Abstracts Book

Editors:

Dr. Ernerto González Mesa

Dr. Daniel Lubián

Teach the Teacher Workshop: “Dealing with Difficult Patients in Ob Gyn Practice” Marieke Paarlberg, Netherlands Sibil Tschudin, Switzerland Patients might be “difficult” because their diagnosis remains unclear or because they suffer from a chronic disease, a somatoform disorder or from psychiatric comorbidity, in particular borderline disorder. They may also be difficult because they are not compliant and/or adherent, highly demanding and time consuming. Furthermore they might be considered difficult, because we as physicians are not able to solve their social or intercultural problems or simply do not understand them, as there is no common language. Last but not least patients can be difficult, when taking care of them results in legal problems. In most of these situations physician-patient relationships are compromised, and physicians might experience themselves as not efficient, insufficient and helpless. As a consequence, communication is disturbed causing distress not only for the patient but also for the physician. After having given successful workshops at the EBCOG congress in 2013, as well as the ENTOG meeting and the FIGO congress in 2015, we want to offer a similar workshop in Málaga. This workshop, however will be targeted at colleagues who do not only want to learn for themselves, but who are also interested in getting instructions about how to give a workshop as a teacher. We will show how to focus on identifying typical situations when confronted with difficult patients. By means of group discussion and role plays we will demonstrate and practice, how to identify and apply helpful interventions. Furthermore we will introduce strategies for enhancing self-care and to prevent burnout. Participants are invited to bring along their own cases and questions. Presenters K. Marieke Paarlberg, MD PhD K. Marieke Paarlberg is consultant Ob/Gyn and principal tutor in Gelre Teaching Hospital Apeldoorn, The Netherlands. Her main topics of interest and research are: perinatal medicine, prenatal diagnosis, psycho-obstetrics, sexual medicine, genital cosmetic surgery and psychosomatic obstetrics and gynaecology. She has been the past president of the Dutch Society of Psychosomatic Obstetrics and Gynaecology and from 2010 until 2013, she was the president of the International Society of Psychosomatic Obstetrics and Gynaecology and still active in the ISPOG Board. Sibil Tschudin, MD Sibil Tschudin is an obstetrician-gynaecologist sub-specialized in psychosomatic / psychosocial medicine and sexual medicine. She is the head of the Division of Social Medicine and Psychosomatics at the Department of Obstetrics and Gynaecology of the University Hospital Basel. Her main research activities are directed towards counselling techniques in obstetrics and gynaecology, focusing on topics such as infertility, fertility preservation and prenatal diagnostics. She is the past president of the Swiss society of Psychosomatics in Obstetrics and Gynaecology and president elect of ISPOG.
FEMALE SEXUAL DYSFUNCTION IN KOREAN PATIENTS WITH GYNECOLOGIC DISEASE Yun Hwan Kim. MD. PhD. Department of Obstetrics & Gynecology, Ewha Womans University School of Medicine, Seoul, Republic of Korea. Disease in the female reproductive organs can affect female sexual functioning directly. However, the frequency and the severity of female sexual dysfunction in various gynecologic disorders have not been investigated actively in Korea. In light of cultural difference between Western and Eastern countries, the characteristics of sexual dysfunction in Korean women could be different from those of Western women. Most importantly, understanding female sexual function should be considered as an important factor in efforts to improve the quality of life for Korean patients with gynecologic disease. In this time, recent studies on sexual dysfunction among Korean gynecologic disease will be comprehensively reviewed and discussed for the adequate management strategies for Korean women.

MATERNAL ANXIETY AND STRESS DURING PREGNANCY FROM OBSTETRICAL VIEW Vesna Košec, MD PHD, Ob/Gyn specialist, the head of Department of Obstetrics Clinical Hospital Centre Sestre milosrdnice, Zagreb Croatia The impact of maternal anxiety and stress on pregnancy is authenticated with most common comorbid disease – depression and the incidence 15-30%. Every fifth woman during pregnancy will have some form of anxiety. Short term and long term consequences are well known and very serious. From obstetrical view we can help a lot not only to prevent perinatal complications but also improve perinatal outcome resulting with healthier population of mothers and children. Perinatal complications include fetal growth restriction, preterm delivery, frequent cesarean section as mode of delivery, increased hemorrhage during labor and others. The increased risk for postnatal depression with lack of appropriate attachment and absence of appropriate care both for the baby and mother presents serious problem. The second cause of maternal mortality after embolism is maternal suicide. The most of our pregnant patients present them selves as healthy women without any history of mental disorders or diseases. Since during pregnancy nine or more obstetrical exams are performed the midwives or phrenologists should be able to recognise the signs of increased stress, anxiety or depression during pregnancy and direct the patients to experts in that field. In this session we will discuss who and how should recognise this patients.

FETAL PROGRAMMING Vesna Gall, MD, Master of science, Ob/Gyn specialist, Department of Obstetrics, Clinical Hospital Centre Sestre milosrdnice, Zagreb Croatia What makes us to be as we are starts during pregnancy and depends on mothers mental health and emotions with long term consequences. The process is called fetal programming. The idea of "fetal programming" developed in clinical medicine in the 1980s. During development of the embryo and fetus, important physiological parameters can be reset by environmental events. The change can endure into adulthood and even affect the following generation to produce a trans-generational non-genetic disorder. The fetal origins of adult disease model was originally proposed by Barker to explain the observed associations between undernutrition of the fetus, low birth weight (defined as birth weight less than 2,500 grams) and an increased risk of cardiovascular disease, diabetes and metabolic syndrome in later life. The essence of the idea is that impacts on local fetal cellular environments can change gene expression during the developmental construction of tissues and organs, and these changes can result in long-range consequences for the function of those tissues and organs during childhood and adulthood. This concept also implies to the origin of mental disorder which can start from early childhood.
In this section we will explain the idea of fetal programming of mental health disorders after delivery.

MULTIDISCIPLINARY APPROACH IN THE MANAGEMENT OF MOTHERS WITH PSYCHIATRIC DISORDERS DURING PREGNANCY Assist. prof. Phd. Danijel Crnković, biological psychiatrist, Clinical Hospital Center Sistery of mercy”, Clinic of Psychiatry, Zagreb, Croatia In this work we will represent importance of multidisciplinary approach in working with mothers with psychiatric disorder. It can’t be emphasized enough how important is the cooperation between gynecologist, psychologist and psychiatrist. Although for these patients for now we have no clearly defined national guidelines, our clinical practice have shown that if the mother gets more support and if her medicaments are given properly with regular psychiatric control the child has less consequences. In this presentation will be shown a model of cooperation between Clinic of Psychiatry and Clinic of Gynecology and Obstetrics. Clinical Hospital Center "Sisters of Mercy".

PSYCHOSOCIAL CHARACTERISTICS OF TWO GYNECOLOGICAL DISORDERS (ENDOMETRIOSIS AND PCOS) – CHALLENGES AND RESULTS OF A HUNGARIAN RESEARCH Adrien Rigó, PhD Eötvös Loránd University, Institute of Psychology, Budapest, Hungary Introduction: Endometriosis and polycystic ovary syndrome (PCOS) are two very challenging gynecological disorders affecting young females. The increasing prevalence associated psychological disorders, high comorbidity with infertility and significant changes in quality of life emphasize the necessity of complex biopsychosocial research and treatment. Method: Our cross-sectional study focused on the most important psychosocial predictors of Health Related Quality of Life (HRQoL) both in endometriosis and PCOS (193 and 130 young Hungarian females who are the patients of the Semmelweis University, Obstetrical and Gynecological Clinics-1, Budapest). We used multiple regression and meditational analysis to identify the most important predictors of HRQoL and to test the role of emotion-processing and difficulties in emotion regulation (DERS). Results: In endometriosis pain, negative affectivity and nonacceptance of emotions (a subscale of DERS) appeared as the most important psychosocial predictor of HRQoL. These three variables explain 54.9% of the variance of HRQoL. In PCOS, dysfunctional body attitudes emerged as significant predictors of different aspects of well-being, and emotion regulation difficulties mediated the effect of body attitudes to HRQoL. Discussion: Based on our results we discuss the importance of psychosocial interventions that can help the emotional adjustment to PCOS and endometriosis.

ANALYSIS OF THE EFFECTS OF PERINATAL AND INTRAUTERINE INFANT DEATH ON MEDICAL/HEALTH CARE PROFESSIONALS EVA ZSAK, PHD STUDENT SEMMELWEIS UNIVERSITY, BUDAPEST, HUNGARY The sorrow caused by perinatal loss is a phenomenon of pathological mourning, a burden for the parents, their environment and the medical personnel, yet, it appears to be a less studied field. The presentation aims at demonstrating the currently applied practice in the chosen healthcare institutions, at comparing the valid protocol with the effective help provided and at studying how these events affect the personnel helping the bereaved families professionally and psychologically. In-depth, guided interviews with the involved personnel create the backbone of the study, moreover, the research has also focused on the practice of the given institution; existing and wanted theoretical and practical
competencies; personal attitude and the experienced difficulties. The findings have revealed that acting well professionally is a specially demanding task, with few tools to use when communicating, when helping the parents cope with sorrow, or when coping with their own feelings, thus all these conditions involve a risk for burn-out. The results can serve to create trainings aimed at helping the patients with adequate support and improving coping strategies.

New approach in the perinatal care in Hungary: the psychological screening program Abstract

Introduction: In April 2011, psychological screening was introduced as an integral part of the perinatal care in the Department of Obstetrics and Gynecology, University of Szeged, due to the fact that the validation of Edinburgh Postnatal Depression Scale (EPDS) showed similar results to other international researches in terms of depressive symptoms of the population. Method: The screening is accomplished by antenatal nurses using EPDS three times during pregnancy and once after delivery. The antenatal nurses give the scale to the pregnant or postpartum women asking them to complete it. In the case of pathological results the nurse advises the pregnant woman producing depressive symptoms to consult an obstetric psychologist. Results: From April 2011 to October 2015, 3337 pregnant and postpartum women participated in the psychological screening in Szeged. Based on the results, even the first trimester is a very sensitive phase for antepartum depression. The highest mean score detected by the scale characterizes the first trimester producing a value of 3.716, followed by the postpartum phase with 3.018 points. The second and third trimesters are more balanced periods of the pregnancy. Conclusion: The psychological screening accomplished from the first trimester provides the opportunity for pregnant women with their initial minor depressive symptoms to consult a psychologist in order to have the chance to avoid the major symptoms at the later phase of pregnancy and postpartum period.

Balint group
Dr. Vivian Pramataroff-Hamburger
MVZ Dr. Pramataroff-Hamburger & Prof. Hamburger, Munich, Germany

For the second time, ISPOG will offer a Balint group. Within this group, one can discuss clinical experience with the focus on doctor-patient-relationship. Balint groups are an important, internationally established method of training medical doctors in the psychological aspects of their work. Small groups (10-12 persons) meet regularly with a trained leader to discuss clinical material from their practices, with a focus on the doctor-patient relationship. A Balint group provides an opportunity for doctors to reflect on their work and to verbalize and understand anxieties and frustrations generated by their work. Working in the group and understanding the relationship may help doctors to find new interest in patients whom they have previously found upsetting, annoying or “difficult. The group provides support and improves communication with patients and other professionals. It can be a help to prevent burn-out. The method was developed by Michael Balint and his wife Enid Balint, both psychoanalysts at the Tavistock Institute, London. Time frame: 60 minutes. 5-12 participants
CAN WE PREVENT POST TRAUMATIC STRESS AFTER CHILDBIRTH?: THE STRESS AND WELLBEING AFTER CHILDBIRTH STUDY (STRAWB)

Authors: Prof. Pauline Slade PhD; Ms Cathy Atherton MSc, Dr Carol Kingdon PhD, Mrs Maureen Treadwell, Professor Andrew Weeks MD, Dr Elinor Milby D Counsel Psych and Mrs Amy Madhi BSc.

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Women can experience post-traumatic stress disorder (PTSD) following childbirth. PTSD symptoms can adversely affect a woman’s wellbeing, relationships and future life plans. The aims were to test the feasibility, acceptability and potential utility of introducing prevention self-help materials to routine care: specifically to consider recruitment procedures, screening tools, sample size requirements and acceptability of materials and procedures to women and staff. 164 women participants were recruited by midwives early postnatally and completed a simple screening question based on DSM-IV criteria for traumatic childbirth and the Trauma Screening Questionnaire (TSQ). Women screening positive for experiencing childbirth as traumatic were provided with the self-help tools to prevent the development of PTSD. These have been developed based on theoretical understanding about cognitive mechanisms in PTSD development. At 6-8 weeks postnatally these women (and a screen negative subsample) repeated the TSQ and completed the Clinician-Administered PTSD Scale (CAPS) by telephone interview. Focus group feedback from midwives was obtained. Descriptive quantitative analysis provided the following information: uptake by women, a comparison of the sensitivity and specificity of a simple screening question and TSQ in relation to prevalence of PTS symptoms at 6-8 weeks postnatally. Feedback from participants and midwives analysed using content analysis.

COMPUTER AND WEB-BASED INTERVENTIONS FOR PERINATAL MENTAL HEALTH

Prof. Susan Ayers PhD1; Miriam Ashford MSc1; Dr Ellinor Olander PhD1.

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There is substantial evidence that computer- and web-based interventions can be effective for a variety of mental health disorders across different populations. However, research into the effectiveness of such interventions for women in the perinatal period is sparse and has not been synthesised. This paper reports a systematic review which aimed to
synthesize the evidence on the efficacy of computer- or web-based interventions for women’s perinatal mental health.

A systematic search was conducted on multiple electronic databases using keywords supplemented by hand searches. Eleven studies were identified that were eligible to be included. The majority were randomized controlled trials and methodological quality was rated as good. Interventions were targeted at depression, stress, and complicated grief in either the antenatal or postpartum period or after pregnancy loss. Most studies reported statistically significant effects compared to control groups, and from pre-intervention to post-intervention. Effects were consistent for reducing depression but less consistent for anxiety and post-traumatic stress disorder.

Results of this review provide preliminary evidence that computer or web-based interventions can be effective at reducing perinatal mental health symptoms, particularly for depression. Conclusions are limited by the heterogeneity of studies available, highlighting the need for more high quality trials.

EVALUATING A WELLBEING PLAN FOR WOMEN DURING PREGNANCY

Alexandra Thornton, MSc¹, Dr Beckie Lang, PhD², Dr Cheryll Adams, PhD³, Julia McGinley MSc⁴, Janet Fyle MA⁵, Dr Kirstie McKenzie-Mcharg DClinPsy⁶, Prof Susan Ayers PhD¹.

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The perinatal period can be a challenging time for women, and during this time they are at an increased risk of developing mental health difficulties. Many more women report mild to moderate distress.

The Pregnancy and Post-Birth Wellbeing Plan was designed to raise awareness of symptoms of emotional distress, reduce stigma associated with symptoms, and encourage women to plan for support and seek help to ensure their wellbeing during the perinatal period.

A pilot randomised controlled trial was conducted to evaluate the effectiveness of the Wellbeing Plan. Primary outcomes were women’s knowledge and beliefs about perinatal mental health. Secondary outcomes were mood, help-seeking behaviours, and social support. Women (N=258) were recruited online in pregnancy (26-38 weeks gestation)
and randomly allocated to complete the Wellbeing Plan or a control educational task. Measures of primary and secondary outcomes were taken at baseline and immediately after the task.

Results showed that both the control task and the Wellbeing Plan led to significant increases in knowledge about support and coping. In addition, the Wellbeing Plan led to significantly improved awareness of feelings compared to the control task. Results suggest the Wellbeing Plan may be a useful adjunct to standard maternity care.

EVALUATING EXPRESSIVE WRITING TO IMPROVE POSTPARTUM HEALTH

Dr Rosalind Crawley PhD¹; Prof. Susan Ayers PhD²; Dr Susan Thompson PhD³; Alexandra Thornton MSc²; Prof. Andy Field DPhil⁴; Suzanne Lee MA²; Dr Andrew Eagle DClinPsy⁵; Dr Robert Bradley MD⁶; Donna Moore MA², Gill Gyte BSc⁷; Prof. Helen Smith MD⁸

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Evidence on effective universal self-help interventions to improve women’s wellbeing after birth is needed. Writing about personal thoughts and feelings through expressive writing improves physical and psychological health in many groups so may help after birth.

Six weeks after birth 850 women were randomly allocated to one of three groups: ‘expressive writing’, ‘control writing’ or ‘treatment as usual’. Psychological and physical health was measured at baseline, one month and six months. After baseline measures the expressive writing group wrote about something they were finding stressful; the control writing group wrote descriptively about a room.

Women rated their stress as significantly lower after writing expressively. However, women in the three groups did not differ in health outcomes at one and six months. Overall, women’s physical health improved over time, mental health did not change, and mental health related quality of life worsened. Threshold analysis suggested a trend for women with poor mental health at baseline to benefit more from expressive writing but this was not significant. Expressive writing does not appear to be effective as a universal intervention for improving postnatal health. However, further research is needed to examine its efficacy as a targeted intervention for women with poor mental health.
Autonomic nervous system activity as functional driver of women's mind and body health

Tamaki Matsumoto

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The autonomic nervous system—a critical part in the integrity of the mind-body connection as the functional driver of general health and wellness—plays vital roles in dynamically controlling the response of the body to a range of external and internal stimuli and ingeniously modulating biological homeostasis. Instability, or even a slight disorder of the system, therefore, could induce broadly ranged psychophysiological phenomena and, ultimately, far-reaching adverse effects on health. A series of studies on women’s health in my laboratory has measured heart rate variability and salivary chromogranin A as reliable, non-invasive electrophysiological and biochemical indexes of the sympathetic-vagal activity, respectively, among women with psychosomatic problems, including premenstrual symptomatology or climacteric disorders. The author has also investigated the efficacy of therapeutic modalities, including aromatherapy, to alleviate the symptom complex from the perspective of autonomic function. Based on the findings of the previous research, together with classic and contemporary literature, this presentation will discuss the extent to and the manner in which the autonomic nervous system relates to women’s psychosomatic disorders and the enigmatic conditions surrounding them. It will also cover the following topics as possible agents affecting susceptibility to the psychosomatic disorders: vulnerability to stress, personality traits, socio-environmental stimuli and ethnicity. Through exploring the potential association between autonomic nervous system activity and the complex web of bio-psycho-social factors, the presentation will probe altered autonomic function as a viable cause or effect of women’s psychosomatic disorders.

Kampo Medicine for Premenstrual Disorders in Japan

Authors: Mariko OGAWA, MD, PhD, Kiyoshi TAKAMATSU, MD, PhD
It is said that the use of complementary and alternative therapies for premenstrual disorders (PMD) is highly prevalent. On the other hand, in Japan, many PMD sufferers use a Kampo (Traditional Japanese) medicine. Several formulations are said to be effective for PMD. In Kampo medicine, it is believed that abnormal blood stagnation is the main ailment in PMD patients, and qi regurgitation often goes with this. Therefore, we investigated the efficacy of Kampo medicine for PMD patients as well as the needs of patients regarding PMD treatment. First, we asked 31 patients who visited the hospital seeking treatment for PMD about their preferred form of treatment, and 31 (45%) of the women wanted to be treated with Kampo medicine, which was the top answer. Only 5 (16%) women sought oral contraceptive treatment, while 4 (13%) of the women hoped for antidepressants. Second, we prescribed Kampo medicine to 17 women. As a result, 10 (58.8%) of the women saw improvement in their symptoms. However, there is little evidence regarding the use of Kampo medicine to treat PMD, and many further studies are needed.

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**PALPITATION IN MIDDLE-AGED WOMEN IS ASSOCIATED WITH ANXIETY**

Masakazu Terauchi, MD, PhD, NCMP, 1 Asuka Hirose, MD, 2 Mihoko Akiyoshi, PhD, 2 Toshiro Kubota, MD, PhD 2

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Objective: Palpitation is included in most of menopausal symptom inventories, whereas the precise underlying mechanism is not known. This study aims to investigate factors associated with palpitation in middle-aged women.

Methods: The records of 305 women aged 40 to 59 years who enrolled in a health and nutrition education program at a menopause clinic were analyzed cross-sectionally, approved by institutional review board. The prevalence of palpitation was estimated based on women’s response to the Menopausal Symptom Scale. Effects of background characteristics, including age, menopause status, body composition, basal metabolism, cardiovascular parameters, physical fitness, life style, and psychological symptoms, on palpitation were assessed using multivariate logistic regression analysis.

Results: Palpitation was reported by 35.8% of women. Factors associated with palpitation were: resting energy expenditure; systolic blood pressure; pulse rate; cardioankle vascular index; hand-grip strength; body ante-flexion; regular exercise; depression and anxiety. Multiple logistic regression analysis revealed independent association between palpitation and Hospital Anxiety Subscale (adjusted odds ratio 1.22 [1.15-1.32]).

Conclusion: Palpitation is highly prevalent in middle-aged women, and is associated with anxiety. Treatment of anxiety could relieve palpitation in this population.

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**THE CHARACTERISTICS OF CANCER DISTRESS WITH FEMALE PATIENTS AND THE NEED FOR A SPECIFIC PSYCHO-ONCOLOGICAL APPROACH**
Background

Total pain of cancer patients consists of a combination of four factors, which are physical, psychological, social distress, and spiritual pain.

Main Objective

The aim of this study is to clarify the differences in distress types between female and male cancer patients in order to contribute to woman’s health.

Methods

The data of new patients who had visited the psycho-oncology outpatient service in Kinki University Hospital during the period of May 2013 to October 2015 were collected. Multiple factors such as age, gender, cancer site, physical distress (pain, changes in appearance,), psychological distress (anxiety, depressive mood,), social distress (family problems, job-related problems), spiritual pain, and sexuality issues were analyzed retrospectively. Hospital Anxiety Depression Scale (HADS) were completed by the patients for the assessment of psychological distress.

Preliminary Results

The data of 101 cancer patients were analyzed and the most common cancer site was breast cancer among all cancer sites. Female patients were more likely to be suffering from changes in appearance, family problems and sexuality issues than male patients.

Conclusions

There were several characteristics related to gender-specific issues in female cancer patients. More intensive intervention is needed based on gender-based medicine.
Title: ASSOCIATION BETWEEN MATERNAL CONFIDENCE AND POSTPARTUM DEPRESSION AMONG WOMEN WITH DEPRESSION DURING A PREVIOUS PREGNANCY

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Introduction: Mothers’ feelings of confidence (MC) in their ability to care for their infants are necessary for a healthy adaptation to parenthood and a positive mother infant relationship. We aimed to study the relationship between MC and postpartum depression (PPD).

Methods: a cross sectional study with 366 women between 6 and 8 months after childbirth. MC and PPD were evaluated with the Maternal Confidence Questionnaire and Patient Health Questionnaire-9, respectively. Questionnaire assessed socioeconomic and obstetric data. MC was defined as either above (higher) or below (lower) percentile 50%. PPD was categorized as without depression, mild and moderate/severe depression. Crude and adjusted prevalence ratios (PR) with 95% Confidence Interval were estimated using Poisson regression.

Results: 193 (52.7%) among 366 women were classified as lower MC. Regarding the presence of PPD 210 (57.4%), 86 (23.5%) and 70 (19.1%) women were classified as “no”, “mild” and “moderate/severe” PPD, respectively. In the final adjusted model, after controlling for covariates, “moderate/severe” PPD was associated with lower MC (PR: 1.38; 95%CI: 1.12-1.70).

Conclusion: in this highly vulnerable group of women there is an association between lower MC and PPD. Measures to improve maternal confidence and mental health of these postpartum women are recommended.

Verbal intervention

Carsten Braun, Physician OB/GYN & Psychotherapist

Private medical practice, Gelsenkirchen, NRW, Germany

How to get access to the emotional inner world of the patient? How do I succeed to really understand what the patient feels an what his needs are? Why does communication sometimes fail? How to cope with demanding patients?

This are just a few questions which bother us in our daily work.

In this group we will work on strategies to deal with such problems. Methods which will be used are “role play”, supervision and intervision possible as well techniques derived from psychodrama and systemic psychotherapy.

You do not need any psychotherapeutical experiences to participate in this group. Just be open minded. You are invited to bring along cases of your own problematical communication with patients.
Between 14% and 23% of pregnant women will experience a depressive disorder while pregnant. This rate is probably in low-middle income countries. There is controversy about the use of antidepressant medication during pregnancy. Decisions about their use are affected by understanding the risks of these medications causing pregnancy loss, congenital malformations, neonatal adaptation syndrome, persistent pulmonary hypertension of the newborn, or long-term neurocognitive deficits. On the other hand, being depressed during pregnancy has negative consequences for the fetus. Depressed women may fail to attend regular prenatal visits, eat poorly, abuse substances, engage in risky behaviors, and attempt suicide. Although studies of the effects of untreated depression in pregnancy are marred by methodological problems, depression itself appears to increase the likelihood of premature deliveries. We tried to summarize the evidence against and in favor the use of antidepressants during pregnancy discussing key aspects of clinical guidelines. The main conclusion is that treatment and care should take into account the woman's individual needs and preferences. Women with antenatal depression should have the opportunity to make informed decisions about their care and treatment in partnership with their healthcare professionals.

**18TH CONFERENCE OF THE INTERNATIONAL SOCIETY OF PSYCHOSOMATIC OBSTETRICS AND GYNAECOLOGY**

**May 12 - 14, 2016, Malaga**

18th ISPOG Congress (http://www.ispog2016.es/)

**Keynote May 12, 12.30-13.00 h.; Auditorium**

PSYCHOLOGICAL AND BIOLOGICAL RESPONSES TO TRAUMATIC STRESS IN WOMEN

Miranda Olff

**Abstract**

Women have a two to three times higher risk to develop posttraumatic stress disorder (PTSD) compared to men. For these differences both psychological and biological explanations have been suggested and will be reviewed in this paper. These have to do with the type and timing of exposure to trauma, the initial responses to stress like threat perceptions and dissociation, but also with environmental and social support resources. Also psychobiological reactions to trauma differ. The oxytocin system, with is associated with social support, fear, and
stress responses is likely to play a role in the stress response in women. Data on the effect of administration of oxytocin after trauma will be presented.

**Pelvic Pain: Beyond Infection.**

Mezzini, T.¹

In a bold move for a sexual health physician, this presentation on pelvic pain will not address issues relating to the epidemiology of sexually transmitted infections, nor discuss the pathophysiology of pelvic inflammatory disease. Instead, the focus will be on a re-conceptualisation of pain. As clinicians, this new understanding of what pain is, and how pain serves our lives and bodies can inform productive clinical approaches to working with patients with chronic pelvic pain or vulvar pain syndromes.

1. Pelvic Pain SA, Adelaide.
2. Statement on Ethical Compliance

The submitted abstract does not use data collected from human participants or patients.

**Beate Wimmer-Puchinger**

**C-Section: Influences on Decision-Making: Measures to Support Informed Consent of Pregnant Women**

In an international perspective, a rapid rise of C-section rates can be observed. At EU level there are considerable differences between countries and regions. In Austria, the C-section rate is at about 29%. At regional level in Vienna, there are great differences between the individual obstetric departments.

The aim of the representative multi-centred study was to identify factors influencing the type of birth. 1,829 mothers, who had given birth at one of the seven obstetric departments at public hospitals in Vienna, were interviewed three to four days after the birth. A subsample of 100 women was interviewed six months post partum. A questionnaire following Lutz & Kolip (2006) was used and translated into eight different languages. Additional medical obstetric data were included.
The results show significant differences regarding emotional status, patient satisfaction and breastfeeding rates within planned C-sections, unplanned C-sections and vaginal birth. Regression analysis indicates a significant influence of education level. 24% of women who had a planned C-section would recommend this experience. Half a year later, mothers with planned C-sections showed considerably less satisfaction. In the total sample, a percentage of 1.5% of planned C-sections without medical indication was identified.

Summarizing our results clearly shows that women are underestimating the consequences of C-sections and should therefore be informed and counselled individually in a more thorough way. Based on these results, targets to reduce C-section rates were set and measures to reach these goals were developed. An information booklet was published in a simple language (in German, English, Turkish and Arabic) to better inform women about the various types of birth and the individual consequences. This will help women with a very low education level to understand the birth procedures and support their coping capacities. Another measure to reduce the C-section rate, especially in socially disadvantaged women, is to motivate pregnant women to take birth preparation classes. Gynaecologists, midwives and social workers are networked with educated multipliers from the different communities (speaking different mother tongues) to improve the medical and psychosocial care of this group of women.

**Professor Beate Wimmer-Puchinger, PhD**
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**PSYCHOSOMATIC NEEDS OF WOMEN WITH MULTIPLE PREGNANCIES AND PERINATAL MEDICINE’S (LACKING?) ANSWERS.**

**Barbara Maier, Prof, MD, PhD**

Head of Dept. of Gynaecology and Obstetrics of the Wilhelminen General Hospital of the Vienna Hospital Association, Montleartstreet 37, A-1160 Vienna; President of the Austrian Society of Psychosomatics in Gynaecology and Obstetrics, Member of the Austrian Health Council

**Objectives**

Multiple pregnancies and deliveries as well as the beginning of the family life with twins or triplets are medical as well as psychosocial challenges - especially for women. Their psychosomatic needs are not considered in perinatal medicine.

Self-reporting the origin of multifetal pregnancies (assisted or spontaneous conception) women focus on the following: having used reproductive medicine they think of fully being responsible for the implications and therefore often do not seek professional help.

**Methods**
Data provided by the Austrian Birth Registry from 2013-2015 – and by “Early Aids” (provision and access to psychosocial support after birth) – analysis of data.

Results

Multiple pregnancies are mostly resulting in preterm births (twins: extremely preterm 3.5%, very preterm 7.9%, moderate to late preterm 52.1%; triplets: extreme preterm 9.0%, very preterm 31.3%, moderate to late preterm 58.3%) followed by NICU transfer of infants and intense stress for their mothers. Neither reproductive medicine nor medical assistance of the childbearing and perinatal period are preparing them for the psychosocial burdens. There are only a few steps of prevention of multifetal pregnancies in reproductive medicine (single embryo transfer).

Conclusions

Multiple pregnancies and preterm deliveries are psychosomatic as well as psychosocial challenges for mothers, especially by those having conceived by reproductive medicine. Stress is impairing the bonding process, which would be even more important for preterm multiples.

THREE OR LESS? MULTIFETAL PREGNANCY REDUCTION. OUTCOME AND PSYCHOLOGICAL FOLLOW UP OF 40 TRIPLET PREGNANCIES

Maria Stammler-Safar, M.D., MA (1) Katharina Leithner-Dziubas, M.D., Prof (2)

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Objectives

Advances in infertility treatment have resulted in a worldwide rise of multifetal pregnancies. Therefore couples are more often advised to consider multifetal pregnancy reduction (MFPR) to improve the pregnancy outcome. Couples and obstetricians are confronted with difficult psychological as well as ethical questions. However, there is little research on couples’ decision making process for or against MFPR The aim of the study was to investigate the decision process to undergo or not MFPR in couples with triplet pregnancies, their experiences of MFPR and their psychological outcome.

Methods

Forty couples with triplet pregnancies were assessed by quantitative measures

FEAR OF CHILDBIRTH AND PREFERENCE FOR OR ACTUAL DELIVERY BY ELECTIVE CESAREAN SECTION: A POPULATION-BASED COHORT STUDY
This population-based cohort study aimed to investigate the demographic and psychosocial characteristics associated with fear of childbirth and the relative importance of such fear as a predictor of elective caesarean section. A sample of 1789 women from the Akershus Birth Cohort in Norway provided data from 17 and 32 weeks of pregnancy, around birth and 8 weeks postpartum. Eight percent of the women reported fear of delivery. Using multivariable logistic regression models, a previous negative overall birth experience exerted the strongest impact on fear of childbirth, followed by impaired mental health and poor social support. Fear of childbirth was strongly associated with a preference for elective caesarean section whereas the association of fear with performance of caesarean delivery was weaker. The vast majority of women with fear of childbirth did not, however, receive a caesarean section. By contrast, a previous negative overall birth experience was highly predictive of elective caesarean section and few women without such experiences did request caesarean section. Results suggest that women with fear of childbirth may have identifiable vulnerability characteristics. Results also emphasize the need to focus on the subjective experience of the birth to prevent fear of childbirth and elective caesarean sections on maternal request.

FULFILLMENT OF BIRTH EXPECTATIONS AND THE SUBJECTIVE BIRTH EXPERIENCE

Prof. Yael Benyamini\textsuperscript{a}, PhD, Miri Gozlan\textsuperscript{b}, MSW, and Heidi Preis\textsuperscript{a}, MSW

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The variety of choices available to women nowadays regarding their mode of delivery can increase their control over and satisfaction with childbirth. However, since the labor and delivery can be unpredictable, some women will not fulfill their choices. Our aim was to investigate the association between nonfulfillment of expectations regarding childbirth and birth satisfaction.

Study participants included 850 Israeli parturients who filled in questionnaires during pregnancy, including their expectations regarding control and their specific birth plans; 711 of them rated their birth experience in a phone follow-up two months postpartum. Birthing differently than planned (e.g., emergency cesarean delivery; unplanned epidural usage) was associated with lower satisfaction compared to birthing as planned. Subjective ratings of non-fulfillment of birth choices interacted with birth expectations and experience in their effects on satisfaction with birth: Lowest satisfaction was reported by women who planned many natural birth choices and felt their choices were not fulfilled; by women whose expectations were not fulfilled and felt low control over what the staff was doing; and by those who expected high self-control over the birthing environment and staff yet did not experience such control. Efforts to fulfill women's birth choices may increase their satisfaction with the birth experience.

FULFILMENT OF BIRTH EXPECTATIONS AND THE PARENT-BABY RELATIONSHIP

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Pregnancy, birth and becoming a parent is a time of great change when couples have detailed expectations of birth and the baby. However, little is known about how couples’ expectations and experiences of birth affect the relationship they form with the baby. This paper examines this in a longitudinal study of women (n=45) and men (n=37) having their first baby. Questionnaires were completed in pregnancy of expectations of birth (positive emotions, negative emotions, and support). Three months postpartum participants completed measures of experiences during birth, the parent-baby relationship and infant characteristics. Regression models were used to examine the impact of birth expectations and experiences on the parent-baby relationship, controlling for infant characteristics. Results showed that infant characteristics were the strongest predictor of the parent-baby relationship. In women, birth expectations and experiences did not significantly add to this model. In men, however, the father-baby relationship was also associated with expecting positive emotions and support during birth, but reporting less positive emotion during the actual birth.
These results provide preliminary evidence that negative experiences during childbirth may affect fathers’ relationship with their baby. However, it is possible this effect is mediated by factors such as mental health so further research is needed.

**THE ASSOCIATION OF WORRIES, MODE OF BIRTH AND REASONS FOR POSSIBLE INTERVENTION WITH SUBJECTIVE BIRTH EXPERIENCE**

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Our research aim was to study birth experience in terms of expectations and mode of delivery as well as indications associated with it. In a retrospective cross-sectional sample of 537 women interviewed up to 72 hours post-partum, it was found that the more worried women were regarding birth as reported by them retrospectively, the worse was their birth experience, as measured by the subjective child birth experience questionnaire (SCE). We found that both vaginal birth as well as elective CS resulted in a more positive birth experience as opposed to emergency CS or instrumental delivery - a result that could be explained as uninterrupted birth proceeding as planned, versus unplanned emergency procedures leading to a worse experience. Furthermore, by dividing the unplanned emergency procedures (instrumental and emergency CS) to deliveries with indications associated with possibly uncontrolled events (such as non-reassuring fetal heart monitor etc.) or possibly more controlled ones (prolonged second stage etc.), it was demonstrated that possibly uncontrolled events resulted in a better delivery experience than the possibly controlled ones. These results are discussed in terms of possible diversion from the expected birth intention as well as possible felt responsibility determining birth experience.

**WOMEN’S BELIEFS ABOUT BIRTH, THEIR EXPECTATIONS REGARDING SHARED DECISION-MAKING AND THEIR BIRTH CHOICES**

Heidi Preis, MSW and Prof. Yael Benyamini, PhD
Bob Shapell School of Social Work, Tel-Aviv University, Tel-Aviv, Israel

Women have increasing possibilities to make decisions regarding their birth. They are often well-informed and have preferences about different birth choices and interventions. Albeit, women have different expectations regarding decision-making during birth. The aim of the current study was to investigate the factors related to these expectations. We conducted a cross-sectional questionnaire study with a sample of 850 Israeli parturients in their second and third trimesters. Beliefs about birth as a natural or medical process,
attitudes towards women’s birth rights, expectations regarding decision-making and information-seeking during birth, and birth choices were assessed. The majority of participants wished to be well-informed during birth but differed greatly in their attitudes regarding shared-decision making. Desiring to be active in decision-making during birth was related to a stronger belief that birth is natural and a weaker belief that it is medical, to a positive attitude towards women’s birth rights and to making more natural birth choices.

In conclusion, there is a shift in the relational-style in the field of obstetrics: Women are consumers and desire to be fully informed of what is going on during their births. Nevertheless, some still believe that decisions need to be solely made by medical staff who know best.

“She rescues him right back” – PRETTY WOMAN as a post-feminist Cinderella movie?
Dr. Vivian Pramataroff-Hamburger
MVZ Dr. Pramataroff-Hamburger & Prof. Hamburger, Munich, Germany
Prof. Dr. Andreas Hamburger
International Psychoanalytic University, Berlin, Germany

PRETTY WOMAN (USA 1990) is one of the most popular versions of the Pygmalion myth – as in George Bernhard Shaw’s version, My Fair Lady, a young street girl is rescued by a superior lover and grows into a lovely upper class lady. But PRETTY WOMAN transcends the myth, connecting it to the motif of Narcissus: While the prostitute Vivian (Julia Roberts) becomes a lovable companion to Edward, a wealthy investor (Richard Gere), we learn that Edward himself is incapable of maintaining intimate relationships. She helps him to overcome his avoidance of closeness, until he eventually proposes to her. The film invites male and female spectators to different unconscious identifications: to the former, it offers an oedipal hero’s journey, where the protagonist overcomes his negative father fixation, while to female spectators it provides a post-feminist heroine’s trip from a dependent girl to a self-confident woman. Moreover, the movie plays with subliminal hints indicating the longing for motherly security: Frequent references and allusions to European culture - the traditional, old-fashioned mother-continent as a contrast to American aggressive economic superiority – indicate authenticity and genuineness. In the same line, the moral of the story advertises: love without price – and economy without destruction. A fairy-tale.

Follow-up care after gynaecological cancer
Nicole Ezendam

Abstract
Follow-up for cancer survivors is currently under debate due to growing number of cancer survivors in an era of scarce financial and health care provider resources. Aims of follow-up include detecting potentially curable recurrences, detecting and providing care for side effects and providing psychosocial support. Evidence for follow-up regarding frequency, content and health care provider are very limited in gynaecologic oncology. As a result, follow-up practices vary greatly within the Western world.

In the presentation I will present data on variation in follow-up care in Europe, support for different elements of follow-up and ongoing trials in follow-up care in gynaecological cancer, including the currently ongoing Dutch ENSURE trial for early stage endometrial cancer. At the end I would like to discuss with the audience ideas and preferences regarding follow-up. Where should we heading?

**Long-term impact of Cancer Survivorship Care Plans on patient reported outcomes – the ROGY care trial**

Authors:

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Objective:
Little is known about positive changes in cancer patients and especially in their partners. The objective of this study was to evaluate positive changes in a validation study of the Dutch version of the CaSUN (Cancer Survivor’s Unmet Needs Measure) and CaSPUN (Cancer Survivor’s Partners Unmet Needs Measure) questionnaires assessing supportive care needs for cancer survivors and partners.

Patients and methods:
In 2012, a cross-sectional population-based study was performed using the PROFILES registry among survivors of ovarian cancer diagnosed between 2000 and 2010 as registered in the Netherlands Cancer Registry and their partners. In CaSUN and CaSPUN, six items on positive changes are scored.

Results:
Psychometric properties of the Dutch version of the CaSUN and CaSPUN were in part comparable to the original English version. 30% of ovarian cancer patients and partners endorsed positive changes.

Conclusion:
In this population-based sample of ovarian cancer patients and their partners around 30% endorsed positive changes. As caregivers, we can pay more attention to these positive changes and encourage patients and partners. The background and possible options will be discussed.
Stereotypes are over-simplified generalisations about the characteristics of a group of people, which sometimes have positive consequences but are frequently pejorative. Stereotypes based on gender can exert a powerful impact on women’s sense of themselves, their worth and their confidence, especially when they are communicated by authority figures such as clinicians. By becoming aware of their own attitudes, clinicians can choose to reinforce or disrupt these stereotypes by their choice of language, by understanding how they assess their priorities and by examining how they interpret disclosures.

In the perinatal period, there are pervasive gender-based stereotypes about proneness to mental illness, maternal instinct, that caring for an infant and managing a household are not work, and that unsettled infant behaviour is caused by a woman’s poor emotional regulation. These attitudes contribute to women’s feelings of guilt, inadequacy and anxiety about their performance of motherhood.

In this presentation, ‘gender-competence’ will be described, in which unconscious stereotyped attitudes are recognised, and gendered risks are identified, challenged and addressed. Clinicians are in an influential position to disrupt gender based stereotypes, act as agents for social change and promote women’s mental health. Gender competent clinicians contribute to a comprehensive biopsychosocial approach to care.

Child bearing in Confucian cultures; a trans-cultural exploration

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Shatin
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A significant proportion of the world’s population live in societies still influenced by Confucius who elaborated his system of philosophy more than 2000 years ago in China. These include China, Korea, Taiwan, Japan and significant immigrant communities in many countries such as Malaysia, Singapore, Thailand, USA and Australia. Whilst Confucian principles have been challenged by western influence in the last 200 years, many practices and beliefs remain. In all significant Asian societies influenced by Confucianism, there have been drastic societal changes, often brought about by revolutions and wars. In addition, the advent of birth control, voluntary or coerced, the widespread availability of ultrasound, prenatal diagnosis and safe childbirth and low infant mortality has resulted in dramatic changes in childbirth, many of which have predictable, often undesirable consequences. The ability of these communities to adjust to these changes from within their Confucian cultural roots is explored. Some comparisons will be drawn with the other major cultural influences of the Abrahamic and Hindu traditions.
FEAR, DEPRESSION, ANXIETY AND THOUGHTS ABOUT CHILDBIRTH IN A COHORT OF RURAL AUSTRALIAN FATHERS- A PILOT STUDY

Helen Haines PhD, MPH, BN, RM, RN., Senior Research Fellow
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Background: There is growing evidence that men experience mental health problems for the first time or suffer recurring problems during the transition to fatherhood. Aim: To determine prevalence of anxiety, depression, childbirth-fear, self-reported health and attitudes towards childbirth in a cohort of northern Victorian fathers. Method: Prospective fathers recruited via their partners at five rural hospital antenatal clinics during pregnancy week 36 completed on-line self-report questionnaires. The Hospital Anxiety Depression Scale was used to screen anxiety and depression. Childbirth fear was measured with the Fear of Birth Scale. Results: 38 men participated- 60% first time fathers. 12% had possible/probable depression, 18% possible/probable anxiety however very few had reported this to a health professional. 30% had clinically high childbirth fear. 65% men attended some antenatal check-ups with their partner and 75% felt they were included by the midwife or doctor during the consultation; however few agreed with the statement that the doctor or midwife asks them about their health. Conclusion: Health seeking behaviour of men with emotional distress differs from women. Men have increased contact with the health system via their partners during pregnancy, offering a potential opportunity for screening, health promotion or intervention.

MANAGEMENT OF SEXUAL DIFFICULTIES AFTER PERINEAL TRAUMA

Dr Anita Elias

The transition to parenthood is one of the most significant adjustments in a person's life. A multitude of changes occur when a woman becomes pregnant, gives birth, when a couple become parents. These include physical, emotional, relationship, family and environmental changes. These can all have a significant impact on a woman or couple's sexuality in the short or long term.
Perineal trauma has been shown to exacerbate sexual difficulties and the impact on a couple’s sexuality and relationship can be long lasting.

Unfortunately, discussing sexuality is often neglected in antenatal education, and post partum management. Practitioners can feel ill equipped to educate patients or manage sexual difficulties. This presentation will give an overview of the complex factors that arise, from a biopsychosociocultural perspective and look at practical ways of addressing post partum sexuality with couples.

This approach has been found to be helpful in patient care, as well as in educating health care providers.

**Biography:** Dr Anita Elias MBBS, FASPM, FECSM

Dr Anita Elias is a medical practitioner and psychotherapist, specialized and working in Sexual Medicine and Sexual and Relationship Therapy for 20 years. She attained the inaugural Fellowship of the European Committee of Sexual Medicine in 2012. She is head of the Sexual Medicine and Therapy Clinic at Monash Medical Centre, and works in the Psychosexual Service at The Women's Hospital, as well as in private practice. She is involved in teaching medical students at Monash and Melbourne Universities, as well as educating health practitioners and the community in sexual issues.

**Abstract 18th ISPOG Congress Malaga**

**Title:** Social freezing: Media hype or individual chance?

**Author:** Prof. Dr. med. Heribert Kentenich

**Affiliation:** Fertility Center Berlin, Germany

**Text:**

Freezing of sperms, embryos, ovarian tissue and testicular tissue is quite common in reproductive medicine – often performed is fertility preservation in cases of female and male cancer.

An increasing demand for fertility preservation for non-medical reasons (“social freezing”) is observed especially in western countries.

One has to question whether there is a need for this procedure because the possibilities for a pregnancy in the age of 28 and 38 years are nearly the same.

Postponing a pregnancy after the age of 40 can be dangerous, as problems of prematurity, preeclampsia and gestational diabetes are increasing.
Regarding ethics one has to raise the question of beneficence, doing no harm, patient autonomy and social justice.

Regarding ethical questions, there are a lot of pros and cons for or against social freezing.

In general, one can state that societies should improve their efforts that women can get pregnant and give birth at any time of their reproductive age.

The question of “social freezing” should be discussed individually on the basis of a trustful doctor-patient relationship.

How to reduce caesarean section rate by counselling

Dr. med. Wolf Lütje

Worldwide rising caesarean sectio rates announce a coming abolition of vaginal delivery.

Beside being a wonderful emergency-intervention c.s. forces mankind for the first time to think

about the sense of childbirth. Considering that, we haven´t got any real knowledge. And this is the greatest dilemma for counselling.

Anyhow the presentation tries to develop a theory of birth by looking for analogies.

Beside that the lecture focusses - on the basis of international guidelines - the need to realize fears and preferences of all the participants as well as the known and quite often unkown benefits of just trying to give birth.

In the end we have to consider rising c.s. rates as a social phenomenon of control addiction, what shapes woman long before a pregnancy. Therefore we need counselling as early as possible.

Postal Address

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Psychosomatic Primary Care in Gynecology—Assessment and Acceptance by Residents for Obstetrics and Gynecology in Germany
Dr. med. Susanne Ditz, PD Dr. med. Sarah Schott

The course “Psychosomatic Primary Care” has been part of the training curriculum of obstetrics and gynecology in Germany since 2003. The aim of the course is to train up physicians, whose prior training primarily focussed on somatic care, to enable them to offer care also taking into account biopsychosocial aspects. Taking the guidelines for psychotherapy as a template, the aim of psychosomatic primary care is to recognize the etiological links between psychological and somatic factors which contribute to diseases. The necessity for a compulsory course as part of training in gynecology was recently critically discussed. Major points discussed included the question whether the current forms of teaching, consisting of courses, are outdated and whether the required skills should be part of regular daily training.

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HOME OR HOSPITAL BIRTH, PREFERENCES AND EXPERIENCES IN RELATION TO FEAR OF CHILDBIRTH

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Abstract:
In the Netherlands, pregnant women at low risk for complications during pregnancy and delivery can decide to give birth either at home or in hospital, both under the supervision of a midwife. Although home birth has a prominent position in the Netherlands, there has been a substantial decline of home births in the last 10 years. Is the choice for place of birth influenced by the amount of Fear of Childbirth (FOC)? And how do women feel after giving birth, would they choose the same place of delivery again for a future birth? These questions have been examined in the Florence study, a prospective quasi-experimental cohort study with self-report questionnaires before and after giving birth, and has been conducted from July 2014 until June 2015 in the Netherlands.

This research aims to provide novel insights in the preference of place of giving birth. For our theoretical framework for explaining the relation of FOC, with the preference for place of giving birth, we utilize Antonovsky’s theory of Sense of Coherence (SOC). SOC is an important factor in how people deal with stressful situations. In this presentation I will show the first results of the Florence study concerning place of giving birth in relation to FOC and SOC.

Title:

MIND2CARE, AN INNOVATIVE SCREEN-AND-ADVICE MODEL FOR PSYCHOPATHOLOGY, PSYCHOSOCIAL PROBLEMS AND SUBSTANCE USE DURING PREGNANCY

Authors:
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Text:
The Mind2Care (M2C) is a Dutch screen-and-advice tool developed and validated for routine use in antenatal obstetric care. The instrument aims at detecting pregnant women on the broad specter of psychiatric and psychosocial risk factors including substance abuse (PPS), which lead to adverse mother and infant outcomes. Ideally before the first prenatal visit pregnant women themselves complete an adaptive web-based questionnaire (through pc or tablet). Directly after completion, the instrument provides tailored advice according to locally existing mental and psychosocial care. This advice is discussed with the obstetric care giver, who will indicate and refer the woman for mental or psychosocial care if necessary.

Extensive research with the M2C in obstetric care (midwifery practices and hospitals) showed high feasibility (care giver) and acceptability (pregnant woman) in daily obstetric practice. The instrument has the unique feature, that certain PPS risk profiles are followed by specific health care, which can be evaluated on their effectiveness. Therefore, the tool reveals more information than in usual patient encounters, which increases the detection of vulnerable pregnant women and enhances scientific research on effectiveness of treatment for PPS.

In this presentation we will show data on clinical feasibility and scientific outcomes of the routine use of the M2C in obstetric care.

PREVENTION OF TRAUMATIC DELIVERY EXPERIENCES
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BACKGROUND: Studies on preventing traumatic delivery experiences are both scarce and necessary, considering that 3 percent of women develop posttraumatic stress disorder (PTSD) following childbirth and around 20 percent report a traumatic delivery experience.

METHODS: This study examined women’s own perceptions about key features of their traumatic experience and how they believe it may have been prevented. In addition, women reported on their obstetric and psychiatric history and postpartum care, and completed validated
questionnaires on PTSD (PCL-5), social support (Oslo-3) and coping (sense of coherence). In March 2016, the study was promoted through several Dutch social media channels.

RESULTS: 2192 women who gave birth between 2005 and 2016 participated. Key factors attributed to a traumatic experience were ‘lack of control’ (55%), ‘fear for baby’s health/life’ (50%), ‘pain/physical discomfort’ (47%) and ‘inadequate communication/explanations’ (44%). When asked what caregivers may have done differently to prevent trauma, the most frequently mentioned categories included ‘(better) communication/explanations’ (39%), ‘listening to me (more)’ (37%), ‘(better/more/positive) emotional and/or practical support’ (30%) and ‘do certain interventions sooner’ (27%). When asked about women’s own role in preventing the trauma, ‘nothing’ (37%), ‘refusing certain interventions’ (27 %), ‘asking for certain interventions’ (17 %) and ‘better preparation’ (16%) were most often mentioned.

PELVIC FLOOR PAIN AND PELVIC FLOOR MUSCLE TRAINING: WHAT IS THE EVIDENCE?
Kari Bø, Professor, PhD, Rector
Norwegian School of Sport Sciences, Oslo, Norway

Chronic pelvic pain syndrome is persistent or recurrent episodic pelvic pain associated with symptoms suggesting lower urinary tract, sexual, bowel or gynecological dysfunction with no proven infection or obvious pathology. Prevalence rates vary between 15-24 %. Pelvic pain syndrome is often attributed to overactive / hypertone pelvic floor muscles. However, to date there is scant knowledge on this association. Recently, the theory behind the existence of trigger points has also been disputed. A systematic review of physiotherapy for female chronic pelvic pain found 10 studies including 6 randomized controlled trials. The results showed that there was 1b evidence that Mensendieck exercise combined with gynecological care improves pain experience. It was 1d evidence (high risk of bias) for distension of painful pelvic structures combined with counseling. Twelve RCTs were found on pelvic floor muscle training for sexual dysfunction; 7 with positive results. Two trials found that physiotherapy improved pelvic floor pain and dyspareunia. The research literature in this area is quite new and there seem to be two approaches to treatment with exercises: either specific relaxation or exercise training of the pelvic floor muscles OR general exercises for the whole body. The presentation will detail evidence for each of these approaches.

THERAPIST-AIDED EXPOSURE FOR WOMEN WITH LIFELONG VAGINISMUS: MEDIATORS OF TREATMENT OUTCOME: A RANDOMIZED WAITING LIST CONTROL TRIAL
Moniek ter Kuile PhD¹, Reinhilde Melles MSc², Charlotte Tuijnman-Raasveld MSc¹, Helen de Groot MSc¹, Jacques van Lankveld, PhD³

¹Department of Gynecology, Leiden University Medical Center, Leiden, The Netherlands; ²Psychology, Maastricht University Medical Center, Maastricht, The Netherlands; ³Faculty of Psychology, Open University, Heerlen, The Netherlands.

Introduction: Therapist-aided exposure seems an effective treatment for lifelong vaginismus, but mechanisms of action have not yet been established.

Aim: Purpose of the present study was to investigate whether treatment outcome of a therapist-aided exposure treatment was mediated by changes in positive and negative penetration beliefs.

Methods: Participants with lifelong vaginismus were allocated at random to a 3-month exposure (n=35) or a waiting-list control condition (n=35). Main outcome measure: Full intercourse was assessed daily during 12 weeks. Secondary outcome measures (complaints about vaginismus and coital pain) were assessed at baseline and after 12 weeks. Possible mediators: penetration beliefs (catastrophic-pain beliefs; genital incompatibility beliefs; perceived control beliefs) were assessed at baseline and 6 weeks.

Results: Treatment outcome (coital frequency, symptoms of vaginismus and coital pain) at 12 weeks was mediated by changes in negative and positive penetration beliefs at 6 weeks, in particular by more pronounced reduction of catastrophic-pain penetration beliefs.

Conclusion: The results strongly suggest that therapist-aided exposure affects negative penetration beliefs and that these changes in negative penetration beliefs mediate treatment outcome in women with lifelong vaginismus. Implications for treatment are discussed.
VAGINAL PRESSURE: PAIN OR PLEASURE?

INFLUENCE OF SEXUAL AROUSAL INVESTIGATED WITH THE VAGINAL PRESSURE INDUCER.

Reinhilde J. Melles Msc¹, Marieke Dewitte PhD², Moniek M. ter Kuile PhD³, Charly Bonnemayer Msc², Madelon L. Peters PhD²

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³Department of Gynecology, Leiden University Medical Center, Leiden, The Netherlands

Introduction: Studies found contradicting results about the influence of sexual arousal on genital pain.

Aim: Purpose of the current study was to assess the influence of low and high levels of sexual arousal on the tolerance and affective experience of vaginal pressure.

Methods: Gradually increased levels of vaginal pressure with the Vaginal Pressure Inducer to determine the unpleasant threshold of vaginal pressure and affect rates during 4 randomized conditions: Low versus High Arousal and Sexual versus Non-Sexual films. Visual Analogue Scales to analyze the levels of pain and pleasure of vaginal pressure, genital sensations, subjective arousal and negative affect.

