selection of the number of profiles were entropy (>0.8).
Results: We identified four profiles of prenatal PRF - Profile 1: low opacity, medium reflection, medium dynamic (32.4%), Profile 2: medium opacity, low-medium reflection, low dynamic (28.3%), Profile 3: medium-high opacity, high reflection, high dynamic (39.3%). Similarly, four profiles of postnatal PRF were identified - Profile 1: low prementalizing, low-medium certainty, low-medium interest (21.5%), Profile 2: low prementalizing, low certainty, high interest (27.9%), Profile 3: low prementalizing, high certainty, high interest (39.9%), Profile 4: medium prementalizing, medium certainty, medium interest (10.7%). Our results show that the profiles identified during pregnancy remain stable from the 3rd trimester of pregnancy to 2 months postpartum.
Conclusion: These findings highlight the importance for understanding differences in parental mentalization in pregnancy and can inform early screening and preventive interventions to support sensitive caregiving.

370: Maternal and infant behaviors during early dyadic interaction: Does parental reflexive functioning matter?

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Background: Parental reflective functioning (PRF) - parents' ability to reflect on their own and their child´s mental states (Slade, 2005) - has been associated with better parenting quality (Stuhrmann et al., 2022; Salo et al., 2025). However, the association between PRF and maternal and infant behaviors during early dyadic interactions needs to be further explored. This study examined the association between postpartum PRF and maternal and infant behaviors during face-to-face interactions at 6 months postpartum.
Methodology: A sample of 70 mother-infant dyads participated in this cross-sectional study. At six months postpartum, mothers completed a sociodemographic, obstetric, and mental health-related questionnaire and the Parental Reflective Functioning Questionnaire (PRFQ; Luyten et al., 2017; Moreira & Fonseca, 2022) that comprises three subscales: Pre-Mentalizing Modes, Certainty about Mental States and Interest and Curiosity in mental states. Mother-infant dyads participated in a 5-minute laboratory free-play interaction coded using the Global Rating Scales of Mother–Infant Interaction (Murray & Karpf, 2000). Multiple linear regressions were conducted with the three subscales of the PRFQ as independent variables and maternal and infant behaviors during dyadic interaction as dependent variables.
Results: Less maternal pre-mentalizing modes were significantly associated with more mother non-intrusive speech ($\beta = -.26$, $p = .038$) during mother-infant interaction. More interest and curiosity in mental states was marginally associated with more maternal warm ($\beta = -.23$, $p = .089$) and less non-demanding behaviors during the interaction ($\beta = .22$, $p = .071$). No associations were found between PRF subscales and infant behaviors or the overall quality of the mother-infant interaction.

Conclusion: These findings suggested that maternal curiosity about the child's mental states may support more positive and emotionally engaged caregiving. Thus, less pre-Mentalizing modes was linked to less intrusive maternal speech, suggest that reduced non-mentalizing tendencies are related to more adaptive interactional patterns. The study highlights the potential relevance of PRF as an early protective factor for mother-infant relational quality and underscores the need for longitudinal research to clarify its developmental implications.

379: Maternal ADHD in the perinatal period: Identifying vulnerability to inform prevention

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Background: Increasingly, women with Attention Deficit Hyperactivity Disorder (ADHD) are navigating pregnancy and parenting (the perinatal period). Little is known about how ADHD shapes women's perinatal experiences or how ADHD-related traits influence early caregiving. The perinatal period is characterised by heightened emotional, regulatory and relational demands, which may interact with ADHD-related difficulties including inattention, impulsivity, hyperactivity and emotional dysregulation. These interactions may influence mother–infant relationship quality (MIRQ) which is central to infant developmental outcomes. Maternal ADHD may also affect maternal wellbeing during the perinatal period, including increased vulnerability to comorbid psychopathology and psychosocial adversity. ADHD is a heterogeneous condition; hence vulnerability may vary according to symptom severity, symptom profiles and contextual factors. Identifying both risk and protective factors within this population is therefore critical for informing prevention and early intervention. Interpersonal sensitivity is a personality construct reflecting heightened awareness of interpersonal threat. The Interpersonal Sensitivity Measure (IPSM), has been shown to identify risk for suboptimal MIRQ more accurately than perinatal depression screening. The IPSM also identifies proneness to depression and other mental illness. The present research examines how maternal ADHD relates to early MIRQ and maternal wellbeing during the perinatal period. It also evaluates the utility of the IPSM for identifying vulnerable mothers and mother–infant dyads.
Methodology: The project comprises two studies, a large-scale UK cohort recruited in the 1990s and a contemporary Australian cohort. Associations between maternal ADHD, interpersonal sensitivity, contextual factors and MIRQ will be examined using regression-based modelling across both cohorts.
Results: Based on existing literature, it is hypothesised that greater ADHD symptom severity will be associated with suboptimal MIRQ, and that risk will vary according to symptom clusters and contextual factors. Analyses will examine whether the IPSM differentiates levels of risk within this cohort beyond traditional symptom-based screening measures.
Conclusion: Addressing a critical gap in perinatal mental health, the research aims to strengthen understanding of how ADHD shapes maternal experiences and early caregiving relationships. Findings are anticipated to inform early identification and prevention approaches, supporting targeted dyadic, strengths-informed interventions for mothers with ADHD and their infants.

381: Development of an Integrated Grief Therapy for Indian Women Survivors of Perinatal Loss

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Background: Psychotherapy for perinatal grief is receiving increasing attention globally (WHO, 2022). However, methodologically rigorous and culturally informed Indian studies are a significant gap.
Methodology: We aim to provide a theory and evidence-based conceptual framework for Integrated Grief therapy (IGT) for Indian women survivors of perinatal loss developed based on two sources. First, a systematic review of psychotherapy for perinatal grief (2015-2026) highlighted integrated approaches, which guided the use of assimilative integration in the current study; narrative-constructivist (Neimeyer, 2019), integrated with

cognitive-behavioral, attachment and family systems techniques. Second, a prior phenomenological inquiry with survivors, explored their treatment needs, and informed the content, timing and delivery of IGT. The resulting conceptual framework was refined following validation of its content, process and feasibility (Bowen et al., 2009), by experts-by-experience, as well as specialists in women's mental health and perinatal health, recruited through convenience sampling. The intervention development process follows the updated Medical Research Council (MRC) framework for complex interventions (Skivington et al., 2021).

Results: The conceptual model of IGT is designed through an ongoing and iterative process, consistent with the MRC framework of development, feasibility, evaluation and implementation of complex interventions. The model targets the primary goals of grieving, addressing maternal guilt, reauthoring personal meaning of the loss, and restoration-oriented activities. Feasibility considerations include liaison with maternity care centers to provide a family-inclusive bereavement session at the hospital following perinatal loss, facilitating discussion with another survivor to improve help-seeking, and hybrid (offline +online) mode of delivery. Eligibility for IGT will be assessed using a screener for psychological distress with mothers, 4 weeks after perinatal loss. Implementation entails eight, individual, weekly, 60-minute sessions by the primary researcher, with an elective session for the spouse. At termination, IGT will be evaluated for its feasibility and the primary outcome of perinatal grief using standardized psychometric measures. The provided conceptual framework maps key points from the systematic review, qualitative interviews, and expert feedback into structured components of the proposed IGT.

Conclusion: The study utilizes a theory and evidence informed approach to design an intervention for perinatal grief in Indian women, laying the groundwork for future feasibility testing and clinical trials.

386: Perinatal maternal mental health, bonding, and coparenting: Associations with infant effortful control at six months

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Background: Effortful control (EC) reflects early attentional and inhibitory regulation of temperament reactivity and is considered a foundational regulatory capacity associated with lower risk of internalizing and externalizing psychopathology in childhood. While maternal psychopathological symptoms have been linked to lower early regulatory capacity, limited research has examined the distinct contributions of prenatal and postnatal maternal risk factors to EC during the first six months of life, a period of heightened plasticity in regulatory function development. This study examined whether maternal depressive symptoms, maternal-infant bonding difficulties, and coparenting quality, assessed during pregnancy and at six months postpartum were associated with infant EC at six months.

Methodology: Participants were 90 mothers (Mage = 33.89, SD = 4.59) from the Early Life longitudinal community cohort, recruited in the third trimester from public hospitals in Portugal. Infant EC was assessed at six months using the Portuguese version of the Infant Behavior Questionnaire-Revised Short Form. Maternal depressive symptoms, maternal–infant bonding difficulties, and coparenting quality were assessed during the third trimester of pregnancy and again at six months postpartum using the Edinburgh Postnatal Depression Scale (EPDS), the Postpartum Bonding Questionnaire (PBQ), and the Coparenting Relationship Scale (CRS). Predictors were entered hierarchically, with prenatal variables in Block 1 and postnatal variables in Block 2.

Results: The final model accounted for 19.3 percent of the variance in EC ($p < .001$). Higher prenatal depressive symptom severity ($\beta = .219$, $p = .032$), less prenatal bonding difficulties ($\beta = -.262$, $p = .012$), and higher coparenting quality at six months ($\beta = .292$, $p= .004$) were associated with higher EC. Postnatal depressive symptoms and postnatal bonding difficulties were not associated with EC.

Conclusion: These findings identify early protective and risk factors that contribute to infant regulatory functioning. Given the established role of EC difficulties in the emergence of emotional and behavioral disorders in later childhood, the results support integrating maternal depressive symptoms and family functioning into perinatal assessment and suggest coparenting quality and early bonding as a candidate target for preventive intervention.

418: The mental health impact of gestational diabetes mellitus: A qualitative longitudinal study

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Background: Gestational diabetes mellitus (GDM) is associated with adverse maternal and infant outcomes, however, its psychological impact across the perinatal period remains less well understood. This study aimed to explore the psychological impact of GDM on women across the perinatal period.
Methodology: A qualitative longitudinal study was conducted with women diagnosed with GDM. Semi-structured interviews were undertaken at three time points: late pregnancy (~35 weeks gestation), 3 months postpartum, and 12 months postpartum. Data were analysed using thematic analysis to identify themes relating to psychological experiences across time.
Results: Findings indicate elevated anxiety and stress following GDM diagnosis, particularly related to fetal health and dietary management. Participants frequently described heightened vigilance around food intake and eating behaviours with some describing disordered eating behaviours. At 3 months postpartum, concerns shifted toward long-term health risks and uncertainty about future pregnancies. Some women reported that the experience of GDM influenced future family planning. At 12 months postpartum, while acute stress had often reduced, ongoing concerns regarding health, lifestyle management, and eating behaviours persisted.
Conclusion: These findings suggest that GDM may have sustained psychological effects extending beyond pregnancy, including anxiety, stress, and eating-related concerns. Ongoing emotional and behavioural impacts may also influence future reproductive decision-making. Further research is needed to quantify these trajectories and inform integrated psychosocial support within GDM care.

423: A systematic review about perinatal parental anxiety and depression and infant developmental and mental health outcomes

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Background: Considering both maternal and paternal mental health (MH) is crucial to understand intergenerational transmission of MH problems.
Methodology: To summarize findings on the association between perinatal maternal and paternal anxiety and depressive symptoms and infant developmental and MH outcomes.
This systematic review was pre-registered in PROSPERO (CRD42025640868) and conducted in accordance with PRISMA guidelines. Included studies examined associations between perinatal maternal and/or paternal anxiety or depressive symptoms (pregnancy to 12 months postpartum) and infant developmental or MH outcomes, reporting data from both parents.
Results: Six studies were included. During pregnancy, maternal depression was linked to poorer language and socioemotional outcomes in infants, maternal anxiety was associated with language and motor difficulties and comorbid maternal symptoms predicted socioemotional problems. Postpartum maternal depression is related to regulatory difficulties and social withdrawal and anxiety predicted overall developmental delays and motor impairments. Paternal depression was associated with cognitive, language, regulatory difficulties, and social withdrawal.
Conclusion: Studies examining both parents are scarce, especially on comorbid symptoms, highlighting a gap for informing policymakers, researchers, and practitioners to optimize early interventions.

426: Psychological outcomes and support dynamics in online perinatal communities: A systematic review

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Background: Online communities have become a powerful tool for socialization and information acquisition. For women, the transition to motherhood involves significant psychological and social shifts. As traditional in-person support systems might not always be accessible due to crises, stigmatization, or social marginalization, mothers are increasingly turning to virtual spaces for guidance and connection.
Methodology: This systematic review aims to investigate the psychological aspects of participation in online motherhood communities during the perinatal period, spanning from pregnancy through one year postpartum. The review further explores women's motivations for engagement and their personal experiences within these digital spaces. A systematic search of peer-reviewed literature from 2012 to 2025 was conducted across four major databases: EBSCO, Scopus, MEDLINE, and PsycINFO. Following PRISMA guidelines, both qualitative and quantitative studies which met the inclusion criteria were subsequently analyzed. Motherhood communities identified include Facebook groups, discussion forums, and specific "birth club" mobile applications.
Results: Online motherhood communities serve as essential virtual meeting places for women in the perinatal period. Mothers were mostly motivated to join these groups for immediate information exchange and social support, particularly when traditional in-person systems fail or for stigmatized topics. While some findings associate online support with lower postpartum depression scores and increased self-efficacy, other data suggest that participants report higher depressive symptoms and loneliness, suggesting that those already struggling are more inclined to seek help online. While these communities provide a safe space for self-disclosure and reciprocated support, mothers can also experience stress and guilt when encountering conflicting information.
Conclusion: Online maternal communities serve as a key supplement to traditional support systems. While they offer a safe space to share struggles, access information and support, the impact on mental health outcomes is nuanced and requires further longitudinal research to understand individual psychosocial effects.

446: International interventions strengthening equitable perinatal mental health systems for women at risk of adverse birth outcomes: a systematic review

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Background: Women from global majority populations, including those of African, Caribbean and South Asian backgrounds, experience disproportionate barriers to accessing perinatal mental health care and exhibit higher rates of adverse birth outcomes in the global north. Existing systematic reviews predominantly prioritise individual psychological treatments, offering limited attention to the system level changes required to address underlying structural inequities. This review synthesises international evidence on interventions implemented across multiple levels of the perinatal mental health system, with the aim of informing more equitable service development within the UK context.
Methodology: A protocol-registered systematic review was conducted across MEDLINE, PsycINFO, CINAHL and PubMed with no date limits and English only criteria. Screening, quality appraisal (RoB 2, ROBINS E, CASP), and data extraction were completed by multiple reviewers. A narrative synthesis was used to integrate findings across diverse study designs. Of 8,464 records identified, 4,249 were screened, 65 full texts assessed, and 12 studies met eligibility criteria.
Results: Twelve studies from varied global contexts demonstrated that interventions aiming to strengthen perinatal mental health systems tended to cluster around task shared collaborative care, culturally adapted psychological therapies, peer- or community delivered support, and service level or facility wide approaches. Collaborative stepped care models such as M DEPTH in Uganda integrated routine screening with problem solving therapy and antidepressant management within antenatal and HIV services, resulting in reduced

depression and improved maternal functioning. Culturally adapted therapies, including IPT B in the United States and group CBT within the ROSHNI 2 trial in the UK, enhanced engagement and improved depressive symptoms among ethnically diverse women, supported by tailored language, cultural framing and practical aids. Peer delivered interventions, such as the Thinking Healthy Programme in India and Pakistan, demonstrated improvements mediated by increased patient activation and social support, while the Philani home visiting programme in South Africa showed sustained reductions in maternal depression and enhanced child outcomes up to 36 months. Service level interventions, including the Baby Friendly Hospital Initiative in the Democratic Republic of Congo, were associated with reduced postpartum depression through decreased breastfeeding difficulties, whereas a South African health systems strengthening initiative demonstrated high acceptability but faced feasibility and fidelity constraints, highlighting the importance of dedicated lay workers to support implementation.

Conclusion: The evidence indicates that culturally adapted, task shared and integrated perinatal mental health interventions, particularly those delivered by peers or community health workers, offer promising strategies for addressing persistent inequities in maternal mental health. International findings underscore the need for culturally competent care pathways, routine screening and stepped care embedded within maternity systems, and investment in workforce models that include trained lay and peer supporters. Future UK research and implementation efforts should prioritise equity-focused system redesign, sustained workforce development, and evaluation of long term outcomes to support meaningful structural change.

454: Peer-Based Antenatal and Postnatal Classes: Strengthening Perinatal Social Support in Resource-Limited Settings Through a Blended Delivery Model

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Background: Perinatal mental-health challenges are common in resource-limited settings, where access to formal psychological support is constrained by workforce shortages, financial barriers, and limited referral pathways. These circumstances often leave mothers socially isolated during pregnancy and early parenting. Peer-based antenatal and postnatal groups provide a practical strategy for embedding informal psychosocial support into routine maternal care, especially when delivered through blended online and face-to-face formats. Despite increasing adoption of such models, limited evidence exists on changes in perceived social support within large community-based programmes operating in low-resource contexts.

Methodology: A pre–post observational design was used to evaluate the Grow Great Flourish antenatal and postnatal programme. Self-administered online surveys captured baseline and endline data. Baseline surveys were completed by 1,706 mothers, of whom 463 (27.14%) also completed the endline survey and could be paired for change analysis. Outcomes included perceived availability of someone to talk to (Agree/Neutral/Disagree). Descriptive summaries were generated for paired respondents and for endline subgroups defined by delivery mode (online vs face-to-face) and programme exposure (three or fewer, four to six, or seven or more classes). All data were self-reported, and participation was voluntary.

Results: Perceived support increased substantially among paired respondents, rising from 57.5 percent agreement at baseline to 86.8 percent at endline, representing a 29.4-percentage-point improvement. Endline support levels were similarly high across online and face-to-face delivery modes, indicating comparable effectiveness of both formats. A clear dose–response pattern was evident: mothers attending seven or more classes reported the highest support (90.3 percent), followed by those attending four to six classes (78.7 percent) and those attending three or fewer (58.8 percent). At baseline, support did not differ across future class-quantity groups, suggesting that endline differences reflect programme exposure rather than pre-existing patterns. Although findings indicate meaningful improvement, generalisability is limited by the 27.14 percent retention rate between baseline and endline and the self-reported nature of the data.

Conclusion: A blended, peer-based antenatal and postnatal model is associated with substantial improvements in maternal social support in resource-constrained settings. Sustained participation appears particularly beneficial. Future work should focus on strengthening retention, reducing access barriers, and enhancing referral pathways to maximise psychosocial benefit for mothers.

469: Online Social Support and Perinatal Mental Health: The Case of Postpartum Depression and Anxiety Among First-Time Mothers

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Background: Postpartum depression (PPD) and postpartum anxiety (PPA) are public health challenges, affecting a large portion of new mothers. Online maternal communities have increasingly emerged as a source of peer support for new mothers. However, the interplay between these digital resources and traditional offline support (family, partners, and friends) remains under-researched, particularly within the Czech context.
This study investigates the associations between social support from online communities and symptoms of PPD and PPA. The study examines whether offline social support moderates these relationships, also testing whether online support is more strongly associated with reduced symptoms for mothers with limited offline resources.
Methodology: A correlational cross-sectional design is employed. A target sample of 455 Czech-speaking, first-time mothers (2–12 months postpartum) is being recruited via social media. Participants complete an online survey including the Edinburgh Postnatal Depression Scale, the Perinatal Anxiety Screening Scale, the Multidimensional Scale of Perceived Social Support, and the Passive and Active Facebook Use Measure.
Results: Data collection is currently underway, with completion expected by April 2026. Preliminary power analysis indicates the target sample size is sufficient to detect small-to-moderate effects. We hypothesize that higher online support will correlate with lower symptom levels of PPD and PPA, and that this negative association will be most pronounced in mothers reporting lower levels of offline social support from partner, family, and friends.
Conclusion: This study will provide insight into online communities serving as modern support structures for postpartum mothers. The findings may help clinicians identify which mothers are most reliant on online support and inform the development of targeted interventions.

471: Establishing the First Perinatal Mental Health Service in the UAE: A Descriptive Case Study and National Survey on Stigma and Service Needs

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Background: There exists a significant prevalence of maternal mental health challenges in the United Arab Emirates (UAE), left with gaps in institutional support to vulnerable mothers and psychological literacy amongst local healthcare providers. To address this need, the Maternal Mental Health Services department at Maudsley Health was launched in April 2024 as the first specialised service of its kind in the country. This study aims to describe the establishment of the service and spotlights an ongoing national needs survey that will inform its continued development.
Methodology: This research constitutes two components. First, a descriptive case study drawing on documentary analysis of departmental annual reports from 2024–2025. Staff activities including community events, training workshops, research outputs, conference presentations, and produced resources are documented in these reports. Second, a survey assessing local stigma and national needs within the context of maternal mental health is currently underway. Data collection is in progress and results will be available for presentation.
Results: Service establishment: Review of documented annual reports identified a range of staff activities including community outreach, delivery of training workshops, development of patient education materials, conference presentations, and research outputs that have informed service development.
National survey: The national survey on service needs and stigma in maternal mental health is currently being conducted. Final data will be analysed qualitatively and presented, providing informative guidance for service refinement that aligns with sociocultural needs locally.
Conclusion: This descriptive case study documents the staff activities undertaken during the establishment of the first specialised maternal mental health service in the United Arab Emirates. The ongoing national survey on service needs and stigma will reveal culturally significant data to ensure that service provision is fulfilling both the lived experiences and clinical needs of the population it strives to serve.

476: The Heritability of Reaction Time Variability in Families with and without ADHD

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Background: ADHD is highly heritable and common. Although it's diagnosed at school age, studies suggest that indicators may appear in early childhood. One distinguishing characteristic between individuals with and without ADHD is Reaction Time Variability (RTV), a measure of inconsistency in response times that reflects attention. RTV is consistently found to be elevated in individuals with ADHD. Because ADHD is heritable and developmental differences may emerge early, it is possible that reaction time variability could be detected in neonates as an indicator of ADHD risk. For this reason, this project compares RTV between neonates at familial risk and those at low risk for ADHD. We hypothesize that neonates at familial risk will show greater RTV than those at low risk.
Methodology: Videos of neonates undergoing a habituation task were coded to calculate and compare RTV between neonates at high or low familial risk. High-risk neonates had at least one parent with ADHD (n = 34), and low-risk neonates had two parents without ADHD (n = 44). Participants included 78 neonates aged 3–10 weeks (M = 6.1 weeks; 49% female). Neonates completed a habituation task from the NICU Network Neurobehavioral Scales (NNNS). Stimuli (light, rattle, bell) were presented to sleeping neonates in their home a maximum of 10 times. The speed and quality of responses (e.g., eye squints, squirms) were recorded. Using ELAN coding software, reaction time (RT)—the time between stimulus presentation and the onset of the neonate's response—was measured. RTV was calculated (standard deviation of RTs divided by mean RT) for each infant, and a t-test was used to compare group means.
Results: Seventy-one (91%) neonates completed at least part of the NNNS and all videos are coded. Sixteen are both coded and analyzed. Among analyzed cases (n=16), mean RTV was 0.789 in the high-risk group and 0.601 in the low-risk group ($p = 0.250$, $d = 0.6$)
Conclusion: Preliminary results show no statistically significant difference in RTV; however, the moderate effect size suggests differences may emerge as additional videos are analyzed. If confirmed, RTV could be an early indicator of elevated ADHD risk within the first month of life, potentially guiding earlier monitoring and intervention.

Neuroscience, Treatment, and Innovation

144: Synthesis of Findings from the Francophone Mother–Baby Unit Database

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Background: The Francophone Mother–Baby Unit (MBU) database, encompassing 16 MBUs in France and Belgium over a decade (2001–2010), provides one of the largest clinical cohorts of women with severe perinatal psychiatric disorders jointly hospitalized with their infants. This abstract summarizes key findings from multiple studies derived from this database, focusing on clinical, psychosocial, and neonatal risk factors shaping maternal and infant outcomes.
Methodology: Across studies, retrospective multicenter analyses were conducted on samples ranging from 261 to 1,439 mother–infant dyads, complemented by paternal data when available. Multinomial or logistic regression models were used to identify independent predictors of suicide attempts, mother–infant separation, neonatal complications, maternal improvement, and parenting difficulties.
Results: Several consistent patterns of vulnerability emerged.
1-With regard to mothers
Suicide attempts (11.7% of the cohort) during pregnancy were associated with alcohol and tobacco use, a history of miscarriage, younger maternal age, and during postpartum with major or recurrent depressive episodes. In women with bipolar disorder, a prenatal mood episode strongly predicted insufficient maternal improvement at MBU discharge, independent of socioeconomic and psychosocial variables. Among mothers with psychotic disorders, 27.2% experienced mother–infant separation at discharge, associated with maternal childhood institutional placement, single status, neonatal hospitalization, and psychiatric decompensation during pregnancy.
2-With regards to infants
Prenatal psychiatric episodes in mothers, whether treated or untreated, significantly increased the risk of low birth weight and admission to neonatal intensive care, as did prenatal exposure to psychotropic drugs.
3- With regards to fathers
Paternal psychiatric disorders—particularly addictive or psychotic disorders—were major contributors to parent–infant separation, regardless of maternal diagnosis.
Conclusion: The results from the Francophone MBU database highlight closely related maternal, paternal, and neonatal risk factors that influence outcomes such as suicide risk, neonatal health, parenting capacity, and parent-child bonding in cases of severe maternal psychiatric disorders. These results confirm the need to develop specific care systems for families affected by these disorders during the perinatal period.

