

ABSTRACTS

POSTER ABSTRACTS

P0001 | CYCLOOXYGENASE-2 ANALYSIS IN PLACENTAL TISSUE OF PREGNANT WOMEN WITH PREECLAMPSIA

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.7 PRE-ECLAMPSIA HEALTH SYNDROME

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Objectives: The aim of this study was to evaluate the cyclooxygenase-2 expression in placental tissue from pregnant women diagnosed with preeclampsia.

Methods: Placental samples (N=18) were collected after delivery, in a Brazilian reference center of high-risk pregnancy, and were divided in two groups. The group A (N=7) includes samples from health women (control group), according to standard protocol; the group B (N=11) includes samples from women diagnosed with preeclampsia, according to recommended by American College of Obstetricians and Gynecologists. The samples were submitted to an immunohistochemistry analysis the data were calculated using the Kruskal-Wallis and Dunn tests.

Results: The preeclampsia group showed a statistically significant increase in Cyclooxygenase-2 expression in syncytiotrophoblastic cells when compared to the control group ($P < 0.05$).

Conclusions: In view of the data presented, we can state that the placenta of pregnant women with pre-eclampsia presents an increase in the expression of Cyclooxygenase-2, thus contributing to a better understanding of its pathogenesis.

P0002 | PREDICTION OF PRE-ECLAMPSIA USING EARLY SECOND TRIMESTER LIPID PROFILE ABNORMALITY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: To study association of abnormal lipid profile in early second trimester with development of pre-eclampsia in low-risk pregnancy

Methods: A prospective cohort study included 260 women attending a tertiary care Hospital in New Delhi, India. The inclusion criteria were age between 18–35 years, singleton pregnancy and period of gestation between 14–20 weeks and normal blood pressure. Women with BMI > 25 kg/m², smoker, previous history of preeclampsia, diabetes mellitus, cardiovascular, renal, liver and thyroid disorder were excluded. Participants underwent single lipid profile at the time of recruitment and followed up till discharge after delivery. The main outcomes measured was performance of abnormal lipid profile to predict Pre-eclampsia till 48 hours after delivery

Results: The incidence of pre-eclampsia in our study was 11.13%. The mean serum total cholesterol was significantly higher in pre-eclampsia group [199.74 mg/dL vs 171.7 mg/dL; $P < 0.05$]. The difference in mean triglyceride, HDL, VLDL, and LDL levels between two groups was not significant. Total cholesterol has 44.83% sensitivity, 84.85% specificity, 27.08% PPV, 92.45% NPV with diagnostic accuracy of 80.38% in predicting pre-eclampsia (with 0.65 AUC with 95% Confidence interval). While VLDL has maximum sensitivity of 68.97%, HDL has maximum specificity of 86.15% in predicting preeclampsia

Conclusions: Abnormal lipid profile in early second trimester can be a simple, non-invasive and economical test for prediction of pre-eclampsia in low resource setting and abnormal total cholesterol levels has the best diagnostic accuracy

P0003 | RISK ASSESSMENT AND THROMBOPROPHYLAXIS FOR VENOUS THROMBOEMBOLISM (VTE) IN THE PUERPERIUM IN A TERTIARY HEALTH FACILITY IN NIGERIA

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: To review the venous thromboembolism (VTE) risk and thromboprophylaxis in the puerperium at the University of Port Harcourt Teaching Hospital (UPTH), Nigeria

Methods: It was a retrospective cross-sectional study. The following data were extracted from the hospital notes of inpatient postpartum women: history/demographic characteristics, risk factors for VTE, thromboprophylaxis, and diagnosis and treatment of VTE. Women with a VTE event in the preceding 4 months before pregnancy were excluded. Data were analyzed using a Statistical Package for Social Science (SPSS) software, version 18.

Results: VTE risk assessment and thromboprophylaxis in the puerperium were not routinely performed at the UPTH. 210 (99.06%) out of the total 212 postpartum women that were assessed were at risk of developing VTE and therefore needed to be on thromboprophylaxis with low molecular weight heparin. Irrespective of the high prevalence of risk factors and the fact that 50 (23.58%) of the patients had symptoms and signs of VTE, no case of VTE was recorded in the study population

Conclusions: 210 (99.06%) out of the total 212 puerperal women were at significant risk of developing VTE and therefore needed thromboprophylaxis in the puerperium. It was therefore recommended that a national guideline on VTE in the puerperium should be written, taking into consideration local disease topography, ethnic diversity and the level of economic development in Nigeria.

P0004 | PERIPARTUM ACUTE-RESPIRATORY-DISTRESS-SYNDROME: OUR FIVE-YEAR EXPERIENCE AT A TERTIARY CARE HOSPITAL IN INDIA

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: To study the demographic profile, risk factors, causes and outcomes of Acute Respiratory Distress Syndrome (ARDS) in pregnancy and puerperium.

Methods: In a retrospective observational study, 3754 women between twenty-eight weeks of gestation up to six weeks post-partum,

who were admitted to the obstetric Critical Care Unit of Safdarjung Hospital, New Delhi were studied for the demographic profiles, risk factors, causes and maternal outcomes for the development of ARDS over five years, between 2016 to 2020.

Results: Out of the total 3754 women studied, 30 women (0.8 per cent) developed ARDS. The average age of women developing ARDS was 25 years. Out of the 30 women, ARDS precipitated in 14 women (46.6 per cent) during the antenatal period. In the rest 16 women (53.3 per cent) it developed during puerperium. The chief risk factors in our study were anemia and obesity. Five women (16.6 per cent) presented with an associated intrauterine fetal demise. Preeclampsia-eclampsia syndrome was the second most common (30 per cent) implicating factor for the development of ARDS after septicemia (60 per cent). This was followed by Mendelson syndrome (3.3 per cent). Twenty women (66.6 per cent) required invasive mechanical ventilation. All of the eleven women (36.6 per cent) who expired were mechanically ventilated.

Conclusions: ARDS is a life-threatening condition secondary to maternal sepsis and hypertension. More than fifty percent of women will require mechanical ventilation as an intervention.

P0005 | CO-EXPRESSION ANALYSES OF GENES ASSOCIATED WITH PRE-ECLAMPSIA REVEAL NEW POTENTIAL TARGETS FOR TREATMENT

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.7 PRE-ECLAMPSIA HEALTH SYNDROME

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Objectives: While recent studies have implicated several genes in pre-eclampsia, it is necessary, as was the aim of this study, to identify additional genes to better understand the molecular processes underlying this disease.

Methods: Data from a previously published protein expression dataset were downloaded (Geiger, et al. Initial quantitative proteomic map of 28 mouse tissues using the SILAC mouse), which quantified expression of 7349 genes across 28 different mouse tissues in mouse models. A literature review was performed to identify 10 genes associated with pre-eclampsia in humans, which were present in the protein expression dataset. These genes included Cdh5, Acta2, Ace, Acba1, Sod1, Il6, Fga, Fgb, Fgg, and Eng. Correlation tests were performed to determine co-expression of the 7348 remaining genes across all 28 tissues against each gene of interest.

Results: From the sets of top 50 genes most correlated with the 10 genes of interest, four genes were each in at least 4 of the ten sets of most correlated genes. These genes were Itga2b, Nedd9, Thbs1, and Tln1. Itga2b encodes a protein involved in the formation of a receptor on platelets that binds to fibrinogen. Nedd9 has been found to promote endothelial fibrosis. Thbs1 mediates cell-matrix interactions. Tln1 mediates cell structure.

Conclusions: While Thbs1 is a therapeutic target for pre-eclampsia, Itga2b, Nedd9, and Tln1 have been identified in prior studies but were not highlighted as genes of importance. This study demonstrates that Itga2b, Nedd9, and Tln1 likely have central importance in pre-eclampsia pathophysiology and are potential therapeutic targets.

P0006 | STUDY OF CORRELATION OF MATERNAL AND PERINATAL OUTCOME WITH INTERPREGNANCY INTERVAL AT A TERTIARY CARE CENTRE IN NORTHERN INDIA

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: Interpregnancy interval is defined as time interval between live birth and beginning of following pregnancy. It has been shown to be a prognostic marker for perinatal outcome. However, there are limited data regarding effects of interpregnancy interval on perinatal outcome in Indian scenario. So, we planned to correlate maternal and perinatal outcome with interpregnancy interval.

Methods: It was a cross sectional observational pilot study conducted in department of obstetrics and gynecology, KGMU. All pregnant women beyond 20 weeks, delivering at our center, irrespective of live or stillborn were included in the study. Maternal and perinatal outcome of all the patients was observed.

Results: 212 women were assessed in terms of interpregnancy interval and its correlation with maternal and perinatal outcome. Of 212 women, 87 women had interpregnancy interval less than 24 months, 125 had interpregnancy interval ≤ 24 months. Severe anemia and non-severe preeclampsia were found to be more in group with IPI ≤ 24 months than group IPI > 24 months. Perinatal outcome was found to be better in group IPI > 24 months as compared to group with IPI ≤ 24 months in terms of perinatal mortality, preterm births, low birth weight and admission to neonatal unit / neonatal ICU.

Conclusions: Our study concludes that there is a significant impact of interpregnancy interval on maternal and perinatal outcome which also signifies the importance of spacing and contraception. However, this study being a small pilot study, further larger studies are required on this topic in future to consolidate the results.

P0007 | PIGF TEST: A NEW ERA IN PRE-ECLAMPSIA EARLY SCREENING, A SYSTEMATIC REVIEW

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.7 PRE-ECLAMPSIA HEALTH SYNDROME

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Objectives: Preeclampsia is an important cause of maternal and perinatal morbidity and mortality, affecting about 2–10% of the pregnancies. It is also associated with iatrogenic preterm birth, fetal growth restriction, and other neonatal morbidity. Previous research has shown that preeclampsia can be predicted with good accuracy by a combination of maternal risk factors, mean arterial blood pressure, uterine artery Doppler, and maternal serum markers (pregnancy associated plasma protein A [PAPP-A] and placenta growth factor [PIGF]). Therefore, screening and preventive treatment are important.

Methods: This paper is written with an overview of related articles in ScienceDirect, Cochrane library, MEDLINE via PubMed, Embase and CINAHL (2015 to 20 March 2021). We also searched clinical trials' databases, conference proceedings, and the reference lists of retrieved articles for randomized controlled trials and quasi-randomized trials.

Results: When PIGF test used in combination with a comprehensive first trimester screening program, women at high risk for pre-eclampsia can be identified long before symptoms appear. The PIGF assay can also be used in the second and third trimester of pregnancy for effective reassessment, monitoring or diagnosis.

Conclusions: In recent years, screening models of NICE, the ACOG and the FMF have showed good performance. Furthermore, the Detection Rate (DR) of preterm PE is superior to the DR of all PE. In conclusion, these effective models esp. ones from the FMF should be continuously used for screening in first trimester for preeclampsia.

P0008 | CHARACTERISTICS OF PREGNANT WOMEN WITH CARDIAC DISEASE DELIVERING AT A TERTIARY HOSPITAL IN LUSAKA, ZAMBIA

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: To understand obstetric characteristics and neonatal outcomes of pregnant women with cardiac disease delivering at the Women and Newborn hospital in Lusaka, Zambia

Methods: We conducted a comprehensive retrospective review of obstetrics records within a 15-year period (2014 to 2019) for all deliveries that occurred at the women and newborn hospital. We performed descriptive statistics and reported results as frequencies or medians with corresponding interquartile ranges. Women with an unconfirmed diagnosis of cardiac disease were excluded.

Results: We identified 349 pregnancies. The average age was 29 years SD 6 years, median parity was 3 (IQR 1–4), median gestation age at delivery was 38 weeks (IQR 36–39), the commonest mode of delivery was vaginal (82.85 vs 17.15) of which 13% had instrumental deliveries. Regarding the neonates, the median birth weight was 3 kg IQR (2.6–3.3) and most were born in good condition (94.34% vs 5.66%) with an APGAR score of 9 for most infants.

Conclusions: The commonest mode of delivery was vaginal with only a few having instrumental deliveries. Physicians need to be abreast with guidelines on assisting and expediting the second stage of labour among women with cardiac disease. Neonates had good outcomes

P0009 | ANTENATAL ULTRASONOGRAPHY IN CAMEROON (CENTRAL AFRICA): A REVIEW OF THE PAST 30 YEARS

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.2 IMAGING IN OBSTETRICS

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Objectives: To review the past 30 years of practice of antenatal ultrasonography in Cameroon.

Methods: A narrative literature review covering the period ranging from January 1st, 1990 to May 31st 2018 was performed in Google Scholar and Medline (PubMed). Only studies conducted in Cameroon with antenatal ultrasonography as primary or secondary theme were included.

Results: 48 articles were analyzed. From 1990 to 2012 there were 0.5 article / year and 6 articles / year from 2013 to 2018. Cases reports were predominant (56.2%) followed by original clinical research (35.4%). No experimental study was found. Almost all the studies were carried out in urban settings (97.9%). Main themes of those articles were: fetal malformations (33.3%), obstetrical emergencies (20.8%) extra-uterine pregnancy (20.8%). Articles were mainly published in general medicine (37.4%) and gynae-obstetric journals (31.2%). The outreach of those journals was predominantly global (56.3%) and African (25.0%).

Conclusions: Scientific literature on antenatal ultrasonography in Cameroon is rare and its technologic and methodological impact is weak.

P0010 | DIAGNOSIS, TREATMENT AND OUTCOMES OF GESTATIONAL DIABETES IN A MATERNITY SCHOOL IN NORTHEAST BRAZIL
THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: Gestational diabetes (GDM) is a glucose intolerance first recognized during pregnancy that increases the risk of unfavorable perinatal outcomes. The objective of this study was to describe the profile of patients, diagnosis, management and perinatal outcomes of GDM in a Brazilian maternity hospital, in addition to analyzing the main risk factors for macrosomia

Methods: This is a retrospective cohort study with data collected from medical records, including pregnant women diagnosed with GDM admitted to ISEA, in Campina Grande, Northeast of Brazil. The risk ratio (RR) and its 95% confidence interval (95% CI) were calculated. Multiple logistic regression was performed to determine the main factors associated with macrosomia at a 5% level of significance.

Results: A total of 421 patients were included. The mean age was 30.7 years, 65.6% had late diagnosis, 68.8% were treated only with insulin and 4.4% with metformin. Elective cesarean section was performed in 55.6% of cases and the mean gestational age at birth was 37.6 weeks. Rates of delivery complications and macrosomia were both 8.3%, with mean birth weight of 3200 g. The risk of macrosomia was higher in multiparous women, maternal age ≥ 35 years, in the presence of previous pregnancy losses and absence of hypertension. The latter was the only variable to remain statistically significant after multiple logistic regression analysis.

Conclusions: It was found a high frequency of treatment of GDM with need of insulin, high rate of cesarean section and a macrosomia rate of 8.3%. Association with hypertension probably reduces birth weight.

P0011 | IMPACT OF INTRODUCING PRACTICAL OBSTETRIC MULTI-PROFESSIONAL TRAINING (PROMPT) ON INCIDENCE OF ECLAMPSIA AND OF MANAGEMENT OF SEVERE PREECLAMPTIC TOXEMIA (PET) IN A SINGLE EMIRATI HOSPITAL

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.7 PRE-ECLAMPSIA HEALTH SYNDROME

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Objectives: Assessment of the impact of introducing PROMPT on the incidence of eclampsia and standards of management of severe preeclampsia.

Methods: Retrospective cohort study comparing management of all patients with severe PET and eclampsia two years (2013–2014) before and two years (2019/2020) after the introduction of PROMPT. We reviewed record of pregnancies documented as severe preeclampsia or eclampsia in a single Emirati hospital. Pre-PROMPT group included 21 severe PET and 5 eclampsia cases while post-PROMPT group included 45 severe PET and 3 eclampsia cases.

Results: In pre-PROMPT group, only 13 patients (62%) with severe PET received the recommended anti-hypertensive medications and MgSO₄ compared to 39 patients (93%) in post-PROMPT group. Pre-PROMPT group had 8 (38%) severe PET cases who did not receive MgSO₄ compared to 3 cases (7%) in post-PROMPT group.

Incidence of eclampsia post-training showed a clear reduction compared to pre-training (3 vs. 5 with a relative risk of 13%), possibly due to the impact of training.

We noticed that antihypertensive medications were more standardized after training.

Conclusions: Post-PROMPT, we noticed a reduction in the eclampsia incidence and more systematic approach to the management of severe PET in terms of accurate diagnosis, standardized hypertensive medications and MgSO₄. Post-PROMPT, we also observed increased in clinicians' awareness of the timely initiation of MgSO₄ and antihypertensive treatment, both of which have probably contributed to improved outcome and reduced eclamptic events.

P0012 | CS SCAR PREGNANCY: A CASE SERIES

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME:
AB 1.2 IMAGING IN OBSTETRICS

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Objectives: To present Type 1(Partial) and Type 2(Complete) CS scar pregnancy (CSP), its clinical presentation, diagnosis and management.

Methods: Medical records and imaging of 6 patients with CSP were reviewed.

Results: Patients were between 27–36 years of age with 1 to 2 prior cesarean deliveries and curettage. The AOG ranged from 6–14 weeks. Two were asymptomatic while the rest presents with vaginal bleeding, and none had severe abdominal pain. Ultrasound diagnosis was made by the findings of complex mass or low implanted GS at the area of the CS scar, thin overlying myometrium, intact cervical canal, empty uterine cavity and peritrophoblastic flow. 2 had partial while 4 had complete CSP. Among the complete CSP, one had grade 2 (confined to more than half of the myometrium) and 3 had grade 3 (bulging lower uterine segment with protrusion towards the bladder and abdominal cavity). Partial CSP with live fetus was managed expectantly until she delivered at 28 weeks by CS-hysterectomy for placenta percreta in hemorrhage. Grade 2 complete CSP was managed with single dose methotrexate. Two cases of grade 3 complete CSP were managed with hysterectomy for advanced AOG and impending rupture. Two cases (complete grade 3 and partial CSP) were managed by suction curettage, foley catheter balloon placement for tamponade and single dose methotrexate. None had significant morbidities.

Conclusions: CSP is diagnosed mainly by ultrasound. Management depends on the clinical presentation, type, grade, AOG and desire for future fertility.

P0013 | ADVERSE MATERNAL OUTCOMES IN PATIENTS WITH PREECLAMPSIA WITH SEVERE FEATURES IN A TERTIARY HOSPITAL

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME:
AB 1.7 PRE-ECLAMPSIA HEALTH SYNDROME

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Objectives: Hypertensive disorders of pregnancy are a major cause of maternal morbidity and mortality worldwide. Preeclampsia can progress to adverse outcomes as eclampsia, liver and kidney damage, stroke and others. This study aims to analyze adverse maternal

outcomes in women with preeclampsia and its sociodemographic characteristics.

Methods: Secondary analysis of a controlled and analytical cross-sectional study, carried out in the high-risk ward of a tertiary maternity hospital in a Northeastern Brazilian state, including pregnant diagnosed with preeclampsia with severe features, from July to December 2019. 78 participants were divided into two groups: without adverse maternal outcomes (39 patients) and with adverse maternal outcomes (39 patients). The adverse maternal outcomes included were: HELLP syndrome, eclampsia, placental abruption, near miss, admission to the intensive care unit and maternal death. Bivariate statistics and the Poisson regression model were calculated to assess the sociodemographic characteristics of the two groups.

Results: In the group with adverse maternal outcomes, 29 (74%) cases of admission to the intensive care unit were found, 13 (33%) of HELLP syndrome, 7 (18%) of eclampsia (antepartum or postpartum), 5 (13%) placental abruption and 3 (8%) near miss. There were no cases of maternal death. Sociodemographic characteristics were similar in patients with and without adverse outcomes, with a prevalence of brown skin color, education over 8 years, unemployed and with monthly income less than or equal to one minimum wage.

Conclusions: Preeclampsia in patients with severe features showed high results of unfavorable maternal outcomes, requiring strict monitoring when conservative management is adopted.

P0014 | CONTINUOUS GLUCOSE MONITORING IN PREGNANCY FOR THE DIAGNOSIS OF GESTATIONAL DIABETES MELLITUS: A PILOT STUDY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME:
AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: To assess the acceptability, feasibility and accuracy of Continuous glucose monitoring (CGM) in pregnancy compared to the poorly reproducible diagnostic test for gestational diabetes mellitus (GDM), the oral glucose tolerance test (OGTT).

Methods: Observational cohort of pregnant women due for or having just completed GDM screening in metropolitan Sydney, Australia. Consenting women underwent CGM for 7 days, ideally including the OGTT during the CGM monitoring period.

Participants performed daily finger-prick BSLs and recorded meals, exercise, and medications during CGM, afterwards completing a CGM acceptability questionnaire.

Results: Seventy-two women completed the study (40 GDM, 34 normal OGTT), with 34 concurrently undergoing the OGTT. CGM was acceptable and generally well-tolerated, with skin irritation/itchiness the only adverse event (11 mild, 1 severe).

CGM and OGTT strongly correlated for fasting ($r=0.86$, $P<0.005$) but not following the artificial glucose load. The triangulation of risk factors for GDM (Combined Demographic Risk Factors Score-CDRFS), OGTT results and CGM variability parameters (CGM Score of Variability- CGMSV), highlighted the possibility to unmask false positive (11 cases of low CGMSV and CDRFS but positive OGTT) and false negative diagnosis (2 women with high CGMSV and CDRFS but negative OGTT) of OGTT.

Conclusions: CGM was well tolerated in a pregnant population. CGM results indicated poorer glycaemic control in GDM, and potentially unmasked both false positive and false negative OGTT screening results when combined with CGM risk factors.

Further research should focus on determining cut-off values for CGM-defined screening criteria for GDM independent of OGTT.

P0015 | HIGH-RISK PREGNANCY AND FETAL GROWTH RESTRICTION IN PATIENT WITH HEREDITARY ANGIOEDEMA AND COVID-19 INFECTION: A CASE REPORT

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: Describe the case of a pregnant woman with Hereditary Angioedema (HAE), COVID-19 related Pneumonia, and Intrauterine growth restriction (IUGR) that evolved to preterm labor (PTL).

Methods: A cross-sectional study, based on the medical record of a patient attended in the city of Pelotas, Rio Grande do Sul / Brazil, in 2020.

Results: JSK, 26 years old, G5pC4A0, presenting type I HAE and COVID-19 during pregnancy, as well as a history of PTL in the last three pregnancies. The Patient had Six hospital admissions in 2020, the last one in an Intensive care unit due to COVID-19 complicated pneumonia, evolving with glottis edema in addition to invasive ventilation. The previous Hospitalizations were due to HAE crises (three in total), stage I IUGR, and PTL. The pregnancy was terminated by C-section at 36 weeks and 5 days of gestational age amid good evolution in the puerperium. Type I HAE is a rare and underdiagnosed autosomal dominant disease, caused by the deficiency of the C1 esterase inhibitor, resulting in increased bradykinin production and, consequently, the emergence of angioedemas. HAE leads to a higher risk of preterm labor and miscarriage due to the activity of

bradykinin, which leads to uterine contraction, bringing risks to the fetus as well.

Conclusions: Relevant report due to the scarce literature in conjunction with the rarity, severity, and higher risk of PTL, and abortion caused by HAE. Important to emphasize the urgency of early diagnosis in the pursuance of adequate treatment, both in pregnant and non-pregnant women.

P0016 | EFFECT OF ESOMEPRAZOLE ON PROLONGATION OF GESTATION IN PATIENTS WITH EARLY ONSET PREECLAMPSIA (ESOE TRIAL)

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.7 PRE-ECLAMPSIA HEALTH SYNDROME

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Objectives: To evaluate the effect of Esomeprazole on prolongation of gestation in patients with early onset preeclampsia (EOPE).

Methods: A randomized, triple-blind, placebo-controlled study (NCT03213639) was conducted in a tertiary University hospital between March 2018 and July 2020. Patients diagnosed as PE without severe features were included if they carry singleton pregnancy between 26 and 32 weeks. We randomly assigned all participants in a 1:1 ratio into one of two groups: esomeprazole group: patients were given single dose of Esomeprazole 40 mg orally once a day and placebo group: patients were given an inert placebo tablet. The primary outcome is the prolongation of gestation measured from the time of enrolment to the time of delivery in days.

Results: The study included 205 patients assigned into esomeprazole group (n=102) and placebo group (n=103). The mean gestational age at inclusion was 29.6±1.6 weeks in esomeprazole group vs. 30.1±1.2 weeks in the placebo group ($P=0.113$). Kaplan-Meier survival analysis of patients from randomization until termination of pregnancy was done. The mean survival time for Esomeprazole group was slightly longer than placebo group (10.8±9.7 [95% CI= 8.9, 12.7] vs. 10.6 ± 6.7 [95% CI=9.3, 11.9]) but this difference was statistically not significant ($P=0.461$). There was no statistically significant difference in the rate of maternal or fetal complications between both groups.

Conclusions: Esomeprazole has no effect on prolongation of the duration of gestation in patients with EOPE. Furthermore, it has no effect on decreasing the rate of maternal or fetal complications.

P0017 | A DESCRIPTION OF PREGNANT WOMEN WITH ORGANOPHOSPHATE POISONING AT CHRIS HANI BARAGWANATH ACADEMIC HOSPITAL

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: To describe the socio-demographic characteristics, clinical features, maternal, fetal and early neonatal outcomes in pregnant women presenting with organophosphate poisoning at Chris Hani Baragwanath Academic Hospital, South Africa.

Methods: This was a retrospective descriptive study. We reviewed 30 medical records.

Results: Most patients were between 18–35 years (n=25; 83.3%), unemployed (n=22; 73.3%), single (n=26; 86.7%), and African race (n=29; 96.7%). Majority were booked (n=21; 70.0%), human immunodeficiency virus (HIV) negative (n=27; 93.3%), rhesus positive (n=29; 96.3%), rapid plasma reagin negative (100%) with an average booking haemoglobin of 10.4 g/dL (IQR 10.1–12.1) and median gestational age of 21 (IQR 18–24) weeks at booking. On presentation, all patients had toxidrome features with blood gases showing metabolic acidosis [median pH of 7.30 (IQR 7.21–7.30)]. The maternal mortality rate was 10% (n=3) and half (n=15; 50.0%) of patients required ventilation, with median duration of ventilation being 2 (IQR 1–3) days. All the patients had delivered on discharge with 13 (43.3%) live births, four (13.3%) miscarriages, and 13 (43.3%) stillbirths. Factors associated with a higher maternal mortality were need for ventilatory support, a higher base excess, and low acetyl-cholinesterase levels. Poor fetal and early neonatal outcomes were associated with maternal ventilation, mothers who stayed longer than 6.5 days in hospital, maternal base excess of >6.7 mEq/L, and vaginal delivery.

Conclusions: Organophosphate poisoning in pregnancy is associated with significant morbidity and mortality in pregnant women, fetuses and early neonates.

P0018 | ERDHEIM CHESTER DISEASE AND PREGNANCY: A CASE REPORT

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: The purpose is to describe the effect of pregnancy and its outcomes in a patient with Erdheim-Chester disease

Methods: We report a case of a 34-year-old woman with who presented deformations in the frontal bone, spontaneous fracture of 2 ribs and fever of unknown origin, biopsy of the lesion reported cells with foamy histiocytes, positive for CD 163 and negative for Langerhans compatible with Erdheim-Chester Disease (ECD) ultrasound reported a 7-week pregnancy. A multidisciplinary team decided a conservative treatment obtaining a healthy newborn at 38 weeks. After birth the patient remained asymptomatic, and a postpartum CT scan showed no active lesions of the disease. In 2019, the woman has a second full-term pregnancy with favorable evolution

Results: Five years after the initial diagnosis of Erdheim-Chester Disease and 2 successful pregnancies the patient remains without clinical manifestations or tomographic findings of ECD

Conclusions: Erdheim-Chester disease is an extremely rare and aggressive form of histiocytosis which may be present as a multisystemic disease with life-threatening manifestations As a result of his rarity of and the absence of randomized controlled trials, there is no evidence-based treatment for ECD. Our patient is the first person diagnosed with the disease in Paraguay, by the date, we did not find in medical literature any report of 2 consecutive successful pregnancies with ECD. The conservative approach to management is accepted in the literature and the evolution of this patient suggests that pregnancy could play a beneficial role in the course of the disease

P0019 | ROLE OF VAGINAL INFECTIONS IN PRETERM LABOUR, PRETERM PREMATURE RUPTURE OF MEMBRANES AND MATERNAL, FETAL OUTCOMES IN A TERTIARY HEALTH CENTER

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.8 PRETERM BIRTH

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Objectives: To study the prevalence of maternal vaginal infections in preterm labour, PPRM and determine the maternal, fetal outcomes in vaginal culture positive group.

Methods: Prospective observational study conducted in Mehta Multispecialty Hospitals, Chennai from 1st July 2020–28th February 2021. 52 women attending labour ward with PPRM and Preterm labour are included. Detailed history, physical examination, CBC, CRP and HVS taken before starting antibiotics. Both maternal and fetal outcomes recorded

Results: On analyzing the results of high vaginal swab culture, 57.7% had no growth of organism, 42.3% culture positive. *Enterococcus faecalis* (22.72%) is the commonest organism identified, followed by *Candida albicans* (18.18%) and *Pseudomonas aeruginosa* (9.09%). Ampicillin and Gentamicin are the most sensitive antibiotics. Neonatal morbidity in HVS culture positive group and culture negative group are – RDS 95.45% & 86.66%, Clinical sepsis 59.09% & 40%,

Blood culture +ve 9.09% & 3.33%, CRP +ve in 18.18% & 16.66%, seizure 9.09% and nil, respectively. Maternal morbidity (Placental abruption and LSCS wound infection) in HVS culture positive group and culture negative group are – 9.09% and 16.6%, respectively. Both neonatal and maternal morbidity was found to be statistically insignificant except for Apgar scores

Conclusions: Our study showed 42.30% prevalence of vaginal infection in women with PPROM and preterm labour. The neonatal and maternal morbidity in culture positive group almost the same as that of culture negative group except Apgar score where *P* value is statistically significant.

P0020 | PLACENTA INCRETA LEADING TO PERIPARTUM HYSTERECTOMY ON A PATIENT WITHOUT RISK FACTORS

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: Placenta increta is when there is invasion of the trophoblastic tissue into the myometrium. Detailed reporting of a case of umbilical cord prolapse, with intraoperative diagnosis of placenta increta, in which the patient has undergone peripartum hysterectomy. **Methods:** 35-year-old woman, G4P1A2 (one prior vaginal delivery) at 24.3 weeks of gestation, without any known health conditions and had never undergone any uterine procedures. Admitted to hospital with preterm pre-labor, rupture of membranes, and we observed good fetal vitality, no contractions and no signs of infection, expectant management was preferred, with course of corticosteroids, screening for infection and prophylaxis for group B Streptococcus. Referred lower abdominal pain and an exam revealed umbilical cord prolapse. Cesarean was immediately indicated. The delivery of the placenta was unsuccessful, as we realized the placental tissue invaded the uterine wall next to the left horn, and there were visible placental vessels over the wall.

Results: The patient had important bleeding, and hysterectomy was performed. After the procedure, the patient evolved well, with stable vital signs, discharged three days after. Placental biopsy showed areas of edematous degeneration and fibroplasia, trophoblastic hyperplasia with formation of focal syncytial nodes and vascular congestion, with the final diagnosis of placenta increta.

Conclusions: It is important to discuss, since it can be related to life-threatening postpartum hemorrhage and essential to know its risk factors, in order to offer screening to the women at major risk, when available, but also considering the possibility in patients without any known risk factors.

P0021 | THE ACCURACY OF MEAN PLATELET VOLUME (MPV) IN PREDICTING PREECLAMPSIA AMONG PRIMIGRAVID PARTURIENTS

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.1 PRENATAL DIAGNOSIS

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Objectives: To determine the diagnostic value of mean platelet volume (MPV) in predicting the development of preeclampsia among primigravid parturients.

Methods: This is a cohort study done in OPD department of Baguio General Hospital and Medical Center, Obstetrics. All participants were tested for complete blood count (CBC) including MPV. Blood extractions for the determination of CBC and MPV were done at less than 13 weeks age of gestation (AOG), on the 16th to 18th week AOG, and at the 24th to 26th week AOG, respectively and is followed up until delivery. The sensitivity, specificity, PPV and NPV of MPV per determination in predicting the development of preeclampsia were analyzed.

Results: There were 116 patients who participated in the study. At less than 13 weeks AOG, MPV has high specificity (100%) but low sensitivity (25.86%) in predicting the development of pre-eclampsia. At 16 to 18 weeks (AOG) and at 24 to 26 weeks (AOG), the sensitivity (98.27% and 94.82%, respectively), specificity (100% for both groups of gestations), PPV (100% for both groups of gestations), and NPV (98.3% and 95.08%, respectively) of MPV in predicting the development of preeclampsia are high. At 16 to 18 weeks, a development of preeclampsia maybe predicted using MPV.

Conclusions: An increase in MPV predicts future occurrence of preeclampsia most accurately at 16 to 18 weeks AOG where the sensitivity (98.27%), specificity (100%), positive predictive value (100%) and negative predictive value (98.3%) are high. This may be use in determining preeclampsia without additional cost.

P0022 | CARDIAC OUTPUT BY THORACIC ELECTRICAL BIOIMPEDANCE (TEB-CO) IN THE EVALUATION AND MANAGEMENT OF SEVERE HYPERTENSION DURING PREGNANCY – A CASE SERIES

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: Management of severe hypertension during pregnancy can be challenging as its assessment requires identifying maternal risk factors, cardiovascular maladaptations and clinical manifestations. This report aims to describe our preliminary experience in managing uncontrolled hypertensive pregnant women using hemodynamic monitoring as a therapeutic guidance tool.

Methods: We report a case series of 6 symptomatic pregnant women with uncontrolled hypertension who were hemodynamically evaluated using the HOTMAN system (Hemo Sapiens INC). Antihypertensive therapy was modified according to hemodynamic findings. Clinical course and hypertension control were monitored until delivery. Student t test was used to compare MAP and SBP before (M1) and after (M2) treatment.

Results: Mean maternal age was 34.2 years. Median gestational age (GA) at hemodynamic profiling was 34.2 weeks. Mean BMI was 40.8 kg/m². 4/6 patients were primigravidas. 4/6 were already on antihypertensive treatment. 5/6 were managed as outpatients. Statistically significant improvements of MAP (M1=116.0 to M2=95.9 mmHg, $P=0.0084$) and SBP (M1=158 to M2=125.5 mmHg, $P=0.0027$) were noted following treatment adjustments based on TEB-CO evaluation. Symptomatology subsided in all cases after changes in therapeutic regimen. Median GA at delivery was 36.93 weeks. There were no hypertension-related maternofetal morbidities.

Conclusions: TEB-CO is a non-invasive, cost-effective and safe alternative to guide management of severe hypertension during pregnancy. Its ability to provide a hemodynamic evaluation of pregnant women allows for individually based therapies as opposed to empirical treatments. TEB-CO hemodynamic monitoring may improve clinicians' diagnostic and therapeutic abilities to properly control hypertension, improve pregnancy outcomes and prevent future cardiovascular events and complications.

P0023 | IMPACT OF GLYCOCYLATED HEAMOGLOBIN ON THE MODE OF DELIVERY AND WEIGHT OF FETUS IN DIABETIC PREGNANCY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: This study was done to determine the maternal HbA1C level in late trimester and its relation to mode of delivery and birth weight of fetus.

Methods: This prospective observational study was done in the Department of Obstetrics, BIRDEM General Hospital, from June 2018 to December 2018. Total 100 pregnant patient with pre gestational diabetes mellitus and gestational diabetes mellitus were included in this study. Serum HbA1C was tested in late trimester, HbA1C level <6.5% was considered as normal. Data processing and analyzing was done by SPSS 20 version

Results: Among 100 pregnant women, raised HbA1C was found in 83% study subjects. Among the subjects with raised HbA1C, 89% underwent C-section compared to 29% with normal HbA1C level. High level of HbA1C also had adverse effects on fetal weight. 18% fetal macrosomia was detected among women who had raised HbA1C. With raised level of HbA1C and its relation to raised C-section rate was found statistically significant. Pearson's correlation test was done for birth weight of fetus and its relation to raised HbA1C level, found significant.

Conclusions: This is evident that the raised level of HbA1C reflects uncontrolled blood sugar, and it has adverse effects on mother, fetus specially on fetal weight as well as it affects the mode of delivery specially in fetal macrosomia. Studies have linked that the raised level of HbA1C to adverse pregnancy outcome by different cut-off points for the HbA1C level.

P0024 | CONDUCTING A SPONTANEOUS PREGNANCY IN A WOMAN WITH TURNER SYNDROME: A CASE REPORT

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: Turner Syndrome is a rare genetic disorder characterized by a completely or partially missing X chromosome. The

individual usually has short stature, low-set ears, short and webbed neck, and primary amenorrhea. Only 2–7% of the patients conceive spontaneously, those mainly being related to genetic mosaic. These pregnancies are considered high risk considering the possibility of miscarriage and chromosomal abnormalities.

Methods: This study aims to report a case of spontaneous pregnancy in a 21 years old woman with Turner Syndrome diagnosed with 45X Karyotype that evolved with vaginal delivery.

Results: A 21 years old first-time pregnant woman with the gestational age (GA) of 26.7 weeks is referred to the high-risk prenatal consult in a secondary hospital in São Paulo State due to Turner Syndrome. Both patient and her mother declared that the pregnancy was unpremeditated. The pregnancy was followed-up without complications during prenatal and continued until GA 39.7 weeks when the patient went into spontaneous labor. Vaginal delivery was performed, and the binomial mother-newborn were discharged two days later without intercurrentence.

Conclusions: Although rare, it is essential to remember that Turner Syndrome women can conceive naturally. A multi-professional skilled team must conduct the follow-up of this pregnancy due to the high risk of complications. If there are no contraindications, vaginal birth is of choice. A follow-up of these patients is indicated, including psychological support and contraceptive orientations.

P0025 | PREVENTING OF PREMATURETY: THE INFLUENCE OF DETERMINANTS IN A DISTRICT HOSPITAL IN BENIN

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.8 PRETERM BIRTH

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Objectives: The early birth of a child is a health problem for women of childbearing age. Aware of the socio-economic costs of treating premature babies, this study aimed to identify the determinants with prematurity at the rural district hospital, in the prospect to reducing neonatal mortality in Benin.

Methods: This was a case control study, which took place from August 2018 to April 2019. A total of 222 women's files were reviewed. 74 cases and 148 witnesses were found. Data of sociodemographic characteristics, health status during pregnancy, medical and obstetric history and health system were collected. Conditional logistic regression was used to identify the determinants of prematurity with stata 15 software.

Results: The majority of women resided in the municipality of Allada (47.7%). The prematurity rate was 9.4%. Self-medication OR=4.99 with 95% CI=[1.71–14.5], alcohol consumption OR=19.55 with

95% CI=[5.89–64.90], threat of premature delivery OR=3.88 with 95% CI=[1.04–14.35], mother's occupation OR=13.22 with 95% CI=[1.65–105.66] were associated with prematurity

Conclusions: These results show that prematurity is a problem that requires corrective action. Promoting women's empowerment, raising women's awareness of measures to ensure good health during pregnancy and strengthening the skills of health workers would reduce the rate of premature births at this zone hospital.

P0026 | BISHOP SCORING AND SONOGRAPHIC PARAMETERS FOR PREDICTION OF SUCCESSFUL INDUCTION OF LABOUR

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.2 IMAGING IN OBSTETRICS

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Objectives: To study Bishop score (BSS) and sonographic parameters in predicting the outcome of induction of labour (IOL).

Methods: This was the hospital based comparative study conducted in University Hospital, Yangon, Myanmar in 2019. Sixty pregnant women admitted for IOL after 37 weeks gestation were included. Ultrasound parameters within 24 hours before IOL and pre IOL BSS were recorded. The favorable ultrasound parameters were cervical length ≤ 3 cm, posterior cervical angle $\geq 100^\circ$ and fetal occipital position, OA or OT. The successful IOL was defined as achievement of active phase of labour after IOL. Women who did not achieve active phase of labour or no improvement in BSS were defined as failed IOL. The sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV) and accuracy of BSS and sonographic score were calculated.

Results: Ten women who delivered before IOL were excluded. Among remaining 50 pregnant women, 36 women (72%) had successful IOL. The sensitivity and specificity of BSS in prediction of successful IOL was 8.3% and 100%. The PPV and NPV were 100% and 29.8%, respectively. The sensitivity and specificity of sonographic score was 91.7% and 85.7%. The PPV and NPV were 94.3% and 80%. The accuracy of BSS and sonographic score were 34% and 90%, respectively.

Conclusions: Although BSS had high specificity and PPV, sonographic score had high sensitivity, specificity, PPV and NPV. It had 90% accuracy in prediction of successful IOL that gave a promising outcome and may be useful in daily obstetric practice.

P0027 | PROGNOSTIC VALUE OF SYSTEMIC IMMUNE-INFLAMMATION INDEX AMONG WOMEN WITH PRETERM PREMATURE RUPTURE OF MEMBRANES: A MATHEMATICAL MODEL FOR PREDICTING ADVERSE NEONATAL OUTCOME

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.8 PRETERM BIRTH

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Objectives: To determine the prognostic value of Systemic Immune-Inflammation Index (SII) as predictor of neonatal outcomes among women with Preterm Premature Rupture of Membranes (PPROM). The output of this study is a mathematical model that will compute the probability of adverse neonatal outcomes.

Methods: This is a retrospective cross-sectional study done in a private tertiary hospital in Cebu City, Philippines. The study population includes singleton early and late PPRM deliveries between January 1, 2017 and December 31, 2020. Data were obtained through detailed electronic medical chart review of 180 patients with PPRM grouped into early PPRM (n=63) and late PPRM (n=117). SII was computed from the admitting CBC, correlated with the adverse neonatal outcomes and was analyzed through binary logistic regression. A mathematical model to compute for the probability of adverse neonatal outcomes was created.

Results: There is a statistically significant association between SII in early PPRM patients and occurrence of adverse neonatal outcomes ($P=0.035$). There is no significant association between SII and late PPRM ($P=0.147$).

Conclusions: SII can be used to predict the occurrence of adverse neonatal outcomes among early PPRM patients. For adequate discrimination between occurrence and non-occurrence of adverse outcomes, the recommended SII cut-off is 1388.89 or roughly 1400.

P0028 | MATERNAL MORTALITY FROM PREGNANCY-INDUCED HYPERTENSION IN TEENAGE IN BRAZIL IN THE LAST 10 YEARS

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: To evaluate the mortality of pregnancy-induced hypertension (PIH) in teenage in the last 10 years in Brazil.

Methods: This is an ecological study with data regarding maternal deaths from TABNET/DATASUS, an online platform with the purpose of controlling and preventing diseases. The sample is composed of all cases notified in Brazil in the period from 2010 to 2019. For data analysis, Microsoft Office Excel 2010 program was used. This study did not require approval by an ethics committee in human research because it uses an online platform whose data are available for free access.

Results: Maternal deaths in the study period were 16 697, which 13.7% were in women under 20 years of age. PIH was responsible for 9.6% of all deaths, 11.4% (157) in teenagers, which 93.5% aged between 15–19. In teenage, 15.3% of cases were due to gestational hypertension without proteinuria, 72.6% to gestational hypertension with proteinuria, and 12.1% to unspecified maternal hypertension, with most deaths occurring in the puerperium in all rating categories.

Conclusions: The highest mortality due to PIH in teenagers occurs with proteinuria in the puerperium. In summary, teenage pregnancy is a public health problem related to the country's Human Development Index (HDI), gaps in health education, prevention, family planning programs and others. The consequences include increased risk of developing PIH, most common medical problem during pregnancy, a leading cause of maternal death. Preventive education being a way to reduce the prevalence of PIH, and adequate prenatal care is able to detect symptoms predisposing to PIH.

P0029 | SUCCESSFUL PREGNANCY OUTCOME IN A CASE OF TAKAYASU'S ARTERITIS WITH RECURRENT PREGNANCY LOSS

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: Takayasu's arteritis is a rare chronic inflammatory progressive large vessel vasculitis (LVV) of unknown etiology, afflicting women of childbearing age. During pregnancy, an interdisciplinary approach is necessary to improve maternal and fetal prognosis.

Methods: A 33 yrs old third gravida was admitted in the hospital as pregnancy with chronic hypertension at 23 weeks gestation. She had history of one still birth at 7 months and one spontaneous abortion, for which she had no hospital visit. Physical examination revealed a difference of 40 mm Hg in Systolic BP between the arms and was subjected for further evaluation. No hypertensive retinopathy seen on fundoscopy. USG KUB raised a suspicion of Renal artery stenosis and arterial Doppler of bilateral upper limbs and lower limbs raised a suspicion of possibility of arteritis. 2D ECHO revealed no significant abnormality. After discussing with specialists, a probable diagnosis of Takayasu's arteritis was made. She was started on LMWH and aspirin. Immunological workup revealed P-ANCA, C-ANCA and APLA

profile were negative. ANA profile was advised but not done due to current covid scenario.

Results: Elective cesarean section was done i/v/o late onset Fetal growth restriction at 37 weeks 5 days gestation and delivered a term alive female baby of 1.73 kg. Postoperative period uneventful. Baby is presently in NICU. She is planned for MR angiography and further evaluation.

Conclusions: There appears to be no exacerbating effect of pregnancy on the natural history of disease. Multidisciplinary care has proven crucial to reach optimized and favorable maternal and fetal/neonatal outcomes.

P0030 | DIAGNOSIS OF PLACENTA ACCRETA SPECTRUM USING ULTRASONOGRAPHY OR MAGNETIC NUCLEAR RESONANCE IMAGING: A SYSTEMATIC REVIEW TO COMPARE ACCURACY OF TESTS

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.2 IMAGING IN OBSTETRICS

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Objectives: To perform a systematic review of diagnostic test accuracy (DTA) and to compare ultrasound (US) and magnetic resonance imaging (MRI) for the diagnosis of placenta accreta spectrum (PAS).

Methods: Systematic review following Cochrane's protocols of rapid review and DTA review. Search was realized in 4 databases (PubMed, EMBASE, PMC, and Cochrane Central) between July 27 to August 4, 2020, including observational studies of diagnostic validation that evaluated women with risk factors to PAS that realized both index tests, published in English between 2010 and 2020. The quality of the methods was evaluated using QUADAS-2. Results were shown in forest-plots with sensitivity, specificity, and positive and negative likelihood with the respective 95% confidence intervals. ROC curves for US and MRI were constructed.

Results: First search identified 249 studies. After reviewing the title and abstract, 48 were selected for analysis and 16 for data collection, with 1231 women that realized both index tests (412 PAS diagnosed by gold standard). The meta-analysis revealed sensitivity=0.84 (95%CI: 0.78-0.89) and specificity=0.84 (95%CI: 0.75-0.90) for US. Regarding MRI, sensitivity was 0.84 (95% CI: 0.79-0.89) and specificity was 0.84 (95% CI: 0.78-0.86). There was no statistically significant difference between the tests.

Conclusions: US and MRI have high sensitivity and specificity for the diagnosis of PAS and there is no difference in their accuracy. Therefore, US could be the first-choice method due to its greater availability and lower cost.

P0031 | USE OF RECOMBINANT PLASMINOGEN ACTIVATOR IN A CASE OF ISCHEMIC STROKE IN THE FIRST TRIMESTER OF PREGNANCY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: to describe a clinical case of stroke in an early pregnancy with perinatal outcome.

Methods: 30-year-old patient, G4P2C1E1V1M1 with 8.5 weeks gestation was admitted to the emergency department 3 hours after the onset of intense sudden left headache, bradylalia, dysarthria with progression to aphasia and gait disturbance. Upon admission she presented right hemiparesis, NIHSS 11 points. Vital signs were normal, complete blood count and chemistry were normal and STORCH profile were reported within normal ranges. A non-contrast cranial computed tomography was performed without abnormalities in the density of the parenchyma or changes suggestive of bleeding. Fetal vitality was documented by ultrasound. Ischemic stroke was suspected.

Results: After the checklist for thrombolysis, Alteplase (0.9 mg / Kg) was administered. She was transferred to the intensive care unit, and after supportive therapy she was discharged without complications at 17 days. Prenatal ultrasound follow-up, including fetal echocardiogram, showed no abnormality. The neurological sequelae were minimal, and she had a cesarean delivery at 37 weeks due to a diagnosis of pre-eclampsia without severity, there were no complications. A healthy newborn was obtained with a weight of 2670 grams, height 49 cm and an APGAR 8 - 9 - 10 test.

Conclusions: Stroke in pregnancy is a rare but potentially devastating event. It is a scenario that requires high clinical suspicion in which time is gold. Early thrombolysis, multidisciplinary approach and rehabilitation are the mainstays in the ischemic event. Thrombolysis with alteplase is first line, and it is safe from early stages of gestation.

P0032 | DETERMINING THE RISK OF GESTATIONAL HYPERTENSION, PREECLAMPSIA AND ADVERSE PERINATAL OUTCOMES IN PATIENTS WITH ANTENATAL LOWER THRESHOLD BLOOD PRESSURE ELEVATIONS: A RETROSPECTIVE COHORT STUDY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.7 PRE-ECLAMPSIA HEALTH SYNDROME

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Objectives: This study determines if antenatal lower threshold blood pressure elevations under Elevated BP and Stage 1 Hypertension as endorsed by the American College of Cardiology and the American Heart Association guidelines have an increased risk of developing gestational hypertension, preeclampsia, and adverse perinatal outcomes.

Methods: This retrospective cohort study covers service patients who delivered and had prenatal care at UERM Memorial Medical Center, Inc. from February 2016–2020. Antenatal blood pressures were categorized into “Normal,” “Elevated BP,” and “Stage 1 Hypertension.” Crude and adjusted relative risks and 95% confidence intervals were estimated to determine associations between lower blood pressure elevations and the outcomes.

Results: Stage 1 Hypertension patients were twice more likely to develop gestational hypertension (aRR 2.314, 95% CI 1.08–4.98) and three times more likely to develop preeclampsia (aRR 3.673, 95% CI 2.30–5.86), whether without (aRR 3.520, 95% CI 1.33–9.29) or with severe features (aRR 3.717, 95% CI 2.16–6.41). There was an increased risk for adverse perinatal outcomes (aRR 1.442, 95% CI 0.85–2.44) but not statistically significant. Elevated BP patients also showed increased risk for all outcomes but were also not statistically significant. Majority of blood pressure elevations were during the 3rd trimester (72–87.5%). The most prevalent adverse perinatal outcome was small for gestational age (32–39.29%).

Conclusions: The lower threshold Stage 1 Hypertension shows an increased risk of developing hypertensive disorders of pregnancy, with a three-fold risk of developing preeclampsia. There may be an advantage in applying this cut-off for diagnosing preeclampsia or having vigilant monitoring for these patients.

P0033 | CARE PATHWAYS FOR REDUCED FETAL MOVEMENTS: AN ECONOMIC MODEL
THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.3 ASSESSMENT OF FETAL WELLBEING

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Objectives: Reduced fetal movements (RFM) is the most common reason for emergency presentation to obstetric units during the second and third trimesters of pregnancy. Prompt assessment and management of these women has been shown to reduce the rate of stillbirth. As a result, a midwifery-navigator care pathway was created at our institution to manage patients with RFM. The objective of this study was to assess whether the new care pathway has resulted in improved patient flow and admission times, and whether it is cost-effective.

Methods: A retrospective cohort study was conducted with patients who presented for emergency review of RFM prior too, and following, implementation of the care pathway in 2018 and 2019. Using this admission data, a state-based Markov model was created to simulate the cost-effectiveness of the implementation over a 12-month time horizon in a department delivering 5000 women/year.

Results: 253 patients were involved in this study, 141 in the intervention arm and 112 in the control arm. Patients with RFM accounted for 28% of acute presentations (2521 patients with RFM for 8924 presentations in 2019). The midwifery navigator pathway significant reduced patient admission time (1 hr 56 mins vs 3 hrs 3 mins, $P < 0.001$) and with a cost saving of AU\$ 86 067/year, or AU\$78 per patient. There were no stillbirths in either group, and no difference in maternal or fetal delivery outcomes.

Conclusions: The use of a midwifery navigator through care pathways may be beneficial to improve patient admission times and costs associated with the increasing burden of RFM.

P0034 | PLATELET INDEXES IN HYPERTENSIVE PREGNANCY AND PREECLAMPSIA

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.7 PRE-ECLAMPSIA HEALTH SYNDROME

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Objectives: Hemostatic changes occur during pregnancy, shifting the balance in favor of hypercoagulability with an increased thrombosis risk. These changes are aggravated in Preeclampsia (PE). In pregnant women with hypertensive disorder the platelet parameters

change, including the mean platelet volume (MPV) and the immature platelet fraction (IPF). The aim of the present study was to evaluate platelet indexes in hypertensive pregnancies with preeclampsia syndrome (PES), non-proteinuric hypertensive pregnancies (nPHP), and normotensive pregnancies (NP).

Methods: A cross-sectional study was conducted enrolling 75 pregnant women. Women were recruited at the Hospital São Lucas of the Pontifical Catholic University of Rio Grande do Sul (PUCRS), Porto Alegre, Brazil, and all participants signed an informed consent form. Samples were analyzed using the XE-5000® and XN-3000® (Sysmex Corporation, Kobe, Japan) automated hematology system by fluorescent flow cytometry. Patients were divided into three groups: normotensive pregnancy (NP), preeclampsia syndrome (PES), and non-proteinuric hypertensive pregnancy (nPHP). Statistical analysis was performed by One-Way ANOVA to compare the three groups. The null hypothesis was rejected when $P < 0.05$.

Results: Patients were divided into three groups: PES: $n=32$; age= 27.5 ± 7.1 years; gestational age= 36.8 ± 2.3 weeks; MVP= 11.6 ± 1.3 fL; IPF= $7.6 \pm 4.5\%$; Platelets count= 202755 ± 65665 μ L. nPHP: $n=22$; age= 28.9 ± 8.6 years; gestational age= 37.6 ± 1.7 weeks; MVP= 11.3 ± 1.1 fL; IPF= $7.2 \pm 3.6\%$; Platelets count= 219904 ± 52253 μ L. NP: $n=21$; age= 26.2 ± 5.9 years; gestational age= 38.2 ± 2.2 weeks; MVP= 10.8 ± 0.92 fL; IPF= $5.4 \pm 2.6\%$; Platelets count= 238809 ± 53350 μ L.

Conclusions: No difference was found in the results of IPF and total platelets count among the analyzed groups ($P=0.152$; $P=0.098$, respectively). On the other hand, MPV is increase in hypertensive disorders during pregnancy ($P=0.038$). It suggests that this marker could be used in daily routine as an additional tool in the management of pregnant women.

P0035 | PREGNANCY AND FETAL OUTCOME IN WOMEN WITH INHERITED THROMBOPHILIA IN A TERTIARY HEALTH CENTRE

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: To study the maternal, fetal and puerperial outcomes in women diagnosed with inherited thrombophilia.

Methods: Retrospective observational study done at Mehta Hospital from January 2019 to January 2021. Women were selected with history of recurrent first trimester pregnancy loss (more than 3, for which other cause could not be identified), and a positive family or personal history of venous thromboembolism were included. A detailed history for risk factors, clinical examination was noted and investigated for protein C, S, antithrombin, factor V Leiden mutation, prothrombin gene mutation was done. The maternal, fetal and purperial events were observed in this group.

Results: On analysis total of 13 women were identified with inherited thrombophilia. Protein S found to be most common 38.4%, followed by protein C 30.7%, and antithrombin deficiency 15.3%, combined protein S, C deficiency 15.3%. Women with family history of venous thrombosis accounted for 46.2%. Past history of venous thrombosis was seen in 38.5%. 92.3% had spontaneous conception, with an average BMI (29.2 Kg/m^2) and 61.5% were started on LMWH immediately following conception. Mean gestation period of delivery was 36 weeks in this study group. Recurrent pregnancy loss constituted (30.8%), followed by preeclampsia 23.1%, abruption and HELLP (15.4%) each. 38.5% babies required NICU admission, preterm and fetal growth restriction account for 15.4% each. Two patients had pulmonary thromboembolism as postpartum complications.

Conclusions: Our study showed women with inherited thrombophilia had a significant maternal and neonatal morbidity.

P0036 | RISK COMBINATION: COVID-19 AND PREECLAMPSIA. A CASE SERIES AND LITERATURE REVIEW

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.7 PRE-ECLAMPSIA HEALTH SYNDROME

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Objectives: Pregnant patients with COVID-19 are at increased risk of developing a severe form of the disease and in some cases, progress to death. There are reports of the appearance of a preeclampsia-like syndrome in these patients. Distinguishing between pre-eclampsia and coronavirus is important, as it can have implications for decision-making and treatment. Therefore, the aim of this study is to present cases of pregnant women with COVID-19 and pre-eclampsia who showed torpid evolutions and unfavorable outcomes, as well as a review of the literature.

Methods: This is a descriptive study and case report in which the clinical records of four pregnant patients with COVID-19 and pre-eclampsia were reviewed. Maternal and fetal complications were reported, as well as the evolution of laboratory parameters during hospitalization. Finally, a database search was performed. A total of 120 articles were found, of which 33 were included for the literature review.

Results: These were pregnant patients with coronavirus infection and pre-eclampsia, who presented complications such as eclampsia, cerebrovascular accident, HELLP syndrome, acute kidney injury, disseminated intravascular coagulation, pneumonia, maternal death, and fetal death. Evidencing that pregnant women who present with these two pathologies can manifest severe complications where morbidity and risk of death are high.

Conclusions: The presence of pre-eclampsia and COVID-19 represents a diagnostic challenge due to similar clinical, laboratory,

and pathophysiological data. PCR testing should be considered for all women with high-risk pregnancies and those who present with symptoms suggestive of pre-eclampsia to avoid a delay in diagnosis.

P0037 | SUCCESSFUL LATE CERCLAGE IN CASE OF CERVICAL INCOMPETENCE: REPORT STUDY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.8 PRETERM BIRTH

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Objectives: To report the success of late cerclage performed beyond 16 weeks of gestation in case of cervical incompetence.

Methods: It is a cross-sectional report case study, from data collected from medical record in Pelotas, South Brazil.

Results: A case of a 23 years-old woman, gravida 3, abortus 2 with cervical incompetence diagnosed at 24 weeks of gestation. The patient was referenced to the hospital for a possible late cervical cerclage. During hospitalization, transvaginal ultrasound showed prolapsed fetal membranes. She was on vaginal progesterone and corticosteroids for neonatal respiratory distress prophylaxis. It was performed McDonald's Cerclage and started prophylactic enoxaparin. She was oriented to remain in strict bed rest until 32 weeks of gestation. At 31 weeks of gestation, the cerclage wire was extracted, which was followed, in the next day, by a spontaneous birth of a newborn child, weighing 1850 g, with an APGAR score of 8 at 1 minute from the birth and of 9 at 5 minutes after birth, 31 weeks by capurro method, whom was admitted in neonatal intensive care.

Conclusions: Although cerclage after 16 weeks of gestation is not indicated, especially when almost all the amniotic sac is protrude, it assured more 7 weeks of gestation and a better maternal and fetal prognosis. Therefore, this report encourages an individual analysis.

P0038 | CERVICAL CERCLAGE FOR TWINS WITH SHORT CERVIX – IS IT WORTH THE RISK?

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.8 PRETERM BIRTH

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Objectives: Cervical incompetence complicates 1% of pregnancies and is offered to those with a history of the short cervix or on the basis of ultrasound. Insertion of cervical cerclage in multiple

pregnancies is a contentious issue as there are limited data. Compare the obstetric outcome of women who had cervical cerclage in a twin pregnancy compared with singleton pregnancies.

Methods: Retrospective observational study of women who had undergone cervical cerclage with twin pregnancy compared with those singletons at the Royal Brisbane and Women's Hospital, Queensland, Australia between 2014 to 2019 were included. Maternal and Perinatal outcomes were analyzed.

Results: Total of 7 twins compared with 21 singleton pregnancies were included. Average gestational age when the cerclage was inserted for twins and singleton were 20.82 and 20.76 weeks of gestation. Twins delivered significantly earlier 27.5 weeks compared to 32.2 in singletons. Interval from the insertion to delivery was significantly shorter 46.6 days in twins compared to 80.3 days in singletons. All of the twins had CS compared to a third of singletons. Peripartum sepsis was double in twins (28.6%) vs singletons (14.3%). Average 5 min Apgar was 5.2 compared to 7.8, for twins and singletons, respectively. Mean BW of twins was 1.0491 kg compared to singletons weight 1.976 kg. Twins had two perinatal deaths compared to one among the singletons.

Conclusions: Cervical cerclage in Twin pregnancies had not improved the perinatal outcome and resulted in increased maternal morbidity. There is a need to undertake large RCTs to address this issue.

P0039 | RESOLVING THE DILEMMA OF INDUCTION OF LABOUR IN CASES WITH SCARRED UTERUS

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: To study outcome of induction of labour in women with previous one caesarean section

Methods: The study was conducted in Department of Obstetrics and Gynaecology, King George Medical University, Lucknow, India. It was a cross sectional study. Pregnant women of more than 28 weeks gestation with previous one caesarean section, having an indication for induction of labour and giving consent for the same were enrolled. Induction was done as per local protocol.

Results: A total of 220 cases were studied. The mean age of women was 28.78 years and body mass index (BMI) was 24.06 kg/m². 55(25%) of these had a previous vaginal delivery while 165 (75%) had no previous vaginal delivery. The most common indication of induction was hypertensive disorders of pregnancy in 41(18.6%) cases, followed by fetal growth restriction in 32 (14.5%) cases. None of the cases had a favorable cervix (Bishop score \geq 6). Mean Bishop Score was 3. Cervical ripening was done using intracervical Foley's catheter in 188 (85.5%) cases, using PGE2 gel in 15 cases, both PGE2 gel

and intracervical Foley's in 2 cases. In remaining 15 cases ripening was not done. Vaginal delivery occurred in 116 (52.7%) cases. There was one case of scar dehiscence which was detected and managed

Conclusions: The trend of rising caesarean sections is alarming with its associated risks of morbidly adherent placenta. The present study demonstrates that use of induction of labour in women with scarred uterus is a suitable option to reduce rates of repeat caesarean section.

P0040 | ACCURACY OF CLINICAL METHODS AND SONOGRAPHIC METHOD OF FOETAL WEIGHT ESTIMATION AT TERM IN A LOW RESOURCE-SETTING

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.2 IMAGING IN OBSTETRICS

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Objectives: To evaluate and compare the accuracy of clinical and sonographic methods of fetal weight estimation at term.

Methods: Three-hundred women with singleton live fetuses admitted for delivery at term in a Nigerian tertiary hospital were included in this prospective study. Clinical fetal weight estimation was done for each participant using Dare or Johnson's methods. Ultrasound estimation of fetal weight estimation was determined using Hadlock's method. The birth weight was determined at birth and was compared to the estimated fetal weight. Birthweight was categorized into <2.5 kg, 2.5–3.99 kg, ≥4 kg. Mean error and percentage error were determined and compared for each birthweight category. Analysis was done using SPSS version 22.0 statistical software. $P < 0.05$ was statistically significant.

Results: The mean error and percentage error were significantly higher for clinical methods in comparison with ultrasound estimation (0.39 ± 0.42 vs 0.16 ± 0.36 , $P < 0.001$ and 13.39 ± 12.70 vs 7.8 ± 4.90 , $P < 0.001$, respectively). Overall, 50.3% of fetal weight estimation by clinical methods was within 10% of actual birth weight, while 71.7% of fetal weight estimation by ultrasound was within 10% of actual birthweight. Clinical methods overestimated birthweight in all categories. Ultrasound overestimated the birthweight in the <2.5 kg and the 2.5–3.99 kg groups, while in ≥4.0 kg group, ultrasound underestimated the birth weight.

Conclusions: Ultrasonography is better than clinical methods for the estimation of fetal weight. Ultrasound underestimated babies ≥4 kg at birth. This should be considered by obstetricians when making obstetric decisions based on the estimated fetal weight in cases of suspected macrosomia.

P0041 | AMNIOTIC FLUID INDEX: A NON-INVASIVE BETTER PREDICTOR OF FOETAL OUTCOME

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.3 ASSESSMENT OF FETAL WELLBEING

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Objectives: To predict the perinatal outcome by measurement of amniotic fluid index (a non-invasive method)

Methods: This was a prospective study conducted between 2014 January and 2017 January over 200 pregnant women of term singleton pregnancy (between 37–42 weeks). Statistical analysis was done using Chi-Square test to determine significance of correlation between AFI and perinatal outcome. P value < 0.05 was taken as significant. All the recruited pregnant women were divided in to 2 groups: Group 1 – AFI ≤ 5; Group 2 AFI > 5 cm

Results: In this study gestational age less than 38 weeks at delivery was in present in 19 women (55.88%) in group I, where as it was in 57 women (34.34%) in group-II (P -Value=.01) NST was non-reactive in 19 women (55.88%) in group- I and in 16 women (9.63%) in group – II (P -value=.00001). LSCS was done in 47.06% of women in group-I and 28.91% women in group II (P -value=.038). Birth weight of newborn was <2.5 kg in 19 (55.88%) in group-I, and it was 36 (21.68%) in group-II (P -value=.0004). APGAR score <7 at 1 minute was in 12 (35.29%) in group-I and 18 in (10.84%) group-II (P -value=.002).

Conclusions: AFI <5 is associated is adverse perinatal outcome like low birth weight and low Apgar score at the time of birth.

P0042 | ELECTROCONVULSIVE THERAPY IN PREGNANCY: TREATMENT OF PSYCHIATRIC ILLNESSES AND THEIR POSSIBLE COMPLICATIONS

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: The present study aims to evaluate the safety and efficiency of ECT for the treatment of pregnant women with psychiatric comorbidities.

Methods: A search was carried out in the PubMed database using the descriptors “electroconvulsive therapy” AND “pregnancy,” excluding review articles, divergence of theme, women in the puerperium and articles prior to 2010. Finally, 21 articles were evaluated.

Owing to the scarcity of clinical studies, the present review includes case reports and case series.

Results: 17 reports and 3 case series were analyzed, with a total of 65 pregnant women, treated with ECT. Among them, 26 had major depression, 15 bipolar affective disorder, 5 schizophrenia, 5 nonspecific psychosis, 12 undefined mood disorders and 2 catatonias. Most pregnant women got positive results, with total or partial remission of the symptoms, regardless the gestational age. Although previous reports show low maternal-fetal complications prevalence, it is still a possibility, having a higher risk in the first trimester due to the fetal susceptibility. Two retrospective studies evaluated a total of 23 patients with mood disorders treated with ECT: 6 patients had significant improvement in symptoms, 1 had a heart block, 1 went into mania 2 had a premature delivery, 4 pregnant women had spontaneous abortion and 1 baby had neonatal respiratory failure.

Conclusions: ECT seems to be a safe technique in pregnancy, but not used due to the social stigma and absence of guidelines. Despite few reports of collateral effects, it is possible maternal and fetal complications, requiring further studies on the subject.

P0043 | PREVALENCE AND PERINATAL OUTCOMES OF OVER DIABETES IN MEXICAN ADOLESCENTS

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: To determine the prevalence and perinatal outcomes of diabetes in pregnancy (over diabetes) in pregnant Mexican adolescent.

Methods: Retrospective, descriptive and observational study, which included pregnant woman under 19 years, who underwent screening for gestational diabetes mellitus using the 2-h 75-g oral glucose tolerance test (OGTT) during the first prenatal care visit at the Hospital Regional Materno Infantil de Nuevo León, México, from May to December 2017. Data were obtained from the hospital's electronic records and were analyzed using descriptive statistics.

Results: A total of 999 patients were analyzed. The mean for age and gestational age at the time of OGTT was 17.3 years (12–19) and 29.5 weeks, respectively. 80% reported at least one risk factor for diabetes. The observed prevalence for overt diabetes was 0.5% (5/999) using the following criteria: fasting plasma glucose \geq 126 mg/dL and/or 2 hour \geq 200 mg/dL. Of these cases, the mean BMI was 28.8; two cases (40%) developed maternal complications: pre-eclampsia with severe features and obstetric hemorrhage. The mean birth weight was 3653 (3080–4590), and one case with Apgar score $<$ 7 at 5 minutes.

Conclusions: The prevalence of diabetes mellitus in adolescent women is low, however the prevalence of adverse perinatal outcome

is high. Therefore, it is suggested to use the same protocol for adult women to screen for overt diabetes.

P0044 | GRAND-MULTIPARITY AND ITS FETO-MATERNAL OUTCOMES IN A TERTIARY CARE HOSPITAL IN INDIA

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: To determine the prevalence of grand multiparity in a tertiary care hospital in India and study the maternal and fetal outcomes of grand multiparous pregnancies.

Methods: A cohort study was done. All the grand-multiparous women, who got admitted in SMGS hospital, Jammu, India, from November 2019 to October 2020, were compared with an equal number of controls, chosen by taking every next non grand multiparous woman who got admitted after a case. Microsoft Excel and SPSS software were used. Student's independent T-test, Chi-square test and Fisher's exact test were used. A P-value of less than 0.05 was considered statistically significant.

Results: Out of a total of 26 535 parturients in the labour room, 205 were grand multiparas. The prevalence of grand multiparity calculated was 0.77%. Grand multiparas were at a higher risk of severe anemia, gestational hypertension, eclampsia, compound presentations, PPH and requiring blood transfusions. The neonates of grand multiparas were at a higher risk of lower Apgar score, prematurity, IUGR, early neonatal death, LBW and NICU admission.

Conclusions: Grand multiparity has been found to be a high-risk entity for both mother and fetus, in developing countries. Complications in such pregnancies can be prevented to some extent by proper pregnancy evaluation, regular antenatal visits, intrapartum care, postnatal follow-up and better health-care facilities.

P0045 | MOSQUITOES BORNE DISEASES IN PREGNANCY- AFFECTING TWO LIVES AT A TIME

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: Mosquitoes have been a part of our ecosystem since hundreds of years – so have been the diseases associated with them, as they are one of the most common disease vectors causing an infinite number of deaths worldwide – especially in the immunocompromised state of pregnancy, affecting two lives at a time.

Diseases like ZIKA, Dengue, Chickengunya, yellow fever, malaria etc. can be life threatening in a pregnant woman. Circumstantial changes in climate world over, public health and international travel have heightened the population at risk world over. Any pregnant woman living in or travelling to an area which is endemic to a particular disease is always at risk for it.

Methods: Familiarities with differentials clinical presentation and laboratory testing can help in early diagnosis, prompt treatment, prevention and counselling of infected females with prognosis.

Results: Possible implications on pregnancies can be instrumental in pacifying fears and banish myths in patients consigns and securing best fetal and maternal outcome.

Conclusions: We will hence enlighten about the various diseases transmitted by mosquitoes, their symptoms the illness present with, diagnosis, possible treatments and impact on pregnancy with prevention methods for better outcome.

P0046 | CANCER IN PREGNANCY AND THE RISK OF ADVERSE PREGNANCY AND NEONATAL OUTCOMES: A NATIONWIDE COHORT STUDY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: To investigate the obstetrical management of cancer in pregnancy (CIP), and to determine if neonates born by CIP mothers had higher risk of adverse neonatal outcomes.

Methods: This nationwide cohort study included all pregnancies (N=4 071 848) from January 1, 1973 to December 31, 2018 using national health registries. Exposure was defined as malignant cancer diagnosis in pregnancy (n=1068) and compared to pregnancies without cancer. The primary outcome was iatrogenic termination of pregnancy (induced abortions/induction of labour) and secondary outcomes were adverse neonatal outcomes. The groups were compared using logistic regression analysis.

Results: CIP was associated with induced abortion in the first trimester (adjusted odds ratio [aOR] 3.2; 95% confidence interval [CI] 2.5–4.1) and second trimester (aOR 13.1; 95%CI 9.1–18.8). The overall risk of iatrogenic preterm delivery showed a strong association (aOR 11.7; 95%CI 8.7–15.6) and a markedly higher risk below 32 gestational weeks (aOR 18.1; 95%CI 9.3–35.1). Neonates born by CIP mothers did not have higher risk of low birthweight (aOR 0.7; 95%CI 0.5–0.98), neonatal infection (aOR 0.9; 95%CI 0.7–1.2) nor neonatal

mortality (aOR 1.3; 95%CI 0.6–2.6) after adjustment for gestational age.

Conclusions: CIP is associated with increased risk of iatrogenic termination of pregnancy, especially second trimester terminations and iatrogenic premature birth. CIP was not associated with severe adverse neonatal outcomes when adjusting for premature birth. Our results highlight the paramount necessity of a multidisciplinary approach involving both oncologists and obstetricians in the management of CIP in order to avoid unnecessary pregnancy terminations and iatrogenic prematurity.

P0047 | IMPLEMENTATION OF NEW CYTOGENETIC TESTING REGIMENS IN PREGNANCY LOSS AT A TERTIARY MATERNITY HOSPITAL IN CORK, IRELAND

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: Cytogenetic testing of products of conception is recommended for recurrent or late miscarriage, and stillbirth. CUMH (Cork, Ireland) has changed testing regimens, with contemporaneous implementation of simpler submission forms and reporting procedures. We sought to determine any potential impacts of these changes.

Methods: All tests from 2018–20 were identified from the cytogenetics tracking database (n=589), with the change from A (QF-PCR + MLPA; 290/589) to B (QF-PCR ± microarray; 173/589) occurring in May 2019, and B to C (BoBs for recurrent loss, other testing as B; 126/589) in April 2020. Data were collected from laboratory reports and individual e-chart reviews, and were compared across regimens. **Results:** A difference was seen in e-chart report availability (χ^2 6.171, $P=0.0457$; A 93.1%, B 98.3%, C 93.7%). There was a decrease in submissions with incomplete clinical information (χ^2 12.127, $P=0.0023$; A 14.8%, B 8.8%, C 3.4%). No difference was seen in samples outside the recommended indications (χ^2 3.565, $P=0.168$, A 21.4%, B 14.5%, C 17.5%). The rate of detection of genetic abnormalities was similar (χ^2 2.935, $P=0.23$; A 41.9%, B 34.7%, C 42.4%). No difference was seen in the rate of failed tests (χ^2 0.596, $P=0.742$; A 7.04%, B 5.88%, C 5.08%), most of which were due to sampling errors.

Conclusions: This study identifies areas for improvement in sample collection and education regarding appropriate cytogenetic testing. While there is a limited sample size for the most recent testing regimen, to date only positive change has resulted with the new testing regimens.

P0048 | PLACENTA IN-SITU ON BIFURCATION AORTA AFTER 20 WEEKS OF ABDOMINAL PREGNANCY WITH FETAL DEATH: A CASE REPORT

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: A 31-years-old woman presented with abdominal pregnancy at 20 weeks gestation with fetal death and history of twice previous caesarean section.

Methods: A case report.

Results: A 31-years-old woman presented with abdominal pain (VAS 6) for 4 days prior to admission. Upon ultrasound, we found an extra-uterine 20 weeks gestation with fetal death. A laparotomy was performed. Intraoperatively, there was severe adhesions of peritoneum, intestines and omentum, and the amniotic sac. Fetus was seen in an intact amniotic sac in her abdomen. An amniotomy was performed, the fetus was delivered and the placenta was identified to be attached to bifurcation aorta up to the common iliac artery. The umbilical cord was double ligated and the placenta was left completely in-situ. The postoperative was eventful and patient was discharged 4 days after surgery. After 3 months follow-up recently, the placenta regressed to 40% of its original size with no demonstrable flow on color Doppler. Patient is still being closely monitored every month.

Conclusions: Abdominal pregnancy is a rare case but a high risk for sufferers of both infection, sepsis, bleeding, shock, DIC, and death. In this case, the placenta was left in situ, considering the risk of bleeding that would occur if the placenta was removed. The controversy lies in whether the placenta should be retained, and methotrexate therapy should follow.

P0049 | ACUTE HEPATITIS E IN PREGNANCY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: To determine the pregnancy outcome in patients with acute hepatitis E in terms of maternal morbidity, and mortality, fetal morbidity, and perinatal mortality.

Methods: A case series conducted at Obstetrics and Gynaecology Department, Sir Ganga Ram Hospital, Lahore, Pakistan from April

2013 to March 2020. All the patients presented with jaundice in pregnancy, and hepatitis E IgM antibodies detected in their serum serology were included in the study. Data were entered in SPSS 23 and analyzed.

Results: Total number of patients with acute hepatitis E was 333. Majority 300 (90%) presented in 3rd trimester among them 232 (77.4%) were preterm. Fetal outcome was observed as missed miscarriage in 6(1.8%), intrauterine death in 54(16.2%), and alive in 273(82%). Seventy-nine (33.6%) newborns who delivered in 3rd trimester got admitted in NICU. due to respiratory distress syndrome (72.2%), jaundice neonatorum (15.1%), asphyxia neonatorum (11.4%), and transient tachypnea of newborn (1.3%). Eighteen (22.8%) of these admitted ended up in early neonatal death due to respiratory distress syndrome in (67.67%) and asphyxia neonatorum (33.34%). The patients needed intensive care was 93(28%) and 61(18.3%) required mechanical ventilation as well. Eighty (24%) patients died with 73(91.25%) in postpartum period and seven (8.75%) in antenatal period due to fulminant hepatic failure with multi-organ involvement.

Conclusions: Acute hepatitis E in pregnancy is associated with poor pregnancy outcome with high morbidity and mortality. Provision of clean drinking water and public awareness regarding hygienic measures for sanitation is the best strategy to prevent disease till the availability of effective vaccine.

P0050 | PLASMA GLUCOSE, INSULIN AND HOMA INDEX RELATIONSHIP WITH GESTATIONAL DIABETES IN MONGOLIAN WOMEN

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: To study relationship between the value of the plasma glucose and insulin response and HOMA index in the third trimester with the diagnosis of gestational diabetes mellitus.

Methods: Hospital-based, observational, comparative, prospective study performed at Urguu Maternity Hospital Ulaanbaatar city, Mongolia during the period from June to September 2020. 30 pregnant women were studied. The study was performed with 15 GDM and equal number of pregnant women with normal glucose tolerance (NGT) diagnosed on basis of WHO criterion-2013 during 24–40 weeks of gestation. Healthy pregnant women were taken as controls (n=15). Fasting plasma glucose (FPG) and fasting serum insulin (FSI) were measured and HOMA1-IR, HOMA-βF were calculated. Samples were drawn at 0, 30, 60, and 120 minutes for glucose and insulin.

Results: All participants completed an OGTT and body composition measures. Participants were categorized by glucose peak timing (≤ 30 min=early; >30 min=late). In pregnant women with GDM the fasting plasma glucose concentration was 5.22 ± 0.40 , 1-hour glucose 10.25 ± 2.05 mmol/L and 2-hour glucose 8.32 ± 2.35 mmol/L. The fasting plasma insulin was 6.48 ± 1.92 mIU/L. The mean of HOMA index was 1.51 ± 0.49 mU. A significant correlation between the HOMA index and serum insulin was found. The mean FSI, log FSI and log HOMA 1-IR were significantly higher in 3rd trimesters of pregnancy when compared with controls.

Conclusions: As pregnancy advances, IR increases. A significant correlation between the HOMA index and serum insulin was found with the diagnosis of GDM in the third trimester of pregnancy.

P0051 | HETEROTOPIC PREGNANCY, OUTCOME OF MANAGEMENT, EXPERIENCE FROM LOW RESOURCE COUNTRY (SUDAN); RARE CASE REPORT AND REVIEW OF THE LITERATURE

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: An extremely rare high-risk pregnancy case and its management in low resource country (Sudan). Naturally occurring heterotopic pregnancy is considered rare, diagnosed 1 in 30 000 spontaneous pregnancies.

Methods: A case of heterotopic pregnancy in a 39-year-old para 8+0 and normal, uneventful deliveries. She was admitted to the hospital emergency unit with a one-day history of lower abdominal pain and vaginal bleeding after amenorrhea of three months. On examination, she was healthy-looking, afebrile, and neither pale nor jaundiced, hemodynamically was stable. Abdominal examination revealed oval mass iliac fossa, which was mildly tender. Vaginal examination revealed a close cervix and bulky uterus of about 12 weeks gestational size. An abdominopelvic ultrasound scan revealed a bulky uterus containing a gestational sac with a fetal pole exhibiting cardiac activities at 11 weeks gestation and fluid collection within Douglas's pouch. A second look from the radiology department confirmed heterotopic pregnancy.

Results: Laparotomy findings were hemoperitoneum of 500 mL, intact uterus, Left ampullary pregnancy, and grossly average ovaries/right Fallopian tube. Complete left salpingectomy. The surgery was performed under general anesthesia with minimal handling of the uterus to avoid uterine contractions. The postoperative course uneventful. Histology confirmed ectopic tubal pregnancy. The intrauterine pregnancy was supervised and oral progesterone was given. She delivered vaginally at 40 weeks-gestation, a 3.5 kg live female baby.

Conclusions: A high index of suspicion is needed when pregnant women presented with abdominal pain and vaginal bleeding. Ultrasound was helpful in confirmation of the diagnosis. The role of the multi-disciplinary team is valuable.

P0052 | RISK FACTORS AND PREGNANCY OUTCOMES OF GESTATIONAL DIABETIC MOTHERS: EXPERIENCE IN A TERTIARY CENTER ULAANBAATAR, MONGOLIA

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: To identify risk factors and to examine the relationship of maternal and neonatal complications associated with GDM in a group of hospital population

Methods: A hospital-based case-control study performed at Urguu Maternity Hospital, where 156 pregnant women who were diagnosed with gestational diabetes mellitus, out of 43422 pregnant women registered between 2017–2020. We performed a study of 156 women with GDM and 300 women with normal glucose tolerance (NGT) at the third trimester.

Results: The age-standardized GDM incidence was 1.19% and increased with maternal age (OR 8.99, 95% CI 3.99–20.24) and pre-pregnancy body mass index (OR 6.16, 95% CI 2.92–13.02), family history of diabetes 31% (with a CI of 75.6%: 26–36). The maternal outcomes during pregnancy for GDM were preeclampsia 56.4% (OR 11.64, 95% CI 6.65–20.39), hypertension in pregnancy 19.2% (OR 5.05, 95% CI 2.32–11, $P < 0.000$) and preterm labor 7(4.5%) (OR 9.3, 95% CI 1.14–76.81). Hypertension in pregnancy appeared to be significantly associated ($P < 0.01$) with the women who were diagnosed of GDM in early stage of pregnancy. There were 34 (21.8%) spontaneous vertex deliveries, and 122 (78.2%) were delivered by lower segment cesarean section. Their newborns were more likely to be macrosomia or small for gestational age, and to require neonatal intensive care.

Conclusions: The incidence of GDM was high among older and overweight women. Moreover, women with GDM had higher rates of adverse pregnancy complications. The findings lend further support for the screening, prevention, and management of GDM in Mongolian women

P0053 | ANTIPHOSPHOLIPID ANTIBODY SYNDROME AND OBSTETRICAL ACCIDENTS
THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: To evaluate the obstetric complications observed in confirmed antiphospholipid syndrome in a very high-risk population with early and late obstetric history.

Methods: We retrospectively studied over a 7-year period the records of 102 patients with a history of recurrent first-trimester miscarriage or severe obstetric history of vascular thrombosis who were tested for biological anti-pholipid antibody syndrome. In case of authenticated antiphospholipid syndrome, treatment with salicylic acid associated with low molecular weight heparins and close monitoring were instituted during hospitalization. Pregnancy outcomes were subsequently studied

Results: 28 patients with antiphospholipid syndrome were diagnosed. There were no fetal losses or recurrence of fetal death in utero. Nine patients had pre-eclampsia, two had abruptio placentea, and six had a newborn below the 10 th percentile weight. Five deliveries occurred before 37 weeks gestation. Delivery was by natural way in ten cases (35.7%) and by cesarean section in 18 cases (64.3%). Only two newborn required hospitalization in a neonatology unit. There were three cases of heparin-induced thrombocytopenia.

Conclusions: Systematic and standardized close monitoring of pregnancy, combined with preventive treatment with aspirin and low molecular weight heparin, offers hope for a favorable pregnancy outcome in many cases of antiphospholipid syndrome associated with a severe obstetric history. These pregnancies should be considered at high risk of complications. Postpartum surveillance is also necessary

P0054 | AN EXTREMELY PRETERM TWINS BIRTH ASSOCIATED WITH SARS-COV-2 INFECTION: A CASE REPORT
THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.8 PRETERM BIRTH

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Objectives: Describe a case of COVID-19 in a young woman with a twin pregnancy and no comorbidities that came to a negative outcome resulting in both babies' death.

Methods: The reported clinical case occurred in an 18-year-old woman who attended a university hospital in the city of Vitória, in Espírito Santo state, southeastern Brazil. The information was collected by reviewing her medical chart and laboratory exams regarding her hospitalization and labor.

Results: The patient presented in the emergency room in active labor, a history of chills in the last 24 hours, and recent contact with a confirmed case of COVID-19. No other flu symptoms were reported. A polymerase chain reaction test for COVID-19 was performed upon admission, and the result came positive. No further information about the gestational status was obtained because the patient referred she was not aware of the pregnancy. On the same day, she went through a vaginal birth and delivered dichorionic and diamniotic twins. The first one was admitted to the NICU with 400 g and a 3/5 APGAR score requiring assisted ventilation but died three days later. The second was born with a 414 g, 1/2 APGAR score and died a couple of minutes later.

Conclusions: The association of COVID-19 and pregnancy can lead to several morbidities, risks, and adverse outcomes. Furthermore, additional research is needed to assess and evaluate the impact of the SARS-CoV-2 on pregnant women and their babies.

P0055 | REPRODUCTIVE HISTORY OF WOMEN WITH CHRONIC KIDNEY DISEASE
THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: To know the reproductive and sociodemographic aspects of women on hemodialysis and the characteristics associated with end-stage of renal disease (ESRD) among them.

Methods: A cross-section carried out in a specialized health facility complex that covers four-hemodialysis units. The selection of participants was intentional and women undergoing hemodialysis were included. We performed face-to-face interviews. Sociodemographic characteristics, years on hemodialysis, personal history, obstetrics, perinatal results and comorbidities were evaluated. Prevalence, bivariate and logistic regression analysis were performed.

Results: We interviewed 237 women, 208 (87.76%) referred previous pregnancy. Majority were non-white with low-level education, and low household income. Sixty-one percent reported hypertension as the renal failure's cause. Adverse perinatal outcome (APO) as prematurity, low birth weight, miscarriage, fetal, and neonatal death rates were 19.3%, 14.5%, 25.5%, 12.1%, and 5.3%, respectively. Any hypertensive syndrome during pregnancy occurred in 37.0% of women, with 12.5% of preeclampsia and 1.4% of eclampsia. Up to one year after birth, 45.2% of women reported hypertension. Logistic regression showed that age under 50, more than

3 pregnancies and a history of preeclampsia were associated with adverse neonatal outcomes among women on hemodialysis.

Conclusions: Women undergoing hemodialysis have low socioeconomic status, poor obstetric outcome and hypertension as the main cause of ESRD. In these women, having APO is associated with the age of less than 50 years, more than 3 gestations and a history of preeclampsia. It is necessary to identify early women at risk for kidney failure according to their reproductive history to try to postpone ESRD.

P0056 | DEFEATING PRE-ECLAMPSIA: A STUDY EVALUATING PERFORMANCE OF THE FULLPIERS MODEL IN PREDICTING COMPLICATIONS IN PRE-ECLAMPSIA

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.7 PRE-ECLAMPSIA HEALTH SYNDROME

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Objectives: The fullPIERS (Pre-Eclampsia Integrated Estimate of RiSk) model was developed for pre-eclamptic women to predict risk of life-ending, -altering, or -threatening complications within 48 hours of hospital admission. To ensure generalizability, we attempted to externally validate the model in low-resource setting.

Methods: Ours was an observational study, set in a tertiary-level care hospital in India. 209 singleton pregnancies complicated by pre-eclampsia, who had crossed the period-of-viability, i.e., 24 weeks, were enlisted in the study. Upon enrolment, participants were subjected to a panel of biochemical tests & foetal Doppler evaluation. From it, fullPIERS risk prediction scores were calculated & subjects were prospectively followed up for development of adverse foetal-maternal outcomes as enunciated by the PIERS development group DELPHI consensus. We assessed the model's performance based on (a) discriminatory power (AUROC), (b) "goodness-of-fit," (c) calibration slope, and (d) risk stratification capacity.

Results: Overall, the model retained moderate discriminatory power with AUROC of 0.778 (95% CI 0.704–0.852), comparable to development cohort (AUROC 0.88). The Hosmer-Lemeshow test P-value of 0.74 signified an overall good fit between model and data. However, calibration analysis provided a slope of 0.72 & intercept 0.19 indicating poor fit & risk 'overestimation' at extremes. Using a 'predicted-probability' cut-off score of 0.3, the model successfully stratified women into high- & low-risk groups (positive LR 39.33).

Conclusions: With a cut-off threshold of 0.3, fullPIERS is a moderately valuable 'rule-in' tool for risk prediction among pre-eclamptic women & can aid in quick triage, clinical decision-making & justifiable resource allocation in a resource-restricted setting.

P0057 | PERINATAL CENTRAL NERVOUS SYSTEM DYSFUNCTION IN LARGE-FOR-GESTATIONAL-AGE NEONATES REVEALED WITH FREQUENCY-FOLLOWING RESPONSES TO SPEECH

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.1 PRENATAL DIAGNOSIS

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Objectives: To investigate the functional reliability of the central nervous system in large-for-gestational-age newborns using a brain potential correlate of neural encoding of speech sounds termed frequency-following response (FFR).

Methods: 28 large-for-gestational-age newborns were recruited from Sant Joan de Déu Hospital, Barcelona. FFRs elicited to the speech stimulus /da/ were obtained in sleeping newborns after they had passed the universal hearing screening. After quality inspection, two recordings were deleted. The remaining 26 large-for-gestational-age newborns were paired by age and sex with 26 born adequate-for-gestational-age. The FFR spectral amplitude and its normalization as correlates of encoding strength of the fundamental frequency of the eliciting stimulus were analyzed.

Results: FFR in large-for-gestational-age newborns showed smaller spectral amplitudes compared to the adequate-for-gestational-age group in the consonant transition ($P=.002$) and in the vowel ($P=.004$) regions of the FFR. A similar pattern of results was obtained for normalized spectral amplitudes (consonant transition: $P=.01$; vowel: $P=.003$).

Conclusions: Results revealed specific central nervous system dysfunctionalities in term large-for-gestational-age newborns. Using a non-invasive electrophysiological method, specific deficits in the encoding of speech sounds were found. This study discloses for the first time a perinatal central-nervous-system correlate of being born large-for-gestational-age and suggests the need of follow-up studies to determine the extent of these dysfunctionalities.

P0058 | ADIPONECTIN – AN EARLY PROSPECTIVE BIOMARKER OF GESTATIONAL DIABETES MELLITUS

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: Our objective was to assess the accuracy of serum adiponectin in early pregnancy to predict the risk of gestational diabetes mellitus (GDM) as it may facilitate risk stratification and early intervention.

Methods: In this prospective observational study conducted at MAMC, New Delhi, we recruited 330 women of <16 weeks gestation. Serum for adiponectin estimation was obtained in their first visit and stored until further analysis. Women who developed complications other than GDM were excluded. From this cohort, 45 GDM women (cases) and 90 women of normal fetomaternal outcome (controls) were followed up till delivery and adiponectin estimation was done in their nested samples.

Results: Serum adiponectin was significantly decreased in GDM women (12.75 µg/mL vs. 17.5 µg/mL, $P < 0.001$). Considering the cut-off as 16.64 µg/mL, the sensitivity, specificity and area under the curve of the test was 86.67%, 47.78% and 0.687, respectively. After adjusting for confounding factors, women with low adiponectin had 4.8-fold increased risk of GDM ($P = 0.002$). The risk of GDM increased 8.19-fold in lean women and 9.13-fold in overweight women with low adiponectin levels ($P < 0.05$). For every 1 µg/mL rise in adiponectin, the risk of GDM reduced by 9%.

Conclusions: The performance of adiponectin as an early predictive marker of GDM is with moderate accuracy. Other screening strategies such as fasting plasma glucose and HbA1c also have exhibited moderate accuracy. We envisage screening of GDM in early pregnancy by combining various markers of moderate accuracy with maternal risk factors as a priori risk similar to the aneuploidy and preeclampsia screening models.

P0059 | A STUDY TO EVALUATE THE PREVALENCE & CLINICO-ETIOLOGIC PROFILE OF THROMBOCYTOPENIA IN PREGNANCY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: To evaluate the prevalence & clinico-etiological profile of thrombocytopenia in pregnancy.

Methods: The present hospital based observational study was conducted in the Department of Obstetrics & Gynaecology, Patna Medical College & Hospital, Patna, Bihar, India from July 2016 to January 2017. A detailed obstetric history was obtained and maternal high-risk factors like preeclampsia, eclampsia, DIC, HELLP syndromes etc. were noted. Medical history like anemia, malaria, dengue, liver disorder, current or previous bleeding problems, family history of bleeding & transfusion history were noted. Clinical findings suggestive of thrombocytopenia like petechiae, ecchymosis etc. were noted.

Results: Out of total 74 patients, Gestational thrombocytopenia was the most common etiological factor with 41.9% cases followed by 35.1% for hypertensive disorders including HELLP syndrome followed by 6.8% for Malaria and dengue. The most common hemorrhagic presentation was petechiae, ecchymosis & purpura in 33.8% cases. Among the thrombocytopenic pregnant women in our study, 60.8% had mild thrombocytopenia, 24.3% had moderate thrombocytopenia and 14.9% had severe thrombocytopenia.

Conclusions: The study demonstrated that thrombocytopenia is a frequent finding in pregnancy. It has many potential causes, but gestational thrombocytopenia (GT) predominates. Degree of thrombocytopenia was mild to moderate.

P0060 | PATTERNS OF ALCOHOL AND CIGARETTE USE AMONG PRECONCEPTIONAL AND PREGNANT WOMEN IN IRKUTSK, RUSSIA

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: Birth outcomes in Irkutsk, Russia, are markedly worse relative to other geographic areas. However, there is scant epidemiological data on alcohol and cigarette use among pregnant women in the region.

Methods: Data were collected between December 2019 and February 2020 from 318 women delivering infants at the Regional Maternity Hospital in Irkutsk, Russia, a tertiary care maternity hospital. Trained medical staff interviewed recent mothers and assessed substance use patterns at preconception and at each trimester.

Results: Women were aged 31 (IQR: 26, 35), on average, most were married/partnered (93%) and had tertiary education (81%). Over half of women (55%) reported drinking before conception, 23% of whom engaged in heavy episodic drinking (HED, >4 drinks). Drinking

declined during pregnancy, with 20% ($P < .001$), 4% ($P = .019$), and 5% ($P < .001$) of women, respectively, reporting alcohol use in the first, second, and third trimesters. Two women reported heavy episodic drinking during pregnancy. Wine was the predominant alcoholic beverage; consumed by 66%, 62%, and 94% of drinkers during 1st, 2nd, and the 3rd trimester, respectively. Smoking declined by 54% during pregnancy from 19% to 9%. However, 19% of pregnant women were exposed to secondhand smoke (SHS).

Conclusions: Alcohol consumption and smoking markedly declined following pregnancy. Despite known risks, 25% and 20% of pregnant women, respectively, drank and smoked cigarettes. SHS remains problematic. Findings set the stage for future research on the epidemiology of birth outcomes in Irkutsk in the context of substance use.

P0061 | EARLY DETECTION OF MOTHER'S STRESS DURING PREGNANCY WITH INFORMATION SYSTEMS USING SMARTPHONES

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.1 PRENATAL DIAGNOSIS

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Objectives: The purpose of this study was to produce innovation in the early detection of stress with an information system using a smartphone that can be used effectively in identifying stress in pregnant women.

Methods: This research was qualitative and quantitative design using the Development Life Cycle or SDLC system and the experimental randomized controlled trial conducted in the Work Area of the Ngaliyan Health Center on 68 pregnant women. The data were analyzed using the technology acceptance model or TAM questionnaire, the smartphone information reporting system, and the SPSS program described the effectiveness of the detection information system, performance of antenatal care stress detection, and reporting system.

Results: The results showed that the Information System using a smartphone can identify the stress of pregnant women automatically and its acceptance has been tested based on the TAM questionnaire with a presentation result of 85.4% which means it is very effective and significantly measured stress level compared to the manual system with $P < 0.001$. The average speed of time needed to detect the stress status of pregnant women is 230.94 seconds. This system can detect 374 pregnant women in one day with the assumption that filling is done at alternating times. This system is also capable of providing services and reporting the results of stress detection for pregnant women.

Conclusions: The innovation of stress detection for pregnant women using a smartphone information system is very effective in identifying stress in pregnant women and increasing the performance of antenatal care and reporting systems.

P0062 | IRON UTENSILS CAN PREVENT PHYSIOLOGICAL ANAEMIA OF PREGNANCY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: Physiological Anaemia of pregnancy is natural phenomenon due to haemodilution. Anemia in pregnancy is a major cause of maternal death and obstetrical complications. Covid Pandemic has changed lifestyle 360°, also taught value of optimum level of oxygen circulated via Hb. Content of Iron in food cooked in non-iron utensil has been found low as compared to the food cooked in Iron utensil. Object is to confirm Cooking in an iron utensil will act as Iron Supplement, hence in low resource area and during Covid Pandemic with limited resources, Iron Utensil to be encouraged.

Methods: We did prospective comparative study on 48 pregnant women of two villages, Western UP, India with informed consent and following inclusion criteria. Primigravida, age below 30 years Hb% 11 gm and more, no H/O major medical illness as high BP, Blood Sugar, and Covid 19 infection was ensured by history and blood tests. Participants were grouped as A & B with 24 women in each group. Throughout pregnancy group A was on iron rich food, cooked in iron vessel, group B was on iron supplements.

Results: Both groups were screened in all 3 trimesters by Hb%. Group A was stable in 87.5% showed no fall in Hb% and more compliant to study. In group B 33% women left Iron supplements due to gastritis and reluctance, showed fall in Hb% and became anaemic.

Conclusions: Cooking in iron utensils is a conceivable program. It intends to increase dietary Iron.

P0063 | ERYTHROPOIETIN, IRON METABOLISM, AND RED BLOOD CELL PRODUCTION IN EARLY- AND LATE-ONSET PREECLAMPSIA

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.7 PRE-ECLAMPSIA HEALTH SYNDROME

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Objectives: To investigate the dynamic changes in routine blood parameters, iron metabolism and erythropoietin (EPO) in early- and late-onset preeclampsia (PE).

Methods: In a prospective cohort study were included 43 women – with late-onset PE (group 1) and 23 – with early-onset PE (group

2). Red blood cell count (RBCs), hemoglobin (Hb) levels, hematocrit (HCT), serum iron, concentration of serum ferritin (SF) and EPO levels, coefficient estimation of EPO-production adequacy (relation of observed serum EPO logarithm to tentative EPO logarithm, normal range 0.8–1.2) were determined.

Results: RBC, Hb, HCT, serum iron and ferritin values was not significantly different between groups in 1st trimester. In women with early-onset PE reticulocyte count was lower and SF was higher compared to late-onset PE in the 3-rd trimester. In women with late-onset PE EPO levels (19.1 ± 2.6 vs 12.6 ± 1.9 mIU/mL) and EPO production adequacy ratio (0.86 ± 0.03 vs 0.74 ± 0.03) in the 1-st trimester were higher compared to group 2 ($P < .05$). In the 2nd trimester EPO levels progressively increased (48.4 ± 5.8 – group 2 vs 34.5 ± 7.3 mIU/mL – group 1). The frequency of inadequate production of EPO was higher in group 1 comparing with group 2: 85.7% vs 55.2% in the 1st trimester, 57.1% vs 34.5% – in the 2nd and 68.2% vs 1.6% – in the 3rd trimester, respectively ($P < .05$).

Conclusions: An inadequate production of EPO is, probably, associated with its renal and placental production. Anemia of chronic disease, resulting of redistribution of iron and inadequate production of EPO, develops in women with early-onset PE.

P0064 | VITAMIN B12 AND FOLATE LEVELS IN PREGNANT WOMEN AT THE TIME OF DELIVERY AND THEIR CORRELATION WITH OBSTETRIC OUTCOME

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: In Indian subcontinent, due to various reasons prevalence of vitamin B 12 and folate deficiency is very high and as a result, several adverse outcomes are addressed in pregnant women. This study is planned to understand the correlation between vitamin B12 and folate levels and various adverse obstetric outcome.

Methods: We carried an observational study on 800 pregnant women at Queen Mary's hospital, KGMU, Lucknow. Plasma levels of vitamin B12 and folate were assessed at the time of delivery by using the standard radioimmunoassay method. Data were analyzed by using chi² test of independence, P value of < 0.005 was considered significant.

Results: Total 800 pregnant women at the time of delivery were enrolled, out of which 47.25% and 48.9% ($P < 0.001$) participants were found to have deficient plasma vitamin B12 (levels < 187 pg/mL) and folate levels (< 7 nmol/L), respectively. Adverse obstetric outcome (observed as anemia, PROM, abortion, preeclampsia, FGR, preterm labour, PPH, congenital malformations, IUD, and respiratory distress syndrome) was found in 42.59% [$\chi^2(1, N=800)=46.1003, P < 0.0001$] and 48.4% [$\chi^2(1, N=800)=109.274, P < 0.0001$] of participants with deficient plasma vitamin B12 and folate levels, respectively.

Conclusions: Deficiency of vitamin B12 and folate in pregnant women is associated with adverse obstetric outcome and supplementation of vitamin B12 and folate earlier in pregnancy may improve outcome.

P0065 | THE INFLUENCE OF FETAL INSULIN VARIANTS ON PLACENTAL AND FETAL PHYSIOLOGY THROUGHOUT PREGNANCY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.3 ASSESSMENT OF FETAL WELLBEING

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Objectives: The fetal insulin hypothesis claims that genetic variants encoding fetal insulin secretion may explain the well-known association between birth weight and later risk of type 2 diabetes (T2D). In this study we aimed to address fetal genetic variants encoding insulin secretion and sensitivity and their effect on fetal growth during pregnancy.

Methods: Ultrasound scans with estimation of fetal weight and flow parameters were performed at 20, 25 and 32 weeks of gestation. Fetal genotyping was performed on DNA from 665 cord blood samples. Genetic risk scores (GRS) were calculated based on GWAS-identified loci associated with fasting or stimulated insulin levels and were used to test for association with intrauterine growth, flow measures and placental weight.

Results: The GRS for First phase insulin release (FPIR) was associated with fetal growth from week 20 to birth ($P=0.030$). The GRS for Fasting insulin (FI) and Insulin resistance (IR) were negatively associated with placental weight at birth ($\beta=-1.82$; SD 0.91; $P=0.025$), whereas the GRS for Insulin sensitivity (IS) was positively associated with placental weight ($\beta=1.96 \times 10^{-2}$, SD= 5.52×10^{-3} , $P=0.0004$). There was a strong positive correlation between placental weight and weight at birth indicating that the GRS may have indirect effects on birth weight, which are mediated through effects on placenta.

Conclusions: Genetic variants associated with fetal insulin levels and sensitivity may play important roles in fetal growth and placental physiology during pregnancy. These findings may help to elucidate the link between birth weight and risk of later T2D.

P0066 | CLINICSONOLOGICAL AND SURGICAL CORRELATION BETWEEN POSTCAESAREAN PREGNANCIES AND PLACENTA ACCRETA SPECTRUM DISORDERS

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.1 PRENATAL DIAGNOSIS

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Objectives: Placenta accreta spectrum (PAS) disorders, a potentially life-threatening complication of pregnancy are increasing due to a growing number of Caesarean deliveries. It demands well planned multidisciplinary care to achieve safer outcomes. The study was designed to evaluate the accuracy of ultrasound imaging as a diagnostic method in prenatal diagnosis of PAS. MRI is supplementary in inconclusive findings. Finally, we found out the correlation between clinico-sonological and surgical diagnosis.

Methods: 200 cases of low-lying placenta diagnosed by USG in post caesarean pregnancies in 2nd trimester from January 2019 to December 2020 in the department of obstetrics and gynaecology, IPGMER, Kolkata were enrolled for the study approved by the institution Ethics committee. They were prospectively further evaluated by ultrasonography to diagnose PAS disorder in the department of radiology. MRI was done in selected cases. PAS cases were followed up at the surgery.

Results: In our study, 35(17.5%) patients had USG suggestive PAS. During surgery, 20(83.3%) patients were confirmed to be PAS. Association of USG features vs operative finding was statistically significant ($P < 0.0001$). Sensitivity: 83.3 Specificity: 91.5 Negative Predictive Value: 97. Operative finding tallied with MRI in 100% of cases.

Conclusions: Ultrasonography is highly reliable to diagnose or exclude the presence of placenta accreta spectrum disorder. MRI is recommended in inconclusive suspicious cases. A center with a multidisciplinary team with prenatal prediction will offer safer maternity care.

P0067 | INDUCTION OF LABOUR IN WOMEN WITH PREVIOUS C-SECTION USING DOUBLE BALLOON CERVICAL CATHETER

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: To systematically review the effectiveness of cervical double balloon catheters for cervical ripening and labor induction at term for women with previous c-section in our institute.

Methods: A cross section observational review of all previous cesarean section patients with singleton, cephalic presentation at term with Bishop score < 6 who were induced with double balloon cervical catheter, between January 2019 and December 2019, at Nizwa Hospital, Oman. Total number were 92 patients. The primary outcome is the rate of successful vaginal delivery was calculated and maternal and neonatal complications, were analyzed retrospectively.

Results: We detected a vaginal delivery success rate of 85.7% in the group with previous vaginal delivery and 14.3% of them underwent emergency cesarean section, however, for the second group who had no vaginal delivery experience the success rate of VBAC was 37.5% and 62.5% ended by cesarean section majority for fetal distress or non-progress. We identified previous vaginal birth as independent predictive factor for successful vaginal delivery. No reported case of uterine rupture, 1 case of small scar dehiscence with good neonatal outcomes.

Conclusions: The study suggests that double balloon induction of labour is safe, simple, effective and with low cost. It also avoids the risks associated with prostaglandins such as hyper-stimulation and maternal and neonatal complication. Women with previous CS and who had previous vaginal delivery should be reassured that the success rate is almost similar to those who had spontaneous labor with no added complications and no increased risk of infection.

P0068 | CONSERVATIVE CONDUCT IN CESAREAN SCAR PREGNANCY: A CASE REPORT

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: Childbirth cesareans are the most common gynecological surgeries nowadays in women at menopause in Brazil. Among the complications, the cesarean scar pregnancy has considerably increased since last decade. The embryogenic implantation in the uterine scar presents a diagnostic challenge and life-threatening risk in maintaining pregnancy, but also a moral dilemma for interruption. The aim is to present an evolutive case and maternal and newborn results.

Methods: A case report was studied by analysis of medical records. A 38-year-old woman (two previous C-sections) presented a 7-week gestational sac with a life embryo located at cesarean scar. After counseling about risks, the patient did not wish to terminate, so follow-up was carried out with weekly ultrasounds and high-risk prenatal care.

Results: During prenatal care patient did not present any vaginal bleeding. Within 36 weeks of gestational age, a corporal longitudinal cesarean section was performed in elective condition, with obstetricians, radio interventional vascular and urologist team, in face

of a percretism previously diagnosed at MRI. Besides elective iliac artery embolization was performed, total hysterectomy and partial cystectomy was necessary after birth, with the need of maternal blood transfusion. Despite maternal complications, a female child was born, weighing 3.060 kg with an APGAR score 9/10, and mother and baby were discharged 4 days later.

Conclusions: Ectopic pregnancies in cesarean scar are an emerging obstetric complication worldwide. Although still rare, this pathology needs an early diagnosis and only in restrict cases encouraged to evolve, due to high maternal morbidity and mortality risks.

P0069 | DIAGNOSTIC ACCURACY OF NEUTROPHIL-LYMPHOCYTE RATIO IN PREDICTION OF PREECLAMPSIA

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: In Preeclampsia, there is inadequate placentation, due to deficient trophoblastic invasion causing placental hypoxia, pro-inflammatory cytokine secretion. Hyper activation of inflammatory and immunologic responses causes a marked increase and modulation of neutrophil count which results in endothelial damage and dysfunction.

Methods: This prospective cohort study was carried out over a period of 11 months after informed consent and ethical clearance. Total 320 pregnant women were recruited and 20 women were lost to follow up, so 300 pregnant women were followed up to 6 weeks postpartum. 52 developed hypertensive disorders of pregnancy. 8 were excluded because of pregnancy complications like intrauterine fetal death. Thus, study comprised of total 292 subjects, group 1 (non-severe preeclampsia)- 34 cases and group 2(severe preeclampsia)-10 cases and 248 healthy normotensive pregnant women. Samples for CBC were collected 2 times, first on enrollment and second after development of disease (groups 1 and 2) and healthy normotensive pregnant women. Absolute neutrophil count, Absolute lymphocyte count were obtained by an automated analyzer- SYSMEX XN 1000 and NLR was calculated from the same.

Results: Women who developed PE during follow-up (groups 1 and 2) had higher NLR than that of the healthy pregnant women even at early gestation. Also, there was significantly higher NLR seen in group 2 (severe PE) compared to group 1 (non-severe PE).

Conclusions: NLR proves to be an inexpensive and readily available biomarker, obtained from routinely done complete blood counts that may be useful for prediction and diagnosis of preeclampsia and its severity.

P0070 | FETAL GROWTH RESTRICTION (FGR) IN GESTATIONAL DIABETES MELLITUS (GDM): DOES PLACENTAL PATHOLOGY PLAY A ROLE? THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: Fetal macrosomia is common in GDM but FGR is also reported frequently. Maternal vasculopathy, placental dysfunction or overzealous glycemic control are possible factors hypothesized to contribute to FGR. This study was done to assess fetal growth in GDM and correlate it with extent of glycemic control, vasculopathy and placental abnormalities.

Methods: 83 pregnant women with GDM & 5 with pre-gestational diabetes were registered in a prospective cohort study and followed for glycemic control and fetal growth. Associated obstetric risk factors, mode of delivery & perinatal outcome was noted for each patient. Placenta was sent for histopathological evaluation (HPE) after delivery.

Results: 54% had FGR, 29.4% had FW 10th–25th percentile & only 2.3% had macrosomia. Significantly, 53.9% FGR cases had optimal glycemic control & only 8.7% had overzealous glycemic control. 28.4% had proteinuria indicating nephropathy. Placentae in GDM were larger with increased placental-fetal weight ratio (PFWR) ($P<0.001$) but placental size was not dependent on extent of glycemic control ($P=0.096$). PFWR was higher in GDM with FGR ($P<0.001$). Placental HPE findings like syncytial knots (91.8%), villous fibrinoid necrosis (85%) & villous immaturity (62.4%) were common in GDM ($P<0.05$).

Conclusions: The cause of FGR in GDM is elusive. Optimal glycemic control has a role in prevention of macrosomia but factors like placental abnormality, genetic growth potential of fetus & epigenetic factors may play a role in FGR. The concept of 'small fat Asian babies' must be kept in mind and larger multicentric trials are needed to decode this enigma.

P0071 | PREVALENCE OF GASTROSCHISIS IN A HIGH SPECIALTY HOSPITAL IN MONTERREY, A STUDY WITH A RISK APPROACH

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: The number of cases of gastroschisis has increased considerably in recent years, being the state of Nuevo Leon the one

with the majority. Identifying potential risk factors is essential to decrease incidence and increase early detection. Objective to verify a significant increase in the prevalence rate of gastroschisis as well as to identify related risk factors.

Methods: An interview focused on potential risk factors was conducted with mothers and fathers of 36 newborns with gastroschisis at the High Specialty Maternal and Children's Hospital between 2016 and 2020, which were analyzed in a statistical program to identify significant risk factors.

Results: With the exception of 1 newborn, all were delivered by caesarean section. The main associated risk factors were adolescent pregnancy and nulliparity. The main associated pathology was intrauterine growth restriction.

Conclusions: The prevention of gastroschisis should focus on the prevention of teenage pregnancy. The fetal evaluation should be oriented to the underlying pathologies and the treatment of the same in an integral way with the defect of the abdominal wall.

P0072 | A COMPARATIVE STUDY ON THE ACCURACY OF FIVE INTRAUTERINE GROWTH CHARTS IN PREDICTING THE CLASSIFICATION OF NEONATAL BIRTH WEIGHT AT ST. LUKE'S MEDICAL CENTER QUEZON CITY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.3 ASSESSMENT OF FETAL WELLBEING

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Objectives: Birth weight is a known predictor of neonatal morbidity and mortality, and it may lead to long-term adult diseases. There is inconsistency in classifying fetuses into SGA or LGA or misclassifying fetuses as AGA. Using the ultrasound Hadlock-derived EFW, this study aims to compare the accuracy of five intrauterine fetal growth charts in predicting the classification of neonatal birth weight based on the Modified Lubchenco Classification of Newborns as gold-standard.

Methods: This was a Retrospective Cohort Study of patients with fetal biometry at 25–40 weeks AOG and live birth of a singleton, phenotypically normal neonate within seven days of the ultrasonographic examination. Each of the fetal biometry gathered from the ultrasonographic report was used to calculate the EFW using the Hadlock 4 formula, and plotted in each of the five intrauterine fetal growth charts and compared.

Results: 1047 patients were included in this study of 30 months. 88.7% of ultrasonographic EFW were within the 13% weight difference error with a mean difference of $(\pm)146 \pm 106$ grams. The modified lubchenco classification of newborns categorized the 1047 cases into 31 SGA, 954 AGA, and 62 LGA neonates. Subgroup analysis for high- and low-risk group as well as gestational age were done and revealed similar results.

Conclusions: Across the five evaluated growth charts, over-all diagnostic accuracy was always highest with Lubchenco chart (86.7–89.2%). But clinical interpretation should be taken with caution, as individual case analysis must be undertaken.

P0073 | CHARACTERISTICS AND OUTCOMES OF SEVERE PREECLAMPSIA WITH COVID-19 CASES AT PROF DR R.D KANDOU GENERAL HOSPITAL MANADO

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: To evaluate the characteristics and outcomes of severe preeclampsia with COVID-19 cases.

Methods: This retrospective descriptive study was done using secondary data from Obstetrics & Gynecology Department, Prof. dr. R. D. Kandou General Hospital Manado during April 1st, 2020 to May 31st, 2021.

Results: The number of severe preeclampsia with COVID-19 was 20 cases out of 72 suspected cases. Ninety percent of all cases were asymptomatic and had mild symptoms. Only 10% of all cases had severe symptoms. Nineteen of the patients (95%) recovered and 1 death was recorded (5%). Sixty percent of these patients were over 30 years old, 75% were multiparity, and 95% were in 37-week gestation. Maternal morbidity was recorded in 4 cases (20%) comprising hypertensive retinopathy (1 case), eclampsia (1 case), and pneumonia (2 cases). In terms of neonatal outcomes, we recorded 1 case (5%) of intrauterine fetal death, 1 case (5%) of asphyxia (APGAR 5' \leq 3) and the remaining 18 cases have an APGAR 5' score of \geq 4. Intrauterine Growth Retriktion was not recorded. One neonate was diagnosed with COVID-19 in this study.

Conclusions: Severe preeclampsia with COVID-19 might be asymptomatic. Maternal and newborn outcomes were favorable and vertical transmission is unlikely. However, a bigger study is needed to evaluate maternal and neonatal outcome following severe preeclampsia with COVID-19.

P0074 | A SYSTEMATIC REVIEW AND NETWORK META-ANALYSIS ON CALCIUM FOR PRE-ECLAMPSIA PREVENTION: ADDRESSING EFFECTIVENESS AND SAFETY ACCORDING BASELINE DIETARY INTAKE, BASELINE PRE-ECLAMPSIA RISK, CALCIUM DOSE, AND ADDED INTERVENTIONS

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.7 PRE-ECLAMPSIA HEALTH SYNDROME

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Objectives: Calcium supplementation has been identified as a preventive measure to reduce pre-eclampsia incidence, however gaps remain in the evidence base. This review aims to determine the efficacy and safety of calcium supplementation in reducing the incidence of pre-eclampsia, based on dosage, timing, baseline dietary intake, baseline pre-eclampsia risk and calcium within a broader intervention.

Methods: We searched the Cochrane Pregnancy and Childbirth database, PubMed and reference lists of systematic reviews. Study selection, assessment and data extraction were conducted independently by two reviewers. Data were synthesized using random effects models with risk ratios as measures of effect. A Bayesian random-effects model was used to synthesize direct and indirect estimates into an overall network effect for the treatments of interest.

Results: We included 31 randomized controlled trials in the review. Calcium supplementation was associated with 53% reduction in the risk of developing pre-eclampsia (RR 0.47, 95%CI: 0.38–0.59, 31 studies, 20 445 participants, I² 61%). The protective effect of calcium supplementation was found regardless of baseline pre-eclampsia risk, dose of calcium (<1 vs ≥1 g/day) or timing of calcium administration (<20 vs ≥20 weeks), but the risk was reduced only among women with low baseline calcium intake (<900 mg/day). The network meta-analysis found that high and low dose supplementation had a strong protective effect, and no treatment was superior.

Conclusions: The finding that high and low dose calcium supplementation had similar effects has potential for improving implementation and compliance as lower dosages may be logistically simpler, more cost-effective and more acceptable to women.

P0075 | AN ATYPICAL PRESENTATION OF DENGUE ENCEPHALITIS IN A 23-YEAR-OLD GRAVIDA 2 PARA 0 (0010)

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: This paper aims to discuss a case of dengue viral illness with neurological manifestations in a 23-year-old Gravida 2 Para 0 (0010) in threatened preterm labor, with blood pressure elevations postpartum.

Methods: Literature search was done with the aid of Google Scholar, PubMed, and Herdin.

Results: Dengue viral illness is a disease spectrum endemic to the Philippines. During pregnancy, prompt diagnosis is essential, as it raises the risk of maternal and perinatal morbidity and mortality. Though generally non-neurotropic, Dengue viral illness can present with neurological symptoms and manifest as encephalitis. Management of its atypical forms is of the utmost importance. In rare cases as such, involvement of different disciplines and field of expertise is of the utmost importance, so as to develop an effective management strategy.

Conclusions: In a country with a high prevalence of infection, Dengue viral illness should be the primary consideration in pregnant women presenting with febrile illness, and no definite focus of infection. When a patient presents with neurological symptoms, a high index of suspicion for the complication of encephalitis must be maintained. When faced with a rare manifestation of certain disease, in many instances, it is a diagnosis of exclusion. We have to consider, and rule out, more common causes. As in this case – preeclampsia. Lastly, postpartum care should include serological testing of the Dengue virus in the neonate as an increasing number of cases of vertical transmission has been reported over the years.

P0076 | INCIDENCE OF ECLAMPSIA AND HELLP SYNDROME IN ADOLESCENTS FROM THE PERUVIAN ANDES

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.7 PRE-ECLAMPSIA HEALTH SYNDROME

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Objectives: To determine the characteristics of adolescents with eclampsia and /or HELLP syndrome in relation to adults.

Methods: Cross-sectional research conducted from 01/01/2015 to 12/31/2015 at the HRDC-Perú. Women with eclampsia and / or HELLP syndrome (HE) are stratified under 20 years (adolescents) and \geq 20 years (adults). Characteristics of both groups are determined, as well as describing their incidence by age and by subgroups of adolescents: early (10–14), intermediate (15–17) and late (18–19). We use the student *t* to compare the groups, chi square for risks and for survival, Kaplan Mayer. $P < 0.05$ was statistically significant.

Results: Of 81 HE in the HRDC, 63 (77.8%) were adults and 18 (22.2%) adolescents. Initial maternal weight in Kg (54.59 vs 63.31), parity (1 vs 2.84) and IUGR (16.7% vs 44.4%). Incidence were lower in adolescents with HE ($P < 0.05$). There were no significant differences between adolescents and adults as arterial pressures, platelets, bilirubins, transaminases, creatinine, neonatal weight, hospital stay. Maternal deaths in adolescents vs adults with HE (11.8% vs 5.6%), deaths (16.7% vs. 12.7%). Incidence in adolescents 3.03%. The incidence of HE decreased in the groups of early, intermediate and late adolescence (6.25%, 3.23% and 2.51%).

Conclusions: There is no difference in pressure and laboratory, but lower maternal weight, parity and IUGR between adolescents and adults with HE. The incidence is higher in early adolescents.

P0077 | MISOPROSTOL SUCCESS ULTRASOUND PREDICTIVE CRITERIA IN THE MANAGEMENT OF FIRST TRIMESTER TERMINATED PREGNANCIES

**THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME:
AB 1.2 IMAGING IN OBSTETRICS**

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Objectives: The main objective of this study is to determine the ultrasound predictive criteria of success of the use of Misoprostol in the management of the first trimester terminated pregnancies.

Methods: It is a monocentric prospective cohort study including all the cases of first-trimester terminated pregnancy managed first-line with Misoprostol during the first trimester of 2020. All patients had an endovaginal ultrasound with the same machine and by the same experienced operator 1 hour prior to the first dose of Misoprostol. The studied ultrasound criteria were: the embryo craniocaudal length (CCL), the diameter of the gestational sac (GS), and the cervix length (CL).

Results: We recruited 50 patients. The success rate of Misoprostol was 74%. The patients in the success (34) and the failure (13) groups were comparable regarding their age, parity, and the age of termination of their pregnancy. The only ultrasound criterion predictive of the success of the Misoprostol was the cervix length (shorter in the success group: 32 mm \pm 3.22 vs 38 mm \pm 2.39; $P = 10^{-4}$). There were no statistical differences between both groups in terms of CCL nor GS.

Conclusions: The ultrasound characteristics of the first trimester terminated pregnancy are not predictive of the success of Misoprostol contrary to the cervix length.

P0078 | SEVERE SUBVALVULAR AORTIC STENOSIS IN PREGNANCY

**THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME:
AB 1.4 MEDICAL DISORDERS IN PREGNANCY**

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Objectives: A 38-week pregnant woman with Severe Subvalvular Aortic Stenosis (SAA).

Methods: Case Report

Results: A 20-year-old woman presented to the hospital with a complaint of lower abdominal labor pain. Vital signs within normal limits and cardiac examination showed systolic ejection murmur 3/6 and diastolic murmur 2/4 in the aortic valve. ECG showed sinus rhythm with a heart rate of 88 times/min and LVH. Echocardiography show concentric LVH with a 130-mmHg gradient in the LVOT, severe subvalvular aortic stenosis. The patient was approached by Caesarean Section, delivered a 3400 grams female baby with a favourable APGAR score and followed by the insertion of IUD post-placenta. No significant symptoms on the follow-up. The patient was given oral bisoprolol, oral ferrous sulfate, oral domperidone, intravenous ceftriaxone, and intravenous metronidazole. The patient was dismissed after the fourth day and planned for transesophageal echocardiography (TEE) in the Cardiovascular Clinic.

Conclusions: Diagnosis of SAA can be confirmed by transthoracic echocardiography (TTE) and TEE. The definitive treatment for SAS consists of surgical correction of the obstruction, simple membrane removal, extensive ring resection with or without myectomy. Time to perform surgery depending on the patient's characteristics. Pregnant women recommended to check their pregnancy and heart disease every 2–4 weeks until 20 weeks of gestation, then every 2 weeks until 24 weeks of gestation, and then every week until birth. The number of complications suffered by the baby depends on the severity of the mother's heart disease.

P0079 | ASSOCIATION BETWEEN SICKLE CELL ANEMIA AND ECTOPIC PREGNANCY IN THE USA: A RETROSPECTIVE ANALYSIS
THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: To compare the incidence of ectopic pregnancy between patients with SSA and a carefully matched control group controlling for traditional risk factors such Genital tract infections, endometriosis and menstrual disorders.

Methods: The National Inpatient Sample database (NIS 2000-2015) was queried to conduct a retrospective study of hospitalizations with diagnosis of SSA using the ICD-9-CM diagnosis codes to identify the study cohort. The study outcome was the incidence of ectopic pregnancy among patients with a diagnosis of SSA and a propensity score matched group selected from the general population.

Results: There were 84 318 hospitalizations associated a primary diagnosis of ectopic pregnancy in the study period. There were 7115 cases of SSA compared to 7115 matched controls. The mean age in the study population was 31.7 ±9.05 years. There was no statistically significant difference in the incidence of ectopic gestation among women with SSA and matched control, ($\chi^2=3.28$, $P>0.05$). These women were more likely to have higher median income compared to their counterparts in the general population ($P<0.05$).

Conclusions: Sick cell anemia is not associated with a higher rate of ectopic pregnancy compared to the general population. Patients with sickle cell anemia may occupy a higher socioeconomic status compared to the average population in the USA.

P0080 | POSSIBILITIES OF COMPLEMENTARY NON-INVASIVE APPROACHES IN THE DIFFERENTIAL DIAGNOSIS OF HYPERTENSIVE DISORDERS DURING PREGNANCY (PRELIMINARY DATA)
THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.7 PRE-ECLAMPSIA HEALTH SYNDROME

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Objectives: Improving the results of visual assessment of the Congo test for differential diagnosis of Preeclampsia (PE) based on the modern digital technologies

Methods: A urine sample is mixed with a Congo Red dye solution. Two drops of the mixture, 5 µl each, are applied to a nitrocellulose membrane; The membrane is scanned for transmission; The size and clarity of the contour of the spots are automatically assessed, based on these parameters, a conclusion is made about the presence of a disease. To quantify the results of the Congo test, we wrote a script in python using the PIL (Python Image Library). 89 pregnant women were enrolled into the study: 21 – with Chronic arterial hypertension, 19 – with Gestational Hypertension, 18 – with moderate PE, 30 – with severe PE, 15 – with superimposed PE. 7 women with uncomplicated pregnancy and proteinuria in a single urine portion below 100 µg/mL constituted the control group.

Results: We scanned the images of the spots of the express method for diagnosing PE by urine congophilia Then we measured their diameter and color intensity gradient at the border. Then, these two parameters were combined, correlated with the diagnoses of the patients, and a diagnostic model was set up to distinguish: PE / non-PE.

Conclusions: The results of the ROC analysis showed that the proposed modified method has a fairly good sensitivity (79%) and specificity (63%) and can be used as an express approach for the differential diagnosis of PE.

P0081 | SUCCESSFUL PREGNANCY OUTCOME IN A DECOMPENSATED CIRRHOTIC WOMAN: A CASE REPORT

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: Pregnancy is not a rare event in patients with preexisting liver disease. Presently, peak fertility occurs between 15 and 44 years of age and chronic liver disease is an important cause of mortality of women in this age range in Brazil. This study describes the clinical features of a pregnancy with favorable evolution in a decompensated cirrhotic patient.

Methods: Report a case of a successful pregnancy in a woman with advanced liver disease, which took place at a university hospital in the city of Vitoria, Brazil.

Results: A 20-year-old female, 36 weeks primigravida, was admitted to the Gynecology and Obstetrics urgent care reporting abdominal pain, hematemesis and stool darkening in the last 24 hours. She had been through liver transplant surgery at 48-weeks-old due to congenital biliary atresia and it had been prescribed immunosuppressant therapy, which was interrupted by herself at age of 10, yet reported no previous decompensations. The patient underwent an uncomplicated emergency cesarean section because of acute fetal distress and a healthy preterm fetus was born. Laboratory and imaging findings demonstrated hypoalbuminemia, mild ascites, plateletopenia secondary to splenomegaly, esophageal varices and portal hypertension gastropathy, consistent with decompensated cirrhosis, which was designated to be a result of the immunosuppressants ceased use.

Conclusions: Pregnancy is possible in women with all stages of cirrhosis; hence, it should not be feared. Changes in liver function are unpredictable and the risk of postpartum hemorrhage is increased, consequently, strict follow-up is required, and the mother must be aware of possible adverse outcomes.

P0082 | PLACENTA ACCRETA SPECTRUM DISORDERS OUTCOMES IN TERTIARY HEALTH CARE

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: The aim of the study is to evaluate the association between several characteristics with maternal outcome in Placenta Accreta Spectrum Disorders.

Methods: A retrospective cross-sectional study was conducted within one year period from January 1, 2020, until December 31, 2020. Data of patients with Placenta Accreta Spectrum Disorders were obtained from medical records of Wahidin Sudirohusodo Hospital as a tertiary health care and were compared with data of patients with placenta previa from St. Khadijah Mother and Child Hospital as a secondary health care.

Results: A total of 59 patients were recruited. We categorized the data into 2 groups: Placenta Accreta Spectrum Disorders as the case group and placenta previa as the control group. Observational variables consisted of maternal age, gravida, and gestational age. Maternal age and gestational age were statistically significant with a *p*-value of 0.017 and 0.000 consecutively. Meanwhile, gravidae were not significantly different between the two groups with a *p*-value of 0.990. There was no maternal death in the placenta previa group, while there were 2 maternal deaths in the PASD group.

Conclusions: The risk of Placenta Accreta Spectrum Disorders increased as the increasing maternal age. Preterm babies tend to occur in Placenta Accreta Spectrum Disorders. The risk of maternal death increased in Placenta Accreta Spectrum Disorders patients.

P0083 | ANTICONVULSANTS IN PREGNANT WOMEN WITH EPILEPSY: IS IT SAFE TO THE FETUS?

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: To evaluate the risk of using anticonvulsants by pregnant women with epilepsy and the probability of congenital malformations (CFMs).

Methods: A literature review was made on PubMed using the following terms: "Congenital abnormalities" AND "Anticonvulsants" AND "Pregnancy" between 2015 and 2020. 91 articles were found.

The exclusion criteria were review articles and case reports; 21 original studies were used.

Results: Among the selected articles, a third of them were related to the use of unspecified anticonvulsants, with a higher probability of having CFMs, and according to Vajda, the risk goes up to 6.7%, versus 2.4% when there is no exposure (6.7% vs 2.4%; RR=2.78; 95%; CI=1.30–5.95). All of the articles that analyzed valproate showed an association with CFMs, and, according to F. J. E. Vajda et al, with said exposure the risk was 13.1% vs 2.4% without the drug (RR=5.43, 95%; CI=2.50–11.80). The exposure to topiramate, clonazepam, phenobarbital and carbamazepine was related to CFMs, although one of the studies demonstrated no difference under exposure to carbamazepine. The main malformations were spina bifida, orofacial cleft, clubfoot, dysmorphic craniofacial features, cardiovascular malformations, anorectal atresia and hypospadias. Levetiracetam and lamotrigine were unlikely related to CFMs, being considered safe.

Conclusions: Intrauterine exposure to anticonvulsants such as valproate, topiramate, clonazepam, phenobarbital and carbamazepine can generate relevant CFMs. Thus, those with a lower probability of malformations, such as levetiracetam and lamotrigine, must be preferred.

P0084 | MEASUREMENT OF UTERINE SCAR THICKNESS DURING PREGNANCY BY TRANSABDOMINAL SONOGRAPHY AND ITS CORRELATION WITH PERIOPERATIVE FINDINGS ON REPEAT CAESAREAN SECTION

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.2 IMAGING IN OBSTETRICS

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Objectives: Goal of this study is to measure of uterine scar thickness during pregnancy by transabdominal ultrasonogram and correlate it with perioperative findings on repeat caesarean section.

Methods: This cross-sectional study was carried out in the Department of Obstetrics and Gynaecology, Sir Salimullah Medical College Hospital, Mitford, Dhaka, from September 2017 to August 2018. A total of 100 pregnant women with previous 1 or 2 lower segment caesarean section (LSCS) between 36–41 weeks gestation were included in study group. Uterine scar thickness was measured by transabdominal sonography pre-operatively. Perioperative findings of uterine scar during repeat LSCS were grouped into preset categorization. Then pre-operative uterine scar thickness was compared with per-operative findings to find out the predictor of scar rupture.

Results: Result revealed that majority (66.0%) study subjects had scar thickness between 2–3.5 mm. Mean scar thickness was 1.881±0.53 mm in cases with scar tenderness. Difference of mean

scar thickness was statistically significant in cases with and without scar tenderness ($P<0.05$). According to Kumar et al., system perioperatively 38.8% subjects had well-developed scar. Mean scar thickness was 3.1±0.3 mm in well-developed scar and 1.6±0.3 mm in well-developed defect present in uterine scar. Statistically significant ($P<0.05$) difference was observed in different types of uterine scar preoperatively.

Conclusions: From the results of present study, we can conclude that sonographic measurement of uterine scar thickness is well correlated with per-operative findings on repeat caesarean section. Therefore, sonographic measurement of uterine scar thickness may help the obstetrician to select patients for VBAC thereby reducing the rate of caesarean section.

P0085 | IMPROVEMENT OF MATERNAL HEALTH IN BANGLADESH IN LAST DECADE

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.3 ASSESSMENT OF FOETAL WELLBEING

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Objectives: MDG-5 highlighted maternal health care as a global public health priority. Globally nearly 99% of 800 maternal death per day occurs in developing countries. In Bangladesh maternal mortality has reduced by 47% since 90. Bangladesh is the third-largest number of poor people in the world after China and India. It has a high mortality rate 170/100 000 LB compared to other nations.

Methods: Improvement of some indicators like Birth attended by skilled persons-42%. 1500 CSBA's trained plus 50000 FWV managed 3.25 million births in rural areas per year. Primary education-91.4% Literacy rate-15–24 years-85.9% CPR 62.4%. Age at 1st marriage-20–40 years-14.4 years to 16.1 years in 2014. CS Rate-23% Adolescent birth rate-113/1000 (15–19 years) Total fertility rate-2.3 births.

Results: Success has been achieved through targeted, well-designed, equity-oriented programs and government policy to work collaboratively with partners such as NGOs, Development partners, private sectors, and professional bodies. Some strategies like the Maternal health voucher scheme and emergency obstetric care services-improved maternal health. Incorporation with the ongoing Health and Nutrition Population Sector. SBA strategy with guidance from WHO and UNFPA The training of midwives is now the main issue. Family Planning services are well organized and strong in Bangladesh. Between 1990 and 2011, the proportion of undernourished women was reduced by nearly half from 52% to 24%.

Conclusions: Special step to be taken for the following factors Scarcity of health providers High incidence of home delivery Adolescent pregnancy. Then, ultimately, we will proceed to SDG-5.

P0086 | FETAL MATERNAL HEMORRHAGE AWARENESS PROJECT

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.1 PRENATAL DIAGNOSIS

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Objectives: Fetomaternal hemorrhage (FMH) is defined as a loss of fetal blood cells to the maternal circulation. Moderate to severe FMH occurs in around 0.3 % of all life births. FMH may be a significant cause of neonatal anemia and therefore fetal morbidity and mortality. Diagnosis and Management of FMH is highly dependent on physician awareness of the condition.

Methods: Retrospective analysis of FMH cases in tertiary perinatal centers in Berlin, Germany. Database search of the diagnosis fetal transfusion, excluding FFTS cases.

Results: In this dual center study 25 cases of fetal maternal hemorrhage, diagnosed by positive detection of fetal blood cells in maternal blood, were analyzed. 60% (15/25) of women presented with reduced fetal movement, 3/25 (12%) reported blunt abdominal trauma, one patient had an external cephalic version prior. 72% (17/25) showed sinusoidal FHT. 68% (17/25) of newborn were admitted to the NICU. 64% displayed a fetal hemoglobin of lower than 12.2 g/dL with an average of 3.8 g/dL.

Conclusions: This retrospective analysis highlights the importance of early diagnosis and treatment and/or delivery of fetuses with suspected FMH. Any woman presenting with reduced fetal movements should be assessed by a Doppler velocity measurement of the ACM and umbilical artery as well as fetal CTG.

P0087 | OUTCOMES OF LATE PRETERM SINGLETON NEONATES BORN FROM FILIPINO MOTHERS WITH GESTATIONAL DIABETES MELLITUS WHO RECEIVED ANTENATAL STEROIDS BETWEEN 34–36 6/7 WEEKS IN A TERTIARY PRIVATE HOSPITAL: A RETROSPECTIVE COHORT STUDY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: To compare the outcomes of late preterm singleton neonates born from Filipino mothers with gestational diabetes mellitus (GDM) who received and did not receive antenatal steroids.

Methods: A retrospective cohort study done in a tertiary hospital which includes late preterm singleton neonates born from Filipino mothers with GDM. Mothers were grouped into those who received (n=52) and did not receive steroids (n=42) between 34–36 6/7 weeks. Primary outcome was respiratory distress syndrome (RDS). Descriptive statistics and binary logistic regression were employed.

Results: The incidence of RDS in the study group was 3%. All neonates who developed RDS were from the steroids group who were delivered earlier (35.23 weeks±0.91). Other complications were TTNB (4%), pneumonia (6%), hypoglycemia (22%), sepsis (33%) and NICU admission (18%). There is no significant difference between incidence of RDS ($P=0.262$), TTNB ($P=1.0$), pneumonia ($P=0.694$), hypoglycemia ($P=1.0$), sepsis ($P=0.519$) and NICU admission ($P=0.199$) between the groups. The neonates whose mothers received steroids have decreased risk of developing TTNB (RR 0.8545) and neonatal pneumonia (RR 0.8545) but increased risk for hypoglycemia (RR 1.2042), sepsis (RR 1.1523) and admission to NICU (RR 1.3160).

Conclusions: There was no significant difference between neonates who received and did not receive late preterm antenatal steroids. The steroids group had decreased risk for TTNB however was predisposed to develop neonatal hypoglycemia and sepsis. Further studies on the optimal age of gestation that would most benefit from late preterm antenatal steroids in mothers with GDM is necessary to optimize its benefits and mitigate its potential risks.

P0088 | STROKE AND THROMBOSIS DURING HIGH-RISK PREGNANCY: A RETROSPECTIVE STUDY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: Coagulation dysfunctions during pregnancy can be correlated with numerous factors, such as physiological alterations on the coagulation cascade, thrombophilia, pre-eclampsia, advanced age, and others. This study aims to clarify the epidemiology of stroke and thrombosis in a high-risk maternity.

Methods: A retrospective, cross-sectional and descriptive analysis was conducted at the Hospital Universitário Evangélico Mackenzie de Curitiba with medical records from all births between May 2016 and January 2021. All patients with a confirmation of stroke or thrombosis were included and had their medical records analyzed.

Results: During the period analyzed there were 35 cases of thrombosis, being 42.8% deep vein thrombosis, and 5.7% resulted in

pregnancy termination. The mean age was 31 (± 6), 26.7% already had a history of pregnancy adversities and 11.4% had thrombophilia. As for ischemic stroke, there were 12 cases found, in which 8.3% resulted in pregnancy termination and 25% were related to obesity. For this pathology the mean age was 31 years, 16.7% had previous hypertension, but none was diagnosed with preeclampsia. For both stroke and thrombosis, 78.7% received either enoxaparin, heparin or acetylsalicylic acid.

Conclusions: Both stroke and thrombosis are underestimated pregnancy adversities that can result in serious complications, such as mother and fetal death and lifetime sequelae. Our study shows that investigation is needed, and the severity of those conditions highlights the need to investigate risk factors, in order to offer an early treatment and prevent both mortality and morbidity, increasing the mother and baby life quality.

P0089 | PREDICTION AND EARLY DIAGNOSIS OF FETAL GROWTH RETARDATION IN PREGNANT WOMEN WITH PLACENTAL DYSFUNCTION

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: The purpose of the study was to optimize the prognosis and early diagnosis of fetal growth retardation in women with placental dysfunction by substantiating and developing a personalized diagnostic algorithm.

Methods: We conducted a prospective survey of 100 pregnant women. The main group was divided into groups of pregnant women with placental dysfunction and fetal growth retardation (subgroup A, $n=40$) and pregnant women with placental dysfunction without fetal growth retardation (subgroup B, $n=30$). The control group consisted of 30 pregnant women with physiological gestational course. We carried out obstetric and general clinical examination of endothelium-dependent vasodilation, serum concentrations of sVCAM and sPECAM, indicators of atherogenicity of the vascular wall, VEFG, lipid peroxidation and antioxidant system.

Results: Pregnant women with placental dysfunction and fetal growth retardation in gestational endotheliopathy had an increase in serum indicators of VEFG (6.57 ± 0.32 pg/mL). Serum thrombospondin concentration in patients with fetal growth retardation increased by 2.3 times (3.44 ± 0.40 pg/mL). We observed an increase in the level of soluble forms of sVCAM -1 to 1635.75 ± 160.57 ng/mL in serum during placental dysfunction. The obtained data on the catalase activity indicated a significant ($P < 0.05$) decrease in its indicators in patients with placental dysfunction and fetal growth retardation to 0.11 ± 0.04 c.u./L.