Results: Sexual stimuli resulted in higher levels of unpleasant vaginal pressure thresholds, higher rates of pleasurable vaginal pressure along with more sexual arousal and less negative affect. More explicit sexual stimuli did not change unpleasant thresholds, but fortify the pleasure of pressure.

Conclusion: Results confirm that explicit sexual stimuli are important for a positive experience of vaginal pressure, and that vaginal pressure and sexual arousal are highly correlated. The Vaginal Pressure Inducer has proved to be a suitable instrument to investigate various determinators of the experience of vaginal pressure, which might be helpful to develop effective interventions in sexual pain disorders.

A RIDDLE, WRAPPED IN A MYSTERY, INSIDE AN ENIGMA: MAKING SENSE OF CHRONIC PELVIC PAIN

Sarah D. Fox, MD, Assistant Professor (Clinical) Obstetrics and Gynecology
Alpert Medical School of Brown University, Providence, Rhode Island, USA

Chronic Pelvic Pain (CPP) is as common as asthma, can be debilitating for patients and can impact family, work and social functioning. CPP is challenging to health care
providers, however, most receive little training in diagnosis and management of this complicated medical problem. CPP symptoms are worsened by biopsychosocial factors including life stressors, history of abuse, substance abuse, catastrophizing, depression and anxiety. Providers should rule out dangerous pathology and reassure patients that chronic pain is not dangerous. Defining the underlying pathology is important, however often the main pain process is central nervous system sensitization and treatment of the peripheral factors will not provide long term or adequate pain relief. Focus on remaining active and engaged in life, building resilience and reducing catastrophizing are key to maximizing outcomes. Attention to healthy habits such as sleep hygiene, a healthy, balanced diet, and moderate but regular exercise will often provide patients with a much improved quality of life. Mind Body techniques such as mindfulness meditation, tai chi, yoga, and CBT can likewise be very helpful. Finally, multiple surgeries and polypharmacy, often with medications that can be habit forming, can put patients at risk but may not improve long-term outcomes.

ABORTION TRAINING IN UNITED STATES RESIDENCY PROGRAMS

David Baram, MD, Fellow, American Congress of Obstetrics and Gynecology
Past President, North American Society for Psychosocial Obstetrics and Gynecology

Elective abortion is one of the most common procedures performed in the United States, with 1.3 million abortions performed annually. Access to safe abortion is dependent upon the routine training of abortion providers in residency programs. Since 1996 the Accreditation Council for Graduate Medical Education in Ob-Gyn has required that all United States Ob-Gyn residency programs provide training in comprehensive women’s reproductive health care, including opt-out abortion training. Despite the requirement to integrate abortion training into Ob-Gyn residency programs only 54% of Ob-Gyn residency programs offer routine abortion training (opt-out). 30% of residency programs offer opt-in training, and 16% of programs offer no training. Barriers to obtaining abortion training are numerous, including limiting of public funding for abortion training in residencies and medical schools, intimidation and murder of providers, destruction of abortion facilities, telemedicine bans, limiting access to medications for medical abortion, and patient restrictions such as mandatory counseling, ultrasounds, and waiting periods. I will address the history of abortion training in the United States and discuss the current state of abortion training in US residency programs. Barriers and benefits to abortion training will also be addressed. I will offer some suggestions to expand abortion training to appropriately trained advanced practice clinicians.

CHANGE IN SYMPTOMS DURING A TRIAL OF SYMPTOM-ONSET TREATMENT FOR PREMENSTRUAL DYSPHORIC DISORDER
Background: Preliminary studies suggest serotonin reuptake inhibitors (SRIs) administration can be shortened to the interval between symptom-onset and menses.

Objective: To compare symptom-onset dosing with sertraline vs placebo for treatment of PMDD.

Methods: Participants with PMDD took pills from symptom onset to menses for 6 menstrual cycles. Intent-to-treat analyses compared pre and post treatment scores on the Premenstrual Tension Scale (PMTS), the Inventory of Depressive Symptomatology—Clinician-Rated (IDS-C) and Daily Record of Severity of Problems (DRSP).

Results: 125 participants were randomized to sertraline, and 127 to placebo. Baseline mean (SD) PMTS scores for sertraline and placebo reduced from 22.3(4.8) and 21.4(4.5), respectively to 11.7(6.8) and 12(6.9), respectively; group mean difference, 1.88 (95% CI, 0.01-3.75; P=0.06). The mean (SD) estimated difference in IDS-C scores between baseline (35.4[10.7] for sertraline; 32.8[10.4] for placebo) and the endpoint (15.2[10.7] for sertraline; 17.8[11.0] for placebo) favored the sertraline by 5.14 (95% CI, 1.97-8.31) points; P<.02). Compared with placebo sertraline reduced total DRSP scores (estimated mean difference of 1.09 points (95% CI, 0.96-1.25; P=.02). Response was higher ((77 of 115 patients (67%)) for sertraline than placebo (65 of 124 (53%)), (X²(1)=5.23; P=.02)).

Conclusions: Women with PMDD may benefit from symptom-onset SRI treatment.

PHARMACOLOGICAL TREATMENT OF SEXUAL DESIRE DISORDERS

Jonathan Schaffir, MD
The Ohio State University, Columbus, Ohio, USA

While decreased sexual desire is acknowledged to be the most common form of sexual dysfunction in women, there have been few effective treatments until now. While hormonal treatments have been proposed, the evidence regarding their safety and efficacy has been mixed. With the introduction of flibanserin, US physicians now have an approved pharmacological treatment available. This
presentation will focus on the development of this drug and what it may suggest for new treatments in the future.

TREATMENT OF PREMENSTRUAL DYSPHORIC DISORDER: CHALLENGES AND FUTURE DIRECTIONS

Teri Pearlstein, MD
Associate Professor of Psychiatry and Human Behavior and Medicine
Alpert Medical School of Brown University
Director, Women’s Behavioral Medicine, Women’s Medicine Collaborative
Providence, Rhode Island, USA

Treatment options for premenstrual disorders include antidepressant medications, hormonal treatments that suppress ovulation, benzodiazepines, dietary modifications, nutritional supplements, herbal treatments, and cognitive-behavior therapy. Selective serotonin reuptake inhibitors (SSRIs) administered continuously (every day of the menstrual cycle) and intermittently (from ovulation to menses) demonstrate a 60-70% response rate and are generally well-tolerated. Oral contraceptives containing ethinyl estradiol and drospirenone have a similar efficacy rate. Treatment challenges include the lack of predictors for selection of first line treatment (SSRI vs. hormonal strategy), whether or not there is differential efficacy for specific subtypes of premenstrual symptoms, the optimal length of treatment, and challenges before conception and during the menopausal transition. Recent promising preliminary studies have investigated treatments that may modify luteal phase allopregnanolone levels and function. Several management options exist for the woman with problematic premenstrual symptoms, and treatment choice is best individually tailored to the woman’s symptoms and preferences.

concerning their psychological outcome at the Division of Obstetrics and Fetomaternal Medicine, Medical University Vienna. Moreover qualitative interviews with 10 women who decided to undergo MFPR and with 10 women who decided to give birth to triplets were performed. Data were analyzed by means of a qualitative content analysis.

Results

The diagnosis of a triplet pregnancy after years of infertility treatment is connected with high physical and psychological impact to all couples. Only 20% of the investigated couples were informed about MFPR before infertility treatment. The decision process for or against MFPR is difficult and characterized by feelings of doubt and guilt. 25% decided to undergo MFPR. MFPR is experienced as a relief after the difficult decision making. Women with triplets have more physical and psychological problems during pregnancy and postpartum and a worse neonatal outcome than women with MFPR. Psychological help is more often offered to women with MFPR than women with triplets.

Conclusions

Psychological help should be offered to all women with triplet pregnancies during decision making as well as postpartum.
Journal of Psychosomatic Obstetrics & Gynecology (JPOG) – A Workshop for Authors

Chair: Pauline Slade:

1. General introduction to publishing – Jutta Mackwell
2. Writing for JPOG -Pauline Slade Shaughn O Brien and Helen Spiby
3. Practical issues of submission- Ingrid Boedker
4. Questions and Answers -All

JOURNAL OF PSYCHOSOMATIC OBSTETRICS AND GYNAECOLOGY (JPOG) - A WORKSHOP FOR AUTHORS

Authors: Prof Shaughn O Brien. Prof Pauline Slade PhD, Prof Helen Spiby MPhil, Ms Ingrid Bodeker MSc and Ms Jutta Mackwell.

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Integrated Abstract
The editors and publisher will present a general introduction to publishing and information on writing for JPOG. The publisher will cover topics including how to choose the best journal for one’s paper, open-access publishing, how to prepare the perfect paper (and what to avoid), a description of the peer review process, and how to promote one’s research and understand its impact. Following this, the editors will turn specifically to writing for JPOG and address its unique position as a biopsychosocial journal working across Psychology, Obstetrics and Gynaecology, and Midwifery. The editors will speak about covering the full topic range, considering one’s audience, JPOG’s international readership and systems differences, and new horizons for the journal. They will also cover scientific and professional standards and how these fit in with the submission process, including JPOG’s submission requirements. The workshop promises to provide a valuable perspective for authors interested in submitting their work to JPOG, and will end with a question and answer session.

COGNITIVE AND OBSTETRICS PREDICTORS OF POSTTRAUMATIC STRESS DISORDER FOLLOWING CHILDBIRTH

Lydia King¹, Kirstie McKenzie-Mcharg² & Antje Horsch³,⁴*
Cognitive variables have been shown to play a part in the development of PTSD following childbirth but more systematic research is needed, as these may be amenable to change. This study investigated whether theoretically-derived cognitive variables explain unique variance in postnatal PTSD symptoms when key demographic, obstetric and clinical risk factors are controlled for.

One-hundred and fifty-seven women who were between 1 and 12 months post-partum ($M = 6.5$ months) completed validated questionnaires assessing PTSD and depressive symptoms, childbirth experience, postnatal social support, trauma memory, peritraumatic processing, negative appraisals, dysfunctional cognitive and behavioural strategies and obstetric as well as demographic risk factors in an online survey.

A PTSD screening questionnaire suggested that 5.7% of the sample met diagnostic criteria for PTSD. Overall, risk factors alone predicted 43% of variance in PTSD symptoms and cognitive behavioural factors alone predicted 72.7%. A final model including both risk factors and cognitive behavioural factors explained 73.7% of the variance in PTSD symptoms, 37.1% of which was unique variance predicted by cognitive factors.

All cognitive variables significantly explained variance in PTSD symptoms following childbirth, even when clinical, demographic and obstetric were controlled for. These may help inform the assessment and treatment of PTSD following childbirth.

COGNITIVE BEHAVIOUR THERAPY VIA THE INTERNET OF POSTTRAUMATIC STRESS SYMPTOMS FOLLOWING CHILDBIRTH

Katri Nieminen a,b MD, specialist in obstetrics and gynaecology
Ida Berg c MSc, psychologist
Katri Frankenstein c MSc, psychologist
Lina Viita c MSc, psychologist
Kamilla Larsson c MSc, psychologist
Ulrika Persson c MSc, psychologist
Lovisa Spånberger c MSc, psychologist
Anna Wretman c MSc, psychologist
Kristin Silfvernagel c MSc, clinical psychologist
Gerhard Andersson c,d, Professor, PhD, clinical psychologist, psychotherapist, Klaas Wijma a, Professor, PhD, clinical psychologist, psychotherapist, clinical sexologist, psychotherapy supervisor
Despite the profound consequences of childbirth related PTSD, until now RCTs for women with such problems are missing.

The aim of our study was to analyse the effect of trauma-focused guided Internet-based cognitive behaviour therapy with limited therapist contact for PTSD symptoms following childbirth. The study involved a randomized waiting list controlled trial over the Internet with 56 traumatized women.

The eight weeks treatment comprised eight modules of written text, especially written for the study, including psycho-education, anxiety coping methods and skill training, exposure both imaginary and in vivo as well as cognitive restructuring. Participants had the same therapist during their treatment, and were able to contact their therapist via the contact system whenever they needed, receiving a reply within 24 hours.

The primary outcome measure comprised PTSD symptoms; secondary measures included symptoms of general anxiety, depression, and quality of life.

At the end of the study, when both groups had received treatment, participants had in general improved significantly, both according to psychometric measures and in a clinical sense. The treatment had also positive effects on comorbid depression and anxiety.

FATHERS AND TRAUMATIC CHILDBIRTH

Prof. Pauline Slade PhD; Dr Jody Etheridge D Clin Psy.

Affiliations
Pauline Slade, Institute of Psychology Health and Society, University Liverpool, UK
Jody Etheridge, Alder Hey Children’s NHS Foundation Trust, Eaton Road, West Derby, Liverpool, UK

The study explored the experiences of men who found childbirth traumatic, how they coped with these experiences; the impact on their lives; and their views on what may have helped to reduce distress. 11 fathers who reported finding childbirth traumatic were interviewed. Template Analysis was used for analysis. Childbirth was experienced as “a rollercoaster of emotion” because of the speed and unexpectedness of events. Men described fears of death, mirroring their partner’s distress, trying ‘to keep it together’ and helplessly watching a catastrophe unfold. Fathers felt abandoned with a lack of
information. Afterwards they were distressed and preoccupied with the birth events but tended to feel that their responses were unjustified and tried to cope through avoidance. Men described the need for support but reluctance to receive it. Fathers can experience extreme distress as a result of childbirth which is exacerbated by aspects of current maternity care. Maternity services need to be family-focused and attention given to fathers’ emotional responses.

**THE CITY BIRTH TRAUMA SCALE (CITY BiTS) MEASURE OF POSTPARTUM PTSD**

Prof. Susan Ayers PhD; Alexandra Thornton MSc; Dr Daniel B. Wright PhD.

Affiliations:
Susan Ayers, Centre for Maternal and Child Health Research, City University London, UK
Alexandra Thornton, Centre for Maternal and Child Health Research, City University London, UK
Daniel B. Wright, ACT, Austin, Texas, U.S.A.

Reviews show PTSD after childbirth affects 3% of women overall and 15% of women in high risk groups. However, postpartum PTSD remains largely unrecognised and is not routinely screened for. One barrier to screening is that there is no validated questionnaire that measures postpartum PTSD in accordance with revised DSM-5 diagnostic criteria.

A 31-item questionnaire was developed on the basis of DSM-5 criteria and reviewed by perinatal researchers (n=9) and postpartum women (n=8). The questionnaire was then completed online by 950 women who had given birth in the previous 12 months.

Analysis of individual subscales showed that symptom subscales of intrusions, avoidance, negative cognitions and hyperarousal were coherent. Subscales had good internal reliability and were positively correlated with each other. Factor analysis of the total scale identified two factors of (1) intrusions and avoidance and (2) hyperarousal and anhedonia. Items from the new DSM-5 subscale of negative cognitions loaded on different factors, and two items did not load on any factor.

The City Birth Trauma Scale (City BiTS) provides a valid and reliable measure of PTSD following events related to pregnancy, birth or immediately postpartum. Further research is needed on the relevance of the new DSM-5 symptoms of negative cognitions.

**TITLE:**

Evaluation of menopause-related quality of life
Menopause is a physiological event occurring in women at about the age of 50. It signals the end of the reproductive years and is associated with signs of estrogen deficiency having a considerable impact on women’s health-related quality of life (HRQoL). There has been no universal agreement on what HRQoL is and how it can be quantified. According to the PRO Harmonization Group, HRQL represents the patients evaluation of the impact of a health condition and its treatment on daily life. There are several validated instruments for evaluating HRQoL in menopausal women: Greene Climacteric Scale, Women’s Health Questionnaire (WHQ), Qualifemme, Menopause-Specific QOL Questionnaire (MENQOL), Menopausal Symptoms List (MSL), Menopause Rating Scale (MRS), Menopausal Quality of Life Scale (MQOL), Utian Menopause Quality of Life Scale (QQOL), Cervantes Scale and short form of Cervantes Scale.

Symptoms experienced during menopause and socio-demographic characteristics affect HRQoL in postmenopausal women according to data obtained with those HRQoL instruments. Moreover, hot flashes impact the daily activities of most postmenopausal women, especially those with more frequent/severe symptom and some studies also suggest that the perimenopause is associated with higher levels of somatic symptoms but it is unclear whether the perimenopause is related to other domains of HRQoL.

**Perinatal Mental Health, from the UK experience to our present and future reality**

Alfonso Gil¹, MD; Josep Mª Farré, MD, PhD²

¹Centro de Salud Mental Vicente Campillo, Murcia, Spain; ²Hospital Universitario Dexeus, Barcelona, Spain

The Hampshire Perinatal Mental Health Services, UK Mental Health Team of the Year 2013, provides a specialist service for the assessment and treatment of women with severe mental
health problems in pregnancy and postnatally, at home or in hospital (Mother-Baby Unit). Their aims are to improve the health and wellbeing of women who have, or are at risk of, severe mental health problems antenatally and postnatally and to improve outcomes for them, their infants and their families.

Based on the long UK experience and in the Perinatal Mental Health Catalanian experience (from Hospital Clinic and Quiron-Dexeus University Hospital, both in Barcelona), the idea of developing Perinatal Mental Health Units in Spain arises. These are multidisciplinary teams (composed by psychiatrists, psychologists, nurses, midwives, gynecologists, obstetricians, social workers) with the skills for early detection and treatment of mental illness in this stage of the life cycle of women.

In this lecture we will try to describe what these units do and show the current provision of Perinatal Mental Health Services in Catalonia and the Balearic Islands, through the results of a standardized questionnaire sent by email.

**Prevention of perinatal depression through the Information and Communication Technology**

**Jorge Osma, BS, PhD**

*Universidad de Zaragoza, Spain*

Recent studies have shown that the use of Internet is prevalent in pregnant and postpartum women. In addition, the utilization of the Information and Communication Technologies (ICT) has increased in the world, including developing countries. The ICT devices can help us to disseminate health services geographically and can be especially relevant to reach women with difficulties for doing preliminary contacts with health professionals. Additionally, ICT can be a method to reduce health disparities, to improve the women’s mental health in the perinatal period in a global manner, and as a consequence can help to improve their newborn’s wellbeing.

In this communication we will show the outcomes obtained through different studies using different ICT devices in the prevention of perinatal depression field. In the first one we used a web-page to do a longitudinal emotional screening in pregnant and postpartum women. In the second one, we used a Smartphone application (“Mamáfeliz project”) with the same aim. In the last study, we used an online survey through Google Adwords with the aim to know the women’s opinion about the contents and format preferences for a prevention program of perinatal depression. We consider these outcomes relevant for health professionals and researchers interested in the utilization of ICT devices in the field of prevention interventions for perinatal depression.
Suicidal Ideation in Pregnancy, Associated Factors in a Clinical Sample

Anna Torres, BS, PhD1; Ester Roda, BS1; M Luisa Imaz, MD1; Susana Andrés, BS, PhD1; Susana Subirà, MD, PhD2; Borja Farré, BS3; Lluïsa Garcia-Esteve, MD, PhD1

1.Hospital Clínic, Barcelona, Spain; 2.University Autonomous of Barcelona, Bellaterra, Spain; 3.Dexeus Quiron University Hospital, Barcelona, Spain

Perinatal mental disorders can be extremely severe and could be a cause of maternal death. Maternal suicide is a leading cause of indirect maternal death, and it is associated to depressive or psychotic psychopathology in the perinatal period.

The aim of the present study is to explore in mothers with psychiatric disorders the presence of suicidal ideation during pregnancy, and to identify associated factors in pregnancy and postpartum.

The study sample was composed by 249 mothers that attended the Perinatal Psychiatry Program of the Hospital Clinic in Barcelona (Spain). This is a service specializing in the diagnosis and treatment of perinatal psychiatric disorders. Mothers were assessed at the first visit in pregnancy, and at 6-8 weeks postpartum. At the first visit sociodemographic, reproductive and psychiatric history data were collected. Depressive and anxiety symptoms were also assessed by means of the Edinburgh Postnatal Depression Scale (EPDS) and the Spielberger State-Trait Anxiety Inventory (STAI). The presence of suicidal ideation was obtained from positive responses to the Edinburgh Postnatal Depression Scale-EPDS item 10 (“The thought of harming myself has occurred to me”).

The prevalence of suicidal ideation in pregnancy was 23.3% (18.0%-28.6%). From these, 38.6% maintained suicidal ideation in postpartum. The severity of antenatal depressive symptoms and emotional child abuse were the factors associated to suicidal ideation in pregnancy. Mothers with suicidal ideation in pregnancy showed higher postpartum depressive and anxiety symptoms, as well as higher bonding disturbance than mothers without suicidal ideation in pregnancy.

Towards a universal screening for postpartum depression and disturbed mother-child bond from the obstetric field
Each time, more institutions indicate the need of a universal detection system of postnatal depression (PD) and recommend guidelines and protocols to implement it in different areas of women’s perinatal health care. Our hospital has established a systematic screening system for PD and disturbances in the mother-child bond, in two consecutive phases: 1. On-site phase (14 months; n = 814), applied at the gynecologist practice (quarantine) and 2. Online phase (13 months; n = 157), to compare both methods of screening. We used the Edinburgh Postnatal Depression Scale in its Spanish validation to detect PD, and the Parental Bonding Questionnaire to detect changes in the mother-child bond. Both detection systems were highly accepted by patients (100%), but compliance was much higher on site (100%) versus online (43.3%) system; the on-site system collects errors when answering questionnaires; PD rates through the online system were much higher (16.6%) than the ones detected by the on-site system (8.5%), the difference was significant (p = 0.001), as well as the rates of detected abnormalities in the mother-infant bond (online : 6.4%, in situ: 3.2%; p = 0.049). The profile of women responding through the online system were of a greater risk to present psychopathology.

**ENGAGING PARTNERS IN CHILDBIRTH**

Leroy Edozien, PhD FRCOG
Consultant in Obstetrics and Gynaecology
Manchester Academic Health Science Centre
St Mary’s Hospital
Manchester, UK

Maternity services focus on mother and baby but pregnancy and parenthood also have psychological, social and physical implications for the male partner. Unfortunately there appears to be a lack of recognition by health professionals of the importance of constructive engagement of partners. Also, while engagement of partners has potential advantages, there is little evidence on what constitutes engagement and how to promote it. This lecture presents the findings of the Engaging Partners in Childbirth (EPiC) study which examined partner engagement from the perspectives of users, partners and health professionals in Manchester, UK.

In sub-Saharan Africa, barriers to the uptake of programmes for the prevention of mother-to-child transmission of HIV (pMTCT) are closely linked with the role of the male partners but pMTCT initiatives have focused overwhelmingly on women. The Engaging Partners in Childbirth for prevention of Mother-To-Child Transmission of HIV (EPOCH)
The project aims to devise a multicomponent intervention for constructively engaging partners. The outcome of the development phase of this project, undertaken in Kenya and Malawi, is presented.

In high and low-resource healthcare systems, partners want to be authentically engaged but often feel excluded or uncertain about their role, and there is a need for enhanced strategies to redress this.

**SEXUALITY DURING PREGNANCY AND POSTPARTUM PERIOD**

**Dr. med. Anne Doster, MD**  
University of Heidelberg  
Heidelberg, Germany

Impaired sexual activity and function during pregnancy and after delivery are highly prevalent and independently associated with several risk factors.

This presentation shows the results of a prospective, longitudinal study, which assessed the prevalence of sexual inactivity and dysfunction in German women during pregnancy and the postpartum period and identified potential risk factors.

The outcome was evaluated by different questionnaires including the Female Sexual Function Index (FSFI), the Edinburgh Postnatal Depression Scale (EPDS), and the Questionnaire on Partnership (PFB), administered in the third trimester, the first week and 4 months postpartum.

The frequency of sexual inactivity was 24% (T1), 40.5% (TII) and 19.9% (TIII). 26.5% - 34.8% of women were at risk of sexual dysfunction (FSFI score <26.55) at all measurement points. Sexual desire disorder was the most prevalent form of sexual dysfunction. Breastfeeding and low partnership quality were revealed as significant risk factors for postpartum sexual dysfunction.

In conclusion, this study found that sexual inactivity and self-reported FSD were highly prevalent among German women with an increase during late pregnancy and a peak in the early postpartum period. Women at risk for FSD differed significantly in aspects of partnership quality, breastfeeding, mode of delivery, maternal education and depressive symptoms.

**ASSOCIATIONS OF MATERNAL CHILDHOOD TRAUMATIC EXPERIENCES WITH PLANNED PLACE OF BIRTH AND BIRTH EXPERIENCE – A PROSPECTIVE INVESTIGATION PRIOR TO AND AFTER BIRTH**

**Dr. rer. nat. Juliane Junge-Hoffmeister¹, Dipl.-Med. Irene Gerstner², Dr. rer. nat. Antje Bittner¹, Prof. Dr. med. habil. Kerstin Weidner¹**
Up to 20% of expectant women have experienced physical, sexual or mental violence during childhood or adolescence. Pregnancy, giving birth and early motherhood may be especially critical for these women due to issues such as invasive doctoral investigations, fear of losing control during labor and intensive bonding requirements with the newborn. The main objective of the study was to better understand the needs of women with or without traumatic experiences regarding the choice of the birthplace, associations with other psychopathological variables as well as the actual experience of birth.

Within a prospective follow-up design data of 154 women were collected 6 weeks prior and after birth of the baby. Measured by questionnaires were stress, anxiety, fear of childbirth, depression, traumatic experiences, birth experience, parental bonding and others.

Results indicate that only few women were asked about traumatic life experiences by gynaecologists and midwives. More traumatized women planned an out-of-hospital birth. They exhibited a higher degree of psychopathology and were more afraid of losing control and being exposed to strangers during labor. There were also differences in birth experience.

Results underline the importance of a trauma-sensitive prenatal care as birth experience may have a critical impact on maternal wellbeing and early mother-child bonding.

**Postpartum bonding: the role of perinatal depression, anxiety and maternal-fetal bonding during pregnancy**

Prof. Dr. phil. Corinna¹, Dipl.-Psych. Star Dubber, Dipl.-Psych. Mitho Müller¹, Dr. med. Stephanie Wallwiener ².

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**Abstract**

Adverse effects of perinatal depression on the mother-child interaction are well documented; however, the influence on maternal-fetal bonding during pregnancy and its relationship to
The subject of this study was to investigate prospectively the influence of maternal bonding to the unborn child as well as pre- and postnatal symptoms of anxiety and depression on postpartum mother-infant bonding.

This study originated from a longitudinal community-based cohort study carried out in Germany. Questionnaires were administrated during late pregnancy and up to 4 months postpartum. N = 80 women were analysed for associations between symptoms of depression and anxiety as well as maternal bonding during pregnancy and in the postpartum.

Maternal education, maternal-fetal bonding during pregnancy prenatal birth related anxiety postpartum depressiveness and postpartum trait anxiety were significantly correlated with postpartum bonding. In the final regression model, maternal-fetal bonding during pregnancy and postpartum depressiveness explained 20.8% of the variance in postpartum mother-infant bonding.

The results confirm the hypothesized relationship between maternal bonding to the fetus and the later maternal bonding to the child as well as the role of postpartum depression. Identifying postpartum depression and other psychopathologies in mothers is also critical for prevention of mother-infant bonding impairment in the early postpartum period.

**Predictors of Impaired Breastfeeding Initiation and Maintenance in a Diverse Sample: what is important?**

Stephanie Wallwiener, MD, IBCLC¹, Mitho Müller², Anne Doster, MD¹, Katharina Plewniok¹, Christian Wallwiener, MD³, Herbert Fluhr, MD¹, Sandra Feller¹, Sara Brucker, PhD³, Markus Wallwiener, MD¹; Corinna Reck. PhD².

¹ University of Heidelberg, Department of Obstetrics and Gynecology, Im Neuenheimer Feld 440, 69120 Heidelberg, Germany
This presentation focuses on socio-demographic, medical and psychological factors that have an impact on breastfeeding.

Questionnaires were administered to 330 women prenatally (TI 3rd trimester) and postpartum (TII 3-4 days, TIII 4 months). Medical data was collected from the hospital records. Self reported data on initiation and maintenance of breastfeeding was collected simultaneously. Primary endpoint was breastfeeding initiation and maintenance. Data analyses were performed using Spearman’s ρ correlations between breastfeeding and other study variables and generalized multiple ordinal logistic regression analysis.

Neonatal admission to the NICU, high BMI, cesarean section, difficulties with breastfeeding initiation and high maternal state anxiety were the strongest predictors of impaired breastfeeding initiation, explaining together 50% of variance. After four months, the strongest predictors of impaired maintenance of breastfeeding were maternal smoking, a high BMI and a history of postpartum anxiety disorder, explaining 30% of variance.

Successful initiation and maintenance of breast feeding is a multifactorial process. Our results underline the need of interdisciplinary approaches to optimise breastfeeding outcomes by demonstrating the equality of medical and psychological variables. Whereas practices on maternity wards are crucial for optimal initiation, continuous lifestyle modifying and supporting approaches for anxious mothers are essential for breastfeeding maintenance.
Ethical challenges in Prenatal Genetic Testing

Lina Basel-Vanagaite, The Raphael Recanati Genetics Institute, Rabin Medical Center and Schneider Children's Medical Center of Israel

Genetic testing of the fetus offers parents the opportunity to improve the health of their offspring but also raises ethical challenges. Important ethical issues related to fetal genetic testing are portrayed in the following situations:

1) Detection of copy number variants of partial penetrance and uncertain clinical significance by fetal chromosomal microarray testing. Distress is frequently caused by uncertain prenatal results. Some clinicians think that variants of uncertain clinical significance should not be reported to families, while others think that it is paternalistic to withhold this information. If variants of uncertain clinical significance are detected, the potential for unnecessary pregnancy interruption exists.

2) Preconception genetic screening is recommended for severe childhood-onset diseases in order to consider termination of pregnancy or to perform preimplantation genetic diagnosis. With advancing genetic technology and introduction of expanded carrier screening genetic panels, requests for testing of fetuses for less severe child-onset conditions and adult-onset conditions are increasing.

3) Fetal exome sequencing offers great potential for diagnosing severe childhood-onset diseases, but also can reveal the chance identification of mutations related to adult-onset diseases or mutations in genes involved in increased cancer risk. The dilemma is whether to reveal this unexpected information about variants that are likely to cause late-onset disease, such as breast cancer susceptibility that confers 80% risk of developing cancer later in life. The information may be important for monitoring the parents' health.

Currently, there are more questions than answers regarding the ethics of widespread implementation of advanced genetic technologies. Further debates are crucial in order to reach a consensus on these issues.

Holding the silent baby - the psychological aftermath of still birth

Dr. Gabi Aisenberg Romano, MD

Reproductive Psychiatry Unit, Department of Psychiatry, Tel Aviv Sourasky Medical Center, Israel and Sackler Faculty of Medicine, Tel Aviv University, Israel.

The trauma of giving birth to a stillborn baby is known to greatly affect parents and their surroundings. In the last decades it was established that attachment relationships between mother and child are formed during pregnancy. The inability to fully realize death and accept its consequences is believed to predispose bereaved persons to
pathological outcomes. Conditions that may affect this process include: gestational age, whether parents saw or held their baby, options of conducting a funeral or memorial service, existence of autopsy results, presence of siblings, previous losses, reaction of the social milieu, and whether they receive appropriate crisis intervention. There is little consensus about which behavior is beneficial or harmful for grieving parents. The care that parents receive around the time of loss is a major contributing factor to their perception of events, their ability to cope and their long-term well-being. The intensity of negative responses may express unresolved needs and concerns. A few key notes for interventions which will be reviewed in this talk are: participation of the parents in decision making process and offering informed choices, respect of the parents' choices, sensitivity to language and non-verbal communications and offering parents different choices of creating memories.

Late termination of pregnancy for fetal anomalies: The Israeli experience

Aron Wiznitzer, MD. Chairman of Helen Schneider Hospital for Women, Rabin Medical Center

Abstract

Major congenital anomalies occur in approximately 3% of live births in Israel and represent the leading cause of infant mortality. Although fetal chromosomal abnormalities are amenable to early detection through modern prenatal testing, structural malformations and certain genetic conditions often are diagnosed later in pregnancy. Late termination of pregnancy (LTOP) is defined as the termination of a pregnancy after 24 completed weeks of gestation. The practice is controversial, restricted, and sometimes prohibited in many countries. Currently, in some countries over the world abortions is permitted either for specific indications or without restriction. In Israel, approximately 0.2%–1% of all reported terminations of pregnancy occur at or later than 20 weeks of gestation. Termination of pregnancy is legal in Israel, pending special authorization on patient request, if any of the following apply: the woman is younger than 17 years (the legal marital age in Israel) or older than 40 years; the pregnancy resulted from rape, incest, or extramarital sexual relations; the fetus might have a physical or mental defect; or ongoing pregnancy might put the woman's life at risk, or cause her physical or psychological harm. Late termination approval, when requested at 24 weeks of gestation or later, requires the assembly of a special board authorized by the Ministry of Health, and the affirmation of a major indication for terminating the pregnancy. These boards are regional and convene for each LTOP request. They include 3 voting and 2 nonvoting members. Heads of the hospital and the departments of obstetrics and gynecology, neonatology, and genetics, a social worker, and consultants in relevant disciplines attend these discussions. Between January 1995 and December 2007 at 3 university-affiliated medical centers in Israel LTOP approval was granted fairly liberally for fetal genetic and structural anomalies, and for amniocentesis-proven cytomegalovirus (CMV) infections. To overcome a lack of consensus regarding the severity of fetal abnormalities that qualify for LTOP, the Israeli Ministry of Health issued specific guidelines for approval of LTOP requests for fetal anomalies at the end of 2007. Since then, LTOP approval for fetal anomalies has been granted only when the probability of handicap is 30% or more according to specific specialist counseling. This cut-off separates mild from moderate handicap.

Conclusion: When a fetal abnormality has been detected after 24 weeks of gestation LTOP can only be carried out if there is a substantial risk that the child if born would be seriously handicapped. All staff involved in the care of a woman or couple facing a possible termination of pregnancy must adopt a non-directive, non-judgemental and supportive approach.

Abstract: e-Quantification of Premenstrual Disorders

Shaughn O’Brien
Background:
A wide range of objective techniques has been used to diagnose and classify premenstrual disorders for clinical purposes. None has proved effective. Current methods involve patient subjective assessment using cumbersome paper-based methods.

Objective: To describe the background and development of e-methods of diagnosis.

Methods:
Literature search of prior methods is outlined. Current and future e-methods are explored including the development of a new smart phone application, its ability to quantify symptoms, provide monthly diagnostic classification and produce graphic display. Proposals are outlined for the scientific validation and determination of utility and both patient and health professional acceptability.

Result:
The development has established a smart phone application, PreMentricS, which allows diagnosis and classification on the basis of ISPMD consensus paper. It permits quantification of pre- and patient-selected symptom types. It calculates outcomes based on luteal phase presence and follicular phase absence of symptoms and the degree of impairment.

Conclusion: An initial examination of the technique demonstrates it to be user-friendly, attractive and achieves its primary objectives. It has yet to be formally validated for scientific use.

Abstract: The Influence of Oral Contraceptive Use on the Expression of Premenstrual Symptoms

Kimberly A. Yonkers
Yale University, New Haven, CT, USA
Background: Whether women who take an OC can have premenstrual syndrome (PMS) remains controversial. Little research has explored differences in premenstrual symptom expression among women who are or are not using OCs.

Objective: To compare timing and type of premenstrual symptoms in OC and non-OC users.

Methods: This secondary analysis included 77 women who were and 281 who were not taking OCs and sought participation in a clinical trial; all charted symptoms daily for at least one menstrual cycle during screening. We estimated differences in symptom severity, by symptom type (depression, anhedonia, mood swings, anger/irritability, interest, concentration, lethargy, appetite, sleep, feeling overwhelmed, physical symptoms), by comparing effect sizes of OC groups for several time intervals relative to onset of menses: (-6, -1), (-5, 1), (-4, 2), (-3, 3).

Results: Symptom severity differed by symptom type (P<0.0001) and interval (p<0.0001). NonOC users showed a trend toward greater symptom severity than OC users (p=0.086). Interactions showed differences in severity among OC vs non-OC users for anger/irritability, decreased interest, and decreased concentration. Numerically, the peak symptomatic interval differed (-3,3 days for OCs users and -4,2 days for non-OC users) but not significantly.

Conclusions: Differences in premenstrual symptom expression between OC and non-OC users are subtle.

Supporting the mental health of birth professionals. Tools for the wellbeing promotion and burnout prevention of obstetricians and midwives

Childbirth can be a traumatic event for many women. Psychological distress following childbirth has received increased attention in the past decade. Different studies have found a high prevalence of trauma symptoms following childbirth, indeed birth attendants can also be traumatized by situations experienced in the delivery room during labor, including witnessing obstetric violence, harassment or the always difficult circumstances surrounding stillbirth. Obstetricians and midwives are at risk of burnout syndrome,
compassion fatigue and secondary traumatic stress, thus compromising physical and mental health with a high personal and professional cost, including quitting the job.

In this workshop we will focus on:
- Understanding the nature of traumatic childbirth both from the women’s and the professional’s point of view.
- Identifying the risk factors for developing burnout among obstetricians and midwives
- Developing tools for burnout prevention and treatment at individual and institutional levels

AUSTRALIA : IMPROVING SEXUAL HEALTH KNOWLEDGE IN RURAL AND REMOTE SOUTH AUSTRALIAN ABORIGINAL COMMUNITIES.

Arwen Susan BN 
Edwards Kathy

South Australia covers an area 984,377 km², the majority of Australia’s First Nations people, live in rural and remote areas with poor access to health, education, employment and welfare services resulting in the poorest sexual and reproductive health outcomes of any cultural group in Australia. In 2010, the Council of Australian Governments sought to improve the sexual and reproductive health outcomes through the education of young Aboriginal people. English is often a second language, with cultural protocols and Aboriginal law deeply influencing behaviour and lifestyle.

This program, sort to work with Aboriginal communities to develop and deliver a culturally appropriate program, working within cultural protocols, to address the knowledge gaps to reduce teenage pregnancy, Sexually Transmitted Infections (STI) and sexual violence. The program developed approaches to reduce the ‘shame’ surrounding sexual and reproductive health, resources to facilitate community decision making and sought to build the capacity of Elders, health, educational and community workers.

Evaluation found the program successful in meeting its short term goals. There is a reduction in teenage pregnancy, an increase in STI testing with an increase in diagnosis of positive STIs. Anecdotal evidence indicates that some communities are more willing to take a ‘stand’ against violence.

PREDICTIVE FACTORS OF TWO DECADES OF MEMORY PERFORMANCE FROM MIDLIFE TO LATE LIFE: DATA FROM THE WOMEN’S HEALTHY AGEING PROJECT.
Background: More women than men suffer from dementia. It is estimated that targeting modifiable risk factors has the potential to prevent millions of cases of dementia worldwide. However, few studies have longitudinal data stretching over multiple decades which assess all of these risks to determine the optimum targets and timing for intervention to improve cognition in ageing. In this presentation we examine

Main Objective: To identify the timing and exposure to predictive factors in women on verbal memory performance in late life.

Methods: Clinical information, physical measures and biomarkers were collected over all years of follow-up in participants from the Women’s Healthy Ageing Project. Cognitive testing commenced in 1998 and was conducted four times over 15 years. Mixed Linear models were conducted to assess the significance of main and interaction effects of risk factors on later life verbal memory.

Preliminary Results: Physical activity has the strongest effect on later life memory, with hypertension and suboptimal HDL being the next most likely contributors to poor memory in later life. Age and education were constant factors positively influencing baseline memory at first testing, which itself was predictive of later life memory.

Conclusion: Modifiable risk factors can influence verbal memory in later life. Earlier modification appears ideal for disease prevention, although the influence persists throughout the two decades of this project indicating that even later life modification can positively influence verbal memory.

A PARENT HAS CANCER: CAN A WEB-BASED COUNSELING PROGRAM AFFECT FAMILY FUNCTIONING AND CHILDREN’S WELL-BEING?

Dr. phil. Huggenberger, Harriet Jessica 1, Msc. Sc. Ehrbar, Verena 1, Msc. Sc. Bingisser, Martina-Barbara 1, Dr. phil. Roth, Binia 2, Prof. Dr. phil. Gaab, Jens 3, Dr. phil. Wössmer, Brigitta 4, Prof. Dr. med. Rochlitz, Christoph 5, & PD Dr. phil. Alder, Judith 1

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4 Psychosomatics, University Hospital Basel, Basel, Switzerland
5 Oncology, University Hospital Basel, Basel, Switzerland
**Background:** A parental cancer diagnosis is a major distress for all family members; thereby family’s functioning may mediate children’s well-being. FAMOCA is a web-based family counseling program to improve family functioning. This study aims to evaluate the efficacy of this intervention, especially on the well-being of the children.

**Methods:** After initial cancer diagnosis of a parent, families with children between three and 18 years are randomly referred either to the intervention (IG) or the control group (CG). The IG follows the online program during four months, where age-specific information as well as practicing of coping strategies are provided via multimedia. The CG receives an information booklet for parents and children. Family functioning (FACES) and Children’s emotional, behavioral and social problems (Strengths and Difficulties Questionnaire, SDQ) are assessed at the beginning, at the end of the program and 12 months after the parent’s diagnosis.

**Results:** The study ends in April 2016 and data of the first two measurement points will be presented. We expect that FAMOCA improves family functioning and the well-being of the children.

**Conclusion:** Many families affected with parental cancer wish for psychooncological support. FAMOCA is an innovative, low-threshold internet program, providing support for all family members.

FERTILITY PRESERVATION IN YOUNG FEMALE CANCER PATIENTS: PSYCHOLOGICAL IMPACT AND INTRODUCTION OF A DECISION-AID INTERVENTION.

M. Sc. Verena Ehrbar\(^1\), Dr. phil. Corinne Urech\(^1\), PD Dr. med. Rosanna Zanetti Dällenbach\(^2\), Prof. Dr. med. Christoph Rochlitz\(^3\), Dr. med. Rebecca Moffat\(^4\), PD Dr. med. Sibil Tschudin\(^1\)

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Introduction: Young female cancer patients have not only to deal with a cancer diagnosis, but also with a possible loss of their fertility as a consequence of the cancer treatment. The present study concerned fertility preservation (FP) for women who have experienced cancer during their reproductive lifespan. The objectives were to get a deeper insight in the significance that fertility has for these patients, their attitude towards FP, their decisional conflict and specific needs when considering whether to opt for FP and the helpfulness they attributed to various sources of support.

Methods: A quantitative (online survey) was combined with a qualitative (focus groups) approach targeting at current and former young cancer patients.

Results: The significance of fertility was high amongst participants and their attitude towards FP was mainly positive. Religious and ethical reservations were considerable in the decision-making process. As helpful instruments, checklists and standardized decision-aids were mentioned.

Conclusion: Qualitative data support the findings from the online survey that female cancer patients wish for more comprehensive and standardized support. Therefore, an ongoing follow-up project is currently developing and evaluating a standardized decision-aid tool for young female cancer patients, which will be presented at the congress.

PSYCHO-ONCOLOGICAL CARE IN GENERAL: PATIENTS NEEDS AND NEW OPPORTUNITIES TO APPROACH THE PATIENT

Dr. phil. Corinne Urech¹, Astrid Grossert, M.Sc.², Sandra Scherer, M.Sc.¹, Prof. Dr. med. Viviane Hess²

¹Gynecological Social Medicine and Psychosomatics, University Hospital Basel, Switzerland
²Oncology, University Hospital Basel, Switzerland

Introduction: Many cancer patients experience their illness as substantial psychological burden. Psycho-oncological interventions are proven to reduce perceived stress, anxiety and depression and increase quality of life. A growing field of interest is the so called Internet-based therapy. As an example, a comprehensive web-based stress management program for cancer patients targeting to evaluate the feasibility and preliminary efficacy will be presented.

Method: The web-based program STREAM for newly diagnosed cancer patients will be evaluated in a randomized controlled wait-list intervention study. It consists of eight weekly modules, based on well-established stress management manuals and adapted to the context of cancer. 120 patients will be recruited via internet. Questionnaires on socio-
demographics, satisfaction, working-alliance, cancer specific and psychological issues will be obtained before, right after the intervention and eight weeks follow up.

Results: Preliminary data show that cancer patients are satisfied with the program and a positive therapeutic relationship can be established. Data concerning the feasibility and efficacy of the program will be presented at the congress.

Conclusion: Web-based interventions can be used independently of time and location, which is especially interesting for cancer patients. The evaluation of our program may help to adapt future programs for specific patient groups.

TOWARDS A SYSTEMATIC APPROACH IN PSYCHO-ONCOLOGY: COUPLES AND FAMILY-ORIENTED INTERVENTIONS TO ALLEVIATE PSYCHOLOGICAL DISTRESS IN CANCER PATIENTS AND THEIR PARTNERS/FAMILIES

Prof. Dr. med. Josef Jenewein

Clinic for Psychiatry and Psychotherapy, University Hospital Zürich, Switzerland

Objective: The diagnosis of cancer marks a critical life event for the entire family that can cause distress and significant challenges for all involved. Cancer can turn an entire family system upside down, causing upheaval in the organization of everyday life, in the distribution of roles within the family and between partners. Previous research has shown that partners of patients with advanced cancer are at an even greater risk of developing a psychiatric disorder than the patients themselves. This finding is of high clinical importance, because family members are frequently the most important source for psychosocial support and that burdened family members can hinder patients’ adjustment to their illness. Screening for and identifying of psychological stress in family members of cancer patients as well as family-oriented interventions are therefore key elements in psycho-oncology to address these issues.

Gynaecologic/Obstetric Procedures as Unintended, Unplanned, Nonconsensual Exposure Events and Its Two Actors

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Exposure is a potent therapeutic tool for treating anxiety problems like phobia and posttraumatic stress symptoms, on condition that the patient is informed, knows what will happen and why, and has consented. Exposure sessions are often planned according to an anxiety provoking hierarchy. The exposure for a frightening stimulus should last until the patient’s reactions have decreased significantly.

In the Swedish OB/GYN setting a considerable proportion of patients have an abuse history, while in approximately 95% of those cases the examiner does not know about this background. Thus “exposure” may take place while unintended, unplanned and without the patient being informed about the rationale and having given her consent. The examiner may be unaware of what is happening but feel confused by the patient’s unexpected reactions. She/he may use various ways out of the situation, e.g. denial that anything more than what is normal happens, give away to an impulse to flight, i.e. rushing through the exam or interrupt it, get irritated or panicking. So the two of them might be panicking…

We will highlight what this implies in CBT terms and suggest what additional training for examiners might make her/him better equipped for handling such delicate situations.

The Tiger in the Room…

Are the Physiologic Symptoms of PTSD the Key to Understanding Traumatic Reactions to the Pelvic Examination Among Women with Sexual Violence Histories?

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A growing body of literature documents the propensity for traumatic reactions to gynecologic care, particularly the insertion of the speculum during the pelvic examination, amongst women with histories of sexual violence. Presence of posttraumatic stress disorder (PTSD), particularly symptoms of hyper arousal (e.g., hyper-vigilance), are linked with particularly strong distress reactions. However, traumatic reactions to gynecologic care can vary widely, with several studies documenting the potential for intense emotional reactions, dissociative symptoms (including depersonalization and flashbacks), and a transient increase in intrusive recollections of prior abuse. Universal screening for sexual violence exposure and PTSD is common in many U.S. health care settings. Though this helps providers to know the abuse history of their patients prior to the commencement of a medical examination, it does not prepare them for the sensitive and effective clinical management of patients who have traumatic reactions (i.e., flashbacks) during a clinical examination or procedure. This talk presents a synthesis of the empirical literature on overt or observable traumatic reactions during gynecologic care (i.e., the pelvic examination) amongst women with prior sexual violence and offers insight for areas where additional education of medical providers regarding the unique needs of trauma survivors is critically needed.
Understanding the Theoretical Underpinnings of Risk Perception and Response among Women with a History of Interpersonal Violence in Obstetric Settings

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The psychiatric sequelae of trauma may contribute to poor health care compliance and non-adherence, interrupt the natural development of patient-provider rapport, and impede the patient’s ability to effectively communicate their health related needs, potentially impacting the quality and effectiveness of the care they receive. Moreover, extreme fearfulness of some elements of medical care (e.g., internal examinations) can further complicate matters by perpetuating needless suffering or contributing to the development of perceptions of maltreatment by health care providers. This presentation discusses several key concepts including traumatic exposure (i.e., physical or sexual abuse exposure), traumatic stress symptoms, and the plethora of possible traumatic cues in the OB/GYN setting, which may trigger a traumatic reaction among victims of violence. We present a cognitive-behavioral model of traumatic cueing – highlighting the cognitive, behavioral, affective, and neurobiological underpinnings of traumatic reactivity among
trauma patients in the OB/GYN setting—that illustrates how trauma patients perceive risk (i.e., threats to personal safety) and respond to perceived threats to safety in this context. Further, we provide salient case examples to concretize the model. Finally, we discuss the possibility of safe and appropriate use of therapeutic exposure, or the intentional, consensual, graduated exposure to traumatic cues in the OB/GYN environment.

TRANSEXUALIDAD MaH. EXPERIENCIA EN LA UNIDAD DE IDENTIDAD DE GÉNERO DE ANDALUCÍA.

La disforia de género es una afección en la cual se presenta un conflicto entre el sexo físico de una persona y el sexo con el que ésta se identifica.

Solía conocerse como trastorno de identidad de género.

La disforia de género no es lo mismo que la homosexualidad.

La etiología es desconocida, pudiendo estar relacionado con múltiples factores, hormonales, genéticos, sociales y ambientales.

Podríamos definirlo cómo la sensación de estar en el cuerpo del género “equivocado”, y para establecer el diagnóstico debe durar al menos dos años. La historia clínica y una evaluación de psiquiatras y psicólogos confirman el deseo constante de la persona de pertenecer al sexo opuesto y el diagnóstico del mismo.

La clínica tiene lugar desde la etapa infantil.

Así los niños pueden presentar:

- Sensación de desagrado por sus propios genitales.
- Rechazo por sus compañeros y sensación de aislamiento.
- Manifestar y desear que en el futuro llegaran a ser del sexo opuesto.

Ésta sintomatología se mantiene en la edad adulta y en gran parte de los casos toman las medidas necesarias, tanto médicas cómo quirúrgicas para someterse al cambio de sexo.
En el Complejo Hospitalario Público Regional de Málaga somos centro de referencia para ésta patología, y recibimos y tratamos pacientes del resto de España para en primer lugar establecer el diagnóstico de disforia de género, así como para realizar los tratamientos médicos y quirúrgicos necesarios para facilitar la identidad de género.

Se trata de un equipo multidisciplinar en el que participan psicólogos, psiquiatras, endocrinos, ginecólogos, urólogos y cirujanos plásticos.

La comunicación está en relación con la evaluación del estado de ansiedad de estos previo a la cirugía ginecológica. Los resultados de las encuestas no revelan en la mayoría de los casos una importante seguridad y convencimiento de estos pacientes.

**HAIR CORTISOL LEVELS DURING THE SECOND TRIMESTER CAN PREDICT TODDLER’S NEURODEVELOPMENT AT 6 MONTHS**

**Rafael A. Caparros-Gonzalez**1,2, **Maria Cano-Arias**2, **Juan Carlos Marinas-Lirola**3, **Raquel Gonzalez-Perez**2, **Francisco Cruz-Quintana**1, **Miguel Perez-Garcia**1, **Isabel Peralta-Ramirez**1

1 Brain, Mind and Behavior Research Center (CIMCYC), University of Granada. Granada (Spain).
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4 Biochemistry and Molecular Biology Center. CIBEREHD. School of Pharmacy. University of Granada (Spain)

**Background:** Stress during pregnancy has negative consequences for both mothers and their infants. Hair cortisol level is a reliable and valid measure for chronic stress levels as a retrospective measurement.

**Main objective:** The objective of this longitudinal study was to analyze the relationship between hair cortisol levels in mothers during the second trimester and the subsequent neurodevelopment of the babies 6 months postpartum.

**Method:** The sample included 11 healthy mothers with an age ranging from 29 to 39 years old (M = 33.9; SD = 3.08), and gestational age ranging from 12 to 34 weeks (M = 18.64; SD = 7.21) and 11 toddlers (5 males and 6 females) who were recruited from Roquetas de Mar Health
Center (Almeria, Spain, Europe). The biological measure of hair cortisol levels were collected from mothers at the dorsal cephalic zone of the head and then analyzed using the ELISA method. The toddlers were assessed using the Bayley Scale Edition III 6 months after birth, by a trained psychologist, in order to evaluate their neurodevelopment. A lineal regression was performed to know whether the mothers’ hair cortisol levels during the second trimester could predict the toddlers’ performance on the Bayley Scale.

**Preliminary Results:** There was a significant effect of hair cortisol levels on the Conceptual subscale of the Bayley Test at the p<.05 level \[R^2 = 80.65; t = 8.71, p=.028\].

**Conclusions:** Results revealed that the second trimester mean cortisol levels can predict the toddlers’ performance on the Conceptual Bayley Scale at 6 months. These findings suggest that stress levels during gestation have important implications for neurodevelopment of babies. It is therefore relevant to test mothers in the gestation period for stress levels, as it may pose detrimental repercussions for their babies' health.

**PREVENTION OF FILICIDE IN THE CONTEXT OF THE PERINATAL PERIOD**

Background: The need to achieve an understanding of the phenomenon of filicide led to a binational, register-based study in Finland and Austria.

Main objectives: The prevention of this crime specially in the context of the perinatal period is of special interest. A focus of the presentation will be the impact of Austria’s anonymous birth law from the time relevant statistical records are available and to evaluate the use of hatches versus anonymous hospital delivery.

Methods: The study covers all cases of filicide and their perpetrators in Austria and Finland in the years 1995–2005. The time trends of neonaticide rates, anonymous births and baby hatches were analysed by means of Poisson and logistic regression model using statistical data from 1975 -2012. Predicted and observed rates were derived and compared using a Bayesian Poisson regression model. The following variables emerged as differentiating factors for the classification of filicide: gender, age of victim and offender, circumstances before and during the offence, the offender’s socioeconomic and criminal background, and childhood conduct disorder. Latent class analysis (LCA) was used to identify profiles.

Results: A new classification of subtypes of filicide are proposed with suggestions for helping its prevention. 1) Homicidal-Suicidal Fathers, 2) Violent Impulsive Parents, 3) Single Sober Parents, 4) Prosocial, Psychotic Parents, and 5) Infanticidal Mothers. For the latter a prevention strategy was evaluated with following results: The time trends of neonaticide rates, anonymous births and baby hatches were analyzed Predicted numbers of neonaticides for the period of the active awareness campaign, 2002–2004, were more than three times larger than the observed number (p= 0.0067). The implementation of the anonymous delivery law is associated with a decrease in the number of police-reported neonaticides. The subsequent significantly decreasing numbers of anonymous births with an accompanying increase of neonaticides represents additional evidence for the effectiveness of the measure.
Personal academies

Prof.dr. Harry BM van de Wiel, the Wenckebach Institute UMCG and the Ahmas Foundation,
Groningen, the Netherlands

With the appearance of so called ‘knowledge platforms’ (like Wikipedia, Youtube, Kahn Academy etc.) every professional nowadays (including residents and students) has access to world wide knowledge basis and thereby to life long and limitless learning. The only thing that lacks is the option to transform these general knowledge basis into personal academies, individualized personal platforms which enhance one’s professional or personal development. Together with the Ahmas Foundation, the Wenckebach Institute of the UMCG has developed a way to develop and, if wanted, distribute this kind of personal academies using the Raspberry Pi as a user friendly medium. The didactical and conceptual assumptions will be discussed and first results will be shared.

