

**Results:** Research has established a relationship between violence and mental health outcomes among women and girls. Violence or inter-personal trauma render women vulnerable to a range of psychiatric symptoms - depression, post-traumatic stress disorder (PTSD), suicide, and substance use are most common. Women reporting bidirectional violence had higher rates of depression and PTSD. When examining differences in rates of psychiatric disorders by the type of violence, it was found that all types of violence were strongly associated with all types of psychiatric disorders. Severity of psychiatric symptoms increased stepwise with increasing severity of violence.

**Conclusions:** Caring for patients in abusive relationships can be challenging - continuous supportive care improves patient outcomes. Physicians should be able to recognize and manage these situations in order to prevent its negative outcomes.

**Keywords:** domestic violence; mental health; intimate relationship violence

### EPP1474

#### Childbirth expectations questionnaire – a psychometric study with a sample from Brazil

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**Introduction:** The Childbirth Expectations Questionnaire (CEQ; Gupton, A., Beaton, J., Sloan, J. & Bramadat, I.; 1991) evaluates the women childbirth expectation's with 34 items organized in four dimensions: Pain and coping; Significant others; Nursing support and Interventions.

**Objectives:** To analyze the psychometric properties (construct validity using Confirmatory Factor Analysis, discriminant validity and reliability) of the Brazilian preliminary version of CEQ.

**Methods:** 350 women (Mean age: 30.01±5.452) in the second trimester of pregnancy (Mean weeks of gestation=25.17±6.55), with uncomplicated pregnancies, completed the CEQ. To analyze discriminant validity, thirty of these women participated in a workshop (12 hours, integrated in the GentleBirth, a specific perinatal education intervention program) and fill in the CEQ again after approximately 8 weeks.

**Results:** After deleting seven items (1-3-20-24-33-34-35) and some errors were correlated the four-dimensional second-order model of CEQ presented good fit ( $\chi^2=2.496$ ; RMSEA=.071; CFI=.845, TLI=.828). The CEQ Cronbach's alpha for the total was  $\alpha=.90$ ; all factors presented good reliability: Pain coping ( $\alpha=.87$ ); Significant others ( $\alpha=.66$ ), Nursing support ( $\alpha=.84$ ), and Interventions ( $\alpha=.76$ ). The CEQ mean scores (total, Pain coping and Nursing support) were significantly higher after the workshop, indicating more positive expectations for childbirth ( $p<.05$ ).

**Conclusions:** This additional validation study emphasizes that CEQ is an adequate measure of expectations of labour. It will be

very useful to understand the correlates of childbirth expectations and also to access the efficacy of childbirth preparation programs.

**Keywords:** Birth Expectations; Scales; validation; childbirth

### EPP1475

#### Validity and reliability of the perinatal anxiety screening scale in a Brazilian sample of pregnant women

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**Introduction:** The Perinatal Anxiety Screening Scale was translated and validated for European Portuguese (PASS-29; Pereira et al. 2019), from the original PASS (composed of 31 items; Somerville et al. 2014) to allow epidemiological and correlational research and early detection, which is an health policy imperative. This need also applies to Brazil, where a specific instrument to measure perinatal anxiety is not available.

**Objectives:** To study the psychometric properties of the PASS Brazilian version factor structure using confirmatory factor analysis (CFA), internal consistency and pattern of correlations with mood states.

**Methods:** 350 women (Mean age: 30.01±5.452) in the second trimester of pregnancy (Mean weeks =25.17±6.55) completed the PASS and the Brazilian version of Profile of Mood States (POMS-25; Barros et al. 2021). SPSS and AMOS software were used.

**Results:** After deleting two items (1 and 2) and some errors correlated, CFA indicated a good fit for the second-order model ( $\chi^2/df=2.987$ ; CFI=.903; TLI=.889; GFI=.797, RMSEA=.075;  $p [rmsea \leq 0.01] < 0.001$ ). The Cronbach alpha was  $\alpha=.937$ , and for the four dimensions (general anxiety and specific fear, perfectionism and control, social anxiety and adjustment disorder, acute anxiety and trauma.), were all  $\alpha > .800$ . PASS total and dimensional scores significantly ( $p < .01$ ) and moderately correlated with Profile of Mood States dimensions: negative affect (.471), Depression (.294), Anxiety (.548), Fatigue (.438) and Vigour (-.288).

