Methods: Women and their male partners aged ≥ 18, without delivery and neonatal complications, were recruited at the Maternity Ward in a public hospital in Madrid, during 2021-2022. Data was collected at immediate puerperium (T0), sixth week (T1), fourth month (T2), and sixth month (T3). The last observation carried forward (LOCF) was used. An Ad hoc Socio-Demographic questionnaire was used. To determine the presence of PDS and BD, respectively, there were used the Edinburgh Postnatal Depression Scale (EPDS), cut off ≥ 11 (Ascaso-Terrén et al., Med Clin (Barc) 2003; 120(9) 326-329) and Postpartum Bonding Questionnaire (PBQ), cut off ≥ 13 for BD, and ≥ 18 for severe BD (Torres-Giménez et al., Span J Psychol. 2021; 24, e47, 1-9).
Results: 1502 couples were recruited at T0. The main characteristics of female participants were: mean age 34.1 years, 53.9% married, 54.1% primiparous, 27.8% migrants, 67.3% university degree or higher, 83.2% employed, 14.8% financial difficulties, 4.9% smoking during pregnancy and, 21.7% c-section. At T0, the prevalences of PDS were 13.0% of mothers, 10.5% of fathers, and 3.5% of both parents. Applying LOCF, 874 women responded to the questionnaires at some timing during the follow-up. The results were divided into two groups (see Table 1 and Table 2) depending on whether they presented PDS at T0. In mothers with PDS at T0, PDS and BD rates eventually decrease at T3. In the other group, while BD rates decrease at T3, a slight increase in PDS presentation at T3 is observed.

Table 1. LOCF of mothers with PDS at T0

N	Follow-up	No-PDS	BD	Severe BD
106	T1	53/87 (60.9%)	49/87 (53.3%)	32/87 (36.78%)
PDS at T0	T2	47/74 (63.5%)	33/74 (44.6%)	19/74 (25.7%)
	T3	44/73 (60.3%)	30/73 (41.1%)	14/73 (19.2%)

Table 2. LOCF of mothers without PDS at T0

N	Follow-up	PDS	BD	Severe BD
768	T1	46/638 (7.2%)	225/638 (35.3%)	106/638 (16.6%)
No-PDS at T0	T2	47/575 (8.2%)	147/575 (25.6%)	66/575 (11.5%)
	T3	45/525 (8.6%)	122/525 (23.2%)	57/525 (10.9%)

Conclusions: Depressive symptoms and impaired bonding could have different severity and timing during the postnatal period. More research on bonding disorder is needed to clarify more accurately the psychopathological features that distinguish it from postnatal depression to provide more targeted treatment that will also reduce the associated stigma of childbearing difficulties.

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Quality Management

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Sociodemographic analysis of the psychiatric domiciliary hospitalization (DH) program at Hospital General Universitario of Ciudad Real (HGUCR), Spain

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Introduction: Domiciliary hospitalization emerged in the late 20th century as a new mental health intervention, designed to providing care of patients with mental disorders at home. This approach offers benefits to hospitals, patients and their surroinding support systems (Megías, F. et al. EVES 2004; 16: 11-107). Although numerous international studies have evaluated the quality and advantages of domiciliary hospitalization, there is a paucity of research in Spain.
Objectives: To describe and compare the sociodemographic characteristics of psychiatric patients admitted to the Short-term Hospitalization Unit (UHB) at HGUCR with those of patients admitted to DH Unit from January 1 to December 31, 2019; and to compare this results with the statistics found in other similar studies.
Methods: This study is a descriptive observational analysis of 281 patient admissions to psychiatric hospitalization units (UHB or DH) in 2019 at HGUCR. The variables analyzed include the type of hospitalization, age, sex, marital status, type of cohabitation and employment status. SPSS was used as a statistical analysis tool. A literature review was carried out, using PubMed to identify comparable national and international studies.
Results: The mean age of patients was 44±15 years, with no significant differences between patients admitted to UHB and those admitted to DH unit, consistent with findings from other studies. The percentage of men and women is similar, with a majority of singles (40%) or married/in partnership (38%) compared to those who were separated or widowed. Regarding types of cohabitation, 37% of patients lived with their own family, 35% with their family of origin and 18% lived alone, with no significant differences between the two types of hospitalization. As regards employment status, the largest group (27%) was inactive, followed by 18% who were incapacitated and 17% of active workers. Significant differences were found in employment status: there were more active people in DH and more incapacitated individuals in UHB. However, we found that in other studies from Germany, there were significantly more unemployed people in DH (Bechdolf et al. FDNP 2011; 79 (1): 26-31). This can be explained by the exlusion criteria for DH at HGUCR, which include patients with severe social problems and multiple or decompensated organic comorbidity. Therefore, it is consistent that most of DH patients were in relatively good health and capable of working actively before admission.
Conclusions: No significant differences between DH and UHB were observed in most variables. Where differences were observed, they could be explained by the differing exclusion criteria between the two types of hospitalization. Our results are similar to those reported in other studies.

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