

Pandemic World

Woman • Family • Society

Pandemische Welt

Frau • Familie • Gesellschaft



© Nikolina Roth (12 years): The world after Corona

20th Congress of the International Society of
Psychosomatic Obstetrics and Gynaecology (ISPOG)

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und der Schweizer Arbeitsgemeinschaft für
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Abstracts

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20th Congress of the International Society of Psychosomatic Obstetrics & Gynaecology (ISPOG)

Oral presentation 1: Pandemia, Womens health and Supportmodels

Challenges egalitarian couples with small children had to face during the COVID-19 lockdown in Germany in spring 2020. A qualitative content analysis

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Introduction: At the beginning of the COVID-19 pandemic, the German population was instructed to stay at home and childcare institutions were closed for four weeks in spring 2020. This first lockdown posed challenges for egalitarian couples, sharing paid work, childcare, and housework equally. Public media warned of re-traditionalization. The DREAM_{CORONA-TALK} study aims to investigate how egalitarian couples adapted to the first lockdown.

Methods: DREAM_{CORONA-TALK} is a qualitative sub-study of the quantitative prospective cohort study "Dresden Study on Parenting, Work and Mental Health" (DREAM). Problem-centered interviews were conducted in spring 2020 with six participants who had applied an egalitarian role allocation before the lockdown. The participants were interviewed about their daily family life and vocational routine before and during the lockdown, and their personal assessment of the lockdown. Interviews were analyzed using qualitative content analysis, yielding a category system of 11 main categories and 39 subcategories.

Results: An egalitarian role allocation was maintained by two participating couples during the lockdown. Another two couples developed a more progressive role allocation, with him spending more time on childcare than her and reducing his hours for paid work. The remaining two couples changed to a more traditional role allocation, one because of her being pregnant. Participants reported enjoying the additional time as a family but mentioned drawbacks, such as sleep deprivation, not having time alone to rest, not spending time exclusively as a couple, and slightly more quarrels with their partners.

Conclusion: These findings do not confirm a re-traditionalization during the lockdown but depict a more nuanced picture of highly individual adaptation strategies. The gained knowledge on how egalitarian couples shared their obligations during lockdown might serve as an aid for a more balanced organization of everyday life even after the pandemic.

The Psychoendocrinology of Female Wellbeing: Navigating Women's Health between Hormonal, Social and Psychological Parameters

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This contribution presents highlights of our article collection "Endocrinological and Social Moderators of Emotional Well-Being in Puberty, Perimenstrual, Perinatal and Perimenopausal Transitions" published in *Frontiers in Psychology* this year and formulates their key implications for researchers and practitioners seeking to improve female health. Our best chances concerning a reduction of women's higher prevalence of depression compared to men can be found in a psychoendocrinological approach to establishing adequate forms of support for women. Four basic foci are helpful here: 1) Identifying potential biological vulnerability to stress and actual social stressors as well as making female sexual health a priority in aiding stress-release; 2) Carefully monitoring deviations in women's hormonal fluctuations; 3) Optimizing the social support that women receive in their private and the societal realm; 4) Respecting biological differences between genders- most notably significant hormonal fluctuations during women's fertile years and finding satisfying answers to the question: What do women really require for their wellbeing and the fulfilment of their potential, especially in times of hormonal transitions? In particular: women with a stress reactivity marked by trauma, either to themselves or (epi-)genetically transmitted, and here first and foremost those women choosing motherhood next to a career yet lacking adequate support. We need to create a far better awareness of their vulnerability to long-term stress exposure and resulting hormonal imbalances that may at first put them in silent discomfort, but gradually build further health risks that may culminate during the menopausal transition when the protective effects of their sex hormones weaken. Let us revisit female stress, depression and anxiety as identifiers for unmet needs and meet them- in time- by prevention and protection of female health in psychoendocrinological research and practice, not only treatment.

Maternal Infant Bonding Amidst the Covid-19 Pandemic, Social Support as a Risk and Protective Factor

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Background: Even in routine times, women during pregnancy, childbirth and postpartum are susceptible to experiencing difficulties in maternal-infant bonding due to social, familial and physiological changes. Considering the stressful changes in the conditions of delivery and postpartum period due to COVID-19, it is plausible that these may have an effect on maternal-infant bonding and attachment. **Methods:** This longitudinal, multicenter study examined the relationship of mother-infant bonding six months following birth to demographic and obstetric variables, as well as COVID-19-related fear, exposure, and subjective difficulty postpartum. Participants (N=346) were women who delivered during the pandemics' strict lockdown period, and were recruited 10 weeks after a liveborn delivery.

Results: Relationship between bonding and COVID-19 fear and subjective impact are moderated by social support: Amongst mothers with high levels of social support, COVID-19 factors had little to no relation to the level of bonding, while amongst mothers with low levels of social support, bonding was negatively related to COVID-19-related subjective difficulty and positively to fear of COVID-19. **Conclusion:** Results indicate that mother-infant bonding is related to subjective difficulty and fear due to COVID-19, with social support acting as a buffer. Attention should be directed at addressing the specific stressor experienced by mothers, and providing adequate support accordingly.

affect-focused therapy: how elements of ISTDP and narrative trauma therapy can be combined when treating patients in a psychosomatic context.

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When treating patients in a setting where psychosomatic aspects also are addressed, there is always the question, which methods might be most effective helping the patient improve.

In the past years, decades even, treatment often centred around different approaches to cognitive therapy, it being a potent tool to assist patients becoming aware of unhealthy behaviour and then changing it for the better. But there are also dynamic perspectives that can be used in a therapeutic setting. At our hospital in Denmark we treat many patients with affect focused therapy, a method that combines elements of

Davanloo's Intensive Short Term Dynamic Psychotherapy with narrative trauma therapy.

A wide range of psychosomatic symptoms can be either regarded as an expression of somatic anxiety (which again is triggered by conflicting emotions) or as a defence mechanism, the patients use to guard themselves against overwhelming anxiety or the underlying feelings. Through the use of different interventions, we guide the patients to explore these feelings, regulate their anxiety and help them dismantle their defence mechanisms. When the patients then see how their problem in the present often is set in motion by emotional attachment challenges in the past, a narrative approach then facilitates further understanding and healing.

We would like to present the key elements of affect focused therapy and show how psychosomatic symptoms are interpreted and treated. Furthermore, we would like to give a quick overview of our ongoing research projects to gain further insight and evidence on different psychosomatic treatment methods.

Wide variation in vaginal birth after previous caesarean section -due to different approaches to counselling?

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Introduction: In Denmark 8% of women giving birth have a previous caesarean section. Trial of labor after previous caesarean section (TOLAC) differs widely between Danish delivery suites. Vaginal birth after caesarean section (VBAC) holds a low risk of uterine rupture and adverse outcome. Vaginal birth, on the other hand, holds the potential to be a life-altering experience. Obstetric counselling methods after previous caesarean section differs between departments. Generally, there are two lines of approaches. There is the approach that vaginal birth and caesarean section are equal and women are offered shared decision-making on that basis.

Secondly, there is the approach that stems from the belief that vaginal birth in itself is valuable and interventions in general should be minimized and fear of childbirth is sought treated.

Method: Data on delivery for women with previous caesarian section in 2018 was retrieved from the Danish Birth Registry.

Patient information and counselling methods were found on the hospitals online patient information sites from the department with the least TOLAC and the department with the highest rate of TOLAC.

Results: In 2018, 8% of women giving birth in Denmark had one or more previous cesarean section. TOLAC in this group varied from 45-84 % dependent on the delivery unit. The successful VBAC rate varied from 31-66%.

Conclusion: There is wide variety in TOLAC and successful VBAC. The department that has the lowest rate of TOLAC and the lowest rate of VBAC uses the shared decision making approach where vaginal birth and caesarean section are considered equal. The department that has the highest rate of TOLAC and the highest rate of VBAC uses the individual counselling approach with recommendation of vaginal birth unless there are obstetric contraindications.

To decide if there is a correlation between ways of counselling women with previous cesarean section and the rate of TOLAC and successful VBAC needs further studies.

Resilience and Vulnerability during the COVID-19: The role of Pregnancy

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Introduction: The Covid-19 has far-reaching mental-health implications of the general population and pregnant women in particular. Untreated anxiety and depression during pregnancy have long-term consequences for the mother and offspring. Therefore, understanding the effects of COVID-19 pandemic-related stress on the mental health of reproductive-age women is critical. This study aims to determine the risk for depressive and anxiety symptoms in pregnant and non-pregnant women during COVID-19 pandemic, and to identify its bio-psycho-social contributors.

Methods: Between May 2020 and February 2021, 1114 pregnant women and 256 non-pregnant women were recruited through social media to complete an online survey that included depression, anxiety and stress questionnaires, as well as demographic, obstetric and COVID-19 questionnaires. These women were followed-up longitudinally, and repeated assessment were conducted at four different time points (May 2020, July 2020, October 2020, and February 2021) in

accordance with the waves of outbreak of the epidemic in Israel.

Results: At time 1, in May 2020, Pregnant women reported fewer depressive symptoms and were less concerned that they had COVID-19 than non-pregnant women. In Time 2, 3 and 4 we compared three groups – pregnant, postpartum and never-pregnant and found similar differences were between postpartum group compared to the control group, with trends of an increase in postpartum depression and anxiety levels relative to control. These findings were repeated in each of four time-points made, regardless of the severity of the concurrent COVID-19 eruption wave.

Conclusion: Results indicate that pregnancy served as a protective factor against depressive and anxiety symptoms during the COVID-19 pandemic. Future studies of pregnant women versus non-pregnant women could elucidate the impact of pregnancy during stressful events, and clarify aspects of vulnerability and resilience during and after pregnancy.

Oral presentation 2: Psychosomatic Gynecology and Obstetrics

Endometriosis: One Illness, Different Women: Latent Profiles of Psychosocial Risk and Resilience mechanisms and psychological well-being.

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Endometriosis is one of the most common gynecological diseases, afflicting approximately 2-to-10% of women in reproductive age, characterized by symptoms of chronic pain, fatigue, digestive difficulties, and fertility complications. Endometriosis is considered a significant risk factor for mental health problems, negatively affecting patients' social, sexual, and psychological functioning, including elevated symptoms of depression and anxiety. Nonetheless, little is known about the mechanisms underlying the psychological implication of endometriosis and particularly about protective factors. The current study used a person-centered approach to identify distinct profiles according to individual differences in well-known trans-diagnostic psychosocial risk and protective factors.

Methods: Latent Profile Analysis and ANOVAs were employed among a convenience sample of 989 women diagnosed with endometriosis completing self-report questionnaires assessing established factors underpinning risk and resilience in mental health,

including trauma, mentalizing, self-compassion, self-criticism, self-efficacy, and social support.

Results: In total, 78% of the participants reported on at least moderated levels of depression and 54% on at least medium levels of anxiety. Latent Profile Analysis (LPA) identified three distinct profiles, “High Risk” (n = 141)- individuals low in protective factors and high in risk factors, “Moderate Risk” (n = 663)- moderated levels of protective and risk factors, and “Relative Resiliency” (n = 185)- high in protective factors and low in risk factors. In consistent, groups differed in depression, anxiety, somatization, perception of pain, relationship satisfaction, sexual functioning, and quality of life.

Conclusions: Results highlight the importance of individual differences in dealing with endometriosis. Implications for risk assessment and treatment in the context of endometriosis will be discussed.