Category: *Clinical Trends in Perinatal Mental Health*

206: To Treat or Not to Treat? An Observational Study of the Impact of Psychiatric Disorders in Pregnancy and Their Treatment on Exposed Children

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Background: Pregnancy triggers significant physiological and psychological changes, heightening the risk of both the onset and recurrence of mental disorders. Maternal mental health is crucial for fetal brain development, as psychiatric conditions and stress can affect neurodevelopmental outcomes. Key neurotransmitters like serotonin, dopamine, and norepinephrine are vital for fetal neurodevelopment, and imbalances due to maternal mental illness may negatively impact fetal brain structures and functions.
Treatment often involves antidepressants and antipsychotics, which can cross the placental barrier and affect

neurotransmitter levels in the fetus's central nervous system. While some psychotropic medications are considered relatively safe during pregnancy, their long-term effects on the child's neurodevelopment remain unclear.
It is uncertain whether risks arise primarily from the maternal mental disorder or its treatment. Many studies on this topic have methodological limitations, leading to inconsistent conclusions. In particular, patient adherence to medication is not verified through serum medication levels. It raises the critical question of whether the greater risk to child neurodevelopment stems from the disorder or its treatment.
Methodology:
Three cohorts created:
A) Pregnant women with mental illnesses on psychopharmacotherapy.
B) Pregnant Women with mental illnesses who declined treatment.
C) Control group of mentally healthy pregnant women without psychotropic drugs.
Data collection for the cohorts includes:
1. The Mini International Neuropsychiatric Interview is conducted once per pregnancy to determine the psychiatric diagnoses (first and second cohorts).
2. Blood samples in each trimester to determine serum drug concentrations (first cohort).
3. Questionnaires completed each trimester, including the Edinburgh Postnatal Depression Scale.
4. Child's antenatal development factors: prematurity, birth weight, length at birth, congenital defects, and miscarriages.
5. Postnatal adaptation of the child assessed by the Apgar score, as well as whether the baby required admission to a neonatal intensive care unit.
6. Psychomotor development of the child was evaluated using the Bayley Scales of Infant and Toddler Development, 3rd Edition, at 3, 6, and 12 months postpartum.
Results: The contribution will be supplemented with current data on the status of recruitment and a basic description of the cohort.
Conclusion: This study aims to clarify the topic and create safe treatment guidelines based on serum drug concentrations in pregnancy.

Category: *Perinatal Psychopharmacology*

222: Relationships Among Posttraumatic Stress Disorder, DNA Methylation and Labor Dysfunction Outcomes in a Cohort of Black Pregnant People in the Southeastern United States

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Background: Black pregnant people in the United States experience disproportionately high rates of posttraumatic stress disorder (PTSD), maternal morbidity, and adverse intrapartum outcomes, including labor dystocia and unplanned cesarean birth. Increasing evidence suggests that trauma-related alterations in stress response physiology, including hypothalamic-pituitary-adrenal axis, immune, and oxytocinergic system dysregulation, may influence labor processes and maternal health. Epigenetic mechanisms such as DNA methylation may represent biologic pathways through which trauma and PTSD become embodied during pregnancy. Understanding these relationships may inform trauma-responsive approaches to perinatal mental health and obstetric care.
Methodology: This secondary analysis combined data from two prospective cohort studies of Black pregnant people recruited from an academic medical center and a birth center in Atlanta, Georgia. Prenatal PTSD symptoms were measured using the Post-traumatic Stress Disorder Checklist for DSM-5 (PCL-5). DNA methylation was assessed using bisulfite sequencing with the Illumina EPICv2 BeadChip. Labor dystocia and

mode of birth were abstracted from medical records. Associations among trauma exposure, PTSD symptoms, DNA methylation, and labor dysfunction outcomes were examined. A Fisher's exact test evaluated overlap between CpG sites nominally associated with PTSD symptoms and labor dystocia.
Results: PTSD symptom severity was associated with differential DNA methylation at cg16373697 in the SLC14A2 gene (P=5.12e-09), a gene implicated in renal and cardiometabolic function. Labor dystocia was associated with differential methylation at cg18718657 in the FKBP2 gene (P=1.36e-08), which is involved in immune and metabolic pathways. CpG sites nominally associated with PTSD symptoms were 2.3 times more likely to also be associated with labor dystocia (OR=2.31, 95% CI [2.23, 2.38], p<2.2e-16).
Conclusion: Findings suggest that PTSD symptoms during pregnancy may contribute to biologic changes linked to labor dysfunction and maternal morbidity risk. These results support the integration of trauma-informed mental health screening and intervention into prenatal care, particularly for Black birthing populations in the United States who are disproportionately affected by trauma and adverse birth outcomes. Identifying biologic pathways linking PTSD and obstetric complications may help inform future precision-based and preventative maternal mental health interventions aimed at improving perinatal outcomes and advancing birth equity.

Category: *Clinical Trends in Perinatal Mental Health*

228: Inventory of Depression and Anxiety Symptoms (IDAS) Outcomes in a Randomized Controlled Trial of a Digital Intervention for Mood Management During Pregnancy

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Background: Postpartum depression (PPD) impacts approximately 14% of individuals– leading to potential impact on their daily routines, interpersonal relationships, physical health and overall well-being. At the present time, healthcare interventions are typically designed around treating clinical levels of mental health disorders like PPD rather than prevention in those who are at risk. An intervention designed for varying levels of depression symptoms (i.e. both those at risk and those with significant symptoms) may improve mental health outcomes especially in cases when access to care is restricted.
Methodology: Participants (N=55) were individuals at least 16 weeks pregnant with a PHQ-8 ≥ 5 that were randomized to receive an unguided digital mood management intervention over 6 weeks (Sunnyside) or usual care. Sunnyside consisted of 13 lessons and 4 tools that focused on CBT skills within the context of pregnancy-related information. Interactive tools allowed for practice of cognitive restructuring, goal setting and other skills. Participant data from the Inventory of Depression and Anxiety Symptoms (IDAS) (N= 33) on 12 subscales including dysphoria, insomnia, suicidality, and well-being were evaluated between baseline and 6 weeks to examine impact.
Results: Group by time interactions of the IDAS were not significant. However, within group paired sample analysis showed statistically significant improvement of social anxiety (p=0.007), trauma (p=0.03), and well-being (p=0.043) scores in the Sunnyside group. Both the Sunnyside (p=0.009) and usual care (p=0.008) groups displayed an improvement in dysphoria. The Sunnyside effect size was moderate for dysphoria (d=-0.47), social anxiety (d=-0.34), trauma (d=-0.40) and well-being (d=0.56) in comparison to the control.
Conclusion: While both the intervention and control group improved in dysphoria, significant improvement in social anxiety, trauma and well-being were observed only within the intervention group. Sunnyside may be appropriate as a universal referral for individuals at risk of postpartum depression for both prevention and reduction of symptoms. Effect sizes in this pilot suggest a trend favoring the intervention, supporting further investigation in a larger trial.

Category: *Novel Interventions in Perinatal Mental Health*

231: Translating Mother-Infant Dialectical Behaviour Therapy for online delivery: what can the digital mental health literature tell us about the most effective adaptations?

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Background: Perinatal borderline personality disorder (BPD) is highly prevalent, with rates estimated at 14%, and is associated with some of the poorest outcomes for offspring in terms of attachment and increased incidence of childhood emotional disorders. Mother-infant dialectical behaviour therapy (MI-DBT) has been shown to be effective in reducing BPD symptoms and improving parenting confidence. In-person delivery of this intervention unfortunately excludes many women from participating, particularly those who live in rural or remote locations or have other financial and social vulnerabilities. These barriers could be overcome by virtual delivery, however it cannot be assumed that this would result in equivalent outcomes. A unique challenge with telehealth delivery of MI-DBT is how to support consumers to participate while their infants are present in the home, and also how to meaningfully enact the mother-infant activities that are part of the in-person program. There are no publications to date that specifically address online delivery of perinatal DBT, although some address other types of perinatal groups or DBT in non-perinatal populations.
Methodology: A scoping review informed by the PRISMA Extension for Scoping Reviews will be carried out to establish from the existing literature what is known about the components of effective online delivery of group psychotherapy, with particular interest in DBT, perinatal populations and mother-infant psychotherapy. Effectiveness here encompasses feasibility, acceptability and also the types of adaptations to virtual format that facilitate rather than hinder fidelity to the therapy model. The review team includes clinicians, academics and experts on digital translation. Observational studies, mixed-method evaluations and controlled trials will be included. Relevant papers will be synthesized by the authors to extract information that can guide adaptation of an existing MI-DBT program to virtual format.
Results: Search strategy, numbers and types of papers elicited will be presented. Findings and recommendations will be presented for evidence to date on how to deliver MI-DBT group programs online, while maintaining intervention fidelity.
Conclusion: Synthesis of the evidence to support telehealth translation of pre-existing DBT programs would address a significant service gap for perinatal families with BPD, for whom swift and accessible therapy is crucial for best outcomes.

Category: *Novel Interventions in Perinatal Mental Health*

346: BODYPOSI: Protocol of a Randomized Controlled Trial Evaluating an Online Positive Body Image Intervention for Postpartum Women

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Background: The postpartum period involves substantial physical and psychological changes that can influence women's relationship with their bodies and overall well-being. Societal pressure to return to pre-pregnancy appearance may further contribute to body dissatisfaction, stress, and reduced mental health during early motherhood. Promoting positive body image may support psychological well-being and adjustment during the postpartum period; however, accessible interventions targeting postpartum body image remain limited. This study presents the protocol of a randomized controlled trial evaluating the effectiveness of BODYPOSI, an online self-help programme designed to promote positive body image in postpartum women. The study was prospectively registered in the ISRCTN registry (ISRCTN13316354).
Methodology: This study uses a randomized controlled trial design comparing an online positive body image intervention with a waitlist control group. Women aged 18 years and older who gave birth between six weeks and 12 months prior to participation are eligible. After completing baseline questionnaires, participants are randomly

assigned to either the intervention group, which receives immediate access to the BODYPOSI programme, or a waitlist control group.
The intervention consists of a four-week online self-help programme including 12 structured exercises (three per week) delivered through a secure digital platform. The exercises integrate reflection tasks, mindfulness elements, and guided self-assessments aimed at fostering body appreciation, awareness of body functionality, and more positive evaluation of postpartum body changes. Outcomes are assessed at baseline, post-intervention, and three-month follow-up. Primary outcomes include body appreciation, functionality appreciation, appearance and weight satisfaction, evaluation of postpartum body changes, and perceived sociocultural pressure. Secondary outcomes include self-compassion, general health, and postpartum mental health indicators.
Results: Prior to the main trial, the programme was pilot tested with 10 postpartum women. Qualitative feedback suggested that the intervention was feasible, acceptable, and helpful in encouraging more compassionate and positive attitudes toward postpartum body changes. Participants particularly valued the flexibility of completing exercises online.
Conclusion: If effective, the BODYPOSI programme may provide an accessible digital intervention supporting positive body image and psychological well-being during the postpartum period.

Category: *Novel Interventions in Perinatal Mental Health*

358: Feeling human again: lived experience perspectives of the value of Occupational Therapists working within perinatal mental health services in the UK

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Background: Occupational Therapy has a valuable contribution within the global field of perinatal mental health, with an expanding workforce, professional representation and inclusion in both community and inpatient service standards as an example in the UK. Yet, multi-disciplinary team members are often unaware or confused by the role of the occupational therapist and our use of meaningful occupations as therapeutic interventions with women and families. The results shared within this paper are derived from a larger doctoral study which explored the nature, meaning and purpose of occupational therapy in perinatal mental health services within the UK.
Methodology: A qualitative constructivist Grounded Theory Method (GTM) approach was adopted with theoretical sampling and four iterative data collection points. An online survey of occupational therapists [n=26] acted as a preliminary scoping exercise, followed by semi-structured interviews [n=28] with a variety of perinatal mental health professionals, occupational therapists and service users to elicit rich data. Analysis was performed using GTM coding, to develop core categories and allow for construction of a substantive and pragmatic theory. Ethical approval was granted by Leeds Beckett University, UK.
Results: The lived experience perspectives of women who had received Occupational Therapy either within an inpatient Mother and Baby Unit (MBU) or as part of their community treatment will be shared. The categories were termed: “who are you?”; “knowing me”; “finding me” and “feeling human” with direct verbatim quotes supporting the rationale for construction of each category. The importance of personalised women centred interventions that authentically represented service user’s daily lives were highlighted. The results showcased that Occupational Therapy goes beyond improving daily functioning of mothers and offers innovative approaches for women to reconnect with their occupational identity and thus improve longer term outcomes for both women and their families.
Conclusion: There is great potential for Occupational Therapy to be part of the future of perinatal mental health services and policies across the globe. It is hoped that this research will inspire others to connect with occupational therapists to explore how culturally meaningful daily occupations can humanise recovery interventions for mothers experiencing perinatal mental illness.

Category: *Novel Interventions in Perinatal Mental Health*

371: Maternal mood trajectories across the perinatal period among women with severe mental health illness

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Background: Psychotropic medications are critical for managing severe mental illness across gestation and the postpartum period, but characterizing their longitudinal influence on maternal mood trajectories across gestation and postpartum transitions is under-explored. To address this gap, we examined mood trajectories in the Maternal and Infant Antipsychotic (MAIA) Study, an on-going longitudinal cohort of pregnant women with severe mental illness followed across the perinatal period. Prior analyses in this cohort have demonstrated trimester-specific shifts in maternal mood across gestation. However, less is known about how these patterns extend across the transition into postpartum and whether trajectories differ by psychotropic medication use.
Methodology: We analyzed data from N=53 pregnant participants with severe mental illness enrolled in MAIA. Participants self-reported depressed, anxious, psychotic, and manic/hypomanic symptoms each gestational week and through four months postpartum. 34 participants contributed weekly data in the postpartum period. We fit generalized linear mixed-effects models (logit link; random intercepts) to examine associations between weekly mood symptoms, time period (pregnancy vs. postpartum), and antipsychotic (AP) use, adjusting for site, and including interaction terms between AP use and time period.
Results: Maternal mood symptoms exhibited dynamic trajectories in the perinatal period. Depressive mood symptoms predominated early pregnancy (gestational weeks: 1-12), and anxiety symptoms predominated in late pregnancy (gestational weeks: 28-40). Meanwhile, the postpartum period was associated with higher odds of anxious symptoms (OR: 4.27, 95%: CI: 2.33-7.82) and a trend towards increased depressive symptoms (OR: 1.75, 95%: CI: 1.00-3.08).
Conclusion: The transition from pregnancy to postpartum represents a critical window for depressive and anxious mood symptoms in individuals with severe mental illness. Ongoing analyses will explore whether these trajectories differ across treatment categories including antipsychotic, lithium, lamotrigine, or no medication. This granularity can further characterize the specific associations of different medication options on perinatal mood patterns to best inform clinical management across the gestational-postpartum transition.

Theme: *Neuroscience, Treatment, and Innovation*

434: Clozapine Use During Pregnancy in Women with Severe Mental Illness: A Case Series from a Tertiary Care Perinatal Psychiatry Service, India

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Background: Managing severe mental illness during pregnancy is clinically challenging. Clozapine is often required for treatment-resistant psychotic disorders, but evidence regarding its safety in pregnancy remains limited. The aim is to describe the socio-demographic and clinical profile, and obstetric and neonatal outcomes among pregnant women receiving clozapine in a tertiary care perinatal psychiatry service.
Methodology: A retrospective chart review was conducted from 2014–2025 among pregnant women receiving clozapine who were followed up in a specialised perinatal psychiatry service. Data were extracted on socio-demographic characteristics, psychiatric diagnosis, illness duration, clozapine dosage, treatment adherence, maternal side effects, obstetric complications, and neonatal outcomes.
Results: We describe four women with severe mental illness who continued clozapine treatment during pregnancy and were followed up in a tertiary care perinatal psychiatry service.

Case 1:
A 33-year-old married woman with schizophrenia (illness onset at 20 years; duration 13 years) continued clozapine 175 mg/day during pregnancy with good adherence. She reported weight gain, sedation, hypersalivation, and constipation. The pregnancy ended in a medical termination at 6 weeks of gestation.
Case 2:
A 29-year-old married woman with bipolar affective disorder (onset at 13 years; illness duration 18 years) continued clozapine 100 mg during pregnancy. She had comorbid polycystic ovarian disease, type 2 diabetes mellitus, and hypothyroidism. The pregnancy was complicated by gestational diabetes and cardiomyopathy. She had a twin pregnancy, with one intrauterine fetal demise. Delivery occurred by LSCS following premature rupture of membranes. The male infant required brief NICU care but was clinically stable with formula feeds. The mother remained psychiatrically stable postpartum.
Case 3:
A 37-year-old woman with schizophrenia (illness duration 15 years; onset at 22 years) continued clozapine 225 mg throughout pregnancy. The pregnancy was complicated by gestational diabetes and resulted in preterm twin delivery by LSCS. Both infants were low birth weight (approximately 1.9 kg and 2 kg) and required around 10 days of NICU observation, but were clinically stable. Developmental follow-up at 9 months was reported to be normal.
Case 4:
A 33-year-old woman with schizophrenia (illness duration 22 years; onset at 18 years) had three pregnancies while receiving clozapine 300 mg. Outcomes included one live birth, one spontaneous abortion, and one infant death at three months of age. The live birth was a female infant delivered vaginally with a birth weight of 2.4 kg, with a stable neonatal course and normal early development.
Conclusion: This case series highlights that continuation of clozapine during pregnancy may be necessary in women with severe mental illness to maintain psychiatric stability. The cases also underscore the presence of multiple medical comorbidities during pregnancy, emphasising the need for careful monitoring and a multidisciplinary approach to care.

Category: *Perinatal Psychopharmacology*

445: Evaluating the Perinatal Mental Health Treatment Cascade in a Rural-Serving Healthcare System: Identifying Gaps in Care Delivery

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Background: Perinatal mental health conditions affect 20% of pregnant and postpartum individuals, yet treatment gaps persist, particularly in rural areas. This study aimed to evaluate the perinatal mental health care cascade in a rural-serving healthcare system, visualize the progression from screening to treatment engagement, and identify potential disparities in care delivery.
Methodology: A retrospective cohort design examined perinatal mental health care between 2020-2023 at a rural-serving hospital system. Data from 5,692 unique individuals (6,393 pregnancy episodes) were analyzed. The care cascade was defined as: screening (using PHQ-2/9, GAD-7, or EPDS), diagnosis, referral/treatment initiation, and engagement (≥2 sessions with mental health providers). Demographic factors, including race and insurance status, were examined for potential disparities.
Results: Cohort included residents of 42 of 100 counties in North Carolina, majority were racialized as Black (55%) and insured by Medicaid (64%). Screening rates at the flagship hospital ranged from 77-79% (2020-2022) but declined to 53% in 2023. The PHQ-9 was the predominant screening tool used. The positive screening rate was 25%. Only 5% of patients overall received referrals to psychiatry within the system, with 40% of those engaging in sustained care. Approximately 13.5% of patients screening positive received in-clinic management. Variations in screening and diagnosis were observed across racial groups, $\chi 2$ (9, N = 6,393) = 200.49, $p < .05$.
Conclusion: Despite relatively high screening rates, significant gaps exist in referral pathways and treatment

engagement. The decline in screening rates warrants investigation. Improving referral pathways, enhancing in-clinic treatment options, and educating obstetric providers on appropriate medication management are priorities for improving perinatal mental health care in rural-serving systems.

Category: *Clinical Trends in Perinatal Mental Health*

460: Prevalence, risk and protective factors of postpartum depression and anxiety symptoms in Benin

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Background: Postpartum depression symptoms (PPDS) and postpartum anxiety symptoms (PPAS) are a major global public health issue, especially in low-resource settings. This study aimed to determine the prevalence of PPDS and PPAS in Benin, Sub-Saharan Africa, at one year postpartum and to identify associated risk and protective factors.
Methodology: Pregnant women were recruited for a longitudinal mother-child cohort in the Allada District of Benin, and a cross-sectional analysis was performed on data collected at one-year postpartum. Maternal depression and anxiety symptoms were assessed one year postpartum using the Edinburgh Postnatal Depression Scale (EPDS)-validated in Benin and translated into Fon-and its anxiety subscale (EPDS-3 A). Cut-off scores for high depressive and anxiety symptoms were ≥ 13 and ≥ 6, respectively. Potential risk and protective factors including maternal, child characteristics, socioeconomic status, and social support were analyzed using multivariable-adjusted logistic regression models.
Results: At one year postpartum, 13% of 742 mothers had PPDS, and 21% PPAS. Risk factors for PPDS included recent alcohol consumption (previous three months) (aOR = 1.88; 95%CI: 1.17-3.02) and food insecurity (aOR = 4.47; 95%CI: 1.29-17.4), while partner cohabitation reduced PPDS odds (aOR = 0.45; 95%CI: 0.26-0.80). PPAS risk factors included recent alcohol consumption (aOR = 2.17; 95%CI: 1.44-3.28) and regular child care support from 3 + childcare providers (aOR = 2.91; 95%CI: 1.50-5.68). Protective factors for PPAS included the minority Aizo ethnicity (aOR = 0.58; 95%CI: 0.36-0.93) and living in an individual house (aOR = 0.45; 95%CI: 0.24-0.85).
Conclusion: This study sheds light on the prevalence of PPDS and PPAS at one year postpartum in the Beninese context, as well as associated factors. Findings underscore the importance of establishing postpartum psychological follow-up and targeted strategies to support maternal mental health in low-resource settings, addressing both socioeconomic vulnerabilities and social support structures.

Category: *Perinatal Psychopharmacology*

461: Treated and untreated maternal prenatal mental health difficulties and child neurodevelopmental and socioemotional outcomes in childhood

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Background: Rates of mental health difficulties (MHD) during pregnancy and prenatal psychotropic medication use (PPU) to treat these conditions are rising, as are concerns about potential effects on children's development. As a result, we aim to assess the impact of untreated MHD and PPU on children's neurodevelopmental and socioemotional outcomes from 1 to 10.5 years.
Methodology: In the French, nationally-representative ELFE birth cohort (N=18,329), mothers reported their prenatal MHD and PPU at birth. Outcomes included parent-reported infant adaptability at 1 year using an 8-item score, autistic traits at 2 years using the Modified Checklist for Autism in Toddlers (M-CHAT), general development at 3.5 and 5.5 years using the Child Development Inventory (CDI), and Strengths and Difficulties Questionnaire (SDQ) at 5.5 and 10.5 years. Multivariate regression analyses used Inverse Probability Weighting based on multinomial propensity scores to adjust for a wide range of perinatal, socioeconomic, partner support, healthcare system support, and family history confounders. E-values were performed as sensitivity analyses to ensure robustness of results. Potential moderation by child sex, maternal education, and migration background

was tested.
Results: PPU exposure was not associated with all outcomes after weighting. In contrast, untreated MHD was significantly associated with poorer infant adaptability, autistic traits, total SDQ scores, as well as emotional problems and conduct problems at ages 5.5 and 10.5, in both crude and weighted regression models. Moderation analyses revealed no significant effects with the exception of maternal migrant background and peer relationship problems and hyperactivity/inattention at age 5.5. E-values suggested results were highly sensitive to residual confounding.
Conclusion: While we found no evidence for clinically meaningful associations between prenatal psychotropic medication exposure and child socioemotional outcomes, associations between untreated MHD and child outcomes indicate that untreated MHD may have adverse effects in early, middle, and late childhood.

Category: *Perinatal Psychopharmacology*

470: The barriers and facilitators of implementing Video Interaction Guidance (VIG) in specialist perinatal community mental health services

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Background: Video Interaction Guidance (VIG) is a promising intervention for perinatal mental healthcare settings where women and birthing people often experience complexities in the developing parent-infant relationship. VIG offers a strengths-based approach to support mothers, birthing people, babies and families to build connected and attuned relationships. The aim of the current study is to explore the barriers and facilitators of implementing VIG in specialist perinatal community mental health services.
Methodology: A qualitative design was used. Ten qualified VIG practitioners who had worked in specialist perinatal community mental health services took part in semi-structured interviews. The interviews explored in-depth participants experiences of using VIG in specialist perinatal community mental health services and their views and experiences of the barriers and enablers of successful implementation. Interviews were audio-recorded, transcribed, and analysed using Thematic Analysis (Braun & Clarke, 2006, 2019).
Results: Six themes with supporting sub-themes were generated during the Thematic Analysis. The themes included: Development and Reflection in Personal and professional Life; Powerful Evidence of Attunement and Connection; VIG in Secondary Care Mental Health Services; Embedding VIG in Specialist Perinatal Services; Barriers to the Implementation of VIG in Specialist Perinatal Services; and Considerations for Implementing VIG in Wider Services and Systems.
Conclusion: This study raises important considerations regarding the use of VIG in specialist perinatal mental health services. Recommendations for best practice are offered.

Category: *Novel Interventions in Perinatal Mental Health*

474: Extending the Impact of Acceptance and Commitment Therapy for Perinatal Mental Health Across the Welsh Healthcare System

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Background: Perinatal mental health conditions are the most common complication of childbearing and the leading cause of maternal deaths. One in five women present with a perinatal mental health condition and if untreated, the economic cost in the UK is estimated at £6.6 billon per year. Across NHS Wales demand for psychological therapies exceeds resource. This is of significant concern during the perinatal period due to the adverse impact of perinatal mental health conditions on women's and children's long-term educational, occupational and mental health outcomes.
Methodology: We developed a transdiagnostic psychological intervention for perinatal mental health based on Acceptance and Commitment Therapy (ACT-PNMH) and evidenced the acceptability, safety and effectiveness

of the ACT-PNMH intervention in one specialist service (ACT-for-PNMH: Waters et al., 2020). We then developed a comprehensive, three-phase train-the-trainer package for the ACT-for-PNMH intervention to support wide spread implementation across NHS Wales. Throughout all stages of the research and dissemination activities, an expert reference group (ERG) of patients and staff have provided guidance on the intervention (e.g. workbooks, contracts) and training materials.

Results: Following a successful pilot of the ACT-for-PNMH training package in a second partner site, we trained N=72 staff working across each specialist perinatal mental health service in NHS Wales to deliver ACT-PNMH. Following training, staff showed significant increases in psychological flexibility (the treatment mechanism in ACT), and in their knowledge and confidence in delivering ACT-PNMH. Patient outcomes demonstrated that the delivery of ACT-PNMH is feasible, safe and effective. ACT-PNMH is currently being delivered in five Welsh NHS University Health Boards, and we are supporting the remaining two through to delivery.

