**Introduction:** Screening programs for perinatal depression are systematically implemented in developed countries. To circumvent the most commonly pointed limitation by the primary healthcare professionals (the questionnaires length), we have developed shorter forms of the Beck and Gable Postpartum Depression Screening Scale-35. The shortest version consists of seven items, each one representing a dimension evaluated by the PDSS. This PDSS-7 demonstrated equal levels of reliability and validity as the 35-item PDSS with the advantage of being completed in as little as 1-2 minutes (Pereira et al. 2013).

**Objectives:** To analyze the construct validity of the PDSS-7 using Confirmatory Factor Analysis, to use both in Portugal and in Brazil.

**Methods:** A Portuguese sample was composed of 616 women (Mean age: 32.29 ± 4.466; Mean gestation weeks=17.13 ± 4.929). These participants were not the same who participated in the psychometric study that led to the selection of the seven items. The Brazilian sample was composed of 350 women (Mean age: 30.01 ± 5.452; Mean gestation weeks=25.17 ± 6.55). The best predictor of delivery date was the combination of the stress response to the diagnosis of TPL (<29 weeks of gestation).

**Results:** A correlation was found between the variables of response to chronic stress and between the variables of psychological response to stress. The main predictors of delivery were low family adaptation, higher BMI, higher cortisol levels, and the week of diagnosis of TPL (<29 weeks of gestation).

**Conclusions:** The best predictor of delivery date was the combination of the stress response to the diagnosis of TPL measured by cortisol in saliva, cumulative life stressors (mainly family adaptation) and obstetric factors (week TPL and BMI). Through psychosocial therapeutic intervention programs, it is possible to influence these modifiable predictive factors of preterm birth in symptomatic women.

**Keywords:** stress; Threatened preterm labor; predictor

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Together we stand, resilient we stay : The effect of minority stress and resilience on transgender mental health

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**Introduction:** Prejudice, stigmatization and discrimination behaviors cause social stress and lead vulnerability to mental and physical health problems in Transgender and Gender Nonconforming (TGNC) individuals. The prevalence of mental disorders that can be associated with "minority group stress", especially major depression and anxiety disorders, are known to be higher in the TGNC group in comparison to general population.