Development of a conversation aid for follow-up care consultations to improve the lifestyle of women with endometrial cancer

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Introduction: Eighty percent of endometrial cancer patients is overweight or obese and at high risk of lifestyle-related comorbidities. Therefore, lifestyle promotion during follow-up consultations may improve long-term health and quality of life. The aim of this Dutch study was to develop a lifestyle-conversation aid for health care professionals (HCPs) to integrate into the follow-up care of women with endometrial cancer. The Behaviour Change Wheel is used as theoretic framework.

Methods: Patients were recruited from 3 hospitals by their gynaecologist or nurse specialist to participate in a semi-structured interview. HCPs were recruited via social media, word-to-mouth promotion, and their professional organisations to participate in focus groups. The qualitative data was transcribed with Amberscript and coded using Excel and Python. Thematic analysis was applied to identify themes.

Results: Behavioural and practical barriers and facilitators were identified from the interviews (N=18) and 3 focus groups (N=9). Barriers included knowledge gaps and misbeliefs about effective lifestyle changes and the importance of a healthy lifestyle in relation to the diagnosis of endometrial cancer. Moreover, a lack of motivation and environmental opportunities to

engage in health-promoting behaviour were important barriers. Facilitators included the ability to deal with setbacks, social support and positive reinforcements, and incremental changes. Selected behaviour change techniques (BCTs) include information about the consequences of certain behaviour, credible source, prompts/cues, restructuring of the environment, social support, goal setting, and action planning.

Conclusion: Sources of behaviour that would be targeted were identified. The intervention functions were then considered and lastly, the BCTs that will bring about change were selected to deliver the intervention functions. Results from this study will be used to guide the development of a Delphi consensus study.

Prevention of psychosocial distress consequences in gynecological in-patients in the context of SomPsyNet, a model for collaborative care

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Introduction Around 30% of all somatic patients in hospitals suffer from psychosocial distress. Urogenital problems are often associated with psychosocial impairment and reduced quality of life. The Women’s Hospital Basel had the opportunity to be part of ‘SomPsyNet’, a “stepped and collaborative care model” (SCCM) established at three tertiary hospitals in Switzerland (1) to systematically identify patients with psychosocial distress early during their hospital stay, (2) to provide appropriate care in a timely manner, and (3) to facilitate follow-up treatment by providing problem-focused pathways and by strengthening a collaborative care network.

Methods SomPsyNet is conducted in form of a stepped-wedge cluster randomized trial (SW-CRT) using a baseline assessment, a SCCM intervention and a follow-up assessment in a distressed focus sample. In phase 2 a psychosomatic-psychiatric consultation and liaison service (CL service) is provided if necessary including post hospital intervention. The sample of the Women’s Hospital, University Hospital Basel, comprises patients who are undergoing surgery for benign gynecological conditions such as endometriosis and urogenital problems.

Results By April 2022, 150 patients were included into phase 2. 58 patients were identified as psychologically distressed of which 28 received a psychosomatic-psychiatric consultation.

Conclusion SomPsyNet is intended as a model of a supplying network which concurrently evaluates the implementation process, intervention efficacy, improvement of mental health-related quality of life

and related costs. In the Women's Hospital Basel the transfer of distressed in-patients to the CL service seems to be feasible and enables appropriate follow-up treatment.

Why is integrated Gynaecological Psychosomatics a successful model for women's clinics?

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Introduction: This lecture aims to present our innovative concept as a model for other women clinics and to show how they could benefit from integrating gynaecological psychosomatics into their respective service ranges. Our patients, their families and society even in pandemic world have a great benefit from that.

Methods: Different gynaecological-psychosomatic treatment processes in changing settings – in the out- and inpatient clinic – will be used to illustrate the involved communication strings (including regular supervisions and interventions), i.e. their way of functioning and their influence on our patients and relatives. Departments concerned with the treatment of perinatal and delivery, cancer and endometriosis as well as the fertility centre and the department of gynaecological psychosomatics are linked in these processes through low-threshold communication.

Results: Our innovative integrated concept evidently results in improved communication, reflection and resilience in the team and therefore more satisfaction, confidence and security of patients. It even can lead to prevention of chronic psychological and psychosomatic illnesses. These constructive developments appear to be of essential qualitative importance at a time of increasing specialisation and anonymisation and, in consequence, increased psychological and psychosomatic illnesses.

Conclusions: In keeping with the motto of the ISPOG, "Pandemic World, Woman, Family and Society", we have shown that, for a women clinic, it is not only important to provide appropriate specialists and specialised departments, but to create networks on a daily basis in a way so that resonant relationships are maintained. If this is achieved, the results are a high level of satisfaction among patients, prevention of chronic mental and psychosomatic illnesses, and strengthening of resilience within the team. In times of Pandemic World quality of constructive communication is more important than ever.

Emotion regulation during pregnancy

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Emotion regulation is a vulnerability marker for several psychopathologies. Variations of sex hormones, e.g. estradiol (E2), have been shown to modulate emotion regulation on a behavioral and neural level. Particularly during pregnancy, when sex hormone levels increase drastically, women report changes in subjective affect and emotion regulation which can be related to their mental health up until postpartum. However, little is known about emotion regulation performance in pregnant women and neural correlates of the prevailing extreme E2 levels.

Using functional magnetic resonance imaging (fMRI), we investigated how pregnancy and associated extremely high E2 levels influence regulation of negative emotions. Primiparous pregnant women (extreme E2, n=15) and nulliparous naturally cycling women receiving either E2 valerate (high E2, n=16) or placebo (low E2, n=16) performed an fMRI paradigm during which they passively viewed aversive stimuli or were asked to downregulate their negative emotions. Emotional state was rated after each stimulus. Additionally, cognitive functions, affect, anxiety, body image and sexual functioning were assessed.

To the best of our knowledge, this study includes the largest sample of healthy primiparous women measured with fMRI to date. Preliminary findings suggest that pregnant women are very well able to apply an instructed emotion regulation method, showing similar behavioral and neural performance compared to nulliparous women. Yet, compared to the low E2 group, pregnant women experienced higher negative affect and reported less use of a reappraisal emotion regulation strategy. Besides, pregnant women had reduced processing speed compared to both nulliparous groups.

Present results on regulation of aversive stimuli in healthy primiparous women highlight the necessity to further explore the influence of reproductive stage and hormones on (dys)functional emotion regulation abilities as a risk and protective factor for mental health.

Oral presentation 3: Psychosomatic Obstetrics

The quality of sleep in pregnant women with preterm labor

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The issue of preterm birth is not only a major health and social problem in itself, but also pregnant women who are hospitalized with this condition suffer from various physical and mental difficulties. The purpose of this study was to investigate the quality of sleep and the factors affecting sleep quality in women who were admitted to hospital with preterm labor.

The preterm birth registry, named Korean Preterm Collaborate Network (KOPEN), was established in Korea in 2016. Obstetricians and researchers from 20 institutions nationwide participated in the study. KOPEN collected demographic, clinical and delivery data for pregnant women who were diagnosed with at least one of preterm labor, IIOC, and PPROM between 15 and 34 weeks gestation. From these data, we analyzed self-reported sleep scores and sleep assessment scores. As a statistical analysis, we use proportional odds model method among the ordinal logistic regression analysis.

A total of 891 pregnant women were involved in the study, of which 842 data without missing data were analyzed. The sleep assessment score was distributed from 0 to 17 points. The degree of sleep was divided by quartile. The score was statistically significantly higher as the degree of housework was severe ($p=0.007$). The score was also statistically significantly higher in multiple pregnancies than in singleton pregnancies. The self-reported sleep scores showed positive correlation with the sleep assessment scores.

The severity of housework and types of pregnancy are associated with quality of sleep in women with preterm labor. The results of this study can assist in appropriate counseling for pregnant women at risk for preterm labor.

Psychosocial Board for Pregnant Women – a model for structuring and improving the support of a vulnerable group in pregnancy in a hospital

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Introduction Does psychosocial or psychological stress have an influence on pregnancy, delivery and the outcome of the child?

Methods The master thesis is a retrospective observation study. Data from pregnant women of the psychosocial board of the Women's Clinic Zurich City Hospital Triemli from 2014 – 2018 have been evaluated. The patients have been grouped according to different stress parameters. There was a cohort analysis of the outcome of the pregnancies and deliveries.

Total of patients : $n = 529$

Because of a large diversity of the group the study concentrated on three main stress parameters : depression ($n = 124$), psychosocial stress ($n = 195$) and substance abuse (nicotine $n = 45$; alcohol/illegal drugs $n = 41$).

Other groups : $n = 134$

Results In the depression group no significant impact on the outcome of the child could be found.

In the psychosocial stress group the birth weight was significantly lower and more bacterial vaginosis could be found.

In the sub-group nicotine the average birth weight was lower, a higher risk for intrauterine growth retardation and primary Cesarean section and a tendency for late term pregnancy could be shown.

In the subgroup alcohol and / or illegal drugs a significant association with preterm birth, infectious diseases, intrauterine growth retardation, drug withdrawal of the newborn, primary Cesarean section, low birth weight and lower lactation rate could be shown.

Conclusion The results of the study show, that women, who are exposed to psychosocial or psychological stress, have more complication in pregnancy and childbirth and also the newborns have more complications. Therefore a clinic should register these women systematically and offer special treatment.

A multiprofessional board including obstetricians, pediatricians, psychologists, social workers, nurses of the mother-child-unit and midwives where all cases can be discussed should be established in maternity clinics with the possibility to treat these pregnant women.

Assessment of person-centeredness in healthcare and social support services for women with unintended pregnancies (CarePreg): a study protocol

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Introduction: Person-centeredness (PC) focuses on the preferences, needs, and values of the person concerned in care provision. For women with unintended pregnancies (UP), access to high-quality care has been

found limited due to social stigma and legal restrictions. In Germany, there is no research so far on PC in care for women with UP. The aims of this study are to 1) identify most relevant dimensions of PC in care for women with UP, 2) evaluate PC in healthcare and social support services 3) develop recommendations for further actions in care.

Methods: Phase 1: expert workshops with healthcare providers and semi-structured interviews with women with UP will be conducted to assess the relevance of the dimensions of PC. Phase 2: quantitative assessment of dimensions of PC within healthcare and social support services will be conducted at three measurement points. We will include women a) until 25 weeks of pregnancy or b) who sought abortion within the past eight weeks. Phase 3: an expert workshop and an online survey will be used to indicate recommendations for further actions in care services. An ethical advisory board and an advisory board of affected women will be involved throughout the study.

Expected results: Phase 1: a description of the most relevant aspects of PC in care for women with UP from the perspective of experts and women. Phase 2: an overview of the current state of implementation of PC in healthcare and social support services from the perspective of women with UP. Phase 3: a list of recommendations for further actions in healthcare and social support services.

Conclusion: This will be the first study evaluating PC in German healthcare and social support services for women with UP. To foster PC, recognizing the experiences and needs of women is the first premise and main focus of this study. The results will aim to help with the development of further strategies to enhance quality in care for women with UP.

Instrument Development and Psychometric Testing for the Pregnancy Specific Anxiety Scale (PSAS)

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Introduction: Pregnancy-Specific Anxiety (PSA) is a distinct construct from general anxiety and depression. The purpose of this study was to develop and evaluate a valid and reliable tool, the Pregnancy Specific Anxiety Scale (PSAS), to measure PSA and its severity.

