interventions aimed at improving the quality of life for people with rheumatoid arthritis.

Disclosure of Interest: None Declared

EPV1124

Postpartum Psychosis and Maternal Filicide- Case Report and Literature Review

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Introduction: Postpartum period is defined as the 12 weeks following the birth of a child as per ACOG guidelines. This period is crucial for women to physically and emotionally adapt to major changes in their lives. If concerns are not addressed properly it can result in fatal outcomes such as filicide and suicide in context of untreated mental illness with postpartum onset. Postpartum psychosis is considered a psychiatric emergency and literature shows that up to 4.5% of patients with depressive symptoms with psychosis commit filicide. However, postpartum psychosis is not recognized as a formal psychiatric disorder in DSM-5, leading to a delay in identification and treatment of the condition in a timely fashion.
Objectives: The primary purpose of the case report is to inform the clinical picture and the legal implications associated with postpartum psychosis, a poorly understood and underdiagnosed psychiatric illness and to emphasize the importance of considering other psychiatric illnesses with peripartum onset that affect maternal and pediatric population wellbeing.
Methods: A comprehensive review of literature using databases, such as PubMed and Google Scholar as well as observation of the patient in the Emergency Department by the psychiatry team.
Results: We present the case of a female in her 20s, mother of two toddlers, with a history of PTSD and postpartum depression, who was brought to our Emergency Department for stabbing her children in the context of a psychotic episode. The patient endorsed persecutory delusions and religious preoccupation, stating that she was experiencing "demonic energy inside" and that demons were speaking through her sons. Upon further assessment, it was noted that symptom onset was during the peripartum period, initially with depressed mood, and later with psychotic features. Organic causes of psychosis were ruled out with an extensive workup. Patient was transferred to an inpatient forensic unit for further stabilization. From a legal perspective, literature review shows that mothers may face the death penalty in the US in contrast with other countries such as England for instance. In the context of the current case, the plausible diagnoses are MDD with psychotic features or the first psychotic episode with peripartum onset that was left untreated resulting in a fatal health and legal outcome.
Conclusions: As postpartum psychosis is not currently recognized as an independent diagnosis under the DSM-5, further attention is warranted for such critical psychiatric condition that afflicts the lives and well-being of the maternal and pediatric populations globally. Postpartum psychosis affects mothers despite their past psychiatric history, socioeconomic status, educational level, and supportive network. Thus, it is essential to target proper and timely identification of symptoms and address those to prevent filicide and maternal suicide.

Disclosure of Interest: None Declared

EPV1126

Women's economic empowerment and maternal mental health: A qualitative study in Rural Kenya

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Introduction: Background: Maternal mental health is increasingly becoming a public health concern in developing countries because of predominant health and socio-economic inequalities. Mental well-being is essential for a woman to cope with daily life stresses and contribute positively to her community. Initiatives that empower women can enhance their well-being and improve the health of their families. However, limited evidence shows how women's empowerment affects maternal well-being in a rural setting.
Objectives: This paper explores the perspective of women's economic empowerment in a rural Kenyan community and its effect on women's mental well-being.
Methods: We purposively sampled women and men from the rural community who met the eligibility criteria (women who were pregnant and or with a child less than two years old and married men and residents in the community. We conducted two focus group discussions with the men and women separately, 11 key informant interviews with community stakeholders, and a four-month participant observation of 20 women participants who were pregnant and or with a child less than one year old.
Results: The study found that economically empowered women had greater decision-making power and self-efficacy. However, cultural expectations and barriers that dictated the role of women prevented them from accessing and controlling resources and participating in important decisions such as land and property ownership. Women faced domestic violence (physical, verbal, and denial of basic needs) and inadequate support (emotional, physical, and financial) from spouses and other family members. These challenges and barriers increased their mental stress. To cope, women engaged in economic activities individually or in groups to meet the basic needs of their families.
Conclusions: Women's economic empowerment can positively and negatively affect their overall well-being. Positively, women gain greater access to resources, improved decision-making, and the ability to plan and achieve their goals. Negatively, empowerment can lead to reduced spousal and kin support and an increased risk of domestic violence. Furthermore, these negative consequences can also affect women's mental well-being. To ensure the well-being of mothers, it is crucial to engage men in empowerment programs and raise awareness in communities to address sociocultural norms that impede women's economic empowerment and negatively affect the well-being of women. Additionally, mental health support should be incorporated into these empowerment

programs to mitigate the negative effects of women's empowerment and improve resilience.