Conclusions: We proved that thanks to the proposed algorithm for personification of the risk of perinatal pathology, it was possible not only to avoid cases of antenatal mortality, but also to prevent intra-natal and early neonatal losses in patients with placental dysfunction and fetal growth retardation

P0090 | BIRTH CANAL TUMORAL OBSTRUCTION AND THE IMPORTANCE OF PRENATAL CARE

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.1 PRENATAL DIAGNOSIS

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Objectives: Describe the case of a pregnant woman that, after presenting transvaginal bleeding in late pregnancy, was diagnosed with a tumor obstructing the birth canal and emphasize the importance of prenatal care.

Methods: We report the case of a 21 years old primiparous mulher at the gestational age of 35 weeks and 4 days, that sought medical attention presenting transvaginal bleeding and pelvic pain. Upon examination, she presented good fetal vitality and a vaginal injury obstructing the birth canal. The obstetric ultrasound determined an amniotic fluid index of 3.2. The patient was submitted to a cesarean section, due to oligohydramnios and the birth canal obstruction. The lesion was removed after delivery and none of the procedures presented complications.

Results: The anatomopathological results showed that the lesion consisted of a mesenchymal neoplasia with small round cells, with myxoid stroma and richly vascularized having thin and elongated vessels, which may correspond to a fibroepithelial stromal polyp, an angiomyxoma or an angiomyofibroblastoma. The patient was sent to follow up and further investigation and treatment in the oncological reference service.

Conclusions: Prenatal care is very important, as it prevents diseases and makes it possible to diagnose and treat comorbidities early in pregnancy. Although neoplasms of the lower genital tract during pregnancy are rare, they can generate a series of unfavorable outcomes and can be diagnosed early during visits, improving maternal-fetal outcomes.

P0091 | CASE REVIEW OF ACUTE MYELOID LEUKEMIA DIAGNOSED IN PREGNANCY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: Acute myeloid leukemia (AML) accounts for more than two thirds of leukemia during pregnancy. Its clinical management remains great challenge both for patient and medical team.

Methods: We provide a case review of maternal and fetal outcomes of AML case diagnosed and treated at our institute, April 2021.

Results: A 39 years old lady at 32 weeks pregnant presented with gum infection and dental problem, routine blood test showed white blood cell of 230 and very platelet count. The patient was immediately transferred to our unit. She had multidisciplinary review and the decision was made for immediate delivery. She was treated with chemotherapy as soon as baby delivered, she made a good recovery. Further investigation showed a triple gene mutation for NPM1, FLT3 and DNMT3A genes, which confers a poor overall prognosis. She is still completing her treatment under haematology unit with order for unrelated donor bone marrow transplant. The baby had good outcome after spending time at special care unit.

Conclusions: The treatment of AML occurring during pregnancy is challenging, early senior and multidisciplinary input in such complex rare cases in pregnancy is paramount to achieve a favorable outcome. Involvement of the patient in decision making as well as provision of support to the family was highly necessary.

P0092 | ASSOCIATION OF DIETARY CALCIUM INTAKE, TOTAL AND IONIZED SERUM CALCIUM LEVELS WITH PRE-ECLAMPSIA IN ETHIOPIA

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.7 PRE-ECLAMPSIA HEALTH SYNDROME

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Objectives: The study aimed to see the association of dietary calcium intake, serum total calcium level and ionized calcium level with preeclampsia.

Methods: An unmatched case-control study was conducted in Gandhi Memorial, Tikur Anbessa, and Zewditu Memorial Hospitals, all in Addis Ababa, between October to December 2019. Cases were 42 women with preeclampsia and controls were 42 normotensive

women. Bivariate and multivariate logistic regression and Pearson correlation test were utilized during data analysis.

Results: In comparison with controls, women with preeclampsia had lower mean ($\pm 1SD$) levels of ionized calcium level (1.1 mmol/L ± 0.11), total serum calcium level (1.99 mmol/L ± 0.35) and lower median (IQR) dietary calcium intake (704 mg/24 hours, 458–1183). The odds of having preeclampsia were almost eight times greater in those participants with low serum ionized calcium level (OR 7.5, 95% CI 2.388–23.608) and three times higher in those with low total serum calcium level (OR 3.0, 95% CI 1.024–9.370). Low dietary calcium intake also showed statistically significant association with preeclampsia (OR 3.4, 95% CI 1.092–10.723). Serum ionized calcium level and total serum calcium level showed positive correlation of moderate strength ($P=0.004$, $r=0.307$).

Conclusions: This study showed significant association between low dietary calcium intake and low serum calcium levels with preeclampsia, hence this can be used as a supportive local evidence for the current context-specific recommendation of calcium supplementation in societies with low-dietary calcium consumption in an attempt to prevent preeclampsia, therefore implementation study should be considered in Ethiopia to look for the feasibility of routine supplementation.

P0093 | PERFORATION OF MECKEL'S DIVERTICULUM: A RARE CASE OF ACUTE ABDOMEN COMPLICATING PREGNANCY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: Meckel's diverticular infection and perforation is a rare cause of acute abdomen during pregnancy. The clinical presentation is unspecific, sometimes misleading and its diagnosis is often difficult.

Methods: Consultation of the clinical file.

Results: A 30-year-old woman, primigesta, at 33 weeks of gestation, previously healthy, presented with a two-day abdominal pain in the lower abdomen, mainly at the left iliac fossa, nausea, vomiting and obstipation. Physical examination showed no fever, a distended abdomen and tenderness. There was no evidence of uterine contractions or foetal distress. The blood parameters showed leucocytosis and elevated PCR. Both abdominal ultrasound and computerized tomography were inconclusive. Corticosteroids for foetal lung maturation and antibiotics were initiated. The clinical status worsened, and an urgent caesarean section was performed followed by an exploratory laparotomy. It was identified pus on the abdominal cavity as well as a distended and necrotic Meckel's diverticulum, with

a perforation site. Segmental small resection was performed. The patient had an eventful recovery and was discharged after four days.
Conclusions: Meckel's diverticulum is a congenital gastrointestinal abnormality that usually is silent. When symptomatic, it can present as intestinal bleeding or obstruction due to volvulus, intussusception, torsion and diverticulitis that might evolve into perforation. Signs and symptoms are similar to other sources of bowel obstruction. Although extremely rare during pregnancy, its diagnosis must be considered especially when causes like appendicitis seem less plausible. Early management is imperative since the condition can complicate the pregnancy and result in maternal and foetal morbidities or mortalities.

P0094 | LOW DOSE MAGNESIUM SULPHATE AND PRITCHARD REGIME FOR IMMINENT ECLAMPSIA AND ECLAMPSIA – A COMPARATIVE STUDY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.7 PRE-ECLAMPSIA HEALTH SYNDROME

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Objectives: To compare efficacy and safety of low dose magnesium sulphate with Pritchard regime in women with imminent eclampsia and eclampsia.

Methods: This Randomised Prospective study was conducted in ACPM Medical college, Dhule, India. 120 patients of imminent eclampsia and eclampsia were divided into study group (n=60) receiving low dose MgSO₄ and control group (n=60) receiving Pritchard regime. The control and recurrence of convulsions, toxicity of MgSO₄, maternal and perinatal mortality was studied.

Results: Majority of patients 70% (84) were primigravida and most 75% (90) were un-booked cases. Convulsions were controlled in 90% study group and 91.6% control group. Success rate in prevention of seizures in both the groups was 100%. Toxicity of MgSO₄ was significantly low in the study group ($P < 0.001$). Perinatal mortality was 30% in study group and 41.67% in control group. There was no maternal mortality in our study.

Conclusions: Low dose magnesium sulphate regime is equally effective in prevention and control of convulsions in women with eclampsia and a safe option in Indian women.

P0095 | IMPACT OF COVID-19 DISEASE ON PREGNANCY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: Pregnant women, considered to be immunocompromised, faced with coronavirus disease, there is little evidence on the impact of the disease, in terms of perinatal health. The aim of this study is to determine the impact of COVID-19 on pregnancy and newborns in Madagascar.

Methods: This is a descriptive, prospective study of cases of COVID-19 in pregnant women seen at Befelatanana University Hospital for Obstetric Gynecology Antananarivo-Madagascar, between May 27 and September 3, 2020.

Results: During this period, 39 patients were selected, the epidemiological and clinical characteristics of the women were similar to the general population. In 95% of cases, they were symptomatic with the main symptoms being: cough (64.10%) fever (51.28%), anosmia and or ageusia (41% to 48.71%), dyspnea (41.02%). The majority were in the second (46.15%) and last (41.02%) trimester of pregnancy. Of the 33 deliveries, 32.25% were premature, one fetus had one growth retardation in uterine, two fetal deaths in utero and two cases of fetal transmission of the virus. The maternal outcome was marked by four deaths (9.52%), cases of renal and / or heart failure, acute respiratory distress syndrome, disseminated intravascular coagulation.

Conclusions: SARS-CoV-2 increases risks to perinatal health, vertical transmission exists. Improved health education and effective preventive and control measures must be taken.

P0096 | OUTCOMES OF ISOLATED SHORT FEMORAL LENGTH AT VARIOUS GESTATIONS

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.2 IMAGING IN OBSTETRICS

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Objectives: Review of cases referred for isolated short femur length to our Fetal Medicine unit (SWBH NHS Trust).

Methods: Retrospective review of all the cases referred to our Fetal medicine unit over two years for short femur length at various gestations. Data obtained from the maternity notes and ultrasound reports. Our criteria for referral was femur length <10 th centile at any gestation in pregnancy and a total of 44 cases were reviewed.

Results: Around 51% of women in this group were of Asian ethnicity and majority of them had a history of previous small for gestational age babies. 60% of them had antenatal screening for aneuploidy out

of which 11% had a high risk for Trisomy 21. Only 1 patient opted for invasive testing and the foetal karyotype was normal. There was one case of skeletal dysplasia in this cohort. There were no other structural abnormalities identified and no babies were suspected or confirmed to have an aneuploidy or structural abnormality after birth. 41% of these babies had a birthweight centile below the 10th centile. **Conclusions:** Although short femur length may be a marker for Trisomy 21, skeletal dysplasia and foetal infections majority of these cases are constitutional. Furthermore, this is a marker for fetal growth restriction and these women must be offered serial growth scans to monitor fetal growth velocity. These data will help in counselling our local population and avoid unnecessary investigations which can cause a lot of anxiety to expecting women.

P0097 | INDEX TO PREDICT PERSISTENT POSTPARTUM HYPERTENSION IN PATIENTS WITH PREVIOUS HISTORY OF PREECLAMPSIA
THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.7 PRE-ECLAMPSIA HEALTH SYNDROME

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Objectives: To design and validate a rate, based on risk factors, that allow predicting the persistence of postpartum hypertension in patients with previous history of preeclampsia.

Methods: A multi-center prospective cohort study with 215 participants was conducted simultaneously in three institutions in Cuba, "Carlos Manuel of Céspedes" General Hospital in Bayamo, Granma; "Agostino Neto" General Hospital in Guantánamo; and "Juan Bruno Zayas" Hospital, in Santiago de Cuba, during , a 3-year period from April 1st, 2017 to March 31st, 2020.

Results: A multi-variate analysis (Cox's regression), showed that the most influential factors in the appearance of postpartum persistent hypertension are as follows: The diagnosis of preeclampsia prior to 34 weeks of gestation; proteinuria values were more or equal to 2 g/L in 24 hours; villous infarct and placental disruption. The rate showed good predictive capability (marked area beneath the curve of 0.946).

Conclusions: The analysis and validation of the rate, allowed predicting with efficacy and adequate reliability, the persistence of postpartum hypertension in patients with previous history of preeclampsia.

P0098 | FETO-MATERNAL OUTCOME OF ABRUPTIO PLACENTAE

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: To evaluate maternal and fetal outcomes in cases of abruptio placentae.

Methods: It was a hospital based retrospective study conducted in Burdwan Medical College and Hospital, a tertiary care center in India, during the period of one year from 1st January 2020 to 31st December 2020. All the patients who were admitted with antepartum hemorrhage and confirmed as abruptio placentae during the study period were included. Data were collected from the hospital records and analyzed with the help of IBM SPSS software.

Results: The incidence of abruptio placentae was 0.92% among which 64% underwent LSCS, 31.6% vaginal delivery and 4.4% instrumental vaginal delivery. Anemia was observed in 88% of cases of which 74% required blood transfusion. It was associated with pre-eclampsia (31%), chronic hypertension (3%), eclampsia (6%), HELLP syndrome (1%), infection (8%), post-partum hemorrhage (19%), shock (9%), DIC (11%) transient renal failure (2%). Maternal mortality was in 2% cases and perinatal mortality was 36% including 29% stillborn. Other perinatal adverse outcomes were low Apgar score (12%), low birth weight (34%) and increased incidence of NICU admission (14%).

Conclusions: Incidence of abruption placentae is alarmingly high in developing countries like ours and it is a great challenge to obstetricians. Effective screening for hypertensive disorders of pregnancy and other risk factors are helpful in early diagnosis and early resuscitation of abruption. The judicious decision of termination and timely management of shock can reduce perinatal and maternal mortality and morbidity.

P0099 | RISK FACTORS AND MATERNAL OUTCOME IN PREGNANCIES COMPLICATED BY PLACENTA ACCRETA SPECTRUM: ANALYSIS OF 119 CASES

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: To evaluate the risk factors and maternal outcome in deliveries complicated by Placenta accreta spectrum

Methods: It is a retrospective evaluation of deliveries complicated by Placenta accrete spectrum (PAS), over a period of four years in our department. Three categories of PAS were defined based on the degree of placental invasion as placenta accreta, increta and percreta. The demographic data include maternal age, parity, gestational age

at diagnosis, risk factors and number of antenatal visits. The surgical details, number of blood products transfused, need for critical care and maternal outcome were recorded.

Results: The total number of deliveries during the study period was 39 154. Of these, 119 deliveries were complicated by PAS. The incidence of PAS was 1 per 329 deliveries. Placenta accreta was the commonest type amongst PAS. Previous cesarean section with placenta previa was the commonest risk factor. Amongst all, 68% had no antenatal care. Of women with PAS, 57.9% needed critical care support. There were 15 (12.6%) maternal deaths.

Conclusions: The incidence of PAS is alarmingly increasing. Previous cesarean section with placenta previa is the commonest risk factor. The condition is extremely challenging in Low middle income countries where universal antenatal coverage is still far, and majority of these women come to hospital at the time of delivery. PAS is associated with poor maternal outcome.

P0100 | ANTIPHOSPHOLIPID ANTIBODY SYNDROME AND PROTEIN S DEFICIENCY: A SUCCESSFUL PREGNANCY OUTCOME

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: Patient with Antiphospholipid syndrome has a poor fetal outcome. Deficiency of Protein S also leads to thromboembolism and fetal loss. Here we are presenting a case with antiphospholipid antibody syndrome & protein-S deficiency with a successful pregnancy outcome.

Methods: We present here clinical course & treatment of a woman with history with two recurrent first trimester abortion. Her lupus anticoagulant (LA) was positive. It was confirmed by DRVV (Dilute Russell Viper Venom) screen time, plasma was 47.8 seconds (normal range: 31.36–40.44). DRVV screen ratio was also high. Initial APTT was 62 seconds (normal range: 21.5–32.6). INR was 3.07 which was also higher than normal therapeutic range. Serum anti phospholipid antibody (IgG) was 6.32. Cardiolipin antibody (Ig G) 11.34. Antinuclear antibody was positive. Serum protein S was 34 % (normal range: 55–123). Plasma antithrombin activity and protein C activity was normal. She had no history of any arterial venous thrombotic event. After diagnosis of Antiphospholipid antibody & Protein S deficiency, she was treated with low dose aspirin (75 mg/day) & hydroxychloroquine (200 mg twice daily). Two months after starting medications, she conceived. Low molecular weight heparin was discontinued as she developed per vaginal bleeding.

Results: Her pregnancy course was uneventful. Her delivery was planned on 36 completed weeks. She delivered a healthy male baby of 2.8 kg through caesarean section. Liquor was adequate. Blood loss was minimum during surgery.

Conclusions: Patient with recurrent miscarriage should be evaluated for APLA (Antiphospholipid antibody) and pre-conceptual intervention by medications may help to achieve successful pregnancy.

P0101 | KNOWLEDGE AT YOUR FINGERTIP – CHATBOT UTILIZATION IN PATIENT EDUCATION FOR FETAL ANEUPLOIDY TESTING

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.1 PRENATAL DIAGNOSIS

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Objectives: Determine patient and provider satisfaction with a chatbot for education about prenatal genetic testing options.

Methods: A randomized controlled trial was conducted at two clinical sites in the United States to evaluate a chatbot's ability to augment education for prenatal genetic testing options. In this secondary analysis, the effect on patient and provider satisfaction with the pre-test education was measured using a self-reported survey.

Results: 258 participants were randomized into two groups: the intervention group interacted with the chatbot prior to meeting with the provider (n=130), and the control group only received counseling from the provider (n=128). Both groups reported high satisfaction with no statistically significant difference between the groups (mean patient satisfaction scores [1–10]: 8.2 vs 8.5, P=0.35). Providers also reported high satisfaction in their patient interactions with no significant difference between the patient groups (mean provider satisfaction score [1–10]: 8.7 vs 8.4, P=0.13). The majority of patients had a positive overall experience with the education provided by the chatbot; 87.7% found the information to be at their level of understanding. Patients found the interaction with the chatbot enjoyable, would use a chatbot again to learn about medical tests and found the chatbot friendly, engaging, and easy to use.

Conclusions: Prenatal patient education using a chatbot was met with high patient and provider satisfaction. Providers can consider digital interactive tools such as a mobile device chatbot application to provide needed education in a personalized manner.

P0102 | PREGNANCY AND CERVICAL CANCER – CASE REPORT IN THE PATHOLOGICAL PREGNANCY WARD OF THE IMIP

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: Report a case of cervical cancer during a pregnancy identified by the pathological pregnancy ward team at Professor Fernando Figueira Integrated Medicine Institute (IMIP), collect data in the medical records, perform a literature review related to the topic.

Methods: PRFS, female, 31 years old, married, primigravid, checked in at the hospital through obstetrical care emergency reporting bleeding and foul-smelling vaginal discharge for a month. A uterine cervix biopsy was performed and invasive squamous carcinoma cells, stage IIIA, locally advanced were found. The patient decided not to terminate the pregnancy having her prenatal care at IMIP. The cancer treatment consisted in chemotherapy with isolated cisplatin. She had a cesarean delivery on the 32nd week of pregnancy. During prenatal and puerperium, she suffered clinical complications that required hospitalization, such as deep vein thrombosis, refractory pain, bleeding and sepsis, leading her to death in late puerperium

Results: Although this clinic case reports a frequent pathology, it's shocking because of the associated conditions, pregnancy and an advanced stage cancer. When cervical cancer is found and treated at an early stage it can be cured. A pregnant woman who had been diagnosed with cervical cancer at an advanced stage in an emergency, chose not to terminate the pregnancy and delayed the proper treatment, turning the case into a clinic dilemma

Conclusions: This case report highlights the importance of registering cases of pregnancy and cervical cancer concomitantly in order to promote greater subsidy to therapies, considering that it's a pathology of high incidence but preventable.

P0103 | THE CHALLENGES OF SCREENING FOR GESTATIONAL DIABETES MELLITUS IN BRAZIL: A CROSS-SECTIONAL STUDY IN A PUBLIC HEALTH MUNICIPALITY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.1 PRENATAL DIAGNOSIS

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Objectives: The absence of universal gold standards for Gestational Diabetes Mellitus (GDM) screening has led to problematic assistance. We aimed to evaluate the GDM protocol and prevalence in Assis-SP-Brazil.

Methods: A cross-sectional study in a public hospital from March to June 2021 included all patients admitted for delivery, excluding previous DM.

Results: We analyzed patients' antenatal information of 175 cards. The median age was 25; declared Caucasian 73.7%; 142 married/cohabiting; 51.4% Catholic, 41.1% Protestant. We considered 32.6% of cards incomplete—a median of 9 antenatal visits, 38 weeks gestation, initial BMI 26.18, and final, 30.14. We observed 14 patients with any information of initial Fasting Plasma Glucose (FPG). From 161 first-trimester-FPG, 18 (11.18%) were hyperglycemic. In the second trimester, 53 did not perform FPG. Only 34 (19.4%) were screened with OGTT-75-grams. We detected 18/161 patients tested (11.18 %) with overt diabetes (ADA-criteria) and 14 patients not screened. Using the 2nd-trimester-FPG and OGTT-75-grams from 122 patients, eight (6.56%) presented GDM. This number is underestimated because only 34 were adequately screened, and in 53 cards, we did not find any test. Using WHO-criteria, we detected GDM in 28 patients (17.39%).

Conclusions: We observed an expressive number of non-screened and many cards with incomplete information. The GDM rate was underestimated due to the lack of card information and the patient inadequacy of a GDM screening protocol. Our findings are crucial to alert the health system to propose strategies to improve screening. We propose a massive educational program to adopt the WHO criteria universally.

P0104 | THANATOPHORIC DYSPLASIA TYPE II – CASE REPORT

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME:
AB 1.1 PRENATAL DIAGNOSIS

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Objectives: The purpose is to present a case report about thanatophoric dysplasia (TD) Type II, highlighting its clinical, physical changes, diagnoses, imaging tests and treatment.

Methods: A 42-year-old pregnant woman, G4P1CA2, GA: 31w + 2d admitted for investigation of nephrolithiasis and preeclampsia. Her second trimester morphologic USG described fetal morphostructural changes suggestive of thanatophoric dysplasia. The patient complained of severe respiratory distress due to marked polyhydramnios.

Results: She underwent cesarean section with the birth of a live male fetus, that had 40 cm of cranio-podal length, 2380 kg of weight, megalencephaly and marked hydrocephalus. There was complete disjunction of anterior and posterior fontanelles, low "cloverleaf" skull implantation of the ears, with posterior rotation; flattened nose; short neck; thoracic hypoplasia and globose abdomen; short and curved limbs. The chest and whole-body radiographic findings pointed: "diffuse velamentation of both lungs; lower and upper limbs with bone morphostructural alterations." The sum of the clinical, sonographic and radiological findings confirmed the diagnosis of Type II TD, and the newborn died 30 minutes after his birth.

Conclusions: TD has no cure and death often occurs in the first days of life due to respiratory failure. This early diagnosis is important in order to prepare the family with necessary psychological support. Genetic counseling is relevant due to the divergence in recurrence, which despite being autosomal dominant most cases occur due to new mutation.

P0105 | OBSERVED CHROMOSOMAL IMBALANCES AND PERFORMANCE OF CFDNA TESTING IN PREGNANCIES WITH FETAL CARDIAC ABNORMALITIES

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME:
AB 1.1 PRENATAL DIAGNOSIS

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Objectives: To describe the chromosomal imbalances observed and performance of cfDNA testing for common aneuploidies in a large, prospectively collected cohort of pregnancies with fetal cardiac abnormalities.

Methods: In this secondary analysis of a cohort collected to determine the performance of the Harmony prenatal test for 22q11.2 deletions, the number and type of other chromosomal imbalances were determined. The performance of the test for trisomy 21, trisomy 18, trisomy 13, and sex chromosome aneuploidies (SCA) was evaluated based on cfDNA result concordance with fetal genotype.

Results: In the study group of 358 pregnancies, 53 (14.8%) had whole-chromosome aneuploidy of 21, 18, 13, X or Y, 34 (9.1%) had a 22q11.2 deletion and 46 (12.8%) had other imbalances. cfDNA testing identified 29/29 trisomy 21 (100%), 18/18 trisomy 18 (100%), 2/4 trisomy 13 (50%), 2/2 SCAs (XXY, XX/XO) (100%) and 24/34 22q11.2 deletions (70.6%) (previously reported). There were 2 triploidies, 2 mosaic trisomies (12 and 16), and 2 single-gene disorders. The 40 other subchromosomal deletions and/or duplications ranged in size between 0.14 and 77 Mb. Most were <7 Mb in size.

Conclusions: A wide range of chromosomal imbalances was present in this cohort of pregnancies with fetal cardiac abnormalities. Targeted cfDNA testing detected the common trisomies with high sensitivity. Most of the remaining imbalances not targeted by the test in this study would also not be detectable by genome-wide cfDNA testing because of their small size. These data support diagnostic testing rather than cfDNA as the gold standard for these high-risk pregnancies.

P0106 | ABNORMAL PLACENTAL VILLOUS MATURITY AND DYSREGULATED GLUCOSE METABOLISM: CANNOT TREAT IF CANNOT SEE

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.3 ASSESSMENT OF FOETAL WELLBEING

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Objectives: 1:250 births end in stillbirth in the UK. Abnormal placental villous maturation is a risk factor for stillbirth and is associated with gestational diabetes. There is an anecdotally frequent diagnosis of villous dysmaturity in placentas from otherwise unexplained stillbirths in women without formal diagnosis of diabetes but clinical characteristics or risk factors for diabetes.

Methods: We reviewed placental histopathology reports and pregnancy outcomes for University College London Hospital patients delivering between July 2018 to March 2020. Analysis of the maternal characteristics and pregnancy outcomes of women with abnormal villous maturation and how they compare to other related placental lesions.

Results: 1:5 babies with distal villous immaturity (DVI) were stillborn to mothers less than 40 years old with no pre-existing diabetes or hypertension. 70% of women DVI had at least one abnormal glucose test result despite no formal diagnosis of diabetes. Half of their babies were normal weight. All women with DVI had normal PAPP-A and uterine artery Doppler studies (UtA-PI) and none developed pregnancy induced hypertension. No woman with fetal vascular malperfusion (FVM) had low PAPP-A, but most had abnormal UtA-PI.

Conclusions: Pregnancies with abnormal villous maturation likely start with normal placentation, but villous dysfunction occurs in the third trimester as a result of glucose dysmetabolism not sufficient for diagnosis with current diabetes criteria. Women with FVM seem to develop placental dysfunction in the second trimester. Relying on conventional diabetes tests, fetal macrosomia or growth restriction may not identify all pregnancies at risk of adverse outcomes from glucose dysmetabolism.

P0107 | ULTRASOUND ROAD TO TRISOMY 18 DIAGNOSIS

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.1 PRENATAL DIAGNOSIS

Rami Boufarguine; Hager Bettaieb; Wael Mbarki; Nesrine Souayah; Idriss Abidi; Soumaya Halouani; Hedhili Oueslati; Chaouki Mbarki
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Objectives: The objective is to study morphological abnormalities in trisomy 18.

Methods: We report a case of a Trisomy18 syndrome suspected in the third trimester and confirmed by foetopathology after medical interruption of the pregnancy in obstetrics and gynecology department of Benarous Tunisia.

Results: 30-year-old patient with no notable pathological history, Gravida 2 Para 2, non-consanguineous marriage. *T1 ultrasonography:* nuchal translucency was 1.3 mm; the ultrasonography made at 22 GW showed an umbilical cord cyst. She was referred to our department at 31 gestational weeks (GW), for a suspicion of a mega cisterna magna. Ultrasound in our department showed a mega-large cistern, lack of visualization of vermis between the two cerebellar hemispheres. The dilated V4 appears to be fused with the posterior cistern. A fetal echocardiogram showed cardiomegaly with hypoplasia of the left heart and an alignment of the valves. Chromosomal aberration was suspected in association with syndromic association (dandy-walker, complex heart disease, cord cyst). Histopathological examination after medical interruption of pregnancy revealed the following findings: Fetal male, 31–32 GW fetal age, with craniofacial dysmorphism, and DANDY WALKER syndrome, cardiac abnormalities, urogenital anomaly. The post-mortem fetal karyotype confirmed the diagnosis of trisomy 18.

Conclusions: The fine analysis of fetal morphology and the classification of anomalies into syndromes can direct us straight away to the diagnosis of a well-defined chromosomal aberration and allow early therapeutic interruption of pregnancy.

P0108 | ECLAMPSIA IN ASSOCIATION WITH POSTERIOR REVERSIBLE ENCEPHALOPATHY SYNDROME

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: This is a case report of pregnancy of an eclamptic female in association with Posterior Reversible Encephalopathy Syndrome

Methods: A case reported at Indira Gandhi Institute of Medical Sciences, Patna, Bihar, India. A 28-year-old primigravida woman with 31 weeks period of gestation presented with 2 episodes of seizures. History of spotting for past 15 days and 2 times passage of clot during this period. Her pulse rate was 100/min, B.P was 160/100 mmHg, 3+ proteinuria present in the dipstick. Her hemoglobin was 12.3 g/dL, platelet was 70 000/cc, serum creatinine was 0.70 mg/dl, 24-hour urine protein was 2780 mg, blood urea was 52 mg/dl, serum uric acid was 8.8 mg/dl, ALP was 223 IU/L.

Results: Patient underwent emergency cesarean section due to status epilepticus. Patient also threw postpartum seizures and was on Mgso4 therapy. After 3 doses her knee jerk was absent. Mgso4 therapy was put on hold and her serum magnesium and serum electrolytes were sent for investigation. Her EEG was normal, but MRI brain showed cortical and subcortical white matter hyperintensities in bilateral occipital lobe (RT>LT) without restricted

diffusion or blooming signifies a symptom of Posterior Reversible Encephalopathy Syndrome.

Conclusions: Posterior Reversible Encephalopathy Syndrome is a very rare complication of Eclampsia. Early recognition is necessary to ensure its reversibility. This case emphasizes the need of a proper antenatal care, early recognition and multidisciplinary management.

P0109 | THE DIAGNOSTIC INDICATORS OF GESTATIONAL DIABETES MELLITUS FROM SECOND TRIMESTER TO BIRTH: A SYSTEMATIC REVIEW

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: This study aimed to 1) systematically explore biomarkers reported in the literature as differentiating Gestational Diabetes Mellitus (GDM) from healthy pregnancies 2) screen those indicators assessed against the current diagnostic method, Oral Glucose Tolerance Test (OGTT).

Methods: A systematic review of GDM diagnostic indicators was performed according to PRISMA guidelines.

Inclusion criteria were full-text, comprehensible English-language articles published January 2009-January 2021, where a biomarker (from blood, ultrasound, amniotic fluid, placenta) was compared between GDM and normal glucose tolerance (NGT) women from the second trimester to immediately postpartum.

GDM diagnostic method had to be clearly specified, and the number of patients per study higher than 30 in total or 15 per group.

Results: Of 13 133 studies identified initially, 175 (135 921 participants) were included. One hundred and twenty-nine studies described blood analytes, one amniotic fluid analytes, 28 ultrasound features, 17 post-natal features. Adiponectin, AFABP, Betatrophin, CRP, Cystatin-C, Delta-Neutrophil Index, GGT and TNF-A demonstrated statistically and clinically significant differences in substantial cohorts of patients (500).

When compared against OGTT, Leptin >48.5 ng/mL, Ficolin3/adiponectin ratio ≥ 1.06 , Chemerin/FABP >0.71, and Ultrasound Gestational Diabetes Score >4 all demonstrated sensitivity and specificity >80% in adequate sample sizes (>=100).

Conclusions: Numerous biomarkers may differentiate GDM from normoglycaemic pregnancy.

Given the limitations of the OGTT and the lack of a gold standard for GDM diagnosis, advanced phase studies are needed to triangulate the most promising biomarkers.

Further studies are also recommended to assess the sensitivity and specificity of promising biomarkers not yet assessed against OGTT.

P0110 | FIRST TRIMESTER DIAGNOSIS OF PRUNE BELLY SYNDROME IN A FETUS WITH SUGGESTIVE ABNORMALITIES

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.1 PRENATAL DIAGNOSIS

Rami Boufarguine; Hager Bettaieb; Wael Mbarki; Nesrine Souayah; Idriss Abidi; Soumaya Halouani; Hedhili Oueslati; Chaouki Mbarki
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Objectives: The objective of this work is to show that suspicion of Prune belly syndrome (PBS) early in the pregnancy is advantageous in order to detect associated abnormalities and decide about the prognosis.

Methods: We report a case of a prune Belly syndrome suspected in the first trimester and confirmed later by foetopathology after medical interruption of the pregnancy in obstetrics and gynecology department of Benarous Tunisia.

Results: A 36-year-old woman, gravida 2 para 0, was referred to our center for prenatal care because of megacystis. The family history was unremarkable, and the parents were unrelated. The first pregnancy was terminated at 20 Weeks because of trisomy 18. Our scan, performed at 13 weeks showed a megacystis with no other abnormalities. A Chorionic cells biopsy was performed. The culture revealed a normal Karyotype. A control at 16 weeks showed an aggravation of the megacystis. The impact on the upper urinary tract was then significant with bilateral hydronephrosis associated with oligohydramnios. Given the risk of kidney failure, the parents opted to terminate the pregnancy. The postmortem examination revealed a male fetus consistent with 17–18 weeks of age with abdominal wall muscular layer defect associated with dilated urinary tract and kidney dysplasia.

Conclusions: PBS is a rare congenital disorder that presents three main features: abdominal wall muscular layer defect, urinary system malformation, and bilateral cryptorchidism. The prognosis depends essentially on its impact on renal function.

P0111 | PREGNANCY IN A PATIENT OF OBSTRUCTIVE UROPATHY (DJ SHUNT IN SITU) WITH CKD- A RARE CASE REPORT

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: To aware the high-risk pregnant women about the significance of multidisciplinary approach

Methods: Case: Mrs Nisha aged 19 years, a primigravid admitted in Fetomaternal medicine department of BSMMU on 11.7.18 at her 35+5 weeks of pregnancy with known case of CKD with

obstructive uropathy (H/O DJ stenting for PUJ obstruction) & PIH. She was in regular F/U by nephrologist and fetal medicine specialist. Throughout pregnancy she treated for recurrent UTI due to bilateral hydronephrosis & advised to self-intermittent catheterization. She took methyldopa for raised BP. She was found moderate anemic, but creatinine was fluctuating (3.5–6.6 mg/dl). Among special investigations, Serum uric acid and ferritin was high but electrolytes, complement, ANA, serum Iron, IBC, SGPT, PTH were normal. Regarding fetal condition, mild IUGR found. USG showed High S/D ratio in umbilical artery. As Serum Creatinine increasing, she admitted and cesarean section done at 35+6 weeks.

Results: A male boy (1650 gm) was delivered & referred to NICU. Postoperative creatinine and k+ were high for first 3 days then at 10th POD she was discharged after consultation with nephrologist.

Conclusions: A women with critical medical and/or surgical disorder cannot think a conjugal life. Luckily if happens, desire to be a mom is far away from dream. But dream becomes true if she meticulously supervised by multidisciplinary approach and with regular ANC by Feto-maternal medicine specialist.

P0112 | MOLAR PREGNANCY WITH CO-EXIT NORMAL VIABLE FETUS AND SUCCESSFUL PREGNANCY OUTCOME: A CASE REPORT

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: The co-existence of a hydatidiform mole with a normal fetus is extremely rare and is considered as a high-risk pregnancy.

Methods: It was an observational study conducted during July 2020 to March 2021.

Results: A 23 years old primigravida, referred with a diagnosis of 27 weeks pregnancy with gestational choriocarcinoma. She was booked patient. USG report at 9 weeks with a single gestational sac and single fetal pole. Her complains were lower abdominal pain and brownish vaginal discharge. Thoroughly evaluated the patient to exclude distal metastasis. Serum Beta HCG was 3 23 280 IU/L. USG and Fetal MRI report was single gravated fetus, no anomaly detected, and a large hyperechogenic soft tissue mass (10*7 cm) interposed with multiple tiny cystic spaces near to placenta. Diagnosis was 28 weeks pregnancy with partial mole and high rising beta HCG. Proper counselling, the pregnancy was continued as per patient's desire. Pregnancy was closely monitored with serial beta HCG and USG. Spontaneously labour pain started at 36 weeks pregnancy and delivered a live baby, weight 2.4 kg per vaginally with normal Apgar score. Histopathologically confirmed partial mole with co-existence

normal placenta. Beta HCG was 20 000 ml/L at 7 day and normal at 8 weeks after delivery. Close surveillance for 6 months. Both mother and the development of her baby are alright.

Conclusions: The diagnosis, management and monitoring of this condition will remain challenging because of its rarity. Though the general trend is to terminate pregnancy with coexistent mole in anticipation of complications, under close surveillance, optimal outcomes can be achieved.

P0113 | EARLY TREATMENT OF TWIN-TWIN TRANSFUSION SYNDROME AND BETTER OUTCOMES: A CASE REPORT

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.6 FETAL THERAPY

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Objectives: Twin-twin transfusion syndrome (TTTS) occurs in up to 30% of diamniotic monochorionic twin pregnancies. It is characterized by the unbalanced blood passage between the fetuses, through placental vascular anastomosis. It usually occurs in the second trimester, between 15 and 26 weeks. TTTS severity is staged according to Quintero classification. Severe disease invariably presents the sequence anhydramnium/polyhydramnium, fetal placental Doppler changes, hidropsy in the recipient or even death. In the absence of treatment, mortality for both fetuses can reach 90%.

Methods: A 31-year-old woman with a diamniotic monochorionic twin pregnancy was diagnosed with TTTS at 17th week when the ultrasound showed Quintero III classification (Doppler alteration), being submitted to a laser endoscopic coagulation without complications. Within 28 weeks a preterm premature rupture of ovular membranes occurred being tried an expectant conduct using antibiotic-therapy and corticotherapy. Nevertheless, cesarian was necessary due to fetal suffering. At birth, both twins were alive, the first one had an APGAR score 8/9, weighting 1170 g, and the second one, APGAR score 5/6, weighting 380 g.

Results: Several treatments have been developed over the years, laser endoscopic coagulation of the anastomoses being currently the treatment of choice. The Eurofetus randomized multicenter clinical trial demonstrated the superiority of fetoscopic laser coagulation with a significant survival benefit in at least one twin (76% vs 56%; $P < 0.05$).

Conclusions: Individualized monitoring of monochorionicdiamniotic pregnancy is necessary. When TTTF diagnosis is done, the treatment with laser coagulation can be instituted in order to increase the chances of fetal survival.

P0114 | PREDICTION OF CLINICAL OUTCOMES IN WOMEN WITH PLACENTA ACCRETA SPECTRUM USING MACHINE LEARNING MODEL: AN INTERNATIONAL MULTICENTER STUDY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: To establish a prediction model of clinical outcomes in women with placenta accreta spectrum (PAS)

Methods: PAS-ID is an international multicenter study that comprises 11 centers from 9 countries. Women who were diagnosed with PAS and were managed in the recruiting centers between January 1st, 2010 and December 31st, 2019 were included. Data included baseline information, diagnosis, disease characteristics, management, and outcomes. Data were analyzed using machine learning (ML) models, and 2 models were created to predict outcomes using antepartum and perioperative features. Data were randomly split into a train and test sets (4:1). Model development was achieved through logistic regression with gradient descent. Primary outcome was massive PAS-associated perioperative blood loss (intraoperative blood loss \geq 2500 ml, triggering massive transfusion protocol, or complicated by disseminated intravascular coagulopathy). Other outcomes include prolonged hospitalization > 7 days and admission to intensive care unit (ICU).

Results: 727 women with PAS were included. Area under curve (AUC) for ML antepartum prediction model was 0.84, 0.81, and 0.82 for massive blood loss, prolonged hospitalization, and admission to ICU, respectively. Significant contributors to this model were parity, placental site, method of diagnosis and antepartum hemoglobin. Combining baseline and perioperative variables, ML model performed at 0.86, 0.90, and 0.86 for study outcomes, respectively.

Ethnicity, pelvic invasion, and uterine incision were the most predictive factors in this mode.

Conclusions: ML models can be used to calculate individualized risk of morbidity in women with PAS. Model-based risk assessment facilitates delineation of management in priori.

P0115 | THE EXPERIENCE OF INTEGRATING TELEMEDICINE IN THE WOMEN'S HEALTHCARE SERVICE DURING THE COVID-19 PANDEMIC SITUATION

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: To acknowledge the effort of the policymakers in developing telemedicine platform to continue maternal health care delivery during COVID-19 pandemic and the perception of its users, the OGSB is conducting the cross-sectional study with the technical support from icddr,b under UNFPA funding.

Methods: Both quantitative and qualitative data collection are ongoing covering the service delivery area of 16 branches of OGSB. The policy makers, healthcare providers and service receivers are being interviewed. An email-based survey questionnaire is being used for quantitative data collection from 308 randomly selected OGSB members. As it is an on-going study, partial analysis including descriptive and thematic analysis have been done.

Results: Till date, 135 respondent has been interviewed and 93.3% of them provided telemedicine service. The majority of them (93%) were female and almost half of them (40.48%) are between 41- 50 years of age group, working in Dhaka division (49.21%) as consultants (40.48%) doing Government services (59.52%). When the effective lockdown started, almost three-fourth of the respondent stopped face-to-face service (72.73%) in March and started telemedicine on an average 6 days a week. Commonest of all the services was ANC (98.4%) and maximum number of respondent (55.56%) faced difficulties in providing instruction to the patients virtually. Thematic analysis revealed that standing by the patients during these difficult times was the key motivator behind conceptualization of this service.

Conclusions: Addressing the development process and the learning from the service providers' perception will help in future implication of telemedicine in any emergency.

P0116 | FEASIBILITY FOR THE APPLICATION OF THE PREECLAMPSIA PREDICTIVE MODEL BASED ON MATERNAL CHARACTERISTICS AND BIOPHYSICAL MARKERS IN A PRIMARY CARE CENTRE IN GUAYAQUIL, ECUADOR
THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.7 PRE-ECLAMPSIA HEALTH SYNDROME

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Objectives: To know the feasibility of applying a model for predicting the risk of preeclampsia in a primary healthcare facility in Ecuador.

Methods: Retrospective study of 304 patients with singleton pregnancy in which anthropometric, clinical and biophysical data from prenatal consultation were collected between 11 to 136 weeks from August 2018 to August 2019, to perform an external validation of the preeclampsia risk prediction algorithm of the Hospital Clinic de Barcelona.

Results: A total of 26 patients with a high-risk screening developed preeclampsia of which 24 (93%) were late onset. The sample area under the model curve was 0.92 (95% CI). At the cut-off point 0.75 (3/4) of the late-onset preeclampsia risk prediction algorithm from hospital clinic in Barcelona, the detection rate obtained in patients at the primary healthcare facility, was 88.46%, with a false positive rate of 8.64%. In addition, the specificity is 91.37%, the PPV 48.94% and the PNV 98.83%.

Conclusions: The combination of clinical parameters, mean blood pressure and the average pulsat rate of the uterine arteries is useful for predicting preeclampsia in the first trimester. The use of the predictive algorithm of the Hospital Clinic of Barcelona is feasible to use it in this unit.

P0117 | A RARE CASE OF PRENATALLY DIAGNOSED GENU RECURVATUM WITH CALF MUSCLE WASTING WITH DISTAL ARTHROGYPOSIS

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.2 IMAGING IN OBSTETRICS

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Objectives: Genu Recurvatum is an extremely rare condition affecting 7 in 10000 live births, with limited data available on prenatally diagnosed cases. It may occur as an isolated entity or may be associated with other genetic conditions like Larsen syndrome.

Orthopedic treatment may result in limited functional ability with Cosmetic deformity and persistent pain.

Methods: 26-year-old woman, with no identifiable risk factors had First Trimester ultrasound which showed a Nuchal Thickness of 1.5 mm for a CRL of 71.3 mm with no other identifiable anomalies. FTS showed low risk for Trisomy 13, 18 and 21. Ultrasonography at 19 weeks showed bilateral Renal Pelviectasis with positional abnormality with both lower limbs being persistently hyperextended with no evidence of flexion at hip and knee joints consistent with Genu Recurvatum, with rocker bottom feet, with reduced muscle mass of both legs, with possible distal Arthrogyposis. The liquor quantity was normal. Fetal biometry of all long bones was consistent with Gestation.

Results: Prognosis was explained to patient who subsequently opted for Termination of Pregnancy. The expelled fetus confirmed the findings noted on the Sonography. Autopsy was not performed in view of Cultural beliefs of the couple.

Conclusions: While performing the anatomical review on fetus, it's of great importance to establish normality in size, axis, mobility of segments in all Limbs. Genu Recurvatum holds a significant effect on the immediate as well as long-term outcome of the neonate, hence diagnosing early in Pregnancy helps in Counselling couple.

P0118 | MATERNAL AND NEONATAL OUTCOMES IN COVID POSITIVE PREGNANCIES AND THE ASSOCIATION OF INFLAMMATORY BIOMARKERS WITH OUTCOMES

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: To study maternal and neonatal outcomes in COVID positive pregnancies and association of inflammatory biomarkers with disease severity and adverse fetal outcomes.

Methods: Retrospective observational study conducted between July 2020 and May 2021 at tertiary care hospitals, Chennai. 42 COVID positive women who delivered were included. Data collected from their medical records.

Results: Age distribution: 22–37 years. 55% were in 25–30 years. 28.5% had preterm labour of which 92%-Iatrogenic. Fetal growth restriction-17%. Meconium-stained liquor was found in 47% of deliveries. 45%-oligohydramnios and Anhydramnios. Gestational age of severe COVID-19-25 to 28 weeks. 93% of women had SPO2 more than 97% on admission. 7%-SPO2 less than 90%, needed ventilatory support. Maternal mortality-2%, no abruption. 86%-mild symptoms, 7% -asymptomatic and 7%-severe symptoms. 69%, 43% and 33% had elevated CRP, IL-6 and Ferritin. Newborn RT-PCR negative in 96% of babies. 93% of babies isolated and 1 baby was RT-PCR positive. 7% of babies kept rooming in.

Conclusions: Our study showed Association of Inflammatory biomarkers with fetal growth restriction- Oligohydramnios and Anhydramnios to be significant. Increased values of biomarkers in covid positive women proportionally increased with maternal morbidity and mortality in our study. However, the neonatal outcomes were good

P0119 | COMPLETE HYDATIDIFORM MOLE WITH COEXISTING LIVE FETUS IN DICHORIONIC TWIN GESTATION: A CASE REPORT

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: We report a case of a patient with diagnosis of complete hydatidiform mole with a coexisting live fetus in a dichorionic twin gestation.

Methods: A 35-year-old patient, gravida three, cesarean two, abortion one, presented to our tertiary referral hospital with an initial diagnosis of partial hydatidiform mole. A transabdominal ultrasound revealed a live intrauterine fetus without structural defects, accompanied by an image of multiple avascular vesicle-like formations which were separated by a membrane, it also reported multiple teratocystic cysts in the left ovary. An HCG- β reported 971 500 mIU/mL. The MRI described a uterine cavity occupied by a live fetus with a CRL of 68 mm, and showed a placenta with a reticular pattern accompanied by multiple cysts, which were separated by an amniotic membrane. A thyroid function test was performed which showed TSH 0.0005, T3T 337.8, T4L 1.86. We performed a liver and biliary tract ultrasound and a chest radiograph, which showed no signs of metastasis. We executed dilatation and evacuation, obtaining moderate placental and molar tissue.

Results: 48 hours after the procedure an HCG- β reported 124 020 mIU/mL. The histopathological examination revealed a dichorionic biamniotic placenta, with hydropic villi and focal and perivillous hemorrhage. The patient was discharged and HCG- β reported 9972 mIU/mL at her 7th day after surgery. By her 5th week after surgery the patient HCG- β was 178 mIU/mL.

Conclusions: At the moment the patient shows no biochemical or clinical signs of persistent gestational trophoblastic disease.

P0120 | SPONTANEOUS HETEROTOPIC PREGNANCY: A CASE REPORT AND REVIEW OF LITERATURE

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: A heterotopic pregnancy is a rare and potentially dangerous condition, where a simultaneous intrauterine and extrauterine pregnancy occurs. Our aim is to report a case of spontaneous tubal heterotopic pregnancy and its management, along with a general review of literature about this entity.

Methods: The case report was based on chart review and personal follow up during pregnancy and postoperative timeframe, complemented with a literature review of articles on spontaneous heterotopic pregnancy. Analysis of publications between 2011 and 2021 was conducted using the PubMed database.

Results: A 27-year-old woman, gravid IV para II abortus I, was admitted to the emergency department with intrauterine gestation of 7 weeks and 5 days, asymptomatic. A heterotopic pregnancy was suspected after clinical examination and complementary transvaginal ultrasonography, which revealed a 3 cm by 2 cm right adnexal mass with a sac containing an embryo with present heartbeat and a crown rump length of 13.2 mm coexisting with an intrauterine pregnancy. She was prepared for an exploratory laparotomy where there was evidence of a non-ruptured right tubal gestation. A unilateral salpingectomy was realized as treatment.

Conclusions: Heterotopic pregnancy rarely occurs in spontaneous conception and the incidence is estimated to be 1 in 30 000 pregnancies; thus, an early diagnosis and treatment impacts positively in maternal and fetal outcomes.

P0121 | RISK FACTORS AND OUTCOME OF EARLY AND LATE ONSET PREECLAMPSIA

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: To identify the differences in risk factors and outcome of early and late onset preeclampsia.

Methods: A case control study was carried out involving pregnancy with preeclampsia [50 early onset preeclampsia (EOP) and 50 late onset preeclampsia (LOP)] and 50 controls (pregnancy without preeclampsia) at BIRDEM general hospital, Dhaka, Bangladesh from March to August 2019 using proper inclusion and exclusion criteria.

Data were collected by using a pre-tested semi structured questionnaire. Data were collected by interviewing study subjects and from case records; and were analyzed using SPSS.

Results: As risk factors: Chronic HTN (OR=2.0, 95% CI 1.65–2.46), nulliparity and family history of HTN were significantly associated with EOP; while GDM (OR=13.8, 95% CI 1.7–111.7) and chronic HTN (OR=2.06, 95% CI 1.68–2.53) were significantly associated with LOP. Maternal complications like HELLP, AKI and fetal complication like preterm delivery, IUD, IUGR and NICU admission and low birth weight were significantly more in EOP.

Conclusions: EOP is a distinct and a more severe clinical entity, associated with intrauterine growth restriction, high rates of adverse birth outcomes, a much earlier gestational age at onset and delivery. EOP and LOP should be addressed differently and national policy should be developed on screening, prevention and management.

P0122 | THE EFFECT OF DEXAMETHASONE TREATMENT ON THE OUTCOME OF PATIENTS WITH ANTEPARTUM HELLP SYNDROME: A PROSPECTIVE COHORT STUDY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: To assess the effect of dexamethasone treatment on the outcomes of patients with antepartum HELLP syndrome

Methods: Hospitals based prospective cohort study design was conducted among patients with antepartum HELLP syndrome. Patients were followed for treatment effects on the time to recovery of laboratory parameters, clinical parameters, and frequency of complications and duration of hospitalization

Results: A total of 86 patients were enrolled in the study, 43 patients in the group of interest and 43 patients in the comparison group. There was a significant difference in need of antihypertensive medication [RR, 0.46; 95% CI 0.32–0.67; $P=0.001$]. Dexamethasone treatment significantly improved mean duration of days required to achieve platelets count of 100 000 cells/mm³ (dexamethasone treated group, (M=3.33, SD=0.99); comparison group, (M=4.56, SD=1.37); $t(84)=4.78$; $P<0.001$; Cohen's $D=1.03$), reduced overall blood product transfusion (whole blood transfusion [RR, 0.19; 95% CI, 0.07–0.51] and platelets transfusion rate [RR, 0.07; 95% CI, 0.01–0.52]). However, there were no statistically significant differences between the two groups with respect to duration of hospitalization.

Conclusions: Dexamethasone administration to patients with antepartum HELLP syndrome improves the overall need for antihypertensive medication, platelet count and reduces the need of blood product transfusion.

P0123 | THE PERINATAL OUTCOMES OF THE PREGNANCY WITH A UTERINE SCAR

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: The study was aimed to assess the perinatal outcomes of the pregnancies with a uterine scar.

Methods: The study was performed on the basis of the regional perinatal center (Odesa, Ukraine) during 2016–2020. 150 pregnant women who underwent a history of reconstructive surgery were examined. The total sample was divided into the following clinical groups: I (n=70) – women who underwent conservative myomectomy; II (n=50) – women who underwent a cesarean section. Differences between groups were calculated using one-way ANOVA with post-hoc Bonferroni correction. Null hypothesis was accepted for $P>0.05$.

Results: In all clinical groups, anomalies of placental attachment were a frequent phenomenon (71.4%). In 29.2% cases there was a low location of the placenta – 29.2% of cases. Placenta accrete was registered in 30.0% cases. The signs of moderate preeclampsia in the third trimester occurred in 22 (18.3%) cases. 29.2% women underwent operative delivery. 97 (80.8%) women gave birth on time, and 23 women gave birth prematurely. 124 children were born, including 65 (52.4%) boys and 59 (47.6%) girls. The average birth weight was 2930 ± 24 g, body length – 51.9 ± 1.8 cm. No significant differences between clinical groups were determined.

Conclusions: The presence of a scar on the uterus increases the risk of abnormal placentation, but with proper management of pregnancy has a mild effect on perinatal results.

P0124 | LOW-DOSE ASPIRIN AT ONSET OF HIGH-RISK PREGNANCY IMPROVES OBSTETRICAL OUTCOME

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: To assess the efficiency of prophylactic low-dose aspirin for hypertensive disorders in high-risk pregnancy. Prevention of hypertensive disorders during pregnancy with low-dose aspirin was first recommended by the cardiologists in the ESC Clinical Practice Guidelines 2011 for pregnant women with a history of early-onset preeclampsia and 2018 for all pregnant women at moderate or high risk of preeclampsia. Despite of these, there is a delay in the

guidelines of the obstetricians regarding the prophylactic use of low-dose aspirin.

Methods: We performed a descriptive study on a series of women that developed during their first pregnancy severe preeclampsia with poor obstetric outcome, that were treated at their second pregnancy with aspirin 150 mg/day from the onset of gestation. All patients had singleton pregnancies, and no diabetes, no chronic kidney disease, no autoimmune disease nor antiphospholipid syndrome.

Results: None of the patients treated preventive with low-dose aspirin developed neither early-onset preeclampsia, nor late-onset preeclampsia. All developed gestational uncomplicated hypertension around 36–37 weeks. All delivered at term in comparison with the first pregnancy that ended at 31–35 weeks. There was no case of intrauterine growth restriction, no NICU admission. All mothers and newborns were discharged in 48–72 hours.

Conclusions: The obstetric outcome was significantly improved due to the teamwork of obstetrician and cardiologist. Low-dose aspirin proves to be an efficient prophylactic therapy for preeclampsia and all obstetricians should be aware

P0125 | POSTERIOR REVERSIBLE ENCEPHALOPATHY SYNDROME IN PREGNANCY WITH GOOD MATERNAL AND NEONATAL OUTCOME – A CASE REPORT

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: To highlight the need of proper antenatal care for early diagnosis and effective management of posterior reversible encephalopathy syndrome during pregnancy.

Methods: We present a case of a 20 years old primigravida who presented at 35 weeks 4 days of pregnancy with headache and diminished vision for past 2 days. She was conscious and delirious. On examination, her blood pressure was 190/110 mm hg, pulse was 98/minute, +1 proteinuria by urine dipstick test, her respiratory, cardiovascular and fundus examination findings were within normal limit. Her MRI brain had shown multiple patchy areas of T2, FLAIR hyperintensity with no diffusion restriction noted in the right parietal, bilateral posteroparietal, occipital and temporal subcortical regions. She was perceiving normal fetal movements and non-stress test was reassuring.

Results: Patient was managed by injection labetalol, injection magnesium sulphate and injection mannitol and induction of labour was done with betnesol coverage which failed later followed by a cesarean section and a live baby of 1.7 kg was delivered. Her symptoms subsided completely by third day of delivery, and she was discharged on 7th day.

Conclusions: 1 in 400 preeclamptic-eclamptic patients present with posterior reversible encephalopathy syndrome. The treatment of

posterior reversible encephalopathy syndrome is primarily supportive. Our patient was a young primigravida with no previous antenatal checkup which led to preeclampsia.

P0126 | PERCEIVED PSYCHOLOGICAL STRESS AND ASSOCIATED FACTORS IN LOW-RISK PREGNANT WOMEN WHO ATTEND PRENATAL CARE

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: to estimate the frequency of perceived psychological stress (PPS) and identify associated factors in low obstetric risk pregnancies.

Methods: a cross-sectional study that is part of the “biopsychosocial health in low-risk pregnant women in prenatal control” research project. 683 pregnant women who attend prenatal control at Santa Cruz of Bocagrande clinic in Cartagena, Colombia were studied. Form of sociodemographic characteristics, obstetric history and perceived psychological stress questionnaire of 10 items (PSS-10) was applied. Anonymous and voluntary participation, statistical analysis was performed with Epi-Info 7.2. Unadjusted bivariate logistic regression between PPS and qualitative variables was carried out. The correlation coefficient between PSS-10 and quantitative variables was estimated. $P < 0.05$: Statistically significant.

Results: Age 28.3 ± 6.3 ; years studied 12.5 ± 2.7 ; nutritional status: normal 30.4% [IC95%:27.0–34.0], overweight 17.7% [IC95%:14.9–20.8], obesity 33.0% [IC95%:29.5–36.7]. More than 60% never/almost never faced their things or solved their problems. PPS in 350 participants (51.2%) was found. Energy drinks consumption OR:7.4 [IC95%:1.6–32.5], economic problems OR:2.9 [IC95%:2.0–4.3], partner problems OR:1.9 [IC95%:1.0–3.4], anxiety OR:2.0 [IC95%:1.3–2.9] and fatigue OR:1.7 [IC95%:1.2–2.4], were associated with PPS. Also work as an employee OR:0.5 [IC95%:0.3–0.7] and be professional OR:0.5 [IC95%:0.3–0.7]. Hypertension arterial, diabetes, hypothyroidism and gestational diabetes, were not associated with PPS. The correlation between PSS-10 with maternal age was: $\rho = -0.11$ [IC95%:-0.21 to -0.06], with years studied $\rho = -0.12$ [IC95%:-0.19 to -0.51]. It was not observed with gestational age, pregnancies, misbirth, vaginal deliveries or cesarean section ($P > 0.05$).

Conclusions: PPS was present in half of the pregnant population and many psychosocial factors unlike obstetric and biomedical ones explored were significantly associated.

P0127 | TUMOR NECROSIS FACTOR ALPHA EXPRESSION IN PLACENTAL TISSUE OF PREGNANT WOMEN WITH PREECLAMPSIA
THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.7 PRE-ECLAMPSIA HEALTH SYNDROME

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Objectives: Preeclampsia (PE) is one of the most important problems affecting pregnant women; etiologic factors and its physiopathology are not still entirely clear. The aim of this study was to evaluate the tumor necrosis factor alpha expression in placental tissue from pregnant women diagnosed with preeclampsia.

Methods:

Placental samples (N=18) were collected after delivery, in a Brazilian reference center of high-risk pregnancy, and were divided in two groups. The group A (N=7) includes samples from health women (control group), according to standard protocol; the group B (N=11) includes samples from women diagnosed with preeclampsia, according to recommended by American College of Obstetricians and Gynecologists. The samples were submitted to an immunohistochemistry analysis the data were calculated using the Kruskal-Wallis and Dunn tests.

Results: The preeclampsia group showed a statistically significant increase in TNF- α expression in syncytiotrophoblastic cells when compared to the control group ($P < 0.05$).

Conclusions: In view of the data presented, we can state that the placenta of pregnant women with pre-eclampsia presents an increase in the expression of pro-inflammatory cytokine TNF- α , thus contributing to a better understanding of the immunological aspects of its pathogenesis.

P0128 | THERAPEUTIC ABORTION AS A TREATMENT FOR SECOND TRIMESTER LIVER FAILURE: A CASE REPORT
THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: To diagnose The Acute Fatty Liver of Pregnancy (AFLP) is a challenge for most obstetricians. This condition occurs mostly

on the third trimester of pregnancy and has a high morbidity and mortality rate both for the mother and the newborn. The objective of this study is to report a case of AFLP on a second trimester pregnant woman that has undergone therapeutic abortion on a secondary hospital in São Paulo State, where abortion is still only legal on certain situations.

Methods: A 22-weeks-pregnant woman with low stomachache and fecal acholia nine days prior to the hospitalization and daily use of Paracetamol during that period. Laboratory results showed important liver alteration, thrombocytopenia and high prothrombin time, raising suspicious of Hepatitis.

Results: The patient evolved with worsening symptoms: tachycardia, respiratory distress, hypoxia and hypoglycemia. Hepatitis serologies were negatives. As a result of this new scenario the diagnose of AFLP was supported. Duo to the maternal life risk, the severity of the case and the gestational age of the patient, therapeutic abortion was chosen. The procedure went without problems and the patient was discharged with no complications, being referred to a Hepatology Service.

Conclusions: Independent of the gestational age, AFLP must always be considered due to the severity of this illness. A multidisciplinary approach of the couple is recommended given that the termination of the pregnancy is the final treatment. This case brings to discussion the acceptance of abortion not only for the couple, but also for Brazilian legislation.

P0129 | PLACENTAL EXPRESSION OF ENDOGLIN AND PLACENTAL GROWTH FACTOR IN WOMEN WITH DIABETES MELLITUS OR PRE-ECLAMPSIA

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: To explore the placental expression of endoglin (Eng) and placental growth factor (PIGF) in women with pre-eclampsia (PE) or pre-gestational types of diabetes mellitus (DM), taking into account the method of hyperglycemia correction and preconception care (PC) (target HbA1c level $< 6.5\%$).

Methods: The study groups were: T1DM either with PC (n=20), or no-PC (n=20); T2DM-diet (n=11), or insulin (n=20); pre-eclampsia (n=10), and the control group (n=10). Placentae were analyzed with

immunohistochemistry assay using antibodies (Abcam) to Eng and PIGF.

Results: The highest placental expression of Eng was observed in PE (20.3%), T1DM no-PC (16.9%), and T2DM-insulin (14.7%) groups. It was higher than in the control group (8.37%), T1DM-PC (13.7%), and T2DM-diet (12.4%), respectively ($P<0.05$). The expression of PIGF was the highest in the control group (12.2%) and the lowest in PE (1.18%) and T1DM no-PC (1.26%) groups ($P<0.05$). The level of PIGF in T1DM-PC (4.6%) and T2DM-diet (7.2%) groups were higher compared to the others but significantly lower than in control one (12.2%).

Conclusions: The observed placental expression of Eng and PIGF was disturbed in pre-eclamptic and diabetic pregnancies. Not only the type of DM but also the level of metabolic changes might contribute to this deviation. Alterations in the placental synthesis of Eng and PIGF may be responsible for developing pre-eclampsia and fetal growth restriction in women with diabetes mellitus.

P0130 | DISPARITIES IN ACCESS TO CESAREAN SECTION AMONG GDM PATIENTS IN THE USA

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: We explored the role of social determinants of health (SOC) on the access to CS among GDM patients in the USA.

Methods: Using data from the National Inpatient Sample (NIS) database 2000–2015, we did a retrospective analysis of all deliveries with a primary diagnosis of GDM using the relevant ICD codes. The outcome was delivery by CS. After controlling for cofounders, we explored the impact of race, median income and insurance status on the access to CS among GDM patients. We then determined the risk of primary postpartum hemorrhage (PPH) between the CS group and a propensity score matched control group who had vaginal deliveries.

Results: There were 931 290 deliveries with a diagnosis of GDM in the NIS (2000–2015). The mean age was 30.6 ± 5.9 . Among the study population, 44.5% were white, 14.0%, blacks and 26.7% were Hispanics. The CS rate was 40.5%. After controlling for traditional risk factors of CS, Increasing Income is associated with an increased access. Also, private insurance was associated with increased access to CS across all races; White, OR=1.06 (1.04–1.08), Blacks, OR=1.07 (1.04–1.09) and Hispanics, OR=1.19 (1.16–1.21). Blacks, regardless of Income and Insurance type have the least access to CS. Patients who had CS were less likely to develop PPH compared to their matched controls with vaginal deliveries, OR=0.67(95% CI 0.63–0.71).

Conclusions: High socioeconomic status is associated with increase access to CS among GDM patients in the USA. The Increased access

is associated with lower risk of adverse outcome in the advantaged cohorts

P0131 | A CASE REPORT OF QUADRIPLEGIA DUE TO ACUTE INFLAMMATORY DEMYELINATING POLYNEUROPATHY IN A PREGNANT WOMAN WITH UNTREATED GESTATIONAL DIABETES AND HYPERTENSION THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: Objective: Gestational diabetes and hypertension if untreated, leads to adverse effects to both the mother and the fetus. A case of 20-year primigravida with untreated gestational diabetes and moderate hypertension complaining of ascending paraplegia following delivery of the child. There was a history of fall during delivery due to mild weakness, but delivery was spontaneous. Complete remission of symptoms with medications occurred after 6 months.

Methods: Method: The case report is from our hospital, Barpeta, India. The information was obtained from the medical records of the patient, laboratory analysis, imaging reports, interview by the doctor and follow up of the patient till recovery after 6 months and literature review. Patient consented to all information and data collected.

Results: Results: The patient was admitted in the hospital in latent labor with mild weakness of lower limbs. Spontaneous delivery of live baby with good vitality. After delivery, weakness ascended from lower limbs to upper limbs in 3 days. HbA1c levels were above normal. Medications relieved symptoms in 6 months.

Conclusions: Conclusion: These patients need prenatal follow up, health awareness, education to prevent acute inflammatory demyelinating polyneuropathy and proper intra and post-operative care.

P0132 | THE ASSOCIATION OF ADVANCED MATERNAL AGE WITH MATERNAL AND NEONATAL OUTCOMES OF PREGNANCY IN FILIPINO PATIENTS IN A TERTIARY MEDICAL CENTER: AN ANALYTICAL CROSS-SECTIONAL STUDY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: For the past decade, advanced maternal age (AMA) became more common in developing countries due to the postponement of pregnancy because of career goals, widespread use of

family planning and advances in assisted-reproductive techniques. The link between AMA and adverse outcomes showed contradicting results. This study was conducted to investigate the association between AMA and adverse outcomes among nulliparous, Filipino with singleton pregnancies who gave birth in a private tertiary hospital.

Methods: Medical records of patients for delivery between January 2015 to December 2019 were reviewed retrospectively. The control(20–34 years), AMA 35–39 years, very AMA 40–44 years and extremely AMA >45 years groups included 206, 111, 18 and 2, respectively.

Results: Five-year total deliveries at private tertiary hospital was 8495 with prevalence of 38.9% (95% CI:33.6–44.3%) for elderly Filipino primiparas. AMA is a risk factor for diabetes mellitus and small for gestational age newborn in all 3 advanced-age groups. Pregnancy-induced hypertension, having cesarean section, admission of newborn to neonatal intensive care unit, and administration of antibiotics were more common to AMA but same risk for EAMA. AMA predisposes to having oligohydramnios, placenta previa and preterm delivery but pregnancy at EAMA predisposes more complications in maternal and neonatal outcomes like having polyhydramnios, abruptio placenta, post-partum hemorrhage, maternal and neonatal death, low APGAR score and stillbirth.

Conclusions: AMA in Filipino gravida patients are markedly linked with adverse obstetrical, perinatal and neonatal outcomes. This study confirms the current trend among women over 45 years that leads to more significant obstetric complications and neonatal morbidities.

P0133 | COST-EFFECTIVENESS ANALYSIS OF FIRST TRIMESTER SCREENING FOR PREECLAMPSIA AND EARLY INITIATION OF ASPIRIN THERAPY FOR PREVENTION OF THE DISEASE IN A PRIVATE TERTIARY HOSPITAL IN THE PHILIPPINES

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.7 PRE-ECLAMPSIA HEALTH SYNDROME

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Objectives: Preeclampsia (PE) has significant health and economic burden. Early screening for PE through first trimester screening (FTS) can direct decision-making on early initiation of aspirin (ASA) therapy, which has been known to reduce the incidence of PE. The objective of the study is to evaluate the cost-effectiveness of FTS and early initiation of ASA for disease prevention.

Methods: A population of 1916 women who delivered in a private tertiary hospital in the Philippines from January 2019 to March 2020 was categorized based on risk of developing PE, results of FTS, initiation of ASA therapy, development of PE, and mode of delivery. Descriptive statistics using counts and percentages were used to summarize the data. Association between ASA therapy and PE was

assessed using the Chi-Square test. Costs of screening, ASA therapy, inpatient management, and delivery were computed.

Results: Results showed that PE was prevented in 71.4% of those high-risk patients who underwent FTS and started on ASA therapy. Total cost of urgent care of PE and delivery were P119 687.02 to P149 687.02 for early PE, and P103 587.02 to P133 587.02 for late PE.

Conclusions: Prevention of early PE and late PE results in net-cost savings of P69 694.02 and P53 594.02, respectively, with investment of P9 993.00 on FTS and ASA therapy. Implementation of FTS and initiation ASA therapy is an effective and cost-saving approach that can prevent PE.

P0134 | ANTENATAL DIAGNOSIS AND FETOPATHOLOGICAL EXAMINATION OF A RARE MYELODYSPHISM: DIASTEMATOMYELIA ASSOCIATED WITH RACHISCHISIS

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.1 PRENATAL DIAGNOSIS

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Objectives: A case report of prenatal ultrasound diagnosis of diastematomyelia associated with rachischisis.

Methods: Fetal ultrasound examination, fetal MRI and fetopathological examination after pregnancy termination.

Results: We report a case of a 29-year-old patient, with no notable history, gravida III para III, whose ultrasound at 17 weeks of gestation showed biparietal narrowing and flattening of the cephalic pole achieving the lemon sign. The cerebellum appears small, drawing a curve with anterior concavity (banana sign). Arnold Chiari malformation was suspected. On a parasagittal section of the fetal spine, the ultrasound showed a discontinuity of the posterior spinal arch at the lumbar level associated with a discontinuity of the skin opposite, an angulation of the anterior spinal arch and a hyperechoic image interrupting the medullar canal. On the frontal section of the fetal spine, ultrasound showed a loss of spinal rail parallelism with lumbar spine widening associated with centromedullary hyperechogenicity. The diagnosis of a diastematomyelia associated with a rachischisis complicated by an Arnold Chiari type II malformation was suspected. The patient underwent an MRI which confirmed the diagnosis and also allowed to demonstrate the spinal cord injury and to study its impact on the central nervous system. The fetopathological examination after termination of the pregnancy confirmed the abnormalities described on ultrasound, and showed an associated Atrial septal defect.

Conclusions: Examination of the fetal spine should be meticulous and should include multiple sections to detect any abnormality.

P0135 | INCREASED EXPRESSION OF WILMS TUMOR FACTOR-1 IN URINARY EXTRACELLULAR VESICLES OF PREGNANT WOMEN WITH LATE ONSET PREECLAMPSIA
THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.7 PRE-ECLAMPSIA HEALTH SYNDROME

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Objectives: Characterize the serum metabolic parameters and the expression of Wilms tumor factor-1 (WT-1) present in urinary extracellular vesicles (uEVs) of pregnant women with early and late preeclampsia (PE).

Methods: An observational, cross-sectional, and comparative study was conducted. Pregnant women were recruited in a School Maternity in Natal-RN/Brazil. They were divided into three groups: diagnosed with early PE (<34 weeks' gestation, n=10); diagnosed with late PE (>34 weeks' gestation, n=13) and normotensive (n=9). Data on systemic (SBP) and diastolic (DBP) blood pressure, body mass index, gestational age were collected. Serum metabolic parameters were determined in fasting blood samples. uEVs were isolated by ultracentrifugation in first morning urine samples. WT-1 was quantified by Western-blot. The distribution of variables was analyzed by Shapiro-Wilk test. One way ANOVA followed by Tukey; and Kruskal-Wallis followed by Dunn tests were used for the group comparisons. The correlation was assessed using the Pearson or Spearman tests. *P* values < 0.05 were considered significant.

Results: Increased values of ALT (*P*=0.006), AST (*P*=0.016) and urea (*P*=0.021) were found for early PE group when compared to late PE group. WT-1 was significantly increased (*P*=0.034) in late PE group when compared to the normotensive group. Significantly positive correlations were found between WT-1 and SBP (*r*=0.650; *P*=0.012); and WT-1 and DBP (*r*=0.566; *P*=0.035).

Conclusions: The serum metabolic parameters were compatible with the described for women with PE, and in accordance with the period of PE development. The results of WT-1 analyses suggest its potential role as a marker of late PE.

P0136 | HOW DO PROGESTERONE AND ESTRADIOL LEVELS INTERACT WITH ANTENATAL DEPRESSION IN MOTHERS WITH (IMMINENT) PRETERM BIRTH?

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.8 PRETERM BIRTH

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Objectives: During pregnancy anxiety and depression are the most common psychic diseases. Prevalence rates are enhanced in mothers with premature birth. Progesterone (Pg) has a pregnancy maintaining function and is associated with enhanced risk for affective disorders, although controversial findings exist. Estradiol (E2) is seen as a psychoprotective hormone and induces labour. The present study for the first time analyzed the correlation of Pg and E2, depression and (imminent) preterm birth.

Methods: The presented data are part of a prospective, longitudinal study on risk and protective factors of preterm birth. The Pg and E2 was assessed by blood tests. We used also the Pg/E2 ratio. Depression was measured by questionnaires (EPDS, STADI), cervical insufficiency by ultrasound. 97 pregnant women were included (gestational week at assessment: M=29). Statistical analyses were performed with SPSS.

Results: The Pg/E2 Ratio correlated with the cervical insufficiency. High plasma levels of E2 and Pg were associated with reduced depression. We found a positive correlation between antenatal depression and cervical insufficiency and with its length. Pg and gestational week at assessment could predict 10% of the gestational week at birth.

Conclusions: Our data show that in future blood tests of the hormones and the Pg/E2 Ratio could identify a risk group of patients with cervical insufficiency. Estradiol and progesterone seem to be psychoprotective both, especially from the 2nd trimester on. The use of progesterone in women with imminent premature birth risk is supported. Future studies should analyze the causal relation between depression and cervical insufficiency.

P0137 | SPONTANEOUS HETEROTOPIC PREGNANCY: CASE REPORT AND LITERATURE REVIEW

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: Heterotopic pregnancy is a rare pathology, although potentially life threatening, which is described when there is topical intrauterine fetus, coexisting with an ectopic extrauterine pregnancy. The diagnosis of this entity is challenging, since it often occurs after its rupture and when hemodynamic instability is already established. Furthermore, considering the viable intrauterine pregnancy, the surgical approach becomes another concern.

Methods: We report a case of ruptured heterotopic pregnancy, diagnosed with hemodynamic instability and treated surgically, at Beneficência Portuguesa Hospital, São Paulo, Brazil.

Results: A 35-year-old pregnant female, G2 C1 and 8+3 weeks, was admitted to the emergency room, hemodynamically unstable, complaining of strong lower abdominal pain of onset approximately 3 hours ago and 2 episodes of lipothymia. After clinical stabilization, was decided to perform a transvaginal ultrasound, which showed a topical pregnancy with a single embryo and presence of a ruptured ectopic gestational sac, in right tubal topography. Thus, the patient was immediately referred to the operating room for laparotomy, due to ruptured heterotopic pregnancy. After surgery, a control ultrasonography was performed, identifying an intrauterine living fetus.

Conclusions: The vast majority of heterotopic pregnancy diagnoses occur after signs of hemodynamic instability. However, having both mother and topic pregnancy healthy after laparotomy is remarkable.

P0138 | SUCCESSFUL MANAGEMENT OF A CASE OF MILIARY TUBERCULOSIS IN PREGNANCY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: Miliary tuberculosis is uncommon and difficult to diagnose in pregnancy, often associated with a maternal history of intravenous drug abuse, malignancy, alcoholism, HIV infection. We report a pregnant woman of MTB without any risk factors.

Methods: Case report: A 29-year-old pregnant woman presented at 17 weeks of pregnancy with hyperemesis, cough with expectoration,

Fever on and off for 4 months, evening rise in temperature, loss of appetite and loss of weight. Quantiferon TB gold ELISA positive, AFB smear was negative, CXR with double shielding was suggestive of millitary tuberculosis.

Results: Management: Patient was started on 4drug anti-tuberculosis medications. She developed crippling joint pain, serum uric acid was normal, Pyrazinamide and ethambutol was stopped and slowly reintroduced. Patient tolerated the therapy and started showing clinical improvement. Anemia was treated with IV iron therapy. Serial scans showed an interval growth maintained at 5 percentiles with normal Doppler. Baby boy was delivered at 39 weeks weighing 2.1 kg and was given isoniazid prophylaxis.

Discussion: It is important to consider MTB as a diagnosis for PUO especially in endemic populations. History and high index of suspicion are key in timely diagnosis and treatment for these patients. Delay in diagnosis or treatment of TB was associated with poor maternal and fetal outcomes (anemia, preeclampsia, pneumonia, preterm labor, congenital infection and intra-uterine death)

Conclusions:

It is crucial for multidisciplinary team involvement in the optimal planning of investigations, delivery timing and antibiotic treatment of both mother and fetus.

P0139 | RELATION BETWEEN FIRST CESAREAN DELIVERY AND PLACENTA PREVIA AND ABRUPTIO PLACENTA IN THE SECOND PREGNANCY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: The aim of this study was to measure the dependent hazards of placenta previa and placental abruption after a caesarean delivery with a large population-based statistics set.

Methods: This is a retrospective cohort study of 12 495 women among whom 4649 had a first vaginal delivery and 7846 had a caesarean delivery between January 1, 2013 and July 31, 2019 in a teaching hospital in Pakistan. Demographic variables were derived from first and second birth documentations, client data from second birth mother and infant hospitalization discharge certificate and medical information from first and second birth maternal and infant hospitalization discharge data and birth records.

Results: 7846 women had a caesarean delivery in the first birth. The results of the second delivery were 25.7% have placental abruption, and 42.7% placenta previa. The other observed complications were blood transfusion, premature birth, postpartum hemorrhage, low birth weight, and maternal, infant death.

Conclusions: Cesarean birth is an important risk factor for placenta previa and placental abruption in a subsequent pregnancy. The presence of a dose-response form in the hazard of placenta previa with a growing number of prior cesarean deliveries joined with a biologically reasonable connotation, offers convincing indication in the provision of the suggestion. Doctors might contemplate this material valued when they directed females through pregnancy.

P0140 | NEW ONSET GRANULOMATOSIS WITH POLYANGIITIS IN PREGNANCY – A DIAGNOSTIC CONUNDRUM AND POSSIBLE SEVERE COMPLICATIONS

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: Granulomatosis with polyangiitis (GPA) or formerly Wegener's granulomatosis is a rare disease with majority of cases manifesting in post-reproductive years. Therefore, cases complicating pregnancy are uncommon. Based on available data pregnancies planned during remission of the disease can lead to favourable perinatal outcome. However, what the outcome is when first diagnosed during pregnancy has not yet been determined and there are no guidelines in place, yet.

Methods: Case study describing a pregnancy complicated by de novo granulomatosis with polyangiitis leading to acute dyspnea and emergency delivery at 32 weeks' gestation.

Results: We present a case of a 34-year-old primipara with no past medical history referred to our center for an unspecified upper respiratory tract tumour. In differential diagnosis nasal polyposis or T-cell lymphoma were considered and straight after admission a multidisciplinary team was consulted. Second day post admission diagnosis of vasculitis was suspected and high doses of corticosteroids were initiated. On the same day the patient's condition rapidly deteriorated as severe dyspnea evolved complicated by a generalized seizure. For continuing cardiorespiratory instability and pathologic cardiotocogram an emergency caesarean section was performed. The patient later developed glomerulonephritis and hearing impairment and from that time on continues in cytostatic treatment.

Conclusions: As available data for management of GPA in pregnancy is scarce, individual approach remains the only determinate recommendation. GPA affects multiple organ systems including but not limited to upper and lower respiratory tract, auditory system or kidneys, therefore multidisciplinary management is the key to successful diagnoses and treatment.

P0141 | SAFETY AND ACCURACY- FIFTEEN YEARS' EXPERIENCE OF CHORIONIC VILLOUS SAMPLING FOR THALASSEMIA

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.1 PRENATAL DIAGNOSIS

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Objectives: To analyze the safety and accuracy of Chorionic Villous Sampling for prenatal diagnosis of thalassemia.

Methods: Patients reporting for prenatal diagnosis for thalassemia at 4 different hospitals including naval hospitals Karachi, Combined Military Hospital Malir, Badin and Chorr (during 2005- 2020). In the inclusion criteria there were patients having previous thalassemia child, reporting in pre pregnancy counseling clinic and were advised to have chorionic villous sampling done between 11 to 13 weeks and also patients were directly referred from different hospitals for prenatal diagnosis of thalassemia. Trans-abdominal approach adopted in all patients. Information about Consanguineous marriage and ethnicity also recorded. Procedure done after informed consent. Total number of attempts and sample adequacy were noted. Complications included pain, threatened miscarriage, infection, PPRM and miscarriage. Statistical analysis was done by using SPSS version 20. **Total Number of Patients:** 260 (259 having singleton pregnancy and 1 twin pregnancy). **Study Design:** Cross-sectional Study.

Results: Out of 260, 31 had thalassemia major (termination of pregnancy offered), 4 had miscarriage, 2 had PPRM. 1.5% had abortion after the procedure. 0.7% had PPRM. 5.7% had threatened miscarriage. 8.4% had pain after the procedure. 90% couples had consanguineous marriage and disease was found more prevalent in Badin District. Numbers of attempts for Chorionic villous sampling were more for posteriorly located placenta.

Conclusions: Chorionic villous sampling is a safe and effective method for prenatal diagnosis of thalassemia in countries with high prevalence like Pakistan.

P0142 | DISENTANGLING THE RELATIONSHIP BETWEEN OCCUPATION AND PRE-ECLAMPSIA

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.7 PRE-ECLAMPSIA HEALTH SYNDROME

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Objectives: The role of women and pregnant people in the workforce is changing, and a deeper understanding of the relationship

between occupational risks and adverse pregnancy outcomes, such as preeclampsia (PE), is critical. The aim of this study is to assess the current evidence for the relationship between occupation and PE, as well as the framework used for understanding and communicating this relationship.

Methods: A scoping review was conducted to summarize findings and identify research gaps. We searched Medline using relevant keywords with no language restrictions, and did not include studies published prior to 2000. We also manually searched reference lists of relevant articles.

Results: The evidence for the association between occupation and PE is conflicting, of low quality, and outdated. Studies that assessed its impact on PE rarely reported the same occupational measures, which presents challenges for standardization, generalizability, and meaningful meta-analyses. We classified the commonly reported variables into five categories: occupational status, physical activity, work schedule, environmental exposures, and psychological factors. We propose that occupational risk should be characterized by the cumulation and interaction of categories, rather than by sector or industry.

Conclusions: Occupation is vast and multifaceted, and this review has revealed the need for a robust framework to disentangle the complex relationship between occupation and PE. This will help direct future research towards areas in need of high-quality evidence to support women in the workforce. Furthermore, a framework can be used to better communicate occupational risks, empower patients, and provide more personalized risk-factor assessments.

P0143 | CHARACTERISING THE FUNCTIONS OF MIRNAS FROM MEDIUM/LARGE STB-EVS IN EARLY ONSET PREECLAMPSIA (EOPE)

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.7 PRE-ECLAMPSIA HEALTH SYNDROME

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Objectives: Early-onset preeclampsia is a severe subclass of preeclampsia, a leading cause of maternal death globally. The placenta releases medium/large extracellular vesicles (M/L STB-EVs) EVs into the circulation, more in EOPE compared to normal. These STB-EVs reflect the placenta's state and may influence the downstream function of organs by depositing the content of their cargo (e.g., miRNA). Our goal was to characterize the miRNA of M/L-STB-EVs in EOPE and NP, identify differentially expressed miRNAs and ascribe functions to them.

Methods: After obtaining informed consent, placentas from eight EOPE and six NP patients were enriched for M/L STB-EVs using the physiological methods of *ex-vivo* dual lobe perfusion and differential ultracentrifugation at 10 000 *g*. Enriched M/L STB-EVs were characterized and confirmed by transmission electron microscopy,

nanoparticle tracking analysis and Western blot. Small RNAs from STB-EVs were sequenced and analyzed to identify differentially expressed microRNAs (DEMs), then analyzed with DIANA-mirPATH v.3 to determine their functions.

Results: We found 47 miRNAs to be up-and 53 miRNAs to be down-regulated. Overall, the DEMs were involved in cellular nitrogen compound metabolic and biosynthetic processes, protein modification process, ion and enzyme binding, transcription factor activity and cytoskeletal protein binding, TGF-beta signaling pathway, signaling pathways regulating pluripotency of stem cells and ECM-receptor (all *P* Values were <<<<<<0.00001)

Conclusions: Our analysis has characterized the M/L STB-EV miRNA signature and highlighted possible mechanisms by which miRNAs may propagate preeclampsia symptoms.

P0144 | OPTIMISING INTERPREGNANCY INTERVAL CAN IMPROVE MATERNAL OUTCOMES

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: Interpregnancy Interval (IPI) is interval between previous live birth and conception in index pregnancy. This study was undertaken to analyze maternal and perinatal outcome

Methods: Cross-sectional study was conducted in the Obstetrics unit KGMU, Lucknow, India from August 2019 till July 2020. Women with previous live birth were enrolled. Nulliparous women, women with previous abortion, stillbirth or multiple pregnancy were excluded. Demographic details were noted. IPI was measured as <6 months, 6–23 months, 24–59 months and ≥60 months. Maternal and Neonatal outcome was studied.

Results: There were 6984 deliveries; of them, 4812 women were enrolled. Majority of women (69.3%) had IPI of 6–23 months followed by 23.7% women who had IPI of 24–59 months. Only 3.9% women had IPI ≥ 60 months. Three fourths of women <20 years had IPI <24 months, whereas IPI was >24 months in 35% women >35 years (*P*=0.004). Women's literacy had no effect on IPI (*P*=0.068), whereas longer IPI was observed when male partners were educated (*P*<0.05). Women of upper, upper middle class had longer IPI(*P*<0.05). IPI ≥60 months was associated with more antenatal visits (*P*<0.05). Fetal growth restriction (FGR) (OR=2.06), Hypertension (OR=1.86), Malposition (OR=3.84) was more in women with IPI<6 months. Preterm labour (OR=3.82), Gestational Diabetes Mellitus (GDM)(OR=2.19), and oligoamnios (OR=2.54) was more when IPI ≥60 months. Neonatal outcome, congenital anomaly, postpartum hemorrhage was similar.

Conclusions: Majority of women had IPI <24 months, less than recommended interval by WHO. Short IPI was associated with FGR, Hypertension and malposition and Prolonged IPI with preterm labour, GDM and oligoamnios.

P0145 | PREVALENCE AND FACTORS ASSOCIATED WITH PRE-TERM DELIVERY AT AD-DIN WOMEN'S MEDICAL COLLEGE AND HOSPITAL IN BANGLADESH
THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: Pre-term birth is the leading cause of new-born deaths and second leading cause of death in children under five years old. Bangladesh like most developing countries lacks reliable data on the burden of preterm delivery. Ad-Din Women's Medical College and Hospital is the largest referral and handles many high-risk pregnancies some of which result in preterm birth. Locally, few studies have looked at the prevalence of pre-term deliveries and factors associated with it. This study determined the prevalence of preterm birth and factors associated with preterm deliveries.

Methods: This is cross-sectional descriptive study was conducted at the maternity unit of AWMCH in Dhaka in January 2016. A total 200 mothers who met the eligibility criteria and their babies were enrolled into the study.

Results: The prevalence of preterm birth was found to be 19%. Pre-term birth were commonly associated with maternal age, parity, previous pre-term birth (43.3%), PPROM (46.6%), multiple gestation (13.3%), pregnancy induced hypertension (40%), Antepartum hemorrhage (30%). However, level of education, ANC attendance, anemia, maternal MUAC and inter pregnancy interval were not associated with preterm birth.

Conclusions: Preterm birth among women delivering at AWMCH in Dhaka, Bangladesh is a significant problem. Prolonged PROM, PIH and APH are independent determinants of preterm birth. The prevalence of preterm deliveries was 19%. Maternal age <20 years, parity>4, twin, maternal UTI, PIH, APH, PPROM, previous history of preterm deliveries was significantly associated with preterm deliveries. So, at risk mothers should receive intensified antenatal care to mitigate preterm deliveries.

P0146 | TRICHOTILLOMANIA IN PREGNANCY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: Psychiatric disorders in pregnancy are rare. Anxiety is common but rejection to pregnancy is rare.

Methods: The symptoms to appear is between 10 and 13 years old. Symptoms usually start with pulling out the hairs on the scalp, which makes the person feel less anxious or stressed. Many people don't even notice themselves pulling their hair. The realization that they are pulling out hair can lead to more feelings of anxiety and embarrassment. This creates a cycle of anxiety, hair pulling, temporary relief then anxiety, embarrassment, and hair pulling again.

Results: It is important to know psychiatric illness, as treatment is important to treat underlying psychiatric illness and to treat future psychiatric and psychosocial illness

Conclusions: Trichotillomania in adults is associated with other psychiatric disorders, and behaviour modification is needed by a psychiatrist, a SSRI can be started on advise of psychiatrist, but can be waited till delivery of the patient. Postnatally patient was started on SSRI, and continued with counselling. Rejection for pregnancy is rarely seen. On psychiatric examination it was revealed that patient had trichotillomania in response to stress such as exams, loss of job and pregnancy. During both pregnancies she had trichotillomania, after first pregnancy she recovered on her and after second pregnancy she recovered after counselling.

P0147 | PREGNANCY WITH LUPUS NEPHRITIS: 2 CASE REPORTS

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: Here we are reporting two cases of lupus nephritis in pregnancy which is a relatively rare occurrence in Indian scenario.

Methods: Two cases of lupus nephritis in pregnancy in their last trimester came to ANC OPD of our department for safe confinement. Both in remission phase. First patient was primigravida with 38 weeks of gestation who came in August 2020. She was diagnosed with lupus nephritis class 4 seven years back and was on azathioprine and hydroxychloroquine since then. Her ultrasonography showed features of IUGR with normal Doppler indices. Her SSA-Ro and SSB-La were negative with C3 and C4 compliment in the upper range and low dds DNA levels. The second patient was gravida3, para2 with previous two LSCS at 35 weeks of gestation and came in January 2021. She was diagnosed with lupus nephritis class 5 eight years back. Patient was on tacrolimus, prednisolone and hydroxychloroquine. Her SSA-Ro

was positive, and SSB-La was negative with C3 and C4 compliment within normal range and low dds DNA levels.

Results: Both patients had undergone LSCS, first one for the indication of fetal distress and second being a case of previous two LSCS. Both of their babies had normal APGAR score and did well. ECG of the baby of second patient was normal. Both patients had uneventful postpartum period.

Conclusions: Lupus nephritis in pregnancy needs multidisciplinary approach and should be well controlled prior to, during and after pregnancy for successful outcome.

P0148 | PEMPHIGUS VULGARIS IN PREGNANCY: A CASE REPORT

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: A very rare case.

Methods: A case report: A single human subject Pakistan.

Results: Pemphigus vulgaris is a rare immune mediated bullous dermatosis. Its management during pregnancy is challenging. Few cases have been reported in literature so far. This disease is associated with adverse fetal outcome such as prematurity and intrauterine fetal death. We present a young patient who was diagnosed as a case of pemphigus vulgaris during first trimester of pregnancy. She required high dose of corticosteroids to control the disease and delivered a dead fetus at 30 weeks of gestation.

Conclusions: We report a young woman who was diagnosed as a case of pemphigus vulgaris during first trimester of pregnancy. She required high dose of corticosteroids to control the disease and delivered a dead fetus at 30 weeks of gestation.

P0149 | IMPACT OF COVID-19 PANDEMIC ON MENTAL HEALTH OF PREGNANT WOMEN WITH DIABETES MELLITUS AND OR HYPERTENSION

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: To evaluate the psychological effects of the COVID-19 pandemic on pregnant women with diabetes and hypertensive

syndromes, comorbidities considered additional risk factors for COVID-19 severe disease.

Methods: A cross-sectional study carried out at a tertiary care hospital in Brazil. Women with pregnancies complicated by gestational or chronic hypertension, and/or pre-gestational or gestational diabetes were evaluated. The primary outcomes were anxiety and depressive symptoms evaluated by the State-Trait Anxiety Inventory (STAI) and the Patient Health Questionnaire (PHQ). Perceptions of changing habits during quarantine were analyzed as secondary outcomes, and the Medical Outcomes Study Social Support Survey was used to measure their perceived social support.

Results: Seventy-nine patients were included. The incidence of STAI \geq 40 was 79.7% and of PHQ \geq 10 was 59.2%. Lower social support correlated with higher scores on both scales (Pearson correlation -0.273 , $P=0.015$, and -0.519 , $P<0.001$). The score's distributions were similar among women with different age, number of previous pregnancies and gestational age, but differed from women with desired compared with unintended pregnancies ($P=0.036$ and $P=0.004$, respectively). Greater screen time was reported by 62%, and a reduction of physical activity levels by 64.6% of the patients.

Conclusions: Pregnant women with diabetes and/or hypertension showed high levels of anxiety and depressive symptoms during the COVID-19 pandemic. Since these symptoms may affect maternal and perinatal health, implementation of tools to improve mental health and psychological resilience of these women is needed, particularly for those at a greater risk, whose pregnancies were unintended and social support is low.

P0150 | CASE REPORT OF TYPE II CESAREAN SCAR PREGNANCY IN A TERTIARY HOSPITAL IN BRAZIL

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: Cesarean scar pregnancies (CSP) are possible complications of previous cesarean deliveries which presents a high rate of morbidity and mortality among women. The existing types of CSP are endogenic (type I), developing to the uterine cavity and exogenic (type II), developing to the abdominal cavity. There's a lack of scientific evidence of the best management of CSP. The objective of this study is to report a type II CSP case and its conduction in a Tertiary Hospital.

Methods: Medical data and imaging of radiology department and surgical procedure were used after written patient consent.

Results: A 22-year-old patient, G2P1C1, with gestational age of 6w1d was referred from another service with a history of an isolated mild pain episode without other abnormalities. Transvaginal ultrasound (TVUS) compatible with CSP, gestational sac extruding by the scar and present cardioembryonic activity confirmed by our

medical board. β -hcg level on admission was 14387 mIU/mL. The team opted for systemic methotrexate 1 mg/kg intramuscularly on days 1, 3 and 5 with leucovorin 0.1 mg/kg on days 2, 4 and 6. On 5th day β -hcg was 33340 mIU/mL. A new TVUS was made without success of treatment. It was decided for surgical approach by laparotomy and resection of the CSP and adjacent segment. The patient was discharged 48 hours after the procedure.

Conclusions: This case highlights the necessity of randomized controlled trials of high quality and more studies about CSP and its types as the golden standard is not well defined and the incidence of this complication tends to grow.

P0151 | WHY ARE THERE SO MANY PROVIDER-INITIATED PRETERM BIRTHS IN BRAZIL? A PROSPECTIVE COHORT ANALYSIS IN 17 REFERENCE CENTERS

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.8 PRETERM BIRTH

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Objectives: To identify the leading causes and associated risk factors to Provider-Initiated Preterm Birth (pi-PTB) in 17 reference obstetric centers located in three different Brazil regions.

Methods: This was a secondary analysis of a multicenter prospective cohort performed as the screening phase on the identification of eligible patients to participate on the P5 clinical trial (Pessary Plus Progesterone to Prevent Preterm birth in women with short cervix - Register RBR-3t8prz, Brazilian National Review Board number 1.055.555). The P5 trial was conducted in 17 reference obstetric hospitals between July 2015 and March 2019. Outcomes included gestational age at delivery, reason for labor induction or cesarean section (c-section) and maternal-fetal causes of the intervention performed, Apgar 5th minute, birth weight and days of maternal hospitalization.

Results: We analyzed data from 4380 deliveries, of which 790 were preterm births (PTB) with an occurrence of 48.98% of pi-PTB. Among this last group, 70.31% were submitted to elective c-section, and 29.69% to labor induction. C-section was the most common type of delivery (83.33%). Hypertensive disorders were the most common maternal condition (40.05%) and the leading cause of pi-PTB (27.59%). The majority of deliveries occurred in late-PTB (34-36 weeks), corresponding to 64.3% of all pi-PTB.

Conclusions: Brazil has a high rate of pi-PTB especially in women with hypertensive disorders and most part of them are submitted to c-section. A proper prenatal care and development of well-founded protocols could help to reduce the iatrogenic occurrence of pi-PTB and avoid potential negative outcomes to the mother-fetus binomial.

P0152 | DEXTROCARDIA AND EISENMENGER SYNDROME IN PREGNANCY: A RARE CASE REPORT

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: A 28-week-pregnant woman presented with dextrocardia and Eisenmenger Syndrome treated in the Prof. R. D. Kandou Hospital Manado.

Methods: Case Report

Results: A 28 years-old 28 weeks pregnant woman was presented to the hospital with cyanosis and a history of exertional dyspnea that has occurred since childhood. Upon physical examination, vital signs were within normal limits. A grade 3/6 holosystolic murmur in the right midclavicular line of the 4th intercostal space, clubbing fingers, and cyanosis of the extremities were observed. The echocardiography revealed a dextroversion-type dextrocardia, normal systemic pulmonary vein drainage, LA LV dilatation, moderate MR, a large inlet VSD of 11 mm bidirectional shunt, good biventricular functions, and no paradoxical movement. The fetal USG revealed a single live intrauterine fetus with cephalic presentation. The patient was advised to terminate the pregnancy, but the patient refused. She was treated with oxygen supplementation, Sildenafil, Spironolactone orally, and intravenous Ceftriaxone. After conditions improved, she was discharged. At the 35th week of gestation, the patient came with second stage of labour. She safely delivered a 1450 g baby with a favourable APGAR score.

Conclusions: Dextrocardia and Eisenmenger Syndrome in pregnancy increases maternal mortality and fetal mortality up to 50%. The European Society of Cardiology does not recommend carrying out pregnancies in these patients (class III recommendation). If pregnancy occurs, a pregnancy termination should be advised. A multidisciplinary approach is recommended in evaluating the pregnancy of dextrocardia patients with Eisenmenger Syndrome to improve the outcome of patients.

P0153 | FETAL DIAGNOSIS

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.1 PRENATAL DIAGNOSIS

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Objectives: New fetal genetic testing and imaging technologies have changed the practice of prenatal diagnosis. The improved non-invasive risk assessment for common fetal aneuploidies by recent cell-free DNA testing technologies on maternal plasma has been

much acclaimed by pregnant women and obstetrics and resulted in a significant decline of invasive testing.

Methods: Both the RMD and the RHDO strategies have successfully been applied for the NIPD of a number of conditions. An alternative approach is searching for known or denovo variants following HTS based non-invasive targeted capture sequencing of cfDNA and both parents (trios). The affected families following the sonographic diagnosis of a skeletal dysplasia analyzing a panel of 16 genes of interest. **Results:** Diagnostic approach is more challenging in recessive conditions when both parents carry the same mutation, for maternal dominant disorders or X-linked conditions when the mother is a carrier. Two approaches have been applied to address these situations: The relative mutation dosage as assessed by droplet digital PCR reflects slight differences in the ratio of mutant and wildtype alleles in the cfDNA depending on the presence of absence of mutant alleles in the cffDNA.

Conclusions: Non-invasive fetal diagnosis is a valid option for a growing number of monogenic conditions. Approaches are rather complex, and the future will show what parents and health care systems are ready to invest in order to avoid the risk of an invasive procedure allowing simple and accurate testing. In the hands of experienced operators this risk is apparently significantly lower than suspected.

P0154 | RH-DISEASE AWARENESS AND PREVENTION (RHAP): KNOWLEDGE ASSESSMENT OF OBSTETRICAL PATIENTS

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: Rhesus hemolytic Disease of the newborn (RhD) was once the most common and severe form of hemolytic disease. In high income countries, RhD is relatively unknown due to prevention by Rh immunoglobulin (RhIG), therefore advocacy is important due to low incidence, vaccine hesitancy and misinformation. In low-income countries the lack of access to RhIG contributes to over 350 000 annual cases worldwide. Our aim was to assess the state of knowledge of RhD among women in our center.

Methods: Questionnaires including demographics and self-reporting of current RhD awareness were administered to a consecutive sample of pregnant women of all blood types (5–42 weeks gestation) attending our Obstetrics Clinic between January – March 2020.

Results: Of the 586 participants, 43% did not know their blood type and 16% identified as Rh-negative. Only 45% of the Rh-negative subset in their third trimester (or postpartum) knew that they had

been given RhIG. There was a lack of depth of knowledge of RhD, with two-thirds having no knowledge of the common sequelae.

Conclusions: Many Rh-negative women were unaware of the consequences of RhD and the rationale for having received RhIG. This lack of awareness may lead to complacency, RhIG refusal, and missed opportunities for patient self-advocacy. Our results provide further impetus to advocate for RhD education for patients and their care providers. Next steps include the creation of a patient-led focus group that aims to improve local and global awareness of RhD to help decrease the burden of this potentially devastating and preventable disorder.

P0155 | RELATIONSHIP BETWEEN FETOMATERNAL OUTCOMES AND PLACENTA ACCRETA SPECTRUM DISORDERS FOLLOWING REPEAT CAESARIAN SECTION

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: This study aimed to evaluate the fetomaternal outcomes in patients with placenta accreta spectrum disorders following repeat caesarean section.

Methods: This longitudinal study was conducted in the department of Gynaecology and Obstetrics in Rangpur Medical College from January 2019–December 2020 following ethical approval. Total 50 cases of PAS were included in this study after fulfilling criteria. Data collection was carried out using a predesigned questionnaire and finally analyzed by SPSS23.

Results: Mean age of the respondents were 35.62±3.51(SD). Regarding the degree of PAS, 48% had placenta increta, 28% had placenta percreta and 24% had placenta accreta. Mean time of operation was 93.60(±30.46) minutes. About 80% patients underwent hysterectomy, 20% underwent intraoperative procedure to stop bleeding, 30% underwent bladder repair. Post-partum hemorrhage was the most common maternal complication (88%) followed by blood transfusion (88%), hypovolumic shock (36%), ICU admission (36%) and wound infection (20%), renal failure (8%), DIC (4%). Mortality was observed in 8% of mothers and 4% of babies. Regarding fetal complications, 84% neonates were preterm, 68% had respiratory distress, 60% were low birth weight baby, 30% had needed NICU and 28% had sepsis.

Conclusions: In this study it is evident that PAS disorders with a history of prior caesarean section impact maternal and fetal outcomes. Post-partum hemorrhage, preterm, and LBW baby are the common complication.

P0156 | REACTIVATION AND REINFECTION OF *TOXOPLASMA GONDII* DURING PREGNANCY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.1 PRENATAL DIAGNOSIS

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Objectives: To review the literature on *Toxoplasma gondii* reactivation and reinfection during pregnancy.

Methods: A non-systematic literature search was performed in PubMed, Medline, Lilacs, and UpToDate databases. Only case reports and cohorts describing toxoplasmosis reactivation or reinfection in pregnant women were included.

Results: Eighteen cases of toxoplasmosis reactivation or reinfection during pregnancy were found. Nine (50%) of them happened to immunocompromised women, 7 (77.8%) of which were seropositive for HIV. Congenital *Toxoplasma gondii* infection happened in 14 (77.8%) cases. Among them, signs of disease were present at birth in only 5 newborns (35.7%), 4 (28.5%) children developed only late complications, and 5 (35.7%) had a subclinical infection that was promptly treated and left no sequelae.

Conclusions: Immunocompromised women with positive IgG titers for *Toxoplasma gondii* are at risk of toxoplasmosis reactivation during pregnancy. Prophylaxis for congenital toxoplasmosis with sulfamethoxazole pyrimethamine should be considered in those who are HIV positive. *Toxoplasma gondii* infection should be investigated right after birth in every child of immunocompromised women, since no signs of the disease might be present at birth, early diagnosis and treatment can prevent late complications and sequelae.

P0157 | TRANSCRIPTOME PROFILING OF RECTUS ABDOMINIS MUSCLE OF PREGNANT WOMEN TO IDENTIFY POTENTIAL BIOMARKERS OF THE TRIAD: GESTATIONAL DIABETES MELLITUS, PREGNANCY-SPECIFIC URINARY INCONTINENCE, AND GESTATIONAL HYPERGLYCEMIC MYOPATHY AS PREDICTORS OF LONG-TERM URINARY INCONTINENCE

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: To identify potential biomarkers of Gestational Hyperglycemic Myopathy (GHM) in the triad: Gestational Diabetes Mellitus (GDM), Pregnancy Specific Urinary Incontinence (PS-UI) and MHG as predictors of long-term urinary incontinence.

Methods: This study was carried out at the Perinatal Research Center at the Botucatu Hospital -UNESP, Brazil. Twelve Primiparous women or secondary pregnancy with one previous caesarean sections were included in four groups: non-GDM Pregnant women continents (NG-C), non-GDM Pregnant women urinary incontinent (NG-IU), GDM pregnant women continents (GDM-C), and GDM pregnant women incontinent (GDM-IU). Rectus abdominis muscle (RAM) samples were collected at C-section. Total RNA from RAM samples was extracted using TRIzol® reagent (Qiagen). RNA library construction was performed using Illumina's Truseq Stranded mRNA kit, followed by quantification by quantitative PCR and clustering. The sequencing of all samples was performed using the HiSeq 2500 V 4.2x equipment (Illumina Inc, San Diego, CA, USA). Genes were considered differentially expressed when log₂ Fold Change ≥ |1.5| and the adjusted p-value (padj) ≤ 0.05.

Results: In total, 650 genes were differentially expressed between groups, compared to each other. Eight potential biomarkers genes that were down-regulated in the incontinent diabetic group, were common in other study groups: MYH7, TPM3, GOS2, NACA, ATP2A2, UBC, EEF1A1, EIF1. These genes are related to tissue repair processes, hypertrophy in response to stress, contraction and relaxation.

Conclusions: These potential biomarkers can characterize GHM as a predictor of long-term UI and may help in the search for diagnosis and future therapies for pregnant women.

P0158 | MARFAN SYNDROME IN PREGNANCY: PRESENTATION AND DISCUSSION OF SEVEN CASES

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: Analyze a series of cases of pregnant patients with diagnosis of Marfan disease, and evaluate their perinatal outcomes in a tertiary hospital in Mexico City.

Methods: Retrospective observational study between 2016–2020 that included seven pregnant patients with diagnosis of Marfan syndrome; maternal and neonatal outcomes were analyzed.

Results: Seven cases going through their first pregnancy classified as NYHA I. Five were classified as WHO functional class III. Two required beta blockers. The main heart alterations reported were: 14.29% had native valvular heart disease, 14.29% cursed with mitral insufficiency, 42.86% with mitral valve prolapse, 14.29% with tricuspid valve insufficiency, 14.29% with left ventricular dysfunction and 14.29% had a descending aorta diameter >45 mm. Cesarean delivery was indicated in all cases. One case was complicated with aortic dissection Stanford classification as Bakey II. Two women presented premature rupture of membranes. One of them developed heart failure NYHA class III in the third trimester. The newborns were evaluated and two were diagnosed with a fibrillin-1 mutation.

Conclusions: Pregnancy in women with Marfan syndrome presents challenges due to the increased incidence of maternal and fetal complications. It is associated with two primary problems: catastrophic aortic dissection and the risk of having a child with the syndrome. Mortality is related with the diameter of the ascending aorta, ≥ 4.5 cm are at higher risk for aortic dissection. Beta-blockers may be useful in preventing aortic dilatation. Vaginal delivery can be done in patients who do not have cardiovascular complications.

P0159 | A SUCCESSFUL MANAGEMENT OF TWIN-TO-TWIN TRANSFUSION SYNDROME IN PUBLIC HOSPITAL, A CASE REPORT

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.6 FETAL THERAPY

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Objectives: Twin-to-Twin transfusion syndrome (TTTS) is a condition that affects 5–35% of twin pregnancies with monochorionic placentation. Case report of a pregnant woman at 24.3 weeks with TTTS on a public secondary hospital in São Paulo state/Brazil.

Methods: Diagnosis: presence of imbalance of amniotic fluid with donor-fetus (oligohydramnios <2 cm MVP) and recipient-fetus (polyhydramnios >8 cm MVP).CASE: G9PC4PN2A2 at 24.3 weeks on preterm labor presenting USG admission: both fetuses alive with single placental mass and presence of bladder; F1 EFW 794g, MPV 14 cm; F2 EFW 581 g, anidramnio (stuck-twin appearance image) (QUINTERO I).The amniocentesis (drained 2000 mL) was performed to inhibit the preterm labor, and corticoid was prescribed. After fourteen days, the patient returned with abdominal pain and contractions (GA 26.1 weeks). Control USG shows blood flow centralization, polyhydramnios, and ascites of the recipient-fetus (EFW 1094 g, MPV 19 cm); donor-fetus: EFW 870 g, MPV 4.7 cm, normal Doppler. Pregnancy resolution was justified due to the worsening of Quintero's classification (I to III).

Results: The patient delivered two female twins by C-section, weighing 995 g (1) and 840 g (2). The infants' Apgar scores at 1 min and at 5 min were 3/4 and 8/9, respectively. They were discharged after 106 days, weighing (1) 2165 g and (2) 2025 g.

Conclusions: Although laser fetoscopy is considered the gold standard treatment for TTTS compared to serial-amniodrainage, there are only a few public services in Brazil that can perform this procedure for lack of specific equipment. The management of this complex case was performed even with low resources, enhancing fetal viability and favorable outcome.

P0160 | COMPARISON OF ATTITUDES OF YOUNG WOMEN TOWARD ADOLESCENT PREGNANCY AND CONTRACEPTIVES

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: Adolescent pregnancy (AP) is associated with Low birth weight, premature labor, anemia, pre-eclampsia, puerperal sepsis, psychosis IUGR and unsafe abortion. Deferring AP, contraceptive use may prevent mortalities and morbidities of young women. To prevent AP attitude of young women towards AP & contraceptives are important. Our study aims to know and compare the attitude of young women (rural & urban) towards AP and contraceptives.

Methods: cross sectional comparative study carried out from January 2019-January 2020 in ZHSWMCH and Medinova. 1500 married women were enrolled to fill the questionnaires but 1040 (rural 873 & urban167) completed the study. Data were analyzed using descriptive and interferential (Chi Square, Fisher's precise test statistic ($P=.05$)).

Results: Towards adolescent pregnancy, negative attitude of women, urban vs. rural (23.95 vs. 12.33, $P=.001$), Neutral (64.67 vs. 72.85%, $P=.001$), recommended AP (11.38 vs14.78, $P=.001$).

Regarding contraceptives, urban vs. rural knew, contraceptives, beneficial (30.54 vs. 21.19, $P=.010$), harmful (13.17 vs. 20.16, $P=0.010$) declined (56.29 vs. 58.27%). Urban women had negative attitude double than rural women. Average 58.27% women expressed to use contraceptives & 52% of women desired to continue education.

Conclusions: To prevent Adolescent pregnancy young women need more education about adverse effects of AP & benefits of contraceptives. Strong strategies need to be adopted to build up awareness against AP, use of modern contraceptives and addressing unmet demand of contraceptives. Many young women want to continue education but for that family and social support is necessary.

P0161 | PRENATAL DIAGNOSIS OF ZELLWEGER SYNDROME USING CLINICAL EXOME SEQUENCING

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.1 PRENATAL DIAGNOSIS

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Objectives: Zellweger syndrome (ZS) is a fatal autosomal recessive disorder of peroxisome biogenesis and is characterized by muscular hypotonia, facial dysmorphism, renal cysts, hepatomegaly, severe psychomotor retardation, and failure to thrive.

Methods: We present a case of ZS with associated prenatal ultrasound softmarkers and clinical exome sequencing confirmation.

Results: A healthy 30-years-old G2P1 with previous uneventful pregnancy was referred to our center at 31 gestational weeks because of suspected abnormalities on prenatal ultrasound. Ultrasound at 23 gestational weeks at a local healthcare center revealed rhizomelia and mild bilateral ventriculomegaly. Amniocentesis was performed but found no abnormality by CMA. At 31 gestational weeks, a level 3 ultrasound examination in our center showed mild right sided ventriculomegaly, square shape of bilateral frontal horns, subependymal cysts, thin but morphologically normal corpus callosum, Blake's pouch cyst with abnormal bullet shape of 4th ventricle, hepatosplenomegaly and rhizomelia with stippled epiphyses. Additionally, MRI revealed polymicrogyria in frontal lobes and right Sylvius fissure. The patient opted for clinical exome sequencing to screen for genetic causes. Clinical exome sequencing found homozygous point-nonsense mutation (NM 000318:c.373C>T (p.Arg123Ter)) in PEX2 gene. The mutations in PEX2 gene were consistent with clinical diagnosis of this fetus. Parents opted for termination of pregnancy.

Conclusions: Detection of mild ventriculomegaly and rhizomelia on second trimester ultrasound should be indicative for clinical exome sequencing to rule out ZS and associated genetic conditions. Because of its fatality in early life, prenatal diagnosis and genetic counseling for ZS are crucial for planning care in future pregnancies.

P0162 | PLACENTA ACCRETA SPECTRUM DIAGNOSED DURING C SECTION AND THE ROLE OF SURGICAL TEAM

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: Placenta accreta spectrum {pas} disorders while remain undiagnosed before delivery and the surgical team facing the need of immediate decision while uncontrolled bleeding started to save the mother.

Methods: It was a retrospective and prospective study at periphery hospital of Tabuk, Ksa, in which data of patients with clinical diagnosis were reviewed from March 2018 to November 2020.

Results: In the case 11 patients of morbidly adherent placenta during the period from March 2018 to November 2020 was studied. It was found 77% cases un-booked, 80% cases having more than 3 previous cs, mean age of presentation was 32 years. 80% of patient having history of PV bleeding during pregnancy and anemia and needed blood transfusion during antenatal, intranatal and postnatal period. Immediate decision about the need of conservative surgery, caesarean hysterectomy, mass vessels ligation, patient communication with guardians, relatives, re consent, communication with hospital administration is so important to reduce all sorts of complications and liabilities.

Conclusions: Pas disorders are growing problems in high-risk group of obstetric patients, increasing with the rate of increase in c section. Antenatal diagnosis via radio imaging department, preoperative counselling, planning, multidisciplinary approach is upmost needed to reduce maternal morbidity and mortality.

P0163 | PROGESTERONE THERAPY & ENDOTHELIAL DYSFUNCTION IN PREGNANT WOMEN: A MORPHOCYTOMETRIC STUDY OF DESQUAMATED ENDOTHELIOCYTES

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: Endothelial dysfunction plays an important role in the development of pregnancy complications. Improving the diagnosis of this pathology, as well as studying the possibility of therapeutic effects on the vascular endothelium in pregnant women is an urgent task of modern obstetrics. Purpose: Evaluation of the effect of progesterone on the state of the endothelium in pregnant women using morphocytometry of circulating endotheliocytes.

Methods: The study included 174 pregnant women: the main group consisted of 66 patients who took progesterone drugs, the control group consisted of 108 pregnant women. In the groups studied implemented morphocytometric of circulating endothelial cells and determined the concentration of high-sensitivity C-reactive protein.

Results: The morphometric study of desquamated endotheliocytes showed the most significant difference in the study groups: the average diameter of endotheliocytes was higher in the main group ($P < 0.001$), i.e., progesterone therapy reduced destructive changes in endotheliocytes. Desquamation of endothelial cells is a marker of irreversible changes in the endothelium, & a test to determine the extent of these changes can be an objective criterion for vascular system damage. Modern technologies are aimed at improving the accuracy of measurements and objectifying the results obtained. The registered changes in desquamated endotheliocytes morphocytometry reflect the disorders occurring in the vascular system in pregnant women.

Conclusions: The obtained results demonstrated the informative value of morphocytometric diagnostics of endothelial dysfunction, & also showed a favorable effect of progesterone therapy on the endothelial condition in pregnant women.

P0164 | GESTATIONAL DIABETES MELLITUS AND ANAEMIA IN YOUNG WOMEN: THE CONTRAVERSIONS OF PATHOGENESIS

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: To systematize data on the GDM and anemia pathogenesis, available in the scientific literature.

Methods: The review includes PubMed, Medline and Scopus publications over the past 10 years, which observe aspects of gestational diabetes and anemia pathogenesis

Results: An analytical review on the problem of GDM and its complications for mother and child is presented. The pathogenetic relationship between anemia and GDM is shown; the main links in the pathogenesis of GDM are described, as well as the effect of GDM on epigenetic programming of the fetus.

Conclusions: Anemia appears as a predictor of GDM and is pathogenetically linked to it through the complicated biochemical changes both in mother and fetus. Modification of antenatal follow-up and preconception care models in accordance with clinical guidelines is crucially important in prevention of GDM and anemia development.

P0165 | PREGNANCY OUTCOMES IN WOMEN WITH EISENMENGER SYNDROME: A RETROSPECTIVE STUDY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: Eisenmenger syndrome is severe pulmonary hypertension in a congenital cardiac defect with a bidirectional or right-to-left flow, and is rare in pregnancy. The main objective of this study was to determine the maternal and neonatal outcomes of pregnant women with Eisenmenger syndrome who delivered from 2008 to 2019 at Philippine Children's Medical Center.

Methods: Medical records of 18 pregnant women were retrospectively analyzed and divided into two groups: maternal survivors (Group I) and maternal mortalities (Group II). Quantitative variables were analyzed using mean, and qualitative variables were analyzed using frequency and percent distribution.

Results: There were five maternal mortalities (27.8% mortality rate), most were due to pulmonary hypertensive crisis (60%). The most common cardiac lesion was atrial septal defect (38.9%). The functional capacity was lower in Group II (NYHA Class III/IV), pulmonary arterial pressure was higher (>100 mmHg), oxygen saturation was lower ($spO_2 < 85\%$), hemoglobin and hematocrit higher (>160 g/L and >0.50 , respectively), and platelet counts lower $<150 \times 10^9/L$.

Preterm labor occurred in almost all patients (88.8%). Neonatal complications were high, with a neonatal mortality rate of 11.1%. Majority of the patients delivered via assisted vaginal delivery under epidural anesthesia (61.1%).

Conclusions: The perinatal outcome of pregnant women with Eisenmenger syndrome is poor. The predictors noted (decreased functional capacity, lower oxygen saturation, higher levels of hematocrit and hemoglobin, and thrombocytopenia) could identify patients who will have a poor maternal outcome to help improve the antenatal, intrapartum, and postpartum care.

P0166 | WHEN TO PERFORM INTRAPARTUM CARDIOTOCOGRAPHY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.3 ASSESSMENT OF FOETAL WELLBEING

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Objectives: To evaluate the relationship between the results of intrapartum cardiotocography and perinatal factors.

Methods: Cross-sectional observational study with 692 pregnant women hospitalized in obstetric labor in a public hospital in São Paulo, Brazil, where all underwent cardiotocography. Data were described by means, standard deviation and frequency. The Kruskal-Wallis and Chi-Square tests were used to assess the correlation between the variables, considering $P < 0.05$. The study was approved by the Research Ethics Committee.

Results: The pregnant women were aged between 15 and 44 years (mean=26.2 years, SD=6.46 years), median of 2 pregnancies and 1 parity, and mean of 6.6 prenatal consultations (SD=2.9). The category I of cardiotocography was correlated with the Apgar score of 5th minute 8 ($P=0.031$, $r=2.1$) and 10 ($P=0.031$, $r=2.5$), normal delivery ($P < 0.001$, $r=5.1$), survey of negative *Streptococcus agalactiae* ($P < 0.001$, $r=3.0$), lower mean maternal age (25.9 years) ($P=0.036$) and greater cervical dilation (3.9 cm) on admission ($P < 0.001$). Category II was correlated with the 1st minute Apgar 1 ($P=0.031$, $r=4.4$), the 5th minute Apgar 6 ($P=0.031$, $r=4.4$) and 9 ($P=0.031$, $r=2.6$) and positive search for *Streptococcus agalactiae* ($P < 0.001$, $r=4.5$). Prolonged pregnancy and cesarean delivery were correlated with category II ($P < 0.001$, $r=2.3$ and $P < 0.001$, $r=3.1$, respectively) and III of cardiotocography ($P < 0.001$, $r=4.4$ and $P < 0.001$, $r=6.2$, respectively).

Conclusions: Most perinatal factors were correlated with category I of cardiotocography. It is suggested that this exam be performed only with specific indications, in order to avoid additional intrapartum stress and unnecessary interventions resulting from the exam result.

P0167 | CERVICAL ECTOPIC PREGNANCY: A CASE-SERIES STUDY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: Cervical ectopic pregnancy is a potentially life-threatening condition that must be identified in a timely manner to avoid catastrophic outcomes. The aims of this study are to: identify the most common risk factors associated with this condition and report the most common outcomes and treatment.

Methods: This study was conducted at the National Institute of Perinatology in Mexico City, Mexico. A total of 11 subjects were included. Study design: a retrospective case-series

Results: 7 (63%) women had at least one previous pregnancy, 4 (36%) had a previous Cesarean Section. The mean GA at diagnosis was 7w1d by ultrasound. Fetal vitality was found in 5 (45%) individuals. Single Dose regimen with Methotrexate was used in 1 patient, whereas the Multiple-Dose was used in 4. Surgical treatment was used in 6 patients. 4 (36%) required hysterectomy. 2 (18%) required Manual Vacuum Aspiration. The two patients who underwent Manual Vacuum Aspiration were the individuals who stayed the longest admitted in the hospital (55 and 30 days), Average blood loss during procedure: 175 mL. The four patients who underwent Hysterectomy stayed admitted in the hospital for an average of 5 days. Average blood loss: 562 mL

Conclusions: In this study, we reported the outcomes of 11 cervical ectopic pregnancies treated medically and surgically. All cases were confirmed by ultrasound. There is no consensus on the proper management of this condition; although, based on our results, hysterectomy is the safest and most viable approach.

P0168 | ADMISSION CARDIOTOCOGRAPHY VERSUS DOPPLER AUSCULTATION OF THE FETAL HEART IN HIGH-RISK PREGNANCY IN A TERTIARY HEALTH FACILITY IN NIGERIA

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.3 ASSESSMENT OF FOETAL WELLBEING

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Objectives: To compare the associations of admission CTG findings and those of IA) of the fetal heart with labour and neonatal outcome.

Methods: A prospective cohort study carried out at UPTH, Rivers State, Nigeria. A 30-minute admission CTG for each of the 387 participants was interpreted. Admission IA was also performed on the same patients. Women whose CTG showed chronic hypoxia had Caesarean section while those with either suspicious or pathological CTG, had intrapartum fetal resuscitation. The patients that responded favourably proceeded with labour during which fetal condition was monitored with IA. Data were analyzed using SPSS software.

Results: 108 (28.57%) and 321 (84.92%) of the 378 participants had abnormal CTG and abnormal IA findings, respectively. The incidence of abnormal IA findings in labour was 26.98% and the sensitivity of abnormal admission CTG and IA to predict abnormal IA findings in labour were 70.59% and 41.18%, respectively. Compared with admission IA, admission CTG was more likely to predict the following labour and neonatal outcomes: caesarean section rates [72 (70.59%) and 42(41.18%) for admission CTG versus IA groups, respectively; relative risk RR=1.714; 95% CI 1.317–2.231], 1 min Apgar score less than 7 [78(89.66%) and 36(41.38%); RR 2.167; 95% CI 1.670–2.810], 5 Min Apgar score Less than 7 [57(90.48%) and 33(52.38%); RR 1.727; 95% CI 1.347–2.215], admission to SCBU [51(68%) and 30(40%); RR 1.700; 95% CI 1.237–2.336], intrauterine fetal deaths and early neonatal death,

Conclusions: Admission CTG was a better predictor of labour and neonatal outcome than admission IA.

P0169 | ADVANCED CONSERVATIVE SURGICAL APPROACH TO SPECTRUM OF PLACENTAL ACCRETISM: AN ASSOCIATION OF TECHNIQUES

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: To report a case of conservative surgical approach to anterior placental accretism.

Methods: We obtained formal consent of patient and reviewed all data, labs, and images.

Results: 23-year-old, gravida 2 para 1 (one c-section), sought the maternity emergency service at 38/39 weeks, with an ultrasound that showed a segmental placenta, with partial loss of myometrial continuity, increased vascularization to Doppler and fetus with good vitality. The patient manifested desire for fertility preservation. A multidisciplinary team performed surgical plan and the procedure occurred at 39 weeks. It was chosen xiphoid-pubic incision and placental border was identified. It was performed a transversal incision at uterine fundus to fetal extraction. A penrose drain was tied at

uterine segment for transitory devascularization. The area of myometrial placental invasion was resected and recomposed by double-layer suture, followed by hysterorrhaphy. The uterine segment was untied, and it was applied fibrin glue and oxidized regenerated cellulose over the hysterorrhaphy. The patient not required hemotransfusion or intensive care. The puerpera was discharged after 72 hours.

Conclusions: The placenta accreta spectrum is a set of conditions of abnormal adhesion of placental tissue to myometrium, associated with high morbidity and mortality, due to risk of massive hemorrhage. The main risk factors are previous c-section and placenta previa. It is estimated a prevalence of 0.01 to 1.1%. Diagnosis should be performed by ultrasonography or magnetic resonance imaging. The advances in conservative strategy include procedures that aim uterine preservation and associate techniques that minimize requirement of hemotransfusion and intensive care.

P0170 | PREMATURETY AND LOW WEIGHT IN TWIN PREGNANCY IN BRAZIL

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.8 PRETERM BIRTH

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Objectives: To study the main mode of delivery and frequency of prematurity and low birth weight in newborns with twin pregnancies, considering that they are related to a higher risk of maternal and fetal complications, such as pre-eclampsia, prematurity, low birth weight and fetal death.

Methods: This is a descriptive and retrospective study, with a quantitative approach to data regarding the type of delivery, gestational age and weight of live births of twin pregnancies in Brazil between the years 2010 to 2019, obtained from TABNET / DATASUS.

Results: There were 602 269 births from twin pregnancies, corresponding to 2% of live births, in addition 97% corresponded to double pregnancy and 3% triple or more. Deliveries occurred mainly by cesarean section (82.5%) and before 37 weeks (prematurity) in double pregnancies (56%) and in triple pregnancies or more (88.4%). Regarding birth weight, 3.7% of newborns were considered extremely low weight (between 501 and 999 g), 6.3% very low weight (between 1000 and 1499 g), 49.8% low weight (between 1500 and 2499 g), 30.5% with insufficient weight (between 2500 and 2999 g) and only 8.8% with adequate weight (between 3000 and 3999 g).

Conclusions: Twin pregnancies are often associated with cesarean section, prematurity and low birth weight. Although the absolute frequency of twin pregnancies is low it is related to maternal and fetal complications with a great impact on health indicators, due to the presence of complications and longer maternal hospitalization and possible need for admission to the Intensive Care Unit (ICU) and/or neonatal Intermediate Care Unit (ICU).

P0171 | DISCORDANT CELL-FREE DNA SCREENING AND SECOND TRIMESTER ANATOMY SCAN – A REPORT OF CASES FROM EARLY EXPERIENCE IN THE PHILIPPINES

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.1 PRENATAL DIAGNOSIS

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Objectives: Prenatal screening and diagnosis have yet to be part of routine clinical practice in the Philippines. At The Medical City, a private tertiary referral center in metropolitan Manila, prenatal screening consists of combined first trimester screening test (FTS) using nuchal translucency and maternal biochemical markers and cell-free DNA (cfDNA) screening using single nucleotide polymorphism (SNP)-based technique, both offered as opt-in, self-financed screening tests. This report describes our clinical experience in the first year of implementation of the only hospital-based non-invasive prenatal testing (NIPT) program in the Philippines. Our objective is to present representative cases with discordant NIPT and midtrimester ultrasound findings to underscore the importance of combining FTS, NIPT and ultrasound in prenatal screening.

Methods: Records of women who underwent NIPT from 1 December 2019 to 31 January 2020 were reviewed.

Results: Sixteen women underwent NIPT during this period. Eight (50%) underwent NIPT following a high-risk FTS and/or abnormal ultrasound. Eight underwent NIPT for high risk maternal factors. Four (25%) women were screened positive on NIPT. Three women had abnormal midtrimester ultrasound findings namely intestinal obstruction, asymmetrical ventriculomegaly with corpus callosum agenesis and atrioventricular septal defect with pulmonary atresia. All three had normal NIPT and neonatal karyotype. Pregnancy management were not altered despite prenatal detection of fetal abnormalities.

Conclusions: The discordant cfDNA screening and second trimester ultrasound findings in our report signify that there remains a residual risk of aneuploidy following a negative cfDNA. Disclosure of this residual risk should be part of pretest counseling for all patients.

P0172 | THE INVESTIGATION OF VERTICAL TRANSMISSION OF SYPHILIS AS A STRATEGY FOR IMPROVING PRENATAL CARE: A CROSS SECTIONAL STUDY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.1 PRENATAL DIAGNOSIS

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Objectives: To investigate failures in prenatal care that are related to the outcome of congenital syphilis in Salvador.

Methods: Cross-sectional study conducted with 56 pregnant women who got prenatal care in primary health units of the Unified Health System in São Caetano, health district of Salvador, Bahia, and presented notification of gestational syphilis in 2019 or 2020 and notification of congenital syphilis in 2020. A nominal search was conducted at Notifiable Diseases Information System for notified cases, and full name and date of birth/ age were used to identify the women who were in both gestational and congenital syphilis reports. After that, the Gestational Syphilis Notification Sheets of the selected women were accessed to verify if there was adequate treatment according to the clinical stage of syphilis, during pregnancy.

Results: 56 pregnant women (25 ± 5 years) were included, two-thirds of which were brown and 18% had incomplete elementary school. 29% were in the third trimester of pregnancy and 29% had primary syphilis. 96% of pregnant women had a reagent non-treponemic test and 93% had a confirmatory treponemic test also reagent. 29% of sexual partnerships were treated concomitantly with pregnant women and 24% of partners did not undergo any treatment regimen. Finally, 59% of pregnant women underwent appropriate treatment according to the clinical stage of syphilis.

Conclusions: The late diagnosis of maternal syphilis and the lack of adequate treatment according to the clinical stage were the main failures identified in the prenatal care assistance.

P0173 | ACCURACY OF CLINICAL METHODS AND SONOGRAPHIC METHOD OF FOETAL WEIGHT ESTIMATION AT TERM

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.2 IMAGING IN OBSTETRICS

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Objectives: To evaluate the accuracy and the likelihood of overestimation and underestimation of clinical and sonographic methods of foetal weight estimation at term.

Methods: This prospective study was conducted among 300 parturient with singleton live fetuses at estimated gestational age of 37 weeks to 41+6 weeks at Federal Medical Centre, Lokoja. Estimation of foetal weight was done using Dare's method, Johnson's method and 5% of maternal weight. The weights of the babies were measured after delivery and compared with the individual estimated birth weights. Statistical analysis was carried out using Statistical Package for Social Sciences software SPSS version 20. The mean error, percentage error, the absolute error, and the ratio by percentage of estimate within 10% of actual birth weight (ABW) were estimated.

Results: Mean age of participants was 28±4.35 years, median parity was 2 (Range 1–7), Mean BMI was 29.62±5.06 Kg/m². The mean GA at delivery was 39.19±1.31 weeks, and the mean predicted birthweight was 3654.62±499.31 grams using clinical methods and 3400.98±353.99 grams using sonographic methods, mean actual birth weight was 3267.13±423.84 grams. All methods of fetal weight estimation majorly overestimated. Only the ultrasound method showed a degree accuracy amongst those overestimated (61.4% within 10% of ABW).

Conclusions: There is a tendency for clinical and sonographic methods to overestimate the actual birthweight. Obstetricians should take that into consideration when making obstetric decisions and its impact on maternal and fetal outcomes.

P0174 | PREECLAMPSIA PREVALENCE AND FETAL OUTCOME OVER 5 YEARS REVIEW – A SINGLE CENTRE EXPERIENCE

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: Preeclampsia can manifest from mild proteinuria in pregnancy with high blood pressure to eclampsia, which is characterized by concomitant fetal growth limitation or placental insufficiency and a greater degree of multi-organ involvement. There are several developing biochemical tools that can be used to detect and predict it early in pregnancy, yet many are expensive. Thus, this study aimed to determine the prevalence of preeclampsia over 5 year period (2016–2020) in Hospital Ampang, Selangor Malaysia. To review the maternal and fetal outcome in our center.

Methods: Retrospective data of all pregnant women with preeclampsia delivered in Hospital Ampang over 5 years duration (2016 till 2020) were reviewed. Patients with a confirmed diagnosis of preeclampsia and valid documentation were recruited and descriptively analyzed.

Results: The prevalence of preeclampsia was 0.34% (N=156) with a total of 45 677 deliveries. Malay ethnicity was the majority (70.9%),

with mean reproductive age of 30.3 (SD 5.9) and mean parity of 1.8 (SD 1.5). 40.5% neonatal admission to intensive care unit at birth with mean weight upon birth was 2.21 kg (SD 0.77). Two-third of the babies were low birth weight (LBW) (50.3%; less 2.5 kg) and very low birth weight (VLBW) (21.9%, less 1.5 kg) contributed by prematurity and growth-restricted fetus.

Conclusions: The Preeclampsia prevalence seems not to change over the last decade worldwide. Despite early risk stratification and low-dose aspirin commenced and emphasized. Perhaps the use of placental biochemical parameters and considering weight-adjusted aspirin dosage may reflect a different maternal and fetal outcome.

P0175 | CAUSES, SURVIVAL RATES, AND SHORT-TERM OUTCOMES OF PRETERM BIRTHS IN A TERTIARY HOSPITAL IN ACCRA: AN OBSERVATIONAL COHORT STUDY IN GHANAIAN WOMEN (PETITE STUDY)

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.8 PRETERM BIRTH

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Objectives: To determine causes, survival rates and outcomes of preterm births up to six weeks of age in Ghana.

Methods: An observational prospective cohort study of preterm neonates was conducted in a tertiary hospital in Accra from August 2019 to March 2020. Multiple pregnancies were excluded, and inclusion performed within 48 hours after birth of surviving infants. Causes of preterm birth were categorized as spontaneous (including preterm premature rupture of membranes) or provider-initiated. Survival rates and adverse outcomes were assessed at six weeks of age, corrected for weeks born preterm. Descriptive statistics and differences between determinants were computed. Recruitment and follow-up were suspended during the COVID-19 outbreak.

Results: Of the 758 preterm deliveries, 654 (86.3%) infants were live born and 179 enrolled in the cohort, comprising of nine (5%) extremely preterm (gestational age (GA) <28), 40 (22%) very preterm (GA 28–31), and 130 (73%) moderate to late preterm (GA 32–37) births. Most deliveries (63%) were provider-initiated. Sixty-two infants were followed-up until six weeks, and had a survival rate of 84% (n=52/62). Nearly all infants were admitted to NICU (92%, n=47/52), and almost half (44%, n=23/52) experienced adverse

outcomes, with abdominal herniations (30%) and interval illnesses (20%) most often occurring.

Conclusions: The incidence of infant adverse outcomes associated with preterm birth was high, despite the availability of specialized neonatal care. Larger longitudinal studies are needed for an in depth understanding of causes and longer-term outcomes of preterm birth, and to identify effective strategies to improve outcomes in resource-constrained settings.

P0176 | INCIDENCE OF PRETERM BIRTH IN SARS-COV 2 PNEUMONIA PATIENTS AT A COVID HOSPITAL IN NUEVO LEON

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.8 PRETERM BIRTH

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Objectives: To evaluate preterm birth incidence in SARS-Cov 2 pneumonia patients at a Covid Hospital in Nuevo Leon

Methods: Observational descriptive and retrospective analysis to clinical records of 40 pregnant women admitted with a SARS-Cov 2 pneumonia diagnosis, confirmed by RT-PCR at Hospital of Nuevo Leon, Mexico. The studied variables were age, parity, gestational age at delivery and newborn's positivity to SARS-Cov 2 infection (RT-PCR). The statistical analysis was performed by calculating averages and proportions using SPSS 25.0 version software (SPSS Inc., Chicago, IL, USA9).

Results: 16 patients out of the 40 admitted for SARS-Cov 2 infection were analyzed, 11 (68.75%) were preterm deliveries and 5 (31.25%) full term deliveries. 100% of the pregnancies were interrupted by a caesarean and 100% of the newborns were admitted to the Neonatal Intensive Care Unit (NICU). A frequency of 12.5% (n=2) in perinatal death was observed. A maternal death (2.5%) due to SARS-Cov 2 pneumonia occurred. Only one of the newborns (2.5%) tested positive for SARS-Cov 2 before hospital discharge.

Conclusions: Preterm delivery in pregnant women with SARS-Cov 2 infection was a frequent outcome (68.7%) during this study, showing a 12% of perinatal mortality.

P0177 | MODERN ASPECTS OF TREATMENT OF RECURRENT CHOLESTATIC HEPATOSIS IN PREGNANT WOMEN

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: To propose modern aspects of treatment of recurrent cholestatic hepatitis in pregnant (RCHP) women.

Methods: During 5 years, throughout 2015 to 2020 we examined 81 pregnant women with recurrent cholestatic hepatitis. The collection of clinical material was carried out in the maternity hospital of Tashkent in the Republic of Uzbekistan.

Results: All pregnant women with RCHP of the prospective group supervised by us were divided into two groups depending on the treatment obtained. The first group included 36 (44.4%) ($P < 0.05$) women with mild and moderate degree of severity of RCHP who received ademetonine (Heptral) 400 mg/day i.v. for 5 days followed by maintenance therapy of ursodeoxycholic acid (ursosan) 8–10 mg / kg / day prior to labor. The second group consisted of 45 (55.5%) ($P < 0.05$) women with a severe degree who received 400.0 mg of ademetonine (Heptral) 2 times/day i.v. for 5 days and then 400 mg for 5 additional days 1 time/day i.v. and maintenance therapy of ursodeoxycholic acid (ursosan) 10–12 mg / kg / day prior to labor. Out of 81 pregnant women with RCHP, percentage of deliveries at week 37–38 was 82.3%, 35–37 weeks – 11.7% and 32–34 weeks – 5.8%. Perinatal mortality was observed in 2 (2.4%) ($P < 0.05$) cases.

Conclusions: Due to early diagnostics and complex treatment with inclusion of ademetonine, it was possible to achieve a 2-fold fall in perinatal mortality, i.e., from 4.7% to 2.4% ($P < 0.05$).

P0178 | CERVICAL CERCLAGE IN TWIN PREGNANCY: INDICATIONS AND PERINATAL OUTCOMES AT A PERINATAL HOSPITAL IN MEXICO CITY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.8 PRETERM BIRTH

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Objectives: To evaluate indications for placement and perinatal outcomes after cervical cerclage in women with twin pregnancies.

Methods: Retrospective observational study including 26 patients with a twin pregnancy who received cervical cerclage placement and were delivered between January 2018 and December 2020 at a perinatal hospital in Mexico City. Data were obtained from the medical

record and summarized using simple statistical analysis. Ultrasound-indicated cerclage was performed in patients with a cervical length <15 mm; physical exam-indicated in asymptomatic patients with 1–4 cm dilation and history-indicated in patients with a prior second-trimester pregnancy loss related to painless dilation.

Results: The most frequent indication for cerclage was ultrasound-indicated in 65.5% of patients (n=17), followed by physical exam-indicated in 26.9% (n=7); and history-indicated in 7.8% (n=2). Mean gestational age at placement was 21.1 weeks (14.2–26.0). Mean gestational age at birth was 34.1 weeks (24.4–37.5); with a mean latency of 13.0 weeks. Preterm birth <34.0 weeks occurred in 38.5% (n=10), and <32.0 weeks in 15.4% (n=4) of cases. Only 7.7% (n=2) occurred before 28 weeks, both of which resulted in neonatal death. Out of the remaining 24 pregnancies, 48 newborns were delivered without severe perinatal morbidity, with a 39.5% (n=19) NICU admission rate.

Conclusions: Twin pregnancies represent 1–3% of all pregnancies, but account for 17–20% of preterm births. Evidence is still limited, with no precise criteria for cerclage placement. In our study the most common indication was ultrasound-indicated cerclage. Placement prolonged pregnancy an average of 13.0 weeks, with 61.5% reaching >34 weeks gestation.

