

maintain the treatment at lower doses than usual or complete withdrawal, which in all cases precipitated relapses. Finally the patient reconsidered her wishes and abandoned the possibility of pregnancy.

Results: Bipolar I Disorder

Conclusions: Although most studies have found similar lifetime prevalence rates of bipolar disorder between men and women, gender differences may be evident in the impact of reproductive life events on affected women. In addition to the controversy regarding the decision to maintain or not treatment during pregnancy, there is also the certainty that childbirth can be the specific trigger for a manic or hypomanic episode.

Disclosure: No significant relationships.

Keywords: Pregnancy; bipolar disorder; woman and mental health; maternity

EPV1650

Denial of pregnancy: a review

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Introduction: Denial of pregnancy is a condition that the pregnant woman is not aware that she is pregnant. It appears in one in every five hundred pregnancies, approximately. Women who present denial of pregnancy do not usually present comorbidity with another psychiatric pathology, although dependent personality traits, low self-esteem, loneliness and poor communication with the partner have been described as features among patients.

Objectives: The objective of this work is to present the current information on the denial of pregnancy.

Methods: A review about denial of pregnancy.

Results: Denial of pregnancy can be classified as psychotic denial (the woman may misinterpret the symptoms and physical changes of pregnancy, usually in strange ways. These people do not hide their pregnancy and those around them are often aware of the situation) or non-psychotic (the patient has the judgment of reality preserved). Non-psychotic denial can be affective: (the woman intellectually recognizes that she is pregnant but does not experience the emotional or behavioral changes that usually occur. This type of denial is related to feelings of detachment from the baby) or generalized (occurs when the woman not only does not suffer the emotional changes of pregnancy, but also does not know the existence of pregnancy itself. Weight gain, amenorrhea and other changes inherent to this state may not be present or be misinterpreted. It may be that neither the family nor the environment realizes the pregnancy and then there is a collective denial of the pregnancy.)

Conclusions: Research and prevention of perinatal pathology should be a priority.

Disclosure: No significant relationships.

Keywords: Pregnancy; denial

EPV1651

Postpartum psychosis treatment: review of mother-baby units

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Introduction: Postpartum Psychosis is an underdiagnosed psychiatric condition that may be suffered by mothers within a year since delivery. It is a severe syndrome in which symptoms such as delusions, hallucinations and disorganized thinking may appear. The traditional approach of admitting the mothers separated from their children has shown harmful consequences. This has led to the creation of Mother-Baby Units (MBU), psychiatric admission units dedicated to full-time housing mothers and their babies.

Objectives: To evaluate the evidence available regarding the potential benefits of MBU not only for the mothers, the babies, but for the mother-baby bond. To analyse postpartum psychosis risk factors and prognosis.

Methods: A thorough review of scientific literature and databases regarding postpartum psychosis and MBU has been carried out. Additionally, international mental health care guidelines for perinatal mental disorders were analysed.

Results: A wide range of related aspects were studied for the present work, including characteristics of the patients, differences in the self-assessment scales of depression, anxiety, postpartum attachment of the mother to the baby at admission and at discharge and the work and social adaptation. Other studies analysed the percentage of mother-baby separation at discharge, as well as the most frequent delusions, and the potential effect of childhood trauma on these patients.

Conclusions: The available evidence suggest that MBU may be helpful for the improvement of the mental health in women suffering perinatal mental disorders and for the building of a secure attachment style in the baby. The results of the interventions included in MBU programs also show promotion of a positive mother-baby relationship.

Disclosure: No significant relationships.

Keywords: Perinatal psychiatric disorders; Epidemiology; PSYCHOTIC DISORDERS; mental health policies

EPV1653

Rates of Post-Partum Psychosis in women with risk factors cared for by a specialist community perinatal mental health service in London

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Introduction: Community Perinatal Mental Health Services (CPMHS) have been established in the UK, however, there is limited research around their real-world effectiveness. Post-Partum Psychosis

(PPP), a severe episode of affective psychosis usually occurring soon after birth, has known risk factors. CPMHS offer assessment and interventions for women with risk factors for PPP, with a view to reducing the risk of its occurrence, as well as, where necessary, to proactively manage the illness to minimise the impact on the mother-infant dyad, as well as associated risks to self and/or others.

