

emotional challenges and personal changes that come with pregnancy and new parenthood for the middle class.

**The Work in a Psychiatric Inpatient Mother and Baby Unit in Montesson (France)**

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We speak about the history of the unit and about the theoretical orientations chosen from our clinical experiences since 1986.

We describe the results of our care and the therapeutic modalities. Our objective is to be able to exchange on the work in mother-baby unit with our colleagues of any countries.

**Attention Performance in Pregnancy and its Relationship with Depression**

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**Aims:** Hormonal changes that occur during pregnancy lead to physiological changes in women. At the same time, pregnancy has often been associated with cognitive deficits. Patients with depression often complain about paying attention and encounter difficulties in learning and remembering. Studies indicate that patients with depression perform worse in tests that require long term attention. Our aim in this study is to evaluate the changes that may occur in sustained attention in healthy pregnant as well as depressed pregnant women.

**Methods:** Pregnant women who were randomly selected for the study were administered the Edinburgh Postnatal Depression Scale (EPDS). Those with high scores on the EPDS were administered the Structured Clinical Interview for DSM-IV (SCID) and as a result, 25 patients with depression were included in the study. Hamilton Depression Scale was used to measure the severity of depressive symptoms. 25 healthy controls were matched for gender and level of education. Neuropsychological tests were administered to participants to measure sustained attention.

**Results:** It was observed that functions related to attention were affected by depression during pregnancy.

**Conclusion:** Depression during pregnancy may lead to serious health problems for both women and babies. This study indicated that cognitive functions of pregnant women were affected by depression as well.

**Effects of Psychological Factors Variations Throughout Pregnancy on Childbirth Issues**

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**Aim:** A growing number of studies show that prenatal stress is associated with various obstetric complications such as spontaneous abortion, fetal growth retardation, low birth weight and preterm birth (Wadhwa, et al., 1993; Roesch et al. 2004; Glynn et al. 2008). According to these authors, prenatal stress has to be understood as a set linking environmental, personal and situational factors, the perceptions of woman (perceived stress, state-anxiety, perceived social support) and her response to stress (coping). In addition, physical and hormonal changes alter her stress throughout her pregnancy (Glynn et al., 2008). Therefore, changes into the prenatal stress model should be observable at different times of pregnancy. To our knowledge, no study has measured these indicators from the beginning up to the term of pregnancy. Evaluate these factors variations and examine their effects on pregnancy issues is the aim of this prospective study.

**Method:** Women were recruited before the 10th weeks of pregnancy in five French maternity hospitals. At T0, they were requested to complete trait-anxiety (STAI-Y) and sociodemographic questionnaires, their gynecologist completed a medical questionnaire. Women also completed a state-anxiety (STAI-Y), perceived stress (PSS), perceived social support (QSSP), and coping (WCC) questionnaires at T0, T1 (5th month) and T2 (9th month). Women with multiple pregnancy, severe somatic or psychiatric illness were excluded. A multinomial-logit model was performed to determine the best model.

**Result:** 167 women aged 19 to 45, answered all time measurement, 14,37 % (n=24) had obstetric complications. Different perceptual factors have variations depending on personal factors including parity and BMI. The best explicative model (AIC=214,11; LRT=-44,19,  $p < 0,05$ ) concerns primiparous whose perceived stress increased between T0 and T1, which used more emotional coping strategy between T1 and T2 and whose perceived social support decreased between T1 and T2.

**Conclusions:** These results show that perceptual factors present in the first pregnancy trimester affect birth outcomes. They also show that their variations in terms of decrease or increase throughout pregnancy have an effect. This suggests the psychological support of women at high risk should occur earlier in pregnancy.

**Two Cases of Unusual Presentation and Course of Postpartum Psychosis**

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**Case 1:** A 29 year old caucasian female who was 6 weeks post partum with her first child was admitted to our hospital in a mute state. Patient has been married for 15 years and worked as a bank manager. She had no previous psychiatric history, she had a history of childhood leukaemia that was treated with radiation. Her mother has a history Bipolar affective disorder.

Her husband reported that the patient was mute and for the past 5 days had been unable to take care of herself or the baby, she was "always in fog".

Patient was seen staring blankly into the space most of the time. She denies hallucination, delusions or obsessions.

Treatment Course over 4 years:

1) Patient responded to Quetiapine 250 mg daily at bed time and lorazepam 0.5 mg twice per day, she was discharged to an Outpatient program.