P0179 | BIUXX

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: To study pregnancy outcomes in women with hypertension and SARSCOV2 infection in pregnancy

Methods: This was a prospective observational study conducted in dedicated covid center between April to December 2020. Inclusion criteria were pregnant women who were diagnosed with hypertensive disorder in pregnancy with SARSCOV2 infection. Pregnancy outcomes were noted in terms of mode of delivery, maternal ICU admission, maternal and perinatal mortality till discharge

Results: Out of 675 patients admitted with SARSCOV2 infection, 55 women had hypertension in pregnancy. Out of 55, 83.6% (46) were antenatal, rest came in immediate postpartum. Eighty eight percent (n=44) were asymptomatic, rest had covid symptoms. Reason for admission in hospital was just SARSCoV 2 infection in 67% (n=37), uncontrolled BP in 23.6% (n=13), labour in 5.4% (n=3). Out of all subjects 89% (n=49) were >34 weeks, 54.5% (n=30) were gestational hypertension, 21.8% (n=12) were severe preeclampsia, 20% (n=11) were non severe preeclampsia, 3.6% (n=2) were eclampsia, 1.8% (n=1) presented with HELLP syndrome. Mode of delivery during covid-19 infection was vaginal in 38% (n=19/50), cesarean section in 62% (n=31/50), rest were discharged antenatally as they became covid negative (n=5), 3.6% (n=2) women required ICU admission and no maternal mortality was observed. Preterm delivery rate was 14.5% (n=8), 7.2% (n=4) had intrauterine death.

Conclusions: Coexistence of hypertension and covid-19 infection in pregnancy had worse outcome in terms of increased need for surgical management and more chances of intrauterine death. In COVID-19 pandemic where resources have been diverted towards covid management this medical problem needs to be given special consideration.

P0180 | ASSOCIATION BETWEEN POSTPARTUM DEPRESSION AND PRE-MENSTRUAL DYSPHORIC DISORDER IN CASES OF ELECTIVE CAESAREAN SECTION IN PRIMIGRAVIDA PATIENTS IN A TERTIARY CARE HOSPITAL

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: The primary aim was to determine the association between postpartum depression and pre-menstrual dysphoric disorder in primigravida undergoing elective caesarean section and the secondary aim was to assess the socio-demographic factors associated with postpartum depression.

Methods: A prospective observational study was performed in all cases of primigravida undergoing elective Caesarean section in one year in R. G. Kar Medical College, Kolkata. The study population was 72. Postpartum depression (PPD) was screened by Edinburgh Postnatal Depression Scale and its severity assessed using Beck Depression Inventory on day 7, day 14 and day 42 postpartum. Premenstrual Dysphoric disorder (PMDD) was assessed retrospectively using the DSM-V criteria. Also, the different socio-demographic profiles of the subjects were noted. Data were analyzed by SPSS version 24.0.

Results: 30.6% of our study subjects had post-partum depression. The prevalence of PMDD was 36.11% in our study population (81.82% in depression group, 16% in non-depression group). So, a greater prevalence of pre-menstrual dysphoric disorder was noted in patients with postpartum depression ($P < 0.0001$). Age, BMI, educational status, socio-economic status, history of addiction and gestational age at delivery did not have any significant difference between the two groups ($P > 0.05$). Lower marital satisfaction, unplanned pregnancy, lack of breastfeeding and family history of psychiatric disease were associated with higher prevalence of postpartum depression. ($P < 0.05$).

Conclusions: This study suggests that PMDD is an important risk factor for PPD. Lower marital satisfaction, unplanned pregnancy, lack of breastfeeding and family history of psychiatric disease are also risk factors for PPD.

P0181 | ACCURACY OF GREYSCALE ULTRASOUND IN DIAGNOSIS OF PLACENTA ACCRETA SPECTRUM-A COMPARISON WITH PERIOPERATIVE FINDINGS

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.1 PRENATAL DIAGNOSIS

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Objectives: To determine the accuracy of ultrasound in diagnosis of placenta accreta spectrum in comparison with per operative findings.

Methods: Comparative study was done on pregnant women in department of Obstetrics and Gynaecology, Benazir Bhutto hospital with history of antepartum hemorrhage and low-lying placenta. All patients were subjected to sonographic evaluation using greyscale transabdominal ultrasound to confirm placental location. Following findings suggestive of morbid adherence of placenta were noted. i. Multiple vascular lacunae within placenta ii. Loss of the normal hypoechoic zone between placenta and myometrium iii. Decreased retroplacental myometrial thickness less than 1 mm iv). Abnormalities of the uterine serosa-bladder interface. All patients had caesarean delivery. Pre-operative sonographic findings were compared with per-operative findings during caesarean section.

Results: Study was done on 59 patients with gestational age more than 28 weeks, age between 25–35 years (56%) and parity between para 02 to para 05 (73%) 0.56% of these patients had history of caesarean section. All patients were subjected to ultrasound on which 22 patients had low lying placenta and 37 had major degree placenta previa. Among the latter group 06 were picked as placenta accrete and 01 as placenta percreta on ultrasound according to placenta accreta spectrum criteria. Per-op these findings were confirmed, and all patients ended into caesarean hysterectomy. 2 more cases were found per-operatively who were undetected on ultrasound.

Conclusions: Diagnosis of placenta accreta spectrum is necessary to reduce fetomaternal morbidity and mortality. Greyscale ultrasound is cheap, easily available, non-invasive and yields immediate results as compared to MRI.

P0182 | CASE REPORT: PLACENTA INCRETA DIAGNOSIS IN TRANSOPERATIVE PERIOD

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: To present case report of a patient diagnosed with placenta increta (PI), endorsing the importance of early diagnosis.

Methods: This case report was established in the first semester of 2021, taking place in a hospital in Alto Vale do Itajaí/SC and being developed by seventh term medicine undergraduates from UNIDAVI (Rio do Sul/SC). This research's theoretical core is built upon data analysis from medical reports and brief literature review using Google Scholar, PubMed and Scielo.

Results: 43-year-old female patient with history of 3 pregnancies and 2 deliveries, GA 37w + 6 d. Patient looks for medical care in a hospital reporting colic pain while in evident active labor, what led to vaginal delivery. After childbirth, a retained placenta was observed, heading to multiple dilation attempts and unsuccessful uterine curettage followed by active vaginal bleeding, hypotension, tachycardia, and pallor. The hemodynamic stabilization was followed by emergency obstetric subtotal hysterectomy and substance collection, which was sent to anatomopathological examination. Results revealed traits compatible with placenta increta and mild acute chorioamnionitis. With no further interurrences, the patient progressed with discharge after five days of hospital internment.

Conclusions: This case report details an obstetrical emergency that entails the placenta accrete spectrum, which alludes to the range of pathologic adherence of the placenta. PI is described as abnormal implantation of chorionic villi upon myometrium, a condition that leads to increased difficulties in placental expulsion after birth. It is imperative that the condition is identified during prenatal care appointments and through complementary exams to prevent complications.

P0183 | INVESTIGATION OF CONGENITAL MALFORMATION'S PATTERN, ASSOCIATED RISK FACTORS AND BIRTH OUTCOMES AT TERTIARY CENTER IN CENTRAL JAVA, INDONESIA: FIVE YEARS RETROSPECTIVE STUDY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.1 PRENATAL DIAGNOSIS

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Objectives: To determine the pattern, associated factors, and birth outcomes of the congenital malformations

Methods: A retrospective cross-sectional study was performed in the Tertiary Center at Central Java, Indonesia over a period of five years from January 2016 to December 2020. Secondary data were collected and was reviewed from Hospital Medical Record. All babies with congenital malformations were identified and were estimated for the rate, common types of malformations, risk factors, and birth outcomes.

Results: A total of 161 neonates with malformations were recorded from 8518 births giving a prevalence rate of 1.89%. The central nervous system (CNS) was most common (32.9%), followed by the musculoskeletal (28.6%). Malformations recurrence was found in pregnancy with omphalocele, anencephaly, and hydrocephalus. The fetal death rate among newborns with congenital malformation was 47.8%. There was a statistically significant association ($P < 0.05$) between having congenital malformations babies and lower maternal education (OR=9.411, 95% CI=3.462–25.579), anemia during pregnancy (OR=6.129, 95% CI=1.26–29.72), inadequate antenatal visit (OR=5.777, 95% CI=1.36–24.396), and advanced paternal age (OR=3.74, 95% CI=1.38–10.18). Meanwhile, maternal age, parity, bad obstetric history, and contraceptive use did not have any influence to develop congenital malformations.

Conclusions: Congenital malformations are commonly found in CNS. A high rate of fetal death is found among newborns with malformations. This study identified some modifiable risk factors to provide better prevention and management of patients at higher risk of giving birth to malformed newborns.

P0184 | SCREENING FOR PREECLAMPSIA AND FETAL GROWTH RESTRICTION BY UTERINE ARTERY DOPPLER

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.7 PRE-ECLAMPSIA HEALTH SYNDROME

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Objectives: To evaluate the predictive value of the uterine artery Doppler for screening of preeclampsia and fetal growth restriction in the period from January 2018 to December 2019, in Holguin

Methods: A prospective cohort study was carried out in all pregnant women with Doppler of the uterine artery in first and second trimester, in the municipality of Holguin. The universe was made up of the total number of patients who underwent Doppler flowmetry of the uterine arteries (n=1652)

Results: The study showed a positivity incidence rate of 6.03 per 100 cases. The highest number of positive uterine artery Doppler cases corresponded to optimal ages for delivery. Pregnant women with less than 14 weeks contributed the highest number of cases. Preeclampsia and CIUR were the most frequent entities. Most of these puerperal women went to the puerperium rooms. In newborns, respiratory distress and IUGR were the major complications

Conclusions: Uterine artery Doppler has low positive predictive value for patients who will develop severe preeclampsia, early preeclampsia and growth restriction, but high specificity and negative predictive value.

P0185 | ARE WOMEN WITH TYPE 2 DIABETES FIRST DIAGNOSED IN PREGNANCY AND WOMEN WITH PREGESTATIONAL TYPE 2 DIABETES JUST THE SAME?

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: To compare risk factors and pregnancy outcomes of women with diabetes first diagnosed in pregnancy (overt diabetes, OD) to those of women with pregestational diabetes (PGD).

Methods: Retrospective cohort of women from two major public tertiary maternity hospitals in Porto Alegre, Brazil. Maternal

characteristics and pregnancy outcomes were compared between groups with Student's *t* and chi-square tests. Poisson regression with robust estimates was used to estimate risk factors for OD.

Results: OD occurred in 209 (33%, 95% CI 29–37%) women and PGD, in 423 (67%, 95% CI 63–70%); the median time of diabetes diagnosis in PGD women was 4.0 (2–7) years; body mass index distribution was similar in both groups, with an obesity rate ~70%. OD women were younger (32 ± 6.1 vs 33.3 ± 5.8 years, $P=0.001$), had previously delivered macrosomic babies (24.9% vs 17.7%, $P=0.045$), presented later to specialized care (24.0 ± 8.1 vs 18.8 ± 7.8 gestational weeks, $P<0.001$), and had higher weight gain (5.2 ± 7.9 vs 2.7 ± 5.3 kg, $P<0.001$) and higher HbA1c ($7.4 \pm 1.7\%$ vs $7.0 \pm 1.3\%$, $P=0.003$) 1.3%, $P=0.003$) at booking. Age (RR 0.973, 95% CI 0.956–0.991, $P=0.004$) seemed protective, while previous macrosomia (RR 1.303, 95% CI 1.019–1.666, $P=0.035$) behaved as a risk factor for OD in multivariable models. Maternal and perinatal outcomes were similar.

Conclusions: Although outcomes in OD and PGD pregnancies were similar, earlier identification of OD women should be pursued to reduce unfavorable clinical conditions on arrival to tertiary care.

P0186 | PRENATAL ALCOHOL AND CIGARETTE EXPOSURE AMONG A SAMPLE OF NEWBORNS IN IRKUTSK, RUSSIA

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: In Russia, an estimated 37% of pregnant women drink, between 14%–19% smoke cigarettes, and 75% report secondhand smoke exposure (SHS). The purpose of this study was to examine the prevalence of and association between alcohol use and cigarette smoking among pregnant women in Irkutsk (N=318).

Methods: Between December 2019 and February 2020, trained medical staff interviewed women who had delivered at the Regional Maternity Hospital in Irkutsk, a tertiary care maternity hospital, within the past 48-hours. Recent mothers' alcohol and cigarette smoking were assessed at preconception and for each succeeding trimester.

Results: Smoking was reported by 19% of preconception women and 9% of pregnant women. About 1 in 5 pregnant women (19%) reported exposure to SHS at home. Alcohol use was reported by 55% of women before conception, by 25% during pregnancy, and by 5%

in the last trimester. Being single ($P<0.015$) and a habitual drinker (4+ monthly drinks) before conception ($P<0.004$) were associated with drinking late in pregnancy. The proportion of smokers was markedly higher among women who drank in the third trimester relative to non-drinkers (25% vs. 8%, $P=0.042$). Exposure to SHS was also proportionally higher among drinkers, albeit not significantly (38% vs. 18%, $P=0.064$).

Conclusions: Co-occurrence of smoking and alcohol use was common among women drinking late in pregnancy, presenting a risk for dual prenatal adverse exposures. Habitual drinkers in the preconception period were less likely to stop drinking throughout pregnancy, warranting substance use screening, brief counseling, and referral to more intensive services early in pregnancy.

P0187 | FETO-MATERNAL OUTCOME IN PREGNANT FEMALES WITH CARDIAC DISEASE A TERTIARY CARE CENTER EXPERIENCE

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: —To determine feto-maternal outcome in women presenting with heart disease during pregnancy at department of obstetrics and gynaecology benazir bhutto hospital.

Methods: It was a descriptive study conducted from 1st January 2019 to 30th June 2019. All pregnant patients with cardiac disease presented in Department of Obstetrics and Gynecology BBH were enrolled in the study. All the patients were evaluated by taking detailed history, examination and were assigned NYHA class. Echocardiography was performed in all patients. All the patients were followed till delivery. Maternal outcome noted in the form of mode of delivery, admission in CCU, and maternal mortality. Fetal outcome noted in the form of preterm delivery, NICU admission, and still birth. Data recorded on standardized proforma and results presented in the form of frequency and percentages.

Results: The age of patients range from 20–40 years with 66% patients in 20–30 years age group. Primigravida were 9(33%) and multigravida were 19(67%). Out of 27 patients 3(12%) had congenital heart disease, 19(70%) had RHD and 5(18%) had peripartum cardiomyopathy. 78% patients had NYHA I/II and 22% had NYHA III/IV. Out of 27 patients 22(77%) patients had term deliveries and 5(18%) had preterm deliveries. 29% babies had NICU admissions. Out of 27 patients six (22%) patients of heart disease with pregnancy expired during the study period.

Conclusions: The prevalence of cardiac diseases in pregnancy in Pakistan is comparable to that in our neighboring countries. These cardiac diseases are responsible for fetal and maternal adverse outcomes.

P0188 | CONGENITAL SYPHILIS AMONG ADOLESCENTS IN THE MUNICIPALITY OF OSASCO/SP, BRAZIL

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.1 PRENATAL DIAGNOSIS

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Objectives: To analyze the determinants of vertical transmission of congenital syphilis among adolescents in the municipality of Osasco.

Methods: Cross-sectional study among low and high-risk pregnant women admitted to Hospital Municipal Maternidade Amador Aguiar, Osasco, SP, Brazil. A historical series was carried out from January 2010 to December 2019. The identification of pregnant women/parturients with diagnosis of syphilis in pregnancy occurred through laboratory tests VDRL and FTA-Abs, prenatal card verification and or hospitalization in the Maternity Emergency Room and search for cases notified in the Epidemiological Surveillance Service of the municipality. In the newborn, the diagnosis was clinical and confirmed by serology.

Results: 764 cases of congenital syphilis in women of reproductive age, with an increase in this comorbidity. From 2016 to 2019, there were 130 cases of congenital syphilis among adolescents. In 2016, from the total congenital syphilis in all ages (64), 18 (28.12%), in 2017, from 118 cases, 52 (44.06%), in 2018 from 154 cases, 47 (30.05%) and in 2019 from 165 cases, 13 (21.45%) occurred among adolescents. Analyzing the care trajectory of these pregnant women it was observed failures in the assistance, such as: late initiation of prenatal, absence of early diagnosis in pregnancy and inadequate treatment.

Conclusions: the failure to early identify pregnant women with multifactorial with late initiation of prenatal care and deficiency of correct treatment of the patient and partners, the non-observance of the recurrence of syphilis, the difficulty in monitoring difficulty in monitoring this assistance are determinants of congenital syphilis in adolescents.

P0189 | THE IMPORTANCE OF KNOWING GESTATIONAL AGE AND METHODS FOR ASSESSMENT – PERSPECTIVES FROM RURAL SUB-SAHARAN AFRICA

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.3 ASSESSMENT OF FOETAL WELLBEING

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Objectives: To explore knowledge and beliefs regarding gestational age, and of the methods used to determine it.

Methods: Prospective study conducted at two hospitals in rural and peri-urban coastal Kenya. Focus group discussions (n=52) and in-depth interviews (n=18) were held with pregnant women and their families (husbands, mothers, mothers-in-law), frontline health workers and healthcare managers.

Results: Participants recognized the importance of knowing the gestational age: pregnant women and their families described how this helps prepare for delivery, financial considerations, family support, and timing of antenatal visits. Clinicians focused on the ability to provide appropriately timed maternity services, managing pregnancy complications and monitoring fetal health. Respondents stated that last menstrual period (LMP), fundal height measurement, fetal movements and ultrasound were used for estimating gestational age. LMP was most common; however, there were concerns regarding accuracy. Confusion arose when there was a discrepancy in gestational age provided by LMP and fundal height. An ultrasound may be ordered to resolve this conflict, however, it also led to further patient confusion due to multiple dates and reports. While ultrasound was considered to be the most reliable method of determining gestational age, it was not part of routine care and rarely conducted.

Conclusions: Pregnant women, their families and healthcare workers in rural Kenya recognized the importance of knowing gestational age. Community members focused on the utility of estimating delivery dates, while healthcare workers highlighted the importance for providing appropriately timed services. The findings support the implementation of methods to improve gestational age estimation.

P0190 | LOWER EXTREMITY VENOUS DOPPLER FLOW IN PREGNANCIES WITH AND WITHOUT PRE-ECLAMPSIA IN THE THIRD TRIMESTER

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.7 PRE-ECLAMPSIA HEALTH SYNDROME

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Objectives: This study aims to describe and compare lower extremity venous Doppler flow in normal pregnancies and women with pre-eclampsia in the third trimester.

Methods: A prospective case control study involving 100 pregnant women in their third trimester recruited from the Rahima Moosa Mother and Child Hospital in Johannesburg, South Africa, with 50 normotensive women allocated to the control group and 50 women to the pre-eclamptic group. Each woman underwent ultrasonography of the lower limb veins with outcome measures including demographics, spontaneous blood flow echogenicity, Doppler waveform, compressibility and diameter of veins of both lower limbs. Statistical comparisons between the groups were analyzed using Pearson's chi-squared contingency tests for categorical data. Welch's t-test and Mann-Whitney U or Wilcoxon matched pairs tests were used for parametric and non-parametric data, respectively for continuous variables. Tests were two-tailed and model significance set at 0.05.

Results: Significant treatment effects for five of the eight veins measured for spontaneous blood flow echogenicity ($p < 0.001$), with pre-eclamptic patients scoring mostly grade 0 as opposed to the control group scoring grade 1. The diameter of the short saphenous vein on the left was significantly smaller in pre-eclamptic patients as opposed to the control group ($P=0.026$).

Conclusions: Our study produced insufficient evidence to suggest that pregnant women with pre-eclampsia are at greater risk of developing venous thromboembolism using this screening method as our results showed normal blood flow echogenicity in both groups.

P0191 | PLACENTAL ABRUPTION: OUR EXPERIENCE IN A TERTIARY CARE CENTRE IN EASTERN INDIA

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: The study was undertaken to determine the prevalence, risk factors and feto-maternal outcomes in women with placental abruption.

Methods: The study was conducted in the Department of Obstetrics and Gynaecology at AIIMS Bhubaneswar, a tertiary care institute of national importance in eastern India. All inpatient women with

placental abruption at 22 weeks or beyond of gestation were included, while women with other causes of third trimester bleeding like placenta praevia were excluded. This was a retrospective cohort study of 3 years duration, from April 2017 to March 2020. Ethical approval was obtained from the institute ethics committee. Data were summarized using descriptive statistics.

Results: There were 60 women with placental abruption at an age of 19–46 years and 28 to 39 weeks of gestation. All women were unbooked cases. Hypothyroidism was present in 9 cases, and 1 each had sickle cell disease and recurrent pregnancy loss. Anemia was present in 31 women, while 28 had preeclampsia and 3 had chronic hypertension. None of the women had a history of cocaine abuse, leiomyoma or cigarette smoking. Thrombocytopenia was present in 13, and 10 had disseminated intravascular coagulation. There were 30 women with intrauterine fetal demise at admission, while 14 had a pathological trace on cardiotocography. 19 women received blood or component transfusion and 6 required ICU admission. There were no cases of obstetric hysterectomy or maternal mortality.

Conclusions: Placental abruption poses a big challenge to the health-care systems in developing countries. Fetal outcomes remain a cause of concern.

P0192 | PLACENTAL EXPRESSION OF LEPTIN AND IN HYPOXIA-INDUCIBLE FACTOR-1 ALPHA IN WOMEN WITH GESTATIONAL DIABETES MELLITUS

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: To investigate the placental expression of leptin (Lep) and hypoxia-inducible factor-1 alpha (HIF-1a) in women with gestational diabetes mellitus (GDM), taking into account the method of hyperglycemia correction.

Methods: Patients were divided into the following groups: diet-treated ($n=20$) and insulin-treated GDM ($n=20$), and the control group ($n=10$). Immunohistochemistry analysis of placental samples was performed using antibodies (Abcam) to Lep and HIF-1a.

Results: The highest placental expression of Lep was observed in the GDM-insulin group (12.23%), which was significantly higher than in the control group (8.02%) ($P=0.03$). In the GDM-diet group, expression of Lep was lower compared to the GDM-insulin group and close to the control group value (8.34%) ($P<0.05$). The same patterns were

observed when assessing placental HIF-1 α expression. In the GDM-insulin group, expression of HIF-1 α was significantly higher (24.17%) compared to the control group (11.62%) ($P=0.013$). The level of HIF-1 α in the GDM-diet group was higher than in the control one (17.58%) and lowered when compared to the GDM-insulin group.

Conclusions: Hyperglycemia in GDM might affect the placental expression of Lep and HIF-1 α . These changes depend on metabolic disorder's severity and quality of glycemic control. Alterations in the placental synthesis of Lep and HIF-1 α may lead to the development of pre-eclampsia and fetal macrosomia in women with GDM.

P0193 | PREGNANCY AND TAKAYASU'S ARTERITIS: PRINCIPLES OF MANAGEMENT

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: Takayasu's arteritis (TA) is a form of vasculitis which is characterized by inflammation of large blood vessels predominantly affecting women of reproductive age. During pregnancy, maternal and fetal risks include hypertension, preeclampsia, miscarriage, intra-uterine growth restriction, placental abruption, and fetal death in utero.

Methods: We present the case of a 35-year-old primigravida who was diagnosed with TA two years prior to pregnancy. At the time of conception, she was taking methotrexate, and this was changed to prednisolone and aspirin at 5 weeks' gestation. A tertiary morphology scan was reported as normal. She received multidisciplinary care during her pregnancy. She was admitted to hospital at 36 weeks with a diagnosis of gestational hypertension and was treated with anti-hypertensives and had daily blood pressure recordings, regular preeclampsia blood panel, and cardiotocographic monitoring.

Results: She was induced at 38 weeks gestation and had an emergency caesarean section for failure to progress. The baby's birth weight was 2540 grams and Apgars were 7 and 9 at 1 and 5 minutes, respectively. Both mother and baby were discharged on day 5 postpartum.

Conclusions: Pregnant patients with TA are high-risk patients and preconception counselling regarding maternal and fetal risks during pregnancy is essential. Management includes regular fetal monitoring, blood pressure monitoring using the lower limb (if patient has stenoses of subclavian arteries or aorta), as well as management of hypertension if required. A multidisciplinary approach involving obstetricians, rheumatologists, cardiologists, renal physicians, and anesthetists is recommended to ensure optimal maternal and fetal outcomes.

P0194 | PREGNANCY WITH PERIPARTUM CARDIOMYOPATHY – A CHALLENGE

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: Peripartum cardiomyopathy during pregnancy is rare (0.1%) and has maternal morbidity and mortality rate of 5% to 32%. This study was carried out to evaluate risk factors, left ventricular function, management and postpartum sequelae in women with peripartum cardiomyopathy.

Methods: This hospital based prospective longitudinal study was carried out over 3 years at a rural tertiary care center. 14 Antenatal and postnatal women with peripartum cardiomyopathy were studied for risk factors, obstetric, medical outcome and were followed till 6 months postpartum. EPI INFO software was used. Frequency, percentage, mean, SD were calculated. Fischer exact test was used.

Results: Frequency of peripartum cardiomyopathy was 0.20%. Mean left ventricular ejection fraction was 29.21 ± 7.52 . Anemia, preeclampsia were significantly associated with peripartum cardiomyopathy. 28.6% women clinically improved 0.14.28% women had persistent left ventricular dysfunction beyond six months of presentation. 28.6% women presented with thromboembolic events requiring secondary prophylaxis. Maternal mortality was 21.44%. 64.28% babies were small for gestational age. 50% women underwent cesarean section under low dose spinal anesthesia for obstetric reasons.

Conclusions: Preeclampsia, anemia are potential risk factors for Peripartum cardiomyopathy. Left ventricular function is the prognostic determinant of peripartum cardiomyopathy. It is incumbent for the obstetrician to be cognizant of this disease as it is associated with high morbidity and mortality (5%-32%). So, it is important to assess risk factors by tools to stratify women at risk, and multidisciplinary approach is to be followed for treatment.

P0195 | DETERMINANTS OF MATERNAL AND NEONATAL OUTCOMES OF OLIGOHYDRAMNIOS AFTER 37+0 WEEKS OF GESTATION IN MEKELLE PUBLIC HOSPITALS, NORTHERN ETHIOPIA

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.3 ASSESSMENT OF FOETAL WELLBEING

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Objectives: Oligohydramnios is a state of deficient amniotic fluid defined objectively using ultrasound measurements as single deepest

vertical pocket less than 2 centimeters and/or amniotic fluid index less than 5 centimeters. It has been correlated with conditions that threaten both maternal and fetal health. This study assessed the occurrence and determinants of adverse maternal and perinatal outcome in women with oligohydramnios after 37⁺⁰ weeks.

Methods: This was prospective observational study conducted at Ayder Comprehensive Specialized Hospital and Mekelle General Hospital from April 1, 2018 to March 31, 2019 including 10 451 deliveries, of which 273 were complicated with oligohydramnios. Total population purposive sampling method was employed to collect data prospectively.

Results: The prevalence of term oligohydramnios in this population was 2.6%. The composite adverse perinatal and maternal outcomes were 38.1% and 89.4%, respectively, among pregnancies with oligohydramnios. Primigravidity, degree of oligohydramnios, presence of intrauterine growth restriction and post-term pregnancy were associated with adverse perinatal outcome. Degree of oligohydramnios and hypertensive disorders of pregnancy were found to be predictor of composite adverse maternal outcome.

Conclusions: Appreciation of determinants of composite adverse maternal and neonatal outcome can aid prompt interventions and mobilization of resources for resuscitation and early transfer to neonatal intensive care unit. Knowledge of determinants of maternal outcome can serve as a tool for patient counseling and for anticipation of maternal complications.

P0196 | ESTABLISHMENT OF UPDATED FETAL GROWTH CURVES IN THE SOUSSE REGION

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.3 ASSESSMENT OF FOETAL WELLBEING

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Objectives: In Tunisia, we currently do not have recent fetal growth curves specific to our population. Provide obstetricians and neonatologists with updated birth weight, height and head circumference curves, adapted to our population for a better assessment of fetal growth

Methods: Our study was carried out from a retrospective use of obstetric records of women who gave birth at the Sousse maternity and neonatology center, over a period of 3 years. Stillbirths, fetal deaths in utero, multiple and twin pregnancies, births less than 26 weeks of amenorrhea, or more than 43 weeks of amenorrhea were excluded. A polynomial regression model was applied for each gestational age for the various anthropometric parameters. For each anthropometric parameter (weight, height, and head circumference at birth), the curves of the 3rd, 10th, 50th, 90th, 97th percentiles made it possible to define our limits of eutrophy.

Results: At the end of the excluded cases (7.1%) and lost to follow-up (2.5%), we retained 36 480 births. For the parameters (weight, height and head circumference at birth), we found the increasing shape of the curves until the 40th week, then a tendency to slow growth down to the 42nd week. Median birth weight, 10th and 90th percentiles varied significantly by fetal sex, but this variation was not significant by gender and maternal age.

Conclusions: This study highlights the importance of updating growth curves and the need to use curves specific to each population.

P0197 | CASE REPORT: GIANT SUBSEROUS UTERINE LEIOMYOMA AND TERM PREGNANCY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: Report a case of giant subserous myoma in a successful pregnancy.

Methods: Case Report: Woman, 41 years old, first pregnancy with diagnosis of subserous fibroid. Ultrasound one year before pregnancy showed a uterine volume of 296 cm³ and a 7.7 cm subserous fibroid in its largest diameter. She presented a history of abdominal swelling and amenorrhea of 10 weeks duration. There was no history of other symptoms. The first trimester ultrasound showed an increase in myoma, with 12.7 cm in its largest diameter. All prenatal and fibroid follow-up was performed. An elective cesarean section with myomectomy was chosen. The fibroid had characteristics of degeneration and a volume of 10 000 cm³ in the last ultrasound performed. The outcome was a live female infant of birth weight 3.095 kg and the fibroid nodule showed areas of cystic degeneration and weighed 10.0 kg. She had an uneventful postoperative period and the postnatal visit after was satisfactory.

Results: Uterine leiomyoma is a benign condition that affects many women. However, when associated with pregnancy, it presents an increase in complication rates which do not allow conservative management. Myomectomy during pregnancy must be carefully considered, which was defined in this particular case only at the time of the birth.

Conclusions: In the case of fibroids and pregnancy, although there are divergences in the current literature, the presence of complications requires individualized management for each patient for optimal results. As shown in this case, caesarean myomectomy can be performed with good results in carefully selected cases.

P0198 | MAJOR OBSTETRIC HEMORRHAGE IN METRO EAST, SOUTH AFRICA

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: Major obstetric hemorrhage is a leading cause of maternal mortality and accounts for one-third of maternal deaths in the whole of Africa. We aimed to assess population-based incidence, causes, management and outcomes of major obstetric hemorrhage and risk factors associated with poor maternal outcome.

Methods: Women with major obstetric hemorrhage who met WHO Maternal Near-Miss criteria or died in Metro East region, Cape Town, South Africa, were evaluated from November 2014–November 2015. A logistic regression model was used to analyze associations with poor outcome, defined as major obstetric hemorrhage leading to massive transfusion of ≥ 8 units of packed red blood cells, hysterectomy or death.

Results: Incidence of major obstetric hemorrhage was 3/1000, and incidence of massive transfusion 4/10 000 births. Leading causes were placental abruption, complications of caesarean section and uterine atony.

Conclusions: Assessment of major obstetric hemorrhage using the Maternal Near Miss approach revealed that placental abruption and complications of caesarean section were the major causes of major obstetric hemorrhage. Caesarean section was associated with poor outcome.

P0199 | WHAT THE ABDOMINAL WALL COULD REVEAL ABOUT THE FETUS CHROMOSOMES

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.1 PRENATAL DIAGNOSIS

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Objectives: The objective was to study the association between abdominal wall defects and karyotype abnormalities.

Methods: We report a retrospective study during five years (2015–2018). We had diagnosed four cases of omphalocele at *gynecology and Obstetrics Department of Ben Arous Hospital Tunisia*.

Results: The average age of our patients was 32 years. In three cases, the omphalocele was discovered during the first trimester ultrasound screening. two patients were referred to our department

at 24 WG and at 18 WG of pregnancy for further screening of an abdominal wall defect. The morphological study found an omphalocele associated with bilateral choroid plexus cyst in one case. One fetus had an exaggerated nuchal translucidity. The other fetuses had no associated abnormalities. A karyotype analyses was performed every time. The two fetuses with associated abnormalities had trisomy 18, and we performed a therapeutic interruption of the pregnancy. The other two had normal karyotypes and the pregnancies were prolonged. The delivery was programmed with the collaboration of neonatologists and pediatric surgeons.

Conclusions: The most common fetal abdominal wall defect is omphalocele, both with a prevalence of about three in 10 000 births. Prenatal ultrasound has a high sensitivity for these abnormalities, already at the time of the first-trimester nuchal scan. Omphalocele is associated with chromosomal or genetic abnormalities in a much higher proportion of cases.

P0200 | MANAGEMENT OF 7 WEEKS ECTOPIC PREGNANCY WITH VERY HIGH BHCG WITH MULTIPLE DOSES METHOTREXATE

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: This is a case report.

Methods: Case report of Successful Medical Treatment with Multiple doses Methotrexate for 7 weeks 2 days ectopic pregnancy.

Results: The patient is 29 years old. Gravida 4 para 2+1. Gestational age 8 weeks. Diagnosed as right tubal ectopic pregnancy. She was asymptomatic and as per ultrasound, there was right adnexal gestational sac fetal pole with CRL of 7 weeks, 2 days with no cardiac activity, the BHCG was 22317.2 IU/L. Medically and surgically free with history of unexplained IUFD AT 7 months gestation and 1 first trimester miscarriage. Patient was counseled, she refused the surgical intervention. All risks and benefits were explained. She insisted on her decision, so a multidisciplinary team meeting was done and decided for multiple doses methotrexate and close follow up by BHCG and scan. She was admitted and received 2 doses of Methotrexate 60 mg IM alternating dose of Folinic acid. Her BHCG reduced after 1 week from 22317.2 IU/L to 6114.5. When she was discharged for OPD, follow up with weekly BHCG after 12 weeks the BHCG became less than 1.2. The gestational sac size remains the same with no vascularity. She refused surgical interventions to remove the sac. Interestingly, she got pregnant again 6 months later with intrauterine single viable fetus. She is ongoing ANC.

Conclusions: The successful treatment of ectopic pregnancy with very high BHCG with medical treatment, with multiple doses methotrexate.

P0201 | FIVE-YEAR RETROSPECTIVE STUDY OF MATERNAL AND FETAL OUTCOMES OF PATIENTS WITH VBAC IN VSMMC

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: To determine the maternal and fetal outcomes of patients who underwent vaginal birth after cesarean delivery (VBAC) at Vicente Sotto Memorial Medical Center from January 2015 to December 2019.

Methods: This was a descriptive study design that focused on patient chart review of 280 patients using random sampling technique. Maternal and fetal outcomes were noted as well as the demographic profile, clinical profile, and setting of delivery.

Results: Patients who had VBAC in VSMMC were mostly in the 19 to 34 years of age, single, were from Cebu province, multiparous, had 4 to 7 prenatal visits and were within 37-39 weeks of gestation. The interpregnancy interval was 18 months where the most common indication for previous CS was malpresentation. 51.4% of patients delivered by emergency VBAC while waiting in line for CS. Only 6.4% of these women have postpartum hemorrhage and no fetal complications were noted.

Conclusions: Regardless of the setting of delivery, patients who delivered by VBAC in VSMMC yielded favorable maternal and fetal outcomes.

P0202 | A CASE REPORT OF CONGENITAL INFECTION FOR CYTOMEGALOVIRUS CAUSING SEVERAL FETAL ANEMIA

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.1 PRENATAL DIAGNOSIS

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Objectives: The purpose of this report is to describe a rare case of fetal Cytomegalovirus (CMV) infection causing severe fetal anemia in addition to ultrasound brain abnormalities, Doppler and fetal growth restriction (FGR).

Methods: Case report from clinic history, Ultrasound and Doppler Ultrasound finding

Results: The diagnosis of FGR was confirmed (EFW 559g, 1st centile), ultrasound findings were microcephaly, mild ventriculomegaly,

periventricular calcifications, placentomegaly and hyperechogenic bowel. Middle cerebral artery PI was in the 1st centile (IP 1.17) and the cerebro-placental ratio was 0.94 (centile 1st). The peak systolic velocity was high 51.9 cm/seg (1.59 MoM). Maternal blood sample high titers of rubeola IgM and IgG antibodies (2.3 and 63.3 IU/L). Fetal blood sampling was positive for CMV IgM and the RT-PCR and it was negative for rubeola. Additionally, fetal hemoglobin was 5.5g/dL. A spontaneous vaginal delivery at 40 weeks of gestation and his weighted was 1730 grams. Apgar score was 8 and 9 at the first and fifth minute [RH1]. Patient was referred to a pediatric hospital for antiretroviral therapy with ganciclovir. The hemoglobin at birth was 6.4g/dL. At the time of writing this report, the patient is four years old with severe neurosensorial hypoacusia.

Conclusions: CMV is rarely reported causing fetal anemia. The rationale for fetal anemia in the course of CMV infections is unknown. This report highlights that fetal anemia could be present during a CMV fetal infection and there should be suspected in the context of a high systolic velocity in the MCA Doppler assessment.

P0203 | INCREASED NEPHRIN IN URINARY EXTRACELLULAR VESICLES OF PREGNANT WOMEN WITH SEVERE PREECLAMPSIA: A PRELIMINARY STUDY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.7 PRE-ECLAMPSIA HEALTH SYNDROME

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Objectives: Characterize the expression profile of nephrin and podocin proteins present in the urinary extracellular vesicles (uEVs) of pregnant women with PE in order to investigate their potential role as markers of the disease.

Methods: This was an observational, comparative and cross-sectional study. Ten pregnant women diagnosed with severe PE (PE group) were recruited at a Maternity School in Natal-RN/Brazil. In addition, ten normotensive pregnant women (NT group) were recruited at a Maternity in Parnamirim-RN/Brazil. Fasting blood samples were used to assess the patients' general metabolic status. First morning urine samples were collected to isolate the uEVs by ultracentrifugation. Nephrin and podocin expressions were quantified by Western blot. The distribution of variables was analyzed by the Shapiro-Wilk. Mann-Whitney and T tests were used for the group's comparison. The correlation was assessed using the Pearson or Spearman tests. A receiver operating characteristic curve (ROC) was plotted to analyze the discriminative power of the prediction tools. The area under the ROC (AUROC) and the respective 95%

confidence intervals (CI) were calculated. A probability of $p < 0.05$ was considered significant.

Results: Patients' overall metabolic status were compatible with the described for women with PE. Significant increased expression of nephrin ($P=0.008$) was observed in PE group when compared to NT group. In addition, the area under the curve analysis (AUROC) showed that nephrine is a good predictor of albuminuria (AUROC=0.833; $P=0.018$).

Conclusions: The results suggest that nephrin from uEVs is a potential marker of PE diagnosis.

P0204 | THE IMPACT OF PROVIDER INITIATED PRETERM BIRTH IN A REFERRAL CENTER

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.8 PRETERM BIRTH

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Objectives: To describe preterm birth prevalence and the impact of provider initiated preterm birth (pi-PTB) in a referral center for high-risk pregnancies.

Methods: Cross-sectional retrospective study, through medical record review of all cases of gestational age ≥ 24 and < 37 weeks in a one-year period (2016). For pi-PTB, a descriptive analysis was performed, considering gestational complications, gestational age at childbirth, route of delivery and reason for decision on timing of childbirth.

Results: Total of 2764 deliveries in the considered period were reported, 382 (13.8%) preterm. Among preterm birth, 38.2% were pi-PTB and were further detailed. Considering the attempt to define the cause that led to childbirth, around 56% were due to maternal complications and 44% due to fetal compromise. Among the main maternal complications were hypertensive disorders (35.6%) and diabetes (4.8%), as well as worsening of other maternal comorbidities (15.7%). The fetal indications were mostly due to fetal distress (28.8%), followed by fetal growth restriction (12.3%) and few cases of fetal malformation. The majority (57.5%) among pi-PTB were late preterm (over 34 weeks). Considering the route of delivery, almost all cases evolved to a cesarean section (93.8%), of which 87% without attempted induction of labor.

Conclusions: The prevalence of prematurity in the considered institution is high, with significant impact of pi-PTB, especially due to hypertensive disorders, with increased cesarean section rates. Adequate diagnosis and management of maternal and fetal complications is key in order to improve maternal and perinatal outcomes.

P0205 | ABNORMAL TIBIAL ARTERY IN IUGR FETUS. CASE REPORT

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: Intrauterine growth restriction (IUGR) increases the risk of adverse perinatal outcomes. There are still many discussions on its obstetrical management and timing of delivery. Monitoring of the IUGR fetus is usually followed by combination of the non-stress test (NST), umbilical artery (UA), middle cerebral artery (MCA) and ductus venosus (DV) Doppler parameters. In our case, we also added the peripheral artery, the tibial artery (TA) Doppler.

Methods: We present a case of a 30-year-old woman G2 P2 observed with IUGR at 32nd week of gestation.

Results: The pregnant woman with anemia underwent ultrasound scan at 32nd gestational week, it revealed IUGR with an estimated fetal weight (EFW) of 1182g, $< 10^{\text{th}}$ percentile. From 32nd to 37th week, monitoring once to twice a week involved NST and Doppler of the TA, UA, MCA, DV and uterine arteries (UtA).

Conclusions: From 36+4 weeks abnormal PI increase (>95 percentile) was found only in the TA, while the UA, MCA, DV and UtA were normal. NST was normal too. At 37+0 weeks increase in the UA PI also was recorded, while other parameters remained normal. At 37+3 weeks the MCA PI was < 5 percentile. At 38 weeks, a male newborn was delivered by induction, 2230 g, 46 cm, 9/10 Apgar. Umbilical artery pH 7.35. To conclude, we present an IUGR case which was monitored by including the peripheral fetal tibial artery Doppler, that was the first sign of the aggravating state of the fetus.

P0206 | PREDICTIVE VALUE OF SECOND-TRIMESTER MATERNAL LIPID PROFILING IN EARLY-ONSET PREECLAMPSIA: A PROSPECTIVE COHORT STUDY AND NOMOGRAM

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.7 PRE-ECLAMPSIA HEALTH SYNDROME

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Objectives: Maternal lipid profile has rarely been investigated in early-onset preeclampsia (PE), thus, we aimed to evaluate the predictive value of second-trimester maternal lipid profiling for early-onset PE.

Methods: A prospective cohort study was conducted to measure the second-trimester maternal lipid profile of pregnant women from January to December 2019. The pairwise association between maternal lipid profile and PE onset or pregnancy termination time was quantified. Multiple logistic regression was performed to define risk factors for early-onset PE, and a nomogram for early-onset PE was developed and validated.

Results: 5908 pregnant women enrolled were divided into healthy (n=5789), late-onset PE (n=64), and early-onset PE (n=55) groups. Total cholesterol (TC), triglycerides (TG), and low-density lipoprotein cholesterol (LDL-c) were elevated in patients with PE, while high-density lipoprotein cholesterol (HDL-c) was decreased in patients with PE. TC, TG, and LDL-c were negatively correlated with PE onset time or gestational week at delivery. The final regression model included five statistically significant risk predictors for early-onset PE (maternal age of ≥ 35 years, multipara, pre-pregnancy body mass index (BMI) ≥ 25 kg/m², second trimester TG ≥ 2.59 mmol/L and second trimester HDL-c ≤ 2.03 mmol/L. The nomogram had an excellent diagnostic performance (area under the curve=0.912, sensitivity=92.7%, and specificity=76%) and was further validated.

Conclusions: An abnormally increased TG concentration and a decreased HDL-c concentration might serve as predictors of early-onset PE. Whether blood lipid-lowering measures can improve severe PE prognosis require further clarification.

P0207 | ORAL NIFEDIPINE VERSUS INTRAVENOUS MAGNESIUM SULFATE AS A TOCOLYTIC FOR PREVENTION OF PRETERM LABOR IN PATIENTS WITH PLACENTA PREVIA: A RANDOMIZED CLINICAL TRIAL

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: To compare the effectiveness of nifedipine and magnesium sulfate (MgSO₄) as a tocolytic in patients diagnosed with placenta previa and presented with threatened preterm labor

Methods: An open-label randomized clinical trial was conducted in a tertiary university hospital between June 2018 and October 2020. The study included pregnant women diagnosed with placenta previa between 28 and 36 weeks' gestation and presented with preterm uterine contractions. The participants were randomly assigned to either (nifedipine group) received oral nifedipine 10 mg every 20 minutes for three doses, followed by 10 mg orally every 6 hours or (MgSO₄ group) received intravenous 6 g bolus MgSO₄ 20% followed by a 2 g/h infusion. The treatment continued for 48 hours in both groups. The primary outcome was the difference of gestational

age at time of delivery and the percentage of successful prevention of preterm labour in both groups.

Results: The study included 176 patients (88 in each group). Both groups had insignificant difference regarding gestational age at admission (242.48 \pm 16.68 vs. 246.75 \pm 10.07 (days); $P=0.09$), but nifedipine group had significantly higher gestational age at delivery compared with MgSO₄ group (254.19 \pm 10.24 vs. 248.67 \pm 15.64 (days); $P<0.001$). The successful rate for prevention of preterm labour was 63 (71.6%) in MgSO₄ group and 69 (78.4%) in nifedipine group ($P=0.19$). No significant differences regarding the neonatal outcomes or side effects.

Conclusions: Both nifedipine and MgSO₄ are successful tocolytics in patients with placenta previa presented with threatened preterm labour. However, nifedipine is associated with more prolongation of pregnancy days than MgSO₄.

P0208 | DEPRESSIVE SYMPTOMS IN VIETNAMESE PREGNANT WOMEN WITH GESTATIONAL DIABETES MELLITUS

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: This study aimed to investigate the prevalence of depressive symptoms and their association with clinical and sociodemographic characteristics in pregnant women with GDM in Ho Chi Minh city, Vietnam.

Methods: A cross-sectional study was conducted on 333 women with GDM at Hung Vuong Hospital, Ho Chi Minh city, from March 6th, 2020 to May 31st, 2020. Clinical and sociodemographic information was obtained through interviews. The presence of depressive symptoms was defined as Edinburgh Postnatal Depressive Score of more than 12.

Results: 1. The prevalence of depressive symptoms in women with GDM was 16.82 %, 95% CI [12.96 - 21.28]. 2. Characteristics associated with the presence of depressive symptoms, analyzed by logistic regression model, included: (i) Women, who often confined in friends and in siblings while being unhappy, were at an increased risk of manifesting depressive symptoms during pregnancy compared to those who confined in their husband, with adjusted OR: 3.23, 95% CI [1.02 - 9.38], $P=0.035$ and adjusted OR: 6.55, 95% CI [1.23 - 33.14], $P=0.023$, respectively. (ii) The prolonged duration from when being diagnosed with GDM to when being screened for depression decreased the risk of having depressive symptoms. Specifically, an increase in duration by 1 week led to a 0.9-fold decrease in risk (adjusted OR: 0.9, 95% CI [0.83 - 0.96], $P=0.003$).

Conclusions: Pregnant women with GDM are at an increased risk of having depressive symptoms, which emphasizes the need to screen

for depression and make interventions to minimize depression-related factors.

P0209 | CERVICAL LENGTH DISTRIBUTION CURVES AND RISK FACTORS FOR SHORT CERVIX IN BRAZILIAN MULTIPLE GESTATION
THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.8 PRETERM BIRTH

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Objectives: To identify mean, median, percentile of cervical length, and to correlate cervical length measurement and risk factors associated to short cervix in Brazilian twin pregnancies.

Methods: This was a multicenter prospective cohort study at 17 reference hospitals in three regions of Brazil that involved 275 multiple gestation women at 18 0/7 to 22 6/7 weeks of gestation who participated in a randomized clinical trial screening phase (P5 trial) between July 2015 and March 2019. Transvaginal ultrasound (TVU) using line and curve technique measurement was performed to provide cervical length measurement (CL) in all women screened at the study. We considered data from the CL distribution among the multiples gestation and analyzed the risk factors for CL ≤ 25 mm using logistic regression.

Results: A total of 275 twins pregnant participated in the distribution curve. The mean, median, P5 and P75 of cervical length in straight line technique were 34,4mm, 35,8mm, 13,5mm, and 41,7mm, respectively. For curve technique we found very similar results. The percentage of CL ≤ 25 mm was 18, 55% in the total sample; however, this rate was higher when we considered only nulliparous (22,45%). A previous preterm birth was the most important risk factor for having a short cervix (OR 0, 27 IC 95% 0,13 - 0,55).

Conclusions: In Brazilian multiple gestation, the CL distribution demonstrates a higher percentage of short cervix ≤ 25 mm. There was a non-significant difference in distribution curves using curve and straight-line techniques. We suggest that Brazilian women with multiple pregnancy, especially nulliparous, must be carefully assessed and screened as part of a strategy to reduce prematurity.

P0210 | ANALYTICAL STUDY ON PERINATAL FETOMATERNAL OUTCOME DUE TO COEXISTENCE OF ANAEMIA AND HYPERTENSION AND ITS SOCIODEMOGRAPHIC PROFILE

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: An analytical study of hypertension in pregnancy with or without anaemia and to assess its sociodemographic factors so as to minimise its adverse outcome.

Methods: Study was conducted among the patients admitted in the department with documented hypertension, preeclampsia and eclampsia for a period of six months. About 50 patients with pregnancy induced hypertension, preeclampsia, eclampsia were taken without anaemia and 50 with anaemia. A prospective analytical study was conducted using a predesigned proforma. Both groups were analyzed if mortality and morbidity is increased due to anaemia in hypertensive pregnancy, eclampsia or preeclampsia.

Results: Anaemia and hypertension are the major cause of maternal mortality and morbidity and the increase the duration of hospital stay and ICU care and poor neonatal outcomes. Hypertension and its complications, such as eclampsia, preeclampsia and pulmonary oedema alone causes mortality (5%) and morbidity. Anaemia and hypertension coexisting increases the mortality (10%) and morbidity with mortality in HELLP syndrome (2). Sociodemographic factors played a vital role.

Conclusions: Mortality and morbidity is increased due to anaemia and hypertension. In spite of the preventive measures of government to control anaemia and hypertension people are affected at large because of low awareness, education and constrains of the society. To reach the target population, adequate measures must be taken, such as propagating anaemia education in schools and supply quality iron tablets, regular antenatal check-up for anaemia and hypertension and bridging the gap by including social and religious leaders, social workers, teaches of schools and colleges.

P0211 | IS CONTINUOUS GLUCOSE MONITORING WITH MULTIPLE DAILY INSULIN INJECTIONS THE BEST MANAGEMENT OF TYPE 1 DIABETES IN PREGNANCY?

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: To evaluate different management options of type 1 diabetes in pregnancy in terms of perinatal and neonatal outcomes.

Methods: We performed a retrospective cohort study of 232 pregnant women with type 1 diabetes from a single university-affiliated perinatal center in the Czech Republic. Women were divided into four groups according to the mode of glucose monitoring (self-monitoring of blood glucose [SMBG] or continuous glucose monitoring [CGM]) and treatment (multiple daily insulin injections [MDI] or continuous subcutaneous insulin infusion [CSII]). Data were retrieved from the electronic medical records.

Results: We observed lower mean HbA1c concentrations prior to conception in CGM+MDI and CGM+CSII groups (55.1 ± 15.3 and 54.3 ± 12.4 ; $P=0.005$). On univariate analysis, a higher rate of live-born infants (97.0%; $P=0.031$) was observed in the CGM+MDI group. There was a higher incidence of operative delivery (cesarean section or instrumental vaginal delivery) in SMBG+CSII (81.3%; $P=0.048$) group and fewer cases of large for gestational age (LGA) infants among women with CGM+MDI, but more in the CGM+CSII group (18.8% vs. 48.1%; $P=0.039$). There were no cases of umbilical artery pH < 7.15 in the CGM+MDI group (0; $P=0.006$). Multivariate logistic regression showed that CGM+MDI decreases the odds of operative delivery (OR 0.29, 95% CI 0.116-0.707; $P=0.007$), LGA (OR 0.34, 95% CI 0.124-0.923; $P=0.034$) and umbilical artery pH < 7.15 (OR 0.04, 95% CI 0.002-0.790; $P=0.034$).

Conclusions: Continuous glucose monitoring together with multiple daily insulin injections are associated with lower rates of operative delivery, LGA and fetal hypoxia. This work was supported by NU20-01-00067.

P0212 | ULTRASONOGRAPHIC CHANGES IN TRANSORBITAL MEASUREMENT OF OPTIC NERVE SHEATH DIAMETER IN MAGNESIUM SULPHATE TREATED SEVERELY PRE-ECLAMPTIC PATIENTS; A PROSPECTIVE OBSERVATIONAL STUDY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.7 PRE-ECLAMPSIA HEALTH SYNDROME

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Objectives: Severe preeclampsia can lead to various complications including increased intracranial pressure (ICP) which can be catastrophic but difficult to detect because symptoms are nonspecific. Ultrasonography has been used as noninvasive measure to monitor Optic nerve sheath diameter (ONSD) as a marker of raised ICP. Knowledge of effect of MgSO₄ on ICP can significantly modify the management approach, need for additional monitoring, targeting hemodynamic goals, timing of delivery and choice of anaesthesia. We evaluated effect of MgSO₄ on raised ICP in severely preeclamptic patients using ultrasound guided ONSD as marker of ICP.

Methods: This prospective observational study was conducted at tertiary care center in Northern India, after ethical committee approval and written informed consent from patients. ONSD was measured and compared in 47 severe preeclamptic patients before and at 1hour, 4hour, 12 hour and 24 hours after starting of MgSO₄ therapy. Data were analyzed using one way Analysis of variance (ANOVA) and all calculations were done using Statistical Package for the Social Science. $P<0.05$ was taken as significant.

Results: Mean ONSD was 5.56 ± 0.30 in our study group. 17(36.17%) patients had ONSD above 5.8 mm which was considered as marker of raised ICP. There was significant decrease in ONSD after 4 hours of administration of MgSO₄.

Conclusions: We concluded that MgSO₄ decreases ICP associated with severe preeclampsia. USG guided ONSD measurement can be of great value in severe preeclamptic patient on MgSO₄ therapy to assess clinical severity and decide course of management.

P0213 | DEFICIENT NEURAL ENCODING OF SPEECH SOUNDS IN TERM NEONATES BORN AFTER FETAL GROWTH RESTRICTION
THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.1 PRENATAL DIAGNOSIS

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Objectives: To explore central nervous system dysfunctionalities in fetal-growth restricted (FGR) neonates assessed via a sensitive neurophysiological marker of neural encoding of speech sounds, known as frequency-following response (FFR).

Methods: 53 neonates born with FGR and 48 controls born with weight adequate-for-gestational age (AGA) were recruited. After passing a universal hearing screening test, FFRs were obtained in response to the speech stimulus (/da/) during sleep. The spectral amplitude of the FFR at the fundamental frequency of the stimulus and its signal-to-noise ratio (SNR) were quantified. The outcome was available in 45 AGA and 51 FGR neonates.

Results: The SNR was strongly attenuated in the FGR group compared to the AGA group ($P=.008$), while no differences between groups were observed for spectral amplitudes. These findings suggest that FGR population presents a deficit in the neural pitch tracking of speech sounds from birth.

Conclusions: Our results pave the way for future research on the potential clinical use of the FFR in this population who has been associated with neurodevelopmental delays, being language one of the major affected areas. If confirmed, a disrupted FFR recorded at birth may help deriving FGR neonates at risk of literacy impairments for postnatal follow-ups.

P0214 | DOES PLACENTAL LOCALIZATION AFFECT THE PERINATAL OUTCOME?
THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.1 PRENATAL DIAGNOSIS

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Objectives: To determine if the occurrence of adverse perinatal outcomes (APO) varies with placental implantation.

Methods: Patients of singleton pregnancies with 22 or more weeks in which ultrasound reports and gestational outcome were available. Previa implantation and cases without data were excluded. APO was defined by the existence of any of the following problems: preterm (<34spm), low birth weight (<1750g), five-minute Apgar score <7, and perinatal death. Placental implantation was classified as anterior, posterior, lateral, fundal, or cornual; others and combined locations were excluded. The occurrence of APO in the various placental implantations was compared with the posterior one by the χ^2 test, and odds ratio (OR).

Results: Three thousand four hundred sixty-six met the inclusion criteria. The anterior, posterior, lateral, fundal, and cornual were observed in 1655 (47.85%), 1437 (41.46%), 143 (4.13%), 219 (6.32%), and 12 (0.35%) cases, respectively. APO occurred in 586 (16.91%) cases (preterm: 11.28%, low weight: 7.59%, Apgar <7: 1.21%, and perinatal death: 10.85%). Compared with posterior, the frequency of APO in other placental locations did not show statistical significance.

Conclusions: In this series, the occurrence of adverse perinatal outcomes did not vary in the different placental implantation. Future studies are needed to determine whether placental implantation affects fetal and placental growth.

P0215 | PREGNANCY OUTCOME IN WOMEN WITH WOLFF-PARKINSON-WHITE SYNDROME

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: To report the obstetric and perinatal outcome in women with Wolff-Parkinson-White Syndrome (WPW) syndrome.

Methods: This was a retrospective study conducted in a tertiary referral hospital in India. Women with a diagnosis of WPW syndrome or pattern who delivered our hospital from January 2010 to

December 2019 were included in the study. Antenatal, intrapartum and cardiology records of these patients were retrieved from online medical records of the hospital.

Results: Six women with WPW syndrome had 14 pregnancies during this period in our hospital. Three of them were completely asymptomatic before pregnancy and developed cardiovascular symptoms during pregnancy and on evaluation were found to have WPW syndrome. The other 3 women were diagnosed with WPW syndrome before pregnancy and had history of radiofrequency ablation of accessory pathway. None of them had any cardiovascular symptoms or documented supraventricular tachycardia during pregnancy. There were no obstetric complications in any of them.

Conclusions: Pregnancy outcome in women with WPW is good. However, multidisciplinary approach is needed for their optimal care.

P0216 | SCREENING OF PERINATAL DEPRESSION USING THE EDINBURGH POSTPARTUM DEPRESSION SCALE

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.1 PRENATAL DIAGNOSIS

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Objectives: To identify patients with depression during pregnancy and the immediate postpartum period using the Edinburgh Postpartum Depression Scale (EPDS).

Methods: Prospective cohort study which included 315 pregnant women ranging in age from 14 to 44 years, who received antenatal care at the Leonor Mendes de Barros Hospital between July 1st, 2019 and October 30th, 2020. The cutoff point used was ≥ 12 of the EPDS to define whether the patient had depression.

Results: We identified 62 (19.7%) patients who had depression. Family income, multiparity, fewer prenatal appointments, antecedents of emotional disorders, dissatisfaction with the pregnancy, poor relationship with the partner, and psychological aggression were all risk factors associated with depression during pregnancy and the immediate postpartum period.

Conclusions: There is a significant association between the occurrence of depression and certain psychosocial factors. Prenatal and immediate postpartum care could allow these patients to be identified through the EPDS, enabling best-practice treatments to improve both the mothers' and the newborns' well-being.

P0217 | NEUROIMAGING STUDY WITH MATERNAL AND PERINATAL OUTCOME IN PRES WITH ECLAMPSIA IN TERTIARY CARE CENTRE

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.7 PRE-ECLAMPSIA HEALTH SYNDROME

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Objectives: Primary objective - identify initial symptoms, clinical presentation, and neuroimaging profile that should guide the diagnosis of PRES in eclampsia cases. secondary objective - identify the outcomes of mortality and ICU admissions in mother and neonates.

Methods: This study is Prospective observation study done in Government Medical College, Aurangabad, India during the period of October 2018 to September 2020. In present study 63 cases enrolled, who satisfied inclusion and exclusion criteria during two years. All women admitted in labour room with diagnosis of Eclampsia with neurological symptoms during the study period were studied. Relevant data were obtained from case file and compiled by common proforma. Analysis was done by SPSS (Statistical package for social sciences) Version 25th.

Results: In patients with confirmed diagnosis of PRES with eclampsia (n=63), mean age of the patient was 20.74 ± 2.04 years, 23 (36.5%) patients had headache as premonitoring symptoms whereas 13 (20.6%) patients had visual disturbances as pre-monitoring symptom. The mean gestational age at presentation was 34.4 ± 2 weeks. 40 (63.5%) patients were showing parieto-occipital region changes, 24 (38.1%) subjects were showing only occipital region involvement on CT brain. 12 (19.04%) subjects were diagnosed as HELLP Syndrome as a maternal complication. 07 (11.1%) subjects were having Abruption Placentae. 26 (41.3%) babies needed NICU admission and 4 (6.3%) babies had Neonatal Death

Conclusions: Proper diagnosis requires careful attention to clinical and radiographic presentation. In eclampsia with PRES patients, a timely intervention with anti-hypertensives, anti-cerebral oedema measures as well as management of other associated symptoms is required.

P0218 | DIAGNOSIS AND APPROACH TO CONGENITAL CYSTIC ADENOMATOID MALFORMATION: EXPERIENCE IN 10 YEARS

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: To know the prevalence and experience in the hospitals part of Multicenter Program of Tecnologico de Monterrey on

the diagnosis and approach of Congenital Cystic Adenomatoid Malformation. To provide a comprehensive vision of the Congenital Cystic Adenomatoid Malformation diagnosed in second level centers in Monterrey, Nuevo Leon.

Methods: A retrospective and cross-sectional study. Information collected from fetuses identified with the malformation that were addressed by the Gynecology and Obstetrics service of the participating hospitals in the period from 01/01/2009 to 12/31/2019. All those patients whose fetuses meet the ultrasound characteristics of the CCAM will be selected. The records of the patients were reviewed for the above, there is a physical and/or electronic record of all the patients admitted in that period of time and access to the clinical records in the file of each hospital.

Results: Contrary to what the literature indicates, a higher prevalence of type II lesions was identified, corresponding to 58% of the lesions. Other significant data were a mass volume between 1 and 120 cubic cm and the left lung was the most affected. The mode of birth was by caesarean section in 100% of the cases. 89% of fetuses were identified with the malformation during the second trimester of pregnancy.

Conclusions: In our population, congenital cystic adenomatoid malformation has a low prevalence, with a predominance of type II lesions and left laterality. Despite being a rare fetal pathology, congenital cystic adenomatoid malformation is a fundamental part of the second trimester evaluation

P0219 | PREGNANCY WITH UTERINE PERFORATION: A CASE REPORT

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: Occurrence of pregnancy in a perforated uterus is a rare phenomenon and can have serious consequences. The absence of peritoneal symptoms may be due to healthy amniotic membranes and lack of extrusion of intra-abdominal pregnancy products. Bleeding may be vaginal or inside the abdominal pelvic cavity. We report a case of pregnancy in a perforated uterus in a woman with history of curettage in the last year.

Methods: A 38-year-old woman, gravid 1, with gestational age of 36 weeks and 4 days, was admitted to "Besat Hospital" in Sanandaj with complaints of labor pain and reduced fetal movement. The patient had a history of endometrial polyp removal through curettage surgery in the last year, and underwent emergency cesarean section due to recurrent variations in the fetal heart rate and fetal distress. During the cesarean section, we noticed a hole measuring 3×3 cm and an apparently healthy live baby boy. The baby was born with an Apgar score of 9/10. The hole in the fundus of the uterus was repaired.

Results: Pregnancy with perforated uterus and birth of a healthy baby in such a condition are rare phenomena.

Conclusions: In order to reduce the incidence rates of maternal mortality and loss of pregnancy products in gynecological surgeries, such as curettage, at reproductive age more care is required.

P0220 | CORRELATION BETWEEN THROMBOPHILIA AND PREGNANCY ADVERSITIES

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: In all poor obstetrics outcomes that thrombophilia is associated with, miscarriage is one of the most dramatic ones. However, there is conflicting evidence in the literature about this association. This study seeks to determine the association between thrombophilia during pregnancy and recurrent pregnancy loss (RPL).

Methods: A retrospective, cross-sectional and descriptive analysis was conducted at the Hospital Universitário Evangélico Mackenzie de Curitiba with medical records from all births between May 2016 to January 2021. All patients with a history or suspicion of thrombophilia had their parity analyzed. Besides, it was also evaluated the use or not of anticoagulation therapy.

Results: Twenty-two patients were analyzed, and 82% had a miscarriage in their pregnancy history. One miscarriage was observed in 18%, 18% had two and 45% had more than three. Also, 72% of pregnant women were in use of low weight molecular heparin (LWMH), and 28% were not using any form of anticoagulation therapy.

Conclusions: Each inherited type of thrombophilia may have its association with fetal loss. The causal relationship between RPL and thrombophilia is not well established, but some studies point to this association, and this study corroborates this evidence. Although there is no recommendation in medical societies to screening patients with RPL for thrombophilia nor to treat those patients with anticoagulant therapy, the study showed most women were in use of LWMH. Besides, further investigation for each patient with a specialized professional is needed for determination of the cause of the thrombophilia and counseling, and treatment if needed.

P0221 | MATERNAL AND PERINATAL OUTCOMES OF PATIENTS ADMITTED IN A HIGH-RISK WARD IN A MATERNITY SCHOOL IN NORTHEAST BRAZIL

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: To evaluate maternal and neonatal outcomes of pregnant women admitted to the High-Risk Pregnancy Unit of a public Maternity-School in the Northeast of Brazil.

Methods: A prospective cohort study was carried out, including 500 patients admitted to the ISEA High Risk Ward in Campina Grande, Paraíba, Northeast of Brazil. Data were collected from December 2019 to August 2020 and analyzed using Epi Info 7.0.

Results: The mean age was 27.4, SD 7.4 years, the median per capita income was \$55.00, 73% were black / brown and 43.4% had a high BMI. About 44% had less than six prenatal consultations, while 30% already had previous comorbidities. The median gestational age at admission was 33 weeks. As for the main diagnosis, hypertensive syndromes predominated (32%), followed by preterm labour (19%), gestational or clinical diabetes mellitus (15.8%), premature rupture of membranes (7.4%) and pyelonephritis (6%). The cesarean rate was 86%. There were seven maternal deaths (1.4%), 22 cases of maternal near miss (4.4%), 14 fetal deaths (2.8%), 38 cases of neonatal near miss (15.1%) and 14 cases of neonatal death (5.6%).

Conclusions: Patients admitted to the high-risk ward were mostly black / brown, of low socioeconomic status, with inadequate prenatal care and the main admission diagnosis was hypertensive syndromes. Adverse maternal outcome occurred in 5.8% and near miss and neonatal death in 20.7%. Improving socioeconomic status, prenatal care, screening and adequate treatment of hypertension in pregnancy is essential to reduce maternal and neonatal morbidity and mortality.

P0222 | THE EFFECTIVENESS OF FETOSCOPIC LASER SURGERY TREATMENT IN TWIN-TWIN TRANSFUSION SYNDROME IN A NEW FETAL MEDICINE CENTER IN VIETNAM

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.6 FETAL THERAPY

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Objectives: To evaluate the outcome of twin-twin transfusion syndrome (TTTS) following fetoscopic laser surgery (FLS) in Hanoi Obstetrics and Gynecology Hospital (HOGH); a new fetal medicine center in Viet Nam.

Methods: A prospective study, data collected in 12 months from October 2019 to September 2020 at HOGH. Performed FLS on 23 twins diagnosed with stage II - IV TTTS before 26th gestational week using Quintero classification. Applied Solomon technique in 12 cases and umbilical cord ablation in 11 cases. Monitored newborns by clinical examination and MRI in the first six month after birth for neurological complications.

Results: No maternal complications reported. Post-operation, 2 cases of TTTS recurred, and 1 case of anemia polycythemia sequence (TAPs). Average gestational age at birth was 33.05 ± 4.04 weeks. Average time of fetal retention after surgery was 12.5 ± 4.97 weeks. 70% delivered before 32nd gestational week. The survival rate of at least 1 twin was 87%; the overall neonatal survival rate was 58.9%. No short-term neurological complications were reported on follow-up of the newborn 6 months after birth.

Conclusions: Fetoscopic laser surgery to treat TTTS at HOGH has achieved high efficiency, minimal complications, and high survival rate. No short - term neurological complications were reported in newborn follow-up up to 6 months after birth. FLS was proven to be an effective therapeutic option for stage II - IVTTTS before 26 weeks gestation.

P0223 | PRETERM BIRTHS AND LOW BIRTH WEIGHT AMONG NEWBORNS DURING THE COVID-19 PANDEMIC IN THE RURAL FRAYLESCA REGION OF CHIAPAS, MEXICO
THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.8 PRETERM BIRTH

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Objectives: To assess the incidence of preterm births and low birth weight newborns in the context of the COVID-19 pandemic and compare it with the previous year in a basic community hospital and a birthing center in rural Chiapas, Mexico.

Methods: We compared the incidence of preterm deliveries and low birth weight neonates between April and December 2019 and the same period in 2020. This observational study was conducted using routine data from the Ángel Albino Corzo basic community hospital (Chiapas, Mexico) and the adjacent birthing center on facility deliveries, including the mother's week of gestation at the time of delivery and newborn's birth weight.

Results: We identified some decrease in preterm births and low birth weight newborns in 2020 for the April to December period compared to the previous year. For 2019, 4.4% of all births (23 of 520) were before the mother's 37 weeks of gestation and 4.4% of all newborns (23 of 520) weighed less than 2.5 kg, while in 2020, 3% of all births (13 of 432) were preterm and 3.7% of all newborns (16 of 432) were low birth weight.

Conclusions: Two factors in our setting may be contributing to the observed results: the maintenance of routine quality prenatal care during the pandemic and the provision of social support to pregnant women who are encouraged to stay home because they have COVID-19-related symptoms or are contacts of a case. However, further studies should be conducted as the pandemic progresses.

P0224 | OUTCOME OF USE OF LOW MOLECULAR WEIGHT HEPARIN IN HELP IN ACHIEVING SUCCESSFUL LIVE BIRTH AFTER RECURRENT MISCARRIAGES
THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: To highlight the importance of using the LMWH effectively, successfully to help women with recurrent miscarriage and adverse pregnancies outcome in achieving healthy baby.

Methods: Case report: Herewith, we present two women with eight pregnancies failure and no living children. The pregnancies ended by either multiple miscarriages, preterm, intrauterine, or fetal death. All their pre-pregnancy investigations were normal:

1. They were instructed to use folic acid for at least three months before trying for pregnancy.
2. Review and assessment were done after they are missing their menstrual cycle.
3. They started LMWH after confirming viable intrauterine pregnancy.
4. Due to financial difficulties, we advocate for the pharmaceutical representative to support the patients with the recommended doses throughout their pregnancies.
5. Information provided regard to long-term risks for use of LMWH.

Results: The follow-up for their pregnancies is a high-risk education and support regarding the LMWH use and alarm about the sign when to seek urgent medical attention. Both women have a normal vaginal delivery with healthy male babies' weight 3.2 and 3.4 kg no intrapartum or post-partum complications.

Conclusions: The successful outcome has been happening to highlight the importance of using the low molecular weight heparin as safe to use without the need for blood monitoring to detect thrombocytopenia when used as prophylaxis. However, further study is needed to determine the effectiveness in women with adverse obstetrics history among Sudanese women.

P0225 | FOLLOW UP ULTRASOUND IMAGES AFTER SURGICALLY ASSISTED MEDICAL MANAGEMENT OF CESAREAN SCAR PREGNANCY
THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.2 IMAGING IN OBSTETRICS

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Objectives: To report follow up ultrasound images of a patient of cesarean scar pregnancy following surgically assisted medical management

Methods: A 29-year female, G2 P1 L1 with previous full term cesarean section at 9 weeks period of gestation was referred to our institute for heavy bleeding encountered during suction and evacuation while undergoing medical termination of pregnancy. Patient was hemodynamically stable at admission with no active bleeding. We diagnosed cesarean scar pregnancy. A hetero-echoic mass of 4.9 X 4.9 cm was present at the site of previous scar with profuse vascularity [Image 1a,b]. β HCG at admission was 55000IU/l. Patient was treated with transabdominal ultrasound guided intralesional methotrexate administration along with systemic (intravenous)

methotrexate after appropriate counselling and informed written consent

Results: Image 1c, d, e are follow up images at 1, 2, and 4 months, respectively. Patient had resumed menstrual cycles by 2 months of follow up. Serum β HCG normalized in 21 days and lesion on ultrasound disappeared at 4 months of follow up.

Conclusions: Surgically assisted medical management is an effective management strategy for cesarean scar pregnancy albeit associated with long follow-up.

P0226 | A STUDY OF PRETERM BIRTH PREDICTORS USING BAYESIAN NETWORKS AND MEDIATION ANALYSIS

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.8 PRETERM BIRTH

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Objectives: The aim of this study was to analyze the mediating effect of spontaneous preterm birth (PTB) main predictors to suggest etiological pathways.

Methods: We carried out a retrospective case-control study including sociodemographic characteristics, habits, stressful situations, health care, and obstetric data of multiparous women who gave birth at a maternity hospital from Tucumán, Argentina, between 2005 and 2010: 998 women without previous PTB who delivered at term and 562 who delivered preterm. We selected factors with the greatest predictive power using a penalized logistic regression model. A data-driven Bayesian network including the selected factors was created

where we identified pathways and performed mediation and sensitivity analyses.

Results: We identified three PTB pathways whose natural indirect effect (NIE) was greater than zero with a 95% confidence interval (CI): maternal age less than 20 years mediated by few prenatal visits (NIE 0.0362, 95% CI [0.0141 - 0.0583], percentage mediated 17.88%), vaginal bleeding in the 1st trimester mediated by vaginal bleeding in the 2nd trimester (NIE 0.0374, 95% CI [0.0156 - 0.0592], percentage mediated 17.30%), and urinary tract infection mediated by vaginal bleeding in the 2nd trimester (NIE 0.0132, 95% CI [0.0012 - 0.0252], percentage mediated 20.55%). The natural indirect effect of these pathways showed greater sensitivity to confounders affecting the variables mediator-outcome and exposure-mediator in the same direction.

Conclusions: The identified pathways suggest PTB etiological lines related to social disparities and exposure to genitourinary tract infections.

P0227 | PLACENTAL IMAGE TEXTURE ANALYSIS USING ARTIFICIAL INTELLIGENCE

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.7 PRE-ECLAMPSIA HEALTH SYNDROME

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Objectives: To compare the ultrasound placental image texture analysis using artificial intelligence (UPAAI) among women with hypertensive disorders of pregnancy (HDP) and those with the normal outcome.

Methods: Cases were enrolled in the first trimester, maternal factors, PAPP-A, PIGF, sFLT-1, uterine artery Doppler, placental biometry, and placental image capture were serially done in the first, second, and third trimester of pregnancy and followed till delivery. Those with normal outcomes were controls, and those with HDP were cases. The images were processed using artificial intelligence.

Results: Out of 489 fully followed 58 (13.5%) had HDP. In the first trimester the placental length ($P=0.033$), uterine artery PI ($P=0.019$), PAPP-A ($P=0.001$) PIGF ($P=0.013$) were significantly low and the UPAAI was significantly abnormal among cases ($P=0.001$). Similarly, the uterine artery PI, PAPP-A ($P=0.010$), and PIGF ($P=0.005$) were significantly low among cases in the second and the third trimester. The UPAAI disparity between the two groups was highly significant ($P<0.001$) in both trimesters. The sensitivity (70.6%) and specificity (76.6%) of UPAAI were better than PIGF (sensitivity -64% and specificity -50%). Similarly, the sensitivity (60.4%) and specificity (73.3%) of UPAAI in the second trimester were better than the sensitivity (60.3%) and specificity (50.7%) of uterine artery PI. In the third trimester, UPAAI had a sensitivity and specificity of 83.5%. The model "resnext 101_32x8d" had Cohen kappa score of 0.413 (moderate) and an accuracy score of 0.710 (good).

Conclusions: UPAAI is a promising technique and proved better than other markers in prediction of HDP

P0228 | THE IMPACT OF AN ONLINE SUPPORT COMMUNITY UPON BRITISH WOMEN'S EXPERIENCES OF GESTATIONAL DIABETES

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: Digital patient communities have been identified as an important source of support and information for patients. Despite this, there is limited research on patient community in gestational diabetes (GD). This study aimed to explore how participating in an online GD support community shaped women's experiences of pregnancy and of illness.

Methods: 18 semi-structured interviews were conducted with women who had participated in the online, peer-to-peer support community for women with GD. Data were analyzed using a constructivist grounded theory approach.

Results: Four key themes were identified: negotiating knowledge; striving for control; navigating medicalisation; and becoming a "GD mum". Women's interactions with one another prompted them to appraise, contest, and co-create knowledge claims about the management of GD. Women in the community supported each other through the experience of GD, but also held each other accountable to their regimes of self-management - often to a greater extent than their health professionals. These networks of peer support engendered a new ethics of care and responsibility, reframing GD as a collective experience deserving of more personalised care and a greater degree of medical attention.

Conclusions: This online community played a significant role in these women's experiences of GD. Participating in the community enabled women to negotiate the medical care of their pregnancies, and provided them with new ways to self-manage their GD. These findings encourage further research into the impact of digital communities on women's experience of pregnancy.

P0229 | CLINICAL VALUE OF DOPPLER VELOCIMETRY AND PLACENTAL ULTRASOUND IN THE DETECTION AND MANAGEMENT OF UTEROPLACENTAL INSUFFICIENCY: A CASE REPORT

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: To determine the value of Doppler velocimetry and placental ultrasound in the detection and management of uteroplacental insufficiency in a patient with suspected Antiphospholipid Antibody Syndrome

Methods: Serial Doppler investigations as well as serial sonographic placental evaluation were utilized to determine fetal status in the background of prenatally-detected placental lesions

Results: At 28 weeks AOG, placental ultrasound revealed presence of prominent lacunar lakes which increased in size and number at 33 weeks, with largest lesion measuring 2.5cm. No Doppler abnormalities were noted at this time.

At 36 weeks AOG, numerous placental infarcts were noted on ultrasound. Doppler velocimetry done at 37 weeks showed a decrease in the middle cerebral artery PI, suggestive of vasodilation as a compensatory response to hypoxia, probably due to uteroplacental insufficiency. Nonstress test revealed variable decelerations and minimal variability thus patient underwent cesarean section and delivered to a health term neonate. Gross examination of placenta revealed several yellowish lesions which on histopathology were confirmed to be placental infarcts.

Conclusions: Pregnancies complicated with antiphospholipid antibody syndrome are at high risk for development of thrombosis of the uteroplacental vasculature and placental infarction, which may contribute to intrauterine demise. This case presents the value of Middle Cerebral Artery Doppler and placental ultrasound in the monitoring of these high-risk pregnancies to prevent complications in order to obtain the best maternal and fetal outcome.

P0230 | ASSESSMENT OF POOR UTILIZATION OF ITNS COMPARED TO OTHER METHODS OF MALARIA PREVENTION AMONG PREGNANT WOMEN IN RSUTH PORT HARCOURT SOUTH-SOUTH NIGERIA

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: Malaria in pregnancy is one of the leading causes of maternal and perinatal morbidity and mortality in Sub-Saharan Africa.

This study was designed to find out factors responsible for poor utilization of Insecticide Treated Bed Nets (ITNS) among pregnant women in RSUTH Antenatal clinic (ANC) Port Harcourt in the Rivers state of Nigeria.

Methods: It is an institutional-based cross-sectional, qualitative and quantitative study carried out in RSUTH Port Harcourt from February 28 to 30th August 2019, using 270 respondents who registered for ANC. Ethical clearance was obtained from the Rivers state health research ethics committee and each participant signed a consent form. A semi-structured questionnaire and focus group discussion were used in the collection of data. Software Package for Social Science (SPSS version 25) and thematic analysis was adopted.

Results: Out of the 270 pregnant women recruited, only 261 responded for the actual study giving a response rate of 96.5%. Among these 261 participants, 70(26.8%) utilized ITNS always. Lack of access to ITNS, non-availability of this product, high knowledge of drugs, IRS and the use of window nets as preventive methods affected greatly the use of ITNS in this sample population.

Conclusions: Utilization of Insecticide Treated Bed Nets (ITNS) among pregnant women who responded to this research is poor. Lack of access and non-availability of ITNS among other factors in the RSUTH ANC unit significantly associated with the rate of utilization of this health product.

P0231 | INTRAVENOUS VERSUS ORAL IRON TREATMENT FOR PREVENTION OF IRON DEFICIENCY ANEMIA IN PREGNANCY: A RANDOMIZED CONTROLLED TRIAL

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: The primary objective was to compare the efficacy of a single dose of intravenous iron with daily oral iron for preventing anemia in pregnant women with iron deficiency. Secondary objectives included comparison of patient-reported outcomes and safety.

Methods: Single-center, open-labelled, randomized controlled trial. Women 14-21 weeks pregnant with iron deficiency, regardless of hemoglobin level (ferritin<30µg/L) were allocated to receive a single intravenous ferric derisomaltose (FDI) 1000 mg dose (n=100) or 100 mg elemental oral iron daily (n=101). Biochemical parameters

were measured, and adverse events assessed at follow-up visits (3-, 6-, 12- and 18-weeks post-baseline). Participants also completed fatigue and quality of life questionnaires. Primary endpoint was the proportion of non-anemic (hemoglobin≥11g/dL) women throughout follow-up (ClinicalTrials.gov: NCT0318845).

Results: At baseline mean hemoglobin were similar across groups (12.0 vs. 11.8g/dL; P=0.10). In the FDI vs. oral iron group 11% vs. 12% were anemic (hemoglobin<11g/dL) whereas 89% vs. 88% were non-anemic at baseline. Throughout follow-up, 91% vs. 73% were non-anemic in favor of FDI (P<0.001). The hemoglobin least-squares mean increase was significantly greater in the FDI vs. oral iron group at week six (0.4 vs. -0.2g/dL; P<0.001), 12 (0.5 vs. 0.1g/dL; P<0.001) and 18 (0.8 vs. 0.5g/dL; P=0.01). Fatigue scores improved in both groups, but greater fatigue reductions occurred in the FDI group at weeks three and six (P<0.01). A similar trend was observed in psychological well-being. The incidence of adverse events was comparable across treatments.

Conclusions: FDI was superior in preventing anemia compared to oral treatment, and biochemical superiority was accompanied by improvements in fatigue.

P0232 | EMERGENCY CESAREAN DELIVERY DUE TO RH ISOIMMUNIZATION AND SEVERE FETAL ANEMIA: CASE REPORT

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.1 PRENATAL DIAGNOSIS

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Objectives: This study aims to report a case of Rh isoimmunization with interrupted pregnancy by emergency cesarean at a University Hospital in Espírito Santo (Brazil) after a diagnosis of severe fetal anemia.

Methods: This study was based on information collected from the patient's medical record.

Results: A 31-year-old woman, O-, with a story of two previous pregnancies and elective cesarean 6 years ago. In her third pregnancy, she was diagnosed with gestational diabetes mellitus using Neutral Protamine Hagedorn insulin and two positive indirect Coombs tests (1/64 and 1/256). With a gestational age of 33 weeks and 5 days, during her 10th visit in the high-risk prenatal period, fetal bradycardia was found (FBC=100 bpm) and she was referred to the maternity hospital for assessment of fetal vitality. Doppler ultrasonography performed on the same day showed severe fetal anemia with mean cerebral artery peak velocity of 1.15 MoM. The patient underwent

cesarean delivery due to prematurity and isoimmunization, which occurred uneventfully with the birth of a female newborn, Apgar 8/9, blood type B+, weight 2,810g, no resuscitation required, but using Continuous Positive Airway Pressure (CPAP) for 2 days.

Conclusions: An early diagnosis combined with prenatal care with all necessary clinical follow-ups are important in cases of Rh isoimmunization. When severe fetal anemia is identified, quick intervention is essential to avoid negative outcomes. In terms of public health, the ideal is greater maternal guidance and knowledge to perform immunoprophylaxis and avoid isoimmunization.

P0233 | A CASE REPORT OF TTTS IN A DICHORIONIC-DIAMNIONIC TWIN PREGNANCY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: Twin-to-Twin Transfusion Syndrome (TTTS) is a serious complication of twin pregnancy, which develops in approximately 10 to 15 percent of monochorionic twin pregnancies. Although rare, it is possible for TTTS to occur in dichorionic twin pregnancy. We report this case to attract the clinician's attention to the possibility of TTTS in a dichorionic twin pregnancy.

Methods: From May 2018 to December 2020, there are a total of 110 cases which underwent FLS in our institution. Among them, one case of TTTS was of dichorionic twins. The patient with dichorionic-diamnionic twin pregnancy was diagnosed with TTTS Stage II at 23 4/7 weeks' gestation. An adhesive band was seen between the two placentas under the fetoscope and there were vascular anastomoses in the middle. After fetoscopic laser surgery (FLS) and bipolar coagulation, the patient delivered vaginally two viable male infants at 31 weeks GA.

Results: The placental perfusion after birth showed complete blockage of communicating vessels. And the pathological examination of adhesion zone also revealed no residual blood vessel. We confirmed the case was monozygotic pregnancy by Molecular zygosity test. Follow-up showed that the two infants survived without severe complications.

Conclusions: There is evidence that early diagnosis of TTTS and treatment with FLS can improve survival rate and neurological prognosis. As a consequence, we should attach importance to the possibility of TTTS in a dichorionic twin pregnancy when there are sonographic findings consistent with TTTS in order to improve the outcome of pregnancy.

P0234 | PREGNANCY OUTCOME IN WOMEN WITH INHERITED PLATELET FUNCTION DISORDERS

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: The platelet adhesion and aggregation disorders are rare inherited disorders with a prevalence of around 1 in 1 million individuals. In pregnancy, they may result in complications like postpartum hemorrhage. The aim of this case series is to describe pregnancy outcome in women with these platelet disorders.

Methods: A retrospective analysis from a tertiary care hospital in India.

Results: Two patients were found to have Inherited Platelet Function Disorders (IPFD) between January 2018 and December 2020. One had Bernard Soulier syndrome and the other had Glanzmann's thrombasthenia. In both of these women the diagnosis of IPFD was established prior to pregnancy. They had an uneventful antenatal period. Both patients had an emergency caesarean section at term under general anesthesia due to obstetric indications and delivered a healthy neonate without features of alloimmunization. Neither of them had postpartum hemorrhage as they received prophylactic platelet transfusions and antifibrinolytics.

Conclusions: The management of women with IPFD requires a multidisciplinary team approach. A proper genetic counselling pre-conceptionally is mandatory as prenatal invasive diagnostic tests are contraindicated. A judicious use of blood and blood products, avoiding prolonged labour and difficult instrumentations, anticipating and managing antepartum/postpartum hemorrhage and preventing neonatal alloimmune thrombocytopenia can reduce maternal and neonatal morbidity and mortality.

P0235 | TEENAGE PREGNANCY AT THE UNIVERSITY OF MAIDUGURI TEACHING HOSPITAL: A TEN YEARS REVIEW

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: To determine the prevalence and compare obstetric outcomes of pregnancy in teenagers and older mothers at a tertiary care hospital

Methods: This is a retrospective case-controlled study conducted in the University of Maiduguri Teaching Hospital over a period of 10 years. There were 21310 deliveries out of which 1558(7.3%) were by teenage mothers (≤ 19 years). Following the exclusion criteria, 1190 teenage mothers remained in the study and the Maternal and fetal outcomes was compared with older mothers (20-24 years). Patients' information was obtained from the hospital's record department. Data were analyzed with SPSS version 10

Results: Teenage pregnancies accounted for 7.31% deliveries within the study period and majority were booked (71.7%). Teenage mothers were more likely to have Pregnancy induced hypertension (10.3% vs 5.8%, $P=0.000$), preeclampsia (4.5% vs 0.9% $P=0.000$), eclampsia (11.3% vs 1.1% $P=0.000$), malaria (13.1% vs 5.0% $P=0.000$), anaemia (10.1% vs 5.6% $P=0.000$), blood transfusion 7.5% vs 1.8% $P=0.001$ and urinary tract infection (9.1% vs 4.8% $P=0.000$). Similarly, preterm delivery (21.1% vs 6.4% $P=0.000$), low birth weight (18.4% vs 2.9% $P=0.000$), birth asphyxia (6.1% vs 3.6% $P=0.001$) and still birth (7.1% vs 3.6% $P=0.001$), neonatal death (5.5% vs 1.1% $P=0.000$) rates were higher in the teenage group. Teenagers were also more likely to be delivered by caesarean section (18.2% vs 10.7% $P=0.000$) and to have instrumental vaginal deliveries (5.1% vs 1.3% $P=0.000$).

Conclusions: Teenage pregnancy is common despite advocacy for girl child education and family planning. It is associated with higher maternal and fetal risks compared with non-teenagers. All teenage pregnancies should therefore be managed as high-risk pregnancy

P0236 | SYSTEMATIC REVIEW OF THE NATIONAL GUIDELINES FOR THE MANAGEMENT OF SUSPECTED FETAL GROWTH RESTRICTION: COMPARISON, CONSENSUS & CONTROVERSY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.3 ASSESSMENT OF FOETAL WELLBEING

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Objectives: To summarise the areas of consensus and controversy between recently published national guidelines on small for gestational age or fetal growth restriction and identify future research priorities.

Methods: A search of Medline, Google and the international guideline library using key words clinical management, fetal growth restriction, national guidelines, small for gestational age, search identified six national guidelines on the management of pregnancies complicated by fetal growth restriction / small for gestational age published from 2010 onwards. Summary tables produced from each guideline including processing, definitions, surveillance & timing of delivery.

Results: Four guidelines are in agreement on early pregnancy risk selection, use of low dose aspirin for women with a major risk factor for

placental insufficiency. All recommend smoking cessation to prevent small for gestational age. Consensus in fundal height measurement in the third trimester. Women with major risk factor should have serial scanning during 3rd trimester. Umbilical artery Doppler studies in small for gestational age pregnancies are universally advised. In Late-onset fetal growth restriction at ≥ 32 weeks, consensus to use cerebral Doppler studies. Cardiotocography and recommended timing of delivery vary. Consensus on the use of corticosteroids < 34 weeks and magnesium sulphate for neuroprotection < 32 weeks. **Conclusions:** Where there is quality evidence from randomised controlled trials and meta-analysis, namely the use of umbilical artery Doppler and corticosteroids for delivery < 34 weeks, there is consistency between national small for gestational age guidelines. Prospective studies are needed to compare new international population ultrasound standards with those in current use.

P0237 | STRUMA OVARIII IN PREGNANCY A RARE CASE REPORT

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: Struma ovarii is a rare ovarian tumor. In this case, Struma ovarii was obtained in pregnancy and the aim of this case to provide an Overview of one of the treatments for ovarian tumors in pregnancy.

Methods: This is a Case report. A woman 29-year-old, G1 31-32 weeks pregnant with complaints suspected of having an ovarian tumor. The pregnancy was 31-32 weeks an US examination was performed and obtained a solid mass with septa in the left ovary with a size of 13,28 cm x 15,06 cm. Tumor marker examination CA-125 more than 600 U/ml. Patients were planned for elective C-Section at 34 weeks gestation and planned for unilateral salpingo-oophorectomy or biopsy with surgery.

Results: At 35 weeks gestation an elective Caesarean Section was performed. Intra-operation findings are solid mass of the left ovary with severe adhesions to the recto peritoneum and the left fallopian tube was twisted. It was decided to do a biopsy on the mass and the tissue was sent for anatomical pathology examination. The result of the histopathological was left ovarian cyst with proliferation of the thyroid gland structure with conclusion Left Ovarian Struma.

Conclusions: Ovarian cysts or masses during pregnancy should be accurately evaluated to decide the most appropriate treatment option. A wait-and-see strategy is advised for an ovarian cyst in pregnancy with benign features.

P0238 | PARTIAL HYDATIDIFORM MOLE AND CO-EXISTING NORMAL LIVE FETUS: DIAGNOSTIC CHALLENGE DURING THE PANDEMIC

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: Partial hydatidiform mole with a coexisting live fetus is found in one in every 10,000 or 100,000 pregnancies; in 90% of cases it is associated with triploidy and about 40% of women suffer from preeclampsia and it is recommended to follow up affected women due to the possibility of developing choriocarcinoma, as it contributes to persistent trophoblastic disease.

Methods: .

Results: Herein we report the case of a 42-year-old gravida 3 para 1, abortion 1 who presented at 26 weeks gestation to the emergency room at Instituto Nacional de Perinatología with severe preeclampsia and a serum β -HCG of 52, 684 IU/mL. Ultrasonography demonstrated a single live intra-uterine pregnancy with concurrent hydatidiform mole. Conservative management with magnesium sulfate and anti-hypertensive medications was initiated however the patient present abruptio placentae and required urgent delivery at 26 weeks. Copious molar tissue was removed from the uterus during delivery. Two days post-partum the newborn has early neonatal death associated with extreme prematurity. Two weeks post-partum, her β -HCG had dropped to 25.15 IU/ml.

Conclusions: Current guidelines for management of a normal pregnancy with coexistent mole recommend close clinical monitoring if the mother and fetus are stable and urgent delivery in the setting of complications. During the post-partum period, careful follow up with clinical evaluation and serial serum β -HCG is important for the diagnosis and treatment of persistent trophoblastic disease.

P0239 | THE RELATIONSHIP BETWEEN EXPRESSION OF TSPAN5-MRNA IN MATERNAL-FETAL INTERFACE AND TUBAL PREGNANCY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: To explore the potential relevance between the expression of Tspan5 mRNA and tubal pregnancy (TP).

Methods: The study group included 30 patients with TP, whose endometrium, tubal mucosa and villi tissue were collected. We selected 43 unplanned pregnancy patients who required induced abortion (collecting their decidua and villi tissue), 33 tubal sterilization patients (collecting their normal tubal mucosa) and 30 non-pregnant patients (collecting their secretory endometrium) as our control group, respectively. All collected endometrial tissue was sent for pathological examination to determine the degree of decidualization and the Real-time PCR was used to detect the expression of Tspan5 mRNA in the villi, tubal mucosa and endometrium.

Results: Except body mass index, there was no significant difference in clinical variables among all groups. The expression of Tspan5 mRNA in the endometrium of TP group was significantly lower than that in IUP group ($P < 0.05$). However, in tubal mucosa of TP patients, Tspan5 mRNA was apparently higher than their endometrium, and similarly, it was also higher than the tubal mucosa of sterilized patients ($P < 0.05$). In addition, Tspan5 mRNA in the villi of TP patients was significantly higher than that of IUP patients ($P < 0.05$). The degree of decidualization of the endometrium in the TP group increased with the rise of Tspan5 mRNA ($P < 0.05$).

Conclusions: The abnormal high expression of Tspan5 mRNA in the tubal mucosa and villi at the implantation site may be related to the occurrence of TP. The expression level of Tspan5 mRNA may reflect the degree of decidualization of endometrium.

P0240 | PREMAQUICK VERSUS TRANSVAGINAL ULTRASONOGRAPHICALLY MEASURED CERVICAL LENGTH FOR PRE-INDUCTION CERVICAL ASSESSMENT AT TERM: A RANDOMIZED CLINICAL TRIAL

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: To compare Premaquick (combined insulin-like growth factor binding protein-1(IGFBP-1) and interleukin-6 (IL-6) biomarkers) versus cervical length measurement via transvaginal ultrasound (TVUS) for pre-induction cervical assessment at term.

Methods: A randomized clinical trial of consenting nulliparous pregnant women with singleton gestation was conducted in Nnewi, Nigeria. Participants were randomized into Premaquick group (n=36) and TVUS group (n=36). Cervix was considered 'ripe' when

at least 2 out of 3 Premaquick biomarkers were positive or TVUS cervical length was <28mm. Primary outcome measures were need for prostaglandin analogue for cervical ripening and vaginal delivery rate. Analysis was by intention-to-treat. www.pactr.org PACTR202001579275333.

Results: Thirty-six participants were randomized in each group and none was lost to follow-up. Baseline characteristics were similar. There was no statistically significant difference between Premaquick group and TVUS group, respectively, in terms of requirement of prostaglandins for pre-induction cervical ripening (41.7% vs 47.2%, $P=0.427$), vaginal delivery (77.8% vs 80.6%, $P=0.783$), mean induction to delivery interval (22.9 ± 2.81 hours vs 24.04 ± 3.20 hours, $P=0.211$), neonate with birth asphyxia (8.30% vs 8.30%, $P=1.00$) and neonate admitted into SCBU (16.7% vs 13.9%, $P=0.872$). Participants with 'ripe' cervix at initial assessment showed significantly lower mean induction to active phase interval (8.63 ± 1.77 vs 9.7 ± 2.73 ; $P=0.049$) and mean induction to delivery interval (16.3 ± 2.82 vs 18.9 ± 3.82 , $P=0.031$) in Premaquick group.

Conclusions: Pre-induction cervical assessment with either Premaquick or TVUS is effective, objective, acceptable and safe with similar and comparable outcome. Participants with positive Premaquick test at initial assessment showed significantly shorter duration of active labor compared with participants positive for TVUS at initial assessment.

P0241 | PRACTICE OF DELAYED CORD CLAMPING

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.7 NEONATAL CARE

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Objectives: 1. To analyse the benefits of delayed cord clamping. 2. To define knowledge gaps for the practice of delayed cord clamping.

Methods: This study was conducted at labor room, Department of obstetrics and gynecology, Rajendra Institute of Medical Sciences, Ranchi, Jharkhand from December 2019 to January 2020, as a part of Labor room quality improvement project "LAQSHYA" under Govt of India. All neonates were included in this study, born by either vaginal or caesarean delivery in this study period. Rh negative mothers, mothers with hypertensive disorders of pregnancy or antepartum hemorrhage, extreme premature babies and newborns with no spontaneous cry were excluded from this study. The study population had been put into two groups: A, with delayed cord clamp and B, control group, sample size being 100 each.

Study Design: Case Control Study Type of Intervention: Randomised control trial

Results: Group A had better circulatory stability, less incidence NEC, and fewer requirement of blood transfusion. No difference was found in the severity of IVH if any in both groups. Maternal anxiety

was present in few mothers of group A. At the end of 6 weeks Group A babies showed higher social skills and finer motor skills.

Conclusions: Delayed cord clamping has innumerable advantages for neonates with no extra input required. Hence it should be put to practice to reap its benefits.

P0242 | A SCOPING REVIEW OF MATERNAL ANTIBIOTIC PROPHYLAXIS IN LOW- AND MIDDLE-INCOME COUNTRIES: COMPARISON TO WHO RECOMMENDATIONS FOR PREVENTION AND TREATMENT OF MATERNAL PERIPARTUM INFECTION

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.4 INFECTIONS IN OBSTETRICS

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Objectives: A scoping review comparing peripartum prophylactic antimicrobial use in low- and middle-income countries (LMICs) with WHO recommendations for prevention and treatment of maternal peripartum infection.

Methods: Search strategy: Medline, Embase, Global Health, LILACS and the WHO Library databases were searched. Selection criteria: Publications from LMICs since 2015 describing maternal prophylactic antibiotics for group B streptococcus (GBS), preterm-prelabor rupture of membranes (PPROM), cesarean section, manual placental removal, and third/fourth-degree perineal tears. Data collection and analysis: Publications were screened, and duplicates were removed. A scoping review was conducted using PRISMA guidelines. Owing to study heterogeneity, a narrative synthesis was performed.

Results: Of 1886 studies, 27 studies from 13 countries involving 43 774 women met the eligibility criteria. Polymerase chain reaction screening for GBS is feasible, though limited financially. In PPRM, up to 42% of GBS isolates demonstrated erythromycin resistance. Evidence around cesarean section antimicrobial prophylaxis largely supports WHO recommendations; however, prolonged or multidrug regimens were reported.

Conclusions: There is limited evidence to challenge current WHO recommendations to prevent peripartum infection in LMICs. However, implementation challenges exist. Given the emergence of antimicrobial resistance, research is needed to ensure that peripartum prophylactic antimicrobial choices remain effective.

P0243 | UTERINE REPAIR VERSUS HYSTERECTOMY IN EGYPTIAN WOMEN PRESENTED WITH UTERINE RUPTURE

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.3 OPERATIVE OBSTETRICS

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Objectives: To evaluate the maternal outcomes of uterine repair versus hysterectomy in women presented with uterine rupture (UR).

Methods: A cross-sectional study was conducted in a tertiary care hospital over a period of two years included all women diagnosed with UR and admitted to the emergency unit. Consent for data collection was taken from the patients or their relatives whenever possible. All relevant preoperative, operative and postoperative data were collected.

Results: The study included 124 women, twenty of them managed by hysterectomy and the rest of women were managed by uterine repair. Women managed by hysterectomy were higher in gravidity than those managed by uterine repair ($P=0.014$). Most of cases managed by uterine repair had a scarred uterus (94.2%) and the most common site of UR was the lower segment (92.4%). On the other hand, women managed by hysterectomy were mostly had unscarred uterus (60%) and the most common site of rupture was fundal (40%). Presence of associated bladder and lower genital tract injuries was significantly higher in women managed by hysterectomy (80% vs. 9.5%, $P=0.0001$). Additionally, the amount of blood needed of transfusion was 9.20 ± 5.53 units in cases managed by hysterectomy versus 3.56 ± 1.58 units in cases managed by repair ($P=0.0001$).

Conclusions: Uterine repair appears to be a safe procedure with less maternal complications in women presented with UR. Hysterectomy should be reserved for selected cases especially for women with fundal UR or rupture of un-scarred uterus

P0244 | THE POSTCOVIDAL PERIOD IN A PARENT WOMAN - FEATURES OF THE CURRENT CLINICAL CASE

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.3 OPERATIVE OBSTETRICS

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Objectives: Clinical manifestations in the abdominal cavity discovered during an urgent cesarean section at 41 weeks of gestation, 2 months after the acute form of COVID-19, are described.

Methods: The features of the course of pregnancy, urgent cesarean section surgery, postoperative period, laboratory parameters, ultrasound data, cardiotocogram, fetal condition were determined.

Results: The visceral peritoneum of the uterus along the anterior and posterior surfaces, fallopian tubes, wide and round ligaments of the uterus, ovaries, parietal peritoneum of the small pelvis, areas of the intestine were with expressive signs of edema, covered with a vesicular rash, in places in the conglomerate, with bleeding in case of cesarean section for urgent indications. There was no effusion in the abdominal cavity. The child was born with an Apgar score of 7-8 and a negative PCR result for COVID-19. Placenta measuring 25 x 21 x 5.0 x 0.5 cm with multiple petrification, single red heart attacks. The shells are distinctly yellow-gray-green in color. Umbilical cord 70 cm long, regular color. Amniotic fluid is clear. The early and late postoperative, and postpartum periods were uneventful. The natives were found to have abnormalities in the blood coagulation system, the immune system, positive IgG and IgM to COVID-19.

Conclusions: COVID-19 disease is pathology with many unknowns. Postcovid syndrome and long-covid syndrome have individual characteristics. The acquired collective experience will contribute to the definition of an algorithm for the treatment of patients and personalized dispensary observation after an acute period

P0245 | A SYSTEMATIC REVIEW OF NON-PHARMACOLOGICAL INTERVENTIONS DURING PREGNANCY FOR WOMEN WITH A HISTORY OF ANXIETY

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: Many women suffer from anxiety during pregnancy. In Australia, treatment is with selective serotonin re-uptake inhibitors, which are classified as a Category C drug during pregnancy. Therefore, there is a need for non-pharmacological interventions to be incorporated into perinatal care.

The aim of this paper is to assess the efficacy of non-pharmacological interventions for pregnant women with a history of anxiety by conducting a systematic review.

Methods: Studies published since 2000 and in English were identified for inclusion from the databases Medline, PsycINFO, CINAHL and MIDIRS (N=661). Additional papers were identified through reference lists (N=6). After removal of duplicates, papers were screened (N=584), assessed for eligibility (N=34) and selected for inclusion (N=23). Participants included pregnant women with a history of anxiety, and interventions were categorised as psychological or mind-body. Studies were quality assessed using the Joanna Briggs Institute's Critical Appraisal Tool. A narrative description of data were conducted.

Results: Psychological and mind-body interventions were delivered individually and to groups of pregnant women over single or multiple sessions. The most commonly used anxiety measure was the State-Trait Anxiety Inventory. Sixteen studies found a statistically significant reduction in anxiety, and seven studies found no effect.

Conclusions: There is some evidence that cognitive-behavioural therapy, relaxation, mindfulness and interpersonal therapy may reduce anxiety during pregnancy. However, due to the significant heterogeneity between studies, particularly in duration of intervention and outcome measures, overall conclusions regarding the benefit of interventions cannot be drawn. Further, adequately powered randomised controlled trials with standardised outcome measures are required.

P0246 | SIMULATION TRAINING IMPROVES THE PERFORMANCE OF MEDICAL STAFF THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.3 OPERATIVE OBSTETRICS

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Objectives: To study the effect of simulation training on medical staff and decision-to-delivery interval (DDI).

Methods: 122 multidisciplinary trainees were trained with a simulation training named Obstetrical Feasible Approach to Safety Training (OB F.A.S.T.) at the Third Affiliated Hospital of Zhengzhou University in May 2017. 82 emergent cesarean section were retrospectively analyzed the medical records and divided into pre-training and post-training group from 2015 to 2018. Medical staff were assessed by examination of theory and practice. Clinical data were collected. Data were analyzed with IBM SPSS.

Results: Both the score of written examination and drilling were increased in pre-training group (75.21±10.86 vs. 86.51±7.40, 61.20±10.27 vs. 87.45±6.56, $P<0.001$). The five abilities of drilling, including recognition, calling for help, manipulation, record, and teamwork, were significantly improved ($P<0.001$). There were 35 and 47 in the two groups before and after training, respectively. Intraoperation bleeding volume of post-training group significantly increased compared with that of pre-training group (200(100,300) ml vs. 300(200,500) ml, $P<0.001$). But there was no significant difference in transfusion rate of these two groups (2.7% vs. 13.3%, $P>0.05$), neither did the operation duration ($P>0.05$). There was significant difference in DDI between pre-training group and post-training group (19.35±8.496 minutes vs. 12.96±7.135 minutes, $t=3.706$, $P<0.001$).

Conclusions: Simulation training is helpful to improve the clinical emergency ability and first aid skills.

P0247 | EDMONTON OBESITY STAGING SYSTEM AND PREGNANCY OUTCOMES: A SECONDARY ANALYSIS OF THE PEARS STUDY THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.5 OBESITY AND OBSTETRICS

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Objectives: This study aims to apply the Edmonton Obesity Staging System (EOSS) to pregnant women with BMI≥25kg/m² and determine the relationship with pregnancy outcomes.

Methods: This is a secondary analysis of the Pregnancy Exercise and Nutrition Study (PEARS) trial in Dublin, Ireland. We applied EOSS based on metabolic (fasting glucose, lipids and blood pressure, n=349) or metabolic and mental health (metabolic + WHO-5 wellbeing, n=291) using data collected in early pregnancy (10-16 weeks gestation). T-tests and chi-square statistics were used to compare outcomes between groups using EOSS score or BMI. Non-parametric data were log-transformed. Outcomes include gestational age, mode of delivery, infant size, placental weight, pre-eclampsia, pregnancy-induced hypertension, gestational diabetes, and neonatal complications. Multiple regression was used to investigate relationships between variables, controlling for age, ethnicity, and socioeconomic status

Results: Using the metabolic component, most women (82.2%) had raised EOSS scores and 40.4% had EOSS stage ≥2, indicating weight-related comorbidities. When wellbeing was added, 87.6% of women had raised EOSS scores. There were no differences in outcomes between women with stage 0 (no risk) vs stage ≥1 using either metabolic or metabolic and wellbeing scores (all $P>0.05$). Comparing stage ≥2 to stage 0-1 also yielded no differences (all $P>0.05$). Infants delivered by women with BMI ≥30kg/m² were more likely to require neonatal intensive care, compared to women with overweight ($\beta=1.92$, 95%CI (1.00 3.64), $P=.047$).

Conclusions: Most pregnant women with overweight and obesity have raised EOSS scores. In pregnancy, BMI may be more useful than EOSS score in predicting outcomes.

P0248 | DELIVERY PATTERNS AFTER CAESAREAN SECTION IN A SUB-SAHARAN AFRICAN SETTING: A RETROSPECTIVE COHORT STUDY IN CAMEROON
THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: We described the delivery patterns after caesarean section (CS).

Methods: We conducted a retrospective cohort study of all hospital deliveries after previous caesarean birth from January 1, 2018 to April 30, 2020 in two regional hospitals in Bafoussam, Cameroon. We included 485 files of women with a uterine scar who gave birth after 28 completed weeks of singleton pregnancies. Statistics were computed with SPSS®.

Results: Mean age and mean parity were 30.0 ± 5.7 years and 3.2 ± 1.2, respectively. 227 (46.8%) women had given birth vaginally at least once. Nurses, midwives and general practitioners were the antenatal care (ANC) providers for 258 (53.2%) and 94 (19.4%) cases, respectively. Mode of delivery was not chosen before delivery for 374 (77.1%) women and 119 (24.5%) were referred during labour. Elective repeat CS was done for 97 (20.0%) women and 388 (80.0%) underwent trial of labor after CS (TOLAC) of whom 154 (39.7%) gave birth vaginally. Labour was spontaneous in 370 (95.4%) cases and 48 (12.4%) women had induction or augmentation of labour. Uterine rupture complicated 20 (6.2%) cases of TOLAC. There were 3 (0.8%) maternal deaths, all in the TOLAC group and 36 (7.4%) neonatal deaths with 34 (10.8%) in TOLAC group

Conclusions: Deliveries on a scarred uterus are poorly planned in our setting. Rate of successful TOLAC is low and maternal and neonatal complications rates are high. There is need to improve the quality of ANC.

P0249 | DELIVERY VIA CAESAREAN SECTION IN THE SETTING OF A GIANT CERVICAL CONDYLOMA: A CASE REPORT
THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: Giant condyloma of the cervix (GCC) is a rare morphological manifestation of human papilloma virus (HPV) infection. Condylomas enlarge during pregnancy as a result of the altered immune response. However, as so few cases of GCC are diagnosed during pregnancy, approach to management is poorly characterised in the literature. This case report describes the new diagnosis and management of GCC during pregnancy in a low-risk, HPV-negative woman.

Methods: A 29-year-old G1P0 presented to a tertiary antenatal assessment service with recurrent episodes of painless, unprovoked vaginal bleeding in the third trimester. Her medical and obstetric history was unremarkable. Cervical screening performed two months prior to conception was HPV-negative. Speculum examination at her third presentation revealed a large, warty lesion on the cervix that bled with contact. She was immediately referred for colposcopy and biopsy, which confirmed koilocytosis consistent with condyloma and high-grade squamous intraepithelial lesion (HSIL) (cervical intraepithelial neoplasia II-III).

Results: To minimise risk of excessive bleeding and vertical transmission of HPV, a collaborative decision was made to manage Ms GB conservatively throughout pregnancy and deliver via caesarean section. Caesarean section was uncomplicated, and she is planned for repeat colposcopy at six-weeks post-partum.

Conclusions: This case, like other cases recently published, supports the conservative management of GCC antenatally and planned delivery via caesarean section. However, there are no documented outcomes of vaginal delivery in the setting of GCC. Further, sophisticated research is required to develop a consensus guideline for managing rare benign or pre-malignant cervical pathology during pregnancy.

P0250 | HEMORRHAGIC STROKE IN PUERPERAL WOMEN WITH SICKLE CELL ANEMIA: A CASE REPORT

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: In the pregnancy-puerperal period, changes in maternal physiology occur, which can cause neurological complications such

as vascular brain disease. The risk of ischemic stroke increases up to 13 times. The incidence of hemorrhagic stroke (HS) varies from 1 to 5 per 10,000 pregnancies, with mortality of up to 40%. In addition the increase in blood volume, venous pressure and pre-thrombotic state, there must be excluded: infections, hyperviscosity syndromes such as sickle cell anemia and arteriovenous malformation. The aim of this study is to report the case of a patient with sickle cell anemia who presented HS on the 10th day of the puerperium and its outcome.

Methods: Case report of a patient with sickle cell anemia who in the puerperium presented cerebral hemorrhage and died.

Results: G.H.S, 24 years old, which was observed for high-risk prenatal care during pregnancy due to sickle cell anemia and went into labor at 37 weeks. Due to orthopedic conditions, a cesarean delivery was chosen. After 10 days, the patient had body pain and fever and evolved with a lower level of consciousness and anisocoria. The cranial CT showed parenchyma hemorrhage. She underwent craniotomy and hematoma drainage, but after 10 days in intensive care, she died.

Conclusions: Patients in the pregnancy-puerperal period are in a pre-thrombotic state and suffer hemodynamic changes that predispose to ischemic and hemorrhagic strokes. In addition, hyperviscosity syndromes such as sickle cell anemia, contribute to the occurrence and unfavorable evolution of the condition, should be ruled out.

P0251 | MODERN APPROACHES TO MANAGING PHYSIOLOGICAL LABOUR

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: In modern obstetrics, the question of the criteria for dividing latent and active phases of first stage of labour continues to be debated. Aim is to study managing physiological labour under the condition active phase from cervical dilatation from 6 cm.

Methods: The study included 82 cases of delivery at 37-41 weeks+6 days, in the cephalic presentation, singleton pregnancy, spontaneous onset of labour. All the women were divided into 2 groups by random sampling. Group A (the main group) included women in labour who gave birth according to the standard of the beginning of the active phase from 6 cm (n=38). Group B (control) included women in labour who delivered according to the standard of the beginning of the active first stage of labour from 4 cm (n=44). Complications during labour and perinatal outcomes were evaluated.

Results: The frequency of labour complicated by hypocontractile uterine dysfunction was significantly higher in the group, whose labour was performed according to the standard of the beginning of

the active phase with 4 cm (13,6±1,2% vs. 7,9±0,8%, $P<0,001$), as well as the frequency of cesarean section (9,1±0,9% vs. 5,2±1,2%, $P<0,001$). In the main group, the number of newborns with Apgar score ≥ 7 points in the first minute was higher than in 2 (89,4± 3,2% vs 86,4±3,2%, $P<0.01$)

Conclusions: Use of the standard management of physiological labour, the beginning of active phase of first stage of labour with 6 cm reduces the rate of cesarean section and improves perinatal outcomes.

P0252 | THE IMPACT OF A NOVEL VACUUM-INDUCED HEMORRHAGE CONTROL DEVICE ON EARLY INTERVENTION AND TRANSFUSION RATES

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: Postpartum hemorrhage (PPH) is the leading cause of maternal mortality worldwide. ACOG practice guidelines recommend prompt escalation to additional interventions when first-line uterotonics fail. In this analysis we sought to describe the impact of early intervention on transfusion rates and the number of uterotonics administered.

Methods: This is a secondary analysis of a recently published study (D'Alton, 2020) of a novel vacuum-induced hemorrhage control (VHC) device (Jada® System) demonstrating 94% success with rapid cessation of bleeding, short treatment duration, and ease of use. Inclusion criteria for VHC treatment included estimated blood loss (EBL) of 500-1500ml for vaginal and 1000-1500ml for cesarean birth with atony-related bleeding refractory to first-line uterotonics (misoprostol, methergine, carboprost) and uterine massage

Results: 106 subjects were included. Transfusion rates were significantly increased when EBL prior to placement of VHC was ≥ 1000 ml compared to < 1000 ml (60.4% [95% CI 46.3 - 73%] vs 19% [95% CI 11 - 39%]). Additionally, the proportion of subjects that received more than 2 uterotonics significantly increased when VHC was placed at higher EBL (68.1% [95% CI 52.9 - 80.9%] vs 32.8% [95% CI 21.3 - 46.3%]).

Conclusions: Early initiation of VHC treatment at lower blood losses may avoid transfusions. Given the risks associated with transfusion, limitations of blood product resources and side effects associated with uterotonics, earlier use of the VHC device may be beneficial. Further evaluation is warranted to determine the optimal approach to incorporating VHC into postpartum hemorrhage algorithms, stage-based checklists and protocols.

P0253 | PAIN MANAGEMENT DURING LABOR AND DELIVERY OF HIGH-RISK PREGNANT WOMEN AT A TERTIARY, ACADEMIC BRAZILIAN HOSPITAL

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: To describe the use of pain relief methods during labor and delivery in women who had a vaginal birth in an academic hospital and to correlate sociodemographic data, obstetric risk, progression of labor, and maternal and perinatal outcomes associated with pain relief management.

Methods: Retrospective cohort study using the institution's existing database. We included women with singleton pregnancies, who underwent vaginal birth at CAISM/UNICAMP, from March 20, 2017, to December 31, 2019, and their respective newborns. Statistical analysis was performed using Intercooled Stata version 16.0.

Results: We analyzed 3,779 women; 3,171 (83.2%) received only non-pharmacological pain relief management (birth ball, bath, massage), while 608 (16.2%) received pharmacological analgesia. The mean age was 26.02 years, and 1,632 (43.2%) presented high obstetrical risk. Use of pharmacological management was associated with age under 19, nulliparity, women with previous cesarean section, high obstetrical risk (18.6% received anesthesia versus 14.2%

for the low-risk group), labor induction, and oxytocin use. Moreover, the use of pharmacological methods was also related to a longer second stage duration, higher rates of forceps delivery, and to lower Apgar 1 and 5-minute scores.

Conclusions: Non-pharmacological pain management rates were high for all women, regardless of the obstetric risk. Most of patients that received pharmacological analgesia also used birth ball, bath, and/or massage, especially those with high obstetrical risk. As these data were associated with fewer medical interventions and better neonatal results, we support using non-pharmacological methods at all obstetrical care levels.

P0254 | QUALITY OF CAESAREAN SECTIONS IN SUB-SAHARAN AFRICA: A PROSPECTIVE STUDY IN RURAL HOSPITALS IN CAMEROON

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.3 OPERATIVE OBSTETRICS

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Objectives: To assess the quality of caesarean sections (CS).

Methods: A cross sectional study conducted among women who had undergone a caesarean section in 3 rural hospitals in Cameroon from February 1, 2020 to April 30, 2020. We included 120 women. Quality of CS was evaluated according to the analytical framework of the Dujardin's model based on four pillars (access, diagnosis, procedure and post-operative care). The quality scores of CS below 15/20 were considered "unacceptable" while those above 15 were "acceptable".

Results: Mean age was 27.6 ± 6.3 years. 88.3% (106 out of 120) of participants lived within 15 kilometers of the hospital. Means of transport for referred patients were: public transport cars (54.8%) and motorcycles (38.7%). Emergency CS set was always available. Assessment of clinical parameters on admission was incomplete in 78.4% of cases. CS indication was absolute in 80% of cases. Operating room staff was incomplete in 43.3%. Post-operative hospital stay was equal to or less than 7 days in 93.3%. Total cost of

CS was below 180 USD. Complications were postpartum haemorrhage (4.2%) and wound infection (3.3%). There was 5.0% of neonatal deaths and no maternal death. Overall, 55.3% of the CS had an unacceptable quality score. Factors associated (OR; 95%CI) with unacceptable quality of CS were state-owned hospital (130; 16.66-1014.31) and incompleteness of the surgical team (2.85; 1.33 - 6.09).

Conclusions: More than half of caesarean sections have unacceptable quality in our rural setting. Operative and post-operative care should be improved particularly in state-owned hospitals.

P0255 | MECHANICAL OUTPATIENT CERVICAL RIPENING IN TIMES OF A PANDEMIC - DECREASING THE INPATIENT DAYS AND LOWERING THE SOCIOECONOMIC COSTS

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: Induction of labor is a common procedure in obstetrics with 20-25% of all deliveries. While facing the worldwide Covid-19 pandemic a new approach is required for optimum patients care during pregnancy and delivery. Here we are analyzing and comparing a mechanical ripening agent that is utilized as an outpatient procedure with inpatient misoprostol in a low-risk cohort.

Methods: Retrospective comparative analysis of obstetric data on patients who presented with an indication for cervical ripening and labor induction. 50 patients received the mechanical ripening agent as an outpatient procedure. A strict protocol was used for the application of the mechanical device, an osmotic dilator called Dilapan-S. This group was compared to 80 pregnant women that received misoprostol orally as an inpatient, before 2018.

Results: Baseline characteristics showed no significant differences. Delivery modes were similar in both groups. The time period from patient admission to onset of labor was shorter in the outpatient group: 11.5hours vs. 22.8hours. There were less hospital days in the outpatient group: 86.9hours/3.6days vs. 98.1hours/4.0days (outpatient vs. inpatient group, respectively).

Conclusions: New approaches are required to decrease individual contacts also in the context of medical procedure. Following a strict protocol, cervical ripening can be performed in a low-risk cohort to increase patient's satisfaction rate, to lower SARS-CoV-2 spreading and to decrease the overall socioeconomic burden.

P0256 | EDUCATIONAL ASPECTS ABOUT THE BEST SCIENTIFIC EVIDENCE IN PRENATAL CARE, CHILDBIRTH AND THE PUERPERIUM THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.8 SAFETY AND SURVEILLANCE OF OBSTETRIC CARE

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Objectives: To assess recent scientific publications on educational aspects regarding preventing obstetric violence in Brazil.

Methods: Selected databases used in this research were scielo, Brazilian ministry of health, world health organization, books and papers published between 1992 and 2020, all related to pre labor, labor, abortion and puerperium. Key Words: obstetrics, obstetric violence, Brazil, labor and medical assistance.

Results: The publications assessed brought great concern regarding the urgent need for continuous education and prevent discriminatory attitude in departments of gynecology and obstetrics, both for public and private healthcare systems in Brazil. A highlight that we noticed in this scenario was that the level of education of women affected by obstetric violence was significantly lower. Different levels of violence involved lithotomy position, Kristeller's maneuver, repeated digital vaginal examination, unnecessary episiotomy, early amniotomy, use of synthetic oxytocin, inadequate management of pain, trichotomy and enema before labor, as well as verbal and psychological violence.

Conclusions: The health of the maternal fetal dyad must be a constant concern of the attending mutiprofessional team. For that matter, the evolution of the art of obstetrics will only be possible through the education of medical students, interns and residents in order to create conscience that physical and psychological health of women in labor must be preserved. We highlight the importance of continuous education of professionals inserted in obstetrics environment.

P0257 | BASIC ULTRASOUND TRAINING TO MIDWIVES IN A STATE HOSPITAL IN TURKEY THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.6 MIDWIFERY CARE

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Objectives: Midwives are essential assets in primary care during pregnancy. This study aims to show the outcomes of basic ultrasound training for midwives in a state hospital.

Methods: Over a two-month period, ultrasound training was provided to 6 midwives who were actively working in the Kackar State Hospital delivery unit by an Obstetrician. 6 hours of theoretical training was followed by hands-on training. Assessing gestational

sac, fetal pole, fetal heartbeat, fetal lie and presentation, placental site and distance to cervix was monitored.

Results: Average experience in a delivery unit was 5 years. In total of 21 patients before training were examined by midwives in the delivery unit after an obstetrician. Only 2/10 fetal heartbeats in the second trimester and 1/6 fetal heartbeat in the last trimester were spotted by the midwives. Complete evaluations were not performed due to lack of confidence and knowledge. After the theoretical and hands on training, 62 more patients were examined. All midwives were able to spot fetal heartbeat, fetal lie and presentation in second and third trimester pregnancies they assessed after completion of training (22 second trimester and 31 third trimester). One midwife was able to assess both gestational sac, fetal pole and heartbeat in two first-trimester pregnancies, another was able to assess gestational sac in one first-trimester pregnancy. Placental site was easiest to spot when it was positioned to the fundal-anterior (26 out of 32).

Conclusions: Basic ultrasound training for midwives can help assess pregnancy, and prevent disruptions in health services.

P0258 | IS THE TIME TO CONCEPTION AFTER BARIATRIC SURGERY AFFECTED BY DEGREE OF WEIGHT LOSS? A DESCRIPTIVE COHORT STUDY FROM DOHA-QATAR

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.5 OBESITY AND OBSTETRICS

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Objectives: To study the outcomes of the first pregnancy after bariatric surgery, including a time-to-event analysis.

Methods: A retrospective review of women undergoing bariatric surgery in 2013-2014 was done, till their first successful conception. Demographics like age, nationality, body mass index (BMI) at surgery and conception, parity were recorded. Pregnancy information like time to conception from surgery, the outcome of pregnancy, mode of delivery, birth weight, complications like emesis, vitamin D deficiency, anemia, diabetes were recorded. The cohort was divided into two comparison groups based on the amount of weight loss.

Results: Seventy-three first pregnancies after bariatric surgery were included, 75% of which ended in live births. All, except two women, had a laparoscopic sleeve gastrectomy starting at a mean BMI of 45. The median loss in BMI at conception was 11. The median time to conception was 18 months, with women losing a BMI of ≤ 10 conceiving within 12 months. This was 46% lesser than the rate of conception in women whose loss in BMI was more than 10, after adjusting for age, parity, and starting BMI (HR 0.54, *P*-value 0.026). Almost half of the cohort had vitamin D deficiency and anemia, with 1 in 5 women developing diabetes in pregnancy (one-third of the women who achieved lesser weight loss).

Conclusions: The time to conception appears to be affected by the degree of weight loss, even after adjusting for age, parity, and BMI before the surgery. Larger studies, considering other confounders, need to be conducted to confirm these findings.

P0259 | POST-PARTUM HAEMORRHAGE-IDENTIFIABLE RISK FACTORS IN A LARGE OBSTETRIC CENTRE IN IRELAND

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: Primary postpartum haemorrhage (PPH) is a major cause of maternal mortality and morbidity worldwide. PPH incidence is 13.8%, but recent evidence confirms that rates are rising drastically. Majority of PPH occur in the absence of an antenatal risk factor, making identification of at-risk mothers difficult. In this study, we aim to identify the common risk factors for PPH in our patient cohort in order to reduce rates in the future.

Methods: A retrospective review of major PPH (>1000ml blood loss within 24 hours of delivery) for year 2020 was performed. Anonymous chart analysis identified patient demography and risk factors, and this data were collated using excel. Risk factors were identified in accordance with RCOG Greentop Guideline no. 52.

Results: 43 patients were included. Severe PPH (>2000mls) occurred in 26% (n=11). Average maternal age was 32 (16-47) with an average BMI 28 (17 - 47). 22 women (51%) were primiparous. 19 women (44%) were delivered vaginally, of which 80% were operative. A risk factor for PPH was identified in 81% (n=35), with trauma accounting for 47% (n=20). Large for gestational age infant (n=7) and abnormal placentation (n=6) were the most common risk factors identified.

Conclusions: It is evident PPH continues to contribute significantly to maternal morbidity in our centre. In keeping with literature reports, significant risk factors in our centre included trauma, abnormal placentation and large for gestational age infant. With the results of this review, we hope to reduce rates of major PPH in our centre.

P0260 | IDENTIFYING FACTORS THAT INCREASE THE RISK OF POOR OUTCOMES FOR MOTHERS AND NEWBORNS IN THE POSTNATAL PERIOD

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: Maternal and newborn deaths in the early postnatal period can be averted with provision of timely, quality, PNC including postnatal home visits from community health workers (CHWs). In many low- and middle-income countries (LMIC), coverage of early, postnatal home visits (within the first 72 hours of life) has been hampered by under-resourced and over-burdened CHWs. This study sought to determine the risk factors that predict poor outcomes for mothers and newborns in the postnatal period. These risk factors will be utilized to develop a risk stratification approach that identifies at-risk mother-baby dyads for provision of timely postnatal home visits.

Methods: A systematic review was conducted in PubMed, Scopus, CINAHL and PsycINFO aiming to determine a) the underlying risk factors for the major causes of maternal and neonatal mortality and b) the underlying risk factors for non-use of PNC services. Published, peer reviewed studies conducted in LMICs within the last 10 years and that included a test of association between risk factor and outcome were included.

Results: Of the 6,200 citations identified, 894 full text studies were assessed and 60 included in the study. The risk factors identified were grouped into proximal and distal factors. Proximal factors include age (<19, >35), parity (primigravida), previous history (postpartum hemorrhage, pre-eclampsia) and marital status while distal factors include household socioeconomic status, education, place of residence (urban, rural).

Conclusions: In resource-constrained settings, an evidence-informed risk stratification approach can be used to identify at-risk mother baby dyads for prioritization of early, postnatal home visits.

P0261 | KNOWLEDGE, ATTITUDE AND PRACTICE STUDY ABOUT ANEMIA IN PREGNANCY AMONGST INDIAN OBSTETRICIANS AND GYNAECOLOGISTS

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: To assess the knowledge, attitude and practices (KAP) of Obstetricians and Gynaecologists (ObGyns) towards anemia in pregnancy and identify practice gaps.

Methods: Present KAP survey involve 1974 ObGyns from India. Twenty questions which explored knowledge, attitude and practice about anemia and its management were assessed. Results were expressed as percentages.

Results: Total 88.7% ObGyns screen anemia in first trimester. Only 53.7% ObGyns perform CBC along with RBC indices. Majority of ObGyns estimate Hb thrice during antenatal period. Almost 50% ObGyns do not consider thalassemia screening routinely and de-worming. Almost 92.4% ObGyns believe iron supplementation is required even if Hb>11g/dL. Majority ObGyns prefer low dose iron therapy, 59.9% prefer 100mg oral iron daily. Almost half of ObGyns prefer to change iron salt in non-responder patients, instead of escalating to parenteral iron. Interestingly 52% ObGyns evaluate serum ferritin before starting parenteral iron therapy. Almost 43.5% perform Hb estimation as early as 2 weeks after parenteral iron therapy. Majority (82.2%) of ObGyns prefer blood transfusion as a treatment of choice when Hb<5g/dl at 34 weeks' gestation. Only 40.5% participants are aware about the exact cut-off for diagnosing postpartum anemia. Majority of the ObGyns are aware about the iron prophylaxis in postpartum period till 3-6 months. More than 90% ObGyns consider parenteral Iron for severe anemia of postpartum period.

Conclusions: Present KAP survey highlights the observation, perception and practicing behaviour of ObGyns on anemia in pregnancy and identifies practice gaps in anemia management.

P0262 | ADAPTING MATERNAL AND PERINATAL DEATH SURVEILLANCE AND RESPONSE SYSTEMS DURING A PUBLIC HEALTH CRISIS

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.8 SAFETY AND SURVEILLANCE OF OBSTETRIC CARE

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Objectives: This session shares examples of adaptations made to maternal and perinatal death surveillance and response systems (MPDSR) during the COVID-19 pandemic. Lessons learned can be applied to other low- and middle-income countries to maintain MPDSR practice.

Methods: Country consultations through the Global MPDSR technical working group (TWG), co-chaired by WHO, gathered emerging learnings about the implementation of MPDSR during the first wave of COVID-19 responses. Case studies drawing evidence from practitioners were developed from low- and middle income countries in Africa and Asia on this topic.

Results: The TWG identified adaptations governments made to MPDSR systems in Nepal, Sri Lanka, Zimbabwe and Sierra Leone,

including: revising their MPDSR-data dissemination strategy; conducting post-mortems on all probable maternal deaths; strengthening community verbal autopsies; hosting virtual review meetings; simplifying death reporting forms; adding fields to death reporting forms on COVID-19; adapting supportive supervision approaches; establishing a COVID-19-specific Maternal and Newborn Health cluster to support data analysis; integrating MPDSR to wider Infectious Disease Surveillance and Response system.

These adaptations resulted in quality improvements, including: more rapid sharing of MPDSR data with health managers and implementation of recommendations; development of a plan to ensure security of postpartum haemorrhage commodities; antenatal tele-consultations and more active-tracking of antenatal care.

Conclusions: MPDSR makes a critical contribution to prioritising the registration of maternal and perinatal deaths, and in providing evidence to promote continuity of essential MNH services during the COVID-19 pandemic. MPDSRs can be adapted in real-time and contribute to the resilience of health systems during future crises.

P0263 | ACCURACY OF A DIGITAL SKINFOLD SYSTEM COMPARED TO A TRADITIONAL CALIPER FOR MEASURING SKINFOLD THICKNESS IN OBESE PREGNANT WOMEN

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.5 OBESITY AND OBSTETRICS

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Objectives: Maternal obesity is associated with an increased risk of complications during pregnancy delivery and lifelong diseases. While most used tools to assess body composition are not suitable for pregnancy, due to the lack of differentiation between maternal and fetal contributions, skinfold thickness measurements can be an accurate method. Lipowise is a system with a digital skinfold caliper and integrated software, which simplifies the assessment. The present study aimed to evaluate the performance of Lipowise compared with a traditional skinfold caliper (Harpenden) in the assessment of body composition during pregnancy.

Methods: The present prospective observational study was based on a sample of obese (BMI ≥ 30 Kg/m²) pregnant women (n=40) followed at Centro Hospitalar Universitário São João (Portugal). Data of triceps, biceps, subscapular, and calf skinfold thickness were collected using Lipowise and Harpenden calipers and the results between them were compared.

Results: The ICC for variability in skinfold thickness measurements have good reliability for biceps (r= 0.877, P< 0.001) and calf (r= 0.885, P<0.0001) and excellent reliability for triceps (r= 0.961, P<0.001) and

subscapular (r= 0.958, P<0.0001), with 95% CI. Bland Altman plot showed a high degree of agreement between the $\Sigma 4$ skinfolds measured with Lipowise and Harpenden caliper. A paired-sample t-test presented non-significant (P>0.05) mean differences between $\Sigma 4$ skinfolds for Lipowise and Harpenden results.

Conclusions: Lipowise demonstrated high accuracy, reliability, and no parallax error when compared to the Harpenden caliper. Further studies are needed to reinforce the use of calipers in monitoring obese pregnant women.

P0264 | PREMATURE RUPTURE OF MEMBRANES: RISK FACTORS AND COMPLICATIONS

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.8 SAFETY AND SURVEILLANCE OF OBSTETRIC CARE

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Objectives: To identify risk factors of premature rupture of membranes (PROM) among pregnant women as well as its complications.

Methods: This was a retrospective descriptive study over a three-month period. Women admitted to our maternity hospital for premature rupture of membranes were included. We collected 62 women.

Results: Parturients with PROM were between 20 and 40 years old. The PROM was pre-term in three cases. They were multiparous in 60 % of cases (n=37/62). One percent was rural resident (n=1/62). One parturient was smoking. A history of preterm delivery was found in 4% of these parturients (n=3/62). A low-lying placenta was found in 4% of parturients (n=3/62). The baby was a macrosomia in 8% of cases (n=5/62). The complications of PROM observed were four preterm births and three cases of chorioamnionitis. Delivery was by cesarean section in 32% of cases (n=20/62). Neonatal respiratory distress was noted in 9 newborns. five newborns were transferred to a neonatal unit for further management.

Conclusions: The results of the study suggest that obstetric history and the risks of the current pregnancy are incriminated in premature rupture of the membranes.

P0265 | IMPACT OF MATERNAL BODY MASS INDEX ON MATERNAL AND FETAL OUTCOMES

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.5 OBESITY AND OBSTETRICS

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Objectives: To study and determine the impact of maternal body mass index on maternal and fetal outcomes in an urban referral center.

Methods: 375 pregnant women whose BMI was taken in the first trimester and delivered in Obstetrics and Gynecology department during the period of June 2018 - May 2019 were included in the study. Demographic details including age, height and weight were noted, those with maternal and fetal complications were taken as cases and the others as controls. calculations were carried out as per Asia-pacific BMI.

Results: Among all the study population 4% were underweight, 27% were normal BMI, 19% were overweight and 50% were obese. Obese and overweight BMI categories had high rates of LSCS. Incidence of, GDM was 9.6%, gestational hypertension was 10.93%, IUGR was 5.06% in the whole study population and these outcomes were statistically significant. Underweight category had high incidence of IUGR (28%) and was statistically significant.

Conclusions: Abnormal BMI in pregnancy is associated with adverse maternal and fetal outcomes like GDM, gestational hypertension and large for gestational age babies and underweight BMI subjects had high adverse outcome of FGR. Hence pre-pregnancy counseling by obstetricians plays a major role in achieving normal BMI before pregnancy for good feto-maternal outcomes.

P0266 | EXPERIENCES OF PREGNANT WOMEN WITH COVID-19 IN BRAZIL: A QUALITATIVE STUDY

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: The COVID-19 pandemic raises health and emotional concerns. It is important to understand health outcomes for pregnant women, including their emotional experience. We aimed to understand the experience of women infected with COVID-19 during pregnancy, regarding their feelings during the illness, their relationships, and the influence of social media.

Methods: We conducted a qualitative study among 22 women infected with COVID-19 during pregnancy in a tertiary hospital during the first wave of the pandemic in Brazil (May-August 2020). We applied semi-directed interviews, sociodemographic and health data sheets, and field diaries. We built the sample purposefully. Interviews were audio-recorded and transcribed verbatim. We used thematic analysis and discussed data considering the health psychology framework.

Results: We created five categories following a timeline perspective, from before infection to the experience after recovering. Pregnant women were resistant to believing the diagnosis. They described a fear of serious symptoms or death, concerns about the fetus, sorrow from being isolated, and worries about stigma. Family relationships were ambiguous, generating either support or tension. The

attachment to the health team through telemedicine or support during hospitalization produced a feeling of security.

Conclusions: Participants psychologically denied the COVID-19 diagnosis and did not accomplish isolation properly, even upon medical recommendations. The illness may produce a traumatic experience, regardless of mild or severe symptoms, but family/friend support and contact with the health team helped them to cope. We offer important insights for the clinical approach and future research, emphasizing that infected pregnant women require emotional support.

P0267 | FACTORS INFLUENCING ADHERENCE WITH APPOINTMENTS FOR GESTATIONAL DIABETES TESTING AND EXPERIENCES OF PREGNANT WOMEN WITH OGTT

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: Classically, diagnostic and treatment protocol for gestational diabetes mellitus (GDM) require booking, test preparation, and follow-up assessments. We assessed the factors influencing adherence to appointments for GDM testing and experiences with performing oral glucose tolerance test (OGTT).

Methods: In this convergent parallel mixed-methods study, we recruited 817 pregnant women from five antenatal clinics in Ghana. After obtaining their demographic and health data, they were booked for 2-h OGTT between 24-28 gestational weeks. We estimated the odds of returning for the test. In the qualitative phase, we telephone-interviewed 166 women to ascertain why they failed to report and finally, explored the experiences of 60 postpartum women regarding OGTT.

Results: Of 817 pregnant women booked, 490 (59.97%) reported of which 446, 445 and 435 completed fasting plasma glucose, 1-hour and 2-hour OGTT, respectively. Odds of reporting were maternal age above 35 years (aOR: 3.56, 95% CI:1.49-8.47), secondary education (aOR: 3.21, 95% CI: 1.19-8.69), formal sector employment (aOR: 2.02, 95% CI: 1.16-3.51), having same-sex children (aOR: 4.37, 95% CI: 1.98-9.66), receiving care in a tertiary hospital (aOR:0.46, 95% CI:0.22-0.96), rural dwelling (aOR: 0.53, 95% CI: 0.34-0.85) and being overweight (aOR: 0.45, 95% CI: 0.25-0.78). Experiences with the test were thematized into feelings about the procedure, test acceptability, professionalism and information on the test.

Conclusions: 40% of participants booked for 2-h OGTT did not return but those we did found the test generally acceptable. Health worker interaction regarding test procedure should be driven by both clinical and woman-centered sensitive sociocultural underpins.

P0268 | CEREBRAL VENOUS THROMBOSIS IN PUERPERIUM: A CASE REPORT

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: To describe clinical and neuroradiological findings in a patient with postpartum cerebral venous thrombosis (CVT).

Methods: Case report of CVT in puerperium, after a postdural puncture headache (PDPH).

Results: We present a case of an obese (BMI 43kg/m²) eighteen-year-old woman, whose pregnancy occurred without relevant complications, with a normal vaginal delivery at 40 weeks and 6 days. During epidural analgesia, there was an unintentional dural puncture (UDP) with the patient presenting headaches that worsened in orthostatism and were relieved in dorsal decubitus. PDPH was diagnosed and treated with an epidural blood patch, being the patient discharged asymptomatic. The next day she was readmitted with worsening persistent headache, without postural character, refractory to analgesic therapy. A CT venogram was performed, since the symptoms were not suggestive of PDPH, revealing cortical vein filling deficit immediately adjacent to the upper longitudinal sinus. An MRI venogram confirmed a superior sagittal sinus thrombosis. Anticoagulation with therapeutic dose of enoxaparin was started. Blood tests were normal including thrombophilia, prothrombotic or autoimmune disorders. The patient was discharged medicated with rivaroxaban, with no neurological sequelae. Two months later, the patient remained asymptomatic, without pathological findings on neurological examination.

