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**Hormonal and psychological factors in nausea and vomiting during pregnancy**

**Aim**
We examined the association of human chorionic gonadotropin (hCG), thyroid hormones (thyroid-stimulating hormone (TSH) and thyroxin (FT4)) and psychological factors with nausea and vomiting during pregnancy (NVP).

**Methods**
Blood chemistry and psychological measures were obtained in 1,682 pregnant women between 12-14 weeks of gestation. Presence of NVP was measured using the Pregnancy-Unique Quantification of Emesis (PUQE) scale. Depressive symptoms were assessed using the Edinburgh Depression Scale (EDS). Multivariable logistic regression analyses were used to investigate the independent role of hCG, thyroid hormones and depression as related to NVP, adjusting for age, BMI, education, parity, smoking status, unplanned pregnancy and history of depression.

**Results**
Elevated levels of NVP were observed in 318 (18.9%) participants. High hCG levels (OR = 1.47, 95% CI = 1.11-1.95), elevated depressive symptoms in the first trimester (OR = 1.67, 95% CI = 1.15-2.43) and a history of depression (OR = 1.53, 95% CI = 1.11-2.11) were independently related to high NVP. Multiparity (OR = 1.47, 95% CI = 1.12-1.92) and younger age (OR = 0.91, 95% CI = 0.87-0.94) were also associated with high NVP, whereas (sub)clinical hyperthyroidism was not related to high NVP.

**Conclusion**
The current study is the first to demonstrate that a combination of hCG hormone and psychological factors are independently related to nausea and vomiting during early pregnancy.

**Reference**

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Transition to motherhood in the shadow of childhood maltreatment: The effect of emotional neglect on women’s adjustment during pregnancy and postpartum

Aim
The transition to motherhood involves many challenges that require adjustment; included among them are adapting to body changes, forging a maternal identity, and attaching to the baby. Although these tasks may be challenging for many women, those who experienced emotional neglect during childhood may find them especially difficult. The aim of the current study was to examine a model accordingly the association between history of childhood emotional neglect and postpartum depression, is mediated by women’s body experience, maternal self-efficacy, and attachment to the fetus/baby, during pregnancy and postpartum.

Methods
Three hundred and ninety four women participated in the study, during their pregnancy (Time 1) and two months postpartum (Time 2). Participants filled out a battery of self-report questionnaires assessing their history of childhood emotional neglect, body experience, maternal self-efficacy, attachment to the fetus/baby, and depression.

Results
Results indicated that childhood emotional neglect was associated with depression at both Time 1 and Time 2. These associations were mediated by the body experience during pregnancy (Time 1) and motherhood (Time 2) as well as by anticipated maternal self-efficacy (Time 1) and maternal self-efficacy (Time 2). The model explained 56% of the variance of postpartum depression (Time 2).

Conclusion
The findings of this longitudinal study suggest that childhood emotional neglect may color women’s adjustment during the transition to motherhood. The underlying mechanism suggested by the research model will be discussed.

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Vietnamese migrant mothers with depression- a psycho-social network project in Berlin

Aim
18-20% of women in childbearing age develop depressive symptoms. It is estimated that depression rates in mothers with migrational background are higher or at least as high as in native populations. Depressive disorders in mothers are highly burdensome for their children and families. Vietnamese migrants constitute the 7th largest migrant group in Berlin/Germany with 22,500 people. A high percentage of first-generation migrants lack German language skills. Culturally adapted mental health services are needed to meet the needs of migrant populations, especially their vulnerable subgroups.

Methods
In two psychiatric outpatient clinics in Berlin (KEH, Charité CBF) socio-demographic data, mental health service utilization, and somatic co-morbidity data are systematically documented. A comparative study of 149 Vietnamese and German female patients with depression showed similar severity and patterns of symptoms. The presence of suicidal ideation was slightly higher in Vietnamese women.

Results
Given the morbidity data and the results of our study, we calculate that a significant number of Vietnamese migrant women in childbearing age in Berlin suffer from depression while lacking adequate access to mental health care.

Conclusion
In 2012, our group of multidisciplinary mental health care providers, health care authorities and Vietnamese migrant organizations established the network for “Mental health of Vietnamese migrants in Berlin.” The network develops culturally adapted mental health services while including professionals with a Vietnamese background. Our presentation focuses on the development of a city-wide program designed to detect and address the needs of Vietnamese women with depression in childbearing age.

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Aim
Maternal depression is associated with significant functional impairment and leads to poor social, emotional, cognitive and developmental outcomes in children. Psychological interventions have been shown to be effective in improving maternal and child health, however access to these interventions is limited. The aim of this study is to explore participants’ experiences of maternal depression and their perception about use of mobile app for delivery of psychosocial intervention.

Methods
Semi-structured in-depth qualitative interviews were conducted with 17 depressed mothers of young children (0-3 years) in local languages, transcribed and translated verbatim. Framework analysis was done for 14 interviews by researchers using the principles of constant comparison.

Results
Framework analysis of the interviews with depressed mums indicated that feelings of sadness, helplessness and tension were perceived as symptoms of maternal depression. Burden of domestic chores, financial constraints and numbers of children were reported as precipitating factors. Participants expressed that the use of mobile phones for delivery of intervention might be helpful, and suggested use of videos, messages in the form of pictures, text messages in local languages along with occasional phone calls.

Conclusion
It is important to explore the acceptability of using mobile App in delivery of psychosocial interventions for depressed mothers as it can play a role in improving outcomes for both mothers and their children particularly in Low and Middle-income countries.

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