Preference for cesarean section, fear of childbirth factors and mode of birth.

Associate Professor Elsa Lena Ryding PhD¹, Associate Professor Mirjam Lukasse PhD², xxxx Hildur Kristjansdottir³, Professor Thora Steingrimsdottir PhD⁴, Professor Berit Schei PhD⁵*

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Background: The rate of cesarean section (CS) for non-medical reasons has risen and is a concern for health care. Women’s preferences may vary across countries for psychosocial or obstetric reasons.

Methods: A prospective cohort study of 6,549 women in routine antenatal care, giving birth in Belgium, Iceland, Denmark, Estonia, Norway or Sweden. Preference for mode of birth was self-reported and fear of childbirth measured by the Wijma Delivery Expectancy Questionnaire in mid-pregnancy. Birth outcome data were collected from hospital records.

Results: A CS was preferred by 3.5% of primiparous women and 8.7% of the multiparous women. Out of the 404 women who preferred CS during pregnancy, 286 (70.8%) were delivered by CS, mostly for a medical indication. A total of 9% of the cesareans in the cohort had a non-medical indication only. Severe fear of childbirth was associated with cesarean section in both primi- and multiparous women. Reporting lack of positive anticipation, one of six dimensions of fear of childbirth, was most strongly associated with elective cesarean, OR 2.02 (1.52–2.68), in multiparous women.

Conclusions: Women’s preference for cesarean section often seems to be due to health concerns. Both medical and psychological factors need to be addressed in antenatal counseling.
Pregnancy intendedness and the association with physical, sexual and emotional abuse – a European multi-country cross-sectional study


**Professor Mirjam Lukasse PhD, Dr. Made Laanpere PhD, Professor Helle Karro PhD, Senior lecturer Kristjansdottir Hildur MPH, Dr. Anne-Mette Schroll PhD, Research Midwife An-Sofie Van Parys PhD, Associate Professor Anne-Marie Wangel PhD, Professor Berit Schei PhD*

**Background** Untended pregnancies may lead to unintended childbirth and are associated with increased health risks for mother and child.

**Method** A prospective cross-sectional study, of 7102 pregnant women attending routine antenatal care in six European countries (Belgium, Iceland, Denmark, Estonia, Norway and Sweden) filled out a questionnaire, which included the Norvold Abuse Questionnaire 10 descriptive questions measuring abuse. Pregnancy intendedness was assessed using a single question asking women if this pregnancy was planned.

**Results** Approximately one-fifth of all women reported their current pregnancy to be unintended. Women with an unintended pregnancy were significantly younger, had less education, suffered economic hardship, had a different ethnic background from the regional majority and more frequently were not living with their partner. Women with a history of any lifetime abuse had significantly higher odds of unintended pregnancy, also after adjusting for confounding factors, AOR for any lifetime abuse 1.41 (95% CI 1.23–1.60) and for recent abuse AOR 2.03 (95% CI 1.54–2.68).

**Conclusion** Women who have experienced any lifetime abuse are significantly more likely to have an unintended pregnancy. This is particularly true for women reporting recent abuse, suggesting that women living in a violent relationship have less control over their fertility.

Pregnant women's mental health in a multi-ethnic Swedish city

Senior Lecturer Anne-Marie Wangel, PhD¹, Associate Professor Elsa Lena Ryding, PhD ², Professor Berit Schei PhD³,⁴, Professor Margareta Östman, PhD¹, Associate Professor Mirjam Lukasse PhD⁵

Background: Research indicates that being an immigrant is associated with an increased risk for mental health problems. A history abuse is an established risk factor for mental disorders such as depression and posttraumatic stress in women whether pregnant or not.

Methods: Cross-sectional data from the Swedish cohort of the Bidens study was used to compare mental health status and history of abuse in native and non-native Swedish-speaking pregnant women. The association between emotional, sexual and physical abuse and symptoms of depression and posttraumatic stress was analyzed.

Results: Of 1003 women, 78.6% were native and 21.4% were non-native Swedish-speakers. The prevalence of depressive symptoms was higher among non-native Swedish-speakers than in native speakers ($p < 0.001$). Having at least one of three PTS symptoms was more frequent in non-natives than among native speakers ($p = 0.004$). All types of abuse were associated with increased odds of PTS in both groups. All types of abuse remained a significant predictor for depressive and posttraumatic symptoms after adjustment.

Conclusion: Symptoms of mental health differed significantly between native and non-native Swedish-speakers. Abuse was associated with depression and PTS symptoms in both groups. Being a non-native Swedish-speaker did not influence the association much.
Prevalence of experience of abuse in the healthcare and associated obstetric characteristics in six European countries*

Professor Mirjam Lukasse PhD, Dr. Anne-Mette Schroll, PhD, Professor Helle Karro, Professor PhD, Professor Berit Schei, Professor PhD, Professor Thora Steingrimsdottir PhD, Research midwife An-Sofie Van Parys MSc, Associate Professor Elsa Lena Ryding PhD, Professor Ann Tabor, Professor PhD

**Background:** Research on the prevalence, nature and implications of disrespect and abuse in the healthcare (AHC) is limited.

**Methods:** A cross-sectional study was conducted among women attending routine antenatal care in 6 European countries, using questionnaires to assess a history of abuse in the healthcare, socio-demographic and obstetric characteristics.

**Results:** Of the 6923 pregnant women included in this study, one in five reported any lifetime AHC. Prevalence varied significantly between the countries. Characteristics of women reporting AHC included reporting significantly more other forms of abuse, economic hardship, lack of social support, and symptoms of post-traumatic stress and depression. Among nulliparous women, AHC was associated with fear of childbirth, AOR 2.25 (95% CI; 1.23–4.12) for severe AHC. For multiparous women only severe current suffering from AHC was significantly associated with fear of childbirth, AOR 4.04 (95% CI; 2.08–7.83). Current severe suffering from AHC was significantly associated with the wish for birth by CS, and counseling for fear of childbirth for both nulli- and multiparous women.
Conclusion: AHC among women attending routine antenatal care is common and for women with severe current suffering from AHC, this is associated with fear of childbirth and a wish for CS.


GYNECOLOGICAL CANCER – WHAT DO WOMEN NEED FROM THEIR GYNECOLOGISTS?

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Gynecological cancer affects women not only as an existential threat to their lives but also as an assault to their female identity. Beyond cancer itself, cancer treatment, aiming for cure or for palliation may elicit dilemmas with respect to fertility and sexuality issues, that, in turn, profoundly changes women’s prospects of their future. For each of these dilemmas, women need ongoing support and assistance from their gynecologists; in particular, women need orientation and guidance from a gynecologist who is sensitive to the woman’s vulnerable psychological state, who is willing and able to jointly find solutions for these dilemmas - e.g. regarding treatment decisions – while respectfully taking into account women’s individual values, preferences and concerns. These may not always correspond to evidence-based guidelines, even more with conflicting cultural aspects.

Based on a case example of a young woman recently diagnosed with cancer of the cervix, her needs and preferences will be described, followed by a stepwise demonstration of the conversation, how the gynecologist may handle her dilemma between optimizing chances for the patient’s cure while respecting the patient’s personal values and finding a solution that best matches the patient’s preferences against her cultural and religious background.
In addition to the problems women suffering from common breast cancer are faced with, those with risk of or suffering from hereditary breast cancer often have experienced severe losses of relatives due to breast and ovarian cancer. Owing to those traumatic experiences, patients run a high risk of developing posttraumatic disorders, anxieties or depressive symptoms.

Issues of sexuality, family planning, breast feeding, and risk of illness of (potential) children tend to influence patients’ decisions for or against radical mastectomy and ovariectomy or intensive provision.

Therefore the double challenge of gynaecological psychosomatic intervention consists in the successful integration of traumatic memories and consultation on difficult and far-reaching decisions requiring the anticipation and choice of tolerable solutions. Important elements of the therapy are the activation of resources and the support of patients’ reflections and their admission and integration of feelings: of sorrow, anxiety (about themselves or their children), rage, powerlessness, and guilt towards deceased relatives. Interventions with couples have in some cases proved to be helpful. Casuistics of gynaecological psychosomatic interventions at the Medical High School Hannover clarify the theoretical part.

Subjective illness theory in early breast cancer.

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The diagnosis of breast cancer is a great irritation in the lives of affected women. For women with such a potentially mortal illness, the development of a subjective illness theory helps the patients to win back control over a situation that they maybe perceive as uncontrollable. Although most of the women develop subjective illness theories, they are rarely communicated with their doctors. Communication would help to build up a trustful doctor-patient relationship and may improve compliance with the therapy.

In this speech, an overview over the current knowledge about subjective theories is given. Furthermore, preliminary results of an own investigation on subjective illness theory in early breast cancer patients in Germany are presented.

Survivorship care- more than a breast cancer prevention

Sarah Schott MD., PhD

Cancer is a life threatening disease. Surviving cancer is reached for some forms of cancer those days. However, cancer survivors often face fear and side-effects from cancer treatment. We luckily have women who are child hood cancer survivors those days and are however, faced with an increased risk for secondary malignancies. Even breast cancer survivors with highly penetrant cancer gene mutations are also at risk for further cancers. Hereby, an overview is given for the challenges and aspects of cancer survivor care- it is more than a simple high end diagnostic.

STORAGE OF REPRODUCTIVE MATERIAL FOR MEDICAL REASONS

Jane Fisher, Karin Hammarberg, Kate Stern, Robert McLachlan, Debra Gook, Beverley Vollenhoven, Luk Rombauts, Maggie Kirkman

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Cancer treatment can threaten fertility and recent technological advances in cryopreservation of reproductive material improve potential future genetic parenthood for cancer survivors. We aimed to describe experiences of clinical care for fertility preservation among people of reproductive age diagnosed with cancer. An anonymously-completed survey was distributed to everyone who had stored reproductive tissue for a medical indication at the major Melbourne fertility treatment services. Of the 933 surveys posted, 64 (6.8%) were returned to sender, and 299/870 (34.4%) completed. Participants (56.4% female) had been diagnosed when aged 29.4 (±8.3) years and were aged 37.2 (±8.1) years when surveyed. For most men (80.1%), but fewer women (66.1%) an oncologist had initiated discussion of fertility and referred for care. Overall, 76.8% women, but only 13.1% of men had a consultation about retrieval and storage with a fertility doctor and 36.9% women and 6.2% men a fertility counsellor. More men (45.4%) than women (30.4%) could not remember any fertility-related information given when tissue was retrieved. Participants recommended that clarity and consistency of procedural, legal, condition-specific and storage information, attention to privacy, active follow-up by fertility services and psychological sensitivity would enhance care.

STORING EGGS FOR NON-MEDICAL REASONS

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Advances in oocyte cryopreservation have been associated with an increase in women electively freezing their eggs for the purposes of fertility preservation. The aim was to investigate the experiences of clinical care among women who had stored oocytes for non-medical reasons. A 30-item anonymous questionnaire was mailed to all women who had undergone egg freezing (1999-2014) for reasons other than cancer at an Australian IVF clinic. Of the 183 questionnaires, 96 (53%) were returned completed. Almost all respondents (90%) had university qualifications and were employed in professional occupations (89%). The median age at time of egg freezing was 37 (range 28-44). When asked to state the three most important pieces of information women need when deciding to store eggs, the most common responses were information about the likelihood of a live birth; the cost of retrieval, storage, and later use of the eggs; and the risks of the procedure. Suggestions for how clinical care could be improved included being contacted annually by the clinic, being given realistic and individualised information about the chance of having a baby using the stored eggs, and access to free counselling when needed.
UNINTENDED PREGNANCIES:
INTERVIEWS FROM UNDERSTANDING FERTILITY MANAGEMENT IN CONTEMPORARY AUSTRALIA

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Our research aimed to elucidate the social, cultural, and psychological factors associated with fertility management in Australia. As part of a multi-method investigation (also incorporating a national survey and online discussions), 41 women and 7 men aged 20-50 years were interviewed about their reproductive lives. Transcripts were analysed thematically and interpreted within narrative theory. The aim of the analysis reported here was to understand how unintended pregnancies were constructed and explained. Of 34 participants who had been pregnant or a partner in pregnancy, 12 women and one man described 23 unintended pregnancies. Most occurred within a relationship. Unintended pregnancies were commonly explained as the result of “the heat of the moment” or contraceptive failure or mismanagement. Abortion was sought for about half of the pregnancies. Participants represented unintended pregnancies as an inconvenience, a problem, a solution, a scare, one way to have children, evidence of fertility, and an awakening to parenthood. Partners may understand the same pregnancy differently. Our analysis of personal accounts of reproductive lives confirms the need for caution in defining a pregnancy as unintended, reveals potential differences in the subjective meaning of each unintended pregnancy, and indicates the diverse roles played by unintended pregnancies in individual lives.

UNINTENDED PREGNANCY: SURVEY RESULTS FROM UNDERSTANDING FERTILITY MANAGEMENT IN CONTEMPORARY AUSTRALIA.

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Background
This study was funded in partnership by the Australian Research Council, the Royal Women’s Hospital, The Victorian Government Department of Health, Family Planning Victoria and Melbourne IVF, to investigate how Australians manage fertility.

Main objective
To describe contraceptive practices and correlates of unintended, mistimed, or unwanted pregnancies in an Australian national sample of women and men of reproductive age.

Methods
A population-based cross-sectional survey was conducted. The survey and a letter of invitation to participate were mailed to a random sample of people aged 18 to 50 extracted from the Australian Electoral Roll. Information was collected about sociodemographic factors and management of fertility across the life-course, including contraceptive practices and circumstances of any unintended pregnancies. Correlates of unintended pregnancy were assessed in a multivariable model.

Results
Data from 2235 completed questionnaires were analysed (Women (W) 69%; Men (M) 31%); of those ever pregnant or partner in pregnancy (59%), 40% had experienced an unintended pregnancy. Adjusting for other risks, ever having experienced sexual coercion (AOR, 95%CI W 1.948; 1.458-2.601; M 1.657, 1.014-2.708); socioeconomic disadvantage (AOR, 95%CI W 1.808, 1.373, 2.381; M 1.360, 1.004-1.841), living in a rural area (AOR, 95%CI W 1.403, 1.056-1.864; M 1.583, 1.161-2.159), and for men being born overseas (AOR, 95%CI 1.989, 1.317-3.002) were independently associated with unintended pregnancy.

Conclusions
Availability of acceptable contraception is insufficient to ensure that pregnancies are intended and not mistimed or unwanted. Four independent risks for unintended pregnancy were established; experience of sexual coercion confers the greatest (almost two-fold) risk. Prevention of unintended pregnancy should focus on rural health and social services, unmet needs of migrant groups, promotion of long-acting reversible contraceptives and prevention of sexual violence. The results will inform targeted health service, public health, health promotion and sex education policy responses.

STANDARDS OF PSYCHOSOMATIC CARE – PART OF EVERY CONSULTATION OR A SUBSPECIALITY?

Johannes Bitzer Prof Dr
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Modern medicine has evolved along two “lines” which have become two different disciplines: One line focuses on the body and has created a huge amount of knowledge and resulted in an increasing number of subspecialties. The other line focuses on mental health and tries to categorize and understand thinking, feeling, behavior of the patient creating different descriptive systems.

Obstetrics and Gynecology incorporates both traditions in the concept of Womens Health. The organ and disease centred part is certainly predominant and is well defined with specific knowledge and gestures and skills.

The person and environment centred part focuses on the subjective and psychosocial dimension of a patient.

The biomedial part has proven effective for patients in the domaines of emergency obstetrics and gynecology and in the development of evidence based disease centred guidelines.

The person and environment centred perspective has proven to improve the quality of care in perioperative counseling, decision making processes, in fields like contraception, menopause, sexual health, chronic disease and sexual health.

Therefore standards of psychosomatic care are on one hand part of every consultation but at the same time the development and progress of a body/mind approach depends on specialists in the field who are trained in the somatic and mental health field.

Symposium title: New Research From the Marce Society for Perinatal Mental Health

**A NEW WAY OF THINKING ABOUT PREVENTION OF POSTNATAL COMMON MENTAL DISORDERS AMONG PRIMIPAROUS WOMEN: PROMISING EVIDENCE FROM A cRCT OF A GENDER-INFORMED PSYCHOEDUCATIONAL PROGRAM FOR COUPLES**

Jane Fisher PhD¹, Heather Rowe PhD¹, Karen Wynter PhD¹, Thach Tran PhD¹, Paula Lorgelly PhD², Lisa Amir PhD³, Jenny Proimos MBBS⁴, Sanjeeva Ranasinha MSc⁵, Harriet Hiscock MD⁶, Jordana Bayer PhD⁸, Warren Cann B Beh Sci (Hons)⁹

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Interventions to prevent postpartum common mental disorders (PCMD) among unselected populations of women have had limited success. We tested in a cluster RCT whether What Were We Thinking (WWWT), a gender-informed, psycho-educational program for couples and babies can prevent PCMD. WWWT is manualised, and comprises primary care from a trained nurse, print materials and a face-to-face seminar. Data were collected in blinded computer-assisted telephone interviews 6 and 26 weeks postpartum. Maternal and child health centres were allocated randomly to provide usual care (24), or usual care plus WWWT (24). Participants (204 intervention and 196 control) were primiparous women receiving care at trial centres, and >90% provided complete data. The Adjusted Odds Ratio (AOR) of PCMD in the intervention compared to the control group was 0.78 (95% CI 0.38;1.63 ns), but mild-to-moderate anxiety symptoms (AOR 0.58, 95% CI 0.35;0.97) and poor self-rated health (AOR 0.46, 95% CI 0.22;0.97) were significantly lower. PCMD prevalence was significantly lower (AOR 0.36, 95% CI 0.14;0.95) among those who received the full intervention rather than usual care. No harms were detected. WWWT is readily integrated into primary care, includes fathers and addresses modifiable risks directly and is a promising PCMD prevention program and a component of stepped mental health care.

A TWO-SITE RANDOMIZED CONTROLLED TRIAL OF SERTRALINE, PLACEBO, AND INTERPERSONAL PSYCHOTHERAPY FOR POSTPARTUM DEPRESSION

Michael W. O’Hara, Teri Pearlstein, Caron Zlotnick, & Scott Stuart

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Teri Pearlstein, Alpert Medical School of Brown University, Women’s Medicine Collaborative, Miriam Hospital; Providence, Rhode Island, USA
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Scott Stuart, University of Iowa, Iowa City, Iowa, USA

Background: Interpersonal Psychotherapy and antidepressant medication are common treatments for postpartum depression. Both of these interventions have been evaluated in numerous trials over the past 15-20 years, yet they have not been compared in the same trial. Moreover, there have been few placebo controlled trials of antidepressant medication with a psychotherapy comparator.
Main Objective: A two site randomized double-blind, placebo controlled study was undertaken in eastern Iowa and Providence, RI. The major goal was to determine the equivalency of medication (sertraline) and IPT and to establish their superiority to placebo in diverse samples of postpartum depressed women, including breastfeeding women.

Methods: Participants for the trials were 153 women within the first year postpartum who met DSM-IV criteria for major depressive episode. Eligible participants were randomly assigned to IPT, sertraline, or pill placebo conditions. The placebo condition included parenting education, called Mothercrafting. Each of the interventions was delivered over a 12 week period. Follow-up assessments occurred at 6, 9, and 12 months following randomization. Principal outcomes included depression (HRSD and BDI) and anxiety (HRSA). Random regression analyses were used to evaluate the principal outcomes.

Results: There were no significant differences on measures of depression and anxiety between conditions during the first 12 weeks of the trial or across the follow-up period. Performance of IPT and sertraline was comparable to earlier trials. Performance of placebo was better than many recent trials.

Conclusions: Participants benefited from each of the treatment approaches. Adding parent education to the placebo condition may have improved its performance. The extent to which active medication is necessary for postpartum depressed women remains an open question.

MOOD SYMPTOMS IN MEDICATED VS. UNMEDICATED WOMEN WITH BIPOLAR DISORDER DURING PREGNANCY

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Background. The mainstay of treatment for bipolar disorder (BD) is pharmacotherapy, which presents a conundrum for childbearing women and their physicians.

Objective. To evaluate the impact of pharmacotherapy on symptoms across childbearing, we conducted a prospective study of medicated vs. unmedicated pregnant women with BD I, II or NOS.

Methods. Mood assessments were scheduled at weeks 20, 30, and 36 weeks gestation and 2 weeks and 3, 6.5 and 12 months postpartum. Symptom severity was assessed with the 29-item Structured Interview Guide for the Hamilton Depression Rating Scale--Atypical Depression Supplement (SIGH-ADS) and Mania Rating Scale (MRS).

Results. Subjects (n=155; 69 taking, 86 not taking psychotropics) participated. The sample was, on average 26 years old, mostly white, and with high school and/or some college education. During pregnancy, fewer women were treated with psychotropics (45%) than unmedicated (55%). Only about half of the treated women received any evidence-based drug for BD: lithium alone/combination, N=7 (10%); anticonvulsant alone/combination, n=10 (14%); Antipsychotic alone/combination n=20 (29%). Ten (14%) received antidepressant monotherapy. These low rates of women treated with guideline concordant medication was unchanged following birth.
Across pregnancy and after birth, the mean scores on the SIGH-ADS were in the mild to moderate range of depressive symptoms in both the psychotropic-treated and untreated groups. On the MRS, the majority of women scored a zero; however, for those with a non-zero score, the means were in the mild range. No significant difference in unadjusted or adjusted models was observed between medicated and unmedicated women for either measure.

Conclusions. Failure to prescribe evidence-based pharmacotherapy likely contributed to finding of no difference in symptom scores by treatment status. Another under-recognized factor is altered dose requirements of antimanic agents due to dynamic physiologic changes. Pregnancy should be a clinical context which compels the use of drugs with demonstrated efficacy.

Note: Funding: NIMH- Antimanic Use during Pregnancy (R01 MH 075921).

THE PSYCHOLOGY OF PHYSIOLOGICAL CHILDBIRTH
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Background
The importance of women’s psychological status throughout the childbearing experience is now well acknowledged (Jomeen, 2012). Childbirth is a profound psychological experience with a deep short-term and long-term impact in women, an impact that is physical, psychological, social and existential and that has been considered as profound as death (Held, 1989). It leaves life long vivid memories and it can influence personal and family health for the rest of their lives. The impact has short- and long-term effects on the physical and mental health of women, their partners and families. The effects can be positive and empowering or traumatic and negative.

The psychological pattern during physiological childbirth however has not been fully described yet. Birth is a unique neurobiological event directed by neuro hormones produced both by maternal and fetal brain. During childbirth and immediately after delivery both brains are immersed in a very specific neurohormonal scenario, impossible to reproduce artificially. The psychology of childbirth is therefore likely to be chemically mediated by neuro hormones and correlated to it, even though affected by cultural and personal issues. Attending the emotional and psychosocial needs of labouring women requires a deep understanding of the psychological aspects of physiologic childbirth. Labor stages have traditionally been described according to mechanical or physical cues such as dilation and head descent like pictured on the traditional Friedman´s curve. Do all women go through some similar or common mental stages intrapartum?

Objective: The aim of this review is to study and describe the psychological process or experiences and behaviors of women during physiologic childbirth. Research question: Is there a universal psychological experience of physiologic childbirth? (What are women’s experiences and behaviors during physiological childbirth?)
Methods: A first literature exploration was conducted in Cinahl on September 17th 2015 using the keywords. 1618 articles were retrieved. Then a systematic search was carried on October 6th 2015 adding the keywords a total of 2000 papers were retrieved. Results will be discussed.

Note: Funding: EU-COST ACTION BIRTH IS 1405

References

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Anxiety Status in Pregnant Women Admitted for Amniocentesis and Cordocentesis

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Objective: Amniocentesis is a prenatal invasive diagnostic method used most commonly and with minimum complication rate. Amniocentesis and cordocentesis, the invasive initiatives, can increase the anxiety in women as well. Employing amniocentesis in antenatal period has been reported to cause fear and anxiety in pregnant women. This research has been planned to assess the anxiety state in pregnant women admitted for amniocentesis and cordocentesis.

Methods: In this descriptive and cross-sectional study was carried out with 184 pregnant women in the 16-18th, and 30-35th gestational week. Data were collected through questionnaire prepared by the researcher, and State Anxiety Scale.

Of the number and percentage distribution, mean, standard deviation and non-parametric tests, Kruskal-Wallis and Mann-Whitney U tests analyzes were employed for the data analysis.

Results: The mean age of the women was 30.26 ± 6.52, 86.4% were admitted for amniocentesis and 13.6% for cordocentesis, 67.9% were in the 16-18th gestational week and 32.1% were in the 30-35th gestational week.
It was determined in the women sampled that 26.6% had pathological ultrasound findings and 21.7% underwent invasive procedures because of advanced maternal age. It was determined that the mean score of State Anxiety Scale was 38.80 ± 5.85, and 34.8% had mild level of state anxiety. There was statistically significant difference between the state anxiety scores and education levels of pregnant women (p <0.05). It was determined that there was no significant difference between the state anxiety scores and some sociodemographic features, gestational week, whether the pregnancy is planned or not, support received during pregnancy, being informed regarding the work performed and the reason of the procedure (p> 0.05).

**Conclusion:** Although prenatal diagnostic tests did not cause anxiety at high levels in pregnant women, it was established that they were not well informed about the tests. It is thought to be useful to reduce the anxiety of pregnant women using appropriate communication techniques during the process and to provide consultancy service.

**Keywords:** amniocentesis, cordocentesis, anxiety, pregnancy

**Perinatal Depression: Screening and Clinical Outcomes. The Italian Experience of a Inter-University Roman Group**

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Perinatal depression (PND) is a global epidemic with adverse life-long consequences for the mother, the partner and the offspring. Despite the high prevalence of PND most cases remain undetected leading to an increased burden of the disease. The need and the modality to perform screening programs in order to prevent and reduce the negative impact of PND are still a matter of controversy. International guidelines highlight the failure of the screening plans when they are not linked to treatment options. Moreover a growing number of researches have recently focused on perinatal anxiety disorders (PAD), either alone or associated with PND. Nevertheless the results of the studies concerning PAD are still inconsistent. The authors on behalf of an Inter-University Roman Group, present the protocol of a multicenter prospective clinical trial designed to find an answer to these issues. The sample of the study consisted of 434 pregnant women at the third trimester. All participants completed a clinical information sheet including sociodemographic, gynaecological, obstetrical, and psychiatric data. Screening for PND and PAD was performed using Edinburgh Postnatal Depression Scale (EPDS). At baseline we also performed the Big Five Inventory (BFI), the Experiences in Close Relationships Scale (ECR), the Mood Disorder Questionnaire (MDQ) and the Highs Questionnaire (HQ). After delivery EPDS was further administered by telephone at 1, 6 and 12 months. The study is currently ongoing and will be closed in three months. All data will be included in a prospective database and statistically analyzed. The final results will be available in the early 2016.

**Women’s experiences of an abnormal Pap smear results - a qualitative study**

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**Abstract**
Background: Lately, a lot of attention has been focused on the relationship between the human papillomavirus (HPV) infection and cellular changes as well as to cervical cancer, and knowledge about how this affects women is limited.

Main Objective: To describe women’s experiences of an abnormal Pap smear result.

Methods: Ten women diagnosed with cervical intraepithelial neoplasia with high-risk strains of HPV, were recruited from a women’s health clinic in south-eastern Sweden. Qualitative interviews based on six open-ended questions were conducted, transcribed verbatim, and analyzed by content analysis, as described by Burnard.

Preliminary Results: The women were not prepared to receive an abnormal Pap smear result, and they misinterpreted the written information, believing that they had cancer. The young women felt anxious about any future reproductive impairment as a result and expressed fears about how their fertility would be affected by the treatment. Testing positive with high-risk strains of HPV was also related to consequences for relatives and raised questions about the sexually transmitted nature of the virus. The anxiety of the abnormal Pap smear result evoked a need for emotional support as well as information. The emotional support was mainly sought after from their mothers and partners. Information was requested from several sources, where the Internet was the primarily source; secondarily, the women contacted the healthcare professionals at the women’s health clinic. Finally, the women had a need to be met with respect by the healthcare professionals in order to handle the examination.

Conclusions: Women who have abnormal Pap smear results need oral information, based on the individual women’s situation, and delivered when women are informed about their test result. It is also essential that a good emotional contact be established between the woman and the healthcare professional to reduce unnecessary anxiety.

THE GYNAECOLOGIST’S LIFEWORLD AND INTERNAL SUSTAINABILITY – A QUALITATIVE STUDY

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Background. The work situation for the medical profession has worsened during the past years, decreasing wellbeing and satisfaction at work. Female practitioners and gynecologists are especially at risk for burnout. Obstetrics and Gynaecology is in many different ways a challenging specialty. Focusing on positive functioning and positive psychology seems to be an effective way to enhance doctors’ wellbeing. The concept of internal sustainability is related to life meaning and personal resilience; it has previously barely been used to examine the lifeworld of gynaecologists.
Main objective. This qualitative study examines experiences connected to internal sustainability for gynaecologists.

Methods. Eleven female gynaecologists participated in a group interview during a Mindful Communication course. The material has been processed with the help of thematic analysis.

Results. The results show gynaecologists describing internal sustainability as a balance they should create for themselves, and that an oversized need of validation and "omnipotence” may be obstacles for internal sustainability. The results also point to how internal sustainability is correlated among other things to acceptance of one’s own limitations, to mindfulness during patient contact and to awareness of a deeper context.

Conclusion. Gynaecologists may be in need of tools to deal with feelings of ambivalence in their working lives, tools to find meaning and personal development while delivering good care. Knowledge about internal sustainability can generally facilitate the ongoing transition of the medical profession.

Breastfeeding Self-Efficacy of Mothers and Relationship with Depression Risk

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Abstract

Background: A mother primarily should have her own physical and mental health in order to take care a baby in a healthy manner and to breastfeed for long-term. It has been stated that the stress experienced during pregnancy and failing to start providing proper breastfeeding in the postpartum period can affect both providing effective breastfeeding and development of postpartum depression.

Main Objective: The aim of the study is investigation the breastfeeding self-efficacy of mothers and relationship with depression risk.

Methods: This is a descriptive study. The population of the research consists of mothers with 4-6-week-old babies admitted to 24, 15 and 07 numbered Family Health Centers in the city center of Konya. In determining the sample size; the sample size was determined as 265 considering the independent variable number. In collecting the data in the research, a questionnaire prepared using the literature and similar researches made, Postpartum Depression Scale and Breastfeeding-Self Efficacy Scale were used. Mann Whitney U test, Kruskal-Wallis and spearman correlation analysis were used to assess the data.

Preliminary Results: It was determined that the mothers participating in the study received average 58.92 ± 7.614 points from Breastfeeding Self-Efficacy Scale, and 9.58 ± 5.104 points from EPDS. It was established that the breastfeeding self-efficacy level of the mothers in the postpartum 4-6 week was above average, and one third of the mothers (31.7%) was found to be at risk in terms of depression. It was determined in the study that the variables such as the age of mothers, duration of marriage, pregnancy, childbirth and the number of living children, problems
experienced at birth, being satisfied with the baby gender, initial breastfeeding time, regular breastfeeding status and feeling self-sufficient for breastfeeding affected the breastfeeding self-efficacy (p <0.05 ) and there was no association between the breastfeeding self-sufficiency level and the symptoms of depression (p> 0.05).

Conclusions: In line with these results, identifying physical, psychological and social health risks in the early stages from the gestation period, initiating and maintaining breastfeeding can help control the postnatal symptoms of depression. Therefore, empowering the consulting services of health professionals during pregnancy and the postpartum period can be suggested.

Keywords: Postpartum Depression; Breastfeeding; Breastfeeding Self-Efficacy

THE EFFECT OF WATCHING FUNNY AND UNFUNNY VIDEOS ON POST-SURGICAL PAIN LEVELS

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Background: Surgical intervention is one of the most important causes of pain. Decisions about pain relief, implementation of and assessment of the decision about non-pharmacological interventions as well as analgesic implementation to reduce or stop the post-surgical pain are important.

Main Objective: This study was carried out to research comparatively the effect of watching funny and unfunny videos on post-surgical pain.

Methods: The study was conducted experimentally with control groups. Ninety patients were included in this study. The patients were divided into three groups. Group A watched funny videos; Group B watched documentaries. The control group (Group C) did not watch any videos. Pain assessment of the patients was carried out using the visual analogue scale before (first), immediately after (second), and 30 minutes after (third) watching videos.

Preliminary Results: The first pain score mean in Group A was 40.83±22.62, in Group B was 37.46±24.31, in Group C was 48.86±24.06. The second pain score mean in Group A was 32.93±20.28, in Group B was 29.76±20.26, in Group C was 48.96±24.11. The third pain score mean in Group A was 37.43±23.07, in Group B was 36.80±22.67, in Group C was 52.30±23.97. While the difference between first and second pain levels and second and third pain levels of patients in Groups A and B was found to be statistically
significant (p<0.05), there was no difference between Group C's first and second pain levels (p>0.05).

**Conclusions or Comments:** Watching funny or unfunny videos reduces the post-surgical pain level.

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**First Stage of Physiologic Labor Anxiety Management in Primiparous and Use of Nature Sights: Randomized Clinical Control Trial**

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Delivering baby is one of lovely and pleasant event during most of women’s life but it is the most stressful event too and need to manage its’ suffering, distress and anxiety.

**Aim:** To assess the effect of watching nature sights on labor anxiety during first stage of active phase in primiparous.

**Material & Method:** In this Randomised Clinical Traial 60 volunteer healthy 18-35 years old primiparous, during their active physiologic labor phase (4-8 Cm dilatation), involved in one of public hospitals in Tabriz City. (Year 2014-2016) Participants randomly selected into watching nature sights as distraction, by use of Television, and control group (received routine care), also all groups received one to one care in the same labor room. Tools had four main parts: “demographic characteristics and medical records of participants, records of usual clinical examination, and short-form of the Spielberger State-Trait Anxiety Inventory (STAI)”. Anxiety was evaluated at the begining and every 45 minutse. All ethical points were considered and approved by ethics committee of Tehran University of Medical Scinecs.

**Results:** Average of age was in intervention group 22.80±4.04, in control group 22.00±4.17. Average of anxiety was in intervention group 13.70±1.66, in control group 13.97±1.27. Equality of all characteristics and score of anxiety had been checked in the
beginning of study. There was no significant difference between intervention and control group.

**Conclusion:** Since watching nature sights was pleasant for the participants but there were no significant difference between two groups, which may be because of higher effect of one to one care. It is suggested to use other tools of controlling anxiety also using nature sights for distraction with other Complementary and Alternative (CAM) methods for achieving better result.

**Acknowledgement:** Received grants from research department of Tehran University of Medical Sciences and Iran University of Medical Sciences. (Year 2014-2016)

**Key words:**

Physiologic labor, Nature Sights, Short-form of the Spielberger State-Trait Anxiety Inventory (STAI), Distraction, Complementary and Alternative (CAM).

**Characterization of a Perinatal Psychiatry Consultation: a 5-year experience**

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Pregnancy is a period influenced by biopsychosocial factors, including the processing of ambivalence, attachment and separation, and assumes a non-return to the previous stage, being endowed with deep somatic and psychological processes that prepare woman for the necessary adaptive reorganization.

Psychiatric symptoms are common in pregnancy and postpartum (7-12%) and in a significant number of cases psychotropic drugs are required.

Despite the psychological morbidity that no treatment entails, pregnant women often discontinue therapeutic for fear of the risks of its use, including the increased likelihood of fetal malformation or death, effects on the developing fetus, neonatal complications and childhood complications. The risk of a pregnancy without treatment of psychiatric disorder should always be considered.

The authors intend to characterize the specialized consultation in Perinatal Psychiatry, between January 2010 and December 2014, including, as well as to compare the results to those expected in the literature. The medical records of 174 patients were analyzed retrospectively.
The most prevalent characteristics of the sample were pregnant women with psychiatric pathology background, with a predominance of depressive symptoms, referenced by the obstetrics service, most often in the 2nd quarter. Most patients required pharmacologic treatment and in any of them there were perinatal complications associated with its use.

The risk/benefit of the use of psychotropic drugs in pregnancy should be carefully evaluated by the physician and weighted with pregnant, taking into account that the risk of not treating psychiatric illness during pregnancy surpasses, in many cases, the risk of the use of psychotropic drugs.

**To lose an unborn child: Relationship quality, PTSD and depression following late pregnancy loss**

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**Background:** Pregnancy loss (PL) is recognized as a very difficult life experience, particularly when it occurs at the late stages of pregnancy. Often, PL is regarded as a “feminine” trauma, experienced individually by the woman, thus neglecting the role of the parental dyad in coping with the loss.

**Main objective:** This study aimed to examine: 1. The prevalence of PTSD and Major Depressive Disorder (MDD) following late PL. 2. The role of spousal relationship measures in vulnerability and resilience following PL.

**Methods:** Data were collected at the Hadassah Ein-Karem Hospital in Jerusalem, Israel. Participants were 100 women, ages 24–49 (M=35.07, SD=5.28), who have experienced late PL. The mean pregnancy week of loss was 27.29, with the average woman being 22 months post-loss. 84.6% experienced stillbirth. Participants completed self-report questionnaires assessing PTSD, MDD, Dyadic Adjustment and Dyadic Self-Disclosure.

**Preliminary results:** We have found high rates of both PTSD and MDD among women following late PL. The rate of PTSD was 30%, and 53% of the sample reported mild
depressive symptoms or higher. A positive association was found between the number of former pregnancy losses and the severity of MDD. Also, both PTSD and MDD were negatively associated with the levels of dyadic consensus, dyadic self-disclosure regarding guilt and shame, and dyadic affectional expression.

Conclusions: Late PL entails a heavy burden of PTSD and MDD, presumably since mothers must cope with their shattered expectations regarding motherhood, and since many are already strongly attached to their unborn child. Although PL is rightfully regarded as traumatic for the pregnant woman, it is often experienced by both expecting mother and father. Thus, the quality of the spousal relationship following PL is an important factor, contributing to the woman’s ability to cope. Therefore, there is a pressing need for novel interventions in couples therapy following PL.

EFFECTS OF PREGNANCY ON WOMEN SEXUALTY

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Background: Pregnancy has several effects on woman health and it causes changes at sexual intercourse of women and men.

Main Objective: This study aims to observe effects of pregnancy on woman sexuality.

Methods: This research is planned as cross sectional study. 106 pregant women who applied to Kafkas University Medical Faculty Hospital Obstetrics Clinic at May-October 2015 and who are eligible for study criterias are this study’s patient group. We used two questionnaires, “Sociodemographic characterictistics af pregnant women and general knowledge on sexuality at pregnancy.” and “Index of woman sexual function questioning (IFSF article 9)”. Evaluation of data is made with mean standart deviation for continious variables and with percentange for cathegorized variables. Group mean comparision is made with One Way Anova (analysis of variance) for quantititative variables and for cathegoric variables comparision we used chi square test.
**Preliminary Results:** We found that mean age of patients is 27.52 ±5.94 years, mean gestational age is 20.55±1.11 weeks, and mean number of pregnancy is 2,24±1.24. %34 of women participated at first trimester, %33 of them is at second and %33 of women at third trimester. %87.7 of participants reported decrease of sexual intercourse frequency at pregnancy. No significant difference of sexual intercourse frequency between trimesters (p>0.05). %62.9 of patients think that sexual intercourse at pregnancy can harm baby and %48.1 of patients change position at intercourse with the aim of not to harm baby. IFSF point average is calculated 19.86±9.49. IFSF score is found not to be effected by pregnacy week and working status of pregnant woman, education level, age, income rate and planned pregnancy (p>0.05).

**Conclusions or Comments:** Sociodemographic features dont effect sexual functions of women. There is no significant differences of sexual functions between trimesters. Pregnancy can cause decline at libido.

**Keywords:** Pregnancy, sexuality, health education

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**Risk perception and decision making in women with high risk pregnancies**

**Background:** How women with high risk pregnancies perceive the risks they face can affect the decisions they make during pregnancy and labour and their attitude toward medical advice. Existing evidence states pregnant women and healthcare professionals do not define or assess risk in the same way. Homebirth is regarded as safe for women with straightforward, low risk pregnancies. Some women with complicated pregnancies will also choose to give birth at home, generally against medical advice.

**Aim:** To investigate perceptions of risk among two groups of women with high risk pregnancies, one planning to give birth at home (against medical advice) and one in hospital.

**Method:** A qualitative study using semi-structured interviews. Participants were pregnant and had a medical or obstetric condition which put the pregnancy at higher risk. They were recruited via referral from obstetricians and midwives. Twenty six women were interviewed; thirteen planning to give birth at home and thirteen in hospital. Thematic analysis was used to analyse transcripts.

**Results:** Five themes were identified: understanding of situation; judgement of risk; reassuring factors; impact of risk; and coping with risk. Women planning homebirths generally perceived the risks they were facing as lower and to described the impact of these risks as on their experience of pregnancy as minimal. They more frequently referred to using confidence in the process of natural birth and faith in themselves to give birth to reassure themselves. Women from both groups cited previous pregnancy experiences as reassuring. Both groups were concerned about the wellbeing of their babies.

**Conclusions:** Risk perception is individual and subjective and is related to decision making regarding place of birth. Women planning homebirths define risk and safety differently to
women planning hospital births. Both groups prioritise their babies' wellbeing but have different interpretations of how this is best achieved.

Intimate partner violence and fear of childbirth

The association of intimate partner violence within a past year and fear of childbirth in late pregnancy

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Abstract:

Background:
The increase in the numbers of women fearing childbirth needs to assess all of psychosocial predisposing factors. Intimate partner violence (IPV) has been recently considered as an influential factors in few studies.

Main objective:
To examine the effect of physical, sexual, psychological and injury IPV within a past year on fear of childbirth (FOC) in late pregnancy.

Method:
In this population-based cross sectional study, 176 obstetrically low-risk pregnant women at the third trimester referred to health centers and their husbands were selected through a proportionally stratified sampling method in North-East of Iran. IPV, FOC, state and trait anxiety, depression, self-esteem, social support, husband’s fear of childbirth and socio-demographic variables related to men and women were collected using reliable and valid instruments. p<.05 was considered statistically significant.

Preliminary Results: totally, 72.2% of women reported an experience of IPV at least once within a past year. The highest and lowest percentage dedicated to psychological and injury types, respectively (65.9%, 20.5%). Mean scores of women and men's FOC were 6.08±2.6 (1-11) and 4.23±2.71 (1-10). There was observed a significant negative relationship between FOC and
number of pregnancy ($r = -0.163$), delivery ($r = -0.181$), live children ($r = -0.168$), women’s self-esteem score ($r = -0.169$) and having positive feel of last pregnancy ($r = -0.228$). Backward Logistic regression analysis revealed a significant increased chance of FOC in women with physical IPV; OR = 2.64 (95% CI: 1.14–6.09) and also a decline in chance of FOC with a rise in number of pregnancy; OR = 0.62 (95% CI: 0.44–0.88) after controlling state–trait anxiety, depression, social support and self-esteem.

Conclusion:

The results suggest that women exposed to physical IPV and also nulliparous women have more chance of FOC in late pregnancy. Therefore, paying attention to these groups of pregnant women seems to be essential to promote well-being and psychological health in pregnancy period.

Key words:

Intimate partner violence- pregnancy- fear of childbirth-

Written by : Leila Mostofi

Midwifery educator and trainer

Iran – 2015 November

Title:

Husband participation in birth process and its outcome on women postnatal mental – psychological health of SAMT- VMC mothers during years 2013-2014- karaj-Iran

Abstract : The effectiveness of husband present during labor and birth (as psychological support) of 50 mothers of Samt – VMC was analyzed. It was predicted that expectant mothers along with their husband participation would be able to cope with labor pain and reduce their fear and anxiety during labor, and decline postnatal depression rates. 45% of couples attended birth tours and prenatal birth classes order to cognitive preparation and importance of their present during labor and birth time,

Result:

Of these 45 couples, 41 reported pleasure and memorial time of birth in addition 43 moms survived postnatal depression. Plus in these mothers the sense of motherhood, passion and self-esteem appeared strongly.

Through total 50 mothers, 5 mothers refused their husband participation in birth time, because of culturally feeling shy plus were afraid of losing their sexual attraction for their husband after birth and future sexual life.

Conclusion: most mothers benefits from husband participation and psychological support during birth process and its effectiveness will be continue after birth to reduce postnatal depression,

Question: cultural scheme of husband present and watch birth process will affect on their future sexubehavior should be discussed and need to work more on that.

Key words: postnatal – mental health- psychological support-fear- anxiety- postnatal depression- self-esteem- sexual attraction- birth- labor –passion- motherhood
THE BIOPSYCHOSOCIAL PHENOMENOLOGY OF MEDICALLY COMPLICATED PREGNANCY

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Background
Women who experience medically complicated pregnancies (MCP) are at increased risk for psychological distress. These women are subjected to numerous medical interventions and hospitalization, and typically deliver their infants prematurely. Women face biopsychosocial stressors whilst developing a foundational maternal identity and maternal-fetal attachment. Despite known risks associated with maternal stress for the fetus/infant, little research exists concerning the phenomenology of MCP or women’s subjective experiences of pregnancy complications.

Main Objective
Our qualitative study explored biopsychosocial experiences of women with MCP, including domains of mental health, maternal attachment, maternal identity development, and patient-provider relationship.

Methods
Sixteen semi-structured interviews were conducted with women hospitalized for MCP on a maternal-fetal medicine unit. Interviews were transcribed verbatim and coded using Atlas 6.0 qualitative software. Tenets of phenomenology guided the data analysis.

Preliminary Results
Findings suggest that women with MCP were overwhelmed by concurrent and conflicting demands associated with their newly acquired roles of mother and patient. Our core analytic concept of role navigation explained the added burden of women’s emotional exhaustion and their
sense of being overwhelmed. Women struggled with a series of behavioral and emotional dialectics as they navigated their new roles: emotion management (containing vs. expressing emotion); their sense of control (autonomy vs. deferring to others); appraisals (good vs. bad); and relational self (meeting vs. not meeting expectations). Women’s efforts at managing these dialectics influenced their emerging maternal identity and attachment, relationships with their healthcare providers and support system, as well as their inner emotional lives. Aspects of the health care environment, including lack of continuity/coordination of medical and psychosocial care, exacerbated these dialectics.

Conclusions

Findings indicate that a best practices model for working with women with MCP includes: providing psychosocial support for women/families; training healthcare team members about psychosocial implications; and care coordination to reduce stressors associated with fragmented services.

NEUROLOGICAL CORRELATES OF POSTPARTUM DEPRESSION:
AN INTEGRATED REVIEW

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Background: Postpartum depression (PPD) is a commonly occurring childbirth complication affecting 10-15% of women after delivery and has significant negative effects on women and their infants. Despite its prevalence, PPD’s neurological correlates remain largely unexamined.

Main Objective: The purpose of this integrated review was to explore evidence of neurological correlates of PPD from studies utilizing magnetic resonance imaging (MRI), electroencephalographic (EEG) testing, and functional near-infrared spectroscopy (fNIRS).

Methods: A review of literature was conducted through major databases of Ovid/Medline, PubMed, CINAHL, and PsychInfo to identify relevant studies. Inclusion criteria: focus on PPD as determined by self-report symptom severity or diagnostic interview, and examination of maternal neurological correlates by MRI, EEG or fNIRS. Exclusion criteria: examination of neurologic correlates from measurements other than MRI, EEG or fNIRS.
**Preliminary Findings:** A total of 31 studies was located regarding MRI and EEG. fNIRs studies concerning PPD were not found. However, many studies focused on general depression or other psychiatric symptoms rather than PPD, or on infant findings in response to social cues. One study showed reduced posterior cingulate cortex - amygdala coupling that raised the possibility that PPD might involve disruption of outward preventative aspects of self-relevant thought and theory of mind/empathy processes. EEG studies showed that the left frontal brain region is associated with positive emotions (e.g., joy) whereas the right is associated with negative emotions (e.g., sadness). Depressed adults exhibited reduced left frontal EEG activity.

**Conclusions:** Neurological correlates of PPD remain understudied. Evidence to date comes primarily from inferences concerning general depression. Additional research aimed at exploring neuroimaging signatures for PPD is needed. Non-intrusive technology, particularly fNIRs, is yet to be utilized but has great promise for more wide-scale evaluation of women with PPD to determine a neuroimaging signature of PPD and potential marker for its improvement.

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**Maternal Medical Conditions, Perinatal Characteristics and the Risk of Autism Spectrum Disorders**


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**INTRODUCTION**
Autism spectrum disorders (ASDs) are a neurodevelopmental disorders characterized by social-, communication impairments and stereotyped patterns of behaviour. Recent studies to suggest that parental age and obstetric conditions are associated with an increased risk of ASD. Although not proven as independent risk factors for ASD, precise assessments of exposures and potential confounders scarcely have been investigated.

**METHODS:**

The present retrospective cross-sectional study was designed to assess the effects of maternal age, medical conditions, pregnancy outcomes and prenatal exposure on the risk of ASD. A total of 43 children with ASD clinically diagnosed according to the DSM IV criteria between 2010 and 2014 were recruited. The following data were collected: clinical psychiatric data, data of cognitiv tests, obstetric history of the mother including age, medical conditions, drug use during pregnancy, ultrasonographic measurements each trimester of pregnancy and perinatal outcomes. Statistical comparisons of different parameters on the case group (n=43) and the neurologically healthy control group (n=182) were assessed.

**RESULTS:**
The average age of the case and control group were 29.53±5.1 years and 29.67±8.54. Ultrasonographic parameters (NT:1.35±0.42; CRL:53.64±11.48; thorax: 23.38±7.39; length of humerus: 13.56±7.57; length of femur:13.76±7.1) were in the normal range. Pre-existing hypertension and diabetes mellitus were more prevalent among the case group than among the healthy women p=0.007; p<0.001. The rate of miscarriages, per vias naturales delivery and pre-eclampsia were significantly higher among the case group than among the control group (p=0.001; p=0.023; p=0.021).

**CONCLUSION:**

Our results are in accordance with those of previous studies from the aspect of the risk of diabetes mellitus, the elevated risk of miscarriages and caesarean section. In contrast with recent publications, there were no significant differences in maternal age, low birth weight and pre-existing hypertension between the two groups.

**KEYWORDS**

autism spectrum disorders, maternal medical diseases, pregnancy outcomes, preeclampsia

**FUNDING STATEMENT**

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Screening for Substance Use in Pregnancy

Introduction: Substance use in pregnancy can complicate the health of mother and her offspring. Detection of substance use can assist women in accessing treatment. However, many women worry about the legal and personal consequences of disclosing substance use in pregnancy. For this reason there is a need for accurate screening instruments. Such instruments should also be acceptable to patients and to the provider. Our goal was to evaluate two screening questions, the Substance Use Risk Profile-Pregnancy; SURP-P, (1) designed specifically for pregnant women and the WHO Alcohol, Smoking and Substance Involvement Screening Test (WHO-ASSIST) (2) which has not been evaluated in pregnant women.

Methods: We recruited 179 pregnant women and administered the two screening questionnaires. Women were also asked to provide a urine for a urine toxicology test. We used a cut off of 4 for the WHO-ASSIST and a cut off of 2 for the SURP-P. We computed specificity, sensitivity, positive predictive value and negative predictive value using the urine as the gold standard.

Results: The SURP-P showed sensitivity of 83.4 and specificity of 36.1 for any drug use; the positive predictive value was 33.1 and negative predictive value was 85.45. The ASSIST showed sensitivity of 91.95 and specificity of 63.6 for any drug use; the positive predictive value was 71.4 and negative predictive value was 88.9. Errors in detection of all instruments primarily included a positive screen coupled with a negative urine test.

Conclusions: the ASSIST may be more accurate than the SURP-P in screening for substance use in pregnancy. However, the short window of detection for urine analyses limit urine toxicology tests as a gold standard.

THE EFFECT OF PROGRESSIVE RELAXATION EXERCISES ON PAIN CONTROL IN POSTPARTUM WOMEN HAVING A CESAREAN SECTION

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Main Objective: The objective of this study is to investigate the efficacy of progressive relaxation exercises on post-cesarean pain control.

Methods: The population of this quasi-experimental study with pretest-posttest control group consisted of all postpartum women who had a cesarean section at Çukurova University Medical Faculty Balcalı Hospital Obstetrics Clinic and Private Adana Metro Hospital between October 2013 and January 2014. 72 postpartum women (36 experimental, 36 control group) who met the inclusion criteria constituted the study sample. The data were collected by using the Personal Information Form and Burford Pain Thermometer, and progressive relaxation exercises were applied to postpartum women. The data were evaluated by using the percentage distribution, standard deviation, and chi-square test.

Preliminary Results: It was determined that majority of postpartum women in the experimental group were in the age range of 27-36 years (52.8%), received high school and higher education (44.4%), were unemployed (97.2%); whereas, the majority of postpartum women in the control group were in the age range of 27-36 years (52.8%), were literate or primary school graduates (41.7%) and unemployed (86.1%).

While there was no significant difference in the pain levels of postpartum women in the experimental and control groups before the progressive relaxation exercises, there were a significant difference between the experimental and control groups after the exercises and a decrease in the pain levels of postpartum women in the experimental group.
Conclusions: As a result of the study, it was determined that progressive relaxation exercises had an important effect on pain control in postpartum women who had a cesarean section. Accordingly, it is suggested to teach and apply relaxation techniques to postpartum women for ensuring pain control in the postoperative period.

In the name of God

6.12 Non-hormonal treatments for climacteric women

Healthy Postmenopausal Women’s Psychological Symptoms and Effects of Aphrodite Capsule: Triple Blind Placebo Randomized Control Trial

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Menopause Psychological Symptoms may have negative effect on women’s quality of life and need to manage with safe methods.

Objective: To assess the effect of Aphrodite capsules on postmenopausal psychological symptoms.

Methods: In this randomized triple blind trial 80 volunteer healthy menopausal women from one of the clinics of west of Tehran (Year 2013-2014) after signed informed consent were randomly divided into intervention and control group. Subjects in interventional group were received two Aphrodite capsules (Capsule B) and in placebo group 50 mg Starch capsule (Group A) daily for four weeks. Each Aphrodite capsule contained 40 mg of Tribulus terrestris dried fruits powder, 12.27 mg Ginger powder, 33 mg Saffron and 11 mg of Cinnamon. The tool have two main parts of personal characteristics and psychological symptoms, as obtained through the psychological sub scale of Menopause Rating Scale (MRS) All ethical points were considered in this study and approved by University and Research Institutes Ethics committee. Final data on 63 participants were finalized by Using SPSS 16.
Results: Equality of demographic characteristics and menopause psychological symptoms scale before intervention had been checked and there were no significant deference between two groups. The average score of the psychological symptoms scale before intervention was 9.31±1.75, and after one month intervention was 4.54±1.52. There was significant difference between intervention and placebo group, (P-value: 0.008) also there were significant decrease after one month. (P-value: 0.001)

Conclusions: The results showed one month daily use of Aphrodite capsules was effective on menopause psychological symptoms. There were no complication during intervention and 3 months follow up after it’s used.

Acknowledgment: This study had been received grants from Research Institute for Islamic & Complementary Medicine, Iran University of Medical Sciences, (RICM, IUMS) and approved by its research Ethics committee and Registered in IRCT.