Conclusions: Puerperium and obesity are risks factors for thromboembolism including CVT. UDP is also a risk factor for CVT due to decreased intracranial pressure. In a puerperal woman with previous UDP and with refractory headache/with ambiguous characteristics/ neurological signs, CVT should be considered as a differential diagnosis.

P0269 | PHYSICAL ACTIVITY IN PREGNANCY: BELIEFS AND BENEFITS

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.8 SAFETY AND SURVEILLANCE OF OBSTETRIC CARE

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Objectives: To clarify some misconceptions and beliefs of pregnant women about sport in order to promote physical activity (PA) in pregnancy.

Methods: This was a retrospective descriptive study over a two-month period (February and March 2019), using an anonymous questionnaire. Fifty-five Tunisian women who had delivered at least one child were included.

Results: Almost half of the women were between 30 and 40 years old (47%, 26/55). The women had a higher level of education in 87% of cases (n=48/55). The women were working in 77% of cases (n=42/55). The population practiced sports outside of pregnancy with an age range of 25-35 years in 47% of cases. Twenty-six of the women (47%, n=26/55) practiced sports during their pregnancies. The women were encouraged by their midwives in 36% of cases (n=20/55). The most common sports activities were walking in 22% of cases and jogging in 24% of cases. The main reasons for not exercising were lack of time and fear of complications. The number of premature deliveries was almost the same in sportswomen as in sedentary women. The rate of episiotomy was higher in the sedentary women. Twelve active women had endured the pain. The practice of sport during pregnancy had a positive influence on the psychological state and psychological state and mood of all the sportswomen.

Conclusions: Pregnancy is a time of relaxation and rest according to most pregnant women in Tunisia. Many interventions are needed to promote PA in this population.

P0270 | ECTOPIC PREGNANCY IN A PREVIOUS CESAREAN SCAR

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.3 OPERATIVE OBSTETRICS

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Objectives: This article aims to present the case of an ectopic pregnancy in a previous cesarean scar and its clinical complications and to perform a small literature review

Methods: JLFM, 37 years old, G2P1A0, with a history of cesarean section for 8 years, admitted with vaginal bleeding, gestational age of 9 weeks. Ultrasonography found the absence of fetal heartbeat and findings suggestive of pregnancy in a cesarean scar, which was confirmed by magnetic resonance imaging of the pelvis.

Results: The patient was submitted to uterine curettage and evolved to massive vaginal bleeding, culminating in an urgent hysterectomy. During hysterectomy, it was possible to visualize trophoblastic invasion of the cesarean scar. The patient was discharged two days after surgery

Conclusions: There is an increased incidence of this type of ectopic pregnancy due to the increased frequency of cesarean sections performed. Symptoms such as abdominal pain and discomfort, vaginal bleeding are common in ectopic pregnancies in general. Dosage of the serum BHCG fraction and imaging tests assist in the diagnosis. Ectopic pregnancy in a previous cesarean section may have as its differential diagnosis: spontaneous abortion and cervical pregnancy. The therapeutic approach can be pharmacological with methotrexate, or surgical such as hysteroscopy, laparoscopy and laparotomy. Uterine curettage should not be indicated as a treatment in this situation due to the high rate of failure to remove trophoblastic tissue and the high frequency of serious complications.

P0271 | A PROSPECTIVE STUDY OF COMPLICATIONS OF CAESAREAN SECTION AND ASSOCIATED FACTORS IN RURAL HOSPITALS IN CAMEROON (SUB-SAHARAN AFRICA)

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.3 OPERATIVE OBSTETRICS

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Objectives: Describe materno-foetal complications of caesarean section in a rural sub-Saharan African setting.

Methods: A prospective study was conducted in three hospitals in West-Cameroon from February 1st to April 30th, 2021. 120 women

were included. Five categories of parameters were collected: i) sociodemographic and obstetrical characteristics, ii) geographic and financial access, iii) diagnostic procedures, iv) operative and post-operative details and v) materno-foetal complications. Logistic regression was used to assess associations with materno-foetal complications.

Results: Group 5 of the Robson's classification was the most frequent (35.0%) followed by groups 1 (17.5%) and 3 (17.5%). Rates of maternal and foetal complications were 11.7% (14/120) and 14.2% (17/120), respectively. Maternal complications were: hemorrhage (4.2% (5/120)), surgical site infection (3.3% (4/120) and post spinal anaesthesia headache (4.2% (4/96)). No maternal death was recorded. Apgar's scores were below 7 in 14.2% (17/120) of cases including 6 (5.0%; 6/120) intrapartum deaths. On bivariate analysis, the following factors were associated with maternal complications: uterine scar (cOR (95%CI): 4.86 (1.43 - 16.59) and group 5 of the Robson (cOR (95%CI)): 3.98 (1.24 - 12.80). On bivariate analysis the following factors were associated with Apgar's score below 7 (cOR (95%CI)): 3.10 (1.07 - 8.91) and all except group 5 of Robson (cOR (95%CI)): 0.21 (0.05 - 0.97). After multivariate analysis, none remained associated neither to maternal nor foetal complications.

Conclusions: Rates of materno-foetal complications of caesarean sections are high in rural Cameroon, uterine scar and group 5 of Robson's classification are associated factors. Specific preventive actions are needed.

P0272 | CHALLENGES AND BARRIERS TO OPTIMAL MATERNITY CARE FOR RECENTLY MIGRATED WOMEN IN NORWAY - A MIXED-METHOD STUDY

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: Migrant women are at increased risk for complications related to pregnancy and childbirth, possibly due to inadequate access and utilisation of healthcare. Recent migrant women constitute a vulnerable group who can face challenges in adapting to a new country. We aimed to identify challenges and barriers recently migrated women face in accessing and utilising maternity healthcare services in Oslo.

Methods: In this mixed-method study, we included recently migrated (≤ 5 yrs) pregnant women born in low- or middle-income countries. We conducted 20 in-depth interviews at maternal health-centres

and 401 face-to-face questionnaire interviews post-partum at hospitals in Oslo. Afterwards, we triangulated with 7 in-depth interviews with midwives. Using thematic analysis, themes were extracted after careful consideration and consensus between the researchers.

Results: Four main themes of challenges and barriers faced by the migrant women were identified: navigating the healthcare system, communication, psychosocial factors and expectations of care. Within the four themes we identified a range of challenges, both on individual and structural levels, such as limited knowledge about available healthcare services, unmet needs for interpreter use, limited social support and conflicting recommendations for pregnancy-related care. Several of the challenges were related to vulnerabilities not directly related to maternal health.

Conclusions: A combination of individual, structural and institutional barriers hinder recent migrated women in achieving optimal maternal healthcare. Suggested strategies to address the challenges include improved provision of information about healthcare structure, increased use of interpreter services, appropriate psychosocial support and strengthening diversity- and intercultural competence training among healthcare personnel.

P0273 | ROLE OF MENTORING AND SUPERVISION AND PERIODIC AUDITS FOR IMPROVING QUALITY OF ANTENATAL CARE IN RAJASTHAN INDIA

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: To demonstrate a model with strategies for transfer of learning for improving provider competence and resources at ANC platforms by onsite mentoring and supervision visits (MSVs) and periodic audits (PAs) in 125 facilities of Rajasthan under Born Healthy Program.

Methods: MSV tool was developed to track essential resources at various ANC platforms, along with adequacy norms for essential resource. Structured mentoring plan was integrated in these visits. PA tool was developed to assess adherence to ANC practices by providers. Both interventions had accompanying comprehensive standard operating procedures (SoPs). MSVs were conducted monthly and PAs quarterly. Mentoring was customized based on competency assessment and PAs followed up with action plan based on gaps found.

Results: From May 2018 to Jan 2021, more than 2067 onsite MSV contacts and 792 PA visits conducted, with average of 12 MSVs and 5 PAs at each site. Adequacy of essential drugs increased from 68%

to 96%, Test Kits from 41 to 78% and essential equipment from 72 to 91%. Improvements in key ANC practices included maternal and fetal assessment from 62% to 84%, Hb & BP measurements 88% to 92%, maternal infection screening 68% to 81%, and prevention and management of anemia 68% to 82%. Mean composite score showed overall improvement by 31.3%. Mentoring components have been incorporated in proposed supervisory mechanism by Government.

Conclusions: Structured MSVs combined with a periodic audit mechanism seems to be an effective strategy to improve and monitor quality of ANC services.

P0274 | FACTORS INFLUENCING THE ROUTE OF DELIVERY

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: To explore the influencing factors associated with mode of delivery in women of childbearing age.

Methods: This was a retrospective descriptive study over a five-year period (2015-2019). They were included women admitted to our maternity hospital for the onset of labor. A random draw of 40 parturients from each trimester for representativeness of the sample. We collected 803 women.

Results: The average maternal age of parturients delivered by cesarean section was higher than that of the vaginal delivery population (30.74 vs 29.08 years). The difference was statistically significant ($P=0.007$). The cesarean section rate did not seem to increase with the parity ($P=0.111$). The majority of parturients with a scarred uterus had delivered by cesarean section (92.5%) versus 20.1% in the control population. ($P<0.001$) The parturients with hypertension had delivered by caesarean section in 66.7% of cases 25% in the normotensive group with a statistically significant difference. ($P<0.001$) A fetal weight of 4000 grams or more was found in 47 cases, 66% of which were born by cesarean section and 34% by vaginal delivery. For eutrophic newborns, delivery was by cesarean section in 44% of cases. The difference was statistically significant ($P<0.001$).

Conclusions: The main predictive factors for cesarean delivery in our study were maternal age superior or equal to 30 years, a history of scarred uterus, hypertension and macrosomia.

P0275 | THE KNOWLEDGE, ATTITUDES AND PRACTICES (KAP) TOWARDS COVID-19 PANDEMIC AMONG PREGNANT WOMEN IN A TERTIARY CARE HOSPITAL KARACHI, PAKISTAN

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.4 INFECTIONS IN OBSTETRICS

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Objectives: The aim of this study was to evaluate knowledge, attitudes and practices (KAP) of pregnant women during Covid-19 pandemic in a tertiary care hospital.

Methods: This cross-sectional study was conducted at Aga Khan University Hospital, Karachi, Pakistan. KAP towards Covid-19 was assessed using 21-item questionnaire. A score for each category was calculated and points were summed. The outcome variables of KAP were compared with demographic characteristics. Data were analyzed by using SPSS19.

Results: A total of 377 patients participated in the study. Majority of the patients were multiparous (36.8%) in the age group of 30-40years (42.4%). More than 90% patients were aware of symptoms and correct mode of disease transmission. Although, 74% pregnant women had awareness that asymptomatic patients can transmit infection, 46% patients presumed disease association with vertical transmission. Similarly, 40% pregnant women were aware for risk of congenital malformations whereas 54% patients considered that breastfeeding is safe in mild disease. Regarding attitude and practices, 90% patients were anxious about fetal and personal safety whereas 98% were using facemask regularly, 95% practiced hand sanitizers and 87% were maintaining social distancing. Additionally, 93% patients reported avoiding social gatherings. Univariate and multivariable linear regression analysis showed statistically significant results among demographics variables (age, parity, family members, occupational status and source of information).

Conclusions: Pregnant patients demonstrated inadequate knowledge regarding impact of COVID-19 on pregnancy. However, more than 90% patients demonstrated positive attitude and practices on preventive measures during pandemic. Therefore, effective efforts for pregnant women awareness regarding COVID19 during pregnancy are needed on regular basis.

P0276 | COST-EFFECTIVENESS ANALYSIS OF A QUALITY IMPROVEMENT PROGRAM TO REDUCE CESAREAN SECTIONS IN BRAZILIAN PRIVATE HOSPITALS: A CASE STUDY

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: To conduct an economic analysis of two models of care - the model following the recommendations of the quality improvement project called "Adequate Childbirth Project (ACP)", which aims to reduce cesarean sections without clinical indication based on non-clinical interventions, and the current standard of care model in Brazilian private hospitals.

Methods: Cost-effectiveness analysis conducted in one of the Brazilian private hospitals participating in the ACP, including 238 puerperal women. The main outcome was the proportion of cesarean section. Secondary outcomes included maternal and neonatal complications and maternal satisfaction with childbirth care. We used total cost of hospitalization for women and newborns, from the perspective of the health insurance company, during the length of the observed hospital stay.

Results: The ACP model of care resulted in a 56.9 percentage point reduction in the cesarean section probability (88.6% vs 31.7%, $P < 0.001$) and an increase in the total cost of US\$ 67,346.25, which implies an incremental cost-effectiveness ratio of US\$ 1,183.59 per avoided cesarean section. Women in the ACP model of care had a higher proportion of spontaneous and induced labor and a lower proportion of early term births. There were no maternal, fetal or neonatal deaths and no significant differences in cases of maternal and neonatal near miss.

Conclusions: The ACP model of care was cost-effective in reducing cesarean sections in women assisted in a Brazilian private hospital. Moreover, it reduced the frequency of early term births and did not increase the occurrence of severe negative maternal and neonatal outcomes.

P0277 | CLINICAL OUTCOME OF PREGNANCY WITH COVID-19 IN MALAYSIA: RETROSPECTIVE CASE SERIES
 THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.4 INFECTIONS IN OBSTETRICS

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Objectives: To report a case series of pregnant women with Coronavirus disease (COVID-19) infection in Malaysia.

Methods: This is a retrospective study of pregnant women who attended a tertiary centre from March 2020 until February 2021, involving those confirmed positive COVID-19. The clinical information was obtained from admission until discharge. Descriptive analysis and Independent T-test were used to analyse the data.

Results: There were 704 pregnant women with positive COVID-19 with mean age was 30.13 (SD 4.907) years old included. The majority (94.2%) was either under Category 1,2 or 3. There were 30 women in Category 4 and 11 women in Category 5. The commonest presenting symptoms were cough and runny nose (42.9%), followed by anosmia (26.0%) and fever (24.1%).

Pulmonary embolism (PE) was diagnosed in 3.4% of women, and 2.6% required ICU admission. There was a significant difference in mean gestation between women who had PE and those who didn't ($P=0.002$) and between women who had ICU admission and those who didn't ($P=0.002$). The average gestational week for women who developed PE and required ICU admission was 5.22 weeks and 3.84 weeks, respectively, more advanced than those who didn't. One mortality due to ARDS secondary to COVID-19 pneumonia was also reported.

Fifteen percent had delivered before discharge, and 89.9% of them delivered by LSCS. Only one baby had positive COVID-19 postnatally.

Conclusions: Pregnant women are at risk of getting COVID-19 infection. Despite the low incidence of maternal and neonatal morbidity and mortality, close monitoring is crucial, particularly those at advanced gestation.

P0278 | PROFILE OF PATIENTS ADMITTED WITH SEPSIS IN AN INTENSIVE CARE UNIT OBSTETRIC
 THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.4 INFECTIONS IN OBSTETRICS

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Objectives: maternal sepsis is a life-threatening condition defined as organ dysfunction resulting from infection during pregnancy, childbirth, post-abortion or postpartum period. We aim to describe the clinical and epidemiological profile of patients admitted with sepsis in an intensive care unit obstetric.

Methods: a case study, retrospective, qualitative and quantitative approach and explanatory character; were investigated patients with sepsis admitted to the intensive care unit obstetric Evangelina Rosa Maternity, Teresina, Brazil, from January 2012 to December 2014. The variables analyzed were: age, origin, mode of delivery, probable etiology, parameters the inlet (heart rate, blood pressure, temperature, leukocyte and hemoglobin levels), complications and surgical approaches.

Results: We identified 33 admissions for sepsis, 20 caused by direct obstetric causes: 15, puerperal sepsis and 5 per abortions. Among indirect obstetric causes, a predominance of pneumonia (10 cases). Other causes were: appendicitis (1), urinary tract infection (1) and sacro-ileitis (1). The average age was 26 and most were coming from cities in the state. 74 % of the patients underwent cesarean section. Tachycardia, leukocytosis and anemia were found in 70%, 45% and 60% of patients, respectively. 15 % of patients had hyperthermia or hypothermia. Septic shock occurred in 12% of patients. Complications occurred in 48.5% of patients and 12,1% died. Surgical approaches occurred in 42.4% of patients.

Conclusions: The obstetrics sepsis affects predominantly young women and has a high morbidity and mortality. A more detailed understanding of this group of patients contributes to the current knowledge of the disease management.

P0279 | IRON SUPPLEMENTATION DURING PREGNANCY: FACTS AND BENEFITS
 THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.8 SAFETY AND SURVEILLANCE OF OBSTETRIC CARE

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Objectives: To evaluate the reality of iron supplementation during pregnancy as well as its value.

Methods: This was a retrospective observational cross-sectional descriptive study conducted over a three-month period. Women who delivered a singleton in our maternity hospital and whose blood count was performed within 24 hours before delivery were included. Five hundred of the parturients were included.

Results: Pregnancy follow-up was performed by a gynecologist in 62.8% of cases. The average age of the parturients was 29.2 years. They were primipara in 48% of cases. For menstrual blood loss evaluation, thirteen-point eight percent of them (n=69/500) had a Higham score more than 100. Geophagy was noted in 6.4% of the population. Daily tea drinking was adopted in 21.8% of cases. The prevalence of anemia was 29.4%; it was microcytic hypochromic in 65% of cases and mild in 73%. Martial supplementation was used in 81% of women (n=405/500). The most commonly used iron molecule was ferrous sulfate (66%). Parturients were poorly compliant in 28% of cases. The prevalence of anemia among supplemented women was significantly lower (25.7%) compared to 45.3% among non-supplemented women ($P<0.005$). However, an abnormally high hemoglobin level was observed in women supplemented ($P<0.005$), as well as a higher prevalence of gestational hypertension ($P=0.8$) and gestational diabetes ($P=0.3$).

Conclusions: The prevalence of anemia in pregnancy is decreasing. The systematic supplementation with martials has greatly contributed to this. but this supplementation is not risk-free.

P0280 | OPTIMIZATION OF THE TECHNIQUE OF TOTAL HYSTERECTOMY SURGERY FOR ATONIC OBSTETRIC BLEEDING

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.3 OPERATIVE OBSTETRICS

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Objectives: To optimize the technique of total hysterectomy in atonic obstetric bleeding to improve the outcome of the operation.

Methods: The analysis and evaluation of the results were carried out in a retrospective and prospective groups with atonic obstetric bleeding in the period from 2015 to 2020 on the basis of Perinatal Center in Urgench, Khorezm region of the Republic of Uzbekistan.

Results: We observed 208 patients with atonic bleeding. Out of these, 102 (49.0%) pregnant women comprised a retrospective group with a total blood loss of 1840.0 ± 30.0 ml ($P<0.05$) and a prospective group of 106 (51.0%) with a blood loss of 1730.0 ± 50.0 ml ($P<0.05$). In the retrospective group, all patients with atonic bleeding underwent a total hysterectomy using the traditional method, with an interoperable blood loss of 970.0 ± 90.0 ml ($P<0.05$) and a surgery duration of 92.0 ± 4.0 min ($P<0.03$). In the prospective group, an optimized version of the total hysterectomy operation was used, which differs from the traditional one in applying one "hemostatic suture" to all three formations (the fallopian tube, the own ligament, and

the round ligament). The optimized version of total hysterectomy resulted in a reduction in interoperable blood loss by an average of 360.0 ± 30.0 ml ($P<0.05$) and a reduction in the time of the operation itself by 23.0 ± 2.0 minutes ($P<0.03$), thereby improving the outcome of the operation.

Conclusions: The optimized version of total hysterectomy improved the outcome of the operation by reducing the interoperable blood loss.

P0281 | MOTHER'S MENTAL HEALTH IN TIMES OF THE COVID-19 PANDEMIC: CONSEQUENCES OF GIVING BIRTH ALONE

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: In times of the Covid-19 pandemic obstetric departments often have visiting bans: Women give birth alone and/or need to deal with the partner's absence during the first days postpartum. We analyze the effect of giving birth alone on the mental health of mothers few days postpartum.

Methods: The first study part comprised 27 mothers who gave birth alone due to complete visiting bans. The second, ongoing study section, includes mothers who delivered with partners, but were alone in the obstetric unit after childbirth (Actual N=190). Partners were also included. We assessed postpartum anxiety, depression, traumatic stress symptoms (PTSS) and general well-being with standardized questionnaires (HADS, IES, WHO-5) and used a self-developed questionnaire for evaluating distress and beliefs related to the visiting bans. Mental health of women with vaginal delivery (VD) and caesarean section (CS) was compared.

Results: After giving birth alone, nearly 50% of mothers reported a low well-being, 30% were affected by anxiety and PTSS. Women with CS suffered more except for depression (nearly 50% were anxious, 50% had PTSS). In the self-ratings they feel more angry, frustrated and helpless. Data of the second study part will be analyzed in the next months.

Conclusions: Giving birth alone due to Covid-19 pandemic visiting restrictions leads to enhanced prevalence of anxiety and PTSS as well as lower well-being. The effects are stronger for mothers after CS. Visiting bans in obstetric departments should be reconsidered in the context of the high impact on mental health. More psychotherapeutic support is strongly suggested.

P0282 | DIFFERENT OUTCOMES ASSOCIATED WITH THE SARS-COV-2 INFECTION ON THE THIRD TRIMESTER OF PREGNANCY: A CASE SERIES
THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.4 INFECTIONS IN OBSTETRICS

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Objectives: COVID-19, caused by SARS-CoV-2, has already resulted in more than 178 million infections worldwide and 500 thousand deaths in Brazil. This study aims to evaluate the clinical behavior of the disease during the different pregnancy stages and to assess its consequences on pregnancy outcomes.

Methods: This analysis was based on medical records obtained from a University Hospital in Vitoria, Brazil, in March of 2021, comparing the cases of four hospitalized pregnant women, all in the third trimester of pregnancy and with a SARS-CoV-2 RT-PCR positive result.

Results: Two of them had preterm birth, one 27-years-old with no comorbidities, the other 41-years-old presenting systemic arterial hypertension and type 2 diabetes. Furthermore, the other two pregnancies were full-term, they were, respectively, 27 and 29-years-old and both had gestational diabetes mellitus. Also, during hospital admission, all four tested positive for SARS-CoV-2 by RT-PCR. Those with full-term pregnancies had 66.6% fewer respiratory symptoms than the preterm pregnancies and were treated with antibiotics, anticoagulation therapy, corticosteroids, and transferred to the Intensive Care Unit, undergoing orotracheal intubation and emergency c-section. On the other hand, the other two didn't require any of these treatments or supplemental oxygen.

Conclusions: The patients with lower pregnancy stages tended to develop more severe complications during hospitalization, resulting in serious clinical manifestations. Further studies are needed to fully understand the presentation of the SARS-CoV-2 infection in pregnant women and to develop procedures that will allow better evaluation of clinical parameters, such as pregnancy stages, which may be associated with the outcome.

P0283 | IMPACT OF THE USE OF GESTATIONAL BETAMETHASONE ON THE LEVELS OF M2 MACROPHAGES IN BREAST MILK
THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: Antenatal corticosteroid therapy in preterm births increases the level of cytokines in the colostrum, which may be associated with an increase in M2 macrophages. The objective is to evaluate the mRNA expression of CD206 and CD163, markers of the M2 macrophages, in colostrum of mothers of preterm infants using antenatal corticosteroid therapy.

Methods: We invited women admitted in a referral hospital after childbirth between 2017 and 2019. After signing the informed consent form, we collected the milk for evaluation by PCR. Those with chronic use of corticosteroids, with lupus, type 1, type 2 and gestational diabetes, rheumatoid arthritis, chronic or gestational arterial hypertension, and with a higher BMI (24,9) were excluded. RNA extraction, cDNA synthesis, and quantitative PCR were performed to quantify the transcription of CD206 and CD163. Based on data by Zimmerman et al, 30 cases (use of betamethasone during pregnancy) and 30 controls (without use of betamethasone during pregnancy) were necessary. For the analyses, the Graph Prism 6 software was used, and the Shapiro normality test was applied, with $p < 0.05$ in both.

Results: The expression of CD206 and CD163 increased by 474% and 222% in the case group compared to the control (respectively $P=0.0001$ and $P=0.0015$).

Conclusions: Use of corticosteroid therapy during pregnancy increases M2 macrophages, probably via TGF β . To understand the clinical implications of this increase and the impact on newborns and mothers, further studies are needed.

P0284 | MATERNAL AND PERINATAL OUTCOMES IN PRIMIPAROUS WOMEN WITH A BOOKING BMI EXCEEDING 50KG/M²
THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.5 OBESITY AND OBSTETRICS

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Objectives: To describe obstetric outcomes in primiparous women of booking BMI > 50kg/m².

Methods: A Cohort study included all primiparous women (n=48) that gave birth between 2015-2019 in Flinders Medical Centre and had a booking BMI >50kg/m². Outcomes were collected from patient records. The aim of the study was to describe pregnancy outcomes and examine factors influencing the mode of delivery using direct logistic regression. Pregnancies of multiple gestation (n=2) and terminations for severe congenital malformations (n=2) were excluded.

Results: The mean booking BMI was 53.7 kg/m² (SD 4.05) and mean maternal age was 30.4 years (SD= 5.7). Common co-morbidities included asthma (43%), essential hypertension (20%) and gestational diabetes (61%). Ultrasonography was reported to be suboptimal in 80% of morphology scans. Induction of labour was common, occurring in 95% of women, with spontaneous onset of labour in only 2 women. There were 9 elective caesarean sections (CS), 5 of which were for breech presentation. Those who intended on vaginal delivery (n=35), 51% (n=18) had a CS. In these women, the risk of CS increased by a factor of 1.36 for every 1-point increase in BMI > 50. The average gestational age was 37.5 weeks (SD 2.4) with 14% (n=6) experiencing preterm deliveries. The incidence of babies born > 90th percentile for gestational age was 15 (34%) and two cases of shoulder dystocia were reported.

Conclusions: Within this high-risk cohort, women experience high rates of operative birth and an increase in BMI significantly increases the risk of emergency CS.

P0285 | PREVALENCE AND ASSOCIATED FACTORS OF SELF-MEDICATION DURING PREGNANCY

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.8 SAFETY AND SURVEILLANCE OF OBSTETRIC CARE

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Objectives: to assess the prevalence and associated factors of self-medication during pregnancy on antenatal care follow-up at the Maternity and Neonatology Center in Rabta of Tunis.

Methods: This was a prospective descriptive study among pregnant women hospitalized at the Maternity and Neonatology Center in Rabta of Tunis, during the month of February 2020 through an interview based on an anonymous questionnaire. We solicited fifty women.

Results: The most represented age group was between 20 and 30 years old, i.e., 42% of the population (n=21/50). They had a primary education in 32% of the cases (n=16/50). They were living at home in 76% of cases (n=38/50). They were pauciparous in 44% of cases (n=22/50). The pregnancy was not well followed in only 8% of cases (n=4/50). Women were in their third trimester of pregnancy in 76%

of cases (n=38/50). Forty-six percent (n=23/50) of the women had already used self-medication during their pregnancy. Paracetamol was the main medication taken (n=11/23). Headache was the most frequent reason found (n=10/50). Twenty-eight women (56%) received information about the risks of self-medication during pregnancy. The main source of information was family and friends (n=11/50, 39%). Seventy percent (n=35/50) of the women would have liked to have an information sheet about prohibited medications during pregnancy.

Conclusions: The prevalence of self-medication among pregnant women in Tunisia is high. Health care providers involved in prenatal care should raise this topic during consultations in a clear and succinct manner.

P0286 | PREVALENCE OF ASYMPTOMATIC SARS COV-2 CARRIERS IN AN OBSTETRIC DEPARTMENT IN THE NORTHEAST OF MEXICO

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.8 SAFETY AND SURVEILLANCE OF OBSTETRIC CARE

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Objectives: Determine the asymptomatic carrier prevalence and clinical characteristics of SARS COV-2 positive obstetric patients at an academic medical center in the northeast of Mexico.

Methods: A cross-sectional study was conducted. Medical records of all patients admitted to the obstetrics department between April 2020 and July 2020 were reviewed. The total cohort was divided into two groups according to SARS COV-2 status: negative and positive. Data were analyzed through descriptive statistics. This study received Institutional Review Board (IRB) approval prior to data collection.

Results: A total of 684 records were analyzed. All patients were screened prior to admission using RT-PCR testing. 626 (91.5%) patients were included in the negative group and 58 (8.4%) in the positive group. 75.9% of positive patients were asymptomatic at initial evaluation. Only 1 patient that was initially asymptomatic developed symptoms of mild COVID-19 disease during management. In the symptomatic group, the most common reported symptoms were fever (57%), cough (50%), dyspnea (50%), and headache (42%). Notably, only 7 symptomatic patients were initially admitted for COVID-19 disease management.

Conclusions: The majority of the patients in the positive group were asymptomatic at admission and throughout the course of their

inpatient stay. Asymptomatic patients who are not screened routinely as part of safety protocols represent a risk to the well-being of both the patient and hospital staff. Further research is needed to characterize the cost and benefit of universal screening in our country to develop appropriate preventive strategies that ensure safe obstetric patient care.

P0287 | SYPHILIS IN BRAZILIAN PREGNANT WOMEN

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.4 INFECTIONS IN OBSTETRICS

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Objectives: To know the syphilis detection rate in pregnant women in Brazil.

Methods: Descriptive, retrospective and cross-sectional study on syphilis in pregnant women in Brazil from 2010 to 2019 with analysis of data collected from the SUS Health Information System (DATASUS).

Results: The number of syphilis cases in pregnant women showed a gradual increase in the period from 2010 to 2018, showing a slight reduction in 2019. The detection rate of pregnant women with syphilis for every 1,000 live births was 3.5 in 2010 to 21.5 in 2018 and 20.8 in 2019. During the study period, 332,951 cases of syphilis were reported in pregnant women, with the majority aged between 20 and 29 years old (52.8%) and mixed race (48.5%). In relation to the clinical phase, a greater detection of primary syphilis was observed in 2010 (37.6%), decreasing to 25.1% in 2019, while the latent phase increased from 14.8% in 2010 to 37.8% in 2019. In the same way, it happened with the gestational trimester of the diagnosis, in which 1st trimester was the least frequent in 2010 (21.7%) becoming the most frequent in 2019 (38.7%).

Conclusions: Syphilis in pregnant women has increased its detection rate over the past 10 years. The higher frequency of diagnosis of syphilis in the latent phases and in the 1st gestational trimester, may be the result of improvements in prenatal care, agreeing with the importance of it in maternal care.

P0288 | BREECH BIRTH: BETWEEN RECOMMENDATIONS AND RELUCTANCE OF OBSTETRICIANS

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: The aim of this study was to assess the breech delivery practice.

Methods: A descriptive retrospective study was conducted in our department (a third level maternity center) during 8 years. We included all the breech presentation confirmed through clinical and sonographic exam. We excluded patients with scarred uterus and a breech presentation.

Results: 450 women had breech presentation pregnancies with a mean age of 28.6 years. 50.7% of early labor C-section was performed in 50.7% of our patients and the majority of which (73.68%) were for primiparous with breech presentation. A vaginal breech delivery was attempted for the rest of our patients and only 16.22% needed C-section in labor (acute fetal distress, labor dystocia). Only one case of entrapment of the after-coming head was recorded during vaginal breech delivery and in which we used forceps. There was no serious trauma, and the 5-min Apgar score was 8. No case of neonatal death has been registered.

Conclusions: In view of insignificant difference in the fetal and maternal outcome, balanced decision about mode of delivery on a case-by-case basis will go a long way in improving both fetal and maternal outcome. Regular drill and conduct of vaginal breech delivery should be pursued in all maternity hospitals.

P0289 | USE OF CONDOM AS INTRAUTERINE BALLOON IN MANAGEMENT OF POSTPARTUM HEMORRHAGE CASE SERIES

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: The aim is to reflect a trial of using the male condom as an intrauterine balloon to manage two cases of postpartum haemorrhage in a resource-recourses country, Sudan.

Methods: In the lack of resources, we faced a top emergency, postpartum haemorrhage, successfully managed with the intrauterine

balloon. Fill it with normal saline and lifted there for at least 24 hours with close monitoring and observation.

Results: Case one: A 43-year-old woman with a history of essential hypertension and dilated cardiomyopathy, a primary infertility plan initially for IVF, had a spontaneous uneventful pregnancy with a history of open myomectomy for large fibroids two times. She planned for an elective cesarean section with the possibility of a morbid adherent placenta. She developed severe PPH, all management steps for management of her condition were not succussed. She randomized to the women's trial and received the tranexamic acid, but she was still bleeding. Then we tried the intrauterine balloon, fortunately, the bleeding stopped, and her condition improved.

Case two: A 41-year-old woman with four previous scars deliveries and adherent placenta. After delivery, she developed severe PPH. Intra-uterine balloon inserted and succussed in stopping the bleeding. All the initial measures were applied as well as randomized into women's trials

Conclusions: To deal with postpartum haemorrhage, using these samples just effective methods to reduce surgical interventions and hysterectomy. Decrease in morbidity and mortality due to avoidable causes. The intrauterine balloon could be an option for the management of PPH, especially in resource-limited countries.

P0290 | THE PREVALENCE OF ABNORMAL GLUCOSE TOLERANCE AT 4 - 12 WEEKS POSTPARTUM AMONG WOMEN WITH GESTATIONAL DIABETES IN VIETNAM

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: to determine the incidence of impaired glucose tolerance with a 75-gram glucose-2-hour assay (ADA 2016) in 4-12 weeks after births among women with GDM and risk factors.

Methods: A prospective longitudinal study was conducted from August 1st, 2019 to March 30th, 2020. The participation included 186 GDM women giving deliveries at People's Gia Dinh Hospital, re-examined and tested 75 grams of Glucose - 2 hours during the 4-12- week postpartum period.

Results: 1. Diabetes: 5.90%, 95% CI [2.50 - 9.30]; abnormal fasting blood glucose: 17.20%, 95% CI [11.70 - 22.60]; 2-hour blood glucose disorder: 16.68% 95% CI [11.40-22,10]. 2. By multivariate regression analysis, 05 related factors increase the risk of abnormal postpartum GTT, including: Insulin treatment in pregnancy, OR=4.52; 95% CI [1.70-11.98]; Preterm birth OR=3.28; 95% CI [1.10 - 9.9]; abnormal prenatal 75-gram glucose test results (Fasting, 1- hour, 2- hour blood sugar) with sequentially OR=3.49; 95% CI [1.53 - 7.98]; OR=2.98; 95% CI [1.35 - 6.59]; OR=3.00; 95% CI [1.31 - 7.06].

Conclusions: It should perform glucose tolerance test for all postpartum women with GDM.

P0291 | PERINATAL MORTALITY AUDITS AND REPORTING OF PERINATAL DEATHS: SYSTEMATIC REVIEW OF OUTCOMES AND BARRIERS

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.8 SAFETY AND SURVEILLANCE OF OBSTETRIC CARE

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Objectives: This systematic review aimed to study peer-reviewed literature regarding factors affecting reporting of perinatal mortality (PM) and implementation of PM audits in middle/high-income countries. Risk factors for PM identified through auditing, and outcomes or measures stemming from PM audit findings were also reviewed.

Methods: PubMed, EMBASE and EBSCO host, including Medline, Academic Search Complete and CINAHL Plus databases were searched for articles published from 1st January 2000-2020. Articles evaluating PM audits or their implementation, identifying risk or care factors related to PM through audits, in middle and/or high-income countries were considered for inclusion in this review. Twenty articles met inclusion criteria.

Results: Incomplete data, nonstandard data collection methods and classifications, and inadequate staff training were highlighted as barriers to PM audit reporting and implementation. The main substandard care factors identified through audit included: failure of timely detection and management of fetal growth restriction, diabetes and hypertensive disorders, and late presentation or failure of escalation to a higher level of care. Overall, recommendations for improving PM audit focused on standardised audit tools and training of staff. However, there was a lack of clear information in the studies on whether audit recommendations had been implemented.

Conclusions: This review highlights barriers to audit practices and emphasises the need for adequately trained staff to implement and participate in regular audit that has a standardised and thorough process. To achieve the goal of reducing perinatal mortality, it is crucial that the audit cycle is completed with continuous re-evaluation of recommended changes.

P0292 | UTERUS PRESERVATION VERSUS CAESAREAN HYSTERECTOMY IN MANAGEMENT OF PLACENTA ACCRETA SPECTRUM: A MULTICENTER INTERNATIONAL STUDY

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.3 OPERATIVE OBSTETRICS

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Objectives: To compare peripartum outcomes of uterus preserving procedures to caesarean hysterectomy in women with placenta accreta spectrum (PAS), and to identify risk factors associated with adverse maternal outcomes.

Methods: PAS-ID is an international multicenter database that includes retrospective data of women with PAS who were managed in 11 centers from 9 countries between January 1st, 2010 and December 31st, 2019 were included. Women who had confirmed diagnosis with PAS with adequate documentation and follow-up, were considered eligible. Primary outcome was massive PAS-associated perioperative blood loss (intraoperative blood loss \geq 2500 ml, bleeding associated massive transfusion protocol, or complicated by disseminated intravascular coagulopathy). Admission to intensive care unit (ICU) presented our secondary outcome. Multivariable logistic regression was conducted, and results were presented as adjusted odds ratios (aOR) and 95% confidence interval (CI).

Results: Out of 797 women, 727 were eligible for the study. Five hundred ninety-two (81.43%) women were managed by uterus

preserving procedures versus 135 (18.56%) who underwent caesarean hysterectomy. After adjustment for significant or close-to-significance variables, type of management was not associated with higher risk of massive blood loss (aOR 1.47, 95%CI 0.64-3.38) or admission to ICU (aOR 1.31, 95%CI 0.57-3.02). Other factors that were significantly associated with higher risk of massive PAS-associated blood loss included body mass index, preoperative hemoglobin, centrally located placenta, diffuse placental invasion, parametrial invasion, and intrauterine fetal death.

Conclusions: In the presence of sufficient experience, uterus preserving procedures may not be associated with higher risk of massive blood loss compared to cesarean hysterectomy.

P0293 | INCIDENCE AND MANAGEMENT OF THIRD- AND FOURTH-DEGREE PERINEAL TEAR IN A UNIVERSITY TEACHING HOSPITAL

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: To assess the incidence and management of obstetric anal sphincter injury (OASI) among patients who delivered vaginally at a University Teaching Hospital.

Methods: A retrospective study was conducted on all patients who delivered vaginally over a one-year period at Swansea-Bay University Hospital. Inclusion criteria was defined as patients who sustained an OASI during vaginal birth in 2017-2018. Those who sustained non-OASIs during a vaginal birth or delivered by caesarean section were excluded. All patients who sustained OASIs were followed up with an endoanal scan at 6 weeks.

Results: 2079 total vaginal deliveries occurred, of which 92 (3.6%) sustained an OASI. 1769 were spontaneous vaginal deliveries, of which 65 (4.4%) received an OASI. 310 instrumental deliveries occurred, of which 27 (8.7%) sustained an OASI. Out of 92, 45 patients received an endoanal scan at 6 weeks. 36 out of 45 (80%) patient scans revealed the absence of OASI (over-diagnosis). 9 patients out of 45 (20%) were shown to have OASI on scan. 7 out of these 9 patients showed no defects left behind whilst 2 out of 9 patients were shown to have defects on scan.

Conclusions: OASI is a performance indicator of obstetric practice. Our rate of OASIs is 3.6% which is higher than the UK rate of 2.9%. However, this correlates with recently rising national rates. Failure to identify correct anatomy could explain the over-diagnosis and defects following primary repair. Systematic assessment and reporting are a crucial part of OASI management in order to prevent long-term morbidity and litigations.

P0294 | PROSPECTIVE AND RETROSPECTIVE STUDY ON THE SIGNIFICANCE OF VTE RISK ASSESSMENT DURING ANTENATAL AND POSTNATAL PERIOD

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: This study was conducted to emphasize the importance of VTE risk factor assessment in both pregnancy and puerperium. Based on the total score, thromboprophylaxis was given.

Methods: This is a prospective and retrospective study conducted at Muslim Maternity and Children's Hospital, Hyderabad during the month of march, 2021. It included 100 antenatal and 100 postnatal patients. Detailed past medical, surgical and relevant family history was obtained, and risk score was given accordingly. VTE Scoring was done based on the RCOG guidelines (2015).

Score \geq 4 antenatally, thromboprophylaxis was given from the first trimester.

Score = 3 antenatally, thromboprophylaxis was given from 28 weeks.

Score \geq 2 postnatally, thromboprophylaxis was given for at least 10 days.

Results: In antenatal group, thromboprophylaxis was given from

- 1) 1st trimester in 1 patient (1%) as the total score = 4.
- 2) From 28 weeks for 2 patients (2%) as the total score = 3.
- 3) No complications noted so far.

In postnatal group, thromboprophylaxis was given -

- 1) For 10 days in 15 patients (15%) as the total score was \geq 2.
- 2) No signs and symptoms suggestive of VTE were noted at the follow up visit.

Conclusions: This study concludes that VTE risk factor screening in pregnancy and puerperium should become mandatory. This reduces the risk and prevents fatal complications associated with venous thrombosis and thus helps in reducing maternal morbidity and mortality in a bigger picture.

P0295 | OBSTETRICS AND NEONATAL OUTCOME FOLLOWING PRURITIC URTICARIAL PAPULES AND PLAQUES OF PREGNANCY (PUPPP)

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: Pruritic urticarial papules and plaques of pregnancy (PUPPP) complicates 0.07-0.3% of pregnancies. PUPPP increases maternal and perinatal morbidity including preterm deliveries and a higher rate of caesarean sections. The aim of this study is to identify the risk factors and clinical presentation of PUPPP by comparing the characteristics, maternal and perinatal outcome of 78 patients with PUPPP versus 83 non-PUPPP.

Methods: This retrospective cohort study was conducted in patients diagnosed with PUPPP, who delivered between 2013 to 2018 at the Royal Brisbane and Women's Hospital, Australia. Other dermatological conditions were excluded in this study.

Results: PUPPP rash was mostly diagnosed clinically, which may require no treatment, antihistamine or steroids. PUPPP was strongly associated with parity, with markedly increased risk in nulliparous women, PUPPP 64.1%, Non-PUPPP 38.6% (OR: 2.8; 95% CI: 1.3-5.8). Women with PUPPP were more likely to develop antenatal complications compared to controls: 66.7% in the PUPPP group versus 14.5% in the control. Women with PUPPP were more likely to have a Caesarean section compared to controls (OR: 4.6; 95% CI: 2.2-9.7). There was no statistical difference between the 2 groups in postpartum complications. There was a higher rate of neonatal admissions (SNC/ ICN) in the PUPPP group but there was no statistical difference between the 2 groups in birthweights, gender, APGAR scores.

Conclusions: PUPPP is a debilitating and rare dermatological condition with a high obstetric intervention rate resulting in adverse perinatal and maternal outcome. Early diagnosis and management of PUPPP might improve the outcome.

P0296 | MATERNAL OBESITY AND OBSTETRICAL OUTCOMES: A PROSPECTIVE STUDY OF 300 CASES

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.5 OBESITY AND OBSTETRICS

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Objectives: To evaluate the influence of obesity on maternal outcome during pregnancy, labor, delivery and in the post-partum period.

Methods: This study is a prospective cohort study carried out in the department of gynecology and obstetrics of the Hedi Cheker University Teaching Hospital and conducted during a period of six months. We included 300 women classified into normal (n=100), overweight (n=100), and obese (n=100) categories according to WHO classifications based on maternal pre-pregnancy BMI. Obstetrical outcomes were compared between the three groups.

Results: Mean age of patients increased significantly with increasing BMI category. Obesity was associated with higher rates of induction of labor (29% vs 11%, $P=0.001$), augmentation of labor (52 vs 38%, $P=0.047$) and prolonged labor (18% vs 8%, $P=0.036$). Obese women had higher rates of instrumental (8% vs 2%, $P=0.036$) and cesarean deliveries (35% vs 15%, $P=0.001$) than normal weight women, and a greater likelihood of developing post-partum hemorrhage (12% vs 4%, $P=0.037$), infectious complications (13% vs 4%, $P=0.022$), and perineal tears (11% vs 3%, $P=0.027$), with a longer post-natal hospital stay (mean duration of 2,71 days vs 1,41 days, $P<0.05$). Compared to normal weight group, newborns born to obese women were more likely to weigh more than 4000g (5% vs 21%, $P=0.001$), to have a lower 5-minute Apgar score (mean score of 9,78 vs 9,01, $P=0.025$) and to be admitted to the neonatology department (11% vs 26%, $P=0.006$).

Conclusions: Obesity during pregnancy is associated with increased maternal and neonatal morbidity.

P0297 | ACCEPTABILITY OF A MOBILE CLINICAL DECISION SUPPORT SYSTEM (SMARthealth PREGNANCY) FOR COMMUNITY HEALTH WORKERS IN RURAL INDIA TO SCREEN, REFER & COUNSEL PREGNANT WOMEN AT HIGH RISK OF FUTURE CARDIOMETABOLIC DISORDERS

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: To evaluate the acceptability of a complex intervention for pregnant women at high risk of future cardiometabolic disorders in rural India.

Methods: In a pilot cluster randomised controlled trial involving four primary health centres in two diverse rural districts of India, community health workers (CHWs) were trained to deliver home-based screening and counselling for anaemia, hypertensive disorders of pregnancy (HDP) and gestational diabetes (GDM), using a theory-informed, mobile clinical decision support system (SMARthealth Pregnancy). Two hundred pregnant women were randomised equally to enhanced standard care or SMARthealth Pregnancy. A qualitative process evaluation using in-depth interviews (IDIs) and focus group discussions (FGDs) was conducted, with a purposive sample of women and CHWs. Data were analyzed using a framework approach.

Results: Sixty-one participants participated in five FGDs and seven IDIs. The intervention was acceptable to CHWs, and perceived by women to improve quality of care. The healthcare team valued the intervention as a means of improving data entry and record-keeping. CHWs perceived improvements in their professional worth, knowledge and clinical skills.

Conclusions: SMARthealth Pregnancy is an acceptable model of home-based care facilitating ongoing postpartum follow-up for women at high risk of future cardiometabolic disorders. Further work should focus on providing screening and management to women in the years after a high-risk pregnancy to prevent premature cardiovascular disease.

P0298 | ANEMIA, PERINATAL OUTCOMES, AND THE CHALLENGE OF FOLLOWING ADOLESCENTS IN THE PREGNANT-PUERPERAL CYCLE: A PROSPECTIVE COHORT STUDY

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: Considered a public health problem, pregnancy in adolescence is a risk for gestational anemia, increasing the risk of adverse perinatal outcomes. Thus, this study aims to describe anemias prevalence and its relation with previous conditions and perinatal outcomes, among adolescents in the pregnant-puerperal cycle.

Methods: A prospective cohort of adolescents was followed up three times during pregnancy and once postpartum. Collected data included sociodemographics, pre-pregnancy weight, body mass index (BMI), age at menarche, current smoking habits, and alcohol consumption. Weight was measured at all points. Birth data and perinatal outcomes were collected from medical records. Variables are described as the mean, standard deviation, frequency, and percentage. Univariate and multiple logistic regression analyses were performed, with significance at 5%, using SAS 9.4.

Results: A total of 150 pregnant adolescents were included, with a mean age of 15.45 ± 1.35 years. Among adolescent participants 47.37% (63) had anemia, and age younger than 15 years was associated with a 2.28-fold increased anemia risk (odds ratio [OR]=2.28; 95% confidence interval [95% CI]=1.05-5.30; $P=0.049$). Adolescents with anemia had lower pre-pregnancy weight ($P=0.007$). No association was found between neonatal outcomes and anemia.

Conclusions: Anemia was more common among pregnant adolescents younger than 15 years, and with lower pre-pregnancy weight. Nutritional orientation to prevent anemia and adverse perinatal outcomes should be provided to all pregnant adolescents.

P0299 | THE SUCCESSFUL REGRESSION OF PLACENTA LEFT IN SITU IN AN ADVANCED ABDOMINAL PREGNANCY

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.3 OPERATIVE OBSTETRICS

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Objectives: Management of the placenta in abdominal pregnancy is difficult because of major bleeding may occur during surgery related to placental separation. This study aims to see whether treatment

by leaving the placenta in situ and giving methotrexate produces a better outcome

Methods: Woman, 33 years old, was diagnosed with 20-21 weeks advanced abdominal pregnancy. Laparotomy was performed, the placenta is seen implanted in the lateral wall of the peritoneum, it was left in situ. Follow-up was carried out at the Outpatient Clinic periodically for one year with the administration of methotrexate regimens for follow-up of beta-HCG levels, and follow-up of placental size.

Results: After one year, there was a total regression of placental up to 80% and beta-HCG was no longer detected. Patient is also free of complaints.

Conclusions: Methotrexate is an alternative treatment option for patients with placental in situ abdominal cavity in advanced abdominal pregnancy.

P0300 | ABDOMINAL ECTOPIC PREGNANCY: A CASE REPORT

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: Case report

Methods: -

Results: We report a case of a female of 26 years of age, gestations 2, abortion 1, that went to the emergency department presenting an ultrasound compatible with an abdominal pregnancy of 13.4 weeks of gestation, measured by crown-rump length, with fetal cardiac frequency of 150 and present fetal movements. A Human chorionic gonadotropin fraction-B was performed reporting 108,510 mIU/ml, an abdominal magnetic resonance was performed reporting a gestational sac in the peritoneal cavity, above the uterus fundus, measuring 10.4 x 8.0 x 5.1 cm. Inside a unique fetus was found, of 13.4 weeks of gestation, with a fetal cardiac frequency of 160 implanted above the uterus fundus, with absence of free liquid. An exploratory laparotomy was performed, reporting uterus of 8 x 6 x 4 cm, presence of an ectopic abdominal pregnancy with extension of the placenta to the right uterine tube and multiple adhesions from the omentum to the posterior face of the uterus, and from the sigmoid colon to the left uterine tube.

Conclusions: Ectopic pregnancy with a peritoneal gestational sac above the uterus, placenta with lost interface with the left uterine tube. Exploratory laparotomy reports presence of abdominal ectopic pregnancy with extension of the placenta to the right uterine tube, with multiple adhesions from the omentum to the posterior face of the uterus.

P0301 | THE EFFECT OF CESAREAN DELIVERY ON NEONATAL NEAR MISS DURING THE NEONATAL PERIOD: A SYSTEMATIC REVIEW AND META-ANALYSIS STUDY

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.7 NEONATAL CARE

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Objectives: This study attempted to determine the effect of cesarean section delivery on neonatal near miss during the neonatal period.

Methods: This systematic and meta-analysis study assessed articles through electronic and non-electronic data sources. Our search included all published and unpublished studies conducted 5 years before November 30, 2019, that were written in the English language. The findings from the articles were extracted using a data extraction template (Microsoft Excel/Word 2016). The analysis was performed using comprehensive meta-analysis. The heterogeneity of the findings among studies was checked with the quantity I² test statistic. Publication bias was checked by the funnel plot, Begg's test, and Egger's test. The overall pooled relative risk (RR) was computed with an associated 95% confidence interval. This study used a random-effect model.

Results: This systematic and meta-analysis study identified 690 studies from different sources on the review topic. However, only 8 studies met the inclusion criteria and were included in the analysis. Out of eight studies included in the review, six studies indicated a significant association between cesarean delivery and a neonatal near miss. The overall pooled relative risk of caesarean delivery rate on neonatal near-miss was 44% (95% confidence interval, 1.16-1.78).

Conclusions: Cesarean section was found to increase the risk of neonatal near-miss in developing countries. Special emphasis on pregnant mothers during the prenatal, intra-partum, and post term periods can reduce the indication for cesarean section, which can also play a great role in minimizing the risk of a neonatal near miss.

P0302 | USE OF CHITOSAN TAMPONADE (CELOX) IN PPH

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.3 OPERATIVE OBSTETRICS

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Objectives: Postpartum hemorrhage (PPH) is still one of the leading causes of maternal mortality worldwide. Recently effective PPH therapy with uterine packing with the chitosan-covered gauze Celox was shown. This databased retrospective case-control study compares the therapy success of the chitosan tamponade with that of the balloon tamponade and medical therapy only.

Methods: All women who delivered at a university hospital between May 2016 and May 2019 with PPH were included. Based on the applied therapy, women were divided into three groups: medical therapy only, balloon tamponade and chitosan tamponade. The groups were compared in terms of therapy success, side-effects and reasons for PPH. Primary outcome was the need for surgical/radiological measures including hysterectomy, secondary outcomes were differences in hemoglobin levels, duration of inpatient stay, admission to intensive care unit, number of administered blood products and inflammation parameters.

Results: 666 women were included in the study. 530 received medical therapy only, 51 the balloon tamponade and 85 the chitosan tamponade. There were no significant differences in the need for surgical therapy, but a significantly lower number of hysterectomies in the chitosan tamponade group than in the balloon tamponade group. There were no relevant differences in secondary outcomes and no adverse events related to the chitosan tamponade. Since the introduction of chitosan tamponade, the number of PPH related hysterectomies dropped significantly by 77.8% (P -value=0.037).

Conclusions: The chitosan tamponade Celox is a promising treatment option for PPH. It reduces the postpartum hysterectomy rate with less side effects compared to the balloon tamponade.

P0303 | DOPPLER EVALUATION OF THE UTERINE VASCULARITY AFTER BILATERAL UTERINE ARTERY LIGATION FOR INTRAOPERATIVE HEMORRHAGE IN CASES OF PLACENTA PREVIA

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.3 OPERATIVE OBSTETRICS

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Objectives: To evaluate the effect of bilateral uterine ligation (BUAL) used for management of intraoperative hemorrhage due to placenta previa on the subsequent uterine blood flow.

Methods: A cross sectional study included women managed by BUAL during cesarean section (CS) after intraoperative hemorrhage due to placenta previa in a tertiary university hospital. A control group of women delivered by CS for other indication with no intraoperative hemorrhage was included. Patients were scheduled for follow-up after three and six months after CS. Doppler evaluation of the blood flow indices in the uterine arteries was performed by an expert sonographer. Additionally, the diameter of the main uterine arteries was measured.

Results: The study cases were 47 women and 50 women were included in the control group. At three months, the mean uterine artery diameter was significantly higher in the control group than the study group (3.62 ± 0.88 vs. 2.91 ± 0.70 mm for the right, 3.52 ± 0.37

vs. 2.91 ± 0.70 mm for the left, consecutively, $P=0.0001$ for both). The mean pulsatility index was significantly lower in the study group (1.64 ± 0.70 vs. 2.69 ± 0.87 , $P=0.001$), while no difference between groups regarding the resistance index. At six months, there was no difference between both groups regarding the uterine artery diameter and Doppler indices.

Conclusions: BUAL used for management of placenta previa decrease the uterine artery diameter and uterine blood flow at three months after CS. However, this effect is not evident at six months

P0304 | PREVALENCE AND RISK FACTORS OF POST-TRAUMATIC STRESS DISORDER TWO MONTHS AFTER VAGINAL DELIVERY: A MULTI-CENTER PROSPECTIVE STUDY

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: To assess the prevalence and identify characteristics associated with a PTSD two months after a singleton vaginal delivery at or near term.

Methods: Ancillary cohort study of the TRAAP randomized controlled trial, conducted in fifteen French maternity units between 2015 and 2016. Women who underwent vaginal delivery after 35 weeks of gestation were enrolled. After randomization, the characteristics of labor and delivery were prospectively collected. PTSD profile and PTSD diagnosis were assessed two months after childbirth by two validated self-administered questionnaires (IES-R and TES).

Results: Questionnaires were returned by 2740/3891 and 2785/3891 women for the IES-R and the TES, respectively (70.4% and 71.6% response rate). Prevalences of PTSD profile and PTSD diagnosis were, respectively, 4.3% (95%CI 3.6-5.2%) and 1.6% (95%CI 1.2-2.1%) with the IES-R, and 4.9% (95%CI 4.1-5.8%) and 0.4% (95%CI 0.2-0.8%) with the TES. Characteristics associated with a higher risk of PTSD in multivariate analysis were vulnerability factors - notably young age, migrant status and psychiatric comorbidities - and obstetric factors - notably induced labor (aOR 1.5 95%CI 1.0-2.2), postpartum hemorrhage ≥ 1000 mL (aOR 2.0 95%CI 1.0-4.2) and bad memories of delivery at day 2 postpartum (aOR 4.5 95%CI 2.4-8.3) all with the IES-R -. Results were similar with the TES scale.

Conclusions: PTSD following childbirth is not rare after singleton vaginal delivery at or near term. Screening targeted on risk factors and the use of a simple question assessing women's memories of childbirth may help identify women at risk of PTSD who could benefit from early intervention.

P0305 | CHRONIC ECTOPIC PREGNANCY: CHALLENGES IN DIAGNOSIS OF ENCYSTED PELVIC HAEMATOCELE

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.3 OPERATIVE OBSTETRICS

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Objectives: The aim of our work was to bring out, the features of diagnostic particularities of encysted pelvic haematocele.

Methods: We report the clinical, radiological and biological features of 16 cases of chronic ectopic pregnancy (CEP) with encysted pelvic haematocele. Medical records were reviewed from radiological data base between 2012 to 2017 at the department of obstetrics and gynecology of Ben Arous hospital Of Tunisia.

Results: The mean age of patients was 33-year-old. Their chief complaints were pelvic pain 93% (n=15), menometrorrhagia 57% (n=9) and amenorrhea 25% (n=5). Pregnancy tests were positive in 12 patients, and negative in 4 cases. In all patients, an empty uterus with endometrial decidualization was seen on transvaginal sonography. A complex adnexal mass was revealed in all patients. An extra uterine solido-cystic mass complex was found in 81% (n=13) of cases. In two cases (12.5%), solid hyper echoic adnexal mass was seen. Two patients (6.25%), presented with large heterogeneous cystic mass with fine scattered echoes and several floating walls ranging near to the pouch of Douglas. An urgent pelvic Magnetic resonance imaging (MRI) confirmed the diagnosis in five patients, having a discrepancy of clinical, sonographic and laboratory features.

Conclusions: CEP is of interest to any practitioner because it can easily be missed, with potential life-threatening consequences. When in doubt, MRI is the investigation of choice to confirm diagnosis.

P0306 | NOVEL TECHNIQUE OF MANAGEMENT OF ATONIC PPH WITH PANICKER SUCTION CANNULA

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: To demonstrate successful use of Panicker suction (PS) cannula to control Atonic PPH as a fast, cost-effective, and simple technique.

Methods: This is a retrospective observational study done from 2016 to 2020 in a small low resource private hospital. In this period -53 patients developed refractory atonic PPH and PS cannula was used along with standard management. 28 women had vaginal delivery, 3 vacuum-assisted delivery, and 12 had Cesarean section

(LSCS). Hemoglobin difference, need for blood transfusion, cesarean hysterectomy, and referral to higher center was analyzed. PS cannula functions on the concept of creating a vacuum as it has small fenestration in 25cm long with 12mm diameter cannula which has uterine angle to fit snugly inside uterine cavity, this helps the uterus to contract as well as retract very quickly and effectively when it is attached to suction machine with 650mmHg pressure.

Results: Among these 53 women, average fall of Hemoglobin was 2.1 ± 0.67 gm/dl, blood transfusion was done in 3, none of them required a cesarean hysterectomy, and referral to higher center was done for 1 woman with HELLP syndrome.

Conclusions: PS cannula is a simple, effective, and very low-cost method to control Atonic PPH. It has a very small learning curve, can be used by midwifery, and may prove to be a boon for all kinds of set-up including regions where accessibility of multi-modality treatment is far away and thereby will help in reducing maternal morbidity as well as mortality.

P0307 | ANALYSIS IN THE RESOLUTION OF PREGNANCY THROUGH THE ABDOMINAL ROUTE IN PREGNANT PATIENTS WITH SARS-COV 2 INFECTION AT THE NATIONAL INSTITUTE OF PERINATOLOGY

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: Determine the impact of SARS-COV 2 infection on pregnancy and their way of resolution, being one of the main ones the abdominal delivery.

Methods: A prospective cohort study of patients treated at the National Institute of Perinatology was carried out, performing RT-PCR for coronavirus diagnosis for research purposes consecutively. 2614 cases of women who resolved their pregnancy from April 2020 to May 2021 were analyzed, identifying the abdominal resolution route in positive and negative patients.

Results: 2614 pregnant women, with a mean age of 28 years, 609 patients (23%) positive for COVID-19 were analyzed. Of which 409 delivered by abdominal route (67%), in contrast to 2,005 negative patients (77%), of which 1,090 (54%) were born by the same route. Descriptive and inferential statistics were performed. Considering $P < 0.05$ as statistically significant.

Conclusions: A risk factor for abdominal resolution is SARS-COV 2 infection, an effect that depends on gestational age, the time of infection, and the clinical decision, however, said infection is not an absolute indication for cesarean section, which that should be

considered for the management of this pathology, taking into account the maternal and fetal comorbidities that may occur during and after pregnancy.

P0308 | PERIPARTUM HYSTERECTOMY AT SVETI DUH UNIVERSITY HOSPITAL - RETROSPECTIVE ANALYSIS OF THE 25-YEAR PERIOD

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.3 OPERATIVE OBSTETRICS

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Objectives: To evaluate peripartum hysterectomy (PH) at a tertiary referral center during the 1994-2018 period.

Methods: Retrospective analysis of all patients having undergone PH included data on obstetric history, indications, maternal mortality and morbidity.

Results: During the study period, 52 PHs were performed. The incidence of PH was 0.71‰; 0.22‰ after vaginal delivery and 2.73‰ after cesarean section (CS). There were 3 (5.8%) elective PHs, indicated because of morbidly adherent placenta previa diagnosed antepartum, two of them with CS in history. Indications for emergency PH (n=49, 94.2%) were: abnormal placentation (AP) - placenta previa/morbidly adherent placenta (19/49, 38.8%), uterine atony (18/49, 36.7%), uterine rupture (6/49, 12.2%), other reasons (6/49, 12.2%). There were 41 (83.7%) early and 8 (16.3%) late emergency PHs. Thirty-six (73.5%) emergency PHs were performed after CS, 17 (34.7%) of them with CS in history. Comparison of the two consecutive periods (1994-2006 vs. 2007-2018) showed significant increase in CS rate over time; 18.5% vs. 20.5%, $P < 0.001$ (χ^2 -test, $P \leq 0.01$ was considered statistically significant). Previous CS was recorded in 19/52 (36.5%) cases having undergone emergency or elective PH (1994-2006: 7/26, 26.9% vs. 2007-2018: 12/26, 46.2%; χ^2 -test, $P = 0.33$). In these cases, AP was the leading indication for PH (10/19, 52.6%). Maternal mortality related to PH was 1/52 (1.9%). Maternal morbidity assessed by several parameters including intensive care unit admission, severe blood loss indicating blood transfusion, etc. was 100%.

Conclusions: AP was the leading cause for PH in our center, mostly due to significant increase in CS rate during the study period.

P0309 | ARE WE PROVIDING ADEQUATE CARE FOR ADOLESCENTS AND THEIR NEWBORNS IN PREGNANCY, DELIVERY, AND THE POSTPARTUM PERIOD?

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: Twelve million adolescents aged 10-19 give birth annually. A standard approach is used in the content and delivery of care for all women during pregnancy, birth and the postpartum period with no distinction based on age. This study sought to determine whether there were any differences in MNH outcomes, coverage, quality of care between adolescents and women aged 20-34.

Methods: A literature review was conducted to determine a) whether mortality and service coverage differ between adolescents (10-19) and women (20-34) and b) whether quality of care differs between adolescents (10-19) and women (20-34). Published studies and grey literature conducted in low-income countries in Africa and Asia within the last 10 years were included.

Results: Twenty-one studies were reviewed. Maternal mortality is 17-28% higher in adolescents while their babies are 1.6x more likely to die in the neonatal period. Adolescents were 1.2-1.6x less likely to seek ANC early and 1.6-2.5x less likely to complete the recommended visits. Adolescents were 1.4-2x less likely to deliver at a facility and use PNC services. In one study, only 28% of adolescents <15 years received antenatal corticosteroids compared to 52% of women aged 20-24. In another, only 49% of adolescents received all components of ANC compared to 61% and 73% of women aged 20-24 and >25, respectively.

Conclusions: Adolescent pregnancy has grave health consequences for both mother and newborn. Evidence shows that coverage and quality of essential MNH services for adolescents is inadequate and service provision should be adapted accounting for their unique vulnerabilities.

P0310 | APPENDICEAL MUCINOUS NEOPLASM DURING EMERGENCY CAESAREAN SECTION: AN UNEXPECTED DISCOVERY

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.3 OPERATIVE OBSTETRICS

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Objectives: There have been few cases of appendiceal mucinous neoplasms (AMN) reported during pregnancy. AMN have varying

malignant potential, with potential for peritoneal spread causing pseudomyxoma peritonei (PMP). Clinical presentation is indistinct, which makes pre-operative diagnosis challenging. Diagnosis and management are complicated further in pregnancy due to limited use of CT and the gravid uterus. This case describes discovery and removal of an AMN during emergency caesarean section.

Methods: A 37-year-old primiparous woman underwent emergency caesarean section for fetal distress in labour. Antenatal medical records described a ~10x5cm mesenteric cyst in the right adnexa, which was identified on CT in 2018 and again on early pregnancy dating ultrasound. Routine intra-operative check of the adnexa revealed a grossly enlarged, firm appendix. General surgery attended theatre and successfully performed a stapled caecectomy without rupture. A wide contour stapler was required due to challenging access through the Pfannenstiel incision.

Results: Post-operative recovery was unremarkable. Histopathology confirmed a low-grade appendiceal mucinous neoplasm, with an involved proximal margin. The patient is planned for general surgical follow-up, including colonoscopy and possible right hemicolectomy.

Conclusions: AMN are rare, but if missed can be fatal. Whilst not routine, intra-operative visualisation of the appendix during caesarean section may be recommended, particularly in patients with a history of abdominal pathology. If an abnormal appendix is identified, AMN is a valid differential. This report supports existing recommendations for surgical removal of AMN at the time of discovery. However, it is important to establish multi-disciplinary consensus regarding management to optimise clinical outcomes.

P0311 | MATERNAL AND NEONATAL OUTCOMES OF INDUCTION OF LABOR VERSUS PRIMARY CESAREAN IN LATE-TERM PREGNANCY

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: The aim of this study is to analyze if primary cesareans in late-term pregnancies results in better maternal and neonatal outcomes when compared with elective induction of labor.

Methods: Comparative, observational, and retrospective study, which included pregnant women with a late term pregnancy (41- 41 6/7) treated between 2017 and 2019. Two groups were analyzed: elective induction (group A) and primary cesarean (group B), the latter due to changes in hospital policies. In order to determine significant differences in the rate of neonatal and maternal complications. Descriptive statistics and the X² test were used for the analysis. Statistical significance was set at $P \leq 0.05$.

Results: The analysis included 174 women, 104 in group A vs 70 in group B. On average, maternal age was 21.8 years and mean gestational birth was 41.1 weeks. There were no significant differences between groups for maternal outcomes: hemorrhage ($P=0.2$), infection ($P=0.2$), maternal trauma ($P=0.4$), admission to intensive care unit ($P=0.3$); and for neonatal outcomes: sepsis ($P=1.0$); asfixia ($P=1.0$); neonatal trauma ($P=1.0$) and admission to intensive care unit ($P=0.5$), respectively.

Conclusions: Primary cesareans in late term pregnancies do not result in superior maternal and neonatal outcomes. We suggest trying labor induction in this group of patients in order to reduce adverse outcomes in subsequent pregnancies secondary to cesarean section. This is consistent with the guidelines about the implementation of induction of labour in this population.

P0312 | VAGINAL DELIVERY OF BOTH TWINS IN DIAMNIOTIC GESTATIONS. INTRAPARTUM PREDICTORS AND RISKS: INSIGHTS FROM A 4YR EXPERIENCE

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: To identify positive intrapartum successful vaginal-vaginal birth predictors for carefully selected DCDA+MCDA-twins with preliminary neonatal outcomes.

Methods: Retrospective practice review over a 4-year period: data analysis by Excel.

Results: Of 249 twin-deliveries, 84 DCDA and 9 MCDA twins, over 27 weeks GA, aiming for a planned vaginal delivery were identified. Overall vaginal delivery for MCDA and DCDA was 89%, 88.1%: Mean gestational age - 231.1d, 253.1d: Mean B2B time interval and weight difference was 10.55 mins; 176.11gms; 20.97mins; 241.08gms. ($P=0.016$) MCDA cohort: 3 breech extractions - well-motivated consenting spontaneous labour - 4 vertex:1 forceps delivery for 2nd twin. B2B time interval and weight difference were significant predictors. DCDA Composite: Twin 2 DCDA vertex (41.6%-35) 22.27mins, 246.6gms @253d GA. Breech (33.3%-28), Instrumental delivery (13.1%-11) and LSCS (12%-10) were 19.38mins, 214.56gms @252.5d: 21.28mins, 262gms @253.8d: 22.88mins, 262gms @253.5d, respectively. Statistical significance seen with both twin cohorts, *Breech vs LSCS: Operative vaginal delivery vs LSCS* groups in the DCDA cohort. NICU admissions in the MCDA cohort for severe prematurity-related concerns: No NND nor Perinatal death.

Conclusions: With an experienced accoucheur(s), versatile with breech extractions and instrumental deliveries, a combined safe vaginal-vaginal delivery of carefully selected Di-amniotic twins is achievable. Optimising the birth-to-birth time interval, in keeping with best practice alongside a tertiary-level Neonatal Intensive Care unit, is important. These results line up with the Twin Birth Trial.

P0313 | THE USE OF DUAL-BALLOONS MODULE TO MANAGE OF POSTPARTUM BLEEDING

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.3 OPERATIVE OBSTETRICS

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Objectives: was to evaluate the effectiveness of a controlled balloon tamponade using a Zhukovsky dual-balloon (vaginal and intrauterine module) in the management of postpartum hemorrhage.

Methods: This was retrospective case-control study in 80 women with postpartum hemorrhage. Group I included 40 patients in whom a CBT with Zhukovsky dual-balloon was used in the treatment of postpartum hemorrhage. Group II (control) consisted of 40 women, whose did not use of a balloon. The volume of blood loss was estimated by the gravimetric method.

Results: An additional organ-saving techniques were used statistically significantly more often in patients with balloon: ligation of the descending branch of the uterine artery - in 42.5% vs 15.0 ($P=0.008$) and compression sutures - in 32.4% vs 7.5% ($P=0.009$). The volume of blood loss was 990.62 ± 95.34 vs 1766.66 ± 628.61 ml ($P=0.225$), the volume of infusion-transfusion therapy was 1863.37 ± 727.53 vs 2278.5 ± 1059.72 ($P=0.747$), the frequency of blood transfusions - 40% and 57.5% ($P=0.119$) did not differ statistically significantly between the groups. The frequency of hysterectomy, respectively, was 5.0% vs 32.5% ($P=0.005$).

Conclusions: Thus, as a result of the study, it was found that the use of dual-balloon in combination with compression sutures on the uterus and ligation of the descending branch of the uterine artery, is an effective method for the management of postpartum hemorrhages and allow to reduce the incidence of postpartum hysterectomy.

P0314 | CAN FORCEPS BE ELIMINATED IN VAGINAL BREECH BY USING UPRIGHT POSITIONS AND THE "CROWNING TOUCH" MANOEUVRE?

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: One of the biggest fears of the vaginal breech is a "stuck" after coming head of the fetus and the need for potentially damaging forceps. We explore the efficacy of a technique for retrieving

the aftercoming head with the use of one, occasionally two small (female) hand(s), in combination with upright vaginal breech birth (UVBB).

Methods: This is exploratory observational research on a retrospective cohort of 266 planned vaginal breeches with four lead practitioners, in Ottawa, Amsterdam, and Oxford. We quantify interventions on a rare outcome in UVBB--a head that does not flex or turn and descend, even with the use of the Frank nudge. All authors have adopted the technique, "the Crowning Touch" - inserting fingers past the parietal eminence to rotate and flex the head. We describe the manoeuvre, examine its efficacy and required frequency.

Results: In 266 planned vaginal breech births, preliminary data demonstrate no forceps were needed, but the Crowning Touch was used 9 times (4%), with no damage to the baby's skull. No newborns went to NICU following the procedure except one preterm who died but was retrieved with the manoeuvre. 3rd lacerations occurred 3X under added mitigating circumstances.

Conclusions: In this breech cohort, on the rare occasion help was needed, inserting one hand, more precariously two, into the vagina effectively flexes, rotates, and retrieves the aftercoming head, resulting in no damage to the neonatal skull or serious damage to the maternal vagina. UVBB and the Crowning Touch show promise in eliminating the need for forceps.

P0315 | SPONTANEOUS UTERINE RUPTURE IN A PRIMIGRAVID WITH PLACENTA INCRETA

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.3 OPERATIVE OBSTETRICS

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Objectives: One of the major causes of obstetrical hemorrhage leading to maternal and neonatal morbidity and mortality is placenta accreta. The accrete syndromes, otherwise known as morbidly adherent placenta, are characterized by abnormally implanted placenta which leads to myometrial adherence, invasion or penetration. Over the years, it has increased its incidence to 1 in 533 according to the American College of Obstetricians and Gynecologists. In our institution, these cases have doubled over the past 2 years. Only 6 cases of diagnosed placenta accreta spectrum in a primigravid with no known risk factors were reported based on literature review. The aim of this report is to present the occurrence of an adherent placenta in the absence of prior risk factors and various management options which involves a multidisciplinary approach.

Methods: This is a case of primigravid on her second trimester who presented with spontaneous uterine rupture due to placenta increta which was only diagnosed intraoperatively. The patient had no known risk factors.

Results: Although fertility preservation was no longer possible in this case due to poor maternal status, the patient was discharged improved despite having massive hemorrhage.

Conclusions: Conservative management to preserve fertility can be done. However, hysterectomy is always a possibility, depending on the maternal status and degree of damage to the uterus.

P0316 | USING A SMART PHONE APPLICATION FOR PROSPECTIVE DATA COLLECTION ACCORDING TO ROBSON CLASSIFICATION IN A TERTIARY CENTRE IN SRI LANKA

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: Caesarean section (CS) rates are increasing in Sri Lanka. More than half of births will occur through CS by 2025. CS should be medically indicated to reduce maternal morbidity. Robson classification is useful in assessing the indications for CS and evaluating institutional CS rates. However, it is difficult to obtain high quality prospective data using traditional data collection methods.

Methods: RobsApp is a newly developed smart phone application designed to run on any device thus ensuring computer usability principle of BYOD (Bring Your Own Device). RobsApp was used for prospective data collection of all child births according to Robson classification. The data collection was carried out by a trained MBBS graduate at the professorial unit, De Soysa Hospital for Women (DSHW) from April to October 2019. RobsApp was able to automatically generate outputs by storing data in a MySQL database.

Results: Total study sample consisted of 1712 patients. The quality of data gathered matched the recommendations by Robson guidance. Average data entry time taken per patient was less than 2 minutes. Calculated overall CS rate was 33.0%. Majority of the CS were carried out for Robson category 5a. Breech presentation accounted for 11.6% of CS.

Conclusions: RobsApp is a convenient method for prospective data collection which allows achievement of the data quality recommended by the Robson guidance. The application can provide output without the need of further resources or input. Therefore, RobsApp is a very useful tool in auditing CS rates at institutional and national levels.

P0317 | NON-INVASIVE FETAL ECG (NIFECG) FOR INTRAPARTUM FETAL MONITORING: RESULTS OF A FEASIBILITY STUDY IN AUSTRALIA

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.6 MIDWIFERY CARE

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Objectives: Non-invasive fetal electrocardiography (NIFECG), specifically the Philips Avalon Beltless solution, was registered for clinical use in Australia in 2018. The safety and reliability of NIFECG has been demonstrated in a range of controlled studies investigating up to 2 hours of labour. This study aimed to examine the feasibility of introducing the device into routine clinical practice in Australia.

Methods: The device was trialed on 110 women labouring at term in a tertiary maternity hospital in Sydney in 2020. Survey data from midwives, trace examination and qualitative data from 15 women, 22 midwives and 5 obstetricians were analyzed to determine barriers and facilitators to implementation.

Results: Midwives reported a 73% success rate in commencing a clinically acceptable trace. Standard care with CTG was available in unsuccessful cases. Nineteen percent of women were monitored with the device throughout first stage of labour, 30% throughout part of their first stage of labour and 24% throughout labour and birth. Contraction measurement was robust in 81% of cases. Women valued the comfort and freedom of movement afforded. When the device worked well, midwives found NIFECG required less transducer adjustment than CTG, enabling more time to care for women's individual needs. Obstetricians and midwives acknowledged the benefits for women but expressed a need for greater certainty about signal reliability.

Conclusions: Stakeholder feedback about NIFECG was positive. Women were particularly enthusiastic about the comfort and freedom of movement afforded. If further technological refinements can reduce the incidence of loss of contact, widespread implementation looks promising.

P0318 | THE EFFECT OF MATERNAL HEIGHT AND RACE ON PERINATAL DEATH

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.5 OBESITY AND OBSTETRICS

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Objectives: To examine the association between maternal stature, race, and perinatal death because the effect of maternal height on

perinatal death, independent of pre-pregnancy body-mass-index (BMI), is understudied, including potential differences by race.

Methods: We conducted a retrospective cohort study using data on all singleton births in the USA, 2016-2017 (N= 7,361,713) from the National Center for Health Statistics. Race categories included non-Hispanic white, African-American, American Indian/Alaskan Native, Asian/Pacific Islander, and Hispanic. Short and tall stature were defined as <10th and >90th centile of maternal height distribution (<154.9 cm and >172.7 cm, respectively). Logistic regression was used to obtain adjusted odds ratios (AOR) and 95% confidence intervals (CI), adjusted for age, type of medical insurance, BMI, education and other risk factors.

Results: Perinatal mortality per 1000 total births was 8.58 in short women, 7.66 in tall women, and 7.60 in women of average stature. Race modified the effect of short stature. Non-Hispanic white women of short stature had higher perinatal mortality (AOR=1.24, 95% CI: 1.14-1.36) compared to average stature women. This association was attenuated in African-American and Hispanic women (AOR=1.06, 95% CI: 0.95-1.18; and AOR=1.14, 95% CI: 0.92-1.18; respectively). Tall women had lower perinatal mortality (AOR=0.92, 95% CI: 0.87-0.98) compared with average stature women irrespective of race.

Conclusions: Relative to average stature, short maternal stature is associated with an elevated risk of perinatal death independent of BMI, maternal age and education. This association is attenuated in African-American and Hispanic women. Tall stature is associated with a lower risk.

P0319 | MATERNAL NEAR MISS IN NAMIBIA: FINDINGS OF A NATIONWIDE POPULATION-BASED SURVEILLANCE STUDY

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.8 SAFETY AND SURVEILLANCE OF OBSTETRIC CARE

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Objectives: Namibia has a high maternal mortality ratio but low absolute number of maternal deaths (MD). Maternal Near-Miss (MNM) surveillance was therefore implemented into the national obstetric surveillance system by the Ministry of Health and Social Services to

assess additional benefits compared with only MD surveillance. This article presents the implementation process, identified challenges and benefits, and findings of the first 6 months of data collection.

Methods: MNM surveillance was implemented in all public hospitals in Namibia from October 2018 till March 2019. MNM was defined by criteria of the World Health Organization, adapted to the local situation. Data were collected by local staff. During facility visits staff were asked their experience with the data collection and challenges related to clinical duties.

Results: There were 37106 live births, 298 MNM (8.0/1000 live births), 23 MD (62/100,000 live births). Obstetric haemorrhage and hypertensive disorders were the commonest causes of MNM, both 92/298 (30.9%). In 13/30 district hospitals there were no, or a limited number of caesarean sections (CS) performed. CS rate per region ranged from 2.7% to 30.5%. Hysterectomy incidence was 0.6/1000 live births.

Conclusions: Namibia is one of the first middle-income countries to collect national MNM data. MNM data provided valuable insights into functioning of the maternity care system, regarding common causes but also local challenges, such as lack of access to CS and hysterectomy. MNM surveillance is useful to identify these local challenges and targeted interventions can be put in place to improve maternal outcome.

P0320 | USING THE TEN GROUP CLASSIFICATION SYSTEM TO EVALUATE CESAREAN SECTION RATES: THE RELEVANCE OF INDUCTION OF LABOR

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: To use the Ten Group Classification System (TGCS) to analyze Cesarean Section (CS) rates.

Methods: Cross-sectional study in a maternity, in Honduras. Women admitted for childbirth (August/2017 to October/2018), were classified in the TGCS. CS rate for each group and the contribution to overall CS rate was calculated, with further analyses of the induction among term primiparous (group 2a), multiparous (group 4a) and cases of previous CS (group 5.1). For comparison among CS group and Vaginal Birth group it was used Chi Square and t-Student test, considering a P value <0.05 statically significant.

Results: 4,256 women were considered, with overall 26.1% CS rate. Robson's Group 3 was the most significant in number of women, with 38.6% (1682/4356) of cases; followed by Group 1, with 30.8% (1342/4356) and Group 5 with 10.3% (450/4356). Considering the contribution to overall CS rates per group, Group 5 contributed with

30.4% (345/1136) of CS and the majority, 286/345 (82.9%) had one previous CS, with over 70% CS rate. Groups 1 and 3 with 291/1136 (26.6%) and 153/1136 (13.5%), respectively, were second and third greatest contributors to CS rate. Groups 2a and 4a had low CS rates (18.4% and 16.9%, respectively).

Conclusions: Groups 5, 1 and 3 were the main contributors to CS rate. These findings may support future interventions to reduce unnecessary CS, especially among women with previous CS.

P0321 | PREDICTIVE VALUE OF SUPAR ON CHORIOAMNIONITIS

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.4 INFECTIONS IN OBSTETRICS

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Objectives: The aim of this study was to assess and compare suPAR in vaginally obtained amniotic fluid with TNF- α for predicting chorioamnionitis.

Methods: This prospective case-control study included women who were diagnosed with preterm premature rupture of membranes before 34 weeks of gestation and were admitted to Vilnius University Hospital Santaros Klinikos. Free-leaking amniotic fluid was obtained vaginally with a sterile speculum less than 48hours before delivery. Amniotic fluid suPAR and TNF- α levels were determined by the Enzyme Linked Immunosorbent Assay. Diagnosis of chorioamnionitis was confirmed by histological examination of the placenta after delivery. The study was funded by the Research Council of Lithuania under grant No. S-MIP-19-57.

Results: The study included 156 women, 65 patients in the histological chorioamnionitis group (Group I) and 91 in a group without diagnosed histological chorioamnionitis (Group II). The median concentrations of suPAR and TNF- α in amniotic fluid were statistically significantly higher in Group I than in Group II (36.08 mcg/mL vs. 15.94 mcg/mL, 124.17 pg/mL vs. 8.64 pg/mL, respectively). SuPAR has significantly different AUC from TNF- α (0.78 and 0.91, respectively). The optimal cut-off value for the prediction of chorioamnionitis was found to be 30.08 mcg/mL with 63% sensitivity, 85% specificity for suPAR and 21.17 pg/mL with 88% sensitivity, 84% specificity for TNF- α .

Conclusions: TNF- α in vaginally obtained amniotic fluid has better predictive values for chorioamnionitis than suPAR. Further studies including amniotic fluid collection by amniocentesis are recommended to specify the accuracy of suPAR for the prediction of chorioamnionitis.

P0322 | HOW DO PREGNANT WOMEN EAT? ADHERENCE TO PREGNANCY NUTRITIONAL RECOMMENDATIONS IN ITALY

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.5 OBESITY AND OBSTETRICS

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Objectives: Nutritional quality during pregnancy is crucial for health status of mother and child and on short- and long-term outcomes. The aim of the study is to evaluate the adherence to pregnancy nutritional recommendations in Italy in pre-gestational Normal Weight (NW) and OverWeight (OW) women.

Methods: Data presented derived from a multicenter, parallel, randomized controlled trial conducted in Milan, Italy. Women with healthy singleton pregnancy were enrolled within 13+6 weeks of gestation, subdivided in NW (18-24.9kg/m²) and OW (25-30kg/m²). Dietary intake was assessed with a FFQ in each trimester.

Results: 176 women were enrolled (NW=133; OW=43). GWG did not show significant differences (NW=13.5±4.59kg; OW=14.7±7.09kg) among groups. Recommendations for calories intake were never reached (kCal I trimester: NW=2068.7±759, OW=1927.7±733; kCal II trimester: NW=1993.3±761, OW=1732.4±614; kCal III trimester: NW= 2019±783, OW=1622.1±623). Protein intake was higher than recommendations in first and second trimester in NW and always lower in OW (LARN=55g, 62g, 80g; NW=81.3±33g, 78±29g, 81.2±35g; OW=73.6±24g, 69.1±21g, 66.8±29g). Sugar percentage was always increased in both subgroups (LARN<15% vs 20.4-23.8%) while dietary fiber decreased in OW (LARN>25g vs 22.6-17.7g). Polyunsaturated fatty acids, calcium, iron and folic acid requirements were never satisfied in both groups, while sodium intake was always greater than suggested.

Conclusions: These results indicate that both NW and OW women in Italy do not adhere to nutritional recommendations during pregnancy, with lower caloric and higher protein and sugar intake. Inadequacies in micronutrients intake were also observed. Nutrition in pregnancy needs adequate survey and educational intervention as well as supplementation were indicated.

P0323 | NUTRITIONAL STATUS AND DIETARY HABITS OF THE PREGNANT WOMAN: PREGNANCY AND BIRTH

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.5 OBESITY AND OBSTETRICS

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Objectives: The aim is to evaluate the nutritional status and dietary habits of pregnant women followed at the obstetrics consultation of Portuguese Central Hospital and to identify your association with outcomes during pregnancy and birth.

Methods: A prospective observational study is based on the data collected from pregnant women (n=160) followed at the obstetrics consultation service of a central hospital. Nutritional status was assessed by pre-conceptionally BMI and the gestational weight gain and diet was assessed using a food frequency questionnaire.

Results: 59% of the women were overweight (including obesity) (≥25kg/m²) pre-conceptionally. They are the ones with the highest gestational weight gain (17,0kg) compared to women with a BMI <25kg/m² (15,5kg). The average energy intake was 2685±860 kcal, with 18,0±3,6% of protein, 45,0±7,5% of carbohydrates, and 39,2±6,8% of lipids. Only ¼ (25%) of pregnant women have good adherence to the Mediterranean diet, without differences between pregnant women with a BMI ≥ and <25kg/m² (p>0,05), on this thread. The average newborn weight was 3395±575 grams. 44% do not weigh within the recommended range and, although without statistical significance, newborns whose mothers had a BMI ≥25Kg/m², have a weight approximately 16% higher.

Conclusions: This study indicates that it is essential to better understand the risk factors associated with lifestyle that condition a healthy pregnancy and childbirth. Pregnant women with pre-pregnancy overweight appear to be a risk group for which specific nutrition programs should be developed to improve their health.

P0324 | THE CORRELATION BETWEEN SERUM CORTISOL AND INITIATION OF LABOR FOR FULL-TERM PREGNANT WOMEN

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: To investigate the level of serum cortisol in different gestational states and the relationship between cortisol and labor

initiation of full-term pregnant women. To evaluate if serum cortisol could serve as a biomarker for labor initiation and to validate the point-of-care testing method in this particular application.

Methods: A point-of-care testing platform (quantum-dot immunochromatography) was used to measure the serum cortisol concentration of participants in Chongqing, China. The control group was consisted of 61 non-pregnant women of childbearing age, whereas the 3 test groups including 70 full-term pregnant women without labor (waiting group), 30 full-term pregnant women with threatened labor (threatened labor group) and 30 full-term pregnant women with labor initiation (labor group).

Results: Compared with the control group ($7.83 \pm 4.78 \mu\text{g/dL}$), the levels of serum cortisol in waiting group ($17.7 \pm 3.75 \mu\text{g/dL}$) and threatened labor group ($18.13 \pm 4.06 \mu\text{g/dL}$) were significantly higher ($P < 0.05$). No difference was found between waiting group and threatened labor group, but the labor group has a serum cortisol concentration ($46.45 \pm 13.51 \mu\text{g/dL}$) that was significantly higher ($P < 0.05$). When the cut-off value of cortisol was $25.42 \mu\text{g/dL}$, the sensitivity for differentiating labor initiation from threatened labor women was 90%, and the specificity was 96.7%.

Conclusions: Serum cortisol level increased significantly for full-term pregnant woman compared with non-pregnant woman, but not changing much when threatened labor symptoms occurred. The sharp increase of serum cortisol level after labor initiation indicating that this hormone might serve as a biomarker for labor initiation of full-term pregnant woman.

P0325 | EMERGENCY OBSTETRIC REFERRALS TO A TERTIARY CARE MATERNITY

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.8 SAFETY AND SURVEILLANCE OF OBSTETRIC CARE

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Objectives: To analyse the patterns of emergency obstetric referrals from primary health centres to our tertiary facility and identify strategies to prevent morbidity or modify its outcome.

Methods: A prospective study conducted over a period of 2 years from 2016 to 2018. Women who had been referred on an emergency, from primary health centres during antepartum, intrapartum or within 6 weeks postpartum were included.

Results: We had 186 referral cases to our emergency obstetric unit, 49% of which were antepartum, 43% intrapartum and 8% of the women were referred after delivery. The causes of referrals were hemorrhage, breathlessness, convulsions and hypertension. Severe hypertensive disorders of pregnancy and its complications accounted for 50% of the cases. Intrapartum referrals were commonly due to obstructed labor. Postpartum hemorrhage, eclampsia and sepsis were the presenting complications in 27% of the patients. Among the emergency procedures done in our unit to prevent

women from dying, obstetric hysterectomy was done in 7%, uterine artery ligation in 10%, internal iliac artery ligation in 8%, repair of bladder injury in 2%. Blood transfusion of 3 or more units was done in 74% of the women with obstetric hemorrhage. There were 11239 live births. Among the 186 referrals there were 29 maternal deaths. Sepsis was the major cause (40%).

Conclusions: More stringent monitoring of referrals to tertiary hospitals are essential. Feedback on the complications which can be managed at the basic level primary health centre becomes necessary.

P0326 | MATERNAL NEAR MISS AND MATERNAL MORTALITY IN A TEACHING HOSPITAL IN ETHIOPIA

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.8 SAFETY AND SURVEILLANCE OF OBSTETRIC CARE

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Objectives: Women who experience a Maternal Near Miss (MNM) share pathological and circumstantial factors with Maternal Mortality (MM). MNM occur more frequently than MM making them easier to study. Recommendations drawn from evaluating MNM can be used to implement strategies to decrease MM. This study aimed to assess Severe Maternal Complications (SMC), MNM, and MM at an Ethiopian tertiary care hospital.

Methods: Cross-sectional study design was employed to prospectively collect data regarding women who presented to Ayder Comprehensive Specialized Hospital from July 1, 2018 - June 30, 2019 for any pregnancy-related care. They were included if their health conditions conformed with the modified WHO inclusion criteria for baseline assessment of quality of care for maternal near miss and mortality. A total of 691 women experienced SMC. Of these, 146 experienced MNM, and 24 MM occurred.

Results: The MNM ratio and MM ratio were 28.5/1000 livebirths and 469.1/100,000 livebirths, respectively, with overall mortality index 14%. The top underlying causes of SMC were preeclampsia ($n=303$, 43.8%), obstetric hemorrhage ($n=166$, 24.0%) and sepsis ($n=130$, 18.8%). Out of the 170 cases of MNM or MM, 24 were admitted to the ICU with ICU admission rate of 14.1 out of 100 cases - 62.5% of maternal deaths occurred without ICU admission.

Conclusions: This study highlights hypertensive disorders of pregnancy, obstetric hemorrhage, and sepsis as the top causes of maternal morbidity and mortality in our context. High rates of MNM and MM in our facility call for a re-evaluation of health systems for opportunities for improvement.

P0327 | SCARY SCAR SITE SINUS TRACT- POST CESAREAN SECTION TUNNELING WOUND, CASE REPORT

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB
2.3 OPERATIVE OBSTETRICS

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Objectives: A sinus tract often referred to as "tunneling wound" is closed at one end. It is a late post cesarean complication. A case of scar site sinus tract, its clinical presentation, evaluation and management has been reported here.

Methods: Case report- 32-year-old P2L2 with previous two Lower Segment Cesarean Sections presented with complaints of purulent discharge and pain at suture site of cesarean section, which was done six years back through supra pubic transverse incision

Results: On examination 1 x 0.5 cms discharging sinus present over scar. Swab was taken and managed with antibiotics accordingly. Ultrasound revealed irregular loculated subcutaneous collection 3x1cms at incision site. Whole sinus tract excision was planned. Intraoperatively sinus tract was found to be 4 cms deep with horizontal extension noted on probing. The probe was kept and held in the tract to ensure entire excision of the tract. Base of the tract was a bulky monofilament nylon suture knot of rectus sheath from previous surgery. Entire tract along with base of knot was excised by coring out. On follow up there was wound is healthy.

Conclusions: Sinus tract had reasons like Tuberculosis, Crohn's, deep pelvic infections, retained non absorbable sutures. Here it was retained bulky nylon suture knot that acted as a foreign body causing persistently discharging sinus.

Sinus tract need a complete assessment of extent of tract and ensure complete excision of tract along with foreign body. Incomplete excision will result in recurrence of infection.

P0328 | PERINATAL OUTCOMES IN PREGNANT WOMEN HOSPITALIZED BY COVID-19 INFECTION IN A REFERENCE HOSPITAL IN PORTO ALEGRE CITY, BRAZIL

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB
2.4 INFECTIONS IN OBSTETRICS

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Objectives: Data from Brazil reporting SARS-CoV-2 infection severity during pregnancy and possible consequences for exposed

newborns are limited. We describe clinical features, comorbidities, maternal and birth outcomes of pregnant women infected with Sars-COV-2 hospitalized at one Brazilian tertiary care referral hospital in Porto Alegre during the second peak of infection.

Methods: We prospectively collected data from SARS-CoV-2 infected pregnant women and their neonates hospitalized at Irmandade da Santa Casa de Misericórdia de Porto Alegre, Porto Alegre, Brazil, from February 15 to March 10, 2021.

Results: Eleven pregnant women diagnosed with COVID-19 fulfilled criteria for hospitalization. Median age was 37 years (22 to 38) and most of them were at the third trimester of pregnancy. Obesity, hypertensive disorders and diabetes were frequent comorbidities. Five women developed pulmonary impairment of 30%-70% and one of them required invasive ventilation. Five women (55.5%) delivered during hospitalization, all of them by cesarean-section. Pregnancies outcomes included 6 live births (including one twin), median birth weight was 1,845 g (1,148-3,332). Only one neonate was delivered at term and did not require intensive care unit. All the others presented complications mostly related to prematurity like jaundice requiring phototherapy and respiratory distress syndrome. One neonate had severe neonatal asphyxia. All infants tested negative for SARS-CoV2.

Conclusions: Our study suggests that SARS-CoV-2 infection during pregnancy might be complicated by maternal comorbidities and increases the risk of cesarean-section and of premature birth, along with its natural complications, such as low weight at birth, neonatal respiratory distress and newborn jaundice requiring phototherapy.

P0329 | BILATERAL TUBAL PREGNANCY

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB
2.3 OPERATIVE OBSTETRICS

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Objectives: The purpose of this article is to describe a case of bilateral ectopic pregnancy with the surgical outcome and to make a brief review of the literature.

Methods: JZ, 33 years old, G1 P1 A0, was admitted to the maternity hospital complaining of severe abdominal pain and vaginal bleeding. Abdominal ultrasound showed "free fluid in the abdominal and pelvic cavities in a significant amount of etiology to be clarified". Because pain refractory to pharmacological methods, exploratory laparoscopy was indicated, which was visualized with the presence of uterine tube bags gestational intact bilaterally. Due to a large amount of blood in the cavity, it was decided to convert the surgery to laparotomy and the initial diagnosis was confirmed.

Results: During the procedure, whole uterine tubes were observed, but with active bleeding from the fimbria. We opted for bilateral salpingectomy with good hemostasis after the procedure. The anatomopathological examination confirmed bilateral tubal pregnancy.

Conclusions: The diagnosis of ectopic pregnancy should be performed yearly to avoid bigger complications such as rupture of the tube. BHCG dosage combining transvaginal ultrasound is a good method. Several treatment options can be used. The choice of treatment depends largely on the state hemodynamic of the patient and the service experience.

P0330 | KEILLAND FORCEPS. USEFUL INSTRUMENT OR DANGEROUS ONE? RETROSPECTIVE STUDY

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.3 OPERATIVE OBSTETRICS

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Objectives: To check whether Keillands forceps is a useful and safe instrument or is a dangerous one?

Methods: We performed 63 Keilland forceps between September 2019-March 2021. For the purpose of the study, I checked: a) the Apgar scores of the babies, b) whether were admitted in the NICU or not, c) whether the delivery was complicated by shoulder dystocia or not, d) whether mum sustained third/fourth degree perineal tear, e) estimated blood loss after delivery, f) any injuries to the baby, g) cord gases, and h) competency level

Results: Regarding the Apgar scores, 47/63 had an Apgar score between 9-10, 10/63 an Apgar score between 7-8, and 6/63 an Apgar score between 4-6, in 1 and 5 minutes, respectively. 10/63 were admitted to NICU and only 2 of these babies needed to stay for more than 24h. 3/63 deliveries were complicated by shoulder dystocia (only 1 needed internal manoeuvres). 5/63 women sustained a third-degree tear (1 3a, 2 3b and 2 3c). 50/63 women had an EBL between 500-1000ml, 2/63 between 1000-1500ml and 11/63, >1500ml. Non injuries to babies recorded, 53/63 had a pH>7.25, 10/63 had pH <7.25, out of which 8 <7.20, and only 2 had pH <7.05; 7.01 and 7.03, respectively. All deliveries conducted either by a competent consultant or a trainee under direct supervision of a competent trainer

Conclusions: This small retrospective study shows that, Keilland forceps is safe, if performed by a competent doctor or a trainee under direct supervision of a competent trainer

P0331 | DURATION OF LABOUR FOLLOWING ZHANG'S GUIDELINE AND THE WHO PARTOGRAPH - A CLUSTER RANDOMISED TRIAL

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: To investigate labour duration in different phases of labour when adhering to Zhang's guideline for labour progression compared with the WHO partograph.

Methods: A cluster randomized controlled trial in 14 birth care units in Norway, randomly assigned to either the intervention group, which followed Zhang's guideline, or to the control group, which followed the WHO partograph, for labour progression was conducted. 7277 nulliparous women with singleton foetus in a cephalic presentation and spontaneous onset of labour at term were included. Time-to-event analysis was used to compare the duration of labour between the two groups after adjusting for baseline covariates.

Results: The adjusted median duration of labour was 7.0 h in the Zhang group, compared with 6.2 h in the WHO group; the median difference was 0.84 h with 95% confidence interval [CI] (0.2-1.5). The adjusted median duration of the first stage was 5.6 h in the Zhang group compared with 4.9 h in the WHO group; the median difference was 0.66 h with 95% CI (0.1-1.2). The corresponding adjusted median duration of the second stage was 88 and 77 min; the median difference was 0.18 h with 95% CI (0.1-0.3).

Conclusions: We observed statistically significant differences in the duration of labour between the compared groups. Understanding the variations in the duration of labour is of great importance, and the results offer useful insights into the different labour progression guidelines, which can inform clinical practice.

P0332 | VAGINAL DELIVERY AFTER TWO PREVIOUS CESAREAN SECTIONS IN RESOURCE-LIMITED SETTINGS

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: Nowadays, vaginal delivery after two cesarean sections (VBA-2C) is recommended if appropriated conditions. This reduces the cesarean-section rate and increases the maternal and neonatal prognosis. Existing studies have documented this experience in middle- and high-resource countries. However, there is a paucity of evidence from low-resource countries. This study aims to describe VBA-2C at Panzi Hospital in eastern DRC.

Methods: This is a quantitative study conducted over a period of 6 years (2015- 2020) on 532 patients who underwent uterine testing on twice scarred uterus in the maternity ward of Panzi Hospital. Data were entered using Microsoft Excel 2013 and analyzed by SPSS version 23 software.

Results: Vaginal delivery after two caesarean sections (VBA-2C) 76.1% (405) versus 23.9% (127) caesarean sections. The age of the patients was between 18 and 46 years, normal BMI (88.8%), inter-delivery interval: 18-24 months (81.7%), previous vaginal delivery (66.4%) and average prenatal visits 3.56 ± 1.0 . Clinically the average uterine height (cm) 31,12 ($\pm 2,22$), cervical dilation more than 6cm on arrival (19.9%), newborn weight 3253,53 ($\pm 474,68$). We noted good APGAR score at 5th minute (91.5%), post-partum hemorrhage (2.3%), uterine rupture (0.4%), perineal tears (3.8%). No maternal death.

Conclusions: VBA-2C is possible in low-income conditions and with acceptable success rates. Awareness of practitioners and women as well as the organization of good focused prenatal consultations will help in a good selection with the patients.

P0333 | ARE NEW-BORNS FROM RECOVERED WOMEN FROM COVID-19 DURING PREGNANCY AT RISK OF CARRYING THE VIRUS AT BIRTH?

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.4 INFECTIONS IN OBSTETRICS

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Objectives: To determine whether newborns of COVID-19 recovered mothers are born either infected or infectious.

Methods: Prospective cohort observational study. Women diagnosed with COVID-19 during pregnancy, who delivered at the University of Campinas, Brazil, during 2020 and their liveborns were included. All newborns were tested by RT-PCR for SARS-CoV-2, and full COVID-19 precautions were implemented. Since this is a newly infection, that could putatively be transmitted in-utero, and the foetus be infectious, we decided to protocol droplet (and airborne whenever needed) and contact precautions to all cases, even among recovered mothers (those infected during first, second or early third trimester).

Results: Sixty-five pregnant women with positive SARS-CoV-2 were diagnosed. Twenty-six (40%) had ongoing pregnancies. One (1.5%) miscarried and 38 (58.5%) gave birth to 41 newborns (3 twins). Fifteen gave birth during active infection, whereas 23 had recovered prior to childbirth. Forty children were isolated and screened at least once at 12 hours of life. All presented a first negative RT-PCR. One (2.5%) had the 48-hours of life sample positive, the mother was infected, asymptomatic, and refused to follow the recommendations on masking, distancing, and hand hygiene.

Conclusions: Considering the negative screening for all children at birth, of recovered cases during pregnancy, we believe that there is no increased risk of transmission after recovery. Such results were key to support change in clinical protocols and recommend no further specific precautions for such newborns. The findings reinforce the importance of distancing, masking, and hand hygiene even in asymptomatic mothers.

P0334 | A TALE OF STILLBIRTHS AT A TERTIARY CARE CENTRE IN NORTHEAST INDIA

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.8 SAFETY AND SURVEILLANCE OF OBSTETRIC CARE

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Objectives: To evaluate socio-demographic and fetomaternal factors associated with stillbirths.

Methods: Observational study conducted in Assam Medical College, India, over 1 year, which included 542 stillbirths between 24 to 42 weeks gestation. Continuous variables studied using Mann Whitney U/Independent t test. All other variables studied using Chi-square/Fisher's exact test as appropriate.

Results: Stillbirth Rate at our institution was 52.41/1000 births. Antepartum stillbirths were 67%. Mean age of mothers was 24.75 ± 4.78 years ($P > 0.05$). Most belonged to rural place of residence (62.36%, $P 0.0013$), lower socioeconomic status (31%, $p 0.046$), lacked regular antenatal check-ups (65.31% unbooked, $P 0.0142$) and traveled long distances to reach our centre (47.97% traveled > 20 kilometres). Obstetrical (28%) and hypertensive (26%) complications were commonest causes ($P < 0.05$). Most were multigravida (55.34%,

$P > 0.05$), 7.38% having had previous stillbirths. Singleton pregnancies dominated at 92.62%, with stillbirths manifesting at preterm (49.45%, $P 0.009$) with a mean birth weight of 2015 grams ($P 0.0023$) and comprised of 56.46% male fetuses ($P > 0.05$). Maceration was noted in 15.87% ($P 0.0002$).

Conclusions: Socio-demographic factors play an important role in stillbirths. Health education camps, strengthening peripheral health services and proper care for reproductive age women, can go a long way in prevention. To tackle stillbirths, one needs to detect and manage risk factors right from pre-conceptional period. Patient should be counselled regarding importance of regular antenatal check-ups and need for immediate care in case of appearance of red flag signs.

P0335 | THE PREMIE-CARE MOBILE APPLICATION FOR LMIC CAREGIVERS: DEVELOPMENT PROCESS

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.7 NEONATAL CARE

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Objectives: Without appropriate care, the lack of assistance can affect the newborn survival at the first hours after birth, mainly preterm newborns. Digital interventions have the potential to offer direct, evidence-based, and illustrated guidelines for caregivers in low and medium-income countries (LMIC). We provide insight regarding the systematic development of a mobile application (App) to prompt hand-over information for primary neonatal care, during the first day of life.

Methods: This study is part of the Premie-Test validation, a disruptive technology to access the gestational age using the baby skin reflectance (1). The LMIC outpatient birth is the primary target of this approach. A preliminary PWA (Progressive Web App) version over the Ionic Framework attended to achieve the target-audience requirements. Using the scrum agile method, the multidisciplinary team proposed the App requirements and content.

Results: With a revision on the universal first-care needs based on the best practice, a team of perinatal specialists, caregiver-users, designers, and computer scientists prepared an illustrated content regarding heating, breastfeeding, hygiene, and newborn monitoring. The App was developed as a prompt source of illustrated recommendations for optimizing newborn care without replacing local

guidelines. The software will provide free downloads from different mobile platforms and cellphones for low-resources environments.

Conclusions: Conclusions: The App development met a systematic method for progressing with each design choice was carefully thought-out and justified. The best practice protocol to improve preterm birth outcomes guided and directed the App development process.

1- Trial Registration: RBR-33rnjf Support: Grand Challenges Canada and Fiocruz

P0336 | CHANGE IN THE BREASTFEEDING RATE IN AN OBSTETRIC WARD DUE TO VISITING BAN DURING COVID-PANDEMIC THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.6 MIDWIFERY CARE

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Objectives: Due to the CoViD-pandemic many hospitals have visiting bans. Midwives and nurses working on postpartal wards stated that women have due to less stress during visiting ban a better breastfeeding outcome. This retrospective study was performed to provide evidence to the subject perception of midwives and nurses on postpartal wards.

Methods: The breastfeeding statistics (exclusive breastfeeding, administration of formula, infant's weight loss etc.) were captured by the hospital's lactation consultant. Infants transferred to the neonatal intensive care unit were excluded. Many mothers gave birth in a hospital with lighter visitation restrictions. Therefore, we saw a sharp drop in the number of cases. From 836 deliveries between 01.01.2020 and 15.07.2020 with 929 newborns only 545 breastfeeding statistics-datasets were merged with the statistics about delivery (mode of delivery, primipara/multipara, blood loss, birth weight etc.). Some data sets could not be clearly assigned (e. g. because of early discharge) and had to be excluded.

Results: The rates of exclusive breastfeeding dropped during the visiting ban (14.03.2020) from 46.33% to 40.65%. (OR 0.34 $P < 0.001$) Logistic regressions show a significant impact of the visiting ban and blood loss but not of the mode of delivery or primipara/multipara. Further analysis has been performed.

Conclusions: Contrary to the staff's assumption, the visiting ban in our hospital has a negative impact on breastfeeding rates. Further analysis of the data of the second half of 2020 will be performed until June 2021 to qualify a statement about the impact of the visiting restriction on breastfeeding rates in hospitals.

P0337 | IMPROVING SAFETY AND QUALITY OF CAESAREAN SECTION THROUGH USE OF DIGITAL TECHNOLOGY: A JHPIEGO AND JOHNSON & JOHNSON SURGICAL PROCESS INSTITUTE PILOT PROJECT IN TANZANIA
THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.8 SAFETY AND SURVEILLANCE OF OBSTETRIC CARE

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Objectives: To assess the acceptability and impact of the Surgical Procedure Manager (SPM), a digital tool that supports surgical teams through checklists with audible prompts and timers, on team performance, adherence to surgical procedures and safety steps, and surgical site infection (SSI) rates, in three Safe Surgery facilities in Tanzania's Lake Zone.

Methods: We digitized an adapted WHO Surgical Safety Checklist (SSC) and standardized Caesarean Section (CS) surgical steps, including an infection prevention bundle (antibiotic prophylaxis, vaginal cleansing, and abdominal surgical prep), and trained teams on their use. Team performance was measured through adherence to the SSC, infection prevention bundle, and CS surgical steps, and SSI rate, using SPM and patient chart data. Acceptability of SPM's modules was assessed through surveys of 27 surgical team members. Descriptive analysis was conducted.

Results: From February - September 2020, 511 procedures were conducted with SPM. Complete and correct use of the SSC was 72% overall. Infection prevention bundle adherence was 54%. SSI rate decreased by 36% from 3.3% at baseline to 2.1% at endline. Surgical team members reported finding SPM useful, with 96% saying SPM helped them prepare for, remember to do and how to do specific CS and SSC steps; 93% found the modules easy to use.

Conclusions: SPM contributed to improved adherence to safety steps, surgical steps, IP bundles and surgical outcomes, and has high acceptability in a low resource setting. COVID-19 impacted in-person support, and SPM has potential to be applied to support capacity building of non-specialists through virtual mentorship.

P0338 | PARTURIENTS PERCEPTION OF CARE PROVIDERS ATTITUDE TOWARDS WOMEN DURING LABOUR AND DELIVERY IN SOUTHWEST CAMEROON
THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: To assess parturients' perception of the respect and disrespect of women by care providers as well as determine the prevalence, types, and predisposing factors of physical and verbal abuse during labor and delivery in two hospitals, Cameroon

Methods: It was a hospital-based cross-sectional study carried out in Buea and Limbe Regional hospitals. It involved parturients aged between 15 and 45 in their first eight weeks post-delivery. Data were collected using a structured questionnaire, and the collected data were entered into and analyzed with SPSS version 25. Dependent variables were dichotomized and a bivariate logistic regression model was fitted to obtain the determinants of mistreatments during labor and delivery, while the Chi-squared test was used to establish an association between socio-demographic characteristics and care categories. A P-value <0.05 was considered statistically significant.

Results: We enrolled 274 parturients aged between 15 and 42 (mean=26.69yrs and SD= ± 5.34). Sixty-nine (25.18%) of the respondents reported at least physical and/or verbal mistreatment. The most common physical and verbal mistreatments were abdominal fundal pressure to facilitate expulsion and scolding. Parturients of certain religious denominations were more likely to report insult. Both respectful and disrespectful forms of care were perceived.

Conclusions: Our findings suggest that disrespectful care during labor and delivery is not uncommon in our country. There is a need for the development of interventions to address the drivers of disrespect and abuse which will encourage clients' future facility utilization. More studies are needed in other areas of the country to support this evidence.

P0339 | EXPLORING THE SHARED DECISION-MAKING PROCESS OF CAESAREAN SECTIONS AT THE KORLE-BU TEACHING HOSPITAL, GHANA: A MIXED METHODS STUDY

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.3 OPERATIVE OBSTETRICS

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Objectives: To explore involvement of mothers in the shared decision making (SDM) process of Caesarean section (CS) from the perspectives of mothers and healthcare professionals (HCPs) at the Korle-Bu Teaching Hospital, Accra

Methods: A transdisciplinary research using mixed methods was used. Thirty mothers and eight Health Care Professionals (HCPs) were interviewed, 179 questionnaires were administered to mothers and three Focus Group Discussions (FGDs) with mothers and HCPs were held. The study was conducted from March 15 to May 15, 2019 and all participants were selected using purposive sampling.

Results: Generally, mothers depicted a high level of knowledge of the medical indications for their CS. They thought CS was dangerous, unnatural and took away their strength. HCPs attributed women's willingness to be involved in the shared decision making (SDM) process to their level of education. Statistical analysis however found that SDM in CSs was influenced by husband's involvement and marital status was found to be a predictor of SDM. Married mothers were 7 times more likely to be more involved and satisfied with SDM compared to single mothers ($P < 0.05$). Insufficient time for engaging women during medical consultation was a challenge to SDM according to HCPs and mothers.

Conclusions: Ghanaian mothers depicted a high level of knowledge of the medical indications for their CS but they had misconceptions about CS. There is also a low level of awareness of SDM and there should be public health education to address this gap.

P0340 | EFFECT OF THE IMPLEMENTATION ON ENHANCED RECOVERY AFTER SURGERY PROTOCOL ON POSTOPERATIVE RECOVERY IN PATIENTS WHO UNDERWENT ELECTIVE CAESAREAN SECTION

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.8 SAFETY AND SURVEILLANCE OF OBSTETRIC CARE

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Objectives: To demonstrate that the application of the ERAS protocol in patients with elective caesarean sections is associated with a decrease in hospital stay without increasing maternal complications.

Methods: This is a retrospective, comparative study that included women who underwent elective caesarean section. The patients were divided into 2 groups; group 1: women who received a series of standardized care according to the ERAS guidelines and group 2: women who did not receive such care.

Results: We included 295 patients; 139 in group 1 (ERAS) and 156 in group 2. The demographic characteristics were similar. Hospital stay was shorter in group 1 patients, as well as postoperative pain at 24 hours and 48 hours, the differences were statistically significant ($P < 0.001$). The overall rate of complications, headache, surgical wound infection, urinary retention, and readmission was similar in both groups.

Conclusions: With the application of the ERAS protocol, it was possible to reduce the length of hospital stay, with a decrease in postoperative pain without increasing the rate of postoperative complications. In developing countries, the application of this protocol could reduce health care cost and therefore optimize the resources available in health systems.

P0341 | MATERNAL AND NEONATAL MORTALITY ASSOCIATED WITH CAESAREAN SECTION: A SYSTEMATIC REVIEW AND META-ANALYSIS

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.3 OPERATIVE OBSTETRICS

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Objectives: Universal access to safe caesarean section is vital. We aimed to estimate the risk of maternal and neonatal mortality during

or following caesarean section, and to analyze changes over time and by country human development index (HDI) status.

Methods: Multiple medical databases and grey literature were searched for all studies that reported maternal mortality during or following caesarean section up to October 2020. Two reviewers independently undertook data extraction and quality assessment. Outcomes of interest included maternal mortality ratios (POMMR) and perioperative neonatal mortality ratios (PONMR) per 100,000 caesarean sections, and cause of death. A fixed effects model was used to synthesize the ratio data. Sub-group analyses for HDI category, and each dual-decade era were conducted. Meta-regression was conducted to investigate changes in mortality ratios by time and HDI.

Results: In total, 253 studies were included from 76 countries, within which 9671327 caesarean sections were conducted. For every 100,000 women undergoing caesarean section, 5.20 women (95% CI 4.45-6.01) and 649.05 (95% CI 619.25-679.47) neonates died during follow-up. POMMR decreased over the decades ($P < 0.00001$), although not progressively, whereas PONMR fluctuated over time ($P < 0.00001$). POMMR progressively decreased as HDI increased ($P < 0.00001$). The proportion of deaths attributed to obstetric haemorrhage significantly increased over time ($P < 0.00001$), while the proportion of deaths attributed to non-obstetric complications significantly decreased over time ($P = 0.014$).

Conclusions: Over the past 70 years there has been a significant reduction in the risk of perioperative maternal mortality. Evidence-based interventions to further reduce POMMR and PONMR should be a global priority.

P0342 | STATE OF THE WORLD'S MIDWIFERY (SOWMY) 2021 - BUILDING A HEALTH WORKFORCE TO MEET THE NEEDS OF WOMEN, NEWBORNS AND ADOLESCENTS EVERYWHERE

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.6 MIDWIFERY CARE

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Objectives: Sexual, reproductive, maternal, newborn and adolescent health (SRMNAH) is an essential component of the SDGs. Improving SRMNAH requires increased commitment to, and investment in, the health workforce. The SoWMy21 report developed by UNFPA, ICM and WHO comprehensively documents global SRMNAH workforce availability.

Methods: SRMNAH data by cadre, training and licensure from 192 Member States were extracted from the WHO National Health Workforce Accounts (NHWA) and the ICM Global Midwives Associations Map Survey. Data extraction was performed independently by two reviewers and descriptive analysis undertaken.

Need- and demand-based modelling was used to estimate and project the supply of SRMNAH workers.

Results: There is a global needs-based shortage of 1.1 million SRMNAH workers - mainly midwives and the wider midwifery workforce. The SRMNAH workforce is projected to meet 82% of the need by 2030 (currently 75%). The gap between low- and high- & middle-income countries is projected to widen by 2030, increasing inequality. 1.3 million new posts (mostly midwives and mostly in Africa) need to be created in the next 10 years. At current rates, only 0.3 million of these are expected, leaving a projected shortage of 1 million by 2030.

Conclusions: SoWMy 2021 calls for a stronger focus on universal access to essential SRMNAH care providers and services. Efforts to expand and strengthen the SRMNAH workforce, especially midwives, will be critical for quality and safe SRMNAH services to be accessible to all.

P0343 | IMPLEMENTATION OF QUALITY ANTENATAL CARE BUNDLE AS A PART OF MATERNAL HEALTH BUNDLES-IMPROVING QUALITY OF CARE IN BANGLADESH

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: USAID's MaMoni MNCSP designed a study to assess the implementation of a Clinical Bundle for Antenatal Care improves the quality of maternal care provided to clients. The Bangladesh Demographic and Health Survey 2017 estimated that only 18% of recently delivered women received quality ANC. The coverage is even lower, at 14%, in Madaripur district.

Methods: Baseline data on ANC Services (2019-20) was extracted from one District Hospital (DH), one Maternal and Child Welfare Center (MCWC), three Upazilla Health Complex (UHC), four Union Health and Family Welfare Center (UH&FWC) in Madaripur District. Maternal and newborn health quality initiative approach QANC Bundle, was integrated into clinical training, quality improvement activities. The QANC bundle is a small set of evidence-based interventions, when implemented together during the antenatal period results in pregnant women receiving essential ANC care.

Results: In the study health facilities overall quality of ANC services increased from 10% to 77% (Median 61%). The highest improvement was observed at the UHC, 5% to 79% (Median 34%), followed by the DH, 0% to 55% (Median 66%), and then the UH&FWC, 40% to 89% (Median 65%).

Conclusions: Using an integrated MNHQI approach significantly improved the quality of ANC among the pregnant women. Using

the model for improvement, change ideas were tested, with regular monitoring and coaching contributed to this improvement. The use of QANC bundle through an integrated QI process ensures pregnant women get the essential care they need during the antenatal period to have a healthy outcome for themselves and their babies.

P0344 | POINT OF CARE SCREENING TO INCREASE EARLY ANTENATAL CARE AND IDENTIFICATION AND TREATMENT OF HIGH-RISK CONDITIONS DURING PREGNANCY: EXPERIENCE FROM ETHIOPIA AND INDIA
THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: To reach the Sustainable Development Goals (SDGs) for ending preventable maternal and newborn mortality, improving quality and coverage of antenatal care (ANC) is paramount. From 2017 in India and 2019 in Ethiopia, Jhpiego worked with governments to improve quality of ANC. The aim of interventions was to increase early ANC and retention and point of care screening and treatment for asymptomatic bacteriuria (ASB) and syphilis among other conditions.

Methods: The program involved training of health facility staff to conduct on-the-job training and mentoring, and community sensitization. Results tracked include trends in early ANC, ANC retention, and proportion of women screened and treated for high-risk conditions. Data from 65 health centers (Ethiopia) and 125 facilities (India) were collected through government health management information system sources (health cards, registers, district e-data).

Results: Both countries showed improvements in ANC. In Ethiopia, early ANC increased from 19 to 24%, with ANC 4+ increasing from 34% to 41%. Syphilis screening increased from 79% to 96% and treatment from 43% to 100%. 86% of women were screened for ASB; 17% had ASB and 74% were treated. In India, early ANC registration increased from 61% to 74% with ANC 4+ increasing from 29% to 73%. Maternal infection tracking showed 95% of pregnant women at community-level platforms screened for ASB using multi-reagent dipsticks and 76% of positive cases received antibiotics treatment.

Conclusions: Results show that amidst the COVID-19 pandemic, which greatly impacts health systems and care seeking, efforts to improve ANC are successful, contributing to the SDGs.

P0345 | BENEFACTION OF PROPHYLACTIC BILATERAL INTERNAL ILIAC ARTERY LIGATION IN OBSTETRIC HYSTERECTOMY FOR MORBIDLY ADHERENT PLACENTA PREVIA
THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.3 OPERATIVE OBSTETRICS

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Objectives: To evaluate the efficacy of prophylactic internal iliac artery ligation in cases of placenta previa accreta syndrome by obstetric hysterectomy with respect to perinatal outcome, operative time, intraoperative & postoperative complications, number of blood products transfused & postoperative hemoglobin.

Methods: This prospective study was done over a period of three years in a tertiary care hospital. Our case series included six consecutive antenatal women with morbidly adherent placenta previa. In three women after the delivery of baby, stepwise devascularisation & bilateral internal iliac artery ligation was performed, followed by total hysterectomy. While another three women, procedure was done without Internal iliac artery ligation. They were evaluated for objectives. EPIINFO software was used. Percentage, mean, median, SD was calculated.

Results: Prevalence of placenta accreta was 0.09%. Mean age of our study group was 27.9 ± 2.84 years. Mean gestational age was 33.3 ± 2.5 weeks. The mean operation time was 110 ± 20 minutes. Median 4 (2-7) units of packed red cells & median 2 (0-4) units of fresh frozen plasma were transfused intraoperatively and postoperatively. Significant reduction in blood loss was seen in internal iliac ligation group.

Conclusions: Prophylactic bilateral Internal iliac artery ligation during obstetric hysterectomy, in cases of morbidly adherent placenta previa, if performed efficiently, decreases morbidity and mortality and especially valuable in managing emergency cases. Clinical skill once mastered will be treasured for life by an obstetrician in managing pelvic hemorrhage.

P0346 | EVALUATION OF THE SAFER BABY BUNDLE ONLINE EDUCATION MODULE DESIGNED TO REDUCE STILLBIRTH
THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: The Safer Baby Bundle (SBB) eLearning is an online education module addressing practice gaps in stillbirth prevention in Australia. It provides healthcare professionals with evidence-based information to support the provision of best practice around five care elements. This study aimed to determine whether participants' reported knowledge and confidence in providing care to reduce stillbirth changed following module completion. Secondary aims included assessing the module's suitability and acceptability, and participants' reported likelihood to change practice.

Methods: Surveys administered before and after module completion assessed participant perceived knowledge and confidence, module suitability and acceptability, and likelihood of practice change. Likert item responses were dichotomised. Differences before and after module completion were analyzed using McNemar's test. Differences by profession were examined using descriptive statistics and Pearson's chi-squared test.

Results: Across Australia 5223 healthcare professionals completed surveys (15 October 2019 - 2 November 2020). Most were midwives (82.0%), followed by student midwives (4.6%) and obstetricians (3.3%). Reported knowledge and confidence improved for all care elements ($P < 0.001$). Following module completion, most participants (97.2-98.9%) 'agreed' they had a sound level of knowledge and confidence to discuss each element of the SBB with women. Over 95% of participants 'agreed' the module was helpful and relevant, well organised, and easy to access and use. Eighty-eight percent reported that they were likely to change aspects of their clinical practice.

Conclusions: The SBB eLearning is a relevant education program without the geographical constraints of face-to-face learning and is effective for increasing perceived knowledge and confidence among multi-disciplinary healthcare professionals.

P0347 | 'SUCTION TUBE UTERINE TAMPONADE' FOR THE TREATMENT OF REFRACTORY POSTPARTUM HEMORRHAGE: INTERNAL FEASIBILITY AND ACCEPTABILITY PILOT OF A RANDOMIZED CLINICAL TRIAL
THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: To assess feasibility and acceptability of a novel, low-cost 'Suction Tube Uterine Tamponade' (STUT) treatment for refractory postpartum haemorrhage (PPH).

Methods: Design Internal pilot of an ongoing randomized clinical trial. **Setting** Ten hospitals in South Africa. **Population** Patients with refractory PPH due to receive uterine balloon tamponade (UBT) according to local care standards. **Methods** We allocated participants by randomly ordered envelopes to STUT or UBT (Ellavi free-flow system, Sinapi Biomedical). In the STUT group, a 24FG Levin stomach tube was inserted into the uterine cavity and vacuum created with a vacuum pump or manual vacuum aspiration syringe. **Main Outcome Measures** Successful insertion using the tamponade method, acceptability to participants and adverse events.

Results: Twenty-four participants were included in the internal pilot study, 12 allocated to STUT and 12 to UBT. The mean time from randomization to insertion of both devices was about 12 minutes. Insertion failed in one of each group and was recorded as difficult in 3/10 STUT and 4/9 UBT insertions, respectively (3 missing data). There were two laparotomies and one intensive care unit admission in the UBT group. Pain during STUT insertion was graded as none/mild in 9/10 and severe in 1/10, unbearable in none. The experience of the STUT procedure was graded as fine in 4/11 and 'uncomfortable but acceptable' in 7/11

Conclusions: STUT appears to be feasible and acceptable and justifies continuation of our trial. These data will also inform a large WHO (World Health Organization) trial to test effectiveness of uterine tamponade methods.

P0348 | SYMPTOMS OF DEPRESSION, GESTATIONAL ANEMIA AND VARIOUS PSYCHOSOCIAL FACTORS ARE ASSOCIATED WITH EXCESSIVE DAYTIME SLEEPINESS IN PREGNANT WOMEN

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: The objective was to estimate the frequency of excessive daytime sleepiness (EDS) and its associated factors, in pregnant women with low obstetric risk who attended prenatal consultation.

Methods: Cross-sectional study that belongs to the project "biopsychosocial health in pregnant women" approved by the ethics committee of Clínica Santa Cruz, Cartagena, Colombia. Pregnant women with 12 or more weeks of gestation were studied. A form that included: Epworth Daytime Sleepiness Scale (EDSS), Perceived Stress of 10 items (PSS-10) and the Revised Depression Scale of the Center for Epidemiological Studies (CESD-R10). Adjusted and unadjusted logistic regression was performed between EDS with the other scales and with qualitative variables. In addition, quantitative variables and the EDSS were correlated. $P < 0.05$ was significant.

Results: 683 pregnant women were studied, maternal age 28.3 ± 6.3 year and gestational age 31.5 ± 6.9 weeks. EDSS score: 3.82 ± 3.45 . EDS was identified in 4.9%, 50.2% mild, 32.2% moderate, and 17.6% severe. It was not observed in the first gestational trimester and the frequency was similar in the others, severe EDS was only in the third trimester. Depression OR:3.69 [95%CI:1.83-7.43], anemia OR:3.10 [95%CI:1.50-6.38], fatigue OR:3.22 [95%CI:1.23-8.44], nervousness OR:2.49 [95%CI:1.22-5.12], stress OR:2.38 [95%CI:1.12-5.05], high parity OR:2.64 [95%CI:1.01-6.89] and working outside home OR:2.33 [95%CI:1.05-5.15], were associated with EDS. In the adjusted model: anemia OR:3.05 [95%CI:1.44-6.45] and depression OR:2.72 [95%CI:1.26-5.85], preserved the association. There is a positive correlation between EDSS with CESD-R10 and PSS-10.

Conclusions: EDS was identified in one out of twenty pregnant women with low obstetric risk, and several biopsychosocial situations were associated.

P0349 | TO COMPARE STANDARDS OF QUALITY CARE FOR PREGNANT WOMEN IN ANTENATAL, INTRAPARTUM AND POSTPARTUM PERIOD BEFORE AND DURING COVID-19 OUTBREAK

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.8 SAFETY AND SURVEILLANCE OF OBSTETRIC CARE

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Objectives: To compare standards of quality care for pregnant women in antenatal, intrapartum and postpartum period before and during Covid-19 outbreak.

Methods: This observational study was conducted at Aga Khan University Hospital, Karachi Pakistan.

Results: The outpatient obstetric volumes showed significant reduction during COVID-19 period. There was 10% reduction in antenatal clinics whereas clinic cancellations were increased up to 35%. One third antenatal patients were catered with teleclinics. During COVID period, there was reduction in number of vaginal deliveries (44% vs 41%) and labour inductions (26.6% vs 24.25%) whereas slight increase was observed in instrumental deliveries (3.9 % vs 4.6%). However, these changes were not significant statistically. Similarly, no impact was found on elective and emergency C-sections. There were more cases of Primary PPH (1.17% vs 1.86%, P value 0.03) during COVID phase. Similar trends were observed for preeclampsia (0.6 vs 0.9%, P value 0.07) and eclampsia cases (P value 0.05). However, no significant change was observed in still births, IUDs and other maternal morbidity indicators. There was significant increase in NICU admissions (P value 0.001) due to preterm cases (80.3% vs 81.1 %). However, effect on neonatal deaths was not statistically significant. There was an increase in inpatient and outpatient

satisfaction during the COVID. The outpatient satisfaction improved more as compared to inpatient satisfaction.

Conclusions: There was reduction in antenatal volumes during pandemic. The impact of COVID was observed on neonatal admissions and maternal morbidity indicators. However, patient satisfaction and overall standards of quality care were maintained during COVID period with implementation of new strategies and revising flow processes.

P0350 | EMONC SKILLS RETENTION IN CLINICAL MENTORSHIP AND PERSPECTIVES ON RESPECTIVE MATERNITY CARE

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.8 SAFETY AND SURVEILLANCE OF OBSTETRIC CARE

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Objectives: To estimate the extent to which the EmONC training, including coaching and mentoring visits contributed to improvements in the skills of health care providers and how different variables may have affected retention of these competencies. The evaluation also aimed to gather insights into health care provider's perceptions of providing respectful maternity care.

Methods: Health care providers were evaluated on four competencies; Management of Post-partum Haemorrhage, New-born Resuscitation, Manual Vacuum Delivery and Management of hypertensive disorders in Pregnancy. The competencies were assessed using clinical evaluations (OSCEs). A self-assessment questionnaire was used to collect information regarding the provision of respectful maternity care. Mean score was calculated and repeated ANOVA and chi-squared test were used to compare scores at baseline, six-months and one-year time points.

Results: Overall, scores for the management of post-partum haemorrhage improved over time. Skills related to newborn resuscitation, vacuum delivery and management of hypertensive disorders in

pregnancy were retained up to 12 months after training. Comparing to two-week basic EmONC training, the shorter 5 days pre-mentorship EmONC program exhibited very high skills retention among participants. The self-reflection tool showed a positive trend in the number of providers who reported consistent provision of respectful maternity care after 6 months and 12 months.

Conclusions: The combination of EmonC training paired with coaching and mentoring was effective for improving or retaining lifesaving obstetric skills. The discussions and dialogue established during the mentoring visits showed a promising approach to address challenges related to respectful maternity care provision between mentor and mentees.

P0351 | SUCCESSFUL UNCOMPLICATED PREGNANCY AFTER AN ANTENATAL APPENDECTOMY

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.4 INFECTIONS IN OBSTETRICS

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Objectives: Appendicitis is a common cause of acute abdominal pain in general population, but during pregnancy it's difficult to diagnose. This is due to rather unspecific symptoms associated with normal pregnancy like abdominal pain, nausea, vomiting and leucocytosis.

Methods: We report a 29-year-old female with right lower quadrant abdominal pain and 8weeks pregnancy. She was suspected of perforated appendicitis by physical examination and went straight into surgery with consideration.

Results: Although a rare presentation, appendicitis is one of the most common causes of an acute abdomen in pregnancy. Right lower quadrant pain commonly occurs in the majority of pregnant women and leucocytosis is a normal phenomenon in pregnant women. The diagnosis of appendicitis based on clinical examination can be supported by different imaging technics such as ultrasound and MRI. Appendectomy is highly recommended over clinical observation and the 2nd trimester is considered as the most appropriate time because it has the lowest risk for fetus. Though the 1st trimester is the best time with respect to ease of operation, this time may be risky for the fetus. The third trimester is considered as the poorest time with respect to operative comfort and hazards of preterm birth.

Conclusions: Pregnant women with clinically suspected appendicitis require timely diagnosis. In developing countries where MRI is a luxury, inconclusive ultrasound doesn't necessarily abort the diagnosis of appendicitis in pregnancy. Clinical presentation merely is an adequate basis to decide whether the patient need surgery or just conservative treatment.

P0352 | THE EFFECTIVENESS OF TEMPORARY INFRARENAL ABDOMINAL AORTA BALLOON OCCLUSION IN COMPLICATED CASES OF PLACENTA PERCRETA

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.3 OPERATIVE OBSTETRICS

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Objectives: The rate of cesarean delivery in Ukraine doesn't decrease ranging between 11% and 29% in last decade. Numerous repeat CS increase risk of placenta previa, PAS disorders and intrapartum hysterectomy. Aim of study is evaluation of efficacy for delivery pregnant with placenta percreta Grade 3b (FIGO classification, 2019) using method of infrarenal abdominal aorta balloon occlusion for reduction of blood loss and postoperative complications. **Methods:** Prospective cohort study of 34 women with placenta percreta 3b (after US and MRI data) was conducted on the Departments of Obstetrics & Gynecology №1 during 2018 - 2020. Group I included 11 women with placenta percreta 3b after repeat CS with subsequent aorta occlusion with Medtronic Reliant™ stent graft balloon catheter under US control, hysterectomy without appendages and with bladder plasticity. Group II included 23 women with placenta percreta 3b with identical treatment without aorta occlusion. Results are presented as Mean±SD.

Results: Average blood loss in group I was 995.0 ± 70.0 ml, in group II 1760.0 ± 110.0 ml ($P < 0.05$). Total operation time was less in group I: 97.0 ± 9.0 and 129.0 ± 11.0, respectively ($P < 0.05$). Length of hospital stay in group I was 7 ± 1 and 11 ± 2 days, respectively. In group II there were 2 cases of postponed complications, no in group I.

Conclusions: The proposed method of temporary balloon occlusion of infrarenal abdominal aorta after CS and subsequent hysterectomy without appendages significantly reduces total blood loss, duration of surgery and massive bleeding risk.

P0353 | ACCEPTABILITY OF A WEARABLE CONTINUOUS VITAL SIGN MONITOR FOR POST-OPERATIVE MONITORING AFTER CESAREAN DELIVERY IN UGANDA

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.8 SAFETY AND SURVEILLANCE OF OBSTETRIC CARE

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Objectives: To determine the acceptability of a wearable upper-arm wireless physiologic monitor for postoperative monitoring after cesarean delivery (CD) in Uganda.

Methods: Women ≥18 years enrolled in an ongoing hybrid effectiveness-implementation control trial of wireless physiologic monitoring after emergency CD were recruited to wear a monitor (Current Health™) for 24 hours post-cesarean. We assessed acceptability with closed-ended questions on comfort, confidence in the monitor, compatibility with breastfeeding and likelihood of repeat use. A subset of women completed in-depth interviews on perceptions and experience with the monitor.

Results: Overall, 671 women completed acceptability questionnaires and eight completed in-depth interviews. Mean age was 26.5 ± 5.6, and the majority were married (97%), had a primary-level education (43%) and access to a mobile phone (76%). Most (91%) reported breastfeeding with the majority initiating 1-4 hours post-cesarean. Women reported the monitor as comfortable or very comfortable (95%), expressed confidence in the monitor (99%), found it compatible with breastfeeding (89%) and would use the monitor again (98%) or recommend its use to other women (98%). Based on qualitative data, women attributed increased and more timely health worker attention to the monitor and felt safer and more cared for because of the device. Some expressed uncertainty about what the monitoring was assessing and believed it could diagnose diseases beyond vital sign assessment. **Conclusions:** Acceptability was high for 24 hours of continuous monitoring using a wireless wearable monitor in this semi-rural population. Ongoing work will evaluate implementation and clinical outcomes.

P0354 | MATERNAL SUICIDE IN THE FIRST YEAR AFTER CESAREAN DELIVERY: A SWEDISH POPULATION-BASED STUDY

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: To estimate the incidence and risk of maternal suicide attempts and deaths by suicide during the first postpartum year in mothers who delivered via cesarean delivery (CD) or vaginally

Methods: We identified all deliveries in Sweden between 1 January 1973 and 31 December 2012. The mothers were followed for 12 months after delivery, or until the date of a record of suicide attempt, death by suicide, death by other causes or emigration. Cumulative incidence of the outcomes was estimated using Kaplan-Meier estimators and stratified by delivery mode. Risks of these suicidal behaviors were estimated using Royston-Parmer flexible parametric survival models.

Results: Of 4,016,789 identified deliveries, 3 502,676 (87.2%) were vaginal and 514,113 (12.8%) were CDs. During the 12-month follow-up, suicide attempt occurred after 2,133 (53.1/100,000) deliveries at least once and 120 (3.0/100,000) mothers died of suicide. The estimated cumulative incidence for suicide attempt in mothers who delivered via CD was 0.070% (95% CI, 0.063%-0.078%) and 0.050% (95% CI, 0.048%-0.053%) in those who delivered vaginally. Compared with vaginal delivery, and after adjusting for measured confounders, CD was associated with a significantly increased risk of suicide attempt (adjusted hazard ratio, 1.35; 95% CI, 1.20-1.51) during the first postpartum year, but not with death by suicide (adjusted hazard ratio, 0.92; 95% CI, 0.54-1.45).

Conclusions: Compared with vaginal delivery, CD is associated with an increased risk of suicide attempts. Awareness of this association may promote collaborations between obstetricians and psychiatrists in the access to suicidality screening and appropriate treatment to reduce this risk.

P0355 | MISOPROSTOL FOR CERVICAL RIPENING AND INDUCING LABOR

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: To evaluate the efficacy and safety of vaginal Misoprostol in labor induction.

Methods: This was a six-month prospective study of 140 full-term parturients requiring labor induction. We used the protocol of vaginally Misoprostol inspired by the FIGO 2019 recommendations.

Results: The average age of the patients was 29.23 years. The parturients were primipara in 67.1% of cases. After cervical ripening, the parturients had vaginal delivery in 73.57% of the cases and it was within 24 hours in 47.14% of cases. A single dose of misoprostol was received in 60.7% of cases (n=85/140). The use of Oxytocic drugs was recommended in 23.5% of cases (n=30/140). Abnormalities in fetal heart rate registration were noted in 10.7% of cases (n=15/140). All newborns had an Apgar score higher than or equal to seven. No neonatal transfer was noted. Four parturients had *postpartum haemorrhage* that was controlled by intravenous Sulprostone infusion. No cases of uterine rupture occurred.

Conclusions: According to this study, misoprostol appears to be an Efficacy and safety molecule for labor induction in women with unfavourable cervix. These data are not robust enough to address the issue of safety, further prospective multicenter studies are still needed.

P0356 | UTILIZING THE FIGO NUTRITION CHECKLIST TO RECOGNIZE FEMALES WITH SUBOPTIMAL DIETARY QUALITY IN INITIAL PREGNANCY

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: A healthy, balanced diet throughout the pregnancy is necessary to maintain optimal growth and development of fetus and physical changes taking place in pregnant women. A female's dietary intake before fertilization and during pregnancy is significant for both maternal and fetus health. FIGO (the International Federation of Gynecology and Obstetrics) identifies the significance of maternal nourishment in initial pregnancy and has established a set of endorsements concerning preconception and maternal nutrition.

Methods: A cross sectional study was conducted on early pregnant women selected randomly on their first antenatal appointment in Nawaz Sharif Medical College, Gujrat, Pakistan. FIGO nutrition checklist questionnaire was used to identify their dietary intakes. Analysis was done using SPSS version 2.4.1.

Results: A total 150 pregnant women participated in the study. Most of the women were illiterate and unemployed. Out of 150 pregnant women meat intake was adequate in 45% women, 63% women take fruits and vegetables, fish intake was 6%. 85% of the women consumed complex carbohydrates. processed food intake was 36%, folic acid intake was 40% and adequate sun exposure was 78% in pregnant ladies

Conclusions: This study supports the use of the FIGO Nutrition Checklist to recognize females with suboptimal dietary quality in

initial pregnancy. FIGO nutrition checklist is an easy and applicable tool to help obstetricians to discuss diet and identify women at risk of nutritional deficiencies.

P0357 | PERINEAL OUTCOMES OF OPERATIVE VAGINAL DELIVERY WITHOUT EPISIOTOMY: A COHORT STUDY
THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.3 OPERATIVE OBSTETRICS

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Objectives: Recent evidence has called for abolition of episiotomy, questioning its performance in several scenarios, including operative delivery. The objective of this study was to describe the frequency of perineal lacerations according to the type of operative delivery (forceps vs. vacuum-extraction) in deliveries assisted at ISEA, Campina Grande, Brazil

Methods: A prospective cohort study was carried out, selecting the cases of assisted operative delivery within deliveries without episiotomies in the years 2012-2018. All women with indication for operative delivery due to maternal or fetal conditions were considered eligible. All agreed to participate, signing a free and informed consent form. Assistance for operative delivery followed the steps recommended by ALSO.

