movement desensitization and reprocessing (EMDR). In the current case series, effectiveness of EMDR on three PCBD patients will be indicated. Three patients applied to the clinic with similar complaints based on different traumatic backgrounds; commonly, all experienced death of a first-degree relative. Complaints of the patients were over-thinking about the deceased, sleep disturbances, self-blaming, social isolation, avoiding talks about lost relative, and loss of interest in activities. After pre-interviews, they were advised EMDR therapy. One session of EMDR was applied to two of the patients, and two EMDR sessions were conducted on one of them. After the sessions, the patients reported not feeling guilty about the loss anymore, returning their normal routines, feeling better, and showing decreased avoidance. Additionally, the scores of scales (CAPS, BAI, BDI, and IES-R) significantly declined. EMDR therapy can show successful results in a shorter time than other treatment ways used for PCBD treatment [1].

Disclosure of interest   The authors have not supplied their declaration of competing interest.

Reference

Reference

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EW0744

Confirmatory factor analysis of the perinatal depression screening scale-24

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Introduction   Pereira et al. (2013) adapted to the antenatal period and validated a shorter version of the original 35-items Postpartum Depression Screening Scale (PDSS [1]), composed of 24 items, selected from the exploratory factor analysis matrix. In their study, the researchers considered this version a useful alternative to evaluate depressive symptoms in pregnancy, taking into account its reliability, concurrent validity and satisfactory combinations of sensitivity and specificity to screen for antenatal depression.

Aim   To confirm the four dimensions' structure of the PDSS-24 using confirmatory factor analysis.

Methods   616 women (mean age: 32.29 ± 4.466) in the second trimester of pregnancy (mean weeks of gestation = 17.13 ± 4.929), with uncomplicated pregnancies, completed the PDSS-24 while waiting for their routine prenatal consultation at local health medical centers.

Results   The 4-dimensional model of PDSS-24 presented good fit ($\chi^2_{[242]} = 893,275$; RMSEA = 0.067, CFI = 0.934, TLI = 0.94, PGFI = 0.717; *P*<.001). The PDSS-24 Cronbach's alpha was α=0.90; all factors presented good/excellent reliability: Derealization and failure (a = 0.87); Concentration difficulties and anxiety (a = 0.81), Suicidal ideation (a = 0.94), and sleeping difficulties (a = 0.89).

Conclusion   This further validation study emphasizes that PDSS-24 in an adequate measure of antenatal depressive symptoms. To better distinguish it from the version to use in the postpartum (PDSS-21 [2]), from now on, we will denominate it perinatal depression screening scale-24.

Disclosure of interest   The authors have not supplied their declaration of competing interest.

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EW0745

The effectiveness of first-time-mother parent education for infant interaction and sense of parenting competence during the first year in Taiwan

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Background   When new mothers do not understand how to interact with their newborn babies, they would increase anxiety, even decrease the quality of parent-infant interactions. Previous studies indicate that the postpartum parenting education for first-time-mothers can improve the quality of mother-infant interactions in first two months. This study aimed to evaluate the long-term effectiveness of parenting education for postpartum women during the first year.

Methods   The study recruited 81 healthy first-time-mother infant dyads from the medical center in Taipei city. The experimental and control groups received extra education by way of a 40-minute videotape and normal postpartum care, respectively. Data from around first week (T1), followed by the third (T2), sixth (T3), ninth (T4), and twelfth (T5) month postpartum are collected. Assessment scales such as the Edinburgh perinatal depression scale (EPDS), the Chinese version of the parenting sense of competence scale (C-PSOC), and the Nursing child assessment teaching scale (NCATS) used for videotaped mother-infant interactions measurement were used in the study.

Results   The analytical results show that the quality of mother-infant interaction increased at T2, T3, T4, and T5 in the experimental group (Fig. 1). No different change in maternal sense of competency was found in the experimental and control groups from T1 to T4. However, a positive change in sense of parenting competency at T5 was found in the experimental group (Fig. 2). No difference in postpartum depression was found between the two groups (Fig. 3).

Conclusions   The first-time-mothers parent education has long-term effectiveness in the mother-infant dyad interaction quality.