Key words: Aphrodite capsules, Tribulus terrestris, Ginger powder, Saffron Cinnamon.

DISEASE-RELATED MICROSTRUCTURAL DIFFERENCES IN THE BRAIN IN FEMALES WITH LOCALIZED PROVOKED VULVODYNIA

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Background: Localized provoked vulvodynia (LPVD) affects almost 15% of females and is characterized by localized sensitivity of the vulvar vestibule. Very little research has been performed characterizing central abnormalities in LPVD using neuroimaging. The few studies that are available indicate that neural alterations may play a causal role in symptom generation or are secondary responses to the chronic pain condition. Main Objective: The aim was to utilize diffusion tensor imaging (DTI) to identify unique microstructural differences in the brain. We compare LPVD to HCs to assess whether alterations in fractional anisotropy (FA) and mean diffusivity (MD), which are measures of cohesive axonal orientation and tissue compactness, are specific to pain, and with IBS to determine distinct or shared mechanisms with another chronic pelvic-pain disorder. Methods: Structural and DTI MRIs were conducted in a sample of 58 age-matched premenopausal females. FA and MD were processed using FMBRIB Diffusion Toolbox. Voxelwise and ICBM atlas based region of interest analyses were performed using pairwise t-tests with age as a covariate. Results: LPVD vs. HC: Patients with LPVD
demonstrated significantly higher FA in brainstem regions including the left superior cerebellar peduncle as well as the medial lemniscus. There were higher FA values in frontal lobe connections, right internal capsule, right corona radii, bilateral superior longitudinal fasciculi, and primary sensory and motor regions. Higher MD was observed within the cingulum bundle and left anterior limb of internal capsule. LPVD vs. IBS: FA and MD differences between LPVD and IBS patients were less extensive and only localized to regions near the right posterior corona radiata and left posterior thalamic radiation. Conclusions: The significant group-related microstructural differences in deep gray matter structures included regions that are associated with sensorimotor tasks and cognitive-emotional tasks, suggesting increased processing and modulation of sensory and endogenous pain modulatory systems in LPVD.

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Subjective insomnia is associated with low sleep efficiency and feeling of fatigue in middle-aged women

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Background: During perimenopause, many women are bothered by sleep disturbance. Main Objective: We investigated how subjective insomnia is associated with objective sleep parameters and other background characteristics, such as physical and psychological symptoms of menopause, cardiovascular parameters, body composition, and lifestyle factors in middle-aged women.

Methods: A cross-sectional analysis was performed using the baseline data of 95 women aged 40 to 59 years who participated in another study assessing the effects of a dietary supplement. Participants had worn actigraphy for 3 days to collect information concerning physical activities and objective sleep parameters, and then were evaluated for age, menopausal status, body composition, cardiovascular parameters, physical and psychological symptoms of menopause, subjective symptoms of insomnia and fatigue, and lifestyle factors. Dichotomizing the score of the Athens Insomnia Scale (AIS) as low (0-5 points, control group) and high (> 6 points, subjective insomnia group), we
sought to identify the parameters that are independently associated with subjective insomnia.

Results: Women who had subjective insomnia (n=30) had lower sleep efficiency assessed by actigraphy than control. They also were older in age; have had more live births; had lower height, higher body mass index, lower ankle brachial index, and more severe physical and psychological symptoms of menopause including fatigue; took more nap; smoked more cigarettes; and more of them were full-time workers. Multivariate logistic regression analysis revealed that low sleep efficiency (adjusted odds ratio, 1.44 per % decrease in sleep efficiency; 95% confidence interval, 1.06–2.05) and feeling of fatigue assessed by Brief Fatigue Inventory (BFI) (adjusted odds ratio, 1.57 per point increase in BFI score; 95% confidence interval, 1.19–2.13) were the independent contributors to subjective insomnia.

Conclusions: Low sleep efficiency and feeling of fatigue were shown to be independently associated with subjective insomnia in middle-aged women.

A Systematic Review about Quality of Life of Overweight Women

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Introduction:
Life quality is negative or positive effect of physical, psychological and social life of individual. In short, life quality is satisfaction of individual from life. One of the most important factors which influence satisfaction of individual from life is being healthy. Protection and improvement of health would enable increase of life quality One of the most important factors which influence life quality among women is having healthy weight. Increase of women’s health or body mass index decreases life quality. Various studies support the relation between body mass index and life quality.

Aim of The Study:
The aim of this study is to determine the quality of life of overweight women in Turkey and the world by a systematic review.

Methods:
A scan of the study was conducted between 1-10 February 2016. 363 with full-text research were reached (Wiley-Blackwell, Web of Science, Scopus, Science Direct Journals, PubMed, Medline, Cinahl plus in the electronic database). It has been reached to 62 articles concerning “the Quality of Life” words. It has been reached to 98 article concerning “Overweight Women” words. It has been reached to 203 articles related to “Obesity” word. In addition, there is also screening in the google search engine. This motor has reached to 28 English the 3 Turkish articles. The lives of overweight women was associated with quality of life in 18 articles.

Results:

Being overweight affects the quality of life in women psychologically and physically. At the part 88% of the researches about overweight women, women were affected in physical activity, self-esteem, public distress, sexual life and work life.

Conclusion:

Quality of life in obese women is affected adversely. Therefore, to accelerate efforts to prevent obesity in society, obese people and other people have to be educated on physical activity and healthy eating.

Key words: Quality of Life, Overweight Women, Obesity

EFFECT OF PROGRESSIVE RELAXATION EXERCISES ON DYSMENORRHEA IN TURKISH STUDENTS

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Background: In studies, the ratio of dysmenorrhea was found to be between 70.3% and 83.13% and among adolescent women in Turkey and it is the leading cause of recurrent short-term school absenteeism in adolescent girls. Because dysmenorrhea can decrease productivity, creativity, and work performance, leading to serious daily stress and social and economic loss, it is important to treat this disorder.

Main Objective: The purpose of this study was to investigate the effect of progressive relaxation exercises on dysmenorrhea.

Methods: This study was carried out as quasi experimental, pre-test and post-test with control groups. The study population comprised 317 single female nursing students who had attended the Faculty of Health Sciences, nursing department of the 3rd and 4th grade students between September and December 2015. The 254 students who had declared that they had suffered from dysmenorrhea used a visual analog scale to indicate their level of pain. Higher scores reflected a greater severity of dysmenorrhea. The study sample includes a total of 124 students with experimental group was 64 students and a control group was 60 students who were selected with randomized sampling method.. A “Progressive Relaxation Exercises CD” which includes information on relaxation exercises were provided to the students in the experimental group. The students were
asked to perform these relaxation exercises at home/dorm by listening to the CD everyday or at least three times a week for a period of 8 weeks.

**Results:** It was determined that post-test the visual analog scale score of the students on the experimental group were lower than the post-test the visual analog scale score of the students on the control group (p < 0.001).

**Conclusions:** This study showed that progressive relaxation exercises was effective in reducing dysmenorrhea.

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**THE RELATIONSHIP BETWEEN UNIVERSITY STUDENTS’ PREMENSTRUAL SYNDROME AND ATTITUDES TOWARD GENDER ROLES**

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**Background:** Premenstrual syndrome (PMS) is affected by many psycho-social factors: women’s personality characteristics, lifestyle, stress, cultural characteristics, social attitudes, beliefs, expectations, equality at home, education, employment status, self perceptions, gender roles, and denial of personal needs. The factors that play a role in the emergence of PMS may be related to attitudes towards the gender role of women (AGRW).

**Objective:** This study aims to examine the relationship between university students’ PMS and AGRW.

**Methods:** This study made as descriptively. The sample consisted of 1,515 undergraduate female students at an university. Data were collected between February and May 2014 using the Premenstrual Syndrome Scale (PMSS) and the Scale for Attitudes toward Gender Roles (SAGR). All departments of the university were visited during the application of the study and forms were filled out by the face-to-face interview method. Data were analyzed using descriptive statistics such as frequencies, percentages, mean, standard deviations and t test, one-way analysis of variance, Pearson’s correlation test at a significance level of p<0.05 and confidence interval of 95%.

**Results:** The participants’ mean total PMSS score was 117.96±34.41, indicating above-average levels of PMS. Their mean total SAGR score was 162.71±17.50, indicating an egalitarian attitude toward gender roles. The average SAGR score for gender roles in marriage was found to have a positive and significant relationship both with the PMSS score for experiencing swelling and with having depressive thoughts (p<0.05). Participants whose mothers had higher levels of education experienced PMS more frequently and had more egalitarian attitudes toward gender roles (p<0.05). Participants who reported lower incomes had the highest levels of PMS and had more egalitarian attitudes toward gender roles (p<0.05).
**Comments:** Our study results suggest that patients’ socio-demographic characteristics and attitudes toward gender roles should be taken into consideration in the provision of PMS-related nursing services.

**Keywords:** Gender, university student, PMS, AGRW.

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**Identification and Comparison of Sexual Dysfunctions of Fertile and Infertile Women**

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**Background:** There is a complex association between sexual behavior and infertility. Infertility may be the result of sexual problems. Therefore, infertility examination should include an evaluation of couple's sexual behavior. In many cases, all infertility treatments have to be stopped and psychological aid has to be offered for sexual dysfunction

**Main Objective:** The aim of this study is to define and compare sexual dysfunctions of fertile and infertile women.

**Methods:** The study was conducted as descriptive and comparative. The population of the study consisted of infertile and fertile women applying to infertility and gynecology outpatient clinics of Atatürk University Research Hospital located in city center of Erzurum were constituted the population of study. 137 infertile women and 142 fertile women were included in the study. Questionnaire and Female Sexual Function Index (FSFI) were used to collect the data of the study.

**Preliminary Results:** As mean scores obtained by the women from FSFI were compared, it was determined that total mean scores obtained by the infertile women from the index’s sub-scales was 17.49±7.20, total mean scores obtained by the fertile women from the index’s sub-scales was 17.86±6.41. The difference between FSFI subscale and total mean score of infertile and fertile women was not statistically significant. When it was evaluated in terms of cut-off point of FSFI, it was found that except for subscale of Satisfaction among its subscales, difference between comparisons of all other subscales was not statistically significant. It was found that
23.2% of the fertile women and 21.2% of the infertile women had sexual dysfunctions and the difference between the groups was not statistically significant.

**Conclusions or Comments:** As a result of FSFI scores of the fertile and infertile women, it was concluded that both groups had sexual dysfunctions and there was no statistically significant difference between them.

**Key Words:** Fertile, Infertile, Female Sexual Dysfunction, Women, Midwife

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**Sexual Quality of Life in Women Underwent Breast Surgery**

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**Objective:** Cancer is perceived as a chronic disease including physical disability, psychological, vocational and sexual problems. Women with breast cancer may experience problems with physical, psychological, body image, self-esteem and sexuality, family and social life, professional and economic conditions. This research was designed to determine the quality of sexual life in women underwent surgery for breast cancer.

**Methods:** This descriptive study was carried out on 208 married women. Questionare form created by the researcher utilizing the related literature and Sexual Quality of Life Scale-female form were used for the collection of data. Of the number and percentage distribution, mean, standard deviation and non-parametric tests, Kruskal-Wallis and Mann-Whitney U tests analyzes were employed for the data analysis.

**Results:** The mean age of the women admitted to the clinic was 50.17 ± 9.57, and it was determined that 58.7% had breast cancer for 1-5 years, 41.3% for 6 years and over. It was also established that 85.6% of the women before the disease, 88.0% pre-treatment and 31.7% after treatment had no problems in sexual life. In the mean sexual quality of life score of the women who suffered from breast cancer was found as 64.04 ± 19.62. The score the women, who stated that they had problems in sexual life before the disease, pre and post treatment, obtained from the sexual quality of life scale was low and the
difference between them was found significant (P <0.05). There was significant
difference between the quality of sexual life and the education status and income
perception of the women's husband (p <0.05).

**Conclusion:** It has been observed that the sexual life in women is affected negatively
after treatment for breast cancer and the quality of sexual life is impaired. The health
workers are recommended not to ignore these problems that will directly affect the
quality of life of individuals, to be sensitive and fulfill their responsibilities.

**Key words:** sexuality, breast cancer, quality of life

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**The Evaluation of Sexual Functions of the Couples using the Withdrawal
Contraceptive Method**

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**BACKGROUND:** Sexuality is a multidimensional, multidisciplinary and interactive
process arising from psychological, socio-cultural, behavioral and biological factors.
Therefore, there are many factors that affect the female and male sexual function. One
of the most important factors directly related to sexuality of the couples is family planning
(FP) methods.

**OBJECTIVE:** This study was made to determine the effects of the withdrawal method
(WM) -the most common, traditional method of FP used in our country- on the sexual
functions of the couples.

**METHODS:** The study was planned descriptively. The sample consisted of 54 couples
using the WM. Data were collected by survey form, Female Sexual Function Index (FSFI)
and International Index of Erectile Function (IIEF). Home visits were made during the
application of the study and forms were filled out by the face-to-face interview method.
Data were analyzed by frequency, mean, Spearman correlation test and Mann Whitney U
test.

**RESULTS:** It was determined that, the mean age of the women participated in the study
was 32.67±7.30 and of men was 36.54±7.40. It was found that the couples had been using
the withdrawal method for an average of 5.76±5.70 years. FSFI total mean score of the
women was 24.52±7.18, and 50% of women had experienced sexual dysfunction. On the
other hand, IIEF total mean score of their spouses was 62.65±8.81 and 64.8% had a score
above this mean. Significant relation was found between the scales and the duration of
using the WM, the anxiety of pregnancy while using the method, and satisfaction and
thrust levels. In addition, it was determined that the scales show significant correlation
between each other.
CONCLUSION: Our study results suggest that WM negatively affects the sexual functions of the women; however, it does not have a negative impact on the sexual functions of men.

Keywords: Sexual function, withdrawal, FSFI, IIEF.

A WORD PICTURE OF THE SOCIAL, PSYCHOLOGICAL AND EMOTIONAL MORBIDITY AND ADJUSTMENT TO ANAL INCONTINENCE FOLLOWING OBSTETRIC ANAL SPHINCTER INJURY

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Background
Anal incontinence (AI) in women who have suffered Obstetric anal sphincter injuries (OASIS) [1], is common. These injuries have a devastating impact on the emotional and psychological health of the mother and the family marked by grief, silence and striving for normality [2].

Main Objective
To identify adjustment measures women are dependent on and explore whether there is a recognisable ‘syndrome’ to describe the social and psychological consequences of AI following OASIS.

Methods
Preliminary analysis of 81 case studies to determine the frequency of keywords used to describe impact of AI; Interviews amongst 13 women with AI following OASIS; a Focus group of 14 women with AI in OASIS. Descriptive research using qualitative methodology to identify repetitive themes from unstructured interviews and group discussions presented as a ‘word picture’.

Preliminary Results
A refined ‘word picture’ identified a complex syndrome of social, psychological and emotional morbidity related to AI following OASIS. This is a hidden taboo
shared with great reluctance even within close family members and has a profound impact on the marriage/partnership because of the fear of incontinence during sexual intercourse and its impact on body image, dignity and shame. These women feel unclean which results in loss of self-esteem, anxiety, loss of confidence, a feeling of having been mutilated and a compromised role as a mother. Adjustment relies on repetitive washing which may become a ritual and having to plan daily activities around toiletry needs with facilities for recovery should an episode of incontinence occur.

**Conclusions**

There is a recognised syndrome dominated by a feeling of being unclean resulting in dignity loss amongst mothers with AI following OASIS, which impacts greatly on sexual intimacy and motherhood resulting in social isolation. More research is needed to support women suffering this currently ‘hidden’ consequence of childbirth.

**References**


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**A MIND/BODY MODEL FOR THE MANAGEMENT OF SEXUAL PAIN**

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**Background**

Many women experiencing dyspareunia continue to have intercourse despite the pain. There are those who engage in penetrative sex without the desire to be sexual, without arousal and while experiencing fear of the inevitable pain. Unaroused sex can be a significant aetiological factor in the development of Vulvodynia and Vaginismus. Therefore, a woman's ability to say 'No' to penetrative sex, and to negotiate her terms and boundaries in a sexual relationship, are important factors in the genesis, maintenance and resolution of dyspareunia.

**Main Objective**

In managing sexual pain, it is not enough to only treat any pelvic floor dysfunction and/or other
physical conditions. It’s also vital for patients to understand the mind body connection and address relevant psychosexual factors.

Methods

This Mind/Body model was developed over 20 years working in psychosexual medicine and therapy. It is informed by: medical understandings of the pathogenesis and maintenance of sexual pain, individual psychological contributors; relationship dynamics; and the newer developments in research into the neurophysiology of pain.

The model has been trialled and applied in outpatient hospital clinics, private practices settings, and in education of medical and health professionals, and the general public.

Clinically, it is used after assessment, and is adapted to each individual or couple in a way that is relevant to the patient’s presenting complaint, past history, current circumstances, and the dynamics operating in their relationship.

Results

The model has been used effectively in clinical and training environments to provide a framework for understanding the biopsychosociocultural factors, which need to be addressed in order to treat the sexual pain. It provides practical stepping stones to creating or maintaining an intimate / sexual connection during the treatment of dyspareunia and thereafter.

Conclusions

This Mind/Body Model provides a clear educational tool for developing practical therapeutic interventions in the clinical context.

Turkish Validity and Reliability Study of Modified Weight Bias Internalization Scale

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Background: Weight bias and discrimination have been documented in various areas of society, including employment practices, salary and promotion decisions, education and housing opportunities, and portrayal of obese persons in popular media.
Main Objective: Internalized weight bias is to accept society’s negative stereotypes about oneself and consequently to withdraw oneself from society due to negative
emotions. This study aimed to adapt an English version of the Modified Weight Bias Internalization Scale, which evaluated the internal bias reflecting the internal experiences of individuals in different weight categories for the Turkish public.

**Methods:** This methodological study was conducted with 279 students in different weight categories at Ataturk University Faculty of Health Sciences. Item-total correlations, test-retest, Cronbach's alpha coefficient, and factor analysis were used to analyze the validity and reliability.

**Preliminary Results:** Results indicate that the scale had high internal consistency (Cronbach’s alpha=0.92). The scale showed strong partial correlations with the Eating Behavior Questionnaire (r=0.181) and the Beck Depression Inventory (r=0.216). According to their weight categories, the total Weight Bias Internalization Scale score was found as overweight–obese (34.93±15.66), higher than underweight and underweight (25.76±12.26), and higher than normal weight (23.40±13.03).

**Conclusions or Comments:** The Weight Bias Internalization Scale was a valid and reliable instrument. The scale's Turkish form can be used in Turkey to evaluate the internal biases and stigma related to body weight.

**Key Words:** Weight, Bias, Nursing, Scale

**References**


**Comparison of the Self-efficacy Perceptions of Pregnant Women based on Degree of the Fear of Delivery**

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**Background:** Fear of birth is observed with pregnancy complications. These complications involve increased intervention in birth, emergency or elective caesarean section, postnatal depression, posttraumatic stress syndrome, and deterioration of mother-infant interaction.

**Main Objective:** The objective of this study is to compare the self-efficacy perceptions of pregnant women based on degree of the fear of delivery and to determine the relationship between them.
Methods: The population of this descriptive study consisted of all pregnant women who were in the 28th-40th gestational week and had applied to Maternity Hospital in Turkey. The study was completed with 456 pregnant women. Questionnaire, version A of the WIJMA Delivery Expectancy/Experience Questionnaire, and the short version of the Scale of Self-efficacy in the Action of Delivery were used to collect the data.

Preliminary Results: As a result of the study, the difference between the mean scores obtained from the WIJMA Delivery Expectancy/Experience Questionnaire was significant among the pregnant women with high and low fear of delivery. Similarly, the difference between the mean scores obtained by the pregnant women with high and low fear of delivery from the Scale of Self-efficacy Perception in the Action of Delivery was significant.

Conclusions or Comments: According to the total mean score of pregnant women obtained from the Scale of Self-efficacy in the Action of Delivery, it was determined that pregnant women with low fear of delivery had higher levels of self-efficacy perception compared to pregnant women with high fear of delivery, and there was a negative and statistically significant relationship between the mean score of the WIJMA delivery expectancy/experience scale and the mean score of the subscale of Outcome Expectation of the Scale of Self-efficacy in the Action of Delivery and the total mean score of the scale.

Keywords: Fear of Delivery, Midwife, Pregnant, Self-efficacy, WIJMA

The Relationship Between the Marital Adjustment and Social Support in Pregnancy

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Background: Pregnancy is a physiological event can be experienced by every woman in her childbearing years. In this period, the woman can be seen as a crisis requiring life change and adapt to new roles.

Main Objective: This study was conducted to determine the relationship between the marital adjustment and perceived social support in pregnancy.

Methods: This is a descriptive and correlational study. It was conducted at a maternity hospital in a province located in the Eastern Turkey. The population of the study consisted of all pregnant women applying to the related hospital. The sample group of the study consisted of 315 pregnant women, who applied to the related hospital between February-August 2014 and accepted to participate in the study.
Form”, “Multi-Dimensional Scale of Perceived Social Support”, and “Dyadic Adjustment Scale” were used to collect the data. The data were evaluated by using the percentage, mean, standard deviation, and the pearson correlation test.

**Preliminary Results:** It was found that pregnant women had a total mean score of 61.68±20.05 in the Multi-Dimensional Scale of Perceived Social Support and a total mean score of 34.93±13.30 in the Dyadic Adjustment Scale. A statistically negative significant relationship was determined between mean scores of the Multi-Dimensional Scale of Perceived Social Support and mean scores of the subscales of Dyadic Adjustment, Dyadic Satisfaction and Showing Love. On the other hand, a positive significant relationship was determined between the Multi-Dimensional Scale of Perceived Social Support and the subscale of Dyadic Commitment.

**Conclusions or Comments:** It was determined that pregnant women had high mean score of social support but low mean score of dyadic adjustment scale. It was found that as the perceived social support increased in pregnant women, the marital adjustment decreased.

**Keywords:** Midwife, Marital Adjustment, Pregnancy, Social Support.

**ANXIETY IN AMBULATORY HYSTEROSCOPY: OUR EXPERIENCE.**

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**Purpose.**

The main goal of our study was to determine the anxiety levels present in patients undergoing ambulatory hysteroscopy in the consultation rooms of Hospital Materno Infantil de Málaga.

**Methods.**

In order to analyse the problem globally, we evaluated it from different perspectives:

- The tendency of each patient to perceive a situation as threatening, the so-called ‘trait anxiety’, with the STAI-T (STAI-Trait) questionnaire.
- The anxiety suffered by patients as a result of the technique itself, the ‘state anxiety’. We used the STAI-S (STAI-State) test to measure this parameter.
Justification.

Once we have gathered all data from the questionnaires, the research is aimed to determine:

- First, if patients’ Trait Anxiety is related to the clinical suspicion (benign processes or neoplasia) for which the hysteroscopy was indicated.
- Whether there is any difference between State Anxiety and perception about hysteroscopy once it has finished, trying to determine which factors may lead to this discrepancy.
- Lastly, if the amount of time spent in the waiting room before the beginning of the procedure has any impact in patients’ perception of this technique.

Variables.

- Trait Anxiety.
- State Anxiety.
- Pain.
- Duration of procedure.
- Waiting time before the start of the procedure.
determination of these couples for their labour and birth-related wishes to be fulfilled.

Objective: The main objective is to describe from an ethnographic perspective the desires couples who choose to deliver at home professed, taking into account both the point of view of women and men.

Methods: Ethnographic qualitative design with a gender focus, held in Alicante between 2007 and 2014. Eleven couples participated that had at least one planned birth at home. Twenty in-depth interviews and two stories of life were carried out and five written accounts were obtained. The software package used for the analysis was ATLAS-ti v6.2.

Preliminary Results: Sociodemographic results: women giving birth for a second time, with college education and average age of 31 years; men with college education who live in small towns. The women in this study want their right to dignity (psychological, moral and physical needs) to be respected; they want to make their own decisions (choice of place of birth, professionals, interventions, positions, companions, environment...); they want their rights to physical integrity (episiotomy, medication, caesarean section...) and privacy (not to be seen or exposed) to be respected. In turn men want the birth to be in the safest place, to participate more actively and be protagonists too.

Conclusions or Comments: couples decide to have a home birth because they are convinced that their wishes will be respected, taking responsibility for the obstetrician processes rechazada por la mayoría de la sociedad y de la clase médica. Detrás de esta decisión se encuentra el empeño de estas parejas para que se cumplan sus deseos relacionados con el parto y nacimiento.

Objetivo: describir desde la perspectiva etnográfica los deseos que manifiestan las parejas que deciden tener el parto en su domicilio, teniendo en cuenta tanto el punto de vista de las mujeres como el de los hombres.

Metodología: Diseño cualitativo de corte etnográfico y con enfoque de género, realizado en la provincia de Alicante entre los años 2007 y 2014. Han participado once parejas que tuvieron al menos un parto planificado en casa. Se han realizado veintiuna entrevistas en profundidad y dos historias de vida y se han obtenido cinco relatos escritos. Para su análisis se ha recurrido al paquete informático ATLAS-ti v6.2.

Resultados Sociodemográficos: mujeres secundíparas, estudios universitarios y edad media de 31 años; hombres con estudios universitarios y viven en ciudades pequeñas. Las mujeres de este estudio desean que se respete su derecho a un trato digno (necesidades físicas, psicológicas y morales.), a tomar sus propias decisiones (elegir el lugar del parto, la profesional, intervenciones, posturas, acompañantes, ambiente...), a su integridad física (episiotomía, medicación, cesárea...) y a la intimidad (no ser observadas ni expuestas). A su vez los hombres desean que el parto se realice en el lugar más seguro, participar de manera más activa y ser protagonistas.

Conclusiones: Las parejas deciden tener el parto en casa porque están convencidas de que se respetarán sus deseos, responsabilizándose de su proceso obstétrico y enfrentándose con ello al sistema médico imperante y a la mayoría de las creencias de la sociedad.
Title of presentation: PROPUESTA DE UN PROGRAMA EDUCACIONAL EN GESTANTES Y
SUS CUIDADORES PARA EL CONTROL DEL CONSUMO DE ALCOHOL EN EL EMBARAZO

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Abstract
Un estudio de nuestro grupo de investigación demostró que la prevalencia del consumo de alcohol entre las gestantes de la ciudad de Málaga era del 27,2%, siendo el consumo medio mensual de 12.4 UBE. Hasta un 11.3% de las gestantes que consumían alcohol lo hacían a diario. Estos datos orientan sobre la necesidad de poner en marcha medidas eficaces de prevención. El consumo de alcohol durante el embarazo se asocia a los denominados trastornos del espectro alcohólico fetal que incluye cambios en el desarrollo neurológico, eventuales anomalías faciales o deterioro en el crecimiento. Se trata de patología neuroconductual y anomalías estructurales del sistema nervioso central debidas a la lesión in utero por el alcohol. Presentamos una campaña específica de educación sanitaria, con participación de los profesionales implicados en el control obstétrico, dirigida a las gestantes del distrito sanitario en la que se incluyen sesiones periódicas de intervención en las embarazadas.

Level of anxiety before an assisted reproduction technique

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Main Objective

Study by a STAI questionnaire the anxiety level of patients about to undergo an assisted reproduction procedure prospectively with two questionnaire, the first one on the first visit and then after performing embryo transfer clinical in the Gynecology and Obstetrics Unit. Regional University Hospital of Malaga

Methods

Making two STAI questionnaire in 50 patients at the first visit and after embryo transfer.

Preliminary Results

The results support the previous impression we had. The anxiety level was higher after the embryo transfer and was very influenced by the maternal age, the older women had higher level of anxiety, by the time searching pregnancy, obstetric history and the realization or no of other assisted reproductive technique prior

Conclusions or Comments

The level of anxiety presented by patients after embryo transfer is greater than the
previous and is influenced by certain variables: maternal age, time spent searching for pregnancy, obstetric history and background of other assisted reproduction procedures.

**SEXUAL FUNCTION AND QUALITY OF LIFE AFTER DIAGNOSIS AND SURGERY IN VULVAR CANCER**

*María Auxiliadora Armenteros Pérez* (Hospital Materno-Infantil, Hospital Regional Universitario de Málaga, Spain), *Francisco Cuenca Campos* (Hospital Materno-Infantil, Hospital Regional Universitario de Málaga, Spain), *Marta Martínez Díez* (Hospital Materno-Infantil, Hospital Regional Universitario de Málaga, Spain), *Rocío Morales Cuevas* (Hospital Materno-Infantil, Hospital Regional Universitario de Málaga, Spain), *María Cortes Fuentes Espejo* (Hospital Santa Ana, Motril, Spain), *Leopoldo Burgos García* (Hospital Materno-Infantil, Hospital Regional Universitario de Málaga, Spain), *Carlos Martínez Martínez* (Hospital Materno-Infantil, Hospital Regional Universitario de Málaga, Spain)

The aim of our study is to investigate how differs quality of life and sexual function of patients undergoing surgery due to vulvar cancer in our hospital, Hospital Materno-Infantil (Málaga), since 2010.

Most patients with vulvar cancer have excellent survival rates; because of that, Quality of life and Sexual function after the surgery are consider important outcomes parameters, in addition to long term survival, mortality and complication rates.

Using the medical records of the patients, we obtained some data we consider of interest; we included Age at time of surgery, Size of the tumor, Surgery on the lymph nodes (sentinel node biopsy or inguinal-femoral lymphadenectomy), Postoperative complications and Relapses.

We have interviewed retrospectively all patients using the Sexual Function Index Questionnaire (FSFI) in order to explore and investigate the sexual function prior and after the surgery. To evaluate de quality of life, we use the Short Form 12 Health Survey Questionnaire (SF12).

**Title**

The serious obstetric patient's nutritional state in the unit of intensive therapy. Hospital Calixto García period 2013-2014.

Autor(a)

*Liesly Morales Roque*

Affiliation
MINAP, Havana, Cuba.

It was carried out a retrospective, descriptive study, in the Hospital Calixto García from January 2013 to December 2014, the obstetric patients were studied entered in the Unit of Intensive Therapy, with the general objective of determining the reason and moment in that they entered.

For this they were used like sample, 81 clinical histories of patient. The studied variables were age, index corporal mass in the first trimester of the pregnancy, diagnostic to the entrance, moment in that the same one took place, being able to be pregnancy, childbirth or puerperio. For the analysis the entrance rate was used of patient obstetric in the Unit of Intensive Therapy. The picked up data were processed in SSPP and taken to charts of frequency.

In the results it is shown that most of the entered patients were normopeso constituting 69.2%, the breathing and neurological illnesses were the main entrance causes in the pregnancy, not being this way in the puerperio, being the hemorrhage puerperal and the preeclampsia the main entrance reasons. The rate of patient obstetric that required entrance during the pregnancy it was smaller than that of the puerperio, being respectively the first of 22.2% and 71.6%. The age group that required bigger entrance frequency went from 31 to 35 years with 43.2%.

Concluding this way with which great percent of the obstetric patients that enter in the Unit of Intensive Therapy is normopeso, they are among the 31 to 35 years and its entrance reason is related with the puerperio. With the creation of Units of Intensive Therapy an important decrease of the rate of maternal mortality was achieved in vat, playing these a very important paper in the serious obstetric patient's attention. The intensive treatment of serious obstetric conditions represents a double challenge for the medical intensivist, since threat the maternal-fetal integrity.

INVESTIGATION OF THE STAGES OF NURSING PROCESS IN THE NURSING CARE PLANS PREPARED BY THE STUDENT NURSES FOR THE MOTHERS WHO HAVE GIVEN BIRTH IN THE CLINICAL PRACTICE OF THE NURSING COURSE ON OBSTETRIC, WOMEN'S HEALTH AND DISEASES

Aslı Sis ÇELİK1, Manolya PARLAS1, Ayşe AYDIN1, Raziye ENGİN1, Türkan PASİNİLOĞLU1

1Department of Nursing, Faculty of Health Sciences, Atatürk University, Erzurum, Turkey.

**Background:** It's important to identify how student nurses utilize the nursing process in order to increase their chances to provide high-quality care in their professional lives after graduation, to provide person-centered care and to provide a scientific identity of the profession.

**Main Objective:** This study aims to investigate the stages of nursing process in the
nursing care plans prepared by students in the Nursing Department for the mothers who have given birth in the clinical practice of the nursing course regarding obstetric, women's health and diseases.

**Methods:** The data were evaluated using the postpartum period data collection questionnaire used by the students in the nursing care and 87 nursing care plans prepared by the students in the 2015-2016 fall semester towards the mothers who have given birth in the respective clinic.

**Results:** 67.8% of the nursing care plans prepared by the students had insufficient data collection. The students included in the study have identified a total of 31 different nursing diagnosis in 87 cases. Among them, the most frequently 5 diagnosis were the risk of infection by 18.5%, pain by 17.5%, sleep disorder by 13.8%, lack of knowledge by 10.5%, and anxiety by 7%. Of the diagnosis, 50.8% had correct symptoms, 37.2% had correct etiology, 44.5% had appropriate objectives/expected-patient-outcomes, 67.2% had inadequate interventions, and the assessments of 21.8% was not fit for purpose. And, the discharge plans was missing/inadequate in 54.7% of the care plans prepared by the students.

**Conclusion:** It was found that the nursing care plans prepared by the students were inadequate in terms of data collection and recorded daily-living-activities, the majority of the diagnosis has complied with the symptom-etioloogy-problem (SEP) format, the objective/expected-patient-outcomes were written correctly, however, interventions and discharge plans prepared by the students were inadequate, in addition to some mistakes made in the evaluation phase.

**THE MALE PARTNER IN THE CONSULTING ROOM OF THE WOMEN’S DOCTOR – LITERATURE REVIEW**

**Péter Szeverényi, Zsuzsa Török**

Department of Obstetrics and Gynaecology, University of Debrecen, Hungary

The physician has to know that the patient’s partner is always ‘present’ in the consulting room of the women’s doctor. One can meet with the male partners most frequently during the pregnancy, in the labour room and in the postpartum unit, but they often take on with the women to the different gynaecological clinics as well. The partner of the patient frequently becomes direct part of the medical attendance (e.g.: in the labour room), while in other cases the connection is indirect. The physician ‘sends a message’ to him, and he also ‘sends a message’ to the doctor. The information is taken by the patient. How does it influence the health care? Mankind more and more vigorously deliver their opinion concerning the obstetrical care. Their behaviour in the labour room can influence the course of the delivery. Most of all, it is made clear that while their presence is requested, their feelings are not. The doctor acts well, if she/he keeps the partner's opinion in view. The situation of the men is really special in the case of infertility. The consultation will be successful only, if the patient, the partner and the doctor agree during the decision-
making process (contraception, foetal screening, hormone replacement therapy, HPV vaccination, surgery). Female sexual dysfunction appears to be prevalent, and can have adverse effects on a woman’s quality of life. This result suggests that a substantial proportion of women seeking gynaecologic care have clinically significant sexual complaints. Although men may influence women’s reproductive choices, young men have lower gynaecologic knowledge than women. Efforts to increase men’s knowledge are also needed.

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Examining the Effect of “Shotblocker” in Decreasing the Pain Associated with Intramuscular Injection

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**Atatürk University, Healthy Science Faculty, Erzurum/Turkey

Background: Nurses play an indispensable role in pain control and management. The quality of pain management rests on the knowledge, skills and behaviours of nurses who carry out painful procedures. They are responsible for preventing pain from injections by carefully administering medication and providing pain relief to patients.

Main Objective: This study was conducted as controlled in itself and quasi-experimental in order to examine the effect of “Shotblocker” in decreasing the pain associated with intramuscular injection.

Methods: The population of the study consisted of all patients who were hospitalized in the Cesarean Service of Erzurum Nenehatun Maternity Hospital and
received intramuscular diclofenac sodium (75mg/3ml) treatment. The sample group of the study, on the other hand, consisted of 50 patients from the identified population who agreed to participate in the study and met the inclusion criteria. In order to bring the personal differences regarding pain under control, each patient constituted their own control group. Descriptive information form for patients, VAS, and Shotblocker were used to collect the data. The data were started to be collected during analgesic administrations after postoperative 12th hour. Regardless of sequencing; intramuscular analgesic injection administered to left ventrogluteal site of the patient constituted the experimental group; whereas, analgesic injection administered to right ventrogluteal site constituted the control group. While the Shotblocker was applied to patients in the experimental group by being held during the intramuscular injection on the injection site, the reverse surface of the Shotblocker was applied to patients in the control group.

**Preliminary Results:** The mean score of pain was determined as 1.22±0.62 in the experimental group and 2.48±1.12 cm in the control group and the difference between them was statistically significant (p<0.001). Additionally, a statistically significant difference was determined between the VAS mean scores of pain and the educational status (p<0.05).

**Conclusion:** Shotblocker was determined to be effective upon decreasing the pain associated with intramuscular injection.

**MENTAL HEALTH, WORK-LOAD AND BURNOUT AMONG HUNGARIAN FEMALE PHYSICIANS.

COMPARISON OF TWO NATIONALLY REPRESENTATIVE SURVEYS**

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**Background** Previous cross-sectional surveys have shown that Hungarian female doctors have worse indicators of physical and mental health compared with other professional women.

**Main Objectives** To explore the indicators of mental health, work-load and burnout of female physicians.

**Methods** Mental health, work-load and burnout were compared at two time points, 2003 and 2013 (T1 vs. T2; n = 408 vs. n = 2414) based on two representative cross-sectional surveys of female doctors. The results of both surveys were compared with those of professional control groups. Independent samples T-test and chi-squared test were used for the longitudinal
comparison and the comparison between the index and the control groups. Background factors of sleep disorders and burnout were assessed by binary logistic regression analysis.

**Preliminary results** No significant difference in the rate of depressive symptoms and suicidal thoughts and attempts were detected between the physician samples from two time points, but the prevalence of sleep disorders in general and that of the different types increased. Also the amount of work-load increased, and female doctors were less satisfied with their job and reported more stressful or difficult work-related situations in 2013 than in 2003. The personal accomplishment component of burnout significantly decreased in line with the decline of work-related satisfaction. In comparison with the professional control groups, the prevalence of depressive symptoms, suicide attempts and sleep disorders were higher among female physicians in both time points. According to the bi- and multivariate analysis, number of workplaces, frequency of work-related stressful situations, intensive role conflict was associated with sleep disorders and decreased personal accomplishment.

**Conclusions** In comparison with the general population, female doctors had worse mental health indicators (depression, suicidal ideation, and sleep disorder) both in 2003 and 2013. Increasing work-load had a clear impact on sleep disorders and the personal accomplishment dimension of burnout.

**PREVALENCE AND RISK FACTORS FOR PROBABLE POSTTRAUMATIC STRESS DISORDER AMONG AUSTRALIAN MIDWIVES**

**Julia Leinweber**, Menzies Health Institute Queensland, Griffith University, Brisbane, Queensland, Australia

**Debra Creedy**, Menzies Health Institute Queensland, Griffith University, Brisbane, Queensland, Australia

**Heather Rowe**, School of Public Health and Preventive Medicine, Monash University, Melbourne, Victoria, Australia

**Jenny Gamble**, Menzies Health Institute Queensland, Griffith University, Brisbane, Queensland, Australia

**Background**: Midwives are frequently exposed to traumatic birth events. There is a growing body of evidence that posttraumatic stress is a risk of exposure to birth trauma among maternity professionals. Posttraumatic stress may affect midwives’ professional functioning and thus reduce the quality of midwifery care. Little is known about specific risk factors for the development of posttraumatic stress among midwives.

**Main Objective**: To identify prevalence and risk factors for probable PTSD among Australian midwives.

**Methods**: A national internet survey of Australian midwives registered with the Australian College of Midwives was conducted. Trauma symptoms were assessed with
the PTSD Symptom Scale Self Report (PSS-SR). Probable PTSD was assessed as meeting DSM IV PTSD diagnostic criteria B, C and D (a score of at least 'one' on the four point frequency scale for a minimum of one intrusion, three avoidance and two arousal symptoms) and a total PSS-SR score ≥14. Personal, trauma event-related and environmental risk factors were assessed using multivariate analysis.

**Preliminary Results:** 707 surveys were completed (estimated recruitment fraction 15.4%). The prevalence of probable PTSD was 17% (n=102) (95% CI 14.2, 20.0). Multivariate analysis identified three factors independently associated with probable PTSD; each factor more than doubled the risk for probable PTSD: (1) feelings of horror during the traumatic birth event witnessed (AOR=2.57, 95% CI 1.20, 5.51); (2) feelings of guilt associated with the traumatic birth event (AOR=2.14, 95% CI 1.12, 4.08) and (3) a personal history of a traumatic experience when giving birth (AOR=2.12, 95% CI 1.24, 3.64).

**Conclusions:** Almost one fifth of Australian midwives meet criteria for probable PTSD. Posttraumatic stress in midwives should be acknowledged as occupational stress by health services and professional associations. Trauma informed care and practise (TICP), which acknowledges and responds to the impact of trauma among women and their care providers, are recommended.

**DETERMINATION OF POSTPARTUM COMFORT LEVELS OF MOTHERS BASED ON DELIVERY METHOD AND SOME EFFECTIVE FACTORS**

Aslı SİS ÇELİK\(^1\)  Erkan Cem ÇELİK\(^2\)

\(^1\)Department of Nursing, Faculty of Health Sciences, Atatürk University, Erzurum, Turkey.

\(^2\)Erzurum Palandöken State Hospital, Department of Anesthesiology and Reanimation, Turkey.

**Background:** The comfort is defined as; “an expected result of a complex conformation of providing peace and help about individual’s needs in a physical, psycho-spiritual, social and environmental entity to overcome the problems”.

**Main Objective:** This study was conducted in order to determine postpartum comfort levels of mothers giving vaginal delivery and mothers having cesarean section using different anesthesia methods as well as some effective factors.

**Methods:** This comparative and descriptive study was conducted in gynecology service of a university hospital. The population of the study consisted of all of the mothers applying to obstetrics service to give birth between January-December 2015. The sample of the study was calculated according to formula of sample size used in cases that population is known and totally 405 mothers including 131 mothers having cesarean section under general anesthesia, 138
mothers having cesarean section under regional anesthesia and 136 mothers giving vaginal birth, who all agreed to participate in the study, were included in the study. “Questionnaire” and “Postpartum Comfort Scale” were used to collect the data.

**Results:** When PCS mean scores of the mothers were examined according to delivery methods, it was determined that physical and socio-cultural comfort levels of the mothers giving vaginal delivery were higher than mothers having cesarean section, and psycho-spiritual comfort levels of mothers having cesarean section under regional anesthesia were higher at a statistically significant level compared to the other mothers (P<0.05). The difference between total mean scores of PCS and some factors related to socio-demographic characteristics, pregnancy and postpartum period was determined to be significant in terms of delivery methods of the mothers (P<0.05).

**Conclusions:** It was found that postpartum comfort levels of mothers giving vaginal delivery was higher than mothers having cesarean section, some factors related to socio-demographic characteristics, pregnancy and postpartum period affected comfort levels.

**ETHICAL CHALLENGES IN PRENATAL GENETIC TESTING**

**Lina Basel-Vanagaite**

The Raphael Recanati Genetics Institute, Rabin Medical Center and Schneider Children's Medical Center of Israel, Petah Tikva, Israel

Background. Genetic testing of the fetus offers parents the opportunity to improve the health of their offspring but also raises ethical challenges.

Main Objective. The main objective of this presentation is to discuss important ethical issues related to fetal genetic testing and pregnancy interruption.

Methods. Prenatal chromosomal microarray analysis and expanded carrier screening testing are offered to pregnant women and couples planning pregnancy in our genetics center.

Results. We will present our experience on genetic counseling in the following situations: 1) Detection of copy number variants of partial penetrance and uncertain clinical significance by fetal chromosomal microarray testing. Distress is frequently caused by uncertain prenatal results. Some clinicians think that variants of uncertain clinical significance should not be reported to families, while others think that it is paternalistic to withhold this information. If variants of uncertain clinical significance are detected, the potential for unnecessary pregnancy interruption exists; 2) Preconception genetic screening is recommended for severe childhood-onset diseases in order to consider termination of pregnancy or to perform preimplantation genetic diagnosis. With advancing genetic technology and introduction of expanded carrier screening genetic panels, requests for testing of fetuses for less severe child-onset conditions and adult-onset conditions are increasing; 3) Fetal exome sequencing offers great potential for diagnosing severe childhood-onset diseases, but also can reveal the chance identification of mutations related to adult-onset diseases or mutations in genes involved in increased cancer risk. The dilemma is whether to reveal this unexpected information about variants that are likely to cause late-onset disease, such as breast
cancer susceptibility that confers 80% risk of developing cancer later in life. The information may be important for monitoring the parents' health. Comments. Currently, there are more questions than answers regarding the ethics of widespread implementation of advanced genetic technologies. Further debates are crucial in order to reach a consensus on these issues.

**APPROACHES TO BIOETHICS AND ETHICS IN THE TERMINATION OF PREGNANCY**

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*Atatürk University, Faculty of Health Sciences, Erzurum, Turkey

**Government Hospital, Erzurum, Turkey

**Background:** Primary goal of abortion is to terminate the life of living organism in uterus. This has caused abortion to remain as a "medical intervention" which has been always discussed and ethically questioned.

Philosophical Approaches to Termination of Pregnancy

**Individualist- Biological Approach:** It accepts the birth as the beginning of life

**Approach Based on Establishing Relation/Communication:** If not receiving brain waves is accepted as death even though body is biologically alive; biological criteria also should be accepted as life.

**Multi-directional Approach:** In a manner of speaking, it is a synthesis of the first two approaches

**Conservative Approach:** It is totally and in any case against abortion.

**Liberal Approach:** While it considers abortion up to viability limit as a right, it may accept this until birth.

**Moderate Approach:** It has opinions distributed between liberal and conservative approaches.

Bioethical Approaches to Termination of Pregnancy

**Absolute Rule Approach:** it argues that abortion cannot be realized on moral grounds.

**Pragmatic Approach:** It is a result-based approach determining if actions are moral and believing that these actions are the results increasing and decreasing well-being of human.

**Virtue Ethics Approach:** If or not it is moral for a woman to decide abortion depends on her personality and circumstances.

**Care Approach:** It is the way for human to understand its moral role and show empathy in a case against problems.

**Case Approach:** It is an approach starting with answers developed against concrete cases and developing more intangible principles/moral rules in need.
Midwives should fulfill their roles and responsibilities without questioning and affecting decision of the woman regardless of adopting bioethical or philosophical approach on abortion. They should raise awareness of women with health education, be able to determine the method of a family planning required by women, and use women strengthening programs in solution of problems.

**Key Words:** Abortion, Termination of pregnancy, Bioethics, Philosophy, Midwife.

**Between enthusiasm and silence- midwives narratives about midwifery, termination of pregnancy and conscience clause** (Master thesis 2012, University of Oslo)

Anna Elisa Willumsen- midwife, assistant professor at Norwegian University of Science and Technology (NTNU), MNsc

**Background:** The midwife profession is commonly associated with the situation surrounding childbirth. However, the contemporary midwives’ responsibilities have been expanded to include both women’s- and reproductive health. The merging of gynecological- and maternity wards, and the referral of late-term abortions to the delivery rooms, have thus increased the possibility for midwives to encounter abortion as part of their profession.

**Purpose:** The purpose is to obtain a deeper insight and understanding of the challenges, which midwives can experience in their work, connected with the topic. By rising the discourses, that are activated in their stories about; midwifery, pregnancy termination and conscience clause, one may get access to further knowledge within these topics.

**Theoretical background:** This paper's theoretical framework is influenced by social constructivism, where reality is seen to be constructed through social processes. In designing a framework of understanding the empirical material, there has been a need to apply different discourse theories and concepts.

**Method:** The data presented is constructed through the qualitative interviews of six individual midwives. To approach the empirical material, in line with this paper's theoretical framework a movement from a thematic- to a discursive analytical approach has been chosen.

**Results:** Through the analysis, one finds an enthusiasm amongst the midwives, when speaking about their profession, which is connected with a dominant birth discourse. Abortion is not mentioned unsolicited, and can thus be seen as something on the side of the profession. Within the theme of pregnancy terminations it is an exchange between; an obligation to help the discourse; and a sanctity of life discourse. In addition, a religious discourse is embedded in the discourses about the sanctity of life and the obligation to help. Although the midwives choice, of whether or not to hold a position of conscientious objection, may have direct consequences for the working environment and organization, the topic is largely coated with silence. The moral silence in their narratives about
Abortions and conscience clause is seen in contrast to the enthusiasm surrounding the birth discourse.

**Conclusion:** This paper offers opportunities for further reflections regarding midwifery, termination of pregnancy and conscience clause. By focusing on the discourses within the professional practice of midwifery, with a social constructivist framework, one creates an opening for changing the practice and work surrounding the demanding topics.

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**Beate Wimmer-Puchinger**

**C-Section: Influences on Decision-Making: Measures to Support Informed Consent of Pregnant Women**

In an international perspective, a rapid rise of C-section rates can be observed. At EU level there are considerable differences between countries and regions. In Austria, the C-section rate is at about 29%. At regional level in Vienna, there are great differences between the individual obstetric departments.

The aim of the representative multi-centred study was to identify factors influencing the type of birth. 1,829 mothers, who had given birth at one of the seven obstetric departments at public hospitals in Vienna, were interviewed three to four days after the birth. A subsample of 100 women was interviewed six months post partum. A questionnaire following Lutz & Kolip (2006) was used and translated into eight different languages. Additional medical obstetric data were included.

The results show significant differences regarding emotional status, patient satisfaction and breastfeeding rates within planned C-sections, unplanned C-sections and vaginal birth. Regression analysis indicates a significant influence of education level. 24% of women who had a planned C-section would recommend this experience. Half a year later, mothers with planned C-sections showed considerably less satisfaction. In the total sample, a percentage of 1.5% of planned C-sections without medical indication was identified.

Summarizing our results clearly shows that women are underestimating the consequences of C-sections and should therefore be informed and counselled individually in a more thorough way. Based on these results, targets to reduce C-section rates were set and measures to reach these goals were developed. An information booklet was published in a simple language (in German, English, Turkish and Arabic) to better inform women about the various types of birth
and the individual consequences. This will help women with a very low education level to understand the birth procedures and support their coping capacities. Another measure to reduce the C-section rate, especially in socially disadvantaged women, is to motivate pregnant women to take birth preparation classes. Gynaecologists, midwives and social workers are networked with educated multipliers from the different communities (speaking different mother tongues) to improve the medical and psychosocial care of this group of women.

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**Domestic violence in pregnancy**

**Relationship between type of domestic violence during Pregnancy and husband’s personality traits**

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**Abstract:**

**Background:**

Domestic violence in pregnancy is a leading cause of mothers’ morbidity and mortality. Husband’s Personality trait can be considered as a risk factor. Determining the relationship between personality trait and the type of domestic violence in pregnancy can take steps toward decreasing injuries due to violence.

**Main objective:**
To examine the relationship between types of domestic violence during Pregnancy and husband’s personality trait.

Method:

The study used a population-based cross sectional study design. In this study, 180 pregnant women and their husbands who were referred to the health centers were selected through a proportionally stratified and randomized sampling method. Domestic violence was measured using Conflict Tactics Scale and the socio-demographic variable was assessed by a self-report questionnaire. Also, NEO Five-Factor Inventory-3 (NEO-FFI) was employed to assess personality trait. Obtained data was analyzed via software spss v. 17, with Spearman and Pearson correlation and Variance Analysis Test.

Preliminary Results:

The result showed a significant correlation between husband's personality trait and type and severity of domestic violence. Neuroticism and extraversion showed significant correlation to all types of domestic violence. Opened was correlated to damages (p=0.015); agreeableness with psychological (p=0.009), verbal (p=0.029) and damages (p=0.018); and conscientiousness with psychological (p=0.027), physical (p=0.000) and damages (p=0.012).

Conclusion:

Respect to significant relationship between husband’s personality traits and domestic violence in pregnancy, taking some measurements to diagnose and treat such personality problems before getting marriage or pregnancy is recommended to enhance pregnant women’ mental health.

Key words:

Domestic violence- pregnancy- husband- personality trait

COMPARISON OF PERCEIVED SOCIAL SUPPORT AND MENTAL STATE OF WOMEN ACCORDING TO THEIR PREGNANCY WANTEDNESS

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ABSTRACT

Purpose. This study aims to compare perceived social support and mental states...
of women according to their pregnancy wantedness.

**Material and Method.** This is a descriptive and correlational study. The study was conducted in Obstetrics and Gynecology Outpatient Clinics of Ataturk University Yakutiye Research Hospital in Erzurum, Turkey. The study population consists of pregnant women who admitted to the Obstetrics and Gynecology Outpatient Clinics of Ataturk University Yakutiye Research Hospital and agreed to participate in the study. The study sample consists of 405 pregnant women admitted to the related hospital in March-June 2014 and agreed to participate in the study. "Personal Information Form", "Brief Symptom Inventory" and "Multidimensional Scale of Perceived Social Support" (MSPSS) were used for data collection. For evaluation of the data, percentages, means, standard deviations, t-test, chi-square and Pearson correlation tests were used.

**Results.** It was found that, the mean total Brief Symptom Inventory scores of the women with wanted and unwanted pregnancy were 37.10±18.72 and 59.31±11.74 respectively, and the mean Multidimensional Scale of Perceived Social Support scores of the women with wanted and unwanted pregnancy were 65.77±16.55 and 50.61±21.27 respectively. According to these mean scores, it was determined that perceived social support and mental state of pregnant women were at a good level in general, albeit better in women with wanted pregnancy. 
In the study, a statistically significant negative relationship was found between mean total scores taken in the Brief Symptom Inventory and Multidimensional Scale of Perceived Social Support.

**Conclusion.** It has been found that the mental state of the pregnant women who wanted pregnancy and had a high level of perceived social support were healtier and at a lower level of risk in terms of mental illness.

**Keywords.** Mental State, Nursing, Pregnancy, Social Support,

DETERMINATION OF PERINEAL CARE APPLICATIONS IN WOMEN 15 AND 49 YEARS OLD WITH URINARY TRACT INFECTION

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ABSTRACT

**Background:** Perineal care apply to the genital area. The quality of women's lives negatively affects due to lack of information.

**Main Objective:** This study was conducted to determine perineal care applications in women 15-49 years with urinary tract infection.

**Methods:** Population of the study consists of women with urinary tract infection (UTI) diagnosis 15-49 years old who applied to the policlinic of Meram Faculty of Medicine, Necmettin Erbakan University. From 1897 women applied here, only 199 women who wanted to participate voluntarily were included in this study. In study were applied a survey prepared by researcher by reviewing the literature. Data were analysed with SPSS 21.0 program. In the analysis of data, number, percentage and chi-square test was used.
**Preliminary Results:** At the end of study, 40.2% of women were between 43-49 years old, 82.9% were married, 40.7% were primary school graduate, 74.9% were housewife and 50.8% have economic condition in middle class. 94% of women said that they use white underclothes, 40.2% use combed cotton underclothes, 42.2% change their underclothes once a day and 48.7% wash their underclothes in washing machine in a low temperature and together with color clothes. 58.3% of women stated that they have squatting toilet at their homes, 66.3% prefer squatting toilet, 29.1% cleanse themselves toward the front, 29.1% cleanse themselves casually, 72.4% wash their hands after toiler, 55.8% wash their hands within 15-30 seconds, 44.7% cleanse themselves with water and toilet paper and 57.3% dry their perineal region after cleansing. In some applications related to the frequency of having UTI and toilet hygiene, it was found statistically significant. 64.3% of women stated that they use sanitary pad, 59.8% change pad 1 to 2 times a day during the menstrual period, 80.4% take a shower during the menstrual period, 45.2% take a shower by sitting down during the menstrual period. It was determined that use of insufficient pad and taking shower by sitting down during the menstrual period raise frequency of UTI. 8.7% of women stated that they use withdrawal method in preventing pregnancy, 54.8 did not have any information about vaginal secretion and 8.1% of those having information obtained that information from health personnel.