Conclusion: A range of professionals can be successfully trained to deliver ACT-PNMH across specialist perinatal mental health services in NHS Wales. The barriers and facilitators of successful implementation will be discussed.

Category: *Novel Interventions in Perinatal Mental Health*

Perinatal Mental Health Across Clinical, Social, and Community Contexts

395: A Short Version of the Postpartum Bonding Questionnaire: Psychometric Properties in Five European Countries

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Background: Difficulties in mother-infant bonding have been linked to postpartum depression, parenting stress, and adverse child socioemotional developmental outcomes. The Postpartum Bonding Questionnaire (PBQ) is one of the most widely used instruments to assess bonding disturbances; however, its original 25-item structure has shown inconsistent factor structures across cultural contexts. Shorter versions may enhance feasibility to identify mother-infant bonding difficulties in routine screening. The present study aimed to develop and analyse the psychometric properties of a brief version of the PBQ using data from five European countries.
Methodology: Data were collected from postpartum women in five countries participating in the INTERSECT study, all using the same data collection protocol: Iceland, Croatia, Italy, Lithuania, and Switzerland (N = 1731). Participants completed the PBQ and a self-reported measure of depression symptoms (Edinburgh Postnatal Depression Scale [EPDS]) at 6–12 weeks postpartum, and a subsample completed the PBQ again at 26 weeks postpartum. Item reduction involved descriptive analyses, inter-item correlations, and exploratory factor analysis (EFA) conducted on a randomly split half-sample. Confirmatory factor analysis (CFA) was then performed on the remaining half-sample to evaluate the factor structure. Measurement invariance across countries was assessed using multi-group CFA. Internal consistency, test–retest reliability, and convergent validity with depression symptoms were also examined.
Results: Item and factor analyses supported a unidimensional short version of the PBQ consisting of 10 items. Scores from the short version were highly correlated with those from the original PBQ. Confirmatory factor analysis indicated a good model fit for the one-factor structure. Measurement invariance analyses supported configural and metric invariance across the five countries. The short version demonstrated good internal consistency and test–retest reliability across the postpartum period. Convergent validity was supported by moderate positive correlations with depression symptoms.
Conclusion: The findings support the brief PBQ version as a reliable toll for assessing maternal bonding difficulties in the postpartum period across different countries. The shortened scale may offer a practical and psychometrically sound tool for research and clinical screening across diverse cultural contexts.

Preconception, Perinatal and Early Postnatal Interventions

13: A comparison of HIV positive and negative patients attending a maternal mental health clinic

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Background: Perinatal depression is highly prevalent in South Africa. HIV, a known risk factor for depression, affects a large proportion of South African women of reproductive age. Few studies have compared depressive symptoms and associated risk factors in HIV positive and negative pregnant and postpartum individuals, despite both conditions being linked to poor maternal and child outcomes. The aim of this study was to compare sociodemographic and clinical characteristics of HIV positive and negative women in the perinatal period, who are attending a maternal mental health clinic.
Methodology: The study was conducted at the maternal mental health clinic at Chris Hani Baragwanath Academic Hospital in Soweto, Johannesburg. A retrospective record review was conducted on 190 patients (HIV positive n= 40; HIV negative n= 150) seen between January 2024 and April 2025. Data was exported from the clinic's REDCap database and analyzed.
Results: The prevalence of significant depressive symptoms (EPDS score >13) was 43.2% (n = 82), regardless of HIV status. High rates of unplanned pregnancies (78.1% n=145), substance use in pregnancy (19.5% n=37) and intimate partner violence (15.1% n=28) were observed. Poor social support was significantly more prevalent among HIV positive women (P=0.042).
Conclusion: Perinatal depressive symptoms were highly prevalent in this study. HIV positive women were more likely to report poor social support, a key risk factor for depressive symptoms. These findings indicate an urgent need to improve maternal health services in South Africa and across similar low- and middle-income countries. Perinatal depression poses serious risks to both mother and child, underscoring the urgent need for targeted interventions.

Category: *Prevention of Perinatal Mental Health Disorders*

71: Clinical and sociodemographic characteristics associated with perinatal depression and HIV

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Background: Perinatal depression is highly prevalent in South Africa. HIV, a known risk factor for depression, affects a large proportion of South African women of reproductive age. Few studies have compared depressive symptoms and associated risk factors in HIV-positive and HIV-negative pregnant and postpartum women, despite both conditions being linked to adverse maternal and child outcomes.
Methodology: A retrospective record review was conducted on 190 patients (HIV-positive: n = 40; HIV-negative: n = 150) seen at the maternal mental health clinic at Chris Hani Baragwanath Academic Hospital in Soweto, Johannesburg between January 2024 and April 2025. Data were extracted from the clinic's REDCap database and analysed.
Results: The prevalence of significant depressive symptoms (EPDS score > 13) was 43.2% (n = 82), regardless of HIV status. High rates of unplanned pregnancies (78.1%, n = 145), substance use in pregnancy (19.5%, n = 37), and intimate partner violence (15.1%, n = 28) were observed regardless of HIV status. Poor social support was significantly more prevalent among HIV-positive women (p = 0.042).
Conclusion: Perinatal depressive symptoms were highly prevalent. HIV-positive women were more likely to report poor social support, a key risk factor for depressive symptoms. The findings of this study underscore the need for targeted psychosocial interventions.

Category: *Prevention of Perinatal Mental Health Disorders*

118: Childhood maltreatment and prior psychopathology as moderators of the association between negative childbirth experiences and perinatal PTSD symptoms

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Background: Perinatal post-traumatic stress disorder (PPTSD) is associated with significant adverse consequences for maternal wellbeing, mother–infant bonding, and family functioning. Although negative childbirth experiences are a well-established risk factor for PPTSD symptoms, not all women exposed to such experiences develop clinically significant distress. Individual vulnerability factors may influence the strength of this association. This study examined whether childhood maltreatment and prior psychopathology moderate the relationship between negative childbirth experiences and PPTSD symptoms.
Methodology: A total of 550 Portuguese mothers completed online self-report measures assessing childbirth experience, prior psychopathology (anxiety and/or depression), childhood maltreatment (physical and/or emotional), and current PPTSD symptoms. Moderation analyses were conducted to test whether these vulnerability factors strengthened the association between negative childbirth experiences and PPTSD symptoms.
Results: More negative childbirth experiences were significantly associated with higher levels of PPTSD symptoms. This association was significantly stronger among women reporting childhood maltreatment and among those with a prior history of anxiety or depression. Significant interaction effects indicated that these vulnerability factors intensified the relationship between childbirth experience and PPTSD symptom severity.
Conclusion: Childhood maltreatment and prior psychopathology function as clinically relevant vulnerability factors in the association between negative childbirth experiences and PPTSD symptoms. These findings contribute to current clinical models of perinatal PTSD by highlighting differential susceptibility and may inform more individualized risk assessment and trauma-informed perinatal care.

Category: *Prevention of Perinatal Mental Health Disorders*

121: Effectiveness of Internet-Based Cognitive Behavioral Therapy for Depressive Symptoms During Pregnancy by Using Real-World Data: Retrospective Cohort Study

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Background: Although numerous internet-based cognitive behavioral therapy (iCBT) programs have demonstrated efficacy in randomized controlled trials, evidence regarding their effectiveness in real-world settings remains limited. This study examined the real-world effectiveness of a previously developed iCBT program implemented within an existing mobile app to reduce depressive symptoms among pregnant women.
Methodology: The iCBT program for preventing perinatal depression was integrated into an existing mobile application, Luna Luna Baby, provided free of charge by MTI Ltd. The app delivers pregnancy- and infant-related information and is publicly available via the Japanese Apple App Store and Google Play Store. Using anonymized app log data, we conducted a retrospective cohort study of users between September 2022 and September 2024. The primary outcome was depressive symptoms measured by the self-reported Edinburgh Postnatal Depression Scale (EPDS). The exposure group comprised users who completed all six iCBT modules. The no-exposure group consisted of users who did not access any modules and were pair-matched to the exposure group on baseline characteristics. Changes in EPDS scores before and after program use were compared using effect sizes, and a repeated two-way ANOVA was conducted to examine group-by-time interactions.
Results: Data from 119 iCBT completers and 448 matched nonusers were analyzed. Mean baseline EPDS scores were similar between groups (7.24 [SD 5.30] in the exposure group and 7.25 [SD 5.18] in the no-exposure group). Over time, EPDS scores decreased by −0.69 (SD 4.92) in the exposure group and increased by +0.99 (SD 5.56) in the no-exposure group, yielding a modest effect size (Cohen's d = 0.31, 95% CI 0.11–0.51). The group-by-time interaction was statistically significant (P = .04).
Conclusion: The iCBT program was associated with a modest but significant reduction in depressive symptoms among pregnant women in a real-world setting. Future research should focus on strategies to reduce dropout and enhance program engagement.

Category: *Prevention of Perinatal Mental Health Disorders*

128: "Will I ever recover?", Women's experiences and perceptions of mental health following pregnancy and birth complications: A qualitative study

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Background: Experiencing complications in pregnancy and birth is often associated with poor postpartum health outcomes and can have lasting consequences for women. Understanding women's subjective experiences of pregnancy and/or birth complications and how they feel such experiences impact their current mental health is essential to better inform supports and resources
Methodology: We conducted semi-structured interviews with 21 women from February to May 2024. Participants were purposively sampled. Eligible women were ≥ 18 years of age and had been between 12 months and 5 years since experiencing a pregnancy and/or birth complication. Reflexive thematic analysis was used to develop themes and subthemes.
Results: We developed four main themes: 1) 'Expectations versus reality' highlighted the disconnect between women's hopes for pregnancy and birth, and the unexpected nature of their actual experiences. 2) 'Unresolved consequences' reflected women's ongoing psychological and mental health challenges, particularly regarding anxiety and concerns for future pregnancies. 3) 'Perception of healthcare experiences' highlighted the importance of effective communication with healthcare providers, 4) 'Support and systems' described interpersonal and structural supports, and networks important to women.
Conclusion: Women's experiences of mental health following pregnancy and birth complications are impacted by multiple factors throughout their pregnancy and birth journey. To improve the mental health experiences of women who have pregnancy and/or birth complications, access to information, resources, and supports at interpersonal and structural levels is needed.

Category: *Early Pregnancy Loss and Early Neonatal Death*

139: Empowering adolescent mothers: A path to perinatal mental wellbeing in rural South Africa through results-based innovation

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Background: Depression is the most common perinatal complication, with major consequences for mothers and their babies. In rural, peri-mining South African communities, transient labour patterns and economic coercion heighten risks for young mothers, who often feel profoundly unsupported. One teenage mother described her experience: "no, I am alone in this." In response, the Mma wa nnete pilot programme, a partnership between Healthy Brains Global Initiative, Right to Care NPC, and Anglo American Corporate SA, aimed to create nurturing environments for mothers using results-based contracting. Unlike deficit-driven models, it centres connection, care, and outcomes defined by mothers themselves.
Methodology: Launched in March 2025, the programme began with an in-depth discovery phase, identifying distinct emotional journeys for mothers under and over 20 years. The model was co-designed with mothers, with key components including:
1. Tools for recognising emotions and non-stigmatizing coping strategies.
2. Resources to support pregnancy, delivery, and infant care.
3. Peer support from lay health workers trained in empathetic care.
4. Digital CBT and online platforms while awaiting referral.
Lay workers collect data via a mobile app and SMS surveys; quantitative data is visualised in Power BI, and qualitative feedback is thematically analysed.

Results:
• 1,768 mothers enrolled
• 4798 support sessions held with mothers
• Mothers report meaningful outcomes:
o 86% can name feelings and identify coping strategies.
o 80% know what to expect in pregnancy/childbirth and are motivated for antenatal care.
o 84% feel someone cares about their wellbeing.
o 97% of mothers feel connected to their baby.
• Early antenatal care attendance improved dramatically, from 59% before the programme to 75% during implementation.
Conclusion: Mma wa Nnete has shown that maternal mental health support can be delivered effectively and sustainably at community level, and that when women are supported emotionally, the benefits ripple outward to their children, partners, families, and communities. Mma wa Nnete's innovative outcomes-based funding model tied investment directly to verified improvements in maternal wellbeing as defined by mothers themselves, creating a new standard for accountability and impact in maternal mental health programming. It encouraged adaptive learning, supported rigorous measurement, and demonstrated how outcomes-based funding can drive meaningful, scalable change in public health. Beyond the numbers, mothers repeatedly shared that this programme changed how they saw themselves: as mothers, as women, and as members of their communities. They felt understood. They felt supported. They felt connected to their babies. Many experienced, for the first time, the relief of naming their emotions and realising they were not alone.

Category: *Prevention of Perinatal Mental Health Disorders*

140: Integrating a Stepped Care Pathway for Perinatal Depression and Anxiety in Routine Maternal Care in Kenya: Provider-Led Adaptations to Screening, PM+, and Telepsychiatry

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Background: Perinatal depression and anxiety are common in Kenya, yet most affected women are neither identified nor treated, as routine screening is uncommon and mental health specialists are scarce. The Integrated Perinatal Mental Health (IPMH) Program addresses this gap by integrating a stepped-care pathway within maternal-child health clinics, comprising universal screening, lay-delivered Problem Management Plus (PM+), and telepsychiatry for women with severe or persistent symptoms. For IPMH delivery in routine care it must be practical for frontline providers and fit within existing care processes. We describe the adaptations providers made to deliver IPMH.
Methodology: Between February and June 2025, we documented how frontline providers adapted IPMH model during routine service delivery across 10 clinics in Western Kenya. Clinicians including nurses, mentor mothers and HIV testing counselors participated in eight structured, problem-solving sessions, where they identified barriers to delivering PM+ and telepsychiatry and co-developed practical solutions. All provider-driven adaptations were systematically documented and classified using established adaptation frameworks (FRAME and FRAME-IS).
Results: Providers generated 31 adaptations. These included reorganizing clinic flow (e.g., redirecting missed clients for screening) clarifying task allocation, scheduling times and introducing reminder and follow up calls for PM+ and telepsychiatry sessions to strengthen care continuity. One adaptation added supplementary guidance to PM+ training on pregnancy and infant loss. Across all adaptations, the core therapeutic content was preserved.
Nearly all adaptations were context-driven (97%) and focused on how and when PM+ and telepsychiatry were delivered. Most adaptations were reactive, addressing real-time barriers such as limited space, competing clinical demands, and missed visits. Primary goals were to improve feasibility (35%), reach (23%), fit for women

(19%), and retention (16%). Adaptations were most often prompted by organizational constraints such as competing clinical demands (52%) and by women's engagement barriers including privacy concerns (45%). **Conclusion:** Provider-driven perinatal mental health program adaptations centered on making mental health care workable within routine clinical practice. These findings demonstrate that responsive, context-sensitive refinement is essential for the successful integration of perinatal mental health services. Actively engaging frontline clinicians in ongoing adaptation strengthens clinical fit which may promote equitable access and support sustained delivery of evidence-based care.

Category: *Prevention of Perinatal Mental Health Disorders*

152: The Effect of a Trauma-Informed Care Video Training Program for Midwives: A Randomized Controlled Trial

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Background: Trauma-informed care (TIC) is an approach to care that recognises that all individuals may have experienced psychological trauma. Many women have been shown to have experienced psychological trauma, making the implementation of TIC particularly important in maternity care. However, the concept of TIC has not yet been sufficiently disseminated among midwives, and empirical evidence on the effectiveness of TIC-focused video training programs remains limited. In addition, TIC emphasizes not only the safety of women but also that of healthcare providers. Learning about TIC may therefore have positive effects on midwives' own mental health. This study aimed to develop a TIC video-based training program for midwives and to examine its effects on attitudes toward TIC, workplace psychological safety, and midwives' mental health.

Methodology: This randomized controlled trial was conducted among midwives working at a public advanced medical care hospital providing high-risk perinatal services. Participants were randomly assigned in a 1:1 ratio to either the intervention or control group. The intervention consisted of individual viewing of four TIC training videos, totaling 80 minutes. Assessments were conducted at baseline, post-intervention, and three months post-intervention. The primary outcome was attitudes toward TIC, measured using the 10-item Attitudes Related to Trauma-Informed Care scale (ARTIC-10). Secondary outcomes included workplace psychological safety, assessed with the Psychological Safety Scale, and burnout, measured using the Professional Fulfillment Index. Mixed-effects models were used for statistical analysis, and effect sizes were calculated using Cohen's d. This study was approved by the University of Tokyo ethics committee.

Results: A total of 42 midwives (21 per group) participated in the study. At three months post-intervention, the intervention group showed significant improvements in attitudes toward TIC (d =0.82) and workplace psychological safety (d =0.88), as well as a significant reduction in interpersonal disengagement related to burnout (d = -0.94).

Conclusion: The self-paced video training program was associated with positive changes in midwives' attitudes toward TIC, enhanced psychological safety, and reduced burnout at three months post-intervention. These effects may have been reinforced through practical application in daily interactions with women and colleagues after the training. The program has potential for wider dissemination and use as a self-learning tool in maternity care settings.

Category: *Prevention of Perinatal Mental Health Disorders*

168: Perinatal depressive symptoms are not associated with postpartum maternal diet quality

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Background: Perinatal depressive symptoms are common. Outside of the perinatal period, robust bidirectional links between mental health and dietary intake have been documented. Given the racial disparities in dietary quality among US women, we aimed to examine relationships among perinatal depressive symptoms and diet quality postpartum period. We hypothesized that perinatal depressive symptoms would be associated with poor diet quality postpartum.
Methodology: Participants who identified as Black or Black and another race (N=244; Mage = 28.1±2.6 years, MBMI=32.2±9.1) were enrolled in a sub-study of the longitudinal Pittsburgh Girls Study. Participants completed the Edinburgh Postnatal Depression Scale (EPDS) during pregnancy and at 2-, 6-, and 15-months postpartum. An EPDS threshold of 13 was used to define clinically significant depressive symptoms. Dietary intake was self-reported on a food frequency questionnaire and converted to a measure of adherence to the DASH diet.
Results: On average, self-reported depressive symptoms were stable across the first six months postpartum, ranging from 7.3±5.4 at the end of pregnancy to 5.9±5.2 at 6 months postpartum. Rates of clinically significant depressive symptoms were 17.2% (n=42) during pregnancy and 12.3% (n = 27) at 6 months postpartum. Dietary quality, assessed as adherence to the eight DASH diet principles with a range of 8-40, was stable across the postpartum period. DASH dietary adherence was 26.5 (±5.2) at 2 months and 25.3 (±5.1) at 6 months postpartum, indicated moderately good diet quality. There were no concurrent or prospective associations between prenatal or postpartum depressive symptoms and dietary quality postpartum (p's >0.3). Additionally, there were no differences in dietary quality between those who did and did not endorse clinically significant depressive symptoms postpartum (p's >0.5).
Conclusion: Among Black women in a northeastern city in the US, the experience of depressive symptoms during pregnancy and across the first 6 months postpartum was unrelated to diet quality, an important component of maternal physical health. Understanding the complex interactions among maternal health behaviors and mental health can help to inform interventions to promote health and, ultimately, may serve to reduce extant maternal health disparities.

Category: *Prevention of Perinatal Mental Health Disorders*

179: Exploration of the lived experiences and support needs of parents with preterm babies in selected South African tertiary hospitals.

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Background: Preterm birth rates in South Africa have increased to 17%, frequently leading to intense emotional distress, anxiety, and depressive symptoms for parents. When faced with the unexpected reality of neonatal care, parents require significant mental health support and effective resources to navigate the stress of having a vulnerable infant. This study, aims to explore the lived experiences and support needs of parents to inform the development of a nursing strategy for emotional support.
Methodology: The study utilizes a qualitative exploratory descriptive design. Purposive sampling with maximum variation was employed to recruit parents of preterm babies (up to 6 months old) from neonatal units in four tertiary hospitals across the Western Cape and Northern Cape provinces. Data were collected through individual semi-structured, in-depth interviews focusing on birth experiences, coping mechanisms, and perceived support from healthcare providers. Thematic analysis was used following Braun and Clarke's six-step framework.
Results: Four primary themes emerged from the findings. Theme 1: Emotional instability and fear for survival characterized the initial experience as a period of profound shock and intense anxiety regarding the infant's viability and medical complications. Theme 2: Financial strain and practical barriers to care highlighted significant socio-economic challenges, specifically the prohibitive cost of daily travel and the burden of providing supplies like nappies, which often hindered regular visitation. Theme 3: Communication gaps and inconsistent

nursing support revealed a dichotomy where parents felt supported by certain "passionate" staff but frequently experienced frustration over poor medical updates, use of jargon, and feeling "excluded" from care plans. Theme 4: Adaptive coping via spirituality and social networks illustrated that parents relied heavily on prayer, supportive partners, and mutual encouragement from other mothers in the units to manage their distress. **Conclusion:** The findings underscore that parents face a complex combination of emotional and practical stressors. There is a critical need for enhanced nurse-parent communication and structured emotional support interventions to facilitate parental coping and successful transitions from hospital to home.

Category: *Prevention of Perinatal Mental Health Disorders*

195: Advancing Perinatal Behavioral Health: Development and Implementation of a Recovery Doula Training Program

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Background: Pregnant and postpartum individuals experiencing mental health and substance use disorders face disproportionate risks of morbidity, mortality, and social inequities. Behavioral health peer support and doula care are both evidence-based strategies that improve perinatal outcomes. Montana's Recovery Doula Training Program (RDTP) integrates these disciplines to address gaps in perinatal behavioral health support, particularly in rural and underserved regions.
Methodology: Originally launched in 2021 and revised annually, the RDTP developed a cohort-based curriculum combining certified peer support competencies with comprehensive doula training. The program incorporates virtual instruction to expand accessibility for participants in geographically isolated areas. Curriculum development was informed by stakeholder input, literature review, and evaluation data from trainees and clients.
Results: The curriculum development process and content will be outlined and participant evaluation data described. Evaluation findings indicate increased trainee confidence in supporting birthing persons affected by mental health and substance use challenges, and enhanced service accessibility in rural communities. Early sustainability has been supported by emerging billing pathways and cross-system partnerships, although challenges remain.
Conclusion: The RDTP demonstrates a potentially scalable, culturally responsive virtual training model that integrates peer recovery and doula care to advance perinatal mental health equity. This presentation will highlight lessons learned, policy considerations, and opportunities for replication in diverse and international contexts.

Category: *Prevention of Perinatal Mental Health Disorders*

198: The Undisclosed Side of Intimate Partner Sexual Violence

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Background: Intimate partner violence (IPV) categorizes any behavior carried out against a current or former partner causing physical, psychological, or sexual harm. This includes acts of physical violence, emotional abuse, sexual violence, along with controlling and coercive behaviors. Experiencing IPV leads to serious mental health conditions like post-traumatic-stress-disorder and suicidal ideation/attempt. Intimate partner sexual violence (IPSV) includes behaviors such as sexual assault, rape, use of blackmail, coercion, or threats to acquire sexual acts, forced viewing of pornography, and dictated reproductive control. This can lead to perinatal intimate partner violence (PIPV) which includes violence occurring 12 months prior to pregnancy, during pregnancy, and up to one year following pregnancy. Individuals most vulnerable to PIPV include lower socioeconomic status, being unmarried, housing instability, younger age, Medicaid insurance, and fewer years of education. This abstract brings awareness of lesser-known facts that victims also feel confused, betrayed, powerless, helpless,

and deprived of their personhood and dignity.
Methodology: An in-depth literature review between January-March 2026 using PubMed.
Results: 27% of women and girls aged 15 years or older have experienced physical or sexual IPV and 3.7% to 9% have experienced PIPV. Of these, several women are at higher risk of IPV/PIPV due to forced/arranged marriage. These individuals report feeling a loss of autonomy and the ability to trust others due to a grave destruction of their womanhood. In a forced marriage, women are unable to voice their thoughts or make their own decisions. PIPV can also lead to serious medical complications, ill prepared pregnancies, and impact the offspring's mental, cognitive, and physical health. Being stuck in a cycle that promotes patriarchal ideologies where the abuser uses sexual acts as a weapon makes victims feel less of a person and more like an object to be used.
Conclusion: Women experiencing IPSV/PIPV often feel violated and disturbed both physically and mentally. They carry a poor self-image, lack confidence, and ultimately feel helpless and powerless. IPSV/PIPV breaks down victims into a person they no longer recognize.

Category: *Prevention of Perinatal Mental Health Disorders*

217: Strengthening Integrated Pathways: A Quantitative Evaluation of Perinatal Mental Health Care within a Western Australian Tertiary Hospital Framework using International and National Benchmarks

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Background: Perinatal mental health (PMH) conditions are a global priority, with tertiary hospitals serving as essential sites for high-acuity care. The WHO 2022 Integration Guide emphasises embedding mental health within maternal services to improve accessibility(3). Similarly, the 2023 COPE Australian Guideline advocates for universal screening and holistic care(2). This study quantitatively evaluates the operational performance and clinical effectiveness of a tertiary PNMH service against these international and national integration frameworks.
Methodology: A quantitative retrospective study was conducted via a systematic audit of electronic medical records at a Western Australian tertiary obstetric hospital (Jan. to Jun. 2025). Data extraction focused on referral trends, demographics, and screening results using the Edinburgh Postnatal Depression Scale (EPDS) in comparison to patient outcomes. Performance was benchmarked against WHO integration principles (screening coverage, workforce training, adaptive care provision) and COPE recommendations for multidisciplinary management. Statistical analyses will identify shifts in prevalence and measure patient outcomes in reference to timing of screening.
Results: Data collection is in progress. We anticipate that our final results will demonstrate a high prevalence in anxiety and mood-related presentations over the half year period, reflecting a growing burden of complex morbidity in keeping with findings from the WHO assessment in 2022(3). We also expect to identify a gap in the screening process required to progress women to accessing specialist PNMH care and areas where further training of care providers is needed. Preliminary results are demonstrating a limitation in the timing of initial screening with EPDS scoring, which falls short of the WHO standards for early detection and intervention. In addition, there appears to be areas needing improvement in the documentation of follow-up EPDS assessments, indicating a critical missing piece in the integrated care pathway.
Conclusion: We expect to demonstrate the essentiality of Tertiary PMH services while highlighting the systemic challenges faced with scaled integration. To align with the Marcé theme of "Ubuntu" and WHO integration goals, future service models must enhance data-driven ease of accessibility and inclusivity of diverse socioeconomic and multicultural patients and their families. Strengthening these integrated pathways is vital for sustainable, equitable perinatal care.