Results: A total of 2,604 deliveries without episiotomy were analyzed. There was a 4.6% operative delivery rate (120 cases), corresponding to 50 forceps and 70 vacuum-extraction cases. The overall frequency of lacerations was 35 (70%) for forceps and 35 (50%) for vacuum deliveries ($P=0.02$). The frequency of perineal lacerations of 1st. degree was similar in both groups (20% vs. 21.4%) and the rate of second-degree lacerations was significantly higher in forceps deliveries (50% vs. 28.6%, $P=0.02$). The need for suture was also greater in forceps deliveries (50% vs. 28.6%, $P=0.02$). There were no severe perineal lacerations.

Conclusions: Maintaining the protocol for not performing an episiotomy is feasible in operative deliveries, both forceps and vacuum extraction, obtaining better outcomes with vacuum, with a lower rate of second-degree perineal lacerations and need for suture.

P0358 | ASSOCIATION BETWEEN PRIMARY SPANISH LANGUAGE AND QUALITY OF MATERNAL HEALTHCARE AMONG LATINA WOMEN IN THE UNITED STATES: SECONDARY ANALYSIS OF THE LISTENING TO MOTHERS IN CALIFORNIA SURVEY
THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: Language barriers play a significant role in poor health outcomes and quality of care, but there is limited research on maternal care. Our objective was to describe the association between primary Spanish language and quality of maternal care in California so as to further inform best practices for non-English speaking patients in the labor and delivery setting.

Methods: We used the 2016 Listening to Mothers in California cross-sectional survey data, which included a statewide representative sample of women who gave birth in hospitals. Our analytical sample included 1,202 Latina women. Multivariable logistic regression was used to examine the relationship between primary language (English/Spanish/bilingual) and perceived discrimination due to language, pressure for medical interventions, mistreatment, and choice for episiotomy during labor, adjusting for maternal sociodemographics and other factors.

Results: Approximately one-third of the study population spoke English, Spanish, or were bilingual. Overall, 5.4% of Latina women perceived discrimination due to language spoken. Of those who received episiotomies, 79.6% reported not having a choice for an episiotomy. Compared to English-speakers, Spanish-speakers were significantly more likely to report discrimination due to language (aOR 4.36; 95% CI 1.15-16.59), but were significantly less likely to experience pressure for any medical intervention (aOR 0.44; 95% CI 0.25-0.79). Spanish language was not significantly associated with mistreatment or choice for episiotomy during labor.

Conclusions: Spanish language may contribute to experiences of discrimination during maternity care among Latina women. Additional research is needed to explore experiences with episiotomy among Spanish speakers.

P0359 | THE EFFECT OF NUCHAL UMBILICAL CORD LOOPS DURING LABOR ON THE DELIVERY OUTCOMES

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: To assess the effect of nuchal umbilical cord (UC) loops during labor on the delivery outcomes.

Methods: A cross-sectional study included 470 women with singleton deliveries between 37-41 weeks of gestation from May 2019 till November 2020. The presence of a nuchal cord was classified as present or absent. If present the number of loops and the outcomes of delivery were recorded. The length of UC was measured after birth for correlation with the presence of nuchal cord loops.

Results: The participants were classified into cases group (those with nuchal cord, n=220) and control group (without nuchal cord, n=250). The length of UC was significantly higher in the cases group (89.30 ± 14.44 vs. 73.57 ± 18.66 cm, $P < 0.0001$). No significant differences between both groups regarding the rate of Apgar score < 7 ($P = 0.21$), neonatal care unit admission ($P = 0.96$) and perinatal mortality ($P = 0.26$). Meanwhile, the length of UC was significantly higher in those with multiple nuchal loops (n=36) than single nuchal loop (n=184) (100.35 ± 10.42 vs. 86.84 ± 14.07 cm, $P < 0.0001$). the rate of Apgar score < 7 , neonatal care unit admission and perinatal mortality was significantly higher in women with multiple nuchal loops ($P = 0.007, 0.011, 0.043$, respectively).

Conclusions: The neonates with multiple nuchal cord loops at increased risk of perinatal morbidity and mortality. Long UC increase the incidence of nuchal cord loops

P0360 | TIMING OF CORD CLAMPING IN WOMEN WITH PLACENTA ACCRETA SPECTRUM: A MULTICENTER INTERNATIONAL STUDY

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: To compare maternal and neonatal outcomes of immediate versus delayed cord clamping in women with placenta accreta spectrum (PAS).

Methods: PAS-ID is an international retrospective multicenter database originating from 11 centers (9 countries), which included women with confirmed PAS between January 1st, 2010 and December 31st, 2019. Women were considered eligible to this study if diagnosis of PAS was confirmed, women were adequately followed ante- and postpartum. Women with intrauterine fetal death were excluded. Primary outcome was massive PAS-associated perioperative blood loss (intraoperative blood loss ≥ 2500 ml, bleeding associated massive transfusion protocol, or complicated by disseminated intravascular coagulopathy). Secondary outcomes include 1-minute, 5-minute APGAR scores, and admission to neonatal intensive care unit (NICU). Multivariable logistic regression was used for analysis and results were presented as adjusted odds ratios (aOR) and 95% confidence interval (CI).

Results: Out of 797 women, 716 met our inclusion criteria. Of these women, 120 underwent delayed cord clamping (16.76%). After adjustment for variable that demonstrated $P < 0.2$ in univariate analysis, delayed cord clamping was associated with lower risk of massive blood loss (aOR 0.19, 95% CI 0.07-0.52), and was not associated with lower risk of APGAR 1 < 7 (aOR 2.02, 95% CI 0.89-4.61), APGAR 5 < 7 (aOR 0.65, 95% CI 0.18-2.34), or lower risk of admission to NICU (aOR 0.99, 95% CI 0.66-1.49).

Conclusions: Delayed cord clamping does not seem to increase risk of massive bleeding in women with PAS.

P0361 | A SYSTEMATIC REVIEW OF BRACHIAL PLEXUS INJURIES DURING CAESAREAN SECTION

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: Brachial plexus injury (BPI) can occur in neonates during childbirth. BPI can have a debilitating impact upon quality of life and is highly litigated. The focus has therefore turned to prevention, with literature suggesting that caesarean section (CS) is protective against BPI and should be considered for those at high-risk. However, although rates of caesarean section are rising, the incidence of BPI is increasing worldwide. This study aims to explore if there are cases of BPI post CS in the literature, and whether there is evidence to support BPI occurring during a difficult CS.

Methods: Systematic literature review of Medline, Embase, and PubMed Central. Search terms used were 'brachial plexus injury' and 'shoulder dystocia'. Papers identifying BPIs that occurred after CS were extracted and risk factors were identified.

Results: 62 papers with BPI after CS were extracted, with 35 providing clinical details. Many cases with BPI after CS in the literature, with sufficient clinical detail, occurred in the presence of risk factors for potentially difficult delivery. These included malpresentation, macrosomia, obstructed labour, fetal distress, and failed instrumental delivery.

Conclusions: This study highlights that CS isn't necessarily protective against BPI. It is questionable whether the studies identified could support that persistent and/or severe BPI after CS can occur with the forces of nature alone (expulsion). More research needs to be conducted to identify women at risk for BPI and explore prevention strategies. Clinicians should be mindful that such injuries can occur during CS and be diligent when performing this procedure.

P0362 | 20% ALBUMIN CAN IMPROVE THE OUTCOME OF SEVERE DENGUE IN TERM PREGNANCY

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.4 INFECTIONS IN OBSTETRICS

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Objectives: Fluid resuscitation with 20% albumin in severe dengue with ascites and bilateral pleural effusion in a term pregnancy can significantly improve the maternal outcome.

Methods: A term primigravida presented with hematuria followed by anuria, fever and breathlessness. She was afebrile on admission with SpO₂ - 92%, platelet count - 18,000 cells/ μ l, TLC - 4100 cells/ mm^3 , Haematocrit - 30%, elevated ALT and AST and S. Albumin - 2.8 gm%. Dengue NS1 Ag test was positive. Ultrasound revealed maternal ascites with bilateral pleural effusion and a term fetus with severe oligohydramnios. Oxygen support and antibiotics was started. Platelets and FFP were transfused. 20% Human Albumin was initiated which significantly improved the breathlessness and urine output. Caesarean Section was performed in view of severe oligohydramnios and a 2.54 kg baby delivered. The newborn was negative for Dengue Ag.

Results: Early detection of plasma leakage and optimal fluid management with platelet transfusion is the key to the management of severe dengue in pregnancy. 20% Albumin infusion should be considered as a plasma expander in patients with third space fluid collection.

Conclusions: Plasma leakage in severe dengue has a worse prognosis in pregnancy. Endothelial glycocalyx disruption leads to plasma leakage into third space. Isotonic crystalloid solutions quickly move towards extravascular space, but colloids remain in the intravascular compartment for a longer time due to higher molecular weight. This restores microcirculation perfusion and repairs vascular endothelium. There are no studies on Human Albumin in pregnancy with severe dengue and studies are required to establish its role.

P0363 | SEASONAL VARIATION IN SEVERE MATERNAL MORBIDITY

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.8 SAFETY AND SURVEILLANCE OF OBSTETRIC CARE

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Objectives: Seasonal associations with conditions in medicine and obstetrics and gynaecology have been noted for a number of decades. We aimed to explore if there was any degree of seasonal variation in severe maternal morbidity in relation to a defined set of maternal morbidities.

Methods: We conducted a retrospective review of prospectively collected data over a seven-year period in a tertiary level maternity hospital. We examined the monthly incidence of severe maternal morbidities and interrogated this data to examine if a common denominator could be identified.

Results: During the study period, there were 71,107 maternities and 504 patients who suffered a severe maternal morbidity. Following monthly stratification of data, a peak more than two standard deviations above the mean was noted annually in August each year. There were no differences in maternal demographics between August and other months of the year, yet an increased rate in non-national women with SMM, as well as an increase in hypertensive disorders of pregnancy.

Conclusions: A peak in severe maternal morbidity in August, particularly in relation to hypertensive disorders of pregnancy is supported by some previous research showing a summer peak, yet the contrary has also been reported. There is therefore no definitive evidence of a seasonal variation in pre-eclampsia and therefore multi-national and multi-hemispherical research needs to be conducted to definitively answer this clinical conundrum.

P0364 | CORONAVIRUS (COVID-19) AND WOMEN'S HEALTH CARE

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: To assess the effects of the COVID-19 pandemic on obstetric care and outcomes.

Methods: A prospective observational single-center study was performed, including all antenatal and parturient women admitted from June 2020 to January 2021. Data were collected regarding number of admissions, deliveries, antenatal visits, reason for inaccessibility of health care, and complications during pregnancy, and compared

with data from the pre-COVID period of October 2019 to February 2020.

Results: There was a reduction of 45.1% in institutional deliveries ($P < 0.001$), a percentage point increase of 7.2 in high-risk pregnancy, and 2.5-fold rise in admission to the intensive care unit of pregnant women during the pandemic. One-third of women had inadequate antenatal visits. The main reason for delayed health-seeking was lockdown and fear of contracting infection, resulting in 44.7% of pregnancies with complications. Thirty-two symptomatic women who tested positive for COVID-19 were managed at the center with good maternal and fetal outcomes.

Conclusions: Although COVID-19 does not directly affect pregnancy outcomes, it has indirect adverse effects on maternal and child health. Emergency obstetric and antenatal care are essential services to be continued with awareness of people while maintaining social distancing and personal hygiene.

P0365 | SCAR PREGNANCY: A CASE SERIES INVOLVING TWO MEDICAL COLLEGE HOSPITAL IN WEST BENGAL

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.3 OPERATIVE OBSTETRICS

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Objectives: To show different types of scar pregnancies and their management.

Methods: 11 cases of scar pregnancy who came to emergency. This is a case report.

Results: In this case series we report 11 cases of scar ectopic with different presenting features and treatment. Though in our case series there is no mortality, but morbidity is seen to be high.

Conclusions: Hence early diagnosis by USG & Doppler Study is mandatory very useful during routine follow-up but the complication arises when the patient arrives at the Emergency with undiagnosed scar pregnancy with associated heavy bleeding. Proper spacing between two pregnancies and proper preconceptional counselling with USG Pelvis and measurement of previous scar prior to conception is essential followed by early USG during pregnancy to see site of implantation and invasion into uterine wall. The obstetrician and the radiologist should be well acquainted with the probability of scar ectopic especially in cases with previous caesarean section and also in cases of myomectomy. Scar ectopic though reported in cases of caesarean section mostly, in our case series we have found it can happen in previous myomectomy cases and previous D&E Perforation site.

P0366 | ASSOCIATIONS OF BODY MASS INDEX AND GESTATIONAL WEIGHT GAIN WITH TERM PREGNANCY OUTCOME IN URBAN CAMEROON: A RETROSPECTIVE COHORT STUDY IN A TERTIARY HOSPITAL
THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.5 OBESITY AND OBSTETRICS

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Objectives: Assess associations of BMI and Gestational Weight Gain with pregnancy outcomes.

Methods: A retrospective cohort study. We included women with term singleton deliveries in the post-partum ward. The WHO classification of Body Mass Index (BMI) and the United States Institute of Medicine (IOM) categories of Gestational Weight Gain (GWG) were used for stratification. Poor maternal outcome (PMO) was defined by the occurrence of caesarean section, preeclampsia or obstetrical haemorrhage. Poor perinatal outcome was defined by the occurrence of perinatal death, admission in intensive care unit, low birth weight, macrosomia or fifth minute Apgar score below 7. Unadjusted and adjusted Odds Ratios (uOR, aOR) for poor maternal outcome and for poor perinatal outcome (PPO) in each category of BMI and GWG. Adjustment was done for age, scarred uterus, sickle cell disease, malaria, human immunodeficiency virus (HIV) infection, parity and smoking.

Results: Of 462 participants, 17 (4 %) were underweight, 228 (49 %) had normal pre-pregnancy weight, 152 (33 %) were overweight and 65 (14 %) were obese. Following the IOM recommendations, GWG was normal for 186 (40 %) participants, less than recommended for 131 (28 %) and above recommendations for 145 (32 %). GWG above the IOM recommendation was significantly associated with PMO (aOR: 1.7, 95 % CI 1.1-2.8). GWG below IOM recommendations, overweight and obesity were not significantly associated with poor pregnancy outcomes.

Conclusions: Unlike in studies in different ethnic and racial groups, abnormal BMI was not associated with poor pregnancy outcomes in our cohort of Cameroonian women.

P0367 | PREDICTORS OF CEPHALOPELVIC DISPROPORTION IN RELATION TO MATERNAL ANTHROPOMETRIC AND FETAL MORPHOMETRIC MEASUREMENTS
THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.8 SAFETY AND SURVEILLANCE OF OBSTETRIC CARE

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Objectives: To analyze various maternal anthropometric and fetal morphometric measurements that can predict cephalopelvic disproportion

Methods: This prospective observational study was carried out at a teaching hospital in the hilly tribal state of Meghalaya located in the remote eastern region of India from 1st September 2019 to 1st May 2020 and included admitted pregnant women of gestational age >37 weeks with singleton pregnancy in vertex presentation. Anthropometric measurements recorded for each woman were maternal height, Bis-acromial diameter, Inter-trochanteric diameter, Foot length, Symphysio-fundal height, vertical and transverse diameters of Michaelis rhomboid.

Results: The study included 353 gravid women in two groups - 141 were in group 1 (CPD) and 212 in group 2 (Non CPD). Group 1 cases had either caesarean section or instrumental vaginal delivery due to CPD, DTA, cervical dystocia or arrest of descent and women in group 2 had uncomplicated vaginal delivery. The mean height was 146.91 cm (Group 1) and 148.31 cm (Group 2) (p value:0.025). According to Michaelis rhomboid- transverse diameter (MRTD) the frequency of non-CPD (149) was higher than the CPD group (62) (P value <0.001). The CPD and Non-CPD frequency were significantly different (P value:0.004) in the various fetal weight categories selected. Among the CPD cases, maximum number of fetuses had biparietal diameter above 9 cm (P value: 0.003).

Conclusions: Predictors of CPD found to be significant were maternal height, Michaelis rhomboid - transverse diameter (MRTD), fetal weight and biparietal diameter. These parameters can be implemented for assessing the gravid women at term especially in the centres without operative capability, for timely referral.

P0368 | EXTENDED SPECTRUM BETA-LACTAMASES PRODUCING ENTEROBACTERIACEAE ASSOCIATED URINARY TRACT INFECTIONS IN PREGNANCY IN A MULTIETHNIC POPULATION, A LOOK INTO ITS PREVALENCE, RISK FACTORS AND COMPLICATIONS

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.4 INFECTIONS IN OBSTETRICS

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Objectives: Infections of the urinary tract (UTI) are the most prevalent infections during pregnancy and puerperium. The Extended Spectrum beta-lactamase (ESBL) organisms associated with UTIs are on the rise worldwide. Its prevalence is reported as 3%-45% in a recent systemic review. However, the studies on ESBL-UTIs in pregnancy are petty. Hence a study was conducted to study the prevalence of ESBL, risk factors, and complications associated with it.

Methods: A retrospective study was conducted on women delivered at a tertiary level hospital in Qatar from 2016-2019. 21520 women delivered were included. The incidence of UTI during pregnancy was calculated and the prevalence of ESBL was noted. The risk factors and the complications for ESBL infections were noted. The odds ratio was used for statistical analysis.

Results: The prevalence of UTI was 1.88%. Of these 11.88% of patients had ESBL as the causative agent. 72.92 % of the ESBL-UTIs were caused by *E. Coli* strains and 25% by *Klebsiella* species and 2.08% by both. 54.17%, 20.83%, 25.00% of the women had UTI with ESBL-UTI in antenatal, intrapartum, and post-natal period, respectively. High BMI, anemia, gestational diabetes, prolonged labor, multiple vaginal examination, and prolonged catheterization were found as the risk factors positively co-related with ESBL UTIs. Pyelonephritis and sepsis were noted in 12.5% of women.

Conclusions: ESBL-UTIs are on a rise in pregnancy even in the developed nations. Identifying the risk factors, early diagnosis, and timely initiation of ESBL sensitive antibiotics may reduce the burden of the disease and its associated complications.

P0369 | A STUDY OF SOME RISK FACTORS OF POSTPARTUM PERIOD COMPLICATIONS

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: To study some risk factors of postpartum period complications in maternity hospital Urguu, Khuree, Amgalaan maternity

hospital Ulaanbaatar city in 2019. The main objective was to study correlation of pregnancy complication with postpartum period complications.

Methods: Our study was retrospective, cross-sectional study. We studied total 20073 patient's record in 2019. All pregnant women were delivered in Ulaanbaatar city of Mongolia.

Results: Some risk factors developing postpartum period complications (PPPC) in maternity hospital Amgalaan Khuree Urguu maternity hospital Ulaanbaatar city were quality of antenatal care, gestational age, pregnancy complication and types of delivery. Pregnancy complication has positive correlation with postpartum period complications ($r=0.041$, $P<0.01$). Pregnancy complication increased the risk of PPPC 2 times (OR=2.11, 95% CI=1.66-2.68), post term pregnancy 2 times (OR=2.05, 95% CI=1.53-2.76) and preterm labor at 29-32 weeks gestation 3 times (OR=3.03, 95% CI=1.52-6.04), used obstetric clamps during delivery 5.4 times (OR=5.4, 95% CI=7.35-4.09) and using vacuum in the second stage of labor 3 times (OR=3.08, 95% CI=1.63-5.83).

Conclusions: Pregnancy complication such as preeclampsia, preterm labor, post term labor is the main risk factor developing postpartum period complications among women in Ulaanbaatar city Mongolia ,

P0370 | OASI CLINIC - QUEENSLAND EXPERIENCE

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: Obstetric sphincter injury (OASI) had been on the rise from some centers 2.9% of deliveries over the past two decades despite many strategies been adopted to reduce the third- and fourth-degree perineal tear. Recognising the importance of integrated care an OASI clinic was established in Royal Brisbane and Women's Hospital in 2018. AIM of this study was to analyse the demography of patients and the outcome of those who attended the clinic.

Methods: A retrospective cohort study conducted at the Royal Brisbane and Women's Hospital, Queensland, Australia between 2018 and 2020. Maternal demographic indicators, type of injury, complications, and additional referral details were analyzed.

Results: Among the 199 patients who sustained third- and fourth-degree tear 92.9% attended the clinic. Caucasians were 53.9% followed by Asians 26.5%. Average BMI was 23.7. 63%,14.4% & 26.5% were vaginal delivery, forceps and vacuum delivery, respectively. 47.7% 3 A tear and 6% had 4th-degree tear. Second stage was longer at 23.2%. Flatus incontinence was in 43% and only one had faecal incontinence. 82% of those who attended did not suffer any complications post operatively. 3.8% had endo anal ultrasound and 4.9%

referred to Colorectal surgeons. 2.7% had ongoing symptoms even after six months under the care of multi-disciplinary team.

Conclusions: This study demonstrates the utility, justification, and benefits of a dedicated, one-stop, perineal clinic for postpartum women who have specific problems related to their perineum and anal sphincters. Such an approach would improve the outcome for women who had sustained OASI.

P0371 | WOMEN'S PREFERENCE FOR A VAGINAL BIRTH IN BRAZILIAN PRIVATE HOSPITALS: EFFECTS OF A QUALITY IMPROVEMENT PROJECT

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: to evaluate the effects of the "Adequate Childbirth Project (ACP)" on women's preference for vaginal birth at the end of the pregnancy. The ACP is a quality improvement project that aims to reduce cesarean sections without clinical indication using non-clinical interventions. One of its components is directed at women and families to increase their participation in the birth care process and includes visits to hospitals, educational activities and development of a birth plan.

Methods: Cross-sectional, evaluative research, conducted in 12 Brazilian private hospitals participating in the ACP. We carried out face-to-face interviews with 4882 women in the immediate postpartum period, 53% assisted in the ACP model of care. To estimate the effect of ACP on women's preference for vaginal birth at the end of pregnancy, we performed multiple logistic regression using causal diagrams for variable selection.

Results: The implementation of the planned activities of ACP directed at women was less than 50%. ACP was associated with women's preference for vaginal birth at the end of pregnancy in primiparous (OR 2.82 95% CI 2.33-3.41) and multiparous women (OR 1.41 95% CI 0.96-2.08).

Conclusions: The ACP had a positive effect on women's preference for vaginal birth at the end of pregnancy. It is plausible that more intense effects are observed with the expansion of the implementation of the planned activities. Quality improvement projects that increase the participation of women in the decision-making process are fundamental for the implementation of childbirth models of care that consider the needs of women.

P0372 | KNOWLEDGE AND ATTITUDES OF HEALTH CARE PROVIDERS ON THE USE OF PARTOGRAM: A STUDY IN RURAL BANGLADESH

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: This study was conducted with the aim to assess the knowledge and attitude of health care providers towards the effective use of the partogram in monitoring the progress of labour.

Methods: A total of fifty health care providers were assessed with a preformed questionnaire before and after a 5-day training program and their pre- and post-test scores were analyzed. Attitude was assessed by examining randomly selected 50 partographs completed by trained health care providers and also by direct interviewing of 50 providers.

Results: Mean age of the respondents was 31.22 (± 6.32) years. There was significant improvement of test scores after the training program. Random partograph assessment showed 85.4% correct response. Majority respondents showed positive attitude towards the use of partograph.

Conclusions: Results of this study shows that the 5-day training program is effective. But further training programs including refresher trainings and capacity building is required for long term success of the program.

P0373 | IS THERE ANY BENEFIT IN GIVING ANTENATAL STEROIDS FOR LATE PRE-TERM AND TERM ELECTIVE CAESAREAN SECTION?

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.3 OPERATIVE OBSTETRICS

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Objectives: There are inconsistencies in the use of antenatal betamethasone for late preterm and term elective caesarean deliverers. This study aimed to evaluate the neonatal outcomes associated with administration of antenatal corticosteroids prior to elective caesarean section delivery in late preterm and term pregnancies at a tertiary hospital in Queensland, Australia.

Methods: A retrospective cohort study was undertaken on 1339 patients who underwent elective caesarean sections at The Royal Brisbane and Women's Hospital between January 2017 and May 2020. Patients with both singleton and multiple pregnancies were included.

Results: 92% of patients in the 35-week gestation group, 68% of patients in the 36-week gestation group and 47% of patients in the

37-week gestational group received antenatal corticosteroids prior to delivery. In all three cohorts, the average birth weight and neonatal head circumference were lower in patients who had received antenatal corticosteroids. However, the number of patients requiring respiratory resuscitation and NICU/SCN admission was lower compared to women who did not receive antenatal corticosteroids. In the 38-week gestation cohort, 4% of patients received antenatal corticosteroids. These patients had lower birth weights, smaller head circumferences, increased resuscitation requirements and increased incidence of SCN or NICU admissions compared to those who did not have antenatal corticosteroids.

Conclusions: This study demonstrates the possible short-term respiratory benefit of antenatal corticosteroids in patients undergoing elective caesarean section between 35-37 weeks' gestation, but not more than 37 weeks' gestation.

P0374 | FAVORABLE SAFETY PROFILE OBSERVED IN MOTHERS AND INFANTS AFTER VACCINATION WITH THE MATERNAL INVESTIGATIONAL RESPIRATORY SYNCYTIAL VIRUS (RSVPREF3) VACCINE IN AN ONGOING CLINICAL STUDY

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: Reactogenicity/safety of an investigational RSVPref3 vaccine, administered during pregnancy, is being assessed in mothers and infants.

Methods: In this phase II, observer-blind, placebo-controlled, multi-country study (NCT04126213), healthy pregnant women aged 18-40 years were randomized 1:1:1 and given a single dose, 60mcg or 120mcg, of RSVPref3 or saline placebo at 28^{0/7}-33^{6/7} weeks of pregnancy.

Results: Of 213 women and 206 infants enrolled, none withdrew due to adverse events (AEs). Solicited events recorded most frequently (within 7 days post-vaccination) were injection site pain (grade G1: 35.7% of 210 women [60RSVPref3: n=34 participants, 120RSVPref3: n=31, placebo: n=10]) and fatigue (G1: 21.9% of 210 women [n=20, n=17, n=9, respectively]). Unsolicited AEs (within 30 days post-vaccination) were reported by 32.5% of 212 women (60RSVPref3: n=22, 120RSVPref3: n=25, placebo: n=22). Serious AEs (SAEs) were recorded for 23.6% of 212 women (n=16, n=20, n=14, respectively) until 6 months post-delivery, none vaccine-related or fatal; medically attended-AEs (MA-AEs) were reported for 49.1% (n=33, n=41, n=30, respectively). Pregnancy outcomes were 207 live-births (1 mother refused infant participation), 1 stillbirth (not placebo-related) and 5 unknown. Congenital anomalies (including major and minor), reported for 32 infants until 6 weeks post-birth, were evenly distributed across groups; none were life-threatening or vaccine-related. SAEs were recorded for 28.6% of 206 infants (60RSVPref3: n=17, 120RSVPref3: n=22, placebo: n=20) until 6 months post-birth, none were considered vaccine-related or fatal; MA-AEs for 39.3% (n=26, n=32, n=23, respectively).

Conclusions: A favorable safety profile of the investigational RSVPref3 vaccine was observed in mothers and infants. **Funding:** GlaxoSmithKline Biologicals SA

P0375 | RISK FACTORS FOR NON-COMPLIANCE OF POSTNATAL TYPE 2 DIABETES SCREENING AMONG WOMEN WITH HYPERGLYCAEMIA IN PREGNANCY IN FRANCE

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: Internationally, the attendance of diabetes screening after hyperglycaemia in pregnancy (HIP) is as low as 10-50%. Since there is 10 times increased risk of progression to type 2 diabetes among the women with HIP is a therefore important to identify the risk factors for non-attendance.

Methods: All identifiable deliveries complicated by HIP after 22 GW in France from 2015 from the French Healthcare Insurance Database (75,862), are included. Multi-level Poisson regression was used to calculate the risk ratio for not attending postpartum screening.

Results: The risk ratio (RR) of not attending T2DM screening for the women living in the most socially deprived neighbourhood is 0.87

(95% C.I. :0.85, 0.91). The RR for those aged 12-18 was 0.63 (95% C.I. : 0.40, 0.99). The RR for smokers was 0.77 (95% C.I. : 0.74, 0.80), while the RR for obesity was 0.96 (95% C.I. :0.93, 0.99). The RR for primiparous women was 1.16 (95% C.I.: 1.13,1.18). The RR for pregnancy events were relevant, including attendance of antenatal glycaemic screening (RR: 1.12; 95% C.I: 1.09; 1.15), caesarean delivery (RR: 0.97; 95% C.I: 0.95; 0.99), insulin prescription (RR: 1.34; 95% C.I: 1.31; 1.15), pre-eclampsia (RR: 1.14; 95% C.I: 1.08; 1.22).

Conclusions: Younger women, smokers, obese women, those from more deprived neighbourhoods and those who had a caesarean were less likely to attend postpartum T2DM screening. Women who delivered for the first time, had pre-eclampsia, insulin prescription for HIP and those who were screened for HIP, were positively associated with attending postpartum T2DM screening.

P0376 | THE TEN-GROUP ROBSON CLASSIFICATION: AN APPROACH FOR ASSESSING CAESAREAN SECTION RATE

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: This study is to re-audit the contributory risks to the caesarean section rate in Wexford General Hospital after implementing a uniform criteria and local policy for all induction of labor 6 months after our pioneer audit.

Methods: All deliveries within a 3-month period were digitally retrieved from a password-secured hospital computer and cross-checked with the induction book in the labor ward. All data collected were analyzed using Microsoft Excel program.

Results: The caesarean section rate was 25.1% with the highest contributory in Robson Group 5 of 9.8%. Primigravida also has high impact on the caesarean section rate with 2.6% caesarean section in Robson Group 1 and 3.2% in Robson Group 2. Multiparous women have equal percentage of 1.7% resulting in caesarean section both in Robson Group 3 and 4. All women in Robson Group 7, 8 and 9 underwent caesarean sections.

Conclusions: There was 2.1% reduction in the overall caesarean section rate after the implementation of our local policy for induction of labor with an evident drop of 7.4% in Robson Group 4. This audit shows a huge improvement in the clinical practice in our maternity unit and that all the non-consultant hospital doctors in our maternity unit are fully aware of the local induction of labor policy and strongly adhere to it. Constant auditing is warranted to ensure the continuous adherence to our local policy for induction of labor and to keep up with the changing quality of obstetric care.

P0377 | ECTOPIC TWIN OVARIAN PREGNANCY

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.3 OPERATIVE OBSTETRICS

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Objectives: The purpose of this study is to report a case of ectopic twin ovarian pregnancy in a patient with previous tubal ligation, as well as to do a brief literature review.

Methods: APSC, 37 years old, G4P2A1, two previews c-sections and tubal ligation. Complain about severe abdominal pain. Ultrasound diagnosed single ectopic pregnancy. Obstetric physical examination: closed cervix and no active bleeding.

Results: An exploratory laparotomy was performed due to the deterioration of her clinical condition. In the right ovary a large and bleeding mass with two live embryos was identified in the peritoneal cavity and the presence of placental tissue adhered to the ovary, retroperitoneum and intestinal loop. Right annexectomy was performed. After risk-benefit assessment, the placental mass adhered to the intestinal loops wasn't removed. The anatomopathological study confirmed ectopic pregnancy and ovarian structures.

Conclusions: Ectopic pregnancy occurs when the implantation and development of the blastocyst occurs outside the uterus. This prevalence is between 6 to 16%. Twin ectopic pregnancy is a very unusual condition, with 0,5% of incidence. The incidence of ectopic twin pregnancies with live embryos is even rarer, approximately 1: 125,000 pregnancies. The most common symptoms are acute abdominal pain, amenorrhea and vaginal bleeding. The diagnosis is made by the clinic and imaging tests, mainly ultrasound, and B-HCG measurement in blood. Treatment can be pharmacological or surgical, depending on this evolution and type. The sooner the intervention is performed, the less morbidity and mortality will occur.

P0378 | ELECTIVE INDUCTION OF LABOUR VS EXPECTANT MANAGEMENT AT 39 WEEKS AMONG LOW-RISK NULLIPAROUS PREGNANT WOMEN - A RANDOMIZED CONTROLLED TRIAL [ELITE -39 TRIAL]

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: To compare the rate of caesarean section after elective labour induction and expectant management at term in low-risk nulliparous women

Methods: This was a single centre randomized controlled trial done between 2018 and 2020. All eligible low risk nulliparous women were randomized at 38⁺⁰-38⁺⁶ weeks of gestation to elective labour induction at 39⁺⁰-39⁺⁴ weeks or expectant management (induction at 41 weeks or if there is any maternal or fetal indication)

Results: A total of 94 women were assigned to labour induction and 95 women were assigned to expectant management. Though the frequency of caesarean delivery was lower in elective induction group compared to expectant management group, it was not significant (14.9% vs 25.3%, $P=0.15$). There were no differences in maternal and perinatal outcome.

Conclusions: Elective induction in low-risk nulliparous women at 39 weeks was not associated with increased caesarean section rate compared to expectant management (CTRI NO 024137)

P0379 | COVID-19 OBSTETRIC AND PERINATAL OUTCOMES: A SINGLE-CENTER COHORT STUDY IN THE PHILIPPINES

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.4 INFECTIONS IN OBSTETRICS

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Objectives: To determine clinical features, maternal and neonatal outcomes of COVID-19 in pregnancy in a tertiary hospital.

Methods: ERB approved retrospective descriptive study reviewed medical records, newborn outcomes and telehealth records of women admitted to the Obstetrics COVID-19 ward from March 1 to August 17, 2020

Results: 44 out of 210 (21%) were COVID-19 positive. Patients were asymptomatic in 21 (47.3%) while 23 (52.3%) had mild symptoms. Chest radiography was abnormal in 15/44 (34%), of which 9 (60%) were asymptomatic. Pulmonary opacities were the most common (93%) abnormality. Lab parameters were normal except lymphocytopenia and elevated biomarkers for infection. Caesarean delivery was done in 38.6% for obstetric indications while 61.4% delivered

vaginally. Average stay is 2.5 days. Mean pediatric aging is 38 weeks and mean birthweight is 2.9 kg; APGAR 9,9 in 97.7%; 4.5% admitted to NICU for prematurity. Only (30/44) 70% of babies had SARS-COV testing within 24 hours and (5/31) 16% of neonates tested positive; All babies were sent home with breastfeeding precautions, and none developed COVID signs and symptoms. All mothers were asymptomatic on Days 14 and 28. Repeat testing was unavailable to most mothers and their babies.

Conclusions: A high (21%) positivity rate may be similar to other congested communities with ongoing spread of infection and inadequate testing. Clinical course in pregnancy is mild and asymptomatic by Day 14. Vertical or intrapartum infection is possible. Breastfeeding hygiene seems effective in preventing newborn infection and chest radiography was useful in classifying asymptomatic patients. Further studies are warranted.

P0380 | EFFICACY OF S-CONDOM UTERINE TAMPONADE USING AIR MEDIA IN COMPARISON WITH FLUID MEDIA IN CONTROLLING ATRAUMATIC POSTPARTUM HAEMORRHAGE (PPH) IN LOW-RESOURCE SETTING

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: To assess efficacy of S-Condom Uterine Tamponade using air media in comparison with fluid media to inflate the balloon for controlling atraumatic PPH in low-resource settings.

Methods: This was a non-inferiority, randomized control trial carried out in a tertiary hospital from March 2017 to December 2019. To control PPH, WHO and FIGO guidelines recommend use of condom tamponade where conventionally balloon is inflated with saline. In this study, S-Condom- a special type of uterine tamponade was used. This condom can be inflated using both fluid and air. Study population included consenting women with atraumatic PPH who were refractory to first-line treatment and met specific eligibility criteria. Two groups were created using lottery assisted randomization: **Control Group** used saline for inflation, whereas **Study Group** used air.

Results: All 72 (36+36) enrolled women had similar age, parity and mode of delivery. Very few had identifiable risk factors. Time required to control bleeding was 8.17±3.3 and 7.68±3.2 minutes in control and study group, respectively. Amount of saline and air required, blood transfusion and fetal outcome was almost same; however,

time required for air inflation was less. Study group achieved better bleeding control (Risk ratio 1.03). Study group also showed better device tolerance in terms of post insertion pain and fever (Pain: 16.7% vs 12.8%; Fever: 16.7% vs 21%). Maternal death- Nil.

Conclusions: Compared to saline inflation, air inflated Condom Balloon Tamponade has better efficacy in controlling atraumatic PPH in low-resource setting.

P0381 | IMPACT OF COVID-19 MATERNAL MORTALITY IN AMAZONAS, BRAZIL. CHALLENGES TO BE FACED

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.8 SAFETY AND SURVEILLANCE OF OBSTETRIC CARE

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Objectives: Assess the impact of the covid-19 pandemic on maternal mortality in Amazonas / Brazil, and related factors.

Methods: This is a descriptive, observational, retrospective and quantitative study based on secondary data available on the Portal of the Health Surveillance Foundation of Amazonas, updated until March 2021. The variables studied were the number of cases and the number of deaths in pregnant women and puerperal women in the state of Amazonas, mortality and lethality rates.

Results: Until March 2021, 2,004 cases of COVID-19 infection were reported in pregnant women with 36 deaths and 190 cases in puerperal women, with 25 deaths. The lethality rate was 1.8% in pregnant women and 13.2% in puerperal women, above the national average of 2.42%. Amazonas state, with a population of more than 4.2 million inhabitants, has only 17 maternal ICU beds concentrated in the capital.

Conclusions: The lack of health policy strategies and planning for effective control of the disease, in the pregnant and postpartum population, impacted by the lack of beds, lack of ICU in maternity hospitals in the countryside of the state, human resources in distant locations and basic supplies, resulting in a significant and growing increase of the new cases and deaths. The high lethality rate and high number of deaths in pregnant and postpartum women affected by the COVID-19 infection was directly related to the lack of adequate assistance, the number of insufficient beds and the lack of prevention policies throughout the state of Amazonas, during the period of the pandemic.

P0382 | DEPRESSION AND ANXIETY POST-CESAREAN SECTION: A TWO POINT FOLLOW UP STUDY AT TERTIARY CARE CENTRE

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: To study frequency, risk factors of postnatal depression (PND) and anxiety in cesarean deliveries.

Methods: Women who underwent elective or emergency caesarean section, gestational age (>28weeks) were administered Patient health questionnaire-9 (PHQ9) and Generalised Anxiety Disorder (GAD-7) scales on day 5th and 6th week of delivery. Cross-sectional study. Descriptive statistics applied.

Results: In 150 women, 37(24.67%) had PND. Upper middle class, extended family, primiparity, term, elective-cesareans, baby mother-shifted were risk factors 62.16%, 83.78%, 54.05%, 62.16%, 83.78%, 59.46%, respectively, on 5th postoperative day. In 26(13.33%) with clinical anxiety, upper middle class, nuclear family, multiparity, term elective cesareans and breast feeders were affected. At 6 weeks revealed majority of women healed.

Conclusions: PND and anxiety has multi-factorial aetiology. Screening itself can have clinical benefits as timely help is sought.

P0383 | INDUCTION OF LABOUR AND NULLIPARITY: A NATION-WIDE CLINICAL PRACTICE PILOT EVALUATION

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: Labor induction practices in nulliparous women and women with a previous cesarean section vary between and within countries. We assessed variations in the practice of induction of labor among 21 birth units in a nationwide cohort of women with no prior vaginal birth.

Methods: Prospective observational pilot study of women with induced labor, and no prior vaginal birth, across 21 Norwegian birth units. We registered induction indications, methods and outcomes from Sept 1st - Dec 31st, 2018 using a web-based case record form. Women were grouped into 'Nulliparous term cephalic', 'Previous CS' and 'Other Robson groups' (groups 6, 7, 8 or 10).

Results: More than 98% of eligible women (n=1818) were included. A wide variety of labor induction methods were used. In nulliparous term cephalic pregnancies, cesarean section rates ranged from 11.1 - 40.6% between units, whereas in the previous CS group, rates ranged from 22.7 - 67.5%. The indications 'large fetus' and 'other fetal' indications were associated with the highest cesarean rates. Failed inductions and failure to progress in labor contributed most to the cesarean rates. Uterine rupture occurred in two women (0.11%), both in the previous CS group. In neonates, 1.6% had Apgar <7 at 5', and 0.4% had an umbilical artery pH <7.00.

Conclusions: Cesarean rates and applied methods for labor induction varied widely in this nation-wide cohort of women without a prior vaginal birth. Although neonatal outcomes were similar to that of normal birth populations, results indicate a need to move towards standardized induction protocols.

P0384 | POSTNATAL CARE UTILIZATION BY MOTHERS IN A LOW RESOURCE COUNTRY

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: To assess postnatal care utilization among mothers attending the child immunization clinics Enugu, Nigeria

Methods: A cross-sectional study of women who presented for OPV2 at 10 weeks in 2 child immunization centers in Enugu using interviewer-administered questionnaire. A P-value of less than 0.05 was considered as statistically significant.

Results: A total of 400 eligible mothers participated in the study. The prevalence of the 6th week postnatal clinic attendance among the mothers was 59%. The majority of the women (60.6%) who had antenatal care by skilled birth attendants attended postnatal clinic. Higher proportion of women who had at least 4 antenatal visits to skilled birth attendants made use of postnatal care services. Unawareness and being healthy were the main reasons for not attending postnatal clinic. Socioeconomic status, 4 or more antenatal attendance in a hospital, postnatal care awareness, complications during pregnancy and delivery, mode of delivery, exclusive breastfeeding and delivering in a hospital were significantly associated with postnatal clinic attendance.

Conclusions: Postnatal clinic attendance by women in Enugu is still sub optimal. The main reason for non-attendance of the 6th week postnatal clinic was lack of awareness. There is need for healthcare professionals to create awareness about the importance of postnatal care and encourage mothers to attend.

P0385 | A COMPARATIVE STUDY OF MISOPROSTOL ALONE VERSUS MIFEPRISTONE AND MISOPROSTOL FOR INDUCTION OF LABOUR WITH INTRAUTERINE FOETAL DEATH

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: To compare misoprostol alone and a combination of mifepristone plus misoprostol for induction-delivery-interval in cases of intrauterine fetal death (IUFD) after 24 weeks of gestation.

Methods: A Randomized Controlled Study was done in the Department of Obstetrics & Gynaecology Government Medical College Patiala, Punjab INDIA from January 2018 to June 2019.

200 women >24 weeks pregnancy with confirmed intra-uterine fetal death for induction of labour were randomized into 2 groups. Group A (100 Odd No.) - Tab. Misoprostol Alone in posterior fornix: 24 -<27weeks 100 to 200µg; =>27 weeks 25 to 100µg as per gestational age. Group B (100 Even No.) - Tab. Mifepristone 200mg orally, wait for 48 hours, followed by Tab Misoprostol as Group A.

In both groups, a thorough history, physical and obstetrical examination including Bishop's score was done. The same dose was repeated 4 hourly, maximum 5 doses monitoring the progress of labour till delivery.

Statistical Analysis: chi-square, one sample unpaired t-test between percentages, via Graphpad 2018.version.

Results: Group A / B Post induction Bishop Score 5.16± 1.47 / 6.37±1.21 (P=0.0001) HS. In Group B 25% delivered with Mifepristone alone < 48 hours. Onset of uterine contractions after First dose of Misoprostol (hours) 12.33±4.80 / 7.29±3.78 (P=0.0001) HS. Mean induction delivery interval (hours) 19.28±6.31/12.00±5.98 (P=0.0001) HS.

Mean No. of doses required 3.42±1.29 / 1.70±1.47 (P=0.0001) HS.

Dose (µg) 147.50±88.65 / 70.00±73.25(P=0.0001) HS.

Side effects More / Less.

Conclusions: Combination of both Mifepristone with Misoprostol remarkably superior to misoprostol alone for termination of IUFD (P=0.0001)- a fruitless and painful journey with minimum stay in the hospital.

P0386 | OPTIMAL TIMING TO SCREEN FOR ASYMPTOMATIC BACTERIURIA DURING PREGNANCY: FIRST OR SECOND TRIMESTER?
THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: To analyze the optimal timing (first versus second trimester) to screen for asymptomatic bacteriuria during pregnancy.

Methods: A retrospective cohort analysis, comparing patients that were screened for asymptomatic bacteriuria in the first versus second trimester was performed. The main question was to compare the rate of positive urinary cultures.

Study included patients all followed a prenatal consultation at the University Hospital of Brussels. Other outcomes considered were the nature of identified germs, treatments, possible risk and confounding factors (age, BMI, GPA, type of conception, ethnicity, education, prior urinary tract infection, diabetes, hypertension, prior preterm delivery and sickle cell disease) and complications (urinary tract infection, preterm delivery, preterm rupture of the membranes and chorio-amnionitis).

Results: 2005 consecutive files were reviewed, 655 concerned patients screened during the first trimester group and 1350 in the second trimester group. Asymptomatic bacteriuria was present in only 71 cases (3.54%), 23 in the first trimester group (3.50%) and 48 in the second trimester group (3.55%). *E. Coli* was the most frequently identified germ (37 cases (1,8%), 14 in the first trimester group and 23 in the second trimester group). Logistic regression analysis shows no statistical difference according to the moment the urinary culture was done for the presence of asymptomatic bacteriuria, for its association with hospitalization for pyelonephritis, preterm contractions, PPRM and/or preterm delivery.

Conclusions: If recommendations remain to screen for asymptomatic bacteriuria during pregnancy, this study indicates that the moment of testing (first versus second trimester) has no clinical impact on obstetrical outcomes.

P0387 | IDENTIFICATION OF CIRCULATING RNA TRANSCRIPTS THAT ASSOCIATE WITH HUMAN PARTURITION
THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: To quantify maternal blood concentrations of all mRNA transcripts before and after the onset of labor using RNA-sequencing

Methods: Eighteen singleton-pregnant women who were indicated for induction of labor at 41 weeks of gestation were recruited for this non-interventional observational study. Maternal peripheral blood samples were collected just before induction and during the latent phase of labor (cervical dilation <3 cm). RNA transcripts with different concentrations before and after labor were identified (DESeq2, False Discovery Rate-adjusted $p < .05$).

Results: As labor commenced, 913 mRNA transcripts were changed by >2-fold. Of these, transcripts coding for *CLEC4E* and *LIG4*, which regulate T-cell activation, increased in concentrations. Importantly, pregnant women with high blood concentrations of *CLEC4E* mRNA underwent labor (4.8 hours vs. 30.5 hours, Logrank P value =0.04) and delivery (13.1 hours vs. 44.3 hours, $P=0.01$) significantly earlier after blood sampling than their counterparts with low concentrations. Similarly, *LIG4*-high women underwent labor (4.3 hours vs. 7.3 hours, $p =0.02$) and delivery (11.2 hours vs. 13.6 hours, $P=0.02$) earlier than *LIG4*-low counterparts.

Conclusions: A panel of circulating RNA transcripts associated with the onset of labor were identified. Our data suggested that women with increased blood concentrations of two such transcripts underwent labor and delivery sooner. The potential of these labor-associated circulating RNA transcripts in predicting and understanding the onset of term parturition warrants further investigation.

Acknowledgement: This work was supported by the General Research Fund (RGC Ref No. 14130816) of the Research Grants Council of the Hong Kong SAR Government, China.

P0388 | BRIDGING THE GAP BETWEEN PLACENTAL IMAGING AND MANAGEMENT OF PAS DISORDERS ASSOCIATED WITH PLACENTA PREVIA

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.3 OPERATIVE OBSTETRICS

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Objectives: We aimed to assess the correlations between the MRI findings and the amounts of postpartum hemorrhage in patients with PAS and to use these data when planning surgical delivery.

Methods: We conducted a retrospective analysis of medical records of 21 patients diagnosed with PAS disorders and PP. The average gestational age was 32.3 ± 3.9 weeks. MRI was performed using a 1.5T MRI scanner according to the FIGO consensus guidelines (2018) on PAS.

Results: All patients (21/21; 100%) with PAS and PP had MR signs of abnormal hypervascularization in the lower uterine segment. 16/21 (76.1%) patients were subsequently diagnosed with PAS2/3 and their blood loss was 2237.5 ± 607 mL. MRI findings in PAS2/3 patients included the presence of the utero-ovarian anastomosis (16/16) and collateral vessel formation in the paracervical region (13/16). These data were successfully used to plan surgical delivery in four subsequent patients and allowed to reduce the blood loss to 1262.5 ± 191.6 ml owing to the use of interventional radiology procedures.

Conclusions: The patient management strategy in PAS disorders is often determined only in the operating room. However, in some cases it appears possible to rely on magnetic resonance imaging (MRI) findings in clinical decision making. MRI can provide useful supplementary information in some patients with PAS disorders as it can help predict the amount of blood loss and prepare a surgical team for the use of blood saving techniques to ensure best patient outcomes.

P0389 | THE USE OF CONVALESCENT PLASMA IN A CRITICALLY ILL OBSTETRIC PATIENT: A CASE REPORT

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.4 INFECTIONS IN OBSTETRICS

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Objectives: Present the case of a 33-year-old female at 27 (4) weeks of gestation who was critically ill with SARS CoV-2 infection and placed on mechanical ventilation who had rapid improvement after administration of convalescent plasma.

Methods: The patient had non-reassuring continuous electronic fetal heart rate monitoring and progressive and worsening clinical and radiographic parameters during management. Due to the severity of the case and lack of improvement with antibiotic, antiviral, and anticoagulation treatment, a request for compassionate use of convalescent plasma was sent to the institutional ethics committee. The request was approved. Revision of the findings and treatment options were presented to the patient's legally authorized representative who consented to proceed with the administration of convalescent plasma.

Results: On her fourth and fifth days of hospitalization plasma from a compatible donor with confirmed anti-SARS-CoV-2 IgG was transfused. Fetal well-being and patient vital signs were assessed after both transfusions with reassuring results. On the sixth day of hospitalization, the patient had lower FiO₂ and PEEP requirements, a spontaneous breathing trial was performed, and she was weaned successfully from mechanical ventilation. On day seven, ventilatory support with non-invasive positive pressure ventilation was initiated and the additional medical treatment was suspended. On day fourteen, she was discharged with no evidence of lung involvement on chest x-ray and complete recovery of pulmonary function. A healthy female was delivered vaginally at 39 weeks of gestation.

Conclusions: Convalescent plasma may be a safe and feasible treatment approach for severely ill obstetric patients with SARS-CoV-2.

P0390 | VASA PREVIA RUPTURE WITH FAVORABLE FETAL OUTCOME: A CASE REPORT

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: Vasa Previa is a challenging condition in Obstetrics, from its diagnosis until delivery. Vasa Previa rupture occurs when it is not diagnosed in pre-natal care, and it is usually associated with bad fetal prognosis. In September 2020, we had a patient with Vasa Previa diagnosed during labor. Our goal is to report this case.

Methods: We will report a case of Vasa Previa Rupture diagnosed during labor without evidence of this pathology in pre-natal ultrasonography.

Results: A 36-year-old multipara presented to the obstetric emergency department in spontaneous labor, hemodynamically stable, with adequate fetal wellbeing. After spontaneous rupture of membranes, the patient developed intense vaginal bleeding, uterine tenderness and possible acute fetal distress. A cesarean section was performed, and the velamentous insertion of the umbilical cord on the placenta with a partial rupture was revealed, without retroplacental hematoma. Although Vasa Previa Rupture is usually associated with negative fetal prognosis, the newborn had an APGAR score of 7/9.

Conclusions: Although Vasa Previa Rupture is associated with bad fetal prognosis, we illustrate a case with a good fetal outcome. Therefore, we present a rare case of Vasa Previa Rupture, due to its positive fetal outcome.

P0391 | LABOR ANALGESIA IN BRAZIL

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: The aim of this study was to evaluate the epidemiological, social and demographic profile of patients undergoing labor analgesia in Brazil.

Methods: We included 12,441 women in labor who are included in a national hospital-based cohort study, conducted during 2011-2012. Initially, 20 sociodemographic and obstetric variables related to the use of labor analgesia (epidural and/or spinal block) were analyzed. A multiple logistic regression of variables with a p-value less than or equal to 0.05 was performed.

Results: The rate of labor analgesia in Brazil was 7.1%. White women, with more years of schooling and living in Southeast region received

more labor analgesia. Labor analgesia was associated with cesarean section (OR=4,79; 3,02- 7,59), forceps/vacuum (OR=8,44; 4,40- 16,16), presence of companion in labor (OR=2,36; 1,43- 3,85), private payment for childbirth (OR=7,32; 3,71- 14,43), 1 or 2 previous deliveries (OR=0,77; 0,59- 0,99), ≥ 3 previous deliveries (OR=0,58; 0,40- 0,84) and living in Northeast region (OR= 0,28; 0,12- 0,65).

Conclusions: The rate of labor analgesia in Brazil is very low. An increased odds of cesarean section or instrumental delivery was found in women who received labor analgesia. Nulliparous women, women who delivered in the private sector and who had a companion during labor received more labor analgesia, while living in the Northeast region was associated with a reduction in the chance of receiving analgesia.

P0392 | LEARNING BREECH DELIVERY MANAGEMENT IN AN UPRIGHT POSITION IS INFLUENCED BY PREEXISTING EXPERIENCE - A FRABAT PROSPECTIVE COHORT STUDY

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.8 SAFETY AND SURVEILLANCE OF OBSTETRIC CARE

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Objectives: Breech presentation is one of the most common reasons for elective cesarean section worldwide although national guidelines underline the safety of vaginal breech delivery. In order to develop broad know-how in safe management of vaginal breech delivery we need to research clinical teaching. We performed a prospective cohort study on 140 vaginal deliveries out of breech presentation managed by seven different newly trained obstetricians who underwent instruction and hands-on training. We investigated differences in birth outcome and manual assistance rates between the managing physicians and in respect to their preexisting experience.

Methods: Prospective cohort study on 140 vaginal deliveries out of breech position in a specialized single center.

Results: Fetal morbidity rates measured with a modified PREMODA score were not significantly different in three sub-cohorts sorted by preexisting expertise levels of managing obstetricians (experience groups EG, EG0: 2, 5%; EG1: 3, 7.5%; EG2: 1, 1.7%; $P=0.357$). Manual assistance rate was significantly higher in EG1 (limited experience in breech delivery, only in dorsal position) compared to EG0 and EG2 (EG1 28, 70%; EG0: 14, 25%; EG2: 21, 35%; $P=0.0008$).

Conclusions: Our study shows that vaginal breech delivery is a safe option whether the managing obstetrician has no or advanced pre-existing expertise in breech delivery after breech birth training. Obstetricians with experience in vaginal breech delivery in dorsal position tend to interfere more often through manual assistance. These data should encourage to implement vaginal breech delivery

in clinical routine. Teaching should be adapted in respect to preexisting experience levels.

P0393 | ADVERSE PREGNANCY OUTCOMES ASSOCIATED WITH OBESITY AT PRINCESS MARGARET HOSPITAL, NASSAU, BAHAMAS
THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.5 OBESITY AND OBSTETRICS

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Objectives: To determine associations between maternal obesity, adverse maternal and fetal outcomes in obese pregnant women at PMH in the Bahamas.

Methods: A retrospective chart review was conducted concerning 580 women, 18 years and older, delivered at PMH between July 2015 and September 2017. The completed data were exported into the V.25 IBM-SPSS Statistical Analysis software for descriptive and inferential quantitative data analysis.

Results: The 580 participants' mean age was 27.6 (± 6.3) years. Their mean BMI at booking was 30.8 (± 8.5) kg/m² with 29.3% being overweight and 34.9% obese. An association with chronic hypertension was demonstrated (OR=1.064 [95% CI: 1.027, 1.103]; Cramer's V =0.161, P=0.025), with 70.0% belonging to obesity. Gestational hypertension was similarly related to obesity (OR=1.075 [95% CI: 1.042, 1.109; Cramer's V=0.196, P=0.025), accounting for 69.1%. Increasing BMI was independently associated with the odds for a caesarean section (OR=1.033 [95% CI: 1.009, 1.05]; Cramer's V =0.156, P=0.034). Of the stillbirths and 31 NICU admissions, 66.7% and 41.7% belonged to obese participants, respectively. Diabetes and birthweight did not show significant association with maternal obesity.

Conclusions: The association between obesity in pregnant women with chronic hypertension and gestational hypertension, as well as stillbirths and NICU admissions, implies that closer monitoring of these patients and their infants is warranted at PMH.

P0394 | CANADIAN ENHANCED RECOVERY AFTER SURGERY (ERAS) CESAREAN DELIVERY PERIOPERATIVE MANAGEMENT SURVEY
THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.8 SAFETY AND SURVEILLANCE OF OBSTETRIC CARE

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Objectives: To survey current practices of Society of Obstetricians and Gynaecologists of Canada (SOGC) members with regards to Enhanced Recovery After Surgery (ERAS) guidelines for preoperative, intraoperative, and postoperative phases of caesarean delivery care.

Methods: An online survey was distributed to all SOGC members between August and October 2020. Survey questions were based on the preoperative, intraoperative and postoperative recommendations outlined in the recently published ERAS caesarean delivery guidelines.

Results: The survey was completed by 489 of 1470 (33%) practicing obstetricians from across Canada. Most respondents performed pre-admission education (87.8%), provided management for pregnancy-associated hypertension (93.0%), and routinely ordered a complete blood count to screen for anemia (97.4%). Instructions to stop solid food intake 6 hours prior and clear fluid 2 hours prior to surgery was reported by 21.1% and 28.3%, respectively. Only 7.9% of respondents offered patients preoperative carbohydrate fluid supplementation. Preoperative antibiotic prophylaxis was reported by 96.2%. Routine placement of a urinary catheter was performed by 98.5% of respondents, although immediate postoperative removal was performed by only 1.3%. Delayed umbilical cord clamping by 60 seconds in term births and by 30 seconds in preterm births was performed by 64.8% and 18.0%, respectively. Only 41.4% routinely ordered mechanical VTE prophylaxis postoperatively. Nearly all participants encouraged early mobilization after caesarean delivery (99.0%).

Conclusions: Survey responses demonstrate perioperative practice variations in caesarean delivery amongst obstetricians in Canada. Implementation of ERAS caesarean delivery guidelines paired with audit and feedback would lessen disparities in perioperative care, improve patient outcomes, and minimize healthcare costs.

P0395 | A CASE OF BROAD LIGAMENT HAEMATOMA FOLLOWING INDUCTION OF LABOUR, TRIALLED VACUUM EXTRACTION AND CAESAREAN SECTION

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: A case study to analyse if a broad ligament haematoma occurred as a complication of induction of labour, attempted instrumental delivery or caesarean section.

Methods: Broad ligament haematoma is a rare complication of delivery. The incidence ranges from 1:500 - 20,000 and is most rare following spontaneous vaginal delivery. Often, it is difficult to identify clinically. This retrospective case study reviews a 25-year-old grand multipara woman who developed a right broad ligament haematoma, following induction of labour, attempted vacuum extraction, followed by caesarean section delivery.

Results: The G7P5 woman had an induction of labour at 40+2 weeks gestation for maternal preference due to social circumstances. She required multiple reviews during labour for severe, constant pain. On repeated reviews, she had normal vital signs, a soft abdomen and normal cardiotocography. Her pain improved slightly, but not significantly following the epidural. She was taken to theatre for a raised fetal lactate at full dilatation, and a vacuum extraction was attempted, unsuccessfully. It was then converted to a caesarean section. After delivery, it was noted that there was a 400mL haematoma collecting in the right broad ligament.

Conclusions: In this case, although it is most likely that the caesarean section trauma led to the broad ligament haematoma; her clinical presentation during labour indicates that it potentially occurred prior. Broad ligament haematoma is a rare but potential complication of vaginal delivery that should be considered when a woman has extreme pain.

P0396 | MATERNAL AND PERINATAL OUTCOMES IN OVERWEIGHT AND OBESE PREGNANT PATIENTS AT SIMON BOLIVAR HOSPITAL - SUBRED NORTE - BOGOTÁ 2019

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.5 OBESITY AND OBSTETRICS

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Objectives: to describe the maternal and perinatal outcomes in pregnant patients with overweight and obesity, at the time of delivery, in the period between July and December 2019, in a tertiary care hospital in Bogota.

Methods: descriptive cross-sectional study. A frequency analysis of different variables was performed related to the maternal and perinatal outcomes in pregnant women with excess weight at the time of delivery. The population was stratified in the groups: overweight and obesity, obesity, obesity class I, class II and class III.

Results: of a total of 984 deliveries of singleton pregnancies, 68.9% (n=678) were overweight and obese patients who were included in the analysis. The main delivery route was vaginal (62.1%), with a caesarean section rate of 37.2% in this period. Hypertensive disorders and hypothyroidism showed frequencies comparable to similar populations (21.8% and 5.9%, respectively). The frequency of gestational diabetes showed results comparable to the general population without stratifying by weight (5%). Admission to the neonatal intensive care unit and fetal death were the ones that showed the highest frequency in the children of overweight and obese patients. There was a positive relationship between body mass index and diagnosis of large for gestational age. Other perinatal outcomes evaluated showed similar or lower frequencies than those reported in the literature.

Conclusions: excess weight during pregnancy requires a multidisciplinary approach to identify maternal and perinatal risks, with special emphasis on metabolic disorders and gestational loss. These results drive the development of observational analytical studies in our population.

P0397 | THE PSYCHOSOCIAL BURDEN OF HPV AND THE IMPACTS ON QUALITY OF LIFE: A COMPREHENSIVE REVIEW

THEME: AB 3 GENERAL GYNECOLOGY/SUB-THEME: AB 3.5 INFECTIONS IN GYNAECOLOGY

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Objectives: To identify and review the literature exploring the psychosocial burden of HPV and the impacts on quality of life (QoL).

Methods: The search in this comprehensive narrative review was conducted in electronic databases, such as the Cochrane Library, Scopus, PubMed, Web of Science, Science Direct, SID. Articles were extracted since 2000. After the abstract and full-text screening, 24 articles were selected.

Results: From extracted studies, 13 were cross-sectional, 2 case-control, 4 prospective, 4 qualitative, and 1 mixed-method study. In 13 studies, more attention was paid to the psychological and social aspects of HPV, 6 studies focused on QoL, and 5 studies examined both aspects. Among the various complications and lesions caused by HPV, in 5 studies, the highest psychosocial scores were assigned to GWs based on the HIP questionnaire. The greatest effect of GWs has been related to the areas of sexual impact and self-image. The psychosocial effects of HPV were primarily due to the sexual nature

and its association with cervical cancer. In 7 studies, the EQ-5D questionnaire was used to evaluate the effect of the disease on QoL, in which GWs significantly reduced QoL, especially in the dimensions of Anxiety/Depression and Pain/Discomfort.

Conclusions: Despite the destructive effects of HPV, there are few supportive interventions in this area. It is recommended that in addition to routine medical treatment, psychological support for patients be given more attention.

P0398 | NATIONAL PERINATAL MORTALITY AUDITS AND RESULTANT INITIATIVES IN FOUR COUNTRIES - AN INTERNATIONAL COMPARISON

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.8 SAFETY AND SURVEILLANCE OF OBSTETRIC CARE

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Objectives: Implementing and re-evaluating recommendations from perinatal mortality audits addresses risk factors identified and completes the audit cycle, preventing similar deaths in the future. This study examines national perinatal mortality audits' methodology in four high-income countries (UK, New Zealand, Ireland, Netherlands). Recommendations made (between 2015-9) and the national initiatives addressing these are analyzed.

Methods: Two comprehensive literature searches were completed: on established national perinatal mortality audits in high-income countries; and on identifying national initiatives addressing recommendations from these audits. Content analysis of the recommendations of the audit reports was completed.

Results: Though the methodology of the audits varied, all four national perinatal mortality audits were state-funded and had a standardised online data collection form to report deaths. Common and recurring recommendation themes included: Raising public awareness of perinatal mortality risk factors, Detection of fetal growth restriction, Prevention of preterm birth, Resources and time for data collection and review. Only the UK had various initiatives addressing perinatal mortality risk factors directly. New Zealand included stakeholders in the audit recommendations' development and provided updates on their implementation. The Netherlands developed a programme for audit recommendation implementation. Ireland created a group focused on implementing the 2016-2026 Maternity Strategy and progressing relevant recommendations from the audit.

Conclusions: National perinatal mortality audits are important in identifying contributory factors and making recommendations to address these. Recurring recommendations suggest a failure to resolve the identified issues. This study shows how some challenges are common to high-income countries' audits, highlighting the need for shared learning of successful initiatives.

P0399 | PREVENTION AND MANAGEMENT OF MAJOR POSTPARTUM HAEMORRHAGE: A RETROSPECTIVE REVIEW

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: Primary postpartum haemorrhage (PPH) is the most common cause of major obstetric haemorrhage, occurring in over 13% of deliveries in the UK. Effective recognition and team management of PPH is essential to improving maternal outcomes. We aimed to assess the diagnosis and management of major PPH in a large, Irish obstetric unit and develop a standardised care pathway for all patients in order to improve maternal outcomes.

Methods: Retrospective analysis of all cases of major PPH for the year 2020 in a large Irish obstetric unit. Major PPH was defined as blood loss >1000mls within 24 hours following delivery. Greentop guideline no.52 on prevention and management of PPH was used as audit standard.

Results: 43 patients were included. Severe PPH (>2000mls) occurred in 25% (11/43). Active management of third stage of labour was carried out in 90% (39/43) of cases, with further uterotonics required in 44% (19/43) of cases. Surgical management was used in 9% (4/43). Blood transfusion was required in 65% (28/43). A cause of PPH was identified in 81% (35/43) of patients, with trauma accounting for the majority of cases (47%).

Conclusions: Effective diagnosis and team management of PPH is of paramount importance in improving maternal outcomes. Standardised management with multidisciplinary involvement has been shown to reduce the incidence of PPH and improve maternal morbidity and mortality. The implementation of a major obstetric haemorrhage protocol aids recognition and effective management of PPH, ensuring optimal patient care.

P0400 | TOXOPLASMOSIS AND PREGNANCY: INFORMATION PLACE IN SEROCONVERSION PREVENTION

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.4 INFECTIONS IN OBSTETRICS

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Objectives: Toxoplasmosis is a common infection, usually harmless, caused by a parasite *Toxoplasma Gondii*. However, a primary

infection during pregnancy may cause severe foetal complications. Their degree varies with the pregnancy's term. Congenital toxoplasmosis' prevention lies on serological surveillance of pregnant women to identify the non-immune ones. We launched this study to evaluate nonimmune pregnant women's knowledge and behaviour and to identify midwives' role in sensitization.

Methods: We conducted an analytic study for 35 days in a level 3 maternity center. We studied 2 groups: the first one: pregnant women nonimmune for toxoplasmosis and the second one: midwives. The data were collected by two surveys; one for each group.

Results: The study showed that major source of information are practitioners then midwives. Half of the pregnant women don't know the frequency of seroconversion's blood screening. Concerning prevention behaviour: 23% consider well cooking meat is a way of prevention and 19% know that cats play a role in contamination. 23% confessed eating raw meat. 43% are aware of the possibility of foetal complication with seroconversion during pregnancy. 70% of midwives propose an amniocentesis when seroconversion occurs and 80% think that the pregnant women's knowledge is poor regarding toxoplasmosis.

Conclusions: Pregnant women have poor knowledge about their immunity status for toxoplasmosis, thus we need to enhance their knowledge about this infection and its complications. Midwives have a key role in prevention by information's transmission. A good follow up and recommendations' respect minimize the risk of infection.

P0401 | ADHERENCE TO HEMATINIC SUPPLEMENTS AND ITS ASSOCIATED FACTORS AMONG WOMEN ATTENDING ANTENATAL CARE SERVICES AT MNAZI MMOJA HOSPITAL, DAR ES SALAAM, TANZANIA

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: To assess the adherence of hematinic supplements and its associated factors among women attending antenatal care services at Mnazi Mmoja Hospital, Dar Es Salaam, Tanzania.

Methods: An analytical cross-sectional study was conducted at Mnazi Mmoja Hospital and a total of 500 eligible antenatal attendees were recruited. Data were collected using a pretested questionnaire. Statistical package for social science computer program was used for data analysis. Association between categorical variables and adherence to hematinic supplements was determined by Chi square test. Multivariable logistic regression was employed to identify the associated factors at a *P* value of less than 0.05.

Results: The proportion of women who adhered to hematinic supplements was 60.8%, with 28.2% 32.6% and 39.2% having high, moderate and low adherence to hematinic supplements, respectively. Family size of 3–4 members (AOR=1.617, 95% CI: 1.042–2.510) and knowledge on anemia and hematinic supplements (AOR=0.383, 95% CI: 0.257–0.572) were the factors independently associated with adherence to hematinic supplements on a multivariable logistic model. The mean gestation age at the time of first antenatal contact was 14.6±4.5 weeks. More than half of the participants (66%) had low knowledge on anemia and hematinic supplement and 99.2% had positive attitude toward the hematinic supplements.

Conclusions: The proportion of adherence to hematinic supplements was average among pregnant women attending antenatal care clinic. The family size and knowledge on hematinic supplements and anemia were the factors associated with adherence to hematinic supplements. Majority had insufficient knowledge on hematinic supplements and anemia in pregnancy.

P0402 | EFFECT OF CONTINUOUS VERSUS INTERMITTENT URINARY CATHETERIZATION FOR PREVENTING POSTPARTUM URINARY RETENTION AMONG WOMEN WITH AN EPIDURAL ANESTHESIA DURING LABOR AT HUNG VUONG HOSPITAL, VIETNAM: A RANDOMIZED CONTROLLED TRIAL STUDY THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: To determine the effect of continuous urinary catheterization (CC) versus intermittent urinary catheterization (IC) for preventing postpartum urinary retention (PUR) in women with epidural anesthesia during labor at Hung Vuong Hospital.

Methods: Women with singleton cephalic presentation who received epidural anesthesia during labor were eligible and randomized to either CC or IC group using block randomization. Assessors were blind to participants' study group. PUR was defined as post void residue volume (PVR) ≥400 mL at 6 hours postpartum using BVI 3000 bladder scanner. Log-binominal models were used to calculate risk ratio (RR) and 95% confidence intervals (CI) to estimate differences in clinical outcomes between CC and IC groups.

Results: From 01.08.2014 to 31.12.2015, 572 pregnant women were randomized to CC group and 567 to IC group. Risk of PUR was significantly lower among women in CC group compared with those in IC group (RR=0.81, 95%CI 0.66–0.98). Eighteen women needed to treat CC to reduce one additional case of PUR. Women in IC group were more likely to receive a treatment of continuous urinary catheter within 48 h compares with those in CC group (RR=1.65, 95%CI 1.02–2.68). No cases of symptomatic catheter-related urinary tract infection were detected.

Conclusions: The CC approach indicated a higher effect for preventing PUR among women with epidural anesthesia during labor. It should be applied in obstetric practices at HVH.

P0403 | ASSOCIATION BETWEEN GESTATIONAL WEIGHT GAIN AND PREGNANCY OUTCOMES IN A SINGAPOREAN POPULATION: A PROSPECTIVE COHORT STUDY

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.5 OBESITY AND OBSTETRICS

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Objectives: Inadequate or excessive gestational weight gain (GWG) is associated with adverse pregnancy outcomes. We aimed to study GWG and its association with pregnancy outcomes, including small for gestational age (SGA), macrosomia, and caesarean section secondary to failure to progress (FTP) or cephalopelvic disproportion (CPD).

Methods: 926 women with low-risk singleton pregnancy were enrolled in a prospective cohort study from 2010 to 2014 in a Singapore maternity hospital. 704 patients without pre-existing diabetes or hypertension and had maternal weight information till term pregnancy were included in analyses. Total GWG was compared to Institute of Medicine (IOM) 2009 guidelines. Logistic regression analyses were used to assess the association of GWG below or above IOM guidelines with pregnancy outcomes.

Results: GWG below IOM guidelines was associated with an increased risk of SGA (adjusted OR: 2.97 [1.71, 5.15]; $P < 0.0001$). GWG above IOM guidelines significantly increased the risk of caesarean section due to FTP or CPD (adjusted OR: 2.10 [1.09, 4.01]; $P = 0.0275$). GWG above IOM guidelines was associated with an increased risk of macrosomia in univariate analysis (unadjusted OR: 2.12 [1.09, 4.14]; $P = 0.0275$), while GWG below IOM guidelines was associated with a reduced risk of macrosomia (adjusted OR: 0.16 [0.05, 0.57]; $P = 0.0046$).

Conclusions: GWG not achieving IOM recommendations has been found to be associated with adverse pregnancy outcomes in Singaporean women. Results of the current study add to our understanding on the association of GWG with pregnancy outcomes in South-East Asia and suggest that appropriate weight management during pregnancy is important.

P0404 | PROPHYLACTIC USE OF BILATERAL URETERIC STENTS IN WOMEN WITH PLACENTA ACCRETA

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.3 OPERATIVE OBSTETRICS

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Objectives: Placenta accreta is the leading cause of hysterectomy in obstetrics and can lead to serious operative complications including the risk of urinary tract injury. The aim of our study was to evaluate the benefits of using ureteric stents in women undergoing cesarean hysterectomy for an abnormal invasive placenta.

Methods: A retrospective study conducted in a referral center in Tunisia, which includes all women with abnormally invasive placentation between 2010 and 2020 with a histologically proven diagnosis of placenta accreta. We focused on urological complications.

Results: 80 patients were included in the study, divided into 48 placenta accreta, 18 placenta increta and 14 placenta percreta. All patients had a history of at least 1 cesarean delivery. Forty-six patients had ureteric stents placed before hysterotomy vs. 34 who had not. There were no maternal deaths. Concerning urological complications, we noted 9 bladder lesions and 4 cases of ureteric injury in patients without bilateral ureteric stents vs. 6 bladder lesions and no ureteric injuries among the 46 women who underwent preoperative bilateral ureteric stent placement; all these lesions were recognized and treated intraoperatively. Urological lesions were more frequent in patients who had an unscheduled caesarean hysterectomy with uncontrollable bleeding.

Conclusions: Preoperative ureteric stent placement is an easy procedure that can be performed even in an emergency context with few complications and appears to minimize ureteral injury during cesarean hysterectomy for placenta accreta.

P0405 | GESTATIONAL INTERNET SURFING AMONG OMANI PREGNANT WOMEN: A DESCRIPTIVE CROSS-SECTIONAL SURVEY
THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: To explore Omani pregnant women's perception of internet usage for seeking health information.

Methods: Perceived Internet Information Reliability Questionnaire (PIIR-Q), a five-point Likert scale having 14 items was tool used. The study was conducted specifically among Omani pregnant women irrespective of which trimester they were. A total of 392 pregnant women participated in the survey. The data were collected from the antenatal outpatient department of a Public University Hospital, Oman & data analyzed between March 2019 and Jan 2020. Descriptive cross-sectional survey was the research design. SPSS 23 was used for descriptive statistics and logistic regression analysis.

Results: Most women in the study were in their first pregnancy. Almost 63.8 percent were in their third trimester. Most of them had Internet access through a Wi-Fi. 62.2 percent were postgraduates & used internet daily. 91.7 percent perceived Internet as the most convenient source for searching maternity related topics. 73.8% Omani pregnant women reported this act of internet surfing saved their long waits in hospitals for clarifying doubts. About 56 percent have resorted to search home remedies for minor ailments & 41.3 percent have ended up in self-diagnosis which resulted in complications. Sadly around 94.1 percent trusted and relied on Internet sources irrespective of the authenticity of the resource or website. 89 percent reported that non availability of appropriately trained antenatal/childbirth health educators was a reason to rely on internet
Conclusions: Hospital Based antenatal & childbirth centers or programs are essential to provide safe information.

P0406 | FETOMATERNAL OUTCOMES IN PREGNANT PATIENTS WITH COVID-19 IN A TERTIARY CARE CENTER IN PAKISTAN
THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.4 INFECTIONS IN OBSTETRICS

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Objectives: To study the fetomaternal outcomes in pregnant patients with COVID-19 disease in a tertiary care centre in Karachi, Pakistan

Methods: We conducted an observational study which recruited patients over a period of six months, that is, from March 2020 to August 2020. A total of 90 patients with COVID-19 were enrolled.

Results: The mean age of patients was 29 years and the mean gestational age at diagnosis was 36 weeks. Among all patients diagnosed with COVID-19 only 7.5 % were symptomatic. The rest were tested positive on routine screening before delivery. Myalgia and fatigue were the commonest symptoms, with 96% of symptomatic pregnant patients reporting it. Out of 90 patients, 8.6% developed preeclampsia and 3.2% developed obstetric cholestasis. 2.2% of patients presented with preterm labour and 3.2% presented with prelabour rupture of membranes. Among the laboring patients 25% underwent emergency LSCS and 11% of all patients developed PPH. The mean birthweight of neonates was 2.7 kg. Majority of the mothers (86%) breastfed their babies. Among all the babies delivered 2.2% were shifted to neonatal intensive unit.

Conclusions: Most of the pregnant patients with COVID disease were asymptomatic. Despite lack of symptoms, a substantial number of patients developed preeclampsia (8.6%), obstetric cholestasis (3.2%) and PPH (11%) Our study showed that even in absence of symptoms, pregnant patients with COVID are at high risk of complications.

P0407 | EFFECT OF EXPANSION TECHNIQUE OF UTERINE INCISION AT CAESAREAN DELIVERY ON THE DEGREE OF INTRAOPERATIVE BLOOD LOSS
THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.3 OPERATIVE OBSTETRICS

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Objectives: To determine which method of expansion of uterine incision at caesarean section (sharp and blunt) is associated with a reduction in blood loss.

Methods: A prospective randomized study conducted among booked antenatal women admitted in antenatal ward for elective caesarean section at the University of Port Harcourt Teaching Hospital (UPTH), Nigeria over a period of nine months. The eligible 354 women (177 for each group) were counseled for participation in the study and informed consent obtained. Blood loss estimation (EBL) was undertaken using volumetric and gravimetric methods. The data were collected and analyzed using EPI INFO statistical software.

Results: The mean age of women in blunt group was 31.6 years and 31.7 years in sharp group. All the women had formal education. The mean parity in blunt group was 1.4 and 1.5 in sharp group. The mean gestational age for both groups was 38.1 (SD 1.0) weeks. The mean EBL during the study period was 594.4 (SD 167.0) mls. The mean EBL for sharp group was 602.3 (SD 176.6) mls and 586.4 (SD 157.3) mls

for blunt group. The mean EBL for women in blunt group who had uterine extension was 889.3 (SD 100.3) mls while that of sharp was 944.4 (SD190.9) mls.

Conclusions: Although sharp expansion of the lower segment transverse uterine incision resulted in more blood loss, the difference is not statistically significant. The difference in blood loss following inadvertent extension between the two groups is statistically significant. There was no need for a blood transfusion.

P0408 | A 12-MONTH SYSTEMATIC REVIEW OF OBSTETRIC ANAL SPHINCTER INJURIES (OASIS) FOLLOWING VAGINAL DELIVERIES

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: This study was to analyse the trends of vaginal delivery by parity and mode of delivery in relation to OASIS and the incidence of women affected by OASIS over 1 year period.

Methods: A retrospective review of all women who underwent vaginal delivery of Singleton pregnancy and who sustained OASIS in a medical college in South India over 1 year period. Parity, MOD, with or without episiotomy and type of vaginal delivery documented. The data were analysed using the SPSS software. Chi square analysis for significance testing were used to compare and quantify the outcome.

Results: The overall incidence of OASIS is 2.3% of vaginal deliveries in this study. 2959 women underwent a vaginal delivery of whom 42% were primigravida and 58% were multigravida. SVD occurred in 2198 of women with 29% and 71% occurring among each group, respectively. OVD occurred in 26% women with majority being primiparous 78%. 86 women sustained OASIS-95 % being classified as 3rd degree and 5 % as 4th degree tears. Of the OASIS group 71% were primi and 29% multigravida. Primi without episiotomy 31 % sustained higher percentage of OASIS following SVD than in those with episiotomy 6%. The highest number of OVD was among Primi 42 %, of which 27 % had Forceps and 15 % had Kiwi delivery. Sequential delivery was common among primi than multip 14 v/s 3 %.

Conclusions: Primigravida are at higher risk of sustaining OASIS, majority in this study occurred in SVD without episiotomy. An accurate and selective episiotomy especially in the primigravida may have a beneficial role in the reduction of OASIS

P0409 | WHAT INTERVENTIONS ARE MOST EFFECTIVE FOR EMERGENCY CONTRACEPTION? A CRITICALLY APPRAISAL TOPIC

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: The purpose of this evidence-based critically appraisal topic is to investigate the most effective interventions for emergency contraception.

Methods: Our study employed search terms such as "emergency contraception", "most effective", and "postcoit" in PubMed/Medline, Scopus, Cochrane library, Clinical key, MagIran, SID, and Google Scholar search engine with no time limitation. After deleting duplicates articles as well as theoretical assessment of their contents, finally, one article was selected because of the higher level of evidence and answering the clinical question of the present study. The study was critically evaluated and the methodological quality was assessed by the PRISMA 2009 checklist.

Results: Levonorgestrel was more effective than Yuzpe regimen in preventing pregnancy (RR=0.57, CI 95%: 0.39–0.84). Compared to estradiol, levonorgestrel was more effective (RR=0.14, CI 95%: 0.05–0.41) too. Both mid-dose and low-dose mifepristone were more effective than levonorgestrel (RR=0.61, CI 95%: 0.45–0.83), (RR=0.72, CI 95%: 0.52–0.99). The Cu-IUD was less effective than all doses of mifepristone (RR=0.33, CI 95%: 0.04–2.74). Nausea and vomiting were the most widely adverse effect of levonorgestrel and its users had fewer side effects than Yuzpe users. They were more likely to have a menstrual return before the expected date. mifepristone was mainly associated with a delay in menstruation, which was dose-related. Cu-IUDs are more likely to cause abdominal pain than oral emergency contraceptives.

Conclusions: Each dose of mifepristone is more effective than levonorgestrel, and levonorgestrel is more effective than Yuzpe.

P0410 | MENTORSHIP TO RESPOND TO COVID-19 BY MIDWIVES: EXPERIENCES FROM SUBDISTRICT HOSPITALS IN BANGLADESH
THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.6 MIDWIFERY CARE

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Objectives: The emergence of COVID-19 disrupted the routine and emergency health services posing a significant threat to women's health in Bangladesh. To improve the access to safe and quality midwife-led services during coronavirus pandemic, government assessed the feasibility of mentorship program to increase preparedness and essential competencies of staff. Mentors are female medical graduates received additional training on COVID-19 topics. This analysis assessed the impact of mentorship on maintaining the maternity services during a pandemic.

Methods: Mentors used a standardized checklist routinely to identify and address the hospital gaps on COVID-19 readiness and improving the competency and confidence of midwives and nursing staff working in 91 subdistrict hospitals under 16 districts. Data were analyzed to assess the changes between baseline (April-June 2020) and follow-up assessment (October-December 2020) conducted by the same set of mentors.

Results: Follow-up assessment compared to baseline demonstrated significant progress. Triage system improved from 27% to 51%. Separate maternity areas and dedicated staff for symptomatic pregnant women and mothers increased from 6% to 73% and 38% to 57%, respectively. Availability of "flu corner" improved from 67% to 90%; functioning ANC corner 84% to 98%; PFP services 75% to 90% and VIA services from 42% to 74%. National data of these hospitals indicate that between May and December 2020, the total number of ANC, NVD and PNC (1 and 2) visits increased by 126%, 89% and 96%, respectively.

Conclusions: Midwife-led services supported by well-structured mentorship is crucial to increase accessibility to quality maternity services during a pandemic crisis.

P0411 | A COMPARATIVE STUDY OF 25MG VERSUS 50MG OF INTRAVAGINAL MISOPROSTOL FOR CERVICAL RIPENING AND INDUCTION OF LABOUR

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.8 SAFETY AND SURVEILLANCE OF OBSTETRIC CARE

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Objectives: To compare 25 µg versus 50 µg of intravaginal misoprostol for cervical ripening and induction of labor.

Methods: A Randomized Controlled Study was done in the Department of Obstetrics & Gynaecology Government Medical College Patiala, Punjab INDIA from January 2018 -June 2019.

One hundred pregnant women with Bishop score <6 for induction of labour were randomized: Group A (50 Odd No.) Tab.25 µg misoprostol pervaginum and Group B (50 Even No.) Tab.50µg misoprostol pervaginum. In both groups, a thorough history, physical and obstetrical examination including Bishop's score was done. The same dose was repeated 4-hourly with monitoring the progress of labour and FHS. Number of doses required, induction-delivery- interval, need for oxytocin augmentation, mode of delivery, complications and fetal outcome were recorded.

Statistical Analysis: by using chi-square, one sample t-test between percentages, and McNemar's test on Epi Info 7.2.31.

Results: Both groups were comparable for all the outcome variables. ($P > 0.05$.) However significantly more women delivered with an only dose of 50 µg i.e., 40% versus 25 µg i.e., 20% misoprostol ($P = 0.008$). Moreover, also more women delivered in <12 hours with 50 µg (41.86%) than 25 µg (22.73%) misoprostol pervaginum ($P = 0.016$). Furthermore, more women delivered in <12 hours and with only a single dose of 50 µg (41.86%) than 25 µg (22.73%) misoprostol pervaginum ($P = 0.016$).

Conclusions: 50 µg is more effective than 25 µg misoprostol pervaginum in all women for induction of labour especially more where delivery needs to be expedited like HDP as significantly more women delivered in <12 hours ($P = 0.016$) with single dose only ($P = 0.008$).

P0412 | INFLUENZA VACCINATION IN PREGNANCY: THE RURAL PATIENT'S PERSPECTIVE IN SOUTH-WEST VICTORIA, AUSTRALIA

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: To evaluate the experiences and attitudes of pregnant women towards antenatal influenza vaccination in rural south-west

Victoria, in order to identify determinants to improve significantly reduced influenza vaccine uptake in pregnancy in this community.

Methods: Self-reported cross-sectional questionnaires were used at South West Healthcare antenatal clinic, Warrnambool, Victoria. Pregnant women attending the antenatal clinic were invited to participate between October 2019 and January 2020. Themes of vaccine recommendation, uptake and understanding of safety were explored in addition patient education, demographics and model of obstetric care.

Results: Of the 119 women who agreed to participate in the study, 113 completed the questionnaire (95%). The rate of antenatal vaccination during their current pregnancy was 55%. 68% of women who had not received the vaccine during pregnancy expressed willingness to be immunised. Women were 3.15 times (95% CI 1.3–7.3, $P=0.007$) more likely to receive the influenza vaccination antenatally if they had a recommendation from a healthcare professional (GP, obstetrician, midwife or pharmacist) or from their workplace. There was no association found between prior antenatal influenza vaccination and current antenatal vaccine uptake ($\chi^2=0.11$, $P=0.73$).

Conclusions: Recommendations for antenatal influenza vaccination by a variety of healthcare professionals is significantly associated with improved vaccine uptake. However, vaccine uptake in prior pregnancies is not linked to an increased likelihood of vaccination in subsequent pregnancies. Ongoing patient-centred education on the immuno-protective benefits and severe complications of infection is essential to improve patient awareness and antenatal vaccination uptake.

P0413 | ANALYSIS OF OUTCOME OF SECOND STAGE CAESAREAN SECTIONS

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: In many countries around the world, obstetric practice has witnessed an increasing frequency in caesarean sections, about one third are performed due to failure to progress, of which a quarter occur at full dilatation. This study was undertaken to determine the maternal and neonatal outcome in women, delivered by second stage CS in a rural medical college in south India.

Methods: This is a retrospective review of 126 women who delivered by second stage caesarean section over 1 year period. Data were analysed according to the demographic background, significant intrapartum, postnatal and neonatal outcomes. Chi square test was used to compare rates

Results: Majority of patients were primigravida, of younger age group of 18–25 years. Approximately 60 % of women went into spontaneous onset of labour, while 40% had Induction. The commonest indication was failure to progress 41.5%, followed by non-reassuring CT. The most frequent intra op complications encountered tend to more

of extended incision, thin lower uterine segment and hemorrhage. 15 cases had inverted T incision, the high incidence-due to difficulty in delivering impacted fetal head. The incidence of post-operative pyrexia and need for blood transfusion post-natally were increased. Apgar scores at 1 and 5 min was less favourable, requiring more NICU admissions. The perinatal mortality rate in our study was 3.8 %. The mean duration of hospital stay was prolonged to 6 ± 3.5 days. **Conclusions:** In spite of all attempts to deliver the pregnancy vaginally, many times emergency CS may have to be resorted to for fetal or maternal salvage. C section in second stage is associated with increased maternal and neonatal morbidity

P0414 | MATERNAL PROFILE OF PATIENTS WITH STILLBIRTH AS FETAL OUTCOME IN A TERTIARY MEDICAL CENTER

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: In the Philippines, one in forty pregnancies end up in stillbirth. Multifactorial etiologies result to stillbirth. There has been no published local literature regarding maternal profiles with stillbirth as outcome. This study determined the sociodemographic profile, clinical characteristics and maternal outcome of patients with stillbirth as fetal outcome at a tertiary government hospital from 2013–2017.

Methods: This study reviewed the charts at the medical records section of Vicente Sotto Memorial Medical Center with stillbirth who were admitted from 2013–2017 with key words “stillborn” and/or “intrauterine fetal demise” in the diagnosis.

Results: Majority came from the province and had attained basic education. These patients were mostly 18–34 years old and belong to the “working poor” class. Most were multiparous and almost half were preterm. More than half did not have co morbidities. Majority were compliant with prenatal visits to health care workers and took the prescribed supplements. Seventy three percent delivered vaginally. None of them experienced physical trauma during the duration of the pregnancy. Ninety percent were discharged improved and 1% ended up with maternal mortality.

Conclusions: Stillbirths can happen in women without risk factors. Fetal survival can be achieved by proper antenatal care to monitor fetal status. Access to health care in specific areas in the province should be looked in to and first line health workers such as midwives must have continuing education and assessment of competencies.

P0415 | IMPLEMENTING THE FAMILY-LED CARE MODEL FOR THE CARE OF PRETERM AND LOW BIRTH WEIGHT NEWBORNS IN MALAWI: EXPERIENCE OF HEALTH CARE WORKERS

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.7 NEONATAL CARE

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Objectives: Every Premie-SCALE piloted the Family-Led Care model, an innovative, locally developed model of care for preterm and LBW babies receiving KMC. The Family-Led Care model positions families as active, confident participants in the care of their preterm and LBW babies in the health facility and at home. The model promotes improved quality of care at the facility and increased access to and utilization of care through a functional referral system. The aim of the study was to describe healthcare workers' experience using Family-Led Care in five health facilities and their catchment areas in Balaka district, Malawi.

Methods: The mixed-methods design, with two data collection periods, included patient record reviews, observations and questionnaires for facility staff and qualitative interviews with health workers. The total convenience sample comprised 123 health professionals, support staff and non-professional health workers in target facilities.

Results: Facility-based staff had positive perceptions of Family-Led Care (83%). From period 1 to period 2, all facilities demonstrated high adherence rates with regard to regularly monitoring babies' vital signs, feeding and weight, while recordkeeping of monitoring activities increased from 62% to 92%. Counselling skills of facility-based staff improved over time from 74% to 83%.

Conclusions: This study reports improved quality of care through better newborn monitoring and documentation and better follow-up of preterm and LBW babies. Health workers were positive about their involvement, and they reported positive reactions from families. Lessons learned were incorporated into a universal Family-Led Care package that is available for adaptation by other countries.

P0416 | IMPACT OF DENGUE IN PREGNANCY

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.4 INFECTIONS IN OBSTETRICS

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Objectives: The aim was to study the maternal and fetal outcomes in pregnant women who were diagnosed with dengue.

Methods: It was a retrospective observational study done in Dr Mehta's Hospitals, Chennai, India for a period of 2 years from Jan 2018 to Dec 2020. Patients who were diagnosed with dengue using Dengue Immunoglobulin M antibodies and or Nonstructural protein antigen1 (NS1) were included.

Results: A total of 897 cases of dengue fever were diagnosed during the period of 2 years of which the number of antenatal patients who were admitted and managed were 28. 4 patients were in the 1st trimester, 10 in the 2nd trimester and 14 in the 3rd trimester. Fever (92.8%) was the main presenting complaint followed by myalgia and headache. 2 patients had epistaxis and 2 presented with bleeding per vaginum. Thrombocytopenia (less than 1.5 L/cu.mm) was seen in 89.2% patients and 25% had platelet count less than 20,000/cu.mm. 7 patients (25%) received platelet transfusions. 5 patients were admitted to ICU. Other complications observed were spontaneous miscarriage, preterm delivery, antepartum hemorrhage and postpartum hemorrhage. 1 patient developed dengue shock syndrome with viral myocarditis and acute left ventricular failure was discharged in moribund state. Adverse fetal outcomes were prematurity and NICU admission.

Conclusions: Dengue during pregnancy increases maternal and fetal morbidity. Timely intervention can improve maternal as well as fetal outcome.

P0417 | ASSESSMENT OF ACTIVITY LEVELS AND PERCEIVED BARRIERS OR FACILITATORS TO PHYSICAL ACTIVITY IN PREGNANCY AT AGA KHAN UNIVERSITY HOSPITAL, NAIROBI

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: To determine the level of physical activity in pregnant women at Aga Khan University Hospital, Nairobi and to explore their attitudes, barriers and facilitators to physical activity.

Methods: A cross-sectional study was used to examine the level of physical activity of 233 pregnant women at Aga Khan University Hospital using a self-reported Pregnancy Physical Activity Questionnaire. Using the reported type, frequency and duration of

physical activity along with corresponding metabolic equivalents (METs), the level of activity was assessed using descriptive measures. Women with >7.5 MET-hr/wk in sports/exercise activities of moderate intensity or greater were considered to have met the ACOG guidelines. Pregnant women's attitudes, barriers and facilitators to exercise were explored through focus group discussions. Women's responses were categorised as intrapersonal, interpersonal or environmental according to a socio-ecologic framework.

Results: Median total energy expenditure was 169 MET-hr/wk with median energy expenditure on sports/exercise of 3.20 MET-hr/wk. Only 32% of women met the ACOG guideline. Women faced significant barriers including: safety concerns, fatigue, lack of motivation, time constraints, lack of information, poor access to affordable facilities and deficient pregnancy specific programs. In contrast, enablers included: perceived benefits during labour, better weight management, reduced pregnancy related complications and partner support.

Conclusions: The interaction between individuals, healthcare workers and organisations are required to improve physical activity in pregnant women. Interventions to overcome barriers should focus on antenatal counselling from providers, offering written information, provision of specifically tailored programs and enhancing social support networks through mothers' groups and antenatal classes.

P0418 | PREMATURE DELIVERY OF A DICHORIONIC/DIAMNIOTIC TWIN PREGNANCY AFTER A RECTAL LISTERIA MONOCYTOGENES INFECTION: A CASE REPORT

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.4 INFECTIONS IN OBSTETRICS

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Objectives: *Listeria monocytogenes* is a human-pathogenic bacterium causing serious infections of susceptible individuals via contaminated foods. Invasive disease results in a febrile gastroenteritis with flu-like symptoms and back pain. In pregnancy, the infection can take a threatening course due to placental transmission leading to miscarriage, fetal demise or premature delivery.

Methods: Case Report of *Listeria monocytogenes* infection in pregnancy leading to the premature delivery of dichorionic/diamniotic twins and subsequent neonatal death of one twin.

Results: A 39-year-old patient (G1/P0) was admitted to our department at 25 3/7 weeks of gestation with a DCDA twin pregnancy conceived via assisted reproductive technology. She complained about a dry cough, other symptoms were absent. The examinations did not reveal abnormal findings except a mild leukocytosis. The

second twin showed a slightly increased resistance index of the umbilical artery; the estimated fetal weights were concordant and normal. The patient received steroids for lung maturation. A cesarean section was performed because of contractions followed by cervical dilatation. In the NICU, the twin girls were tested positive for *Listeria monocytogenes* which was also found in the mother's vaginal and rectal swap. One twin died from a listeria sepsis on 11th day of life. The second twin fully recovered and was discharged on 111th day of life. Our patient was treated with intravenous ampicillin, recovered well from surgery and was sent home on day 3.

Conclusions: Healthcare providers should counsel their pregnant patients regarding appropriate nutrition and hygiene in order to primarily prevent food borne illnesses.

P0419 | PLACENTA ACCRETA

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: Placenta Accreta is an abnormal implantation of the placenta in the uterine wall and is responsible for significant maternal and fetal morbidity. The aim of antenatal diagnosis is to identify risk situations in order to schedule delivery in a maternity hospital with an appropriate technical platform.

Methods: This is a retrospective descriptive study conducted in department D of the maternity and neonatology centre of Tunis during the period from November 2018 to April 2021. We collected 18 cases whose diagnosis of placenta Accreta was confirmed by post-operative anatomopathological study.

Results: The mean age of the patients was 34.6 years with a mean gravidity of 3.66 and a mean parity of 3.11. All our patients had at least one uterine scar. 88% of the placentas were praevia. In 15 patients the diagnosis was suspected antenatally. Intraplacental lacunae were the most common ultrasound sign, followed by the absence of a hypoechoic line between the serosa and the bladder. On Doppler study, turbulent flow in the lacunae was observed in 7 cases. MRI was requested in posterior locations and in case of suspected Percreta.

Conclusions: This is a pathology that causes serious maternal-fetal complications, the prognosis of which is improved by screening women at risk and using appropriate prenatal diagnostic methods.

P0420 | DEBRIEFING AFTER OBSTETRIC COMPLICATION: EMPOWERING WOMEN THROUGH EFFECTIVE COMMUNICATION. A CLINICAL AUDIT

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: Working collaboratively and communicating effectively with women after operative delivery has been shown to impact choice regarding mode of delivery after caesarean and relieve psychological trauma. We hypothesise that debriefing women after emergency operative delivery could have a significant impact on patient experience and empower women through providing greater insight.

We aim to examine our centre's approach to debriefing and enable women to make an informed choice regarding VBAC.

Methods: A retrospective review was performed over a 3-month period from January - March 2020. Women who underwent emergency or elective caesarean section and instrumental delivery were included. Charts were analysed for documentation of primary operator review, debriefing and discussions regarding suitability for VBAC. Data were collated using excel.

Results: A retrospective review of 100 patient charts was performed. Of these, 37% (n=37) underwent emergency CS. 20% (n=20) underwent instrumental delivery - ventouse or forceps delivery. 8% (n=8) were reviewed by primary surgeon post-operatively. Only 12% (n=12) had documented debrief.

Conclusions: This audit identifies a need for standardised approach to debrief after interventional delivery and discussion regarding suitability for VBAC. We have since implemented a standardised debriefing form completed by doctor in collaboration with patient postnatally on day of discharge. We propose that by introducing this debriefing form we can improve patient clarity and increase likelihood of VBAC in future pregnancies. We also hoped to encourage discussion regarding postnatal follow-up and necessity of a virtual clinic service.

P0421 | AN INTEGRATED HEALTHCARE PUBLIC PRIVATE PARTNERSHIP IN MALAWI

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: To establish high quality maternal and neonatal health (MNH) care delivery in partnership with the Malawi Ministry of

Health (MOH) through a public private partnership (PPP). The primary goal of the PPP is to provide quality of care and to understand what external support is required to achieve this

Methods: Partnerships between academic institutions in high resource countries and entities in low resource countries are commonplace, but often have scattered focus and fail to address the main barrier to safe maternal and MNH: Quality of care (QOC). We combine sustainable agriculture techniques, nutrition and education in a maternity waiting home setting adjacent to an energy-independent hospital that makes QOC paramount. The setting is a small peri-urban health center enhanced with a maternity waiting home, permaculture garden and learning center, an expanded maternity ward with 9 private delivery pods, solar-powered operating suite and staffing that supports QOC including 24/7 Ob-Gyn consultant coverage with a leap frog technology focus where possible.

Results: Exponential expansion of demand and utilization of services (quadrupling over 5 years to 7000 deliveries/year) with a 50% reduction in stillbirth and early neonatal death and reduction in maternal mortality. (MMR=14 in 2020). A new paradigm for public private partnerships (PPP) has emerged between a US academic institution, its in-country affiliate and the Malawi Ministry of Health. The cost is estimated at \$130 per delivery.

Conclusions: QOC in MNH is possible within a PPP in a very low resource setting.

P0422 | BIRTH ROUTE AND MATERNAL OUTCOMES IN COLOMBIA: A COST-EFFECTIVENESS ANALYSIS OF SPONTANEOUS VAGINAL DELIVERY VERSUS ELECTIVE CAESAREAN SECTION

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: To analyze the cost-effectiveness of elective cesarean section compared to spontaneous vaginal delivery based on short-term maternal outcomes in a low-risk obstetrical population.

Methods: A cost-effectiveness study using a health care system perspective was performed for 2019 in Colombia. The reference population were women with a low-risk pregnancy birth at term, either by a spontaneous vaginal delivery or elective cesarean section under medical or non-medical indications. An analytical decision model was designed. The time horizon was 42 days postpartum, and health effects were measured by Quality Adjusted Life Years (QALYs). The

estimated probabilities of adverse maternal outcomes were obtained from a literature review and a posterior validation process through a national expert committee. Costs were calculated with a top-down analysis according to different health services categories. An incremental cost-effectiveness ratio was calculated, and a sensitivity analysis was performed.

Results: Spontaneous vaginal delivery is the less costly and more effective birth alternative route within the proposed time horizon. Our analysis showed that spontaneous vaginal delivery is the dominant alternative compared to elective cesarean section. These results were supported by the sensitivity analysis.

Conclusions: For our population, spontaneous vaginal delivery showed to be the most cost-effective birth route alternative compared to elective cesarean section. Our results are valuable for obstetricians and decision-makers; and should encourage national health policies in favor of spontaneous vaginal delivery.

P0423 | COMPARING THE EFFECT OF THE ARABIC GUM VERSUS HOT WATER ON THE BOWEL FUNCTION AFTER CEASAREAN FUNCTION

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.3 OPERATIVE OBSTETRICS

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Objectives: After a cesarean section, the postoperative period may be altered by a delay in bowel movements. Our objective is to compare the effect of the Arabic gum versus warm water on the time of the first emission of gas after a scheduled cesarean section.

Methods: We performed a one blind-sided randomized controlled trial. Our trial had two arms. In addition to our classic post-operative rehabilitation program, parturients in **arm I** received a cup of 100 mL of warm water (75°C), and those in **arm II** had 15 g of Arabic gum every 6 hours after their scheduled cesarean section until the emission of their first postoperative gas.

Results: We included 194 women (96 in Arm I and 98 in arm II). The parturients in both arms were comparable regarding their age, parity, and the characteristics of the surgery. The mean delay of emission of the first postoperative gas was 22.85 hours \pm 7.19 in arm I versus 12.96 hours \pm 4.45 in arm II ($P=0.003$). The hospital stay was shorter in arm II (2.02 days vs 2.20 days; $P=10^{-3}$). Patients were more satisfied in arm II (87.75% vs 57.29%; $P=10^{-3}$). The use of Arabic gum was well accepted by women and none reported any side effects.

Conclusions: The use of 15 g of Arabic gum every 6 hours after a scheduled cesarean section improves bowel movements compared to warm water. It is a simple, cost-effective, and well-tolerated ad-junction to the classic post-cesarean rehabilitation program.

P0424 | POSTPARTUM HAEMORRHAGE IN THE SETTING OF AN UNDIAGNOSED MÜLLERIAN ANOMALY

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: Postpartum haemorrhage (PPH) is a major cause of maternal morbidity worldwide. Identification of risk factors for PPH in the antenatal period improves outcomes by allowing for adequate preparation and planning to be put in place prior to delivery. Müllerian duct anomalies (MDA) predispose patients to uterine atony. Although this risk is accepted in obstetric practice, the management of PPH in the setting of an MDA has not been elaborately discussed in evidence-based literature.

Methods: A literature review and case report of a term pregnancy complicated by PPH in a primigravida with a bicornuate uterus.

Results: A primigravida with a maternal history of unilateral renal agenesis was delivered by caesarean section following a failed induction of labour at 42 weeks. During delivery, an intramural fibroid was noted at the left cornua. Her condition deteriorated post-operatively, developing haemodynamic instability with a hemoglobin of 6.7 g/dL. Emergency laparotomy identified an atonic uterus, and an 800 mL clot was expelled from the uterine cavity. On re-inspection of the anatomy, the suspected fibroid was identified as the left horn of a bicornuate uterus. Tone improved following evacuation of the clot, re-closure of the hysterotomy, massage, and an infusion of oxytocin.

Conclusions: A number of obstetric complications associated with MDA have been reported on, including first and second trimester spontaneous abortion, preterm delivery, malpresentation, growth restriction, caesarean delivery, antepartum and postpartum haemorrhage. Obstetricians must remain wary of these malformations, and in the antenatal setting, a maternal history of other congenital anomalies should perhaps warrant investigation for MDA.

P0425 | RISK FACTORS OF HEMORRHOIDS AND FISSURES OF PREGNANCY: RESULTS OF THE RANDOMIZED CONTROLLED TRIAL

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: The aim of this study was to identify the risk factors of haemorrhoids and fissures during pregnancy and after childbirth.

Methods: A randomized, single blind, multicenter trial was conducted. Women with viable first trimester pregnancy were included in this trial. Pregnant women who consented to participate in the study were randomly assigned during the first trimester of pregnancy to dietary and behaviour intervention, aimed at prevention on constipation, prolonged straining and reduced time on the commode or to routine pre- and perinatal care. Women were followed up until after the childbirth. Gynaecologists, who were discharging the women from the maternity units, and who were blinded to the randomization allocation, filled a questionnaire regarding perianal signs and symptoms and presence of perianal disease.

Results: 218 women completed the study. 73 (33%) women were diagnosed with postnatal perianal disease. Intervention applied in this study was the only protective factor (OR 0.171, 95%CI 0.081–0.361, $P<0.001$). History of hemorrhoids before pregnancy greatly increases the chance to develop hemorrhoids after giving birth (OR 15.192, 95%CI 1.843–125.228, $P=0.011$). Moreover, the increase of newborn height was associated with a higher risk of hemorrhoids (OR 1.282, 95%CI 1.026–1.603, $P=0.029$).

Conclusions: Haemorrhoids and fissures are common during the first two months after delivery, with constipation, personal history of haemorrhoids or fissures, increase of newborn height being independently associated risk factors. Intervention applied in this study was the only protective factor. There was no increased risk of pregnancy loss in the intervention group.

P0426 | REVIEW OF THE PREVALENCE AND CONTRIBUTING FACTORS OF POSTPARTUM HEMORRHAGE AT 4 RURAL HOSPITALS IN MASVINGO PROVINCE, ZIMBABWE

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.2 LABOUR AND DELIVERY

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Objectives: Postpartum Hemorrhage (PPH) remains the leading cause of maternal mortality worldwide, accounting for over a quarter (27%) of all maternal deaths. Timely recognition, appropriate resources and response are critical for preventing death. This review documents the occurrence, risk-factors, and causes of PPH and documents the maternal outcomes of PPH at 4 hospitals in three rural districts in Zimbabwe.

Methods: A retrospective descriptive review was carried out using hospital delivery registers to identify those women with recorded blood loss of ≥ 500 mL on vaginal delivery and ≥ 1000 mL post-Caesarean Section (CS) during the year 2020. Patient case notes were retrieved and demographics, obstetric, clinical, management and

outcome data were gathered using an abstraction tool. Descriptive analyses of all variables were performed.

Results: During 2020, 4855 hospital deliveries took place with 92 (1.9%) PPH cases identified. More than half had at least one identifiable risk factor for PPH. Only 54.3% had pre-delivery hemoglobin (Hb) done, and 36% of these had and Hb <11 g/dL. All women received an oxytocic drug to prevent PPH. The majority (71%) of PPH occurred post-CS. The major cause of PPH was uterine atony (78.3%), followed by tears (21.7%). Fluid replacement was given to 94.6% of the women and 17 (18.5%) underwent surgery or other salvage maneuvers. There was one maternal death due to PPH post-CS.

Conclusions: Improved maternal Hb measurement pre-delivery and skill training in surgical treatment of PPH is required at district-level hospitals, with close post-CS monitoring. Hospital management will use findings to improve identification and management of PPH.

P0427 | USE OF CYANOACRYLATE (N-BUTYL) AS TISSUE ADHESIVE IN CAESAREAN WOUND SKIN CLOSURE: A PILOT RANDOMIZED CLINICAL TRIAL

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.3 OPERATIVE OBSTETRICS

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Objectives: To compare surgical wound closure time and aesthetics for cesarean sections using two different methods.

Methods: A randomized controlled clinical trial conducted from October 2017 to March 2018 at the National Institute of Perinatology. After providing informed consent, forty patients were randomly assigned to skin closure with either N-butyl cyanoacrylate (experimental group) or Monocryl 2-0 (control group). Follow-up visits occurred at 24 hours, a week, a month, and 3 months. The main outcome was scar aesthetics assessed using the validated SCAR scale. Secondary outcomes included skin closure time, and patient and surgeon satisfaction.

Results: Demographic characteristics of the patients were similar in both groups. Wound closure time was significantly lower on the N-Butyl group (54.95 \pm 10.353 seconds vs 407.5 \pm 72.61 seconds, $P=0.000$). Aesthetically, according to the SCAR scale, wounds in the Monocryl group yielded better weekly and monthly results (2.05 \pm 0.60 vs 2.77 \pm 0.685) and (1.68 \pm 0.477 vs. 2.55 \pm 0.74) $P=0.001$. No significant differences were observed in the result at 3 months (SCAR 3) or in surgeon or patient satisfaction.

Conclusions: The results of skin coping with N-Butyl vs Monocryl are similar in evolution and patient or surgeon satisfaction, with a

reduction in closing time with the use of N-Butyl cyanoacrylate. The choice of the skin coping technique should be determined by surgeon preference and availability of materials.

P0428 | SCREENING FOR POSTPARTUM DEPRESSION AMONG WOMEN IN SELECTED HOSPITALS IN KADUNA, NORTHERN NIGERIA: A CROSS SECTIONAL STUDY
THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: To screen for postnatal depression among the among women in selected hospitals in Kaduna, Northern Nigeria.

Methods: This was a cross sectional study carried out in selected hospitals in Kaduna. A questionnaire was administered to women during their 6 weeks postnatal clinic visit and information gotten on; demographics, reproductive characteristics, other potential confounders for PPD, and the Edinburgh postnatal Depression Scale (EPDS) scored. Analysis was done using SPSS (Statistical Package for Social Sciences). A P-value of <0.05 was deemed to be statistically significant.

Results: There were 300 participants. Majority of respondents were aged between 20–29 years (170, 56.7%), mean age was 27.51±5.759 years, minimum age 16 years and maximum age 42 years. Respondents were mostly well educated with 162 respondents (54%) schooled up to tertiary level, Muslim (224, 74.7%), Hausa (160, 53.3%), employed (172, 57.3%). All respondents were married, with most (266, 88.7%) in a monogamous setting and had been married for <10 years (251, 83.7%). Only 17 respondents (5.7%) were at risk of PPD (EPDS score ≥13), while 41 respondents (13.7%) had signs of distress (EPDS score 10–12). Ethnicity, parity, baby's birthweight, baby not alive and experience of a recent stressful event were the only confounders significantly associated with the risk of PPD.

Conclusions: It is still important to screen for PPD though the risk was 5.7% in this study, which is lower than what was reported in previous studies. Ethnicity, parity, birthweight, death of the baby and experience of a recent stressful were significantly associated with this risk.

P0429 | FACTORS ASSOCIATED WITH EXCESSIVE WEIGHT GAIN IN OVERWEIGHT AND OBESE PREGNANT WOMEN DURING COVID-19 PANDEMIC

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.5 OBESITY AND OBSTETRICS

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Objectives: To evaluate factors associated with weight gain above the adequate in prenatal care of overweight and obese women during COVID-19 pandemic.

Methods: These are the results from an observational study performed in a University Hospital in Santa Catarina, Brazil. Data were collected at discharge after birth from patients' charts, prenatal care annotations and a self-filling questionnaire. For this study, they were selected women whose BMI at the beginning of prenatal care was ≥25 kg/m². The dependent variable was weight gain above 12 kg during pregnancy. Sociodemographic, behavioral and prenatal care independent variables were analyzed. They were calculated chi square or Fisher's exact test. Significance level considered was 0.05.

Results: 110 women were included. Average weight gain was 11.83 kg (SD 6.34) in 70 women that initiated prenatal care overweight and 9.93 kg (SD 6.39) in 40 women who were obese. Variables associated with weight gain above the adequate were: having one or no children ($P=0.007$) and having avoided to leave home during the pandemic ($P=0.026$). Smoking and drug consumption habits were not associated with the outcome; alcohol consumption during pregnancy ($n=10$) was associated with adequate weight gain in this population ($P=0.016$).

Conclusions: They were associated with the outcome having one or no children and having avoided to leave home during the pandemic. Specific actions should be considered for these women, since social isolation remains necessary for protection against COVID-19.

P0430 | A SCOPING REVIEW OF DISCHARGE INSTRUCTIONS FOR C-SECTION PATIENTS IN SUB-SAHARAN AFRICA REGARDING WOUND CARE, PLANNING OF FUTURE BIRTHS, AND POSTPARTUM DEPRESSION

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: A scoping review of discharge instructions for c-section patients in sub-Saharan Africa (SSA) regarding wound care, planning of future births, and postpartum depression.

Methods: Studies were identified from PubMed, Globus Index Medicus, NiPAD, EMBASE, and EBSCO databases. Eligible papers were from SSA countries, in English or French, addressing either wound care, planning of future births, or postpartum depression for c-section patients. We followed PRISMA guidelines for scoping reviews followed by narrative synthesis. We assessed quality of evidence using GRADE.

Results: We identified 78 studies eligible studies; 5 of which directly studied discharge protocols and 73 included information on instructions given in relation to a more central study topic. 37 addressed wound care, encouraging discharged patients to return between 3 days to 6 weeks for dressing changes, wound checks, and evaluation for surgical site infections. 16 studies recommended antibiotic use, with 5 specifying a particular antibiotic. 19 studies instructed patients on planning of future births, with 6 highlighting IUD placement immediately after birth or 6 weeks postpartum, and 6 providing counseling on contraception. There was a paucity of studies specific to the c-section population examining postpartum depression; those included showed screening for depression at 4–8 weeks postpartum, and highlighted connections between c-section and the loss of self-esteem and between emergency c-section and psychiatric morbidity.

Conclusions: Structured protocols, with clear timelines, are needed for discharge instructions that women receive following c-section. These instructions should account for financial burden, access to resources, and education of patients and communities to reduce stigma.

P0431 | OBSTETRIC ANAL SPHINCTER INJURIES (OASIS)- ACCURATE DIAGNOSIS IS LOCATION DEPENDENT

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.8 SAFETY AND SURVEILLANCE OF OBSTETRIC CARE

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Objectives: This retrospective cohort study aims to investigate the difference in categorisation diagnosis of OASIS made in delivery room versus in theatre.

Methods: All women sustaining OASIS in Cork University Maternity Hospital (CUMH) in a one-year period were included in this study. (n=54) and the data were analysed using SPSS.

Results: The incidence of OASIS in CUMH was 1.07%; 54/5025. 75.9% of OASIS occurred in primiparous women and 24.1% occurred in multiparous women without previous OASIS. 59.3% laboured spontaneously at a mean gestation of 40+1 weeks. Mode of delivery was evenly distributed among vaginal delivery (37.7%), vacuum delivery (32.1%) and forceps delivery (30.2%). In the delivery room, OASIS diagnosis was documented as follows: 10% "3rd Degree", 36% 3A tear, 44% 3B tear, 4% 3C tear and 6% 4th degree tear. The actual OASIS diagnoses documented in theatre were 35.3% 3A tear, 45.1% 3B tear, 11.8% 3C tear and 7.8% 4th degree tear. The majority of the repairs (79.2%) were performed by non-consultant hospital doctors. The remainder were performed by consultants.

Conclusions: For 3A and 3B tears, there was no statistically significant difference between diagnosis dependent on location. However, for 3C and 4th degree tears, there was a statistically significant under diagnosis in the delivery room. This may be explained by inadequate analgesia and lighting for thorough examination. It is of vital importance that if unsure of degree of tear, tears are over-called so appropriate level of repair is performed. Education and Training will help to improve appropriate diagnoses.

P0432 | HETEROTOPIC PREGNANCY: A RARE CASE REPORT

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.3 OPERATIVE OBSTETRICS

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Objectives: Heterotopic pregnancy is defined as presence of concomitant intrauterine and extrauterine pregnancy. Incidence is 1 in 30,000 spontaneous pregnancies and 1 in 3900 when pregnancy is a result of Artificial reproductive Therapy. A rare case report of heterotopic pregnancy presented here signifies early diagnosis and treatment avoids both maternal and fetal morbidity and mortality.

Methods: Case report- 32-year-old P1L1 presented with 2 months of amenorrhea, lower abdominal pain, vaginal spotting, nausea.

Results: On examination, vitals stable. Pallor present. Tenderness presents over left lower abdominal quadrant. On per speculum cervical motion tenderness present. Urine pregnancy test was positive. Ultrasound revealed live intra uterine pregnancy of 8 weeks gestational age with cardiac activity and left adnexal complex mass associated with large amount of free fluid consistent with acute blood loss. Provisional diagnosis of heterotopic pregnancy was made. On exploratory laparotomy 3 × 4 cms rupture ectopic pregnancy of left fallopian tube was found, for which left salpingectomy was done. Specimen for histopathological examination confirmed ectopic pregnancy. 500 cc of hemoperitoneum evacuated. Intrauterine pregnancy was followed up.

Conclusions: Heterotopic pregnancy is a rare condition, where early and timely diagnosis and management can result in favourable outcome. The goal is to remove ectopic pregnancy without jeopardising the intrauterine pregnancy. Surgical intervention plays a key role in management as most of them present with rupture ectopic. Any pregnant woman presenting with pain lower abdomen with amenorrhea, heterotopic pregnancy should be in the differential diagnosis.

P0433 | IMPACT AND RESPONSE OF HISPANIC PREGNANT FEMALES REGARDING OBSTETRICAL CARE DURING THE COVID-19 PANDEMIC

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.8 SAFETY AND SURVEILLANCE OF OBSTETRIC CARE

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Objectives: To understand the impact of the COVID-19 pandemic on pregnant Hispanic women living in Puerto Rico and assess self-reported emotional status and compliance with public health agency guidelines.

Methods: This is a cross-sectional study. A profile from participants was established through an online questionnaire with descriptive statistics and implied traditional bivariate methods to analyze COVID-19 related behaviors and experiences. The UPR EHS Research Center performed secondary data analysis through grants 5S21MD000242 and 5S21MD000138 from the National Center for Minority Health and Health Disparities, NIH.

Results: Our sample comprises 131 women, 87.79% (n=115) with an average age of 28 years (±5.3). Most of the population was pregnant at the time of interview (74.8%, n=98), 65% in their third trimester, and 49.60% were primigravid. Wilcoxon Mann-Whitney test showed Z-value -2.172 (significant at P=0.029), showing a significant difference between primigravid self-reported health status compared to those multiparous. Overall, 77.86% of the participants reported

feeling scared or overwhelmed due to the current pandemic, and 97% agreed that COVID testing should be performed as a screening method in pregnant females. Simultaneously, there was a significant difference in the proportion of facemask usage before (34%) and after (92%) the governmental ordinance for COVID mitigation efforts (Chi-Square Test, P-value<0.001).

Conclusions: Our findings describe the profile of Hispanic pregnant females in Puerto Rico, who the majority reported increased feelings of anxiety. Participants were compliant with public health agency guidelines for COVID-19 mitigation efforts and reported a significant increase in protective equipment usage, such as facemasks.

P0434 | EVALUATING THE SERUM LEVELS OF NATURAL KILLER CELLS AND THEIR ACTIVATING RECEPTORS IN PATIENTS WITH ENDOMETRIOSIS

THEME: AB 3 GENERAL GYNECOLOGY/SUB-THEME: AB 3.4 BENIGN CONDITIONS IN GYNAECOLOGY

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Objectives: Natural killer cells (NK) play an important role causing implantation and proliferation of ectopic endometrial tissue in patients with endometriosis. The study aims to assess the effect of endometriosis on the frequency of NK cells, their activation and inhibition in the peripheral blood of endometriotic patients.

Methods: Sixty-four patients are divided into two groups: 31 healthy controls and 33 endometriosis patients divided into two subgroups: Group (A) mild stage endometriosis and group (B) moderate and severe stage endometriosis. NK cells were identified by monoclonal antibodies surface staining for (CD56, CD16), natural cytotoxicity receptor Nkp46, inhibitory receptor CD159a, perforin and granzyme using flow cytometry.

Results: There was a statistically significant increase in the total percent of NK CD56+ in endometriosis group compared to healthy group (P=0.027). There was a statistically significant decrease in percentage of Nkp46 in endometriosis group compared to the healthy group (P<0.0001). No significant difference between different stages of the disease & control cases in CD159a, perforin and granzyme I. There was negative Correlation between Total NK percent and Nkp46 activity.

Conclusions: There is a significant increase in NK cells and decrease in Nkp46 in endometriosis patients. While no difference in CD159, perforin and granzyme between patients and normal women

P0435 | SCAR ENDOMETRIOSIS - A DIAGNOSIS DILEMMA OF A PAINFUL SCAR
THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.4 BENIGN CONDITIONS IN GYNAECOLOGY

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Objectives: Endometriosis at the scar site is not a frequent occurring and poses a dilemma to diagnose while presentation is nonspecific abdominal pain.

Methods: Management of a scar endometriosis presents here with its diagnosis dilemma.

Results: A 26-year-old Bangladeshi woman presented at a private chamber in Dhaka for a vague abdominal wall and mild scar area pain for six months with history of caesarean delivery six years ago. Examination revealed band like feelings at scar site with mild tenderness. Ultrasonogram (USG) shows thickened fibrous tissue with suspicion of endometriotic implants. Although she responded well with hormonal treatment in subsequent six months later on reported with painful scar swelling area which was palpable, nodular, immobile, about 5×6 cm, tender. USG supports the clinical suspicion of scar endometriosis. Fine Needle Aspiration (FNA) excluded malignancy. With decision for exploration, a sac like structure surrounded by fibrous tissue excised from deep in subcutaneous tissue. Histology confirmed endometriosis. Her postoperative period was uneventful.

Conclusions: While cyclical pain during menstruation and tender palpable nodule is typical for scar endometriosis, only 20% of patients presents with typical symptoms. Nonhomogeneous, hypo-echoic mass with echogenic spots on USG can guide the diagnosis and FNA can exclude malignancy. While hormonal treatment is partially effective, surgical excision is the definite management. A high level of suspicion, history, examination and radiological findings help in definite management of scar endometriosis. No conflicts of interest to declare.

P0436 | URETEROCELE - CASE REPORT
THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.3 IMAGING IN GYNAECOLOGY

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Objectives: The purpose of this article is to describe a clinical case of ureterocele and to perform a brief literature review.

Methods: MADPA, female, 60 years old, G1PC1A0, menopause at 51 years old, using continuous combined oral hormonal therapy. In a gynecological medical routine, she underwent a transvaginal ultrasound that identified a left ureterocele with preservation of the intravesical urinary jet at the Doppler study.

Results: The previous ultrasound, performed by the same professional and on the same equipment, did not show this alteration. After this probable diagnosis, she was also submitted to total abdominal ultrasound, urine analysis and quantitative uroculture. Abdominal ultrasound did not demonstrate pyelocalyaly dilation, calculus or obstruction, showing the preservation of its integrity. Urine analysis and uroculture did not demonstrate growth of bacterial flora.

Conclusions: When we perform a systematic review on the topic, we noticed the shortage of case reports in humans, with veterinary publications being more frequent. Although rare, with an estimated prevalence of 1: 500, it is important to know this anomaly in the scope of Gynecology. Patients with this diagnosis are more likely to develop obstructions and infections of the urinary tract, mainly the repetition ones; which, depending on the basic condition of the patient, can lead to major complications such as sepsis. Despite this, most patients are asymptomatic and this condition is considered an accidental finding in routine exams and does not require any additional treatment.

P0437 | TUBOOVARIAN ABSCESES AND THE EFFECT OF TRANSVAGINAL ULTRASOUND GUIDED DRAINAGE - A RETROSPECTIVE COHORT STUDY
THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.5 INFECTIONS IN GYNAECOLOGY

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Objectives: To evaluate the effect of transvaginal ultrasound guided drainage (TVULD) with antibiotic treatment on both short- and long-term outcomes for patients admitted with a tuboovarian abscess (TOA)

Methods: All women admitted with a TOA to our Department were included from March 2017- May 2020. They were evaluated with a gynecological examination, TVULD and WBC and CRP. All received intravenous antibiotics and were evaluated for possible TVULD. All received orally administered antibiotics upon discharge, and follow-up was with a 1–3-month interval until patients were without symptoms or underwent laparoscopic surgery.

Results: Forty patients were included, 30 (75%) premenopausal. Mean size of TOA was 6.3 cm (SD 2.3), and 35 (87.5%) patients received both antibiotics and drainage. Predictors for undergoing laparoscopy following discharge were temperature at admission ($P=0.038$), size of TOA ($P=0.035$), aspirated material in mL ($P=0.003$), and need of more than one drainage ($P=0.025$). Of the 30 premenopausal patients, 4 (7.5%) obtained pregnancy.

Conclusions: We found that TVULD combined with antibiotics are a safe and effective treatment for TOAs. Furthermore, we found that patients requiring secondary laparoscopy following initial TVULD present with a graver clinical picture and had more than one risk factor predicting the need for secondary laparoscopy. These findings could potentially aid in faster and better treatment to reduce unwanted long-term effects of TOAs.

P0438 | PREVALENCE OF PREMENSTRUAL SYMPTOMS AND PREMENSTRUAL DYSPHORIC DISORDER IN UNIVERSITY STUDENTS

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.1 PAEDIATRIC AND ADOLESCENT GYNAECOLOGY

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Objectives: To determine the prevalence of premenstrual symptoms and premenstrual dysphoric disorder in university students in 2020

Methods:

Quantitative, prospective, cross-sectional study. The study subjects were first to third year medical students from a private university. A simple random sample of 244 students was obtained. We applied the Premenstrual Symptoms Screening Tool modified for adolescents (PSST-A), which contains 14 questions related to premenstrual symptoms and five about functional aspects, in accordance with the DSM-IV criteria, with a reliability of 0.90

Results: The average age was 21.3 ± 2.52 years; average age at menarche was 12.3 ± 1.56 years; 91.8% had started having sex and 57.4% used a contraceptive method. Overeating and physical symptoms were the most severe symptoms, and insomnia was the least reported. Symptoms interfered with their relationships with family. Social activities were affected in a severe way in 5.7%, while 45.1% of symptoms did not interfere with the respondent's relationship with friends or partners. There was no association between personal and gynecological history and the presence of premenstrual symptoms ($P>0.05$).

Conclusions: Physical symptoms and overeating were more severe, and interference with relationships was below 6%. The prevalence of moderate to severe symptoms was 28.7%, and the prevalence of dysphoric disorder was 6.1%.

P0439 | CORRELATION BETWEEN ANATOMOPATHOLOGICAL ASPECTS WITH PELVIC PAIN IN WOMEN WITH DEEP INFILTRATING ENDOMETRIOSIS

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.4 BENIGN CONDITIONS IN GYNAECOLOGY

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Objectives: To correlate the morphological aspects with the pelvic pain of women with deep infiltrating endometriosis.

Methods: A retrospective study was carried out with 45 women with deep infiltrating endometriosis (DIE) who underwent surgical treatment at tertiary hospital from 2007 to 2017. The data analyzed were age, parity, body mass index, location of the disease, hormonal treatment before surgery, pain symptoms and morphometric analysis. The histological slides of the surgical specimens were revised and using a software for morphometric study (ImageJ®), the percentages of stromal/glandular tissues were calculated in the histological sections.

Results: The average age of women was 38.1 ± 7.2 years. The average pelvic pain level was 9.07 ± 1.56 and the average time to onset of symptoms was 4.22 ± 2.1 years. Among the 45 women, 60% were nulligravida and 96% underwent hormonal treatment prior to surgery. The average expression of the pathological markers CD10, CK7 and S100 was $16.22\pm 10.9\%$, $9.59\pm 6.2\%$ and $7.06\pm 5.1\%$, respectively. There was no significant difference between the expression of and the location of endometriosis involvement and treatment. There was

no correlation between the expression of the markers and the age, level of pain and time of symptoms.

Conclusions: Women with hormonal treatment show no difference in the histological composition of the endometrial tissue and there is no association between the morphometric aspects of endometriosis lesions and pain.

P0440 | INCOMPATIBILITY IN THE DIAGNOSIS OF LEIOMYOMA: A CASE REPORT

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.4 BENIGN CONDITIONS IN GYNAECOLOGY

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Objectives: Report a case of histopathological and immunohistochemical incompatibility of leiomyoma.

Methods: Descriptive observational study with analysis of medical records.

Results: Female patient, 31 years. Reported at the appointment an increased volume in vulvar region for several months. Denies use of medication and any pathology. Report use of oral contraceptives, has cervical screening regularly and denies hormone therapy. Last menstruation was 7 months ago. Her last Pap Smear test (2020) within the normal range. Denies personal oncological history. Normal pelvic examination and normal speculum examination. Abdomen ultrasound describes seventh month pregnancy and normal fetus. Pelvic MRI report apparently solid nodular formation, with precise limits and lobular contours, in vulvar topography anteriorly the distal urethra, measuring 3.5×4.7 cm; normal vagina, ovaries not characterized, without free liquid or abdominal lymphadenomegaly. Partial vulvectomy performed on 12/22/2020. Histopathological report refers soft tissue tumor in vulva (spindle cell neoplasm), measuring 4.6×2.5 cm, tumor-free resection margins. Immunohistochemical report describes that the tumor has leiomyoma aspect; Desmin antibody, smooth muscle actin and S100 positives.

Conclusions: Leiomyomas are non-cancerous tumor that develops from the smooth muscle cells and fibroblasts of the uterus, they are common in reproductive-age women. Uterine Sarcomas are rarer than leiomyomas, and present as myometrium mass as well. The primary signs and symptoms of both diseases are the same: pelvic pain, pelvic mass and abnormal uterine bleeding. Leiomyoma's diagnosis is based in pathological analysis after hysterectomy, and sarcoma's diagnosis is also based in pathological analysis for presumed leiomyomas.

P0441 | CONVOLUTIONAL NEURAL NETWORK BASED ON ULTRASOUND IMAGE FOR IDENTIFYING THE PATHOLOGICAL TYPE OF ADNEXAL MASSES

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.3 IMAGING IN GYNAECOLOGY

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Objectives: To identify and classify the pathological types from ultrasound images in patients with adnexal masses based on the deep learning model.

Methods: A dataset of ultrasound images in patients with adnexal masses from Zhujiang Hospital (3906 images from 2016 to 2019, 1308 patients) and The First People's Hospital of Foshan (233 images from 2016 to 2019, 78 patients) were collected. Pathological types were confirmed with postoperative pathological reports. Convolutional neural network (CNN) of YOLO v5 was trained on 80% of the dataset and tested on the remaining 20%. The performance of the model was analyzed in respects of sensitivity, specificity, receiver operating characteristic curves and areas under the receiver operating characteristic curve (AUCs).

Results: We developed convolutional neural networks model of adnexal masses differentiation (CNN-AMD) model, which achieved an AUC of 0.75 in discrimination between benign and malignant adnexal masses in the test set. Meanwhile, the model reached a sensitivity of 80% and a specificity of 64%. Furthermore, we constructed convolutional neural model of adnexal masses networks classification (CNN-AMC) model to determine definitive pathologic diagnosis of adnexal masses. In the classification of mature teratomas, endometriosis and serous adenocarcinoma, the model reached AUCs of 0.83, 0.87 and 0.80, sensitivity of 0.82, 0.88 and 0.79, and specificity of 0.96, 0.94 and 0.97, respectively.

Conclusions: CNN-AMC model could effectively classify the benign/malignant adnexal masses. Furthermore, CNN-AMD could identify the patients with mature teratomas, endometriosis and serous adenocarcinoma to facilitate patient stratification.

P0442 | ASSOCIATION BETWEEN GYNECOLOGICAL DISORDERS AND BODY MASS INDEX IN A SOUTH AFRICAN COHORT: A RETROSPECTIVE OBSERVATIONAL STUDY
 THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.6 OBESITY AND GYNAECOLOGY

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Objectives: To determine whether there is an association between body mass index (BMI) and gynecological disorders in a South African cohort.

Methods: A retrospective observational study of new patients who presented to the gynecology outpatient clinic at Tygerberg Hospital between February 1, 2019 and May 31, 2019 was conducted. BMI was calculated and analyzed concerning the presenting complaint and final diagnosis.

Results: From the cohort of 651 patients, 120 (18.4%) had a normal BMI. A majority of 308 patients (47.3%) were classified as obese class 1, and older age was associated with a higher BMI ($P=0.013$). Hypertension was most prevalent (26.7%) and associated with excess weight ($P<0.001$). The most common presenting problems were abnormal uterine bleeding (35.9%), infertility (24.9%), and dysmenorrhea (16.9%). The following disorders were found to be significantly associated with obesity: infertility (odds ratio [OR] 1.013, 95% confidence interval [CI] 0.992–1.033, $P=0.001$), polycystic ovarian syndrome (OR 1.058, 95% CI 1.028–1.089, $P=0.006$), pelvic organ prolapse (OR 1.027, 95% CI 0.995–1.060, $P=0.0291$), and postmenopausal bleeding (OR 1.038, 95% CI 1.009–1.068, $P=0.048$). Chronic pelvic pain (OR 0.956, 95% CI 0.927–0.986, $P=0.0048$) and endometriosis (OR 0.968, 95% CI 0.92–1.018, $P=0.0291$) were associated with a low BMI.

Conclusions: A high BMI posed an increased risk of presenting with certain gynecological conditions. As the obesity pandemic increases, so will gynecological complications and the burden on health care services. Future research should focus on lifestyle and behavioral strategies to combat obesity and improve quality of life.

P0443 | METABOLIC AND NUTRITIONAL STATUS AS ASSOCIATED FACTORS WITH PHYSICAL/MENTAL TIREDNESS IN AFRO-DESCENDANT WOMEN IN THE CLIMACTERIC STAGE

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.6 OBESITY AND GYNAECOLOGY

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Objectives: To estimate associations between physical/mental tiredness (PMT) with metabolic and nutritional status in climacteric Afro-descendant women

Methods: Cross-sectional study of the CAVIMEC project (Quality of Life in Menopause and Colombian Ethnic Groups). Healthy Afro-descendant women between 40–50 years, living in Colombia were assessed. Weight, height, waist and hip circumference were measured, medical illnesses were asked and the Menopause Rating Scale (MRS) with prior informed consent, was applied. According to the answer of the seventh item of the MRS, two groups were established: women with and without PMT. Metabolic status was called: abdominal obesity, metabolic risk, diabetes, arterial hypertension (AH), and cardiovascular or lipid disease. Nutritional status was determined according to the body mass index (BMI). Unadjusted logistic regression was performed: PMT (dependent variable), metabolic and nutritional status (independent variables). Spearman's coefficient was estimated between PMT and quantitative variables. $P<0.05$ was significant.

Results: 240 women were included, 19.5% reported PMT. 50.1 ± 6.0 years, 25.4 ± 5.0 BMI and 94.5 ± 14.8 abdominal circumference. 82.8% had abdominal obesity, 30.7% AH and 10.9% diabetes. These measurements were higher in women with PMT ($P<0.05$). No cardiovascular or lipid diseases were reported. Associated factors with PMT were: increased metabolic risk OR:4.37 [95%CI:1.69–11.29], abdominal obesity OR:3.80 [95%CI:1.48–9.76], diabetes OR:3.11 [95%CI:1.62–5.96] and AH OR:3.02 [95%CI:1.84–4.97]. Overweight OR:1.31 [95%CI:0.76–2.26] neither obesity OR:1.65 [95%CI:0.80–3.39], ($P=0.32$) were associated. Correlation was identified between PMT and waist circumference $\rho:0.230$ [95%CI:0.137–0.318] and hip $\rho:0.217$ [95%CI: 0.124–0.307], ($P<0.001$).

Conclusions: PMT was identified in one out of five women. Components of the metabolic status were associated with PMT.

P0444 | VAN WNK GRUMBACH SYNDROME - A DIAGNOSTIC CHALLENGE

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.1 PAEDIATRIC AND ADOLESCENT GYNAECOLOGY

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Objectives: Van Wyk-Grumbach syndrome is characterized by juvenile hypothyroidism, delayed bone age, and isosexual precocious puberty. It is important to recognise this syndrome because initiating simple thyroid hormone replacement completely resolves symptoms and hormone abnormalities, avoiding unnecessary investigations for malignancies or surgical intervention.

Methods: We present a case of 9 years old girl who presented with pain in abdomen, weight gain, early breast enlargement, early menarche and short stature. On evaluation she was found to be having autoimmune hypothyroidism with Sr TSH more than 50. Sr prolactin was 31. LDH was 441, Beta HCG less than 2, AFP less than 5. USG abdo Pelvis Suggestive of multicystic ovaries. MRI brain Suggestive of macroadenoma, MRI abdomen pelvis suggestive of germ cell tumour. Diagnosis of Van Wnk Grumbach Syndrome was made. Patient was put on thyroxine replacement which was treated accordingly and was followed up after 3 months and 1 year.

Results: All the features of the syndrome improved after 1 years of adequate thyroxine replacement

Conclusions: We need to build inroads in unknown horizons by process of evolution and learning in rare conditions like Von Wyk Grumbach syndrome. Multidisciplinary approach, open minds can diagnose it right, prevent young girl KNIFE and can be cured completely just by correcting hypothyroidism.

P0445 | ASSESSMENT OF THE IMPACT OF HOLISTIC HEALTH CARE ON QUALITY OF LIFE OF CLIMACTERIC WOMEN

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.2 GYNAECOLOGICAL CARE FOR THE OLDER WOMAN

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Objectives: With the aging of the population, there is an increase in the demand for health services aimed at this growing public. The needs of the menopausal women in physical, mental and social issues are growing bigger and go beyond the prescription of hormones. Understand the mechanism involved in aging and menopause can contribute to improve self-esteem and well-being at this stage of

life. The objective was to offer holistic care for menopausal women, evaluating them before and after this intervention.

Methods: Quantitative and qualitative research, of a descriptive, observational, longitudinal and prospective nature, cohort type. 9 menopausal women were included; clinical data, WHO-QOL brief, Kupperman-Blatt and Rosenberg's Self-Steem scales were applied before and after 10 group meetings. These meetings offered her-bothery, cosmetology, Ayurvedic medicine, physical and nutritional activity practices. An initial focus group was held with questions directed to the climacteric and menopause theme, which originated 5 thematic categories to be worked on. After the interventionist meetings, a new focus group has been proposed.

Results: We found better conditions in BMI, reduction in waist circumference, and better indices in markers of self-esteem, quality of life and reduction in symptoms measured by the Kupperman-Blatt Index. Also, with the T-Student Test, we found significant improvements in the Kupperman-Blatt and WHO-QOL brief indices.

Conclusions: It was concluded that by offering tools such as the knowledge of integrative practices, the principles of holistic medicine and female empowerment, physical and psychic care can be enhanced

P0446 | EFFECTIVENESS OF USING CO2 LASER IN THE TREATMENT OF MENOPAUSAL GENITOURINARY SYNDROME: A LITERATURE REVIEW

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.2 GYNAECOLOGICAL CARE FOR THE OLDER WOMAN

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Objectives: To evaluate the effectiveness of CO2 laser in the treatment of genitourinary syndrome of menopausal (GSM).

Methods: A narrative literature review was performed using the descriptors "laser" and "genitourinary syndrome of menopause", crossed by means of the Boolean operator AND, in the PubMed, Scielo and BVS databases. The filters used were: clinical trials, comparative and observational studies, publications in the last 5 years and human studies. The inclusion criteria were articles adequate to the study objective and the exclusion criteria were articles that addressed other types of laser, use of laser therapy for clinical conditions other than GSM, approach to conditions other than the effectiveness of the laser in question. Thus, 11 articles that make up the present work were selected.