**Conclusions or Comments:** As a result of study, it was concluded that women pay insufficient attention to perineal care and therefore they increase the frequency to have UTI.

**Keywords:** Urinary tract infection, women, perineal care

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**Determination of Correlation Between Birth Perception and Satisfaction of Postpartum Women**

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**Abstract**

**Objective:** This study was conducted in order to examine the correlation between birth perception and satisfaction of postpartum women.

**Method:** This descriptive and correlational study was conducted at a maternity hospital in eastern Turkey. In the study, 182 women, who were voluntary to participate to the study and gave birth, were included without sample selection. The data were collected by using Personal Information Form, Scale for Measuring Maternal Satisfaction in Birth and Perception of Birth Scale- (POBS) between July 2015 and August 2015. The data collection has been continuing. Percentage distributions, means, and pearson’s correlation test were used to analyze the data.

**Results:** It was found that 70.7% of the women were in the age range of 26-35, 38.5% were primary school graduates, 86.8% were housewife, 61.0% lived in a nuclear family, 53.8% had their first pregnancy, and 79.1% had two living children.
It was determined that there was no relation between total mean scores of SMMSB and POBS (p>0.05).

**Conclusion:** A significant difference was not found between birth perception and postpartum satisfaction of postpartum women

**Key Words:** Birth, Birth perception, Perception, Birth Fear, Fear

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**DETERMINING POSTPARTUM SEXUAL BELIEFS AND AFFECTING FACTORS IN SOUTHWESTERN TURKEY**

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**Background:** A complex set of biological, psychological and socio-cultural variables plays a role in sexual life. At the postpartum period, sexuality depends on many factors: maternal physical response, hormonal changes, lactation, culture and beliefs.

**Objective and Methods:** This descriptive and cross-sectional study was conducted in order to determine the beliefs about sexuality and affecting factors in postpartum women.

The study sample consisted of 400 women who gave birth Antalya, Turkey. The data collection form that generated by researchers using literature was used to collect data. In the analysis of the study, descriptive statistical indicators like frequency and percentage distributions and Chi-Square analysis were used.

**Results:** The average age of the women participated in the study were 27.66±5.68. 63.8% of women were primary/secondary school graduates, 79.5% weren't working and 65.8% of women were multiparas. 96.7% of women participating in the study was planning to wait for sexual intercourse resumption for 40 days and over. The proportion of women receiving information about sexuality at postpartum period were 50.8%.

It was determined that the sexual belief about necessity of waiting 40 days to resume sexual intercourse of the women were 88%. It was found that the postpartum sexual beliefs of women about the importance and need of sexuality for women were 62-72% and the need for women to reflect sexual desire to partner was 86%. And it was determined to be low that having myth about breastfeeding. Women's myths about anal/oral intercourse were 67-75% and masturbation were 35%. Postpartum sexual beliefs is determined to be associated with education of women, longest lived settlements, marriage form, duration of marriage and parity (p<0.05).
Conclusions: As the result of the study, it is recommended to evaluating the beliefs of women about sexuality at postpartum period and giving health care and counseling in accordance with the requirements.

Keywords: Culture, Postpartum, Postpartum Sexual Beliefs, Sexuality

AUTONOMOUS SUBJECTS IN BECOMING – EXPLORING YOUNG WOMEN’S EXPERIENCES ABOUT SO-CALLED HONOR RELATED CONTROL

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Background: The debate about so-called honor issues have made some progress during the last decade but there is still little understanding of how young women living in patriarchal enclaves handle negative family patterns and control. Midwifery research has been sparse about this topic from a gender perspective.

Main Objective: To explore how young women in Sweden, with ethnic and cultural roots in Middle East and East Africa, subjected to patriarchal chastity norms, comply with or resist these norms of honor, and how they perceive that these ideals affect their health.

Methods: Fourteen young woman were interviewed in depth. The interviews were analyzed with grounded theory. Simone de Beauvoir’s feminist theory about women as ‘the second sex’, and her famous quote “One is not born, but rather becomes a woman”, was an inspiration source to enhance the process of creativity during the analysis.

Preliminary Results: “Honorable women” was analyzed as the central emerging phenomenon to which all categories related in a systematic relationship. The category “Supervised and disciplined women” described how these women were controlled structurally; by the state and individually; by close relatives and by men. The category “Adjusting and resisting the family norms” showed how they adjusted their clothing and respected the family’s values, and how they fought for their rights and refused to be restricted. The category “Severe health consequences” displayed their exposure to
various control mechanisms during the process of emancipation. Marginalization, mental health problems, suicidal attempts, or signs of burnt out occurred.

**Conclusions**: The control directed towards women is part of a larger problem where society plays an important role, where both archaic traditions and gender constructions are highly present. Midwives meet these women, in youth- and maternity clinics and the provision of sensitive and flexible care in harmony with women’s human rights is key.

“Make it clear that the integrity of a woman’s body cannot be denied by anybody else” - a qualitative analysis of midwives’ perceptions about virginity control and hymen ‘reconstructions’

**Monica Christianson and Carola Eriksson**

**Background**: Virginity is a marker of gender, since the social control of chastity before marriage concerns women, not men. However, virginity is not an anatomical feature but rather a psychosocial issue. In the literature, ideas about an existing virgin membrane seem to lack scientific proof. In spite of this, the myths regarding the broken hymen have paved the way for virginity examinations and hymen ‘reconstructions’.

**Main Objective**: To explore midwives’ perceptions regarding virginity control and hymen ‘reconstructions’, and how these practices can be debated from a gender perspective.

**Methods** An international group of 480 midwives answered a Web survey. The great majority came from the Western world, among them, the majority from Europe. As a follow-up to the final question, ‘Do you think that it is the responsibility of midwives to work against virginity examination and hymen operations?’ One open-ended question was also asked: ‘if YES, what is the most important thing midwives can do to work against these practices?’ The written responses were analyzed using qualitative content analysis.

**Preliminary Results**: 266 answered the open-ended question. Three themes emerged: *misogynistic practices that cement the gender order*, which revealed how the respondents viewed virginity control and hymen ‘reconstructions’; *raising public awareness and combatting practices that demean women*, which were suggested as strategies by which to combat these practices; and *promoting agency in women and providing culturally sensitive care*, which were considered to improve health care encounters.
Conclusion or comments: Virginity control and hymen ‘reconstructions’ are elements of patriarchy, whereby violence and control are employed to subordinate women. Political activism, international debates, collaboration between sectors such as health care and law-makers will be needed to counteract these practices. A women-centered approach whereby women are empowered with agency will make women more capable of combating virginity control and hymen ‘reconstructions’.

“IS THIS A TRAP?” RECRUITING MEN FOR AN ONLINE SURVEY ABOUT WOMEN’S GENITALS
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Background
It is important to understand men’s attitudes to women’s genital appearance because concepts of the ‘normal’ and the ‘ideal’ vulva are socioculturally constructed. Researchers conducting a survey on such a sensitive and confronting topic had to overcome barriers to recruiting male respondents.

Main Objective
To use various strategies, predominantly social media, to recruit men (as well as women) aged at least 18 years and living in Australia to complete an online survey about women’s genitals. In this paper, the researchers describe the strategies and report on the outcome.

Methods
Recruitment took place through Facebook, Twitter, Tumblr, and stories in news media in 2015. All respondents were asked how embarrassing they found the survey and were invited to comment on the experience. Descriptive statistics were used to describe respondent characteristics, the distribution of “Embarrassed” and “Not embarrassed” responses, and the number of male respondents associated with each phase of recruitment. Men’s free-text responses were analysed thematically.

Results
The 5,661 survey respondents, aged 19-83 years, included 1,809 men. Recruitment spikes followed the release of online media stories with links to the survey; male-targeted Facebook advertising was the second most successful strategy. Younger men were significantly more likely than older men to report embarrassment. Free text revealed discomfort in being asked to comment on images of vulvas and awareness of tension between compassionate and prurient interest in women’s bodies.

Conclusion
Online recruitment strategies that combine related media stories with targeted social media advertising can be effective in engaging men in research about women’s genitals. Special efforts are necessary to overcome social conventions about the propriety of men discussing women’s intimate body parts.
Abstract

Obesity is a serious public health problem which effect quality of life negatively. Objectives: This study was carried out in order to develop a Life Quality Scale for Overweight Women, test validity and reliability of scale.

Materials and Methods: Universe of study is Public Education Centers in Ankara Gölbaşı and sample of study is composed of women whose body mass index is 30 and above. Data was collected with scale from items developed by researcher. This was a Likert-type scale, ranging from 5 to 1. Sample of study was composed of 506 women.

Results:

Life quality scale for overweight women is stated that scale has sufficient content validity since 80% of experts evaluated items with 3-4 points and the scale has 0.80 and above Content Validity Index (CVI). It was defined as five factors and forty items as a result of validity analysis. As a result of factor analysis, there was a 5 factor structure whose eigenvalue as above 1 and explains 69.92% of total variance. Factor loads of the items forming the instrument varied from between 0.48 and 0.83. Factor 1 explains 22.73% of total variance, Factor 2 explains 16.93%; Factor 3 explains 16.45%; Factor 4 explains 7.63%; and Factor 5 explains 6.32%. Cronbach’s alpha was 0.97. Cronbach alpha coefficient for sub-factors was between 0.77 and 0.95.

The first factor is composed of 12 items, and named as “physical activity”. The second factor is composed of 11 items. It was named as “public distress”. The third factor was composed of 8 items. This factor was named as “sexual life”. Since 4 items in the fourth factor was named as “self-perception”. 5 items in the fifth factor was named as “work-life”.

Conclusion: it was found that the instrument was a valid and reliable assessment tool that can be used to measure the Quality of Life of overweight women.

VEILED POWERS OF CULTURE: LOOKING AT FEAR OF CHILDBIRTH THROUGH THE LENS OF TRADITION

Annica Kempe, Kyllike Christensson, Fatoom Noor-Aldin Alwazer, Zeinab Joober Dhman, Töres Theorell
Background: Few studies have addressed women’s fear of childbirth (FOC) in low-income countries or as an intrinsic part of culture. Yemen on the Arabian Peninsula is a country of rich cultural diversity and medical pluralism, suited for such a study. Maternal and child health care in northern and southern Yemen has been strongly influenced historically by diverse childbirth traditions of the West and Eastern Europe.

Main objective: The aim of our study was 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: We interviewed 220 women with childbirth experience in urban/ rural Yemen through a structured closed- and open-ended questionnaire. A multistage sampling process was used. We performed bivariate chi-square tests and multiple logistic regression analysis.

Preliminary results: In multiple logistic regression analysis, women who resided in the south-eastern Hadramout Governorate with a distinct matriarchal culture and tradition of non-attended childbirth 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 in the study population were almost twice as likely to experience FOC (95 % CI 1.08 – 2.94). Bivariate analysis showed that women who had received conflicting advise during pregnancy from Antenatal Care (ANC) staff and women in the local community or who had educated husbands were at excess risk of FOC.

Conclusions or comments: FOC is deeply rooted in culture. The power of culture lies in its ability to influence the social domain of life, of which FOC is a reflection. The multiple challenges associated with women’s young age in our gender segregated study population give rise to FOC. Sensitization of ANC staff to local perceptions would lessen FOC.
PERCEPTION OF THE PSYCHOSOCIAL ASPECTS OF SUBFERTILITY BY PARENTS FOLLOWING SUCCESSFUL MEDICALLY ASSISTED CONCEPTION: A QUALITATIVE STUDY.


Background: Nearly 5% of newborns in the Netherlands are now born following Medically Assisted Conception (MAC), a steadily increasing number. Little is known about the impact of subfertility and fertility treatment for those who successfully achieve pregnancy following MAC on their perspectives of this subfertile period, the pregnancy and birth. There is a lack of awareness and training for midwives and other maternity care providers on this subject.

Main Objective: This study aimed to explore the subjective impact of subfertility and fertility treatment for parents who successfully achieve pregnancy following MAC.

Methods: This explorative, qualitative study was based on the constructive/interpretative paradigm using a constant comparison/grounded theory design. Two couples and seven women in the Netherlands who conceived as a result of MAC were interviewed in 2011.

Preliminary Results: Parents were exposed to a range of emotions such as disappointment, hope and uncertainty during the subfertile period, and these feelings were even felt after successful MAC. The relationship and social support from friends and others in the same position were very important. Regarding the relationship with the partner during the subfertile period, the main thing the couple have to do is to keep talking with one another. Although they did not always agree on all issues, it was found that maintaining the communication strengthened the links between them by the end of the process.

Conclusion: Although the participants are not representative of all subfertile clients, the findings show that the feelings and emotions during fertility treatment play a big role during the subfertile period and remain important during pregnancy and even after childbirth. Subfertile clients want maternity care providers to ask those who successfully achieve pregnancy following MAC about their experiences during fertility treatment, and also want them to check that they still are receiving adequate social support.
ANALYSIS OF THE SEXUAL LIFE QUALITY AND MARITAL SATISFACTION IN WOMEN WITH BREAST CANCER

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ABSTRACT

Aim: The aim of the present study is to analyse the sexual life quality and marital satisfaction in married women with breast cancer.

Materials and Methods: The population of the research consists of 520 married women above 18 years of age with breast cancer who, at the time of the survey, presented to two public hospitals in Samsun located in the west of Turkey. The research sample is constituted by 300 patients who satisfied the study criteria. Data was collected using a personal information form, the Sexual Life Quality Questionnaire (SLQQ), and the Marital Satisfaction Scale (MSS). Percentages, one-way analysis of variance (one-way ANOVA), t-test, and Pearson’s correlation analysis were used for the purpose of data analysis.

Results: Based on the data analysis, the average score of the marital satisfaction scale was found to be 15.39±5.36, and the average score of the quality of sexual life was 53.06±16.65. The results indicated that education level of patient (p≤0.04), education level of spouse (p≤0.00), and type of marriage (p≤0.00) had an effect on the level of marital satisfaction. A significant positive correlation was found between the marital satisfaction and the sexual life quality (p≤0.00).

Conclusion: Educational background of patient, educational background of spouse, and type of marriage were found to have an effect on the marital satisfaction among the patients with breast cancer (p≤0.00). The study indicated that the sexual life and marital satisfaction of women diagnosed with breast cancer were influenced, and these concepts were interrelated. Based on these results, nurses should inform women diagnosed with breast cancer about marriage and sexuality with a holistic approach, and women should be provided with psychosocial support together with their spouse.

Key words: Breast cancer, marital satisfaction, nursing, sexuality

Subjective images of the “child” in women undergoing IVF

Introduction: 60,000 IVF treatment cycles are carried out annually. From a psychological viewpoint, it seems logical that the process can be stressful.

Project: Up till now no study has been made of the subjective picture that a woman has of her embryo in her “mind’s eye” before transfer of the embryo takes place.
Material and methods: In the Fertility Center Berlin 204 women were asked to take part in the study on the “visualisation” of their embryos. Their task was to draw a picture of what they imagined their embryo looked like. The pictures were drawn on the day of transfer, 2-5 days after injection of ova with sperm.

Results: 200 drawings were made at the time of embryo transfer. The sketches were personal to each woman and fall into a number of groups. One group uses symbolism and associations representing hope, the aim being to suffuse the embryo with a soul, personalising it. Another group of women draw an embryo as if it were an 8-week-old foetus, breaking with the image of a “bunch of cells”. Another large group produces a realistic depiction of the embryo as it looks on the day of transfer, but in this group of “realists”, too, the women give the embryo different amounts of room on the page.

Discussion: The pictures show that, during treatment of their unfulfilled desire for a child, women have wildly differing and very clear ideas about their respective embryos. The pictures reveal feelings of hope and love at a stage when the patient has no way of knowing if she will become pregnant. The women’s high expectations reflect the psychological pressure they are under. Their expectations show just how much support is needed at this vulnerable stage in their lives.

Assessment of the Effect of Nipple Care With Honey on Nipple Cracking

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Background: Breastfeeding is a natural and self-developing process both for infants and mothers, but mothers usually have simple problems that cause concerns and anxiety. Nipple pain and nipple cracking are common complaints among breastfeeding women, and they are two of the major reasons that mothers cease to breastfeed their infants. There are many techniques used in breast care. Honey therapies are among the most common traditional applications.

Main Objective: The aim of the study is to analyze the effect of nipple care with honey on nipple cracking.

Methods: The population of the study included the primiparous mothers who stayed in the obstetrics clinics of a university hospital and a public hospital between May-August 2014. The study sample included 40 mothers who were older than 18, literate, delivered their babies in the thirty-seventh week of their pregnancy or later,
were capable of holding an interview during the first 6 hours after delivery and were not allergic to honey. The participating mothers were assigned to control and experimental groups, starting with the control group. The authors held interviews with the mothers and provided breastfeeding training using breastfeeding brochures. The mothers in the experimental group were informed about how to apply the honey. Then, one teaspoon of honey were applied to their nipples and areola three times a day. The researchers washed their nipples 30 minutes later. Nipple cracks in all mothers were checked on the third, fifth and seventh days.

**Preliminary Results:** Of the mothers in the experimental group, 30.4% had cracks on their nipples, and 76.5% did not. Of the mothers in the control group, 69.6% had cracks on their nipples, and 23.5% did not. The difference between the two groups was statistically significant (p<0.01).

**Conclusion:** The authors found that nipple care with honey helped to prevent nipple cracks.

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**The Relationship With Prenatal Attachment of Psychosocial Health Status of Pregnant Women**

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**Background:** Being a natural event; pregnancy causes a number of physiological, psychological, and social changes. Differences could be observed in psychosocial health of pregnant women depending on their emotional dilemmas. Depressive symptoms in pregnancy like irritability, sorrow and worthlessness may hinder the relationship between the pregnant women and the fetus. Pregnancy is related with important physiological and psychological changes that may affect the prenatal attachment.

**Main Objective:** Examine the importance of the psychosocial health conditions of pregnant women and their relations with prenatal attachment.

**Methods:** The study was carried out with 305 pregnant women who applied to the polyclinics of Nenehatun Maternity Hospital in Erzurum between September 2014 and May 2015 and voluntary to participate in the study and met the inclusion criteria. The
data were collected by using the personal information form, the Pregnancy Psychosocial Health Assessment Scale and Prenatal Attachment Inventory. The data were assessed by using descriptive statistics, Reliability test, t-test, One-Way Analysis of Variance, Kruskall Wallis, Mann Whitney-U and Pearson Correlation Analysis.

**Preliminary Results:** The average total score received of pregnant women was found 56.97±11.58 from PAI and 4.15±0.40 from PPHAS. Pregnant woman’s and her husband's education status, duration of marriage, number of pregnancies, living children and abortion, status of go to regular control, pregnant woman and husband to intent the pregnancy, number of stillbirths and gender of infant affected the level of prenatal attachment. It was determined statistically significant positive correlation between psychosocial health status psychosocial health status of pregnant women and prenatal attachment.

**Conclusions:** Psychosocial health of pregnant women, as the level increases, it is found that the level of prenatal attachment is also increased.

**Keywords:** midwives, pregnant women, prenatal attachment, psychosocial health, the process of pregnancy

**RELIABILITY AND VALIDITY OF MOTHER'S POSTNATAL SENSE OF SECURITY SCALE**

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**Abstract**
Background: Mother's sense of security during the period after early postnatal is related to maternal care, sense of control, mother's own attitudes, the general well-being and spousal support (Persson et al 2007, Persson and Dykes 2009). Postpartum mother's sense of security affects positively the postpartum experiences (Persson and Dykes 2002). There is no tool available to measure mother's postnatal sense of security in our country.

Main Objective: In this study, it was aimed to adapt the scale 'Parents' Postnatal Sense of Security (Mother's form)' developed by Persson et al. (2007) into Turkish in order to assess mother's postnatal sense of security in the first week.

Methods: The sample of this methodological research consisted of 180 mothers in the postnatal first week. Data were obtained from a questionnaire consisting of seven questions aimed at the characteristics of mothers and Parents' Postnatal Sense of Security (Mother's Form) Scale. In the process of adapting the scale into Turkish, validity and reliability analysis were conducted. The scale originally written in English language was translated into Turkish. Eleven experts were consulted for content validity and Content Validity Index was calculated. Data were analyzed using Exploratory Factor Analysis (EFA), Confirmatory Factor Analysis, Cronbach's Alpha, item analysis, correlation analysis, mean and frequency analysis.

Preliminary Results: The mean age of the mothers participating in the study is 28.25 ± 6.43. 66.7%. Of the mothers, 89.4% are primary school graduates and do not work (housewife). 70% of respondents have stated that they have nuclear family and 45.6% finds the family income sufficient. 65% of the mothers had given birth by spontaneous vaginal delivery. 87.2% of the mothers were found to feel safe in the first postnatal week.

Content validity index of the scale was calculated as 0.89. It is recommended CVI point should be over 0.78. It was obtained a four-factor structure that Eigenvalues over one as in the original scale in Exploratory factor Analysis. The Cronbach’s Alpha coefficient was calculated as 0.85. The fact that this value is over 0.70 shows that the reliability of scale is fair.

Conclusions: The Turkish version of Parents' Postnatal Sense of Security (Mother's Form) Scale has been determined to be valid and reliable as a result of analysis. The scale could be proposed to assess postnatal mother's sense of security and to determine the problem areas.
Key Words: Sense of security, Mothers, Postpartum Period, Scale

The Correlation between Prenatal Attachment During Pregnancy and the Role of Motherhood

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Background: Attachment with an infant during pregnancy refers to the pregnant woman’s feelings concerning her unborn infant, her interactions with the infant and her manner of defining herself as a mother during pregnancy, in other words her process of acquiring the motherhood role.

Main Objective: This descriptive and correlational study was conducted to examine the correlation between the prenatal attachment established during pregnancy and the role of motherhood, as well as the affecting factors.

Methods: The population of the study consisted of 296 voluntary pregnant women who applied to Erzurum Nenehatun Maternity Hospital’s outpatient clinics between September 2014 and January 2015 and met inclusion criteria of the study. The data of the study were collected by using personal information form, Semantic Differential Scale-Myself as Mother, and Prenatal Attachment Inventory. The data were evaluated by using descriptive statistics, t-test, One-Way Analysis of Variance, Kruskall Wallis, Mann Whitney-U, and Pearson Correlation Analysis.

Results: While prenatal attachment mean score of pregnant women was found as 57.03±11.61, their mean score of the "myself as mother" was found to be 59.28±9.21. It was determined that pregnant women’s duration of marriage (p<0.001), educational status of the pregnant woman and her husband (p≤0.001), number of pregnancies and number of living children (p<0.001), stillbirth (p<0.05) and abortion history (p<0.001), infant’s gender (p<0.05) and planning status of pregnancy (p<0.001) affected the prenatal attachment. Pregnant women’s age (p<0.05), educational and employment status (p<0.001), husband’s educational status (p<0.05), family type (p≤0.001), and planning status of pregnancy (p<0.05) were effective in the acquisition of motherhood role. A positively significant correlation was found between prenatal attachment and motherhood role mean scores (p<0.001, r=0.343).

Conclusions: It was determined that as prenatal attachment level increased, acquisition of Motherhood role increased.

Keywords Pregnancy · Prenatal Attachment · Motherhood Role · Correlation
Comparison of Traditional Practices applied by Women During Pregnancy, Delivery, and Postpartum Period in Different Cultures: A Multicenter Study
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Purpose: The purpose of study was to determine and compare traditional methods used by postpartum women during pregnancy, delivery, and postpartum period in different cultures.

Material and Method: This descriptive and comparative study was conducted in a maternity hospital located in Erzurum, Turkey and in gynecology and obstetrics outpatient clinics of a public hospital in Poland. The sample of the study consisted of 235 women from Erzurum and 230 women from Poland who conceived at least once in October 2014 and June 2015 and agreed to participate in the study. A questionnaire involving 17 questions was used to collect the data. For assessment of the data; number, percentage distributions, and chi-square test were used.

Results: It was found that pregnancy-related traditional methods were the increase of skin changes perceived by 40.3% of the women in Turkey as pregnancy indicator and prediction of gender of infant by 90.8% according to the shape of abdomen, delivery-related traditional method was burying of umbilical cord by 80.1%, and postpartum-related traditional methods were using of depilatory agent by 42.1% for perineal care and praying by 62.3% for protection from evil eye and other evil situations. It was found that pregnancy-related traditional methods were perception of pregnancy intuitively by 43.8% of the women in Poland and prediction of gender of infant by all of them based on intuitions, delivery-related traditional methods were preventing retention of placenta with massage by 66.7% and baptizing the umbilical cord by all of them according to religious beliefs, and postpartum-related traditional methods were taking shower by 92.2% for perineal care and using red items by 97.0% for protection from evil eye and other evil situations.

Conclusion: It was found that there were various traditional practices belonging to pregnancy, delivery, and postpartum period in both countries as well as differences between them.
HISTORICAL DEVELOPMENT OF ASSISTED REPRODUCTIVE TECHNIQUES FROM PAST TO TODAY
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ABSTRACT
Reproduction and continuation of one’s lineage is one of the most important and basic instincts of all living things. Having a child is an accepted and desired condition in all societies because development of the society and the continuation of generations depend on this. The reproductive techniques have been analysed since the existence of humanity and have advanced by making progress in time. The fact that assisted reproductive techniques, a hope for the infertile couples, have a rapid developmental progress has become a good situation for them. The assisted reproductive techniques are advanced techniques that involve all the procedures carried out to conceive for those who are unable to achieve the pregnancy spontaneously. The infant born after the application of the first assisted reproductive technique came to this world in 1978. Since this date, assisted reproductive techniques have made a rapid progress. While new methods are being developed, some have been abandoned.

The purpose of this compilation is to express chronologically the historical development of the assisted reproductive techniques developed concerning the problems of infertile couples.

Keywords: Infertility; Assisted reproductive techniques; Historical development

WHAT MAKES A BEAUTIFUL VULVA?
ASSOCIATIONS BETWEEN VULVAL APPEARANCE AND ACCEPTABILITY OF FEMALE GENITAL COSMETIC SURGERY:
RESULTS OF A NATIONAL SURVEY IN AUSTRALIA

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Background
Female genital cosmetic surgery is increasingly practised and discussed internationally. Posited explanations for this phenomenon include the sociocultural construction and policing of the ‘normal’ and the ‘beautiful’ vulva.

Main Objective
To assess evaluations of vulval normality and aesthetics and establish whether evaluations predict acceptability of female genital cosmetic surgery (FGCS).

Method
An anonymous, cross-sectional, on-line survey conducted in 2015 with women and men in Australia included 8 photographs of vulvas displaying various degrees of symmetry, rugosity, and labia minora length, each within the normal range. Using a 5-point scale, respondents evaluated the ‘normality’ and ‘beauty’ of each image; evaluations were compared to establish whether the photographs could be ranked by normality and aesthetics. Binary logistic regression investigated whether respondents’ sex and their beauty and normality evaluations predicted the acceptability of FGCS.

Results
Complete data were provided by 3,335 respondents of whom 68% were women. Although the image most often evaluated as ‘normal’ and ‘beautiful’ was the smooth vulva with no protruding labia minora or clitoris, evaluations were diverse. Associations were found between evaluations and acceptability of FGCS. For example, respondents evaluating the smooth vulva image as ‘beautiful’ were 5 times more likely to consider FGCS to be acceptable than those evaluating it as ‘ugly’. Respondents evaluating the image depicting substantial labia minora protrusion as ‘abnormal/somewhat abnormal’ were twice as likely as those evaluating it as ‘normal’ to consider FGCS acceptable. Men were 1.39 times more likely than women to consider FGCS acceptable. Free-text comments revealed that some respondents were surprised to discover that they judged vulval appearance.

Discussion
It is evident that women’s intimate bodies are evaluated, often without awareness, and that these evaluations are associated with willingness to accept FGCS. Despite considerable diversity in evaluations, the smooth vulva is most often assessed as beautiful and normal.

HEALTH PROFESSIONALS’ DISCURSIVE CONSTRUCTIONS OF CLINICAL INDICATIONS FOR FEMALE GENITAL COSMETIC SURGERY
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Background
The increase in female genital cosmetic surgery (FGCS) and widespread advertising by practitioners has prompted expressions of caution from professional organisations. There is controversy about acceptable clinical indications for FGCS.

Main Objective
To understand discourses of clinical indications for FGCS among health professionals in Australia.

**Method**
As part of a multimethod study to elucidate sociocultural aspects of the increasing demand for FGCS among women and girls in Australia, semi-structured interviews (by telephone and in person) were conducted with key informants, including medical practitioners, nurses, and physiotherapists. Participants were recruited by invitation and by advertisements distributed by professional organisations. Interviews were transcribed verbatim and analysed thematically.

**Results**
Sixteen health professionals were interviewed: 5 plastic surgeons, 2 cosmetic surgeons, 4 gynaecologists, 1 general practitioner, 3 nurses, and 1 pelvic-floor physiotherapist. All participants expressed awareness of vulval diversity and said that FGCS should be performed only when there was a clinical indication. However, there was no consensus in what constituted a clinical indication and in attitudes to vulval aesthetics; surgeons were less likely than others to classify asymmetrical labia minora or visible labia minora and clitorises as aesthetically acceptable. Three discourses were identified, which the health professionals endorsed or rejected in various degrees: ‘FGCS is indicated for functional reasons: to improve sexual intercourse and reduce discomfort in other activities’; ‘FGCS is indicated to improve genital appearance by reducing asymmetry and visible labia minora or clitoris’; ‘FGCS is indicated to improve the woman’s self-esteem’.

**Conclusion**
Any public education about the diversity of women’s genitals, aimed at reducing unnecessary and potentially harmful genital cosmetic surgery, needs to be aimed at medical practitioners as well as the lay community.

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**WHY DO WOMEN COMMIT FILICIDE?**

**OPINIONS OF KEY INFORMANTS IN MALAYSIA**

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**Background:** Filicide is recognised as a serious problem in Malaysia, although it is poorly understood. Our secondary analysis of national data found that there were substantial missing data, with details undocumented for up to 87% of cases. Of the documented cases, more boys than girls were victims, and suspected perpetrators were recorded as predominantly Malay women, usually mothers of the victim.

**Main Objective:** We aimed to elucidate the ways in which key informants explain the causes of filicide in Malaysia and their recommendations for mitigating the problem.

**Method:** Professionals experienced in working with women and girls who have committed filicide, have been convicted of filicide, or are at risk of committing filicide were purposively selected for participation. Semi-structured interviews sought their
opinions on the social context and causes of filicide by women, and potential preventive measures. English translations of interview transcripts were analysed thematically.

**Results:** Interviews with 15 health, social work, education, and policy professionals revealed that they attribute responsibility to women for their failure to comply with social norms and religious teachings. The stigmatised social position of unmarried mothers was also identified as a contributing factor. Key informants asserted that challenges in providing effective services come from society, authorities, service providers, and their clients. Their suggested solutions addressed institutional and social support for people at risk of filicide and a perceived need to change the behaviour of young people.

**Conclusion:** It was notable that key informants did not suggest ways of assisting women who are victims of sexual assault, nor did they provide recommendations to help victims of domestic violence. No key informant discussed the need to stop men from raping girls or women, nor any means of ending violence against women and children. Key informants’ views reflect the dominant discourse of filicide in Malaysia and elsewhere.

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**UNDERSTANDING THE LIFE EXPERIENCES OF WOMEN CONVICTED OF FILICIDE IN MALAYSIA**

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**Background:** Although filicide is of serious concern, it is poorly understood in Malaysia. Our secondary analysis of national data found that there were substantial missing data, with details undocumented for up to 87% of cases. Interviews with health and policy professionals revealed that they attribute responsibility to women for their failure to comply with social norms and religious teachings.

**Main Objective:** This research sought to understand the meaning of and background to filicide from the perspectives of women who have been convicted of filicide and incarcerated in prison or a psychiatric hospital.

**Method:** In-depth interviews were conducted in person with all eligible and consenting women convicted of filicide and incarcerated in prisons or forensic psychiatric institutions in Malaysia. Women’s accounts were translated into English and analysed using Interpretative Phenomenological Analysis.

**Results:** Interviews with nine women convicted of filicide yielded evidence that others were implicated in the crime, that they had experienced lifelong violence and marginalisation, and had limited access to health care.
Conclusion: These research findings illuminate an inadequately understood phenomenon in Malaysia and reveal why the existing strategies to reduce filicide, which reflect the views of the key stakeholders, have had minimal impact. They reveal the pervasive harm of violence against women and children and its link to filicide.

MOTIVATIONS, EXPECTATIONS, AND EXPERIENCES OF LABIAPLASTY: A QUALITATIVE STUDY

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Background: The demand for labiaplasty has increased rapidly over recent years; however, very little is known about the experiences women have undergoing this surgery or the subsequent effects it has on their well-being.

Main Objective: To explore women’s reasons for undergoing labiaplasy, their expectations, and pre- and post-surgical experiences.

Methods: One-to-one semi-structured interviews were conducted with 14 Australian women aged 23 to 59 years who had undergone a labiaplasty procedure between 5 and 16 months prior to interview. The women were asked about their reasons for having labiaplasty, the processes of accessing and undergoing surgery, and how various aspects of their lives were influenced after having surgery. The interviews were audio-recorded then transcribed verbatim. The interview transcripts were analysed using thematic analysis owing to the exploratory nature of the study.

Preliminary Results: Themes reflecting “media influence”, “negative commentary”, “physical versus appearance reasons”, “satisfaction with surgery”, and “sexual well-being” emerged from the analyses. Online media representations of labial appearance, and negative past experiences, primarily sexual in nature, contributed to women’s concerns about their labial appearance. Issues of physical discomfort were also common and were sometimes emphasised to potentially legitimise women’s requests for surgery. Most women were generally very satisfied with their surgical results, although some noted that their labia were not as small and/or symmetrical as they had expected. Most women reported significant improvements in their sexual well-being after surgery, however, some noted that their emotional discomfort around sexual intercourse had not improved.

Conclusions or Comments: These new insights into why women seek labiaplasty, their experiences and outcomes may assist clinicians in enhancing their communication with prospective patients. A thorough understanding of the motivations and expectations of prospective labiaplasty patients will facilitate better decision making by patients and clinicians.
PSYCHOLOGICAL OUTCOMES OF LABIAPLASTY: A CONTROLLED PROSPECTIVE STUDY

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Background: An increasing number of women are undergoing labiaplasty. However, research on the psychological outcomes for women who undergo this surgery is still limited.

Main Objective: To investigate any changes in women’s genital appearance satisfaction, relationship quality, psychological well-being, and quality of life after labiaplasty, relative to a comparison group of women.

Methods: Participants were 35 Australian women, aged 18 to 56 years, who underwent a labiaplasty procedure and a comparison group of 30 Australian gynaecological patients, aged 21 to 55 years, who were not seeking labiaplasty. Both groups of women completed a questionnaire (prior to surgery for the labiaplasty group) and a follow-up questionnaire after 6 months. The questionnaires contained standardised measures of genital appearance satisfaction, relationship satisfaction, sexual confidence, psychological distress, self-esteem, and satisfaction with life.

Preliminary Results: To date 24 of 30 (80.0%) women in the labiaplasty group and 17 of 24 in the comparison group (70.8%) have completed the 6 month follow-up questionnaire. Of the labiaplasty group, 20 (83.3%) were either “moderately” or “extremely” satisfied with their labial appearance at 6 months post-surgery. In addition, 21 (87.5%) were “moderately”/”extremely” satisfied with the physical function of their labia. Complications were reported by 8 women (33.3%), including pain and infections. Of all the standardised psychological outcome measures employed, there was only one significant group x time interaction effect whereby the labiaplasty group’s genital appearance satisfaction significantly increased from pre- to post-surgery with a large effect size, relative to the comparison group.

Conclusions or Comments: The study results thus far suggest that most women who have a labiaplasty are satisfied with their surgical results. Furthermore, having a labiaplasty appeared to significantly improve women’s satisfaction with their genital appearance. However, to date, no significant effects have been found for relationship quality, psychological well-being, or quality of life.

PERCEPTIONS OF NURSES REGARDING PRENATAL CARE OF LESBIAN PATIENTS IN WOMEN'S HEALTHCARE CENTERS

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**Background:** There is an increased tendency among lesbians to bear and raise children. Nurses are a part of the medical teams that provide prenatal care to lesbians in women's healthcare centers, before, during and after pregnancy. Although social and political changes have occurred toward homosexuality, stigma, intolerance and discrimination are still common. **Main Objective:** to examine the nursing staff’s perceptions regarding communication and quality of prenatal care provided by nurses to lesbian patients in women's healthcare centers. **Methods:** A cross sectional study was conducted in community prenatal centers in Israel. The sample consisted of 42 registered nurses who completed questionnaires that included: sociodemographic and professional background, Knowledge about Homosexuality (Harris, Nightengale & Owens, 1995); Attitude Toward Lesbian and Gay (Herek, 1998); Gay Affirmative Practice Scale (Crisp, 2006); Subjective Norms; Intention to deliver equal prenatal care; Nurse-Patient Relationship-Communication Assessment Tool (Finch, 2006); and Patient Satisfaction with Nursing Care Quality Questionnaire (Laschinger, Hall, Pedersen & Almost, 2005). **Preliminary results:** 79% of the participants have encountered a lesbian woman in their neighborhood. 48% of the nurses gave medical care to lesbian patients at least six times. Only 19% of the nurses received specific training in healthcare for homosexuals and two thirds were unaware of the importance of knowing the patient's sexual orientation. The mean score of intention to deliver equal prenatal care to lesbian patients was extremely high, 4.8 out of 5. Intentions to provide equal care were associated significantly and positively with attitudes toward lesbian women and knowledge about homosexuality. **Conclusions:** There is an inherent lack of professional knowledge concerning medical and nursing care of lesbians. Most nurses intended to deliver equal nursing care to lesbian patients. The results support the Theory of Reasoned Action (Ajzen & Fishbein, 1980) predictions concerning the positive relationship between attitudes and behavioral intentions.

**THE ANTENATAL AND POSTNATAL FACTOR STRUCTURE OF THE EDINBURGH POSTNATAL DEPRESSION SCALE IN A POPULATION-BASED SAMPLE**

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Background: To demonstrate validity, questionnaires should measure the same construct in different groups and across time. The Edinburgh Postnatal Depression Scale (EPDS) was designed as a unidimensional scale, but factor analyses of the EPDS have been equivocal, and demonstrate other structures: this may be due to sample characteristics and timing of administration.

Main Objective: We sought to investigate the factor structure of the EPDS and whether it held at four time-points - two in the antepartum period; two in the postpartum period - in a population-based sample.

Methods: Exploratory factor analysis (EFA) was carried out on half of the Avon Longitudinal Study of Parents and Children sample ($n = 5551 - 5988$) at 18 and 32 weeks pregnancy gestation. We conducted confirmatory factor analysis (CFA) to test the factor
structures for model fit on the second half of the sample \((n = 5688 – 6256)\) at 8 weeks and 8 months postpartum.

Preliminary Results: EFA and CFA revealed that a three-factor solution was optimal at all time-points, showing the clearest factor structure and best model fit. A depression factor (four items) accounted for 43.5 - 47.2% of the variance; an anhedonia factor (two items) 10.5 – 11.1%, and an anxiety factor (three items) 8.3 – 9.4% of the variance. Internal reliability was good: Cronbach’s alphas for the depression factor were .73 - .78 and for the anxiety factor .77 - .78. Correlations between anhedonia items ranged from .57 - .67. Item 6 was complex and did not fit the model well.

Conclusions: EPDS appears to measure three related factors of depression, anhedonia and anxiety. Research is needed to validate these factors for clinical use. There is scope to refine the EPDS as item 6 does not fit the model. Anhedonia items are reverse scored and this may have an impact on factor structure.

VALIDITY AND RELIABILITY OF TURKISH VERSION OF THE ANTENATAL PERCEIVED STRESS SCALE

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EVALUATION OF SLEEP QUALITY OF MOTHERS OF INFANTS AGED 0-12 MONTHS

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ABSTRACT

Background: Mothers encounter numerous physiological, psychological, and social problems in the postpartum period. In the postpartum period, mothers experience sleep problems such as reduced deep sleep, frequent awakenings at night or insomnia because of the reasons such as baby care, breastfeeding, health problems, and the needs of other children.

Objective: The study was conducted to evaluate the sleep quality of mothers of infants aged 0-12 months.

Methods: The study was conducted in the Merzifon District of the Province of Amasya, located northern region of Turkey. This descriptive study was conducted between July 1, 2014, and February 1, 2015, in a Family Health Center (FHC) region. The study population consisted of mothers of infants aged 0-12 months, residing in the related FHC region at the time of the research. The whole study population was studied without selecting any sample group. The study was completed with 361 mothers. Data were collected by the researcher through face-to-face interview method using "Personal Information Form", "Pittsburgh Sleep Quality Index (PSQI)", and "Epworth Sleepiness Scale". The data were analyzed in a computer environment.

Results: The mean age of the mothers included in the study was found to be 29.18±5.05 years. The mean PSQI score of the mothers was 9.95±3.04, and the mean Epworth Sleepiness score was found to be 9.20±4.53. In the study, mothers of male infants, working mothers and breastfeeding mothers found to have reduced quality of sleep compared to mothers of female infants, unemployed mothers and non-nursing mothers respectively (p<0.05).

Conclusions: Overall sleep quality of mothers was found to be bad according to the PSQI. Only the 8.9% of the mothers had a good quality of sleep. And the mothers were found to be close to the excessive daytime sleepiness limit. In addition, the quality of sleep of mother was found to be not affected by gender of infants, employment status of mothers, and their breastfeeding status.
Induced Stillbirth Self-help Group in Practice

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Background: In Japan, Stillbirth is defined as pregnancy 12 weeks to less than 22 weeks miscarriage. The number is more of induced abortion than spontaneous abortion in Japan. There are some reasons. In Japan, ultrasound has become routine clinical practice, leading to clarification of fetal conditions. Recently, NIPT (non-invasive prenatal genetic test) is started to be introduced. If we know there are fetal defects, then we can get the benefits of early treatment or prepare for life after birth. On the other hand, in the cases when it is impossible to treat, there are few follow up systems in Japan. Parents usually do not have psychological support. Induced stillbirth is an unspeakable loss.

Main Objective

There are some groups for miscarriage/stillbirth/neonatal death, but on the other hand, there are few groups of induced stillbirth. By performing the self-help groups of induced abortion, to examine its effects.

Methods: Participants: mothers who have experienced an abortion, Clinical psychologist, Obstetrician and gynecologist, Psychiatrist, midwife, nurse, Genetic counselor.

Setting the warm and tender place that was in reference to the clinical psychology counseling.

Preliminary Results: 5 meeting had held. The reasons of participant’s abortion are premature rupture of membranes, gastroschisis, anencephaly, conjoined twins, exomphalos, and chromosomal abnormality.

Comments: Parents felt secure and bond in the meeting. It is possible for participant to relieve their deep emotions in this environment. The effect of Participation of medical staff was found. Some participants can feel responsibility by clinical staff, but others have had a bad experience. This can have traumatic effect. By participating in this discussion, many people found honest supports. That holds women’s mind ever after.

THE IMPORTANCE OF PREGNANCY COURSE AND THE PRESENCE OF THE FUTURE FATHER AT BIRTH

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Background: Most human societies have traditional values related to children. Children are eager and worthy goal. Having children is a social norm for adult individuals.

Main Objective: At antenatal courses educate pregnant women and their partners. We want to raise awareness of the fact that their child is sensuously ripe and ready for interaction. With the disappearance of multigenerational families we lose the tradition and the transfer of experience of pregnancy, birth and parenting, where the younger members could learn from the elderly. The father should actively participate in pregnancy. The aim of this study was to investigate the impact of education and the presence of a partner at the birth.

Methods: The study data from 103 pregnant women, all primiparae, without his own experience of childbirth. We classified them into two groups: 61 pregnant women in the first group who attended a course for pregnant women and 30 pregnant women in the second group of women who have not attended a course for pregnant women.

Results: Statistical analysis of the data obtained that there is not a significant difference in the presence of partners by the birth between the two groups ($\chi^2 = 0.197$, df = 1, $p>0.01$)

Conclusion: Courses for pregnant women are aimed at future parents to provide enough information about pregnancy, health protection of pregnant women, childbirth, puerperium, newborn, newborn health care, psychological aspects of parenting and legal regulations related to parenthood.

THE IMPACT OF MATERNAL PERSONALITY AND PERINATAL FACTORS ON MOTHER - INFANT BONDING

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Background: Undoubtedly to current knowledge childbirth presents many challenges to the mother. However, the central and most important psychological process is development of the relationship with the infant.

Main Objective: To explore the relations of mother's personality traits and some perinatal factors with mother - infant bonding in a sample of Croatian mothers.

Methods: We studied the sample of mothers from primary paediatric practice in Zagreb without previous mental illness who gave birth no more than two years ago. Participants were offered to complete: The International English Big - Five Mini - Markers and Postpartum Bonding Questionnaire (PBQ) which was used retrospectively
(mother’s recall at 6 months of a child’s age) along with structured questionnaires for examination of basic sociodemographic status and most common and relevant perinatal factors and the number of 303 were included in the research. Cronbach α coefficient was high for both questionnaires (α=0.75 and 0.88; respectively) apart from the PBQ’s Factor 4 ’risk of abuse’ which had an unsatisfactory coefficient (α=0.19).

**Preliminary Results**: We found significant positive correlation of higher values of maternal neuroticism personality trait with three factors of PBQ: 'impaired bonding', 'rejection and anger' and 'anxiety about care' (p<0.001). Extraversion negatively correlated with Factor 2 (p=0.043) and other values of personality traits (conscientiousness and agreeableness) mostly negatively correlated with all three factors (p=0.003, p=0.002, p<0.001, p=0.001, p<0.001; respectively). Preterm delivery had also a weak positive correlation with all three factors of PBQ (p=0.006, p=0.049, p=0.003; respectively) while gestational diabetes mellitus revealed a positive correlation with 'rejection and anger' factor (p=0.014).

**Conclusions**: Our results clearly indicate the impact of maternal personality and some perinatal factors on development of mother-infant relationship and the future work should focus on screening and multidisciplinary therapeutic strategies in an applied settings of maternity units.

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**The Effects of Foot Reflexology on Menopause Symptoms in Mid Aged Women**

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**Background**: In menopause period, which is a physiological event in the life of a woman, the deficiency of ovarian hormones occurring with aging cause various somatic, vasomotor, sexual and psychological symptoms that impair the overall quality of life of women. Treatment for the relief from these symptoms has mainly been focused on hormone replacement therapy that causes many adverse effects. Reflexology is one of the common alternative treatment methods for these effects.

**Main Objective**: This study aims to examine that the effects of foot reflexology on menopause symptoms.

**Methods**: The search process was conducted in PubMed, Scopus, Cochrane and Google Scholar using key words of “menopause”, “reflexology”, “foot reflexology”, “menopausal symptoms” and a combination of them. English-Turkish language papers were included.

**Preliminary Results**: After searching of literature, we have selected related 6 studies. Reflexology helps the body to let go and relax. It is wonderful at reducing the symptoms of menopause by rebalancing the nervous and endocrine system; thus helping to create a smooth transition. So, it has been conducted many studies on this topic. One study
Reflexology is an effective method in reducing the symptoms of menopause. Therefore nurses should learn and apply reflexology to help women who have menopausal symptoms.

Keywords: Menopause, reflexology, foot reflexology, menopausal symptoms

Menopause is a physiological event in the life of a woman. It is caused by the aging of ovaries which leads to a decline in the production of ovarian Gonadotrophins Estrogen and Progesterone. The deficiency of these hormones elicits various somatic, vasomotor, sexual and psychological symptoms that impair the overall quality of life of women. During menopause, hormonal, physical and emotional symptoms occur due to decrease in estrogentic hormone. Average age of menopause is 51 years worldwide, and its rate ranged from 45 to 55 years. Menopausal age in developing countries comes earlier than in developed countries. The nature, frequency and severity of symptoms vary not only among the individuals of the same population with different cultures, ethnicities and women from different countries, but also at different stages of menopause. Although the occurrence of these symptoms is natural, the discomfort caused by them varies among individuals. Treatment for the relief from these symptoms has mainly been focused on hormone replacement therapy. But this therapy causes many adverse effects. Therefore, women seeking alternative treatment methods to relieve symptoms during menopause. One of these methods is foot reflexology which has been considered wonderful during menopause. It helps the body to let go and relax. It is wonderful at reducing the symptoms of menopause by rebalancing the nervous and endocrine system and thus helping to create a smooth transition. Foot reflexology is based on the principle that the foot is like a chart of the body: divided into ten reflex zones, it is a mirror image of the body. Each reflex zone corresponds to a part of the body. It is well acknowledged that foot reflexology therapy effectively facilitates blood and lymph circulation which accelerate the excretion of waste, soften and stabilize the movement of muscle, joints, and tendons, reinforce muscle strength, and promote relaxation and therefore restores a healthy balance. So it has been conducted many studies on this topic. Piton study's (2012) detected that foot reflexology improve the quality of life menopausal women and relieve to menopausal symptoms. The mean post-test scores of the subjects in the quality of life was 59.43 were significantly greater than the mean pre-test score of 53.89 and the mean post-test scores in the menopausal symptoms was 16.82 which was significantly lower than the mean pre-test score of 21.82. The study result’s show that foot reflexology is an effective technique for improving the quality of life. A randomized controlled trial of reflexology for menopausal symptoms was conducted in 2012 with a sample of 100 menopausal women. While there is no intervention in the control group, the experimental group was applied to reflexology 15 minutes daily for 21 days. The results showed that a significant reduction in sleep disorders after intervention. One other randomized controlled trial of
reflexology for menopausal symptoms was conducted in 2002 with a sample of 76 women, the outcome was measured using the Women's Health Questionnaire and the visual analogue scale to measure the severity and frequency of hot flushes and night sweats. The result showed that the mean scores for anxiety fell from 0.43 to 0.22 in the reflexology group while compared to the control group. The mean scores for depression fell from 0.37 to 0.20 in the reflexology group when compared to that of the control group. Similar changes were noted for the severity of hot flushes and night sweats. Thus it can be concluded that foot reflexology was effective in the treatment of the physical symptoms.

ÇALIŞMALAR

A randomized controlled trial of reflexology for menopausal symptoms was conducted in 2002 with a sample of 76 women, the outcome was measured using the Women's Health Questionnaire as well as the visual analogue scale to measure the severity and frequency of hot flushes and night sweats. The result showed that the mean scores for anxiety fell from 0.43 to 0.22 in the reflexology group while compared to the control group. The mean scores for depression fell from 0.37 to 0.20 in the reflexology group when compared to that of the control group. Similar changes were noted for the severity of hot flushes and night sweats. Thus it can be concluded that foot reflexology was effective in the treatment of the physical symptoms. In a cross sectional hospital based survey conducted in Sindh Pakistan from November 2007 to August 2008, to assess the frequency of menopausal symptoms and their impact on the quality of life of women. The study results showed the mean age of women was 52.17+ 6.019 years. Mean length of time since menopause was 8.39+ 6.0 years. It was also noted that the most prevalent symptom among the study subject was body ache 165 (81.7%). 134 (66.3%) reported hot flushes, 139 (68.8%) and 134 (66.3%) reported lack of energy and decrease in physical strength respectively.

The study was conducted to identify the effect of foot reflexology on the quality of life among menopausal women employed in various schools from 01.08.2011 to 01.10.2011. An evaluative approach with one group pre-test post-test design was used for the study. The present study was conducted among various schools in Mangalore. The collected data from 117 samples were analyzed using descriptive and inferential statistics. Distribution of the samples based on the quality of life revealed that 78.6% had a good quality of life, 15.4% had an average quality of life and 6% had a very good quality of life. With regard to the menopausal symptoms, 55.6%, 24.8% and 19.7% experienced mild, moderate and severe symptoms respectively. 52 women with moderate to severe symptoms were selected and administered foot reflexology for 10 consecutive days. The mean post-test scores of the subjects in the quality of life was 59.43 were significantly greater than the mean pre-test score of 53.89 and the mean post-test scores in the menopausal symptoms was 16.82 which was significantly lower than the mean pre-test score of 21.82. The study also revealed a negative correlation (r= -
0.653, p<0.005) between the quality of life and menopausal symptoms. There was significant association between the demographic variables and the quality of life.

PİTON

【Purpose】
To investigate risk factors related to maternal anxiety and family functioning associated with early onset postpartum depression (PPD).

【Methods】
This was a cross-sectional study of postpartum women in a tertiary hospital in Tokyo, Japan, between September 2012 and December 2012. Of 100 consecutive women offered participation, 98 women consented to involvement in a study consisting of questionnaires which included 3 validated mental health metrics (Edinburgh Postnatal Scale (EPDS); State-Trait Anxiety Inventory (STAI); and Feetham Family Functioning Survey (FFFS)), conducted at postpartum day 7 and 30. We defined a cutoff score of ≥7 as indicating higher risk of early and/or subtle PPD (rPPD group) compared to those with scores <7 (non-rPPD). Bivariate analysis was conducted on responses at postpartum day 7 versus 30 were compared in all participants. EPDS scores between rPPD and non-rPPD groups were compared, with multivariate logistic regression performed on factors found to be significant on bivariate analysis.

【Result】
In 98 patients, there were no significant differences between mental health metrics at postpartum Day 7 versus 30. 68 participants completed the entire questionnaire and were included in subsequent analysis (response rate, 92%). 25 women were included in the rPPD group versus 43 women in the non-rPPD group. Mean (SD) duration of labor was 16.8 (15.6) hours in rPPD, versus 8.3 (5.0) in the non-rPPD group. In multivariate regression analysis, rPPD was significantly associated with labor lasting over 9 hours (odds ratio (OR) 3.34; 95% confidence interval (95% CI),1.09-10.21). Higher FFFS scores were also significantly associated with rPPD (OR 1.04; 95%CI 1.01-1.09).

【Conclusion】
PPD may be able to be detected soon after delivery and is associated with longer durations of labor. In addition, more tightly-knit family relationships, perhaps reflecting family pressures, is a risk factor for PPD among Japanese women.
EVALUATING THE PRIVACY PERCEIVED BY MOTHERS IN THE LABOR

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Background: The labor being positive for women depends on the interest of midwife, cleaning and comfort of environment, a kind and respectful service, and showing respect toward privacy.

Main Objective: This descriptive study was conducted in order to evaluate the privacy perceived by mothers in the labor.

Methods: Population of the study consisted of mothers who applied to the Delivery Room of Erzurum Nenehatun Maternity Hospital between 2 January 2015 and 15 May 2015. 226 mothers were calculated by using the sample selection formula, which is used in case that the number of elements in the population is known, and the study was completed with 230 mothers between the specified dates. The data of the study were collected by using a questionnaire that was prepared based on the literature knowledge and similar previous studies. The data were assessed in percentage distributions.