Methods: This study had two stages. Stage 1 involved item development and content and face validation. Stage 2 included psychometric evaluation to examine

the PSAS item distributions and correlational structure, its implied dimensionality, internal consistency, stability and association with criterion validation measures using two separate samples (initial sample N=494; validation sample N=325).

Results: Eighty-two items were evaluated for face validity and 41 items were considered in Stage 2 based on feedback from participants and experts. Model fit from Exploratory Factor Analysis and patterns of item-factor loadings suggested a six-factor model with 33 items pertaining to health and well-being of the baby, the pregnant person's well-being, labour, postpartum, support, career and finance issues as well as indicators of severity. Confirmatory Factor Analysis carried out using the initial sample showed excellent fit with the validation sample. A similar pattern and distribution of item-factor loadings was also observed. The PSAS showed a high degree of internal consistency, test-retest reliability and construct and convergent validity. The Area Under the Curve using PSAS for the diagnosis of Adjustment Disorders (AD) was 0.73 (95% CI 0.67-0.79) and for AD/any anxiety disorders was 0.80 (95% CI 0.75-0.85).

Conclusions: The PSAS is a useful, clinically validated tool for screening and monitoring of PSA. Further research is needed for the refining the PSAS, the development of a shorter version, as well as for the establishing criteria for the clinical diagnosis for PSA.

Introducing At-home Screening for Perinatal depression, Anxiety and Suicidal Ideation in Slovenia

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Background: Evidence suggest that perinatal psychological distress in mothers negatively influences health outcomes of mothers, their offspring, and families. Slovenian National Standard Preventive Perinatal Home Visits Programme is performed by Community Nurses. It is dedicated to the care of the new-borns and infants and reaches almost every child in the country. There were no visits nor interventions dedicated to the wellbeing of the mothers.

Objective: To assess the extent perinatal psychological distress of women in different life circumstances; to train the Community Nurses to be able to perform the

screening for symptoms in perinatal women; to recommend evidence-based adjustments of frequency and content of standard perinatal home visits; to assess acceptability of screening for participants.

Design, Setting and Participants: This longitudinal cohort study included 9764 families from 27 (42,8%) of 63 Slovenian Community Health Centres (CHC) areas from June 2018 to December 2020. Community Nurses that perform perinatal visits received a training in perinatal mental health and in the use of screening tools for mothers in home setting.

Exposures: Postnatal home visits incorporating screening for perinatal depression, anxiety, and suicide ideation.

Main Outcomes and Measures: Around 200 Community Nurses from participating CHC were offered an 8-hour educational module on perinatal mental health and in the use of validated screening tools. In the home visit at week 2 after discharge from the Maternity Hospital mothers were asked the Two Whooley's Questions (2WQ). If the answer was positive, The Edinburgh Postnatal Depression Scale (EPDS) was performed at the visit. EPDS was scheduled at the week 6 when the mother was also offered a survey about their sociodemographic status, the screening method acceptability, their experience in accessibility of perinatal mental health care and about information on the topic they had received at the Parents' School. The nurses were offered an 8-hour educational module on perinatal mental health and in the use of validated screening tools. In the home visit at week 2 after discharge from the Maternity Hospital mothers were asked the Two Whooley's Questions (2WQ). If the answer was positive, The Edinburgh Postnatal Depression Scale (EPDS) was performed at the visit. EPDS was scheduled at the week 6 when the mother was also offered a survey about their sociodemographic status, the screening method acceptability, their experience in accessibility of perinatal mental health care and about information on the topic they had received at the Parents' School. The nurses were offered supervision sessions and participated in a qualitative study where their perspectives of the screening were assessed.

Results: The cohort consisted of 9764 families. The first home visit at the week 2 after discharge was performed in 9672 (99,1%) families. 1044 (10,8%) women responded positively to at least one of the 2WQ. EPDS was offered immediately and was completed by 948 (90,8%) women. 78 of them (8,2%) reached a threshold result of 10 points or higher, among them 51 (5,4%) scored 10-12 points and 27 (2,8%) 13 points or higher. At the second home visit at week 6 EPDS was routinely applied to 8816 (93,3%) women. The average score was 3,8 points, the median score 3 points. A relatively

high percentage (7,1%) of women scored 0 points. The overall results of screening with EPDS obtained during the project showed the highest scores (≥ 10 points) in 99 (3,1%) women. Slightly elevated scores were observed in women who underwent a caesarean section (3,3%), had a preterm birth (4,4%) and low education level (4,7%). The survey of the process of screening in mothers had a low turnout, 434 (22%) of 2000 questionnaires were returned. Only 80% responded that they answered EPDS sincerely. The discourses of the focus groups of nurses were about their insecurities and sense of incompetence in taking appropriate action in case of a positive EPDS result and about non-cooperation of women scoring 0 points. They considered the screening methods simple enough to learn and perform regularly. In their opinion and experience, the most reliable method of detecting psychological distress in mothers was the combination of EPDS score and their perception of problems.

Conclusions and Relevance: The results of this study suggest that the most efficient screening approach for perinatal symptoms of depression, anxiety, and suicidal ideation was a combination of an interview with the perinatal woman and the use of EPDS. It should be performed by a health care professional with a training and some experience in perinatal mental health. The screening was very well accepted in mothers and nurses. Therefore, it was recommended to increase the number of preventive visits and to implement screening and contents, aimed at the timely detection of psychological distress of new mothers, in the existing Standard Preventive Perinatal Home Visits Programme performed by Community Nurses.

Pregnancy variables and contraception use in a sample of Austrian neonaticide offenders

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Introduction: Denial of pregnancy the most important risk factor for neonaticide and is a frequent pregnancy associated disorders. It occurs more often than placenta previa or uterus rupture Wessel found that 1 in 475 women deny pregnancy, but a new study by Simermann even found a higher prevalence of 1:300.

We studied how women face their reproductive potential before the denied pregnancy occurs. Moreover pregnancy variables in this group were compared to Austrian population data.

Methods: In total, there were 69 neonaticide victims between 1995 and 2017. In 6 cases the perpetrators

were unknown and in 8 cases the court-files were missing. So we analyzed 55 neonaticide cases, committed by 48 perpetrators, whereas 4 of them were repeated perpetrator and responsible for 11 cases. We also included three cases of suspected neonaticides, whereas later the coroner identified a natural cause of death. The datasheet contains 553 variables, all cases were code by one rater SA.

Specifically we looked at the following variables: method of contraception, partner's interest in contraception, abortion, evidence of pregnancy, motives of pregnancy negation, pregnancy symptoms, prenatal care, awareness of environment, living situation during pregnancy and at birth, immediate reaction to birth

Results: We found a high percentage of women who did not use contraception (53%), specifically when compared to the percentages of the Austrian population data from a recent survey (26%). When the contraceptive methods were looked at, women in the neonaticide group did practically not use any method with a pearl index of <4, in comparison to 20% in the general population. A high adolescent birth rate (47%) could be shown in comparison to the population (3%).

Conclusions: It needs further research to find out how denial of pregnancy and reproductive potential are connected and if the reasons for denial of pregnancy are the precursors of the reproductive denial also.

Oral presentation 4: Healthcare professionals and Women Partners in Psychosomatic Obstetrics

Burn-out among midwives – before and after covid-19 outbreak in Hungary

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The Hungarian Midwives' Service is a unique, traditional healthcare system in Hungary – there is no other like it all over the world, so called 'Hungaricum'. This is a complex, preventive service which follows families' life from conception to adulthood. This task – which is extensively decisive in the whole family's mental health – can only be realized by highly qualified preventive professionals.

In our study we were interested whether we pay enough attention to these important specialists' mental health? Do we help them with the tools at our disposal to support the effective, qualitative work? In our countrywide survey midwives took part, voluntarily and anonymously. In Hungary the burn-out survey has already been carried out but only among doctors; according to our best knowledge, this nationwide research is the first in Hungary among midwives. Data

collection started before and continued after the covid-19, in this way we have a chance to analyze the effects of the pandemic situation on the healthcare-workers. In this lecture we would like to show our results connected with the Maslach burn-out inventory.

Secondary Trauma and Loss of Healthcare Professionals in Perinatal Death Events

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Introduction: Losing a child in the pre- and perinatal period is a highly demanding event for both families and healthcare professionals as well. While in Hungary in 2020 the perinatal death rate was relatively low (below 0.4%), the total number of babies lost in perinatal mortality was around 300, yet, the burden it conveys is all the bigger.

Methods: (1) Overview of the current health care system with the perinatal bereavement care services provided for the families facing child loss. (2) Highlight professional and personal problems, challenges for the HCPs when facing. (3) Study and comparison of the presently available Hungarian protocol and institutional practices in obstetrics and gynaecology and neonatology departments (qualitative approach, semi-structured interviews with 18 healthcare specialists, from different fields of perinatal care) concerning pre- and perinatal child loss and support for the bereaved families.

Results: Lack of proper knowledge of the protocol in approx. 60% of the institutions and not sufficient application in the remaining 40%.

Professional and personal requirements pre- and perinatal care specialists must meet show that while there is a growing need for individualised care, the levels of personal involvement and emotional burden are such that specific trainings are also necessary in the formation processes to balance the impact. Significant differences can also be observed between institutions, regarding the application of legal and guideline measures and applying own institutional procedures, protocols for treatment of the corpses and bereavement care.

Conclusions: For proper perinatal bereavement care a shift of attitude is needed in the competency fields as much as the established cooperation of a multidisciplinary group. It requires new protocols, trainings, supportive and self-care measures, as well.

Impact of Birth Trauma Witnessed by Maternity Health Professionals

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Maternity health professionals (MHPs) caring for women may witness or be involved in traumatic births. This can lead to MHPs experiencing secondary traumatic stress (STS) or post-traumatic stress disorder (PTSD), which may impact MHPs emotionally and physically. The aims of this review were therefore to determine: (i) the impact of witnessing birth trauma on maternity health professionals; and (ii) the prevalence of STS and PTSD in maternity health professionals.

A systematic review was carried out by conducting literature searches on CINAHL, MEDLINE, PsychARTICLES, PsychINFO and PsychTESTS databases. Search terms on MHPs (e.g. midwife) and birth trauma (e.g. childbirth, trauma) were combined. Included studies were primary empirical studies that examined the impact of witnessing birth trauma on MHPs working in maternity care. Data were analysed using narrative synthesis.

A total of 15 studies were included in the review. Sample size ranged from 9-2165 (total N = 7466). Participants included midwives, nurses and obstetricians aged 24-77 years. Many MHPs had witnessed a traumatic birth event (45% – 94%) with STS reported by 12.6%-38.7% and PTSD by 5%-46%. MHPs were positively and negatively impacted by witnessing traumatic birth events. Synthesis of quantitative and qualitative papers identified five themes: Negative emotions and symptoms; Responsibility and regret; Impact on practice and care; Challenging professional identity; and Team support is essential.

Traumatic birth events may have a profound and long-term emotional and physical impact on MHPs, which signifies the importance of acknowledging and addressing this in the maternity workforce.

It is important to raise awareness of the impact of birth trauma on MHPs. Effective education and training guidelines, a supervisory network, ways to change practice and policy, and support and treatment should be provided to assist and improve the outcomes and work-life of MHPs' who experience traumatic births.

