

recognition of the clinical factors of the CRPMH and ignorance of the responsibility of the educational environment in its implementation.

Image:

Table 1. Category matrix for CRPMH factor

Type of attention	Factors related	Technology for the collection of information
Preconceptional	Health service	Semi-structured interview of factors related to the implementation of care routes focused group on assessing the subjective experience of the mother during access to the route
Gestational	Prenatal health	
childbirth	Health service during labour	
Educational	Education: Information-Training	

Owen source, 2022

Conclusions: The CCRPMH regulation is insufficient to guarantee its implementation. Risk factors include the quality of service provided by health-care providers and the lack of knowledge of regulations in university management.

Disclosure of Interest: None Declared

EPV0579

Beliefs about self-care by pregnant women belonging to a population group in Montería, Córdoba, Colombia.

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Introduction: Scientific disciplines recognize that pregnancy not only refers to the biological dimension. It also constitutes a social category, since sociocultural matrices have implications on what is conceived as the state of gestation (Noguera & Rodríguez, 2008). In this sense, cultures develop protocols to guide the actions of pregnant women and their loved ones regarding self-care during pregnancy in order to contribute to the well-being of mother and child (Carmona, Hurtado and Marín 2007). In this context, the belief category becomes relevant as a form of understanding the ways in which we appropriate reality and intervene it (Peirce, 1903).

Objectives: To analyze the beliefs that a group of pregnant women belonging to a population group from Montería (Córdoba, Colombia) have about taking care of themselves.

Methods: Approach: qualitative. The sample was defined by saturation, for a total of 15 pregnant women affiliated to the Mocarí Hospital in the city of Montería, Córdoba. Instrument: semi-structured open interview; content analysis technique through AtlasTi. Emerging categories: a) care during pregnancy; b) relationships with others.

Results: Main belief: Pregnant women need to take care of themselves physically and psychologically, for which it is necessary to have parents, siblings and partner’s support. Care is based on healthy nutrition, physical activity and mental health prevention. It is assumed that self-care is important for the well-being of mother and child. The importance of the family support networks’ participation is also recognized.

Image:

Beliefs Semiotic Matrix			
Belief	Habit of mind	Projected longing	Action
Pregnant women need to take care of themselves physically and psychologically; in order to achieve this, it is important to have the support of parents, siblings and partner.	Care during pregnancy	Healthy nutrition Appropriate physical activity Proper mental health	To eat at the right times To eat the right food To avoid physically demanding efforts or activities To take care of mental health
	Relationships with others	Respect Support Affection Experience	To give and receive proper treatment Look for support Relationships based on affection Learn from others

Conclusions: According to the approaches stated/developed by Peirce (1903), beliefs have implications on the way we behave and intervene in reality. Mental habits function as a link between belief and concrete action. For this research, the beliefs that arise from the sociocultural matrices of the pregnant women are evidenced in their concrete actions.

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EPV0580

Readmission of Patients to Acute Psychiatric Hospitals: Determining Factors and Interventions to Reduce Inpatient Psychiatric Readmission Rates.

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Introduction: Appropriate and adequate treatment of psychiatric conditions in the community or at first presentation to the hospital may prevent rehospitalization. Information about hospital readmission factors may help to reduce readmission rates.

Objectives: The scoping review sought to examine the readmission of patients to acute psychiatric hospitals to determine predictors and interventions to reduce psychiatric readmission rates.

Methods: A scoping review was conducted in eleven bibliographic databases to identify the relevant peer-reviewed studies. Two reviewers independently assessed full-text articles, and a screening process was undertaken to identify studies for inclusion in the review. PRISMA checklist was adopted, and with the Covidence software, 75 articles were eligible for review. Data extraction was conducted, collated, summarized, and findings were reported.

Results: The outcome of the review shows that learning disabilities, developmental delays, and alcohol, drug, and substance abuse, were crucial factors that increased the risk of readmission. It was also established through the review that greater access to mental health services in residential treatment and improved crisis intervention in congregate care settings were indicated as factors that reduce the risk of readmission.