**Conclusions:** Similarly, to what has been found for Portuguese version, the Brazilian PASS resulted in a 29-items-and-four-factors version, with good construct and convergent validity and reliability. In the near future we will determine the PASS cut-offs to screen for anxiety disorders in pregnancy and postpartum.

**Keywords:** Perinatal Anxiety; validation; pregnancy; Reliability

## EPP1476

**Postpartum depression screening scale-7: A valid and reliable short version both for Portugal and Brazil**

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**Introduction:** Screening programs for perinatal depression are systematically implemented in developed countries. To circumvent the most commonly pointed limitation by the primary healthcare professionals (the questionnaires length), we have developed shorter forms of the Beck and Gable Postpartum Depression Screening Scale-35. The shortest version consists of seven items, each one representing a dimension evaluated by the PDSS. This PDSS-7 demonstrated equal levels of reliability and validity as the 35-item PDSS with the advantage of being completed in as little as 1-2 minutes (Pereira et al. 2013).

**Objectives:** To analyze the construct validity of the PDSS-7 using Confirmatory Factor Analysis, to use both in Portugal and in Brazil.

**Methods:** The Portuguese sample was composed of 616 women (Mean age: 32.29±4.466; Mean gestation weeks=17.13±4.929). These participants were not the same who participated in the psychometric study that led to the selection of the seven items. The Brazilian sample was composed of 350 women (Mean age: 30.01±5.452; Mean gestation weeks=25.17±6.55). They all had uncomplicated pregnancies and completed the European/Brazilian Portuguese versions of PDSS-24 (Pereira et al. 2013/ Barros et al. 2021), which was composed of the same items and included the seven items that compose the PDSS-7.

**Results:** The unidimensional model of PDSS-7 presented a good fit in both samples (Portuguese/Brazilian:  $\chi^2/d.f.=3.439/2.653$ ; RMSEA=.066/.069, CFI=.974/.981, TLI=.947/.957, GFI=.939/.957;  $p<.001$ ). The PDSS-7 Cronbach's alphas were .82/.83 and all the items contribute to the internal consistency.

**Conclusions:** The PDSS-7 is a valid and precise, economic, fast and easy screening instrument for perinatal depression, a major public health problem, both in Portugal and in Brazil.

**Keywords:** PDSS-7; Perinatal depression; Postpartum depression

## EPP1477

**Can stress predict delivery date?: Role of chronic and acute stress to the threatened preterm labor as predictors of delivery date.**

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**Introduction:** Threatened preterm labor (TPL) is a traumatic event during pregnancy that involves a threat to the physical integrity of the upcoming baby. Despite biomarkers would be the strongest delivery date predictors, an assessment of chronic and acute stress response to TPL diagnosis may improve this prediction.

**Objectives:** The objective is to predict delivery date in women with TPL based on their response to this diagnosis and chronic stressors, along with relevant obstetric variables.

**Methods:** A prospective cohort study was conducted with a sample was formed by 157 pregnant women with TPL diagnosis between 24 and 31 weeks. Determination of salivary cortisol,  $\alpha$ -amylase levels, along with anxiety and depression symptoms were measured to estimate stress response to TPL. Cumulative life stressors as traumas, social and familiar functioning were also registered. To examine the effect of the possible predictor variables of delivery date, linear regression models were used.

**Results:** A correlation was found between the variables of response to chronic stress and between the variables of psychological response to stress. The main predictors of preterm delivery were low family adaptation, higher BMI, higher cortisol levels, and the week of diagnosis of TPL (<29 weeks of gestation).

**Conclusions:** The best predictor of delivery date was the combination of the stress response to the diagnosis of TPL measured by cortisol in saliva, cumulative life stressors (mainly family adaptation) and obstetric factors (week TPL and BMI). Through psychosocial therapeutic intervention programs, it is possible to influence this modifiable predictive factors of preterm birth in symptomatic women.

**Keywords:** stress; Threatened preterm labor; predictor

## EPP1478

**Together we stand, resilient we stay : The effect of minority stress and resilience on transgender mental health**

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**Introduction:** Prejudice, stigmatization and discrimination behaviors causes social stress and lead vulnerability to mental and physical health problems in Transgender and Gender Nonconforming (TGNC) individuals. The prevalence of mental disorders that can be associated with "minority group stress", especially major depression and anxiety disorders, are known to be higher in the TGNC group in comparison to general population.