Disclosure of Interest: None Declared

EPV1127

Dominant depressive, anxious and cyclothymic affective temperaments lower the chance of infertility treatment success

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Introduction: Affective temperaments can play a significant role in the development, progression and outcome of various somatic diseases, as well as in the effectiveness of their treatment. Although infertility is influenced by both physical and psychological factors, the relationship between affective temperaments and infertility treatment success remains unexplored.
Objectives: The aim of this retrospective cohort study was to assess how dominant affective temperaments influence the outcome of infertility treatments.
Methods: Data was collected from a cohort of infertile women who underwent infertility treatment at an Assisted Reproduction Center in Budapest, Hungary. The study recorded treatment success defined as clinical pregnancy, detailed medical history, demographic parameters, and administered the Temperament Evaluation of Memphis, Pisa, Paris, and San Diego Autoquestionnaire (TEMPS-A). TEMPS-A scores then were classified into nondominant and dominant temperaments for each scale, based on their score being above or below the mean+2 standard deviation for the given temperament. The predictive value of dominant temperaments on assisted reproduction outcomes were analyzed by multivariate logistic regression models, using age, BMI and previous miscarriage as covariates.
Results: In the cohort of 578 women who underwent infertility treatment, besides age, BMI, and previous miscarriage, dominant depressive, anxious and cyclothymic temperament decreased the odds of achieving clinical pregnancy by 85% (p=0.01), 64% (p=0.03), and 60% (p=0.050), respectively).
Conclusions: The findings of this study suggest that dominant affective temperaments have a significant impact on the outcomes of infertility treatments. As a clinical consequence, creening for affective temperaments, Identifying dominant affective temperaments, stratifying high-risk patient groups, and offering personalized treatment options may enhance the likelihood of successful pregnancy and live birth for women undergoing in vitro fertilization treatment.

Disclosure of Interest: None Declared

EPV1128

Maternal mental health and trajectories of Preterm Behavioural Phenotype in infants born after a threatened preterm labour

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Introduction: Infants born preterm usually show a Preterm Behavioural Phenotype, which includes mixed symptomatology characterized by lack of attention, anxiety and social difficulties, with a 3-4 times greater risk of disorders in further childhood. Critically, this behavioural pattern is also observed in infants born after a threated preterm labour (TPL), regardless of the presence of prematurity. It is known that the course of this Preterm Behavioural Phenotype shows high variability. Nevertheless, the predictors of this Preterm Behavioural Phenotype prognosis remain unknown.
Objectives: This study aimed to explore the predictors of change of Preterm Behavioural Phenotype symptomatology during preschool ages in order to improve prognosis.
Methods: In this prospective cohort study, 117 mother–child pairs who experienced TPL were recruited. Preterm Behavioural Phenotype symptoms were assessed at age 2 and 6 using Child Behaviour Checklist. Gestational age at birth, maternal anxiety trait, maternal history of psychological traumas, prenatal and postnatal maternal depression, anxiety, and cortisol as well as parenting stress were included as predictors in a regression model.
Results: Whereas increased internalizing problems were associated with a previous trauma history (p = .003), increased externalizing symptoms were linked to prenatal and postnatal maternal anxiety (p = .004 and p = .018, respectively).
Conclusions: Identifying modifiable risk factors, such as the history of maternal traumas and anxiety at TPL diagnosis and postpartum is recommendable to enhance better prognosis of Preterm Behavioural Phenotype in the offspring.

Disclosure of Interest: None Declared

EPV1129

The impact of maternal psychopathology on psychomotor development trajectories in infants born after a threatened preterm labour from 6 to 30 months of age

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