Category: *Prevention of Perinatal Mental Health Disorders*

218: CenteringPregnancy: Reducing Anxiety for Women with High Socioeconomic Risk

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Background: Postpartum anxiety represents one of the most common obstetric complications with detrimental effects on mother-child bonding, breastfeeding, and infant development when untreated. Prevalence estimates vary from 8% to 40%, with greater risk for women with fewer socioeconomic resources and less social support. CenteringPregnancy, a group-based prenatal care program integrating perinatal health literacy with social support, has demonstrated superior health outcomes. However, investigation of the mental health benefits is scant. CenteringPregnancy may be a mechanism to prevent postpartum anxiety since social support is a robust predictor of mental health, and an integral aspect of CenteringPregnancy.
The present study examined the effect of prenatal care type and socioeconomic status on postpartum anxiety.
Methodology: Pregnant women were recruited from multiple clinics offering both CenteringPregnancy and individual prenatal care in the southeastern United States. Participants (N=111) of this larger study self-selected into their prenatal care model (CP=33, individual care=78) and completed three online surveys (~15 weeks pregnant, six weeks postpartum, and six months postpartum) assessing demographic characteristics and mental health symptoms. Postpartum anxiety was measured with the Depression, Anxiety, and Stress Scale-21 (DASS-21). A socioeconomic risk composite score, including income-to-needs ratio, education, employment, and age, served as a moderator. Two moderation models examined if socioeconomic status impacted the effect of CenteringPregnancy on postpartum anxiety at six weeks and six months postpartum.
Results: Moderation models revealed that CenteringPregnancy participants with fewer socioeconomic resources reported significantly lower anxiety symptoms (β=-.51, p=.022) at six months postpartum compared to peers with greater socioeconomic resources. Anxiety symptoms at six weeks postpartum were similar regardless of prenatal care model or socioeconomic risk.
Conclusion: CenteringPregnancy may be a useful intervention to reduce postpartum anxiety for women with greater socioeconomic vulnerability and is comparable to individual care for patients with adequate resources. The benefits of CenteringPregnancy may be more salient for women with higher risk while these benefits are less impactful to mental health functioning as patients have increasing socioeconomic resources. Findings support expanding mental health screenings beyond six weeks postpartum to improve detection and intervention for postpartum mood disorders.

Category: *Prevention of Perinatal Mental Health Disorders*

221: Effects of Prenatal Group Social Support on Postpartum Depression: Role of SES Risk

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Background: Postpartum depression (PPD) is a serious and debilitating condition that has harmful consequences for the mental health of new mothers and the well-being of their infants. PPD affects 8-13% of new mothers, with another 18% who experience elevated symptomology. Symptoms may include persistent feelings of inadequacy as a mother, sadness, or worthlessness. Serious consequences of PPD include impaired mother-infant bonding, misinterpretation of infant cues, and elevated infant stress reactivity. Mothers with low socioeconomic status (SES) may be at elevated risk for developing PPD due to increased exposure to financial strain, limited access to resources, and heightened psychosocial stressors.
CenteringPregnancy (CP) is a prenatal care model in which pregnant women are grouped with other pregnant cohorts. CenteringPregnancy focuses on health assessments, community support, and interactive education. Little research has examined the impact of CenteringPregnancy on maternal mental health, and not much is known about who may benefit most during the postpartum period, especially mothers with elevated SES risk.
Methodology: Participants were recruited at their first OB visit, and then self-selected either Care-As-Usual (n=78) or CP (n=33). Online surveys, including demographic information and Edinburgh Postnatal Depression Scale, were administered at three time points: pregnancy, 6 weeks postpartum, and 6 months postpartum. A risk

composite variable was created to assess participant risk by combining maternal age, education, employment, and income-to-needs ratio, and was used as a moderating variable.
Results: There were no significant findings at 6 weeks postpartum. At 6 months postpartum, there was no direct effect between participating in CP and postpartum depression (β=-.05,p=.643), but the interaction between CP and SES risk was statistically significant (β=-.22,p=.042). When mothers were higher in SES risk, there was a negative association between CP and depressive symptoms(β=-.36,p=.088).
Conclusion: Results indicated at 6 months postpartum, CP participation was associated with lower rates of depression when participants had higher SES Risk, but not when mothers were low in SES Risk. CenteringPregnancy may be an important prenatal care intervention model for mothers with elevated SES risk. Routine and systematic screening for SES risk and PPD is essential to accurately identify and provide targeted support to mothers at greatest risk.

Category: *Prevention of Perinatal Mental Health Disorders*

258: Impact of Implementing a Support Group for Grief After Pregnancy Loss

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Background: Pregnancy loss is a traumatic experience associated with depressive, anxiety and post-traumatic stress symptoms. It is often not recognized by society, leading to feelings of invalidation and isolation. Group interventions among similar cases may help with emotional validation and reducing guilt. EMPOWER-Grief is a published and validated, acceptance based, short term intervention that can be applied by less experienced clinicians with adequate training and in settings with limited resources. With the assistance of the original authors, EMPOWER-Grief was adapted and validated for pregnancy loss.
Methodology: This study is quasi-experimental, with waiting-list control, aiming to assess the outcome of such intervention in a Portuguese outpatient setting. Adult women with recent pregnancy loss are recruited through obstetrics services. The intervention consists of five weekly face-to-face group sessions based on the EMPOWER-Grief in Pregnancy Loss manual. Outcomes are assessed at baseline, post-intervention, and three-month follow-up using validated measures of depression (EPDS), anxiety (GAD-7), post-traumatic stress (IES-6), and prolonged grief (PG-13).
Results: At the moment of submission, the study is still ongoing. The expected results include a positive impact in depressive, anxiety and stress-related symptoms as well as progression towards non-pathological grief. Preliminary subjective clinician impressions suggest an improvement of mental well-being throughout the EMPOWER-Grief intervention, with formal statistical analysis to be conducted when the study is completed.
Conclusion: While still ongoing, the EMPOWER-Grief in Pregnancy Loss group intervention appears feasible and scalable. If the expected results are achieved, it may prove itself to be a useful tool in the promotion of mental wellbeing and prevention of psychopathology in women who experience pregnancy loss, even in settings with limited healthcare resources

Category: *Early Pregnancy Loss and Early Neonatal Death*

261: Maternal and paternal hallucinations after severe sleep deprivation in the late postpartum period

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Background: The postpartum period is marked by intense and continuous demands that can arise at any time of day or night. Night-time infant feeding is a frequent cause of disrupted maternal sleep. When night-time support is lacking, the burden on the mother increases, and the resulting sleep deprivation can become a significant risk factor for postpartum depression and other health problems for both mother and baby.

Postpartum sleep difficulties are often underestimated and undervalued, despite being highly modifiable and having the potential for substantial benefits for the mother, baby, and family when properly addressed. In addition, severe sleep deprivation on its own can cause a variety of symptoms and, in extreme cases, may be associated with psychotic phenomena.
Objectives: To describe an unusual clinical case of a couple, both physicians, who experienced severe sleep disturbance and sleep deprivation leading to multiple symptoms, including psychotic experiences. This case also aims to highlight the high level of stigma surrounding perinatal mental health disorders, even among healthcare professionals, which can delay help-seeking and increase the risk of negative consequences for both parents and baby. A further objective is to reinforce the importance of careful assessment of sleep quality in the postpartum period and the preventive value of psychoeducation at this stage of life.
Methodology: Methodology: Clinical case description and literature review. A narrative review of the literature was conducted based on scientific articles published up to February 2025, identified in the PubMed database. Additionally, studies selected from the bibliographic references of the articles initially included were also included. The review included reviews, systematic reviews, observational studies, and clinical recommendations on sleep in the perinatal period. The analysis covered the epidemiological, etiological, symptomatic, and therapeutic domains. The author present and discuss some important findings
Results: Results: Severe sleep deprivation can precipitate psychotic symptoms. Although perinatal mental health problems are more frequently described in mothers, fathers who are actively involved in infant care may also develop severe symptoms.
Conclusion: Conclusion: Systematic screening of sleep quality in the perinatal period and psychoeducation for both mothers and fathers are essential.

Category: *Prevention of Perinatal Mental Health Disorders*

268: The Effect on Women and their Children of Pressuring Mothers to Breastfeed

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Background: WHO promotes the idea that all women should solely breastfeed for at least six months. Breastfeeding is said to decrease the risks of infections, allergies, and asthma in the child and increase intelligence. In areas without access to formula, a wetnurse can be used. Currently, in North America, women who have limited milk production or painful mastitis are told they are just not trying hard enough, and their babies will get multiple illnesses and not do well at school. As a result, they feel like bad mothers, depressed and guilty. Feeding the baby because a stressful event. These women are made to undergo exhausting routines of feeding and pumping 12 times a day, allowing them even less time to sleep. They may be offered a drug whose side-effects include increased milk but also cardiac changes that could lead to death. The resultant depression and anxiety impact the child's current and future well-being and relationships.
Methodology: Review of literature and clinical experience
Results: Much of the breastfeeding literature is limited to studying women who were well educated, financially secure, and lived in clean neighbourhoods. The contribution to the baby's health and development from the intelligence, environment, and knowledge of these mothers has generally not been considered. While comparisons of women who breastfeed versus bottle feed have shown better results from breastfeeding, studies that looked at siblings who were fed differently found there were little or no advantages in outcomes for breast versus formula fed infants. In these studies, the women's demographics are the same. Many of the benefits associated with breast-feeding may be attributable to demographic characteristics such as education and socioeconomic status. Pressuring women to breastfeed may undo any of the supposed benefit.
Conclusion: Depressed mothers may be unable to care for their infants and even feel suicidal. They can cause insecure attachment, negative affect and dysregulated attention and arousal in their children. Given the state of the research about breastmilk, it is appropriate to encourage, but not pressure, women to breastfeed. A woman's mental health and its effect on the children must also be part of the consideration.

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273: A pilot qualitative assessment of patient perspectives on sources of information about their pregnancy during antenatal hospitalization

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Background: Pregnant individuals may often receive information about their pregnancy from a variety of sources. There is limited data on the perspectives of patients experiencing antenatal hospitalization on sources of information utilized to learn about their pregnancy or complications.
Methodology: This was a pilot qualitative study performed at an academic tertiary referral center in the Northeastern USA. Pregnant adults who spoke English and were admitted to the antepartum unit were approached and offered enrollment in the study. Participants were stratified into two independent groups: Group A for individuals where admission was anticipated until delivery, and Group B for individuals where admission was not anticipated until delivery. An individual semi-structured interview was conducted by one of two interviewers (JS or EC), professionally transcribed, cleaned, and de-identified. A planned evaluation for thematic saturation was performed after 10 participants were enrolled in each group. A framework matrix-based rapid analysis was performed to facilitate implementation of findings into clinical care.
Results: 20 total individuals were enrolled with each author completing 5 of the interviews for each group. Participants reported a wide variety of sources of information about their pregnancy prior to admission, including material provided by their prenatal care provider as well as web-based sources such as Google, Reddit, or TikTok. The majority of participants trusted their prenatal care providers most for information during their pregnancy. Participants almost universally expressed doubts about the reliability of information on the internet or social media, despite many using it as an adjunct source. Once hospitalized, the majority of respondents felt well-counseled by their care team, even if there was uncertainty about when they may be discharged or delivered. When asked about what a "perfect resource" for pregnancy would look like, participants suggested informational pamphlets on medical conditions or stories of other pregnant individuals with similar complications.
Conclusion: Pregnant individuals requiring antepartum admission trusted their prenatal or inpatient care teams most for pregnancy information, while web-based sources, especially social media, were viewed as less reliable. Varied ideas about a "perfect resource" suggest that offering multiple provider-approved resources may best meet diverse inpatient needs.

Category: *Prevention of Perinatal Mental Health Disorders*

304: The development of a Childbirth Preparation Education Programme (CPEP) to alleviate postnatal depression (PND) among primigravid women in public health facilities

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[2]*University of KwaZulu Natal*

Background: Postnatal depression (PND) remains a significant public health concern globally, with higher prevalence rates in low- and middle-income countries. In South African public health facilities, childbirth preparation education programs (CPEPs) are recommended but inconsistently implemented. Primigravid women are particularly vulnerable to fear of childbirth, negative birth experiences, and expose to develop postnatal depression due to inadequate CPEPs. Although CPEPs are standard in many high-income countries, the availability and standardisation thereof remain limited in South African public maternity units, highlighting the need for a structured and standardised intervention integrated into routine antenatal services.
Methodology: The CPEP was developed through scientific review of literature and document analysis of national and international maternity care guidelines. The programme is underpinned by Dickoff, James and Wiedenbach's Practice-Oriented Theory, ensuring alignment between agent, recipient, context, procedure, dynamics, and terminus. The intervention consists of six structured weekly sessions delivered between 28–34 weeks' gestation. Content includes: (1) pregnancy and labour education; (2) emotional preparation and early mental health

awareness; (3) non-pharmacological coping skills for labour; (4) guided birth planning and shared decision-making; (5) postnatal mental health preparation; and (6) support systems and referral pathways. The programme is delivered using illustrated, plain-language pamphlet chapters designed for feasibility within resource-constrained public facilities. Content and contextual applicability were evaluated using a e-Delphi technique with maternal health/midwifery or mental health, academics experts and end-users of the intervention to achieve consensus on programme relevance, clarity, and feasibility.
Results: The CPEP will be evaluated via a randomised controlled trail commencing during April 2026. The results of the systematic review, document analysis, proposed programme and pamphlet will be discussed during the presentation
Conclusion: The CPEP is intended to provide a standardised childbirth education that could strengthen psychosocial preparation and perinatal mental health promotion of primigravid women who are deemed the most vulnerable group. The programme may contribute to reducing the burden of postnatal depression and other adverse outcomes in low-resource public health settings.

Category: *Prevention of Perinatal Mental Health Disorders*

303: Rhythms of Care: Investigating the Role of Music in Infant Caregiving in The Gambia

Musukebba Jammeh Fatty[1]; Bonnie McConnell[1]; Lottie Anstee[1]; Lauren Stewart[1]
[1]*CHIME*

Background: Music is integral to daily life in The Gambia, shaping cultural identity and community bonds through traditional ceremonies and everyday interactions. While global evidence suggests music can alleviate perinatal psychological distress and support infant development, there is currently a significant gap in understanding how women specifically utilize music for infant caregiving within the Gambian context. Furthermore, there is a lack of formal support for women interested in using music postnatally for their wellbeing. This project aims to explore these practices using the CHIME intervention through Musical Engagement https://chimeproject.com to highlight the potential of music in supporting maternal mental health and early childhood development.
Methodology: This project utilizes a qualitative design, conducting focus group discussions with a diverse range of women, including mothers, grandmothers, Kanyeleng, Community Birth Companions (CBCs), and Griots. We are recruiting participants from both rural and urban areas to ensure a comprehensive geographical perspective. To ensure linguistic and cultural accuracy, focus groups will be held in both Mandinka and Wolof. Data will be transcribed and analyzed using thematic analysis, with initial coding conducted in the original local languages to preserve cultural nuance before identifying overarching patterns regarding music's role in bonding and development.
Results: We will share the results of our thematic analysis to illustrate the specific types of music Gambian women use and the perceived benefits for both mother and infant. We will also explore the role of traditional figures, such as Griots and Kanyeleng, in supporting and sustaining these musical traditions. Furthermore, we will share suggestions from participants regarding how infant musical caregiving could be promoted among Gambian women in future.
Conclusion: These findings will be used to document and share local knowledge regarding infant musical caregiving traditions. By highlighting these practices, the project aims to inform the development of culturally grounded interventions that leverage music to support postnatal wellbeing and infant development. Ultimately, this work seeks to preserve Gambian cultural heritage while promoting health outcomes for mothers and their infants.

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309: When Bedrest Meets Belonging: Development and Implementation of an Inpatient Antepartum Support Group in a High-Risk Obstetric Setting

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Background: The antepartum period is associated with increased vulnerability to incident and recurrent psychiatric illness. Although up to 80% of perinatal individuals experience transient postpartum mood changes, approximately 20% develop perinatal mood and anxiety disorders (PMADs), which remain underdiagnosed (Gaynes et al., 2005). Patients hospitalized for high-risk pregnancies face stressors including prolonged hospitalization, medical uncertainty, and reduced social support, which exacerbate psychological distress (Hutner et al., 2022; Waller & Kleiman, 2023). Inpatient perinatal support groups foster social connection, psychoeducation, and identification of PMAD symptoms (Johnson et al., 2024; Quatraro et al., 2020). Although some institutions offer robust perinatal mental health services, including integrated behavioral health and related support groups, these programs operate outside inpatient obstetric units, leaving evidence-based antepartum groups underutilized. Our weekly inpatient antepartum group is co-facilitated by reproductive psychologists embedded within the Consultation-Liaison Psychiatry Service at Weiler Hospital in the Bronx, New York. The hospital serves a diverse population, many hospitalized for high-risk pregnancies and facing structural barriers (e.g., transportation, limited provider availability, lack of culturally responsive care, and financial strain) that disrupt access to outpatient mental health services. This project describes the development and implementation of a weekly inpatient antepartum support group within a tertiary care hospital to address these gaps.
Methodology: A needs assessment informed the 60-minute weekly drop-in support group for antepartum inpatients. The group integrates psychoeducation, cognitive-behavioral and values-based coping strategies, stress-reduction techniques, and facilitated process discussion informed by the Reach Out, Stay Strong, Essentials for Mothers of Newborns framework. Collaboration with obstetric providers supports identification of high-risk patients and referral to inpatient and outpatient reproductive psychiatry services. Descriptive data will include demographic variables, Edinburgh Postnatal Depression Scale scores, and pre/post measures of mood and social isolation to evaluate implementation utility.
Results: Feasibility and preliminary clinical impact will be examined through changes in pre/post measures and referral rates to outpatient reproductive mental health services.
Conclusion: This project evaluates an inpatient antepartum support group as a scalable, cost-effective intervention to reduce isolation, improve early identification of PMADs, and enhance continuity of perinatal mental health care during high-risk pregnancy. Implementation barriers and facilitators will be discussed.

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323: Effects of a Smart Bassinet on Maternal Well Being and Infant Sleep Duration

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Background: The postpartum period can be characterized as a joyous life experience for new mothers; however, many women experience depressed mood, significant anxiety symptoms, and poor sleep quality resulting in unrelenting fatigue, and considerable daytime sleepiness. These maternal experiences can persist for months with deleterious effects on physical and mental health outcomes for both the mother and child. Identifying and assessing interventions that prevent negative mood, fatigue, and daytime sleepiness are critical for positive maternal well-being and infant health.
Methodology: This study evaluated a novel intervention—a smart bassinet—designed to improve maternal well being and infant sleep among women with a history of depression.
Pregnant women (N = 166) with a history of depression, but no current diagnosis, were recruited via Facebook and assigned to use either a smart bassinet (SB; N = 138) or traditional bassinet (TB; N = 28) for up to six months postpartum. Mothers completed monthly assessments of sleep quality (PSQI), mood (EPDS, GAD 7), fatigue (FFS), and daytime sleepiness (ESS), as well as infant nighttime and daytime sleep duration using the BISQ. Daily repeated measures were analyzed using multilevel structural equation modeling (MSEM) with a Markov chain Monte Carlo (MCMC) procedure in R, accounting for observations nested within-persons.
Results: Infants in the SB group exhibited longer average nighttime sleep duration across the six month period compared with the TB group. Group assignment did not predict maternal sleep quality, sleepiness, fatigue, or

postpartum depressive symptoms at the between person level, though maternal anxiety showed a significant between person effect. At the within person level, SB use significantly and negatively predicted variability in maternal postpartum depressive symptoms (β = −0.50, 95% CI [−0.70, −0.30]) and anxiety (β = −0.51, 95% CI [−0.70, −0.32]).
Conclusion: Findings suggest that mothers who use a smart bassinet showed more stable sleep quality and mental health symptoms across the first 6 months postpartum. Infant sleep duration was reported as longer for those who slept in the SB. This may be an ideal intervention opportunity since efficient sleep is necessary for child emotional and behavioral development. These promising effects underscore the need for further evaluation through rigorously designed randomized controlled trials.

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345: Infant regulatory functioning in the context of maternal prenatal PTSD symptoms

Daniela Tavares[1]; Daniela Fidalgo[1]; Matilde Sousa[1]; Francisca Alves[1]; Ana Morais[1]; Inês Jongenelen[1]; Diogo Lamela[1]; Stephanie Alves[1]; Raquel Costa[1]; Tiago Miguel Pinto[1]
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Background: Maternal exposure to cumulative adverse lifetime events (ALE) has been consistently associated with poorer developmental outcomes in offspring. However, the mechanisms through which maternal adversity shapes early infant emotional and regulatory functioning remain insufficiently understood. Prenatal posttraumatic stress disorder (PTSD) symptoms may constitute a key biological and psychological pathway explaining how maternal adversity becomes embedded and transferred across generations.
Methodology: A sample of 154 pregnant women reported on ALEs and completed the PTSD Checklist (PCL) to assess total PTSD symptoms and subscales: hyperarousal (HA), re-experiencing (RE), negative cognitions/affect (NC/A), and avoidance (AV). At six months postpartum, infant temperament was assessed with the Infant Behavior Questionnaire (IBQ), capturing negative affectivity, regulation, and surgency/extraversion. Mediation models tested whether maternal total PTSD symptoms and subscales mediated associations between ALEs and infant temperament.
Results: Prenatal PTSD total symptoms and negative cognitions/affect mediated the association between ALEs and infant negative affectivity and regulation. More ALEs were associated with higher prenatal PTSD symptoms severity, which were associated with increased infant negative affectivity (Total symptoms: b = 0.06, 95% CI [0.0042, 0.1745]; NC/A: b = 0.06, 95% CI [0.0050, 0.1637]) and decreased infant regulation (Total symptoms: b = -0.05, 95% CI [-0.1244, -0.0039]; NC/A: b = -0.04, 95% CI [-0.1046, -0.0010]) at six months of age.
Conclusion: Findings indicate that prenatal PTSD symptoms, particularly symptoms related to negative cognitions and affect, can be a modifiable mechanism through which maternal lifetime adversity shapes infant emotionality and regulatory functioning in early development. These results highlight the relevance of trauma-informed screening and intervention during pregnancy, with potential to disrupt intergenerational transmission pathways and promote healthier developmental trajectories.

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351: Enhancing Cesarean Recovery: Protocol for a Mindfulness-based Intervention for Pain Management and Postpartum Depression Prevention

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Background: Postpartum pain affects up to 92% of women after childbirth and is often more severe following cesarean delivery. Higher levels of acute postpartum pain are associated with chronic pain and increased risk of postpartum depression (PPD). Many new mothers are hesitant to use medication for pain or depression due to concerns about potential side effects. Currently, there are few evidence-based integrative medicine options, such as mindfulness-based stress reduction, for non-pharmacological interventions to manage pain after a cesarean section. Mindfulness-based interventions have shown promise in reducing pain and improving mood. This presentation outlines the protocol for a phase I clinical trial (NCT05400382) to evaluate the feasibility, acceptability, and safety of an 8-week mobile, self-guided mindfulness-based stress reduction (MBSR) for postpartum patients at risk for PPD after a planned cesarean delivery.
Methodology: The study will recruit a diverse sample of 50 patients across the U.S. who speak English or Spanish, have a singleton pregnancy with a planned cesarean delivery, and are at risk for PPD (e.g., history of depression or an Edinburgh Postnatal Depression Scale [EPDS] of 5-13). Primary outcomes include recruitment, enrollment, safety, retention, participant feedback regarding the intervention's barriers and facilitators, and pre- and post-pain and depression scores. Recruitment will occur in collaboration with clinical research partners, community-based organizations, and public health programs. To enhance engagement and reach, participants can access study materials in English and Spanish through various formats (electronic devices, phone, or in person with a trained bilingual research assistant). Online surveys feature a read-aloud option for participants with low literacy. The 8-week MBSR intervention is available 24/7 on any electronic device. Participants experiencing high levels of depressive symptoms or pain will undergo Institutional Review Board-approved safety protocols for referrals to mental health or medical care.
Results: Please see discussion
Conclusion: This innovative study addresses critical gaps in postpartum pain management and PPD prevention after cesarean delivery. It aims to provide key data on the feasibility, acceptability, and safety of a self-guided, mindfulness-based pain management approach, potentially offering a scalable, non-pharmacological solution to enhance postpartum care.

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374: Leveraging Technology and Culturally Sensitive Communication to Engage Spanish-speaking Women in Evidence-Based Perinatal Depression Interventions

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Background: With the growing use of technology globally, intentionally culturally relevant communications and multi-modal research engagement strategies enable enrollment and retention of perinatal Spanish-speaking women in evidence-based interventions. Prior research shows that while evidence-based interventions for perinatal depression are acceptable to Spanish-speaking women across the globe, they are underrepresented in research. Among the small number of existing studies, few document the multilevel approaches needed to ensure participants experience cohesive, responsive, and supportive research engagement through study completion. We are currently conducting a randomized controlled trial examining the effectiveness and implementation of the Mothers and Babies evidence-based perinatal depression preventive intervention in a virtual group format among Spanish-speaking immigrant Latinas. The presentation aims to disseminate

information on effective research engagement strategies for recruiting and retaining Spanish-speaking perinatal women in clinical trials.
Methodology: Culturally and linguistically appropriate engagement strategies that are responsive to busy families were developed and implemented. Prospective participants are identified through collaborating family service coordinators at early learning centers in urban areas where the Latino population has grown in recent years. The recruitment materials are reviewed by a Latina advisory board to ensure cultural relevance and linguistic appropriateness. Highly trained research staff enroll participants using Spanish-validated measures and culturally responsive communication, such as comadrismo or trust and mutual respect. Staff maintain ongoing communication with participants via email, phone, and text, while encouraging those with access to technology to complete online surveys and engage in the virtual intervention during infant care.
Results: Our strategies have resulted in 309 referred individuals completing an eligibility screener. Of those, 229 provided consent to participate, and 216 who consented were randomized to the intervention or delayed intervention. The preliminary data suggest that our culturally and linguistically appropriate research engagement strategies yield high retention rates. To date, 75.7% completed the baseline survey, 78.6% completed the 1-week survey, 82.7% completed the 3-month survey, and 81.6% completed the 6-month survey.
Conclusion: Our study demonstrates the promise of culturally responsive and linguistically appropriate strategies for engaging Spanish-speaking perinatal women in an evidence-based longitudinal study leveraging technology. This approach reduces barriers and increases engagement among perinatal women underrepresented in randomized clinical trials.