Preliminary Results: It was determined that 37.4% of the mothers perceived the experience of birth as good. They expressed the negative feelings experienced in the delivery room as fear (94.3%) and pain (67.0%). Examining the expectations of the mothers from healthcare professionals in the delivery room; 72.2% expected them to be cheerful, 63.9% caring, 51.7% well-informed, and 73.5% understanding. 63.9% of the mothers stated that they did not feel uncomfortable during examination and birth since they were covered, 48.7% wanted vaginal birth again and 54.3% were very pleased. 53.5% of them stated that they did not receive an explanation before practices and 51.7% were cared at moderate level during birth.

Conclusions: It was determined that the mothers had a good level of privacy perceived in the labor.

ASSESSMENT OF QUALITY OF LIFE AND SUPPORTS OF MOTHERS IN POSTPARTUM PERIOD

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**Background:** Postpartum period, the quality of life for a woman, new mothers and social support systems that affect the social, emotional and physical is a period of significant change.

**Main Objective:** This descriptive study was conducted in order to assess quality of life and supports of mothers in the postpartum period, and examine relationship between quality of life and postpartum support by determining factors affecting support systems.

**Methods:** The study was conducted with 240 mothers who applied to 6 Family Health Centers in the Yakutiye and Palandöken districts of Erzurum Province between 01 February 2013 and 27 January 2014, were open to cooperation and communication, were between postpartum 4th and 6th weeks, and had a healthy infant. Data were collected by using "Personal Information Form", "Maternal Postpartum Quality of Life Questionnaire" and "Postpartum Support Questionnaire". Percentage distribution, mean, t-test, One-Way Analysis of Variance, Kruskall Wallis, Mann Whitney U, and correlation analysis were used to assess the data.

**Results:** It was determined that total mean score obtained by mothers from MAPPQOL was 16.53±0.83. While total mean score obtained by mothers from subscale "importance of need" in PSQ was 144.40±77.56, their total mean score for the subscale "support received" was 108.80±80.45. Examining relationship between MAPPQOL and PSQ mean scores; there was a significant relation between mean scores of importance of need and postpartum quality of life (p<0.05, r= .982). No significant relation was determined between support received and MAPPQOL mean scores (p>0.05).

**Conclusions:** According to mean scores obtained by mothers from MAPPQOL, it was found out that their quality of life was at medium level. On the other hand, when their PSQ mean scores were examined, it was determined that they were considerably feeling the need of support, but the support received for this need was not so much.

**RELATIONSHIP OF HEALTH PRACTICES IN PREGNANCY WITH PRENATAL ATTACHMENT**

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**Background:** Health behaviors applied by women during pregnancy play an important role for mother and infant during perinatal and postpartum periods. Health practices in pregnancy can be defined as activities affecting outcome of pregnancy including pregnant women's own health, fetus health and neonatal health. Also, they can be defined as activities affecting perinatal attachment. Therefore, health practices in pregnancy affect outcomes of pregnancy as well as prenatal attachment.

**Main Objective:** The study was conducted in order to evaluate relationship of health practices in pregnancy with prenatal attachment.

**Methods:** The population of the study consisted of 272 voluntary pregnant women who applied to Erzurum Nenehatun Maternity Hospital’s outpatient clinics between May 2015 and December 2015 and met inclusion criteria of the study. The data of the study were collected by using personal information form, Health Practice Questionnaire (HPQ) and
Prenatal Attachment Inventory (PAI). The data were evaluated by using descriptive statistics, t-test, One-Way Analysis of Variance, and Pearson Correlation Analysis.

Results: It was determined that while the total mean score obtained by pregnant women from HPQ was 120.20±18.23, their total mean score of PAI was 60.71±12.09. It was also determined that educational status, place of residence, income level perception, working status, type of family and number of pregnancy affected the health practices in pregnancy (p<0.05). Educational status, place of residence, income level perception, working status, type of family and number of pregnancy affected the prenatal attachment (p<0.05). Evaluating the relationship between mean scores of HPQ and PAI; a positive significant relationship was determined between the health practices of pregnant women and the prenatal attachment (p<0.01, r=.522).

Conclusions: It was determined that according to the total mean score obtained by pregnant women from HPQ and PAI, the health practices and prenatal attachment were at good level. As health practices level increased, prenatal attachment increased, as well.

Comparison of Alexithymic Characteristics based on Pregnancy Intention
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Abstract
Aim: This study was conducted to compare alexithymia levels of pregnant women intending and not intending their pregnancy.
Method: This descriptive and correlational study was conducted at a maternity hospital in eastern Turkey. 180 pregnant women (intending pregnancy:98, not intending pregnancy:82) who were voluntary to participate in the study were included in the study without making any sample selection. The data were collected by using Personal Information Form and Toronto Alexithymia Scale (TAS-20) between July 2015 and August 2015. The data collection has been continuing. The data were assessed by using percentage distributions, mean, chi-square, and independent samples t-test in SPSS packaged software.
Results: It was found that the pregnant women included in the study had similar socio-demographic characteristics and there was no statistically significant difference (p>0.05). While mean score obtained by the women intending their pregnancy from Toronto Alexithymia Scale was 65.04±11.83, mean score of the women not intending their pregnancy for Toronto Alexithymia Scale was 65.37±11.15. When mean scores of women intending and not intending their pregnancy for Toronto alexithymia Scale were compared, it was determined that the difference between mean scores of the groups was not statistically significant (p>0.05).
Conclusion: The groups were homogenous in terms of socio-demographic characteristics and no difference was observed between alexithymia levels of women intending and not intending their pregnancy.
Key Words: Pregnancy, Alexithymia, Pregnancy Intention, Pregnancy Unintention, Midwife

Introduction and Purpose: Health literacy improves the skills required to access accurate information and services, the ability to use these services as well as the correct use of resources, establishing quality conditions in health services, and makes individuals
competent regarding their own health and community health. Reading skills are important for individuals to access health information, use health services, manage their own health and achieve desirable health outcomes. Based on this, the study was conducted to adopt the Health Literacy Scale (HLS) to Turkish, and to test its validity and reliability.

**Material-Method:** This study population of this methodological study consists of individuals admitted to two Family Health Centers located in the Province of Erzurum between October and December 2014. The sample of the study consisted of 171 individuals who agreed to participate in the research and selected by the non-probability random sampling method. The study data were collected using "Introductory Information Form", and Turkish version of the "Health Literacy Scale". In order to assess the content validity, the HLS questionnaire was submitted to six experts for their opinions. For the content validity, the content validity index was determined by the Davis technique. The item-total score correlations, Cronbach's alpha, and factor analysis were used for the internal consistency test of the Turkish version of the scale.

**Results:** After analyzing the factor structure of the 14-item Health Literacy Scale, a three-factor structure has emerged, explaining 72% of the variance and having eigenvalues over 1.00. The items that make up the three-factor structure of the 14-item health literacy scale remained the same as the original. The Cronbach's alpha reliability coefficient of the Health Literacy Scale was found to be 0.85. In order to test time-invariance of the scale, the scale was reapplied to 45 individuals after two weeks, and the test-retest correlation value was found to be 0.473 (p=0.001). In the internal consistency analysis of the scale, the item-total score correlations were examined, the values were found to be in the range 0.24-0.66, and no item was removed from the scale.

**Conclusion:** The Turkish form of the Health Literacy Scale was found to be valid and reliable instrument in determining health literacy levels of the people.

**Keywords:** Reliability, Validity, Health, Literacy

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**THE ASSOCIATION BETWEEN KNOWLEDGE ABOUT CAESAREAN SECTION IN PREGNANCY AND POSITIVE PERCEPTIONS FOR DELIVERY**

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Background
The rate of caesarean section (CS) has been steadily increasing. Women who experienced CS, particularly emergency CS, have more negative perceptions and emotions of their births compared to women who delivered vaginally. Such negative feelings among women about their births could have further negative effects on their birth during the postnatal period. Literature on human cognition has shown that a sudden and unexpected distressing event leads to more traumatic reactions than an event that was expected and prepared for. Knowledge is considered one of the important factors associated with birth preparation. However, there is very little evidence about whether antenatal knowledge of CS is associated with women’s perception of their CS experience.

Main Objective
With an interest in minimizing women’s negative perceptions of the caesarean birth experience, this study examined the relationship between knowledge level about CS during pregnancy and women’s birth perceptions of their experience of CS, while adjusting for potential confounders (e.g., age, parity).

Methods
A cross-sectional study conducted during six months in 2014. Women who had a CS were recruited from two tertiary hospitals in Nagoya prefecture in Japan. Perception of women’s experience of CS, knowledge level, and self-esteem were estimated by using questionnaire, the other variables by self-report.

Preliminary Results
Of 390 eligible women, 71.0% responded. Multiple regression analysis adjusting confounding variables revealed that three variables were finally found to be statistically significantly associated with perception. Our primary outcome, knowledge level, is one of the three variables (P<0.001, 95% confidential interval, 0.04-0.30). The other variables were type of CS and general self-esteem.

Conclusions
Women with higher antenatal knowledge level have higher perception of CS, suggested that increasing knowledge through antenatal maternal education may lead to improve perceptions of CS.

A study of women centenarians’ health and longevity

Relation to SOC analysis focusing on the cognitive and behavioral characteristics
Background: Regarding centenarians in Japan, it is important to discuss not only longevity and healthy aging, but also active aging, which is derived from good practices. Good practices include active involvement in society, community and family.

In this study, SOC was used to investigate health factors affecting centenarian women’s longevity, thinking and behavior.

Purpose: To investigate the relationships between how centenarians deal with lifestyle events and how they acquire healthy lifestyles which lead to centenarian, using Salutogenesis (Sense of Coherence or SOC).

Method: We investigated, using Sense of Coherence (SOC hereafter), how the centenarians dealt with their life events they encountered and how they incorporated them into their lifestyles.

In this study, SOC was used as ‘stress coping competence.’ As for the SOC measurement, 13 items from the abridged version advocated by Antonovsky and suggested by Yamasaki, et al (2001), utilizing a 5-point scale with the max score of 65. Three aspects of SOC were analyzed: comprehensibility, manageability and meaningfulness.

Result

The present cases indicated a high average score of 57.1 (rate of 88.5%) with an especially high level of manageability, implying formation and maintenance of positive attitudes which enabled the centenarians to handle difficulties in their lives.

Possible factors which enables the centenarians to maintain a high level of SOC through to their advanced age are: (1) that they withstood stressful experiences and challenges throughout their lives, which they led to successful experiences and (2) that they skillfully responded to difficulties by integrating them into their lives, and creating balance.

Conclusion: Centenarians have positive outlooks and attitudes towards lifestyle events. This indicates their high level of ability to overcome difficulties and their high level of coping ability, which sustains their self-affirmation. These have presumably led to their active and healthy lifestyle practices.

POWER AND EMPOWERMENT IN MIDWIFERY
Tuğçe SAKAR, Elif Yağmur ÖZORHAN, Serap EJDER APAY
Abstract

Power is a feeling that is experienced based on only other people or objects and it is mainly dependent upon interpersonal relationships. Empowerment, on the other hand, is defined as the power, authority; control and responsibility given by administrators to their subordinates. The practices of empowerment in the healthcare field have become one of the prominent activities within education and administration in recent years. Thus, power and empowerment are the important concepts for the development of professional midwifery, as well. Professional empowerment is the essential provision for participation in decision-making processes, becoming an active member of the team, and increasing the quality of care.

Having considerably completed the process of professionalization in the developed countries of the world; midwifery is thought to be a profession that has lived its childhood as it is new in the higher education in Turkey. Considering the role of the profession of midwifery in the protection and enhancement of maternal and child health and consequently the community health; the empowerment of this profession becomes more important in terms of successfully conducting the healthcare services in Turkey. Thus, the dynamism expected from the profession of midwifery will include job satisfaction, increasing the performance and the quality of patient care, decreasing the burnout and gradually becoming a stronger profession.

**Key words:** Power, empowerment, midwife

Literature review on harassment in the workplace surrounding the nurses in Japan

**Purpose:** To consider harassment surrounding the nurses and its countermeasures.

**Method:** Literature review from the survey on harassment in the workplace went over from July to September, 2012 Ministry of health and some articles from website of Japan Medical Abstract Society and CiNii website.

**Results:** A web search for “harassment” and “workplace” nurse” in results obtained from 52. In this paper 3 on the work place harassment, and in addition survey report for the 2012 fiscal year Ministry commissioned business workplace harassment considered based on the realities of harassment in Japan.

**Consideration:** The word of harassment was used from 1989 in Japan. As a word, such as sexual harassment or sexual force has been established. As the movement of an administrative policy in 1999 defined sexual harassment prevention in the equal employment opportunity law, including working to prevent. However, the word of harassment is not only a sexual. It may be
perceived as power harassment in the workplace. However, the harassment in the workplace seem to be bullying and that was not clearly the meaning of harassment and bullying. If words and actions hurt the dignity of the individual is empowered in the workplace, it is recognized as a harassment. Almost all employees who were damaged in harassment were “did nothing” to the company.

What works in there from the sense of crisis that the environment sweet harassment, harassment to allow at once not only the victim, I am following myself negatively affecting everything. As a result, which can lead to the outflow of top talent in the form of “retirement”. And measures are sufficient in nurses’ work is mentioned so as to conduct workplace harassment prevention clarification of the policy of an employer or a quick, but hard to say.

**APPROACH TO OBESE PATIENTS’ MIND**

- TO PROTECT FROM ENDOMETRIAL CANCER -

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Background: We have met patients who visited our hospital long after they had gotten their symptoms, and we diagnosed endometrial cancer. They had a same feature - their BMI was high. This episode raised the hypothesis that obesity could be the reason to prevent patients from visiting the hospital, which delays diagnosis and treatment. Furthermore, as well known, obesity is one of the risks of endometrial cancer.

Main Objective: Our aim here is to close up the obese patients’ inner thoughts, and try to figure out the way to prevent them from suffering endometrial cancer.

Methods: We used a questionnaire for the patients who visited our hospital, who’s body mass index (BMI) was more than 30 kg/m², and who were diagnosed as endometrial carcinoma. The questionnaire includes whether patients think them as obese, whether obesity prevents from visiting hospitals, and whether they have known that obesity is a risk of endometrial cancer.

Preliminary Results: According to patients’ answers, it was revealed that most of the patients who’s BMI was more than 30 kg/m² thought themselves as obese, and that made them prevent from visiting hospitals. None of them didn’t know that obesity was a risk of endometrial cancer, and they hoped to know about it earlier.

Conclusions: Our study revealed that obesity itself makes patients hesitate to visit hospitals, and because of that diagnosis of endometrial cancer is delayed. The important aspect was also become cleared that general people don’t know the fact that obesity is a risk for endometrial cancer. We physician would have to take care of obesity, without throwing it out as a matter of
patients’ own business. We’ll make a suggestion how we could for this purpose, believing that taking care of the obesity could lead prophylaxis and early diagnosis of endometrial cancer.

Abstract

Title

Experiences leading up to childbirth by women who chose a painless birthing method during pregnancy in Japan.

Chisako MIZUO

Completion of master’s program of miyagi university school of nursing

Purpose

This study records and clarifies the reasons for which women choose painless childbirth through epidural anesthesia, and their experiences leading up to the birth.

Main Objective and methods

Semi-structured interviews and qualitative descriptive analyses were carried out during the hospitalization and one-month checkups of fourteen women who gave birth through elective painless delivery, and whose progress, likewise their children’s, was satisfactory from pregnancy through to post parturition.

Results

Women who chose painless childbirth had similar backgrounds such as a natural tendency to be frightened, a desire to preserve their strength for after the birth, to give birth safely, fear due to unhappy experiences during childbirth previously, and so on. They were obsessed with the idea that painless childbirth was their only possible option. Furthermore, they justified themselves by presenting information that it was the mainstream method overseas and/or because they had heard from others who had experienced it and gained a sense of security during pregnancy. On the other hand, they felt anxious about painless birthing and confused by prejudices surrounding it. They each coped with issues in their own ways during pregnancy.

Conclusion

From the results of this study it has been found that women choosing painless childbirth feel that when making their choice it is the only option possible from them. Also that it is desirable for them to receive nursing support which fully understands them and takes into account their anxieties and prejudices regarding giving birth using painless methods.

Key Word： Elective painless childbirth, During pregnancy,

Fear of a painful birthing, Qualitative study
Relationship between internet addiction and premenstrual syndrome/premenstrual dysphoric disorder in Japanese high school students

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Background: Premenstrual symptoms (PMS/PMDD) are the common menstrual disorders during adolescence. Internet is convenient technology and now widely used all over the world. On the other hands, internet addiction (IA) has been considered as an emerging health problem among adolescents. The data about the association between PMS/PMDD and IA is lacking.

Main Objective: The purpose of this study was to determine the relationship between PMS/PMDD and IA among Japanese adolescent girls.

Methods: A school-based survey was conducted in December 2013 using a sample of female students who belong to two public high schools in Sendai, the largest city in northeastern Japan. We asked the students their severity of menstrual pain and premenstrual symptoms. Internet addiction was assessed using the Internet Addiction Test (IAT) designed by Young. The severity of IA was classified according to the cut-off scores with 20-49 as normal, 50-79 as moderate addiction and 80-100 as severe addiction.

Preliminary Results: We analyzed data from 1253 students aged 15-18. The prevalence rate of moderate to severe PMS and PMDD were 5.9% and 1.4%. As to the IA, moderate addiction and severe addiction were 28.6% and 3.5%. There was a statistically significant graded relationship between PMS status and IA status (rs=0.472, p<0.0001). The total IAT score significantly increased according to the severity of PMS/PMDD. Among the premenstrual symptoms, ‘Work efficiency or productivity, home responsibility’, ‘Social life activities’ and ‘Relationships with coworkers or family’ showed strong relationship with IA status (rs=0.809, p<0.0001; rs=0.505, p<0.0001; and rs=0.547, p<0.0001). Multivariate analysis revealed that PMS/PMDD was the risk factor for IA (OR123.5, CI47.7-427.0).

Conclusions: This study showed a significant association between the severity of PMS/PMDD and IA in adolescent girls. When treating an adolescent girl presenting with PMS/PMDD, we should be aware of comorbid IA.

Abstract
**Background:** Premenstrual disorders such as premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD) interfere with the daily lives of adolescents. The causes of PMS and PMDD are unknown, but lifestyle habits are known to be associated. This study was conducted to investigate how premenstrual symptoms affect the school life in Japanese high school students and whether there was a risk factor for school absenteeism that is dependent on the types of premenstrual symptoms or lifestyle habits.

**Methods:** A school-based survey was conducted in Sendai, Japan. A total of 901 girls aged 15–19 with regular menstrual cycles were assessed using the self-reporting premenstrual symptoms questionnaire (PSQ) and questions regarding school absence, taste preference, and exercise. We classified the girls into ‘no/mild PMS’, ‘moderate-to-severe PMS’ and ‘PMDD’ according to the PSQ. The girls were classified into the ‘absent’ group if they were absent for more than 1 day per month. We used multivariate logistic analysis to examine the risk factors for school absenteeism.

**Results:** The rates of ‘moderate-to-severe PMS’ and ‘PMDD’ were 9.9% and 3.1%, respectively. A total of 107 girls (11.9%) were classified into the ‘absent’ group. Significant differences were observed in the prevalence of all premenstrual symptoms (p<0.001), ‘age’ (p<0.001), ‘a preference for salty food’ (p=0.001), and ‘lack of regular exercise’ (p=0.03) between the ‘absent’ and ‘non-absent’ groups. Multivariate analysis revealed that premenstrual symptoms such as ‘insomnia or hypersomnia’ and ‘physical symptoms’, ‘reduced social life activities’, and ‘a preference for salty food’ were risk factors for school absenteeism.

**Conclusions:** One in nine Japanese female high school students were absent from school due to premenstrual symptoms. A preference for salty food and a lack of regular exercise were identified as risk factors for school absenteeism.

Relationships between sense of coherence, social capital, and menopausal symptoms among community-dwelling Japanese women.

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**Background:** It has been reported that the prevalence of menopausal symptoms depends on variation in individual perceptions of physical and psychological changes in addition to cultural and regional differences. This survey focused on sense of coherence as resilience and social capital, and to elucidate factors required for community-based care.
Main Objective: The purpose of this study is to explore the relationship between sense of coherence and social capital as a response to menopausal symptoms in Japanese women.

Methods: A cross-sectional survey by questionnaire was executed. Subjects were females aged between 40 and 60, and residing in cities and their outskirts in various climate and cultural community in Japan. The Questionnaires were structured by Japanese version Simple formula Menopausal Index, Sense of coherence (Japanese version SOC-13), and social capital. The three areas below were set for social capital: Trust and Reciprocity, Bonding and Bridging social capital, and Japanese version Resource Generator. The relationships between menopausal statuses, hormone replacement therapy (HRT), BMI, Sense of coherence and Social capital on menopausal symptoms were analyzed by Multivariable logistic regression analysis.

Preliminary Results: Invalid responses were removed and valid responses from 480 subjects were analyzed (Age: Mean 50.63±SD 0.54). The post-menopause women account for 30.2%, and 15.2% of subjects had severe menopausal symptoms. The following three factors correlated with menopausal symptoms: Sense of coherence (Odds Ratio 0.27, p<0.001), Resource generator (Odds Ratio 0.42, p=0.006) and HRT (Odds Ratio 0.18, p=0.006). Higher scores for sense of coherence and research generator correlated with the lower severity of menopausal symptoms.

Conclusions: Our results demonstrated that resources that an individual possesses in the community, the sense of coherence which represents an individual’s resilience to stress along with hormone replacement therapy are related to the occurrence of menopausal symptoms.

Fish consumption and premenstrual syndrome/premenstrual dysphoric disorder in Japanese collegiate athletes

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Background: As to the menstrual dysfunction in athletes, most of the studies were concerning with menstrual irregularity, including amenorrhea, and were lacking the data about premenstrual symptoms (PMS/PMDD). Fish is a major source of omega-3 fatty acids and supplementation of omega-3 fatty acids have been shown to be good for the relief of PMS symptoms. The data about the association between PMS/PMDD and fish consumption is lacking.

Main Objective: To determine the specific characteristics of PMS and PMDD in Japanese collegiate athletes, with a focus on their fish consumption.
Methods: A school-based survey was conducted in July 2014 using a sample of 368 Japanese female collegiate students at Kindai University in Osaka, the largest city in western Japan. In total, 225 students were members of sport clubs and 143 students were cultural clubs. We selected students who were members of cultural clubs as non-athletes. We asked the students their severity of menstrual pain and premenstrual symptoms. Dietary habits were also assessed using the dietary intake questionnaire.

Preliminary Results: We analyzed data from 312 students aged 18–23 (average 19.7 ± 1.26 (SD)). The prevalence rate of moderate to severe PMS and PMDD in athletes were 14.5% and 2.5%, and was the same as in non-athletes. The prominent features of premenstrual symptoms in athletes were that the severity of effects on 'physical symptoms' and 'performance in training or competition' were much higher than in the control group. 43.5% of athletes were found to suffer from athletic performance due to premenstrual symptoms. In terms of dietary habits, ‘Fish or dried fish’ consumption was associated with a decreased risk of poor performance in athletes (OR 0.61, 95% CI: 0.40–0.92).

Conclusions: The results from this study indicate that fish consumption may be positively associated with the relief of PMS/PMDD-induced athletic disturbance.

Overview of antenatal education about caesarean birth in Japan

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Background
The caesarean section (CS) rate in Japan has been increasing. Women who had a CS, particularly an emergency CS, tend to have more negative feelings about their births compared to women who had a vaginal birth. Such negative feelings can cause further negative effects on maternal mental health, such as postpartum depression and posttraumatic stress symptoms. Given that negative feelings are associated with a lack of preparation for a CS during pregnancy, it is important to provide antenatal education about CS.

Main Objectives
The study aim was to review current practices of antenatal education about CS in Japan, particularly whether the maternity unit provides antenatal education about CS if so, to whom it is provided, with what contents, and in what way.

Method
We searched the websites of 2,515 health facilities that are registered with the Japan Society of Obstetrics and Gynecology (JSOG) (which covers 88% of maternity units in Japan). We also searched the database of the Japan Medical Abstracts Society using the search terms ‘pregnant women’, ‘education’, ‘instruction’ and ‘caesarean section’.

Results
A total of 350 obstetric hospitals/clinics (14%) provides antenatal education about CS. The most frequent topic covered in antenatal education is the hospitalisation period (n=221; 9%), followed by reasons for CS (n=127; 5%) and type of caesarean birth (emergency or planned). There were few antenatal education materials that cover the possibility of an emergency CS. The most common methods of delivering educational materials were one-way, such as through the mass media. Face-to-face education were few. The majority of the recipient of antenatal education were unspecified.

**Conclusion**
Based on web-based information, antenatal education about CS is insufficient for pregnant women. We suggest that antenatal education about CS, particularly emergency CS, is necessary for all pregnant women to prevent them from having negative feelings about their births.

**PALLIATIVE CARE IN GYNECOLOGIC CANCERS**

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**Abstract**

**Background:** Cancer is an health problem not limited to any geographical boundaries and ever-increasing in developing countries as much as in the developed countries and people of all ages in any country can be stricken with it. According to the World Health Organization; breast, colorectal, lung, cervix and stomach cancers are the most common type of cancer occurred in women.

**Main Objective:** It was aimed in this review to evaluate the importance of palliative care for patients with gynecologic cancers and the status of palliative care in the world and Turkey.

**Methods:** The literature was scanned using keywords "palliative care" and "gynecological cancer" for the study. The scanned literature was revised and the subject was discussed under the light of the current literature covering the last 10 years related to the subject.

**Preliminary Results:** It has been stated that 29 million people in the world have died of diseases that require palliative care and 20.4 million people need palliative care lifelong. American Society of Clinical Oncology suggests that palliative care as a routine part of comprehensive cancer care should be integrated by 2020. As seen in recent data on cancer, gynecological cancers among women are major women's health issue. The importance of palliative care to overcome and reduce the problems has been emphasized. According to the data of 2015, 63 palliative care centers serve in our country.

**Conclusions:** In conclusion; palliative care centers have increased in recent years in our country, and they have been aimed to extend in the targets of 2023. Shortcomings about applying it have been observed even in countries with palliative care centers and programs. As an important component of cancer treatment, the knowledge and skills of health professionals have been observed to be insufficient. Therefore, it can be suggested that palliative care issues should be involved in training programs of health professionals and palliative care-related courses and symposiums should be organized.

**Keywords:** Gynecological oncology, palliative care, palliative care centers
VIOLENCE AGAINST WOMEN AND ITS EFFECTS ON WOMEN'S HEALTH IN REPRODUCTIVE PERIOD

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Background: Violence against women takes many forms and may affect women at any age. Up to 70% of women are victims of violence in their lifetime. The consequences of violence affect the physical, psychological, sexual and reproductive health and social functioning of women.

Main Objective: The aim of our research was to explore the prevalence of different forms of violence against women and its effects on women's health in reproductive period in Slovenia.

Methods: In 2014 we conducted a research on violence against women by filling out an anonymous questionnaire (translation and adaptation of The NorVold Abuse Questionnaire-NorAQ). 1018 women after childbirth participated in a three-month period, which was an 80% response based on the distributed surveys. The data were analysed using SPSS statistical software.

Preliminary results: 29.2% of women reported on physical violence in the past, 26.1% on psychological and 7.6% on sexual violence. Victims of sexual violence were in the age range of 4-30 years. Only 25% of women sought help. Victims were mostly familiar with the offenders. Physical violence during pregnancy was experienced by 1.0% of women and 3.2% experienced psychologically violence. Experienced violence has a significant impact on the course of the pregnancy, the child’s gestational age and body weight and labour complications. A caesarean delivery was more common among women who experienced psychological and sexual abuse in childhood, and those who have been subjected to any abuse during pregnancy and psychological abuse at any time. Victims of sexual abuse more often had a history of abortions, repeatedly sought psychological help and repeatedly reported insomnia, anxiety, intrusive thoughts and avoidance behaviours.

Conclusions: Healthcare has access to the majority of women of reproductive age through reproductive healthcare services and has a unique opportunity in the identification, prevention, and adequate multidisciplinary management of violence against women.

DETERMINATION OF TYPES OF COPING WITH STRESS IN WOMEN EXPOSED TO SPOUSAL VIOLENCE DURING PREGNANCY AND LACTATION

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ABSTRACT

Background: Violence against women is a problem that creates serious health and social problems for the individual and society. Many women experience serious physical, psychological and social problems and unfortunately some lost their lives due to the violence against women in Turkey.

Objective: This study was conducted to determine the types of coping with stress in women exposed to spousal violence during pregnancy and lactation in Turkey.

Methods: The study population of this descriptive and cross-sectional study consisted of 99 females admitted to the maternity clinic of a state hospital in the Eastern Turkey between April 2015 and January 2016 for a routine inspection during pregnancy. The data were collected by using a questionnaire developed by the researchers and Types of Coping with Stress Scale. In the analysis of the data, percentage distributions, averages, t-test, Mann-Whitney U-test and Kruskal Wallis analysis was used.

Results: The mean age of the women participated in the study was 28.79±5.92 years, and it was found that 25.3% of them exposed to spousal violence during marriage, and 24.2% was subjected to violence during pregnancy as well. The highest sub-scale score taken in the types of coping with stress scale was in the seeking social support sub-scale (8.44±2.68). And, the helpless approach and submissive approach sub-scales were found to have higher mean scores for the women subjected to spousal violence during marriage (p<0.05).

Conclusion: In the study, women exposed to spousal violence were found to be more helpless and submissive during pregnancy. Both social and legal new political and legal regulations and sanctions in favor of women should be implemented as soon as possible in order to prevent violence against women.

Keywords: Stress, Pregnancy, Violence, Women

Determination Of The Perception Of Insufficient Milk Supply Of Mothers With Healthy Babies in Turkey

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ABSTRACT

Background: Perception of insufficient milk supply is one of the most important factors that lead to mothers' feel failure to breastfeed her baby and mothers leave breastfeeding early.

Main Objective: This study was conducted to determine the perception of insufficient milk of mothers with healthy babies.

Methods: This descriptive study consisted of 150 mothers whose 0-3 month babies were registered to Iskenderun 12 Number Family Health Center with between August and November 2014 in Turkey. In this study, sampling method was not used, all universe was included in sampling and the study was completed with voluntary mothers that came to health center on the specified date. Personal information and Insufficient Milk Perception Scale was used for the collection of research data. Average, percentage distribution, the Mann-Whitney U test, Kruskal-Wallis analysis, Cronbach's alpha reliability coefficient tests were used in the analysis of data.

Preliminary Results: The study showed that Insufficient Milk Perception Scale mean score of mothers was 29.38±14.72. The study also indicated that mothers who are high-school gradutes, have a working life, had a planned pregnancy, got instructions about breastfeeding and had planned to breastfeed for a significant amount of time had positive effects on the perception of sufficient milk (p<0.05).

Conclusions: In the study determined that mothers have not found adequate their milk. Some factors related to pregnancy and breastfeeding associated with mother and baby has been found to affect the perception of insufficient milk.

Key words: Breastfeeding, perception of insufficient milk, mother, newborn.

Aims: It is well known that the patients with eating disorder frequently have psychological symptoms. Especially sleep disturbance is considered to be the parameter of the prognosis for eating disorder. The purpose of this study was to evaluate the rate of sleep disorder in the female patients with eating disorders.

Subject and methods: The prevalence of sleep disturbance was assessed in one hundred forty-five female patients of eating disorder (AN-R 72, AN-BP 53, BN-NP 9, BN-P 14). We evaluated the patients who used the medication for sleep as the patients with sleep disturbance.

Results: There were no significant differences in the rate of sleep disturbance among the subtypes in eating disorders. However, the group of the patients who had binge-eating/purging behavior (AN-BP and BN-P) showed significantly higher rate than the group with no purging behavior (AN-R and BN-NP). Furthermore, the patients who had binge-eating/purging behavior used more long acting type of medication for sleep disturbance.
Conclusion: In the eating disorder, binge-eating/purging behavior was related to the symptoms of sleep disturbance.

THE EFFECT OF HUMOR STYLES OF PREGNANT WOMEN ON PREGNANCY DISTRESS

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Background: Even though pregnancy is a physiological condition for women, it may be a stress period in women’s life and is frequently associated with anxiety and depression. Humor relieves negative emotional load by ensuring the experienced situations to be perceived more positively instead of a threat and can be used for recovery or coping by decreasing stress level.

Main Objective: The aim of this study is to determine the effect of humor styles of pregnant women on pregnancy distress.

Methods: This descriptive study was conducted at a maternity hospital in Erzurum between 1 August and 31 December 2014. While the population of the study consisted of all pregnant women who applied to NST unit between specified dates, the sample of the study consisted of 301 pregnant women who agreed to participate in the study. The data were collected by researchers using Personal Information Form, Tilburg Pregnancy Distress Scale, and Humor Styles Questionnaire.

Preliminary Results: The average age of the pregnant women was 26.36±5.38. 46.2% of them were primary school graduates, 94.4% was housewife, 38.9% had their first pregnancy. The distress total mean score of the pregnant women was 17.58±7.92. Their
mean scores of humor styles were found as follows; affiliative humor as 38.41±10.23, self-enhancing humor as 27.85±10.23, aggressive humor as 16.86±5.47, and self-defeating humor as 21.91±7.32.

When the correlation between humor styles and distress was examined, it was found that there was a negative significant correlation between self-enhancing humor and distress level, and between the subscale "partner involvement" of the distress scale and affiliative, and self-enhancing humor styles. It was also found that there was a positive significant correlation between aggressive humor style and the subscale "negative affect" of the distress scale.

**Conclusions:** It was determined that distress levels of the pregnant women with self-enhancing and affiliative humor styles were lower and negative affect distress scores of the pregnant women using aggressive humor style were higher.

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Skeletal Muscle Electrical Stimulation improve Hemoglobin A1c levels in female Schizophrenia

~Preliminarily study~

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People with schizophrenia are well known for the elevated morbidity and mortality compared with general population, with a 15- to 20-year shorter life span due to cardiovascular disease. The reasons for this difference may include an inherent increased risk of diabetes and/or metabolic syndrome. In addition, people with schizophrenia are less likely to engage in physical activity and exercise. This may partly explain why they die earlier. One conventional choice for solving this serious problem is Belt electrode skeletal muscle electrical stimulation (B-SES). B-SES elicits skeletal muscle contractions through percutaneous electrodes that depolarize underlying motor nerves. Percutaneous electrodes used in B-SES are non-invasive and easy-to-use. Several B-SES studies have shown that B-SES-induced contractions effectively enhance body glucose uptake and energy expenditure. Therefore, the present study is designed to investigate whether or not the B-SES can attenuate hemoglobin A1c (HbA1c) levels in people with schizophrenia. The study involved 5 mildly obese or obese women with schizophrenia, who received a 12-week B-SES intervention. All patients were examined for HbA1c and Creatine Phosphokinase (CPK) levels before and after the B-SES intervention. The present study demonstrated that the B-SES intervention significantly decreased HbA1c levels without any changes in CPK levels. These results demonstrate that B-SES may become a useful and safe exercise modality to improve HbA1c levels without damaging the muscles in female schizophrenia.

Menstrual Recovery in Japanese Anorexia Nervosa

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Background: Prolonged amenorrhea in anorexia nervosa (AN) can cause infertility and osteoporosis. Therefore, the treatment guidelines emphasize the resumption of menses as an important goal for the treatment of AN. Some research shows that body weight recover (>90% ideal body weight), normalization of endocrine function, increase of fat mass are necessary conditions for the resumption of menses in AN. However, the desirable condition for the resumption of menstruation is still controversial.

Aims: We need more useful predictors for the resumption of menstruation in accessible clinical information. The aim of this study was to investigate the impact of clinical parameters on the resumption of menses in AN.

Methods: Subjects were 18 Japanese female patients with AN, who were diagnosed according to DSM-IV criteria and continued treatment for more than one year. The relationships between menstrual status and variables (i.e., body weight, body mass index (BMI), body composition by dual-energy X-ray absorptiometry, age at onset, duration of illness) were assessed.

Results: Mean age and body weight at the beginning of treatment were 26.6+/−9.0 years, 36.6+/−4.6kg. Menses resumed after 20.1+/−13.6 months of treatment. Mean percent of standard body weight and body fat mass at the resumption of menses was 82.9+/−9.5% and 22.9+/−5.6%. Our results showed that there was a significant correlation between
body weight at resumption and cessation of menstruation (r=0.480, p=0.020), yet subjects were needed more body weight for the resumption of menses (45.2±5.2 kg vs. 38.8±3.8 kg).

Conclusion: Japanese patients with AN may be able to recover the menstruations in more lighter body weight than that reported in the previous studies. Body weight at the point of menstrual cessation may be an indicator of menstrual recovery rather than percent of ideal body weight in this study.

(283/300 Words)

VALIDITY AND RELIABILITY STUDY OF THE INFERTILITY STIGMA SCALE INTO TURKISH

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Background: Infertility is an important public health issue with an ever-increasing prevalence despite the rapidly developing assisted reproduction techniques. The attitudes and prejudices of society towards infertility also have a negative effect on infertile individuals. Studies conducted in different countries have showed that infertile women are defined as deficient, abnormal and useless; they are despised and insulted, considered as men, disinherited and accepted to be ominious. The most disturbing result of infertility is stigma, which is caused by these attitudes and prejudices in society.

Main Objective: The purpose of this study is to conduct Turkish validity and reliability study of the Infertility Stigma Scale.

Methods: This methodological study was conducted in the Infertility polyclinic of Health Research and Application Center in an urban center in east Turkey. The sample consisted of 178 infertile women. Data was collected between 1 June-31 October 2015.
**Preliminary Results:** It was found that the four-factor structure of the scale was valid and its fit indices were appropriate. As a result of the internal consistency analyses, it was determined that the total score correlations of items were sufficient; test-retest, \( r = 0.948 \) and \( p < 0.001 \); and Cronbach’s alpha (\( \alpha \)) = 0.93.

**Conclusions:** As a result of this study, it was determined that ISS-T was a valid and a reliable instrument for the Turkish society. ISS-T could be used as an assessment instrument useful for measuring the perceptions of women, receiving infertility treatment, about stigma.

**EFFECTS OF SHORT-TERM TAMOXIFEN TREATMENT ON MENTAL AND PHYSICAL HEALTH OF PERIMENOPAUSAL BREAST CANCER PATIENTS**

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Background: Tamoxifen treatment for breast cancer is effective before and around menopause, but lower estrogen levels may cause variety of unidentified complaints.

Main Objective: To investigate effects of short-term tamoxifen treatment on mental and physical health conditions.

Method: Perimenopausal breast cancer women who prescribed tamoxifen were asked to answer the total condition by VAS (Visual Analogue Scale) and the HADS (Hospital Anxiety and Depression Scale) for investigating anxiety and depression at the first and the second prescription. The subjects were 57 Japanese women (mean age ± SD: 45.3 ± 6.9 years), and the treatment range was 4.7 ± 1.5 weeks. We also evaluated changes in the intensity and nature of complaints with Keio modified menopause index with 41 headings.

Preliminary Results: VAS score was slightly increased after about one months’ tamoxifen treatment, but no significant change. There was also no change in all the total
HADS score, the anxiety and the depression score; from 8.7 ± 6.5 to 8.7 ± 7.4, 4.8 ± 3.3 to 4.7 ± 3.7, 3.9 ± 3.7 to 4.0 ± 4.0, respectively. The number of doubtful or definitive cases in anxiety and depression was 12 and 9 at the initial check, and 7 and 9 at the second check.

According to the analysis with Keio modified menopause index, the overall rates of improvement, remain unchanged, and worsening were almost the same. About 35% of women with hot flash had sign of worsening. However, other reputed typical side effects of tamoxifen, such as sense of numbness, were not changed apparently during this period.

Conclusions: Tamoxifen treatment on perimenopausal women with short term had an insignificant effect on so-called climacteric symptoms. Other causes than hormonal factors may be considered during this period. Further investigation with long and periodical checks will be needed.

EVALUATION OF PARENTING BEHAVIOR OF MOTHERS IN THE POSTPARTUM PERIOD

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ABSTRACT

Background: The most important part of attachment between a mother and her baby begins before birth and continues to evolve in the months after birth. The early period after birth is the most appropriate time to start a positive mother-infant relationship since it is the most intense period of attachment.

Objective: This study was conducted to evaluate parenting behaviors of mothers in the postpartum period.

Methods: This descriptive study was carried out between July 1, 2014 and February 1, 2014 in a maternity hospital located in a city center in east Turkey. The study population consisted of mothers who meet the selection criteria and gave birth in the hospital at the time of research. The whole study population was studied without selecting any sample group (n=300). Data were collected by the researcher through face-to-face interview method using a "Questionnaire", and the "Postpartum Parenting Behavior Scale (PPBS)". The data were analyzed in a computer environment.

Results: In the study, the mean postpartum parenting behavior scores of the mothers in the 18-25 age group, mothers with a higher level of education, mothers having a nuclear family structure, employed mothers, mothers having an income that exceeds their expenses, mothers married for 1-5 years, mothers who gave birth for the first time through a planned pregnancy, and mothers having pre-natal care for more than 10 times were found to be higher than of other mothers (p<0.05). The mean PPBS score of the mothers was found to be 5.27±1.17.
Conclusions: It was found in the study that the mean parenting scores of the mothers were higher; the mean PPBS scores was found to be affected by the age group, educational status, employment status, place of residence, income status, family type, duration of marriage, number of pregnancies, number of pre-natal cares, and whether the pregnancy was planned, whereas the mean PPBS scores was found to be not affected by the mode of delivery and gender of infants.

Responsibilities of Midwives and Nurses in Assessment of Psychosocial Health and Prenatal Attachment in Pregnancy

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Background: Being a natural event; pregnancy causes a number of physiological, psychological, and social changes. It is not possible to see the forty-week pregnancy period as an event where a fetal development is added to the normal physiological order of pregnant. Differences could be observed in psychosocial health of pregnant women depending on their emotional dilemmas. The sources of psychosocial reactions in pregnancy are the presence of fetus, physiological changes, and differences in family and social life. It is likely that pregnant women will have a decreased tolerance for pain and ache, develop negative cognitive perceptions concerning motherhood and consequently experience problems about the prenatal attachment. Depressive symptoms in pregnancy like irritability, sorrow and worthlessness may hinder the relationship between the pregnant women and the fetus. Pregnancy is related with important physiological and psychological changes that may affect the prenatal attachment.

Main Objective: Examine the importance of the psychosocial health conditions of pregnant women and their relations with prenatal attachment.

Conclusions: Higher psychosocial health conditions and attachment levels of pregnant women may have a positive effect upon the future life of both mothers and infants from the physical and mental aspects. Thus, both the physical and psychosocial health evaluations of pregnant women should be involved in routine practices. It will be useful to provide consultancy in order to enable pregnant women with a poor psychosocial health to receive a professional support, closely evaluate the pregnant women by using assessment instruments within the scope of prenatal care services and determine those with a risk. It is suggested to organize training programs that involve the relationship between the psychosocial health and the prenatal attachment and the importance of
evaluating pregnancy from these aspects for midwives and nurses providing mother and child health services and by this way, to raise awareness.

Keywords: Pregnancy, Psychosocial Condition, Prenatal Attachment.

DETERMINATION OF SLEEP PROBLEMS IN CHILDREN AGED 0-3 YEARS IN WESTERN TURKEY

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ABSTRACT

Background: Sleep is a protective function of the human organism. It’s known that sleep has an important role especially in the growth and development of children, tissue repair and protection. Studies revealed that approximately one quarter of children have a sleep problem.

Main Objective: This study aims to determine the sleep problems in children aged 0-3 years.

Methods: This descriptive research was conducted between February 1 and June 30, 2015 in a Family Health Center (FHC) region with families at various socioeconomic levels in Çanakkale, Turkey. The study population consisted of the mothers having children aged 0-36 months residing in this FHC region at the time of the research. The study was carried out with 205 mothers who agreed to participate in the research without any sample group selection. The data were obtained through face-to-face interview method using "Introductory Information Form" and "Infant Sleep Problems Scale" The data were analyzed in a computer environment.

Results: The mean age of mothers was 29.56±4.52 years. Of the mothers, 76.1% was secondary school/highs school graduate, and 44.9% was the mother of one child. The night-leep hours of children aged 0-3 years were 19:00 by 2.4%, 20:00 by 3.9%, 21:00 by 16.1%, 22:00 by 34.6%, 23:00 by 38.5% and 24:00 by 4.4% respectively. It was found that 14.7% of the children awakes three times a night, 58.5% awakes two times, and 21.5% awakes one time a night, and the mean total sleep time was found to be 10.83±3.04 hours.

Conclusions: The study showed that sleep problems are quite common in 0-3 year old children. It is recommended for nurses to conduct studies to determine factors affecting sleep problems in children as well as providing training and consulting services to be provided to mothers regarding the issue.

Keywords: Mothers, children aged 0-3 years, sleep problem, nursing.
EFFECT OF WHITE NOISE IN RELIEVING THE PAIN IN PREMATURE INFANTS CAUSED BY VACCINATION

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ABSTRACT

Background: Premature infants must spend the first weeks of life in the neonatal intensive care unit, where they experience pain and stress because of countless different reasons, and where they are exposed to many invasive procedures. The painful experiences in this period negatively affect the behavior of premature infants, adaptation to the external world, development of the brain, growth, and family-baby interaction.

Main Objective: The purpose of this study is to evaluate the effect of white noise used as a distraction method in relieving the pain in premature infants caused by vaccination.

Methods: This experimental study was performed at a neonatal intensive care unit of a university hospital in Turkey between July and September 2013. The population of the study was composed of a total of 75 premature infants (35 in the study group and 40 in the control group) who met the inclusion criteria. Premature infants in the study group were exposed to white noise, which was played in the incubator for 1 minute before vaccination and continued until 1 minute after vaccination. No interventions were applied to the premature infants in the control group. The "Premature Infant Information Form," "Intervention Follow-up Form," and "Premature Infant Pain Profile" were used in collection of the study data. Descriptive statistics and independent sample t-tests were used for evaluation of the data.

Results: The mean pain score was 8.14±3.14 in the study group after vaccination, whereas it was 14.35±2.59 in the control group (p<0.05). It was found that 23 infants in the study group felt moderate pain during vaccination, and only 1 felt severe pain. In the control group, it was determined that 33 infants felt severe pain, whereas 7 felt moderate pain (p<0.05).

Conclusions: White noise was found to decrease the pain of vaccination. It is suggested that this can be included in the non-pharmacological methods used to reduce the pain caused by vaccination procedures in premature infants.

Key words: Premature infants, pain, vaccination, white noise

STRENGTHENING PARENT-INFANT BONDING IN A LONG TIME HOSPITALIZED INFANTS IN THE NEONATAL INTENSIVE CARE UNIT

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Abstract

**Background:** Postpartum is a transition period to parenting. Mothers and fathers take on new roles and the need to establish a new family arrangement in this period. Although mother-infant bonding begins during pregnancy, it is developing more birth and the postpartum period. Mother-infant bonding affected many features to maternal, infant and of the socio-cultural factors. One of the most important factors affecting the mother-infant bonding during the postpartum period is hospitalization of baby in the intensive care unit. The neonatal intensive care environments prevent to parents together with their baby and the interaction them. Baby have also a serious disease may adversely affect the parent-infant bond.

**Main Objective:** The purpose of this review is to discuss promote nursing interventions to parent-infant bonding in hospitalized infants in the neonatal intensive care unit for a long time.

**Methods:** Firstly it was determined a nursing diagnosis that "the risk impaired of parent-infant bonding". To strengthening the parent-infant bonding nursing interventions have been discussed direction of "parent-infant bonding" "neonatal hospitalization" "promote attachment" and “nurse” keywords in the literature scanning.

**Preliminary Results:** The nursing interventions that enhancing parent-infant bonding in neonatal intensive care units can be list as following.

- To assess the level of parent-baby bonding,
- To evaluate the parents of perceptions the baby's hospitalization and the baby's health status,
- To encourage of parents to express their feelings about their baby,
- To provide information to parents about the baby's health status,
- Encouraging parents to visit their baby,
- If the parents don’t visit their baby to direct contact with phone,
- Encouraging mom and dad to touch the baby (if possible kangaroo care),
- Provide support to mother for breastfeeding,
- To emphasize positive characteristics of the Baby,
- To encourage for parents tell the sibling developments related to the baby's condition, the brothers to show a photo of baby,
- Encouraging parents to participate in the baby's care in unit.

**Conclusions:** The nurses can apply to these nursing interventions to promote of parent-infant attachment in neonatal unit and postpartum ward.

**Key Words:** Parent-infant bonding, neonatal hospitalization, nurses.
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**ABSTRACT**

**Background:** The transition to motherhood is an important process for women. Mothers’ affection towards their babies starts during pregnancy when the movements of the unborn baby are felt for the first time, and forms the basis of mother-infant relationship. In the first days after birth, touching and smelling their babies, and meeting their needs determines the mothers’ perception regarding their babies.

**Main Objective:** The study was conducted to determine the factors that may be effective in the mother's perceptions regarding their sick newborn infants.

**Methods:** The study was conducted between October and December 2013 in the Neonatal Intensive Care Unit of a university hospital in Erzurum with hospitalized newborns’ mothers, who were 18 years old and above, had no sight- and hearing-related problems, open to communication and collaboration, had their babies hospitalized at the first week after birth, and were able to see their babies at least two times a week. The study group consisted of mothers of 74 sick newborns, who agreed to participate in the research. As a data collection tool, the "Mother-Infant Introductory Information Form", and the "Neonatal Perception Scale I-II" was used. The data were analyzed using the independent samples t-tests, Mann-Whitney u-test, Kruskal-Wallis test, analysis of variance, and correlation analysis.

**Results:** According to the research analysis, the perception scores of the mothers were found to be affected positively by the gestational weeks of babies, maternal level of education, and breastfeeding status, with a statistically significant difference between the groups (p<0.05). And, no statistically significant difference was found between the perception scores of the groups in terms of maternal age, employment status, mode of delivery, whether the pregnancy was wanted, the time of first encounter with their baby, gender of the infant, and the gender preference (p>0.05).

**Conclusion:** It is particularly recommended to plan interventions for starting communication between mothers and preterm infants in the shortest period of time as well as the practices for beginning to breastfeed as soon as possible.

**Keywords:** Maternal Perception Score, Newborn, Perception, Nursing

**Effects of Sponge Bath on Bilirubin Levels of Neonatals Who Underwent Phototherapy**
ABSTRACT

Background: Hyperbilirubinemia is one of the most common clinical signs in newborns. If not diagnosed and treated on time, hyperbilirubinemia can cause serious neurological sequelae.

Aim: The study was conducted to determine the effects of neonatal sponge bath care on bilirubin levels of neonatals who underwent phototherapy with a diagnosis of hyperbilirubinemia.

Material and Method: The study was conducted in the Erzurum Regional Training and Research Hospital between April 2013 and February 2015 as a semi-experimental study. Infants who met the selection criteria were included in the study, without performing any sampling. Sponge bath was given to the infants in the experimental group (n=45) prior to phototherapy, and their bilirubin levels were evaluated. Except for the routine clinical practices, no intervention was made for the infants in the control group (n=45). The data were collected by the researcher through the "Infant Introductory Information Form" and "Intervention Follow-up Form". Ethical principles were applied in all phases of the study.

Results: In the study, no statistically significant difference was found between the groups, when the newborns in the experimental and control groups were compared in terms of gender, mode of delivery, gestational age, birth weight, birth length, when compared in terms of Apgar score and physiological parameters (p>0.05). In the comparison of the bilirubin levels of neonatals included in the study, there was difference between the groups was significant in favor of the experimental group after the intervention (p<0.05).

Conclusion: In the study, the sponge bath given prior to phototherapy was found to be effective in lowering the bilirubin levels. It is though that this intervention can be used in neonatal care due to its positive effects.

Keywords: Hyperbilirubinemia, neonatal, nursing, sponge bath.
PLACE OF BREASTFEEDING CHAIR IN BREASTFEEDING SUCCESS

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Breastfeeding is a significant ability as much as reproduction and the experience of breastfeeding is important to start at the earliest period for mother and infant. Being an ideal nutrient for nutrition of newborn and having lifelong positive effects, breastfeeding is a god-given right of every child. A successful breastfeeding is an interactive process resulting with mutual completion of mother’s and infant’s needs. Even a delay of a couple hours in breastfeeding may bring failure.

Breastfeeding with appropriate technique, frequency, and time, breastfeeding during the first six months and then maintaining to breastfeed with supplements by 2 years of age are essential requirements of ideal nutrition. In addition to these conditions; position, well-being, and comfort of mother and condition of infant may affect the success in breastfeeding.

A number of equipments (breastfeeding pillow, breastfeeding chair, etc.) can be used in order to provide women to take a comfortable position during breastfeeding and support breastfeeding. Breastfeeding chair among these equipments may be a good option for women to maintain breastfeeding. Comfort provided with breastfeeding chair may help to maintain breastfeeding holistically and comprehensively.

In fact that the mother sits in a comfortable and calm position makes it easier for infant to suck. A chair with backrest support may be a good choice. It may provide comfort for breastfeeding to use pillow to support arms and to use footrest if it is needed.

Keywords: Breastfeeding, Breastfeeding chair, Comfort of mother

A literature review on the perception of menstrual in Japan

~From a historical sociological perspective~

Purpose

In this report we focus on the perspective of an education based on social interaction.

To help in future menstrual education we look at how it has been perceived and taught throughout history.

Methods

Study Design: Literature review
Research method: An extensive search of domestic studies in Medical center magazine Web database using Keywords such as “Views on menstruation” “menstruation education” and “menarche education”. We also explored several books on the subject of menstruation.

Results

We found 26 results of “views on menstruation” 57 results of “menstruation education” 19 results of “menarche education” and 33 results of “sex education”. However conference proceedings, medical diagnosis, treatments and other such literature were excluded. We found 11 results on the subject or menstruation education, however none of them had the level or detail we required.

To find further information we searched among texts on the social and historical views on menstruation. We found many old-fashioned concepts such as menstruation is the coming of God once per month, red blood is a sacred sign, the source of both life and sins, as well as ambivalent values evident in tradition like huts.

Conclusions

We found evidence that historically menstruation was perceived to be an unclear and shameful secret but also an important part of creating life.

As it has historically been viewed in both good and bad ways, it is important to provide menstrual education without bias.

This paper is in contrast with the “how to spend the maternal period” by Ms. Fukuko Kashima published in April, 1894 and “how to help the women in the maternal period” by Mr. Sankichi Inasaka published in September, 1886. This paper should be made clear on the status of midwives in Meiji era by technology and knowledge and also the knowledge that maternal women want to know.

In 1874, medical system was promulgated by the Japanese government, it mandated in midwifery education and qualifications. From this medical system, midwifery education was started in 3 prefectures of Tokyo, Kyoto and Osaka and spread to all in Japan. Also it called the old midwife will be sustained solely on traditional technology and new midwives made education training as much as possible. The contents of education at that time included Anatomy and Physiology and pathology, but many in specializing in obstetrics. Also required is reading and writing ability, but valued morals, emphasizing the humanity, were tightly controlled in a boarding school. Midwifery education initially had been entrusted into the hands of the doctors, gradually evolved to the education of midwives. Textbook of obstetrics is used also for doctors, but it had changed from doctors to midwife by themselves. At the foreword, they said this textbook was written for the first grade of midwifery students. But that helps for all midwives to help natural delivery. Midwifery education was started in 1876 in the Tokyo Prefectural hospital. They used the textbook written for the doctors at that time. But, after the promulgated the medical system, they used the textbook written for the midwives. So, almost all women in labor were look onto without panic by reading this book. I tried to clarify the knowledge of midwives and women in maternal period.

