out additional foetal ultrasounds at specific times to rule out malformations in foetuses exposed to antipsychotics and lithium. In the postnatal period, the risk of relapse is especially high. Careful monitoring in the first month after birth and regular review thereafter are essential. When necessary, hospitalisation in mother-baby units is the *gold standard* treatment. Pharmacological treatment of pregnant and breastfeeding women should weigh up the risks associated with non-intervention and the potential adverse effects on the foetus and lactating infant. The choice of psychotropic drugs should taking into account the varying safety profiles; for example, typical antipsychotics can cause extrapyramidal symptoms or withdrawal syndrome in the newborn and atypical antipsychotics metabolic syndrome. Nevertheless, despite the quality of the evidence, antipsychotics appear to be generally safe in pregnancy and breastfeeding.
Conclusions: The management of mental health care for this subpopulation must ensure that decisions are shared, follow-up is multidisciplinary, pre- and post-natal monitoring is individualised and pharmacological treatment is chosen based on the best balance between the needs of the mother and the safety of the foetus/infant.

Disclosure of Interest: None Declared

O113

Neurodevelopmental Consequences of Antenatal Exposure to Antipsychotic Medication: A Systematic Review

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Introduction: Antipsychotic (AP) medications are increasingly prescribed, with indications ranging from psychotic illness to mood disorders. Many patients and clinicians are concerned about long-term consequences of drug exposure in the neurodevelopmentally critical prenatal window. Yet maternal mental illness itself is also associated with significant changes to the prenatal environment.
Objectives: To systematically review the literature on the short- and long-term behavioral, socioemotional, psychomotor, and neurocognitive outcomes in children prenatally exposed to AP medication.
Methods: We included original studies assessing cognitive, motor, behavioral, social, and psychiatric. Searches were performed in MEDLINE, Cochrane, Embase, and PsycINFO for studies up to March 15, 2024. Quality and risk of bias were assessed using the Newcastle Ottawa Scale (NOS). Studies were eligible for inclusion if they were original, peer-reviewed research which assessed human offspring of any age, prenatally exposed to any antipsychotic medication, regardless of maternal indication for use.
Results: We identified 1,315 studies, and reviewed 53 in full-text screening. The final synthesis included 16 studies (6 cohort and 10 register-based studies) with the number of prenatally exposed individuals ranging from 17 to >15,000.Eleven studies included a control group with maternal mental illness in at least one of their analyses. These groups varied with some including any maternal mental illness, while others used an antipsychotic discontinuation control, and still others used non-antipsychotic psychiatric medication use as a control. Five studies included only a general or healthy maternal population control. Eight studies assessed motor development, ranging from newborn assessments up to 14 years of follow-up. These studies observed early motor delays following prenatal exposure to AP medication, which did not persist into later childhood. Five studies investigated risk for neurodevelopmental diagnoses and three studies explored school performance following prenatal AP exposure. No significant associations were found after adjustment for confounding. The quality of the evidence ranged from moderate to high.
Conclusions: While the majority of studies did not identify differences between exposed and unexposed groups, some differences emerged early in infancy or when looking at neurodevelopmental disorders. However, our findings suggest that the observed neurodevelopmental differences are likely due to confounding by indication rather than exposure to antipsychotics themselves. More rigorous research is needed to clarify the neurodevelopmental effects of AP use during pregnancy.

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O116

COPING EXPERIENCES OF TRANS WOMEN THROUGHOUT THEIR GENDER-AFFIRMATION

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Introduction: Trans women can encounter various struggles throughout their gender-affirmation. There is a need for further understanding of trans women's experiences to gain deeper insights into how they cope throughout this process. The development of psychosocial support services that are adapted to their personal needs is crucial to enhancing their coping strategies.
Objectives: The current study aimed to examine the coping experiences of trans women throughout their gender-affirmation.
Methods: This qualitative descriptive study utilized in-person, semi-structured interviews with 12 trans women to gather in-depth data on their coping experiences. Content analysis was employed to analyze the data.
Results: The experiences of trans women emerged in five themes. Four themes correspond to four distinct phases: "self-discovery," "self-acceptance," "coming out to others," and "after coming out to others," each characterized by its own coping mechanisms. The fifth theme was labeled "to facilitate coping…". Trans women have a heightened need for support during the periods "when they confront the possibility that their situation will not change," "when they accept themselves but attempt to decide how they can move forward in life," and "when they first come out to people around them." The study indicates the critical role of addressing family and social stigma in trans women's coping throughout their gender-affirmation. Furthermore, the study unveils a striking finding that efforts to facilitate trans women's coping throughout their gender-affirmation extend beyond the purview of mental health