Results: CO2 laser showed high efficiency due to the reduction of vulvovaginal atrophy, vaginal dryness and dyspareunia. It promoted an increase in the frequency of sexual intercourse and improved elasticity, volume, moisture and vaginal pH. Data on the durability

of treatment are lacking, but a cohort study indicated that after 6 months the levels of the Vaginal Health Index returned to baseline. Regarding the number of sessions, it was found that 4 sessions were better than 3 in improving symptoms, but there is no difference between patients with 5 sessions. In addition, the interval between sessions influences the effectiveness, since an interval of 30 days is better than 6 weeks.

Conclusions: Despite being a recent therapy, the CO2 laser has shown good results in GSM therapy.

P0447 | SPONTANEOUS ANTERIOR ABDOMINAL WALL EXPULSION OF FEMALE STERILISATION FILSHIE CLIPS - A CASE REPORT

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.4 BENIGN CONDITIONS IN GYNAECOLOGY

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Objectives: Filshie clip ligation is a common procedure for female sterilisation. Rarely, Filshie clips may dislodge and migrate through tissue planes (0.6%).

Methods: A 35-year-old Chinese lady presented with a few-month history of a 6 × 5 cm superficial, firm, tender, and mobile infra-umbilical lump with purulent discharge and surrounding erythema. She was afebrile and her inflammatory markers were not raised. Obstetrical history included three lower segment caesarean sections via Pfannensteil incision, and Filshie clip postpartum sterilisation three years ago. She denied other medical or surgical history. Computerised tomography showed a 2.1 cm hyper-dense soft tissue in the infra-umbilical anterior abdominal wall containing two ligation clips. She opted for conservative management with antibiotics. The clips expelled spontaneously from the abdominal lump in succession over the next month - both were closed and complete.

Results: A literature review on tubal ligation complications revealed one other case report of delayed spontaneous anterior abdominal wall expulsion of Filshie clips. Filshie clips have also rarely been reported to migrate through tissue planes involving bladder, appendix, inguinal canal, vagina, urethra, and rectum. The pathophysiology is unclear. A chronic low-grade inflammatory process - rather than infective - was suggested, raising the possibility of an allergic reaction to titanium or silicone. Incorrect clip application must also be considered.

Conclusions: Spontaneous anterior abdominal wall expulsion of Filshie clips is a rare complication. When patients are counselled for tubal ligation, risks of clip migration and expulsion should be discussed. Sterilisation history should also be sought in females presenting with abdominal pain.

P0448 | A DELAYED PRESENTATION OF SECONDARY UMBILICAL ENDOMETRIOSIS POST LAPAROSCOPIC SURGERY

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.4 BENIGN CONDITIONS IN GYNAECOLOGY

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Objectives: We present a case of a 42-year-old lady with secondary umbilical endometriosis and underwent a resection of umbilical endometriotic nodule with concurrent laparotomy myomectomy and cystectomy.

Methods: The patient presented with a 6-month duration of an umbilical nodule that bled during her periods. She had a past surgical history of a laparoscopic myomectomy, hydrotubation and hysteroscopy for subfertility 10 years ago. Intraoperatively, it was noted that she had endometriotic deposits in the posterior uterine wall and the left ovarian fossa. Ultrasound pelvis 10 years later showed fibroids, left endometriotic cyst and an avascular heterogeneous structure in the umbilicus region. As the nodule was affecting her quality of life and she was allergic to plaster to cover up the umbilicus while she was bleeding, she underwent an open myomectomy, cystectomy and excision of umbilical nodule. Intraoperatively, she had a 1 cm umbilical nodule excised. There were multiple large fibroids and a 3.5 cm endometriotic cyst. The pouch of douglas was obliterated as well.

Results: The histology of the nodule confirmed umbilical endometriosis and the left ovarian cyst was endometriosis as well. The patient was counselled and was agreeable to trial dienogest to prevent recurrence.

Conclusions: Umbilical endometriosis is a rare condition and affects 0.5–1% of all extrapelvic endometriosis. Secondary umbilical endometriosis occurs with a previous history of surgery performed. This case proves that endometriosis has to be a consideration despite a long interval from previous surgery.

P0449 | PREVALENCE OF HTLV (1 & 2) IN PREGNANT WOMEN OF GRENADA

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.5 INFECTIONS IN GYNAECOLOGY

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Objectives: This study aimed to determine the prevalence of HTLV-1 and 2 among pregnant women in Grenada.

Methods: A prevalence study was conducted using HTLV 1 and 2 serologic medical records data for 5,566 pregnant women in Grenada. All samples were tested in Government laboratory for the period 2015–2019. The data were disaggregated by age group, parish/district, and positive and negative cases. Descriptive statistics regarding

frequency, percentages, proportions and trend analysis was used. The data were made available and analysed using Microsoft excel. Significance was not established due to data coding limitations.

Results: The study found that the prevalence of HTLV in pregnant women in Grenada was 1.54%. Prevalence was highest amongst women aged 40–44, at 5.5%. There were zero positive cases amongst the <15 age group. Prevalence in the 15–19 age group was 1.3%, 20–24 was 1.6%, 25–29 was 1.1%, 30–34 was 1.5% and 35–39 was 1.9%. The rural parish of St. Patrick had the highest prevalence with 3.4% compared to the other parishes which ranged from 0.8% to 1.9%. Trend analysis showed a steady decrease in prevalence from 2017–2019.

Conclusions: The study found that HTLV 1 and 2 prevalence was lower in 2019 compared to 2014. Positivity rate was greater in women 40 years and older, and in St. Patrick parish. Further research is needed to understand why the prevalence rate is highest in pregnant women age 40–44. Interventions are needed to prevent and reduce mother to child transmission during pregnancy and breastfeeding.

P0450 | UTERINE ANOMALIES IN ADOLESCENTS

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.1 PAEDIATRIC AND ADOLESCENT GYNAECOLOGY

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Objectives: To analyse common manifestation and management of uterine anomalies in adolescent age group

Methods: This prospective observational study was done over a period of 6 years from January 1, 2015 to March 31, 2021 at Joseph Hospitals, Chennai. The study group included all adolescent girls presenting with amenorrhea, mullerian anomalies. Thorough history taking and examination was done and supplemented with blood investigations, imaging studies and karyotyping as required. The patients were followed up to monitor their outcome.

Results: During the period of study, 38 adolescent girls fulfilled criteria for inclusion. Among the study group, 30 girls presented with complaints of amenorrhea and 8 with pain. The mean age of presenting to gynecology op is 17 years, while patients with pain presented as early as 12 years of age. The etiology was MRKH in 14 cases, AIS in 2 cases, delayed menarche in 3 case, other uterine anomaly in 17 cases, imperforate hymen and POF in 1 case each. Associated renal agenesis was noted in 9 cases. Surgical management was done in 18 cases with uterocervical anastomosis in 2 cases, vaginoplasty in 3 cases, TLH with BS in 2 cases, rudimentary horn excision in 3 cases, oophoropexy in 1 case and hematocolpos drainage in 7 cases. All patients had uneventful postoperative period and two patients conceived later and delivered alive babies.

Conclusions: Uterine anomaly in adolescent can be easily diagnosed by imaging studies. Proper follow-up to avoid emotional

consequences and counseling regarding reproductive outcome is essential.

P0451 | A RARE CASE OF PARTIAL MOLAR ECTOPIC PREGNANCY FOLLOWING TUBAL LIGATION REVERSAL

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.4 BENIGN CONDITIONS IN GYNAECOLOGY

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Objectives: Molar ectopic pregnancies are extremely rare, with only 132 cases reported in medical literature. Most have been treated with salpingectomy. This case presents a ruptured ectopic pregnancy following tubal ligation reversal, reported as partial mole. A literature review suggests this is the first documented occurrence.

Methods: This a case report. A thorough literature search was conducted with key words “partial molar pregnancy” “tubal pregnancy” and “hydatidiform mole” to supplement the case report findings.

Results: A 38-year-old multiparous woman presented twice with features of ruptured tubal pregnancy to her local rural hospital in Australia. After her third presentation, she was flown to the closest regional centre for hospital admission. Pre-operative human chorionic gonadotropin (hCG) was 6,150 mIU/mL. Ultrasound confirmed adnexal ectopic pregnancy with haemorrhage. She had a left salpingo-oophorectomy and histopathological analysis of the tubal specimens revealed partial hydatidiform mole. Weekly hCG levels were performed until there were three consecutive negative tests.

Conclusions: This case report reaffirms the need for clinicians to order relevant investigations and refer to secondary centres early to avoid complications such as ruptured ectopic pregnancy. Ectopic molar pregnancy is a rare condition and has malignant potential. There is a small reported (4%) risk of tubal pregnancy after a reversal procedure but there is no documented increased risk of molar pregnancy. It is pertinent that clinicians routinely perform histological examination of tubal specimens in ectopic pregnancy to correctly diagnose cases early and organise appropriate post-treatment surveillance to detect invasive disease.

P0452 | ABSCESSSED CORNUAL TWIN PREGNANCY A CASE REPORT

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.5 INFECTIONS IN GYNAECOLOGY

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Objectives: To describe the case of abscessed ectopic twin pregnancy

Methods: This case report describes the outcomes and histopathologic findings of an abscessed ectopic twin pregnancy localized in cornual portion of the uterus

Results: A 36-year-old diabetic woman, first pregnancy, presented to emergency department with severe abdominal pain, fever and vaginal bleeding. A B-hCG was requested reporting 46716 mIU/mL, ultrasonography reported ecographic findings related to: ectopic twin pregnancy localized in the cornual portion of the uterus, both embryos with heartbeat. Leucocytosis, prolonged clotting test, leucocyte esterase and nitrites present in general urine test, C-reactive protein elevated, hyperfibrinogenemia, elevated D-dimer were the most important initial laboratory findings. Initial medical management with methotrexate was considered, and antibiotics for pyelonephritis were initiated. 12 hours later, patient presented exacerbation of abdominal pain and signs of peritoneal irritation, surgical treatment was performed. At the time of laparotomy, was found encapsulated abscess with ectopic pregnancy within localized in cornual portion and intrapelvic profuse pus, total abdominal hysterectomy was realized. Antibiotics were maintained in postsurgical time. Histopathological study reported ectopic pregnancy in cornual site with transmural infiltration of polymorphonuclear leukocytes, micro abscesses and bacterial colonies of coccoid morphology

Conclusions: Cornual localization accounts for only 2–4% of all ectopic pregnancies. Pelvic inflammatory disease is a risk factor for this condition, but no abscessed ectopic pregnancy had been reported in the literature before, initially clinical findings were mistakenly related only to ectopic pregnancy and urinary tract infection, and not for an acute pelvic inflammatory disease.

P0453 | TO DETERMINE THE ASSOCIATION OF CENTRAL FAT ACCUMULATION INDICES WITH INFLAMMATORY PARAMETERS IN POLYCYSTIC OVARY SYNDROME

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.4 BENIGN CONDITIONS IN GYNAECOLOGY

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Objectives: To determine the association of central fat accumulation indices with inflammatory parameters in polycystic ovary syndrome

Methods: This was a cross-sectional study conducted on 100 women at S.M.S. Hospital, Jaipur (India) over a period of one year. Height, weight, waist circumference and lipid profile were measured and BMI, LAP and VAI were calculated. Body Fat Percentage was measured by the Body Fat Analyser using the bioelectrical impedance method. Blood samples were collected. Inflammatory markers - Neutrophil/Lymphocyte ratio, hsCRP, Procalcitonin, Interleukin 6, CRP/albumin ratio were measured using chemiluminescence (Immulite 2000, Siemens). Data were analysed and conclusions drawn.

Results: hsCRP and CRP/albumin showed moderate to high correlation ($r=0.41-0.67$) with the central fat accumulation indices, while Neutrophil/Lymphocyte ratio and IL-6 showed low to moderate positive correlation ($r=0.18-0.35$). On the other hand, Procalcitonin showed weak correlation ($r=0.08$ to -0.15) with the central fat accumulation indices.

Conclusions: The association of parameters representing visceral obesity with inflammatory markers is important, since obesity and insulin resistance contribute to the low-grade chronic inflammatory state seen in PCOS. Increase in BMI and other central fat accumulation indices have a considerable impact on hsCRP, which becomes significant since even modest elevations of hsCRP are associated with marked increase of vascular risks.

P0454 | A CASE OF PRIMARY UMBILICAL ENDOMETRIOSIS MENSTRUATING FROM THE UMBILICAL NODULE

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.4 BENIGN CONDITIONS IN GYNAECOLOGY

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Objectives: The purpose of this case is to report a rare case of endometriosis. Umbilical endometriosis is a rare entity, it has an estimated incidence of 0.5–1% of all patients with extragenital endometriosis, and this percentage includes both secondary scar-related and spontaneous primary forms

Methods: We perform surgery, in Arifin Achmad Hospital Pekanbaru, on this patient which collaborated with the digestive surgeon and vascular surgeon. And the tissue was sent to the pathology clinic

Results: From the pathology, we found the result that the nodule in the umbilical is an umbilical endometriosis

Conclusions: Endometriosis is the presence of endometrial tissue outside the uterine cavity which can be extra-pelvic endometriosis that compromise multiple organs. Ultrasound can be used to assess the nodule size and involvement of surrounding tissues and to evaluate other pelvic pathology, hence aiding the planning of surgical management. The treatment of choice is surgical excision, and diagnosis is confirmed by histopathological examination

P0455 | EVALUATION OF QUALITY OF LIFE AND SEXUAL FUNCTION OF WOMEN WITH ENDOMETRIOSIS ACCORDING TO PHYSICAL AND PSYCHOLOGICAL ASPECTS

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.4 BENIGN CONDITIONS IN GYNAECOLOGY

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Objectives: To evaluate the quality of life and sexual function of women with endometriosis and correlating with the physical and psychological aspects.

Methods: Multicenter cross-sectional study, carried out with 102 women with endometriosis from 2017 to 2020. The women were divided into two groups according to the presence of pain: group 1 (with pain-62 women) and group 2 (without pain-40 women). The Endometriosis Health Profile Questionnaire, Female Sexual Function Index, Beck Anxiety Inventory and Beck Depression Inventory were used to assess quality of life, sexual function, levels of anxiety and depression, respectively.

Results: Women did not show any age difference ($P=0.953$). In both groups, most women had deep endometriosis and were undergoing treatment, but group 2 had a longer treatment time ($P=0.044$). The group 1 had more depression and anxiety than those in group 2 (17.1 ± 9.98 and 11.15 ± 9.25 , $P=0.003$ and 23.71 ± 12.92 and 12.58 ± 10.53 , $P=0.001$, respectively). Women with pain had significantly worse quality of life than those who did not have pain (48.88 ± 16.02 and 23.32 ± 15.93 , $P<0.001$). Both groups had sexual dysfunction ($P=0.350$).

Conclusions: Women with endometriosis and pain have worse quality of life and more severe levels of anxiety and depression. Regardless of the symptoms, endometriosis causes sexual dysfunction.

P0456 | INTERPLAY OF THE AUTONOMOUS NERVOUS SYSTEM WITH LEIOMYOMA DEVELOPMENT - THE GENETIC CONTRIBUTION OF THE ADRENERGIC, CHOLINERGIC, AND SEROTONERGIC SYSTEMS

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.4 BENIGN CONDITIONS IN GYNAECOLOGY

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Objectives: It is accepted that the Autonomic Nervous System (ANS) plays a role in tumor development. We embrace this perspective by studying the contribution of new candidate genes of the adrenergic, cholinergic, and serotonergic systems to leiomyoma development and treatment response by uterine artery embolization. Genes under analysis are the $\beta 2$ -adrenergic receptor related gene (*ADBR2*; rs1042713), the Nicotinic receptor subunit $\alpha 5$ gene (*CHRNA5*; rs16969968), the Solute carrier family 6 member 4 (*SLC6A4*; 5-HTTVNTR-intron2) and the Serotonin receptor 2A gene (*HTR2A*; rs6313).

Methods: A total of 913 DNA samples were analyzed, 136 from women with leiomyoma followed in Hospital St. Louis and 777 from women without any associated pathology. Samples were genotyped using current molecular techniques. The statistical treatment was performed using the IBM SPSS 25 program.

Results: Both AA genotype of the *ADBR2* gene ($P=0.003$) and GG genotype of the *CHRNA5* gene ($P=0.004$) are associated with an increased risk for leiomyoma and GG (*CHRNA5*) shows a lower reduction of the volume of the main leiomyoma after treatment ($P=0.015$). Epistatic analysis revealed that genotypes AA-12/12 (*ADBR2* - *SLC6A4*) and AA-TT (*ADBR2* - *HTR2A*) confer risk to leiomyoma development ($P=0.03$ and $P=0.006$, respectively).

Conclusions: We conclude that *ADBR2* and *CHRNA5* genes have relevant roles in leiomyoma development and *ADBR2* contribution is enhanced by the epistatic relationship with *HTR2A* and *SLC6A4*. This study confirms the contribution of the genetics of ANS to tumor biology and opens the possibility to include genetic markers in clinical protocols.

P0457 | COLORECTAL PERFORATION BY A COPPER-BEARING INTRAUTERINE CONTRACEPTIVE DEVICE RESULTING IN NECROTIZING FASCIITIS AND SEPTIC SHOCK: A CASE REPORT AND REVIEW OF THE LITERATURE

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.5 INFECTIONS IN GYNAECOLOGY

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Objectives: To describe the sequelae of colorectal perforation by an intrauterine contraceptive device (IUCD).

Methods: Case report and 40-year literature review.

Results: A 55-year-old presented with generalized weakness and confusion of two days duration. She had COPD, alcohol abuse disorder, and previously treated tuberculosis. She reported a failed attempt to remove an IUCD 30 years prior. No further information was available about the attempted removal. The patient was afebrile, hypotensive and tachycardic. There was right buttock erythema and fluctuance without tenderness. Serum creatinine was elevated. CT showed a pelvic abscess tracking into the right buttock and a T-shaped metallic object perforating the rectum. Emergency laparotomy revealed an inflammatory mass adherent to rectum, vaginal vault and bladder. Hysterectomy had previously been performed. The IUCD was encased within the pelvic abscess. The stem of the device was palpable on rectal exam. The IUCD was visualized and removed via sigmoidoscopy. Necrotizing fasciitis was diagnosed intraoperatively, and extensive surgical debridement of the right buttock was performed. The debrided tissue grew a mixed culture of anaerobes and aerobes. Blood cultures were positive for *K. pneumoniae* and *S. bovis*. Generally, laparoscopic removal of an intraperitoneal IUCD is possible unless the device has penetrated a viscus. If colorectal perforation has occurred, removal may require endoscopy, wedge-section and tissue debridement as reported.

Conclusions: To our knowledge this is the first reported case of necrotizing fasciitis resulting from colorectal perforation by an IUCD. Years may elapse between IUCD insertion and the development of complications related to gastrointestinal injury.

P0458 | PROLONGED RETENTION OF INTRAUTERINE BONY FETAL TISSUE FOLLOWING SURGICAL MANAGEMENT OF INTRAUTERINE DEATH

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.2 GYNAECOLOGICAL CARE FOR THE OLDER WOMAN

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Objectives: Retained products of conception following surgical management of miscarriage, persistent placenta or fetal remains is common (40 in 1000), and need for repeat procedure for removal of retained tissue ranges from 3–18 in 1000. Intrauterine retained fetal bony tissue has been reported a number of times. Patients may present with menorrhagia, metorrhagia, chronic pelvic pain or most commonly, secondary infertility. This case examines a 45-year-old woman who presents with pelvic pain, and history of secondary infertility following surgical management of an intrauterine death.

Methods: A 45-year-old female presented to the emergency room with a history of crampy lower abdominal pain and a history of menorrhagia and secondary infertility following a dilatation and evacuation 10 years previously for an intrauterine death at 30 weeks. A Pelvic ultrasound showed an anteverted uterus, endometrial thickness of 5mm with an echogenic linear structure within the endometrial cavity.

Results: Hysteroscopy showed partially embedded white bony spicules in the endometrial cavity. Histology of cavity samples were reported as: fragments of proliferative endometrium, some architectural features suggestive of a polyp and stromal calcification and ossification. Clinically these findings are most in keeping with retained intrauterine fetal bone tissue.

Conclusions: Intrauterine retained fetal bony tissue can be a difficult clinical diagnosis, as the symptomatology can be non-specific, and as is seen in this case, women can present many years after the antecedent D&E. Transvaginal ultrasound imaging, and hysteroscopy are invaluable tools in assessment of the uterine cavity, identifying and removing bony fragments.

P0459 | TUBERCULOUS SALPINGITIS IN A 16-YEAR-OLD GIRL: A CASE REPORT

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.5 INFECTIONS IN GYNAECOLOGY

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Objectives: **Introduction:** Genital Tuberculosis (TB) commonly occurs secondary to a primary focus. In Genital TB, the Fallopian tubes are the primary targets, followed by other pelvic organs. This study reports a case of a young girl who presented with genital TB.

Methods: Case Report: A 16-year-old girl presented with gradual onset of abdominal distention for 2 months duration with no other symptoms. She had been immunized and no past or contact history of TB. Examination revealed moderate amount of free fluid in the abdomen. All other examinations were normal. Per Vaginal or per speculum examination was not performed since unmarried. Trans-abdominal ultrasound scan showed significant amount of free fluid in the abdomen. Left sided simple ovarian cyst (3 cm×4 cm×3 cm). Right ovary, Uterus, and KUB were normal. CECT abdomen, pelvis and chest revealed no abnormalities except moderate amount of free fluid in the abdomen. Peritoneal fluid cytology smears were acellular. Culture found no growth. And TB-PCR was negative. CA-125 was 471 U/ml. Repeated sample in 2 weeks found to be 1240 U/ml. AFP was <1 ng/mL. Liver and renal functions were normal. Last Hb% was 9.1 g/dL. Chest X ray was normal. Sputum NAAT negative for Mycobacterium Tuberculosis. Explorative laparotomy was performed with the suspicion of ovarian malignancy. Histology revealed TB Salpingitis. Post operatively managed with multidrug anti TB drugs and got cured completely.

Results: -

Conclusions: Genital TB should be considered as a possibility in the women who present with a pelvic mass, ascites and elevated CA 125 levels.

P0460 | DIENOGEST VERSUS GONADOTROPIN RELEASING HORMONE AGONIST IN PELVIC ENDOMETRIOSIS

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.4 BENIGN CONDITIONS IN GYNAECOLOGY

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Objectives: To compare the efficacy and safety of Dienogest and GnRH agonist in patients with pelvic endometriosis. To compare the adverse effects of two drugs between two groups of patients.

Methods: It was a randomized comparative study conducted in OBGYN dept of AKMMCH between January 2020 and January 2021 among 109 patients. Informed Written Consent was obtained. Patients were Grouped into Groups 'A' (dienogest) and 'B' consisting (GnRH agonist). Dienogest 2 mg 1 tab daily at bedtime was given and in group B -Inj.Zoladex 3.6 given in every 28 days. We analyze efficacy by change of pain pattern between 2 groups, compare the rate of intake of analgesics and reduction of the size of endometriotic lesions. We find out and compare the number of adverse event and bleeding pattern of the patients to see the safety.

Results: Indication of usage of drugs were - 93 patients had USG findings of endometrioma, 26 patients were after primary surgical treatment, 4 patients were after recurrence of symptoms and 8 patients had recurrent endometrioma. In primary efficacy assessment by reduction of pelvic pain, reduction of dysmenorrhoea and

regarding use of analgesia there were no significant difference between 2 groups ($P>0.001$). Safety assessment - in dienogest group 10 patients had irregular bleeding and in GnRH group 16% patients had headache, 17% had hot flushes, 21% had vaginal dryness, 9.07% had hair loss, 5.45% had decrease livido, 11% had bone pain.

Conclusions: Dienogest may be more preferable than GnRH agonist in patients with pelvic endometriosis.

P0461 | THE ROLE OF CHLAMYDIA INFECTION IN THE OCCURRENCE OF ECTOPIC PREGNANCY

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.5 INFECTIONS IN GYNAECOLOGY

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Objectives: To identify the role of chlamydia infection in the occurrence of ectopic pregnancy.

Methods: Total of 105 patients underwent ectopic pregnancy surgery. The collection of clinical material was carried out from 2017–2020 in the perinatal center in Nukus.

Results: The most common causes of ectopic pregnancy were inflammatory diseases. Out of 105 patients, 62 (59.0%) had chronic chlamydia infection, the IgG antibody titer increased by an average of 4.2 ± 0.4 ($P<0.05$), and the remaining 43 (40.9%) patients had cytomegalovirus, bacterial, and fungal infections. Frequent complications of inflammatory diseases are chronic pain syndrome, obstruction of the fallopian tubes, menstrual disorders, which were found in almost all women. Long-term chronic inflammatory processes lead to sclerotic and dystrophic changes in the pelvic organs, which is accompanied by their structural and functional changes. In the study group, bilateral salpingoopharitis occurred in 64 (60.9%) and unilateral - in 17 (16.1%) ($P<0.05$) patients. Against the background of the inflammatory process, 82 (78.0%) women had an ectopic pregnancy of the type of tubal abortion and 23 (21.9%) ($P<0.05$), women of the type of tubal rupture. All women with ectopic pregnancy underwent surgical treatment and rehabilitation with the inclusion of the drug josamycin according to the scheme. These drugs have mainly general and local anti-inflammatory and resorption effects.

Conclusions: Chronic chlamydia infection is one of the main causes of ectopic pregnancy. Primary care physicians need to step up their efforts to identify and improve these patients.

P0462 | AN EVALUATION OF COMPOSITE REFERENCE STANDARD (CRS) FOR DIAGNOSIS OF FEMALE GENITAL TUBERCULOSIS

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.5 INFECTIONS IN GYNAECOLOGY

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Objectives: Female genital tuberculosis (FGTB) is a common cause of infertility. This study shares the experience of using Composite Reference Standard (CRS) for the diagnosis of FGTB.

Methods: It's a prospective study between September 2017 to June 2019, over 100 infertile females having FGTB on CRS which consisted of acid-fast bacilli on microscopy or culture, histopathological evidence of epithelioid granuloma, positive gene Xpert on endometrial sample or definite or probable finding of FGTB on laparoscopy.

Results: Out of 100 infertile women (78% primary, 22% secondary) mean age, body mass index, parity and duration of infertility was 28.2 years, 23.17 kg/m², 0.24±0.12 and 2.41 years. Various symptoms were scanty menses 16% irregular cycle 7% dysmenorrhea 11% pelvic pain 11% Various signs were vaginal discharge 65% adnexal mass 6% tubo-ovarian mass on ultrasound 15% abnormal hysterosalpingography findings 57.14% positive polymerase chain reaction 65% abnormal hysteroscopy 82.2% The positive findings on CRS were positive AFB on microscopy or culture 3% positive gene Xpert 29% epithelioid granuloma on histopathology 13% definite findings on laparoscopy like tubercles, caseous nodules and beaded tubes 57.19% probable findings of FGTB like straw colored fluid in POD; extensive dense pelvic, peri-tubal, peri-ovarian adhesions; hydrosalpinx; tubo-ovarian mass; thick fibrosed tubes; mid tubal block; peri hepatic adhesions (Fitz Hugh Curtis Syndrome); hyperemia of tubes/ blue uterus on chromotubation 48.8% All patients found to be positive on CRS were given 6 months of anti-tubercular therapy.

Conclusions: This study demonstrates the high reliability of use of CRS for diagnosis of FGTB.

P0463 | UTERUS DIDELPHYS WITH HEMATOMETRA: A CASE REPORT

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.4 BENIGN CONDITIONS IN GYNAECOLOGY

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Objectives: Uterus didelphys is a congenital malformation of the Mullerian ducts with duplication of the uterus and cervix. Mullerian

malformations have a prevalence of approximately 7% in the general population. Fifteen to 20% of the women with this disease also have renal agenesis associated, most often ipsilateral. Despite most being asymptomatic, some patients have an obstructive factor, leading to hematocolpos, hematometra and hematosalpinx, which may cause pain and infection. The aim of this report is to present a case of a patient with Uterus didelphys correlating clinical aspects with the literature.

Methods: Case of an adolescent from the Gynecology Service of the Hospital Municipal Moyses Deustch. The main symptom was non-specific complaint: severe abdominal and lumbar pain for 2 days. After detailed anamnesis and subsidiary exams, the diagnosis of renal agenesis and didelphys uterus with hematometra formation was confirmed and solved with one side hysterectomy.

Results: Among the various manifestations of Mullerian anomalies, a set of them can prevent the externalization of menstruation, characterizing cryptomenorrhea. The most characteristic symptom is cyclic pain in the lower abdomen of progressive intensity. The main complications of obstructive Mullerian anomalies are endometriosis, adherence, and infertility. Women with recurrent miscarriages or chronic pain are candidates for surgical repair. In the presence of obstructed non-communicating hemiuter associated with symptoms, as in the case presented, surgical removal is indicated.

Conclusions: It is essential to aware to renal abnormalities in patients with Mullerian ducts defect and vice-versa, to certify a correct and early diagnostic and treatment.

P0464 | A RETROSPECTIVE COMPARISON OF TREATMENT RESPONSE BETWEEN 6 MONTHS AND 9-12 MONTHS OF TREATMENT AMONG FILIPINO WOMEN WITH GENITAL TUBERCULOSIS

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.5 INFECTIONS IN GYNAECOLOGY

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Objectives: Tuberculosis remains to be prevalent in the Philippines and globally. Because of the devastating and permanent consequences of genital tuberculosis, timely and adequate treatment is imperative. Since more data regarding the optimal duration of treatment of genital tuberculosis are needed, this study compares the treatment response at 6 months and after at least 9 months of treatment, with the intention of determining the most practical management for genital tract tuberculosis.

Methods: A retrospective chart review was conducted for newly diagnosed cases of genital tract tuberculosis who met the inclusion criteria. Treatment response was categorized into clinical, microbiologic, histologic, radiologic, and sonologic responses. Responses to

treatment were evaluated at the 6th month and at the end of treatment, then compared.

Results: Out of the 140 charts retrieved, only 43 were included. Statistically significant difference was found only in clinical response, primarily due to patients who did not achieve resumption of menstruation within the first 6 months of treatment. The rest of the treatment responses and adverse drug events were statistically the same for both treatment groups.

Conclusions: Results of this study imply that a 6-month treatment regimen has the same effect as the 9 to 12-month treatment in terms of microbiologic, histologic, radiologic, and sonologic responses. This leads to a conclusion that the 6-month treatment will be more practical in treating genital tuberculosis, except for amenorrheic premenopausal women who may warrant extension of treatment. Further studies on post-treatment rates of relapse and sonologic resolution are needed.

P0465 | MORPHOFUNCTIONAL AND IMMUNOHISTOCHEMICAL CHARACTERISTICS OF LEIOMYOMA NODES AND ENDOMETRIUM IN WOMEN WITH UTERINE LEIOMYOMA

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.4 BENIGN CONDITIONS IN GYNAECOLOGY

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Objectives: Tactics of management of patients with uterine leiomyoma in terms of restoration of reproductive function and prevention of disease recurrence.

Methods: In order to study the morphofunctional and immunohistochemical features of leiomyomatous nodes and endometrium in women with uterine leiomyoma, 90 samples of leiomyomatous nodes and endometrium were studied,

Results: Morphological examination of leiomyomatous nodes in the vast majority of cases revealed the presence of uterine leiomyoma of simple and cellular types or a combination thereof. In women with multiple uterine leiomyoma, simple leiomyoma predominated (53.3%), and in patients with isolated leiomyoma, signs of uterine leiomyoma were more common (66.7%). 93.3% of both groups with uterine leiomyoma showed endometrial pathology, such as glandular and glandular-fibrous polyps, simple and complex atypical endometrial hyperplasia, which confirms the theory of the only pathogenetic mechanisms of hyperplastic processes of the female genital organs. Changes in the levels of apoptosis markers Ki-67 and P-53 were detected, namely: in patients receiving conservative treatment and subsequent surgical myomectomy with hysteroscopy, the level of these markers in the endometrium approached normal levels of expression. However, in leiomatous nodes it did not have significant changes after hormone therapy.

Conclusions: Thus, leiomatous nodes remain a source of disruption of apoptosis in the tissues of the myometrium, which certainly interferes with the processes of implantation and development of blastocysts. Based on this, in order to create conditions for a full-fledged process of implantation and pregnancy, in parallel with drug treatment, it is advisable to perform conservative myomectomy in this group of women.

P0466 | VAGINAL CUMIN SEED EXTRACT VERSUS CLOTRIMAZOLE SUPPOSITORIES IN TREATING VULVOVAGINAL CANDIDIASIS: RANDOMIZED CLINICAL TRIAL

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.5 INFECTIONS IN GYNAECOLOGY

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Objectives: The study aims to compare the efficacy of using vaginal Cumin seed extract versus clotrimazole suppositories in treatment of Vulvovaginal Candidiasis (VVC).

Methods: A randomized double-blind, clinical trial (NCT03005353) conducted at the outpatient gynecology clinic between March 2018 and October 2019. The study included women complaining from VVC. Diagnosis was confirmed by culture in agar sabouraud. Eligible women were randomized into two groups; group I receive *Cumin seed extract* vaginal suppositories once daily for 7 days and group II received clotrimazole suppositories for the same period. The primary outcome was the rate of complete cure after one week diagnosed if there was absence of candida hyphae under microscope together with negative culture results.

Results: One-hundred women were analyzed in both groups (50 women in each arm). No statistically significant difference between both groups regarding the percentage of patients with negative culture at one week [34 (68%) vs. 40 (80%) women in group I vs. group II, respectively, $P=0.581$]. Seven cases (14%) showed clinical improvement only in group I versus three case (6%) in group II ($P=0.0311$). finally, 41 women (82%) in group I versus 43 women (86%) in group II reported satisfaction with the allocated therapy ($P=0.585$). No serious side effects reported in both groups.

Conclusions: Cumin seed extract vaginal suppositories is effective as clotrimazole in treatment of VVC with high safety profile.

P0467 | INTRAVAGINAL ADMINISTRATION OF HUMAN TYPE III COLLAGEN-DERIVED BIOMATERIAL WITH HIGH CELL-ADHESION ACTIVITY TO TREAT VAGINAL ATROPHY IN RATS

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.2 GYNAECOLOGICAL CARE FOR THE OLDER WOMAN

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Objectives: Vaginal atrophy (VA) is the thinning and drying of the vaginal walls, which can lead to a variety of symptoms. VA is usually initiated by decreasing estrogen levels in post-menopausal women; so, the traditional treatment of VA is hormone therapy (HT). Here, we sought nonhormonal therapies aimed at treating this condition safely and effectively.

Methods: Ovariectomy rat models were used as vagina atrophy model, human recombinant collagen T16 was administered intravaginally for 2 weeks. The location of collagen was examined by immunofluorescence, the histology of rats' vagina was seen, and the expression of some related factors were obtained by Immunohistochemistry, qPCR and western blotting. The proliferation ability of cells which co-cultured with T16 was examined by CCK-8 and flow cytometric.

Results: After T16 was administered intravaginally for 2 weeks, the autologous collagen arrangement was improved in the epithelium and muscle layer of the rat vagina, and the thickness of epithelium tissue also increased significantly. Compared with the sham group, collagen therapy was found to influence the expression levels of several important proteins in the vaginal tissue, resulting in the upregulation of TIMP-1, Collagen I, Collagen III, Ki-67, VEGF, and AQP-2 and the downregulation of MMP-1 and IL-6. Cells in the collagen treatment group exhibited better proliferation and less apoptosis properties.

Conclusions: In conclusion, the supplementation of exogenous collagen with high cell-adhesion activity is a very promising treatment method for VA in future clinical use. Furthermore, our results also suggested the potential for vast applications of collagen biomaterials.

P0468 | GIGANTIC VULVAR MASSES: A CASE SERIES OF BENIGN LARGE VULVAR TUMORS

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.4 BENIGN CONDITIONS IN GYNAECOLOGY

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Objectives: Benign vulvar mass are uncommon condition of the lower genital tract. To date, there is no recognized classification for

benign tumors. Most of the vulvar tumors show no symptoms, unless large enough to be noted on self-examination. This paper aims to describe clinically and histopathologically the different types of benign large vulvar tumors

Methods: We report three cases of large vulvar masses presenting as gradually enlarging tumors with different histopathologic diagnoses; (1) Bartholin's cyst, (2) Cellular Angiofibroma and (3) Lipoblastoma like tumor of the vulva.

Results: An uncommon presentation of a vulvar mass presents variable histologic diagnoses. Correct diagnosis is an indispensable part in the gynecologic assessment and management. It is essential for the gynecologist to differentiate between benign and malignant lesions to provide an appropriate treatment.

Conclusions: Histologic evaluation is critical in establishing an accurate diagnosis due to the fact that multiple diagnoses may have similar gross characteristics. Management is based on the type and size of the mass and symptomatology of the patient.

P0469 | XANTHOGRANULOMATOUS SALPINGOOPHORITIS: A RARE CASE REPORT

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.4 BENIGN CONDITIONS IN GYNAECOLOGY

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Objectives: Xanthogranulomatous inflammation is an uncommon chronic process in which the tissue of affected organ is destroyed and replaced by a striking cellular infiltrate of foamy histiocytes admixed with multinucleated giant cells, plasma cells, fibroblasts, neutrophils, and foci of necrosis. Only few cases involving the ovary have been reported. We report a case of xanthogranulomatous salpingoophoritis in a 21 year old female,

Methods: A 21-year-old female, P₂L₂ presented with lower abdominal pain and per-vaginal discharge for one and a half month. On examination, she had fever, tachycardia and tenderness in right iliac fossa. On pelvic examination, vague lump of size about 8 cm×8 cm could be felt in right fornix. CA -125 was 63.6 U/mL. Cervical secretion was screened for Mycobacterium tuberculosis, which came to be negative. USG revealed well circumscribed benign cystic lesion of ovary. Her abdominal CECT suggested right ovarian endometrioma and left sided hydrosalpinx. Laparotomy was done. Right sided tuboovarian abscess of size 8 cm×7 cm, adhered to gut and left sided hematosalpinx was noted. Right tuboovarian mass was resected and left salpingectomy was done. Tissue was sent for histopathological examination and pus was sent for GeneXpert for Mycobacterium tuberculosis.

Results: Histopathological report revealed xanthogranulomatous inflammation. Pus culture showed staphylococcus aureus sensitive to

clindamycin. GeneXpert of pus for M. Tuberculosis was negative. So, a diagnosis of xanthogranulomatous salpingoophoritis was made.

Conclusions: The case is of interest in view of its rarity. Moreover, it mimics ovarian malignancy and tuberculosis. Gynaecologists dealing with endometriosis, chronic pelvic inflammatory disease should keep this condition in mind, as such patients are prone to xanthogranulomatous salpingoophoritis.

P0470 | AN ANALYTICAL REVIEW OF DIAGNOSTIC UTILITY OF HIGH-RESOLUTION ULTRASOUND IN BREAST LESIONS

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.3 IMAGING IN GYNAECOLOGY

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Objectives: Women with breast related complaints present usually to gynecologist. Breast complaints need full evaluation due to high incidence of breast cancer. X ray mammography has limitations of its use in dense breast in young age & some ethnicity. Ultrasound is easily available, affordable, non-invasive, acceptable tool for breast imaging. Present study analyses diagnostic value of high-resolution ultrasound imaging in breast lesions.

Methods: It is prospective observational study done on 60 women presented in Outpatient department of J.J Hospital from period of Sept 2019-February 2021 with breast related complaints in age group of 18–70 years. In all women ultrasound imaging was done with high resolution linear probe on Wipro GE Voluson S 10 machine. Findings were noted, women were followed up for period of 6 months. Data were analyzed and reviewed.

Results: Out of 60 women 25 (41.6%) had normal imaging, 18 women had fibrocystic changes, 9 women (15%) had fibro adenoma out of which 7 undergone excision biopsies with confirmed histopathological diagnosis. 3 patient (5%) have breast abscess, one lipoma, and one fat necrosis Three women (5%) were diagnosed with possibility of malignancy with BI-RADs criteria, FNAC report confirmed intraductal carcinoma in 2 and papillary carcinoma in one woman. PPV of USG in detection of malignancy as well negative predictive value was 100 % in our study.

Conclusions: High resolution ultrasound imaging of breast is a useful tool in diagnosis of breast lesion in all age groups. It can be an option for primary screening of breast cancer.

P0471 | HEALTH EDUCATION IN CLIMACTERIC AND QUALITATIVE APPROACH

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.2 GYNAECOLOGICAL CARE FOR THE OLDER WOMAN

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Objectives: Health education favors women's empowerment, as they, through knowledge, become aware of their bodies and their rights. Nurses are privileged for having some specific knowledge of the menopausal transition phenomena, due to their professional nature the evaluation of the expectations of healthcare professionals, in the menopausal transition about their perspectives in the experience of menopause and understanding how these would impact health education practices.

Methods: this is a cross-sectional study with a qualitative approach, involving 24 nurses and hospital office staff in the climacteric phase. This intervention can be considered as a research-action modality. Interviews to obtain the data were conducted using a semi-structured questionnaire after validation, and for analysis, the methodological strategy of the Collective Subject Discourse was used.

Results: four related central ideas were obtained: "the opportunity to learn and apply the acquired knowledge"; "the need for treatment"; "the absence of symptoms"; and "perspectives about the future."

Conclusions: Healthcare professionals' personal perspectives contribute in a qualified way to health education strategies, aiming at a multidisciplinary and interdisciplinary approach, respecting their beliefs, limitations, autonomy, and life histories.

P0472 | MILD COGNITIVE IMPAIRMENT IN CHINESE WOMEN AND AGE-DEPENDENT ASSOCIATION TO VARIOUS MENOPAUSAL SYMPTOMS

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.2 GYNAECOLOGICAL CARE FOR THE OLDER WOMAN

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Objectives: The aim of the study was to investigate Mild Cognitive Impairment (MCI) for two different age groups and the association to various classical menopausal symptoms. Furthermore, also the correlation to FSH and estradiol (E2) was assessed.

Methods: Participants (n=130) were divided into two groups: A: ≤50 years (N=64); B: >50 years (N=66). The Montreal Cognitive

Assessment score was used to assess cognition. Clinical, sociodemographic and anthropometric data were collected and climacteric symptoms were assessed by the Kupperman Index. Spearman correlations were used to identify significant relationships between cognition and other factors. Binary logistic regression was performed to predict MCI risk factors.

Results: MCI occurred in 29.7% group A patients vs. 53.8% group B ($P=0.005$). In group A, visuospatial/executive function was positively associated with FSH ($r=0.284$, $P=0.023$), hot flashes ($r=0.273$, $P=0.029$) and paresthesia ($r=0.334$, $P=0.007$). Attention correlated with E2 negatively ($r=-0.270$, $P=0.031$), while positively correlated with FSH ($r=0.266$, $P=0.034$). Language function was negatively associated with paresthesia ($r=-0.247$, $P=0.050$) and insomnia ($r=-0.265$, $P=0.035$). In group B, visuospatial/executive function was negatively associated with vertigo ($r=-0.314$, $P=0.011$) and urinary problems ($r=-0.269$, $P=0.030$). Attention positively correlated with reproductive stages ($r=0.271$, $P=0.029$). Language function was negatively associated with skin formication ($r=-0.276$, $P=0.026$). Further risk factors for MCI in group B were identified as mild menopausal symptoms and level of education ($P<0.05$).

Conclusions: We report a clear association between various menopausal symptoms and MCI as well as certain correlations to FSH and E2. This may provide novel choice for the prevention of dementia.

P0473 | ASSOCIATION BETWEEN SURGICAL HISTORY OF BILATERAL OOPHORECTOMY AND PROBABLE SARCOPENIC OBESITY

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.2 GYNAECOLOGICAL CARE FOR THE OLDER WOMAN

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Objectives: To estimate the association between the surgical history of bilateral oophorectomy (SHBO) and probable sarcopenic obesity (PSO).

Methods: Cross-sectional study carried out in women residing in Colombia, aged 60–75 years. Three measurements were used to establish the possibility of sarcopenia: SARC-F scale, SARC-F plus calf circumference <31 cm (SARC-F+CC<31) and SARC-F plus calf circumference <33 cm (SARC-F+CC<33). Obesity was established according to the Body Mass Index. PSO was defined as the presence of sarcopenia in women with obesity. Logistic regression was performed: PSO (dependent variable) and SHBO (independent variable). Anonymous and voluntary participation. $P<0.05$ statistically significant.

Results: 700 women were included, age 67.0 ± 4.8 years, BMI: 26.5 ± 4.8 , Obesity: 166 (23.7%) and SHBO: 45 (6.4%). The possibility of Sarcopenia with SARC-F: 9.8%, SARC-F+CC<31: 10.4% and 20.7%

with SARC-F+CC<33. PSO was identified in 21 (3.0%) [95%CI:1.9–4.5] with SARC-F, in 14 (2.0%) [95%CI:1.2–3.3] with SARC-F+CC<31 and in 21 (3.0%) [95%CI:1.9–4.5] with SARC-F+CC<33. SHBO was associated with PSO, when the scale plus calf circumference measurements were used. SARC-F+CC<31 OR:4.18 [95%CI:1.12–15.56] and SARC-F+CC<33: OR:4.99 [95%CI:1.74–14.31]. SHBO performed in pre-menopause, was associated with PSO with the three measurement tools. OR:4.02 [95%CI:1.11–14.49] with only the scale, OR:6.66 [95%CI:1.75–25.26] scale plus calf circumference <31 and OR:5.90 [95%CI:1.85–18.80] scale plus calf circumference<33 ($P<0.05$). No significant association was observed between SHBO performed after menopause and PSO.

Conclusions: The SHBO, especially the one performed before menopause, was significantly associated with PSO in the studied group. More studies and other designs are warranted to determine the association and even causality.

P0474 | A GIANT OVARIAN SEROUS CYSTADENOMA: CASE REPORT

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.4 BENIGN CONDITIONS IN GYNAECOLOGY

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Objectives: Report a case of a giant ovarian serous cystadenoma, one of the largest ever described in the literature.

Methods: Descriptive observational study with medical records analysis.

Results: Female patient, 67 years old, with abdominal growth, change in eating habits and not measured weight loss for 5 months. Abdominal and pelvic tomography showed a large expansive cystic lesion, probably an ovarian etiology, with thickened walls, in the abdominopelvic cavity, displacing and rejecting neighboring organs, with no signs of invasion. Cytopathological examination of the cervix: negative for malignancy. Hysterectomy with bilateral annexectomy was performed. Histopathological: left ovary with serous cystadenoma sized 35x25x13 cm and 11,360 kg; Uterine cervix demonstrated chronic cervicitis with squamous metaplasia and Naboth cysts; The other structures did not present alterations. There was steatonecrosis in the retrocecal space. The patient evolved stable, discharged from the hospital on the first postoperative day.

Conclusions: Serous cystadenoma is an epithelial tumor that represents 11.2% of benign ovarian tumors, being the second most common benign histology. It is usually asymptomatic and found incidentally, mostly confined to the ovary at the time of diagnosis.

Conservative management is safe, with surgery needed in only 16% of patients. Despite being a very frequent gynecological neoplasia, giant post-menopausal cystadenomas are rare. They generally measure 2 to 10 cm and are called giant when 15 cm diameter is reached. The laparotomic surgical intervention of this tumor was chosen due to its size and risk of complications, representing a diagnostic and therapeutic challenge.

P0475 | VULVAR SYNECHIA - A THERAPEUTIC CHALLENGE IN INFANT GYNECOLOGY

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.1 PAEDIATRIC AND ADOLESCENT GYNAECOLOGY

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Objectives: Our goal is to open a discussion about the epidemiology and follow-up from children diagnosed with vulvar synechia and expose the experience with ambulatory treatment

Methods: It is a retrospective study, using medical record survey, that describes the outcome of 35 patients treated with ambulatory removal of vulvar synechia, ages between 11 months and 11 years old, from 2009 to 2019, in a Gynecologist Hospital in Brazil

Results: In a total of 35 patients diagnosed by vulvar synechia, all were submitted by a lysis procedure using a blunt scalpel, with topical anaesthesia, without need of suture. 25 attended the follow-up consultation after a synechia resolution procedure. 7 patients presented total recurrence of synechia, requiring a new lysis procedure, and 18 patients had partial recurrence, remained only with topical treatment, using estrogenic therapy during from 4 months to 3 years. All the patients used vaseline cream every day to prevent synechia recurrence

Conclusions: Vulvar synechia, or agglutination of nymphs, is a common condition in childhood, which can occur since birth due to age hypoestrogenism and can often cause diagnostic error. Outpatient treatment with lysis of the synechia under local anaesthesia proved to be effective, with no need to subject the patient to hospital surgical procedure. The low rates of recurrence depend on good adherence to topical pharmacological treatment, good hygiene conditions and outpatient follow-up. Having knowledge on this condition is important for the gynecologist, in order to manage and advise the patient and, primarily, the adults responsible for her.

P0476 | RELATIONSHIP BETWEEN THE USE OF CONTRACEPTIVE METHODS AND VAGINAL CANDIDIASIS IN HEALTHY WOMEN IN THE FERTILE PERIOD

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.5 INFECTIONS IN GYNAECOLOGY

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Objectives: To evaluate the relationship between the use of contraceptive methods and the occurrence and evolution of vaginal candidiasis in healthy women in the fertile period.

Methods: We performed searches in the MEDLINE database. The descriptors "Vulvovaginal Candidiasis AND Contraceptive Agents" and synonyms were used and 383 articles were found. We included any primary studies, in the last 5 years, that investigated the effects of using contraceptive methods on the occurrence and evolution of vaginal candidiasis in healthy women in the fertile period. After the selection process, 4 studies (n=717 participants) were included. Data extraction was performed with a data collection formulary.

Results: The rates of acquisition of *Candida albicans* infection were increased in women who used combined oral contraceptives (COC) and levonorgestrel-releasing intrauterine device (LNG-IUD) ($P<0.001$) at 6 weeks, 6 months and 12 months and decreased in frequency over time ($P<0.05$). Non-albicans *Candida* (NAC) species had a higher virulence among copper IUD users than among non-users (OR 5.04; 95% CI 1.4,18.14; $P=0.017$), resistance to fluconazole ($P=0.013$) and nystatin ($P=0.018$) and, together with *Candida Albicans*, an increased in positive cultures 3 months after the insertion of the proanthocyanin IUD ($P=0.007$).

Conclusions: The use of COCs and IUD-LNG is associated with an increase in the acquisition of infections by *Candida albicans* infections, in addition to an increase in the prevalence of resistant species associated with copper IUD use, making it necessary to provide more intensive follow-up care for these women. Further studies are needed to support or refute these findings.

P0477 | THE USE OF CRANBERRY IN PROPHYLAXIS OF URINARY INFECTION IN WOMAN: IS IT EFFECTIVE? A SYSTEMATIC REVIEW

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.5 INFECTIONS IN GYNAECOLOGY

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Objectives: To analyze the effectiveness of using Cranberry fruit as a prophylaxis in urinary infections for women.

Methods: Make a systematic review of the last 6 years research of the descriptors: PYURIA, CRANBERRY, INFECTIONS, URINARY TRACT published in SCIELO, PUBMED and LILACS. In this review we found 14 articles. The exclusion criteria were: review article, male gender and newspaper comments. Inclusion criteria: original articles, clinical studies and randomized control studies. 5 articles selected.

Results: There were a total of 804 female patients aged 20–101 years. The cranberry fruit was evaluated in the form of juice, extract with proanthocyanidin-A and oral capsules. Three articles showed that the consumption of drink or cranberry capsule significantly reduced the density of clinical incidence of Urinary Tract Infection (UTI) in women with a history of ≥ 2 UTI's in the previous year, a rate of 39% (95% CI : 9%, 59%), on the other hand, two other articles did not result in a significant difference in the presence of bacteriuria plus pyuria over 1 year, nor did it show any in vitro antibacterial activity.

Conclusions: To obtain a correlation between the prophylactic use of Cranberry in the treatment of UTI's, it would need further studies in addition to a new evaluation comparing the use of cranberry in its form of juice, extract and capsules. However, most articles have shown its prophylactic potential mainly in the form of juice or high proanthocyanidin concentrate in preventing recurrent urinary infections in women.

P0478 | POSSIBILITIES OF ALTERNATIVE THERAPY FOR MENOPAUSAL SYNDROME

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.2 GYNAECOLOGICAL CARE FOR THE OLDER WOMAN

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Objectives: To study correlation of psychoemotional disorders in women with endometriosis in perimenopause.

Methods: To study the clinical features of perimenopause with endometriosis, 142 women aged 45 to 55 years will be examined, contacting a gynecologist for complaints related to the appearance of menopausal syndrome in where endometriosis will be diagnosed.

Results: Before therapy, as well as in the dynamics of observation, patients in perimenopause with psychoemotional disorders performed ultrasound of the pelvic, mammography, biochemical blood test, PAP smear. Before treatment, a weak degree of psychoemotional disorders and a decrease in the quality of life were noted in 20.3% of patients, medium-46% and severe-12%. In order to treat early of psychoemotional disorders in women with endometriosis in perimenopause, an atypical antipsychotic-active substance sulpiride was used, 200 mg. The drug was prescribed 2 times a day, 100 mg to

16 hours of the day. Control was carried out after 1, 3, 6 weeks. The dynamics of the reverse development of symptoms was evaluated using a modified menopausal index (MMI) -Kupperman index. In the 1st week of therapy, there were positive trends in the emotional sphere in the group of 72% of women, by the end of the third or sixth week the number of hot flashes and their severity decreased significantly, sweating, fluctuations in blood pressure, tachycardia, anxiety, depression, emotional lability, headaches decreased increased performance in the group of 92%.

Conclusions: Atypical antipsychotic-Prosulpin 200 mg, can be used in the correction of psychoemotional disorders in women during perimenopause with endometriosis, without contraindications.

P0479 | LEVERAGING TECHNOLOGY IN SUPPORTING NIGERIAN WOMEN WITH OBESITY IN PREGNANCY

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.6 OBESITY AND GYNAECOLOGY

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Objectives: Pregnant women with obesity are at an increased risk of developing complications¹. With a lack of adequate physical services in Nigeria, a digital approach is needed. This retrospective study was conducted to explore whether virtual coaching to pregnant women with obesity could drive the behavior change that would lead to better outcomes at delivery.

Methods: A retrospective study conducted on pregnant women who were enrolled on the mDoc CompleteHealth™ platform with Body Mass Indexes (BMI) within obesity range ($>30 \text{ kg/m}^2$) between December 1, 2018 and March 1, 2021. Each woman's age and parity were recorded at enrollment onto the platform. All women received messaging and guidance on lifestyle modifications while a smaller percentage of women (30%) received personalized guidance on exercise and diet from a health coach who aided them with the co-creation of SMART goals and action plans in addition to the generalized messaging. The women also had access to virtual fitness and nutrition coaches.

Results: Over the study period, 2,684 women enrolled were pregnant and obese (average BMI of 35 kg/m^2). A total of 804 women received personalized and generalized guidance. Of these women, 84% (672 women) logged their exercise compared to the 57% who received generalized guidance only. Of the 672 women who logged their exercise, 99% had safe deliveries.

Conclusions: Leveraging technology to support and provide the right ecosystem for women with obesity in pregnancy may drive favorable outcomes for both mother and child.

P0480 | ANTICOAGULATION AND RECURRENT CORPUS LUTEAL CYST RUPTURE - A CASE REPORT

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.4 BENIGN CONDITIONS IN GYNAECOLOGY

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Objectives: Corpus luteal cyst rupture is a common occurrence which goes unnoticed in a healthy woman, but women on anticoagulants are at higher risk of massive haemoperitoneum leading to severe morbidity and mortality. Timely diagnosis and adequate management will reduce morbidity and mortality

Methods: A case of nulliparous women, 26 years old who presented with recurrent massive haemoperitoneum due to corpus luteal cyst rupture on 2 different menstrual cycles as she was on anticoagulation therapy with Tab warfarin for heart valve replacement. She underwent emergency exploratory laparotomy with right salpingo-ovariotomy after resuscitation. Was advised ovulation suppression but denied due to nulliparity. Reported again after a year and underwent emergency laparotomy with left ovariectomy after resuscitation; both occasion her INR was >9, was replaced with blood and fresh frozen plasma as a part of resuscitative measures. She was discharged with anticoagulants with her INR being 1.4. On post-operative day 40 she presented with massive haemoperitoneum due to surgical site bleed for which resuscitation, emergency laparotomy was done, and haemostasis achieved.

Results: She was discharged with normalized coagulation profile and on anticoagulants and INR 1.6

Conclusions: Right time and mode to safely conserve, intervene or restart anticoagulants is always debated. Ovulation inhibition with progesterone only contraceptives would have suppressed ovulation and the untoward incidents.

P0481 | A CHALLENGING CASE OF MULTIPLE MYOMECTOMIES IN AN UNMARRIED WOMAN A CASE REPORT

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.4 BENIGN CONDITIONS IN GYNAECOLOGY

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Objectives: The incidence of fibroids in unmarried women is low as compared to married woman (twenty percent). Multiple myomectomies in an unmarried woman poses greatest challenge to the surgeon as the uterus has to be reconstructed meticulously to ensure

uneventful pregnancies in the future. Such a challenging case is presented below.

Methods: A 33-year-old unmarried women presented with complaints of heavy menstrual bleeding with passage of clots, severe lower abdomen pain and abdominal distension for 8months. The patient underwent laparoscopic appendectomy in 2003, laparotomy in 2010 (open Myomectomy was done; two fundal fibroids removed). Again in 2018, underwent laparotomy (attempted Myomectomy), but due to dense adhesions, adhesiolysis done and abdomen closed. On examination, mass palpable per abdomen with uterine size increased up to 36 weeks. After MRI was done for surgical mapping of myomas (to reduce the number of incisions on uterus), she was taken up for myomectomy.

Results: Intraoperative findings were, 21fibroids largest measuring 22*15 cms. Uterine cavity not entered. Uterus reconstructed meticulously. Post-operative period, uneventful. Counselling regarding recurrence, contraception and future fertility was offered before discharge.

Conclusions: In spite of easy availability of wide range of medical treatments (preferred GnRh agonists), surgery remains the first choice for women with multiple fibroids who wish to retain fertility. In such cases, the surgeon takes the utmost responsibility to take care not to enter the cavity, and to reduce the number of incisions. Correct decision making and good surgical skills can preserve uterus of good functional capability for future pregnancies.

P0482 | AN INTERESTING CASE OF PARASITIC FIBROID (WANDERING FIBROID)

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.4 BENIGN CONDITIONS IN GYNAECOLOGY

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Objectives: Parasitic leiomyoma or "wandering fibroid" (WF) is an extremely infrequent extrauterine benign neoplasm with unusual locations and presentations that can confound imaging and require a histopathological diagnosis.

Methods: We report, herein a case of a 60-year-old woman with a 25 cm of lump abdomen with USG and CT-scan report of a sub-serosal fibroid. The chief complaint was that of heaviness and distension. The definitive treatment of a parasitic leiomyoma is surgical excision.

Results: Per-operative the mass was highly vascularized deriving its supply mainly from the omentum and mesentery of the small intestine. Whole uterus and both ovaries were intact.

Conclusions: The case is being reported due to its rarity, diagnostic difficulties and suspected malignant change.

P0483 | ISOLATED TUBAL TORSION- A CASE REPORT

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.4 BENIGN CONDITIONS IN GYNAECOLOGY

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Objectives: Isolated tubal torsion is a rare cause of abdominal pain in young women of reproductive age. There are no clear pathognomonic signs to identify this condition. This rare condition mimics several common causes of abdominal pain which invariably leads to delay in diagnosis and subsequent treatment.

Methods: We present a case of isolated tubal torsion in a 16-year-old woman with history of sexual intercourse, only once.

Results: The delay in diagnosis and reluctance of an invasive procedure in the young patient led to a loss of her fallopian tube. We have discussed the imaging modalities that may help in diagnosis as well surgical options for the management of this rare condition

Conclusions: It is essential to keep in mind isolated tubal torsion as a differential diagnosis for young patients who present with sudden onset lower abdominal pain. Despite the advances in imaging modalities, the confirmation of diagnosis remains direct visualization of the torqued tube. Several surgical options are available for salvaging the tube, however the treatment invariably remains salpingectomy.

P0484 | THE ACCEPTABILITY OF IMMEDIATE POSTPARTUM AND POST-ABORTION PLACEMENT OF LONG-ACTING REVERSIBLE CONTRACEPTION TO ADOLESCENTS: A SYSTEMATIC REVIEW

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.1 PAEDIATRIC AND ADOLESCENT GYNAECOLOGY

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Objectives: Long-acting reversible contraception (LARC) methods are safe for adolescents and provide the greatest protection against repeat pregnancy when inserted during the immediate postpartum (IPP) and immediate post-abortion (IPA) period. The acceptability of this timing of placement to adolescents has not previously been examined in a review. We aimed to examine adolescents' (10–19 years) attitudes towards, experiences of and factors involved in the decision to initiate, decline or discontinue LARC IPP/IPA.

Methods: We searched seven bibliographic databases for original research published in English from 2000. Studies of design, from any country, focused on IPP/IPA LARC, were eligible for inclusion. We assessed articles for eligibility, extracted data relevant to the

outcomes of the review and undertook critical appraisal. Key themes were reported narratively.

Results: We identified 10 relevant articles. IPP availability improved LARC access. Attitudes to LARC IPP were associated with sociodemographic factors. Determinants of discontinuation and non-use included poor-quality contraceptive counselling, unanticipated side-effects and subsequent distress, misconceptions about LARC safety IPP and the influence of partners and community on autonomy. Two articles addressed IPA LARC; these did not describe decision-making factors. Limited evidence suggested contraceptive implants were preferred over intrauterine devices IPA and, in certain contexts, adolescents initiate LARC IPA at lower rates than adults.

Conclusions: Based on limited evidence, IPP LARC placement appears acceptable to adolescents who do not experience side-effects and those given agency to use their chosen contraceptive method. Research on adolescents' lived experiences and perceptions of IPP/IPA LARC is needed to inform high-quality, person-centred contraceptive counselling.

P0485 | CERVICAL LESIONS IN ADOLESCENTS: THEIR RELATIONSHIP WITH THE HUMAN PAPILLOMA VIRUS

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.1 PAEDIATRIC AND ADOLESCENT GYNAECOLOGY

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Objectives: To evaluate cervical intraepithelial lesions in adolescent patients who come to the gynecology service of the Maternal and Child Regional Hospital of Monterrey, Nuevo Leon.

Methods: Retrospective, descriptive, cross-sectional study of patients treated between 2013 and 2018. The database of the colposcopy area was analyzed. Of 1,025 patients, 18 were adolescents between the ages of 10 and 19 years who had begun sexual intercourse were analyzed, with cytological and/or histological findings of cervical pathology.

Results: 1.75% were adolescent patients with diagnosis of cervical lesion. 100% diagnosed with HPV infection, 11% were suspected as high-grade intraepithelial lesions, which after the histological study were 100% low-grade lesions.

Conclusions: HPV represents the most relevant risk factor to develop cervical pathology, it is essential to prevent transmission of it among adolescents with active sexual life.

P0486 | ABNORMAL UTERINE BLEEDING IN ADOLESCENT CAUSED BY UTERINE VASCULAR LESION: A CASE REPORT

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.1 PAEDIATRIC AND ADOLESCENT GYNAECOLOGY

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Objectives: Heavy abnormal uterine bleeding (AUB) in adolescents is rarely caused by uterine vascular lesion

Methods: We observed a special case of a 14-year-old girl (virgin) who urgently underwent laparoscopic operation at Hanoi Obstetrics and Gynecology hospital, Hanoi, Vietnam due to a fragile angiogenesis lesion in the uterine anterior wall. This ruptured into the peritoneal cavity causing 1500 mL blood loss. Three years later, this patient has been hospitalized twice due to massive vaginal bleeding.

Results: Results of pelvic sonography and magnetic resonance imaging indicated uterine intramural mass with enlarged vessels connecting to the endometrial cavity. Medical treatment by GnRH agonist and progestin during 2 months failed. After eliminating all structural and functional bleeding causes, a pelvic digital subtraction angiography has been made showing a branch of left uterine artery spewing. This artery was successfully embolized with hystoacryl at Radiology Center at Bach Mai hospital Hanoi, Vietnam. The patient had stopped bleeding immediately. Her condition was good with regular menstrual periods after 3 months follow-up.

Conclusions: Image of abnormal mass with dilated vessels in the myometrium in adolescents suffering from AUB is an exclusive sign of uterine vascular lesion and can be treated by angio-embolization

P0487 | ASSOCIATION OF VAGINAL PATHOGENS AND HPV CO-INFECTION IN NORTHEASTERN MEXICAN WOMEN

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.5 INFECTIONS IN GYNAECOLOGY

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Objectives: The aim of this study was to identify coinfections of Human Papillomavirus (HPV) and other pathogens associated with vaginal infections (VI).

Methods: A total of 44 women participated on this study. We collected cervical smear with a cervical brush and Preservcyt® solution. DNA was extracted and a real time PCR reaction (RT-PCR) was made to determine VI's (*Chlamydia trachomatis*, *Neisseria gonorrhoeae*, *Trichomona vaginalis*, *Mycoplasma hominis*, *Mycoplasma genitalium*, *Ureaplasma urealyticum* [UU] and *Ureaplasma parvum* [UP]). HPV was detected by end point PCR using universal primers (PGMY 9/11). The association was performed by χ^2 and the continuous variables were evaluated by t-student with SPSS Software.

Results: We identified that 26 (60%) samples presented HPV. We found that 43.3% had coinfection of HPV and VI's pathogens. The most frequent VI pathogen was UU (50%) followed by UP (16.6%). We found an association of *Ureaplasma* spp with condyloma lesions ($P=0.040$). We didn't find an association with other histopathological findings.

Conclusions: Our data suggested that the UU is associated with HPV condylomas in our population. This infection is not well studied; because its lack of symptoms, and also it is clinically under-detected. The inflammatory process of *Ureaplasma* spp infection could potentiate the development of HPV lesions. Screening for *Ureaplasma* spp in patients co-infected with HPV may become important to detect increased risk to develop cervical intraepithelial lesions and cervical cancer. This issue must be corroborated with future studies.

P0488 | DETECTION OF SARS-COV-2 VIRUS IN CERVICO-VAGINAL SECRETION OF COVID-19-AFFECTED FEMALE

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.5 INFECTIONS IN GYNAECOLOGY

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Objectives: To explore the possibility of sexual transmission of contagious SARS-CoV-2 virus by its detection in cervico-vaginal secretions.

Methods: From 20th July, 2020 to 19th September, 2020, 35 Covid-19 positive female patients admitted to the AIIMS PATNA who consented were enrolled in this prospective observational study. Proper gynaecological history, clinical records along with laboratory findings of the patient was recorded. The possibility of the sexual transmission of the virus was to be ascertained by testing the presence of SARS-CoV-2 virus in the vaginal, cervical secretions by RT-PCR.

Results: All 35 COVID-19 positive female patients were tested for SARS-CoV-2 in their vaginal and cervical secretions by RT-PCR. All the samples were tested negative for the virus.

Conclusions: Findings from this study reveals that SARS-CoV-2 virus is not present in the cervical and vaginal secretions and the possibility of transmission by vaginal sexual intercourse can be safely ruled out.

P0489 | AMH LEVEL PRE- AND POST-LAPAROSCOPIC MANAGEMENT OF ENDOMETRIOSIS

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.4 BENIGN CONDITIONS IN GYNAECOLOGY

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Objectives: Endometriosis is a well-known cause of dysmenorrhea and infertility. Serum antimullerian hormone (AMH) proposed to be a reliable marker of ovarian reserve. The aim of the study was to determine the influence of laparoscopic management of endometriosis in ovarian reserve.

Methods: In this case control study, totally 63 women diagnosed with ovarian endometrioma were enrolled. Ovarian endometrioma was confirmed histopathologically. All the patients had 3 months pre- and post-operative dienogest treatment. Serum AMH levels were measured pre-and one month postoperatively. Main outcome measures were serum AMH levels in correlation with the type and

severity of pain, stage of endometriosis and additional symptoms including infertility.

Results: 63 patients with endometrioma enrolled in the study with mean age 31.1 years. 44 (69.8%) of the patients had severe dysmenorrhea, 57 (90.4%) had pelvic and back pain, 35 (55.5%) had pain during bowel emptying, 23 (36.5%) had pain during bladder emptying. All the symptom severity decreased postoperatively ($P < 0.001$). Pre- and post-operative mean AMH level was 2.68 ± 1.96 ng/mL, 1.93 ± 1.62 ng/mL, respectively ($P < 0.001$). Endometrioma size had correlation with AMH level nor pain severity. Dienogest showed significant decrease of pain before operation ($P < 0.01$) and ovarian enucleation was easier.

Conclusions: Serum AMH levels clearly decreased 1 month after operative laparoscopy. Dienogest was effective in preoperative pain relief.

P0490 | TWO DIFFERENT CASE OF PRIMARY ISOLATED PELVIC HYDATID CYST: ULTRASONOGRAPHIC FINDINGS AND MANAGEMENT

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.4 BENIGN CONDITIONS IN GYNAECOLOGY

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Objectives: To report a rare presentation of cyst hydatid and discuss its diagnostic workup and treatment modality.

Methods: Two patients, aged 42 and 43, presented with pelvic pain. Bimanual vaginal examinations detected pelvic mass. Transvaginal ultrasonography (TVU) showed a heterogeneous multi-cystic 8-cm structure in Douglas Pouch consisting of well-circumscribed loci of similar shape and size, separated by thick septa in the first patient and 10-cm similar mass in right adnexal area for the second patient. In the second patient, the mass was suspected to be of ovarian origin. Indirect hemagglutinin tests were negative for both patients, MRI results were suspicious for hydatid cysts similar to TVU with normal upper abdomen. First case managed with open abdominal and second case with laparoscopic surgery. Both cases were subjected to prophylactic Albendazole therapy before surgery. In the first patient, the mass was attached to the omental tissue and protruded towards the Douglas pouch. In second, the pelvic mass was observed seated on the fallopian tube attached between the round and infundibulopelvic ligaments. The masses were carefully separated from its surrounding tissues, taken into an endo-bag and removed without bursting.

Results: For endemic areas, cyst hydatid should come to the minds as a rare reason of adnexal mass and pelvic pain. Even if the indirect hemagglutinin test is negative, if ultrasonographic findings support hydatid cyst, MRI could be helpful.

Conclusions: Laparoscopic surgery may be preferred, but cyst should not be ruptured during surgery. If there is a high risk of cyst bursting, laparotomy should be performed.

P0491 | PREVALENCE, SEVERITY, AND ASSOCIATED FACTORS IN WOMEN IN EAST ASIA WITH MODERATE-TO-SEVERE VASOMOTOR SYMPTOMS ASSOCIATED WITH MENOPAUSE

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.2 GYNAECOLOGICAL CARE FOR THE OLDER WOMAN

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Objectives: To understand prevalence, severity, impact, and treatment of vasomotor symptoms (VMS) associated with menopause, using cross-sectional survey data.

Methods: This online, two-part survey was conducted in three regions (mainland China, South Korea, Taiwan) among women aged 40–65 years recruited from established online panels using stratified sampling. Part I collected demographics/disease characteristics, including menopausal status and VMS severity. Women with moderate-to-severe VMS completed Part II, including clinical characteristics, health-related quality of life (HRQoL), and healthcare-seeking behavior. Primary endpoints included VMS prevalence and severity and proportions of women eligible and willing to take menopausal hormone therapy (MHT).

Results: Numbers of peri- vs. post-menopausal women completing Part I were: mainland China, 1588 (55.1% vs. 44.9%); South Korea, 1000 (43.6% vs. 56.4%); Taiwan, 773 (61.7% vs. 38.3%). VMS prevalence was approximately 80% in each region; overall prevalence of moderate-to-severe VMS was approximately 55%, and over half of women were untreated. Most of those treated used non-prescription treatments. MHT use was reported by 11.6% of peri- and 7.2% of post-menopausal women. In peri- and post-menopausal women with moderate-to-severe VMS, 8.6% and 3.4%, respectively, were MHT-willing, 19.3% and 16.8% MHT-contraindicated, 25.4% and 23.0% MHT-cautious, and 10.2% and 8.3% MHT-averse. Women experienced significant burden on HRQoL and substantial impairment of work productivity and daily activities.

Conclusions: VMS associated with menopause affected approximately 80% of women aged 40–65 years in the three regions. A significant proportion of women are unsuitable for, or choose not to take, MHT, resulting in an unmet need for non-hormonal treatment options.

P0492 | COMPARATIVE STUDY OF INFLAMMATORY TREATMENT OR FOLLOW-UP OF HPV-POSITIVE WOMEN IN A CERVICAL CANCER CARE HPV SCREENING PROGRAM IN JIANGSU PROVINCE

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.5 INFECTIONS IN GYNAECOLOGY

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Objectives: We aimed to evaluate the effects of inflammatory treatment by follow-up of CareHPV-positive women during screening for cervical cancer in Jiangsu province, and to observe the differences in HPV negative rates between treated and untreated women.

Methods: We recruited 2883 married women (ages of 20 to 59) (including rural, factory, and city workers) in Jiangsu Province who were screened for cervical cancer (northern 1703 and southern 1180). Two years later, 2096 of these women (northern 1212 and southern 884) were followed up. CareHPV-positive women in the southern region were followed up every 6 months and were provided with inflammatory treatment. Lesions were confirmed by colposcopic biopsy. The data were analyzed by chi square test.

Results: We identified 15.27% (260/1703) women as CareHPV positive in northern Jiangsu. The 2-year persistent positive rate was 42.41% (81/191). Among HPV-negative women, the new HPV positive rate was 9.44% (97/1028) two years later. The incidence of \geq CIN 2 was the highest in the persistent positive group, and the lowest in the persistent negative group. In south Jiangsu, 17.37% (205/1180) were HPV positive. Two years later, the new HPV positive rate was 13.01% (95/731). In this cohort, HPV-positive women were given treatment for inflammation and the persistent positive rate was 17.65% (27/153), significantly lower than that among the untreated women in the northern cohort.

Conclusions: CareHPV primary screening can effectively detect precancerous and early cancerous lesions. There was a significant difference between CareHPV-positive women who were or were not provided with inflammation treatment.

P0493 | ASSOCIATION BETWEEN NERVOUSNESS WITH MENOPAUSAL SYMPTOMS AND EATING DISORDERS IN AFRO-DESCENDANT CLIMACTERIC WOMEN
THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.2 GYNAECOLOGICAL CARE FOR THE OLDER WOMAN

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Objectives: To estimate the frequency of nervousness or irritability (NI) in Afro-descendant women and its association with other menopausal symptoms (MSs) and with possible eating disorders (PED).

Methods: A cross-sectional study, derived from the CAVIMEC project (Quality of life in the Menopause and Colombian Ethnic Groups). Women residing in the Colombian Caribbean, between 40–59 years old were included. Participation was anonymous and voluntary. A form applied by the researchers included: Menopause Rating Scale (MRS) and the Sick, Control, Outweigh, Fat and Food (SCOFF) scale. NI was identified with the MRS fifth item and MSs with the rest of the items. SCOFF questions, assess PED. Adjusted logistic regression was performed between NI (dependent variable), MSs and PED (independent variables). The spearman's coefficient was estimated between NI and the SCOFF score. $P < 0.05$ was statistically significant.

Results: 420 women were evaluated, 50.1 ± 6.0 years old, premenopausal: 17.1%, transition to menopause: 60.0% and postmenopausal: 22.8%. NI was reported by 88 women (20.9%) [95%CI:17.3–21.0]. The most frequent MSs were: hot flashes 59.7%, muscle/joint discomfort 57.8% and sleep problems 35.7%. Women with NI indicated greater PED and MSs, except bladder problems ($P < 0.001$). The MSs with the greatest association with NI were: depressed mood OR:15.93 [95%CI:6.04–41.99], anxiety OR:12.25 [95%CI:5.37–27.95] and vaginal dryness OR:5.39 [95%CI: 1.02–28.31]. PED was not associated with NI. Between NI and SCOFF, a rho coefficient of 0.21 [95%CI:0.11 to 0.30] $P < 0.0001$, was estimated.

Conclusions: In a group of Afro-descendant women, 20% presented NI. PED were not associated with NI, unlike three of the MSs evaluated.

P0494 | METABOLIC SYNDROME IN PERIMENOPAUSAL AND POSTMENOPAUSAL WOMEN WITH FRACTIONAL EXPLORATIVE CURETTAGE
THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.6 OBESITY AND GYNAECOLOGY

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Objectives: To determine the prevalence of obesity and metabolic syndrome in women in perimenopause and post-menopause with fractional explorative curettage.

Methods: The examined group consisted of 104 women with fractional explorative curettage due to medical indication. The control group consisted of 35 healthy women. The examined group was divided into two subgroups: perimenopausal and postmenopausal. Body weight, height, waist circumference and blood pressure were measured in all patients. The following laboratory parameters were determined: serum glucose, triglycerides and HDL cholesterol.

Results: There was no significant difference ($P = 0.085$) between the two subgroups of the examined group in terms of BMI, while significance was found in the comparison of the examined and the control group ($P = 0.0001$) in addition to a significantly higher BMI in the examined group. We did not find a significant association between the presence of metabolic syndrome and belonging to any of the subgroups of the examined group (Pearson Chi-square test=2.5561; $df=1$; $P=0.1099$). Additionally, in the examined and control group, metabolic syndrome was present in 62 (52.62%) vs. 8 (22.86%) patients. The analysis showed that patients with fractionated explorative curettage had 4,982 times [OR=4.982 (2.06–12.02) 99% CI] significantly more often metabolic syndrome compared to women in the control group.

Conclusions: Patients in the examined group had a significantly higher BMI than those in the control group. Patients in the examined group had 4.982 times more often metabolic syndrome compared to those in the control group.

P0495 | ANALYSIS OF THE VAGINAL BACTERIAL FLORA IN INDIGENOUS WOMEN FROM BRAZIL

THEME: AB 3 GENERAL GYNAECOLOGY/SUB-THEME: AB 3.5 INFECTIONS IN GYNAECOLOGY

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Objectives: The objective of this study is to investigate microbial diversity of the female genital tract in cervical samples taken from indigenous women in Brazil.

Methods: Data from 152 indigenous women were collected during the period of August 2020 to February 2021 on an appointment at the gynecology clinic from a university hospital in Vitória, a city in Espírito Santo state, Brazil. A questionnaire regarding clinical history and related socio-demographic aspects was applied. Specimen collection for oncological cytology was performed. Cytology blades were sent to the pathology laboratory for analysis.

Results: The average of the women's ages was 40.5 years, majority had schooling for 9.5 years, a plurality had a stable union (60.4%), the median age for initial sexual activities was 16.4 years, and most of them did not use any contraceptive methods regularly (61.5%), and only 4.6% did not use condoms. The most abundant microorganisms were *Lactobacillus spp.* (65.5%). Furthermore, 10.8% of the patients had bacterial vaginosis, and only 3.3% of the women had *Candida sp.* in the cervical sample. Use of birth control pills was associated with a higher prevalence of *Candida sp.* and the use of condoms with a higher prevalence of bacterial vaginosis.

Conclusions: Vaginal flora in indigenous women is dominated by *Lactobacillus* species, while the rate of bacterial vaginosis was 10.8%. Further research is needed to determine differences in vaginal flora according to ethnic groups and its clinical correlation towards disorders of the vaginal flora.

P0496 | PREGNANCY RATES AND PERINATAL OUTCOMES FOLLOWING LAPAROSCOPIC AND OPEN MYOMECTOMIES

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME: AB 4.4 SAFE SURGICAL TECHNIQUES AND PRACTICES

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Objectives: The aim of this study was to assess pregnancy rates, and perinatal outcomes following laparoscopic and open myomectomies in a single District General Hospital (DGH) over a 10-year period.

Methods: A retrospective observational cohort study was conducted from July 2009 to July 2019 at Royal Berkshire Hospital, UK of patients, performed by a single operator. Data were gathered through electronic records using Bluesprier, Electronic Patient Records. Pregnancy and obstetric outcomes were studied using Ciconia Maternity Information System and obstetric notes.

Results: Over the 10-year period, 146 patients underwent myomectomies. 3 were excluded for subsequent hysterectomy and/or deceased. Of the 143, 75 (52.45%) were performed laparoscopically and 68 (47.55%) via laparotomy. Average age of patients was 37 years (24–49 years). 44 pregnancies were achieved post myomectomy. 103 underwent myomectomy for subfertility - 38 (36.89%) pregnancies were achieved in this cohort. Surgery to delivery time was 1.67 years (range 10 months – 4 years). Average gestation for livebirths was 38 weeks (range 28–42 weeks), with 4 first trimester miscarriages, and 1 mid-trimester loss. There were no ectopic pregnancies. Mode of delivery ELCS 17, EMCS 4, 2 AVD, 5 SVD, 4 ongoing pregnancies at the time of publication. There were 5 (11.36%) cases PPH of >1000 mL. No case of uterine dehiscence was recorded.

Conclusions: This study affirms surgical management of fibroids in infertility. We demonstrated that myomectomies have limited association with adverse pregnancy and obstetric outcomes when mode of birth is clearly agreed upon by the operating surgeon and attending obstetrician.

P0497 | BULKY POLYP EXTERIORIZED THROUGH HYMEN - CASE REPORT

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME: AB 4.2 MINIMAL ACCESS SURGERY INCLUDING ROBOTIC SURGERY

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Objectives: Describe a case report of a virgin patient with a large polyp. Another objective is to reinforce how the delay in diagnosis can impact the lives of patients in Brazilian public health system.

Methods: Case report of a patient attended at a public hospital in Recife, Brazil.

Results: A 38-year-old virgin patient complaining of abnormal vaginal bleeding and menstrual irregularity for 4 years. The gynecological examination showed a large tumor coming out of the vagina suggestive of a myoma with areas of necrosis. A surgical hysteroscopy was executed with a vaginoscope and showed a softened non-necrotizing and without degeneration tumor measuring approximately 10.5 cm that was implanted in the middle third of the cervical canal among other formations with polypoid characteristics. The microscopic description included findings of adenomyoma with a focus of atypical complex hyperplasia.

Conclusions: This unusual presentation denotes a deficiency in early care and follow-up for this patient, since the polypoid lesion progress slowly requiring years to evolve to such an extensive form as presented in the case. Deficiencies in the care network and the flow of care are factors that contribute to the delay in diagnosis, which has permanent consequences in the lives of patients. The case presented here demonstrates a patient diagnosed with an injury at a time of premalignant evolution, which has repercussions on her prognosis and treatment.

P0498 | FEASIBILITY ON THE USE OF MANUAL VACUUM ASPIRATION COMBINED WITH HYSTEROSCOPIC - GUIDED CURETTAGE FOR ENDOMETRIAL POLYPECTOMY

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME: AB 4.4 SAFE SURGICAL TECHNIQUES AND PRACTICES

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Objectives: Endometrial polyps are relatively common and can lead to abnormal bleeding and infertility. Endometrial polyps can be removed blindly by curettage but are often unsuccessful. Recently, hysteroscopic-visualized resection has become the gold standard for treatment. This study was performed to study the feasibility of manual vacuum aspiration (MVA) (Women's Health Japan) and hysteroscopic-visualized resection (R) for removal of endometrial polyps.

Methods: Women aged over 20 years old who were referred for evaluation and treatment of endometrial polyps were enrolled in this study. Removal of endometrial polyps using MVA and R were performed and rates of complete surgical resection were compared. Secondary surgical outcomes including estimated blood loss and operative complications were analyzed.

Results: 40 cases were enrolled following pre-operative evaluation by either ultrasonographic or MRI imaging diagnosis. Complete surgical resection of polyps was possible in all patients by MVA; however, appropriate cannula size selection based upon the size of the polyp was important. Complete resection was also possible for cases with both large and multiple endometrial polyps. Estimated blood loss was minimal in all cases and there were no operative complications.

Conclusions: MVA is an effective method for removing endometrial polyps. The clinical outcomes are comparable to hysteroscopic resection. MVA can be used as an alternative treatment procedure in women with endometrial polyps.

P0499 | TRANSCERVICAL RESECTION OF THE ENDOMETRIUM USING BIPOLAR RESECTOSCOPE: EFFICACY AND SAFETY IN THE MANAGEMENT OF HEAVY MENSTRUAL BLEEDING

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME: AB 4.2 MINIMAL ACCESS SURGERY INCLUDING ROBOTIC SURGERY

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Objectives: To assess the efficacy and safety of Transcervical resection of the endometrium (TCRE) using bipolar resectoscope in the management of heavy menstrual bleeding (HMB).

Methods: It is a retrospective study from a tertiary care hospital in India. Inpatient hospital records of women who underwent TCRE with 26 F bipolar resectoscope in the last 6 years were analyzed. Operative time, fluid deficit, intraoperative and post-operative complications were assessed. They were contacted using a telephonic questionnaire to assess the response to treatment. Persistent symptoms, new symptoms and re intervention rates were recorded. The level of satisfaction with the procedure was also assessed (satisfied, partially satisfied, not satisfied). Only women who had ovulatory type HMB were included in the study.

Results: Sixty-two women underwent TCRE during this period. The mean age of women was 43.1±5.9 years. The mean operative time was 18.15±4.3 minutes. The mean fluid deficit was 740.65±140.2 mL. All the procedures were done under spinal anaesthesia. There were no cases of uterine perforation, cervical tear, or fluid overload. The mean follow-up period was 3.1±1.3 years. Ten women did not respond to treatment and underwent hysterectomy within 1 year of the procedure. None of them opted for repeat TCRE. The success rate of the procedure was 83.9%. Five (8.1%) women developed amenorrhea. No new onset dysmenorrhea was reported. Complete or partial satisfaction was reported by 49 (79%) women.

Conclusions: TCRE using bipolar resectoscope has good efficacy and safety in the management of HMB.

P0500 | THE IMPACT OF DIABETES MELLITUS ON THE EFFECTIVENESS OF SURGICAL TREATMENT OF GENITAL PROLAPSE

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME: AB 4.4 SAFE SURGICAL TECHNIQUES AND PRACTICES

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Objectives: The purpose of the study was to optimize the surgical treatment of genital prolapse (GP) in women with diabetes mellitus and to determine its impact on the effectiveness of GP surgical treatment.

Methods: 52 menopausal women with GP of 3–4 degrees were examined. 30 women were diagnosed with type 2 diabetes mellitus (main group) in addition to genital prolapse, 22 women had only GP (comparison group). The first clinical group included 18 patients who underwent uterus vaginal extirpation, anterior colporrhaphy, colpoperineoraphy. The second clinical group consisted of 20 patients who underwent uterus vaginal extirpation with unilateral sacrospinal fixation of the vagina dome. The third group had 14 women, who after vaginal extirpation underwent colpexy using a polypropylene mesh, which includes polyglycolactone.

Results: As a result of the treatment there were 7 recurrences (23.3%) within 1 year after surgery in the main group. They were 4 cases (44.4%) after vaginal plastic surgery, 1 (10%) patient after sacrospinal colpexy, and 2 (28.6%) women after using polypropylene mesh. There were 5 recurrences (22.7%) in the comparison group: 3 (33.3%) cases were after vaginal plastic surgery, 1 (10%) woman was after sacrospinal colpexy, and 1 (14.3%) patient was after the establishment of a polypropylene mesh.

Conclusions: The optimal surgery for genital prolapses in patients with diabetes can be considered a unilateral sacrospinal suspension, which gives the lowest number of recurrences.

P0501 | MINILAPAROTOMY AS AN OPTION FOR HYSTERECTOMY: LITERATURE REVIEW

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME: AB 4.1 CONVENTIONAL AND BENIGN GYNAECOLOGICAL SURGERY

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Objectives: Minilaparotomy approach emerges as an effective alternative to hysterectomy for benign gynaecological diseases when vaginal or laparoscopic route is difficult or not feasible. It employs traditional open techniques with less invasive surgical access hence shorter learning curve and more cost-effective than laparoscopic procedures yet comparably postoperative recovery. Our study aims to report our experience with minilaparotomy hysterectomy.

Methods: Data were retrospectively collected from medical records of all patients who underwent minilaparotomy hysterectomy in a single medical centre in Malaysia over three-year duration from 1st January 2018 to 31st December 2020.

Results: There were total 10 cases reviewed. The patients' age range between 42 to 77 years. 2 had previous surgery and 4 with underlying comorbidity. The median operation time and intraoperative blood loss were 92.5 min (range 65–140 min) and 745 mL (range 400–1500 mL). Histopathology report revealed 6 with fibroid, 3 adenomyosis with endometrioma and 1 benign cystadenoma. The median uterine weight was 655.5 gm (range 236–2500 g). The median post-operative hospital stay was 2 day (range 2–3 day).

Conclusions: Minilaparotomy hysterectomy is safe and feasible surgical approach for women with benign gynaecological diseases. It should be considered as valid option when vaginal or laparoscopic-assisted vaginal hysterectomy is difficult or contraindicated. It allows more rapid conversion to normal laparotomy compared to vaginal and laparoscopic route. Its minimally invasive approach improves the postoperative outcomes as compared to conventional abdominal hysterectomy. The use of traditional instruments is cost-effective and with its short learning curve making it more available even in low-resource settings.

P0502 | MALIGNANT PHYLLODE TUMOR: CASE REPORT

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME:
AB 4.5 BREAST DISEASES AND SURGERY

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Objectives: Present to scientific community through case report the diagnosis of malignant phyllode tumor (MPT) of the breast. Considering its rarity, the high recurrence rate, low survival rate and the lack of consensus related to the ideal treatment, cases of MPT must be discussed.

Methods: Clinical case description by prontuary analysis. A 37-year-old female patient, without relevant risk factors, sought the mastology service of Hospital Felício Focho, due to a palpable nodule in the union of the outer quadrants of the right breast. It is worth to mention that written informed consent form was obtained correctly.

Results: Mammography showed focal asymmetry with partial attenuation after localized compression; ultrasonography (USG) demonstrated a solid, hypoechoic, circumscribed nodule measuring 3 cm. Core-biopsy pointed fibroadenoma. During a 6-month control, the lesion showed significant growth at USG (46.3×24.0×42.8 mm) and quadrantectomy was indicated. Pathological anatomy demonstrated an atypical fusocellular/stromal proliferating lesion associated with extensive stromal overgrowth, suggesting MPT, with free surgical margin measuring 10 mm. Immunohistochemistry confirmed it. Oncology team opted for chemotherapy with doxorubicin and ifosfamide and radiotherapy was administered 42.5Gy/16 fractions plus boost 7.98Gy/3 fractions. Genetic analysis is in progress. The patient has been followed up multidisciplinary, so far disease-free.

Conclusions: Specialized follow-up and biopsy in nodules that have significant growth, even with radiological characteristics of benignity, are required for diagnosis and treatment as the present case.

P0503 | QUALITY OF LIFE OF WOMEN AFTER MASTECTOMY IN TWO TRAINING HOSPITALS IN THE CITY OF DOUALA

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME:
AB 4.5 BREAST DISEASES AND SURGERY

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Objectives: To study the quality of life (QOL) of women after mastectomy in two hospitals in Douala.

Methods: This was a cross-sectional study carried out in two health facilities over a period of 4 months. Data from 102 consenting patients with unilateral mastectomy were collected. A survey sheet enabled us to collect patient socio-demographic, clinical, therapeutic data and data on QOL. We evaluate the QOL using questions from the various recognized questionnaires (EORTC QLQ-BR45, WHOQOL-BREF, FACT-MBIS and FACT-B) that we adapted according to our context. Chi-squared and Fisher's exact tests allowed us to assess the association between variables. Statistical significance was set at $P < 0.05$.

Results: Patients mean age was 48.2±10 years and 54.4% were married. Clinically, patients with a tumor size more than 5 cm and inflammatory tumor were most represented (76.3%); 89.1% had lymph node involvement and 16.1% were metastatic at diagnosis. Other treatments received were, chemotherapy (93%), radiotherapy (32.3%) and hormone-therapy (22.1%). The overall QOL was impaired. Using a mean score on a scale of 0 to 4, physical (0.3), social (0.5), and sexual (1.2) QOL were less impaired than emotional (1.5), functional (2.7), and psychological (3) QOL. Factors associated with impaired physical QOL included young age (OR:6.11[2-18.58]; $P:0.00007$), being single (OR:3.1[1.2-7.7]; $P:0.01$), tumor size between 2 and 5 cm (OR:4.97[2-12.4]; $P:0.0002$). Those associated with the deterioration in overall QOL included long delay between diagnosis and mastectomy (OR:16.60[1.61-170.45]; $P:0.008$).

Conclusions: The overall quality of life was impaired in all patients. Thus, patients undergoing mastectomy should benefit from pre- and postoperative psychological care.

P0504 | EXPERIENCE OF PESSARY TREATMENT FOR MANAGEMENT OF COMPLETE UTERINE VAGINAL PROLAPSE

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-
THEME: AB 4.1 CONVENTIONAL AND BENIGN
GYNAECOLOGICAL SURGERY

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Objectives: Surgery for prolapse is considered to be the definitive treatment. Conservative treatment has not been either tried properly or is not followed up carefully. Reason being the time-consuming counselling on perineal exercise, selecting pessary size, fitting properly etc. In this study we used pessary as first line treatment of prolapse whole heartedly and results were positive.

Methods: In private setting of Rawalpindi hospital 50 patients were selected from outpatient settings of patients reporting and requested surgical management of diagnosed prolapse. Time period 1st January 1916 to 31st December 2020. Age group 50-70 years. Details of work up to assess degree of prolapse, association of comorbid factors and complications of prolapse was carried out in detail. Pessary insertion along with multiple sessions of perineal exercises teaching was done.

Results: Outcome measures were symptoms of urinary incontinence, measuring the degree of prolapse. 10 patients required ultimately surgical treatment; two underwent colpocleisis; two were subjected to vaginal hysterectomy. 20 patients got complete cure of incontinence. They continued pessary for three years intermittently. 10 patients lost to follow-up. Individual success stories were encouraging for the author. Recommend conservative therapy must always be tried for those who requested or who are not fit for surgery immediately.

Conclusions: Conservative therapy should always be first line of action in cases of prolapse in all age groups and all degrees of prolapse. Temporary repositioning of pelvic organs along with strengthening exercises plus improving hormone status can correct the symptoms and permanent corrections.

P0505 | BILATERAL OVARIAN FIBROMA: A CASE REPORT

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME: AB 4.1 CONVENTIONAL AND BENIGN GYNAECOLOGICAL SURGERY

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Objectives: To report a rare case of bilateral ovarian fibroma in a young woman.

Methods: This was the case for a 27-year-old patient, with several months of hypogastric volume increase in evolution, presenting with mild-intensity pelvic pain, sporadic pain, and occasional constipation. A tumor mass was palpated that reached the umbilical level. Transvaginal pelvic ultrasound identified a large, left annex multilobed mass. Computed Axial Tomography revealed heterogeneous multilobed masses in both annexes. Tumor markers HCG-B, CA125, CEA, CA19-9 were within normal ranges. Prior informed consent, gynecological exploratory laparotomy was performed identifying both tumor ovaries with irregular surfaces, pearly and widely vascularized, the left with signs of torque.

Results: An intraoperative biopsy yielded a bilateral mesenchymal neoplasm without atypia. The definitive biopsy diagnosis was bilateral ovarian fibroid. The clinical course has been satisfactory.

Conclusions: Bilateral ovarian fibromas are rare and occur in 2% of patients. Difficulties in determining the relevant diagnosis can lead to confusion with a malignant injury and lead to aggressive

therapies, we report a case of non-syndromic bilateral ovarian fibroid in a young woman presenting without Meigs Syndrome.

P0506 | DIAGNOSIS AND MANAGEMENT OF ACQUIRED UTERINE ARTERIOVENOUS MALFORMATIONS

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME: AB 4.4 SAFE SURGICAL TECHNIQUES AND PRACTICES

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Objectives: To review the diagnosis and the different ways to manage uterine arteriovenous malformation.

Methods: We report all cases of uterine arteriovenous malformation diagnosed and treated jointly between the gynecology department and the Radiology department of the University Hospital Mongi Slim la Marsa.

Results: Three cases of uterine arteriovenous malformation after a medical abortion were managed in the department. The diagnosis was made with color Doppler ultrasonography and confirmed by arteriography. Successful management of this life-threatening cause of vaginal bleeding was made with uterine artery embolization for two cases and hysterectomy for the third. Provided treatment was chosen, according to pulsed Doppler status of the arteriovenous malformation on ultrasound scan and the uterine artery anatomy in the arteriography.

Conclusions: Acquired uterine arteriovenous malformation is rare. Routine grayscale and color Doppler Ultrasound must be performed to patients with persistent bleeding after early miscarriage or medical abortion to diagnose this pathology. The uterine artery embolization represents the gold standard treatment. However, due to technical difficulties, hysterectomy may represent a radical but efficient way to manage this pathology.

P0507 | MANAGEMENT OF ECTOPIC PREGNANCY IN A TERTIARY LEVEL MATERNITY HOSPITAL WITH FOCUS ON SURGICAL APPROACH - A 5 YEAR REVIEW

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME: AB 4.4 SAFE SURGICAL TECHNIQUES AND PRACTICES

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Objectives: The incidence of ectopic pregnancy (EP) in Ireland is 14.8/1000 maternities. These women require urgent assessment

and management - conservative, medical (methotrexate, MTX) or surgical (laparoscopic salpingectomy, LS, most commonly). Over a 5-year period, 570 women underwent management for EP in our center. Unlike conservative and medical management, the re-intervention rate for surgically management was low however re-admission was observed. Our objective was to examine treatment methods, re-intervention rate of each and to analyze surgical methods and cause for re-admission.

Methods: This is a retrospective analysis between 2014 and 2018. Cases identified from laboratory records, charts obtained, and data were collated using excel.

Results: 570 EPs were managed in NMH over this period. 61 (10.7%) managed conservatively with four (6.6%) requiring re-intervention (3x MTX, 1x LS). 189 (33.2%) initially managed with MTX, with 44 (23.3%) requiring re-intervention | (10x 2nd dose MTX, 34x LS). Four of those who received 2nd dose MTX subsequently required LS. 294 (51.6%) managed surgically. Data were inconclusive in 44 patients. From 250 analyzed, 8 (3.2%) required laparotomy, the remainder treated laparoscopically 242 (96.8%). 99 (39.6%) underwent emergency surgery, while 151 (60.4%) were elective. 22 (8.8%) required re-admission post-operatively - 12 (54.5%) for pain, four (18%) for infection and three (13.6%) for bleeding.

Conclusions: 8.8% of women required re-admission post operatively, with over half of these admissions being for pain management. We hope to tailor analgesia and ensure patients are counselled on pain management, to reduce need for re-admission. Of concern, 40% required emergency intervention. In future studies, we aim to identify modifiable risk factors that increase likelihood of emergency surgery.

P0508 | SURGICAL FINDINGS AND CLINICAL PROFILE OF PATIENTS UNDERGONE OPERATIVE HYSTEROSCOPY AFTER CERVICAL RIPENING WITH VAGINAL MISOPROSTOL

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME: AB 4.2 MINIMAL ACCESS SURGERY INCLUDING ROBOTIC SURGERY

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Objectives: To describe the clinical and surgical characteristics of patients undergoing operative hysteroscopy after cervical ripening with vaginal misoprostol.

Methods: Descriptive observational study conducted between November 2019 and September 2020 involving 76 patients undergoing cervical dilatation prior to operative hysteroscopy at Recife school hospitals, Brazil. Women received vaginal misoprostol between the dosage of 200 and 800 µg. Variables studied were type of surgery, adverse effects, surgical complications, cervical length

and width, duration of cervical dilatation and patient's satisfaction. In the analysis, frequency tables were used and measures of central tendency.

Results: The patient's mean age was 48.9±10.99 years old. Polypectomy was the main surgery indication 47 (61.84%). Adverse effect related to misoprostol use was reported in 51 (67.11%) patients with pain being the main complain 31 (40.7%). All adverse effects were easy to treat and did not contraindicate the surgery. The mean time for cervical dilatation was 35.2±30.4 seconds. There were no complications in 82.89% of the surgeries with no dilatation failure informed. The mean cervical length was 3.3±1.0 cm and the cervical width was 6.1±1.7 mm. Seventy-two patients (94.74%) reported satisfaction using de misoprostol.

Conclusions: Vaginal misoprostol for cervical ripening before operative hysteroscopy seems to be safe with easy to treat adverse effects. Patients demonstrated high level of satisfaction with the medication.

P0509 | PLACENTAL POLYP: A RARE TYPE OF POLYP

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME: AB 4.2 MINIMAL ACCESS SURGERY INCLUDING ROBOTIC SURGERY

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Objectives: This case report aims at demonstrating a rare type of polyp called placental polyp. It results of a retained fragment of placental tissue after the parturition or abortion for indefinite period which forms a polypoidal mass in uterus predominantly composed of necrotic and hyalinized chorionic villi (ghost chorionic villi). Epidemiologically, placental polypoid masses are found in less than 0.25% of all pregnancies.

Methods: Case report of a patient assisted at a school hospital in Recife, Brazil.

Results: We report a case of 31 years-old G2P2 woman, complaining about vaginal bleeding and with a decrease of hemoglobin levels (Hb=5.8) in need of blood transfusion. She was diagnosed with a heterogeneous endometrial eco of 2.3 mm by transvaginal ultrasound with an area of greater echogenicity in the bottom of the uterine cavity measuring 2.5×1.6 cm. A surgical hysteroscopy was executed and showed a massive polypoid formation measuring approximately 5.5×2.8×2.5 cm exteriorized through the external cervical orifice of fibroelastic consistency and adjacent thin endometrium without noticeable changes. The polypectomy was executed, and the bleeding complain improved. Histopathological was compatible with Integral

or hyalinized chorionic villi associated with fibrinohematic material compatible with placental polyp.

Conclusions: The placental polyp is rare entity which has similar clinical and macroscopic features as the endometrial polyp. Although imaging techniques can help in planning the surgical approach the concrete diagnosis can only be made with histopathological analysis. The recognition of this rarely reported entity is important to avoid confusion with a significant neoplastic process.

P0510 | WOMAN WITH ENDOMETRIOSIS IN ASSOCIATION WITH APPENDIX NEUROENDOCRINE TUMOR: CASE REPORT

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME: AB 4.2 MINIMAL ACCESS SURGERY INCLUDING ROBOTIC SURGERY

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Objectives: Endometriosis is a chronic inflammatory condition characterized by the presence of endometrial tissue outside the uterus. The prevalence of bowel involvement is 25 percent. This study describes the clinical characteristics of a woman with endometriosis and an appendix neuroendocrine tumor, a condition that has been rarely reported.

Methods: The case report was based on information collected through the review of medical records of a 44-year-old woman who attended a private clinic in the city of Vitória, state of Espírito Santo, Brazil.

Results: The patient complained of abdominal distension, dyspareunia, metrorrhagia and was continuously using a combined triphasic oral contraceptive. She had already performed partial hysteroscopic myomectomy and denied other comorbidities. A vaginal touch was performed, which indicated a uterus that was shifted to the left, painful uterosacral, retro cervical ligaments, shortening of the left parametrium, and thickening in the proximal third of the right uterosacral ligament. Colonoscopy revealed intercaecal wine-covered mucosa and bleeding, suggestive of endometrial infiltration. Pelvic magnetic resonance imaging showed a pedicled submucosal leiomyoma, measuring 4.5×2.9 cm, with three other foci.

Conclusions: With the diagnosis of uterine leiomyomatosis, abnormal uterine bleeding, and posterior compartment endometriosis, laparoscopic surgery for deep endometriosis with hysterectomy was indicated, furthermore, an appendectomy was performed due to a macroscopic appendiceal lesion visualized during surgery. A biopsy performed revealed endometriosis in the uterosacral ligament and left ovarian fossa, in addition to a tumor in the appendix, suggestive of a neuroendocrine tumor, measuring 2.5×1.8

cm, considered low-grade, confirmed in histopathological and immunohistochemistry.

P0511 | HERLYN-WERNER-WUNDERLICH SYNDROME: 33-YEAR-OLD PATIENT SUBMITTED TO STRASSMAN'S METROPLASTY AT AGE OF 14: CASE REPORT

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME: AB 4.4 SAFE SURGICAL TECHNIQUES AND PRACTICES

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Objectives: Report the case of a patient submitted to Strassman's metroplasty due to Didelphic uterus and 19 years later to correction of an obstructed hemi-vagina. Herlyn-Werner-Wunderlich (HWWS) syndrome was diagnosed during infertility investigation.

Methods: A case report study was performed in a private clinic in southern Brazil. The study included one female patient. Data were extracted from electronic records

Results: 33 yearold patient presented with infertility. She reported two surgeries at age 14 due to intense lower abdominal pain and dysmenorrhea. The first one discarded acute appendicitis and at the second a Didelphic uterus was diagnosed and Strassman's metroplasty performed. At age 28, continuous oral contraceptive was discontinued due to pregnancy desire. After unsuccessful attempts to get pregnant, Magnetic resonance imaging was performed: obstructed hemivagina, ipsilateral renal agenesis and a septate uterus. She was referred to our clinic and submitted to 1. laparoscopy (scarred uterus, severe adhesions, bilateral hydrosalpinx and peritoneal endometriosis - surgical excision and neosalpingostomy performed) 2. Opening and Marsupialization of obstructed hemi-vagina 3. Hysteroscopy (two cervix with communication into one uterine cavity with metroplasty for thick bands adhesions performed). Patient is currently presenting a normal menstrual cycle, trying to conceive naturally (advised on low pregnancy chances).

Conclusions: A single stage procedure with vaginal septum resection is the treatment of choice for HWWS (hemi-vagina, uterus didelphys and ipsilateral renal anomaly) syndrome. As this Millerian anomaly is difficult to diagnose, this case illustrates the importance of a proper evaluation of lower acute abdominal pain and dysmenorrhea, especially in young women.

P0512 | A CASE REPORT OF 15 KG BROAD LIGAMENT FIBROID

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME: AB 4.1 CONVENTIONAL AND BENIGN GYNAECOLOGICAL SURGERY

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Objectives: Broad ligament fibroid is very rare presentation posing great clinical and radiologic difficulty to be differentiated from ovarian tumors. We present a rare case of huge broad ligament fibroid in a 45-year-old nulliparous woman that had a clinical and radiological suspicion of ovarian malignancy.

Methods: A 45-year-old unmarried mentally handicapped woman presented with history of gradual abdominal distention, pain and discomfort for one year. General physical examination was unremarkable except moderate pallor. Abdomen was grossly distended, and a mass of mixed consistency was felt corresponding to 36 weeks size uterus. On vaginal examination cervix was felt posterior with complete fullness of both adnexa. Her hemoglobin was 8 g/dL. USG revealed huge abdominopelvic mass with high vascularity. On CT scan a well circumscribed mass arising from right hemi pelvis displacing the abdominal viscera with minimal to mild ascites. All tumor markers were within normal range.

Results: Exploratory laparotomy was performed. A huge multiloculated mass about 20*30 cm with mixed solid cystic consistency was found with no ascites. Right ureter was twisted around mass which was separated by careful meticulous dissection along appropriate planes to avoid injury. Total hysterectomy and salpingoophorectomy was performed and specimen sent for histopathology which confirmed the mass to be a fibroid.

Conclusions: The diagnosis of broad ligament fibroids is challenging due to its unusual clinical and radiological characteristics and rare occurrence. During surgery special care should be paid to ureteric course and surrounding organs. Histopathology plays the definitive role to confirm the diagnosis.

P0513 | PREDICTIVE FACTORS FOR LYMPH NODE INVOLVEMENT ON BREAST CANCER

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME: AB 4.5 BREAST DISEASES AND SURGERY

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Objectives: Breast cancer is the most common female cancer in the world. Despite its various complications lymph node dissection

occupies an important place in the management of this disease. The aim of our study was to determine the predictive factors of lymph node involvement in breast cancer, to study the correlation between axillary involvement and the different clinical and pathological factors of breast cancer and to determine the indication of lymph node dissection.

Methods: A retrospective, descriptive study conducted in the C department of the maternity and neonatology center of Tunis between January 2016 and December 2018 involving 136 patients with invasive breast carcinoma who underwent axillary lymph nodes dissection.

Results: Eighty-three patients (61%) were node positive. Univariate analysis showed that axillary lymph node positivity was correlated with vascular invasion (0.0001), clinical tumor size (0.025), histopronostic grade Scarff Bloom and Richardson ($P=0.018$), clinically positive axillary lymph nodes (0.03). These results were confirmed by multivariate analysis. There was no correlation between node positivity and the other parameters.

Conclusions: These data suggest that clinical tumor size, histopronostic grade Scarff Bloom and Richardson, the presence of vascular invasion and the clinically positive axillary lymph node are the most important factors of metastatic spread in breast cancer, which may facilitate decision making for breast cancer treatment in terms of axillary lymph node dissection or sentinel lymph node biopsy.

P0514 | OVARIAN DERMOID CYSTS: DOES SIZE MATTER WHEN IT COMES TO LAPAROSCOPIC SURGERY?

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME: AB 4.2 MINIMAL ACCESS SURGERY INCLUDING ROBOTIC SURGERY

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Objectives: This study aims to determine the sensitivity of pre-operative imaging in detecting ovarian dermoid cysts. It aims to explore cyst size as a determinant of surgical approach; intra-operative surgical complications such as cyst spillage/leak; and the post-operative complication of chemical peritonitis. It delves into the discussion of torsion, determining the sensitivity of vomiting as a presenting symptom, as well as determining the accuracy of pre-operative Doppler ultrasound in detecting torsion by correlating radiological diagnosis with the intra-operative diagnosis.

Methods: 87 cases were extracted from Latifa Women and Children Hospital, Dubai, United Arab Emirates, from the Department of Obstetrics and Gynecology between November 2017 and February 2020, to be analyzed retrospectively.

Results: Of the 87 cases, 71 cases underwent transvaginal or transabdominal ultrasonography, 17 cases underwent computed tomography (CT) scan, and 10 cases underwent magnetic resonance imaging (MRI). 9 cases underwent both ultrasound and CT scan. 8

cases underwent ovarian cystectomy or oophorectomy via laparotomy, 79 cases underwent ovarian cystectomy or oophorectomy via laparoscopy. Torsion was suspected in patients presenting with vomiting. Pre-operative Doppler ultrasound was used to detect the presence of torsion, confirmed intra-operatively.

Conclusions: Ultrasound is 70% sensitive, with an 81% positive predictive value, in detecting dermoid cysts. Cyst size affects the choice of surgical approach ($P < 0.02$), with larger cysts undergoing laparotomy, although laparotomy has a higher risk of intra-operative leak. Cyst size did not influence risk of leak ($P < 0.59$) and no cases of chemical peritonitis were recorded due to effective intra-operative peritoneal washouts. Vomiting as a presenting complaint indicates the presence of torsion ($P < 0.001$), with a sensitivity of 70% and specificity of 80.6%. 90% of torsion cases were identified pre-operatively via ultrasound Doppler and confirmed intra-operatively.

P0515 | OUTCOME OF LAPAROSCOPY VS LAPAROTOMY IN MANAGEMENT OF BENIGN OVARIAN CYSTS

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME: AB 4.1 CONVENTIONAL AND BENIGN GYNAECOLOGICAL SURGERY

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Objectives: The aim of the study is to compare the postoperative outcomes of laparoscopy versus laparotomy in the management of benign ovarian cysts.

Methods: This study is conducted in "Queen Geraldine" University Hospital, Tirana, Albania. There were in total 238 patients who met the criteria, divided in the group of patients treated with laparoscopy (71) and laparotomy (161). This is a retrospective, cohort study. The statistical analyses are performed in SPSS 16.0 Program with tests of Student, Fisher, ANOVA and Pearson correlation. The significant results were considered values of $P < 0.05$.

Results: The most frequent age of women with benign ovarian cysts is from 25–34 years old. Cystectomy is the most frequent surgical method in both groups (laparoscopy 89.6%, laparotomy 66.5%, $P < 0.001$). Patients treated with laparoscopy used less analgesics ($P = 0.001$), stayed shorter in hospital (1.6 ± 0.8 vs 3.44 ± 1.55 , $P < 0.001$), had less difference in hemoglobin level (0.66 ± 0.26 vs 1.15 ± 0.46), less pain score level after surgery (2.94 ± 0.8 vs 6.08 ± 0.83 , $P < 0.001$) and less of them had fever (5.2% vs 9.3%) after surgery. The level of CA-125 had no significant differences in both groups ($P = 0.652$). There was a significant difference in diameter of cysts of patients treated with laparoscopy and laparotomy ($P < 0.001$).

Conclusions: In the last two years there is a significant increase of number of patients treated with laparoscopy ($P < 0.001$). In young women laparoscopy is preferred most ($P = 0.016$). For larger cysts is preferred laparotomy ($P < 0.001$). Laparoscopy has better outcomes,

and it is more efficient than laparotomy in treatment of benign ovarian cysts.

P0516 | GIANT OVARIAN CYSTADENOMA LAPAROTOMIC APPROACH: REPORT STUDY

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME: AB 4.1 CONVENTIONAL AND BENIGN GYNAECOLOGICAL SURGERY

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Celene Maria Longo Da Silva, Pablo Canez Farias,

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Objectives: To report a giant ovarian cystadenoma case which was almost asymptomatic.

Methods: It is a cross-sectional report case study, from data collected from medical record in Pelotas, South Brazil.

Results: A 30 years-old woman presented an abdominal cyst measured 10.9×9.7 cm revealed by an abdominal ultrasonography. Both serum alfa-fetoprotein and CA-125 were normal. She presented to the surgical department 3 years later due to the resource-limited health situation. She experienced a 10 kg weigh gain and mild dyspnea. The mass extended from the pelvis all the way through her upper abdomen, similar in size to a 42 weeks' gestation uterus. The patient was consented for open surgery. On laparotomy, the complete mass excision and left salpingo-oophorectomy was done. Pathology revealed a 9285 g giant ovarian mucinous multi-loculated cystadenoma. It measured 33.0×24.0×20.0 cm. On follow-up, the control patient is doing well.

Conclusions: Although Mucinous cystadenoma is a benign neoplastic disease, it can reach a massive size, increasing bleeding risk. It's almost lack of symptoms is intriguing, a 9 kg mass causing just mild dyspnea. This case report highlights the importance of early detection and health access because the mass tripled the size since the diagnosis.

P0517 | A REVIEW OF OUTPATIENT HYSTEROSCOPY OUTCOMES IN UNIVERSITY HOSPITAL

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME: AB 4.2 MINIMAL ACCESS SURGERY INCLUDING ROBOTIC SURGERY

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Objectives: The study aim was to review waiting times and outcomes from our outpatient hysteroscopy services. The purpose was

to ensure the clinic is safe and efficient with regards to identifying pathology and to identify areas for improvement

Methods: A retrospective review of 113 women who attended our Outpatient Hysteroscopy clinic over 6-month period. Data were recorded on standardized proforma and was statistically analyzed

Results: Of the 113 women who attended, 85 % were new and 15% were review patients. 53 % of new were classified as urgent and 47 % as routine. 44 % of patients were directly referred by GP followed by referral from Gynae OPD both internal and from our sister hospitals. Commonest indication for referral included PMB 47% and menorrhagia 26 %. Mean time from referral to appointment for urgent referrals was 39 days and for routine referrals was 61 days. 98% had written consent signed. 79% had misoprostol for cervical dilatation prior to procedure. 60% had diagnostic hysteroscopy, 11% had operative hysteroscopy and 14 % had both. 83 % of procedures was completed without complication. Commonest complication was pain, contact bleeding from cervix. 69 % cases had histology samples sent of which 91.6% were normal and 1 showed endometrioid adenocarcinoma. 81% of patients were discharged from our service after one visit

Conclusions: Outpatient Hysteroscopy is a relatively efficient, one stop service which is becoming more commonly used in the past decade due to good compliance and low complications rate. Waiting times for urgent referrals can be improved by providing a standardized referral form, which can help to prioritize and redirect

P0518 | GIANT UTERINE LEIOMYOMA

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME: AB 4.1 CONVENTIONAL AND BENIGN GYNAECOLOGICAL SURGERY

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Objectives: To report a case of giant uterine leiomyoma, in an asymptomatic patient, whose outcome and treatment continued for total abdominal hysterectomy.

Methods: JDS 45 years old, G4P4A0, asymptomatic, seeks out the gynecology clinic, reporting an increase in abdominal volume. On

abdominal palpation: Flaccid abdomen, a normotensive, palpable mass of lobulated consistency in the entire abdomen, above the umbilical scar, difficult to delimit. USG was requested, which showed "a solid, heterogeneous expansive process, occupying the entire abdominal cavity. Probable uterine origin".

Results: After the suspicion of uterine leiomyoma of intramural and subserosal location, the patient was submitted to total abdominal hysterectomy + left oophorectomy by intraoperative adhesions. The specimen showed 4100 g weight and measured 34×35×15.5 cm. Left ovary measuring 5.5×2.1×1.0 cm.

Conclusions: The importance of leiomyomas is related to their frequency, diversity of presentations, impact on reproductive function, and the multiplicity of therapeutic approaches. A well-targeted anamnesis is required for menstrual changes, pelvic pain, dysmenorrhea, increased abdominal volume, intestinal disorders, and infertility, in addition to physical examination and complementary imaging for the most appropriate diagnostic and therapeutic confirmation. It is responsible for one-third of the total hysterectomies, which shows its importance in public health.

P0519 | ROLE OF UTERINE VOLUME BY ULTRASOUND FOR DETERMINING THE ROUTE OF HYSTERECTOMY

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME: AB 4.1 CONVENTIONAL AND BENIGN GYNAECOLOGICAL SURGERY

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Objectives: 1) To determine the role of uterine volume rather than uterine length in assessing the route of hysterectomy. 2) To estimate the cut-off of uterine volume for route of hysterectomy.

Methods: A Prospective Observational Study conducted in Mehta Multi specialty Hospitals, Chennai from July 2018 - August 2020. Preoperative ultrasound done for 101 patients admitted in the gynecology ward for various routes of hysterectomy was reviewed. Uterine size was measured by clinical examination. Ease of the procedure with various uterine volume and routes of hysterectomy were studied.

Results: 51 (50.49%) underwent vaginal route (including laparoscopic assisted vaginal hysterectomy), 50 (49.50%) underwent abdominal hysterectomy. Mean uterine volume leading to removal vaginally was 168.09±139.28 cc whereas 309.12±182.47cc for abdominal hysterectomy (p0.001) which was statistically significant. vaginal hysterectomy was done without difficulty up to 300cc. Postoperative complications were less with vaginal hysterectomy compared to abdominal hysterectomy was statistically significant (p0.0001). Uterine volume measured preoperatively by ultrasound showed positive correlation (r0.82) with post-operative uterine weight proved that uterine volume measurements was superior

to the clinical estimate of uterine size in assessing the route of hysterectomy.

Conclusions: Uterine volume on USG can be a good predictor in deciding whether hysterectomy via vaginal route is possible or switch over to laparoscopic assistance or the abdominal route may be needed.

P0520 | A.B.4.4 - SAFE SURGICAL TECHNIQUES AND PRACTICES IN HUGE ATYPICAL AND COMPLICATED UTERINE LEIOMYOMAS

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME: AB 4.4 SAFE SURGICAL TECHNIQUES AND PRACTICES

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Objectives:

1. To prevent the Intra - operative and post - operative complications in an Atypical and Giant Uterine Leiomyomas.
2. To prevent the blood loss by achieving a complete hemostasis by using the surgical expertise and using advanced electro-surgical methods

Methods: Presenting a retrospective analytical study of 25 rare cases of uterine leiomyomas which were giant and with atypical presentation and configuration, of which some were of 30 Kilograms, 12 Kilograms, Huge Broad Ligament 9 Kilograms at Grant Government Medical College and Cama and Alless Hospitals, Mumbai, India.

Results: Ours is the Apex Tertiary Institute, so we are getting the atypical presentations of uterine leiomyomas, which were Giant in size and growing into the retroperitoneal area too. On the imaging modalities, they were mimicking like different diagnosis for example, ovarian tumors, endometriomas, pelvic malignancies. But after thorough clinical diagnosis and keeping differential diagnosis in mind, using of surgical expertise, ureteric stenting has prevented the complications.

Conclusions: Atypical presentations of fibroids do present, though it is rare. Even good imaging modalities have limitations. Surgical expertise is required. There is an important role of ureteric stenting when needed. The electro-surgical equipment has a definite role. Availability of blood and blood products. There is an important role of frozen section, when in doubt. Prevention of bladder, ureteric and bowel injuries. If it happens, on table, immediate detection, diagnosis and management is required.

P0521 | A 15-YEAR AUDIT ON MORBIDITY AND MORTALITY OF GYNECOLOGICAL SURGERIES IN RURAL NSW

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME: AB 4.1 CONVENTIONAL AND BENIGN GYNAECOLOGICAL SURGERY

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Objectives: Surgical audits are targeted quality improvement initiatives developed to enhance the quality of surgical care and to highlight sub-optimal local practices. The aim of this audit was to collate necessary data to track and analyze gynecological surgery complications for quality assurance in operative care.

Methods: A retrospective study of all women who underwent both elective and emergency gynecological surgeries at Tamworth Hospital from June 2005 to July 2020. Variables were recorded for patient characteristics, indication for surgery, length of hospital stays, major and minor complications and postoperative complications.

Results: Incidence of complications and death was low based on preliminary findings of over 9000 gynecological surgeries. Patients who underwent major surgeries such as operative laparoscopies and hysterectomies, which made up of 30% of all surgeries, had a longer post-operative mean length of stay - one variable noted was majority of these patients live remote to the hospital. Other morbidities such as post-op pneumonia, bradycardia/hypotension related intensive care admissions were associated with obesity and medical co-morbidities. There were no differences in operative complication between elective and emergency surgeries.

Conclusions: The morbidity and mortality associated with modern gynecological surgery occurred infrequently, especially post-operative venous thromboembolism (VTE) and wound site infection. This may reflect adherence of local guidelines on post-operative prevention of VTE and prophylactic pre-operative antibiotics. Future assessments should include comparison of outcomes against local and international outcome databases such as the American College of Surgeons National Surgical Quality Improvement Program (ACS-NSQIP) for further evaluation.

P0522 | EVALUATION OF PATIENTS' SATISFACTION AFTER LAPAROSCOPIC SURGERY IN A TERTIARY HOSPITAL IN CAMEROON (AFRICA)

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME: AB 4.2 MINIMAL ACCESS SURGERY INCLUDING ROBOTIC SURGERY

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Objectives: To assess patients' satisfaction with the process of care during laparoscopic surgery in a new tertiary hospital.

Methods: A questionnaire was addressed to consenting patients (guardians for patients under 18) with complete medical records who underwent laparoscopy at the Douala Gynaeco-Obstetric and Paediatric Hospital (Cameroon) from November 1, 2015, to July 31, 2016. The following modified Likert's scale was used to assess satisfaction: very weak: 0–2.5; weak 2.6–5; good: 5.1–7.5; very good: 7.6–10. Only descriptive statistics were used.

Results: Response rate was 90% (45/50). Of the 45 respondents, 39 (86.7%) were female, 14 (31.1%) were referred and 39 (86.7%) paid by direct cash deposit. Mean age was 36.8±11.9 years. Laparoscopies were carried out in emergency for 3 (6.7%) patients. Digestive abnormalities indicated 13 (28.9%) laparoscopies while gynecologic diseases accounted for 32 (71.1%) cases. Perception of the overall care process was good with a mean satisfaction score of 6.8±1.4. Scores in categories were: 0% (Very weak); 13.3% (weak); 57.8% (Good) and 28.9% (very good). Specifically, mean satisfaction scores were: 7.8±1.0 with doctors' care; 7.1±1.3 with hospital administration; 7.0±1.2 with nursing and 4.7±1.4 with the costs. Main complaints were long waiting time (73.3%), constraining geographical access (66.7%) and expensiveness (48.9%).

Conclusions: Patients were globally satisfied with the process of care, but financial and geographical barriers should be addressed.

P0523 | EVALUATION OF EFFICACY AND FEASIBILITY OF IMPLEMENTATION OF ENHANCED RECOVERY AFTER SURGERY (ERAS) PROTOCOL IN WOMEN UNDERGOING GYNAECOLOGICAL SURGERY

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME: AB 4.3 INNOVATIONS IN GYNAECOLOGICAL SURGERY

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Objectives: To compare the efficacy and feasibility of ERAS protocol versus conventional approach in perioperative management of women planned for benign and malignant gynaecological surgeries.

Methods: This prospective randomized interventional study recruited 80 patients undergoing elective gynaecology/oncologic surgery through laparotomy. Exclusion criteria were uncontrolled systemic disease, morbid obesity, previous history of ≥2 abdominal surgeries. Adherence to 21/22 components was termed compliance. An additional 10 patients were recruited in ERAS group to account for protocol deviations.

Results: Out of 90 subjects, 50 were assigned to ERAS and 40 to conventional group. Both groups were comparable in baseline parameters including anesthesiologic risk and complexity of surgical procedures. Forty-two subjects (46.7%) underwent surgery for benign disease and 48 (53.3%) for malignancy. Mean compliance to the ERAS protocol was 91.3%. The ERAS group had an earlier time to tolerance of diet and passage of flatus and stools with no difference in complication or 30-day readmission rate. The length of hospital stay was significantly lower ($P=0.035$) for ERAS compared to conventional group (3.8±1.6 days versus 4.5±1.4 days), mainly contributed by subjects with malignancy ($P=0.028$). Better pain scores, patient satisfaction rate, quality of life (WHO-QOL BREF) and quality of recovery (QoR-15) were found in ERAS group.

Conclusions: Patients undergoing more complex oncological procedures benefit the most by implementation of ERAS pathways. Its components may be modified according to patient characteristics, surgeon/anesthesiologists' discretion and hospital logistics available without affecting the overall outcomes, to make it more pragmatic and suitable for use in low- and middle-income countries.

P0524 | RECONSTRUCTION AND MEASUREMENT OF CAESAREAN SCAR PREGNANCY ARTERIAL NETWORK

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME: AB 4.4 SAFE SURGICAL TECHNIQUES AND PRACTICES

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Objectives: To explore the feasibility of using digital three-dimensional reconstruction technology and Mimics, UGNX 11.0 software to establish caesarean scar pregnancy arterial network and to measure the relevant data.

Methods: During October 2016 to October 2018, twenty cases of patients which developed caesarean scar pregnancy were selected from Urumqi Maternal and Child Health Hospital and Xinjiang Uygur Autonomous Region People's Hospital. CT thin-slice scanning and CT angiography were used to collect image data sets. The pelvic and pelvic vascular network of patients was reconstructed with related software, and the bifurcation angle of abdominal aorta and the length of common iliac artery were measured. The length of internal iliac artery and the angle of uterine artery were analyzed.

Results: According to the dates which measured in 20 CSP patients, we found that the bifurcation angle of abdominal aorta is $45.29^{\circ} \pm 10.22^{\circ}$, the angle of left uterine artery is $64.97^{\circ} \pm 24.52^{\circ}$, the angle of right

uterine artery is $58.07^{\circ} \pm 27.84^{\circ}$, the length of left common iliac artery is (44.47 ± 15.68) mm, the length of right common iliac artery is (43.89 ± 15.78) mm, the length of left internal iliac artery is (46.18 ± 13.98) mm, the length of the right internal iliac artery is (47.45 ± 13.95) mm.

Conclusions: With the help of digital three-dimensional reconstruction technology and appropriate software, the digital three-dimensional model of caesarean scar pregnancy can be reconstructed, and the related data can be accurately measured, and providing anatomical basis and relevant data support for the individualized treatment of the disease, especially for uterine artery embolization.

P0525 | CONSERVATIVE SURGICAL TREATMENT IN IDIOPATHIC GRANULOMATOUS MASTITIS

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME: AB 4.5 BREAST DISEASES AND SURGERY

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Objectives: To describe the conservative surgical excision as a cornerstone intervention for idiopathic granulomatous mastitis (GM).

Methods: Retrospective cohort of women with histopathological diagnosis of GM from 2014 to 2018 at Instituto Nacional Materno Perinatal in Lima, Peru. Patients' characteristics, clinical presentation, treatment, adverse effects and follow-up were analyzed. Conservative surgical treatment consists of performing an excision of the lesion with ectoscopic negative margins under general anesthesia with the aim of preserving the maximum volume of healthy tissue. We performed a descriptive analysis using Stata Statistical Software 14.0.

Results: Thirty-eight patients with histopathological diagnosis of GM were identified. The average age was 35.9 years and 21 (54.6%) reported previous use of hormonal contraceptives. Nine (23.7%) patients had chronic mastitis with previous treatment. The time from the onset of symptoms to the first clinic consult was 5.1 months on average. Twenty-one (55.3%) had the lesion in the right breast, with mean size of 6.9 centimeters. Thirty-four (89.5%) women had swelling; 31 (81.6%) fistulous trajectories and 20 (55.6%) nipple discharge. Conservative surgical excision was performed in all patients. Additionally, 86.8% required corticosteroids and 78.9% were treated with antibiotics. Complete remission was obtained at 141 days on average (range 44 to 292 days). Six (15.8%) women reported recurrence of 25.5 months on average after complete remission. The most frequent adverse effect was breast surgical scar.

Conclusions: The conservative surgical treatment demonstrated high cure rate, but with recurrence similar to those reported in the literature. The most frequent adverse effect was breast surgical scar.

P0526 | TORSION OF A GIANT OVARIAN SEROUS CYSTADENOMA: A CASE REPORT

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME: AB 4.1 CONVENTIONAL AND BENIGN GYNAECOLOGICAL SURGERY

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Objectives: Ovarian Serous cystadenoma are responsible for 15% to 20% of benign ovarian tumor cases. It predominates between 20 and 50 years of age. Although Giant serous cystadenoma, are those larger than 15 cm diameter size, they are uncommon and more susceptible to torsions and ruptures.

Methods: A 25-year-old woman, G0P0, obese, was admitted with an acute gynecological abdomen in a high-risk maternal care service. She had a transvaginal ultrasound image showing a giant ovarian cyst with 19 cm in diameter. The patient was submitted to an exploratory laparotomy which showed a twisted ovary with necrosis areas, resulting in a left salpingo-oophorectomy.

Results: The result of the pathological study of the surgical specimens reported was benign ovarian serous cystadenomas, and after the procedure the patient was full recovered.

Conclusions: The ovarian torsion represents the partial or total rotation of the ovarian vascular pedicle, with the promotion of circulatory stasis, initially venous, which becomes arterial with the risk of irreversible ovarian lesions. Giant ovarian cyst adenoma that are masked by obesity, lack of information and lack of primary health care

P0527 | NEOVASCULARIZATION ON EXTENSIVE ADENOMYOSIS, HYSTEROSCOPIC FINDING DETERMINANT IN CONDUCT CHANGING

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME: AB 4.2 MINIMAL ACCESS SURGERY INCLUDING ROBOTIC SURGERY

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Objectives: This case report aims at demonstrating the importance of hysteroscopy on the etiology of abnormal uterine bleeding. By visualizing the uterine cavity, it is possible to see hypervascularizations and fibrosis which are findings related to long-term adenomyosis. Based on that, the treatment can be changed to a non-hormonal one.

Methods: Case report of a patient assisted at a school hospital in Recife, Brazil.

Results: A 40 years-old patient with intense uterine bleeding needed hospitalization and blood transfusion. While using oral hormonal contraceptive to control the menstrual flow, she developed distal profound venous thrombosis. Physical exam verified a hypogastric palpable mass and complementary exams showed increased cancer antigen (CA-125-CA-19.9). Pelvic Magnetic Resonance Imaging revealed a 602.9 cm³ uterus, significant irregular and heterogeneous thickening with an infiltrative aspect of the endometrium and the junctional zone without being evidenced any cleavage planes between them. After vena cava filter placement, a hysteroscopy was executed and showed an atrophic endometrium with diverticular orifices, arboriform hypervascularization with spontaneous bleeding while the infusion pressure drops, negative endometrial mark, endometrial walls with hard consistence indicating fibrosis, suggestive findings of long-term adenomyosis (video). A biopsy was done by direct visualization. Histopathological analysis concluded endometrial atrophy with presence of vessels. Patient underwent total hysterectomy due to severe bleeding resulting from hypervascularization. **Conclusions:** Adenomyosis is an important cause of uterine bleeding and is usually treated with hormonal medications aiming at endometrial atrophy. This case demonstrates the collaboration of hysteroscopy, since it allowed the visualization of hypervascularization and indication of the surgical approach.

P0528 | EVALUATING THE ROLE OF TUBAL SURGERY IN IMPROVING IVF OUTCOMES IN PATIENTS WITH TUBAL FACTOR INFERTILITY.

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME: AB 4.2 MINIMAL ACCESS SURGERY INCLUDING ROBOTIC SURGERY

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Objectives: Analyzing IVF outcomes in women with tubal factor infertility (Pelvic Inflammatory Disease (PID), Genital tuberculosis (GTB), Hydrosalpinx) undergoing tubal occlusion procedures.

Methods: Retrospective data analysis of 700 patients from Kirti IVF Clinic, Jodhpur, was done. 108 patients with tubal blockade were included. Bilateral salpingectomy or tubal clipping was done in selected groups. Data analysis was done using SPSS 22.0 software. Chi-square or Fisher's exact test was used to compare proportions and 't' test, or Mann-Whitney U test were used to compare mean or medians. Multiple logistic regression analysis was used to document independent predictors of IVF outcomes.

Results: Chemical pregnancy rate 68.5%, Abortion rate 18.5%, Live birth rate 50%. Clinically significant results in positive pregnancy rates (PPR) were achieved in women who underwent surgery (78.3% versus 61.3%). P value generated was 0.06 which although is insignificant yet very close to being statistically significant with a larger sample size. Significant PPR achieved in patients with hydrosalpinx

where tubal clipping was done. Statistically insignificant PPR in GTB and PID subgroups was observed. Clinically significant PPR were achieved in GTB group who underwent surgery (100% versus 55.6%). Age <30 years, absence of PID and tubal occlusion surgery independently predict PPR in patients with tubal factor infertility.

Conclusions: There is a definitive role of surgery in improving IVF outcomes in patients with tubal factor infertility. More randomized trials are needed to establish the statistical significance of the role of prophylactic tubal clipping in patients with GTB and PID with no visible hydrosalpinx.

P0529 | UNIVERSAL LAPAROSCOPIC APPROACH WITH EMPHASIS ON OVARIAN PRESERVATION AND USE OF INDIGENOUS BAGS FOR SPILLAGE FREE REMOVAL OF DERMOID CYSTS: UPDATE ON TECHNIQUE

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME: AB 4.2 MINIMAL ACCESS SURGERY INCLUDING ROBOTIC SURGERY

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Objectives: Dermoid cysts of the ovary are the most common benign ovarian tumors in adolescents and reproductive age women. There has been much evolution in the surgical trends of laparoscopic dermoid cystectomy. We present an institutional case series of laparoscopic surgery of dermoid cysts with emphasis on conservation of ovarian and discuss the various points for optimal management.

Methods: This was a prospective study of 38 patients who underwent laparoscopic surgery for dermoid cysts at the Dept. of Minimally Invasive Gynecology, Paras Hospital, Gurgaon, India, from September 2018 to September 2019.

Results: There were 38 patients of mean age 26.6 (± 9.5 SD) years who presented with dermoid cysts of mean size 8 (± 2.32 SD) cm with the chief complaints of chronic pain, acute pain (torsion), abdominal mass, infertility, or incidental detection of asymptomatic cysts. Operative procedures included unilateral cystectomy, bilateral cystectomy, unilateral or bilateral salpingo-oophorectomy, and total laparoscopic hysterectomy plus bilateral salpingo-oophorectomy. Intra-operative torsion was observed in 2 symptomatic and 4 asymptomatic patients. Glove bag for small cysts, bags made from TURP (Trans urethral irrigation set) set cover for larger cysts and urobags for huge dermoid cysts. There was no intra-peritoneal spillage or surgical complications.

Conclusions: Laparoscopic surgery for dermoid cysts is the standard of care, even for extremely large cysts, as ovarian preservation is usually possible. Oophoropexy may be beneficial to patients with surgically detected torsion and elongated ovarian ligaments, irrespective of pre-operative symptoms. Indigenous impermeable bags of various sizes can be used to retrieve cysts without spillage.

P0530 | A REVIEW OF HYSTEROSCOPIC STERILIZATION OUTCOMES

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME: AB 4.4 SAFE SURGICAL TECHNIQUES AND PRACTICES

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Objectives: Hysteroscopic sterilization (HS) is known as a minimally invasive procedure for tubal ligation in women pursuing permanent birth control. Therefore, the present review was fulfilled to reflect on long-term efficacy and safety as well as patient satisfaction with HS.

Methods: To conduct this review using the keywords of "hysteroscopy", "reproductive", "sterilization", "female sterilization", "Essure", and "micro-insert", determined with reference to the Medical Subject Headings (MeSH), the databases of PubMed, Scopus, UpToDate, Google Scholar, and SID were searched between September 10 and October 14, 2020, and the related articles published from 2010 to 2020 were retrieved. A total number of 49 studies were accordingly reviewed, and ultimately 10 articles were selected and the rest were excluded.

Results: According to the selected articles, 97.7–99.4% of the women undergoing HS had expressed their satisfaction with this procedure. They had also reported symptoms of menstruation and abdominal pain (9.2–54.9%), menstrual dysfunction (3.3–5.6%), need for reoperation (1.8–4.8%), HS failure probability (1–1.9%), vasovagal syncope (0.7–1%), and bleeding (3.8–10.3%). Besides, these individuals had presented symptoms that had necessitated to be visited by a doctor. Furthermore, lower age was directly correlated with negative symptoms and no hysteroscopy-related mortality had been reported.

Conclusions: In line with the articles reviewed, HS was associated with reduced rate of pregnancy, low rate of complications, and high levels of patient satisfaction.

P0531 | UTERINE ABNORMALITIES ACCORDING TO ESHRE/ESGE CLASSIFICATION AMONG SUBFERTILE WOMEN

THEME: AB 5 REPRODUCTIVE MEDICINE/SUB-THEME: AB 5.2 MANAGEMENT OF SUBFERTILITY

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Objectives: This research aims to evaluate the occurrence of uterine abnormalities in subfertile women compared with fertile women

using 3-Dimensional Trans-Vaginal Scans (3D-TVS) and Saline Contrast Sonohysterography (3D-SCSH).

Methods: A prospective cohort study was conducted over three years. The women were recruited from outpatient department records and Reproductive Endocrinology & Infertility Medicine Department (REIMD). Women of reproductive age group, either fertile or sub-fertile were included. 3D-TVS and 3D-SCSH were performed for those women after the informed consent. Uterine anomalies were recorded according to the new ESHRE/ESGE classification of uterine anomalies and compared in the two groups.

Results: Total number of TVS performed was 2,222. 1477 women were from the sub-fertile group and 745 patients from Abnormal Uterine Bleeding (AUB) group. Total of 269 women required 3D-SCSH, of which 159 (10.76%) were sub-fertile women, and 110 (14.72%) were women with AUB. More uterine anomalies were found in the infertility group 16.11% (n=24) compared with the AUB group 2.80% (n=3). The arcuate uterus was the most common finding 6.04 % (N=9) vs. 0.93 % (N=1) of patients, respectively.

Conclusions: 3D-TVS and 3D-SCSH are safe and accurate in detecting congenital uterine anomalies in sub-fertile women and women with abnormal uterine bleeding. Class U2 was the commonest amongst the subfertile group.

P0532 | CLINICS-DEMOGRAPHIC PROFILE OF MALE PARTNER OF INFERTILE COUPLES IN A TERTIARY CARE CENTRE - A DESCRIPTIVE STUDY

THEME: AB 5 REPRODUCTIVE MEDICINE/SUB-THEME: AB 5.3 MALE INFERTILITY

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Objectives: To assess the clinico-demographic profile of the male partner of infertile couples attending infertility clinic in a tertiary health center in South India

Methods: This cross-sectional study was undertaken in the department of Obstetrics and Gynaecology, JIPMER, Puducherry from June 2018 to October 2019. 440 male partners who attended infertility clinic were enrolled in the study. The study participants were subjected to detailed history taking, examination and investigation to assess various parameters contributing to infertility.