Assessing relevance of person-centeredness in healthcare and social support services for women with unintended pregnancies-results of expert workshops

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Introduction: Person-centeredness (PC) focuses on the preferences, needs, and values of the person concerned in care provision. It is promoted as a key principle in the German healthcare system. However, for women with unintended pregnancies (UP), access to high-quality care is limited due to social stigma and legal restrictions. There is little research on the adoption of PC in care for women with UP. The aim of this study was to identify most relevant dimensions of PC in healthcare and social support services for women with UP from the perspective of experts.

Methods: We invited experts working as healthcare providers in medical pregnancy/abortion care or in social support services to participate in one of two digital workshops. Discussions within each workshop were semi-structured based on the 16 dimensions of an integrative model of PC. Workshops were audio-recorded and transcribed afterwards. Qualitative content analysis was performed by applying deductive categories based on the integrative model of PC. Additionally, an online questionnaire to rank the dimensions regarding relevance and current state of implementation was administered.

Preliminary results: Overall, 17 experts (eight gynecologists; nine counsellors) participated in the workshops. Most intensively discussed and coded dimensions were „access to care“, „essential characteristics of the clinician“ and „patient information“. Two new categories „stigmatization in care“ and „manipulation in care“ were identified. 15 out of 16 dimensions were rated as highly relevant but implementation status was described as rather low. Final results will be presented at the congress.

Conclusion: The study showed, that most aspects of PC were seen as highly relevant for the context of care for women with UP. However, high quality care provision seems to be limited through stigmatization and manipulation of women, especially when seeking abortion in Germany. Further research in this context is recommended.

Measuring symptoms of depression in fathers: Lessons learnt from the Polish adaptation of the Perinatal Assessment of Paternal Affectivity (PAPA)

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Introduction: Differences in profiles of clinical symptoms of depression in fathers as compared to mothers have been described, and the use of more gender sensitive screening tools have been postulated (e.g. Gemayel, Wiener, Saliba, 2018). Our aim was to assess the reliability and validity of the Polish adaptation of the Perinatal Assessment of Paternal Affectivity (PAPA) (Baldoni, et al., 2016), and to estimate the level of depressive symptoms in fathers and mothers before and after their child's birth.

Methods: A correlational, short-term prospective design was used. 232 couples participated in the first measurement (last trimester of pregnancy). The second measurement, between 3 to 4 months after childbirth, comprised 72 pairs of participants (58 from the initial sample). The procedure of back translation of PAPA (and an equivalent for mothers –PAMA) was used. The parents also completed: Center for Epidemiologic Studies Depression Scale (CES-D), Symptom Checklist-27 (SCL-27), Perceived Stress Scale (PSS-10), Edinburgh Postnatal Depression Scale (EPDS).

Results: High internal consistency of the Polish version of PAPA was achieved in both measurements (Cronbach's alphas 0.872 and 0.911, respectively). Low discriminative value was found for one item of the original version, i.e. high risk behaviors. High criterion validity of the Polish version of PAPA was found. The factor structure of the Polish version differed from the original. We couldn't find any statistically significant differences between paternal and maternal symptoms of depression scores (PAPA vs. PAMA). Before childbirth, the risk of depression based on CES-D results was lower in fathers than in mothers (13.1 vs. 24 %), whereas no significant differences could be found after birth (19 vs. 26 %).

Conclusions: The results will be discussed in terms of cultural differences and the impact of COVID-19 pandemic. Limitations of the study will be acknowledged and implications for clinical practice addressed.

Oral presentation 5: Traumatic experiences and life events

Covid pandemic or war - both catastrophic events, different impact on the pregnancy outcome

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Introduction: It is scientifically proved the negative impact of catastrophic events on the course of pregnancy. The history showed higher incidence of stillbirth and intrauterine growth restriction during war. Pandemic is recent and new bad event for which the negative consequences for the pregnancy are yet to be determined but also expected.

Methods: The study was conducted in Clinical Hospital Center Sisters of charity in Zagreb, Croatia. The studied period included six years in total. First period of two years (1994-1995.) during war in Croatia, second period (2002-2003.) during peace and the third period (2020-2021.) during pandemic were studied. All results were gained from medical reports, following all ethical principles. The inspected variables were the incidence of stillbirth, intrauterine growth restriction and pre-term delivery.

Results: In the first period in our Hospital delivered 4765 women, 3918 during the second and 4854 during the third period. The number of stillbirth during the war period was twice as bigger than in the second two periods. On the contrary the number of preterm deliveries was significantly higher during pandemic regarding both previous periods.

Discussion: Our research confirmed stillbirth as expected complication of pregnancy during war. Since the pandemic is also catastrophic event but potentially controllable at the individual level we expected pregnancy complication of another kind. In terms of pregnancy one of identified complications is preterm delivery which has turned out to be based on our research most likely complication of pregnancy during pandemic.

Conclusion: We confirmed that catastrophic events impact the course of pregnancy. Which disturbances can be expected depend on the nature of the event which enables us to prepare or potentially prevent at least some of pregnancy complications. These findings can be applied to the global situation in the World at this moment.

The influence of covid pandemic and earthquake on mood change and subjective experience of pregnancy

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Introduction: Pregnant women are especially vulnerable to mental and psychological health problems during COVID-19 pandemic. During this time two major earthquakes have happened in Zagreb. The aim of this study was to determine the relationship between fear of COVID-19 and stress levels in preg-

nant women in our hospital during the COVID-19 pandemic and earthquakes combined.

Methods: This study was carried out on 80 pregnant women in our hospital. Data was collected through questionnaires including anxiety and stress levels during the pandemic and earthquakes and fear of their influence on the pregnancy and the baby.

Results: A statistically significant difference was observed in the fear of adverse effects of stress on the child between these two groups of pregnant women. Pregnant women facing an earthquake during a pandemic believe that stress will have a strong impact on the child, while pregnant women facing only a pandemic consider the impact of stress to be much smaller ($p = 0.003950$, DF 1). Given the acute nature of stress during an earthquake and pandemic, this group of pregnant women faced with an earthquake more often sought psychological help, the difference was statistically significant between the two groups ($p = 0.00069$ DF 1). Pregnant women facing a long-term pandemic express a greater feeling of sadness and depression. There is a statistically significant difference compared to pregnant women facing an acute stress, like the earthquake ($p = 0.0186$, DF 1). They also relax much harder ($p = 0.0176$, DF 1). We consider these results to be a long-term effect of the pandemic on the poorer mental health of the general population, including pregnant women.

Conclusion: This study confirmed a positive correlation between stress levels in pregnant women and the coronavirus pandemic during and after the earthquakes. Special care should be taken to approach pregnant women in this pandemic period, to maintain the quality of life and mental health of pregnant women.

Stress, anxiety and depression in pregnant women in the earthquake that hit Zagreb in Croatia during the pandemic

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Introduction At the time of the pandemic, the level of stress, anxiety and depression is assumed to be higher than without pandemic.

Goal: Examine differences in depression, anxiety, and stress in pregnant women who have Covid-19 and those who are not infected.

Hypothesis: Covid-19 pregnant women will have higher levels of anxiety, depression and stress than non-infected women.

Methods A total of 116 pregnant women took part in the study, 58 of whom were suffering from Covid-19 at the time of the study, and 58 were not infected.

The Depression Anxiety Stress Scale (Depression Anxiety Stress Scale-21, DASS-21; Lovibond and Lovibond, 1955) is an abridged version of the original 42-part questionnaire. The scale consists of 21 particles in total and includes 3 subscales of 7 particles each: depression, anxiety and stress.

Analysis of the results was performed in IBM SPSS Statistics 21. Arithmetic means and standard deviations and frequencies were calculated to describe the sample, while the Mann-Whitney test was used to check the differences between the examined variables in the two groups.

Results Depression is normal in both groups.

Anxiety in the group of women with Covid-19 is moderate, in the control normal.

Stress in the group with Covid-19 mild, in control normal.

The Mann-Whitney test shows a statistically significant difference in anxiety, ie women with Covid-19 are significantly more anxious than those who are not infected ($p = 0.028$).

Conclusion Pregnant women as vulnerable groups need special care during a pandemic, especially if another threat occurs during the pandemic, as in the case of the examined groups, which was an earthquake.

The Experience of Sexual Violence, the Fear of Labour, and Mental Health Difficulties in Pregnancy

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The present study aimed to explore the relationship between the experience of sexual violence, fear of childbirth, and mental health in pregnancy. Due to the characteristics of the perinatal period, in which, in addition to physical changes in the body, there are also several psychological changes, women who experienced sexual violence in the past face a variety of fears

and worries. This, in the absence of adequate support from health professionals, can lead to various psychosomatic complications.

The study was conducted in 2018 at the Division of Obstetrics and Gynaecology, University Medical Centre Ljubljana. At the Antenatal education for birth and parenting, 1,328 pregnant women in their last trimester completed the battery of questionnaires in the paper-and-pencil form, consisting of questions about health, current pregnancy, the experience and the time of the experience of sexual violence, Wijma Delivery Expectancy Questionnaire (W-DEQ), Edinburgh Postnatal Depression Scale (EPDS), State Trait Anxiety Inventory (STAI), Satisfaction With Life Scale (SWLS), and Oslo Social Support Scale-3 (OSSS-3).

The results showed that pregnant women with experience of sexual violence faced statistically significantly more fear of childbirth and more mental health problems than pregnant women without experience of sexual violence. However, pregnant women with experience of sexual violence did not differ statistically significantly from their experience of sexual violence in fear of childbirth, or mental health problems. Moreover, the quality of partnership and social support did not statistically significantly moderate neither the relationship between the experience of sexual violence and fear of childbirth nor the relationship between the experience of sexual violence and mental health problems.

The results of this study will contribute to more effective professional approaches for working with women in the perinatal period with experience of sexual violence.

Postpartum Post-traumatic Stress Symptoms during COVID-19: a Longitudinal Study

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Background: Post-traumatic stress symptoms (PTSS) following childbirth are common, particularly within a stressful environment, and are mitigated by social support. During the COVID-19 pandemic, an increase in postpartum PTSS has been reported. The current study aims to model the influence of general and COVID-19-

specific risk and protective factors on the temporal unfolding of postpartum PTSS.

Methods: Participants were 226 Women who had liveborn in term birth during the first lockdown period in Israel, Hebrew (75%) or Arabic (25%) speaking. Participants completed questionnaires 10 weeks (T1) and 6 months (T2) after delivery. PATH analyses included COVID-related and general predictors of PTSS in T1 and T2. Predictors of PTSS in T2 were: T1 predictors, both as direct effects or mediated by T1 PTSS, as well as predictors mentioned above for T1, but in relation to T2.

Results: The suggested model fit the data. Medical complications during pregnancy predicted PTSS in T2 only. The effect of COVID-19-related fear and subjective impact at T1 on PTSS at T2 were fully mediated by PTSS in T1, as were the effects of marriage and high social support at T1. COVID-19-related fear at T2 positively predicted PTSS at T2, while social support at T2 had the opposite effect. No other variables (e.g., traumatic events, birth complications) predicted PTSS at either time within this model.

Conclusions: Results suggest that, while habituation to COVID-19-related events during the pandemic appears to mitigate effects on PTSS over time, persistent fear is a consistent risk factor, and social support a consistent buffer. Medical complications during pregnancy may have served as a protective factor, as it may have familiarized parturients with medical settings and possibly offered some added support during these isolating times.

