

EPP1079

Neurobiology and neuroimaging of the maternal brain

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Introduction: The epidemiology of psychiatric disorders of the perinatal period and their mainly thymic dimension are now well established. However, the underlying physiopathology remains uncertain and poorly explored.

Objectives: The purpose of this presentation is to explore the current knowledge in terms of neurobiology/neuroimaging underlying the modifications in maternal brain functioning and the links with perinatal psychiatric disorders.

Methods: A narrative review of the current international literature was carried out.

Results: Results of the current studies suggest that during pregnancy and the postpartum period, hormones and sensory interactions with the offspring relate to complex structural and functional changes in the brain. This reproduction-related brain plasticity embraces various areas implicated in maternal caregiving, primarily regions involved in reward/motivation, salience/threat detection, emotional regulation, and social cognition such as the ability to empathize and infer the mental state of the baby. Some structural irregularities and differences in activation patterns potentially involved in the triggering of disorders are starting to be identified.

Conclusions: The survival of newborns is largely dependent on the mother, and her brain appears to have evolved to support mother-infant bonding and sensitive care. Brain research offers a growing scientific understanding of the neural correlates of these disorders and opens a window to their prevention and treatment.

Disclosure of Interest: None Declared

EPP1081

Is parity a protective factor in depression and IPV?

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Introduction: IPV is a public health issue that is often linked to depression. Parity has often been mentioned as a protective factor against depression and suicide attempts. Despite this, parity in Latin America may not be related to positive outcomes for victims suffering from IPV as the stress of taking care of the children can result in a burden and worsen the symptoms of depression for the victim.

Objectives: Determine the impact of Parity in victims suffering from IPV and Depression.

Methods: A descriptive observational study was conducted, at the main Gender Violence Prosecutor's office: Florida, Guayaquil-Ecuador. UCSG pre-medical students collected the information using Beck test for Depression. The total sample was 239:

195 women, 44 men. It was classified by groups, gender, marital status, children and severity of depression.

Results: The data analyzed showed a higher percentage of Depression from IPV when parity is present.

Severe Depression: Women with children 57 (29%), 8 men with children (18%). Women without children 22 (11%), men without children 6 (14%).

Moderate depression: Women with children 28 (14%), 4 men with children (9%). Women without children 5 (3%), men without children 2 (5%).

Mild Depression. Women with children 25 (13%), 7 men with children (16%). Women without children 6 (3%), men without children 2 (5%).

Conclusions: Although some studies report having children as a protective factor in depression, this did not happen in this study. Financial violence is very common, so the mother does not receive any economic support from the father and has to take care of the children on her own. Social and hormonal factors also play a role, especially in women as they have more children. We believe that mental health clinicians should pay more attention to victims of IPV who have several children, especially in Latin America.

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EPP1082

Impact of psychiatric disorders on pregnancy and its management. A French retrospective cohort study

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Introduction: Every pregnancy and birth is unique, and despite this, few studies exist on the condition of pregnant women with mental disorders.

Objectives: This study analyzes the impact of prevalent mental disorders in pregnant women to determine which clinical or socio-demographic characteristics significantly impact pregnancy.

Methods: This retrospective and naturalistic cohort study is based on the medical records of 99 patients managed in a university hospital. All patients had an ICD-10 mental disorder (psychiatric and/or substance use disorders) diagnosed before pregnancy.

Results: Only 24.2% of the pregnant women had no adverse outcomes throughout pregnancy, labor, and delivery. The remaining mothers had violence issues, and mothers with psychotrauma were likelier to have stillborn babies. Pregnant women with mental disorders were less keen to screen for Down's syndrome and more likely to have artificial delivery in case of comorbid drug addiction and alcohol use disorder (AUD). Anonymous birth and placement of newborns were related to substance abuse and pre-pregnancy AUD comorbidities or AUD alone before pregnancy. Besides, four