Results: Most of the male partners of infertile couples included in the study were in the age group of 30–40 years (70.3%). 43.2% of the cases had duration of infertility between 5–10 years. A significant association was noted between the duration of infertility and semen pH, sperm count and morphology. Sexual dysfunction was noted in 18.9% of the study subjects, in which erectile dysfunction was most common type (18.8%). Significant association was also noted between smoking and sperm concentration and motility, and between alcohol intake and sperm motility and morphology. Semen abnormalities were noted in 78.2% of the study population, of which

Azoospermia (19.8%) is the most common type. It was also noted that, there was decreased semen parameters like sperm concentration, motility and morphology with elevated serum FSH, LH and decreased testosterone levels.

Conclusions: There was no association found between various demographic parameters and semen abnormalities. Smoking, alcohol intake and duration of infertility have a significant association with sperm quality. Anatomical factors and serum hormonal levels have a significant association with semen parameters.

P0533 | IN VITRO FERTILIZATION AND EMBRYO TRANSFER (IVF-ET) IN SUB-SAHARAN AFRICA; A FIVE-YEAR REVIEW OF OUTCOMES FROM A FERTILITY HOSPITAL IN KUMASI, GHANA

THEME: AB 5 REPRODUCTIVE MEDICINE/SUB-THEME: AB 5.2 MANAGEMENT OF SUBFERTILITY

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Objectives:

To describe the outcomes of in vitro fertilization and embryo transfer (IVF-ET) at RUMA Fertility and Specialist Hospital, Kumasi, Ghana

Methods: This medical chart review was carried out at RUMA Fertility and Specialist Hospital in Kumasi, Ghana. Medical records of all IVF-ET cycles from 1st January 2013 to 31st December 2017 were extracted electronically and reviewed. Information was abstracted on their sociodemographic characteristics, types of IVF and their outcomes. The results were summarized by frequencies and percentages and presented in tables and charts.

Results: Out of 1,411 IVF cycles records reviewed, 29 were lost to follow-up or had incomplete data, leaving 1382 for analysis. Majority of the women 529/1411 (37.5%) were over 40 years of age The average number of embryos transferred was 2.06 and the majority 1248/1411 (88.4%) were day 5 transfers. The pregnancy rate was 627/1382 (45.4%); 28/1382 (2.0%) were chemical pregnancies, 169/1382 (12.2%) ended in miscarriages, and 430/1382 (31.1%) women delivered. Just over half 755/1382 (54.6%) tested negative for pregnancy. Of the deliveries, 65/430 (15.1%) and 365/430 (84.9%) were delivered preterm and term, respectively, 165 (38.4%) were vaginal deliveries and 265/430 (61.6%) were delivered through caesarean section. Nearly two-thirds 267/430 (62.1%) of the deliveries were singletons, 125/430 (29.1%) were twins, 36/430 (8.4%) were triplets and 2 (0.5%) were quadruplets.

Conclusions: The pregnancy and birth rates of IVF in this low-income sub-Saharan Africa (SSA) country is comparable to outcomes in high-income countries. Other centers in SSA should be encouraged to publish their IVF outcomes to provide more comprehensive data that will better reflect the IVF outcomes in the sub-region.

P0534 | ANTI-MULLERIAN HORMONE AND ITS ROLE IN THE FEMALE REPRODUCTIVE SYSTEM

THEME: AB 5 REPRODUCTIVE MEDICINE/SUB-THEME: AB 5.1 REPRODUCTIVE ENDOCRINOLOGY

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Objectives: The present study was designed to assess the role of Anti-Mullerian Hormone (AMH) in pathologies of the female reproductive system.

Methods: Study population consists of 180 women (aged 20–45) with primary and secondary infertility. The study was performed at the Gynecology and Obstetrics Institute, Baku, Azerbaijan. The level of estradiol, FSH, LH, inhibin A, inhibin B, prolactin, androgen and AMH in the blood was measured by ELISA.

Results: Based on the results of the study, women were divided into 2 groups - with normal AMH level and abnormal AMH levels. In the group with abnormal AMH levels, 51 women had lower AMH level - 0.2–1.0 ng/mL, and 36 women had higher AMH level - 7.0–16.0 ng/mL. Sonogram of patients with lower AMH level showed they had less than 4 antral follicles, suggesting poor ovarian reserve. IVF failed for these women. AMH levels in 93 healthy women (control group with normal AMH level) correlated with the age. Abnormal AMH levels had no age correlation - lower and higher AMH levels were detected in 20-year and 40-year-olds.

Conclusions: A low AMH level signifies that a woman has an ovarian reserve disorder. A higher AMH level may signify complications like polycystic ovary syndrome, premature ovarian failure and others. An AMH level changes before gynecologic pathologies can be clinically detected. Early AMH tests can help timely diagnosing female infertility and contribute to positive treatment outcomes.

P0535 | THE ETHICAL CONFLICTS OF UTERUS TRANSPLANTATION: A SYSTEMATIC REVIEW

THEME: AB 5 REPRODUCTIVE MEDICINE/SUB-THEME: AB 5.4 ASSISTED REPRODUCTION

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Objectives: The uterus is the most recent addition to the list of organs that can be successfully transplanted in humans. The human uterus transplantation (HUT) is a promising experimental treatment for infertility caused by uterine dysfunction or hysterectomy. This surgery is an acceptable solution because it does not violate ethical principles and it presents advantages when compared to other

available methods. The aim of this study is to analyze the ethical conflicts of the HUT.

Methods: Systematic review of scientific articles published in the last 10 years on PubMed in the English language, using the descriptors: infertility, uterus, transplant and uterus transplant.

Results: This procedure occurs in the intersection of two ethical issues: assisted reproductive technology (ART) and transplant medicine. Despite the difficulties involved in the surgery, HUT continues to be superior to surrogacy and adoption, because it provides the experience of pregnancy and the transfer of genetic material. In addition, HUT involves less ethical, legal, social and emotional difficulties, therefore it should be considered a non-problematic option. Furthermore, the risks involved in hysterectomy are well-known and there is no evidence of increased risks to children born in a transplanted uterus.

Conclusions: HUT provides additional benefits when compared to surrogacy and adoption. A carefully and elaborated explanation, to both the donor and the receiver, is crucial to confirm their knowledge of all the risks involved in the surgery and to facilitate proper informed consent. In this advancing field, an ethical foundation is needed to guide regulations and legislation.

P0536 | PREGNANCY AFTER 26 YEARS OF UNEXPLAINED INFERTILITY EXPERIENCE FROM LOW RESOURCE COUNTRY

THEME: AB 5 REPRODUCTIVE MEDICINE/SUB-THEME: AB 5.2 MANAGEMENT OF SUBFERTILITY

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Objectives: To report the outcome of pregnancy after prolonged infertility managed at Al Gadarif Teaching Hospital, which responded to ovulation induction. Also, to present progesterone as a modality to support pregnancy and decrease miscarriage and preterm labor.

Methods: Forty-five-year-old woman, married for 26 years, tries to conceive. When the couple seven years into their marriage with all investigations were normal. She presented to our outpatient clinic with a request for evaluation of her infertility and possible management. A detailed history, clinical examination and investigations were done, and no abnormalities were found. The patient was offered ovulation induction with 50 milligrams of clomiphene citrate from the second day of her cycle. Two months passed when the patient returned with early pregnancy signs. Encouragingly, pregnancy was detected at the initial examination, which was confirmed by ultrasound.

Results: Due to advanced maternal age and ongoing infertility, she considered and managed a high-risk pregnancy, offered all possible support and information, discussed with her the use of progesterone to support the pregnancy and reduce the possibility of miscarriage, and prescribed medications including folic acid 5 mg, aspirin 81 mg,

and monitoring the pregnancy to term. The mode of delivery was discussed, and she opted for elective C/S at 39 weeks' gestation. The result was a male child of 3.2 kg with an excellent Apgar score. **Conclusions:** Infertility affects couples in different ways. They are looking for a possible treatment to help them achieve pregnancy through a multidisciplinary approach to minimize comorbidities and associated complications.

P0537 | WHAT TO DO WITH SURPLUS EMBRYOS?

THEME: AB 5 REPRODUCTIVE MEDICINE/SUB-THEME: AB 5.4 ASSISTED REPRODUCTION

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Objectives: The objective of this study was to evaluate what data exist in the literature on the destination of surplus cryopreserved embryos (SCE), as the theme of my PhD thesis in Bioethics, by the Medical School of University of Porto-Portugal and the Federal Council of Medicine-Brazil.

Methods: This is an integrative review of articles published in the last ten years, in the Medline and PubMed databases on the subject.

Results: The studies included in the review demonstrate that difficulties in defining the destination of SCE are mainly due to the absence of specific legislation in most countries. Sociocultural and demographic factors such as religion, treatment period, ethnicity, income, marital status, economic status and education level are factors that influence the choice of the final destination of the SCE. This study showed that in most of the countries evaluated, the law or regulations do not provide clear guidance on the final destination of the SCE, although it is reasonable to consider that the law will treat embryos, after a certain period of time, as abandoned. Accurate information on the desired destination of the SCE is needed from the beginning of the breeding process to minimize future problems.

Conclusions: The fact that there is no homogeneity in the legislation around the world makes it very difficult to decide on the destination

of these embryos. In the countries surveyed, we found different guidelines and health policies on the topic, with no consensus. In addition, it is necessary to consider the socio-cultural, ethical, legal, moral and financial factors involved in this decision, which makes it even more challenging.

P0538 | LABORATORY AND CLINICAL OUTCOMES OF IN VITRO FERTILIZATION ACCORDING TO INFERTILITY CAUSES

THEME: AB 5 REPRODUCTIVE MEDICINE/SUB-THEME: AB 5.4 ASSISTED REPRODUCTION

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Objectives: Evaluate the impact of presence or absence of different infertility causes in the outcomes of assisted reproduction.

Methods: Retrospective cohort study, including 1895 IVF cycles performed in a Brazilian reproductive center. The impact of presence of masculine factor (MF), tubal factor (TF), endometriosis (END), ovarian factor (OF), and unexplained infertility (UI) was analyzed, regarding the mean total oocytes, mature oocytes, fertilization rate, clinical pregnancy rate, newborns' weight, and Apgar score. Statistical analysis: ANOVA test ($P < 0.05$ significant).

Results: The significantly different results were in couples with and without MF, the mean total oocytes (9.62 vs. 8.55, $P = 0.000$), mature oocytes (7.05 vs. 6.54, $P = 0.012$), fertilization rate (0.731 vs. 0.794, $P = 0.000$), and tendency to significance on newborns' weight (3054 g vs. 2938 g, $P = 0.051$). In patients with and without TF, the pregnancy rate (0.45 vs. 0.37, $P = 0.012$). In patients with and without OF, the mean total oocyte (7.54 vs. 9.24, $P = 0.000$), mature oocytes (5.77 vs. 6.93, $P = 0.000$), and pregnancy rate (0.33 vs. 0.40, $P = 0.010$). In patients with and without END, the mean total oocyte (8.35 vs. 9.09, $P = 0.025$) and tendency to significance for newborns' weight (2858 g vs. 3002 g, $P = 0.058$).

Conclusions: The laboratory results in MF did not impact the pregnancy rate. The TF patients had a higher pregnancy rate; meanwhile, the OF negatively affects the pregnancy results, probably due to the lower number of oocytes. The lower oocyte number in END did not translate into clinical results. The tendency of higher newborns' weight in MF and lower in END should be studied further.

P0539 | PAIN MANAGEMENT PROTOCOL DURING OOCYTE RETRIEVAL IN LOW RESOURCE SETTING ASSISTED REPRODUCTIVE TECHNOLOGY

THEME: AB 5 REPRODUCTIVE MEDICINE/SUB-THEME: AB 5.4 ASSISTED REPRODUCTION

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Objectives: Assisted reproductive technology (ART) involves a series of procedures whose costs prevent many from achieving reproduction desires. To cut on the cost, oocyte retrieval has evolved into an affordable day procedure that requires analgesia. This study is to evaluate the level of acceptance and tolerance of Tygerberg Fertility pain management protocol (combination of intramuscular pethidine and paracervical block) during oocyte retrieval.

Methods: This was a cross-sectional study/patient survey. A questionnaire was compiled in attempt to evaluate participants' perspective regarding the pain management using a Likert scale. Participants completed the questionnaire after the procedure. Participants who did not return the questionnaire were excluded. Study setting: Tygerberg Reproductive Medicine Unit.

Results: The study recruited 100 women and 80 completed and returned the questionnaires. A total of 73.8% participants tolerated the pain with the current pain management method. Only 6.3% could not tolerate the pain. Majority of participants 71.3% found the protocol acceptable and over 90% of the participants would recommend the method to others and would accept it in future.

Conclusions:

The study showed that a combination of intramuscular pethidine and paracervical block is an acceptable and tolerable method of pain management during ultrasound-guided oocyte retrieval in a low-resource setting environment.

P0540 | AMLODIPINE EFFECTS ON IMPROVING PREOVULATORY FOLLICLE BLOOD FLOW IN WOMEN WITH POLYCYSTIC OVARIAN SYNDROME: A META-ANALYSIS

THEME: AB 5 REPRODUCTIVE MEDICINE/SUB-THEME: AB 5.1 REPRODUCTIVE ENDOCRINOLOGY

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Objectives: This study aims to discover the efficacy of amlodipine as an additional therapy with clomiphene citrate for

improving preovulatory blood flow in women with polycystic ovarian syndrome.

Methods: Five different databases (PubMed, Cochrane, Proquest, Ebscohost, ScienceDirect) were searched for a trial that was eligible for this study. The quality of the trials was assessed by two independent reviewers using Cochrane risk of bias assessment tools. Quantitative analysis was done using Review Manager 5.4.

Results: Two eligible RCT consisting of a total of 184 subjects were included. Both studies compare the use of amlodipine and clomiphene citrate with clomiphene citrate for improving preovulatory follicle blood flow in women with polycystic ovarian syndrome. The combination of amlodipine and clomiphene citrate significantly lower pulsatility index (MD=-0.45, 95% CI: -0.72, -0.18. I²=0%) and resistance index (MD=-0.13, 95% CI: -0.18, -0.08. I²=0). Endometrium was significantly thicker in the amlodipine group (MD=1.94, 95% CI: 1.38-2.51. I²=0). At least one mature follicle was found more in amlodipine group with relative risk of 1.92 (95% CI: 1.47-2.51. I²=0). Subjects that become pregnant increased in amlodipine group (RR=3.40, 95% CI: 1.79-6.47. I²=0).

Conclusions: Combination of amlodipine and clomiphene citrate provide significantly lower pulsatility index and resistance index, significantly higher endometrium thickness, at least one mature follicle found by ultrasound, and number of subjects that become pregnant. Additional high-quality studies should be conducted to furtherly support amlodipine use in polycystic ovarian syndrome.

P0541 | INHIBIN B, INHIBIN A, FSH, LH AND ESTRADIOL LEVELS IN INFERTILE WOMEN WITH HYPERANDROGENEMIA DEPENDING ON AMH LEVEL

THEME: AB 5 REPRODUCTIVE MEDICINE/SUB-THEME: AB 5.1 REPRODUCTIVE ENDOCRINOLOGY

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Objectives: Hyperandrogenemia (HA) leads infertility in women with varying degrees of ovulatory dysfunction.

Methods: The aim of this cross-sectional comparative study was to determine, Inhibin A, Inhibin Estradiol<FSN and LH levels dependent on AMH level. According to the level of AMH, women were divided into 2 groups: subgroup included women with an indicator of A - AMH level < 600 pg/mL and subgroup B with AMH> 600 pg/mL.

Results: When comparing the levels of hormones in the subgroups, it was noted that Estradiol and Inhibin A were lower in A subgroup. Inhibin B, on the contrary, was lower in I B subgroup (P<0.05). The Lh/FSH ratio was 1.6±0.5 (min 0.19-max 5.14) in IA subgroup, 1.8±0.7 (min 0.35-max 6.8 min) in IB subgroup, Lh/FSH lower than 2 in 19 (82.6%) women in IA subgroup, it was higher than 2 in 4 (17.4%)

patients, lower than 2 in 8 (80%) women in I B subgroup and higher than 2 in 2 (20%) women.

Conclusions: There is an increase in AMH secretion in PCOS patients with hyperandrogenemia. That is why, in cases of hyperandrogenic infertility, there is a great need for the study of hormones such as Inhibin A and Inhibin B, as well as FSH, estradiol, LH, and so on.

P0542 | A CASE REPORT OF MAYER-ROKITANSKY-KUSTER-HAUSER SYNDROME WITH MURCS ASSOCIATION

THEME: AB 5 REPRODUCTIVE MEDICINE/SUB-THEME: AB 5.5 DISORDERS OF SEXUAL DEVELOPMENT

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Objectives: Mayer-Rokitansky-Kuster-Hauser Syndrome is a Mullerian dysgenesis that manifests itself mainly by primary amenorrhea, due to hypoplasia of the uterus and the upper 2/3 of the vagina. The association of MURCS, or type 2, has a rare incidence, 1 in 50,000 women, and consists not only in Mullerian dysgenesis (MU), but also in unilateral renal agenesis (R) and dysplasia of the cervicothoracic somites (CS). Given the rarity of the syndrome and its organic and quality of life impact, the aim of this report is to discuss the case and its management.

Methods: This case report is based on a 14-year-old woman, karyotype 46XX, with Mayer-Rokitansky-Kuster-Hauser Syndrome with MURCS association. The patient presented agenesis vaginal agenesis, hematometry and acute abdomen. Past pathological history shows correction of intra-atrial communication, renal and musculoskeletal changes. Our study subject had multiple prior surgeries in other institutions. Perineal dissection and construction of a vaginal canal until the cervix were performed. After evaluation at the post-operative outpatient clinic, dilation of the canal started with vaginal dilators. The Ethical Institutional Review Board approved this project (CAAE: 42464520.7.0000.5133).

Results: Photographs were taken prior to and during the surgery with written consent of the patient, demonstrating the canal's construction. She reported menstrual flow after procedure and remains in follow-up.

Conclusions: Despite being rare and difficult to manage, the Mayer-Rokitansky-Kuster-Hauser MURCS Syndrome must be treated and monitored in order to avoid complications and provide a better quality of life for the patient.

P0543 | GENETICS OF MALE INFERTILITY

THEME: AB 5 REPRODUCTIVE MEDICINE/SUB-THEME: AB 5.3 MALE INFERTILITY

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Objectives: Male infertility is a multifactorial complex disease with highly heterogeneous phenotypic representation and in at least 15–30% of cases, this condition is related to known genetic disorders, including both genetic and genomic abnormalities such as chromosomal aneuploidy, chromosomal structural defects, genetic mutations and epigenetic dysregulation.

Methods: Review article

Results: During the last 10 years, the search for 'hidden' genetic factors was largely unsuccessful in identifying recurrent genetic factors with potential clinical application. The armamentarium of diagnostic tests has been implemented only by the screening for Y chromosome-linked gr/gr deletion in those populations for which consistent data with risk estimate are available. In the era of next generation sequencing (NGS), we expect to expand our diagnostic skills, since mutations in several hundred genes can potentially lead to infertility and each of them is likely responsible for only a small fraction of cases. In this regard, system biology, which allows revealing possible gene interactions and common biological pathways, will provide an informative tool for NGS data interpretation.

Conclusions: Although these novel approaches will certainly help in discovering 'hidden' genetic factors, a more comprehensive picture of the pathogenesis of idiopathic male infertility will only be achieved by a parallel investigation of the complex world of gene environmental interaction and epigenetics.

P0544 | ADENOMYOSIS AND INFERTILITY

THEME: AB 5 REPRODUCTIVE MEDICINE/SUB-THEME: AB 5.2 MANAGEMENT OF SUBFERTILITY

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Objectives: Adenomyosis is characterized by invasion of endometrium into the myometrium producing a diffusely enlarged uterus. The pathogenesis of adenomyosis is still unclear. The diagnosis of adenomyosis in infertile patients is increasing and becomes very challenging for the treating physicians.

Methods: Adenomyosis has severe implication on fertility as it impairs uterotubal transport, alters endometrial receptivity and impair implantation. It negatively affects in vitro fertilization, pregnancy and the live birth rate, as well as increases the risk of miscarriage and premature birth. Symptoms of adenomyosis are very much debilitating for the patients which demands urgent relief. There is no specific treatment for those who wants to retain their uterus to preserve fertility. Most of the surgical and nonsurgical management methods for these severely interfere with fertility. Surgery is recommended

in infertile patients only for well-defined adenomyoma or recurrent implantation failure after IVF.

Results: Pretreatment with GnRH analogue before IVF and IVF with GnRH agonist long protocol improved pregnancy outcome. Two staged IVF with FET is recommended. As adenomyosis is associated with increased incidence of preterm delivery, preeclampsia and second trimester miscarriage single embryo transfer is the approach to avoid multiple gestation. It also minimizes risk of scar rupture in those who had adenomyomectomy.

Conclusions: Treatment should be directed to symptomatic relief to improve quality of life as well as to achieve fertility. It should be emphasized that early diagnosis is the mainstay of treatment.

P0545 | PREGNANCY OUTCOMES IN SPONTANEOUS VS IN VITRO FERTILIZATION TWIN PREGNANCIES DELIVERED AT A MATERNAL HOSPITAL IN MEXICO CITY

THEME: AB 5 REPRODUCTIVE MEDICINE/SUB-THEME: AB 5.4 ASSISTED REPRODUCTION

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Objectives: To assess the maternal and neonatal outcomes of twin pregnancies conceived by in vitro fertilization (IVF) compared to spontaneous twin gestations.

Methods: This was a retrospective case-control study of women with twin pregnancies receiving prenatal care who delivered from January 2019 and December 2020 at a maternal-fetal hospital in Mexico City, Mexico. Cases consisted of IVF twins (n=40), each of which was matched to a control (n=40) by age and parity. Patient data were obtained from the medical record and statistical analysis was made using SPSS (IBM, New York, NY).

Results: Women in the IVF group were on average three years older ($P=0.01$) than controls. The rate of obesity, diabetes, hypertensive disorders of pregnancy and intrahepatic cholestasis were similar in both groups, while cases had a higher prevalence of hypothyroidism ($P=0.004$). There was no significant difference between cesarean section rates ($P=0.5$) or postpartum hemorrhage ($P=0.6$). Composite neonatal outcome was similar in both groups except for a significantly higher incidence of admission to the neonatal intensive care unit in the control group ($P=0.03$).

Conclusions: Twin gestations are considered at higher risk of adverse pregnancy outcomes than singleton pregnancies. So far, studies comparing these outcomes in those achieved spontaneously or by IVF have published inconsistent results. In our study, maternal and fetal outcomes did not differ significantly, suggesting a similar rate of complications in twin pregnancies achieved with reproductive

assistance. The higher rate of thyroid disorders observed in IVF cases requires more studies in order to determine a causal nexus.

P0546 | THE ROLE OF ANTI-MULLERIAN HORMONE (AMH) IN PREDICTING IN VITRO FERTILIZATION OUTCOMES

THEME: AB 5 REPRODUCTIVE MEDICINE/SUB-THEME: AB 5.4 ASSISTED REPRODUCTION

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Objectives: To determine the role of Anti-Mullerian Hormone (AMH) in predicting fertilization and pregnancy rates following in vitro fertilization-embryo transfer (IVF-ET) treatment cycles

Methods: This was a prospective cohort study involving 150 consecutive women undergoing IVF-ET that were recruited from February 1, 2017, to October 31, 2018, at the IVF center of National Hospital, Abuja, Nigeria. Participants' plasma AMH were assayed, and each woman was followed up till the fertilization and pregnancy rates were determined. Statistical analyses were done using Stata 15.0 (Stata Corporation, College Station, TX) to assess the role of AMH as a predictor of fertilization rate and pregnancy rate. A probability of $P<0.05$ was considered for all tests of significance.

Results: The mean age and mean AMH level of the participants were 36 ± 4.2 years and 1.74 ± 2.35 ng/mL, respectively. There was a statistically significant association between AMH level and age ($P<0.001$), duration of infertility ($P=0.026$), cause of infertility ($P=0.035$), number of oocytes retrieved ($P<0.001$), number of embryos generated ($P<0.001$) and type of treatment ($P<0.001$). However, there was no significant difference in the fertilization rates (adjusted odds ratio [AdjOR] 0.36, 95% confidence interval [CI] 0.23–4.30; $P=0.533$) and pregnancy rates (AdjOR 0.26, 95% CI 0.04–2.00; $P=0.210$) at different plasma levels of AMH.

Conclusions: Plasma AMH level was not a predictor of fertilization and pregnancy rates following IVF-ET treatment cycles at the fertility center of National Hospital, Abuja.

P0547 | COMPARISON OF OBSTETRIC AND PERINATAL OUTCOME FOR SINGLETONS AND TWINS FOLLOWING IVF AND/OR ICSI TREATMENT

THEME: AB 5 REPRODUCTIVE MEDICINE/SUB-THEME: AB 5.4 ASSISTED REPRODUCTION

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Objectives: To compare both maternal and perinatal outcomes in singleton and twin pregnancies originated by successful IVF.

Methods: The study population was pregnant women who had undergone IVF and ICSI treatment in different organizations. A purposive sampling was done at BIRDEM General Hospital 2, Dhaka, Bangladesh where the patients underwent delivery within the period from January to June 2019.

Results: There were 23 twin deliveries (67.6%) and 11 singleton deliveries (32.4%) following IVF and ICSI treatment. 15 (65.2%) patients from twin pregnancy group and 5 (45.5%) patients of singleton group had previous history of primary subfertility. There were no statistically significant differences in the rate of gestational diabetes and hypertensive disorders in both groups, nor in the frequency of antepartum or intrapartum complications and mean gestational age at delivery. The need for cervical cerclage was significantly noticeable in the 21 cases of twin pregnancy ($P < 0.001$).

Significant percentage of neonates (17 cases; 73.9%) were low birth weight (<2500 g) in twin pregnancy group ($P < 0.01$). Extremely low and very low birth weight outcomes (4 cases; 17.3%) were also significant in twin pregnancy group ($P < 0.01$). There was no statistically significant increase in the frequency of NICU admission, neonatal death, neonatal jaundice and neonatal respiratory distress syndrome between the two groups of neonates.

Conclusions: Although twin pregnancies following IVF/ICSI are more likely to result in prematurity and lower birth weight infants, the maternal and perinatal outcomes from twin pregnancies are statistically not different to that of singleton pregnancies after IVF/ICSI.

P0548 | THE IMPACT OF OBESITY ON CONCEPTION SUCCESS RATE FOLLOWING CLOMIPHENE CITRATE USE FOR ANOVULATORY INFERTILITY OF OVARIAN ORIGIN

THEME: AB 5 REPRODUCTIVE MEDICINE/SUB-THEME: AB 5.2 MANAGEMENT OF SUBFERTILITY

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Objectives: To optimize the use of Clomiphene-Citrate in ovulation induction to achieve better outcomes and to review the factors which can affect a successful outcome.

Methods: A prospective re-audit was performed on patients who presented with infertility and were prescribed Clomiphene-Citrate as a medical intervention. Inclusion criteria were defined as anovulation of ovarian origin with age between 18–43 who were prescribed Clomiphene-Citrate for 6 cycles in 2017 and 2018. Exclusion criteria was defined as infertility due to male factor, tubal factors, unexplained causes and BMI >37.

Results: 82 patients were selected as per the inclusion criteria. In terms of the clinical outcome, 23% conceived, 64% ovulated but did

not conceive whilst 9% were lost in follow-up. Our conception rate has improved since our last audit, from 16% to 23%, due to better inclusion and exclusion criteria. However, our success rate was sub-optimal as compared to the quoted conception rate of 30–40%. This is most likely due to obesity as more than 80% of our patients had a BMI >30.

Conclusions: Obesity has consistently shown a strong association with subfertility and is a major risk factor for serious maternal complications. In a multivariate analysis of factors found to predict the outcome of Clomiphene use were free androgen index, BMI, amenorrhea, and ovarian reserve. NICE recommends that women with anovulatory infertility of ovarian origin should be informed that losing weight alone might restore their ovulation, improve the response to ovulation-inducing agents and have a positive impact on pregnancy outcomes.

P0549 | ASSESSMENT THE ROLE OF HYDROTUBATION IN BILATERAL TUBAL BLOCKAGES IN CASE OF SUBFERTILITY

THEME: AB 5 REPRODUCTIVE MEDICINE/SUB-THEME: AB 5.2 MANAGEMENT OF SUBFERTILITY

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Objectives: Assess the hydrotubation process in regaining fertility by opening the fallopian tubes in cases of bilateral tubal blockage.

Methods: This descriptive cross-sectional study was done in the Infertility and Intrauterine insemination Centre of Lab A One, Rangpur, Bangladesh from January 2018 to December 2020. A total of 100 primary and secondary subfertility cases were selected and a structured questionnaire was used keeping the focus on socioeconomic status, duration of the marriage, menstrual cycle, contraceptive history, previous pregnancy, abortion, and previous treatment. Hydrotubation was done for the consequent three months and the diagnosis was confirmed by hysterosalpingography. A repeat hysterosalpingography was done to see the outcome. Pregnancy was confirmed by transvaginal sonography.

Results: Out of 100 cases, 60% patients regained fertility by opening unilateral tubal blockage, 30% regained by opening the bilateral blockage. After opening the fallopian tubal blockage 45% cases conceived within three months and 70% cases were in the middle-class family, 70% cases had the history of oligomenorrhoea with tubal blockages, 20% cases had the history of abortion, 80% of cases were in the marital age more than six years and 60% cases were suffering from secondary subfertility. Without doing tubal potency test 90% cases got treatment.

Conclusions: Most of the subfertile cases were getting treatment without doing tubal potency test. Hydrotubation is a procedure that can be done in lower socioeconomic conditions. In this study, the success rate of regaining fertility was 90% and this type of treatment modality can be used in the field of infertility.

P0550 | OHVIRA SYNDROME: A CASE REPORT AND REVIEW OF THE LITERATURE
 THEME: AB 5 REPRODUCTIVE MEDICINE/SUB-THEME:
 AB 5.5 DISORDERS OF SEXUAL DEVELOPMENT

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Objectives: Obstructed hemivagina, ipsilateral renal anomaly (OHVIRA) is a rare congenital syndrome characterized by malformation of Müllerian ducts. Patients present during adolescence, often with symptoms secondary to haematocolpos. OHVIRA can significantly impact the woman's quality of life, therefore timely diagnosis and management is essential. Due to the rarity of such cases, data exists, primarily, in the form of case reports. The objective of this study is to review the literature regarding diagnosis and holistic management for these patients.

Methods: We present the case of a 12-year-old female who was admitted to a District Hospital in the UK with acute pelvic pain and dysmenorrhea. Initial investigations failed to uncover a cause, however, detailed history combined with MRI findings, revealed the diagnosis. A comprehensive Medline search was conducted for all studies published from January 2015 up to March 2021. We analyzed embryological understanding of the anomaly, classification, varying clinical presentations and treatment approaches.

Results: The search retrieved 190 references and 100 articles were analyzed. Our study adds to a literature review published in 2015 and focusses on varied presentations, imaging and surgical techniques. The search terms 'OHVIRA' combined with 'mental health', 'anxiety', 'depression' did not reveal any results.

Conclusions: Thorough understanding of genitourinary embryology is vital to identification and treatment of this rare developmental anomaly. Diagnosis is often made after complications occur, leaving young women suffering with chronic pain. A holistic approach to managing the patient addresses both physical and psychological aspects relating to this condition.

P0551 | CAN HYSTEROSCOPY PRIOR TO IVF OR ICSI INCREASE THE SUCCESS RATE IN PATIENTS WITH ONE ART FAILURE AND NORMAL TRANSVAGINAL SCAN FINDINGS? AN OBSERVATIONAL STUDY

THEME: AB 5 REPRODUCTIVE MEDICINE/SUB-THEME:
 AB 5.4 ASSISTED REPRODUCTION

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Objectives: Nowadays, more and more patients are using the benefits of Assisted Reproductive Technology (ART) [In Vitro Fertilization (IVF) or Intracytoplasmic Sperm Injection (ICSI)] to achieve a successful pregnancy. However, implantation failure can still be high. This failure results in high stress levels for both doctors and patients. Usually, after a failed first attempt of ART, the common practice of further investigation usually involves a transvaginal scan. However, hysteroscopy is the most reliable method to identify any intrauterine abnormalities. In this study, we compared the pregnancy success rate in those women who after the first failed IVF or ICSI attempt had a routine transvaginal scan and those who had a hysteroscopy.

Methods: This observation study took place at the University Hospital of Ioannina, at the Assisted Reproductive Unit from 2017 to 2020. The reason of this study was to evaluate the role of hysteroscopy as a routine investigation in improving IVF/ICSI pregnancy success rates in patients with normal ultrasound findings after a failed IVF/ICSI attempt. It included 400 women, 200 who had a routine transvaginal scan after a failed ART attempt and 200 who had a hysteroscopy.

Results: There was statistically significant evidence (P -value=0.005) that those who had not had hysteroscopy were less likely to achieve a pregnancy.

Conclusions: Hysteroscopy could be considered as a routine investigation following one failed ART attempt.

P0552 | EFFECT OF DROSPIRENONE/ ETHINYLESTRADIOL ON SERUM ANTI- MÜLLERIAN HORMONE LEVEL IN CHINESE PCOS WOMEN.

THEME: AB 5 REPRODUCTIVE MEDICINE/SUB-THEME:
AB 5.1 REPRODUCTIVE ENDOCRINOLOGY

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Objectives: This study is aimed to evaluate the effects of Drospirenone/Ethinylestradiol (pills for contraception and use for the treatment of hyperandrogenemism) on serum Anti-Mullerian hormone (AMH) level in Chinese PCOS patients.

Methods: 45 PCOS patients in the Department of Gynecological Endocrinology, Beijing Obstetrics and Gynecology Hospital, Capital Medical University, China. Serum AMH levels were measured before and after the use of Drospirenone/Ethinylestradiol. The patients were divided into three groups according to the duration of the use of this pill.

Results: The mean age of the 45 patients was 27.5 years. Related to all 45 patients the serum AMH level post-treatment was (5.908±3.444 ng/mL), significantly lower than for pre-treatment (9.656±4.917 ng/mL) ($P<0.001$). The 45 patients were divided into three groups: group A (n=10) used the pill for not more than three months, group B (n=18) for 3~6 months and group C got the pill for more than 6 months (n=17). There was no difference in the change of AMH level among the three groups (group A -4.252±3.157, group B -3.279±3.225, group C -3.948±4.109).

Conclusions: The contraceptive pill containing the combination of Drospirenone and Ethinylestradiol can reduce serum AMH level in PCOS patients, and the effect is not related to the length of treatment.

P0553 | HYSTEROSCOPIC CORRECTION OF INTRACAVITARY LESIONS DOES NOT AFFECT THE ENDOMETRIAL VOLUME AND SUBENDOMETRIAL VASCULARITY BEFORE ICSI

THEME: AB 5 REPRODUCTIVE MEDICINE/SUB-THEME:
AB 5.4 ASSISTED REPRODUCTION

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Objectives: To evaluate the endometrial volume and sub endometrial blood flow measured by three-dimensional power Doppler

(3DPD) at the day of ovum pick-up after hysteroscopic correction of intracavitary lesions.

Methods: A prospective cohort study enrolled 106 women undergoing their first ICSI cycles. All women had a history of previous hysteroscopic surgery for correction of intracavitary lesions within six months before ICSI trial. Fifty-five (51.9%) women had a history of polypectomy; 29 (27.4%) metroplasty, 12 (11.3%) adhesiolysis and ten (9.4%) had a history of myomectomy. A control group of 122 women with normal uterine cavity diagnosed by office hysteroscopy were included. On the day of ovum pick-up, endometrial volume and subendometrial blood flow was assessed using 3DPD, and vascularization index (VI), flow index (FI) and vascularization flow index (VFI) were calculated and compared between both groups. Additionally, pulsatility index (PI) and resistance index (RI) of uterine vessels were assessed.

Results: The endometrial volume was comparable between both groups (4.28±1.62 vs. 4.78±1.44, $P=0.055$). Additionally, no significant differences in subendometrial VI, FI and VFI between both groups ($P=0.44$, 0.13, 0.717, respectively). Finally, the uterine PI and RI were comparable between both groups (0.83±0.06 vs. 0.84±0.05 and 2.39±0.57 vs. 2.38±0.50, $P=0.981$ and 0.577, respectively)

Conclusions: Hysteroscopic correction of intracavitary lesions does not affect the endometrial volume and subendometrial vascularity before ICSI cycles.

P0554 | ROLE OF COLPOSCOPY IN UNEXPLAINED INFERTILITY

THEME: AB 5 REPRODUCTIVE MEDICINE/SUB-THEME:
AB 5.2 MANAGEMENT OF SUBFERTILITY

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Objectives: To identify role of colposcopy in diagnosing cervical lesions which may be responsible for unexplained infertility

Methods: 1400 patients were randomly selected from a software-based selection. Study was done in GICE Hospital, Kalyani, and IQCMC, Durgapur. SPSS Software was used to find P value and statistical analysis. Prospective Study

Results: Colposcopy findings (N -1400) Jan 18 - Feb 19=healthy cervix=200, unhealthy cervix (Cervicitis)=990, erosion=175, polyp=10, others=25 Preliminary Management=Tissue paper after passing stool, antibiotic and others drugs to both partner, vaginal irrigation, OC pill - 3 cycle, cervical fluid and sperm for culture and sensitivity pregnancy outcome (n -870)=after counselling=220, after hydrotubation=65, after induction of ovulation=335, aih=68, aid=32, pregnancy=720 (82.6%), take home baby=686 (95.3%) out of 720, 78.9% out of 870

Conclusions: Role of Colposcopy in infertility is very much significant-till date much research is not done, it is not only help to diagnose cervical pathology but also help the husband to have healthy & safe sex, additionally it will help to diagnose or exclude cervical cancer

in elderly women opted for ART, IVF & ET, it should be included to basic parameter for infertility investigations

P0555 | TOLERABILITY OF ETHINYL ESTRADIOL/CYPROTERONE ACETATE (EE/CPA) IN THE MANAGEMENT OF OVERWEIGHT OR OBESE INFERTILITY PCOS PATIENTS?

THEME: AB 5 REPRODUCTIVE MEDICINE/SUB-THEME: AB 5.1 REPRODUCTIVE ENDOCRINOLOGY

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Objectives: EE/CPA is widely used in PCOS patients, but data are rare regarding its effect on blood pressure, carbohydrate and lipid metabolism, liver and kidney function.

Methods: 59 PCOS patients with overweight or obese; EE/CPA for 3 cycles. Besides anthropometric indicators and sex hormones, before and after treatment blood pressure and parameters of carbohydrate and lipid metabolism, liver and kidney function were evaluated.

Results: BMI, waist circumference (WC), hip circumference (HC) were significantly lower compared to before pretreatment. SBP and DBP showed no statistical differences. Carbohydrate and lipid metabolism: No significant difference in TC, TG, HDL-C, LDL-C, FBG, FINS and homeostasis model insulin resistance index (HOMA-IR), fat distribution and percentage of fat compared to before pretreatment. Serum LH, free androgen index (FAI) decreased significantly. SHBG increased significantly. Total testosterone (TT), DHEA-S, androstenedione (AND), free testosterone (FT), serum FSH levels were not significantly different. Liver and kidney function: BUN was decreased, but no significant difference in serum CRE, ALT, AST, GGT.

Conclusions: EE/CPA reduces LH, i.e., is acting like a contraceptive pill (which is not in the labelling!), can decrease hyperandrogenemia and increase SHBG, with the consequence that free testosterone is decreased, both very positive in the management of PCOS. In addition, weight can be decreased. EE/CPA in PCOS elicits no significant negative impact on carbohydrate and lipid metabolism, blood pressure, liver and kidney function. Thus, pretreatment with EE/CPA in PCOS patients wanting fertility is a good option in the management for PCOS and has been included in the routine practice of our department.

P0556 | EFFICACY OF PERICONCEPTIONAL MULTIVITAMIN SUPPLEMENTATION ON FOLATE AND HOMOCYSTEINE CONCENTRATIONS DEPENDING ON GENETIC VARIANTS OF MTHFR IN INFERTILE WOMEN

THEME: AB 5 REPRODUCTIVE MEDICINE/SUB-THEME: AB 5.1 REPRODUCTIVE ENDOCRINOLOGY

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Objectives: Methylene tetrahydrofolate reductase (MTHFR) has various polymorphisms, and the effects of periconceptional folic acid supplementation for decreasing neural tube defects (NTDs) risk differ depending on the genotypes. This study analyzed the effectiveness of multivitamin supplementation depending on MTHFR polymorphisms.

Methods: Of the 534 consecutive Japanese infertile women aged ≤42 years who visited our clinic for fertility treatment, 205 women were recruited after excluding 329 who refused participation (n=260) and had folic acid supplementation (n=65) and/or drugs that potentially inhibit folate absorption (n=6). The women with folate insufficiency and hyperhomocysteinemia received multivitamin supplementation containing 800 µg of folic acid. Additional vitamin D supplementation was also provided in women with vitamin D insufficiency. Changes in serum folate and homocysteine status were analyzed.

Results: Of 205 women, 72 (35.1%), 100 (48.8%) and 33 (16.1%) had MTHFR CC, CT and TT, respectively. Serum folate and homocysteine levels in women with homozygous mutant TT were significantly lower and higher, respectively, than those in women with CC and CT. In 54 women (26.3% of all women) with risk of NTDs, multivitamin supplementation for one-month increased folate level (5.8±0.9 to 19.2±4.0 ng/mL, $P<0.0001$) and decreased homocysteine level (8.2±3.1 to 5.8±0.8 nmol/mL, $P<0.0001$) to minimize the risk of NTDs in all women, regardless of MTHFR variations.

Conclusions: Tests for folate and homocysteine levels and optimal multivitamin supplementation in women with risk of NTDs one month or more before pregnancy should be recommended to women who desire to have a healthy baby.

P0557 | RECURRENT PREGNANCY LOSSES IN A PATIENT WITH TURNER SYNDROME

THEME: AB 5 REPRODUCTIVE MEDICINE/SUB-THEME: AB 5.1 REPRODUCTIVE ENDOCRINOLOGY

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Objectives: To describe the rare case of a couple complaining of recurrent pregnancy losses, in which the wife had Turner syndrome.

Methods: We made a case report and a literature review.

Results: The couple was referred by the department of gynecology due to complaints of recurrent pregnancy losses. They were not consanguineous and did not report a family history of pregnancy losses. The husband did not have any phenotypic abnormalities, and his karyotype was normal. The wife only had short stature and reported menarche at age 12 and regular menstrual cycles. Ultrasonography of the first pregnancy had shown a single fetus with vitality, but reduced amount of amniotic fluid. At 5 months, the mother had premature rupture of membranes with the fetus evolving to death. In the second and third pregnancies, spontaneous abortions occurred in the first trimester. In the fourth pregnancy, 30 days after the last menstruation, the wife referred the onset of cramps and bleeding. Her karyotype revealed a 45, X/46, XX chromosomal constitution, compatible with Turner syndrome. The complementary evaluation made through gonadal karyotype, after biopsy, showed a normal female constitution (46, XX).

Conclusions: Recurrent pregnancy losses affect 0.5% to 3% of all couples, and the cause is identified in only half of them. Patients with Turner syndrome are usually infertile. However, patients with mosaicism 45, X/46, XX usually menstruate spontaneously and about 1% of them are able to become pregnant. However, when pregnancy does happen, the risk of spontaneous abortion is considered high, reaching about 25% to 30%.

P0558 | POST CURETTAGE ASHERMAN'S SYNDROME: A MANAGEMENT OVERVIEW

THEME: AB 5 REPRODUCTIVE MEDICINE/SUB-THEME: AB 5.2 MANAGEMENT OF SUBFERTILITY

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Objectives: The aim of this research is to gather knowledge related to management of post-curettage Asherman's Syndrome.

Methods: This narrative review of the last 10 years was conducted in the Medline database, using the descriptors ["gynatresia" OR "Asherman syndrome" AND "curettage"]. 103 papers were found. After applying the exclusion criteria: papers off topic and paid papers, 19 articles were selected.

Results: An article evaluated a sample of 483 patients who opted for abortion, of which six developed AS, therefore the incidence was of 1.24%. There was a consensus regarding the diagnosis, with hysterosalpingography being the least invasive, but the definitive diagnostic must be made by hysteroscopy. The risk factors found were malformations of the Mullerian duct, repeat curettage, curettage performed between the second and fourth weeks after delivery and curettage after 12 weeks of gestation. The most used treatment is adhesiolysis, but there are other methods under study, such as bioengineering of tissues for endometrial restoration, as well as preventive methods (hyaluronic acid gel and silicone plate).

Conclusions: There is an urgent need for less invasive diagnostic and treatment methods that prevent Asherman's Syndrome

P0559 | LIVE BIRTH RATE COMPARISON BETWEEN SINGLE VS. DOUBLE OVARY WOMEN IN ASSISTED REPRODUCTIVE TECHNOLOGIES

THEME: AB 5 REPRODUCTIVE MEDICINE/SUB-THEME: AB 5.1 REPRODUCTIVE ENDOCRINOLOGY

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Objectives: Infertility is becoming more prevalent worldwide. Assisted reproductive technology has brought hope to infertile couples. We aim to estimate the live birth rate in women with one ovary compared with those with two ovaries.

Methods: A retrospective cohort study of women who underwent ART at King Abdulaziz Medical City (January 2000–December 2018). Five cycles of patient data were collected. The LBR (both conditional and cumulative) was compared between women with one and two ovaries.

Results: Four-hundred and three women were included in the final analysis. Of these, 9% (n=37) had one ovary. The majority (59%, n=233) had primary infertility. A male-associated factor accounted for 52% (n=208) of the infertility cases. The total number of live births was 164. The overall LBR from five cycles was estimated at 9%, 16%, 18%, 18%, and 15%, respectively. In the double ovary group, the highest rate was in the fourth cycle [19% (12–26)], while in the single ovary group peaked in the third cycle [27% (9–46)]. Pregnancy was at its highest in the first cycle and accounting for 88 pregnancies.

Conclusions: The outcomes of ART varied between study groups. LBR was lower in single-ovary women. The average of five cycles in the single and double ovary groups was 13% and 15%, respectively. Based on confidence intervals, there was no significant difference in the LBR of women with one or two ovaries.

P0560 | EVALUATING THE DEGREE OF CONCORDANCE BETWEEN HYSTEROSALPINGOGRAPHY AND LAPAROSCOPIC CHROMOTUBATION IN DIAGNOSING TUBAL FACTOR INFERTILITY

THEME: AB 5 REPRODUCTIVE MEDICINE/SUB-THEME: AB 5.2 MANAGEMENT OF SUBFERTILITY

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Objectives: The main objective of this study is to carry a critical and comparative assessment of Hysterosalpingography (HSG) and Laparoscopy in determining tubal factor in infertile women and to determine the degree of concordance between the two procedures.

Methods: It is a retrospective study conducted at the Wadia maternity hospital in Mumbai, India from March-2019 to March-2020. In total, 190 patients admitted for infertility of tubal origin and who had undergone HSG followed by laparoscopy were analyzed. Degree of concordance between HSG and Laparoscopy was analyzed with reference to sensitivity, specificity, false positive and negative rates, false discovery rate, false omission rate and critical success index.

Results: The mean age of the participants was identified as 30.29 years (standard deviation: 4.5 years). Percentage of primary and secondary infertility was identified as 76.3% and 23.7%, respectively with 4.6 (mean) years of infertility. Sensitivity and specificity of HSG were identified as 0.63 and 0.96 for unilateral block and 0.81 and 0.99 for bilateral block, respectively. The corresponding positive and negative likelihood ratios were 14.66 and 0.39 for unilateral tubal block and 81 and 0.19 bilateral block, respectively. The false

discovery rate and false omission rate were 0.29 and 0.06 for unilateral block and 0.08 and 0.03 for bilateral block, respectively.

Conclusions: The results of HSG and laparoscopy are in concordance in diagnosing tubal factor infertility. Therefore, in low resource setting and in restricted conditions such as COVID, HSG can be considered as a confirmatory test, particularly in bilateral tubal block.

P0561 | ADDRESSING THE BARRIERS TO SAFE ABORTION AND POST-ABORTION CARE THROUGH ADVOCACY IN RWANDA

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.2 TERMINATION OF PREGNANCY

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Objectives: A diverse group of healthcare professionals (HCPs) from Rwanda develop and implement an advocacy strategy with the overall aim to support HCPs to address the barriers to safe abortion (SA) and/or post-abortion care (PAC) in their countries, as part of the RCOG Making Abortion Safe program.

Methods: Under the programme, HCPs were invited to apply for the voluntary role of Sexual and Reproductive Health and Rights (SRHR) champions. SRHR champions are co-creating a range of open access eLearning and advocacy materials in relation to SA and PAC provision and are developing advocacy strategies to address specific country-based SA and PAC barriers.

Results: SRHR Champions have developed advocacy strategies to address some of the major barriers that healthcare professionals face around safe abortion and/or post-abortion care provision. Collaboration between a diverse range of healthcare professionals, from different cadres and at different levels of seniority, is an effective and innovative way to influence change.

Country advocacy strategies planned activities and reflections on progress made will be presented at the conference.

Conclusions: The programme has brought together a diverse range of HCPs and advocates to identify and tackle barriers that health care professionals are faced with in relation to SA and PAC provision. The SRHR champion approach has allowed for the identification of the most significant root causes of the barriers to SA and PAC care and to address them in a context appropriate way.

P0562 | PREDICTORS OF FACILITY-BASED ABORTION COUNSELING QUALITY AND METHOD CHOICE IN EIGHT COUNTRIES

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.2 TERMINATION OF PREGNANCY

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Objectives: This research aims to identify individual and service factors that are predictive of abortion clients having quality pre-procedure counseling and choice of procedure method, part of rights-based care.

Methods: Structured exit interviews were conducted with women receiving induced or postabortion care at health facilities in Argentina, Bolivia, Mexico, Nepal, Ethiopia, Kenya, Nigeria, and Uganda from 2019–2020. Countries employed a census or stratified random sample of facilities based on program size. Outcomes included client-reported ability to choose their procedure method and a composite metric of counseling quality. Using Stata/SE 16.1, client and service characteristics were analyzed descriptively. Ordinal logistic regression with counseling quality as the outcome was calculated for the full sample. Logistic regression with the outcome of choice was calculated for the sample of induced abortion clients. Models adjusted for country, client, and service characteristics.

Results: Among 2,499 participants, 70% received information about procedure options, 72% had opportunities to ask questions, and 79% received information on what to expect during the procedure and recovery. Second trimester (OR=0.72) and postabortion clients (OR=0.70) had lower odds of receiving quality counseling. Among 1,031 induced abortion clients, 30% felt unable to choose their procedure, of whom 48% reported no choices were offered. The composite metric of counseling quality was predictive of these clients feeling they had a choice (OR=4.2).

Conclusions: Inequalities in counseling impede women's right to acceptable care and informed choice and contributes to lack of procedure choice, highlighting the importance of woman-centered counseling in trainings of the abortion workforce.

P0563 | MEDICAL STUDENTS' COMFORT WITH AND KNOWLEDGE OF FEMALE SEXUAL DYSFUNCTION IN THE UNITED STATES

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.5 AWARENESS AND COUNSELLING IN SEXUAL AND REPRODUCTIVE HEALTH

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Objectives: We aimed to assess exposure to the topic of female sexual dysfunction (FSD) among medical students in the United States,

to determine how comfortable they feel taking care of patients with FSD, and to evaluate students' knowledge of treatment options.

Methods: We conducted a survey of US medical students which 1) asked about their school's instruction in female and male sexual dysfunction (MSD), 2) asked students to rate their comfort level for scenarios describing a patient presenting sexual dysfunction, and 3) assessed familiarity with treatments for sexual dysfunction. A total of 236 students from 29 medical schools in the US completed survey responses.

Results: Students' ratings of self-confidence were significantly lower for patients with FSD compared to MSD ($P < 0.001$). Students had higher self-ratings of confidence if they were planning on going into OB/GYN ($P = 0.003$), if they reported their school covered FSD in its clinical curriculum ($P = 0.01$), and if they had participated in the care of a patient with FSD during medical school ($P = 0.006$). Students were most familiar with the use of psychotherapy, pelvic floor physical therapy, and hormonal treatments for FSD, while most had never heard of filbanserin or bremelanotide.

Conclusions: There are important gaps in the coverage of FSD in US medical schools that may contribute to low levels of confidence among physicians who see patients with FSD. Medical schools must improve instruction in FSD for their students to address these gaps and improve students' knowledge and comfort with FSD.

P0564 | CAPTURING ADAPTATIONS TO MOBILE FAMILY PLANNING PROGRAMMING DURING THE COVID-19 PANDEMIC IN ZIMBABWE

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: COVID-19 has disrupted health systems worldwide including family planning (FP) programs. We systematically documented how FHI360's Mhuri/Imuli project adapted its FP activities in Zimbabwe in response to COVID-19.

Methods: We collected qualitative data on planned activities, challenges, and adaptations made from April–December 2020 focusing on service delivery, demand creation and an enabling environment. A secondary analyses of mobile outreach FP service data were also conducted.

Results: There was an abrupt month-long lockdown in April. While outreaches were suspended, the project utilized community health workers to redirect clients to health facilities where possible. Group counseling transitioned to one-on-one and outreach teams initiated

an integrated approach combining facility and community-based services. Mobile outreach suffered from stock-outs, particularly of implants. A weekly average of 1,562 vs. 974 clients were seen in the 3 months before and after lockdown ($t=3.76$, $P<0.01$), respectively. Clients opting for LARCs during the same period increased from 22% to 59% ($t=-13.76$, $P<0.0001$).

Conclusions: Supply chain disruptions, physical distancing and restricted movement threatened women's access to timely FP services. The findings suggest a complex set of demand and supply side factors influencing LARC uptake and highlight the importance of adaptability as a critical part of making FP programs more resilient to current and future pandemics. The most successful adaptations, including the integrated approach of offering services at both the health facility and community levels will be adopted by the project as standard practice.

P0565 | IMMEDIATE POSTPARTUM LNG-IUS INSERTION OR STANDARD INSERTION AFTER CHILDBIRTH. AN OPEN-LABEL, RANDOMIZED, MULTICENTER STUDY

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: To study risk of abortion one year postpartum, safety profile and patient acceptability after immediate postpartum insertion of a levonorgestrel intrauterine system (LNG-IUS) compared with standard insertion.

Methods: We performed an open label, randomized controlled, non-inferiority, multicenter study. From April 2018 to January 2020 women were randomized to either insertion of LNG-IUS within 48 hours (immediate) or 6–8 weeks (standard) after vaginal delivery and followed up for one year.

Results: The study was prematurely stopped after a predefined safety analysis due to higher-than-expected expulsion rates in the immediate group. Fifty-two women were randomized to immediate and 48 women to standard insertion. No pregnancies occurred. No expulsions were detected in the standard group, but 5/48 (10.4%) requested removal, and 2/48 (4.2%) perforations were detected. In the standard group 41/48 (85.4%) had continued use of the LNG-IUS after one year. In the immediate group 23/52 (44.2%) LNG-IUSs were expelled. Expulsion rate was highest 12/52 (23.1%) during the first two weeks after insertion. After expulsion 10 women chose to have a new LNG-IUS inserted but still significantly fewer women

(39/52, 75%, $P=0.22$) in the immediate group used LNG-IUS at study completion.

Conclusions: Immediate LNG-IUS insertion after vaginal delivery is associated with high expulsion rates. Despite this, a high continuation rate of the LNG-IUS method is seen among women once choosing the method. In the light of high continuation rates, the advantages of immediate insertion could balance the risk of expulsion for well-informed women.

P0566 | IMPACT OF COVID-19 PANDEMIC ON POSTPARTUM CONTRACEPTION SERVICES IN WOMEN DELIVERING AT A TERTIARY CARE CENTRE IN SOUTH INDIA-A DESCRIPTIVE CROSS-SECTIONAL STUDY THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: To estimate the effect of the COVID-19 pandemic on postpartum contraceptive services received during the pandemic and to describe the challenges faced in availing these services among pregnant women delivering at a tertiary care center in South India.

Methods: This was a descriptive, cross-sectional study carried out in 422 women who had delivered at our hospital from July 2020 to October 2020. Data collected was transferred from Epicollect version 5 to Microsoft Excel and analyzed using Stata version 14.2.

Results: A total of 301 primiparous and 121 multiparous were interviewed. The majority of the women belonged to lower/ upper-lower socio-economic class. 35.5% were categorized as high-risk pregnancies. Only one-third of the participants received contraceptive counseling in the antenatal period compared to 90% in postpartum. 39%(primiparous-34%/multiparous-5%) adopted barrier methods followed by 33% Post-Partum Intrauterine Uterine Contraceptive Devices (primiparous-19.6%/multiparous-13.4%) and sterilization in only 4.7% with concurrent cesarean section. 30–40% of women faced challenges in accessing the family planning methods due to closure of elective services like postpartum clinics & operation theatres; nationwide lockdown; and non-availability of field health workers.

Conclusions: Contraceptive choices for postpartum women appears to be largely restricted to temporary methods with additional challenges of availing these services during the pandemic. With ongoing COVID-19 crisis and continuous need for contraception, there is a need for refocus and motivate eligible couples for Long-Acting Reversible Contraceptive methods (LARC) with significantly lower failure rates.

P0567 | MENSTRUAL HYGIENE PRACTICES OF WOMEN IN A REMOTE AREA OF WESTERN RAJASTHAN, INDIA

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.5 AWARENESS AND COUNSELLING IN SEXUAL AND REPRODUCTIVE HEALTH

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Objectives: In society, menstruation hygiene practices are highly variable across the different regions. This study aimed to determine the practices followed during menstruation by rural women in a remote area of western Rajasthan, India.

Methods: This study was a community-based cross-sectional study was conducted from July 2019 to December 2019. A total of 700 female respondents were interviewed from sample households using systemic random sampling. Data were collected using a semi-structured questionnaire, analyzed using R Software (v 3.6.3), and presented using descriptive and analytic statistics.

Results: 56.29 % of females belonged to 18 to 30 years, and 43.71 % were from 31 to 42 years, and 83.86 % were married. The use of sanitary pads during menstruation was reported by 28.6% of the females. 37.57 % of females used reusable cloths, and 13.57 % used disposable and other absorbents cloths, while 11.14 % were not used any pads or materials. About 55.43 % of females practiced some form of restriction during menstruation. Females aged <30 years (OR: 3.21, 95% CI: 1.18–5.46) were more likely to use sanitary pads than older females. Females who used sanitary pads as absorbent were less likely to have reproductive tract infection symptoms than those who did not use sanitary pads (OR: 0.82, 95% CI: 0.34–1.97).

Conclusions: Menstrual hygiene practices were unsatisfactory among rural women, and various restrictions during menstruation were also in practice. Women should be educated about sanitary pads and the harms of using cloths and other materials.

P0568 | A PROSPECTIVE LONGITUDINAL STUDY ON THE AWARENESS, ACCEPTANCE, SAFETY AND EXPULSION RATE OF POSTPARTUM INTRAUTERINE CONTRACEPTIVE DEVICE IN A TERTIARY HEALTH CENTRE

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: Postpartum intrauterine contraception (PPIUCD) scheme is a central government initiative aimed at providing easy and safe access to women delivering in state institutions. This study was conducted to determine the acceptability, expulsion rate and complications associated with this method and compare it with the available literature.

Methods: This was a prospective longitudinal study conducted at the Department of Obstetrics and Gynaecology, Siliguri District Hospital, India from May 2017 to October 2018. A total of 604 antenatal mothers were selected after satisfying the inclusion criteria and were subsequently counselled for PPIUCD insertion. Those that accepted had CuT 380A inserted after vaginal or during caesarean delivery. They were followed up at subsequent visits and evaluated for complications. A standardized questionnaire was used to record patient response.

Results:

Out of a total of 604 women counselled, 482 (79.80%) had accepted PPIUCD insertion. Awareness amongst these women was quite low evidenced by the fact that only 247 of the 604 (40.9%) mothers knew about the PPIUCD programme. A total of 166 (47.42%) women faced some complication during the follow-up period.

Conclusions: Our study showed that even though awareness was low amongst the study population, timely and appropriate counselling can ensure that acceptance rate is high. PPIUCD insertion is a safe and effective mode of contraception suitable for women in whom a long-term reversible mode is desirable. The Government needs to take measures to improve awareness of this programme so that women have easy access to safe and effective contraception.

P0569 | ADDRESSING CONSCIENCE-BASED OBJECTION TO PROVISION OF ABORTION: IMPLICATIONS FOR UNIVERSAL HEALTH COVERAGE IN GHANA

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.4 SEXUAL AND REPRODUCTIVE RIGHTS

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Objectives: To determine the prevalence of conscientious objection (CO), the beliefs, practices, knowledge and attitudes of medical providers towards abortion and measures to regulate CO.

Methods: Cross sectional descriptive survey. Study conducted in 5 out of 10 regions. Data collected between 2015–2017. 634 medical providers trained and eligible to provide legal abortion were recruited for study. Data analyzed with descriptive measures in STATA 15.

Results: All providers in the study were trained to offer abortion, however, close to a third (n=222, 35%) did not provide it. Majority of providers (n=492, 77.6%) were currently working in a public health facility (n=390, 61.6%). In all five regions, the prevalence of self-identified objectors was 39.4% (95% CI=35.5% - 43.3%), hypothetical objectors were 49.8% (95% CI=45.8% - 53.7%), and non-objectors was 37.6% (95% CI=33.9% - 41.5%); indicating only one in three providers provide optimum abortion care. Approximately 17–18% of providers who refused to provide legal abortion also failed to refer patients. Refusal to provide legal abortion services were more common among health providers in faith-based health facilities (i.e., >84%). Close to 90.0% of providers indicated laws should not penalize providers who object to abortion.

Conclusions:

- CO is real and present in Ghana (Approx. 40%)
- This has implications for optimum care and for national quest to achieve universal health coverage.
- Institutional policies influence provider practices, national policy change may be required to improve abortion services in Ghana.

P0570 | CONTRACEPTIVE METHOD ACCEPTANCE RATE AFTER DELIVERY OF TWIN PREGNANCIES IN A MEXICAN POPULATION

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: Short interpregnancy intervals are associated with maternal morbimortality and have social, economic and demographic importance. Contraception is paramount to provide coverage during this period. We conducted this study to describe the acceptance rates of contraceptive methods among patients after delivery of a twin pregnancy.

Methods: A descriptive, cross-sectional study analyzing postpartum contraceptive methods accepted after all twin pregnancies delivered from 2018–2020 in a maternal hospital in Mexico City. Statistical analysis was made using SPSS (IBM, New York, NY). Categorical variables were analyzed as percentages, continuous variables as means with standard deviations.

Results: A total of 474 twin pregnancies were identified. Mean maternal age was 29.2±7.6, with a mean parity of 2.17±1.17 and a mean gestational age at delivery of 35.13±3.17. A total of 34.8% (n=165) of patients accepted definitive contraception, while 14.9% (n=71) received placement of a copper intrauterine device (IUD), 0.6% (n=3) a levonorgestrel IUD and 0.6% (n=3) a progesterone implant. A total 49.1% (n=232) of patients did not accept any method despite routine counseling.

Conclusions: Low acceptance rates for contraceptive methods are directly associated with maternal morbidity and mortality worldwide. Almost half of the patients in our study refused any type of contraception after a twin pregnancy. In underdeveloped countries, the benefits of these methods are often misunderstood by patients and in addition to moral and cultural stigma, make it difficult to achieve universal contraception. These counseling strategies must shift in order to achieve a higher rate of acceptance.

P0571 | CONTRACEPTIVE USE AMONG ADOLESCENT GIRLS IN BENIN: TRENDS, DETERMINANTS AND PROSPECTS
THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: Modern contraceptive use is changing very slowly among adolescent girls. This study identifies the sources of change, identifies the determinants and considers the prospects.

Methods: Data from the Demographic and Health Surveys of Benin (DHSB) of 1996 and 2017 were used. The sample size is 1047 adolescent girls aged 15–19 in 1996 and 3335 in 2017. After a description of the phenomenon, a decomposition analysis revealed the sources of the change and a logistic regression highlighted the temporal determinants.

Results: Contraceptive prevalence increased from 4.62% in 1996 to 13.31% in 2017. From the decomposition, the behavior effect largely contributes to the positive change obtained regardless of the classification variable used. From the regression analysis it appears that only the age of household head was significant in 1996 and the non-use of modern contraceptives was a generalized behavior among adolescent girls. On the other hand, in 2017, socio-cultural, institutional, demographic and economic variables proved to be decisive in the explanation of the phenomenon. It shows that the prospects for the use of contraception by adolescent girls are promising.

Conclusions: Actions must be aimed at keeping girls in school and generalizing youth centers in the country. Also, the involvement of community and religious leaders must be strengthened to facilitate communication around contraceptives, particularly parent-child dialogue. Finally, strengthen the contraceptive subsidy to remove financial accessibility barriers.

P0572 | BARRIERS AND ENABLERS TO FAMILY PLANNING UPTAKE AMONGST WOMEN WITH UNMET FAMILY PLANNING NEEDS IN MADHYA PRADESH, INDIA: A PSYCHOBEHAVIORAL SEGMENTATION APPROACH
THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: The study aimed to identify enablers and barriers to family planning uptake amongst women with unmet need for family planning in Madhya Pradesh (MP), India.

Methods: A cross sectional, state-wide representative, household survey was conducted in 51 districts of MP, India in 2019. A total of 16105 currently married women aged 18–39 years were interviewed. 845 women were identified to have an unmet need for spacing, on whom segmentation analysis was conducted to identify population segments that differed in their barriers and beliefs around family planning.

Results: Segmentation analysis of women with unmet need for spacing identified four clusters of women. For the first cluster (24% of women), intention to use FP (23%) and prior FP experience (12%) were low, and most (74%) said they were not using FP because they were currently breastfeeding. For the second cluster (30% of women), intentions to use a FP method (24%) and past FP experience were both low (7%), although awareness of where to obtain FP was universal. For the third cluster (28% of women), there was no awareness of FP locations, and only 8% intended to use a method of FP. In the fourth cluster (18% of women), intention to use FP (48%) and prior FP experience (70%) were higher; most in this group (81%) listed current breastfeeding as the main reason for not using a FP method.

Conclusions: Identifying different population segments provide an opportunity to implement tailored solutions to drive family planning amongst those with the greatest need.

P0573 | UNDERSTANDING THE IMPACT OF COVID-19 ON RESPECTFUL MATERNITY CARE GLOBALLY: FINDINGS FROM A GLOBAL SURVEY OF MATERNAL AND NEWBORN HEALTH CARE WORKERS

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.4 SEXUAL AND REPRODUCTIVE RIGHTS

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Objectives: This global study explored how the COVID-19 pandemic affected frontline healthcare workers' ability to provide respectful maternity care.

Methods: We analyzed survey data collected from 1,127 maternal and newborn care providers from 75 countries between July and December 2020, including open text responses related to provision of respectful care from 120 participants in 33 countries. We conducted qualitative content analysis to identify how the COVID-19 pandemic affected the provision of respectful maternity care.

Results: Six themes on the negative impacts of the pandemic on provision of respectful care were identified—limited emotional support to women, limited physical support to women, compromised standards of care, less family involvement, increased risk of caesarean section without clinical indication, and overwhelmed staff with new guidelines and enhanced infection prevention measures. The themes and conditions described were overlapping and entangled. In addition, providing respectful maternity care to women and newborns with a suspected or confirmed COVID-19 infection was noted to be severely difficult due to health workers' fear of getting infected and measures taken to minimize SARS-CoV-2 transmission.

Conclusions: The COVID-19 pandemic has disrupted the quality of the care provided during labor and childbirth generally, and respectful care specifically. We need to investigate how these compromises are remedied, and how some might persist in the long term if harmful adaptations due to COVID-19 are not reversed. Multidimensional and contextualized measures are urgently needed to mitigate the impacts of the COVID-19 pandemic on the promotion of respectful maternity care globally.

P0574 | CORRELATES OF MODERN CONTRACEPTIVE USE AMONG NIGERIAN WOMEN: EVIDENCE FROM NIGERIA DEMOGRAPHIC AND HEALTH SURVEY 2018 THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: Nigeria has the largest population in Africa, with a high fertility rate, and unmet needs for family planning. Family planning is a key strategy to sustainable development. Good knowledge of factors that determine contraceptive uptake is imperative for policy formulation.

Methods: A nationally representative secondary dataset of 33,924 women aged 15 and 49 years, who participated in the 2018 Nigeria Demographic and Health Survey were analyzed. Multivariate logistic regression was used to examine the association between various factors and the current use of modern contraceptives.

Results: The mean age of respondents was 35.9±7.9 years. Overall contraceptive prevalence was 16.6% and 12.2% for modern methods. Factors associated with increase in modern contraception use were, age 40–44 (aOR=1.07, 95% CI: 0.75–1.53); being a working-class woman (aOR=1.15, 95% CI: 0.99–1.33); living in an urban area (aOR=1.14, 95% CI: 0.97–1.33); living in South-West (aOR=1.36, 95% CI: 1.03–1.79); increasing wealth (aOR=0.78, 95% CI: 0.66–0.93) and health insurance (aOR=1.22, 95% CI: 0.89–1.68). Couple dynamics influencing modern contraceptive use were, joint decision (aOR=2.16, 95% CI: 1.81–2.59); self-decision on healthcare (aOR=1.34, 95% CI: 1.06–1.70) and earning more than partner (aOR=1.14, 95% CI: 0.78–1.66).

Conclusions: There are significant variations in contraceptive uptake, attributable to socio-economic and political inequalities requiring a holistic approach to mitigate barriers and improve contraceptive uptake.

P0575 | SAME COUNTRY - DIFFERENT WORLDS: THE EPIDEMIOLOGICAL DIFFERENCES ABOUT INFERTILITY PATIENTS IN PUBLIC AND PRIVATE CARE SYSTEM IN BRAZIL SOUTH

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.5 AWARENESS AND COUNSELLING IN SEXUAL AND REPRODUCTIVE HEALTH

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Objectives: To compare the social profile of infertile patients between the public and private sectors.

Methods: Case control study, from January 2019 to February 2021. Patients were divided in Group 1, Public health (n=184) and Group 2, Private care (n=123). Variables presented as mean±SD or number and percentage. Chi-square and Student t tests were applied, with $P < 0.05$.

Results: Comparing groups 1 and 2 the following results were observed: women's age (31.4±5.6 vs. 34.6±5.1, $P < 0.001$); partners' age (33.9±7.5 vs. 36.1±7.0, $P = 0.015$); IMC Kg/m² (29.7±6.4 vs. 25.5±5.0, $P < 0.001$); complete tertiary education (20.5% vs. 76.1%, $P < 0.001$); occupation (housewife) (7.7% vs. 1.9%, $P = 0.038$); smoking (16.0% vs. 4.8%, $P = 0.005$); nulliparity (60.4% vs. 77.4%, $P = 0.003$); comorbidities (35.1% vs. 15.2%, $P = 0.007$).

Conclusions: Reproductive and sexual health were declared as fundamental rights to individuals, couples and families all over the world, by the international conference on population and development. However, access to care is extremely limited for many women in developing societies. Our data showed differences in all analyzed variables. Public health patients presented overweight, higher incidence of smoking and comorbidities and lower education levels, which reflect the social inequality in access to Brazilian care system. Conversely, private patients presented higher age and nulliparity's percentage, which might be related to professional careers' prioritization. Thus, a healthy lifestyle especially in the public health system and information about lower pregnancy chances with delayed motherhood in the private care system are recommended.

P0576 | SAVIOR FOR XERODERMOSA PIGMENTOSA CARRIER COUPLE-CASE REPORT OF MANAGEMENT CHALLENGE SIMPLIFIED WITH PREIMPLANTATION GENETIC TESTING FOR MONOGENIC DISORDERS (PGT-M)

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.6 GENETICS AND REPRODUCTIVE MEDICINE

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Objectives: Xerodermosa pigmentosa (XP) is a rare, fatal autosomal recessive genetic disorder with mutations in any of the eight genes encoding nucleotide excision repair, leading to pre-cancerous conditions with no cure. Objective of the study is to demonstrate successful use of PGT-M to achieve birth of a XP-free baby, in a carrier couple with an affected 8-year XP child and history of induced miscarriage of DCDA twins at 17 weeks affected with XP.

Methods: Due to diminished ovarian reserve, patient was advised oocyte accumulation with controlled ovarian stimulation (COS), among which 2 times cycle was cancelled due to poor ovarian response. In 6th COS cycle Intra cytoplasmic sperm injection was done for 5 (fresh) + 15 (thawed) M-II oocytes, resulting in a total of 17 good quality embryos, out of which only 9 were biopsiable. After Trophoctoderm cell biopsy of day 5 blastocysts, cells were amplified using the whole genome amplification technique. For the embryos passing the quality check- targeted PCR was carried out using primers designed specifically for the mutation and Sanger Sequencing was done to obtain peaks [chr3:14190204_14190205delAC, c.2277_2278delGT, p.Tyr760ProfsTer38]. Data analysis revealed XP genetic status as- 2 normal, 2 carrier and 5 affected embryos.

Results: Patient conceived in second Frozen Embryo transfer and had uneventful term normal vaginal delivery of a baby free of XP.

Conclusions: PGT-M is a boon for couples who are carriers of similar genetic disorders to have a child-free of monogenic disorder and saves them from the agony of an affected child

P0577 | A REVIEW OF PROGESTIN-ONLY CONTRACEPTIVES EFFECT ON WEIGHT GAIN

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: Progestin-only contraceptives (POCs) can be used by women who cannot or should not take estrogen. Weight gain is a major concern for women using these methods and keeps them from using POCs. The purpose of this study is to review the effect of Progestin-only contraceptives effects on weight gain.

Methods: The present study is a review that was conducted by comprehensive search in a database such as Google Scholar, PubMed, Scopus, Cochrane Library, Science Direct, Web of Science, and Trip database from 2010 to 2020. The authors searched for the literature related to Progestin-only contraceptives' effects on weight. Eventually, ten relevant articles were selected and critically evaluated.

Results: Overall, three cohorts, one cross-sectional, one secondary analysis, one Randomized controlled trial and four review studies were included. According to studies, there is limited evidence that Progestin-only contraceptives cause weight gain, and the mean weight gain during 12-months POCs use was less than 2 kg for most studies. Multiyear studies showed more weight gain, but it was similar when comparing women who used POCs and those who did not. This suggests that weight gain over time may occur regardless of contraceptive use.

Conclusions: It is recommended that appropriate counseling with patients about typical weight gain that occurs with POC use may help reduce contraceptives' discontinuation due to perceptions of weight gain.

P0578 | OVERCOMING ISSUES ASSOCIATED TO INTRAUTERINE DEVICE INSERTION PROCEDURE

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: Despite the proven benefits, including affordability and efficacy, IUD technology suffer from a lack of innovation since decades. Current insertion procedure is complicated, and issues persist, including pain, risk of pelvic infection and uterus damage.

Recommendations to improve the procedure fail to meet the expectations of both women and providers, especially for the pain management. There is a true medical need not met by the IUDs currently on the market.

Methods: In a pilot proof of concept study, we performed *ex vivo* and *in vivo* to test a new IUD device composed of an innovative inserter allowing the IUD insertion without using a tenaculum. The procedure was tested on extirpated uteri and patients by a trained provider not familiar with the technology and followed immediately by an ultrasound evaluation to assess the location and fundal placement of the IUD. Provider and patients also completed satisfaction surveys.

Results: The results demonstrated the ability of this new device to access and pass easily the cervix without using a tenaculum and to deploy the IUD into the uterine cavity with a correct fundal placement. Provider and patients feedback shown a high acceptability and improvements of the procedure were noticed.

Conclusions: On the strength of these encouraging results, further clinical cases study with a larger panel of providers and patients will be initiated to investigate deeper the impact of this innovative device on the ease of the IUD insertion procedure and the comfort of the patient.

P0579 | CONTRACEPTIVES REACH RURAL WOMEN/GIRLS THROUGH CAMPS - AN INNOVATIVE MODEL FROM PAKISTAN

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: To describe the trends and patterns of contraceptive uptake through outreach camps in rural setting of Pakistan

Methods: We supported 12 MSU camps in rural and semi urban sub-urb areas of federal capital city (Islamabad) between March 2019 to February 2020. While MSU camp is ongoing- the client influx is recorded as general outpatient, as well specific to the provision of family planning. The data for FP clients is recorded on structured forms labeled as logbooks- to keep a track record of demographics including age, contact details, choice of method, follow-up and referral

Results: A total of 476 women were provided with contraceptive services. Mean age was calculated to be 30.7 (± 5.8) years, minimum and maximum age was 17 and 50 years, respectively. Family planning services were also provided to 66 (13.8%) of women who were 24 years old and younger. Short term family planning methods were accepted by most of the clients, condoms 173 (36.3%), oral contraceptives 51 (10.7%), and injectables 22 (4.6%). Among long-acting reversible contraceptive methods implants were taken up by 161 (33.8%) and IUCDs by 52 (10.9%) women receiving family planning services from MSU camps. Women referred for bilateral tubal

ligation were 17 (3.5%). Lady health workers referred 310 (65.1%) of the clients to these MSU camps for uptake of desired contraceptive methods from their catchment areas

Conclusions: The camps provided women with a broad method mix and are primarily serving women over aged 25+

P0580 | GYNECOLOGISTS UNDERSTANDING SEXUAL HEALTH (GUSH): A SURVEY OF PROVIDER COUNSELING PRACTICES
THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.5 AWARENESS AND COUNSELLING IN SEXUAL AND REPRODUCTIVE HEALTH

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Objectives: The stigma attached to sexuality is a barrier to patients' willingness to disclose sexual problems. Clinicians may also experience similar stigma that impedes assessments of their patients' sexual problems. We thus explored the influence of sexual experience on gynecologists' optimization of patients' sexual health.

Methods: We distributed an online survey to a convenience sample of gynecologists (residents, fellows, advanced practice clinicians, and attendings). The survey covered respondents' sexual identity, sexual experience, sexual satisfaction, comfort with discussing sexual issues, history of sexual trauma, as well as attitudes and counseling practices. We examined factors associated with comfort optimizing and regularly assessing their patients' sexual function via bivariate analysis.

Results: The majority of our 149 respondents identified as sexually active, married, heterosexual female residents; 82% felt comfortable talking about their own sexuality; 75% endorsed satisfaction with their personal sexual function. About half (52%) felt comfortable optimizing patients' sexual function, which was significantly correlated ($P < 0.05$) with practicing at the attending versus trainee level, frequently bringing up sexual function with patients, placing importance on discussing sexual function, and receiving medical training that emphasized sexual pleasure. Notably, 91% of respondents had never been asked about sexual satisfaction by another provider. While 24% reported a history of sexual trauma, this was not linked to their attitudes about optimizing or addressing sexual function with patients.

Conclusions: Only half of surveyed gynecologists feel comfortable discussing sexual function with patients. Formal education on sexual pleasure may help reinforce the importance of this aspect of women's health care.

P0581 | THE WOMEN'S HEALTH NEEDS STUDY: A STUDY OF FEMALE GENITAL MUTILATION/CUTTING IN THE UNITED STATES

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.4 SEXUAL AND REPRODUCTIVE RIGHTS

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Objectives: Information about U.S.-resident women from countries where female genital mutilation/cutting (FGM/C) is practiced is limited. The objective of the Women's Health Needs Study (WHNS) is to collect information on these women's health characteristics and experiences to better understand their health needs.

Methods: WHNS is a community-based, cross-sectional study of U.S.-resident women 18–49 who were born or whose mothers were born in an African country where FGM/C is prevalent. The WHNS pilot was conducted in 2019 in one metropolitan community with a high concentration of residents from these countries. WHNS employs a hybrid venue-based and respondent-driven sampling approach to recruit, consent, and conduct face-to-face standardized interviews. We engaged the community before and during the pilot to inform study procedures.

Results: Of the 101 women included in the pilot study, 51% reported having undergone FGM/C. Over a third of women with FGM/C reported flesh being removed from the genital area and 39% reported their genital area was sewn closed. A quarter of women reported ever having any health problems related to their FGM/C. Among women with FGM/C, 28% experienced difficulty passing menstrual blood, 26% experienced pain with intercourse, and 18% experienced pain with urination. Only 4% discussed their FGM/C with a health care provider.

Conclusions: Women in the pilot study who had FGM/C reported gynecologic and sexual health problems, but few reported discussing their FGM/C with providers. Understanding the unique health needs of affected women is important to providing adequate care and improving their communication with the health care community.

P0582 | SERVICES AVAILABILITY, READINESS, CLIENT SATISFACTION AND ASSOCIATED FACTORS RELATED TO COMPREHENSIVE ABORTION CARE IN CASE OF PUBLIC HEALTH FACILITIES OF EAST SHOWA ZONE, OROMIA REGION, ETHIOPIA
THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.2 TERMINATION OF PREGNANCY

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Objectives: To assess the level of service availability, facility readiness, client satisfaction & associated factors on CAC service.

Methods: Institution based cross sectional study. A sample of 30 health institution & 579 women were selected using stratified multi-stage sampling.

Results: All health centers & hospitals fulfilled at least 75% of the components of SAC signal functions & materials for MVA. The proportion was 60% equipment, medicines 56.67%, & basic amenities were 46.67%. 49.9% were satisfied.

Conclusions: Basic & comprehensive signal functions, MVA & diagnostic services were fully available in almost all health institution. However, availability of basic amenities, medicines & medical equipment's were below the minimum standard set by WHO.

P0583 | INVOLVING MEN AND BOYS IN FAMILY PLANNING: A CALL TO ACTION FOR WOMEN'S HEALTH PRACTITIONERS
THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: Although increasing numbers of family planning (FP) interventions seek to involve men and boys, there is a lack of clarity regarding the characteristics of successful interventions and their potential to improve women's sexual and reproductive health (SRH). While we know *what* interventions work in relation to involving men and boys, we know less about *how* and *why* they work. This study aimed to determine effective components of FP interventions that involve men and boys and to promote the use of this evidence for women's SRH.

Methods: Working with an international expert advisory group and using innovative data synthesis methods, we conducted a systematic review of the effectiveness and implementation of 128 complex FP interventions evaluated in low- and middle-income countries (LMICs).

Results: Study findings will be available from August 2021. Their implications for women's health practitioners will be presented for the first time at the FIGO conference. Preliminary findings suggest that successful interventions engage men and boys as partners in FP or as FP users themselves. Effective interventions appear to incorporate tailored behavior change and gender-aware/gender-transformative strategies in their design.

Conclusions: The World Health Organization and policy makers globally recognize the vital role that involving men and boys in FP can play in reducing gender inequalities in sexual decision-making and improving health for all. However, evidence on how to promote information about this among women's health practitioners is lacking. This study synthesizes evidence that will help fill this gap and its findings will be of global interest and impact.

P0584 | INTRODUCTION OF MEDICAL ABORTION DECREASES SHARP CURETTAGE IN ABORTION CARE SERVICES AT OR AFTER 13 WEEKS OF PREGNANCY: EARLY EXPERIENCE IN BANGLADESH
THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.2 TERMINATION OF PREGNANCY

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Objectives: To document the early learnings of Ipas's initiative to introduce standard evidence-based medico-legal abortion or PAC at or after 13 weeks' gestation with medicine in healthcare settings.

Methods: A pre-post evaluation was conducted to compare the proportion of PAC cases conducted with sharp curettage before and after the Ipas intervention to introduce MA with Mifepristone and Misoprostol or Miso alone are used at or after 13 weeks. Data were collected from facility logbooks, analyzed it and percentages were compared between the pre- and post-period."

Results: About 44–49% of PAC cases done with sharp curettage before the intervention in secondary and tertiary level facilities. After introduction of the services with trained providers to treat abortion at or after 13 weeks use of sharp curettage decreased to 12% while use of medicine become 35% and MVA 53 %.

Conclusions: Training providers on use of MA for PAC and indicated abortion cases at or after 13 weeks led to a large reduction in use of sharp curettage. This experience provides a road map for expanding lifesaving access to abortion and PAC at or after 13 weeks in way in Bangladesh.

P0585 | WHAT COMES AFTER TEENAGE PREGNANCY? RESULTS OF A COHORT STUDY
THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.5 AWARENESS AND COUNSELLING IN SEXUAL AND REPRODUCTIVE HEALTH

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Objectives: Teenage pregnancy is a challenging health issue world-wide. Thus, study and understanding of pregnancy risk behaviors and their consequences are needed for future adolescent health implementations. The aim of this study is to discern the sociodemographic results in teenage pregnancy and their perspective after birth.

Methods: This is a retrospective and descriptive study. A survey on social determinants of health was administered to 80 pregnant adolescents and their partners in a public secondary referral hospital in northern Mexico. It was previously approved by the hospital's IRB and applied by trained facilitators to increase the quality of participant interpretation and data collection.

Results: Results demonstrate that 32% of interviewed males were <19 years, compared with 85% of women in the same age range. 62% of women initiated sexual activity before 16 years compared with 66.6% of men. Only 49% of women used contraception at the time of their first sexual encounter, compared with 61% of men. In men, the range of age when their first pregnancy occurred was between 16–17 years; compared to women, only 41% took place at that age.

Conclusions: Results showed no significant difference on the onset of sexual activity between men and women. However, early age of sexual debut was a significant determinant of teenage pregnancy among them. Comprehensive sexual education and providing a full spectrum of contraceptive methods, including LARC's, are strategies needed to prevent unplanned pregnancies at the time of adolescents' sexual debut.

P0586 | CONTRACEPTIVE METHOD ACCEPTANCE RATE IN TEENAGE PREGNANCIES IN A MEXICAN POPULATION
THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: To describe the acceptance rate of contraceptive methods among adolescent patients after delivery.

Methods: A descriptive, cross-sectional study analyzing postpartum contraceptive methods accepted after all teenage pregnancies delivered from 2015-2020 in a maternal hospital in Mexico City. Continuous variables were analyzed as means, while categorical variables were analyzed as percentages.

Results: A total of 246 pregnancies were identified. Mean maternal age was 15 years (11–17) with a mean parity of 1 (1–3) and a mean gestational age at delivery of 36.5 weeks (34.3–41.3). Contraceptive acceptance rate was 98.7% (n=243). Of patients who accepted contraception, the copper intrauterine device (IUD) was the most frequent in 46.3% of cases (n=114), followed by the etonogestrel subdermal implant in 44.3% (n=109), levonorgestrel IUD in 7.31 (n=18) and permanent tubal occlusion in 2 cases (0.81%).

Conclusions: We found that our family planning program has a high success rate for postpartum contraception in teenage pregnancy with almost 100% of acceptance rate in this population. Globally, teenage pregnancy contributes to increased morbidity and mortality as well as important economic and sociodemographic implications. It is reported that 60 percent of these mothers do not finish preparatory/high school. Pregnancy complications are the leading cause of mortality in girls 15–19 years of age, as well, in which 90% occur in developing countries. Contraception is paramount as we campaign to reduce these rates and improve quality of life.

P0587 | PSYCHOLOGICAL OUTCOMES AFTER SPONTANEOUS ABORTIONS IN THE FIRST TRIMESTER
THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.2 TERMINATION OF PREGNANCY

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Objectives: to study the psychological status of patients after miscarriage

Methods: The study included 200 patients of reproductive age. All the examined patients were divided into 2 equal groups. The main group - patients with spontaneous abortion. Control group - pregnant women. The study and analysis of the psychological status was carried out with the help of screening psychological diagnostics, which included: questionnaires, questionnaires, tests, and projective techniques.

Results: Psychological studies have shown that patients with miscarriage often have conflicting relationships with their mother, they are also characterized by an intrapersonal conflict, deep internal dissatisfaction, manifested in inadequate self-esteem, bearing the character of psychological protection, full of conflict and anxious self-presentation as a mother. In this regard, it requires not only

medical but also psychological assistance, which is aimed at psychological correction and psychotherapy of the sources of internal conflict in the maternal sphere, which is the cause of the formation of a destructive image of motherhood. The negative experience of a failed pregnancy greatly increases the level of anxiety and has a negative effect on the course of subsequent pregnancies, which can lead to repeated episodes of spontaneous termination.

Conclusions: The data obtained suggest the necessity, in addition to clinical, pathogenetic treatment and psychological support of women with a terminated pregnancy in history during the preparation process and during the new pregnancy, which is the subject of our study. Comprehensive treatment of the causes of miscarriage using assessment and correction of psychological status is a pronounced factor in reducing early reproductive losses.

P0588 | PATIENT SATISFACTION WITH SEXUAL AND REPRODUCTIVE HEALTH CARE PROVIDED TO ADOLESCENTS IN A LEVEL III HEALTH CENTER

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.5 AWARENESS AND COUNSELLING IN SEXUAL AND REPRODUCTIVE HEALTH

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Objectives:

To measure patient satisfaction with sexual and reproductive health care provided to adolescents in a level III health center during the year 2019

Methods:

Descriptive, cross-sectional study; the study population consisted of the adolescents who attended the sexual and reproductive health clinic. A sample of 255 adolescents was obtained by simple random sampling with a 95% confidence interval. The instrument used has been drawn from the Technical Guidelines for evaluating external user satisfaction in health centers and medical services approved by the Ministry of Health. This instrument considers expectations and perceptions; each component contains 22 questions with Likert-type responses. The analysis of the results considered the difference between perceptions and expectations; satisfied users were those with positive values and unsatisfied users, those with negative values

Results:

69% of the patients reported dissatisfaction with the ease to obtain appointments, and 63%, dissatisfaction with the laboratory and pharmacy services. 62% of the patients were satisfied with the

privacy of the consultation, while 62% were dissatisfied with the physician's explanations and interest. 54% were satisfied with the information and orientation they received, and 55% were dissatisfied with the signage. 71% of the patients were dissatisfied with the reliability.

Conclusions:

69% of the patients were dissatisfied with the ease to obtain an appointment, while 62% were satisfied with the privacy during the consultation. The dimension "tangible aspects" had 49% satisfaction. Global satisfaction was 41.3%.

P0589 | RELATIONSHIP BETWEEN FEMALE SEXUAL FUNCTION AND SEX HORMONES IN CHINESE MIDDLE-AGE WOMEN

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.3 HUMAN SEXUALITY

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Objectives: To investigate FSD in Chinese middle-aged women and correlation between Female Sexual Function Index (FSFI) and sex hormones.

Methods: 175 participants, between 40 and 65 years, without hormone replacement therapy were included in a cross-sectional study, divided according to the stages of reproductive aging into five groups: reproductive age (R), early (ET)/late (LT) menopausal transition, early (EP)/late (LP) post menopause. FSFI was used to assess FSD. Follicle stimulating hormone (FSH), 1 uterizing hormone (LH), estradiol (E2), prolactin (PRL) was detected by the immunoassays; total testosterone (TT), bioavailable testosterone (BioT), dehydroepiandrosterone (DHEA) and androstenedione (AND) were analyzed by liquid chromatography-tandem mass spectrometry (LC-MS/MS).

Results: In EP, the median scores of lubrications, orgasm and satisfaction were significantly lower than in R and ET; scores of lubrications and pain were lower than in R ($P < 0.05$). In LP, the median score of arousal, median scores of lubrications and pain were significantly lower than in R, ET and LT; scores of desires and orgasm were significantly lower than in R and ET, for satisfaction lower than in R ($P < 0.05$). Multiple linear regression analysis showed that the median scores of FSFI and the six domains were negatively correlated with FSH and LH, positively correlated with E2 ($P < 0.05$); the median scores of arousals and lubrication were positively correlated with AND ($P < 0.05$).

Conclusions: Scores of FSFI are associated with sex hormone levels pointing on the importance of ovarian function for the development of FSD. Increased levels of E2 and Biota can decrease FSD.

P0590 | LAPAROSCOPY FOR ADNEXAL MASSES AND THE CORRELATION BETWEEN ULTRASOUND FINDINGS AND HISTOPATHOLOGICAL RESULTS

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME: AB 4.2 MINIMAL ACCESS SURGERY INCLUDING ROBOTIC SURGERY

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Objectives: To quantify discrepancies between preoperative sonographic, surgical and histopathologic diagnoses and to assess the potential impact of discrepancies on clinical care

Methods: This retrospective observational study was performed at Obs and Gynae Department, CMH Dhaka and Hitech Multicare Private Hospital Ltd, Dhaka, Bangladesh from March 2019 to February 2021. 100 patients who underwent laparoscopy for adnexal masses during this period were included. Preoperative ultrasound examination, preoperative finding and histopathological result for each case were analyzed.

Results: Patients' age ranged from 9 to 60 year. Ultrasound revealed 50% left, 43% right and 7% bilateral lesions. 18% chocolate cyst, 11% dermoid cyst, 57% unilocular and septed adnexal cyst, 14% complex adnexal masses. Mean diameter of masses was 9 cm (SD±5). Laparoscopy revealed chocolate cyst 30%, dermoid cyst 18%, serous cyst 14%, par ovarian cyst 9%, mucinous cyst 17%, hydrosalpinx 8%, unruptured ectopic pregnancy 4%. Procedures done were Cystectomy 84%, salpingo oophorectomy 11%, fulguration 5%. Histopathological examination revealed ovarian endometriosis 25%, par ovarian cyst 9%, serous cystadenoma 14%, mucinous cystadenoma 17%, dermoid cyst 18%, hydrosalpinx 8%, benign Brenner tumor 1% and ectopic pregnancy 4%. A strong correlation between the per operative finding and the pathological result for adnexal masses ($P<0.001$) was seen.

Conclusions: This study illustrates importance of sonography, surgical and histologic correlation in assessing the diagnostic accuracy of septed adnexal masses.

P0591 | EFFECT OF MISOPROSTOL ON REMOVAL PAIN OF COPPER INTRAUTERINE DEVICE IN WOMEN DELIVERED ONLY BY ELECTIVE CAESAREAN SECTION: A RANDOMIZED CONTROLLED TRIAL

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: To evaluate the effect of misoprostol administration on the removal pain of copper intrauterine device (IUD) among women who had delivered only by elective cesarean delivery (CS).

Methods: The study was a randomized clinical trial (Clinical Trials. Gov: NCT03600064) conducted at the family planning clinic of a central hospital. We included women requesting copper T380A IUD removal and delivered only by elective CS. The participants were randomly assigned to the misoprostol group or no intervention group. The primary outcome was the difference in the intensity of immediate pain after IUD removal which was measured by visual analogue scale (VAS). Identification of potential predictors associated with high VAS immediately after IUD removal was explored.

Results: Eighty women were finally analyzed. The mean score of immediate VAS after IUD removal in the misoprostol group (4.13 ± 1.57) was lower than no intervention group (5.78 ± 1.54 , $P=0.000$). A higher satisfaction score and lower ease of insertion score were also determined among the women in the misoprostol group. The longer time from IUD insertion, removal of IUD in non-menstruating women, women not used misoprostol before IUD removal, and women did not use IUD before were significant clinical predictors associated with higher VAS immediately after IUD removal.

Conclusions: The use of 400 mg vaginal misoprostol prior to IUD removal reduces the removal pain, increases the ease and satisfaction among women who had delivered only by elective CS.

P0592 | EXPULSION RATES OF THE LEVONORGESTREL 52MG INTRAUTERINE SYSTEM WERE SIMILAR AMONG NULLIGRAVIDA AND PAROUS WOMEN
THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: To compare the expulsion rates and reasons for discontinuation of the levonorgestrel (LNG) 52 mg intrauterine system (IUS) in a cohort of nulligravid and parous women.

Methods: We conducted a retrospective study at the Department of Obstetrics and Gynecology, University of Campinas Faculty of Medical Sciences, Campinas, SP, Brazil. We formed two cohorts of women who requested insertion of an LNG-IUS. One cohort with 498 nulligravid and the other with 498 parous women. We matched at ratio 1:1 each nulligravid with the first parous women who had an LNG-IUS inserted after the nulligravid woman on the same day as the nulligravid. The primary outcome was to compare the expulsion rate of the LNG-IUS up to the first year after placement. Kaplan-Meier with log-rank test was used to compare the survival curves of the two groups.

Results: By the fifth year of use, the expulsion rates were 9.3/100 women-years (W-Y) and 10.9/100 W-Y and the continuation rates were 59.0/100 W-Y and 62.7/100 W-Y among nulligravid and parous women, respectively ($P=0.963$ and $P=0.564$, respectively). The absolute number of expulsions were 29 and 31 among nulligravid and parous women, respectively.

Conclusions: Nulligravid and parous women users of the 52 mg LNG-IUS had similar expulsion rates and reasons for discontinuation by five years of use. Several factors decrease the provision of IUS in nulligravid, such as the belief that the expulsion rate is higher. The findings of this study may stimulate the provision of LNG IUS in the nulligravid women.

P0593 | VOLUNTARY INTERRUPTION OF PREGNANCY AS A BACKUP METHOD FOR CONTRACEPTIVE FAILURE
THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: To study the epidemiological profile of women with a history of voluntary interruption of pregnancy following a contraceptive failure in order to identify the risk factors for this failure.

Methods: This was a retrospective descriptive study spread over only two months (February-March 2020) because of the COVID 19 pandemic, in department A of the maternity and neonatology center La Rabta Tunis using an anonymous questionnaire. It included forty women with a history of abortion following a contraceptive failure.

Results: The average age of the women was 30 years. They were analphabetic in 27% of cases ($n=11/40$). They were housewives in 45% of cases ($n=18/40$). They were multiparous in 45% of the cases ($n=18/40$). Smoking was found in 12% of cases ($n=5/40$). Contraceptive failure was observed in 50% of cases with the Combined estrogen-progestin oral contraceptives and in 25% with the minipill. The main cause of failure was omission (52%, $n=21/40$). The procedure to follow in case of omission was not developed enough, nor were the risk situations (85%, $n=34/40$). The decision to IVP was mainly influenced by the husband (42%, $n=17/40$). The abortion was medical in 62% of cases ($n=25/40$). It had a psychological impact in the foreground (85%, $n=34/40$)

Conclusions: Clear, comprehensive and well-simplified contraceptive information is necessary for women to reduce the rate of contraceptive failure and IVP.

P0594 | CERVICAL PREPARATION USING ULIPRISTAL ACETATE IN SECOND TRIMESTER SURGICAL ABORTIONS: A PILOT STUDY
THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.2 TERMINATION OF PREGNANCY

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Objectives: Pharmacologic cervical preparation for 2nd trimester surgical abortion is preferred by patients. Ulipristal acetate (UPA) works similarly to mifepristone, a known efficacious pharmacologic

cervical preparation agent, as a selective progesterone receptor modulator and is widely available.

Methods: We conducted a pilot study exploring the use of UPA as a pharmacologic cervical preparation agent with adjunct misoprostol prior to 2nd trimester surgical abortion between 16 and 18 weeks in California, USA between June 2019 and March 2020. Thirteen participants received UPA 90 mg the day prior to surgery and buccal misoprostol 600 mcg 90 minutes prior to surgery. Our primary objective was to assess feasibility and acceptability.

Results: Median (range) gestational age was 17-weeks (16–18) and median UPA exposure of 18-hours (16–20). The median time to dilate was 2.87-minutes (1.53–5.72), total evacuation time (time from start of dilation to last instrument removed from the uterus) was 8.90-minutes (5.45–16.12) and total procedure time (time from speculum placement to speculum removal) was 19.78-minutes (14.72–33.02). The mean (SD) estimated blood loss was 109 mL (63). The mean provider reported ease of dilation was 25 (13) on a Visual Analogue Scale (VAS, 0–100 mm; 0 being no difficulty and 100 being most difficult). All procedures were completed in the expected time frame with no complications. Participants reported high satisfaction with their overall experience.

Conclusions: In this exploratory study, we found that UPA 90 mg with adjunct misoprostol was a feasible and acceptable regimen for cervical preparation for 2nd trimester surgical abortion. The use of UPA has advantages in increasing abortion access.

P0595 | ESTETROL, A NATURAL ESTROGEN WITH SELECTIVE TISSUE ACTIVITY (NEST)

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: Current contraceptives can pose an increased risk of venous thromboembolism and breast cancer due to their pharmacological profile. Estetrol (E4) is a native estrogen produced by the human fetus during pregnancy, which has a pharmacological profile different from that of other estrogens.

Methods: E4 has been characterized in nonclinical studies, investigated in clinical trials as a component of contraceptives and is being evaluated for treatment of menopausal symptoms.

Results: E4 is quickly absorbed after oral administration and does not exhibit an extensive binding to plasma proteins in contrast to other estrogens. It has a half-life of at least 24 hours. It is transformed into inactive sulfo- and glucurono-conjugates, primarily excreted in urine. No potentially carcinogenic metabolites have been identified after E4 metabolism. E4 does not significantly affect CYP450

liver enzymes and has minimal impact on hemostatic parameters, plasma levels of lipids and glucose. In cell, human and animal studies, E4 has limited effects on normal and malignant breast tissue. At the cellular level, E4 like other estrogens, binds and activates the nuclear estrogen receptor α (ER α) and recruits the same coregulators, while selective estrogen receptor modulators (SERMs) recruit other coregulators. However, unlike the other estrogens, E4 induces very limited activity on membrane ER α and antagonizes this pathway in the presence of estradiol, thereby uniquely uncoupling nuclear and membrane activation.

Conclusions: Based on its unique structure, pharmacokinetic/dynamic properties and distinctive mode-of-action, E4 is considered a Natural Estrogen with Selective Tissues activity (NEST), with a favorable benefit-to-risk ratio.

P0596 | SRHR OF LGBTQIA+ WOMEN IN MEDICAL CURRICULA

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.3 HUMAN SEXUALITY

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Objectives: LGBTQIA+ people, especially queer females, are at higher risk for physical and mental health conditions. Our study is set to assess medical curricula in terms of addressing the LGBTQIA+ health and analyzing the students' perspectives on their curricula.

Methods: Data were collected from May to September 2020 through a Google form created and distributed by IFMSA, with the title "Addressing the LGBTQIA+ Health in medical curricula." The survey was distributed through IFMSA communication channels and could be accessed and filled anonymously by medical students worldwide. The study was conducted through a series of mainly close-ended questions and scoring questions using a Likert scale. The statistical analysis included measuring the mean values and frequency of responses, using Google excel tools.

Results: We received 130 responses, representing 93 medical schools from 44 countries. The scores, with the maximum being 5, for the health needs of lesbian and bisexual women, intersex and transgender people, respectively, were: Topic importance: 4–4.07–4.13. Openness and acceptance of teaching environment: 2.36–2.44–2.43. Satisfaction with medical school's approach: 1.52–1.59–1.59. Satisfaction with the learning acquired: 1.6–1.66–1.62.

Conclusions: Health needs of lesbian and bisexual women, transgender and intersex individuals are underrepresented in medical curricula, despite their importance. This situation may result in lacking competencies and negative effects on patient management,

including in gynaecology settings. Greater emphasis on capacity building on LGBTQIA+ women's health needs is required in the upcoming years.

P0597 | USE OF SOCIAL MEDIA PLATFORMS TO INCREASE ACCESS TO SEXUAL & REPRODUCTIVE HEALTH SERVICES IN MEXICO CITY

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/**SUB-THEME:** AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: To increase access to sexual & reproductive health (SRH) services for young women in Mexico City

Methods: The use of social media platforms as an alternate means to promote otherwise challenging services such as contraception and essential SSR services is a promising approach to increase access to these services. Between February and March 2021, we implemented a strategy using a social marketing campaign to reach out to a potential group of 2,000 young women in Mexico City per month to provide information on contraception and to offer appointments for essential SSR services, particularly for contraception uptake. Appointments were scheduled on selected dates of the study period and essential SRH services were provided by a clinical team composed by 2 specialized doctors, 2 ObGyns Residents and 1 Counselor. Services offered in the initial appointment included: counseling on contraception and uptake of contraceptive methods, and colposcopy procedures for those who chose an IUD. A follow-up appointment was scheduled a month later of the initial visit; this visit included an ultrasound for those clients who chose an IUD

Results: Approximately 10% of the potential clients reached out by the media campaign scheduled an appointment. During the intervention period we provided services to 300 women. 65% of them received copper silver IUDs and about 30% received implants

Conclusions: Social media platforms offer a promising alternative for promoting contraceptive methods and increasing access to essential SHR services

P0598 | UTERINE ARTERIOVENOUS MALFORMATION AFTER CONSERVATIVE TREATMENT OF CESAREAN SCAR ECTOPIC PREGNANCY: A CASE REPORT

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/**SUB-THEME:** AB 6.2 TERMINATION OF PREGNANCY

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Objectives: Ectopic pregnancy is one of the leading causes of maternal death, therefore an early diagnosis should be performed. However, it is often difficult to choose the best treatment, especially if the pregnancy occurs in an atypical location. The aim is to present a cesarean scar ectopic pregnancy case and its unusual evolution.

Methods: A case report was studied by analysis of medical records of 32-year-old women diagnosed with an ectopic pregnancy.

Results: At first transvaginal ultrasound at 7-week, an ectopic gestational sac, with embryo cardiac activity was visualized at isthmocel. Due to couple future reproductive desire, conservative approach was chosen. We performed a MTX injection of 100 mg intra-gestational sac. An intramuscular dose (50mg/kg) was administrated, due high Beta-HCG blood level (84.000 UI/L). Follow-up weekly of transvaginal ultrasound and HCG levels for 2 months show no difference in image aspect of mass or Doppler flow but decrease of HCG levels to zero. After 6 months, patient presents vaginal hemorrhage, with an increase of local mass diameter. An MRI showed an arteriovenous malformation at site. A surgical approach was adopted, with interventional radiology team for embolization of uterine arteries and a laparoscopy / converted to open surgery removed the affected area, preserving uterus and ovaries.

Conclusions: Due to increasing rate of C-sections, ectopic pregnancies of unusual locations become frequently, resulting in increased maternal morbidity and mortality. Conservative techniques such as use of MTX allow an alternative for aggressive surgeries, however, orientation and extended follow-up of these patients become necessary.

P0599 | RELATIONSHIP OF BODY MASS INDEX WITH MENSTRUAL CYCLE PATTERN AMONG MEDICAL STUDENTS OF DHAKA MEDICAL COLLEGE, BANGLADESH
THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.5 AWARENESS AND COUNSELLING IN SEXUAL AND REPRODUCTIVE HEALTH

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Objectives: Disturbance of menstrual cycle is one of the most common gynecological disorders among adolescent girls and young adult women, which is a non-invasive clinical marker of reproductive function. Body mass index (BMI) has important effect on menstrual cycle. Medical students are reluctant of good food habit and physical activities and suffer from mental stress, which might lead to abnormal BMI. So, aim of this study was to observe relationship of BMI with menstrual cycle pattern among them.

Methods: A cross-sectional study was carried out among 100 randomly selected female students at Dhaka Medical College, Bangladesh from September to December 2011 through self-administered questionnaire.

Results: Mean age of the respondents was 23.51±2.61 years; mean BMI was 25.79 kg/m². Mean age at menarche was 12.27±1.6 years; 79% had regular menstrual pattern; 24% had scanty flow and 10% had more than average flow. Excessive hair growth and acne were complained by 17% and 11% respondents, respectively. Sixty eight percent respondents reported dysmenorrhea with various degrees of severity. Only 17% of them had some exercise habit. Majority of their BMI were within normal limit (61%); but rests (39%) were either overweight or obese. Overweight and obese respondents reported higher percentage of irregular menstruation and scanty menstrual flow (66.7% vs 33.3%, $P<0.05$ and 46% vs 41%, $P<0.001$, respectively).

Conclusions: Obesity and overweight are associated with irregular menstruation and scanty menstrual flow among female medical students. As they are reluctant to exercise, they should be encouraged to adopt the positive habits of daily physical exercise.

P0600 | HOLISTIC TERMINATION OF PREGNANCY CARE IN AUSTRALIA: WHAT DO WE KNOW AND WHERE TO FROM HERE?
THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.2 TERMINATION OF PREGNANCY

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Objectives: The objective of this research is to better understand the strengths and challenges of accessing and providing Termination of Pregnancy (TOP) in Australia as defined by the literature, by conducting a systematic a review to i) assess the evidence base of TOP management in Australian within the past 10 years; ii) determine current strengths and weaknesses within TOP provision in Australia and iii) identify gaps in the literature.

Methods: Systematic Review of PubMed using terms 'Termination of Pregnancy' or 'Abortion' and 'Australia' in the past 10 years was performed and analyzed using the PRISMA statement for guidance. Abstracts were also reviewed and characterized by stage of care as laid out by RCOG guidelines.

Results: 626 articles were retrieved, 143 abstracts reviewed and 37 further excluded. Remaining abstracts were categorized as the following: Organizing and Commissioning services - n=65 (61.3%); Adverse effects, complications and sequelae of abortion: what women need to know n=7 (6.6%) Pre-abortion management n=22 (20.8%); Abortion procedures n=10 (9.4%); Care after the abortion n=4 (3.8%).

Conclusions: The literature focuses heavily on the legal and ethical components of TOP. The lack of quality statistical data on TOP in Australia is a barrier to understanding and estimating needs for a more comprehensive TOP strategy. Further education and local hospital support are required to increase access to and provision of TOP, particularly in primary care. Utilizing telehealth may help increase both patient access and practitioner participation. Gaps exist surrounding post abortion care and mental health support in TOP.

P0601 | PROVIDERS' VIEWS ON CONTRACEPTIVE METHODS AND THEIR PERCEPTIONS OF WOMEN'S CONTRACEPTIVE NEEDS AND PREFERENCES IN DOSSO, NIGER
THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: Family planning (FP) providers play an important role in ensuring that clients are offered a full range of methods. This qualitative study explores providers' views of different modern FP methods contrasted with their perceptions of women's method preferences in Niger.

Methods: In-depth interviews were conducted with 24 FP providers in 24 government health centers in Dosso region, Niger, February-March 2020. During a larger assessment of a segmentation FP counseling tool, providers were asked about the suitability of different FP methods for women, both for adolescents and married women with children. The interviews were translated and transcribed into French, thematically coded, and analyzed.

Results: Providers appreciated the implant's effectiveness, long-acting nature, and simplicity of use. Across the discussion of FP methods, providers believed discretion to be the most important attribute of a method for women. Providers perceived that the majority of women prefer injectables due to familiarity with the method, the fact that it is "invisible" to an outsider, and a lack of awareness of implants. Providers stated that while women may not initially choose the implant, when told more about it, they were more open to adopting it and less likely to believe local myths about implants. Both providers and women found pills to be very indiscreet.

Conclusions: The findings highlight the primary role discretion plays in determining women's FP method preferences in Niger. As programs continue to expand method choice and new contraceptive technologies undergo research and development, highly desirable features such as discretion need to be considered.

P0602 | IMPROVING COMPREHENSIVE ABORTION CARE SERVICES UPTAKE THROUGH PUBLIC HEALTH SYSTEM IN INDIA
THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.2 TERMINATION OF PREGNANCY

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Objectives: Reducing unsafe abortions and related maternal mortality by improving access and uptake of comprehensive abortion care (CAC) through public health facilities in India

Methods: CHAI supported the Government of Madhya Pradesh (India) with a pilot implementation model in four districts (5 million population) for improving CAC services through essential levers - strategic support to GoMP for scaling CAC trainings and effectively deploying trained health workers; improving procurement and distribution of MA Combipack, MVA equipment and post-abortion drugs; capacitating FLWs and private chemists on counselling and referral for CAC and Post-Abortion Care (PAC).

Results: CAC access sites increased from 23 to 47 through targeted strategies enabling doctors to complete 12-day CAC trainings. Staff nurses were mentored on counselling female clients to improve client experience (MA uptake increased from ~41% to ~70% of total abortion cases). Combipack and MVA kit forecasting model was implemented with stock remobilization based on consumption and expiry, and storekeepers capacitated on tracking these on state-run LMIS. FLW CAC knowledge scores improved from 53% to 82%; FLWs led ~50% referrals to facilities during Covid-19 lockdown. Chemists (active touchpoints for MA drugs) were major source for PAC referrals. MTP services at public facilities increased by 165% (from 646 to 1,710), and PAC reporting increased by 4800% (from just 25 to 1,225) during the 2 years.

Conclusions: These learnings highlight targeted solutions for reaching clients and improving uptake of safe abortion services. CHAI is now supporting GoMP on scaling CAC interventions across the state (52 districts, 70 million population).

P0603 | IMPLANON DISCONTINUATION AND PATTERN OF ITS SIDE EFFECTS IN A TEACHING HOSPITAL IN NIGERIA: A FIVE-YEAR REVIEW
THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: To determine the prevalence rate, previous contraceptives used by the acceptors and their sources, side effects, discontinuation rate and indications for discontinuation of Implanon at Rivers State University Teaching Hospital (RSUTH), Port Harcourt.

Methods: A retrospective study of 874 clients, who attended family planning clinic at the RSUTH from 1st January 2015 - 31st December 2019. Their records were retrieved and reviewed. Data were extracted, coded and analyzed using the statistical package for social sciences (SPSS) IBM version 25.0 (Armonk NY).

Results: Of 874 contraceptive acceptors during the study period, 283 (32.4%) accepted Implanon. Most of the clients, 136 (48.1%), were between the age range of 30-34, married 277 (97.9%) and multiparous 224 (79.1%). Christians were 280 (98.1%) and only 1(0.4%) client had no formal education. Majority 153 (54%) of the clients had tertiary level of education. Most, 117 (41.3%) of the acceptors did not use any method of contraception prior to the first visit. The discontinuation rate was 25.8% and the commonest reason for discontinuation was desire for pregnancy accounting for 58.9%. Most of the clients who had side effects complained of irregular vaginal bleeding and menorrhagia contributing 62 (62.6%). Pearls index is 0.14/100 women year.

Conclusions: The prevalence and discontinuation rates of Implanon were low. Irregular vaginal bleeding and menorrhagia were the commonest side effects while desire for pregnancy was the commonest reasons for discontinuation.

P0604 | THE ABORTION PROVIDER WORKFORCE IN CANADA

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: In 2015 Health Canada approved mifepristone for first trimester medical abortion (FTMA), clinical practice guidelines for medical and surgical abortion were updated, and nurse practitioners (NPs) began to independently provide FTMA. Our objective was to generate the demographic profile of Canadian first trimester abortion providers after these regulatory and practice changes were implemented.

Methods: We conducted a national, cross-sectional survey of physicians and NPs, who independently provided abortion care in 2019. This online, anonymized, self-administered survey, available in French and English, collected participant demographics, including profession, specialty, geographic location, age, and gender. The survey was distributed through health care organizations and networks using a modified Dillman technique to maximize response rate. Descriptive statistics were generated to report on abortion workforce.

Results: Between July and December 2020, 511 participants representing every province and territory in Canada took the survey. Of these, 403 provided FTMA (372 physicians, 31 NPs) and 222 provided first trimester surgical abortion (FTSA) (physicians only); among them, 178 provided both. The majority of respondents were family physicians (57.0%), women (85.9%), and had a mean age of 43.5 years. Demographics between FTMA and FTSA did not substantially differ. Sixty-one percent of FTMA providers reported having less than 5 years' experience, while 54.4% of FTSA providers reported 11 or more years of experience.

Conclusions: The first trimester abortion workforce is a multidisciplinary group of health care professionals. Many are new to FTMA.

Our survey will inform knowledge translation activities directed at health policy, system and service leaders.

P0605 | TRAILBLAZING A SOCIO-ECONOMIC PATHWAY FOR FAMILY PLANNING AMONG YOUNG COUPLES USING A WOMEN'S LIVELIHOOD PLATFORM IN BIHAR, INDIA
THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: The India National Rural Livelihoods Mission targets poverty alleviation by providing women with economic opportunities through women's collectives; however, large family size among poor rural.

Methods: PCI created a Family Planning Learning Laboratory in 2019 to test interventions linking large family size to barriers to socio-economic growth in 5 wards of Bihar. Community Resource Couples (CRCs) enlisted 178 (41 zero, 57 one, and 80 two parity) couples including 55 women with migrant husbands. Each CRC had multiple interactions with 32-40 prospective couples, their families, and associated women's collectives over 6 months using tools developed through human-centered design. Information about modern contraceptive use was collected at the time of enlisting and after intervention roll-out and differences related to uptake were analyzed.

Results: Pre-intervention, 2.2% of couples used modern contraception. This increased to 73% post-intervention. Improvements along parity-type include: zero parity increased from 0% to 72.5%, one parity from 0% to 84%, and two parities from 5% to 66%. Among women with migrant husbands, contraceptive use increased from 0% to 72%.

Conclusions: Using multiple touch points and family planning (FP) as a pathway to better economic outcomes are promising approaches for integrating FP within poverty alleviation platforms. Members of women's collectives were effective social norm influencers for smaller families, underscoring FP as a household decision. The increase in contraceptive use among migrant couples highlights the need for novel virtual FP approaches. Results influenced the Bihar Health Department to allocate considerable resources toward collaborating with women's collectives on achieving its FP goals.

P0606 | THE PREVALENCE OF PREMENSTRUAL SYNDROME AND PREMENSTRUAL DYSPHORIC DISORDER IN THE BAHAMIAN FEMALE POPULATION
THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.5 AWARENESS AND COUNSELLING IN SEXUAL AND REPRODUCTIVE HEALTH

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Objectives: Premenstrual Syndrome (PMS) and Premenstrual Dysphoric Disorder (PMDD) are well known Gynecological problems that have not been studied in the Bahamas. This study aims to determine the prevalence of PMS and PMDD and its effect on the Quality of Life for Bahamian women.

Methods: A self-administered questionnaire that included the Premenstrual Symptoms Screening Tool (PSTT) and the Pain Impact Questionnaire (PIQ-6) with 234 female participants who attended the community clinics.

Results: The median age of the participants was 26-30 years old. Twenty-two percent met the criteria for moderate / severe PMS and 3.4% for PMDD. The highest levels of PMS (37.5%) and PMDD (75%) were in the 18-25-year-old age group. College educated women scored highest for PMS and PMDD (74%). The most common physical complaints were: fatigue and anger/irritability while the functional complaints were: impact on home responsibilities (PMS-61.5% / PMDD-100%), social life (PMS-73% / PMDD-87.5%) and work efficiency (PMS -57% / PMDD- 87.5%). The PIQ-6 had a median score of 52 (some pain impact). Women reported negative impacts on work, enjoyment of leisure activities/daily life with up to 50% negative effects on their family relationships.

Conclusions: In this study we found that the participants displayed rates of PMS and PMDD in keeping with published literature and a significant effect on health and quality of life. Recognizing this as a health problem, educating patients (to seek treatment) and medical colleagues (to offer treatment) will lead to improved quality of life for our patients, their families and our society.

P0607 | CORRELATION BETWEEN ONSET OF SEXUAL ACTIVITY AND THE AGE AT FIRST PREGNANCY AND ITS ASSOCIATED FACTORS IN ADOLESCENT

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.5 AWARENESS AND COUNSELLING IN SEXUAL AND REPRODUCTIVE HEALTH

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Objectives: Besides being a risk factor for increased rates of sexually transmitted infections, initiating sex life at an early age is associated with family, social and economic issues. This study aims to evaluate the correlation between the age of onset of sexual activity and the age at first pregnancy in adolescent women, as well as associated factors.

Methods: Cross-sectional cohort study conducted during 2019 in which Mexican adolescent women ≤ 19 years were included. A standardized survey concerning social determinants of health was applied in their prenatal control. Central tendency measures were used for the descriptive analysis and Pearson test for correlation.

Results: The analysis included 294 adolescents, mean age was 16.3 ± 1.0 years (13-18), age of sexual debut was 15 ± 1.1 years (11-17), number of sexual partners 1.6 ± 1.5 (1-20), 92.2% were in their first pregnancy. Only 5 (1.7%) did not know of the existence of contraceptive methods, 54 (18.4%) never had used one, 24 (8.2%) always and 216 (73.4%) sometimes. Regarding the ease of obtaining, 51 (17.3%) perceived them as little accessible, while 243 (82.7%) as moderate to very accessible. The results of the correlation between sexual debut and age at first pregnancy were high with a value of $r=0.61$, $P=.000$.

Conclusions: Early age of sexual debut was a significant determinant of teenage pregnancy. Comprehensive sexual education, implementation of easy to access contraceptive provisions, and providing the full spectrum of contraceptive methods, are strategies needed to prevent unplanned pregnancies at the time of adolescents' sexual debut.

P0608 | CAN MIDLEVEL PROVIDERS MANAGE MEDICAL ABORTION AFTER 12 WEEKS' GESTATION AS SAFELY AND EFFECTIVELY AS PHYSICIANS? A NON-INFERIORITY, RANDOMIZED CONTROLLED TRIALS IN ADDIS ABABA ETHIOPIA

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.2 TERMINATION OF PREGNANCY

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Objectives: Determine whether clinical outcomes of medical abortion after 12 weeks differ by provider cadre (midlevel or physician).

Methods: Eligible women seeking abortion between 13-20 weeks' gestation at Michu clinic were recruited and randomized to receive all care from either a trained midlevel provider (nurse/midwife) or physician. Participants underwent in-facility mifepristone and misoprostol abortion. Measured outcomes were time to fetal and placental expulsion, adverse events, additional interventions, need for physician consult, and patient acceptability. Survival analysis was performed to test time to expulsion; non-inferiority limit was 1.5 hours.

Results: 171 women participated: 81 in the physician and 90 in the midlevel provider group. Average age was 24, mean gestation 16 weeks, and 65% were nulliparous in both groups. Median time to expulsion did not differ significantly; 8 hours amongst the midlevel and 7 hours for the physician group. Ultrasound was used for 90% of all physicians' patients but only 22% for midlevel providers. Midlevel providers consulted physicians during 8 cases (8.9%). Retained placenta occurred similarly between groups: 16% of midlevel providers and 30% of the physicians. Retained placenta was treated with aspiration amongst 54% of midlevel provider cases compared with 71% for physicians. Adverse events occurred in 7% of cases with no difference by group. Patient acceptability did not differ by group although more in the midlevel provider group reported understanding possible complications (79% versus 74%, respectively).

Conclusions: Training midlevel providers to provide abortion services after 12 weeks' gestation independently of physicians is feasible and results in comparable clinical outcomes.

P0609 | CLITORAL ANATOMY

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.5 AWARENESS AND COUNSELLING IN SEXUAL AND REPRODUCTIVE HEALTH

Ea C. Mulligan

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Objectives: To create a 1:1 scale anatomical model

Methods: Designed in consultation with Prof Helen O'Connell. Manufactured in silicone/rubber by injection moulding.

Results: -

Conclusions: The 3D print file may be downloaded from: <https://www.cgtrader.com/free-3d-print-models/science/biology/anatomical-clitoris> Demonstrated by Prof O'Connell at <https://www.youtube.com/watch?v=JMRZF0Eq3vQ>

Distributed at cost from:

<https://anatomicaleducation.bigcartel.com/>

P0610 | PERFECT-USE EFFICACY RESULTS WITH PHEXXI® FROM AMPOWER, A PHASE 3 STUDY

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: The vaginal pH modulator (VPM; Phexxi®) was developed as a non-hormonal, woman-controlled vaginal gel. Results from the single-arm, open-label, phase 3 AMPOWER study demonstrated typical-use 7-cycle cumulative pregnancy percentage with VPM of 13.65% (95% CI 9.91%, 17.39%) (Thomas et al, *Contraception* 2020). Here, we present perfect-use efficacy results with VPM.

Methods: Women intravaginally administered a single prefilled applicator of study drug before each act of intercourse. To be included in the perfect-use analyses, study cycles had to meet rigorous criteria: 21- to 35-day cycles; no back-up or emergency contraception; ≥1 recorded act of intercourse/cycle; and use of VPM as directed for every act of intercourse in that cycle per eDiaries. To evaluate efficacy more accurately, additional sensitivity analyses were performed to remove confounding factors of efficacy assessment.

Results: AMPOWER enrolled 1384 women; 1003 women were included in the efficacy-evaluable population. The perfect-use 7-cycle cumulative pregnancy percentage was 9.99% (95% CI 7.17%, 12.81%). When cycle lengths were expanded to include 21- to 42-day cycles and women with incomplete washout of previous hormonal contraceptive and pregnancies from cycles with inconsistent

eDiary reporting were removed, the 7-cycle cumulative pregnancy percentage ranged from 6.67% (95% CI 4.61%, 8.73%) based on all evaluable cycles to 8.44% (95% CI 5.90%, 10.98%) based on perfect-use cycles. When all potentially ovulatory cycles were considered (e.g., where backup contraception was used and no intercourse occurred), the "real-world" 7-cycle perfect-use pregnancy percentage was 6.68%.

Conclusions: Using multiple sensitivity analyses, women's perfect-use 7-cycle cumulative pregnancy percentage was 6.67%-9.99% with VPM.

P0611 | TERMINATION OF PREGNANCY: WHAT OBSTACLES TO CONTRACEPTION

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.2 TERMINATION OF PREGNANCY

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Hospital University Farhat Hached of Sousse, SOUSSE, Tunisia

Objectives: Abortion or induced abortion in a living fetus that has not yet reached viability is becoming a commonplace act, which led us to study the obstacles to contraception and women's knowledge of contraceptive methods.

Methods: This is a descriptive study in a quantitative approach of cross-sectional type, conducted among 103 women in the reproductive health clinic of Sousse during March and April 2019.

Results: Our study revealed a profile of women aged between 29 and 39 years, of average socioeconomic level, with a secondary education and no job, with a number of children between 1 and 3 and with a history of abortion. The request for abortion was on the grounds that the pregnancy was unwanted; 41% of the women identified socioeconomic conditions as the reason for seeking an abortion. 53.40% of the women who had previously sought an abortion. Lack of contraception was the main reason for the onset of pregnancy for more than a quarter of the women. The contraceptive methods most known to women were the IUD (intrauterine device), the pill (75%) and the male condom (74%). 70% of respondents did not know about spermicides, 67% about emergency contraception and 66% about contraceptive implants. 76% of women said that contraceptive methods can cause sterility.

Conclusions: The study showed that there is a great importance and obligation to improve married women's knowledge about the diversification of contraceptive methods in order to achieve a better use and consequently a better family planning.

P0612 | SAFETY, EFFECTIVENESS, AND ACCEPTABILITY OF SELF-SOURCING OF MEDICATIONS FOR INDUCED ABORTION
THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.2 TERMINATION OF PREGNANCY

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Objectives: To compare the safety, effectiveness, and acceptability of self-sourcing abortion medications to medications obtained from a healthcare provider among pregnant individuals seeking an induced abortion.

Methods: We did a systematic search of PubMed and EMBASE from inception through December 2020 using a combination of MeSH, keywords, and text words as a search strategy. We targeted studies that compared self-sourcing of abortion medications vs. inducing abortion through drugs obtained from healthcare providers. Our criteria for inclusion were randomized control trials, non-randomized trials, cohort studies, and case-control studies.

Results: Twenty-two studies were eligible for full-text review, out of which none fulfilled our inclusion criteria. So, we summarized indirect evidence from existing literature describing self-sourcing of medications. One study showed that only 30% of misoprostol pills received online contain misoprostol in an amount within 10% of the labeled dose. The remaining tablets contain misoprostol in a lesser amount. In another study that assessed outcomes and feasibility of following up women who self-sourced medical abortion from pharmacies for menstrual regulation, the effectiveness of medical abortion using mifepristone plus misoprostol was 94.3% and 75% with the use of misoprostol only.

Conclusions: There is a lack of quality data that compares the safety and effectiveness of self-sourced abortion medications vs. abortion using medications obtained from healthcare providers. Available evidence also could not be generalized for safety and efficacy. Studies show that there is a need for self-sourcing of abortion. Thus, abortion providers should explore ways to improve it and make it safer and more effective.

P0613 | SELF-MANAGED MEDICATION ABORTION DURING THE COVID PANDEMIC IN MEXICO CITY
THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.2 TERMINATION OF PREGNANCY

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¹*Medical direction, Marie Stopes Mexico, Mexico City, Mexico;* ²*Medical direction, MSI Reproductive Choices, London, United Kingdom*

Objectives: Access to abortion services is essential during a pandemic. Telemedicine offers a safe and confidential way to have an abortion in early pregnancy without having to visit a clinic and offers a means of safeguarding women and providing for their critical health care needs. The objective was to compare telemedicine versus face-to-face consultation in safety and effectiveness of medical abortion (using mifepristone and misoprostol) in pregnant women with gestations below 10 weeks by a private telemedicine service in México City.

Methods: This prospective cohort study includes women in telemedicine with less than 10 weeks compared with women face-to-face medical abortion consultation between March and December 2020. In telemedicine group, each woman had a telephone call with a physician with no physical examination ultrasound. Last reported menstrual period alone was used to determine gestational age. Follow up calls and highly sensitive pregnancy tests was used to confirm completion. Telephone support was provided as needed. Demographic characteristics and adverse events were analyzed.

Results: In telemedicine group 861 picked up mifepristone and misoprostol. They were 27(15-46) years and gestational age of 47(33-78) days with 2.8% of adverse events (25/861): eleven incomplete abortions, six haemorrhages and eight abortion failures (0.96%). In face-to-face group (3897 patients): age was 26(14-47) years with gestational age of 49(35-77) days, failure rate 0.56% (22/3897) and adverse events 2.44% (95/3897) were not statistically significant.

Conclusions: Telemedicine medical abortion is safe, has same efficacy than face-to-face medical abortion and can be used during the pandemic and further.

**P0614 | HOW TO IMPLEMENT A
TELEMEDICINE SERVICE FOR SAFE ABORTION
PROVISION DURING COVID-19 PANDEMIC:
ADJUSTMENTS IN PROFAMILIA COLOMBIA
THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH
AND RIGHTS/SUB-THEME: AB 6.2 TERMINATION OF
PREGNANCY**

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Objectives: Non-Pharmacological Interventions (NPI) put in place worldwide to mitigate infectious of COVID-19, have resulted in unintended consequences on women and girls' access to sexual and reproductive health services, in particular to essential services as abortion care. This study summarizes challenges and opportunities for the provision of abortion by telemedicine within Profamilia, a Colombian non-profit organization specialized in sexual and reproductive health.

Methods: This is a qualitative research study. Firstly, a literature review of available international and national literature regarding guidelines and options for the provision of tele-abortion was conducted in total, 15 documents were analyzed by researchers. Secondly, a focus group of discussion were conducted with responsible of sexual and reproductive health services provision. Finally, the data collected from literature review and focus group were systematized according to opportunities and challenges regarding this service provision in Colombia, like health sector guidelines, access barriers, technological possibilities and installed capacity.

Results: Four critical phases needed for the adaptation of tele-abortion services: i) configuration of a multidisciplinary team, able to understand different dimensions needed to include in services design; ii) definition of objectives and tasks required to provide this service; iii) pilot test for assuring that everything is ok before launching the services; and finally, iv) initiate service provision.

Conclusions: Covid-19 pandemic presents itself as an opportunity to move forward in the provision of tele-abortion services according to women and girls' needs, nevertheless several challenges as restrictions for sending abortion pills, and lack of appropriation of protocols should be overcome.

**P0615 | KEY FACTORS IN SOCIAL
PRESCRIPTION FOR SOCIALLY ISOLATED
WOMEN AT REPRODUCTIVE HEALTHCARE
SETTINGS
THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH
AND RIGHTS/SUB-THEME: AB 6.4 SEXUAL AND
REPRODUCTIVE RIGHTS**

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Objectives: Some women who come to reproductive health care services are in difficult social situations. However, they often do not seek help, making it difficult to support them. In this study, we will investigate how hospital staffs can connect them to continuous community support in medical settings that provide reproductive health care.

Methods: Qualitative research. Semi-structured interviews were conducted with 20 medical social workers, doctors, nurses, etc., who are doing effective social work in hospitals and clinics throughout Japan, using purposive sampling. The transcribed data were thematically analyzed.

Results: The themes that were extracted were inter professional work, trauma-informed counseling techniques, self-maintenance, organizational culture, and training of future generations.

Conclusions: Even in countries that do not have a system like UK's link workers, hospital workers may be able to link community support to patients' social difficulties if there is an appropriate organizational culture and educational systems.

**P0616 | INSTITUTIONALIZING
COMPREHENSIVE ABORTION CARE
PROGRAMMING - A CASE STUDY FROM
ZAMBIA**

**THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH
AND RIGHTS/SUB-THEME: AB 6.2 TERMINATION OF
PREGNANCY**

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Objectives: This intervention seeks to scale-up comprehensive abortion care (CAC) services in Zambia in order to ensure institutionalization within public health systems, promoting sustainability and national ownership

Methods: Working within the provisions of the Termination of Pregnancy Act of Zambia and prevailing national policies and guidelines for CAC, UNFPA Zambia engaged the Ministry of Health (MoH) on the support needed to institutionalize CAC. Using a consultative approach with stakeholders, the MoH completed a needs assessment exercise and obtained partner buy-in to facilitate implementation to address identified needs. UNFPA supported key processes to mainstream CAC programming

Results: UNFPA supported the following key results of the intervention:• Inclusion of CAC commodities in Essential Medicines List, Standard Treatment Guidelines and Zambia National Formulary for the first time• Completion of the first national quantification for CAC commodities• National procurement of CAC commodities and supplies, with commodities integrated into the national pipeline• Strengthening of national supply chain structures, related to ordering, managing and reporting on CAC commodities• Integration of CAC into national MoH quality assurance and quality improvement guidelines

Conclusions: The intervention built off political will and momentum to mainstream CAC into broader national sexual and reproductive health (SRH) frameworks and approaches in order to expand access to safe abortion care in Zambia. It ensured that CAC was integrated within existing national policies, processes, structures and associated documents related to SRH. These actions contributed to a sustainable, government owned and led expansion of access to CAC, to the full extent of national laws in Zambia

P0617 | PATHWAYS TO ABORTION-SEEKING DELAYS UP TO SECOND TRIMESTER

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.2 TERMINATION OF PREGNANCY

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Objectives: The overall objective of this study is to assess reasons for women's delay in seeking abortion. Specifically, the study aims to understand pathways to trace pregnant women's journey from abortion decision-making to actually seeking abortion and explores the underlying causes and reasons behind the delay in seeking safe abortion services until second trimester.

Methods: This exploratory study used qualitative in-depth interviews among clients of second-trimester abortion. Total of 23 women, all currently married and who had sought an abortion during the second trimester from the Family Planning Association of India - Gwalior branch, Madhya Pradesh, India (FPAI-G).

Results: The primary delay emerging from these discussions point out towards the "inability of the woman to identify her pregnancy" in the first place. Although women noticed a missed period or a light spotting, they mostly attributed this to being weak or anemic. Other reasons for delay included family emergency, delay in identifying

a good health facility, socio-economic consideration, distance to the clinic on account of which the woman had to wait for someone to accompany the pregnant woman to the health centre for the procedure.

Conclusions: The study reveals multi-dimensional aspects leading to delay in seeking abortion, significant being the lack of realisation about the pregnancy, delays in deciding on an abortion which includes discussions with family and other socio-economic factors, delays due to trying out home remedies, self-medication through abortion pills beyond first trimester, identifying a trusted service provider, and waiting for a companion to go to the service provider.

P0618 | DOES THE INTRA-UTERINE DEVICE FIT IN NULLIPARA POST-ABORTION BETTER THAN NULLIGRAVIDA? CORRELATING PAIN, BLEEDING, UTERINE WIDTH, AND DEVICE LOCATION

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: Our study aims to correlate pain and bleeding with IUD's fit within uterine cavity post-abortion and in nulligravida using ultrasound.

Methods: Participants recruited had recent IUD or planning to in the near future. Participants were offered ultrasound the day of insertion when feasible. One to six months post-insertion participants completed pain and satisfaction questionnaires using visual analogue scales and had a second ultrasound.

Results: 13 nulliparous women recruited, 5 had immediate ultrasound, 3 were lost to follow-up. 10 had follow-up ultrasound and questionnaire. Subjects had Mirena (8), Jaydess (aka Skyla-3), Liberte TT380 short (1), and unknown copper IUD inserted. Average time to follow up was 113 days. There were 2 IUDs inserted post first trimester abortion, 10 were nulligravid, 1 had remote TA. Twenty-five percent (2/8) of women with Mirena had myometrial invasion at follow up visit (1 also had invasion immediately post-insertion). Mirena IUS invasion did not result in more non-menstrual pain, menstrual pain or bleeding compared to non-invading IUD. Subject with ultrasound immediately post 6-week TA, uterine width=37mm. 76 days post-insertion for a 5-week TA, uterine width=32.6 mm, remaining 9 nulligravid patients had average uterine width=25.8 mm standard deviation 2.7mm. Remote TA uterine width=25mm.

Conclusions: 5+ weeks gestational age post-abortion participants had larger uterine width at follow-up than nulligravida. Mirena device had higher rates of invasion in nulligravid women but not associated with worse bleeding or pain. A larger study post-TA is needed to assess post-insertion position and symptoms.

P0619 | KNOWLEDGE AND ATTITUDES OF ADOLESCENT GIRLS IN THE INFORMAL SECTOR IN THE CITY OF OUAGADOUGOU ON MENSTRUATION

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.4 SEXUAL AND REPRODUCTIVE RIGHTS

Komboigo Béwendin Evelyne

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Objectives: To study the knowledge and attitudes of adolescent girls in the informal sector in the city of Ouagadougou on menstruation.

Methods: This was a cross-sectional descriptive study in a single passage on the knowledge and attitudes of adolescent girls in the informal sector in the city of Ouagadougou on menstruation from July 15th to August 30th, 2020. Were included in study, adolescent girls who have had their first period and who work in the informal sector. The data were entered and analyzed using the épi-info software.

Results: The survey involved 450 adolescent girls from the informal sector whose average age was 17.2 ± 1.5 years. The mean age of menarche in them was 13.4 ± 1.6 years. Adolescent girls did not receive information about their periods before menarche 76.9% of the time. Thus 77.8% of adolescent girls declared that they were afraid at the sight of the first period. After menarche, 85.8% reported receiving counseling and the main source of information was mothers 56.5% of the time. The feelings experienced during menstruation were shame in 29.1% of cases, sadness in 18% of cases and embarrassment in 17.3% of cases. The disposable sanitary napkin and the reusable piece of tissue were the most popular absorbents among respondents

Conclusions: Menstruation is a taboo subject in our society with prohibitions. These socio-cultural considerations help maintain gender inequality, decrease women's productivity and hamper their empowerment, hence the need to sensitize and educate populations about menstruation.

P0620 | FACTORS ASSOCIATED TO UNPLANNED PREGNANCY IN WOMEN ATTENDING PRENATAL CARE AT A REFERENCE HOSPITAL, PERU, 2018

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: To identify factors associated to unplanned pregnancy in a pregnant women population receiving prenatal care at a reference hospital in Lima Perú during 2018

Methods: Observational, cross-sectional, retrospective study. Study population were pregnant women receiving prenatal care at the outpatient clinic of the target hospital during the study period. 3360 women were included for the analysis. Among other screening questions, women were asked if they had planned the current pregnancy. Data were analyzed using SPSS 25. Mean, standard deviations and percentages were used for the univariate analysis. To identify factors associated to unplanned pregnancy, Chi2 test and odds ratio (OR) 95% confidence interval (CI) were used.

Results: Main characteristics were: Mean age: 27 years old, 12.5 % were teenagers (13-19 years), 17.7 % single, 2.65 % reported physical violence during her life and 1.90 % said had used illicit drugs. Prevalence of unplanned pregnancy was 71.40%. Risk factors for unplanned pregnancy were being adolescent: 13 to 19 years old (OR 2.50 95% CI: 1.79-3.47), being single (OR 3.17 95% CI 2.29-4.40); having been a victim of physical violence (OR 1.72 95% CI 1.01-2.92); and having consumed illicit drugs (OR 2.19 95% CI 1.11-4.32).

Conclusions: Prevalence of unplanned pregnancy was very high in this population. We recommend to include this question in the prenatal screening, given the complications associated to this condition. Unplanned pregnancies should receive especial care, including the mental health approach.

P0621 | FLEXIBLE LATERAL ARM OF COPPER INTRAUTERINE DEVICE (CU 375 MINI) RETAINED DURING WITHDRAWAL: CASE REPORT

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: To report a case of a flexible lateral arm of a copper intrauterine device (Cu 375 mini) retained during intrauterine device (IUD) removal.

Methods: A case report study was performed in a private clinic in southern Brazil. The study included one female patient, and data were extracted from electronic records. The patient consent to participate and signed the consent form.