To hold, to see, to grieve: Women's decisions immediately after stillbirth and their role in psychological distress

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Objective: Stillbirth is a highly distressing experience. Studies have shown that mothers and fathers often experience a variety of mental health difficulties following stillbirth, including PTSD, depression and complicated grief. Around the time of loss, hospitals often employ protocols involving various options suggested to women and their spouses (e.g., seeing/holding the stillborn baby, being involved in burial, receiving explanations of the procedure). However, there are mixed findings regarding the effectiveness and mental health implications of these suggestions. The aim of this study

is to examine the association between stillbirth-related decisions taken by women and their subsequent well-being.

Methods: 124 Israeli women who had experienced stillbirth (mean age=36.8) completed self-report questionnaires assessing sociodemographic factors, decisions made around the time of stillbirth (what was offered to them, what did they choose, did their spouse agree with them); PTSD (PCL-5); generalized anxiety (GAD-7) and general psychiatric distress (BSI).

Results: Our findings revealed high rates of psychopathology: PTSD (32.5%), anxiety (23.4%) and general distress (10.3%). A large variance in women's decisions and high rates of marital disagreements in decision making were found. Most decisions were not associated with mental health outcomes, for better or worse. Interestingly, however, when decisions were related with mental health, they were in fact positively associated with distress. Thus, women who chose to hold the stillborn and/or participate in burial reported higher PTSD rates, as well as more severe general psychiatric symptoms.

Conclusion: Coping with stillbirth is highly complex. Our findings may indicate that the implications of various decisions suggested by the current protocol in Israel and around the world are not necessarily beneficial. To better understand this issue, an examination of specific moderators of these effects is needed.

Oral presentation 6: Psychosomatic Gynecology

Phantom Uterine Pain

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Case report: a 48-year-old married female, Holding University Degree, a mother of 5 children, housewife. S/P Total Hysterectomy one month prior to admission. Admitted with unexplained abdominal pain. Referred to psychiatry to roll out psychogenic causes. Mrs. N underwent intensive assessment and investigation by the gynecology and pain management teams. She was assessed fully by the consultation-Liaison team and further detailed history was obtained from her. Mrs. N reported severe colicky abdominal pain, located at the lower part of her abdomen, radiating to the back and both thighs. It was described as labor-pain-like contractions. The pain fluctuates during the day, reaching to a level that she needs using narcotics. The pain can wake her from sleep, and is causing her continuous distress, negatively affecting her personal, social, and occupational function. Mrs. N. denied any depressive, no anxiety, no psychotic symptoms. She was noted to be extremely attached to her deceased parents and mimicking childish way of talking when she talks about

them. Mrs. N's mother had hysterectomy few years prior her death. The patient was followed up in the Women's Mental Health clinic at King Fahad Medical city and was suggested the use of psychotropics to help in minimizing the pain. She was also offered Interpersonal Psychotherapy session to help her dealing with grief toward her removed uterus and to accept her condition. The patient is still following with pain management clinic as an outpatient. Upon searching the literature, we found the Phantom-Organ Pain Syndrome as one of the most probable diagnoses. Functional MRI is suggested to identify the area of pain signals in the brain for a possible intervention if possible.

The fear for oophorectomy in young women: Is ovarian cystectomy feasible for patients with borderline ovarian tumors?

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Background: Given that borderline ovarian tumors (BOTs) are usually found in young, fertile women without a history of childbirth, fertility preservation should be considered in the treatment plan. These young women feel worried of possible oophorectomy during the surgery. This retrospective study aimed to evaluate the safety of ovarian cystectomy in patients with BOTs.

Methods: Patients with BOTs treated between August 2007 and August 2016 at a single institution were divided into two groups according to the type of surgery: the cystectomy group and the oophorectomy group with or without salpingectomy, and differences in surgical outcomes were compared. The cumulative disease recurrence was also compared using Kaplan-Meier curves.

Results: Of the 162 patients enrolled, 128 (79.0%) underwent an oophorectomy with or without salpingectomy and 34 (21.0%) underwent an ovarian cystectomy. The patients in the cystectomy group were younger than those in the oophorectomy group (29.2 years vs. 46.5 years, $p < 0.001$), and the proportion of patients who underwent minimally invasive surgery was higher in the cystectomy group than in the oophorectomy group (88.2% vs. 46.9%, $p < 0.001$). During the mean follow-up period of 44 months, six patients (3.70%) developed disease recurrence (five [3.9%] and one [2.9%] in the oophorectomy and cystectomy groups, respectively). The two-year disease-free survival rate was 97.1% and 97.6% in the cystectomy and oophorectomy groups, respectively, and did not differ between the groups ($p = 0.818$).

Conclusion: Ovarian cystectomy can be considered a safe and effective option for young women with BOTs who wish to preserve their fertility.

A web-based decision aid for shared decision making in pelvic organ prolapse: the SHADE-POP trial

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Introduction: Among women worldwide, pelvic organ prolapse (POP) is a common problem. There are three different treatment options for POP; pelvic floor muscle therapy, pessary and surgery. As none of the three treatment options clearly is superior, shared decision making (SDM) is very important. A decision aid (DA) is known to facilitate patient participation and SDM. We hypothesize that the use of a web-based DA for POP increases patients' satisfaction with information and care and reduces decisional conflict.

Methods: This two-arm, multicentre, cluster randomized controlled trial was performed in women with POP in 5 different Dutch hospitals. The control group received usual care and the intervention group received the decision aid in addition to usual care. Primary outcome measures were satisfaction with treatment decision making and satisfaction with information. Analyses were performed using independent sample t-tests, chi-square tests, multilevel analyses and regression analyses.

Results: Between the control group (n=56) and the intervention group (n=40) no differences were found concerning patients' satisfaction with information, with scores of 46.14 and 45.63 out of 50 respectively (p=0.67). Also, no differences were found concerning the perceived role in decision making as patients scored 46.41 in the control group and 46.83 in the DA group, out of a maximum of 54 (p=0.81).

Conclusions: No differences were found concerning patients' satisfaction with information and treatment decision making between the DA group and usual care. However, both groups scored high on the questionnaires which implicates that the decision process is already of high quality.

Success factors in long-term vaginal pessary use: a mixed-methods study.

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Background Symptomatic Pelvic Organ Prolapse (POP) is a common condition in women. To help patients to consider treatment options, a clinician should explain all aspects of a given treatment. If a vaginal pessary is considered a valuable treatment option, this includes the physical and non-physical aspects of a vaginal pessary on the long term. However, previous studies have only focused on improvement of physical complaints on short term, rather than the impact of a vaginal pessary on long-term quality of life, and cognitive or psychological wellbeing. This study aims to learn more about the success factors of a vaginal pessary in the long run.

Methods A mixed method study was performed, consisting of a quantitative and a qualitative part. Participants used a vaginal pessary for at least five years. The quantitative part contained online validated questionnaires about sociodemographic data, satisfaction with care, complaints of the pelvic floor and daily activities. The qualitative part consisted of one-to-one semi-structured interviews conducted by a medical student, based on the COREQ-criteria.

Results Thirteen patients participated in the quantitative part and seven of them in the qualitative part. Correlations between complaints of the pelvic floor and both regret of the treatment decision ($r = 0.31$; $p = 0.04$), and less satisfaction with less attentive shared decision making ($r = -0.30$; $p = 0.047$) were found positive. In the qualitative part, four major themes were found: (1) experienced habits, (2) self-image changes, (3) choice in type of care, and (4) long term contact with a healthcare provider.

Conclusions In the consideration of long-term pessary use not only the effect on physical complaints is important.

Also, personal circumstances should be included in this conversation. Expectations should be explored, as should a patients' opinion and questions towards self-care, sexual activity, taboo, and support in the future.

Development of a questionnaire for chronic bacterial vaginosis according to COSMIN-criteria (BAVA1)

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Background: Bacterial vaginosis (BV) is an imbalance of the vaginal flora with prevalence of 15-30% for non-

pregnant women and 50% for pregnant women. It is the most common vaginal infection in between the ages of 15 and 44, with a recurrence rate of 50% or more after twelve months. But nevertheless, valid, reliable, and responsive Patient-Reported Outcome (PRO) questionnaires for chronic BV patients are lacking. This study aims to develop a new PRO questionnaire in accordance with the Consensus-based Standards for the selection of health Measurement Instruments (COSMIN) for chronic BV patients. The secondary aim is to find information to improve treatment advice for women with chronic BV

Methods: An expert group was created and consisted of two gynecologists and one pelvic physiotherapist. Patient interviews were conducted including three patients. Patients aged 20-75, dealing with chronic BV were recruited to complete a 140-item questionnaire. Internal consistency was determined by the Principal Component Analysis (PCA) and Cronbach's alpha tests. Item reduction was performed to develop the final BV questionnaire.

Results: Twenty-seven patients completed the questionnaire. PCA showed seven underlying factors with 17 variables, with factor loadings of 0.43-0.95. Cronbach's alpha reliability showed a range of 0.05-0.77. Item reduction was performed using non varied response frequencies, low correlations, and low item contents. The final BV questionnaire (BAVA1) consists of 49 items over nine separate parts assessing demographic data, symptoms and diagnose, emotional impact, menstruation, personal hygiene, medication, alternative therapy, sexuality, and lifestyle changes.

Conclusion: In this study, a questionnaire is developed for patients dealing with chronic BV (BAVA1). It can be used to detect certain behavioral patterns of patients with chronic BV, and be utilized to improve patient therapy, or for further research to detect stimulating or inhibiting BV factors.

Sexual functioning among premenopausal women with lichen sclerosus and aspect of communication and motivation for its treatment. A pilot study

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Introduction: Sexual dysfunction (SD) is experienced by many patients with vulvar lichen sclerosus (LS), a chronic and progressive dermatologic condition of vulva that cause vulvar skin to be vulnerable to friction as well as structural changes. However, other than the perspective of pain and mechanical difficulties, little context is added to LS patients' sexual functioning and how such issue is being addressed and communicated

in practice. There is also no information on whether of not patients understand and are motivated for treatment i.e. sexologist counselling.

Methods: This pilot, case-control study has collected a number of validated questionnaires to assess sexual functioning (FSFI) and sexual distress (FSDS-R) as well as other sets of questions developed for this specific research. The study has primarily focused on premenopausal women. Comparison with general population was made using data from an earlier study.

Results: In total of 23 LS patients from the age group of 20-40 have participated. About 48% of the patients had SD according to FSFI which was higher when compared to the general population (28%) and patients' sexual functioning was decreased on several domains, significantly. LS patients also showed higher prevalence of high level of sexual distress of 69.6%. Markedly, 43.5% of the patients had not been informed about possible impact of LS on sexual functioning and 79.6% of the patients had no interest in seeing a sexologist, even when SD was present.

Conclusion: Despite the clear guidelines and high prevalence of SD among LS patients, communication and education about this issue seems to be severely lacking. A follow-up study that provides in-depth understanding including larger number of sample seems crucial to investigate reasons behind such lacks in sexual health care as well as to explore methods to improve them.