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378: Evaluating a group-based mother–infant intervention in perinatal mental health care: a controlled outpatient study

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Background: Early childhood is a critical developmental period, with an estimated 17% prevalence of mental disorders before six years of age. Exposure to parental psychopathology, adverse childhood experiences, family conflict and socioeconomic adversity significantly increases offspring vulnerability to later psychiatric disorders. Conversely, secure attachment, parental sensitivity and a strong parental sense of competence act as protective factors. Systematic reviews demonstrated that early dyadic mother–infant interventions improve maternal symptomatology, enhance bonding and promote secure attachment, particularly within Mother–Baby Units. However, evidence regarding structured outpatient group-based dyadic interventions, especially within public health systems, remains limited. This study aims to evaluate the clinical impact of a structured group mother–infant intervention implemented within a perinatal mental health service in Portugal.
Methodology: This controlled outpatient study included mother–infant dyads recruited from the Perinatal Mental Health program at a general hospital in Portugal. Participants were allocated to an intervention group or treatment-as-usual control group. The intervention consisted of six structured group sessions integrating attachment-informed, reflective and psychoeducational components delivered to small cohorts of dyads, as well as dynamics in which mental health professionals model interactions with the baby. A pre–post evaluation design assessed maternal psychopathology, parental sense of competence, mother–infant bonding and maternal perception of infant behaviour. Outcomes were measured with the Edinburgh Postnatal Depression Scale, the Parenting Sense of Competence Scale and the Postpartum Bonding Questionnaire, alongside validated infant socio-emotional screening tools.
Results: Compared to treatment-as-usual, the intervention group is expected to demonstrate greater reductions in maternal symptomatology and improvements in parental sense of competence and mother–infant bonding. Strengthened maternal reflective functioning and improved perception of infant cues are expected mediating mechanisms. Data collection is currently underway.
Conclusion: Group-based mother–infant interventions may represent a scalable and clinically meaningful strategy within perinatal mental health services. By addressing maternal psychopathology and the relational environment simultaneously, such programmes may contribute to reducing intergenerational transmission of

mental disorders. Rigorous outcome evaluation will clarify their effectiveness and inform integration into routine perinatal care pathways.

Category: *Prevention of Perinatal Mental Health Disorders*

385: The Australian Childbirth Trauma Project: Addressing the need for assessment and intervention for childbirth trauma in a tertiary hospital

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Background: Childbirth trauma is an issue of international priority, with a recognised need for integration of valid and reliable assessment, and accessible and preventative intervention into perinatal and maternity services and hospital contexts. This Project involves four studies and has been developed from within a maternity hospital in Australia to address the need for assessment and intervention. All four stages will be discussed.
Methodology: The first stage of the Project was systematic review of antenatal interventions. The second identified maternal and neonatal characteristics of women accessing childbirth trauma intervention. The third involved understanding the experience of the healthcare professionals and patients receiving antenatal intervention for childbirth trauma using an online questionnaire and qualitative interviews. The fourth stage will be the first of its kind in Australia to validate a screening measure, the City Birth Trauma Scale Short-Form (Ayers et al., 2025), for childbirth trauma at a tertiary and maternity hospital.
Results: Systematic review identified the most common antenatal intervention was childbirth plans. Of 126 women that received childbirth trauma intervention, there was high prevalence of childhood and adulthood trauma (63.5% and 63.2%, respectively), childbirth trauma (64.3%) and perinatal loss (54.1%). Healthcare professionals' perceived the antenatal intervention as a practical tool that supported trauma-informed maternity care and mental illness. However, system-level and implementation challenges limited consistent application. Qualitative data analysis of patient experience of receiving antenatal intervention for childbirth trauma will commence this year.
Conclusion: Whilst the first three stages show evidence of the need and support for antenatal intervention, there is no possibility of treatment if individuals are not effectively identified and assessed. This requires valid and reliable screening, capable of integration into healthcare settings. By screening for childbirth trauma, stage four of the study will provide integral information to ensure better outcomes for women and infants before, during and after birth.

Category: *Prevention of Perinatal Mental Health Disorders*

410: Dryer Sheets & Cornstarch: A Case of Pica in Pregnancy

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Background: Pica, defined as the persistent ingestion of non-nutritive substances, occurs in approximately 27.8% of pregnancies worldwide and has been associated with micronutrient deficiencies and psychological stress (Fawcett et al., 2016). Common forms reported during pregnancy include geophagia (earth/clay), and amylophagia (starch). Bariatric surgery further increases risk for nutritional deficiencies and related eating behaviors. While these behaviors involve ingestion, atypical sensory behaviors such as smelling or chewing non-

nutritive substances without ingestion are less frequently described in the perinatal literature. This case highlights the intersection of pregnancy, bariatric surgery, micronutrient deficiency, and atypical pica-related sensory behaviors.

Methodology: A 25-year-old G1P0 at 17 weeks' gestation with a desired pregnancy was referred by obstetrics for evaluation of pica after disclosing persistent cornstarch consumption. Her medical history includes obesity, polycystic ovarian syndrome, iron-deficiency anemia, and prior bariatric surgery; unremarkable psychiatric history. Family history notable for PMDD and autism in extended relatives. Cornstarch consumption began approximately three years earlier following bariatric surgery and escalated from one jar weekly to one jar every two days, particularly during periods of stress. She reported chewing dryer sheets “like gum” and intentionally seeking out the smell of cleaning products. She also described longstanding sensitivity to smells and hygiene-related behaviors driven by discomfort with feeling “dirty,” though she denied contamination fears. Labs revealed chronically low iron and B12 levels. The patient reported a notable reduction in pica urges after initiating prenatal vitamins during pregnancy.

Results: While amylophagia is a well-recognized form of pica associated with iron deficiency, this patient’s additional behaviors extend beyond traditional diagnostic boundaries. This case illustrates how pica during pregnancy may emerge from diverse biopsychosocial factors, including micronutrient deficiency, sensory-seeking behaviors potentially related to neurodevelopmental traits, and oral regulatory strategies. This integrative case conceptualization will highlight the importance of assessment and treatment of atypical pica presentations in perinatal populations.

Conclusion: Early identification of pica during pregnancy is critical given potential maternal health risks and fetal exposure to environmental toxins. This case underscores the value of integrated care models that allow close collaboration among psychiatry, psychology, and obstetrics in the assessment and management of complex perinatal behavioral health presentations.

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413: Clinical profiles of early postpartum bonding difficulties and their psychosocial correlates in low-risk and high-risk Japanese mothers

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Background: Postpartum bonding difficulties are clinically important, but they may not represent a single disorder-like category. The original bonding framework described multiple forms of disturbance rather than a unitary syndrome (Brockington et al., 2001). In Japan, the MIBS-J has shown two core affective dimensions, lack of affection and anger/rejection (Yoshida et al., 2012), while recent profile-based work suggests that simple cut-offs may overlook clinically distinct subtypes (Hagiwara et al., 2024). A recent systematic review further showed that bonding problems are closely related to, but not reducible to, maternal psychological distress (O’Dea et al., 2023).

Methodology: his secondary analysis used two Japanese cohorts assessed with the Mother-to-Infant Bonding Scale, Japanese version (MIBS-J): a low-risk community sample (n = 554) and a high-risk public health home-visiting sample (n = 3,270). In the low-risk cohort, profile-oriented analyses of MIBS-J responses were conducted to identify clinically interpretable patterns of bonding difficulties. In the high-risk cohort, associations between MIBS-J dimensions and caregiving-related risk indicators were examined.

Results: In the low-risk cohort, three clinically meaningful profiles were identified: a normative profile, a profile characterized by prolonged lack of affection, and a profile characterized by pathological anger accompanied by depressive symptoms. In the high-risk cohort, anger/rejection was more strongly associated with physical abuse-related risk, whereas lack of affection was more closely associated with neglect-related risk. Taken

together, these findings support a heterogeneous profile model of postpartum bonding difficulties rather than a single disorder-like category.
Conclusion: Early postpartum bonding difficulties may be better conceptualized as distinct clinical profiles arising from different affective dimensions and embedded in different psychosocial risk contexts. The MIBS-J may therefore be useful not only for screening but also for psychosocial risk formulation in integrated perinatal mental health care.

Category: *Prevention of Perinatal Mental Health Disorders*

420: Walking a Tightrope: The Dual Roles of Supportive Counselling and Research Interviewing in Low Resource Maternal Mental Health Settings

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Background: Pregnant women can face psychosocial stressors that may go undetected in routine antenatal and postnatal care. In resource constrained settings, access to counselling may be limited. Conducting qualitative research interviews within such settings may unveil undisclosed psychosocial issues, creating challenges when interviewers also hold clinical roles. We describe experiences of balancing dual roles of research interviewer and perinatal counsellor within an ongoing study.
Methodology: The Bio-HEAT Study is a prospective study underway in Johannesburg, investigating the role of heat exposure on maternal and infant outcomes. It includes a qualitative sub-study involving serial interviews with a subset of participants from pregnancy to one year postpartum to explore the role of psychosocial experiences. The team responsible for interviewing is drawn from the hospital's perinatal palliative care service which provides counselling support. Post-interview debriefing notes, reflection diaries, experiences during counselling sessions and regular weekly debriefing sessions were used for the analysis.
Results: We interviewed nineteen women to date. Flexibility was required in the first interviews when participants used the opportunity to share thoughts that extended beyond the scope of the interview guide. Participants described various stressors including strained relationships with family and partners, financial challenges, and medical issues. The most challenging interviews were those in which participants disclosed significant emotional distress including suicidal thoughts and difficult decisions around pregnancy termination or adoption. Interviewers had to carefully manage the boundaries between their dual roles. We stopped some interviews early to provide immediate counselling support and appropriate referral. In other cases, support was offered after the interview but a separate process was followed to ensure adequate support. Regular weekly team debriefing sessions supported interviewers in managing these challenges and maintaining appropriate separation between research and counselling responsibilities.
Conclusion: Balancing research and counselling roles is challenging when psychosocial distress emerges during research interviews. Our experience highlights the importance of creating opportunities for pregnant women to share concerns that may not be expressed during routine care. Clear boundaries and referral pathways are essential when research staff also provide counselling support. Health care workers through taking time to show an act of kindness can build the spirit of UMUNTU NGUMUNTU NGABANTU!

Category: *Prevention of Perinatal Mental Health Disorders*

429: Co-production of Caregiver Sensory Awareness to Strengthen Co-regulation and Protect against Perinatal Mental Health Difficulties

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Background: Caregiver sensory processing patterns influence emotional regulation, stress tolerance and responsiveness during the perinatal period. Limited awareness of sensory thresholds and triggers may contribute to dysregulation and reduced caregiver–infant synchrony. Strengthening caregiver understanding of their own sensory regulation, within a relational and culturally grounded framework, may support co-regulation and protect caregiver mental health. This approach to therapy explores an Ubuntu-informed co-production approach to developing caregiver sensory awareness as a preventative strategy for perinatal mental health difficulties and to support early infant mental health.
Methodology: In clinical care, caregivers of infants can be invited to participate in a co-production process to map their own sensory processing patterns and regulatory strategies. In this approach, Caregiver sensory profiles can be assessed using a tool such as the Adult Sensory Profile. Co-produced sensory ladders and spiders can developed collaboratively with caregivers to visually map their own sensory thresholds, alerting and regulating sensory input, as well as stimuli which may trigger them. Infant sensory processing can be assessed using the Infant Sensory Profile, or similar tool, as well as careful mapping of infant arousal states across the day to identify patterns of regulation and dysregulation within daily caregiving routines.
Results: Anticipated outcomes of this clinical approach are for caregivers to gain increased insight into their sensory thresholds, alerting and calming inputs, and the interaction between their own regulation and infant cues. Mapping infant sensory preferences and daily arousal patterns is supportive of caregiver responsiveness and anticipatory regulation strategies. Dyadic sensory spiders can be used to visualise shared arousing and calming activities between caregivers and infants, supporting co-regulation. Caregivers would experience greater confidence in engaging in co-occupations, such as feeding, soothing and play, in ways that support mutual regulation and relational attunement.
Conclusion: Ubuntu-informed co-production of caregiver sensory awareness may offer a practical preventative approach in the perinatal period. Enhancing caregiver insight into sensory regulation within the caregiver–infant dyad may strengthen co-regulation, support nurturing relational care and contribute to the prevention of perinatal mental health difficulties.

Category: *Prevention of Perinatal Mental Health Disorders*

432: Expectant fathers' mental health and satisfaction in their intimate relationship

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Background: About 10 -15% of expectant fathers have been found to deal with suboptimal mental health. Fathers also report experiencing psychosocial difficulties and feelings of been left out. This study is the first conducted to investigate Icelandic expectant fathers' mental health status and their satisfaction with their intimate relationship with the expectant mother.
Methodology: A sample of 139 expectant fathers participated in this cross-sectional study and answered the EPDS, The Depression, Anxiety Stress Scales (DASS-21) and the Dyadic adjustment scale (DAS), in addition to providing information on background variables, as part of a larger research project. Participants were recruited through their partners' sonogram visit at various gestational weeks. The cut-off used for EPDS scores was ≤10 for negative screening and ≥11 for positive screening.
Results: : More than half of the fathers (57%) were between 25 – 39 years old, were cohabiting (99%) with their partner, had a university degree (62%), were employed (89%) and held a 100% (70.4%) job position, but (22.4%) worked more than 100%. Their financial situation was most commonly reported as acceptable (41%) or good (52.5%). Mental health results showed 14.4% positive screening on EPDS (range 0 – 21), 22.3% on DASS-

depression (range 0 -20); 11.5% on DASS-anxiety (range 0 – 14) and 12.9% on DASS-stress scales (0 – 14). The Mean score for DAS was 122.7 (range from 80 – 145). The fathers reported doing 40–60% of childrearing and housework, and 13% were dissatisfied with their share. Lower relationship satisfaction (as measured by DAS scores) was associated with higher depression on EPDS and Dass-depression scores and DASS-stress scores, but relationships with the DASS-anxiety scale were below significance thresholds.
Conclusion: The sample was representative of Icelandic expectant fathers' population except for educational level (which was higher than the average in Iceland). The results indicate that the frequency of mental health problems was similar as evident in prior studies. The results shed light on expectant fathers' mental health problems and their link to relationship satisfaction. It is important to offer supportive interventions targeting expectant fathers during pregnancy as well as to both partners to increase wellbeing and enhance the dynamics of shared family responsibilities.

Category: *Fathers' Perinatal Mental Health*

433: Mothering in neonatal intensive care units: Lived Experiences of preterm infants' mothers in Lusaka, Zambia

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Background: Globally the plight of mothers and their infants in NICU is a matter of feverish concern. Though literature has shown that having a child in the NICU constitutes profoundly stressful experiences involving unique and common challenges that generate uncertainty, fear, and emotional distress yet there are limited studies that explore lived experiences in NICU in the Zambian context remain scant. It was thus envisaged that undertaking this study would give Zambian mothers with children in NICU a voice that could assist health personnel in the development intervention strategies to reduce the stress and make mothers' experience in NICU bearable. The purpose of this phenomenological study was to explore mothers' experiences in NICU, circumstances that lead to NICU admission, and their first experience of NICU and social support.
Methodology: The study employed in-depth qualitative study using semi-structured individual interviews with twenty mothers hospitalized in the NICU. All interviews were done in person and recorded.
Results: Thematic analysis with inductive coding was utilized. Five major themes emerged: (1) Birth experiences leading to admission, (2)) initial responses to NICU admission, (3) Experiences related to having a child in NICU, (4) Social Support, (5) suggestion on what can improves mothers experiences in NICU. The findings revealed the individuals' reasons for admission, as well as their lived reality, notably daily stressors and social support.
Conclusion: The study suggests that psychological support has the potential to improve the quality of life and wellbeing of mothers in the NICU. Furthermore, hospital authorities should revenge on already existing informal social networks formed by parents themselves by formalizing group therapy sessions for mothers supervised by a specialist and only using individual counseling when need arises.

Category: *Prevention of Perinatal Mental Health Disorders*

442: The development of a smartphone app to enhance palliative care support and decrease postnatal depression among pregnant women recently diagnosed with Human Immunodeficiency Virus

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Background: Electronic technology has transformed communication within healthcare systems. Smartphone apps have been used among pregnant women to increase knowledge, improve antiretroviral adherence, and may be useful to decrease Postnatal Depression (PND). The PregApp was developed through a scientific review of literature and with the users (pregnant women recently diagnosed with HIV) in mind. The app was developed for entry-level Android phones, which are the most common in South Africa. The PregApp is part of a Randomised Control Trial where it will be compared with a dummy app to evaluated if the PregApp can decrease PND.
Methodology: PregApp was developed using Empeek's application features. Characteristics of the target audience were defined. The app's content (user requirements) is based on the tasks in Doka's theory of facing a life-threatening illness and an extensive scoping literature review. As each task was designed, presentation ideas were created, such as a story or a quiz. The tasks were ordered according to gestation and accompanied by illustrations. The PregApp was evaluated using an e-Delphi to ensure that the RCT's objectives would be met through the intervention.
Results: The PregApp consists of bi-weekly sessions designed for pregnant women from 26 weeks to 6 weeks postnatal. Each session consists of 6 to 14 questions addressing different tasks related to living positively with HIV. Eight areas of knowledge or tasks were identified (e.g., PND, HIV, pregnancy, psycho-social, existential, and spiritual support). The results of the e-Delphi and the application of the PregApp will be presented at the conference.
Conclusion: PregApp has been designed to assist pregnant women who are recently diagnosed with HIV to integrate their diagnosis, increase their ARV adherence, and decrease PND. The PregApp will be demonstrated to the audience.

Category: *Prevention of Perinatal Mental Health Disorders*

450: Certified neonatal therapists' role in parental perinatal mental health for families receiving palliative care in the NICU

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Background: Certified Neonatal Therapists (CNTs) play an important role in supporting the neurodevelopmental needs of medically fragile infants and their parents' perinatal mental health in the Neonatal Intensive Care Unit (NICU). As part of NICU services, holistic palliative care is an expanding area of practice and research. While the role of CNTs is well-defined for in general, the specific contribution of allied team members and how they orchestrate their practice during palliative/end-of-life (EOL) care for NICU infants and their families has not been described. Therefore, this study aimed to explore the perspectives of CNTs facilitating palliative care services in level III or IV NICUs within the United States.
Methodology: Twelve CNTs participated in two rounds of virtual, semi-structured interviews, with eight CNTs specifically including narratives about palliative/EOL care. Interviews were recorded and transcribed. A codebook was developed through an iterative and collaborative process within the research team. Interviews were uploaded and coded in Dedoose using narrative and thematic analysis.
Results: Four themes pertaining to palliative/EOL care emerged from the data. CNTs considered how the NICU policies and context impacted their service delivery, highlighting how aspects such as room layout and relaxed rules and regulations may create environments that foster familial emotional support during EOL care. Families' bereavement preferences and cultural/religious practices were also integral to how CNTs facilitated and prioritized specific occupations. They described how their focus shifted towards creating meaningful moments of connection between the infants and parents to encourage bonding and memory making. CNTs emphasized how their services complimented and enhanced existing services within the bereavement team to support perinatal mental health in cases of early neonatal death.
Conclusion: The CNTs in this study described how they employed multiple therapeutic strategies to provide trauma- informed care and address the occupational needs of infants and families receiving palliative/EOL care in the NICU. This work serves as a foundation for further exploration into the impact and translation of current

CNT practices related to this population. CNTs working in this context would benefit from additional training opportunities and sharing knowledge to enhance evidence-based practice.

Category: *Early Pregnancy Loss and Early Neonatal Death*

490: The transition to parenthood: the lived experience of women with Perinatal Mental illness and their spouses

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Background: Transition to parenthood is identified as a significant period in an individual's life. Parenthood represents a major biological, social, and environmental life change. Role change, quality of the marital relationship, responsibilities, daily activities, and sharing of family work will be changing during this period. This study tried to understand the experience of women with Perinatal Mental illness and their spouses during the transition period.
Methodology: Aim: To study the transition to parenthood among women with perinatal mental illness (PMI) and their spouses.
Objectives: The primary objective is to explore new parents' lived experiences and perceived challenges in assuming the parenting role. Secondary objectives include examining the clinical and socio-demographic profiles of women with PMI and their spouses, and understanding their experiences in maintaining relational well-being.
Research Design: A qualitative research design was used to explore the lived experiences of women with PMI and their spouses during the transition to parenthood.
Universe and Population: The study focused on mothers with PMI seeking treatment at NIMHANS, Bengaluru, and included first-time parents where the illness began during the perinatal period.
Sampling : A purposive sample of ten couples (ten women with PMI and their spouses) was selected and interviewed between October 2022 and March 2023.
Inclusion and Exclusion Criteria: Inclusion criteria included first-time parents with children under two years, specified age ranges, and language proficiency. Exclusion criteria included severe physical or neurological illness, single or adoptive parents, and couples undergoing separation or divorce.
Data CollectionTools: Data were collected using a structured socio-demographic sheet and a researcher-developed, expert-validated interview schedule.
Results: The experience of couples during the transition to parenthood shows that, as their marriage progressed, couples experienced a decline in marital satisfaction, particularly in the later stages. Intimate partner violence and extramarital relationships complicated relationships before pregnancy. Women often find themselves grappling with increased responsibilities and the challenges of adapting to married life. Miscarriages and fear surrounding delivery further add to the emotional strain. However, amidst these trials, pregnancy also fosters a deep emotional bond between the couples. Women, in particular, report an improvement in the quality of their time together, communication, and care during the transformation period, while their spouses faced a decline in these aspects due to mental illness. The unwavering support from partners, family, friends, and the resources provided by the tertiary-level institutions prove invaluable in helping couples navigate the obstacles they encounter along this life-changing journey.
Conclusion: The transition to parenthood for women with Perinatal mental illness and their spouses poses unique challenges. There is a greater need for programs or interventions targeted toward women with PMI and their spouses during the transition to parenthood.
Keywords: Couples, Transition to Parenthood, Perinatal Mental illness, Experience of women with Perinatal Mental Spouses, Experience of spouses.

Category: *Prevention of Perinatal Mental Health Disorders*

Systems of Care/Policy and Advocacy

20: Childhood Trauma as a Risk Factor for Postpartum Depression: A Lived Experience and Advocacy Perspective

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Background: When childbirth collides with unresolved childhood trauma, the result is more than postpartum depression. It is a silenced crisis. Mothers carrying histories of neglect, abandonment, or abuse often experience resurfacing trauma during the perinatal period, intensifying intrusive thoughts, impairing bonding, and amplifying feelings of shame and isolation. Despite this, routine perinatal care rarely screens for trauma histories, leaving vulnerable mothers unsupported and alone in their struggle.
Methodology: This presentation draws on autoethnography, combining Kim Vermaak's lived experience of childhood trauma and postpartum depression with her reflective practice as the author of Seven Letters. By the time of the conference, her forthcoming book Taming the Monster of Postpartum Depression will also be published, offering further insights and practical strategies for mothers and clinicians. Through her advocacy, Kim amplifies lived-experience voices to shed light on the often-hidden struggles of new mothers and to inform perinatal mental health systems. As a professional speaker and TEDx presenter who has featured on multiple local radio stations, she creates compassionate conversations in workplaces, communities, and faith-based settings, helping society recognize, support, and normalize the mental health needs of parents.
Results: Integrating trauma-informed care, lived-experience perspectives, and community engagement into perinatal systems can enhance prevention and intervention strategies for postpartum depression. By equipping workplaces, faith-based groups, and local communities with knowledge and awareness, mothers are supported

not only individually but within a broader network of care. Approaches such as reflective journaling and advocacy-driven dialogue empower mothers, break cycles of silence, and strengthen community understanding. Sharing these experiences through writing, public speaking, and societal engagement helps build inclusive care models that acknowledge mothers' histories and foster connected, compassionate communities capable of providing meaningful support.

Conclusion: Communities hold the power to change outcomes. By educating families, workplaces, and faith-based groups about postpartum depression and childhood trauma, we can break cycles of silence, intervene early, and support mothers before depression takes hold. It is time to act, equip our communities, and create environments where parents are understood, supported, and empowered, protecting both current and future generations.

Category: *Advocacy and Policy in Maternal Mental Health*

117: National Survey on Postpartum Care Service Users in Japan

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Background: In Japan, public health centers have been responsible for maternal and child health since the 1960s. The 2017 revision of the Maternal and Child Health Law clarified the legal basis for postpartum care services. Since April 2025, guidelines for implementing postpartum care services have been issued, promoting municipal subsidies and multidisciplinary collaboration. Therefore, a nationwide survey was conducted to clarify the background of users of municipal postpartum care services.

Methodology: After obtaining ethics committee approval, a web survey was conducted in September 2025 targeting postpartum women aged 18-45 years, within 5 months to 1 year postpartum, regarding their status up to 4 months postpartum. Survey items included age, residence, income, and whether women select homecoming delivery. Comparisons were made based on knowledge of postpartum care services and actual utilization (Y/N groups), using χ^2 tests, with *$p < 0.05$ indicating statistical significance.