Introduction and Purpose: The perception of self-efficacy, which is one of the significant components of health improvement behaviors in chronic diseases, is an important determinant in the initiation and continuation of positive health behaviors. This study was conducted to adopt the Hypertension Self-Efficacy Scale to Turkish, and to test its validity and reliability.
Material-Method: This study population of this methodological study consists of individuals diagnosed with hypertension at least one year ago and admitted to two Family Health Centers located in the Province of Erzurum between December 2014 and March 2015. And, the sample consists of 302 individuals, who agreed to participate in the research, selected by non-probability random sampling method. The study data were collected using "Introductory Information Form", and Turkish version of the "Hypertension Self-Efficacy Scale". The Hypertension Self-Efficacy Scale was developed by Han et al. (2013) to determine the self-efficacy levels of the patients regarding their illnesses. It consists of 20 items and single sub-scale. After performing Turkish translations and back-translations in accordance with the methodology of translation, expert opinions were obtained from 10 experts in order to test its content validity. In order to evaluate the expert opinions in a reliable manner, a content validity index was used, and all of the 20 items were found appropriate. The item-total score correlations, Cronbach's alpha coefficient, and factor analysis were used for the internal consistency test of the Turkish version of the scale. The Hypertension Self-Efficacy Scale was applied using the face-to-face interview technique.

Results: The explanatory factor analysis of the scale showed a single factor structure, with factor loadings in an appropriate range (0.76-0.23). The Cronbach's alpha coefficient of the scale was found to be 0.88. In order to test time-invariance of the scale, the scale was reapplied to 50 individuals two weeks after the first application, the test-retest correlation value was found to be 0.38, and a statistically significant relationship was found between the two applications (p=0.007). In the internal consistency analysis of the scale, the item-total score correlations were examined, found in between 0.23 and 0.65, and no item was removed from the scale.

Conclusions: The Turkish version of the Hypertension Self-Efficacy Scale was found to be valid and reliable instrument in determining self-efficacy levels of the patients.

Keywords: Reliability, Validity, Hypertension, Self-Efficacy

MIDWIFERY IN THE OTTOMAN PERIOD
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Abstract
Midwifery, which is an art as old as history of humanity, is the first holistic profession of the world. History of the midwifery profession having such an old history dates back to the late 14th century in Ottoman Empire and its definition specific to that time was mentioned in handwritten book of İbn-i Cemallet. In the Ottoman period, midwifery was classified in three groups: Saray-ı Hümayun midwives, Kibar midwives, Ahad-ı Nas midwives. In Ottoman Empire, lessons within midwifery education were taught based on gender. Even though male midwives were started to be trained in 1826, it was allowed to train female midwives were in 1842. Inclusion of women in public life was also started with the School of Midwifery which was opened in the same year. It was the first time that women had begun to study in the field of midwifery and education of midwifery was added into curriculum in Ottoman Empire.
Comparing the midwifery practices before and after the 18th century in Ottoman Empire made a significant contribution to understanding of the professionalization of the midwifery profession. Differences between the traditional midwives and the modernizing midwives in terms of age, education, working methods and even the appearance had become obvious. Being a representative of history of midwifery and obstetrics in Ottoman Empire, Besim Ömer Pasha made a great contribution to midwives and development of midwifery profession. The booklet published by him shed light on midwives and he was the first director of the School of Midwifery by undertaking education of the school. By adding applied courses to the curriculum and emphasizing that midwifery is a practical profession, he made the necessary arrangements in the academic program and midwifery developed and strengthened in the Ottoman Period.

**Key Words:** Midwifery; The Ottoman; History

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**THE STATUS OF DETECTION OF FATIGUE AT CHILDREN WITH CANCER BY CHILDREN AND THEIR PARENTS**

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**Aim:** This study was performed to identify the status of detection of fatigue at children with cancer by children and their parents.

**Material and Method:** The study was descriptive in nature and performed at GATA Pediatric Hematology-Oncology Department, Ankara between October 2013 and January 2014. The study population included children that were hospitalized in Pediatric Hematology-Oncology Department (n=30) and their mothers (n=30). Study sample included children who were aged between 7 and 12 and literate, had no neurologic or psychiatric problem, received chemotherapy before more than 24 hours, diagnosed with an oncologic condition and agreed to participate in the study. Their mothers were included too. “Descriptive Characteristics Form”, “Children’s Fatigue Scale (Children Form- 24 hours)”, and “Children’s Fatigue Scale (Parent Form- 24 hours)” were prepared by researcher and used to collect study data. Percentage distribution and mean values, Mann Whitney U test and Kruskal Wallis variance analysis, Pearson correlation and Cronbach alpha coefficient calculation were used for data assessment.

**Findings:** The mean age of children was 10.23±1.81, 66.7 % were male, 40 % were diagnosed as lymphoma but most of them (66.7 %) hadn’t know anything about his/her condition; the mean age of mothers was 37.66±6.86, many of them (40%) had an elementary education level and most of them (63.3 %) had a job. The average score was 29.67±7.99 for Children’s Fatigue Scale -Children Form and 49.67±10.55 for Children’s Fatigue Scale Parent Form. Radiotherapy as a treatment option, parent education level, and job status were found to be effective on fatigue scores (p<0.05).

**Results and Recommendations:** In this study, it was found that children and parents felt moderate fatigue 24 hours after chemotherapy. Some demographic characteristics of both
children and parent were found to be effective on fatigue levels. Assessing the symptoms associated with treatment via valid and reliable scales at children with cancer has an important role at planning and performing appropriate nursing care.

**Keywords:** Children, cancer, fatigue, nurse.

**SUPPORTING MOTHER-CHILD NEEDS OF NON-JAPANESE MOTHERS LIVING IN JAPAN: FOCUSING ON THE MOTHER’S TEMPERAMENT AND NATIONALITY**

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**Background**

Though there is a great deal of assistance for mother-child support targeting non-Japanese mothers living in Japan that helps with language understanding, it seems only to address the fact that they are foreign. However, “non-Japanese” includes many nationalities, and individual backgrounds and temperaments are also conceivably relevant to support needs.

**Objective**

This study aimed to clarify the relationship between the mother-child needs of non-Japanese mothers raising children in Japan and their temperament and nationality.

**Methods**

In 2015, a self-administered questionnaire was given to 254 non-Japanese mothers of infants living in Japan regarding nationality, temperament (persistence, neuroticism, novelty seeking, extroversion, tenacity, introversion; Munakata, 2006), and mother-child support needs (15 items). Factor analysis was conducted on mother-child support needs, and the total score of extracted factors and differences in temperament/nationality were studied. Approval was received from the ethics committee.

**Results**

The 201 valid responses received from 66 Brazilians (32.8%), 66 Filipinos (32.8%), 29 Chinese (14.4%), and 40 Latin Americans from Spanish-speaking countries (19.9%) were analyzed. In the relationship between temperament and the 4 nationalities, a significant difference was seen in persistence, novelty seeking, tenacity, and introversion. Persistence was common to all countries.
Factor analysis on the mother-child support needs extracted the 3 factors of “need for a professional”, “need for interaction” and “need for ease of utilization”. In the 3 factors of support needs and temperament, “need for a professional” was significantly higher for persistence, extroversion, and tenacity. In terms of nationality, “need for a professional” was low in Brazilians, while “need for a professional” and “need for ease of utilization” were significantly low in Chinese mothers.

**Conclusion**

There was a relationship between the mother’s temperament and nationality in mother-child support needs. Support measures must be considered while bearing in mind that not all non-Japanese expect the same support.

**RELATIONSHIP BETWEEN PERSPECTIVE ON SEXUALITY BEFORE MARRIAGE AND HONOR PERCEPTION OF HEALTH COLLEGE STUDENTS**

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**Background:**

It is thought that people are affected from cultures which say sexuality is a taboo could live problem about this subject while giving care. So that determining the perceptions on honor and sexuality of health college students could provide an opportunity to complete / correct their knowledges about this subject.

**Aim:**

This study was conducted to investigate the relationship between perspective on sexuality before marriage and honor perception of health college students as descriptive.

**Method:**

The study was conducted at a health college in Turkey. All students (n=447) were taken in the study. Questionnaires of 57 students of 312 voluntary students were filled in as incomplete/wrong so 225 students were taken. Data was collected with a questionnaire form, “Before Marriage Perspective on Sexuality Scale (BMPSS)” and “Attitude Scale for the Women-Related Conception of Honor (ASWRCH)”. In BMPSS Scores are between 15-90 and increasing score means sexuality before marriage doesn’t accepted. In ASWRCH scores are between 25-125 and increasing score shows egalitarian attitudes. Data was evaluated by using percentage, median, Man Whitney-U, Kruskal Wallis, Correlation tests.

**Results:**

Of the students; 74.1% were women, 63.6% of their mothers and 37.6% of their fathers graduated from primary school, 88.6% of their mothers were house wife and 58.9% of them lived in city center. BMPSS score median was 50.00 (40 to 56). ASWRCH general score median was 91.00 (79-103). There was a meaningful relation between gender, education level of mother and father, occupation of mother and living place with BMPSS (p<0.05). There was a meaningful relation between gender, education level of mother and
living place with ASWRCH (p<0.05). A significant and opposite relation between BMPSS and ASWRCH was found (r = -0.626, p=0.000).

Conclusion:

Gender, education of mother and living place was effective on perspective on sexuality before marriage and honor perception.

Relationship between maternal depressed mood and mothers’ feelings for their children using Attachment-Caregiving Balance Scale among Japanese women who raise their 18-month-old children

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Background: Previous studies reported that the mothers with depression or child-rearing anxiety are likely to maltreat their children.

Purpose: This study aims to clarify the relationship between maternal depressed mood and mothers’ feelings about children using Attachment-Caregiving Balance Scale.

Methods: This survey was conducted as a cross-sectional study of mothers in a suburban city, Shizuoka prefecture, Japan, from September, 2014 to October, 2015. The Attachment-Caregiving Balance Scale is designed for measurement of mothers’ feelings for their children during their caregiving. The scale contains 12 question items and 3 factors regarding adaptation, sensitivity and intimacy. The self-administered questionnaires were distributed to 465 persons at the time of the 18-month child health checkup. We received responses from 276 persons (response proportion; 59.4%). Associations between Maternal depressed mood and each items of Attachment-Caregiving Balance Scale was examined using chi-square test. This study was approved by the Ethical Committee of Hamamatsu University School of Medicine.

Results: Among 258 effective responses (effective response proportion; 55.5%), the mean age of the mothers was 32.5 (standard deviation 4.98) years. The percentage of the mothers with depressed mood was 50.4%. We found from the questionnaire study that following five mothers’ feelings for their children showed significant relevance to maternal depressed mood. Two question items in “intimacy attachment” factor; “I feel parenting is difficult and want to be supported from someone.” (p<0.01) and “I do not have any peace of mind and want some relief.” (p<0.01). Two question items in “sensitivity attachment” factor; “I sometimes hug my child when I feel like it.” (p<0.01) and “I sometimes feel my child is difficult to parent.” (p<0.01). One question item in “adaptation attachment” factor; “I sometimes feel betrayed by my child.” (p=0.019).
Conclusion: This study suggested that the mothers who have depressed mood tend to have child-rearing anxiety.

**The trajectories of resilience in breastcancer patients versus healthy women.**

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Abstract:

**Objective:** To investigate longitudinal trajectories of resilience and their predictors in women with breast cancer in comparison with healthy women.

**Method:** Longitudinal study of 274 women with breast cancer and 211 healthy women, assessed at 3 time points: within 14 days after diagnosis and surgery (studygroup), 6 months and 1,5 year. Data were analyzed using latent growth mixture modeling to determine the best fitting model of resilience. Different covariates were explored as possible predictors of the trajectories.

**Results:** Analyses revealed 3 distinct trajectories in both groups. Both groups show 3 distinct initial resilience scores: low, medium and high resilience. However, during the 1,5 year after cancer diagnosis, both groups show a remarkable different course. Breast cancer patients with initially high resilience display a stable course with high resilience after 1,5 years, despite adversity. Patients with medium initial resilience show a slight decrease in resilience. Breast cancer patients with initially low resilience show a dramatical decrease in resilience after 1,5 year. Resilience in healthy women stays stable over time, despite initial level of resilience. Predictors for every trajectory will be discussed.

**Conclusion:** Baseline resilience has a crucial role in longterm adjustment in breast cancer patients. Screening for resilience and relevant predictors is advisable in order to direct psychological interventions to the most vulnerable patients with low and medium resilience at time of diagnosis and treatment.

**IS THE GYNECOLOGIST THE MAIN GATEWAY TO DIAGNOSE A SOMATIZATION DISORDER ? ABOUT A CASE**

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Background:

Medically unexplained symptoms are common in ambulatory medical patients. Such disorders are consistently more prevalent in women than in men and occurs up to 10 times more frequently in women.

Main Objective:

To review the literature published about gynecological symptoms related to somatic disorder and which percentage of these patients diagnosed as Somatoform Disorder are referred from gynecologist consultations.

Methods:

We present the case of a 31 year-old woman diagnosed of a somatic symptom disorder whose first consultation was gynecological. She is referred to Mental Health Unit from Primary Care Center because of having been referred to five different specialists and been diagnosed as "functional somatic syndromes" in all cases. She started a selective serotonin reuptake inhibitor, and attended a relaxation group during two months with good recovery afterwards.

She is asymptomatic nowadays and has not been visited by any other specialist.

Conclusions or Comments:

Women report more intense, more numerous, and more frequent bodily symptoms than men. This difference appears in samples of medical patients and in community samples, whether or not gynecologic and reproductive symptoms are excluded, and whether all bodily symptoms or only those which are medically unexplained are examined.

Women may be more aware of and more attentive to weak or diffuse bodily stimuli which men do not perceive, and some studies suggest that women have greater bodily vigilance and awareness.

This could result from the experiences of menstruation, menopause, pregnancy, and lactation which all serve to repeatedly call women's attention to their anatomy and physiology and to sensitize them to bodily changes.
Socialization also influences the readiness or reluctance with which one consults a physician and assumes the patient role. Women generally have a lower threshold for seeking medical attention, heir per capita use of health services is significantly higher than men's, and they average significantly more physician visits per year.

ABOUT A PERSISTENT GENITAL AROUSAL CASE

Background:
We describe the case of a 50 years old woman who attended the emergency room for complaints that involve continuous orgasms in the last two months that she describes “as waves”. The woman is a widow and claims not to have had sexual relationships since her husband died four years ago.

Main Objective

Persistent genital arousal disorder (PGAD) is a relatively unknown clinical condition affecting several women. Moral standards, as well as conservative beliefs regarding sexuality, are believed to be involved in the etiology and maintenance of this syndrome. Nevertheless, there are no consistent data on the content of the beliefs system presented by these women.

PGAD it has been identified as a condition of often unprovoked genital arousal associated with a significant level of distress.

PGAD is not well understood, and no definitive cause has been determined

Our main objective was to review the literature on PGAD, identify possible causes of the disorder, and provide approaches to the assessment and treatment of the disorder based on the authors' experience and recent literature.

Comments:

PGAD is a potentially debilitating disorder of unwanted genital sensation and arousal that is generally spontaneous and unrelenting. Since its first description in 2001, many potential etiologies and management strategies have been suggested. PGAD likely represents a range of conditions manifesting in unwanted genital sensations. Successful treatment requires a multidisciplinary approach and consideration of all reversible causes as well as cognitive therapy.

FIRST EPISODES OF PSYCHOSIS: A GENDER PERSPECTIVE
**Background:** Only 21% of patients included in the South of Granada’s First Episodes Program in the year 2014 were women. Studies don’t use to focus on sex differences at first-episode samples and it can be masking some relevant variables in this population.

**Aims:** In this exploratory study we aim to focus on gynaecological consultations during the period of Untreated Psychosis (DUP) at first episodes of psychosis in women.

**Methods:** A retrospective clinical-cases review of medical histories was made searching for sociodemographic variables, consultations during DUP, and psychotic prodromal outcomes.

**Results:** The average age of the sample was 23 years. The average of DUP was one to three months. 60% of referees to mental health services were from primary care and 20% from emergency services.

The main symptom was persecutory or prejudice delusions. 36% of them were related to sexuality or pregnancy. In most cases the demands were not bizarre. When a wide history was made and they were properly explored, a delusional treme was appreciated and the reason for consultation was not justified. Eg. Postcoital pill order for not taking precautions, in a telepathic relationship. 40% of claims were made in primary care. Half of them were assessed by a Gynecologist. 60% were treated in the Emergency Room.

**Conclusions:** We conclude that these data are relevant for specialists. Both for efficient resource management and for early detection of incipient psychosis. Gynecological abnormal demands are common in consultations to health services for specific malaise during the period of untreated psychosis.

**FIRST EPISODE OF PSYCHOSIS: DETECTION AT EMERGENCY SERVICES DUE TO GYNAECOLOGICAL CONSULTATIONS**

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**Background:** 21% of women with first episode of Psychosis in the South-Granada between 2008 and 2014 went to hospital emergency during the duration of untreated psychosis (DUP) aiming a gynaecological consultation caused by psychotic symptoms. Only one in five was referred to mental health.

**Aims:** To improve difficulties detecting cases during the prodromal phase, we aim to analyse the patient's profile and reasons for consultation and study whether there are variables that facilitate referral to specialist intervention.

**Methods:** A retrospective clinical-cases review of medical histories was made searching for sociodemographic variables, drug consumption, emergency services consultations and psychotic prodromal outcomes.

Results: They were single women between 18-32 years. 60% reported cannabis consumption. All of them live with family. 80% were studying or unemployed. Three types of emergency consultations were reported with a similar incidences: Order the emergency-contraception-pill, a pregnancy test or “a scan to check virginity /a non-consensual relationship”. During the initial exploration about 40% were under the influence of drugs. Most of them had nonspecific symptoms of anxiety, emotional lability, irritability, etc. In half of the cases were reported weight loss, insomnia and several variations of the usual behaviour in recent days. Positive symptoms were detected only in a quarter of the cases. When analysing the reason for consultation: 30% were impossible to be real Egg. Remote or mental sex relations. In 30% were inaccurate or unlikely: Egg. Relations during sleep. 40% were likely, in many cases rule out aggression or abuse was required.

**Discussion:** According to these results, the most important variable is to analyse the reason for consultation. Moreover if substance abuse and a combination of prodromal symptoms including positive and other nonspecific are detected. Furthermore, at the profile with possible demands, we believe is appropriate not to delay mental health assessment after making the appropriate intervention.

**SEXUALITY AMONG WOMEN ATTENDING A DAY HOSPITAL:**
Background

Individuals with severe mental illness must face with the psychiatric disorder itself and also the effects of the illness on their everyday lives. Women with mental illness are a disadvantaged group both in terms of their gender and because of their mental disorders, and they experience serious problems related to reproductive health.

The high rates of unplanned and unwanted pregnancies among women with schizophrenia underscore the importance of understanding their attitudes and practices related to family planning. Different studies reveal that even though many sexually active women with serious mental illnesses do not want to become pregnant, they do not use birth control.

Main Objective

Release last data about contraception methods among patients with severe mental illness after doing a bibliographical review. Also reflect present setup in Motril Day Hospital women patients and their relationship with sexuality and contraception. At the same time we intend to clarify and unify the proceedings on ethical problems respecting subject’s autonomy, beneficence, qualification and minors’ protection.

Methods

Data were collected through face-to-face interviews and a questionnaire based on the literature and prepared by the researchers which was designed to determine the kinds of reproductive health issues the patients were experiencing.

Preliminary Results

It was found that female patients with psychiatric disorders had more negative attributes with regard to contraception approach and sexuality compared with a corresponding healthy population.

Conclusions or Comments

We reached an agreement about future contraception approaches in Motril Day hospital users as part of the global treatment offered in our section

Motril Hospital gynaecology service has facilitated the proceedings for contraceptive subcutaneous implants insertion in those indicated women.

Day hospital patients were instructed individually and through group work about healthy sexuality.

ANXIETY LEVEL OF PREGNANT WOMEN WHO GET THEIR FIRST TRIMESTER ULTRASONOGRAPHY

Background: First trimester USG is most of times the first chance pregnant women have to see their future child. The ignorance of its state is the main worry couples relate to doctors. At the moment they see heart beating, all those worries diminish completely.

Objective: Our objective was to determine anxiety level of pregnant women who come to our consulting room to get their 12-14 week ultrasonography.

Method: Prospective observational study, since January 1st 2016, based on the application of the anxiety-state STAI-E questionary. A total of 50 women were included, with different characteristics of age, obstetric background or parity.

Preliminary results: We found higher anxiety level in women with previous abortions, assisted-reproduction obtained pregnancies, first ultrasonography and first pregnancy groups.

Conclusions and comments: Anxiety is a extremely prevalent pathology in our society, and a very common state in patients who come to our pregnancy consulting room. Our hypothesis was to determine if anxiety level varies significantly whether it is their first ultrasonographic control, first pregnancy or not, previous abortions or age, to stablish acting plans and improve assistance quality. As well, we have to pay attention to the fact that women, besides proper pregnancy control, need communication, affect and an opportunity to solve their doubts and fears, in order to help them.

EVALUACIÓN DEL SÍNDROME PREMENSTRUAL TRAS INICIO DE TRATAMIENTO ANTICONCEPTIVO HORMONAL.

Síndrome Premenstrual (SPM) lo podríamos definir como el conjunto de sígnos y síntomas de carácter cíclico que tienen lugar en la segunda fase de ciclo. Puede responder a cuadros de diferente intensidad y que, en caso de ser incapacitante, constituye el citado trastorno disfórico premenstrual o de la fase lútea tardía (3-8% de los casos). Este trastorno queda incluido,
pues, en el concepto previo de "síndrome premenstrual", y se refiere a un subgrupo mejor diferenciado en el que predomina la sintomatología afectiva. Se trata de un trastorno de naturaleza disfórica, en el que al menos uno de los síntomas ha de referirse al estado de ánimo, con o sin sintomatología física asociada, además de presentarse con la suficiente gravedad como para interferir en el desempeño de las funciones social, familiar y/o laboral.

La sintomatología es muy variada pero destacaremos 3 grupos de síntomas:

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<tr>
<th>Cognitivos y conductuales</th>
<th>Del ánimo</th>
<th>Somáticos</th>
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<tr>
<td>Trastornos del sueño</td>
<td>Irritabilidad</td>
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<td>Cambios en el apetito</td>
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<td>Síntomas neurovegetativos</td>
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<td>Disminución de la</td>
<td>Ansiedad/tensión</td>
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<td>concentración</td>
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<td>Disminución del interés</td>
<td>Sentimiento de falta de</td>
<td>Trastornos hidro-electrolíticos</td>
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<td>Retraimiento social</td>
<td>control</td>
<td>Trastornos dermatológicos</td>
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Los criterios diagnósticos están recogidos en el DSM-IV, en el que éste cuadro se denomina Trastorno Disfórico Premenstrual y es fundamentalmente clínico. Establece una serie de síntomas de los que deben estar presente al menos cinco de ellos, con una persistencia en al menos dos ciclos consecutivos y que interfieran de alguna manera en las actividades habituales, en el trabajo o en las relaciones interpersonales.

Os presentaremos los cambios producidos tras el inicio de tratamiento anticonceptivo hormonal combinado con Drospirenona en una serie de 20 pacientes según el cuestionario de Duke Epidemiologic Catchment Area.

**EVALUACIÓN DE LA CALIDAD DE VIDA EN PACIENTES CON DIAGNÓSTICO DE ENDOMETRIOSIS TRAS TRATAMIENTO CON ELAGOLIX**

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(1) Residente de tercer año del HMI Málaga, España.
(2) FEA unidad ginecología del HMI Málaga, España.
La endometriosis es una enfermedad crónica cuya sintomatología fundamental es el dolor pélvico. Es definida como la presencia de tejido histológicamente similar al endometrio en localizaciones distintas a éste, que induce una reacción inflamatoria crónica. La localización más frecuente de esta enfermedad es uterina (adenomiosis) y la localización que más frecuentemente produce sintomatología es la extrauterina, siendo la localización ovárica a su vez la más frecuente.

Existen diversas formas de clasificar la endometriosis. Estas clasificaciones se basan fundamentalmente en la localización de la enfermedad y grado de afectación, diferenciándose en leve, moderada, severa y extensa. Es importante destacar que no existe correlación directa entre el tipo o grado de afectación y la severidad de los síntomas.

Más allá del dolor, la endometriosis puede conducir a un auténtico sufrimiento psíquico. Por ello, durante muchos años se han probado multitud de terapias, médicas y quirúrgicas para intentar solventar este problema, dado que estas pacientes pueden llegar a sufrir dolores incapacitantes que las anulen en todos los aspectos de su vida, como el laboral, familiar, social, etc.

Uno de los caballos de batalla en los tratamientos de estas pacientes consiste en el tratamiento médico del dolor. Dentro de este campo, tenemos a Elagolix (ABT-620), un antagonista oral de la GnRH que se está desarrollando para el tratamiento de los síntomas de endometriosis y miomas. Queremos presentar la mejora en la calidad de vida de estas pacientes con el uso de ABT-620 (Elagolix).

**RESUMEN**

El amor es un componente esencial en la vida de las personas, ya que mantiene viva a la especie humana y a la reproducción, estando involucrado en todos los aspectos de nuestras vidas y teniendo una gran influencia en nuestro estado físico y mental. Cada vez son más las grandes consideraciones que se le están atribuyendo a la acción en el organismo de una gran cantidad de hormonas en este tema tan fascinante como es el amor y las relaciones sociales. Diversas investigaciones centradas en el ámbito de la neuroendocrinología del amor sitúan su interés en el estudio de diferentes hormonas, comprobándose que tienen un
papel de gran relevancia en distintos comportamientos como el reconocimiento social, la vinculación y las conductas de apego. Los principales objetivos para el cual se ha diseñado este trabajo son estudiar las perspectivas conductuales y los mecanismos endocrinos que intervienen a nivel social en el vínculo madre-hijo y en el amor de pareja principalmente, así como conocer de forma breve las principales áreas cerebrales que están involucradas en los dos tipos de amor abordados en este trabajo. Después de haber analizado detenidamente las diferentes investigaciones que se están realizando en este campo, no cabe duda de que han de llevarse a cabo más estudios para desentrañar por completo las implicaciones que tienen las hormonas en los lazos afectivos creados entre las personas.

**Palabras clave (Key words):** amor, vínculo, hormonas.

**INFLUENCIA DEL TRATAMIENTO ANTICONCEPTIVO HORMONAL COMBINADO EN EL DESEO SEXUAL.**

- **El deseo sexual hipoactivo se define como:**
  a) Disminución o ausencia de fantasías y deseos de actividad sexual de forma persistente o recurrente.
  b) Genera un malestar acusado o dificultades de relación interpersonal
  c) En el contexto de una persona sin enfermedades médicas o psiquiátricas que lo puedan explicar.

- Aunque es poco frecuente, se ha informado que una de las consecuencias de usar AOs es un deterioro del interés sexual, que podría ser motivo de disminuir el método. Las usuarias de la píldora refieren aproximadamente cuatro veces más quejas de dificultades sexuales que las usuarias de otros métodos.

- Es posible un *sesgo de entrevista*, por la mayor posibilidad de hablar de sexualidad en la consulta de anticoncepción. Las mujeres que atribuyen un valor alto a la vida sexual y las relaciones íntimas tienen un mayor riesgo de experimentar efectos negativos de la píldora en la motivación sexual.
Debe realizarse una evaluación individual del impacto psicológico del método anticonceptivo antes de atribuir la pérdida de interés sexual a un efecto farmacológico.

El tipo y dosis de los estrógenos y gestágenos no parecen ser significativos con respecto a este efecto (Dei et al 1997). El uso de Pildoras con solo gestágenos no parece asociarse con efectos negativos en la sexualidad (Graham et al 1995).

En esta comunicación os presentaremos resultados de encuestas en relación con el deseo sexual de pacientes en tratamiento con anticonceptivo hormonal combinado durante más de un año.

TEMPERAMENT, COPING STYLES AND DEPRESSIVE SYMPTOMS IN WOMEN WITH POSTPARTUM DEPRESSION

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³ Grup de Recerca en Vulnerabilitat Psicopatologia i Gènere SGR2014/1114

Background:
Although some anxiety-related personality traits have been proposed as risk factors for postpartum episodes, their role using the Cloninger’s Model of Temperament and Character in postpartum depression (PPD) has been inconsistent. Moreover, some maladaptive coping styles have been also related with personality dimensions and PPD. The association between these dispositional traits and the severity of PPD is not well established.

Main objective:
The objective was to describe the Temperament and Character profile in women with PPD and to identify which personality dimensions and coping styles were related to postpartum depressive symptoms.

Methods:
The sample consisted in 108 women diagnosed with major postpartum depression (DSM-IV criteria) at the Perinatal Psychiatric Unit of a general teaching hospital. Depressive symptoms were assessed using the Edinburgh Postnatal Depression Scale (EPDS). The Temperament and Character Inventory (TCI) and the brief version of the Coping Orientation to Problems Experienced (COPE) were administered after complete remission of depressive episode. Means (SD) were obtained for descriptive analysis. Correlation analysis was used to explore the association between personality, coping styles and depressive symptoms. A regression analysis for depressive symptoms was performed, including all significant variables in the bivariate analysis.
Preliminary Results: Our results did not confirm a dimensional personality profile in women with PDD. However, depressive symptoms were positively associated with Harm Avoidance and negatively associated with Reward Dependence. Depressive symptoms were also associated with less active and more passive/avoidant coping styles. Specifically, EPDS scores were associated with higher scores in Denial, Self-Blame and Behavioural Disengagement and Self-Blame and lower scores on Active Coping, Positive reframing, Acceptance and Humour. Results of regression analysis suggested that a passive/avoidant coping style was the independent variable most associated to depressive symptoms.

Conclusions or Comments:
Temperament factors and strategies to cope with stress could be associated to severity of PPD.

HOW INFERTILITY AFFECTS SEXUALITY ON A COUPLE: A STUDY OF QUALITY OF LIFE AND EMOTIONAL DISTRESS IN COUPLES BEGINING AN ASSITED REPRODUCTION TREATMENT.

Marina Rodríguez Conesa (Hospital Quiron, Málaga, España)
María Isabel Hombrados Mendieta (Social Psychology Department, Málaga University, España)
Enrique Pérez de la Blanca Cobos (Hospital Quirón, Málaga, España)

BACKGROUND: It can be affirmed that infertility process imply the failure to achieve the role of maternity/paternity, which can be framed in a life crisis. The suffering of wanting and not having a child can produce in couples an important emptiness, sense of failure and anxiety among many other symptoms (Moreno y Guerra, 2010).

The quality of life related to health is an important concept in current research, which is attempting to combine the concepts of health and quality of life. Sexuality is often affected in infertility due to the mechanization of sex aimed at achieving pregnancy.

MAIN OBJECTIVE: The main objective of this paper is to describe how is the quality of life on infertility, emotional distress and sexuality in patients starting an assisted reproduction treatment.

METHODS: For the study it have been applied an interview sociodemographic data (gender, age, educational level, and employment), the HAD scale, the Resilience scale of Wagnild and Young, and FertiQol, all self-administered.

The study group is comprised of 50 heterosexual couples including a man and a woman.

PRELIMINARY RESULTS: Data shows that the emotional distress of couples is not very high. The results in quality of life shows that sexuality is affected in general in a high number of couples.

CONCLUSIONS: The results are due to the fact that the couple has not yet experienced the stress posed by assisted reproduction treatments. We should study how the same variables evolve over time.
TITTLE OF PRESENTATION: GRADO DE ANSIEDAD PREQUIRÚRGICO EN PACIENTES SOMETIDAS A CIRUGÍA POR CÁNCER DE MAMA.

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ABSTRACT

Numerosos estudios evalúan múltiples aspectos relacionados con la cirugía primaria del cáncer de mama. Así mismo, también encontramos datos en la literatura en relación con depresión y ansiedad y el diagnóstico de cáncer. La ansiedad es una reacción compleja ante situaciones y estímulos potencialmente peligrosos, o percibidos como tal por la paciente. La cirugía es por sí misma un factor estresor importante, que además ocurre por un diagnóstico de enfermedad maligna en las pacientes que analizamos, por lo que el nivel de angustia puede llegar a valores muy altos. Nos proponemos evaluar el nivel de ansiedad percibido por estas pacientes, teniendo en cuenta su estado previo y relacionándolo con el tipo de cirugía a realizar (conservadora vs mastectomía) y con el momento de realización de la misma (primaria o posterior a quimioterapia neoadyuvante).

ANÁLISIS DE LA EFECTIVIDAD DE UN CURSO DE PILATES PARA GESTANTES DIRIGIDO A MATRONAS ORGANIZADOS EN MÁLAGA Y ALICANTE.

Autores: Rocío Palomo Gómez, Patricia Gilart Cantizano, Lorena Corcuera De Ortíz Gúzman, María Isabel De Dios Pérez, Juana María Vázquez Lara, Luciano Rodríguez Díaz.

Abstract.
**Introduction:** The Pilates method is a series of physical exercises for body and mind with soft movements and at the same time constant. The benefits that Pilates gives are a cardiovascular improvement, comprehensive physical conditioning, stability, consciousness and postural attitude requiring balance, coordination and integration among muscles, specially on the kinesthesic level, vestibular level and seborsorial perception.

**Objective:** To know if the pilates course for pregnant women organised in Málaga and Alicante improve the knowledge about the said materia and evaluate the level of satisfaction of the students.

**Methodology:** It has been carried out a descriptive study about one of the groups with 30 midwives and midwives residents who attended two pilates courses organised in Málaga and Alicante.

**Results:** Finally we can observe that comparing the course of pilates between Málaga and Alicante, there is a significant difference taking as a value the median, where we can observe that, in alicante, the difference between the pretest value and the postest value is lower (10) and in Málaga is higher (12), considering a p<0.001.

**Discussion and conclusions:** We can conclude that it has existed an important increase of the number of correct answers after the course. There are evidences, with a yeus of 95% (alpha error of 5%), to confirm that the formative action has produced a progress in the knowledge. Thus, these data give evidences which indicate an objective and significant increase in the theoretical and practical knowledge of Pilates for the pregnant woman.

**Key words:** Midwife; Pilates; Physical exercise; Program; Pregnant.

**ANTICONCEPCIÓN HORMONAL COMBINADA EN SITUACIONES ESPECIALES.**

**CRITERIOS DE ELEGIBILIDAD OMS.**

**Autores:** Rocío Palomo Gómez, Patrici GilartCantizano, Lorena Corcuera De OrtízGúzman, María Isabel De Dios Pérez, Juana María Vázquez Lara, Luciano Rodríguez Díaz.

**Abstract.**

**Introduction:** Combined Hormonal Contraceptives (CHC) are drugs composed of Estrogen and Progestin. They can be administered through different ways and its basic mechanism of action is the inhibition of the ovulation, that is why they are conferred to have a high contraceptive effectiveness.

**Justification:** According to the DAPHNE group survey, the CHC are the second contraceptive method most used in Spain, showing a percentage of 24%. Nowadays, in the XXI century, women and their couples demand benefits for their health. Consequently, the necessity for the individual characteristics of every women, taking into account the choice of the appropriate contraceptive method, arises.
Objective: Summarize the available evidence about the Combined Hormonal Contraception with the aim of directing contraception at certain especial situations.

Methodology: A systematic research was led in the scientific literature using the main referential database: Pubmed, Cochrane Library and Science Direct. Likewise, a bibliographic research on the Contraception Spanish Society (SEC), the World Health Organization (WHO) and the Ministry of Health, Social Services and Equality (MSSSI) was carried out.

Conclusion: The WHO has established some elegibility criteria for the use of contraceptives, which tries to guarantee an adequate margin of security. These criteria deals with the use of contraceptives on people with special situations, who require a greater consideration. Thus, it is covered the following special situations: age, parity, mother's breastfeeding, artificial breastfeeding, nicotism, body-mass index, Diabetes Mellitus and arterial hypertension.

Discussion: For the election of the ideal contraceptive method, it is essential to carry out a bidirectional process and in this way, the midwife has a privileged situation, having an important challenge.

Key words: Midwife; Combined Hormonal Contraception; Elegibility; Special situations.

PROLAPSO DE CORDÓN: ESTUDIO SOBRE LA EFECTIVIDAD DE LA PRÁCTICAS UTILIZADAS ANTE ESTA URGENCIA OBSTÉTRICA

Autores: Rocío Palomo Gómez, Patricia GilartCantizano, Lorena Corcuera De OrtízGúzman, María Isabel De Dios Pérez, Juana María Vázquez Lara, Luciano Rodríguez Díaz.

Abstract: Embolism of liquid amniotic is one of the major causes of maternal mortality. Its pathophysiology remains much debated and there are difficulties in the correct identification of the current diagnostic criteria. The incidence of embolism of liquid amniotic is approximately 1 of every 8000-30000 pregnancies. From the 1940s to the present day have been numerous studies on this disease, which have been advancing and giving clues to learn more about its pathophysiology and diagnosis criteria, although they should open more lines of research on the subject. Fast action measures before such pathology are proposed in this study according to the latest evidence scientific, to reduce the incidence of fetal and maternal mortality, since, in the majority of cases it should act rapidly before diagnosing that is this causing the embolism of liquid amniotic
in the patient. Birth and immediate postpartum process is performed by the nurse, therefore, is one of the professionals that must be formed to act as soon as possible and learn the latest scientific on the subject, evidence to be able to handle the situation effectively and with the highest possible quality.

Key Words: amniotic fluid embolism, nurse, emergency, nurses performance; mortality, perinatal; complications, obstetric labor

LAST PROOFS IN THE ACTING OF AN OBSTETRIC EMERGENCY: AMNIOTIC LÍQUIDO’S EMBOLISM

Authors: Gilart Cantizano, Patricia; Corcuera Ortiz de Guzmán, Lorena; Palomo Gómez, Rocio, Vázquez Lara, Juana Mª; Rodríguez Díaz, Luciano

Introduction
The embolism of amniotic liquid is an infrequent, inevitable and unpredictable emergency of cause been ignorant of, in the one that the amniotic fluid, fetal cells, hair and another residues enter in the maternal circulation causing a shock cardiovascular, associate to hipoxemia, hypotension and coagulation intravascular scattered (CID).

Objetives
1. Knowing the algorithm of acting in front of the aforementioned emergency.
2. Knowing that treatment of urgency is supposed to utilize the staff of specialist infirmary.

Methodology
For the realization of the aforementioned scientific work, we have accomplished a bibliographic quest in the scientific more important data bases, I eat such: Pubmed, Cochrane Plus, Medline, sCielo have also accomplished a quest of documentation in guides of clinical practice and protocols updated on obstetric urgencies.

Results
FORM OF presentation of amniotic LÍQUIDO’s INSERTION OF ONE OR MORE DAYS IN A CALENDAR:
• Dyspnoea followed of severe hypotension 100 % and been upset metal.
• Pulmonary Distrés 93 %, cyanosis peribucal and peripheral.
• CID 83 %
• Cardiacarrest 87 %
• Invigoratingclonicconvulsions 50 %
• Uterineatony post-childbirth
• Fetal heart block

TREATMENT:
• Oxigenoterapia. Intubar ifnecessary.
• Canalization of pulmonaryartery
• Crystalloids and derived from the blood
• Uterotónicos:Oxitocina, metilergonovina
• Corticoïdes to treat the reaction anafiláctica.
• Digoxina and dopamina.
Hemodialysis with plasmaféresis and oxygenation for extracorporeal membrane with ball of counter-pulsation intra aortic if the urgent Cesárea if the mother does not answer to treatment has collapse

Conclusions
This clinical picture, as we have said previously you have a very reduced incidence but when it happens it can be lethal. It is been supposed to perform on rapidly and with efficacy in order that the treatment of urgency take effect it plus possible rapid. The death rate of the aforementioned picture is very high. They keep on without there being specific findings be more than enough the how and why the aforementioned picture appears and finishes with women with the life said. Does not exist an only form of attention, since priority to mayr’s symptoms is supposed to take place gravity in each case.

Bibliography


Authors: Corcuera Ortiz de Guzmán; Palomo Gómez, Rocío; Gilart Cantizano, Patricia; Rodríguez Díaz, Luciano; Vázquez Lara, Juana Mª

INTRODUCTION
The prevalence of the urinary incontinence (UI) increases during pregnancy and decreases after labor, although prevalence during the post-partum period is higher than before pregnancy. It is estimated that the prevalence of any type of urinary incontinence by effort during pregnancy vary between 6% and 67%, and between 3% and 38% between two and three months after labor.
By using several techniques, perineal electrostimulation (PES) expects to increase the perineal muscular strength and to improve the control of these muscles in cases of UI.

GOAL
Perform an exhaustive review, between 2000 and 2014, about the applications of the electrostimulation techniques to the treatment of urinary incontinence.

MATERIAL AND METHOD
It has been performed a bibliographical search in the following databases: PubMed, Cochrane, Medline, PEDro (Physiotherapy evidence database) and Google Scholar. The criteria taken into account for inclusion were: random and controlled clinic tests in adult women.

RESULTS
13 studies have been selected. A study with level II of evidence shows that electrostimulation (ES) is more effective than no-intervention for the treatment of urinary incontinence by effort in women, although less effective than the muscular training of the pelvic floor (1,2). 12 level III studies were found; 3 of them concluded that ES is effective in the treatment of SVH (3,4); 4 concluded that ES is effective in the treatment of urinary incontinence, whereas the remaining 3 did not report better results in the group treated with ES than in the control group (5,6).

The results for ES vs. other treatments or surgery solutions show with level II and level III studies that ES is more effective than no-intervention for the treatment of IUE (8,9) and SVH. An improved efficiency of ES with respect to placebo-ES (inserted electrode without current, or with negligible current) was observed in the treatment of UI, SVH and detrusor overactivity (10-14). However, other studies with home ES assess that this is not higher than placebo-ES in the treatment of UI (8,15-18). It has been suggested that the electrode inserted in the vagina may induce changes not attributable to the current, but instead due to the proprioceptive effect and biofeedback (BF).

It also exists an evidence level II that EMSP is more effective than ES in the treatment of UI (10). A study performed on a population of 101 women assesses that both treatments are equally effective in the treatment of UI (6), whereas another one concluded that the effectiveness of ES is higher for the treatment of SVH.

DISCUSSION/CONCLUSIONS
The results are controversial, since it is difficult to clarify the efficiency of the ES. For this reason, we can assess that most clinical tests reviewed by us conclude that ES is effective in the treatment of UI and SVH in women. However, more good methodologic quality studies are required to get a higher level of scientific evidence and to know what are the optimal mode, type and current parameters for each type of UI and SVH.


Comparative analysis of the work accomplished by the Matrons of the Hospital Quirón Campo of Gibraltar during the year 2014 in front of the recommendations of SEGO

Authors: Gilart Cantizano, Patricia; Corcuera Ortiz de Guzmán; Palomo Gómez, Rocío; Rodríguez Díaz, Luciano; Vázquez Lara, Juana Mª

INTRODUCTION: At the moment the attention to pregnancy, childbirth and post-childbirth in the private space it is thought that it is a less specialized attention and that you do not obey WHO’S recommendations and of the Ministry Of Health, Social Policy and Equality. The idea exists, that the childbirth taken care of at a private hospital is taken care of with minus technical resources to
take care of the conditions of risk, as well as a bigger percentage of Caesarean sections in the conclusion of the same. Our attention focuses on our women's attention of quality and offering a tracking of pregnancy, I depart and post-childbirth based in the scientific present-day proof. In the aforementioned Hospital, childbirths eutocic are attended by matrons, right now than, according to the WHO the professional is fit to take care of the aforementioned process.

OBJETIVES:
- Demonstrating the mechanisms to get the sanitary excellence at the company Comatronas that you give logistic support to the Hospital Quirón Campo of Gibraltar.
- Comparing the results gotten as much with last recommendations of you reaped it tipical of the WHO

METHODOLOGY: Study descriptive retrospective envelope the statistical data picked up from the January 1, 2014 to the January 1 the 2015 one belonging to the book of childbirths.

RESULTS:
- The increment of childbirths out of every month of the 2014 regarding the 2013, oscillates between a 40-60 %.
- It is observed a tendency on the increase of Caesarean sections that I get to his roof in Febbero's months, Marzo and Abril, and that we went considerably down to in the months of May December, surpassing the 15 % recommended by the WHO, but very close.

- Vaginal childbirths in front of Caesarean section programmed
- Positions embraced during childbirth
- Episiotomies accomplished by the midwifes
- Type of childbirths
- Percentage of inductions

CONCLUSIONS:
- It is proven that after a year of work indicating excellent grades of quality regarding the matrons' direct attention exist.
- We noticed that the work at a Private Hospital can be within the criteria recommended by the Ministry Of Health, Social Policy and Equality. That way like, the attention to the normal childbirth at the aforementioned Hospitals for part of the matrons increases also the maternal satisfaction the same way that you improve the Hospital's indicators of quality.
- Our woman customers' satisfaction demonstrates the good work in team and the relevance of the matrons in the sanitary private space to us.

BIBLIOGRAPHY:


BENEFITS OF THE PILATES METHOD DURING PREGNANCY. A BIBLIOGRAPHICAL REVIEW.

Authors: Corcuera Ortiz de Guzmán; Gilart Cantizano, Patricia; Palomo Gómez, Rocío Rodríguez; Díaz, Luciano; Vázquez Lara, Juana Mª

INTRODUCTION

At the beginning of the 20th century, Joseph Pilates created a series of exercises as method of physical toning under the principle of control of movement that he called “contrology” or “art of control”.

The American Congress of Obstetricians and Gynecologists (1,2) revealed the recommendations for the physical exercises during pregnancy and post-partum with the aim to encourage the female population to keep themselves active and in good physical shape during gestation. According to ACOG, pregnant women can and should exercise moderately at least during 30 minutes every day, or almost.

GOAL

To exhaustively review last-years data about the applications and benefits of the techniques of pilates during gestation.

MATERIAL AND METHOD

It has been carried out a bibliographical search in the following databases: PubMed, Cochrane, Medline, PEDro, Elsevier and Google Scholar. A first selection was made according to the title and abstract. Only works published between 1998 and 2014 (both included) have been taken into account.

RESULTS

Studies such as that by Chasan-Taber et al. (3) demonstrate the positive effect of physical exercise during pregnancy, suggesting exercises such as walking and swimming to achieve an improved physical and mental health. In addition, they state that each pregnant woman must, as long as she can, do physical exercise systematically, following the recommendations and precautions in this respect.
Paisley, Joy and Price (4), in their study “Exercise during pregnancy”, show a series of physiological responses to physical exercise during pregnancy, since it increases the cardiopulmonary strength, the flexibility, the sense of equilibrium and the muscular coordination. All these important benefits for both mother and foetus, who gets a great amount of vestibular stimulation with the movements of the expectant mother during her exercise, thus allowing an approximation to labor with calm, happiness and confidence (5,6,7). For this reason, the most advisable exercises during pregnancy are those that activate the muscles of the trunk, because they protect the vertebral column and the sacroiliac joints, thus easing the load of the uterus and making labor much less winding (1,2).

CONCLUSIONS

Scientific evidence shows that the Pilates method during pregnancy prepares the expectant mother against the physical and mental load required during postpartum, when the needs of the neonate constitute responsibilities requiring all attention. Therefore, a good physical preparation with pilates considerably eases life not only during pregnancy, but also during labor and lactation.

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STRATEGIES OF CONFRONTATION IN POST PARTUM DEPRESSION

Authors: Corcuera Ortiz de Guzmán; Gilart Cantizano, Patricia; Palomo Gómez, Rocío Rodríguez
Díaz, Luciano; Vázquez Lara, Juana Mª

INTRODUCTION

Post-partum depression is an important health problem for women, affecting the 13% of primiparas. Despite the pharmacological treatments are effective for this type of depression, mothers are often reluctant to use them, because of the fear to transmit the drug during lactation and to the possible secondary effects in the neonate. For this reason, we have evaluated non-pharmacological treatments to ease the symptoms of post-partum depression.

GOALS

To evaluate the effects of all the compared psychological strategies to ease the depressive symptomatology.

To examine the efficacy of the distinct psychological strategies.

MATERIAL AND METHOD
A bibliographical search on the pubmed, medline, embase, cochrane and scielo databases has been carried out with the following keywords: post-partum depression, psychological alterations, confrontation.

RESULTS

After reviewing ten random cases controlled with a number of patients of almost 1000 women we have found that the strategies of psychological support are effective to reduce the symptomatology during post-partum. The psychological theories show that the early links with nearby significant figures are crucial in the development of the personality and of future linking styles. In other words, the way in which the neonate interacts with his main carers, which are his parents in most cases, establishes the model with which the child will interact later with his surrounding environment.

CONCLUSION:

The results of the meta-analysis show that the psychological strategies are an effective treatment for women with post-partum depression.

BIBLIOGRAPHY


ANXIETY IN THE THREAT PREMATURE BIRTH
Authors: Cayetana Malo Aso, Gloria Tendero Roldan, Lucía de los Ríos Gestoso, María Muñiz Pérez, María Leal Barquero, Marcos Lamas Sánchez, Daniel Lubián López

Affiliations: Obstetrics and Gynecology Service from University Hospital of Puerto Real, Cádiz (Spain)

Background:
The preterm labor (PL) is classically defined as the presence of Associated regular uterine dynamics (36 - 22 weeks gestation).
The origin of spontaneous preterm labor (PL) and their pathophysiological understanding unknown, it has been suggested that the PL can be a psychosomatic disorder, it is They have identified some maternal and fetal characteristics in its etiology. In previous research different psychosocial factors were identified as stressors expression and association. But only few studies have explored the relationship between the PL, anxiety and stress.

Main Objective:

To assess the association between preterm labor and anxiety.

Methods:

This is a cross-sectional descriptive study, data were collected from 52 closed questionnaires: STAI (self-administered) (November 2015 - January 2016), to a defined population of women who have been entered in the Puerto Real hospital with diagnosis of PL

Preliminary Results:

47 questionnaires were finally valid. The mean scores for the state anxiety (STAI-S) scale was 31.9. By what a medium-high level of anxiety is observed among pregnant women admitted for PL. Women who had one or more previous pregnancies presented similar levels of anxiety regarding those who had not given birth before. From the 47 women, 65.9 % claimed to feel a little tense and quite concerned about possible future misfortunes. 53.1 % felt pretty nervous with 63.8 % they were not at all relaxed.

Conclusions or Comments:

Women have a preterm labor and require admission to a care specialized have high levels of anxiety, as manifested mostly tension, concern about possible future misfortunes, nervousness and difficulty relaxation, among others. We believe that it should increase the psychological support women admitted by PL, as it has been seen that getting it produces in his great.
INCREASED SECURITY AFTER MATERNAL EDUCATION CLASSES

Authors: Cayetana Malo Aso, Lucía de los Ríos Gestoso, Gloria Tendero Roldan, Marcos Lamas Sánchez, María Muñiz Pérez, María Leal Barquero, Daniel Lubián López.

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Background:

Maternal Education is a Health Education Program Aimed at pregnant women and their partners, aimed at improving their knowledge of the process of pregnancy, childbirth, and postpartum care; And promoting Healthy Behaviors Permanent and transmittable to family, resolving doubts, and offer strategies to facilitate the process of physically and emotionally. Therefore, the information to the woman and her partner is essential at this stage of his life. Pregnancy is a special situation in the life of women, the United Nations vital event and the often stressful, with special experiences of the woman, her partner and their environment.

Main objectives
Attendance estimate whether a program of maternal education increases safety in pregnant women to make decisions about her pregnancy

Methods
This is a descriptive study, data were collected randomly from 87 women (November 2015 and February 2016) women at term who have been admitted to the University Hospital of Puerto Real. Data were collected on admission to the unit.

Preliminary results
87 women included in the study and who had attended a program full maternal education 72 (82.7%) confirmed that maternal education program had given them new knowledge about activities that it was safe to make in your life daily versus 15 (17.3%) stated that no acquisition of new knowledge. 54 reported receiving new knowledge about what physical activities were advise and discouraged during the three trimesters against 33. On the other hand, 54 (62%) women said they had received new knowledge about what physical activities were advise and discouraged during the three trimesters pregnant women versus 33 (38%).

Conclusions or Comments
We should continue to encourage pregnant women to attend programs of maternal education because although today all have information in our hands are still many myths and taboos in pregnancy, and there are many web pages they provide wrong or little verified information, which may pose a risk to the mother.

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MODIFICATIONS OF THE SEXUALITY DURING PREGNACY
Authors: Cayetana Malo Aso, Lucía de los Ríos Gestoso, Gloria Tendero Roldan, María Leal Barquero, Marcos Lamas Sánchez, María Muñiz Perez, Daniel Lubián López
Background:

Sexuality is an important part of the health, welfare and quality of life and sometimes influenced by biological, psychological and social factors. Pregnancy in turn, is a special in the lives of women, characterized by physical, hormonal and psychological changes that, in conjunction with social and cultural influences may affect female sexuality and sex of the couple period.

Anatomical and physiological changes during pregnancy and its influence on the sexual life of the couple: changes related to the physical appearance of women as weight gain and volume, it becomes evident with the growth of the abdomen, alteration in the color of the skin and genital mucosa, the extreme flexibility of the joints and other changes that have to do with physiology, such as those that occurred in, urinary, digestive, respiratory, cardiovascular coagulation system and reproductive organs.

Main Objective:
Analyze sexuality in pregnancy

Methods:
Literature review of articles in PubMed, Medline, Embase, Cochrane Library and Uptodate data

Preliminary Results:
Sexual desire decreases in the first quarter, being variable in the second and last fall in the third. Sexual satisfaction was significantly reduced in the first quarter compared with the second and third. Arousal, lubrication and orgasm were significantly reduced in the third quarter. The pain increased in the second quarter compared with the first and third.

Conclusions or Comments:
Currently sexuality remains a taboo subject, which not all professionals speak or explain clearly and many patients do not ask. Sexual expression depends on many factors: system of sexual values, general health condition in pregnancy, quality of the relationship with the partner, personality, medical complications of the mother and concerns about childbirth or fetal congenital malformations. The reaction of women to pregnancy is variable, influence the physical, hormonal and psychological changes.

References:

3. Female sexual dysfunction across the three pregnancy trimesters: an Egyptian study. Hanafy S¹, Srour NE¹, Mostafa T². *Sex Health.* 2014 Jul;11(3):240-3


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**MIDWIFE ASSISTANCE IN POSTPARTUM DEPRESSION**

**Authors:** Gloria Tendero Roldán, Lucía De Los Ríos Gestoso, Cayetana Malo Aso, Marcos Lamas Sánchez, María Leal Barquero, María Muñiz Pérez, Daniel Lubián López

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**Background:**
Postpartum depression has been present in our society since the beginning of times. Recent studies have shown that although the symptoms may come to light until four weeks after delivery, during pregnancy and the disorder of mood begins to occur; denominating peripartum depression. That is why we make an early detection is the responsibility of midwives in primary care since they are the ones to establish a close therapeutic relationship with pregnant women and their families, and they are the ones who can see if there is a deficit or no support family, key risk factor for postpartum depression; knowing that this mood disorder is multifactorial.

**Main Objective:**
Knowing how midwives can care for women with postpartum depression.

**Methods:**
Literature review of articles in PubMed, Medline, Embase, Cochrane Library and Uptodate data.

**Preliminary Results:**

The symptomatology manifested in the postpartum depression is: strong feelings of guilt, inability to care for the child and stress.