Oral presentation 7: Covid-19 and Psychosomatic Obstetrics

Veiled Powers of Culture: Looking at fear of childbirth through the lens of time

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Introduction: Fear of childbirth (FOC) is a well-known phenomenon in Western society where it affects up to 30 percent of women of reproductive age. The impact of such anxiety on pregnancy, childbirth and the postpartum period in non-Western countries is much less known. Few studies have addressed FOC as an intrinsic part of culture. Yemen on the Arabian Peninsula is a country of rich cultural diversity and medical pluralism, well suited for such a study. Aim: To examine contextual and individual factors that impact women's FOC, including factors of socio-demography, place and type of childbirth care, pregnancy outcome and cultural heritage.

Methods: A two-step research approach was used. 1) 220 women with childbirth experience in five governorates of pre-war Yemen were selected using a multi-

stage sampling technique. Interviews were conducted using a structured closed- and open-ended questionnaire. Bivariate chi-square tests and multiple logistic regression analysis were performed. 2) The Yemen National Demographic Health Survey (YNDHS) was further used to investigate known risk factors for FOC in a national sample.

Results: In multiple logistic regression analysis, women who resided in a governorate of Yemen with a strong matrilineal cultural heritage were close to three times less likely (95 % confidence interval (CI) 1.15 – 6.4) and Nomad women among them six times less likely (95 % CI 2.24 – 22.74) to experience FOC. Young women were almost twice as likely to experience FOC (95 % CI 1.08 – 2.94) but only in governorates with a non-matrilineal cultural heritage. Data of the YNDHS showed known risk factors for FOC to be far less prevalent in those governorates of Yemen with a matrilineal cultural heritage even though matrilineal tradition is not fully practiced today.

Conclusions: FOC is deeply rooted in culture and in the history and status of women. The power of culture lies in its ability to influence the social domain of life, of which FOC is a reflection.

Pregnant women's pandemic-related stress, fear of childbirth, and postpartum post-traumatic stress symptoms

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Introduction: The study aimed: (1) To assess pregnant women's concerns about the possible impact of the COVID-19 pandemic on their pregnancy and childbirth; and, (2) to investigate whether these concerns amplify the effect of fear of childbirth (FOC) on increased risk of post-traumatic stress symptoms.

Methods: In this longitudinal study, pregnant women (N=2034) were recruited online from 9/2020 to 1/2021 and filled in questionnaires at gestation weeks ≥ 20 and again 6-8 weeks postpartum (N=1405). The prenatal questionnaires included the Pandemic-Related Pregnancy Stress Scale (PREPS), FOC, physical and depressive symptoms. Postpartum questionnaires included questions about the experience of childbirth and postpartum posttraumatic stress symptoms (PP-PTSS).

Results: About a third of the women were worried that COVID-19 might harm their pregnancy and childbirth, that they will not receive proper care; over 40% were concerned that it will ruin their birth plans, that they will not be able to bring the companion/s they wish, and that they will be separated from their baby. The total PREPS score correlated with FOC ($r=.37$) and

depressive symptoms before ($r=.28$) and after birth ($r=.17$; all $ps<.001$). The PREPS and FOC interacted to predict a subjective traumatic birth and stronger PP-PTSS ($F(1,1255)=8.59$, $p<.001$; FOC was most strongly associated with PP-PTSS when pandemic stress was highest), controlling for mode of birth.

Conclusions: Pregnant women may be particularly vulnerable to concerns about their pregnancy and childbirth in pandemic times. These concerns may amplify the effect of fear of childbirth on their birth experience and the risk for post-traumatic reactions.

Health beliefs, concerns about fetus health, neuroticism and preventive health behaviors during the COVID-19 pandemic among pregnant Israeli women

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Introduction: During the outbreak of infectious diseases pregnant women and their fetuses are vulnerable to health risks and adverse pregnancy outcomes. Little is known about the effects of health beliefs and personality on compliance with protective health actions recommended for pregnant women by professional health organizations during the Covid-19 pandemic.

Method: 202 pregnant Israeli women, mean age = 30.8, completed an online questionnaire during late 2021, between two major outbreaks of Covid-19. 76% had been vaccinated and 90% had not been infected by the virus. The data collected included health beliefs (perceived: vulnerability and susceptibility to the disease; barriers and benefits of preventive behaviors), concerns about the fetus health, Covid-19-related preventive health behaviors, neuroticism.

Results: Multiple hierarchical regression analyses showed that 29.3% of the variance in preventive behaviors were significantly and positively explained by age, week of pregnancy, and perceived susceptibility and benefits of behaviors; and negatively by perceived barriers. 23.4% of the variance of concerns about the fetus were explained by number of children (negatively), and perceived susceptibility and benefits of behaviors (positively). Concerns about fetus health significantly mediated the associations between two health beliefs: (perceived susceptibility and perceived benefits of behaviors) and preventive behaviors. Neuroticism was significantly related to concerns about fetus health.

Conclusions: Health beliefs as well as concerns about fetus health were significantly related to preventive health behaviors. Moreover, concerns about fetus mediated the association between two health beliefs

and preventive behaviors. Neuroticism did not moderate the association between health beliefs and preventive behaviors. Patient education and trustworthy information about the benefits of preventive behaviors and vaccinations may alleviate concerns about fetus health.

The Israeli obstetric organization and towards the Covid -19 Epidemic. Highlight on pregnant women

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Background: In March 2020 Israel delivered the first COVID-19 positive patient in the county in a major medical center in Jerusalem. Israel has immunized it's population early and has repeated the immunizations up to 3-4 immunizations.

Methods: We gained the information from our computerized (Chameleon) software.

We compared 3 time periods 02-2019-02,2020 a year prior to the epidemic to the year of the first year of the epidemic and then to the recent year (02-2021,02-2022)

Results: The year prior to the outbreak of the Covid 19 Epidemic we had a total of 8013 in our medical center, during the first year of the epidemic the number of deliveries dropped by 10% to 7215 deliveries but then rose to 8476 deliveries (4.5%). The number of multiple pregnancies followed a similar pattern. (176,151,176 respectively).

The percentage of the fetal intrauterine death rate was (0.9,1.2,1.08%) respectively.

Interestingly, the percentage of pregnancies among adolescents (15-18 years) increased in the second year of the epidemic and dropped back to the rate prior to the epidemic (0.15%)

Very early preterm delivery rate (25-30 weeks) has increased from 0.42% prior to the epidemic to 0.52% and dropped back to 0.48%.

The mechanical deliveries (Vacuum and Forceps) have changed from 7.8% prior to the epidemic to 7.44% in the first year of the epidemic and dropped back to 6.46%)

Conclusions: The Israeli population and the prenatal data shows that with appropriate and weighted confrontation and immunization of the Covid -19 epidemic the perinatal outcome was affected temporarily yet returned to the pre epidemic statistical western world perinatal outcome.

The impact of acute covid-19 infection in pregnancy on depression

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Introduction: Pregnancy and the postpartum period is highly associated with depression and anxiety. The covid-19 pandemic with quarantines, isolations, and social distances further increased the risk of depression. The disease itself increases stress and anxiety, with the unknown effect of covid-19 on the fetus, the fear of a severe course of the disease in the pregnant woman, or death.

Methods: We conducted a prospective cohort study from March 2020 until January 2022 in the UMC Ljubljana, Slovenia. Using Wilcoxon's signed rank test, we compared the level of depression and anxiety in pregnant women assessed by Edinburgh Postnatal Depression Scale (EPDS) between the time of and after the infection with the SARS-CoV-2. For possible risk factors of depression, we used logistic regression to calculate the odds ratio (OR) with a 95% confidence interval using a two-way test.

Results: We treated 677 pregnant women with confirmed covid-19 infection. Of these, 483 women fulfilled EPDS at the time of acute infection and 393 also at the follow-up examination (table 1). The proportion of borderline and overtly depressed women was higher at the time of acute infection and fell after recovery ($p=0.000$). In the logistic model, the depression was significantly associated with symptoms at the first examination (OR 2.38,1.17-4.85; $p=0.017$) and a co-existing chronic disease (OR 1.92;1.03-3.58; $p=0.039$). All other parameters (woman's age, parity, gestation at confirmation of infection, and the course of the COVID disease) were not significantly associated.

Table 1: EPDS questionnaire during acute covid-19 vs post-covid control examination (n=393)

EDPS points		
During covid-19(n(%))		Post-covid control (n(%))
0-9	342 (87.0)	366 (93.1)
10-12	33 (8.4)	18 (4.6)

≥13	18 (4.6)	9 (2.3)
Median	4 (2-8)	3 (1-6)

Conclusion: Covid-19 during pregnancy increases depression and anxiety, most likely in women with symptomatic infection, and with a co-existing chronic disease, which decrease after recovery.

Postpartum people's experiences and responses during the first year of the COVID-19 pandemic

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Introduction: Most evidence on the impact of pandemic on perinatal population's experiences has been cross-sectional, reporting such effects in a segment of the pandemic. The aim of this study was to understand the experience and responses of postpartum people during the first year of the pandemic from March 2020 to April 2021 and to identify their health care needs.

Methods: This is a descriptive qualitative study conducted in British Columbia (BC), Canada. Participants were recruited during pregnancy through prenatal care clinics and classes, LifeLabs across BC as well as Social Media and followed up until 4 months postpartum. The current study is based on 4-month postpartum data using six open-ended questions developed by research team and administered through online surveys. Data were analyzed by two female analysts using thematic analysis.

Results: The study sample included 268 participants with mean age of 31.75 (4.14) years. Approximately, 70% of the participants resided in Vancouver Coastal or Fraser Health Authorities. Findings were grouped under five central themes: a) protecting baby; b) psychological adjustments; c) experience of isolation and lack/loss of support; d) unexpected interruptions and life events; and e) perceived postpartum care needs.

Conclusions: In our study, we found that several impacts of the pandemic persisted throughout the first year particularly isolation and lack of support. Interruptions in health care services were significant at the beginning of the pandemic but some issues remained throughout the pandemic. Responsive health care services are required to address the emerging needs of postpartum people throughout the pandemic.

Oral presentation 8: Family planning and IVF

Cognitive-behavioral Art Therapy (CB-ART) decreases perceived stress and cell-free DNA concentrations in women undergoing IVF: a prospective RCT

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Introduction: Failure to achieve pregnancy often results in chronic stress, and treatment, such as In-vitro fertilization (IVF) is stressful as well. IVF patients were reported to experience high levels of psychological distress comparable to those associated with other medical illnesses.

Objective: To study the effect of a CBART intervention on perceived stress and IVF treatment parameters and molecular markers of stress and inflammation.

Methods: Seventy-five women with high-perceived stress were randomized to an art therapy group intervention (CB-ART) or standard care. IVF treatment parameters, such as hormone concentrations, type of treatment, number of oocyte aspirated, embryo development, and treatment outcome, were documented. Biological indices (cell free DNA (CFD) concentrations, telomere length, and cytokine concentrations) and perceived stress were measured at 3-time points during the study (T1, before treatment; T2, during treatment; T3, pregnancy test).

Results: Perceived stress was significantly reduced (-2.94 ± 4.30 , $p=0.01$) in the CB-ART compared to the control group (-1.70 ± 4.07 , $p=0.104$). CFD concentrations at T2, were significantly lower in the CB-ART (215.62 ± 272.35 ng/ml) compared to the control group (540.27 ± 427.67 ng/ml, $p=0.016$). Embryo developmental morphokinetic analysis indicated that women receiving CB-ART had a significantly longer mean t3-tPNF interval compared to the control group (14.51 ± 1.36 versus 13.12 ± 3.08 , respectively, $p=0.039$). The 2 groups did not differ in any other parameters measured.