Results: Of the 2,269 respondents, 2,008 (88.5%) were aware of postpartum care services prior to this survey. Among them, 791 (39.4%) expressed interest in using such services. Of those interested, 504 (63.7%) were service users (Y group) and 287 (36.3%) were non-users (N group). Group Y was more prevalent among: * Women who selected homecoming delivery (39.5:22.6%) * Households with annual income between ¥12 million and ¥15 million (18.1:3.1%) * Individuals with annual income between ¥6 million and ¥8 million (19.2:3.1%) , residents of government-designated cities like Tokyo (46.4:34.8%), and those who underwent painless delivery (34.7:23.3%). Conversely, Group N had a higher proportion of non-psychiatric outpatients (59.5:77.4%)*, partners not taking maternity leave (54.4:72.3%)*, and partners not taking childcare leave (33.3:47.1%)*.

Conclusion: Regarding actual utilization of postpartum care services, higher usage was observed among those with backgrounds such as selecting homecoming delivery, having epidural anesthesia, living in urban areas, and having higher income. Even when desiring postpartum care, utilization tended to be lower among those without a history of psychiatric treatment and whose partners did not take maternity or childcare leave. This suggests the need to establish support systems tailored to the needs of those wishing to utilize such services.

Category: *Advocacy and Policy in Maternal Mental Health*

123: National Survey on Awareness and User Perceptions of Postpartum Care Programs in Japan

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Background: This study aimed to identify issues in municipality-led postpartum care programs—designed to ensure a supportive environment for confident parenting after childbirth in Japan—from the perspective of users.
Methodology: Following ethics committee approval, a web survey was conducted in September 2025 targeting postpartum women aged 18–45, within 5 months to 1 year postpartum, to assess their situation up to 4 months postpartum. The postpartum care programs were categorized and analyzed as follows: [Home Visit Type: V] where support staff visited the user's home; [Day Care Type: D] where support was provided to users visiting a support facility; and [Overnight Stay Type: S] where support was provided through overnight stays.
Results: Of the 2,269 survey participants, 26% had given birth at their parents' home. Awareness of postpartum care services occurred before pregnancy (45%), during pregnancy (30%), after childbirth (14%), and at the time of this survey (12%). Among the 2,008 who were aware of postpartum care services prior to this survey, 60% knew the services included V, D, and S types. Among 791 respondents wishing to use care services, 283 preferred V-type, 448 preferred D-type, and 470 preferred S-type, indicating the highest preference for residential care. Among the 504 actual care users, 241 used V-type, 314 used D-type, and 257 used S-type. Responses were obtained using a five-item questionnaire regarding: 1) Overall impressions, 2) Use of the desired facility, and 3) Waiting time until care provision, for facilities in both the hometown and place of residence. For 1) and 2), over 80% of respondents at both their hometown and residence facilities rated their experience as “Very Good” or “Good” for all V, D, and S types. However, for 3), 80% of users in their hometown and 30% in their residence reported waiting for care provision across all V, D, and S types.
Conclusion: 40% of those aware of postpartum care programs desired care, with the highest demand for residential care. Many users felt they had to wait for care provision in their hometown, highlighting the need for nationwide support systems.

Category: *Advocacy and Policy in Maternal Mental Health*

138: Seeing the person in care: A hermeneutic phenomenology study of mothers’ experiences of Mother and Baby unit care and support after postpartum psychosis

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Background: Postpartum Psychosis (PP) is a psychiatric emergency that occurs following childbirth and is associated with significant relapse and readmission rates. Psychiatric mother and baby units (MBUs) allow mothers to be co-admitted with their infant; however there remains limited knowledge of what are the helpful or unhelpful components of MBU care and subsequent post-discharge support.
Methodology: A hermeneutic phenomenology approach was adopted to explore how women with PP experienced care and support in a MBU and following discharge. A longitudinal design was used whereby women were interviewed at different time points: around discharge, at 4 months, and ~1 to 2 years after discharge. Eight participants have been recruited to date, and eleven in-depth interviews conducted.
Results: Women reported that care interactions affirmed, eroded, and reshaped women’s sense of identity and personhood.
Diagnosis carried a cost to women’s sense of self and autonomy. Participants described experiences of relational misalignment with practitioners in relation to care plans. Some participants reported coercion from health care practitioners and pressure to comply with proposed treatments; irrespective of their beliefs on what contributes to their own wellness. Practitioner’s focus on future risk prevention was sometimes experienced as de-personalising and reductive.
Co-admission with their baby was pivotal in enabling women to maintain their maternal role. Breastfeeding support was restorative and enhanced maternal-infant connection. Conversely, discouragement of breastfeeding created conflict, with some women feeling forced to choose between recovery or breastfeeding.
Following discharge, women’s sense of self and their own perception of wellness shaped their engagement and

transparency with caregivers. The post-discharge period presented an opportunity to reclaim autonomy and their sense of self in relation to medications, decision making, and engagement with services. Notably, care within the discharge period could be inconsistent with some women feeling held, while others felt abandoned. **Conclusion:** Care has the potential to be affirming or eroding to women's sense of self. The erosion of personhood due to generic or risk-driven modes of caring contributed to women experiencing conflict with practitioners. Women wanted to be seen and heard by caregivers. Responsive caring relationships with staff contributed to feelings of connection and trust.

Category: *Mother-Baby Units*

143: Understanding the Perinatal Mental Health Needs of Rural Neonatal Intensive Care Unit (NICU) Families: A Qualitative Study of Mental Health Experiences in Montana

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Background: Awareness of perinatal mental health has expanded in recent years, yet the unique experiences and challenges associated with a neonatal intensive care unit (NICU) stay remain underexamined. Parents living in Montana, a rural state in the United States with few NICUs to begin with, face substantial barriers including extensive travel, separation from support systems, and limited access to behavioral health services when they have a child at the NICU. Families impacted by substance use disorders experience additional layers of stigma and structural inequities, and there is a need to explore needed resources and supports.
Methodology: This project consists of (1) a systematic review of evidence-based interventions that support NICU families' mental health and (2) virtual in-depth semi-structured qualitative interviews with NICU parents who have experienced a NICU stay in Montana. 15 parents with a child who had a NICU stay in Montana were interviewed via zoom. Using a qualitative description approach, results were analyzed through a team coding process in MAXQDA.
Results: Preliminary findings indicated that NICU hospitalization significantly shaped parental mental health, with parents consistently reporting heightened anxiety, prolonged stress, and feelings of isolation during and after their infant's stay. Rural families described distinct challenges, including extended travel distances, separation from other children and support networks, and difficulties maintaining employment or accessing follow-up mental health care. Families identified several interventions—such as peer-to-peer support, integrated mental health services within the NICU, and improved communication with medical teams—as especially beneficial. Parents affected by perinatal substance use described unique barriers, including stigma, fear of punitive consequences, and limited access to specialized behavioral health resources. Collectively, these findings highlight the ways Montana's geography, resource distribution, and social context uniquely shaped the NICU experience.
Conclusion: Results are currently informing the development of targeted, culturally responsive mental health supports for NICU families statewide and informing funding priorities for future intervention research.

Category: *Perinatal Mental Health in Resource-Limited Settings*

149: The Association Between COVID-19 Pandemic-Related Birth Plan Changes and Birth Trauma Symptoms in a New York City Cohort

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Background: COVID-19-related changes to maternity care frequently resulted in deviations from planned birth experiences. Discrepancies between expected and actual birth experiences are a risk factor for birth trauma. This study examined the association between pandemic-related birth plan changes and birth trauma symptoms and assessed whether birth satisfaction mediated this relationship.
Methodology: Data were obtained from 734 participants in the Generation C Study, a prospective pregnancy cohort from New York City (2020-2022). Participants reported pandemic-related birth plan changes, birth trauma symptoms, and birth satisfaction postpartum. Multivariable linear regression estimated associations between any birth plan change and trauma symptoms. Causal mediation analysis with bootstrapping tested the mediating role of birth satisfaction. Secondary analyses examined specific birth plan changes.
Results: One-third of participants (n=250, 34.1%) reported a pandemic-related birth plan change. After adjustment, any birth plan change was associated with increased birth trauma symptoms (β=0.46, $p<0.001$). Birth satisfaction did not mediate this association (p=0.999). Absence of a support person (β=0.09, $p<0.001$) and separation from the newborn immediately after birth (β=0.15, p=0.005) were the primary contributors.
Conclusion: Pandemic-related changes to birth plans, particularly the absence of a support person and maternal-infant separation, were associated with increased birth trauma symptoms independent of birth satisfaction. Individuals may report satisfaction with the clinical outcome of their birth and the care received while still experiencing elevated birth trauma symptoms. These findings underscore the need for future emergency policies to balance infection-control strategies with the preservation of maternal support and early parent-infant contact.

Category: *Advocacy and Policy in Maternal Mental Health*

164: Empowerment Strategies for Child Psychiatric Nurses: A research perspective

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Background: Mental health has attracted more attention recently and psychiatric nurses are at the forefront of taking preventive mental health measures such as screening. The purpose of this study was to develop strategies to empower psychiatric nurses caring for children diagnosed with mental health problems. To create sensitivity to the needs of the psychiatric nursing workforce context, more knowledge about its diverse needs is required. The study supports the previous findings which show capacity building, empowering environment, policy framework, research and information can be more progressive towards quality mental health care for children with mental illness.
Methodology: A qualitative, exploratory, descriptive, and contextual research design was used to develop the strategies to empower psychiatric nurses caring for children with mental health challenges. The strategies are formulated through the Donabedian model which assumes the three essential factors. Namely, structure, process, and outcome. A framework serves as a reference for the facilitation of the process of engagement in the formulation of strategies for empowerment.
Results: A suite of services that include quality of life, developmental training sessions, research, attention to infrastructure and technical assistance is feasible to support psychiatric nurses. The relationship between the components that enhances the knowledge base of the dynamics of child psychiatric nursing practice is explained and strengthened. The identified pathways are recognized to provide support and empowerment to psychiatric nurse.

Conclusion: An effective strategy to boost psychiatric nurses has been suggested to enhance service quality. There are considerable benefits for both psychiatric nurses and children with mental health challenges. The mental health of psychiatric nurses caring for children with mental health challenges need to be preserved. There is a need for structures and processes necessary to deliver quality mental health care through empowered psychiatric nurses' care.

Category: *Advocacy and Policy in Maternal Mental Health*

169: Bridging screening and sustained recovery in maternal mental health: A trauma informed community integrated stabilization model

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Background: Maternal mental health conditions are common and consequential across the maternal continuum. The World Health Organization estimates that approximately 10 percent of women during pregnancy and 13 percent following childbirth experience a mental disorder, most commonly depression. Although screening initiatives have expanded across pregnancy and the postpartum period, substantial gaps persist between identification of symptoms and sustained stabilization. Many mothers experience fragmentation between clinical detection and ongoing recovery support, particularly when navigating co occurring substance use concerns, psychosocial stressors, or limited care coordination. Addressing these gaps requires community integrated stabilization models that deliberately connect screening, acute intervention, and structured recovery support across the maternal care continuum.
Methodology: The T.H.R.I.V.E. program is a 24 week trauma informed, community integrated maternal mental health stabilization model open to individuals during pregnancy and the postpartum period. Enrollment occurs through self referral or referral from community partners, health and behavioral health providers, and other systems of care. The program combines a structured digital curriculum delivered through sequential modules with guided reflective exercises and measurable progress tracking to reinforce practical application of concepts and integration of stabilization planning. Participants engage in individual trauma informed counseling sessions focused on emotional regulation, identity reconstruction, and recovery oriented goal setting. Biweekly structured check ins support accountability, strengthen curriculum engagement, address participation barriers, and facilitate connection to relevant community based resources when indicated. Participants complete baseline and follow up assessments using the Edinburgh Postnatal Depression Scale (EPDS) and the Multidimensional Scale of Perceived Social Support (MSPSS). Engagement metrics, module completion patterns, and follow up assessment results are monitored longitudinally to observe changes in maternal emotional well being and perceived relational support.
Results: Early implementation observations demonstrate consistent participant engagement with structured program components, including module progression, counseling participation, and biweekly check in attendance among enrolled mothers. Preliminary review of follow up assessment results suggests positive directional shifts in EPDS and MSPSS scores among participants who maintain sustained engagement; however, formal outcome analysis remains ongoing. Participants report increased emotional awareness, improved regulation strategies, and strengthened connection to supportive relationships and community resources. Continued data collection and structured outcome analysis are underway to further examine stabilization patterns across the maternal continuum.
Conclusion: Early implementation experience suggests that structured, community integrated maternal mental health stabilization models may strengthen continuity of care across pregnancy and the postpartum period. By combining digital curriculum delivery, trauma informed counseling, structured engagement checkpoints, and coordinated community linkage, the T.H.R.I.V.E. program offers a scalable framework for extending support beyond initial screening. These findings underscore the importance of holistic, wraparound approaches within maternal mental health systems and contribute to ongoing dialogue regarding integrated stabilization pathways in policy and service design.

Category: *Advocacy and Policy in Maternal Mental Health*

170: Navigating breastfeeding with postpartum depression: Insights on behaviors, barriers, and support needs from a multinational survey

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Background: Breastfeeding supports infant health and promotes mother–infant bonding. However, the impact of postpartum depression (PPD) on breastfeeding, particularly for mothers requiring pharmacologic treatment for PPD, is not well characterized. A multinational survey of healthcare providers (HCPs) and patients was conducted to explore behaviors and beliefs regarding breastfeeding in PPD.
Methodology: Two online surveys were administered between October and December 2025 in nine countries. The HCP survey (90 questions) was completed by 109 HCPs actively involved in the care of patients with PPD, including psychiatrists, obstetricians, midwives, and general practitioners. The patient survey (96 questions) was completed by 36 patients diagnosed with PPD within the past year. Respondents were recruited by a third party and received honoraria.
Results: According to HCPs, exclusive breastfeeding rates were lower among mothers with PPD (mild PPD, 25%; moderate PPD, 20%; severe PPD, 13%) compared to those without PPD (36%). Breastfeeding duration declined with increasing PPD severity. Most HCPs (72%) reported they would encourage or strongly encourage breastfeeding while patients were receiving antidepressant therapy. Most HCPs (69%) and patients (76%) believed the benefits of breastfeeding outweighed potential risks associated with medication exposure through breast milk. Among patients receiving medication for PPD, 13% paused breastfeeding temporarily, 37% continued breastfeeding, and 50% discontinued breastfeeding. Reasons for breastfeeding discontinuation were multifactorial. The most frequently reported reasons by HCPs included exhaustion or physical toll (56%), stress or anxiety (55%), and physical pain or discomfort (41%). Patients' most frequently reported reasons included personal choice (38%), concerns about infant health (33%), and pain or physical discomfort, stress or anxiety, and exhaustion or physical toll (28% each). Most HCPs (75%) provided guidance for alternative bonding methods when breastfeeding was not possible. Top recommendations, including singing, talking, reading, or eye contact, skin-to-skin or kangaroo care, and infant wearing, were generally rated by patients as effective alternatives.
Conclusion: This survey suggests that patients with PPD breastfeed at lower rates than those without PPD, reflecting multiple barriers related to maternal physical and mental health. Collaborative decision-making between patients and HCPs is essential to develop individualized care plans that balance breastfeeding benefits with maternal well-being and medication safety considerations.

Category: *Advocacy and Policy in Maternal Mental Health*

194: Geography, Culture, and Care: Understanding Postpartum Mental Health in Rural Aotearoa New Zealand

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Background: Globally, rural women experience disproportionate maternal and child health (MCH) health disparities, including creased vulnerability to postpartum mental health disorders. While structural barriers contributing to these disparities, such as limited access to postpartum and obstetric care, are well documented, less is known about how reproductive landscapes—defined as the geographic and relational distribution of reproductive health services and resources—shape postpartum experiences across rural contexts.
Methodology: This study was conducted through a partnership between maternal health researchers at the University of Montana, in the United States, and at the University of Otago, in New Zealand. This qualitative study involved 7 in-depth, semi-structured virtual interviews with postpartum women living in rural regions of New Zealand. Interviews explored participants' perinatal health experiences, with a focus on postpartum health, perceptions of access to care, and the factors influencing perinatal mental well-being. Transcripts were analyzed in MAXQDA software using qualitative description and a team-based coding approach to identify cross-cutting themes.
Results: Participants described barriers and supports throughout pregnancy, childbirth and the postpartum time period. Some of the postpartum health barriers included an overall lack of mental health support, transportation challenges, limited provider availability, and stigma. Women also highlighted the buffering effects of culturally grounded midwifery care and strong community networks.

Conclusion: Findings underscore the importance of geographically responsive, and culturally anchored perinatal mental health services. Themes revealed both parallels and contrasts with other rural contexts, such as in the rural United States. Cross-national insights from New Zealand demonstrate promising practices that may inform efforts to address MCH disparities in rural and Indigenous communities globally.

Category: *Perinatal Mental Health in Resource-Limited Settings*

240: Integrated health and social care for women experiencing perinatal trauma, loss, and separation: from service access to safeguarding practice

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Women who experience perinatal trauma, loss, and separation from their infants, face substantially elevated risks of mental illness and maternal mortality. National and international policy emphasises the need for integrated, trauma-informed health and social care responses. However, significant gaps remain in access to psychological support, coordination between maternity, mental health, and social care services, and workforce preparedness to provide compassionate care in complex safeguarding contexts. This symposium presents complementary research examining how systems can better support women experiencing these adversities.
First, findings from a realist evaluation of Maternal Mental Health Services in England will explore how contextual and mechanistic factors influence women's access to and engagement with psychological interventions following childbirth-related trauma and bereavement. Analysis of qualitative interviews with service users, staff, and stakeholders identified an overarching programme theory of 'finding flexibility within a fixed system', highlighting the importance of responsive and individualised service delivery.
Second, findings from a UK confidential enquiry into maternal deaths among women with child protection agency involvement will examine care trajectories across pregnancy and the postnatal period. This work identifies missed opportunities for intervention and underscores the importance of integrated care pathways spanning maternity, mental health, and social care.
Finally, evaluation of the co-produced Giving HOPE offer, a trauma-informed support and training programme, will present evidence on strengthening safeguarding practice. The training significantly improved practitioner knowledge, confidence, and competency across sectors, with qualitative findings highlighting the transformative role of lived experience in promoting compassionate care.
Together, these presentations provide novel insights into how health and social care systems can better identify, engage, and support women experiencing trauma, loss, and separation, and demonstrate how integrated approaches can improve maternal mental health outcomes and help reduce preventable maternal mortality.

Category: *Advocacy and Policy in Maternal Mental Health*

252: Service Use and Obstetric Outcomes in Pregnant Women Attending a Women's Mental Health Clinic

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Background: Characterising women attending perinatal mental health services, their service utilisation, and obstetric outcomes is essential to inform service planning and care delivery. This study described referral patterns, sociodemographic and clinical characteristics, mental health service use, and obstetric outcomes among pregnant women attending a tertiary Women's Mental Health Clinic in Cape Town, South Africa.
Methodology: A descriptive study was conducted of all women who attended the Women's Mental Health Clinic between April 2022 and March 2023 (n = 82). Pregnant women who had their first clinic appointment within this period (n = 67) were selected for detailed file review.
Results: Most referrals were for management of pre-existing mental illness in pregnancy (72.0%, n = 59), and most women first attended in the second trimester (58.2%, n = 39). Referrals predominantly came from the hospital's high-risk obstetric clinic (61.0%, n = 50). Mood disorders were most common, including depression (n = 29, 43.3%) and bipolar disorder (n = 12, 17.9%). Psychotropic medication was used by 80.6% (n = 54).

Substance use was documented in 35.8% (n = 24), lower than reported in other South African perinatal mental health cohorts. Referral to and uptake of allied mental health services were inconsistent.
Conclusion: The findings emphasise the importance of earlier detection and referral of perinatal mental health conditions, strengthened integration between obstetric and mental health services, and improved monitoring of obstetric outcomes.

Category: *Perinatal Mental Health in Resource-Limited Settings*

262: Prevalence and Factors Associated with Common Mental Disorders Among Perinatal Women in Gombe State, Nigeria

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Background: Common mental disorders (CMDs) during pregnancy are major contributors to adverse maternal and newborn outcomes. This study estimated the prevalence of CMDs and identified factors associated with probable perinatal depression among pregnant women attending group antenatal care (G-ANC) in Gombe State, Nigeria.
Methodology: A total of 1260 pregnant women ≤28 weeks' gestation attending G-ANC were recruited from 10 purposefully selected primary health care facilities in Gombe State. The facilities were selected based on proximity to referral sites for specialized psychiatric care. Depressive symptoms were assessed using the Edinburgh Postnatal Depression Scale (EPDS), anxiety disorders using Generalized Anxiety Disorder-7 (GAD-7), functional impairment using the World Health Organization Disability Assessment Schedule (WHODAS), and food insecurity using Household Food Insecurity Access Scale (HFIAS). Probable antenatal depression was defined as an EPDS score ≥10 with symptom confirmation using structured follow-up assessment. In addition, bipolar affective disorders and suicidal ideation were screened using structured questionnaires. Multivariable logistic regression was used to identify factors associated with probable depression after adjustment for relevant covariates.
Results: Participants had a mean age of 24 years (range: 16–47 years), with most being multigravida (92.5%) and full-time housewives (68%). Overall, 22.0% of women screened positive for depressive symptoms (EPDS ≥10), while 7.8% met criteria for probable antenatal depression. Anxiety disorders were identified in 2.7% of participants, while symptoms suggestive of bipolar disorder and psychosis were observed in 9.0% and 1.2%, respectively. Food insecurity was prevalent, with 19.6% women reporting anxiety about household food availability. In multivariable logistic regression analyses, food insecurity, low educational attainment, and higher psychosocial distress scores were significantly associated with increased odds of probable antenatal depression. Functional impairment was strongly associated with depression: each one-unit increase in WHODAS was associated with a corresponding 6% increase in the odds of EPDS-defined depression (adjusted odds ratio [aOR] = 1.06; 95% CI: 1.05–1.08; $p < 0.001$).
Conclusion: CMDs were common among pregnant women attending ANC in the selected facilities in Gombe State. Integrating routine mental health screening, including functional assessment and psychosocial support, into ANC at the primary health care level is critical to addressing unmet maternal mental health needs in Northern Nigeria.

Category: *Perinatal Mental Health in Resource-Limited Settings*

263: Maternal Psychosocial Distress and Pregnancy-Related Attitudinal Responses in Gombe State, Nigeria

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Background: The psychosocial well-being of pregnant women is crucial for mental health, care-seeking behaviors, and mother-infant bonding. However, emotional distress and maternal attitudes toward pregnancy remain under-assessed in many resource-limited settings. This cross-sectional study assessed maternal psychosocial distress and cognitive-affective responses toward pregnancy, and their relationship with common mental disorders among pregnant women in Gombe State.
Methodology: The study included 1,260 pregnant women ≤28 weeks' gestation attending group antenatal care (G-ANC) across ten purposefully selected primary health care facilities with close geographic proximity to the federal teaching hospital, facilitate timely referral for specialized care where required. Mental health outcomes domains including maternal worry, regret about pregnancy, anticipation of caregiving, bonding, etc were assessed using the validated Maternal Mode Assessment (MAMAs) questionnaire. Depression was screened using the Edinburgh Postnatal Depression Scale (EPDS) and food insecurity using Household Food Insecurity Access Scale (HFIAS). Psychosocial distress scores were summarized, and their associations with positive depression were examined. A multivariate logistic regression model was used to determine the associations between EPDS scores (categorized as depressed if >=10) and the other characteristics.
Results: The mean age was 24 years (range: 16–47 years), with most being multigravida (92.5%). Higher psychological distress, as measured by total MAMA scores, was significantly associated with increased odds of probable antenatal depression. For each 1-unit increase in total MAMA score, the odds of depression increased by approximately 15% (aOR 1.15, $p = 0.001$). Furthermore, greater severity of food insecurity was significantly associated with increased odds of probable antenatal depression (aOR 1.37, $p < 0.0001$). All levels of education were associated with significantly lower odds of probable antenatal depression compared with women with no formal education, with adjusted odds ratios ranging from 0.12 to 0.51 ($p < 0.001$).
Conclusion: Psychosocial distress and negative maternal attitudes are prevalent among pregnant women in Gombe State, closely associated with symptoms of depression. Incorporating assessments of psychosocial well-being, such as the MAMAs questionnaire, into routine ANC can facilitate early identification of at-risk women and guide the development of holistic, woman-centered mental health interventions within primary health care settings.

Category: *Perinatal Mental Health in Resource-Limited Settings*

267: Restriction of Access to Abortion is Violence Against Women

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Background: A woman's right to decide to have an abortion varies around the world, In Oman, all abortions are forbidden, In Canada and Australia, the decision to have an abortion is between a woman and her doctor and there are no laws restricting access. For 50 years, women in the USA had access to abortion. The overturning of the Roe v Wade legal precedent in 2022, meant 50 % of women in the US are now subjected to abortion restrictions, some starting at conception and with no exceptions for rape, incest or the woman's health. Gender based violence includes brainwashing, psychological effects, violence, and fear. Restriction of abortion involves all four elements of violence.
Methodology: Review of literature and clinical experience.
Results: In countries where abortion is restricted or forbidden, women must accept they are second class citizens who have no control over their own bodies. It takes away women's autonomy and put them under the control of the men in their lives, police, doctors or government. Psychologically they feel depressed and anxious being forced to have a baby they can't afford, carry an ill baby to term knowing it cannot survive, or carrying the product of incest or rape. Physically, pregnant women who are hemorrhaging have been left without medical care, including some who die, until there is no longer a fetal heartbeat as the doctor may lose his license if he causes an abortion. Women who choose an illegal abortion may end up infertile or die from hemorrhage or sepsis. Women live in fear, worrying that a miscarriage may be mistaken for an abortion in areas where the penalty is a fine, jail or, as proposed in some US states, death.