It must supply maternal function. Breastfeeding will develop secure and will not have to devalue the ability for motherhood. He will attend the consultation if worsen or symptoms persist longer than that considered normal. In the home visit will assess the evolution of these pictures. Medical treatment is also administered prescribed. In general, this process requires the same therapeutic approach that depression, so usually accompanied prescribe psychotherapy support de pharmacologic treatment. The most important is to make an early diagnosis to foster that premature therapeutic benefit of the mother and child.

**Conclusions or comments:**

Midwives who have a continuous and direct contact with the Pregnant are presented the perfect opportunity to diagnose and treat early maternal depression both prepartum and postpartum, allowing minimize the consequences that can lead to the mother, environment family, and in particularly the fetus or infant or even more times later in life.

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3. ANXIETY RELATED TO LABOR

**Authors:** Gloria Tendero Roldán, Cayetana Malo Aso, Lucía De los Ríos Gestoso, Marcos Lamas Sánchez, María Muñiz Pérez, María Leal Barquero, Daniel Lubián López

**Affiliations:** Obstetrics and Gynecology Service from University Hospital of Puerto Real, Cádiz (Spain)

**Background:**

At the time of childbirth, women often express feelings of fear and anxiety. Anxiety of childbirth is directly related to fear of pain and, frequently, fear of the duration of labor. In addition, a negative experience during child-birth may complicate the woman’s emotional state and lead to postpartum depression.

Also, plasma epinephrine was associated with anxiety and abnormal uterine activity in pregnant women and affected labor progression.

**Main Objective:**

Knowing how we can help women to reduce anxiety related to the childbirth process
Methods:

Literature review of articles in PubMed, Medline, Embase, Cochrane Library and Uptodate data.

Preliminary results:

Interventions midwives can offer women to help reduce anxiety:

- **CHILDBIRTH EDUCATION** - Consists of individual or group classes designed to inform pregnant women and their partners about labor and birth. These classes cover pain control, including self-help measures.

- **RELAXATION AND BREATHING** - These techniques are used to enhance a woman's sense of control.

- **BIRTH ENVIRONMENT** - Comfortable and private, and provides places to walk, bathe, and rest.

- **MATERNAL MOVEMENT AND POSITIONING** - Laboring women have always walked, moved, and changed positions to make themselves more comfortable.
  
  Birth ball — Use of a birth ball during labor provides some pain relief while allowing women freedom of movement and personal control of the intervention.

- **WATER IMMERSION** - Immersion in warm water deep enough to cover the woman's abdomen is thought to enhance relaxation and reduce labor pain.

- **TOUCH AND MASSAGE** — Touching another person can communicate such positive messages as caring, concern, reassurance, and love.

- **ACUPUNCTURE, ACUPRESSURE AND HYPNOSIS**.

Conclusions or comments:

Supportive care during labor, the primary role of intrapartum nurses and midwives, provides comfort to prepartum women and helps facilitate a positive labor experience. It has been argued that supportive care during labor reduces fear and anxiety as well as the resultant side effects.

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CULTURAL ASPECTS IN CARE OF IMMIGRANT PREGNANT WOMEN IN SPAIN

Authors: Gloria Tendero Roldán, Cayetana Malo Aso, Lucía De Los Ríos Gestoso, Marcos Lamas Sánchez, María Muñiz Pérez, María Leal Barquero, Daniel Lubián López.

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Background:
In recent years we are seeing an increase in the number of women from developing countries that come to our midst.

Immigrant women make up a young population, mostly of childbearing age. Data from the Spanish public hospitals, show a progressive increase in attention to pregnant women and foreign women in labor.

The available research points and deficits and inequalities in indigenous women, resulting in higher numbers of maternal and child morbidity

Main Objective:
Knowing how immigration affects sexual and reproductive health of immigrant women who come to Spain.

Methods:
Literature review of articles in PubMed, Medline, Embase, Cochrane Library and Uptodate data.

Preliminary Results:
Cultural diversity affects reproductive health.

Immigrant women from countries with lower levels of economic development, obtain significant improvements in quality and access to health care in Spain, seeing reduce maternal and neonatal morbidity and mortality compared to their hometowns.

The group of immigrant women is not homogeneous: their responses and health behaviors vary depending on multiple cultural variables.

The case of female immigration reveals a double inequality of opportunity: gender and with respect to the indigenous population.
The immigrant women who demand more attention in Spain are: North Africans, Sub-Saharan Africa, Latin America, Chinese collective and Romania. You need to know the characteristics of each on sexual and reproductive health for a complete approach.

Conclusions or comments:

Recommendations attention to pregnant immigrant:

1. Empathy.
2. Do not judge or evaluate a priori
3. Acquire cultural skills
4. Listening
5. Activate the aid relationship
6. Improving health policies for attention to immigration

References:

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Puig Sola C et al. Ingreso hospitalario de los recién nacidos según el origen étnico y el país de procedencia de los progenitores en una área urbana de Barcelona


BENZODIAZEPINES AND PREGNANCY

Authors: Lucía de los Ríos Gestoso, Gloria Tendero Roldán, Cayetana Malo Aso, María Leal Barquero, Marcos Lamas Sánchez, María Muñiz Pérez, Daniel Lubián López.

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Background

Benzodiazepines are often used during pregnancy to manage severe anxiety or agitation.
Due to conflicting results across studies, it is not known if exposure to either benzodiazepines during pregnancy is associated with an increased risk of congenital malformations. However, there is a systematic review suggest that benzodiazepines are not associated with an increased risk.

Some retrospective studies suggest that benzodiazepines may be associated with congenital malformations.

To the extent that benzodiazepines are associated with teratogenic effects, many authorities consider the absolute increase small.

**Main Objective**

It knows the risks of use benzodiazepines during pregnancy, neonatal toxicity and withdrawal.

**Methods**

Literature review of articles in PubMed, Medline, Cochrane Library and Uptodate data.

**Preliminary Results**

Benzodiazepines appear to be associated with spontaneous abortion (miscarriage) and preterm birth. Preterm birth occurred more often with early exposure compared with no exposure. And they don’t appear to be associated with low birth weight.

Chronic administration of benzodiazepines proximal to delivery can cause neonatal toxicity and withdrawal, including:

- Low Apgar scores
- Apnea
- Hypothermia
- Hyperreflexia
- Hypertonia or hypotonia
- Irritability
- Lethargy
- Restlessness
- Tremor
- Diarrhea
Poor feeding
Vomiting

This toxicity and withdrawal is widely reported, and may occur more often in preterm infants than term infants. Symptoms may persist for up to three months.

It is not clear if using benzodiazepines during pregnancy adversely affects neurobehavioral development, due to conflicting results among studies. However, in the largest prospective study, motor and cognitive functioning were comparable at age three years.

Conclusions or Comments

The best evidence suggests that exposure to benzodiazepines during pregnancy is not associated with an increased risk of congenital malformations; although, chronic administration proximal to delivery can cause neonatal toxicity and withdrawal,

References


POSTPARTUM PSYCHOSIS: TREATMENT

Authors: Lucía de los Ríos Gestoso, Gloria Tendero Roldán, Cayetana Malo Aso, María Leal Barquero, Marcos Lamas Sánchez, María Muñiz Pérez, Daniel Lubián López.

Affiliations: Hospital Universitario Puerto Real, Cádiz (España)
Background

Postpartum psychosis appears to be a group of mood and psychotic disorders. They have in common the emergence of psychotic symptoms such as delusions and hallucinations in the first weeks postpartum.

Women are more likely to experience psychosis during the period following childbirth than at any other time in their lives. In this women appear more likely to commit suicide or homicide than the general population. It’s a medical emergency.

Ensuring safety and initiating treatment with psychotropic drugs are the initial priorities of clinical management.

Main Objective

It knows the treatment of postpartum psychosis

Methods

Literature review of articles in PubMed, Medline, Cochrane Library and Uptodate data.

Preliminary Results

Antipsychotic medications are typically the first-line treatment for psychosis and agitation in postpartum psychosis.

The choice of agents should be restricted to those with better safety data in pregnancy and lactation. It’s prefered olanzapine, quetiapine, and risperidone over aripiprazole, ziprasidone and iloperidone because of longer clinical experience and the safety data in pregnancy and lactation. Treatment should be continued for at least one year to reduce the risk of relapse.

Benzodiazepines such as lorazepam have been found to be effective adjuncts to antipsychotics in inducing sleep or controlling agitation in other psychotic disorders. Early intervention to promote sleep in postpartum psychosis may avert or attenuate the psychotic episode.

Conclusions or Comments

Insomnia, which can be an early symptom of a mood disorder and a trigger for an episode of postpartum psychosis, can be treated postpartum with a benzodiazepine.

Irritability, a symptom of mood instability, can be treated with one of the antipsychotics.

Education is an important component of prevention. Patients at risk for postpartum psychosis and their partners or other family members should receive education about risks and early signs of a mood or psychotic disorder (eg, insomnia or irritability).

References


SAFETY TO USE PSYCHOTROPIC DRUGS IN BREASTFEEDING

Authors: Lucía de los Ríos Gestoso, Cayetana Malo Aso, Gloria Tendero Roldán, María Leal Barquero, María Muñiz Pérez, Marcos Lamas Sánchez, Daniel Lubián López.

Affiliations: Hospital Universitario Puerto Real, Cádiz (España)

Background

The benefits of breastfeeding generally appear to outweigh the small risk posed by psychotropic drugs. Medication should be started at the lowest effective dose. In addition, taking medication immediately after nursing can reduce infant exposure.

If mothers with psychiatric illnesses choose to breastfeed, they should try to minimize chronic sleep deprivation. The goal is to work towards both preservation of maternal sleep and successful breastfeeding, while making necessary accommodations.

Infants exposed to antipsychotics should be monitored periodically for adverse events.

Main Objective

It knows the safety to use psychotropic drugs in breastfeeding.

Methods

Literature review of articles in PubMed, Medline, Cochrane Library and Uptodate data.

Preliminary Results

The exposure to antipsychotics in breastfeeding, generally appears to be low and clinically insignificant. However, the literature remains scant and more research is needed to make evidence based recommendations. Chlorpromazine and haloperidol may be compatible with
breastfeeding. Olanzapine, quetiapine and risperidone may also be compatible with breastfeeding.

There is no clear consensus on the safety of lithium.

Selective serotonin reuptake inhibitors (SSRIs) are safe and paroxetine and sertraline may be preferable. Serotonin-norepinephrine reuptake inhibitors (SNRIs), venlafaxine and desvenlafaxine appear to be safe to use in breastfeeding.

Atypical antidepressants have been studied low; however, mirtazapine may be compatible with breastfeeding.

Benzodiazepines that have short half-lives (eg, lorazepam) are generally preferred. Diazepam appears to be incompatible with breastfeeding.

Conclusions or Comments

Women who are successfully treated with drugs during pregnancy should generally not change medications for the purpose of breastfeeding and who start psychotropic drugs should be treated with medications that were efficacious in the past.

Psychotropic polypharmacy should be avoided, if possible, and mothers should avoid other concomitant medications that increase infant exposure.

If adverse events in infants are suspected, mothers should immediately reduce or suspend breastfeeding.

References


ACCOMPANIMENT OF THE PARTNER DURING CHILDBIRTH

Authors: María Leal Barquero, Marcos Lamas Sánchez, María Muñiz Pérez, Gloria Tendero Roldán, Lucía De los Ríos Gestoso Cayetana Malo Aso, Ulises Salgado Carvallo, Daniel Lubián López.

Affiliations: Obstetrics and Gynecology Service from University Hospital of Puerto Real, Cádiz (Spain)

Background:

It is every woman’s right to be accompanied by her partner or another person during childbirth.

The accompaniment of the partner during childbirth has important psychological effects; besides fulfill the desire of woman to be accompanied, provides increased satisfaction in relation to the experience of childbirth.

Women who have such support have increased perception of control during labor, greater satisfaction with the process of birth and higher level of self-esteem. At the same time, they have lower levels of anxiety and less pain.

Main Objective:

To establish the benefits of the mother being accompanied by her partner during childbirth.
**Methods:**

A bibliographical search was conducted during January 2016 in the data bases Cuiden Plus, CINAHL, PubMed, Medline, Cochrane and IME.

Key words used: accompaniment and childbirth.

**Preliminary results:**

Pregnant women who enjoy of the accompaniment during childbirth express to feel more satisfied with the experience of childbirth. In addition, they experience less anxiety and fear during the process. Also, the average rate of the pain is significantly less, so that there is a decrease in consumption of analgesics to alleviate the pain caused by childbirth.

On the other hand, continuous support for labor increased the possibility of spontaneous vaginal birth and it did not have side effects.

**Conclusions or comments:**

The accompaniment improves the quality of labor process.

The accompaniment during childbirth by the partner brings multiple benefits, it increases control and positive feelings about the birthing process.

Therefore, the companion chosen by the woman brings great help and directly increases the ability to cope with stressful situations, increasing confidence and personal competence, and thus improving the welfare of women and their self-esteem.

**References:**


**BURNOUT SYNDROME IN OBSTETRIC - GYNAECOLOGICAL PROFESSIONAL**

**Authors:** María Leal Barquero, Marcos Lamas Sánchez, María Muñiz Pérez, Cayetana Malo Aso, Gloria Tendero Roldán, Lucía De los Ríos Gestoso, Ulises Salgado Carvallo, Daniel Lubián López.

**Affiliations:** Obstetrics and Gynecology Service from University Hospital of Puerto Real, Cádiz (Spain).

**Background:**

The burnout syndrome is the body's response to prolonged situation of emotional and interpersonal stressors at work. The first person who described it was Freudenberguer. It is defined as a syndrome of professional exhaustion, depersonalization and low personal accomplishment, which can occur in individuals who work with people.

In the case of obstetric-gynaecological professionals, stress can be increased by the need to care for others, the expectations put in the care of their patients and frustration when not achieved, family relationships and attention to complaints from patients, among others.

**Main Objective:**

Describe how it affects the burnout syndrome in obstetric-gynecologic professionals.

**Methods:**

A bibliographical search was conducted during December 2015 and January 2016 in the databases Cuiden Plus, CINAHL, PubMed, Medline, Cochrane and IME.

Key words used: burnout syndrome, obstetrics and gynaecology.
Preliminary results:

The reviewed studies conducted an analysis of the conditions in which professionals work obstetrics. They claim that they are subjected to a high degree of stress and workload. Professionals working in obstetrics and gynecology units, midwives and gynecologists are those with greater emotional exhaustion, and midwives are the least professional realization perceive.

In addition, they have sleep problems, high levels of stress and low job satisfaction.

Finally, comparing the midwives who carry out their professional activity in the hospital with the midwives who work in primary care, the first are those who perceive increased workload.

Conclusions or comments:

Both midwives and gynecologists are the health professional groups that are most affected by burnout syndrome, can affect their daily work activity and in their personal life.

References:


Background:

Pregnancy is very important in the life of the woman, which involves many physical and emotional changes. Pregnancy and puerperium in women with eating disorder is complex and can lead to numerous complications.

Eating disorders mostly affect women, between 12 and 25 years, understanding the different stages of greater reproductive capacity, presenting effects on the menstrual cycle, fertility, ovarian function, sexuality and pregnancy.

Most evidence highlights the large number of negative consequences for both the pregnant woman and the puerperal.

Therefore, these types of disorders are a concern for professionals involved in obstetrics and gynecology and pediatric care.

Main Objective:

Describe the physical and psychological complications during pregnancy and postpartum in women with eating disorder.

Methods:

A bibliographical search was conducted during January and February 2016 in the data bases Cuiden Plus, CINAHL, PubMed, Medline, Cochrane and IME.

Key words used: eating disorders, pregnancy and puerperium.

Preliminary results:
As several authors affirm, mothers with eating disorders, compared with other mothers, have more difficulty feeding their newborns, as well as to establish an early bond with the baby after birth and also have greater difficulties in raising it.

Also, pregnant women with eating disorders have more likely to experience spontaneous abortions, high-risk pregnancies and complications, including birth defects in the foetus.

**Conclusions or comments:**

Attending a pregnant with an eating disorder is difficult and usually requires the collaboration of a multidisciplinary team, because these women need more guidance, support and control during pregnancy and motherhood.

Only with a simple interview about eating habits for expectant mothers may reveal the presence or risk of an eating disorder.

Further studies to guide health professionals in the prevention, detection and treatment of these disorders in pregnancy and puerperium are required.

**References:**


Benefits of parental involvement in neonatology units

Authors: Marcos Lamas Sánchez, María Leal Barquero, María Muñiz Pérez, Cayetana Malo Aso, Gloria Tendero Roldan, Lucía de los Ríos Gestoso,

Affiliations: Obstetrics and Gynecology Service from University Hospital of Puerto Real, Cádiz(Spain)

Background:

A few years ago, neonatology units care used to control parent's visits to prevent nosocomial infection. When parents had to be separated from their neonate, the most common feelings are incompetence, culpability and inability, that increase stress and anxiety feelings.

Nowadays, evidence shows the need of physical contact between parents and the newborn improving outcomes of care to the needs of the newborn and promoting psychosocial health of the family. Currently the participation of parents in the care of hospitalized neonate are part of what is known as development-based care. One of the main points of the parental involvement is the possibility of application kangaroo method.

Main objectives:

To know the benefits of parental participation in neonatal care units.

Methods:

Literature review of articles in PubMed, Medline, Embase and Cochrane Library.

Preliminary Results:

The benefits of parental involvement in neonatal care at hospital are proved. The most important benefits are:

- Low anxiety level in parents and lower rates of depression.
- Improve relationship between parents and the neonate.
- Kangaroo method improve metabolic and hemodinamic stabilization.
- Lower levels of nosocomial infections.
- Promote continued breastfeeding.
Better psychomotor and neurosensorial development.

Kangaroo method improves cerebral blood flow, promoting development of infant's brain.

Improve parents' capacity to support newborn care at hospital discharge.

**Conclusions:**

There are not proved benefits of excluding parents from neonatal care units. Parental participation in hospitalization process has shown not only physical benefits, it seems to improve development of infant's brain, lower depression levels in mothers and promote the parents-infants relationship. Some studies show economic benefits too.

**References:**


**Psichosys postpartum: a general view**

Authors: Marcos Lamas Sánchez, María Muñiz Pérez, María Leal Barquero, Cayetana Malo Aso, Gloria Tendero Roldán, Lucía de los Ríos Gestoso, Daniel Lubián López
Background:
Psichosys postpartum it's a psychiatric disease which occurs in approximately 1-2 per 1000 deliveries. The prognosis it's usually optimistic with an adequate treatment, but the symptomatology could be severe. Early detection it's important to prevent consequences such as suicide or infanticide.

Main Objectives:
To know the symptomatology and treatment of psychosis postpartum.

Methods:
Literature review of articles in Pubmed, Scielo, Cochrane Library and Scholar Google.

Preliminary Results:
Psichosys postpartum often appears in earlier postpartum period. Prophylaxis with lithium in mothers with history of psychosis postpartum or mania in previous gestations seems to be highly effective.

The symptomatology goes from insomnia, mood fluctuation, obsessive concerns regarding the newborn to more severe symptoms such as delusion, hallucinations, disorganized behavior. Sometimes it's diagnosed as bipolar disease. It's important to make an initial clinical evaluation, medical and psychiatric history and neurological examinations to get a differential diagnosis. We need to discard infectious diseases, postpartum thyroiditis, encephalitis or the effect of some drugs to exclude organic causes.

The treatment it's actually based on benzodiazeepines, antipsichotics, mood stabilizers, antidepressants and electroconvulsive therapy. The treatment algorithm is not well defined, some authors propose a pharmacological treatment by spets. It's important to encourage the safety of mother and child. Lithium treatment contraindicates breastfeeding.

Conclusions:
Differential diagnosis it's important. The treatment based on symptomatology it's well known, but more studies to get an homogeneus algorithm are needed. The pronostic it's optimistic with treatment and subsequence morbidity is sparse.

References:


Sexual dysfunction in menopause

Authors: Marcos Lamas Sánchez, María Muñiz Pérez, María Leal Barquero, Cayetana Malo Aso, Gloria Tendero Roldan, Lucía de los Ríos Gestoso, Daniel Lubián López.

Affiliations: Obstetrics and Gynecology Service from University Hospital of Puerto Real, Cádiz (Spain)

Background:

Menopause is a special period in women's life. It means the end of reproductive function, but it has a psychosocial meaning too. Most of these women develop problems in their sexual life. Physiologically, hormonal decline produces a series of physical changes such as vaginal atrophy and decreased vaginal lubrication, but women with sustitutive hormonal treatment resolve this physical problems and their sexual problems persist.

So the problem it's not only physical or hormonal, it's based in psychosocial problems too. The culture, feelings about menopause, familiar life... are sometimes the origin of the problem.

Methods:

Literature review of articles in

Main objective:

To know which could be the causes of sexual disfunctions in menopause

Preliminary results:

Menopause is a risk factor for developing or accentuate problems related to sexuality. Main sexuality problems are: decreased sexual desire, hipoorgasmia, dyspareunia, vaginismus... Physical changes produced by physiological changes are not the only cause of the problem. In our culture, menopause is associated with ideas of aging and loss of function.
Psychosocially changes could be the cause of the problem in most of sexual disfunctions in menopause. Previous ideas about changes in menopause, cultural level, family and employment status, relationship and previous sexual history are agents that affect the sexual experience of menopause. Sexual problems of the couple, medium low cultural level, lack of prior sexual life, work stress and physical state are strongly associated with sexual dysfunction in this period.

**Conclusions:**

Sexual dysfunction in menopause are not due only to physical or hormonal changes, have also a strong psychosocial component to be treated. Menopause should not be understood as the cessation of sexual activity.

**References:**


5. Hartmann, Uwe PhD; Philippsohn, Susanne MD; Heiser, Kristina PhD; Rüffer-Hesse, Claudia MD. Low sexual desire in midlife and older women: personality factors, psychosocial development, present sexuality. November/December 2004 - Volume 11 - Issue 6, Part 2 of 2 - pp 726-740


CONSEQUENCES OF TEEN PREGNANCY

Authors: María Muñiz Pérez, María Leal Barquero, Marcos Lamas Sánchez, Lucia De Los Rios Gestoso, Gloria Tendero Roldán, Cayetana Malo Aso, Paula Muñiz Pérez, Daniel Lubián López.

Affiliations: Obstetrics and Gynecology Service from University Hospital of Puerto Real, Cádiz (Spain)

Background:
The World Health Organization (WHO) divides childhood from birth to age 10, preadolescence 10 to 14 years and teens from 14 to 19 years.
Studies in the US have shown an increasing trend of sexual activity in adolescents over the last 30 years.
WHO believes that teenage pregnancy is a risk pregnancy due to the impact it has on the mother’s and fetus health, in addition to psychosocial consequences, particularly regarding adolescents life projects.
Teenage pregnancy is globally increasing, appearing at earlier ages. There are significant variations in prevalence worldwide, depending on religion and level of development.

Main Objective:
Describe the consequences of teen pregnancy for both the mother and the newborn.

Methods:
A bibliographical search was conducted during December and January 2016 in the data bases Cuiden Plus, PubMed, Medline, Cochrane.
Key words used: teen, pregnancy, sexuality.

Preliminary results:
Maternal mortality in the age group 15-19 in developing countries is doubled when compared to the maternal mortality rate group 20-34.
Anemia and hypertensive syndrome have been found, by many authors as common complications among pregnant teenagers.
Babies born to mothers under 15 have an increased incidence of malformations especially neural tube closure.

At psychosocial level, one of the main problems for teenage mothers is dropout.

**Conclusions or comments:**

Nowadays there is an increase and more precocity in the start of sexual relations, leading to an increase in unwanted pregnancies. In this sense, obstetrics professionals have the key to prevent such pregnancies through a proper role of sex education.

**References:**


**MENOPAUSE MOOD DISORDERS**

Authors: María Muñiz Pérez, Marcos Lamas Sánchez, María Leal Barquero, Gloria Tendero Roldán, Cayetana Malo Aso, Lucia De Los Rios Gestoso, Paula Muñiz Pérez, Daniel Lubián López.
Background:

Menopause can be defined as the permanent cessation of menstruation. It is a time of change which can affect women negatively, where some hormonal changes that produce a series of changes in their physical and mental state take place. In consequence, a change in women's role with a tendency to underestimate themselves due to the loss of reproductive capacity and the approach of old age occurs. A number of non-biological factors related to the way we perceive and deal with these changes such as personality of the woman or cultural or social connotations exist.

Main Objective:

To understand mood changes which occur during menopause.

Methods:

A bibliographical search was conducted during January and February 2016 in the data bases Cuiden Plus, PubMed, Medline, Cochrane.

Key words used: menopause, mood

Preliminary results:

Irritability is one of the most frequent mood problems women present during perimenopause and menopause and it is present up to 70% of them. Postmenopausal women have more sleeping problems than premenopausal women. There is a very high correlation between hot flashes and sleeping problems. During this period the risk of depression increases due to hormonal and personal changes that occur during this stage. A previous history of depression increases from 4 to 9 times the risk of depression in both perimenopause and menopause. Early menopause is also considered as a factor that increases the risk of depressive disorders. Women with adequate self-esteem experience a less symptomatic climacteric and assume these changes positively.
Conclusions or comments:

Obstetrics professionals should inform women about the changes that may occur during this stage, providing individualized treatment and promoting healthy lifestyles. Due to the high incidence of depression during this period, it is important to identify the risk factors, in order to use the most appropriate preventive actions.

References:


NEONATAL WITHDRAWAL SYNDROME

Authors: María Muñiz Pérez, María Leal Barquero, Marcos Lamas Sánchez, Cayetana Malo Aso, Lucia De Los Rios Gestoso, Gloria Tendero Roldán, Paula Muñiz Pérez, Daniel Lubián López.

Affiliations: Obstetrics and Gynecology Service from University Hospital of Puerto Real, Cádiz (Spain)

Background:
Neonatal Withdrawal Syndrome (NWS) is a set of problems that occur in a newborn who was exposed to addictive drugs during the pregnancy. It is usually associated with opiates (heroin, methadone, morphine), but it can also be produced by others drugs.

It is characterized by hyperexcitability of the central nervous system (irritability, hyperactivity, hypertension, tremors, high-pitched cry, skin lesions from scratching, seizures), vegetatives (sweating, yawning, mucus hypersecretion, hyperthermia, fleeting rash), gastrointestinal and respiratory signs.

Its start and duration varies in relation to the type of drug, dose and date of consumption in relation to the time of birth, being milder in the preterm newborn, and being intensified by the use of analgesia / anesthesia during it.

**Main Objective:**

Describe the effects of opiate use during pregnancy for the newborn.

**Methods:**

A bibliographical search was conducted during January 2016 in the data bases Cuiden Plus, PubMed, Medline, Cochrane.

Key words used: drugs, pregnancy, opiate.

**Preliminary results:**

The opiate withdrawal syndrome does not appear if the expectant mother did not consumed during the last month of pregnancy.

It has been reported that newborns of mothers on methadone programs have a more frequent, longer, later development (3rd or 4th day of life) and a more difficult to control abstinence syndrome.

Methadone affects less to premature newborns than to terms, needing fewer doses of opiates, less duration of treatment and lower overall hospital stay.

Ciliary disorders of the epithelium in children of mothers addicted to opiates has been described, causing chronic respiratory distress of early onset which can persist for months.

**Conclusions or comments:**
Close monitoring of children from drugs consuming mothers and clinical knowledge of NWS by obstetrics professionals contribute to the welfare of the newborn and thus its recovery.

References:


5. Aguilera, C., & Izarra, A. Abuso de sustancias tóxicas durante el embarazo. Medicina clínica, 2005; 125(18), 714-716.


MATERNAL CARE IN FETAL DEMISE AND STILLBIRTH

Authors: Cristina García Dantas, Lucía de los Ríos Gestoso, María Leal Barquero, Daniel Lubián López.
Background

Almost one-half of late fetal deaths occur in apparently uncomplicated pregnancies, usually before labor begins; thus, most parents are unprepared when told that the fetus has died. The family's anticipation of a joyous birth is supplanted by sadness, despair, confusion, and loss, including loss of a desired child, loss of self-esteem as a parent, and loss of confidence in the ability to produce a healthy child. Psychological sequelae include depression, posttraumatic stress disorder, and anxiety, which may adversely affect a subsequent pregnancy.

Main Objective

This topic will discuss maternal care after a fetal demise/stillbirth, including parental support and counseling.

Methods

Literature review of articles and books in PubMed, Medline, CSIC, PubPsych, Cochrane Library and Uptodate data.

Preliminary Results

Clinicians should be aware of these issues when they approach parents during the stressful situation of a fetal demise/stillbirth, and they should be able to provide patient-centered, compassionate, psychosocial care. Supporting parents and creating a trusting relationship with them can affect how they respond to bereavement. However, the best approach is unclear, as the effectiveness of various forms of intervention has not been evaluated rigorously, particularly in comparative trials.

The stillbirth counseling process has several chronologically distinct stages:

- At the time of diagnosis
- When making plans for delivery
- At delivery and immediately postpartum
- During the weeks after discharge and at the first postpartum visit
- At a "wrap-up" meeting when all laboratory and pathology results are available
- When the patient is considering another pregnancy

Conclusions or Comments

After the birth of a stillborn child, parents have described six "qualities" that they want from their caregivers: support in meeting with and separating from the baby, support in chaos, support in bereavement, explanation of the stillbirth, organization of their care, and understanding the nature of grief.
NONPHARMACOLOGIC APPROACHES TO MANAGEMENT OF LABOR PAIN

Authors: Cristina García Dantas, Cayetana Malo Aso, Marcos Lamas Sánchez, Daniel Lubián López.

Affiliations: Hospital Universitario Puerto Real, Cádiz (España)

Background

Most women use nonpharmacologic approaches for managing labor pain, with or without pharmacologic approaches. The nonpharmacologic approach to pain management includes a wide variety of techniques. In this approach, pain is perceived as a normal accompaniment of most labors. By taking an active role in decision-making and receiving appropriate support, women are more likely to be able to transcend their pain and experience a sense of mastery, control, and well-being, factors associated with their ability to cope with labor.

Main Objective
This topic will explore the variety of nonpharmacologic methods of management of pain during labor and the evidence of their efficacy.

**Methods**

Literature review of articles and books in PubMed, Medline, CSIC, PubPsych, Cochrane Library and Uptodate data.

**Preliminary Results**

An overview of systematic reviews of pain management in labor concluded that there was some evidence of efficacy for water immersion, relaxation, acupuncture, and massage, but it was unclear whether the following techniques are effective: hypnosis, biofeedback, sterile water injection, aromatherapy, and transcutaneous electrical nerve stimulation (TENS).

Appraisal revealed four key themes: the level and type of pain, pain relief, involvement in decision-making and control. Studies predominantly showed that women underestimated the pain they would experience. Women may hope for a labour free of pain relief, but many found that they needed or benefited from it. There is a distinction between women's desire for a drug-free labour and the expectation that they may need some sort of pain relief. Inaccurate or unrealistic expectations about pain may mean that women are not prepared appropriately for labour.

**Conclusions or Comments**

Nonpharmacologic approaches to labor pain management do not make pain disappear; instead, these approaches help women better cope with the pain of labor and maintain a sense of personal control over the birth process, thus reducing suffering.

We recommend offering women nonpharmacological methods to help them cope with labor. All of the nonpharmacologic methods for management of labor pain discussed above have few, if any, serious side effects and require few safety precautions. They can be combined or used sequentially to enhance their total effect, and are generally inexpensive.

**References**

PSYCHOLOGICAL IMPACT OF PREGNANCY TERMINATION

Authors: Cristina García Dantas, Gloria Tendero Roldán, María Muñiz Pérez, Daniel Lubián López.
Affiliations: Hospital Universitario Puerto Real, Cádiz (España)

Background
Although the psychological impact of pregnancy termination is controversial, most studies, especially higher-quality studies, suggest that induced abortion is not associated with an increased risk of serious mental health disorders. Counseling before pregnancy termination facilitates making an informed decision, provides emotional support, helps to identify women who require additional psychiatric care, and can reduce the likelihood of negative emotional experiences after an abortion.

Main Objective
which Factors may increase risk of post-abortion psychiatric problems?

Methods
Literature review of articles and books in PubMed, Medline, CSIC, PubPsych, Cochrane Library and Uptodate data.

Preliminary Results
Most studies, especially higher-quality studies, suggest that induced abortion is not associated with an increased risk of mental health disorders
Unwanted pregnancies are associated with an increased risk for mental illness.
Post-abortion mental illness is most consistently associated with pre-abortion mental illness.
The following factors appear to be associated with the degree of emotional distress that occurs in response to pregnancy termination:

● Mental disorders prior to abortion
● Social support
● Relationship violence
● Attitude toward pregnancy termination

By contrast, the following factors do not appear to be related to emotional distress following pregnancy termination:

● Gestational age
Conclusions or Comments

Mental health prior to pregnancy termination is the most important risk factor for psychiatric symptoms or diagnoses after induced abortion. Other factors that appear to modify the degree of emotional distress that occurs in response to pregnancy termination include social support, violence victimization, attitude toward pregnancy termination, current family size, and need to terminate for fetal anomaly or health.

Clinicians referring patients for induced abortions can play an important role in counseling women regarding pregnancy termination. Awareness of the psychiatric aspects is helpful in counseling patients and identifying those who may require psychiatric care.

References

Materials and Methods: We designed a prospective study of 58 patients diagnosed from any cytological abnormality associated with suspected genital HPV infection. In our Early Diagnosis Unit, a questionnaire was given to the patients, using the Anxiety test of Spielburg. They answered all the questions before and also, two weeks after communication of abnormal cytology results.

Results: Cytology diagnoses associated with HPV infection were: AGUS (1/58), ASCUS (28/58), CIN I / LSIL (22/58), CIN II / H SIL (6/58), and CIN III (1/58).

The 29.8% of the patients were employed women, 19.3% were housewives, 15.8% unemployed women, 8.8% were students and 5.3% were health care professionals. The mean Trait Anxiety feature (AR) was 23.76, corresponding to percentile 46.45. The Anxiety State (AE) before the diagnosis was 25.79 points corresponding to percentile 56.74. After two weeks of diagnosis AE increases until 30.35, 68.85 percentile.

Conclusion: Women with normal anxiety state (AR) having a high level of anxiety before receiving the result of the cytology. The AR was higher in older women, and increases after the diagnosis of an abnormal cytology, with suspected HPV diagnosis regardless of the age. As older the women were, the more anxiety (AR) she had before receiving the result of cytology (p = 0.018), but AE after to 2 weeks has no modifications depending on the age of the patient.

DOES OUR PATIENTS KNOW HOW IS REPRODUCTIVE SYSTEM IN MEN AND WOMEN?

Authors: María Castillo Lara; Lucía García-Berbel Molina; Alfonso Velasco Nieto; Carmen Butrón Hinojo; Estefanía Soto Pazos; David Menor Almagro; Daniel María Lubián López.

Affiliations: University Hospital of Puerto Real-Cádiz (Spain). Faculty of Medicine of Cádiz (Spain).

Objective: To analyse the standard of knowledge that have our population (patients attended at Hospital Universitario de Puerto Real), both men and women, about reproductive system and genital tract of both sexes. According to that, evaluate whether there are health education needs even within the hospital workers.

Material and methods: We designed an across-sectional study through a written survey/questionnaire. Two colour sheets were provided with pictures representing the anatomy of reproductive system (both internal and external organs). They have to designate different organs (11 in female and 8 in male pictures), which were previously marked. The number of correct answers by sex, age, educational level and use of technologies for searching health information were analyzed.

Results: We collected 100 questionnaires written (50 men and 50 women). Mean age was 45.6 years. A 52% were people with university education and 64% sanitary workers. Women, participants with university studies, sanitary workers, participants with prior information, and users of health websites, showed a statistically significant (p < 0.05) higher knowledge of the reproductive system and genital tract in both sexes.

Conclusions: Workers in the hospital, irrespective of sex or employment showed a short level of knowledge about the reproductive system of male and female. It will be difficult to properly inform our patients about genital pathologies if they are not sufficiently informed about the reproductive anatomy itself.
Adoption measures as giving information about reproductive systems, would be necessary. Also it would be useful to take advantage of new information channels (viz. websites, blogs, forums, Facebook, Tuenti ...) for improving this knowledge.

IMPORTANCE OF KNOWLEDGE OF MENOPAUSE AND HORMONE THERAPY

Authors: María Castillo Lara; Begoña Rodríguez Rodríguez; Rocío Pineda Cachero; Estrella Pozuelo Solís; Carmen Butrón Hinojo; Daniel María Lubián López.

Affiliations: University Hospital of Puerto Real-Cádiz (Spain). Faculty of Medicine of Cádiz (Spain).

Main Objective: Analyse the knowledge, information, and understanding that our patients have, both men and women, about menopause and hormone replacement therapy (HRT).

Methods: We designed a cross-sectional study, and collected the data by answering a questionnaire. Different sociodemographic covariates, that might be related to knowledge on the topics studied, were collected. The level of knowledge about menopause and HRT and the level of information about them were investigated.

Preliminary Results: 100 written interviews, 50 men and 50 women, were conducted. 52% had university studies, and 64% were sanitary workers. Only 39.95% matched one of the questions about menopause and 28.24% of those concerning HRT. Women, college-educated, sanitary workers, with prior information, and users of health websites, showed a significantly better knowledge (p < 0.05). It has been concluded that 37% never received information about menopause and 49% about HRT. Some of them (22%) received information from their friends/neighbors, 82% described so important the role of nursing and 75% think it would be useful the creation of a website about the topic.

Conclusions: Workers of the hospital, irrespective of sex or employment, showed a low level of knowledge and information about menopause and HRT. Information on these topics is critical for physician-patient relationship/communication and it is important for faithfulness to prescribed treatment.

KNOWLEDGE OF OUR PATIENTS ABOUT HUMAN PAPILLOMAVIRUS (HPV) AND EARLY DETECTION OF UTERINE CERVICAL CANCER.

Authors: María Castillo Lara; Begoña Rodríguez Rodríguez; Rocío Pineda Cachero; García-Berbel Molina; Estefanía Soto Pazos; Rafael Torrejón Cardoso; Daniel María Lubián López.

Affiliations: University Hospital of Puerto Real-Cádiz (Spain). Faculty of Medicine of Cádiz (Spain).

Objective: Analyse knowledge; information and understanding that having our population (patients attended at our hospital), both men and women, about Human Papilloma Virus (HPV) and Early Diagnosis of Cervical Cancer (CCPD).

Methods: We designed a cross-sectional study and collected the data by answering a questionnaire. Different sociodemographic covariates have been evaluated, that might be related to knowledge and information on the topics to study was analyzed. The standard of knowledge about HPV and CCPD, as well as the level of information about them were investigated.
Results: We collected 100 questionnaires written, 50 from men and 50 from women. The 59 percent of them had university studies and 72% were sanitary workers. The 56.41% of the patients interviewed matched correctly the questions about HPV and 53.05% did the same with questions related to CCPD. Those having university studies, were sanitary workers, or having prior information from health websites; presented a statistically significantly (p < 0.05) higher knowledge on these topics. Around 15% of them never have received information previously about HPV and 9% on CCPD. Some of them (24%) received information from their friends / neighbours; also 93% defined as very important, the role of nursing on this information and 89% declared that the creation of a website on the topics we have studied would be useful.

Conclusions: Hospital workers, irrespective of sex or employment showed a moderate-low level of knowledge about HPV and CCPD. The information is of such importance that influences in the patient-physician communication, the relation between them and faithfulness to preventive screening programs measures.

Título:
La natalidad en Andalucía en el siglo XXI: Influencia de la inmigración y la crisis económica

Autores:
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-Background:
Según los datos provisionales publicados por el Instituto Nacional de Estadística, en 2014 y tras cinco años de descenso que coincidieron con la crisis económica, ha tenido lugar un ligero incremento en los nacimientos en Andalucía. Previamente, Andalucía experimentó un notable incremento en los nacimientos desde 1996 hasta 2008.

-Main Objective:
Estudio de los nacimientos en Andalucía por provincias y nacionalidad de 2001 a 2014, así como la interpretación de los resultados obtenidos.
Methods:
Hemos recogido los datos de los nacimientos en las distintas provincias andaluzas, diferenciando estos datos según se tratara de población española o extranjera, así como por provincia de asentamiento entre los años 2001 a 2014.

Preliminary Results:
Apuntamos tres posibles factores que podrían determinar el descenso de la natalidad producido entre 2008 y 2014: el inicio de la crisis económica que perduró hasta 2014 y obligó a las mujeres en edad fértil a posponer el nacimiento de los hijos o a reducir su número; la ralentización de la inmigración así como el aumento en la emigración; y finalmente que en este periodo, alcanzaron edades fériles generaciones menos numerosas de mujeres nacidas a finales del siglo XX, mientras que abandonan estas edades y pasan a edades superiores las generaciones más numerosas de mujeres nacidas durante el baby boom. Pensamos que el leve aumento en la fecundidad a partir del 2014, se debe a la también leve mejora en las expectativas económicas que se ha producido en estos dos últimos años.

Comments:
1°. Es probable que la crisis económica que se inició en el año 2008 y se prolonga durante los siguientes, condicionara el descenso de la natalidad, tanto por influir en los flujos migratorios, como probablemente por la merma en la economía de las familias y este impacto sería especialmente notorio en los países más castigados por la crisis.

2°. El sistema sanitario debería asegurar una atención adecuada a las mujeres inmigrantes y sus parejas en el proceso de embarazo, parto y puerperio, facilitando su participación, contemplando las particularidades de cada caso y disponiendo de los medios adecuados para minimizar las posibles barreras culturales e idiomáticas.

3°. En este sentido, se elaboraron unas recomendaciones del Programa de Asistencia Sanitaria a la Mujer Inmigrante (Programa MIAS) promovido por la SEGO.

Title:

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Main Objective:

Estudio de los nacimientos en Andalucía por grupos de edad y nacionalidad de 2013 y 2014, así como la interpretación de los resultados obtenidos.

Methods:

Hemos recogido los datos de los nacimientos en las distintas provincias andaluzas en los años 2013 y 2014, diferenciándolos, según los grupos de edad en relación a la fecundidad, así como por provincia de asentamiento y nacionalidad de origen.

Preliminary Results:

Se ha producido un pequeño crecimiento en los nacimientos en Andalucía en 2014, de manera generalizada en todas sus provincias, a pesar de haber disminuido el número de mujeres en edad fértil. El incremento en el “índice coyuntural de fecundidad” o número medio de hijos por mujer, ha permitido este repunte de los nacimientos; que ha sido mayor entre las mujeres extranjeras (aumentando en seis centésimas), frente a las españolas, que lo hacen en cuatro centésimas.

Comments:

Este leve aumento en la fecundidad podría deberse a la mejora de las expectativas económicas que se ha producido en estos dos últimos años o bien al nacimiento de los hijos diferidos por el retraso de la maternidad que se viene produciendo en los últimos años. Estos aspectos, recomendamos sean estudiados en futuros trabajos.
Title of presentation: NIVELES DE ANSIEDAD EN CASOS DE INDUCCIÓN DE PARTO COMPARADO CON PARTOS DE INICIO ESPONTÁNEO.

Authors

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Abstract

En obstetricia hay diversas condiciones que llevan a los ginecólogos a tener un manejo activo de la finalización del embarazo, realizando una inducción electiva del parto. Hay diversos estudios que avalan dicha inducción en circunstancias determinadas. Sin embargo, no hay consenso unánime respecto al manejo de otras circunstancias como el embarazo crónológicamente prolongado no complicado. En todo caso, hemos detectado escasa bibliografía que valore o tenga en cuenta la ansiedad que puede conllevar en la gestante nuestra intervención médica en un momento tan importante. Para ello, nos planteamos realizar un estudio sobre las tasas de ansiedad ante y periparto en gestaciones que finalizaron en nuestro hospital en los meses de marzo y abril de 2016, mediante la cumplimentación de la escala STAI para valorar los niveles de ansiedad comparando el grupo de partos inducidos con el de partos de inicio espontáneo.
**Title of presentation:** COMPARACIÓN DE NIVELES DE ANSIEDAD EN CASOS DE CESÁREA URGENTE VS CESÁREAS ELECTIVAS.

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Abstract

Diversos estudios valoran aspectos médicos implicados en la realización de una cesárea y en sus resultados, como la indicación, la técnica quirúrgica, las complicaciones médicas derivadas de su realización... Sin embargo, aun son escasos los estudios que valoran la ansiedad de la paciente ante la realización de este tipo de cirugía. La ansiedad es una reacción compleja ante situaciones y estímulos potencialmente peligrosos, o percibidos como tal por el paciente. La cirugía, en este caso, la realización de una cesárea, es a menudo percibida como un agente estresor importante que además ocurre ante un evento crítico en la vida de una gestante, aquel en el que se va a convertir en madre y que ya de por sí puede estar influido por multitud de situaciones o sentimientos con gran carga emocional. Es por ello que nos planteamos valorar el grado de ansiedad a la que se ven expuestas pacientes sometidas a cesárea, comparando dichos datos en función de si la indicación de la misma ha sido de urgencia o de forma programada.

Alcohol consumption in pregnant women from Costa del Sol

Authors

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The prevalence of alcohol intake in women that get pregnant is similar to that found in the general population, especially in cases of unplanned pregnancies. Consequently, fetal exposure is high during the period of maximum vulnerability. The present study was carried out to determine the prenatal level of exposure to alcohol in Malaga, a Mediterranean region whose economy is based on the touristic sector (Costa del Sol). A cross-sectional, observational design was used to investigate the consumption of alcohol during pregnancy, based on a self-reporting questionnaire. A total of 451 women in the first, second or third trimesters of pregnancy were recruited. Consumption prevalence in each trimester was 40.7%, 25.5% and 17.1%. A higher educational level was associated to greater exposure to alcohol (RR 1.87 [1.30-2.69]). These results should alert the providers of obstetric care in touristic areas to the need for the adoption of adequate preventive measures.

18th ISPOG CONGRESS

Title of presentation: DETECCIÓN DE SÍNDROME DE BURNOUT EN TRABAJADORES DE OBSTETRICIA Y GINECOLOGÍA

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Abstract

El síndrome de burnout o SQT (Síndrome de Quemarse por el Trabajo) fue descrito por primera vez en 1974 y ha sido ampliamente estudiado en las últimas décadas. Puede observarse en respuesta a diversas circunstancias, entre ellas, a un estrés laboral crónico. El empleo de estrategias no adecuadas de afrontamiento origina disfunciones fisiológicas, psicológicas y conductuales en quienes lo padecen. Presentamos los resultados de un estudio transversal realizado entre marzo y abril de 2016 mediante la cumplimentación por parte de médicos residentes y especialistas en obstetricia y ginecología de hospitales de nuestro medio, a los que se les aplicó la encuesta de Maslach Burnout Inventory (MBI) para la Evaluación del SQT o Síndrome de Burnout, con el objetivo de diagnosticar dicho problema así como sus principales determinantes o condicionantes en función del tipo de lugar de trabajo o sub-especialización u otros factores que pudieran estar implicados en su desarrollo, de cara a elaborar eventuales estrategias de mejora en las áreas que así lo precisen con vistas a mejorar la salud y la calidad en la atención al paciente así como el bienestar del trabajador.

BREASTFEEDING, BENEFITS FOR VERY PREMATURE NEWBORN AND ITS MOTHERS.

Schmitz, Vanessa M (1); Ariza-Aranda, Salvador (2); Sanchez-Tamayo, Tomás (2).

1: UCG de Ginecología y obstetricia del Hospital Regional Universitario de Málaga, Málaga, Spain.
2: UCG de Neonatología del Hospital Regional Universitario de Málaga, Málaga, Spain.

Backround and Main Objective: The main objective of perineonatology is to avoid the prematurity.
Perinatal research confirms that human breast milk, and in particular the new born own mothers breastmilk, is the most appropriate and specific to feed these babies. One of the activities related to the
humanization in the care of these children is to ensure the most favorable conditions so that breastfeeding can be the most successful and satisfying as possible.

Breastfeeding provides optimal and the most adequate nutrition to premature infant and promotes mother-child bond. This bond should be protected with more interest, specially in the case of very premature newborn (< 1500g at birth). Thus, there can not be separated breastfeeding of kangaroo care method, with an appropriate neurological and psychomotor development of premature, establishment of their behaviors and thermoregulation, reduced episodes of apnea, reduced risk of infection and greater weight gain.

The parents, especially the mother, becomes the main character in the care of their baby with its consequent psychosomatic benefits for the mother and its puerperium.

Methods: We collect data of the feeding method of very premature newborn (less than 1500gr at birth) at discharge in our hospital (exclusive breastfeeding, Mixed breastfeeding or artificial feeding) between the periods of 2004 and 2014.

Preliminary Results: In percentage (EB / MB / AF):


Conclusions. In our hospital are established in 2009 our open doors neonatal unit policy and developmentally supportive newborn care policy. It is noted a significant increase in the percentage of breastfeeding at discharge in infants of less than 1500g at birth with its secondary benefits not only for the newborn but also for his mother.

The psychosomatic perspective premature rupture of membranes.

Lazaro Montoya Beatrix
Gonzalez Mesa Ernesto

Hospital Materno Infantil (Carlos Haya), Málaga, España.

Premature rupture of membranes defined as an obstetric complication that affects 3% of pregnancies and accounts for 30% of premature births today.
They are known obstetric complications resulting from this obstetric pathology increases fetal and neonatal morbidity and mortality, but is not as well known psychosomatic implication of this pathology.

Thus, there are many factors influencing the progress of this obstetric pathology and the initial impact of the diagnosis, the continuing need for hospitalization and the many complications that arise, make premature rupture of membranes obstetrical pathology a psychosomatic profile to investigate and consider in daily clinical management.

Given the increased incidence of hospitalizations of pregnant women with certain diagnosis of premature rupture of membranes, in different trimesters, the main objective of this work is to evaluate the influence of different variables in the field of psychosomatic pregnant, with the ultimate aim of including this new perspective in the treatment of this obstetric pathology.

The main variables to consider are:

- Personal data of the patients (age, history of reproductive and psychological background)
- Gestational age at diagnosis.
- Evolution of pregnancy to diagnosis.
- Clinical course during hospitalization.
- Need both analgesic medication as antidepressant.
- Hospital stay Psychosomatic patient assessment (test).
- Psychosocial factors (family support).
- Confidence in the medical team.
- Final outcome (induction of labor, chorioamnionitis, abruption, preterm labor).
- State of the newborn.

This research was conducted from a retrospective study from a group of patients hospitalized in our service.

**Title:** HYPOPRESSIVE ABDOMINAL GYMNASTIC APPLIED DURING POSTPARTUM

**Authors:** PINEDA CACHERO, R; LUBIÁN LÓPEZ, D.M. VELASCO NIETO, A.

**Affiliations:** University Hospital of Puerto Real-Cádiz (Spain). Faculty of Medicine of Cádiz (Spain).

**Background:** According to data of the FIGO, the prevalence of dysfunction of the pelvic floor between women after childbirth has been identified that may be greater than 46%. We speak, therefore, a health problem that entails considerable impact on the lives
of millions of women, causing both physiological problems and psychosocial. This issue has promoted the need for use of therapies and training models of the pelvic floor, as Hypopressive Abdominal Gymnastic (HAG).

**Main Objective:** Assess the effectiveness of the GAH in the postpartum period.

**Specific objectives:**
- Analyze what kind of effects produces the GAH on the pelvic floor in the postpartum period. Identify the benefits of including the GAH in rehabilitation postpartum. Increase the interest of the collective of midwives on this method, thereby broadening the range of tools available to improve and enhance the quality of life of the puerperal women.

**Methods:** Was carried out a bibliographic review on the search engines Google Scholar, Medline, Index, CINAHL, Cuiden Plus and COCHRANE LIBRARY. To be a novel technique was established a limit of 6 years. The following equations were constructed of search with the key words: "abdominal hipopresiva gymnastics", "recovery of pelvic floor in postpartum", "hipopresivos exercises", " urinary incontinence", "dysfunction of the pelvic floor in postpartum", "hypopressive technique", "abdominal hypopressive" and "postpartum abdominal exercises in".

**Preliminary results:**

By comparing the HAG with the classic PFMT, first presents advantages compared to the second, as are:
- In the GAH is working the tonic fibers of the abdominal musculature in time of the fasics fibers of EMSP, which can lead to the emergence of dysfunctions in the pelvic floor.
- The HAG produces an effect hipopresivo through "diaphragmatic aspiration", while the PFMT generates increases in intraabdominal pressure (IAP), increasing the possibility of injury.
- Pinsach et al. (2014) noted that the HAG, unlike the PFMT, also provides a reduction of abdominal perimeter, regulates the respiratory factors (improving the volumes and the capacity of the respiratory muscles), prevents hernias of bodies worked and prevents and enhances other pathologies functional (digestive and posture), among others.

**Conclusions:** The HAG is a novel technique and developed as an alternative to the traditional methods of strengthening the muscles of the pelvic floor. The postpartum was its first indication, therefore this review has been focused on finding evidence to support the benefit of this technique on dysfunctions that arise in this period. As a preventative technique, the HAG improvement and activates the pelvic floor, thereby avoiding the appearance of symptoms in patients with UI and POP. Today, there is little scientific evidence that supports the HAG and therefore more studies are needed in which values and compare the HAG with other techniques, acting in women with pathologies of the pelvic floor, if possible, in the postpartum period.

**Title:** POSTPARTUM HOME VISIT: OFFERING SECURITY

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**Affiliations:** University Hospital of Puerto Real-Cádiz (Spain). Faculty of Medicine of Cádiz (Spain).
Background: The postpartum is defined like the period of time that comes up between the expulsion of the fetus and the afterbirth and the comeback of feminine organism to the previous normal conditions to embarrass. The most suitable sanitary professional to realize the pursuit of this period she is the midwife. In this sense, with the visit puerperal of the matron, it tries to be detected precociously those situations that turn aside of normality. Turning into a service that it provides to parents of the knowledge and necessary skills for to be unrolled in a sure way in the postpartum.

Main Objectives: Knowing the work of the midwife in primary care after birth. Disseminating the importance of visiting puerperal security family from primary care.

Methods: Literature review of edited text and following databases: Cuiden, Cochrane, Medline, etc.

Preliminary results: Postpartum visit represents a turning point between the physiological and pathological. To access this visit parents inform their health center of the birth of your baby, done that your midwife will be previously informed in maternal education sessions. It is desirable that the visit will take place between the 10th and 15th day after birth either at home or center health. The aspects taken into account are: Anamnesis delivery; physical assessment of the mother: loquios, breasts, uterine involution, episiotomy or cesarean revision if necessary; mother psychological assessment to detect as known postpartum depression; newborn screening: general appearance, navel, reflexes, etc; rating breastfeeding; social value; resolve any doubts of parents.

Conclusions: The midwife is trained and trained with the knowledge, skills and judgment for the health professional active management of puerperal visit either at home or at the health center in order to detect early any pathology both mother and baby. It also gives parents the confidence to self-care and baby care. Those problems are detected more frequently in this visit they are: breastfeeding problems, dehiscence suture, wound infection, improper healing of the umbilical cord, postpartum hemorrhage and postpartum depression. It is important to parents and other professionals of the benefits of puerperal visit to the early awareness recovery of the mother and the best adaptation of parents to baby and baby's parents.