Conclusion: CB-ART may lower high perceived stress levels and peripheral blood CFD concentrations in women undergoing IVF. Further large-scale studies are required to fully elucidate the effect of stress reducing interventions on IVF treatment outcomes with the aim

of offering these interventions to patients experiencing high-perceived stress as routine care.

The effectiveness of psychosocial interventions for infertile women: Review with meta-analysis and focus on method-critical evaluation

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Approximately seven to nine percent of couples of reproductive age do not become pregnant despite regular and unprotected sexual intercourse. Various psychosocial interventions for women with fertility disorders are repeatedly found in the literature. The effects of these interventions on psychological characteristics such as anxiety and depression, as well as on the hoped-for increase in the probability of pregnancy, do not currently allow for reliable generalisable statements. This review focuses on the method-critical evaluation of the studies.

The literature search was conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement. Six databases were searched and 479 potential studies were discovered. After reviewing the full texts, ten studies were included for the synthesis. Four studies each for anxiety and depression, and ten studies for pregnancy rates were included in the meta-analysis.

Psychosocial interventions do not significantly change women's anxiety scores (Hedges's g -0.475; CI -0.989 to 0.040; $p=0.071$), but they have a significant impact on depression in infertile women. After intervention, these scores decrease (Hedges's g -0.895; CI -1.644 to -0.145; $p=0.019$). Implementation of psychosocial intervention during ART treatment do not increase pregnancy rates (odds ratio 1.103; 95% CI 0.804 to 1.512; $p=0.545$). Study design (duration and timing of intervention, type of intervention, type of data collection) and samples (age of women, reason for infertility, duration of infertility) are very heterogeneous. The results of the studies were determined with different methods and make comparability difficult. All these factors do not allow for a uniform statement.

In order to be able to better compare psychosocial interventions and their influence on ART treatment and thus also to achieve valid results, a standardised procedure to the factors mentioned is necessary.

Implications of the Covid-19 pandemic for sexuality, family planning and mental health among reproductive-age women with rheumatic disease

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Introduction: Women with rheumatic disease are more likely to suffer from sexual dysfunction, infertility, depression, and anxiety. The pandemic may have affected these constraints. We investigated the effect of the Covid-19 pandemic on sexuality, family planning and mental health in a sample of women with rheumatic disease. These parameters were compared between the patients and a healthy control group, as well as with data on sexuality from women with rheumatic disease from 2019.

Methods: Women aged 18-50 with a rheumatic disease and women in an age-matched healthy control group received questionnaires featuring: 1) demographic information, sexual frequency, family planning; 2) the Female Sexual Function Index (FSFI); 3) the Depression, Anxiety and Stress Scale (DASS-21); and 4) the Coronavirus Anxiety Scale (CAS).

Results: A preliminary analysis was conducted with 83 patients with rheumatic disease and 124 healthy controls, recruited in 2021. The index group exhibited lower levels of stress and Coronavirus Anxiety than the control group and was less likely to report that the pandemic led to a reduction of their sexual frequency. The control group cited "stress" frequently for a reason in the reduction of sexual frequency. The FSFI analysis revealed that patients with rheumatic disease experienced higher levels of pain during sex than the control group but were more satisfied with their relationships. In comparison to 58 rheuma patients, whose data was collected in 2019, the 2021 cohort reported reduced FSFI values in the domains of desire, arousal, lubrication, and orgasms.

Conclusion: Consistent with research on female sexuality during the pandemic, we found that rheuma patients reported lower FSFI values in 2021, in comparison to 2019. Our finding that the index-group seemed less stressed by the pandemic than a healthy control group, is consistent with research on MS and

IBD patients, who showed surprising resilience in the face of the Covid-19 pandemic.

Postpartum sexuality: a pilot study of causative socio-economic determinants

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Introduction: Postpartum sexuality is determined by a complex interaction of somatic and psychological changes after delivery, and significant interference of socio-economic circumstances. Resuming postpartal sexual activity has important implications on maternal health and family planning. The prevalence of sexual disorders, which correlate with postpartum psychological symptoms(1), lowers during the first year postpartum(2). Maternal education is one of the factors influencing postpartum sexual activity(3).

Objective: A pilot study was designed to assess the socio-economic predictors of sexual activity after childbirth.

Materials and methods: A retrospective study included 100 women with singleton vaginal delivery in a tertiary care hospital in Croatia during two months. Data from all participants with no history of obstetrical complications or instrumental delivery were acquired by questionnaire about the age, education, partners employment and health status. Measures of outcome were time of the first intercourse and frequency of intercourses in the first year after delivery. The relationship between variables was determined by multiple regression analysis.

Results: The average maternal age was 33.99 yrs, average gestational age was 39.4 wks and the average time elapsed from delivery to first postpartum intercourse was 8,91 wks. Majority of respondents were highly educated; 73% of women and 64% of their partners. Among various independent parameters, weak correlation between maternal education and the time elapsed until first intercourse was found($R=0.297, R^2=0.088, p\text{-value}=0.05$), only variable weakly associated with frequency of intercourse in first year after childbirth was partners education($R=0.280, R^2=0.078, p=0.009$).

Conclusion: Educational levels of respondents and their partners were weakly associated with postpartum sexual activity. Along with rising trends in higher education and age of parenthood, future reproductive behavior changes can be expected.

Psychological aspects of unfulfilled desire for a child – results of an actor-partner interdependence analysis

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Introduction Unfulfilled desire for a child and the subsequent medical therapy leads to strong emotional stress in some patients, which has to be coped jointly by the couple: "Infertility is a shared stressor". It is known from the research literature that subjectively perceived self-efficacy supports adaptive coping.

Methods 721 women and men presenting at five fertility centers in Germany (Heidelberg and Berlin), Austria (Innsbruck), and Switzerland (St. Gallen and Basel) completed the SCREENIVF questionnaire to identify psychological risk factors and the SWUK scale to measure self-efficacy in the context of fertility treatments. Using the Actor-Partner Interdependence Model, data were analyzed in pairs.

Results At the couple level, women showed significantly higher risk scores compared to men in four of five risk factors (depression, anxiety, lack of acceptance, helplessness) with just moderate effect sizes. In all risk areas, significant protective effects of self-efficacy on the respective own risk factor (actor effect) could be identified. The men's self-efficacy scores showed a significant negative correlation with the women's depression and helplessness scores (partner effect man => woman). Women's self-efficacy scores were significantly positively correlated with men's acceptance and social support (partner effect woman => man).

Conclusion Since coping with the unfulfilled desire for a child has to be done by the couple, future studies should not include women and men separately in the analyses but focus on the couple as the unit of analysis.

In addition, the couple setting should be the gold standard in psychosocial infertility counseling.

3-Länder-Tagung der Deutschen, Österreichischen und Schweizer Gesellschaften für Psychosomatik in Frauenheilkunde und Geburtshilfe – Kurzvorträge

„Penetration ist nicht das Nonplusultra“ – Reflexion des Heteronormativitätsdruckes bei der Genito Pelvinen Schmerzstörung (Penetrationsstörung)

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Einleitung: Die Genito Pelvine Schmerzstörung (Penetrationsstörung) (GPPPD) hat vor allem bei jungen weiblichen Personen eine hohe Prävalenz. Da es aktuell im deutschsprachigen Raum diesbezüglich noch keine Untersuchungen gibt, wurden Betroffene zu ihrer Suche nach Behandlung befragt.

Methode: Halbstandardisierte Interviews von 8 GPPPD-Betroffenen wurden mit der qualitativen Inhaltsanalyse ausgewertet. Die Rekrutierung erfolgte in Selbsthilfe-Netzwerken und in einer Physiotherapiepraxis.

Ergebnisse: Die Diagnose und entsprechende Behandlungsempfehlungen fanden die Befragten nicht innerhalb der Gesundheitsversorgung, sondern in Selbsthilfe-Foren und durch Recherche im Internet. Die Interviewten berichteten von einem verminderten Selbstbewusstsein, da sie nicht in der Lage waren, ihre heteronormative Geschlechterrolle zu erfüllen. Dies wurde zusätzlich verstärkt durch die Assoziation der GPPPD mit sexualisierter Gewalt und dem damit einhergehenden Opferstigma. Da Behandlungsversuche oft erfolglos blieben und die psychosozialen Folgen des Problems als gravierend empfunden wurden, verdrängten die Befragten ihre GPPPD und vermieden sexuelle Aktivitäten. Wenn die patriarchale Prägung des Leidensdruckes reflektiert und erkannt wurde, dass eine vollwertige Sexualität auch ohne vaginales Aufnehmen möglich ist, verbesserte sich das Selbstbewusstsein der Interviewten.

Schlussfolgerung: Von GPPPD betroffene Menschen benötigen eine trauma- und gendersensible Versorgung, die sie dabei unterstützt, ihren Selbstwert unabhängig von Heteronormativität zu betrachten. Die Bezeichnung und Behandlung des Problems als Penetrationsstörung weist darauf hin, dass die Medizin diese Unterstützung aktuell kaum bietet. Diskurse über patriarchale Einflüsse auf sexuelle Normen wer-

den von den Betroffenen als hilfreich wahrgenommen und sie wünschen sich, dass Public Health Maßnahmen dieses Wissen noch stärker in der Gesellschaft verbreiten.

Sekundäre Traumatisierung und Strukturprobleme in der Geburtshilfe

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Einleitung: In der Geburtshilfe sind Adverse Events häufig. Daraus resultieren emotionale und gesundheitliche Probleme sowie berufliche und private Krisen. Traumatisierte Geburtshelfer*innen müssen bisher meist alleine zurechtkommen.

Methode: Es handelt sich um eine Querschnittstudie. Ein Fragebogen zur sekundären Traumatisierung von geburtshilflich tätigen Ärzt*innen wurde durch die Österreichische (OEGGG) sowie Deutsche Gesellschaft für Gynäkologie und Geburtshilfe (DGGG) verschickt.

Ergebnisse: 95% der Geburtshelfer*innen haben mindestens einmal eine Traumaerfahrung im Kreißaal gemacht. Bei 58% haben die belastenden Ereignisse negative Auswirkungen auf das Privatleben. 23% leiden nach einem Adverse Event an Erkrankungen. 9% berichten danach von vermehrt aufgetretenen körperlichen Beschwerden.

Es kommt häufig zu einem Risikovermeidungsverhalten mit vermehrten Ultraschallkontrollen, großzügigeren intrapartalen Indikationsstellungen zur Sectio und der Vermeidung vaginaler Steißgeburten.

Gespräche mit Kolleg*innen und Vorgesetzten sind im Bewältigungsprozess hilfreich, werden aber selten angeboten.

Strukturprobleme, Personalengpässe, mangelnder Teamgeist, wenig emotionale Unterstützung, negatives Fehlermanagement und Individualisierung von Verantwortung verschärfen die Situation für Geburtshelfer*innen nach Adverse Events im Kreißaal.

21% haben den Beruf als Geburtshelfer*in aufgegeben.

Schlussfolgerung: Adverse Events sind nicht verhinderbar, Support Programme für Second Victims dringend erforderlich. Es bedarf einer Reform der Geburtshilfe mit Etablierung einer konstruktiven Fehlerkultur, Sensibilisierung in Hinblick auf das Second-Victim-Phänomen und verpflichtenden institutionellen Konzepten für den Umgang mit Adverse Events. Patient*innensicherheit <=> ärztliche Gesundheit.