Conclusion: Restriction of access to abortion can cause the same type of psychological and physical damage as another type of violence against women. How has it come to be that so many countries have decided to treat women so badly.

Category: *Advocacy and Policy in Maternal Mental Health*

280: Unraveling the link between the mistreatment of women during childbirth and postpartum depression: a prospective longitudinal study in Ethiopia and Guinea

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Background: The mistreatment of women during facility-based childbirth is widespread in sub-Saharan Africa and has a negative impact on women's mental health. We aimed to examine the association between childbirth-related mistreatment and postpartum depression in Ethiopia and Guinea.
Methodology: Between May 2023 and February 2024, we conducted a prospective longitudinal survey of pregnant women recruited from 22 health facilities in Addis Ababa, Ethiopia, and 20 health facilities in Conakry, Guinea. Participants were surveyed during the third trimester in health facilities and were followed up in the community for a second survey, which was conducted between 6 and 16 weeks postpartum. Depression was assessed using the Edinburgh Postnatal Depression Scale (EPDS), and mistreatment was measured across seven categories. We used multilevel mixed effects Poisson regression to assess the association between the number of mistreatment categories experienced and women's postpartum depression scores.
Results: Of the 859 women enrolled during pregnancy, 711 women completed the postpartum survey. 87.4% of women in Addis Ababa and 71.2% in Conakry had experienced at least one category of mistreatment. Symptoms suggestive of postpartum depression (EPDS ≥11) were reported by 20.9% of women in Addis Ababa and 31.0% in Conakry. After adjusting for antepartum depression, intimate partner violence, and other sociodemographic, obstetric, and health service-related characteristics, experience of each additional mistreatment category was associated with a 5% increase in women's postpartum depression scores (adjusted incidence rate ratio [AIRR] = 1.05, 95% CI: 1.01–1.09). Among women without symptoms suggestive of antepartum depression (EPDS <11), the effect was even greater, with an 11% increase in postpartum depression scores (AIRR = 1.11; 95% CI: 1.06–1.17).
Conclusion: The strong association between mistreatment and postpartum depression, particularly among women without antenatal depressive symptoms, highlights the potential causal role of mistreatment and underscores the urgent need for coordinated, evidence-informed, and context-appropriate strategies to promote respectful maternity care and safeguard women's mental health.

Category: *Perinatal Mental Health in Resource-Limited Settings*

330: Towards person-centred maternal and newborn care in Ethiopia: a mixed method study of satisfaction and experiences of care

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Perinatal mental health conditions and psychosocial adversities are common and contribute substantially to maternal morbidity and mortality worldwide. Person-centred maternal care includes recognition and response

to psychosocial problems and is associated with positive experiences in high-income countries. Although antenatal care (ANC) coverage has expanded in Ethiopia, the extent to which services are person-centred, responsive to psychosocial needs, and inclusive of women with severe psychosocial disability remains unclear. This symposium presents mixed-methods evidence examining detection of common psychosocial problems, satisfaction with routine maternal services, and inequities in access for women with severe mental illness (SMI).

Presentations 1 and 2 draw on data from the maternal health platform of the ASSET (Health System Strengthening in Sub-Saharan Africa) programme in Ethiopia (2017-2021). In a cross-sectional study of 2,079 women attending ANC across eight primary health care centres in Ethiopia, 24.9% screened positive for at least one psychosocial problem and 7.3% for two or more. The most common problems were probable intimate partner violence (13.9%), risky khat use (6.5%), and depression (5.3%). Despite this burden, documentation was rare: psychosocial concerns were recorded for only 2.7% of women with probable depression and none with probable IPV. Observations showed low adherence to person-centred care competencies, and undetected symptoms were associated with lower satisfaction.

Presentation 3 focuses on women living with severe mental illness, who face considerable barriers to achieving their right to health. Quantitative analyses examine maternal care utilisation and quality-of-care indicators, whilst qualitative findings explore maternal care experiences and mechanisms of disadvantage from the perspectives of women, caregivers, and health workers.

Together, these findings highlight the urgent need for research and policy action to advance person-centred and inclusive maternal care in Ethiopia.

We gratefully acknowledge the contributions of the research participants and the ASSET and SCOPE research teams in Ethiopia.

Category: *Perinatal Mental Health in Resource-Limited Settings*

331: The Music and Parental Wellbeing Alliance: Advancing global practice through interdisciplinary and international collaboration

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Background: Parental wellbeing is a global public health concern with significant implications for family dynamics and child development. While music is a culturally ubiquitous tool that can support mental health and parent-child closeness, it remains underutilised in formal care pathways due to a translational gap between research and policy. To address these challenges, the Music and Parental Wellbeing Research Network (MPWRN) was established in 2023 to foster international and interdisciplinary collaborations. This presentation explores the transition of this network into a global Alliance designed to unify efforts in pushing the field of music for parental wellbeing forward.

Methodology: The Music and Parental Wellbeing Alliance (MPWA) was formed through a collaborative, stakeholder-driven process involving parents, musicians, health professionals, and researchers. A 2024 inaugural event with participants from ten countries informed the Alliance's shared values and core focus areas. Subsequently, an interdisciplinary writing group was convened to collaboratively define the strategic steps, driving principles, and a long-term vision for the field. This methodology ensured that the Alliance's mission was grounded in a plurality of voices and diverse cultural perspectives.

Results: The formation of the Alliance has successfully established a community of over 250 members from 26 countries across six continents. The group defined a three-part mission: SHAPE (driving nuanced

interdisciplinary evidence), SUPPORT (building practitioner capacity and training), and SHARE (translating research into policy and systems). These pillars provide a structured framework to address the sustainability and quality of music practices that are currently often limited to small, local pockets.
Conclusion: International alliances are essential for bridging the translational gap and embedding music into global parental support systems. In this talk, we will also draw on a new initiative launching in April 2026, in which the Alliance will conduct an environmental scan using a mixed-methods online survey. This scan aims to map current global practices, document associated impacts, and identify the specific challenges and priorities practitioners face, ultimately informing health-related decision-makers on the potential for music in formal care pathways.

Category: *Advocacy and Policy in Maternal Mental Health*

334: Health trajectories and shifting identities of pregnant women with severe mental illness in Ethiopia: a longitudinal qualitative study

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Background: Globally, pregnant women with severe mental illness (SMI), including schizophrenia and bipolar disorder, face substantial perinatal health risks. These include heightened exposure to violence, reproductive coercion, and barriers to accessing maternal health services. Evidence from high-income settings suggests women with SMI experience poorer obstetric and child outcomes. Despite these risks, women with SMI frequently describe motherhood as central to their existence.
In Ethiopia, previous studies indicate that most women living with SMI have children. However, the literature on their experiences during pregnancy and the perinatal period remains nascent. One small study among psychiatric inpatients reported mixed reactions to pregnancy and evidence of gaps in both medical and social support. There remains little understanding of how SMI interacts with social relationships, community contexts and health services to shape pregnancy experiences in this vulnerable group.
Methodology: This study uses longitudinal qualitative methods to explore how SMI interacts with factors at the individual, relationship, service and community level to shape women's health trajectories and identities through pregnancy. We aim to recruit 5–10 pregnant women living with SMI and their primary caregivers. Each woman–caregiver dyad will be interviewed up to four times across pregnancy and the postnatal period using semi-structured interviews. Baseline interviews will explore reproductive history, relationships and expectations of pregnancy and motherhood. Follow up interviews will seek to understand how and why perceptions and experiences change over time.
Results: Recruitment is underway. Interviews will be analysed using thematic analysis, followed by longitudinal case-based analysis to examine how experiences evolve over time. Recursive case analysis will enable tracing backwards and forwards within cases to understand changing circumstances and perceptions. Case-based framework grids will facilitate comparison across participants and help identify how pregnancy trajectories may be shaped by interacting individual, relational and health-system factors.
Conclusion: This study will provide in-depth insight into the perinatal experiences of women living with SMI in Ethiopia. By following women and caregivers longitudinally, the research aims to illuminate how mental illness, social relationships and health systems interact during pregnancy and early motherhood. Findings may inform the development of more responsive and integrated maternal and mental health services.

Category: *Perinatal Mental Health in Resource-Limited Settings*

335: Pre conception and perinatal health disadvantages among women with severe mental illness in Ethiopia: a mixed method study

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Background: (NB: This abstract overlaps with Presentation 3 included in the symposium application titled "Towards Person-Centred and Inclusive Maternal Care Services: Evidence from Ethiopia.") Globally, women with severe mental illness (SMI), such as schizophrenia and bipolar disorder, face substantial sexual, reproductive and perinatal health risks. These include heightened exposure to violence, reproductive coercion, and barriers to accessing maternal health services.
In Ethiopia, people living with SMI face significant barriers to health, including limited access to effective treatment and pervasive stigma, discrimination and rights violations. Gender inequality may create a double disadvantage for women with SMI, driven by reproductive biology and gendered social norms. Evidence from Ethiopia suggests women with schizophrenia are more likely to be abandoned by their spouses and report lower life satisfaction than men. Previous research also demonstrates a high burden of unintended pregnancy and induced abortion.
However, the sexual, reproductive and perinatal health disadvantages experienced by women with SMI have not been comprehensively investigated in community-based studies.
Methodology: The study uses a mixed-methods sequential explanatory design with community-oriented sampling across urban and rural settings with a combined population of over one million. A comparative cross-sectional study will estimate the prevalence and adjusted risk of outcomes including lifetime sexual violence victimisation, violence during pregnancy, reproductive coercion, and access to sexual and reproductive health services including family planning, abortion services, and maternal care. Second, a qualitative study using in-depth interviews and focus group discussions will explore how sexual, reproductive and perinatal health disadvantages are experienced and understood by women with SMI (purposively sampled), their families, and community- and facility-based health workers.
Results: Regression models will estimate associations between SMI status and sexual, reproductive and perinatal health outcomes. Models will be adjusted for variables identified a priori as potential confounders not accounted for through matching.
Qualitative data will be analysed thematically using an inductive approach by a team including persons with lived experience in Ethiopia. The socio-ecological model will guide analysis. Interpretation of findings will be triangulated with quantitative results.
Conclusion: This study will quantify and explain sexual and reproductive health and perinatal health disadvantages among women with SMI in Ethiopia using mixed methods. Findings will inform advocacy and identify targets and potential mechanisms for interventions to improve outcomes for women of reproductive age with SMI.

Category: *Perinatal Mental Health in Resource-Limited Settings*

355: Supporting Parent-Infant Relationships Equitably (SPIRE): A mixed-methods evaluation of national guidance on discussing parent-infant relationships in perinatal services

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Background: Parent-infant relationships are important for emotional security and healthy development. Although the relationship between perinatal mental health difficulties and adverse child outcomes is complex and multi-factorial, research highlights the quality of the parent-infant relationship as a key pathway of influence, whereby symptoms may constrain parents' capacity for sensitive, responsive and attuned caregiving. Early identification of relationship difficulties enables timely support, however there is no current consensus for how best to initiate and scaffold such conversations. In 2024, national guidance in England introduced three conversation prompts for practitioners to use across perinatal service contexts, within a three-step framework: i) starting the conversation, ii) identifying potential strengths and areas of need, and iii) signposting, referring or providing further support. Implementation of the guidance is not mandatory. This research aimed to evaluate the acceptability, feasibility and impact of the guidance, with a focus on equity.
Methodology: A mixed-methods multiple case study was conducted across six sites with varying approaches to implementation. Each involved interviews and focus groups with parents/caregivers and practitioners exploring their views and experiences of the guidance, with 82 participants (35 parents/caregivers; 47 practitioners). Qualitative data were analysed using framework analysis. Descriptive referral data were collected from 17 services across the sites. Key findings were taken to a national online stakeholder workshop to co-produce recommendations for equitable implementation.
Results: Participants viewed that prompts can help open conversation and standardise practice between practitioners, supporting earlier identification of need. However, views were mixed regarding acceptability of the prompts' strongly emotive words: fear and joy. Barriers were identified that limited parents/caregivers from feeling able to speak freely about their relationship and limited practitioners from consistently identifying where families require support. System-level readiness was viewed as crucial, including the availability of locally-developed training and onward services for signposting or referral, such as infant mental health pathways. Co-produced recommendations will be presented at the conference.
Conclusion: The SPIRE study offers co-produced recommendations and practice examples for supporting practitioners to discuss parent-infant relationships and identify need, with implications for family-focused perinatal and infant mental health care. The findings offer potential learning for other country contexts.

Category: *Advocacy and Policy in Maternal Mental Health*

356: Trauma-Informed Research Methods: Adaptation and Implementation in Mental Health Research with Women and Homeless Persons with Severe Mental Illness in Ethiopia

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Background: (NB: This abstract overlaps with Presentation 3 included in the symposium application titled "Responding to Gender-Based Violence and Mental Health Conditions in Ethiopia: Advancing Trauma-Informed Research and Perinatal Care.")
Traditionally, research has been conducted on people rather than with them. Participants who have experienced trauma have described feeling invisible, misunderstood, or even harmed during research encounters. Trauma-informed research seeks to address this by ensuring that research processes do not replicate dynamics of powerlessness or cause harm.
International guidance extends established research ethics principles and emphasises safety, choice, trustworthiness, collaboration, and empowerment. While these principles are widely relevant, their application is highly context-dependent, requiring attention to language, values, customs, and expectations.
Our aim was to adapt trauma-informed research guidance and apply it within ongoing mental health research programmes involving two vulnerable groups: women (SCOPE-SRH study) and homeless persons (HOPE study)

with severe mental illness in Ethiopia. Ethiopia is a context with rich traditions of community support, spirituality, and resilience, as well as challenges including poverty, entrenched gender inequalities, and pervasive stigma towards people living with mental illness.

Methodology: We developed trauma-informed research guidance for the Ethiopian context through a participatory, iterative process informed by approaches to cultural adaptation.

First, a grey literature search identified existing international guidance on trauma-informed research methods. Second, participatory workshops in Addis Ababa involving people with lived experience, psychiatrists, academic researchers, and experienced fieldworkers explored the relevance and practical application of trauma-informed principles for participant recruitment, data collection, and researcher wellbeing in Ethiopia.

Insights were synthesised into a draft guideline structured in line with resources from the Australian Institute of Family Studies. Training based on this guidance was delivered to psychiatric nurses and fieldworkers involved in the SCOPE-SRH study, with structured feedback informing further refinement.

Next steps include Amharic translation, implementation in ongoing programmes, mixed-methods evaluation and further iterative development involving research participants, fieldworkers, and a community advisory group including people with lived experience.

Results: We will present the adaptation process and early findings from the first year of implementation, highlighting practical lessons for trauma-informed research in Ethiopia and for adapting international guidance to local contexts.

Conclusion: Context-appropriate strategies for conducting trauma-informed research may help translate ethical principles into practice and strengthen perinatal mental health research in diverse settings.

Category: *Advocacy and Policy in Maternal Mental Health*

389: Implementing Perinatal Mental Health into Reproductive Child Health (RCH) Program in Rural area of India: Opportunities and Challenges

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In India, one in 5 women experience mental health issues during pregnancy and postpartum. The mental health problems such as stress, anxiety, depression and psychosis around the perinatal period can lead to adverse consequences to both mother and her child. Despite such a high prevalence, maternal mental health problems remain “under-recognized and under-treated”. There is a need for community-based service delivery in India, focusing on wellbeing with emphasis on prevention by enhancing the problem solving abilities and support system.

The Replicating Effective Programs (REP) framework for healthcare intervention is being adopted to integrate perinatal mental health promotive and preventive interventions into the maternal and child health program in 2 blocks of Haridwar, Uttarakhand.

Objectives of the program was

A. Understanding the awareness and needs of the community: Listening to and responding to women's understanding of their condition and what helps them recover; working with people as equal partners in their care; providing a choice of treatment and therapies, as well as who provides care; and using peer workers and supports, who provide encouragement and a sense of belonging, in addition to their expertise.

B. System strengthening: This includes creating awareness among pregnant women and postpartum mothers on perinatal mental health. Training of frontline health workers, Primary care physicians and OBGyns on perinatal mental health. Creating stepped care includes resource mapping and optimizing care pathways. Leveraging on existing system requires handling bureaucratic challenges

C. Service delivery: Standard service delivery to all pregnant and postpartum mothers requires constant monitoring and feedback system. Frontline health workers may face unskilled challenges in the community.

D. Continuum of care: Perinatal women with mental health challenges needs to be cared throughout the pregnancy and postpartum.

First presentation will focus on Implementation research model adopted for this study and highlights the

Implementations strategies.
Second presentation will focus on needs assessment conducted as part of the Implementation process and highlights findings of the assessment in the community.
Last two presentations will focus on the training of frontline health workers in screening for mental disorders and creating awareness about PMH among perinatal women and also share the preliminary findings.

Category: *Perinatal Mental Health in Resource-Limited Settings*

408: Data Quality Challenges in Developing Machine Learning Models for Perinatal Mental Health: Lessons from a Rural-Serving Healthcare System

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Background: Perinatal mental health conditions, including substance use disorders, affect 1 in 5 pregnant people, yet identification and treatment remain suboptimal. This study examines the quality and completeness of perinatal mental health data from a rural-serving healthcare system to evaluate its potential as training data for machine-learning risk prediction models and to identify limitations that, if left unaddressed, could perpetuate healthcare inequities
Methodology: A retrospective analysis of perinatal mental health care data from 2020-2023 was conducted at a rural-serving hospital system (n=5,692 individuals; 6,393 pregnancy episodes). We assessed the completeness of the mental health care cascade (screening, diagnosis, referral, treatment initiation, and engagement) and examined demographic representation and care disparities that could affect the development of machine learning models. Attention was paid to variability in screening tools, missing-data patterns, and potential sources of bias.
Results: Data variability issues were identified, including inconsistent documentation and coding of mental health diagnoses, variable capture of screening tools (structured vs. unstructured fields), and limited utility for active/resolved problem designation. Substance use related disorders specifically had significant variability in coding.
Conclusion: This analysis highlights critical limitations in using existing clinical data for machine learning risk prediction models in perinatal mental health, particularly substance use related disorders. Training algorithms on data reflecting significant screening inconsistencies, coding gaps, and resolution dates risks perpetuating or amplifying biases. Future model development requires careful data curating, bias mitigation techniques, and fairness constraints to avoid decreased model reliability. Implementing standardized screening protocols and addressing system-level barriers to care are necessary for both improved patient outcomes and the development of fair artificial intelligence (AI) based tools. These findings highlight the need for policies around data training transparency for future AI tools.

Category: *Advocacy and Policy in Maternal Mental Health*

414: Understanding the diversity of pregnancy and mental health experiences in a South African urban setting

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Background: Mental health conditions in pregnancy are extremely common in sub-Saharan Africa and often under-recognised. The context of global climate change may introduce additional vulnerability. We present preliminary findings describing the broad range of pregnancy experiences and associated mental health conditions among a cohort of women with high-risk pregnancies.
Methodology: As part of the larger Bio-HEAT study in South Africa investigating the effect of extreme heat on the pathway to prematurity in 200 women and their infants, we conducted serial in-depth interviews with a sub-set of 19 women alongside quantitative mental health assessment including the Edinburgh Postnatal Depression Scale (EDPS) and Primary Care Post-Traumatic Stress Disorder Screen (PC-PTSD). Interviews were carried out with women during and after pregnancy (ongoing). Interviews explored psychosocial and socioeconomic circumstances as well as experience of heat during pregnancy. Thematic analysis of interview transcripts was used to identify common themes.
Results: Participants were aged 22–40 years and ranged from their first to seventh pregnancy. At enrolment, the mean EPDS score was 6.1 (range 0–18), and on the PC-PTSD trauma screening item, 7 (37%) participants reported having experienced a traumatic event. Three key themes emerged from the qualitative analysis. First, psychosocial contexts shaped experiences of pregnancy and mental wellbeing, with participants describing how personal circumstances, life stressors, and prior experiences influenced their wellbeing during pregnancy. Second, bereavement and loss during pregnancy emerged as a prominent theme, relating both to the loss of adult family members and to previous pregnancy or child loss. Third, variation in social support and disclosure of experiences was evident, with some participants navigating pregnancy-related challenges largely alone while others described strong support networks.
Conclusion: Mental health conditions and pregnancy overall are often viewed as discrete entities each with common characteristics; but they are shaped by diverse contexts and experiences. This needs to be better understood in obstetric mental health research because both entities overlap and influence each other continuously. In this setting, mental health screening in antenatal consultations should include questions about women's experiences of bereavement, including that relating to past pregnancies or children.

Category: *Perinatal Mental Health in Resource-Limited Settings*

437: Exploring the usefulness of transference in neonatal qualitative research

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Background: Transference involves the unconscious projection of feelings and experiences onto qualitative researchers, while countertransference refers to the researcher's cognitive or emotional response to the participant. Both can lead to bias in the data if the responses are not understood, managed and mitigated. The value of tapping into these experiences for a deeper, more explicit understanding of the data is an underexplored benefit of qualitative interviews. This is even more important in research on neonatal mental wellness, informing the research on aspects not verbalised by the informants.
Methodology: Qualitative in-depth interviews are being conducted as part of the BioHeat study at Rahima Moosa Mother and Child Hospital in Johannesburg, South Africa. Pregnant mothers are interviewed at different stages of their pregnancy to understand their lived experiences. The outcomes include live births, premature births, stillbirths and miscarriages. Besides the emotional toll the interview takes on the researcher, it yields data through transference and countertransference. explored during weekly team debriefings and individual reflections.
Results: Interviewers have different perceptions of pregnancy, including those of a clinician, mother, father, and grandmother. Interviews elicit emotions related to past experiences of a near delivery before arrival, expectations of extended family, and neonatal death. These experiences shape the interview process and the data. Positive

aspects include the rapport established throughout the pregnancy and research journey. Exploring transference and countertransference is more valuable than avoiding emotional involvement, as it enriches and integrates the data. Debriefing notes, summary notes, personal involvement in transcription of the interviews and regular team meetings are critical to ensure that biases are limited and to mine for additional understanding and interpretation of the meaning of lived experiences. These will be further explored and documented as the study progresses, but are already useful tools for managing emotional content and deepening the data collection.
Conclusion: Ethical conduct is critical to the mental well-being of the mother, the neonate, and their family system during the research process. Reflecting critically on the transference in the research relationship is not only essential for team wellness but also contributes to research rigour and richness of data in neonatal research.

Category: *Perinatal Mental Health in Resource-Limited Settings*

466: Development of a "Theory of Change" strategic roadmap to support integration of mental health into maternal and child healthcare services in Malawi

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Background: Access to maternal mental health care remains a challenge in most low- and middle-income countries. In Malawi, women in the perinatal period are not routinely screened for mental health disorders nor offered treatment for these; this is despite evidence of the feasibility of integrating depression screening and psychological interventions (such as the Thinking Healthy Programme-Peer Delivered) into routine perinatal care. This formative study aimed at developing a strategic roadmap (a "Theory of Change" (ToC)) to support integration of mental health into maternal and child healthcare (MCH) services in Malawi.
Methodology: The study was conducted in Lilongwe District, Malawi from August 2024 to February 2026. A total of 38 participants including mothers with lived experiences, community leaders, members, primary health care workers. members of higher education institution and Ministry of Health Officials were involved in an iterative Theory of Change development process.
Results: Three ToC workshops were conducted. A list of challenges in the delivery and access of maternal mental health care in PHC settings in Malawi were identified under three dimensions; policy, health care delivery system and community. Strategies to overcome these were agreed upon and a strategic road map developed highlighting the expected impact of successful integration, outcomes (short, intermediate and long term), and the changes needed at policy, healthcare delivery system and policy level to ensure successful integration. Synthesized data from the 3 workshops revealed one long term outcome; Quality maternal health care at all levels, with a total of five intermediate and eighteen short term outcomes at policy, health care delivery systems and community level. A list of activities was consequently outlined to achieve specific outcomes. The overall impact being "Improved maternal mental health outcomes for all mothers accessing maternal and child health services in Malawi"
Conclusion: The strategic road-map developed highlights changes required and all levels for successful integration of mental health in maternal and child health services. The findings will be used as an advocacy tool and will inform funding application for a randomized controlled trial of a pragmatic scalable maternal mental health intervention consistent with existing readiness of the healthcare system in Malawi.

Category: *Perinatal Mental Health in Resource-Limited Settings*

475: More than a checklist: A qualitative exploration into postpartum mental health screening and the transition to community support

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Background: Postpartum mental health disorders affect about 10-20% of new mothers. Early screening for postpartum mental health disorders and referral to mental health resources are recommended. However, gaps remain in the continuity of mental health care support once postpartum women are discharged home. Therefore, this study explores postpartum women's perspectives on the postpartum discharge transition to identify systemic barriers and facilitators to effective mental health support.
Methodology: Semi-structured in-depth interviews were conducted from July to August 2023 with 163 postpartum women who had given birth within the past 12 months. Participants had given birth in hospitals across 32 Healthy Start Coalition regions in Florida, United States. Qualitative data was analyzed using thematic analysis.
Results: Five major themes were identified. Barriers identified included: 1) Screening and support gap – participants felt that screenings were just a "checkbox" to complete and that often there was little hospital follow-up after discharge, 2) Ineffective paper-based resources – printed educational/resource materials were viewed as ineffective because of information overload and postpartum exhaustion, 3) Overlooking the partner/father – lack of education and support resources for partners/fathers who may be the primary caregiver during postpartum recovery; and facilitators identified were the 4) Role of community-based organizations – Healthy Start and other community groups often filled the support gap missing from hospital-based continuity of care, and 5) Reliance on health background – prior mental health literacy was helpful in self-advocacy.
Conclusion: Study findings highlight important gaps in healthcare system mental health protocols for postpartum women during the transition from hospital to home. To improve postpartum mental health outcomes, healthcare systems must move beyond standardized mental health screening toward integrated follow-up support models. Recommendations include "warm handoffs" to community mental health resources and services, providing education and support that are inclusive of partners, and utilizing digital or interactive resources to replace traditional print materials for education and support.

