

femininity and motherhood”, “fear of aging”, “female shame and taboo”, and the two main categories included “lack of awareness as a relationship parasite” and “destructive resistance”.

**Conclusions:** The findings of the research indicate that the family members’ lack of knowledge about this period and the prevailing culture of female shame and the taboo of women’s bodies make the family unable to provide the necessary support to menopausal women. On the other hand, keeping menopause a secret and emphasizing on maintaining pre-menopausal conditions by women is a destructive resistance that ultimately leads to psychological damage to them. Therefore, it is suggested that in addition to holding training programs for women in order to enter and face this period properly, trainings should also be considered for other family members and especially husbands (men). It seems that family members can play an effective role in various stages of menopause, including preparation and psychological adaptation of women by receiving correct training.

**Disclosure of Interest:** None Declared

## EPP1087

### Expectant Fathers’ Mental Health History Predicts Actual Depressive Symptomatology in Pregnant Women

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**Introduction:** Peripartum period is a risky period for mental ill health among women. Biologically endocrinal changes, pregnancy complications, and lack of sleep due to childcare may increase psychopathology. From a social perspective, there is a role translation from women into mother, which is highly demanding. Moreover, the psychological approach underlines interpersonal relationships during the peripartum period. Even though the clinical focus is on postpartum depression, research shows its roots in pregnancy depression.

**Objectives:** The present study aims to detect predisposing factors to pregnancy depression.

**Methods:** One hundred-six pregnant women admitted to Salesi Pediatric Hospital of Ancona, participated in the study between April 2021- February 2022. Participants completed the sociodemographic form and Edinburgh Postpartum Depression Scale (EPDS). EPDS scores higher than or equal to 9 are considered psychometric depression.

**Results:** The mean age of participants were  $33.30 \pm 4.64$ . Most were Italian (97.2%) and cohabiting/married (97.2%). Almost half of the participants were university graduates (50.9%). 84% were employed. The pregnant women were predominantly in the third trimester (71.7%). 58.5% had no children before. No participants were using alcohol or drugs. Pregnancy depression was 13.2% prevalent (See Table 1). Table 2 summarizes binary logistic regression analysis: Higher age, gestational comorbidity, and pregnant women’s and their partner’s psychiatric disorder history predicted depressive symptoms above the threshold.

**Image:**

Variable	Frequance (%)
Previous abortus	22 (20.8%)
Spontaneous pregnancy	103 (97.2%)
Smoking	5 (4.7%)
Gestational comorbidity	30 (28.3%)
Medical comorbidity (other than gestational)	28 (26.4%)
Edinburgh Postpartum Depression Scale $\geq 9$	14 (13.2%)
Previous psychiatric disorder	19 (17.9%)
Family history of psychiatric disorder	34 (32.1%)
Partner’s previous psychiatric disorder	10 (9.4%)

Table 1. Sociodemographic and clinical characteristics (n=106)

**Image 2:**

Variable	B	Odd’s ratio	95% CI		p
			Lower	Upper	
Age	0.277	1.320	1.087	1.602	0.005
Gestational comorbidity (reference: none)	2.392	10.931	1.754	68.108	0.010
Women’s previous psychiatric disorder (reference: none)	2.944	19.001	3.305	109.232	0.001
Partners’ previous psychiatric disorder (reference: none)	2.806	16.536	2.402	113.815	0.004
Nagelkerke R <sup>2</sup> = 0.516 Omnibus $\chi^2=34.793$ (p<0.001), Hosmer & Lemeshow $\chi^2=1.329$ (p=0.988)					
Dependent variable: Depressive symptomatology (Edinburgh Postnatal Depression Scale score $\geq 9$ )					

Table 2. Predictors of depressive symptomatology requiring clinical attention in pregnant women

**Conclusions:** Our study reveals well-known risk factors for pregnancy depression and a new finding: expectant fathers’ mental health history predicts actual depressive symptomatology in pregnant women. Fathers should be included in perinatal mental health care. Prevention programs targeting peripartum depression should cover fathers’ mental health.

**Disclosure of Interest:** None Declared

## EPP1088

### COVID-19 and Mental Health: Psychological Impact of the Pandemic on Women during Pregnancy and Puerperium

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