

# **Infant Mental Health Journal Supplement to Volume 33, Issue 3**

## **Program Abstracts**

**World Association for Infant Mental Health  
13th Biennial World Congress  
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From the Editors:

The abstracts in this special supplement to the *Infant Mental Health Journal* (IMHJ) are organized to match the Program Book distributed at the 13th World Congress of the World Association for Infant Mental Health. The Program Book is available on-line through the WAIMH web page. Abstracts were copy edited at the IMHJ Editorial offices. Where abstract language seemed confusing, the copy editors attempted to capture the spirit of the written text to make it more readable to the audience. Errors that may have occurred are the responsibility of the copy editors, not the authors. Where abstracts are not presented, they were not supplied. The following is an example of a correct citation for any individual abstract in this special supplement to the *Infant Mental Health Journal*.

McKelvey, L., Fitzgerald, H. E., & Schiffman, R. (2012). Risk exposure in toddlers of low-income families: links to child functioning at age 10. *Infant Mental Health Journal*, 33 (Abstract Supplement, p 145).

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assessment allowed us to have a global vision of the pregnant women's eating attitudes. We used both screening questionnaire and eating disorder questionnaire during pregnancy and after delivery. We used Chatoor's mother-infant/toddler feeding scale to analyze mother-infant interaction and symptom check list questionnaire for the two-three months baby. Thirty pregnant women recruited at the obstetric unit answered all questionnaires. First results reveal a major concern for food among pregnant women. Body satisfaction during pregnancy confirm that thinness is still an ideal standard in french women, also influencing their psychological and psychological well-being. Some women can be relieved not to control too drastically their food intake and figure. Some women already dissatisfied with their body image before pregnancy tend to be satisfied with their pregnant body image, whereas women with dissatisfaction before pregnancy tend to be dissatisfied during pregnancy. We will give clinical examples of eating disorders pregnant women.

2746

### **Child and mother's psychotherapy in subsequent pregnancy and childhood after perinatal loss**

Squires C. (Université Denis-Diderot Paris/Maternité Port-Royal, France)

After medical termination of a pregnancy or after stillbirth, we propose psychotherapies to our patients either to pregnant women during their subsequent pregnancy or to their following children and their parents. These psychotherapies are based on a new clinical experience oriented towards the baby and its family. We work in an obstetric hospital unit or in child-psychiatry wards. This unit can be close to maternity ward which facilitates communication between medical and psychiatric teams. We are trained in psychoanalytic practices in adults and children and we regularly discuss these cases with our partners involved in perinatality.

2592

### **Prenatal ultrasound screening: False positive soft markers may alter maternal representations and mother-infant interaction**

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Background: In up to 5% of pregnancies, ultrasound screening detects a foetal feature or "soft marker" (SM) putting the foetus at risk for a severe abnormality. In most cases, a severe defect is ruled out by prenatal diagnostic work up, and SM is considered as a false positive of ultrasound screening retrospectively. Objective: To study the impact of false positive ultrasound screening on maternal emotional status and representations and mother-infant interaction. Design: Prospective case control study. Participants: The study group consisted in 18 pregnant women whose foetus had a positive soft marker ultrasound screening and a reassuring diagnostic work up. Controls were 19 women with negative ultrasound screening, matched for age and education. Exclusion criteria included history of a medical or psychiatric disease, history of obstetrical complications, poor socio economic status, single parent. Outcomes measures: In the third trimester of pregnancy, within one week after delivery, and 2 months postpartum, anxiety and depression were scored, and maternal representations were categorized using semi structured interviews in good (integrated/equilibrate), intermediate (reduced/loss involvement) and poor (non integrated/ambivalent). Mother-infant interactions were videotaped during feeding within one week after delivery and 2 months postpartum, then analyzed using Coding Interactive Behavior (CIB) scale by blind raters. Results: Mean maternal anxiety and depression scores were significantly greater at all study times in the SM group. Maternal representations were also significantly different between SM and control groups at all study time (94% to 100% vs 5% to 11% of intermediate/poor representations, respectively). In the SM group, we observed perturbations in early mother-infant interactions with dyad dysregulation, mother showing less sensitivity to their baby and more intrusive behaviors, and infant avoidance. Multivariate analysis showed that maternal representation and depression at third trimester predicted mother-infant interaction. Conclusion: False positive ultrasound screening for SM may impact mother-infant interactions negatively.

