important cases that midwives have to provide services and manage conditions if Diagnosis of an abnormal fetus requires attention.
Objectives: We aim to find the best ways of counseling for helping parents with diagnosed abnormal fetuses
Methods: A search conducted by using the keywords congenital anomalies, psychological counseling, prenatal counseling in PubMed, science direct, clinical key and Google scholar search engine. after screening, the complete data of 20 articles were included in this review article.
Results: The results showed that pregnancy counseling with abnormal fetuses includes medical and psychological counseling. In medical counseling, knowledge of the types of tests and their interpretation is important, and prenatal screening training programs for health care providers should be revised based on their educational needs. In psychological counseling, to meet the needs of a changing population of clients Midwives in the context of the wider healthcare system need accurate knowledge of religious beliefs and cultural contexts of their clients in order to take the best approach to relevant care. The occurrence of a diagnosis of congenital anomaly during transmission to parents adds to the accumulation of stress-related events that may increase the risk of developing psychological symptoms in the early stages after diagnosis.
Conclusions: Considering the different cultures of different countries of the world, midwifery counseling skills play an important part in the diagnostic and therapeutic process. Therefore, creating extraordinary educational programs on university education is needed for midwives.

Disclosure: No significant relationships.
Keywords: congenital anomalies; psychological counseling; prenatal counseling

EPV0728

An overview of the psychological effects of common contraceptive methods on women

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Introduction: The psychological effects of using any method of contraception are not hidden from anyone but in different methods, they have different effects.
Objectives: We aim to investigate the different psychological effects of common contraceptive methods in women.
Methods: A search conducted by keywords "contraception", "psychological effects" and "women" in PubMed, Science Direct, Scopus and Clinical Key and Google Scholar search engine. Finally, data from 12 articles were used for this review study.
Results: The positive and negative psychological effects were slightly different in consumers. The effect of OC and IUD and sterilization on sex life compared to condoms was reported to be positive and in menstrual experiences, OC consumers reported higher satisfaction than other methods, in particular, IUD. The regret in using sterilization was higher than in other methods. Psychopathological disorders and psychological disorders developed while using these methods should be differentiated. Negative psychological effects of women using contraceptive methods are often due to their mental background to a mother's role and fertility and the conflict that exists in these methods with their mental image. Also, cooperation and understanding of spouses on the acceptance of these methods and their positive or negative impact has been reported to be very effective.
Conclusions: Before providing any method of contraception, it is recommended to provide comprehensive counseling on each method and follow up with women while consuming to reduce these symptoms and improving their effectiveness.

Disclosure: No significant relationships.
Keywords: Contraception; psychological effects; women

EPV0729

Galactorrhoea as a side effect due to Bupropion- a case report

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Introduction: Bupropion is a NDRI antidepressant with action on both serotonin and nicotinic receptors. Endocrine and sexual adverse effects are very rare and hence very unlikely to cause hyperprolactinemia. We report a case of a patient who developed galactorrhoea following Bupropion augmentation of Escitalopram. A 24 yr old unmarried nulliparous female was brought with complaints of low mood, loss of interest, decreased concentration in studies from 20 days. She was also reported to be smoking cigarettes since 2 years with occasional alcohol use. There was no menstrual abnormalities nor any use of regular medication. On MSE there was depressed affect with negative cognition and occasional death wishes with normal perception. HAM-D Score was 17-19. She was started on Escitalopram 10 mg/day and Clonazepam 0.5 mg/day. Depressive symptoms improved and 2 weeks later Bupropion 150 mg/day was added as anti-craving and for augmentation owing to residual depressive symptoms.
Objectives: Bupropion induced Galactorrhoea
Methods: Cross-sectional
Results: Within 2 weeks of starting Bupropion, she reported with complaint of galactorrhoea. Prolactin level came out to be 28.67 ug/L. Brain imaging was also reported to be normal. Escitalopram was stopped and substituted with Mirtazapine 7.5 mg/day, continued for a week. There was no improvement, hence Mirtazapine and Bupropion were discontinued and started on Sertraline 25 mg/day. Galactorrhoea started reducing within next 4-5 days and completely subsided within a week of stopping Bupropion.
Conclusions: Bupropion has action on serotonin receptors which might be hypothesized as cause. Also, it is a potent CYP2D6 inhibitor, causing increase levels of Escitalopram.

Disclosure: No significant relationships.
Keywords: Bupropion; Galactorrhoea

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