Category: *Advocacy and Policy in Maternal Mental Health*

Other

128: Perinatal depressive symptom trajectory classes in mothers and partners and their prospective associations with parents' health-related quality of life and child development three years after childbirth

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Background: The transition to parenthood represents a period of substantial physiological and psychosocial change, leading to an increased risk of mental health difficulties in parents. This study aimed to identify distinct trajectories of depressive symptoms and to examine whether these trajectories, as well as their predictors and prospective associations with parental health-related quality of life and child development differ between mothers and partners.
Methodology: Longitudinal data from the "Dresden Study on Parenting, Work, and Mental Health" (DREAM) cohort were used. A total of 2,131 (57%) mothers and 1,576 (43%) partners provided self-report data during pregnancy, 8 weeks, 14, 24, and 36 months postpartum. Depressive symptoms were assessed using the Edinburgh Postnatal Depression Scale. Latent trajectories of parental depressive symptoms were identified using Growth Mixture Modeling.
Results: Most mothers (74%) and partners (88%) had a "stable-low" symptom trajectory, while 13% of mothers and 9% of partners showed increasing depressive symptoms following childbirth. Persistently high levels of depressive symptoms were only found in mothers. Shared risk factors were lifetime depression, critical life

events, social support, neuroticism, and negative beliefs about uncontrollability of thoughts. School education and relationship satisfaction only predicted the "stable-burdened" compared to the "stable-low" class in mothers. Mothers' and partners' depressive symptom trajectories were prospectively associated with their mental health-related quality of life, but not with their child's development at 36 months postpartum.
Conclusion: While both mothers and partners share common longitudinal patterns of peripartum depression and associated risk factors, mothers may encounter unique depressive symptom burdens and vulnerabilities.

191: Management of mental disorders during pregnancy, postpartum and lactation period: A retrospective analysis in a specialized psychiatric outpatient clinic

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Background: Pregnancy, postpartum and lactation represent life phases with particular challenges, especially for women with existing or newly occurring mental illnesses. The aim of this retrospective analysis was to examine the psychiatric diagnoses, treatment methods, and care needs of patients in our specialized psychiatric outpatient clinic.
Methodology: A retrospective analysis was conducted on 123 patients who presented to a specialized outpatient clinic for mental health disorders during pregnancy and lactation over a 12-month period. The following data were evaluated: primary and secondary diagnoses, age at first contact, number of pregnancies and births, and applied treatment modalities. Furthermore, a distinction was made between consultations for pre-existing mental health disorders and a desire to conceive, consultations during pregnancy or lactation, and consultations following miscarriage or abortion.
Results: In 60% of the patients, the main diagnosis was a first or recurrent depressive episode, followed by adjustment disorders (12%) and anxiety disorders (9%). In 37 cases, there were additional psychiatric diagnoses, most commonly ADHD (16%). The patients ranged in age from 19 to 61 years, with a mean age of 33.5 years. Overall, 107 pregnancies were documented, 62% of which were in their first pregnancy. Sixteen patients received counseling for pre-existing mental disorders and a desire to conceive. Forty-nine patients presented for the first time during pregnancy, 53 during lactation, and five following a miscarriage or abortion. On average, the patients had 4.7 physician contacts. 18% participated in individual psychotherapy and 46 % in psychologist-led group therapy. Psychotropic medication was prescribed in 63% of cases, most frequently sertraline, quetiapine, and venlafaxine.
Conclusion: Affective disorders, especially, depressive episodes, were the most common psychiatric disorders during pregnancy and lactation. The results highlight the necessity to expand existing healthcare structures and tailor them specifically to the needs of these patient population. Future research should focus on identifying clinical and psychosocial predictors to detect at-risk patients early and offer individualized treatment.

Category: *Outpatient psychiatric care during pregnancy, postpartum and lactation*

225: Examining the longitudinal relationships between hypertension, sleep quality, and postpartum mental health in women with adverse pregnancy outcomes

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Background: Perinatal mental health conditions are a leading cause of maternal morbidity and mortality. However, little is known about factors that could predict postpartum mental health symptoms and sleep disturbance among women with adverse pregnancy outcomes (APO).
Methodology: Women were recruited from a Los Angeles, United States, hospital into a prospective longitudinal registry after experiencing an APO. Blood pressure (BP) was collected at delivery, 6 months and 30 months postpartum. We evaluated survey data, if available, at 6 and 30 months postpartum (N=103). Among those, 66 patients were diagnosed with preeclampsia (64%), 30 with hypertension (29%), 5 with gestational diabetes (5%),

and 2 with postpartum hemorrhage (2%). Sociodemographic data were obtained via retrospective chart review. Depression symptoms (Edinburgh Postnatal Depression Scale), anxiety symptoms (Overall Anxiety Severity and Impairment Scale), PTSD symptoms (Impact of Event Scale) and sleep were self-reported annually. Sleep quality and likely insomnia were calculated from six Pittsburgh Sleep Quality Index items. Variables were analyzed via logistic, linear, and multivariable regression models.
Results: BP at delivery significantly predicted average nightly hours of sleep at 6 months postpartum (p=0.015); as delivery systolic and diastolic BP increased by 1mmHg, average nightly sleep at 6 months postpartum decreased by 1.2 minutes, b=-0.019, p=0.016, and 2 minutes, b=-0.03, p=0.015, respectively. When controlling for depression, anxiety, and PTSD scores at 6 months postpartum, likely insomnia at 6-months postpartum significantly predicted anxiety scores at 30 months postpartum, such that individuals with likely insomnia scored, on average, 1.80 points higher on the OASIS than those without likely insomnia, b=1.80, p=0.027. Hypertension at 6 months postpartum significantly predicted insomnia at 30 months postpartum, such that individuals with hypertension at 6 months postpartum (17 of 48 patients with BP data, 35.42% above 130/80mmHg cutoff) were 2.57 times more likely to have insomnia at 30 months postpartum, OR = 3.57, p=0.049.
Conclusion: Elevated postpartum BP emerged as a significant predictor of reduced sleep quality, duration and likely insomnia, which may heighten risk for chronic anxiety among individuals with APOs. Early assessment of BP and sleep disruption is indicated to inform targeted clinical interventions in the postpartum period.

Category: *Adverse pregnancy outcomes and perinatal mental health*

227: The Benefit of Social and Professional Support Many Years After the Neonatal Intensive Care Unit Experience

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Background: Perinatal mood and anxiety disorders (PMADs) affect 15-39% of NICU mothers. Research indicates distress persists long after NICU discharge, with reports of depression, anxiety, and PTSD more than one-year post-NICU stay. Long-term outcomes at 3-5 years postpartum and the role of social and professional mental health support remain unclear.
Methodology: Between 2018-2020, 69 NICU mothers completed the Edinburgh Postnatal Depression Scale (EPDS) for depression symptoms, the Overall Anxiety and Impairment Scale (OASIS) for anxiety symptoms, and the Impact of Event Scale (IES) for post-traumatic stress symptoms. Between 2024-2025, participants were recontacted for repeat assessment and report of professional support (three items) and social support using the Multidimensional Scale of Perceived Social Support (MSPSS). Regression models examined whether social and professional mental health support were associated with symptom persistence.
Results: Thirty-one mothers completed the 3–5-year follow-up survey (45%). Survey completers and non-completers did not differ on parity, NICU length of stay, mental illness (MI) history, marital status, or NICU morbidity. Follow-up survey completers were older (p7), and PTSD (50% and 43%, IES>26). MI History correlated with all symptoms and was included in regression models. MI history and MSPSS were significantly associated with EPDS score (R-square=0.472, p=0.0001), such that a 20-unit increase in the MSPSS was associated with a 4-unit decrease in EPDS score (p=0.0002), independent of MI history. MSPSS and MI history were also significantly associated with OASIS score (R-square=0.501, p=0.0003). A history of MI moderated the MSPSS effect (p=0.045), such that in women without MI history, a 20-point increase in MSPSS was associated with a 4.4-unit decrease in OASIS, while in women with MI history, OASIS was not associated with MSPSS. All symptoms were lower for those who received professional support after their NICU experience (EPDS p=0.004, OASIS p=0.012, IES p=0.003).
Conclusion: Many years after NICU graduation, social and professional support are protective, particularly against anxiety and depression, and professional support is strongly suggested. These findings warrant extended mental health screening with NICU mothers post-discharge.

Category: *Systems of Care - NICU mothers*

233: Delusions related to motherhood in women with SMI admitted to a tertiary specialist hospital in Johannesburg South Africa

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Background: Motherhood is an important societal role for many women. Women with serious mental illness (SMI) may experience delusions related to motherhood (DRM), as delusional content reflects the biological and psychosocial context of persons with SMI. Delusional pregnancy is well described in the literature, however delusions of being a mother have been described as an uncommon symptom of psychiatric disorders including schizophrenia. Women with SMI may also have delusions related to existing children, impacting on the parenting role. Therefore, DRM may be an important consideration in women's mental health practice.
Methodology: The purpose of this study was to determine the prevalence of DRM in women with SMI, admitted to a tertiary specialist hospital in Johannesburg South Africa. The secondary objective was to describe the content of DRM and pregnancy in this population, along with clinical characteristics. This review included all females admitted from July 2021 to June 2022 (N=121). Delusional content related to motherhood was recorded and further described.
Results: DRM was present in 24.7% of females admitted with SMI, and 30% of women with SMI who experienced delusions, had DRM. Of the women with DRM, 76.7% were mothers and 9.1% had either persecutory or bizarre delusions about verified children. Delusion of pregnancy was present in 7.4% of women with SMI, and 8.3% reported delusion of maternity. The most common diagnosis in women with DRM was schizoaffective disorder, followed by bipolar disorder.
Conclusion: DRM are common in women with SMI in this setting, highlighting the mothering role for these women, and an often-overlooked theme of delusional content. Additionally, persecutory or bizarre delusions about verified children were noted, with potential childcare implications. Further research could explore the biological, cognitive, psychological and cultural genesis of these delusions within South African women with SMI.

Category: *SMI in women*

288: Voices of Traditional Women Communicators in The Gambia: Culture and Care for Mothers

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Background: Maternal health in The Gambia is shaped by not only formal health systems but also by indigenous knowledge systems and cultural communication networks. In The Gambia, Traditional women communicators also known as Kanyelengs play vital roles in transmitting health knowledge, supporting mothers, and shaping community attitudes toward pregnancy and childbirth.
Kanyelengs are influential community educators who use humor, music, and performances to disseminate health information and raise awareness about maternal health and mental wellbeing. Their voices address sensitive social issues on maternal and child health which strengthens culturally sensitive health interventions.
Methodology: The exhibition will feature various approaches used to transmit messages through the following:
• Oral traditions - Storytelling sessions, traditional songs such as lullabies and chants for calming mothers during pregnancy;
• Performing art – through performances such as dance and drama, the traditional women communicators will communicate messages about antenatal care, safe delivery practices, breastfeeding, and nutrition which fosters access to health education and culturally relevant.
• Interactive booths for community engagement – through participatory and interactive sessions, there will be testimonies from maternal women and mothers sharing personal experiences including taboo subjects such as fertility, gender-based violence and maternal health which are often difficult to address in public discourse.
• Endpoint: Traditional women communicators perform songs alongside contemporary artists.
Results:
• Health Education
Through songs, drama, and storytelling, maternal women are educated about antenatal care, safe delivery

practices, breastfeeding, and nutrition.
• Community Mobilization
Through this exhibition, families will be encouraged to support pregnant women and seek medical care when needed.
• Support for Maternal and Pregnant Women
Traditional women communicators who also serve as birth attendants, will provide prenatal and postnatal advice as trusted health advisors.
• Cultural Significance
Through collective participation, the exhibition will be rooted in cultural norms, humor, and culturally acceptable guidance and emotional support for maternal women during pregnancy and childbirth to overcome barriers such as stigma, fear.
Conclusion: Traditional women communicators such as the Kanyeleng groups, are powerful agents of cultural transmission and community health education in The Gambia. Their voices—expressed through music, storytelling, and caregiving—bridge the gap between cultural practices and modern maternal health services.

322: Beyond 'Normal' Pregnancy Sleep: Identifying Modifiable Sleep Factors Linked to Perinatal Mood Risk

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Background: Sleep disturbances plague 50-60% (> 2 million women) by the third trimester, with 20-60% still experiencing symptoms at 3 months postpartum. For many clinicians, insomnia and poor sleep quality are often considered transient symptoms of childbearing with few consequences for mental health, despite the extensive literature linking sleep with postpartum mood symptomatology.
Methodology: The current study evaluated insomnia, sleep quality and mood in perinatal women up to three times points: T1 (N = 43): 16-20 weeks gestation T2 (N = 33): 28-31 weeks, and T3 (N = 29) at 3 months postpartum.
Results: Participants were 30.8 ± 5.0 years of age, with 67.3% having an education of ≤ some college. Over 72% identified as Caucasian, 88.4% were married/living with a partner, and 79.1% had a household income of ≤ $50,000. At T1: 2 (4.7%) met criteria for severe insomnia, 6 (14%) met criteria for moderate insomnia, 10 (23.3%) met criteria for mild insomnia and 24 (55.8%) did not have insomnia. By T2: 5 (11.6%) had moderate insomnia, 14 (32.6%) had mild insomnia, and 14 (32.6%) did not have insomnia. By T3: no one had severe or moderate insomnia, suggesting that many experienced pregnancy-induced insomnia. With regards to sleep quality, 27 (62.8%) met criteria for poor sleep quality at T1, 23 (53.5%) at T2, and 20 (46.5%) at T3. EPDS scores revealed that the majority of the participants had no/subthreshold depression: 34 (79.1%) T1, 32 (74.4%) T2, and 36 (83.7%) T3. However, 5 (11.6%) T2 and 3 (7.0%) at T3 met criteria for major depressive disorder. Simple correlations indicated that participants with greater insomnia severity had more depressive symptoms during pregnancy only ($r = .520$, $P < .001$, T1; $r = .518$, $P < .002$, T2). Likewise, poorer sleep quality was associated with more depressive symptoms but only at T1 ($r = .441$, $P < .003$).
Conclusion: This preliminary evaluation of sleep and mood in perinatal women is consistent with the extant literature that poor sleep is a risk factor for perinatal mood disorders. Sleep should be evaluated in perinatal women, especially since it is modifiable, which could reduce risk for mood disorders.

Category: *sleep in perinatal mental health*

350: Breastfeeding during maternal lithium therapy: a audit of infant plasma lithium levels and short term outcomes

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Background: Breastfeeding is the gold standard for infant nutrition and has maternal and infant mental health benefits. Lithium is a highly effective treatment for bipolar disorder, including in the perinatal period when risk of

relapse is high. Lithium crosses the placenta freely exposing the fetus to lithium throughout the gestational period but with small dose-related increased risk of congenital malformations. Lithium therapy has been considered a contraindication to breastfeeding due to concerns about infant exposure and potential toxicity. This guidance was largely based on theoretical risks and case series that did not consider the transplacental transfer of lithium. Recent evidence suggests that with careful clinical oversight, lithium use during lactation may be a feasible and safe option. Within a multi-disciplinary team framework this study aimed to monitor infant lithium levels after birth and during breastfeeding and other health outcomes to evaluate infant exposure and and to determine whether women who wish to breastfeed while on lithium therapy can be supported to do so safely.
Methodology: Minimal risk ethical approval was granted by the University of Otago and Canterbury District Health Board. After an informed consent process and in a carefully selected population, women on lithium therapy who decided to breastfeed were supported to do so within a multidisciplinary perinatal mental health service offering close monitoring of maternal and infant levels and clinical review as needed. Guidelines were provided regarding place of birth (tertiary hospital) and it was recommended that the neonatal team attend the delivery. Infants who were born prematurely were not exposed to lithium in breastmilk until they reached term-equivalent age. It was recommended that feeding was supported to ensure good hydration and infant lithium levels were monitored after birth and at regular intervals while breastfeeding. Infant renal and thyroid function was also checked. Need for resuscitation, neonatal intensive care unit (NICU) admission was noted as was chosen feeding method.
Results: Between 2014 and 2023, 22 singleton infants were exposed to lithium and underwent monitoring. The highest infant serum lithium levels were seen within the first 48 hours after birth with a subsequent rapid decline to very low levels regardless of feeding practice. There was a high rate of needing any resuscitation at birth (54%) with 50% requiring admission to NICU after birth. No infants had evidence of renal or thyroid dysfunction due to lithium exposure. At 24 hours 23% of infants were exclusively breastfed, 41% were mixed fed. At 6 weeks 30% were exclusively breastfed, 20% mixed fed. At 3 months 20% were exclusively breastfed, 15% were mixed fed.
Conclusion: Infant lithium levels are highest in the 48 hours after birth then rapidly decline even if exposed to lithium through breastmilk. Within a carefully supported programme low risk women can be supported to breastfeed while on lithium with minimal risk to their infants. However exclusive breastfeeding rates remain low and this population may need more lactation support. Of concern, infants exposed to lithium in-utero have high rates of needing resuscitation at birth and NICU admission and more research is needed to establish effective ways to reduce this risk.

Category: *Supporting breastfeeding in women with bipolar disorder (specifically those on lithium)*

397: Help-Seeking Patterns for Perinatal Mental Health in India: Insights from the Tele-MANAS National Tele-Mental Health Program

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Background: Perinatal mental health problems, including depression, anxiety, and stress-related disorders, are common but often under-recognised and undertreated. Barriers such as stigma, limited mental health infrastructure, and geographic constraints particularly affect women in rural areas. The national Tele-MANAS (Tele Mental Health Assistance and Networking Across States) initiative was launched to improve access to mental health services through telephonic support and referral pathways. The aim is to examine help-seeking patterns, clinical presentations, and demographic characteristics of women accessing the Tele-MANAS helpline for pregnancy- and postpartum-related mental health concerns.
Methodology: A retrospective analysis was conducted on 3,549 calls related to pregnancy and postpartum mental health concerns received through the Tele-MANAS helpline from program inception to February 2026. Data on demographic characteristics (age, urban–rural location, and state-wise distribution) were analysed. Clinical severity was assessed using the program's triage categories and average call duration. Symptom patterns were identified based on reported complaints during calls. User satisfaction was evaluated through a voluntary 5-point feedback rating system.

Results: Among 3549 callers, the majority of callers were aged 20–30 years (n = 1,714). Among callers with available location data, 77.4% were from rural areas and 22.6% from urban areas. Pregnancy-related concerns constituted 67.3% of calls, while postpartum concerns accounted for 32.7%. Common symptoms included sadness of mood (n = 711), reduced sleep (n = 515), and persistent tension or stress (n = 389). Most calls (96.2%) were managed as routine consultations, whereas emergency calls required longer engagement (average ~15 minutes). Telangana reported the highest call volume (n = 1,411), followed by Karnataka (n = 502) and Tamil Nadu (n = 222). A total of 241 calls were made regarding a woman in the perinatal period by the caregiver/Healthcare workers. Among these calls, 59% were found to be from the spouse, 17% from siblings, 14% from the mother and 4% even from the general public. Among the calls that were not from caregivers, a majority (49) were from community healthcare workers(ASHAs) who go door-to-door caring for pregnant women and are the backbone of the RCH program in India. A total of 155 callers were referred for in-person evaluation. User satisfaction was high, with 94 callers providing a five-star rating.
Conclusion: Tele-MANAS appears to be an accessible platform for addressing perinatal mental health concerns, particularly among rural populations. Integrating structured screening for depression and anxiety and strengthening counsellor training for crisis management may further enhance the effectiveness of tele-mental health services for perinatal women.

Category: *Tele Mental Health services*

419: Mental Health and Workforce Impacts of Midwives' Experiences of Moral Distress and Moral Injury

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Background: Goal 3 of the Sustainable Development Goals identifies multiple targets related to improved Global Health by 2030, including reducing maternal mortality and ending preventable deaths of newborns. It is widely recognised that midwives are essential to the provision of high-quality maternal and newborn care globally. Midwifery workforce shortages represent a persistent and growing barrier to achieving the maternal health goals set out in Goal 3. A recent study estimated that almost 1 million more midwives are required to ensure all women have access to equitable, woman-centered, integrated midwifery care throughout the pre-pregnancy to postnatal periods.
Midwifery workforce shortages exist globally, in part, because of midwives' experiences of moral distress (MD) and moral injury (MI). These are now recognized internationally as growing mental health and ethical concerns. MD has been described as a response to moral constraints while MI arises from personal transgressions or from witnessing others' transgressions. MD and MI are emotionally and morally detrimental with MI existing at the far end of a continuum of biopsychosocial and spiritual harm potentially reaching the threshold of a clinical problem.
Methodology: Using a review of the literature and philosophical analysis, the root causes of midwives' MD and MI were examined as they relate to their experiences of damage to their moral identities. Healthcare professionals' moral identities are central to practice because it is through them that they understand their responsibilities and are motivated to fulfill them.
Results: At their core, both MD and MI reflect constrained moral identity as a key component. Advocacy and care are central to the identities of midwives, but practice conditions often inhibit the expression of these values. Exposure to the abuse of women in labour, the inability to meet caring responsibilities, medicalized births, thwarted advocacy, and a lack of professional regard can lead to MD and MI if they are severe or frequent.
Conclusion: While solutions are not simple, evidence-based recommendations will be identified to protect midwives' moral identities and mental health. Ultimately, these supports are necessary to preserve the midwifery workforce.

Category: *Mental Health and Moral Distress/Injury*

456: Pregnancy-Associated Homicide in the United States: Firearms as Lethal Means and Intimate Partner Violence Before and During the COVID-19 Pandemic, 2018 – 2022

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Background: Homicide is a leading cause of pregnancy-associated mortality in the United States and increased by 63% from 2010 to 2019. While national maternal mortality prevention initiatives prioritize maternal mental health, the intersection of intimate partner violence (IPV), firearm access, and partner suicide risk remains under-recognized. IPV was exacerbated by the COVID-19 pandemic. We hypothesized that IPV and firearms among pregnancy-associated homicides increased from before to during the pandemic and that IPV-involved homicides were more likely to include suspect homicide-suicide.
Methodology: A cross-sectional study examined the incident-based National Violent Death Reporting System, 2018–2022. Pregnancy-associated homicide was defined as death inflicted by others during pregnancy or within one year postpartum. We compared incident counts and proportions of circumstances before and during the pandemic and examined characteristics of incidents, victims, and suspects and stratified by IPV involvement. Narrative case reviews identified missed opportunities related to protective orders. We performed z-tests and Chi-square tests for period comparisons, Chi-square tests or two sample t-tests of incidents stratified by IPV.
Results: Among 537 incidents from 36 jurisdictions with consistent reporting, annual mean counts of pregnancy-associated homicides and firearms increased by 22% and 28%, respectively, from before to during the pandemic (all P0.05), averaging 78% and 50%, respectively. Among 23 incidents (4%) mentioning protective orders, all involved IPV; common themes included suspect homicide–suicide, substance use, and timing of protective order implementation. Among 693 incidents from 52 jurisdictions with known victim–suspect relationships, 76% were perpetrated by intimate partners. IPV-involved homicides were more likely to occur in the victim's home and to involve suspect suicide (all P<0.05).
Conclusion: Pregnancy-associated homicides increased during the pandemic in jurisdictions with consistent reporting, with IPV remaining a frequent and persistent circumstance. IPV-related homicides were more likely to occur in the home and be followed by suspect suicide. IPV can be an underlying cause in the chain of events for pregnancy-associated homicide. Integrated transdisciplinary prevention strategies addressing IPV, firearm access, and homicide–suicide risk—and strengthening the effectiveness of protective orders and home safety—may help reduce pregnancy-associated homicide.

Category: *Maternal Mortality Surveillance and Violence Prevention*

465: Pregnancy-Associated Suicide in the United States: Intimate Partner Adversity, Mental Health, and Firearm Use Before and During the COVID-19 Pandemic, 2018–2022

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Background: Pregnancy-associated suicide is a leading cause of maternal mortality in the United States. Intimate partner adversity (IPA)—including relationship conflict, separation, jealousy, and violence—is a recognized contributor to suicide risk and may have been exacerbated by stressors during the COVID-19 pandemic. However, the role of IPA in pregnancy-associated suicide during this period among pregnancy-associated suicides has not been well characterized. We examined the proportion and characteristics of IPA in pregnancy-associated suicides before and during the COVID-19 pandemic.
Methodology: We conducted a cross-sectional analysis using incident-based data from the U.S. National Violent Death Reporting System, 2018–2022. Pregnancy-associated suicide was defined as death due to intentional self-harm during pregnancy or within one year after the end of pregnancy. Incident characteristics, mental health conditions, firearm use, and circumstances were compared across pandemic periods using z-tests and Logistic regressions and by IPA involvement. Narrative case reviews were conducted to identify indicators of intimate partner violence.
Results: Among 406 incidents from 36 jurisdictions with consistent reporting, the proportion involving IPA (43%) increased from 45% (2018–2019) to 48% (2020–2021) (p=0.60) and then decreased to 34% in 2022 (P=0.04). Mental health problems were documented in 62% of suicides, most commonly depression. Firearms were the leading lethal means and used in 39% of incidents. Among 529 incidents from 49 jurisdictions, suicides involving IPA were more likely than those without IPA to involve firearm use, anxiety disorder, alcohol problems, homicide–suicide events, and disclosure of suicidal intent to intimate partners (all P<0.05). Narrative review identified indicators of intimate partner violence in 25% of suicides involving IPA and documented 13 homicide–suicide incidents, including 11 (2%) filicide–suicides.
Conclusion: IPA among pregnancy-associated suicides increased during the pandemic insignificantly but decreased significantly in 2022. IPA is a frequent circumstance and often co-occurs with mental health problems and firearm access. IPA can be an underlying cause in the chain of events for pregnancy-associated suicide. Policies and programs to screen for and respond to mental health conditions, firearm access, IPA, and alcohol problem among women of reproductive age may be beneficial public health strategies to prevent pregnancy-associated suicide.

Category: *Maternal Mortality Surveillance and Violence Prevention*