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### **Cognitive development in preterm and full term infants**

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**Introduction.** Compared with full term, premature infants have an increasing risk for developing cognitive delay. Early detection and treatment would decrease risk for developing cognitive delay and learning problems during more advanced ages. **Objective.** To evaluate cognitive development in preterm and in full term infants and identify neonatal features (gestational age, weight of birth, age, gender) associated with cognitive developmental delay. **Population.** Preterm infants (29-36 GA), extremely preterm infants (24-28 GA) and full term infants (37-43 GA) from 6 to 24 month old, who attend the Preterm Clinic and Development Program at the Hospital Italiano de Buenos Aires and the Centro Interdisciplinario de Investigaciones en Psicología, Matemáticas y Experimental (CIIPME-CONICET). Buenos Aires, Argentina. **Methods.** The Sensory-motor Intelligence Argentine Scale (EAS) was administrated. Socio-demographic and neonatal features data was collected from the Neonatology Service's electronic database and/or parental interview. A multivariate logistic regression was performed to evaluate: gender, age, gestational age - GA (full term [ $>36$  GA], preterm [29-36 GA] and extremely preterm [ $<28$  GA]) and weight of birth (Adequate Birth Weight [ABW]  $>2500$ gr., Low Birth Weight [LBW] 2500-1500gr., Very Low Birth Weight [VLBW]  $<1500$ gr.) as determinants of cognitive developmental delay. **Results.** A total of 343 infants from 6 to 24 month old (corrected age in case of prematurity) were evaluated. About gestational age: 214 (62,4%) were full term infants, 116 (33,8%) were preterm infants (from 29 to 36 GA) and 13 (3,8 %) were extremely preterm infants ( $<28$ GA). Preterm and extremely preterm infants showed a higher risk of cognitive developmental delay compared to full term infants. The estimated Odds Ratio (OR) according with the multivariate regression model were: preterm infants group OR: 2.48 (CI 95%: 1.11-5.51) and extremely preterm infants group OR: 10.12 (CI 95%: 2.81-36.40). As regards the weight of birth, 228 infants (66,5%) were ABW, 62 (18%) LBW and 53 (15,5%) were VLBW. Groups of LBW and VLBW infants showed a higher risk of cognitive developmental delay compared with ABW infants. LBW group OR: 3.01 (CI 95%: 1.19-7.56); VLBW group OR: 4.60 (CI 95%: 1.88-11.25). All the results were adjusted by gender and infant age. **Conclusions.** Our results suggest that preterm and extremely preterm infants; LBW and VLBW infants showed a significant increased risk for cognitive developmental delay compared with full term and ABW infants.

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#### **Perinatal psychology and early infancy: New developments in Argentina**

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Obstetric-Perinatal Psychological Intervention (OPPI): a new device in perinatal mental health.

Author: Lic. Miryam Galli

THE aim of the poster is to present a new device in perinatal psychology, specifically designed to intervene during pregnancy, labor and delivery. In this research, it could be detected that during the postpartum period women are able to express life events that they had experienced during pregnancy and were associated with perinatal pathologies, such us premature birth or complications during delivery. For that reason, a specific and new psychological device was created: Obstetric-Perinatal Psychological Intervention (OPPI). The goal of the mentioned device is to detect the stressors associated at the moment in which the physical symptoms appear.

The OPPI is applied within an interdisciplinary approach, in order to integrate the multiplicity of interrelated factors involved in maternal bio-psycho-social assistance. We will present the characteristics of the device: Obstetric-Perinatal Psychological Intervention (OPPI), presenting the specific interventions during each of the moments in which OPPI is applied: psychological assistance in pregnancy pathologies, support during labor and delivery/childbirth and immediate postpartum, support intra-surgical in c-sections and network support Obstetric-neonatal.

The immediate postpartum period and its impact in child development.

Author: Lic. Misic Marcela

Since immediate postpartum it's possible to observe the firsts interactions in the dyad mother-baby, considering that maternity is not only a biologic phenomenon, but also motherhood as a psycho-affective process that can be developed or not. Due to the fact that the detection of the qualities of the first dyadic interactions, as well as their absence, is an important preventive action in maternal-infant health, we proposed the theoretical concept of Maternal Register which involves: Primary Maternal Concern (Winnicott), Maternal Reverie (Bion) and Maternal