

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

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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

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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