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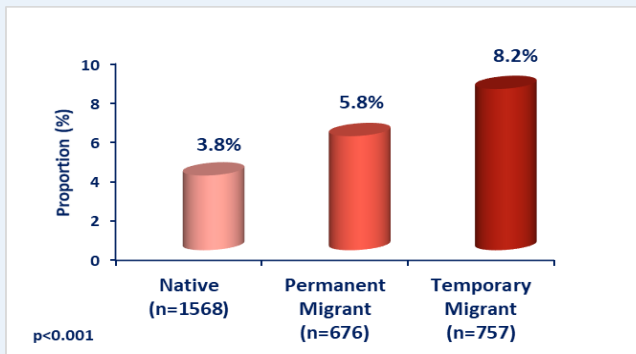
## Aim

To assess the association between maternal experience with healthcare (MEHC) and postpartum depressive symptoms (PPDS), taking into account the migration status.

## Methods

- Population-based study (baMBINO project)
- 3001 women by migrant status.
- 9 domains of MEHC based on Migrant Friendly Maternal Care Questionnaire.
- PPDS if Edinburgh Postnatal Depression Scale  $\geq 12$ .

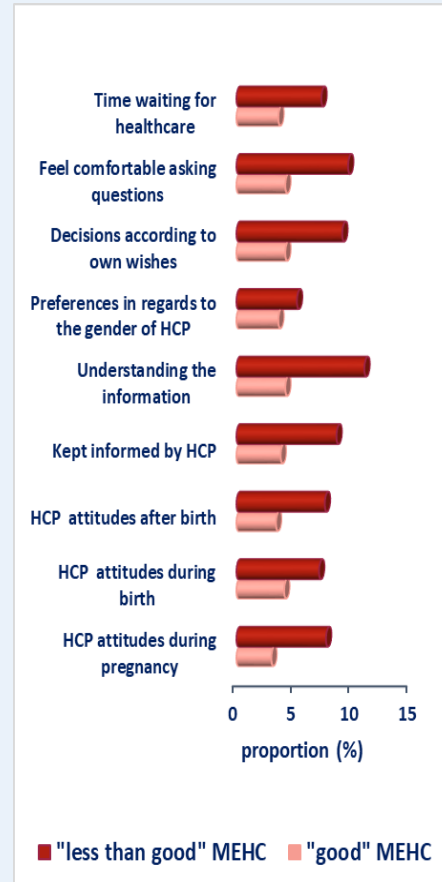
Figure 1: Proportion of PPDS by migration status



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Figure 2: Proportion of PPDS by level of MEHC for each MEHC domain



## Results

- Proportion of PPDS: 5.3%, with significant differences by migration status (Figure 1) and between who reported "good" and "less than good" MEHC (Figure 2)
- After adjustment, five MEHC domains (Figure 3) and the migration status (Figure 4) remained related with PPDS.

Figure 3 Adjusted odds of PPDS for who reported "less than good" MEHC in regards to five MEHC domains ("good" MEHC as reference)

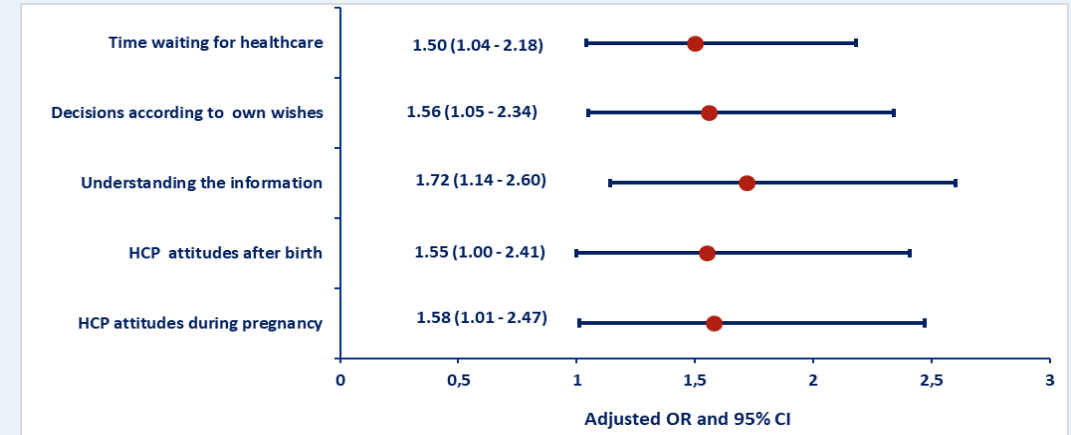
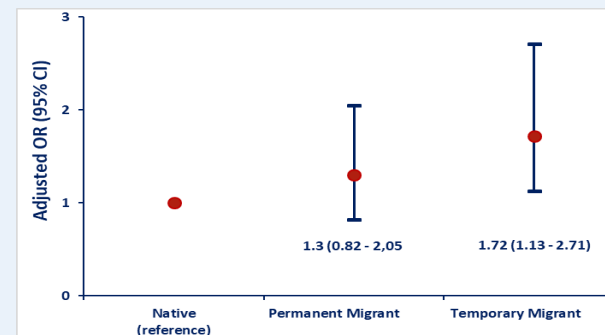


Figure 4 Adjusted odds of PPDS by migration status



## Conclusion

Further than the migration status, poor MEHC seems play a role in the risk of PPDS. Public health strategies should address factors underlying a positive MEHC