Objectives: To review the rate of PPP in women with established risk factors, who were referred and managed by our CPMHS between September 2019-September 2021. This rate will be compared with the known rates of PPP reported in the literature. Rates of non-psychotic relapse, acute hospitalisation, children social care supervision and mother-infant separation as a result of postnatal relapse will be (amongst others) secondary outcomes. Perinatal interventions offered to reduce the risk of PPP and contingency planning will also be reviewed.

Methods: This will be a retrospective case review study involving women referred and cared for by our CPMHS from October 2019 to October 2021, with known risk factors for PPP. Women identified as high risk for PPP receive consultant led-care in our service, therefore cases will be identified via the individual caseloads. Subsequently, electronic case notes will be reviewed to determine the primary and secondary outcomes, as well as the perinatal interventions that were offered.

Results: To be reported.

Conclusions: To be reported.

Disclosure: No significant relationships.

Keywords: Post-Partum Psychosis; Mother and Baby Unit; Bipolar Affective Disorder; Perinatal

EPV1654

Clinical and psychopathological profile of Tunisian Women victims of domestic violence

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Introduction: Partner violence is a serious public health problem. International studies have well-explored the psychological aspects of domestic violence, but few explored the clinical profile of women victims of violence

Objectives: To define the clinical and psychopathological profile of women victims of domestic violence

Methods: We contacted 75 women who consulted at the psychiatric emergency of 'HediChaker hospital' Sfax -Tunisia whowhere consulting in the context of medical expertise for domestic violence, on the period between May until October 2021 An anonymous survey was asked to these ladies

Results: The age oscillates between 18 and 64 years 86.7% of the participants were married for the first time, and 24% had at least one child. In 48% of the cases, the victims and their partners had an average socio-economic level. 66.7% don't have a job. 6.7 % had toxic habits: 5.3% were smoking 22.7% had psychiatric follow: 14.3% for depressive disorder, 7% for bipolar disorder and 1.4% for anxiety Following a physical assault by the spouse, 37.3% of women consulted medical emergency and 21.3% consulted psychiatric emergency. The prevalence of potentially traumatic life events was 29.3%:16% were victim of parental violence and 13.3% suffered from sexual abuse.

Conclusions: This study shows that the prevalenceof domestic violence is higher among young working women. This work

underlines also the necessity of a systematic screening of different aspects of violence in emergency medical or psychiatric servicesin order to provide for these ladies the necessary psychological support

Disclosure: No significant relationships.

Keywords: Tunisian-women; profile; domestic-violence; clinical

EPV1655

Beliefs about pregnancy and its implications regarding self-care in the diet of a population group from Montería, Córdoba

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Introduction: Pregnancy has sociocultural implications that lead to conceiving it depending on the cultural context (Noguera & Rodríguez, 2008). Self-care is a cultural practice associated with the well-being of mother and child during pregnancy (Carmona, Hurtado and Marín 2007). Being relative to culture, self-care varies according to current beliefs. Beliefs are the concretion of a way of thinking about the environment that surrounds us (Peirce, 1903).

Objectives: Analyze the beliefs of women from a population group in Montería, about pregnancy and its implications regarding self-care in eating.

Methods: Qualitative approach. Sources: primary. Sample: due to saturation, 15 pregnant women assigned to the Mocarí neighborhood hospital in Montería. Instrument: semi-structured open interview. The information was processed through AtlasTi, implementing content analysis. Emerging categories: contents, routines in food.

Results: Main belief: food affects the well-being of mother and child. It is adequate or inappropriate depending on categories such as content and routines. The former refer to the food consumed, the latter indicate the times of consumption.

Semiotic matrix of beliefs about pregnancy			
Beliefs	Mental habits	Projected longings	Actions
Food affects the development of pregnancy (mother and child health)	Contents	Suitable nutrition	Varied food intake Intake of nutrients that contribute to the proper development of pregnancy consult experts
		Unsuitable nutrition	Intake of food not adequate for the development of pregnancy Own criterion
	Routines	Suitable nutrition	Meals at defined and appropriate times Consult experts
		Unsuitable nutrition	Meals at irregular and inappropriate times Own criterion

Conclusions: Beliefs about pregnancy operate as generators of mental habits, projected wishes and concrete actions. Therefore, they are an important starting point for the implementation of self-care practices at the institutional level.

Disclosure: No significant relationships.

Keywords: food; beliefs; self-care; Pregnancy