Mental health after pregnancies with gestational diabetes and association with illness perception during pregnancy

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Introduction The generalization of a "severe and unreasonable burden" of all patients with gestational diabetes (GDM) must be avoided in order to enable a pregnancy with as little burden as possible, even with the diagnosis of GDM. In this work, the extent to which the well-being of pregnant women is burdened by the diagnosis of GDM was investigated. The sensitivities and illness perceptions of patients who were cared for due to GDM in the Competence Center for Diabetes and Pregnancy were recorded. It is also intended to clarify the question of what influence pre-existing psychological disorders in GDM patients has influence on treatment satisfaction.

Methods Patient survey by means of self-administered GDM sensitivity questionnaire and SCL-R-90 score (self-assessment procedure for recording psychological distress). Characterization of the GDM collective on the basis of the prevalence of psychological disorders, as well as recording of treatment satisfaction. Correlation analysis regarding psychological stress and well-being during treatment.

Results: The response rate of the survey was 32% (n=79 of 245). Psychological disorders were found in 12% (n=10) in the SCL-R-90. Women with abnormal SCL-90 scores only differed significantly in BMI (29kg/m² vs. 25 kg/m²). Patients with abnormal SCL-R-90 scores showed significantly higher levels of anxiety about their blood glucose levels, as well as the health of their child, and felt less comfortable in pregnancy.

Conclusion A high level of treatment satisfaction was found but with a high level of psychological stress in the overall population. In order to optimize our own treatment strategies, we must therefore record the psychological stress and sensitivities of our patients after diagnosis of GDM. Analogous to the postpartum depression screening after GDM, a screening for psychological problems should be considered already during pregnancy in order to be able to specifically care for psychologically burdened patients.

Caregiving challenges in the field of tension between maternal well-being and child welfare

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Introduction Making the "right" decision can be particularly challenging in antenatal care when the pregnant woman's capacity to participate in the so-called shared decision making is compromised.

Method (case report) Ms. E.K. is a 36-year-old woman with cognitive impairment. Living on her own, she needs little support from her environment. After having been together with a new partner for some months and based on a common desire to have children the patient became pregnant.

Routine check-ups were initially unremarkable. In the second trimester, abnormalities were found in the fetus, whereupon an amniocentesis was performed in the 24th week of pregnancy. It revealed a genetic syndrome with kidney damage and reduced intelligence. The patient was then genetically tested and identified as being affected by the same mutation.

When Ms. K. learned that her baby would be handicapped, she declared herself as unable to take care for the child and opted for termination of pregnancy. An ethical consultation was convened and a psychiatric evaluation of the patient's capacity to judge took place. Her demand for a fetocide performed at 32 weeks of gestation was granted. However, the patient abstained from the appointment scheduled for the intervention. From then on Ms. K. presented herself only sporadically at her gynecologist's and eluded further controls at the university hospital until the onset of labor at 39th weeks of gestation. Intrauterine fetal death was diagnosed on admission.

Discussion The health professionals involved had the challenging task not only to guide the patient through the decision making, but also to deal with her avoidant behavior when she was confronted with the limitations of her capabilities and felt threatened in her autonomy.

Conclusion Cooperating inter-professionally and convening an ethical consultation were both strategies that supported the health professionals in managing the difficult antenatal care situation to the best of the patient.

Psychosoziale Aspekte von Eizellspenden-Schwangerschaften

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Einleitung In Deutschland ist die künstliche Befruchtung mittels Eizellspende nicht erlaubt, dennoch betreuen wir zunehmend Schwangere, die durch eine Eizellspende im Ausland konzipierten. Das Ziel dieser Studie ist die umfassende Evaluierung von psychosozialen Aspekten von Eizellspenden-Schwangeren und

die Evaluierung möglicher Unterschiede in der psychosozialen Gesundheit im Vergleich zu Müttern nach natürlicher Konzeption oder nach In vitro fertilisation (IVF) /Intrazytoplasmatischen Spermientransfer (ICSI).

Methode Eingeschlossen sind ca. 900 Frauen im Alter von 18-70 Jahren die an der Charite von 2008-2022 entbunden haben. Die Studienteilnehmerinnen werden nach Konzeption in drei Gruppen von Müttern unterteilt (Eizellspende, IVF/ICSI, natürlich). Dabei sind die einzelnen Frauen gruppenübergreifend nach zueinander passenden Kriterien gematched. Zur Umfrage werden sieben validierte Fragebögen zur psychischen Gesundheit und ein selbstentwerfender Fragebogen zur Erfassung weiterer demographischer Faktoren in deutscher Sprache verwendet.

Ergebnisse Ziel ist die umfassende Evaluation eventueller psychosozialer Unterschiede zwischen den genannten Gruppen mittels den validierten Fragebögen Edinburgh Postnatal Depression Scale, Satisfaction with Life Scale, Fragebogen zur Sozialen Unterstützung Kurzversion 6, Bochumer Bindungsfragebogen, Generalized Anxiety Disorder Scale 7 und Postpartum-Bonding-Questionnaire.

Schlussfolgerung In diversen Studien liegt der Fokus auf den somatischen Komplikationen im Zusammenhang mit Eizellspenden-Schwangerschaften. Bei einer wachsenden Patientinnenzahl ist es in der Perinatalmedizin notwendig, dass auch ein Fokus auf die psychische Gesundheit dieser Mütter gelegt wird, um ein mögliches Defizit an adäquater Beratung vorzubeugen und ein Screening zu etablieren.

Clean4us – Thüringer Versorgungsmodell für v.a. Methamphetamin konsumierende Schwangere und deren Kinder

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Fragestellung In der Suchthilfestatistik 2019 gaben 43.6 % der Befragten Patientinnen in ambulanten Einrichtungen an, mindestens ein Kind zu haben, 2.4% der Klientinnen gaben eine Schwangerschaft zu Beginn der Betreuung an. Auf Grund dieses zunehmenden Versorgungsbedarfes initiierte die Thüringer Landesregierung das Modellprojekt clean4us für v.a. Metamphetamin konsumierende Schwangere und ihre Kinder.

Methode Die besondere Problematik im Bereich Sucht und Schwangerschaft ist die schwierige Erreichbarkeit der Klientel aufgrund der Stigmatisierung und bestehender Ängste der Mütter, ihre Kinder durch Intervention durch das Jugendamt zu verlieren. Daher arbeitet das Projekt stetig in der Vernetzung der bestehenden Hilfsangebote. Durch Kooperationsverträge mit Klini-

ken und Beratungsstellen, kann eine schnelle Aufnahme einer Entgiftungsbehandlung beginnen, mögliche Intervention durch das Jugendamt können so verhindert und der familienerhaltende Ansatz umgesetzt werden.

Das professionelle Netzwerk besteht aus vorhandenen Jenaer Akteur*innen und Institutionen aus des Universitätsklinikum Jena, niedergelassenen Frauen- und Kinderärzt*innen, Hebammen sowie Sucht – und Rehakliniken, wie auch den kommunalen Einrichtungen der Drogenberatung, Familien- und Jugendhilfe und Frühen Hilfen. Die zentrale Rolle trägt die Case Managerin, die mit der Betroffenen ein für sie passendes Hilfsangebot entwickelt und sie beim Aufsuchen und der Aufrechterhaltung des Hilfsangebots unterstützt.

Ergebnisse Die Evaluation ist für das Jahr 2023 geplant. Kontakt zu 34 Frauen, derzeit befinden sich 8 Frauen in der Nachsorgephase und 3 Frauen in der Zugangsphase.

Schlussfolgerungen Eine längere Phase von sensiblen Kontaktaufnahmen und eine individuelle Anamnese ist nötig, um bei der Klientin eine notwendige, eigenmotivierte Verantwortungsübernahme zu bewirken und um eine gangbare Hilfsperspektive zum Wohl von Mutter und Kind, mit ihr frühzeitig zu entwickeln.

Effekte einer psychosomatischen Komplextherapie auf Patienten mit erhöhtem Blutdruck: Ergebnisse einer naturalistischen monozentrischen Studie an einem deutschen Universitätskrankenhaus

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Hintergrund: Erhöhte systolische Blutdruckwerte (RRsys) sind ein Risikofaktor für kardiovaskuläre Erkrankungen. Stress und psychische Erkrankungen wirken sich negativ auf den Blutdruck aus. Epidemiologische und Tier-experimentelle Studien suggerieren eine wichtige Rolle psychosozialer Interventionen für Blutdrucksenkung. Mögliche Blutdrucksenkende Effekte von best praxis realworld psychotherapeu-

tischer Komplexbehandlung sind bislang kaum untersucht.

Methode: Basisdaten von N=638 Patienten der Klinik für Psychosomatik und Psychotherapie, Universitätsklinik Gießen wurde unter standardisierten Bedingungen morgens (8-9 Uhr) nach Aufnahme (t1) und in der Entlasswoche (t2) erhoben: Blutdruck, ICD10 Diagnosen, Medikation, SF-12, PSQ, TAS20, PHQ-9, HADS, SOMS, Cortisol, CRP. T-, Mann-Whitney-U-, Pearson-Chi-X²-Tests; Partialkorrelations- und multiplen Regressionsanalysen (Kontrollvariablen: Alter, Geschlecht, BMI, Hypertoniemedikation, Familienstand) wurden kalkuliert.

Ergebnisse: Zu t1 waren Patienten mit RRsys >140mmHg (sRR140+: N=167, 69,3% Frauen, BMI 29,57+/-6,56 kg/m², 46,32+/-12,07 Jahre, ICD10I10 7,2%, Hypertoniemedikation 43,7%) im Vergleich zu Patienten mit einem RRsys <140mmHg (sRR140-, N=471, 34,4% Frauen, BMI 25,73+/-6,19 kg/m², 38,37+/-13,53 Jahre, ICD10I10 3,4%, Hypertoniemedikation 17,9%) signifikant häufiger weiblich, übergewichtig, älter, verheiratet und hatten eine Hypertoniediagnose oder -behandlung. Zu t1 zeigten sie im Vergleich zu sRR140- höheres CRP (p<0,001) und keine Korrelation zwischen RRsys und Psychometrie, Cortisol oder CRP. Bei sRR140- korrelierte RRsys mit Cortisol (p=0,0015, r=0,112) und SOMS7T (p=0,006, r=-0,127). In sRR140+ fiel der RRsys von t1 zu t2 signifikant (-12+/-18,37mmHg, p<0,001, d=0,573), jedoch nicht in sRR140- (+1,64+/-12,95mmHg), mit signifikantem Gruppenunterschied (p<0,001, d=0,397). sRR140+ Aufnahme-PSQ (p=0,05, B=-0,149, f²=0,238) und -PHQ-9 (p=0,012, B=-0,682, f²=0,258) erwies sich als Prädiktor für die Blutdrucksenkung.

Schlussfolgerung: sRR140+ Patienten zeigen bei Aufnahme in die stationäre Komplexbehandlung eine Entkopplung des sympathischen regulierten Blutdrucks von Mediatoren des Hypothalamus Hypophysen Nebennierenachse und abgesenkte systolische Blutdruckwerte nach stationärer psychosomatischer Komplexbehandlung.

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