Results: This is a case report study that addressed the case of a 33-year-old woman, nullipara, with regular cycles that presented an intention to remove copper IUD due to the desire to gestate. The

patient had an IUD (Cu 375 mini), inserted 3 years previously, in a normal position according to a pelvic ultrasound (US). The speculum exam showed IUD strings extending from the cervix, which were grasped with Cheron forceps. However, IUD was partially withdrawn. One flexible lateral arm was visualized up the internal os in the US examination. The patient was clinically stable and was asked to return after her menstrual flow, six days later. On this second examination, the flexible lateral arm was identified on speculum examination, on vaginal fornix, completely expelled. The appointment was concluded with the patient asymptomatic.

Conclusions: We described a case of a patient who during the IUD removal, presented a copper fragment up the internal os, visualized in the US. The expulsion of the fragment was spontaneous during her period. The case demonstrated the possibility of an expectant conduct when facing this type of complication.

P0622 | THE ROLE OF MEN AND COUPLE'S CONGRUENCE ON CONTRACEPTIVE DECISION MAKING IN RURAL AREAS OF MADHYA PRADESH, INDIA

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.5 AWARENESS AND COUNSELLING IN SEXUAL AND REPRODUCTIVE HEALTH

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Objectives: The objectives of the study are to assess men's awareness, beliefs, and perceptions around Family Planning (FP), and the relation between spousal congruences and contraceptive uptake.

Methods: A cross sectional, household survey in rural areas of all 51 districts in Madhya Pradesh (2019) was conducted. A multi-stage stratified sampling was used to interview currently married women aged 18-39 years (N=16105) and their husbands (N=4293). Descriptive analyses were done to quantify men's awareness, perceptions and use of FP. Couples' congruence around key family planning beliefs was assessed and linked with use of modern contraceptives.

Results: More than 90% women discussed FP with their husbands, who were the final decision makers in 80% of cases. Men's awareness was high for sterilization (84%) and condoms (74%) but very low for effective temporary methods such as OCPs (34%), IUCD (29%) and injectables (28%). Sterilization was the most safe and effective reported method, while a high proportion associated side effects with IUCD (71%) and OCP (57%). We found high congruence between couples on the desired family size, child-composition and method safety related perceptions. Congruence was low for risk perceptions around financial planning and pregnancy. Higher FP uptake and intent for using FP was found to be high among couples

who agreed with each other in their modern beliefs on family sizes, confidence about getting FP, pregnancy risk and FP side effects.

Conclusions: The results suggest husband's role and spousal congruences are important in improving modern contraceptive use and women's health in rural areas.

P0623 | THE IMPACT OF HPV INFECTION DIAGNOSIS IN WOMEN SELF-IMAGE AND SEXUALITY: A LITERATURE REVIEW

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.3 HUMAN SEXUALITY

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Objectives: Considering the importance of the psychosocial damage caused by human papilloma virus (HPV) infection, the present study aims to review the impacts of diagnosis on the construction of women's self-image and sexuality.

Methods: 76 articles were found on the PubMed database using the terms "(Human papillomavirus) AND (Psychological impacts)". Excluding review articles and case reports, 26 original studies were used to identify impacts.

Results: The psychosocial, sexual and quality of life aspects were assessed through questionnaires, the main ones used: HPV impact profile (HIP), State-Trait Anxiety Inventory (STAI), Cervical Screening Questionnaire (CSQ), European quality of life (EQ-5D), Cuestionario Especifico en Condilomas Acuminados (CECA), Psychosocial Effects of Abnormal Pap Smears Questionnaire short-form (PEAPS-Q). The samples came from developed and emerging countries, which did not present any discrepancies. The main results showed that self-image and sexual function were mostly affected, especially women with condyloma. Compared to men, females had worse scores in the domains of anxiety and worry. Lower socioeconomic status, less knowledge about the disease, younger age and cultural factors were associated with worse scores, while the protective elements observed were: greater education, comprehensive approach and time since the diagnosis. A controversy regarding the dissemination of information about HPV via advertising was observed.

Conclusions: The diagnosis of HPV has a negative impact on the psychological health of women, especially in their self-image and sexual function. There is significant emotional stress at diagnosis, which usually reduces over the months, with adequate guidance from health professionals and multidisciplinary care.

P0624 | ASSOCIATION BETWEEN REGIMEN FOR MEDICAL ABORTION WITH MIFEPRISTONE AND MISOPROSTOL AND ADDITIONAL HEALTHCARE TREATMENT: EVIDENCE FROM A PROSPECTIVE STUDY IN CAMBODIA AND GHANA

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.2 TERMINATION OF PREGNANCY

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Objectives: To measure the association between variations in medical abortion regimen and additional healthcare treatment.

Methods: We conducted non-inferiority studies in Cambodia and Ghana to compare outcomes among medical abortion users in clinic and out-of-clinic settings. This is a pooled, secondary analysis of 3,870 users across settings. Study participants completed surveys at purchase of a combipack (mifepristone and misoprostol) and at 10- and 30- days post-mifepristone administration. Regimen was assessed on route of administration of each drug, number of misoprostol pills taken and interval between the two drugs. The outcome was additional healthcare treatment by 30 days. We used logistic regression models to assess the relationship between medical abortion regimen and additional treatment, adjusting for socio-demographics and clustering by site.

Results: Overall, 92% used medical abortion correctly. Swallowing mifepristone was associated with a 45% reduction in odds of additional treatment (95% CI: 0.32 - 0.96) and taking misoprostol by the vaginal, sublingual, or buccal route was associated with a 30% reduction (95% CI: 0.38 - 0.98). Taking all four misoprostol pills was associated with a 64% reduction (95% CI: 0.17 - 0.76) and taking misoprostol 24-48 hours after mifepristone was associated with a 45% reduction (95% CI: 0.36 - 0.84). Using medical abortion correctly on all dimensions was associated with a 39% reduction in the odds of additional treatment (95% CI: 0.46 - 0.81).

Conclusions: Although most people in clinic and out-of-clinic settings used medical abortion correctly, incorrect use was associated with increased rates of additional treatment.

P0625 | EARLY MEDICAL ABORTION PROVISION IN IRELAND: PHYSICIAN PERSPECTIVES ON A NEW COMMUNITY-BASED SERVICE

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.2 TERMINATION OF PREGNANCY

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Objectives: Office-based provision of early medical abortion (EMA) by General Practitioners (GPs) was introduced in Ireland in early 2019. We sought to describe GPs' experiences with this service during its first two years of existence.

Methods: We invited GPs to participate in a web-based survey through the professional listserv of the Irish College of General Practitioners. We designed a questionnaire to measure barriers and facilitators of EMA provision.

Results: A total of 208 eligible GPs responded to the survey (34% response rate). Of these, 140 were EMA providers. Most providers were female (79%), and their average age was 47. More than half (59%) identified as Catholic, while 31% identified as atheist or agnostic. The most common reason for registering as an EMA provider was a belief that women should have access to the service (98%); financial incentive was cited as a reason by only 6%. GPs were split on whether the three-day wait period and strict twelve-week gestational age limits are significant barriers to accessing EMA. Overall, they reported reliable access to misoprostol, mifepristone, ultrasound services, contraception, and hospital referrals. Almost all respondents (99%) reported that they feel good about their work in abortion care, with high rates of support from colleagues as well as family and friends.

Conclusions: Irish GPs reported an overall positive experience and few barriers to providing EMA in the first two years since the service was introduced. These results support the community-based model of abortion provision established in Ireland.

P0626 | LACTATIONAL AMENORRHEA AT 6 MONTHS POSTPARTUM WITH MILK EXPRESSION

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: To estimate the prevalence of amenorrhea at 6 months postpartum among mothers who are breastmilk feeding (at breast, expressing milk, or combination).

Methods: We conducted a prospective observational study and enrolled pregnant women aged 15-45 years who planned to exclusively breastmilk feed for at least 6 months. Exclusions included those planning to initiate hormonal contraception after delivery and those carrying multiple gestations. We contacted participants for a monthly survey to assess infant feeding practices and menstrual bleeding for up to 6 months postpartum.

Results: We enrolled 394 participants with mean age 32±5 years; participants most commonly identified as non-Hispanic White (49%), college educated (70%), and nulliparous (46%). Reasons for early discontinuation included stopping breastmilk feeding before 6 months (n=46), starting hormonal contraception (n=22), consent withdrawal (n=11), and lost to follow-up (n=48). Of 267 (68%) participants who completed 6-month surveys, six stopped breastmilk feeding completely. Most (97%, n=259) had expressed milk at least once, primarily with electric pumps. Amenorrhea was reported at 6 months postpartum among 65/88 (74%, 95% CI 63-83%) women exclusively breastmilk feeding, 63/95 (66%, 95% CI: 65-76%) providing breastmilk and solids without formula, and 36/78 (46%, 95% CI: 35-58%) providing breastmilk and formula with or without solids.

Conclusions: Most exclusively breastmilk feeding women experience lactational amenorrhea within the first 6 months postpartum, regardless of milk expression. However, only about one-third of participants were exclusively breastmilk feeding at 6 months postpartum. Early introduction of supplementation, including solids, may result in earlier return to menses and need for contraception.

P0627 | WOMEN AND THE COVID-19 PANDEMIC: CONSEQUENCES OF DISRUPTED ACCESS TO CONTRACEPTION IN NIGERIA

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: To assess the effect of the COVID-19 pandemic on access to contraception amongst reproductive age women in Nigeria, and make recommendations that will improve access.

Methods: Following Institutional Research Board approval (IPH/OAU/12/1597), a cross-sectional survey of sexually active, reproductive age women on modern methods of contraception was conducted in Nigeria, between 27 February and 15 April 2021. An electronically administered structured questionnaire designed using Google Forms® was utilised for the study. The data obtained were analyzed using IBM SPSS version 24. The associations between categorical variables were compared using chi-square with level of significance set at <0.05.

Results: One-fourth (73, 24.7%) of the respondents reported difficult access to contraception, citing fear of COVID-19 exposure at the health facility (21, 28.8%) as the most common reason for this difficulty. Forced abstinence from sexual intercourse (28, 38.4%) and unintended pregnancy (21, 28.8%) were the most common consequences of impeded contraceptive access. Unmarried women were significantly more likely than married women to suffer impeded access to contraception (48.8% vs. 20.8%; $P=0.01$). Also, women using short acting methods were significantly more likely than those on long-acting reversible contraceptives (LARCs) to report difficult access to contraception (35.1% vs. 14.6%, $P=0.001$).

Conclusions: The COVID-19 pandemic has disrupted access to contraception in Nigeria, affecting more women on short acting methods than those on LARCs, with the potential of increasing unintended pregnancy and abortion rates. It is therefore recommended that women should be encouraged to adopt LARCs during this pandemic.

P0628 | A COMPARATIVE FEEDBACK BETWEEN TRADITIONAL COPPER-T 380 A AND ETHERENA T CU 380 A (INNOVATIVE LOADING AND INSERTING DEVICE) TO PROVIDE A SAFE AND CONVENIENT METHOD OF IUD INSERTION

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: To establish comparative results related to insertion of Copper-T 380A using traditional method of insertion versus an innovative inserter (Etherena). Comparison parameters included ease of insertion, fundal placement, time taken to insert, training needs, client comfort and perception during use of Uterine Sound.

Methods: A comparative single-blinded study was conducted in Muzaffarnagar Medical College, India. One Hundred randomly selected women enrolled between October-2020 and March-2021 for the study. All participants were counseled for family planning, met eligibility criteria, and requested for interval IUD. Resident doctors, with experience in regular Copper-T insertions prior to study implementation, performed insertions after getting training for Etherena insertion. For traditional Copper-T, metallic uterine sound whereas a disposable Uterine Sound with Etherena was used.

Results: Successful placement of IUD to the fundus was observed in all cases as assessed by post-insertion ultrasonography. The mean distance from the fundus was 1.82 mm and 3.7mm, respectively, in Etherena v/s Copper-T group as assessed by ultrasonography. Mean time taken for the process in both groups was similar (≈ 90 seconds); it was more consistent in Etherena vs Copper-T. The setting of uterine depth measurement on inserter was easy in 98% vs 88% cases in Etherena v/s Copper-T. No insertion-related pain or discomfort was reported in Etherena group vs 46% in Copper-T. Satisfaction levels reported were 98% for Etherena and 72% for Copper-T. No case of trauma or perforation observed in either group

Conclusions: The innovative & safe insertion process using Etherena makes Copper-T 380A insertions more convenient and accessible.

P0629 | DIFFERENTIAL EXPRESSION OF FIRST TRIMESTER LEUCOCYTE INDICES IN GESTATIONAL HYPERTENSION AND PREECLAMPSIA: A PROSPECTIVE STUDY

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.7 PRE-ECLAMPSIA HEALTH SYNDROME

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Objectives: To compare first trimester total and differential leucocyte indices and their ratios between gestational hypertension and preeclampsia

Methods: In a prospective observational study, 578 pregnant women were recruited at 12-14 weeks and leucocytes indices were assessed. Total leukocyte count (TLC), Neutrophil, Lymphocyte and Neutrophil Lymphocyte ratio (NLR) were calculated from differential percentage. These women were followed for development of preeclampsia (PE) and gestational hypertension (GH).

Results: Out of 578 pregnant women, 5.2% (n=30) developed GH, 6.4% (n=37) PE and 60.7% (n=351) were healthy (HP) normotensive women. The mean age ($P 0.693$) was similar between the groups while BMI ($P 0.001$) was significantly more in women developing hypertension. At first trimester, TLC (HP=69.6 \pm 9.9, GH=74.9 \pm 4.5, PE=71.1 \pm 5.8; $P 0.016$), relative neutrophil (HP=8.9 \pm 2.1, GH=10.1 \pm 2.8, PE=9.3 \pm 2.4; $P 0.017$) and lymphocyte (HP=20.8 \pm 6.1, GH=17.48 \pm 3.6, PE=20.91 \pm 4.4; $P 0.018$) counts were significantly more in women developing GH later. The NLR was more in women developing GH (4.5 \pm 1.1) than HP (3.7 \pm 1.7, $P 0.020$) and PE (3.6 \pm 1.1; $P 0.004$). On ROC analysis, the sensitivity & specificity of differential neutrophil count (AUC 0.695, $P 0.001$) was 67% & 62% while of NLR (AUC 0.695 $P 0.001$) was 66% and 61% for prediction of GH at first trimester.

Conclusions: This study suggests that GH has an altered immune response early in the course of pregnancy. This emphasizes the fact that GH may involve the same etiology of exaggerated inflammatory response as involved in essential hypertension. PE has a non-inflammatory basis and develops in otherwise healthy women.

P0630 | ABORTION RELATED PRACTICES AND BARRIERS AMONG WOMEN IN MADHYA PRADESH, INDIA: A DEMAND SIDE PERSPECTIVE

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.2 TERMINATION OF PREGNANCY

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Objectives: The study aimed to assess abortion seeking pathways, decision-making dynamics, enablers and barriers of safe abortion practices in Madhya Pradesh (MP), India.

Methods: A cross-sectional, state-wide representative, household survey was conducted in 51 districts of MP, India in 2019. A total of 16105 currently married women aged 18-39 years were interviewed using a multi-stage stratified sampling approach. 228 women reported having completed abortion in the last three years. Descriptive analyses and unsupervised machine learning segmentation were conducted to map pathways and identify distinct segments of abortion seeking women.

Results: Abortion decisions were largely private and mostly discussed with husbands (82%), who were the final decisionmakers (79%). Not wanting another child (64%) emerged as the top reason for their decision. The decision was uninformed and worrisome, as 57% women worried about bad health effects and the majority had poor knowledge of the abortion process. 22% of women were using any family planning method at the time of pregnancy. 54% women opted for home-based abortions, primarily due to privacy (for 55% women). We identified three distinct segments of abortion seeking women. The first high-risk segment of 26% women had the weakest demographics, poorest information, and highest use of dubious methods of abortion (67%). The other two segments of 38% and 36% women opted for facility (50%) and home-based (62%) abortions at the highest rates, respectively.

Conclusions: Nuanced insights on abortion seeking pathways of different population segments provide an opportunity to implement tailored solutions to maximize impact towards driving safe abortion practices.

P0631 | ACCESS AND USE OF CONTRACEPTIVES IN ADOLESCENT PREGNANCY: A PROSPECTIVE STUDY

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: The accessibility to health care systems in the teenage population is not well studied. In order to understand the situation, there is an urge to investigate the perception of need, search and acceptance in use of contraceptive methods.

Methods: A prospective descriptive study designed with the analysis of a survey concerning social determinants of health was applied to 80 pregnant teenagers from a public secondary referral hospital in northern Mexico. It was previously approved by the hospital's IRB and applied by trained facilitators to increase the quality of the participant's interpretation and data collection.

Results: The main factor of lacking use of a contraceptive method was that sexual intercourse was not planned (61.3%), despite the fact that 77% had used them before this pregnancy and that almost 80% described the access to them as very feasible. More than half (73.3%) stated that after this pregnancy they'd use a contraceptive method. This is consistent that after delivery 75.6% were discharged with a LARC's. After a year of follow up, only 26.9% continued using a LARC's and 29.4% were not using any method.

Conclusions: The interaction a teenager has with their health care system can affect their access to it; thus, acknowledging social determinants is of great importance. Moreover, there is a need to inquire about implementation and application of strategies in order to understand the use of contraceptive methods in this group of age.

P0632 | TWO YEARS FOLLOW UP OF POST-PARTUM INTRAUTERINE DEVICE (PPIUD) IN BANGLADESH - FINDINGS REGARDING SAFETY AND EFFICACY

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: 1. To evaluate the long-term safety and efficacy of PPIUD. 2. To assess the complications related to the PPIUD.

Methods: This cross-sectional study carried out in the Department of Obstetrics & Gynecology in three centers from June 2019 to Nov 2019. The project was continuing in Bangladesh in 6 centers. Three centers in Dhaka including-Shaheed Suhrawardy Medical College, Dhaka Medical College & Bangabondhu Sheikh Mujib Medical University All patients who had PPIUD inserted following delivery under the FIGO-OGSB PPIUD project from 1 January 2017 to 31 December 2017 were included in the study. Clients were evaluated after 2 years of PPIUD insertion. If the thread was not visible during pelvic examination, an ultrasound was conducted to ascertain the location of IUD. Outcomes were measured in terms of rates of expulsion, removal (including reason behind this), complications, (menstrual irregularities, vaginal discharge, pelvic infection, perforation) failure and successful continuation.

Results: Total number of women delivered in ShSMC, DMCH & BSMMU during January to December 2017 were 15295. Among them PPIUD inserted were: 1467 (9.6%). Total number of clients who came for follow up at two years at ShSMC, DMCH & BSMMU were 647, 342, and 58, respectively. By the end of two years expulsion occurred in 17(1.1%) cases, removal done in 72 (4.9%), whereas failure occurred in 3 cases (0.87%).

Conclusions: Postpartum insertion of PPIUD is safe effective, feasible and reversible method of contraception.

P0633 | IMPROVING THE EFFECTIVENESS OF PREDICTING INFERTILITY IN WOMEN WITH PELVIC INFLAMMATORY DISEASE

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.6 GENETICS AND REPRODUCTIVE MEDICINE

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Objectives: The incidence of infertility throughout the world remains high and does not tend to decrease, despite the development of pathogenetic methods of diagnosis and treatment. The purpose of our study was to determine the prognosis of the infertility development in women who lives in the Bukhara region of the Republic of Uzbekistan.

Methods: We examined 50 women aged 30.0 ± 2.3 years who lives in the Bukhara region of the Republic of Uzbekistan with infertility of inflammatory genesis. Typing was performed in patients of the case / control groups: 26 women with infertility / 24 healthy women for alleles DRB1, DQA1, DQB1 HLA class 2.

Results: In women with infertility of inflammatory etiology, there is a relationship between the alleles HLA-DQA1*0401, HLA-DRB1 *13, HLA-DRB1*04 and the development of infertility RR=15.7; 7.6 and 2.6 times higher than in the control group (respectively). It should be noted that the alleles HLA-DQA1*0401 and HLA-DRB1*13 and HLA-DRB1*04 may be predisposing genes for infertility in women living in the Bukhara region of the Republic of Uzbekistan.

Conclusions: When examining patients with infertility, as well as during IVF programs, it is necessary to carry out molecular genetic studies to determine the prognosis of conception and reproductive losses. Developed diagnostic and treatment programs should be strictly personalized and should take into account the genetic factors of infertility in women living in the area.

P0634 | VALIDATION OF CHLOE SED, A LOW-COST, REUSABLE SYRINGE EXTENSION DEVICE FOR THE PROVISION OF PARACERVICAL ANALGESIA DURING MANUAL VACUUM ASPIRATION

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.2 TERMINATION OF PREGNANCY

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Objectives: This was a pilot study that evaluated the efficacy of a novel, ultra-low-cost syringe extension device (Chloe-SED) for provision of paracervical block (PCB) during manual vacuum aspiration (MVA).

Methods: A randomized, single-blinded non-inferiority trial of 61 patients was conducted at two facilities in Kisumu between September 2019 and January 2021 comparing PCB administered with Chloe-SED to a standard spinal needle. The primary outcome was non-inferiority of pain score during uterine evacuation within a non-inferiority margin of 2 points on an 11-point visual assessment scale. Secondary outcomes included non-inferiority of pain score at 4 other time points, patient satisfaction, and provider feedback on Chloe-SED.

Results: Chloe-SED showed non-inferiority of the primary outcome with mean pain score during evacuation of 3.9 (3.2-4.7) compared with spinal needle at 4.1 (3.5-4.7). Non-inferiority was shown at all time points. In one patient the syringe and device were incompatible. The only adverse event was breakage of the finger-pad of the device after completion of PCB with no injury to patient or provider. Most patients and providers expressed desire for continued use of the device to administer PCB for MVA.

Conclusions: The Chloe SED device appears effective and desirable for administration of PCB during MVA.

P0635 | ADDRESSING THE BARRIERS TO SAFE ABORTION AND POST-ABORTION CARE THROUGH ADVOCACY IN NIGERIA

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.2 TERMINATION OF PREGNANCY

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Objectives: A diverse group of healthcare professionals in Nigeria develop and implement an advocacy strategy with the overall aim to support healthcare professionals (HCPs) to address the barriers to safe abortion (SA) and/or post-abortion care (PAC) in their countries, as part of the Royal College of Obstetricians and Gynaecologists' (RCOG) Making Abortion Safe programme.

Methods: Under the programme, HCPs were invited to apply for the voluntary role of Sexual and Reproductive Health and Rights (SRHR) champions. SRHR champions are co-creating a range of open access eLearning and advocacy materials in relation to SA and PAC provision and are developing advocacy strategies to address specific country-based SA and PAC barriers.

Results: SRHR Champions have developed advocacy strategies to address some of the major barriers that healthcare professionals face around safe abortion and/or post-abortion care provision. Collaboration between a diverse range of healthcare professionals, from different cadres and at different levels of seniority, is an effective and innovative way to influence change. Country advocacy strategies planned activities and reflections on progress made will be presented at the conference.

Conclusions: The programme has brought together a diverse range of HCPs and advocates to identify and tackle barriers that HCPs are faced with in relation to SA and PAC provision. The SRHR champion approach has allowed for the identification of the most significant root causes for barriers in SA and PAC care and to address them in a context appropriate way.

P0636 | ACCEPTANCE OF SUBDERMAL IMPLANT IN POSTPARTUM TEENAGERS

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: To evaluate acceptance of etonogestrel (ENG)-releasing subdermal contraceptive implant after childbirth, before discharge.

Methods: A non-randomized open-label trial was conducted with teenagers aged up to 19 years, after childbirth, before hospital discharge. All contraceptive methods available at the service were offered and the participants were split into two groups: 1) who chose ENG-implant and 2) those that refused the implant and opted to use other contraceptive methods. Acceptance of the ENG-implant and the factors associated with it were evaluated. Descriptive, bivariate and multivariate analysis were performed. Characteristics of both groups were compared using Student's *t*-test, Mann-Whitney test and the chi-squared test.

Results: 100 postpartum women were included between July/2019 and April/2020. ENG-implant acceptance was 71%. The overall average age was 17.1 years, 73.2% of pregnancies were unplanned, 13% of them were already had a previous pregnancy, 74% were single, and 57% were not students. Of the total assessed, 51% of the adolescents used a previous contraceptive method. The main reasons for interruption of the previous contraceptive were failure (became pregnant in use - 15%), side effects (13%) and forgetfulness (11%).

Conclusions: The ENG-implant showed a high acceptance rate among the postpartum adolescents before hospital discharge. Its use should be encouraged to avoid unplanned and rapid repeated pregnancies in adolescence and all the negative consequences inherent to this process.

P0637 | IMPROVING FAMILY PLANNING AND CONTRACEPTION SERVICES UPTAKE THROUGH PUBLIC HEALTH SYSTEM IN INDIA

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: To reduce unintended pregnancies by improving access and uptake of family planning services through public health facilities in India

Methods: To strengthen public health system's capacity for providing contraception (especially Long-Acting Reversible Contraception/LARC) services, Clinton Health Access Initiative (CHAI) worked across 5 million population in Madhya Pradesh, India, on three essential levers - skilling of service providers on contraception counselling and referral; supply management support to government platforms for improving procurement and distribution of drugs; capacitating frontline workers (FLWs) with tools and technological solutions for community engagement.

Results: Public facilities providing LARC options increased from 31 to 93 sites by institutional capacity building through state and district levels. Facilities increased counselling and follow-up of clients for increasing continuation. Antara (injectable contraceptive) second-dose conversion rate improved from 36% to 60% within 12

months. Demand-forecast based procurement prevented stock-outs even during COVID-19 lockdown period. Storekeepers and FLWs were mentored to increase use of electronic LMIS for indenting and inventory tracking. FLW knowledge scores improved from 53% to 82%. BCC campaigns segmented for targeted audiences helped improve FP counselling during community meetings. Antara service uptake increased by 191% (from 2,149 to 6,250), and IUCD service uptake increased from 12,891 to 12,974 during the 24 months intervention.

Conclusions: Building on learnings from this holistic approach targeting both demand and supply and addressing clients' concerns (ease of access, side-effects management), CHAI is now working with the Government of Madhya Pradesh to scale up and sustainably transition these interventions across remaining state (70 million population)

P0638 | POOLED PHASE-3 ANALYSIS OF EFFICACY AND SAFETY OF ESTETROL/ DROSPIRENONE COMBINED ORAL CONTRACEPTIVE

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: To examine efficacy and safety of a combined oral contraceptive containing the native estrogen estetrol (E4) and drospirenone (DRSP) in a 24/4-day oral regimen.

Methods: Two parallel, multicenter, open-label, phase-3 trials (United States/Canada and Europe/Russia) enrolled healthy women 16-50 years to use estetrol 15 mg/drospirenone 3 mg (E4/DRSP) for up to 13 cycles. We pooled data in participants 16-35 years at screening to assess the Pearl Index (PI) in at-risk cycles (confirmed intercourse and no other contraceptive use). We also stratified PI by previous hormonal contraceptive use and body mass index (BMI) and compared groups using Chi-square testing. We evaluated overall safety (treatment-related adverse events [AEs]) in all participants aged 16-50 years.

Results: We treated 3,417 participants with E4/DRSP of whom 3,027 were 16-35 years. Overall, participants reported ≥99% treatment compliance. Among women 16-35 years, PI was 1.52 (95% CI 1.04-2.16). For starters (n=1,368) and switchers (n=1,469), PI was 1.88 (95% CI 1.09-3.00) and 1.24 (95% CI 0.68-2.08), respectively

($P=0.25$). For BMI <25.0 kg/m² (n=1,771), 25-30 kg/m² (n=656) and ≥30 kg/m² (n=410), PIs were 1.14 (95% CI 0.64-1.88), 2.19 (95% CI 1.05-4.03) and 2.27 (95% CI 0.83-4.94), respectively ($P=0.17$). The most frequently reported treatment-related AEs were metrorrhagia (4.7%), acne (3.3%) and headache (3.2%). Three treatment-related AEs (0.1%) were considered serious: worsening depression (continued treatment), ectopic pregnancy (discontinued) and venous thromboembolism (discontinued).

Conclusions: Overall, and in subgroups stratified by contraceptive history and BMI, women using E4/DRSP demonstrated contraceptive efficacy. Adverse events occurred at low rates in the entire population.

P0639 | ASSESSMENT OF REPRODUCTIVE HEALTH NEEDS OF WOMEN WITH MENTAL ILLNESS ON FOLLOW UP AT OUTPATIENT PSYCHIATRY CLINIC AT A TERTIARY HOSPITAL IN KENYA

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.4 SEXUAL AND REPRODUCTIVE RIGHTS

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Objectives: To assess the reproductive health needs of women with mental illness and find the challenges faced by mental health service providers in offering reproductive alongside mental health services.

Methods: Cross sectional study using a concurrent mixed method approach involving 218 women with mental illness 18 years or older, who had ability to consent as assessed using mini mental status examination tool; and 10 mental health service providers. Data on socio-demographic characteristics and history on sexual and reproductive health was collected using a semi structured questionnaire; and results reported in percentages. Interview schedule was administered to mental health service providers for challenges faced in offering reproductive alongside mental health services. Major themes on challenges were reported and illustrative quotes stated.

Results: Of the 218 women with mental illness, mean age was 39.1±12.1 years, with 77.5% aged 18-49 years. The unmet need for contraception was 75% (n=169). Prevalence of gender-based violence (GBV) was 39.0% (n=218) while the uptake of GBV services was 3.5% (n=85). Need for cervical cancer screening was 95.9% (n=218) while screening uptake was 19.1% (n=209). Major themes on the challenges faced by mental health service providers included heavy workload and an uncoordinated multidisciplinary approach.

Conclusions: Reproductive health status of women with mental illness is characterized by high unmet service need with low service uptake where patient factors and system challenges hamper provision of reproductive alongside mental health services. Hence, deliberate effort is needed in reproductive health service provision to women with mental illness.

P0640 | BLEEDING PATTERNS WITH USE OF AN ORAL CONTRACEPTIVE CONTAINING ESTETROL AND DROSPIRENONE: POOLED ANALYSIS OF PHASE-3 CLINICAL TRIALS
THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: To evaluate bleeding patterns with use of a 24/4-day novel combined oral contraceptive regimen containing estetrol, a native estrogen, and drospirenone.

Methods: We pooled bleeding data from two parallel, multicenter, open-label, phase-3 trials (US/Canada and Europe/Russia). Healthy women aged 16-50 years with body mass index of 18-35 kg/m² used estetrol 15 mg/drospirenone 3 mg for up to 13 cycles. Participants reported vaginal bleeding (blood loss requiring use of sanitary protection) or spotting (minimal blood loss, requiring no new use of sanitary protection) on daily diaries. We evaluated bleeding outcomes in participants that started treatment and had at least one evaluable cycle. We calculated mean frequency of scheduled and unscheduled bleeding and/or spotting and median duration of bleeding and/or spotting episodes.

Results: Of 3,417 participants starting treatment, 3,265 were included in the bleeding analysis. Mean reported treatment compliance was ≥99%. Across cycles, 87.2-90.4% of participants reported scheduled bleeding/spotting, with a median duration of 4-5 days/cycle. Unscheduled bleeding/spotting frequency decreased from 27.1% in Cycle 1 to <17.5% from Cycle 5 onwards, with a median duration of 3-4 days/cycle and most episodes (62.7%) were spotting-only. Of 2,234 women completing 13 cycles, 754 (34%) reported unscheduled bleeding/spotting in only 1 or 2 cycles and 911 (41%) did not report any unscheduled bleeding/spotting. Most common bleeding adverse events (AEs) considered treatment-related were "metrorrhagia" (160 [4.7%]) and 'vaginal hemorrhage' (103 [3.0%]).

One-hundred-and-seven (3.1%) participants discontinued for a bleeding-related AE.

Conclusions: Most users of estetrol/drospirenone oral contraceptive experience a predictable bleeding pattern and limited unscheduled bleeding.

P0641 | A STUDY ON THE IMPACT OF SOME INSTITUTIONS INVOLVED IN COMPREHENSIVE SEXUAL EDUCATION (CSE) IN AFRICA

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.5 AWARENESS AND COUNSELLING IN SEXUAL AND REPRODUCTIVE HEALTH

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Objectives: To identify the major institutions promoting Comprehensive Sex Education (CSE) in Africa.

Methods: Data were obtained via a double blinded study utilizing an online google questionnaire form from 113 delegates from Nigeria, Kenya, Ghana, Benin Republic, Uganda, Rwanda and Sudan who attended the SRHR session during the African Healthcare Students Summit (AHSS) December 2020. Statistical analysis was done using the SPSS version 20 computer data analyze application software.

Results: A.CSE IN AFRICAN SCHOOLS. Although 73.5% had CSE taught at tertiary educational level, only 35.4% had CSE at secondary/high schools,

B.CSE ADVOCACY IN AFRICA. Of the various channels via which CSE was advocated and counseled for outside the school settings, Majority (89.3%) of participants attributed comprehensive, Consistent, and trustworthy work/information to Health students (28.3%), Primary Health Care (23.9%), Television Media (21.2%) and Medical Practitioners (15.9%).

C.GOVERNMENT'S EFFORT IN PROMOTING CSE Only 29.2% of participants felt their government was making >50% effort in promoting CSE in their country.

Conclusions: The 4 major promoters of CSE; Health students, PHCs, Media and Medical practitioners should be better utilized and seen as the gateway to changing the poor SRHR narrative in Africa.

CSE should be improved in secondary school curriculums, as majority of Africans have their sexual debut in their teens.

The Tenets of CSE is critical to reducing maternal mortality in Africa, especially as regards unsafe sex, STIs, unwanted pregnancies and unsafe abortions.

P0642 | DETERMINANTS OF PREVALENCE AND SEVERITY OF MENOPAUSAL SYMPTOMS AMONG CLIMACTERIC WOMEN WORKING IN A GOVERNMENT TERTIARY HOSPITAL

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.5 AWARENESS AND COUNSELLING IN SEXUAL AND REPRODUCTIVE HEALTH

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Objectives: To determine prevalence and severity of menopausal symptoms among climacteric women working in a tertiary government hospital.

Methods: This was a descriptive, cross-sectional study design. Collection of data were made through answering an online questionnaire. Female employees 45 years old and above were screened through an online form. The data collected were coded and analyzed using the IBMSPSS ver 26 software.

Results: Out of the 67 participants, more than half of the women exhibited mild to severe symptoms (56.7%). Almost a third (32.8%) experienced mild symptoms while one fifth experienced moderate symptoms (20.9%). The most frequently encountered mild symptoms were anxiety (40.3%), depressive mood (36.1%), joint and muscular discomfort (36.1%) and physical and mental exhaustion (31.9%). However, highest prevalence of moderate symptoms were hot flushes and sleep problems (both 11.9%). Increasing age was correlated with increasing severity of menopausal symptoms but a higher educational attainment, administrative type of work and co-existent hypertension were associated with increasing severity of symptoms.

Conclusions: The study of climacteric women working in a tertiary hospital using the menopausal rating scale showed none or mild symptoms were prevalent, and the severity of menopausal symptoms were none to little severity.

P0643 | ARE POSTPARTUM EDUCATIONAL INTERVENTIONS EFFECTIVE ON IMPROVING POSTPARTUM CONTRACEPTIVE USE? A CRITICALLY APPRAISED TOPIC

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.5 AWARENESS AND COUNSELLING IN SEXUAL AND REPRODUCTIVE HEALTH

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Objectives: Although contraceptive education is generally a standard component of postpartum care, the effectiveness is seldom examined. The aim of this evidence-based critically appraisal topic is to evaluate the effectiveness of education on postpartum contraceptive use.

Methods: A search of the literature was conducted according to written PICO (P: Postpartum women, I: Education or counseling, C: Usual care, O: Effective Postpartum contraceptive use). The researcher searched using relevant syntax in PubMed database. After evaluating 17 articles, one article was selected because of the higher level of evidence (IIB) and answering the clinical question of the present study. The study was critically evaluated using PRISMA 2009 Checklist.

Results: The strongest evidence was a Cochrane systematic review of RCTs by M Lopez and colleagues with 1a level of evidence. The study participants contain women gave birth at 20 weeks of gestation or more. This study included 12 trials six of which with evidence of moderate or high quality. In a study, the group with homebased mentoring compared to the control group had fewer second births within two years (OR 0.41, 95% CI 0.17 to 1.00). The other five studies had no effect. Two of trials with lower quality evidence, showed some effectiveness.

Conclusions: The literature suggests that contraception education is likely to improve postpartum contraceptive use in compare with routine care.

P0644 | HEALTH FACTORS LINKED TO SEXUALITY OF OLDER PEOPLE IN COLOMBIA

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.3 HUMAN SEXUALITY

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Objectives: This study aims to identify the biological, psychological, and social factors associated with positive perceptions of sexuality in the population aged 60 and over in Colombia.

Methods: Cross sectional study based on the Colombian National Survey of Health, Well-being and Aging (SABE 2015) (n=26,694). A Latent Class Analysis was performed to combine objective and subjective variables on health status, domestic violence and social participation; a univariate analysis to describe data and covered population, and multivariate logistic regression models to identify the association of determinants with positive attitudes towards sexuality among elderly population. Data were disaggregated by women and men.

Results: Sex, age, mental and physical health and social contexts represent are the main determinants contributing with positive attitudes towards sexuality in the older adult population in this study. This study identified a wider gender inequality in sexuality among older people. For 40% of women, the sexuality is "not important," while only 7% of men considered it this way. This gender gap was consistent through the multivariate models.

Conclusions: The importance given to sexuality by people aged 60 and over is result of multiple factors that confirm the multidimensionality of sexual health during lifespan, particularly at older ages, despite the scarce research based on probabilistic samples, Colombia provided new relevant evidence to inform policy development to address sexuality among older people.

P0645 | INTEREST OF PREGNANEDIOL GLUCURONIDE TO PREVENT RISK OF UNWANTED PREGNANCY: A LITERATURE REVIEW

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: The present literature survey reviews the scientific relevance of detecting the overrun of the urinary progesterone metabolite, pregnanediol glucuronide (PdG) threshold as a mean to prevent the risk of unwanted pregnancy.

Methods: A thorough literature search was conducted on Pubmed and Science Direct in order to answer the following question: In healthy women of reproductive age and with regular menstrual cycle, can the overrun of a PdG urinary concentration threshold confirms ovulation and could be used to prevent pregnancy? Among the 430 retrieved articles, 54 were considered relevant and included in the review.

Results: This review shows that an increase of PdG urinary secretion is strongly correlated with the start of the luteal phase. It indicates that different methods of measuring PdG lead to different thresholds which are nevertheless highly correlated between them. Each method allows to identify the begin of luteal phase. Among the reported PdG values, values above 7 $\mu\text{mol}/24\text{hr}$ or 5 $\mu\text{g}/\text{ml}$ indicate that ovulation has taken place at least 24-48 hours earlier.

Therefore, this PdG threshold can be used as a marker of the closure of fertile window.

Conclusions: PdG measures constitute a convenient target for detection of the non-fertile phase of the menstrual cycle and therefore can be used for reliable natural contraception methods.

P0646 | YOUTH PEER PROVIDERS & NETWORK OF ADOLESCENTS AND YOUTH CREATING DEMAND FOR SRHR AMONG ADOLESCENTS AND YOUTH IN KENYA: LESSON LEARNT FROM CLOSING THE GAP PROJECT

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.5 AWARENESS AND COUNSELLING IN SEXUAL AND REPRODUCTIVE HEALTH

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Objectives: Planned Parenthood Global through closing the Gap Project sought to increase awareness of, access to, and use of CAC and contraception services in high-need communities, particularly among women and young people in Kenya. of services, particularly CAC and contraception

Methods: We strengthened the capacity of the Network of Adolescent and youth to advocate and create an enabling environment for SRHR. We also strengthened the capacity of youth peer providers to deliver culturally and age-appropriate information on quality and comprehensive SRH to young people and women, and address stigma associated with abortion and contraception with the aim of increasing demand for, accessibility, and utilization.

Results: We worked with 336 YPP who conducted 8,758 community health education sessions and 3,846 youth to youth sessions at the health facilities and reached 392, 483 people with family planning and comprehensive abortion care - 244, 510 (62%) were aged 24 years and younger 213,434 people were referred for services -130, 703 (61%)- were aged 24 years and below. Additionally, 122, 851 were successfully referred for health services - 72, 281 (59%) - were aged 24 years and younger. 44,396 clients received CAC services - 29,854 (67% - 24 years and younger and 573, 079 clients received contraceptives - 291,075(1%)-24 years and younger.

Conclusions: The youth peer provider model developed has contributed to closing the gap and meeting the needs of adolescents and youth for Sexual and reproductive health services. Linkages with health centers have been effective - young people receive YFRHS.

P0647 | FREQUENCY AND MICROBIOME OF INTRAUTERINE CONTRACEPTIVE DEVICE COLONIZATION

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: Intrauterine devices (IUD) are known to be a theoretical microbial port of entry into the pelvis. The objective of our study was to determine the frequency of IUD colonization as well as the most frequently isolated pathogens.

Methods: We conducted a retrospective cohort study including 122 women who attended our institution for IUD removal. In all patients, IUD strings were cut and discarded so as to not contaminate culture medium with vaginal flora. The remaining sample was immediately placed in fluid thioglycollate, a medium that favors anaerobic and aerobic bacterial growth. Microbial identification was made afterwards. Patients that presented culture contamination, or a spontaneous were excluded.

Results: Bacterial colonization was found in 64.7% of IUDs. The three most frequently encountered microorganisms were *Enterococcus faecalis* (24.59%), *Escherichia coli* (21.3%) and *Staphylococcus epidermidis* (7.37%). Two patients had a diagnosis of pelvic inflammatory disease (PID) at the time of removal, both with *Enterococcus faecalis* identified.

Conclusions: It is essential for practitioners to understand the polymicrobial basis of PID. Microorganisms isolated in our study consisted of common aerobic and anaerobic species that are not considered classical pathogens in the disease process. The IUD is an effective and safe contraceptive method, however, users of this method must be carefully selected to avoid the development of PID and cause reproductive harm.

P0648 | PERCEPTION OF FEMALE GENITALIA AMONG PARTURIENTS

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.5 AWARENESS AND COUNSELLING IN SEXUAL AND REPRODUCTIVE HEALTH

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Objectives: In the absence of a global sex education program, women especially during pregnancy undergo several physiological changes. We aim to assess the level of knowledge of full-term

parturients about the anatomy of the female genitalia, the menstrual cycle and the physiology of pregnancy.

Methods: This is an analytical cross-sectional study including parturients admitted at full term in a level three labor unit over a 3-month period (from January to April 2020). We used a semi-structured self-administered questionnaire in Arabic.

Results: We included 200 women. The average age of the participants was 29 years old \pm 4.25. The age of first sexual intercourse was 32.5 years old \pm 6.81. The majority of patients (63%) had already given birth vaginally. The correct response rate was 3% for the diagram of the anatomy of the vulva and the female external genitalia and 17% for the diagram of the anatomy of the female reproductive system and female internal genitalia. Regarding the physiology and function of the genitals and the physiology of the menstrual cycle, the correct answers' rate was 4%. Only 6% had a correct response regarding the physiology of pregnancy. This low level was not influenced by obstetrical history.

Conclusions: There is a real lack of knowledge among parturients about their genitals in terms of anatomy, physiology, and function.

P0649 | MITIGATING ADOLESCENT PREGNANCY IN A KENYAN COUNTY: SOCIETY VERSUS STATUTE?

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.4 SEXUAL AND REPRODUCTIVE RIGHTS

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Objectives: This study examines whether having Human Rights legislation comprehensively enshrined in statute/law translates to improvements in the health of pregnant adolescents.

Methods: Qualitative methods (interviewing/focus groups) using a WHO interview tool with subsequent thematic analysis. Interviewees were professional stakeholders e.g., county officials of the health, education and gender departments, judicial officers and NGO representatives; Kilifi County Community Members e.g., religious leaders, Youth workers; and, Youth Representatives from the Kilifi Youth Advisory Council.

Results: Both rights-holders and duty bearers were to varying extents unaware of the law or acting from incomplete or erroneous assumptions. This existed amongst stakeholders including parents. The local culture and its patriarchal aspect present a major challenge. Mistrust of stakeholders by adolescents - the trust between Duty bearers and stakeholders, and Rights holders appears to be an issue. Adolescents cited limited government action, some unhelpful community leaders, fear of medical staff and stigma accessing reproductive healthcare. These findings suggest that law and policy

do not reflect the reality of adolescent health in general and SRHR in particular. This is about the contradiction of being legally protected, but with little influence on everyday sociocultural and other challenges adolescents face.

Conclusions: Despite the considerable legal provision for HRBAs, there appears to be a gap between society and statute that needs to be bridged. One particularly important action would be to improve political will and accountability in its various forms - performance, social and financial - which necessitates credible involvement of adolescents by duty-bearers.

P0650 | IMPACT OF COVID-19 ON REPRODUCTIVE HEALTH AND RIGHTS: IMPORTANCE OF RECOGNIZING REPRODUCTIVE HEALTH SERVICES AS ESSENTIAL

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.4 SEXUAL AND REPRODUCTIVE RIGHTS

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Objectives: Engage physicians in a conversation about the impact of COVID-19 on reproductive health and rights and equip physicians to advocate for reproductive health services to be recognized as essential health services during a crisis

Methods: Eight in-depth interviews with lead doctors in Brazil, Colombia, Ghana, Ireland, Kenya, Malta, Mexico, South Africa. A series of virtual discussions sharing the experiences and strategies of physician advocates who are actively engaged both on the front lines in providing care and in the advocacy and policy arena in multiple global settings.

Results: Outcome 1: Describe the impact of the COVID-19 on access to reproductive health services in selected countries

Outcome 2: Identify lessons from initial phases of COVID-19 for maintaining access to reproductive health services during future crises

Outcome 3: Describe physician's unique contributions to policy and advocacy to ensure that reproductive health services are considered essential health services

Conclusions: The COVID-19 pandemic has caused direct and indirect consequences for access to reproductive health care. Disruptions in services are aggravating long-standing inequities in access to care and compounding disparities in reproductive health outcomes. Doctors can play a key role in ensuring that health systems recognize reproductive health services as essential throughout further phases of the pandemic and future similar crises.

P0651 | BEYOND CORRELATION: MACHINE-LEARNING FACILITATED DISCOVERY OF CAUSAL DRIVERS OF MODERN, EFFECTIVE AND TEMPORARY FAMILY PLANNING METHODS UPTAKE IN MARRIED WOMEN WHO HAD AT LEAST ONE CHILD IN MADHYA PRADESH, INDIA

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: To identify potential interventions to increase Modern Effective and Temporary (MET) uptake in married, 1+ parity women in Madhya Pradesh (MP), India.

Methods: A cross-sectional, state-wide representative, household survey was conducted in 51 districts of MP, India in 2019 on 6,190 married women (18-39 y.o.) who did not have an abortion and had at least one child. Forty variables spanning across demographics, social norm, risk perception, awareness, and interactions with community health workers (CHW) were prioritized using regression. A Markov Chain Monte Carlo algorithm with the qNML score was used to learn the intertwining causal Bayesian Network structures between the variables. Maximum likelihood estimates produced conditional probabilities used to estimate how much the uptake change would have been had a variable been intervened.

Results: Many health systems variables were instrumental to MET uptake as opposed to the risk perception of general family planning. MET was strongly conditioned on receiving FP advice at last birth (OR=3.0), FP location awareness (OR=2.3), and MET awareness (OR=2.2). Education level, CHW advice, and discussion of FP with non-spouses were also important. A deeper dive revealed that those who are conscientious or agree with financial reasons for FP were likely to be aware of FP locations, suggesting women's proactive role. Aside from awareness and FP advice, MET safety and side effect concerns were the main conditions for non-spousal discussions.

Conclusions: Taken together, these insights point to specific interventional messages and policy targets to increase MET uptake and events that precede it.

P0652 | KNOWLEDGE, ATTITUDES AND PRACTICES ON REPRODUCTIVE HEALTH OF ABORTION VIETNAMESE ADOLESCENTS
THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: To describe knowledge, attitudes, practices (KAP) and affect factors related to reproductive health in the adolescence abortion at Hanoi Obstetrics and Gynecology Hospital, Viet Nam (HOGH)

Methods: The study comprised a cross-sectional descriptive study of 103 adolescents seeking abortion at HOGH between January 1, 2018 and June 30, 2019. Participants were interviewed directly by questionnaire to collect information.

Results: The average age of adolescents seeking abortion was 16.34 years. The majority of the population did not have general knowledge concerning reproductive health issues such as dangers of abortion, a safe place to seek an abortion, or contraceptive methods (> 72%). Similarly, with regard to individual feelings, emotions, beliefs, and behaviors expressed toward reproductive health, only 57.28% had the correct attitude. Lack of knowledge and incorrect attitudes tend to lead to unsafe sex (>90%), causing unwanted pregnancy. When looking for factors related to KAP concerning reproductive health, participants' education status and family economic conditions were linked to KAP of the study subjects

Conclusions: The study results show that most adolescents who come for abortion have poor KAP involving reproductive health. Their KAP of reproductive health is linked to educational levels, as well as parent and family economic conditions. The findings of this study emphasize the need to provide reproductive health care information and services to adolescents, as well as the need for appropriate attention from both family and society to the target group. This is to improve their health as well as avoid unfortunate consequences.

P0653 | TELEMEDICINE FOR MEDICAL ABORTION IN SOUTH AFRICA: A RANDOMIZED CONTROLLED NON-INFERIORITY TRIAL
THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.2 TERMINATION OF PREGNANCY

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Objectives: To assess the effectiveness, feasibility, safety, and acceptability of medical abortion through telemedicine (TM) in a low-resource setting.

Methods: A randomized controlled non-inferiority trial among 900 women seeking medical abortion at public health clinics in Cape Town, ≤ 9 gestational weeks (GW) according to last menstrual period (LMP). Women are randomized to online screening, counseling and instruction with uterine palpation and no ultrasound (TM arm), or to in-person counselling, instruction and ultrasound exam (standard care arm). Our main outcome is rate of complete abortion (terminated pregnancy not requiring additional treatment) for which we stipulate a non-inferiority margin of 4%. Secondary outcomes are continuing pregnancy, rate of correct dosing and timing of medication, hospitalization, blood transfusion, and preference of treatment option.

Results: We have recruited 600 women. Most women come from a very low resource context. Interim analysis show that clinical outcomes do not differ significantly between treatment arms. Significantly more women prefer telemedicine for abortion. Lack of data is a barrier to TM abortion feasibility, 13% of women who self-assess as eligible according to LMP are ineligible for medical abortion, casualty services sometimes fail to recognize postabortion complications in women seeking care.

Conclusions: Women in low resource settings can complete online abortion screening and follow online instructions for medical abortion if they have access to data. Interim data analysis indicates that abortion through telemedicine without routine ultrasound is as effective, feasible, and safe as in-person abortion care. Accessible and competent postabortion care is a vital complement to TM abortion.

P0654 | TRENDS IN CONTRACEPTION USE AMONG WOMEN ATTENDING A TERTIARY CARE CENTRE IN SOUTH INDIAN BEFORE AND DURING THE COVID-19 PANDEMIC

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: Contraception and family planning are a fundamental human right that has been severely affected during the pandemic. Past outbreaks have shown that rise in maternal and infant mortality due to closure of elective services can cause more damage than the outbreak itself.

Aim: To compare the distribution of contraceptive methods used before and during the COVID-19 pandemic in a tertiary care center in India

Methods: Descriptive cross-sectional study. Study period- July 2020 to October 2020 and July to October 2019. Methodology- details collected from relevant registers in the hospital.

Results: Total number of deliveries reduced from 6769 in 2019 to 2288 in 2020 in the study periods. Total contraceptive users also reduced from 1329 to 498. Reduction was seen in all methods - sterilisation due to lack of elective operation theatres, and other spacing methods due to lack of access to the hospital. But post placental intrauterine devices use increased from 4.3% of all deliveries in 2019 to 12.7% of all deliveries in 2020.

Conclusions: There has been a paradigm shift in trends of contraception from tubectomy to PPIUCD. PPIUCD has emerged as a safe and acceptable method during the pandemic. There is an urgent need to strengthen family planning counselling and distribution services to reduce the collateral damage of the deadly virus.

P0655 | MODERN CONTRACEPTIVE UTILIZATION AND ASSOCIATED FACTORS AMONG EPILEPTIC WOMEN OF REPRODUCTIVE AGE AT PUBLIC HOSPITALS IN ETHIOPIA

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: To assess utilization of modern contraceptive methods and associated factors among women with epilepsy at neurology clinics in Addis Ababa, Ethiopia.

Methods: A cross-sectional study was conducted among 428 reproductive aged women attending neurology clinics for an epilepsy diagnosis at three referral hospitals in Addis Ababa, Ethiopia from June to December 2020. Data were collected using a structured and pretested questionnaire. Univariate and multivariable logistic regression was used to identify factors associated with the utilization of contraception.

Results: One in five women (20%) had previous unplanned pregnancies. Only 29.7% of the women were using a modern contraceptive method. The contraceptive implants were the most popular method used (29.9% of contracepting women). Counselling on family planning methods was provided to 36.2% of the participants during their follow up at the clinics. Being married was associated with higher utilization of modern contraceptive methods [adjusted odds ratio (95% confidence interval) 3.91 (1.80, 8.50)]. Women who were from an urban area [AOR (95% CI) 0.29 (0.11, 0.78)], who had never been pregnant [AOR (95% CI) 0.34 (0.17, 0.68)], and who had never been counselled on contraception [AOR (95% CI) 0.47 (0.28, 0.78)] had decreased odds of modern contraceptive method utilization.

Conclusions: Most women with epilepsy were not using a modern contraceptive method. Marital status, place of residence, previous history of pregnancy, and history of family planning counseling were independent predictors of modern contraceptive utilization. Counselling and education about modern contraceptive methods for women with epilepsy at the neurology clinics should be strengthened.

P0656 | PARTNERING FOR THE COMMON GOOD: THE INTERNATIONAL CONTRACEPTIVE ACCESS FOUNDATION MODEL FOR IMPROVING ACCESS TO THE LNG IUS

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: The International Contraceptive Access (ICA) Foundation was established in 2003 as a public-private partnership between Bayer and Population Council with a mission to provide levonorgestrel releasing intrauterine system (LNG IUS) contraceptive devices at no charge to local providers in low- and middle-income countries. Our paper describes the ICA Foundation model, how it has built momentum in recipient countries and galvanized investment by development partners to expand access to this innovative product.

Methods: In this paper, we will review the Foundation's history, donation and provider records, countries of focus, major milestones, and analyze factors leading to program success.

Results: The ICA Foundation, a unique public-private partnership, has donated over 165,000 LNG IUS to 63 organizations in 37 countries. There has been a steady and continued increase in insertion rates and decreased levels of product expiration over time. The Foundation has also established communities of practice in recipient countries. The ICA Foundation's donation and efforts have been instrumental in garnering interest in the LNG IUS in countries where development partners are investing.

Conclusions: The Foundation's experience has demonstrated that targeted donations to carefully selected programs can facilitate acceptance of new contraceptives and pave the way for broader access and introduction. Efforts to nurture communities of practice, identify contraceptive champions, and support provider trainings have laid the groundwork for significant increases in access to and availability of this highly effective contraceptive option. This public-private partnership illustrates how non-profit and for-profit can collaborate on a joint vision to serve under-resourced communities.

P0657 | FROM POLICY TO PRACTICE: INCORPORATING RESPECTFUL MATERNITY CARE INTO KHYBER PAKHTUNKHWA'S HEALTHCARE GUIDELINES AND STANDARDS

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.4 SEXUAL AND REPRODUCTIVE RIGHTS

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Objectives: In Khyber Pakhtunkhwa (KP) province in Pakistan, a partnership led by the Healthcare Commission (HCC) developed respectful care policy guidelines to address the disconnect between the positive trend of increasing facility-based births against a stagnating high maternal mortality rate (MMR).

Methods: A landscape analysis and mapping of 4,036 facilities in KP province found a 10% increase in facility-based deliveries since 2018. Despite the positive trend in facility-based births, the provincial analysis mirrored national trends from Pakistan's Demographic and Health survey (2006-2018) reflecting a stagnating MMR at 261 per 100,000 live births, and a 31% jump in Caesarean sections over the same year.

Results: KP's analysis from 2012-2017 showed modest gains against three indicators of the provincial health delivery system - population per doctor; population per bed; and per capita expenditure. However, performance is still far from the health system standard. Combined with the stagnating MMR, these indicators illustrate a

need for a stronger, integrated health system that supports providers and women alike.

Conclusions: Building on results from the 2018 National Dialogue on Ending Preventable Maternal Mortality, which prioritized rights-based, respectful care for women and a holistic health system approach to maternal and newborn health (MNH), the KPHCC developed Ethics, Guidelines, and Standards of Respectful Maternal and Newborn Care (RMNC) to address the gap in MNH outcomes and advance a respectful care and integrated health system approach. The guidelines provide clear facility standards, and importantly include mutually supportive RMNC rights and responsibilities for providers, women, and the health system.

P0658 | POLICY GUIDELINES FOR CONTINUATION OF FAMILY PLANNING SERVICES DURING THE COVID-19 PANDEMIC IN KENYA: NATIONAL AND COUNTY

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: The COVID-19 pandemic dramatically threatened progress towards Kenya's family planning (FP) usage goals, currently at 53% CPR. To counteract potential drops in contraceptive use, Kenya developed national policies to maintain FP services during COVID-19, which were adapted to county level implementation context. We conducted a systematic content analysis of national policy guidelines for continuation of FP services during the COVID-19 pandemic, and how these were applied at county level.

Methods: Two Kenyan national policy guidelines fit selection criteria. Analysts used a standardized tool to extract FP services content, enter into NVivo software and organize into themes. Recommendations from Kenya's guidelines were compared with WHO's 2020 guidance for maintaining essential health services.

Results: In alignment with WHO recommendations, the policy guidelines promoted use of short-term methods and 3-month extended refills. Surgical contraception was temporarily suspended. The guidelines allowed for deferred removal of long-acting FP methods; FP services offered on 24-hour basis at health facilities. Postpartum/post-abortion FP to be provided without any service modifications. Health facilities to increase stock of contraceptives to six months to cushion supply chain problems. National guidelines called for outreach FP services to be discontinued: this was later modified in Nakuru and Baringo counties.

Conclusions: Kenya's national policy guidance was specific and comprehensive about provision of FP services during the pandemic, and county leadership were able to implement minor modifications to cater for county-level needs. One potential area for improvement would be to increase specific details on how telehealth can be used for FP services.

P0659 | CO-PRODUCED E-LEARNING PACKAGE ON SAFE ABORTION CARE FOR HEALTHCARE WORKERS

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/**SUB-THEME:** AB 6.2 TERMINATION OF PREGNANCY

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Objectives: An open source, evidence-based, eLearning package on safe abortion care for healthcare workers and students was co-created with 20 Sexual and reproductive health rights (SRHR) Champions from Nigeria, Rwanda, Sierra Leone, Sudan and Zimbabwe as part of the RCOG's Making Abortion Safe Programme (MAS).

Methods: The SHRH Champions and UK-based MAS programme team used the Open University's 'Ideal model of Co-creation' with its underpinning principles of participation and de-colonisation to co-produce the eLearning package. The model consisted of three phases:

1. Co-creation and Collation of Knowledge on Topic: including a rapid review of current resources.
2. Co-design of learning: Iterative working using a co-design methodology variant of Activity Theory/Change Laboratory.
3. Co-production.

Results: The team worked together over four months in 2021 to produce ten eLearning modules on: 1. Pre-abortion consultation, 2. Early Medical Abortion, 3. Medical abortion after 12 weeks, 4. Surgical abortion up to 14 weeks, 5. Surgical abortion after 14 weeks, 6. Managing pain, 7. Managing emergencies, 8. Post-abortion care, 9. Post-abortion contraception, and 10. Teaching healthcare students

Module structure: Video lecture/s with built-in interaction. Information for woman/pregnant people. Global perspectives: local protocols, clinical scenarios, consultation videos. Further reading. Assessment questions. - Certificate of completion.

Programme evaluation data will be available to present at conference.

Conclusions: An international team of healthcare providers working together in a focused period of time using an iterative, co-design methodology can produce clinical learning resources that are useful and applicable across global contexts.

P0660 | EARLY CORROSION OF THE COPPER INTRAUTERINE DEVICE ASSESSED BY TWO-DIMENSIONAL ULTRASONOGRAPHY - CASE REPORT

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/**SUB-THEME:** AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: The copper intrauterine device (IUD) is a long-acting, reversible method that is highly effective with few side effects. This report aims to describe two cases of uneven wear of the copper content of TCu 380A, using two-dimensional abdominal and transvaginal ultrasound.

Methods: The first patient had an IUD insertion in September of 2011 and after 5 years and 11 months of use, it was possible to observe a discontinuity of the copper wire located on the vertical rod upon analysis of a two-dimensional abdominal and transvaginal ultrasound. In the second case, it was observed through a two-dimensional abdominal and transvaginal ultrasound, that even after 10 years of the insertion of the device, the integrities of the copper wire of the vertical rod remained.

Results: The assessment of the copper content corrosion of the vertical stem of the TCu 380A has previously only been described using 3D ultrasound. However, two-dimensional ultrasound is sufficient to measure the copper content of the TCu 380A, which makes this assessment more accessible. After removal of the IUD, visual inspection of both devices coincided with the image observed on the ultrasounds, thus showing how reliable this method can be to assess early wear or integrity of the device.

Conclusions: Two-dimensional ultrasound is a medical exam capable of assessing the location of the IUD and also its degree of weariness. Further studies are required to clarify the factors that lead to uneven corrosion.

P0661 | VALIENTE - A COMMITMENT TO STRENGTHENING COMPREHENSIVE SEXUALITY EDUCATION IN COLOMBIA

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/**SUB-THEME:** AB 6.4 SEXUAL AND REPRODUCTIVE RIGHTS

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Objectives: The intervention "Guaranteeing the rights of girls through the strengthening of comprehensive education for sexuality - Valiente" includes measurements to evaluate the impact of the pedagogical actions are undertaken.

Methods: Descriptive research with qualitative methods, in which 25 in-depth interviews were applied before implementation and during the intervention 32 semi-structured interviews with children and adolescents enrolled in the municipalities of Aracataca and Pivijay (Magdalena); El Carmen de Atrato and Bahía Solano (Chocó); Caloto and Miranda (Cauca); and Dibulla and Uribia (La Guajira), Colombia.

Results: Previously, children and adolescents had difficulty in defining what is Sexual and Reproductive Rights - SRH, negative perceptions, and stress were presented in the participants when addressing this issue, age was indicated as a limitation for the exercise of these rights. Sex education was mostly described in terms of risk. After six months of implementation, it was evidenced that the beneficiaries are developing the ability to speak in a calm and informed way about SRH, they recognize themselves as subjects of these rights and are expanding the notions about sex education as they include topics such as self-knowledge, respect, self-care, and human rights.

Conclusions: The findings before the intervention evidenced a lack of comprehensive education for sexuality, the conceptions that children and adolescents have been linked to an adult-centered vision through which sexuality and the agency of people who are in childhood are denied. During the intervention, signs of transformation of perceptions about SRH have been obtained.

P0662 | EFFECTS OF AN ORAL CONTRACEPTIVE CONTAINING ESTETROL AND DROSPIRENONE ON SELECT ENDOCRINE, METABOLIC AND HEMOSTATIC PARAMETERS: RESULTS OF A PHASE-2 TRIAL THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: To evaluate the effect of a new combined oral contraceptive containing the native estrogen Estetrol (E4) 15 mg and drospirenone (DRSP) 3 mg on endocrine, metabolic, and hemostatic parameters.

Methods: We conducted a single-center, randomized, open-label, three-arm, parallel study in healthy women. Participants received six consecutive treatment cycles with E4/DRSP (n=38), or ethinyl estradiol (EE)-containing reference products, EE 30 µg/levonorgestrel (LNG) 150 µg (n=29) or EE 20 µg/DRSP 3 mg (n=31). We compared

median percentage changes between baseline and cycle 6 for all parameters.

Results: E4/DRSP had smaller effects than EE/LNG and EE/DRSP on angiotensinogen (+75.0% versus +170.0% and +206.5%, respectively), sex hormone binding globulin (+55.0% versus +74.0% and +251.0%, respectively), cortisol (+26.0% versus +109.0% and +107.0%, respectively), cortisol binding globulin (+40.0% versus +152.0% and +140.0%, respectively), and thyroxin binding globulin (+17.0% versus +37.0% and +70.0%, respectively). E4/DRSP minimally changed lipid parameters, with the largest effect on triglycerides (+24.0%), a change similar to EE/LNG (+28.0%) and less than EE/DRSP (+65.5%). E4/DRSP had less pronounced effects than EE/LNG and EE/DRSP on endogenous thrombin potential-based activated protein C resistance (+30.0% versus +164.5% and +218.5%, respectively) and prothrombin fragment 1+2 (+23.0% versus +71.0% and +64.0%, respectively), two procoagulant markers. E4/DRSP also had less impact on plasminogen (+12.0% versus +40.0% and +35.5%, respectively) and tissue plasminogen activator (-7.0% versus -33.0% and -39.5%, respectively), two fibrinolytic proteins.

Conclusions: E4/DRSP has a limited effect on endocrine and metabolic parameters and a neutral hemostatic profile compared to EE-containing products.

P0663 | ADDRESSING THE BARRIERS TO SAFE ABORTION AND POST-ABORTION CARE THROUGH ADVOCACY IN ZIMBABWE THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.2 TERMINATION OF PREGNANCY

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Objectives: A diverse group of healthcare professionals (HCPs) from Zimbabwe develop and implement an advocacy strategy with the overall aim to support HCPs to address the barriers to safe abortion (SA) and/or post-abortion care (PAC) in their countries, as part of the RCOG Making Abortion Safe programme.

Methods: Under the programme, HCPs were invited to apply for the voluntary role of Sexual and Reproductive Health and Rights (SRHR) champions. SRHR champions are co-creating a range of open access eLearning and advocacy materials in relation to SA and PAC provision, and are developing advocacy strategies to address specific country-based SA and PAC barriers.

Results: SRHR Champions have developed advocacy strategies to address some of the major barriers that healthcare professionals face around safe abortion and/or post-abortion care provision. Collaboration between a diverse range of healthcare professionals, from different cadres and at different levels of seniority, is an effective and innovative way to influence change.

Country advocacy strategies, planned activities and reflections on progress made will be presented at the conference.

Conclusions: The programme has brought together a diverse range of HCPs and advocates to identify and tackle barriers that HCPs are faced with in relation to SA and PAC provision. The SRHR champion approach has allowed for the identification of the most significant root causes of the barriers to SA and PAC care and to address them in a context appropriate way.

P0664 | IMPLEMENTATION OF A TELEMEDICINE MODEL FOR EARLY MEDICAL ABORTION IN MEXICO

**THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH
AND RIGHTS/SUB-THEME: AB 6.2 TERMINATION OF
PREGNANCY**

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Objectives: Access to safe abortion care in Mexico is limited in most of the country, except in the nation's capital. We conducted a pilot study, *TeleAborto*, at four private clinics and one community-based provider, to evaluate safety, acceptability, and feasibility of a direct-to-consumer telemedicine medical abortion service in Mexico.

Methods: Individuals desiring early medical abortion through 10 weeks' gestation were invited to participate. Individuals interested in *TeleAborto* were screened for eligibility and underwent a remote consult with a clinician by video, telephone, or messaging. Eligible participants consented to participate using a digital application, verbally or providing an image of the signed form. A package containing study medications and instructions was sent to participants using tracked mail. A remote follow-up consult with a provider was scheduled 7-14 days after the package was mailed to assess abortion outcome.

Results: Between April 2019 and May 2021, 390 clients were screened. Of those, 271 (69%) received a *TeleAborto* consult, and a study package was mailed to 258 (64%) people. Abortion outcome was obtained for 232 participants: 214 (92%) had a successful abortion without further intervention, 13 (6%) received additional intervention to complete the abortion, and 5 (2%) decided not to take the medications. 213 participants (92%) completed an acceptability questionnaire and 99% were satisfied with the service.

Conclusions: Early medical abortion through telemedicine is a safe, acceptable, and feasible approach to increase access to abortion services in Mexico. The model can be adapted to other settings and applied to other reproductive health self-care interventions.

P0665 | IMPACT OF THE COVID-19 PANDEMIC ON ADOLESCENT FAMILY PLANNING AND RESCUE THROUGH TELECONTRACEPTION

**THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH
AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION
AND FAMILY PLANNING**

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Objectives: The Covid-19 pandemic has disrupted specialized health care. The objective is to understand this impact on contraceptive control of adolescents treated at specialized gynecology outpatient clinics, offer telecontraception care strategies and evaluate gestational and infectious outcomes.

Methods: Participated women in outpatient follow-up of adolescent gynecology at the UNICAMP-CAIMS Hospital, SP-BRAZIL, with estimated sample size of 50 participants. Cross-sectional study done to characterize the population and to assess gestational and infectious outcomes after follow-up. Prospective cohort study used after weekly telecontraception by telephone contact for six weeks

Results: Thirty adolescents participated, with an average age of 18 years, low family income. Presence of sexual intercourse in 80% during the pandemic, with infrequent (25%) or absent (37.5%) condom use. Documented symptoms of sexually transmitted infections (STIs-10%). Complaints of abnormal uterine bleeding in 10% and dysmenorrhea in 13.3%. There were not changes in method or difficulties in obtaining it, being SIU-levonorgestrel (26.66%) and hormonal oral contraceptives (26.66%) most used. Knowledge about the menstrual cycle was infrequent (50%). No registered cases of pregnancies or Sars-CoV-2

Conclusions: The COVID-19 pandemic did not impact the number of unwanted pregnancies. Low adherence to condom use was evidenced, especially among those who use the SIU-levonorgestrel. It corroborates a feeling of security for pregnancies, but equivocal protection against STIs. A tele-contraceptive structure was created to help during a pandemic, which may have contributed to the absence of documented pregnancies. No SARS-CoV-2 infection was identified, questioning symptoms at this age. Doubts about adverse reactions to hormonal pills was the most frequent.

P0666 | ACCESS TO SAFE ABORTION AND WOMEN'S EXPERIENCE: A SURVEY OF 602 WOMEN IN SOUTH KOREA

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.4 SEXUAL AND REPRODUCTIVE RIGHTS

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Objectives: South Korean Constitutional Court ruled its previous restrictive abortion law unconstitutional. This was not followed by alternative legislation, neglecting women's access to safe abortion services. This study aims to identify barriers to abortion access in South Korea.

Methods: We surveyed women of their reproductive age who had experienced abortion service in the last five years. The survey was conducted in March 2021 using quota sampling. Data were analyzed using ANOVA tests.

Results: A total of 602 women participated in the survey who experienced more than one abortion from 2016 to 2021. The average age at abortion was 29.2 (sd 6.4, min 16, max 43). 77.3% of participants recognized their pregnancy before 6 weeks, 89.7% before 8 weeks, while 1.5% did not recognize their pregnancy until 20 weeks, 2.5% until 14 weeks. The average time from pregnancy recognition to abortion service took 1.4 weeks (sd 2.6wk, min 0, max 29). While women living in the metropolitan area recognized their pregnancy in average 5.6 weeks, women living in rural areas recognized pregnancy at 6.8 weeks ($F=4.24$, $P=0.006$). Average Gestational weeks at abortion were 6.9 weeks for women living in metropolitan areas and 8.2 weeks for rural regions ($F=2.89$, $P=0.035$). 14.1% of participants had difficulty finding Obstetric clinics in their local districts, while 56.3% said they had hardship finding abortion clinics.

Conclusions: Many women in Korea are having a hard time reaching for safe, quality abortion service. Special consideration for women living in rural regions is needed.

P0667 | WOMEN'S EMPOWERMENT, FERTILITY-RELATED OUTCOMES AND CONTRACEPTIVE PRACTICES IN MOZAMBIQUE

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: Women's empowerment can improve women's reproductive health and rights. This work examined how different domains of women's empowerment influence fertility-related outcomes and contraceptive practices in Mozambique.

Methods: We used the 2015 Demographic Health Survey conducted in Mozambique from which a sample of 2072 women aged 15 to 49 years were selected. A principal component analysis was performed, and three components were identified as the domains of empowerment: Beliefs about violence against women, Decision-making, and Control over sexuality and safe sex. A multinomial logistic regression was run to estimate the association between levels of empowerment for each domain and the fertility-related outcomes and the contraceptive practices. Crude and adjusted odds ratio were calculated, with 95% confidence intervals.

Results: Beliefs about violence against women and Control over sexuality and safe sex were positively associated with having 1 to 4 children. Decision-making increased the odds of women not wanting more children. Middle to high empowerment levels for Control over sexuality and safe sex increased the chances of women using any type of contraceptive method and using it for longer periods. All domains, from the middle to high levels of empowerment, decreased the chances of women not wanting to use contraception.

Conclusions: Each domain of empowerment had a different effect over specific fertility and contraceptive outcomes. Specifically, Control over sexuality and safe sex domain has a critical role for improving women's ability to decide over fertility and contraceptive practices in Mozambique.

P0668 | EVALUATION OF DEMAND GENERATION ACTIVITIES AND CLIENT SATISFACTION IN 5 SFPA CENTERS

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: Assessment of demand generation activities and client satisfaction with GCACI (Global Comprehensive Abortion Care

Initiative) services in 5 randomly selected Sudanese Family Planning Association (SFPA) centers.

Methods: This was 2021 facility and community-based study. Demand generation data were collected from activities performed in neighboring areas. Clients' satisfaction was assessed through exit interviews. SPSS v23 was utilized for data analysis.

Results: Total of 988 questionnaires were completed. Respondents attended group awareness sessions (35.8%), group discussions (29.7%) and seminars (27.8%). The impact of community-based awareness activities was variable across regions. More than a third of the participants came across printed materials or sign boards. Beneficiaries confirmed independent decision-making after discussions with a partner or medical staff. The majority (54.7%) strongly agreed their privacy was preserved while receiving required medical attention. However, some clients reported that auditory confidentiality was not respected. Despite numerous clients mentioning accessibility issues, all centers have a comfortable working environment for both workers and clients. Almost all services targeted to be provided at the centers are available. Infection control measures were respected whereas waste management needed improvements.

Conclusions: Community mobilization visits were the most effective method in conveying health education. Nearly 100% of clients stated that staff answered their inquiries adequately. § 93.9% of clients had not experienced health problems thanks to services provided. 96.7% of respondents recommend family and friends to seek medical attention at SFPA centers. Interactive sexual and reproductive health educative methods are recommended. Appropriate waste and stock management are necessary.

P0669 | ACCESS TO ABORTION CARE FOR TRANS MEN AND NON-BINARY PEOPLE: AN EXPLORATORY STUDY IN COLOMBIA

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.2 TERMINATION OF PREGNANCY

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Objectives: Identify experiences, needs and expectations of trans men and non-binary people regarding abortion services to inform a more equity and adapted sexual and reproductive healthcare services provision.

Methods: This is a mixed-research study. A virtual survey applied to 141 trans men or non-binary people and two in-depth interviews to construct two life stories of trans men or non-binary people with abortion experiences. The analysis was carried out according to the following themes: sociodemographic characterization; body and sexuality; abortion knowledge, access and experiences. Descriptive

univariate and bivariate analysis were performed and an index of knowledge of contraceptive methods was estimated.

Results: 75% of the surveyed people know the Colombian legal framework on abortion; 10% needed an abortion, 5% did not access to the service because of administrative barriers and out-of-pocket expenditure. 70% have gestation capacity and 36% have sexual practices that imply a risk of pregnancy. The percentage of people with gestational capacity who do not use contraceptive methods is high among trans men. The stories showed abortion experiences marked by discrimination and violence historically directed at trans and non-binary people. They also showed that accompaniment contributes to favorable experiences for the physical and mental health of abortion service users.

Conclusions: Implementing trans-and-non-binary-friendly abortion services involve: 1) recognizing gender identities in health information systems; 2) capacity building training health personnel in abortion techniques and in the specific needs of the trans and non-binary population; 3) dignity and equity in abortion care; and 4) clear and free-discrimination communication and services.

P0670 | FACTORS AFFECTING IMMEDIATE USE OF CONTRACEPTION AMONG WOMEN HOSPITALIZED FOR ABORTION IN TWO PUBLIC HOSPITALS IN KIGALI, RWANDA

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: To evaluate post-abortion contraception use and the factors affecting immediate use of contraception among patients consulting two public hospitals in Kigali, Rwanda

Methods: This is an observational cross-sectional study of women admitted for abortion in the two largest obstetric units in Kigali, the University Teaching Hospital (CHUK) and Muhima District Hospital (MH) from November 2019 to April 2020. Admission registry was accessed daily to determine abortion admissions. After informed written consent, participants underwent a standardized interview prior to hospital discharge.

Results: There were 252 participants over six months; 88.5% were counseled for post-abortion contraception and 52% desired contraception prior to hospital discharge. Upon discharge, only 36.5% of all study participants had received contraception. Being married and involving the husband in choosing post-abortion contraception were significantly associated with the use of post-abortion contraception

($P < 0.05$). Within the group of women who wanted to use contraception prior to discharge from the hospital, choosing a permanent contraception was statistically associated with not receiving post-abortion contraception ($P < 0.001$).

Conclusions: Post-abortion contraception uptake in two large public hospitals in Kigali remains low. Husbands should be involved to increase the post-abortion contraception uptake and barriers in serving women in need of tubal ligation need to be identified and addressed. Alternative interim methods of contraception should be prescribed to women desiring permanent sterilization.

P0671 | COMPARISON OF HYPOACTIVE SEXUAL DYSFUNCTION IN CLIMACTERIC WOMEN SEEN IN A PRIVATE PRACTICE AND IN A UNIVERSITY SERVICE CLINIC

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.3 HUMAN SEXUALITY

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Objectives: Menopausal atrophic colpitis causes dyspareunia which can produce negative reinforcement for the sexual act. The perception of the climacteric clinical picture is experienced differently by different social groups. We were interested to know if there are differences in the compromise of sexuality between climacteric women with different socioeconomic situations.

Methods: Cross-sectional, prospective study, including women seen at the Menopausal Outpatient Clinic and private clinics. Inclusion Criteria were being climacteric, having an active sex life and mentioning that there was a compromise in sexuality. Exclusion criteria were report that their sexuality was previously compromised. We applied the "Female Sexual Quotient" questionnaire, assessed age, education level, comorbidities and hormonal treatment.

Results: 64 patients were included (42 in outpatient clinic/ 22 in private clinics). The patients in the private offices were seen through health plans, the outpatients were seen in the Public Health System (SUS). There were no differences regarding age, hormone treatment and marital status. Office patients had more schooling and comorbidities were more common among SUS patients (27% x 22%, respectively). The average age was 53.9 years, 71.8% in the post-menopause. HT was reported in 34.3% of patients. The average QSF score in the private patients was 44 and the SUS service was 56.

Conclusions: 57.7% of the women had a bad to regular sex life. In SUS patients there was higher prevalence of patients with zero to bad sex life. Both groups had little dyspareunia and difficulty in the arousal phase and the major difficulty during the resolution phase.

P0672 | THE IMPACT OF COMMUNITY HEALTH WORKERS (ASHAS) ON FAMILY PLANNING IN MADHYA PRADESH, INDIA: CURRENT STATE AND FUTURE POTENTIAL

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.5 AWARENESS AND COUNSELLING IN SEXUAL AND REPRODUCTIVE HEALTH

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Objectives: To strengthen the role of ASHAs in supporting family planning (FP) by assessing existing rates of support, identifying household characteristics predictive of support, and what messaging strategies are currently deployed by ASHAs.

Methods: A cross-sectional, state-wide representative household survey was conducted in 51 districts of Madhya Pradesh, India in 2019. The final sample consisted of $n=8,479$ married women aged 18-39 years that were fertile, lived in rural settings, and had their ASHA surveyed ($n=1,366$ ASHA). In a subgroup of women who talked to their ASHA about FP in the past 12 months ($n=1,396$), we used logistic regression to identify factors associated with self-reported impact on FP behavior.

Results: Only 51% of women spoke to their ASHA at all in the past 12 months, and 16% spoke about FP. When they did discuss FP, 65% of women started/changed contraception methods and/or changed how they thought about family planning. Such impact was equally likely for women with 0, 1, or 2+ children. Factors predictive of ASHA impact were wide-ranging, including the woman's beliefs, risk perceptions, and self-efficacy. However, ASHA messaging strategies rarely addressed these factors, instead focusing primarily on the financial aspects of FP.

Conclusions: The role of ASHAs in FP is currently limited, but they can be influential when they engage with women. A combination of incentives and communication training, as well as raising demand from households, could make ASHAs an effective channel for driving modern FP uptake.

P0673 | ACCESSING CONTRACEPTION AND ABORTION SERVICES IN TIMES OF CRISIS: RESULTS FROM A SOCIAL MEDIA SURVEY OF VENEZUELAN WOMEN

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: To describe Venezuelan women's experiences accessing sexual and reproductive health (SRH) services, including abortion, in the context of humanitarian crisis and restrictive laws.

Methods: We conducted a social media survey among Venezuelan women to inform the design of a digital solution for self-managed medication abortion.

Results: We received 851 completed survey responses, mostly from reproductive-aged women (36% were 26-35, 27% were 19-25, and 25% were 36-45). In the last year, most respondents worried about their personal safety (86%) and experienced power outages (76%), lack of access to clean water (74%) and to medications (74%). Two thirds of respondents used contraception in the last two years; the most popular method was the male condom (42%) followed by the implant (38%), the pill (27%) and the IUD (25%). Almost half of respondents had difficulty accessing contraception (44%). About one fifth of respondents reported having had an abortion; of these, 63% used abortion pills, and 72% reported difficulties in the process. The most commonly reported difficulty was fear that something bad would happen (49%); only 10% had trouble accessing abortion pills. Half of those who had an abortion did not seek help from anyone, while the other half did - either from family members or friends (34%), from providers in the private health sector (14%), or from the Internet (12%).

Conclusions: Venezuelan women describe limited access to SRH services. However, they report relatively high rates of contraceptive use and are able to mobilize resources to access abortion despite the restrictive legal setting.

P0674 | A NEGLECTED POPULATION: SEXUAL AND REPRODUCTIVE ISSUES AMONG ADOLESCENT AND YOUNG VENEZUELAN WOMEN MIGRANTS AT THE NORTHWESTERN BORDER OF BRAZIL

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.4 SEXUAL AND REPRODUCTIVE RIGHTS

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Objectives: To provide an overview of the main Sexual and Reproductive Health (SRH) issues affecting migrant Venezuelan adolescents and young women in Boa Vista, Northwestern of Brazil.

Methods: A cross-sectional study was conducted with the use of a self-responded questionnaire among Venezuelan adolescent migrants identified at Boa Vista, from 18 to 23 January 2021 (IRB approval 20458219.0.0000.5404). Data collection covered access, use and satisfaction regarding SRH, by migrant Venezuelan adolescents aged 12-24 years old. A descriptive analysis was performed.

Results: According to official reports, there were 1.603 Venezuelans living on the streets in Boa Vista. A total of 153 adolescents were interviewed, the mean age was 17.7 (\pm 3.6), two-thirds were between 12-19 years. The majority (84.3%) was living on the streets, 81% migrated to Brazil in the 6 months before the interview. Most of the adolescents (54.3%) reported previous pregnancy, 9.8% were pregnant at the moment of the interview, however, 30% with no antenatal care. The main SRH concern was contraception (35.3%) but most (75%) who went to a health centre were unable to obtain the method of their choice and for 90.5% no other contraceptive was offered.

Conclusions: Adolescents are a neglected group in humanitarian settings, especially during the pandemic. Efforts to address the SRH needs from this population require urgent attention. A coordinated approach among governmental health sectors, non-governmental and international organizations is necessary in order to guarantee a comprehensive response.

P0675 | STRATEGIC COMMUNICATION TO IMPROVE ACCESS TO SAFE ABORTION IN LAGOS, NIGERIA

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.2 TERMINATION OF PREGNANCY

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Objectives: The Lagos State Criminal Code stipulates that abortion is legal to preserve the life *and* physical health of a woman. Yet, despite this relatively less restrictive context, in practice, access to safe abortion in Lagos is still very limited. This paper discusses a coordinated advocacy effort to make abortion services accessible within legal indications in Lagos.

Methods: Through collaboration between the Society of Gynecology and Obstetrics of Nigeria (SOGON), Lagos State Ministry of Health (LSMOH), and the Safe ENGAGE Project supported by PRB, high-level stakeholders from government, civil society and academia formed a task force focused on reducing unsafe abortion in the State. Through regular meetings to share data, define objectives and develop clear messages targeting specific audiences, the group co-created a compelling video and presentation package, "Out of the Shadows," to promote dialogue about abortion in the State.

Results: Strong engagement with LSMOH prompted the Commissioner to issue a directive mandating that abortion services be provided within the ambit of the law. The State is now domesticating national clinical guidelines for safe termination of pregnancy within legal indications to reflect that in Lagos, the law allows for abortion to protect the physical health of the woman. Additionally, "Out of the Shadows" is catalyzing dialogue about domestication of the Violence Against Persons Prohibition Act in Lagos.

Conclusions: Engaging high-level stakeholders around data and common messages helps increase awareness and can propel policy actions to improve access to safe abortion services.

P0676 | RADIOFREQUENCY AND LASER TREATMENT OF STRESS URINARY INCONTINENCE (SUI) AND GENITOURINARY SYNDROME OF MENOPAUSE (GSM): A SYSTEMATIC REVIEW OF OUTCOME REPORTING FOR DEVELOPMENT OF A CORE OUTCOME SET (COS)

THEME: AB 7 UROGYNAECOLOGY/SUB-THEME: AB 7.3 INCONTINENCE – MANAGEMENT AND SURGERY

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Objectives: To evaluate outcomes reported in trials assessing efficacy and safety of laser and radiofrequency treatment for GSM and SUI.

Methods: Systematic literature search of Embase, PubMed, MEDLINE and Cochrane Central Register of Controlled Trials (CENTRAL) from inception to 2020 using MeSH terms including 'Genitourinary syndrome', 'stress urinary incontinence', 'energy-based treatments', 'Er:YAG' and 'fractional CO2 laser'. Randomised controlled trials (RCTs) and non-randomised trials were included. Outcomes reported and outcome measures utilised were extracted to form an inventory. Outcomes were classified into domains and themes according to a medical outcome taxonomy¹.

Results: Of forty eligible trials, only 4 were RCTs. Most studied intervention was CO2 laser. Forty-two total outcomes were reported, most frequent was 'Improvement in sexual function' in 16 trials. Majority of outcome measures were validated (26/40, 65%), and most common was 'Female Sexual Function Index'. Most reported domain, in 28 trials, was 'Anatomical, structural and physiological changes', within the theme 'Physical signs and symptoms'.

Conclusions: Radiofrequency and laser therapy have been developed in the last decade as treatments for GSM and SUI, however the need for robust evidence of safety and efficacy remains²⁻⁴. Published trials frequently report anatomical, structural, and physiological changes, but often omit adverse events and side effects. To ensure reporting of all outcomes of interest to stakeholders and to facilitate data synthesis, we recommend development and use of a core outcome set (COS). We recommend inclusion of the domain 'adverse events' in a COS, as safety profile is essential in treatment decisions and is infrequently reported.

P0677 | THE IMPACT OF OVERACTIVE BLADDER SYMPTOMS AND URINARY INCONTINENCE ON THE QUALITY OF LIFE AMONG WOMEN IN UPPER EGYPT

THEME: AB 7 UROGYNAECOLOGY/SUB-THEME: AB 7.3 INCONTINENCE – MANAGEMENT AND SURGERY

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Objectives: to assess the rate of Overactive bladder (OAB) and urinary incontinence (UI) among women in Upper Egypt and to explore their impact on their quality of life (QOL).

Methods: A cross-sectional study enrolled 900 women aged 18 years and older presented in a tertiary university hospital. They asked to complete The Bristol Female Lower Urinary Tract Symptoms Questionnaire (BFLUTSQ). Incontinence and other lower urinary tract symptoms (LUTS) were positive if answer scores ≥ 2 to BFLUTSQ question for incontinence and other LUTS.

Results: The rate of OAB was 39% (351 women). Of these 50.1% reported that their sexual life is spoilt by OAB and 29.9% complained of dry vagina, 33.6% had dyspareunia and 41.0% had coital incontinence. Regarding QOL, 16.8% of the women had to restrict their daily activities and 37.0% reported their OAB affected their physical activities. Additionally, 54.4% of women said they affected their social life and 21.7% had to avoid places where toilet is far. There were also 50.1% have psychological symptoms such as anxiety and depression. The rate of UI was 22.2%. Of them, 33.8% have reported avoiding sexual intimacy for fear of leaking of urine during sexual intercourse, 24.9% had coital incontinence, 13.9% complained of dry vagina and 16.4% had dyspareunia. Additionally, 21.4% had to restrict their daily activities and 34.8% had limited physical activity for fear of leaking urine.

Conclusions: OAB symptoms and UI are highly prevalent and have severe effects on quality of daily and sexual life.

P0678 | PREDICTORS OF REMAINING MARRIED WITH GENITAL FISTULA

THEME: AB 7 UROGYNAECOLOGY/SUB-THEME: AB 7.4 GENITAL TRAUMA AND FISTULAE

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Objectives: A dominant narrative is that husbands abandon women with genital fistula. We examine features that predict whether women remain married with fistula.

Methods: This retrospective review focuses on 4,936 women who developed fistula during childbirth (1975-2017) and sought treatment (1994-2017) in Tanzania, Uganda, Kenya, Malawi, Rwanda, Somalia, South Sudan, Zambia, and Ethiopia. Frequencies and logistic regression assessed attributes associated with remaining married, including country, age at fistula development, duration, children, fistula types, repair attempts, education, and husband's education.

Results: Over half of the women lived with their husbands at the time they sought fistula treatment (55.2%, 2,719/4,927), with statistically significant geographic variation. Remaining married with fistula was most common in Zambia (67.4%), Malawi (59.9%), and Kenya (58.6%) and least common in Somalia (49.6%) and Ethiopia (49.4%). The strongest modeled predictor of remaining married with fistula was living children, with odds ratios rising with number of children (1.5-4.4). Predicted probability of remaining married declined sharply over the woman's first year of leaking, leveling out thereafter. Woman's education and age were not statistically significant predictors, but a woman's odds of remaining married were 24% higher if her husband had any formal schooling.

Conclusions: While some husbands abandon wives with genital fistula, they are not the majority. Treatment, counseling, social support, and rehabilitation must consider the unique circumstances of each woman with fistula, engaging men as partners where appropriate. Communities and facilities that announce the availability of fistula repair services should stress the importance of early intervention.

P0679 | OPTIMIZE PREOPERATIVE PREPARATION USING CONJUGATED ESTROGEN

THEME: AB 7 UROGYNAECOLOGY/SUB-THEME: AB 7.2 GENITAL PROLAPSE – MANAGEMENT AND SURGERY

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Objectives: To optimize preoperative preparation using conjugated estrogen.

Methods: This study was conducted on the basis of the perinatal center of the Bukhara region. The study included 102 patients with varying degrees of prolapse.

Results: Our patients were admitted for surgical treatment in the following condition: stage II of genital prolapse - 24 (23.5%), stage III - 45 (44.1%); stage IV - 33 (32.3%) patients. In the majority of patients, genital prolapse was accompanied by a violation of the function of neighboring organs: 69 (67.6%) patients suffered from impaired urination, and the most common concern was frequent urination - in 59 (57.8%) women, difficulty urinating in 10 (9.8%), constipation in 38 (37.2%) patients. One of the main causes of urogenital disorders is hypoestrogenism. The use of the drug conjugated estrogen promotes the restoration of normal vaginal epithelium with its atrophic changes in peri- and postmenopause, normalization of the

vaginal microflora, thereby increasing the resistance of the vaginal epithelium to infectious and inflammatory processes. The failures of surgical treatment are largely due to insufficient tissue regeneration, which in turn is associated with the same factors that led to pelvic organ prolapse. The cream of conjugated estrogen was administered intravaginally at 0.5 g - 2.0 g once a day from 5 to 7 days before surgery.

Conclusions: The use of conjugated estrogen improved the outcome of surgery and the quality of life of patients with genital prolapse.

P0680 | REVERSAL OF DIABETIC-INDUCED MYOPATHY BY SWIMMING EXERCISE IN PREGNANT RATS: AN INTERVENTION STUDY

THEME: AB 7 UROGYNAECOLOGY/SUB-THEME: AB 7.1 PREVENTIVE UROGYNAECOLOGY

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Objectives: To investigate whether swimming exercise during pregnancy in rats attenuates rectus abdominis muscle (RAM) diabetes-induced myopathy through an integrative morphological, ultrastructural and extracellular matrix analysis.

Methods: Mild hyperglycemic pregnant (MHP) rats' model was obtained by Streptozotocin 100 mg/kg (diabetic group) or citrate buffer (non-diabetic group) injection, on first day of life in Wistar female newborns. At 110 days of life, the rats were mated and randomly allocated to remain sedentary or to a swimming exercise (SE) protocol either in control or diabetic groups (minimum of 13 animals/group). SE protocol started at gestational day 0 and thereafter, rats swam for 60 minutes/day, 6 days/week until gestational day 20 in a swim tunnel experiment. On gestational day 21, rats were sacrificed and RAM was collected and studied by Picrosirius red, Immunohistochemical and Transmission Electron Microscopy. Comparisons of the measurements between groups were performed with Two-way ANOVA followed by Tukey's multiple comparison tests. Statistical significance was considered to be $P < 0.05$.

Results: SE protocol increased fiber area and diameter, as well as slow-twitch and fast-twitch fiber area and diameter in diabetic exercised group, similar to non-hyperglycemic sedentary. Also, decreased type I collagen area, but not type III collagen area and similar type I/type III ratio of non-hyperglycemic sedentary group.

Conclusions: In conclusion, SE during pregnancy reverse the RAM diabetes-induced myopathy in rats. These findings of reversal myopathy suggest that SE in MHP rat model may be considered as a potential treatment for RAM damage caused by Gestational Diabetes Mellitus.

P0681 | JUVENILE GRANULOSA CELL TUMOR OF THE OVARY - A CASE REPORT

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/ SUB-THEME: AB 8.3 SURGICAL TREATMENT OF MALIGNANCIES

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Objectives: This study aims at describing a case report of rare case of a Juvenile Granulosa Cell Tumor of the Ovary

Methods: Case report of a patient attended at a public hospital in Recife, Brazil.

Results: A 18-years-old woman presenting with abdominal pain and distension was diagnosed with a large expansive formation in the right adnexal region with a cystic and multiloculated aspect of approximately 3700 cm³ on nuclear magnetic resonance with contrast. There was no change in tumor markers as cancer antigen 125 and human chorionic gonadotropin. The patient underwent mass resection with right salpingoophorectomy and the tumor was removed with the integral capsule. Tumor was a large predominantly cystic multilocular lesion measuring 23 x 19 cm and weighing 2630 kg filled with brownish fluid and scattered papillary projections. Histopathology was compatible with encapsulated tumor ovary with multilocular cystic appearance with mucous cysts compatible with juvenile granulosa cell tumor of the ovary.

Conclusions: Granulosa cell tumours of the ovary represent 1 to 2% of all the ovarian malignancies. The Juvenile form is even rarer (5% of the cases) when compared to its adult counterpart. Despite the malignancy, these tumors have a good prognosis when diagnosed early and conservative surgery can be performed.

P0682 | IMPROVING CERVICAL CANCER SCREENING IN WOMEN LIVING WITH HIV ATTENDING THE CHRONIC DISEASE CLINICS IN SEMI-RURAL TANZANIA (PRESENTATION OF THE PROTOCOL)

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.2 DIAGNOSIS AND SCREENING OF MALIGNANCIES

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Objectives: To scale up cervical cancer (CC) screening and treatment services for women living with HIV (WLWH) attending the Chronic Disease Clinic in Ifakara (CDCI), semi-rural Tanzania, to address 90-70-90 WHO second and third targets to achieve global coverage of 90% vaccination, 70% screening and 90% treatment by 2030.

Methods: To assess with a mixed-method, before-/after-study, the impact of a bundle of interventions: portable colposcopy with MobileODT (Israel), HPV testing (self-sampling Seegene Anyplex™II HPV28 and two novel tests, QuantiGene-Molecular-Profiling-Histology and serum Prevocheck) and treatment of precancerous lesions by Loop Electrosurgical Excision Procedure (LEEP).

Results: 8% of the 2800 WLWH of the CDCI, attended CC screening in the last three years. **Primary endpoint** Estimated proportion of WLWH attending CC screening in the period 05/2021-04/2022 **Secondary endpoints** Diagnostic test accuracies (sens, spec, ppv, npv) will be calculated, in particular in detecting: HSIL/CC by QG-MPH and Seegene HPV-testing; patients with HPV 16 and 18 induced CIN3+ by Serum Prevocheck and mobileODT. Accuracies will be calculated with a 95% confidence interval. Prevalences of secondary endpoints will also be estimated with 95% CI's. Diagnostic tests will be pairwise compared using Chi-square test or Fishers's exact test if counts are less than five in some cell. Dunn's test will be considered for adjustment for multiple comparisons.

Conclusions: The population of the region will benefit from the introduction of more sensitive local diagnostic and treatment options (currently referred to distant facilities). Moreover, QuantiGene-Molecular-Profiling-Histology and Prevocheck could simplify the current decision algorithm, improving screening coverage and resource rationalization.

P0683 | CERVICAL CANCER: PREVENTABLE YET DIAGNOSED AT LATE STAGES

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.2 DIAGNOSIS AND SCREENING OF MALIGNANCIES

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Objectives: The aim of this study was to describe the clinical stage of cervical cancer at the time of initial diagnosis and to show the epidemiological aspects of patients with cervical cancer.

Methods: a descriptive retrospective study was conducted in our department (a third level maternity center) that included 58 patients during 10 years.

Results: The median age was 56.4. Our patients were multiparous giving birth with a medium range of 3.4. Of the total, about 20.69% of patients also had concomitant comorbidities, of which hypertension was found to be the leading comorbid condition. Only 6 patients were current smokers. No history of sexually transmitted infections (STIs) has been reported. All of our patients never had made cervical cytology. Only 22.41% of cases had early-stage disease. Primary surgery was performed in 63.8%. 5-year survival rate was 32%.

Conclusions: This study highlights certain important baseline characteristics of a cervical cancer patient. Therefore, increasing awareness and coverage of cervical cancer screening programs would go a long way in reducing cervical cancer in our country.

P0684 | UTERINE SARCOMAS

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.4 MEDICAL TREATMENT OF MALIGNANCIES

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Objectives: Uterine sarcomas are uncommon uterine tumors. We study epidemiological, histological, clinical and therapeutic characteristics of these uterine cancers.

Methods: A descriptive retrospective study extended over the period between 1995 and 2019 collected sixteen cases of uterine

sarcoma, excluding carcinosarcomas, treated in the oncology department, Farhat Hached Hospital, Sousse Tunisia.

Results: Average age at diagnosis was 49 years (range, 17-68years). Eight patients were postmenopausal. The most common symptom was metrorrhagia (75%). Four histological types were found: uterine leiomyosarcoma (9 cases), adenosarcoma (4 cases), cytogenic chorionic sarcoma (1 case) and Mullerian sarcoma (2 cases). The average tumor size was 10 cm. For the disease extension, a chest scan was performed for 9 patients, cystoscopy and proctoscopy for 2 patients. Initial treatment was total hysterectomy with bilateral adnectomy and only one patient underwent pelvic lymphadenectomy. The most frequent clinical stage was I FIGO (62.5%). Eleven patients had adjuvant pelvic radiotherapy (50 or 50.4 Gy). At a median follow-up of 33 months, disease recurrence in 6 (37,5 %) cases, most frequent site as lung and 2 patients had local centro-pelvic recurrence. Management of recurrences was palliative radiotherapy and chemotherapy (adriamycin or CDDP). Nine patients were in remission, two patients were died.

Conclusions: Uterine sarcomas are rare malignant tumors with bad prognosis. Surgery is the main treatment. Adjuvant pelvic radiotherapy is important to improve local control of the disease.

P0685 | PERSISTENCY CONDITIONS OF HPV THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB- THEME: AB 8.1 PREVENTIVE ONCOLOGY

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Objectives: Pathological conditions of the female reproductive system in the presence of human papillomavirus (HPV). The aim is to increase the effectiveness of the prevention of neoplasia by HPV elimination.

Methods: The 150 female patients, HPV-positive, divided into three groups. I - positive HPV and hyperplastic processes of the endometrium, cervix, ovarian neoplasia, received only pathogenetic therapy; II - positive HPV and hyperplastic processes, who received immunomodulating therapy; III - positive HPV and no clinical signs of gynecological pathology. The level of serum interferon (IFN- α), tumor necrosis factor (TNF- α), the level of sex hormones, and the presence of HPV 6, 11, 16, 18, 26, 31, 33, 35, 39, 44, 45, 51, 52, 53, 56, 58, 59, 68, 69, 73, 82 types with PCR method, viral load were determined.

Results: Groups I and II had a significant decrease of IFN- α and TNF- α , progesterone, no hyperestrogenemia, in contrast to group III. In patients of group II, after the course of immunomodulating therapy, elimination of most types of HPV and a decrease in viral load was stated. Cases of HPV self-elimination among patients of group III were discovering.

Conclusions: HPV persistence occurs in conditions of a reduced level of IFN- α and TNF- α , progesterone, relative hyperestrogenism, and is associated with various types of neoplasia. The use of immunomodulating therapy contributes to the elimination of HPV and the prevention of neoplastic processes. Along with medication, self-elimination of some types of HPV were observing.

P0686 | P16 EXPRESSION IN UTERINE CERVIX BIOPSIES IN WOMEN IN THE HIGH ANDEAN REGION OF CUSCO, PERU THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB- THEME: AB 8.2 DIAGNOSIS AND SCREENING OF MALIGNANCIES

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Objectives: To determine p16 expression to detect pre-malignant and malignant lesions of the uterine cervix in patients from the Cusco region.

Methods: A total of 50 cervical biopsies from the Cusco region in Peru with suspected intraepithelial lesion or positive cytology, were stained and evaluated with hematoxylin-eosin. Immunohistochemistry for p16 was performed on the positive biopsies for pre-malignant and malignant lesions.

Results: Forty one of fifty biopsies were positive (82%), while nine of fifty biopsies were negative (18%). Discriminating by type of lesion 76% p16 positivity was found for low-grade intraepithelial lesions and 90% high-grade intraepithelial lesions. On the other hand, six samples with an anatomopathological diagnosis of squamous cell carcinoma for uterine cervix were 100% positive for the expression of p16.

Conclusions: There is high positivity for the p16 marker in pre-invasive and invasive cervical lesions. Greater cellular damage caused by HPV was associated with a higher rate of overexpression of p16. In invasive cervical lesions, p16 overexpression was observed in all samples. We plan to expand the sample size to generalize the data.

P0687 | EFFECTS OF THE COVID-19 PANDEMIC ON CERVICAL CANCER SCREENING IN THE STATE OF AMAZONAS - BRAZIL THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/ SUB-THEME: AB 8.2 DIAGNOSIS AND SCREENING OF MALIGNANCIES

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Objectives: Cervical cancer is the most prevalent in women in the Amazon, making early screening essential. However, in 2020, due

to Covid 19 pandemic, the number of oncotic colpocytologies in the state declined, warning of a possible increase in its incidence. This study aims to assess the impact of the pandemic on cervical cancer screening in Amazonas, by comparing the records of 2018-2020 and the estimated new cases in 2018-2022.

Methods: This is a descriptive, observational, quantitative study, using the records of oncotic colpocytologies on the Cancer Information System between the years 2018-2020 and the estimates of new cases of cervical cancer in Amazonas carried out by the National Cancer Institute in the years 2018 -2019 and 2020-2022, published in February 2018 and December 2019, respectively.

Results: 50.849 exams were registered in 2018, 63.534 in 2019, and 41.945 in 2020, a 40% drop when compared to 2019. In 2018-2019 there was an estimate of the adjusted incidence rate of 61.02 for every 100 thousand inhabitants in the capital. For the years 2020-2022 the forecast for this adjusted rate is 61.54.

Conclusions: The estimate for the 2020-2022 triennium, carried out in December 2019, did not foresee a 40% decrease in screening tests. Despite this, a small increase is seen in the adjusted rate of new cases in the capital. Thus, it is possible to conclude that the decrease in exams will have an impact on the incidence of cervical cancer in Amazonas and this will be observed in the coming years.

P0688 | MANAGEMENT CHALLENGES OF A GIANT PRIMARY EMBRYONAL RHABDOMYOSARCOMA OF THE CERVIX-UTERI IN A RESOURCE POOR SETTING

**THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/
SUB-THEME: AB 8.3 SURGICAL TREATMENT OF MALIGNANCIES**

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Objectives: To report our challenges managing a rare case of primary embryonal rhabdomyosarcoma of the cervix (ERC).

Methods: Case note, histopathology results and multidisciplinary team (MDT) meeting records were reviewed. Patient signed a written consent for this publication.

Results: A 40-year-old multiparous nurse whose last child birth was fourteen months ago presented with an eight-month history of progressively growing vaginal mass now protruding from the introitus with copious foul-smelling discharge and occasional contact bleeding limiting her from sitting, walking, or having coitus. She was obese, ECOG 2, and had a huge 17cm x 10cm x 8cm fungating mass, with areas of necrosis and contact bleeding. The tumour was mainly on the cervix with some distinct small satellite nodules on the vaginal wall in the left lateral fornix. Had associated Stage 3 utero-vaginal prolapse. Had emergency toilet excision of the mass

as could not have hysterectomy due to the hospital protocols during the pandemic. Mass weighed 320g. Histology revealed embryonal rhabdomyosarcoma with margin involvement. Recurred five months later, staged as IIIA, had seven courses of Vincristine, Actinomycin D and Cyclophosphamide chemotherapy. Re-evaluation revealed tumour progress. Had additional 4 courses with Dacarbazine. Referred for radiotherapy but patient could not pay. An MDT discussion made a decision for completion hysterectomy and bilateral salpingo-oophorectomy which she had and subsequent radiotherapy referral elsewhere. No evidence of disease recurrence six months after.

Conclusions: Primary ERC had a good outcome with multimodal management despite late presentation and financial challenges

P0689 | EFFECTIVENESS OF CO-TESTING IN CERVICAL CANCER SCREENING PROGRAM IN MACAU SAR

**THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/
SUB-THEME: AB 8.2 DIAGNOSIS AND SCREENING OF MALIGNANCIES**

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Objectives: The decline of cervical cancer incidence in Macau remained stagnant despite a screening program implemented in 1985. In 2019, the government started co-testing in the screening program. The effectiveness of co-testing in early detection of cervical pre-cancer was investigated by comparing the number of CIN2+ cases identified versus liquid-based cytology screening alone.

Methods: During 2019 and 2020, 17,563 and 18,737 women aged 30-65, respectively, participated in the screening program. Patients with abnormal cytology and HPV testing results were referred for colposcopy according to the ASCCP guidelines. HPV testing was performed using Roche's cobas 4800 HPV assay which detects hrHPV 16 and 18 individually and another pool of 12 other hrHPV types. Retrospective analysis with selection criteria for colposcopy examination are as follows: HSIL/ASC-H/AGC, hrHPV 16/18+ & ASCUS/NILM, hrHPV 16/18+ & HSIL/ASC-H, other hrHPV+ & ASCUS/NILM, other hrHPV+ & LSIL. In year, 2019 and 2020, 695 and 741 colposcopy examinations were done, respectively. We selected samples with co-testing results hrHPV 16/18+ & ASCUS/NILM and colposcopy results HSIL for further analysis.

Results: During 2019 and 2020, 34 out of 129 women (26%) and 39 out of 156 women (25%) with hrHPV 16/18+ & ASCUS/NILM, were diagnosed as HSIL/AIS after colposcopy, respectively.

Conclusions: Since co-testing was introduced in 2019, 25-26% of CIN2+ cases were diagnosed early amongst women with positive hrHPV 16/18 and ASCUS/NILM cytology results. This study demonstrates that co-testing has higher sensitivity and more effective in pre-cancer diagnosis and allows timely treatment than cytology test alone.

P0690 | THE ROLE OF TELEMEDICINE IN A COLPOSCOPY SERVICE DURING A PANDEMIC
 THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/
 SUB-THEME: AB 8.2 DIAGNOSIS AND SCREENING OF MALIGNANCIES

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Objectives: Assess the role of telemedicine in a colposcopy service.

Methods: Eligible patients included those with the capacity to consent to a teleconsultation review of histological results from cervical biopsies taken at colposcopy.

Patients suspected to have a high-grade or cancerous lesion were excluded as they would require further intervention. The volume of teleconsultations was monitored over 5 months, between January till May 2021. One consultant colposcopist conducted twice weekly colposcopy sessions.

Results: There were 288 repeat visits in total. 114 (40%) were teleconsultations via telephone. These made up 36% (114/333) of the total number of teleconsultations that were conducted in the institution's obstetrics and gynaecology service in the same duration. Teleconsultations comprised 1.5% of the total volume of repeat visits across all obstetrics and gynaecology outpatient clinics at its highest in the month of May 2021.

Conclusions: Telemedicine is an acceptable means to review results of low-grade lesions. Its role in a single consultant led service like colposcopy is particularly beneficial as shown in this study where doctor-patient rapport was established at the first visit.

Benefits included risk reduction to patients amidst a pandemic. Patient waiting time was significantly reduced which improved patient satisfaction.

The flexibility of telemedicine meant that the teleconsultations could be conducted out of the limited colposcopy clinic sessions. This maximized utilization of the colposcopy clinic, equipment and manpower that were required to perform colposcopy. Telemedicine is an integral part of patient care in the colposcopy service that should be retained for its benefits.

P0691 | A NEW APPROACH TO CERVICAL CANCER SCREENING TECHNOLOGY-CYTOMORPHOMETRY & AUTOFLUORESCENCE IMAGE ANALYSIS
 THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.2 DIAGNOSIS AND SCREENING OF MALIGNANCIES

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Objectives: To obtain squamous cell images from liquid based cervical samples through label free differential interference contrast (DIC) microscopy in different study groups and differentiate among the normal, preinvasive & invasive study group.

To compare and calculate sensitivity, specificity, positive predictive value & negative predictive value of the new screening modality & pap smear.

Methods: Type of study: Experimental Pilot

Duration: 18 months

Place of study: Medical College Kolkata in collaboration with IEST Shibpur.

A comparative analysis between the conventional pap smear and the differential interference contrast (DIC) unstained images with respect to gold standard histopathology report done.

Minimum of 10 samples studied for each category with informed consent from human subjects.

Results: Sensitivity & specificity of pap smear were 58.8% & 93.9%, respectively. PPV & NPV of DIC arm - 47.1% & 100%, respectively.

Conclusions: Specificity and positive predictive value of new arm is 100%.

In future the computer has to be programmed with an algorithm based on more data in order to develop a software for efficient screening.

Limitation: cost of the equipment & limited knowledge of artificial intelligence in cytopathology.

P0692 | THE COMPARISON OF ACCURACY BETWEEN RMI (RISK OF MALIGNANCY INDEX) 3 AND RMI 4 WITH HISTOPATHOLOGIC EXAMINATION OF ADNEXAL MASS
THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.2 DIAGNOSIS AND SCREENING OF MALIGNANCIES

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Objectives: To compare the accuracy between RMI (Risk of Malignancy Index) 3 and RMI 4 in discriminating preoperative benign and malignant adnexal mass.

Methods: This was a cross-sectional, descriptive, analytic study that took place in Prof. Dr. dr. R. D. Kandou General Hospital, North Sulawesi, Indonesia. Out of 111 samples diagnosed with adnexal tumors, 74 samples were included in this study. ACC, SENS, SPEC, PPV and NPV were evaluated in both predictors. A comparison of accuracy in differentiating tumors as benign or malignant was performed using SPSS version 25.0.

Results: Based on histopathologic examination, there were 38 malignant and 36 benign tumors from the total of 74 samples. RMI 3 has accuracy of 74.32%, sensitivity of 69.39%, specificity of 84.0%, positive predictive value of 89.47%, and negative predictive value of 58.33%. RMI 4 has accuracy of 68.92%, sensitivity of 64.15%, specificity of 80.95%, positive predictive value of 89.47%, and negative predictive value of 47.22%. The values of AUC for RMI 3 and RMI 4 were 0.739 and 0.683, respectively. The value of AUC for RMI 3 analysis were found higher than RMI 4 in discriminating preoperative benign and malignant ovarian mass ($P < 0.005$).

Conclusions: This study shows that RMI 3 has better sensitivity and specificity in discriminating preoperative benign and malignant ovarian mass than RMI 4.

P0693 | RESIDUAL DISEASE AFTER CONIZATION OF WOMEN WITH ADENOCARCINOMA IN SITU (AIS): A THIRTEEN-YEAR REVIEW
THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.3 SURGICAL TREATMENT OF MALIGNANCIES

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Objectives: To determine proportion and predictors of residual diseases in patients who diagnosed adenocarcinoma in situ (AIS) on conization and subsequent hysterectomy.

Methods: Medical records of patients who were diagnosed with AIS on conization, from January 2007 to December 2019, were retrospectively reviewed and the data were followed until December, 2020. Demographic data, method of conization, pathology results, follow-up data, and oncologic outcomes were analyzed by descriptive statistics. Regression analysis was used for determined risk of residual disease in hysterectomy tissue.

Results: A total of 149 medical records of AIS patients during studied period were reviewed. Ninety-two patients were AIS without invasive cancer and included in analysis. Mean age of patients was 43.4 ± 10.8 years. Most common preceding cytology was high-grade squamous intraepithelial lesion (HSIL) with 38%. Subsequent hysterectomy was done in 68 patients, in these 20 patients (29.4%) had residual diseases. In multivariate analysis, significant predicting factor for increased proportion of residual diseases was age ≥ 50 years with odds ratio of 3.667 [1.224-10.980, $P = 0.020$]. The median follow-up time of 58.4 [26.3-100.7] months, recurrent disease was found in one patient and overcome by laser ablation. All of 92 patients were living without disease.

Conclusions: Proportion of residual disease in patients diagnosed AIS was 29.4%. Age ≥ 50 years and coexisting HSIL were significant predictor for residual diseases. Oncologic outcomes of patients with AIS were fabulous.

P0694 | SPATIAL ANALYSIS OF CERVICAL CANCERS IN AMPARA DISTRICT, SRI LANKA
THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.1 PREVENTIVE ONCOLOGY

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Objectives: To identify the distribution of cervical cancers and the possible factors related to malignancy.

Methods: Retrospective cohort study was done by collecting information through the clinical records of the patients with gynecological cancers in the Ampara district of Sri Lanka and GIS mapping was done using ARC 9.2 software.

Results: Highest prevalence (7.6-11.0 per 10000) of cervical cancers was observed in Mahaoya and Lahugala where the Sinhala population is 99.9% and 93.2%, respectively, and Alayadiwembu where the Tamil population is 98.0%. A prevalence of 5.1-7.5 per 10000 was seen in Padiyathalawa (Sinhala 99.8%), Uhana (Sinhala 99.9%), Damana (Sinhala 99.5%) and Sainthamaruthu (Muslim 99.8%). Ninthavur being an area with a Muslim majority (96.2%), had a cervical cancer prevalence of 2.6-5.5 per 10000. Low prevalence (0.1-2.5 per 10000) was observed in Dehiattakandiya (Sinhala 98.4%), Pothuvil (muslim 78.3%, Tamil 19.5%), Thirukkovil (Tamil 99.6%), Eragama (Muslim 91.0%), Akkaraipattu (Muslim 99.3%),

Addalachennai (Muslim 92.8%), Kalmunai (Muslim 99.5%), Kalmunai Tamil (Tamil 90.1%) and Navithanveli (Tamil 65.0%, Muslim 34.3%). No cervical cancers were reported from Karativu (Tamil 59.0%, Muslim 40.1%).

Conclusions: Since the Cervical cancer prevalence is not evenly distributed, environmental and social factors could be aetiologically related for this malignancy. These should be identified through further research. Using GIS technology, high risk areas of cervical cancers could be identified. It can be suggested to have screening programs in the identified hotspot areas for early detection/treatment and have acknowledgment programs to educate people about cervical cancers and prevention.

P0695 | AWARENESS ABOUT CERVICAL CANCER AMONGST INDIAN WOMEN

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.1 PREVENTIVE ONCOLOGY

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Objectives: India accounts for nearly one-third of the global cervical cancer deaths. Cervical cancer is caused by sexually transmitted HPV and is preventable. HPV vaccine is available since more than a decade; yet, there still seems to be inadequate awareness. A survey was conducted to assess awareness about cervical cancer, its transmission, early detection & awareness about HPV vaccine amongst women in metropolitan Mumbai. An assessment of whether the level of awareness increased with education, socio-economic strata, urban or rural background was done.

Methods: Data were collected from 200 women about awareness of cervical cancer. The sample included 101 patients from an Obstetrics and Gynaecology OPD and 85 staff & students of a suburban college in Mumbai. 15 forms were rejected as they were inadequately filled. The sample represented Mumbai's metropolitan population. A cluster sampling method was adopted. Data were tabulated to assess some/good awareness versus none/poor awareness & whether education, urban or rural background affected awareness using Chi square test with Yate's correction and Yule's coefficient.

Results: An association was found between education, socio-economic strata, urban origin and awareness of cervical cancer. There was an awareness about HPV vaccine in urban population. Awareness increased willingness to take the vaccine.

Conclusions: Higher education can improve Cervical cancer awareness. Educated rural women had better awareness. There was poor awareness about PAP screening in urban & rural women. Urban women were more aware about the vaccine. Awareness increased willingness to take vaccine. Education and awareness can help in cervical cancer prevention strategies.

P0696 | REPORTING A CASE OF MASSIVE HEMATOMETRA AND HEMATOCOLPOS SECONDARY TO VAGINAL STENOSIS

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.3 SURGICAL TREATMENT OF MALIGNANCIES

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Objectives: Reporting a case of massive hematometra and hemato-colpos secondary to vaginal stenosis.

Methods: A 68-year-old lady presented with h/o postmenopausal bleed and pain abdomen of short duration. Examination revealed a huge abdominal mass corresponding to 34 weeks gravid uterus, which was cystic to firm in consistency, tender on palpation. Seem to be arising from pelvis. With no features of sepsis. On speculum examination short vagina with stenosis noted. Cervix not visualised. Rectal examination shows a bulge at the level of cervix with free rectal mucosa. MRI revealed hematometra and hemato-colpos with collection of 2000cc secondary to vaginal stenosis. Patient was taken up for laparotomy. Incision was made on distended vagina and clear liquid collection was drained. Proceeded with total abdominal hysterotomy with upper vaginal wall resection. Stenosis was re-canalized and stay sutures were applied Foley's bulb was placed to keep vagina patent.

Results: Patient was given good antibiotic coverage. Post-operative period was uneventful. Histopathology showed high grade intra epithelial neoplasia of vagina and cervix.

Conclusions: Early detection of premalignant conditions and their management can prevent catastrophic event.

P0697 | IMPLEMENTING AUTOMATED VISUAL EVALUATION FOR CERVICAL CANCER SCREENING IN UGANDA

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.2 DIAGNOSIS AND SCREENING OF MALIGNANCIES

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Objectives: Accurate identification of precursor lesions is critical to secondary prevention of cervical cancer. Artificial intelligence might improve the resource-limited settings. We aimed to assess the

feasibility of implementing centralized analysis of images for visual inspection after acetic acid testing (VIA) in rural Uganda, as well as the concordance of automated visual evaluation (AVE) compared to clinician-read images using a wireless handheld colposcope.

Methods: Women presenting for cervical cancer screening at a tertiary care (Mbarara Regional Referral Hospital - MRRH) and primary care (Bugoye Health Center III - BHC) facility in Uganda underwent VIA, and digital image acquisition using a handheld colposcope. We compared onsite clinician read VIA (scored as negative, positive, inadequate, or other) to AVE (scored as normal, abnormal or inconclusive).

Results: We screened 399 patients at two clinical sites. There were 98.2% conclusive reads by AVE and 97.7% conclusive reads by clinician read. There was 38.8% discordance between AVE and VIA; of these, clinicians diagnosed 29.7% with cervicitis and 14.2% with squamous metaplasia. Most discordant reads (77.4%) were read as positive by AVE and negative/other by VIA; 11.6% were negative by AVE and positive by VIA; and 11.0% were negative by AVE with other reasons or inconclusive reads.

Conclusions: Digital image acquisition for cervical cancer screening is feasible at both tertiary and primary care facilities in a rural African context. Future research is needed to understand discordance between AVE and VIA using biopsy as a gold standard and to inform improvements in AVE algorithms.

P0698 | TREATED LEIOMYOMA THAT EVOLVED TO A SURGICAL WOUND DEHISCENCE: A CASE REPORT

**THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/
SUB-THEME: AB 8.3 SURGICAL TREATMENT OF MALIGNANCIES**

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Objectives: Report a case of leiomyoma treated with hysterectomy, which evolved to Surgical wound dehiscence.

Methods: Descriptive observational study with analysis of medical records.

Results: A 67-year-old woman, with historical of skin SCC in nasal cavity, presents with asymptomatic pelvic mass on CT. Abdominal tomography (07/2020): Heterogeneous expansive pelvic lesion extending superiorly to the umbilical region. Lobulated contours and partially defined boundaries. Measuring 17,7 x 9,8 x 13,9 cm, volume 1253cm³. Compression of the bladder inferiorly and the uterus

superolaterally to the left. Abdominal CT (08/2020): Well-defined heterogeneous expansive pelvic formation. 17 x 17 x 9 cm, extension to the mesogastric + compression of the bladder inferiorly and the sigmoid laterally, without signs of infiltration. Absence of lymph nodes. The mass was resected in total hysterectomy + bilateral annexectomy on 01/2021. Anatomopathological: Leiomyoma. Discharge in the 1st postoperative day. Entry into the ED on the 2nd postoperative day with surgical wound dehiscence, corrected with resection of the abdominal wall. Discharge in the 1st postoperative day.

Conclusions: Leiomyoma is a neoplasm with a good prognosis that affects mainly black and obese patients, with a frequency of 20-30% of women in reproductive age. Furthermore, it has a high risk of negative repercussions on the patient's life. Thus, it is essential for health professionals to know this type of neoplasm and make an early diagnosis, since it has a high frequency and multiple associated morbidities.

P0699 | PLACENTAL SITE TROPHOBLASTIC TUMOR: A CASE REPORT

**THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/
SUB-THEME: AB 8.3 SURGICAL TREATMENT OF MALIGNANCIES**

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Objectives: Report a case of placental site trophoblastic tumor (PSTT). Rare form of malignant gestational trophoblastic disease (GTD), corresponding to 1-2% of GTD.

Methods: Descriptive observational study analyzing medical records.

Results: Female, 24y, irregular vaginal bleeding, acne, weight gain. LDH 723UI/L; FSH<0,1mUI/mL; Prolactin 13,18ng/mL; Estradiol 400ng/mL; βHCG curve ranging from 490 to 645mUI/ml. Abdomen MRI: uterus 12.3x4.6x8.1cm, heterogeneous myometrium, nodular areas and tortuous vessels. Hysteroscopy with histopathology of gestational trophoblastic neoplasia. Stage I score 4. Refused surgery. Started chemotherapy, methotrexate and leucovorin, with increase βhCG (952mUI/mL) after two cycles. Performed hysterectomy with retroperitoneal and pelvic lymphadenectomy. Anatomopathological showed trophoblastic tumor of the placental site, measuring 7.0x4.0cm, invasion to half of the myometrium. FIGO 2015 staging: pT1pM0E1. After 2 months, returned asymptomatic, βhCG 1.44mUI/mL. No indication for adjuvant chemotherapy.

Conclusions: DTG are diseases of the placental tissue, classified as benign or malignant. Malignant gestational trophoblastic neoplasms include: invasive spring, choriocarcinoma, epithelioid trophoblastic tumor and placental site trophoblastic tumor (PSTT). PSTT, originated from extravillous trophoblastic cells, represents a favorable prognosis when limited to the uterus. The main symptom is vaginal bleeding, and the metastatic sites are lung, liver and vagina. β hCG is the tumor marker. First-line treatment, especially in stage 1 low risk, is the surgery. Chemotherapy, commonly methotrexate, is considered for advanced stage patients. The choice of treatment is made by the risk classification. In this case, the combination of methotrexate and leucovorin proved to be ineffective and did not prevent the surgery.

P0700 | STATISTICAL DATA OF CANCER AMONG INDIVIDUALS AGED BETWEEN 0-30 YEARS

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.2 DIAGNOSIS AND SCREENING OF MALIGNANCIES

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Objectives: Cancer is one of the main challenging issues of public health globally and in Mongolia, it is the second leading cause of mortality. We aimed to identify the cancer types and their stages during diagnosis, interventions, and prognosis of childhood and young adults, in Mongolia.

Methods: We analyzed the past 5 years of cancer data in childhood and young adults of Mongolia.

Results: During the last 5 years, 539 and 503 cancer incidences were registered among pediatrics (0-17 years), adolescents, and youths (18-30 years), respectively. Furthermore, 51.73% were females and 48.27% were males. The five leading types of cancer were blood (30.33%), cervix (6.81%), gastric (6.43%), hepatic (4.99%), and renal (4.13%) cancer. Most cancers were diagnosed histopathologically and radiologically, 31.51% and 21.37%. Moreover, 3.1% were poorly differentiated, 54.81% were not classified, 13.86% were highly differentiated, 10.24% were moderately differentiated and 13.34% were minimally differentiated. Only 39.15% were diagnosed in the 1st stage, 21.39% were in the 2nd stage, 22.4% were 3rd stage and 17.05% were at the 4th stage of cancer. The mortality rate was 1.27% at the time of diagnosis.

Conclusions: 1. Blood and cervical cancers were most prevalent among children and youth. 2. Furthermore, 54.81% of the cases were written as not classified, suggesting the need to improve the writing of patients' medical records. 3. 39.45%, were diagnosed at an advanced stage and 25.05% received only palliative care. Thus, it is essential to improve diagnostic tools and treatment methods of cancer among pediatrics and youths, Mongolia.

P0701 | INTRAPLACENTAL CHORIOCARCINOMA, A RARE MALIGNANCY WITH ASSOCIATED OBSTETRIC COMPLICATIONS: CASE REPORT AND REVIEW OF THE LITERATURE

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.2 DIAGNOSIS AND SCREENING OF MALIGNANCIES

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Objectives: Intraplacental choriocarcinoma (IC), is a rare disease with an estimated occurrence of 1 in 50,000-160,000 pregnancies. It has been associated with obstetric complications such as premature delivery, stillbirth, fetal growth retardation, and fetomaternal hemorrhage (FMH). To date, only 24 cases of histopathologically confirmed IC complicated FMH have been reported. In addition, there is a lack of knowledge pertaining to the treatment of IC, particularly regarding standardized therapeutic principles.

Methods: We present a case of IC coexisting with FMH and a review of the literature.

Results: A 31-year-old gravida 3 para 1, from Vietnamese background, presented at 36 weeks and 3 days gestation with abdominal pain and reduced fetal movements. Cardiocotography suggested occasional variable decelerations, which was normalised after a period of observation. Kleihauer-Betke test indicated a massive FMH. A pale looking male infant delivered by an emergency caesarean section with haemoglobin of 72 and required blood transfusion. The placenta histopathology confirmed the diagnosis of IC. Five weeks postpartum, she was asymptomatic with normal physical examination. Computerized tomography of chest, abdomen, pelvis and magnetic resonance imaging of brain did not show metastasis. Maternal and neonatal beta human chorionic gonadotropin levels were negative.

Conclusions: IC is usually diagnosed at an advanced stage following the identification of maternal metastasis. A high level of vigilance is required particularly when obstetric complications present to allow an early diagnosis by histopathological examination of the placenta as macroscopic placental review alone is of low sensitivity. The prognosis may be improved with early detection and appropriate chemotherapy regimens.

P0702 | ASSOCIATION BETWEEN THE OVARIAN-ADNEXAL REPORTING AND DATA SYSTEM (O-RADS) IN ADNEXAL MASSES AND THE TYPE OF SPECIALIST IN GYNECOLOGY
THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.3 SURGICAL TREATMENT OF MALIGNANCIES

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Objectives: The O-RADS is a reporting system that offers a management protocol for adnexal masses and suggests the requirement of patient remission to a gynecologic-oncologist. The aim was to determine if there is an association between O-RADS score and the specialist that performs the surgery.

Methods: This was an ambispective study that included 129 adnexal masses, which were evaluated by ultrasound between 2019 and 2021 in a tertiary university oncology hospital. These masses were classified according to O-RADS by gynecologic ultrasound experts. We grouped O-RADS 1, 2 and 3 as benign masses, and O-RADS 4 and 5 as malignant masses. We also identified the type of specialist that performed the surgery and classified them in 2 categories: gynecologist and gynecologic oncologist. A descriptive analysis of the patients and the masses found was conducted. Additionally, a Chi2 test was used in order to determine a possible association with a 95% confidence interval.

Results: The median of age of the patients was 42 years. Of the 129 masses, 34 (26%) were postmenopausal. 14 (10%) were classified as malignant. The O-RADS descriptors or the risk of malignancy assigned to the mass using the IOTA ADNEX model was used to classify ovarian tumors into different risk categories. A statistically significant association between O-RADS and the specialist type, and O-RADS and the histopathology was found ($P < 0.05$).

Conclusions: In our center, O-RADS classification can be used as a tool to decide the need of remission of a patient to gynecologic oncology.

P0703 | COLD COAGULATION TREATMENT OF CERVICAL INTRAEPITHELIAL NEOPLASIA: THE HUMAN PAPILLOMAVIRUS EVIDENCE OF CURE
THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.3 SURGICAL TREATMENT OF MALIGNANCIES

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Objectives: This retrospective study aims to evaluate the efficacy of cold coagulation treatment in treating CIN, is judged by negative cytology results and HPV testing post-treatment.

Methods: All women who underwent cold coagulation treatment for cervical intraepithelial neoplasia in 2018 were included in this study and data obtained were analyzed with SPSS and Microsoft Excel programme.

Results: In total, 125 women received cold coagulation treatment with average age of 31.4 years old. 2.4% of the women attended our colposcopy clinic after receiving cervical treatment elsewhere with no corresponding smear result and subsequently received cold coagulation treatment due to high grade colposcopic impression. Majority of the women (57.6%) were referred with high grade precancerous cervical cells changes. HPV testing was only performed in less than half of the referred smear test and in which all were tested positive (41.6%). On average, all the women were called back for their first test of cure follow up in our colposcopy clinic within 208 days (6 months and 27 days). More than three quarters (76.4%) of the treated women had negative cytology and only 3.2% have moderate to severe dyskaryosis. The proportion of negative HPV in post treatment was twice higher than positive HPV test (68.3% versus 29.3%).

Conclusions: In spite of the high cure rates of cold coagulation in our local colposcopy clinic, larger cohort studies and more research are needed to evaluate the long-term effectiveness and cure rate of this ablative treatment method as an alternative to the LLETZ procedure.

P0704 | AN EXTERNAL VALIDATION OF THE O-RADS RISK STRATIFICATION TO DIFFERENTIATE BETWEEN BENIGN AND MALIGNANT ADNEXAL MASSES
THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.2 DIAGNOSIS AND SCREENING OF MALIGNANCIES

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Objectives: The aim of this study was to perform an external validation of O-RADS risk stratification to differentiate between benign and malignant adnexal masses.

Methods: This is a retrospective diagnostic accuracy study of data collected from patients with adnexal pathology who underwent transvaginal ultrasound, performed by gynecologists and radiologists, experts in ultrasound, prior to surgery. This study was conducted to 759 women in a tertiary university oncology hospital in Bogotá, Colombia. Data were collected between 2012 and 2021. We used the Ovarian-Adnexal Reporting and Data System by O-RADS group. Definitive pathology after tumor surgical removal was the reference standard used in this study. Sensitivity, specificity, positive (PPV) and negative predictive values (NPV) were calculated.

Results: A total of 759 patients underwent an ultrasound examination in our institution. 29 women were excluded because they were not operated. Thus, a total of 730 women were ultimately selected, including 520 premenopausal and 210 postmenopausal. Final pathology revealed 80 malignant and 650 benign tumors. O-RADS had a sensitivity, specificity, PPV and values NPV of 90%, 86%, 45% and 98%, respectively.

Conclusions: In this external validation study, the O-RADS US risk stratification tool showed good diagnostic performance, represented in favorable sensitivity, specificity, PPV and NPV values.

P0705 | A STUDY OF RISK FACTORS AND CLINICO-PATHOLOGICAL PROFILE OF FEMALE GENITAL TRACT MALIGNANCIES AT BPKIHS: A PROSPECTIVE STUDY

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.2 DIAGNOSIS AND SCREENING OF MALIGNANCIES

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Objectives: Cancer is a public health problem. The objectives of this study were to evaluate the risk factors and clinico-pathological profile of patients with female genital tract malignancy attending Department of Gynaecology, B. P. Koirala Institute of Health Sciences (BPKIHS).

Methods: It was a hospital based prospective descriptive study conducted from December, 2019 to December, 2020 in the Department of Gynaecology, BPKIHS after ethical approval among 61 patients with histological or biochemical diagnosis of female genital tract malignancy and attending the Department for treatment or follow up.

Results: Cervical cancer was the most common cancer (n=34;56.0%) followed by ovarian cancer (n=13;21.0%) and gestational trophoblastic neoplasia (GTN) (n=8;13.0%). The mean age of patients was 50.82±12.81 years. Majority were illiterate (n=53;86.8%). Almost 3/5th of them (n=36;59.0%) were referred outside and majority belonged to cervical cancer (n=29;80.5%) for radical or adjuvant radiotherapy. Among patients with cervical cancer, the mean age at marriage and at first pregnancy were 17.24±2.32 years and 19.47±2.51 years, respectively. Majority of them had poor local hygiene (n=27;79.4%). The median (range) duration of patient delay to seek medical advice was three months (1-18 months). The most common presentation was post-menopausal bleeding (n=29;85.3%) and most common histology was squamous cell carcinoma (n=30;88.3%).

Conclusions: Cervical cancer is the most frequent cancer of female lower genital tract in Nepal (56.0% in this study). Illiteracy, lack of awareness, poor hygiene, low socio-economic status, diagnostic and

treatment delays etc. still account for burden of cancer incidence and death in developing countries.

P0706 | WOMEN'S KNOWLEDGE OF MOST FREQUENT CANCER

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.1 PREVENTIVE ONCOLOGY

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Objectives: To assess the knowledge of women about 3 frequent cancers in Public Hospitals and Primary care attention in Buenos Aires, Argentina

Methods: A descriptive, cross-sectional study was carried out, using an anonymous and voluntary structured survey with 18 questions done to patients from Primary health care centers and Public Hospital in Buenos Aires Argentina.

Results: During 2018, 402 surveys were conducted. The mean age of the women was 37.3 years (Range: 13-83 years). 29.6% (n=119) had completed secondary school, while 22.9% (n=92) had only completed primary. Regarding cervical cytology screening, less than half of the patients understood that it is used to detect CCU. Another smaller percentage of patients reported that it was used for other issues or were unaware of its usefulness. We evidenced a high percentage of women who do not know / have not participated in prevention campaigns: 87.5% (n=344).

Conclusions: Participants lacked critical knowledge need to understand most frequent cancer risk and seek appropriate care and prevention. Also, about how women should carry out prevention of the most frequent cancers. This study shows us, the prevention campaign needs to educate the population through promotion and protection of health.

P0707 | THE IMPORTANCE OF COLPOSCOPY IN WOMEN WITH POSTCOITAL BLEEDING PRIOR A NEGATIVE CYTOLOGY: A SYSTEMATIC REVIEW

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.2 DIAGNOSIS AND SCREENING OF MALIGNANCIES

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Objectives: Postcoital bleeding (PCB) is defined as spotting or bleeding that occurs during or after sexual relations. Colposcopy is an examination of the cervix using a colposcope to find abnormal cells that can become malignant. This study aims to determine if colposcopy is needed for further examination in women with postcoital bleeding prior even with a negative cytology result.

Methods: Preferred Reporting Items for Systematic Reviews and Meta Analyses (PRISMA) guidelines were used during literature search. PubMed, EBSCOhost, and Proquest search engines were used to find relevant cases, dating up to October 2020. We used Newcastle Ottawa Scale (NOS) to assess risk of bias, then further converted to Agency for Healthcare Research and Quality (AHRQ) standards to assess the quality of the score.

Results: Total of 190 cases were identified from search strategies. Seven relevant cohort studies were found, with a total of 1348 women. Based on assessment risk of bias using NOS, and AHRQ conversion, all studies are considered in good quality. The need for colposcopy was determined by calculating the percentage of abnormal findings in negative cytology and it is found to be in 21.58% of women.

Conclusions: Most studies showed women with PCB and negative cytology examination can have abnormal colposcopy results, along with histology confirmation. A quantitative assessment was not made. Further studies should conduct a histopathological examination in all patients despite a negative cytology and their colposcopy results. We encourage further studies to be conducted for a possibility of a future meta-analysis.

P0708 | THE DOUBLET PROTOCOL OF ETOPOSIDE - ACTINOMYCIN (EA) IN CHEMOREFRATORY LOW-RISK GESTATIONAL TROPHOBLASTIC NEOPLASIA: A CASE SERIES

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.4 MEDICAL TREATMENT OF MALIGNANCIES

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Objectives: Gestational trophoblastic neoplasia are uncommon malignant tumors that mostly follow a molar pregnancy but can develop after any gestation. They are immensely chemosensitive with excellent prognosis despite widespread metastases. Methotrexate or Actinomycin are the recommended primary chemotherapeutic agents for nonmetastatic and low-risk metastatic disease. Chemoresistance or chemotoxicities may occur with either drug hence the need for a subsequent salvage protocol. Etoposide-Actinomycin is an efficacious and well-tolerated salvage therapy but there's paucity of data regarding its treatment experience. This paper aimed to discuss the treatment outcomes and adverse effects of three low-risk GTN patients who were salvaged with Etoposide-Actinomycin.

Methods: After unsuccessful primary and secondary chemotherapy, three patients with low-risk postmolar gestational trophoblastic neoplasia were switched to Etoposide-Actinomycin after considering the following attributes: B-hCG <60,000 mIU/mL at the time of primary or secondary chemotherapy failure; and minimal tumor burden and no evidence of metastases in other sites.

Results: Out of the three patients, two achieved remission with the Etoposide-Actinomycin protocol with only mild chemotoxicities of alopecia, hepatotoxicity, and myelosuppression managed conservatively. The third patient had to be shifted to the fourth line regimen of EMACO after she became chemorefractory to Etoposide-Actinomycin. Then she was lost to follow-up because of the COVID-19 pandemic, eventually had tumor progression and succumbed.

Conclusions: Etoposide-Actinomycin is a simple, effective, and safe second or third-line salvage treatment for low-risk gestational trophoblastic neoplasia. It is a reasonable option for selected patients in order to spare them from the more toxic and costly multiple-agent chemotherapy.

P0709 | ENDOMETRIAL STROMAL SARCOMA: A CASE REPORT

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/
SUB-THEME: AB 8.3 SURGICAL TREATMENT OF
MALIGNANCIES

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Objectives: Report a case of advanced endometrial stromal sarcoma (ESS), a rare tumor that represents less than 1% of adult cancer.

Methods: Descriptive observational study analyzing medical records.

Results: Female, 60y, with metrorrhagia and abdominal pain for a year. Specular exam with epithelialized cervix. Cytopathology: enlarged uterus (12,3x9,1x9,9cm, 586,7cm³), solid tumor, hypoechogenic, heterogeneous, calcifications 10.7x7.1x10.1cm. Exploratory laparotomy: purulent secretion of a ruptured uterine tumor with necrosis occupying the abdominal cavity and implants invading mesentery and retroperitoneum. Intraoperative frozen section: poorly differentiated carcinoma. Performed hysterectomy with resection of contiguous organs in oncology, abscess drainage and peritonitis treatment. Abdominal and torax tomography after surgery: bilateral pleural effusion, multiple pulmonary nodules suggestive of secondary implants, adrenal nodule 2.8x2.8cm and solid-cystic formation in the iliac fossa and right flank of 15.1x12.7x11cm. Immunohistochemistry: high grade ESS (HG-ESS). Histopathology: Malignant neoplasia in peritoneum, mesentery and cervix, with spindle cell and epithelioid poorly differentiated. Patient died on the 17th day after surgery.

Conclusions: HG-ESS is characterized by a high mitotic activity and recurrence rate. It usually reaches up to 9cm and has a worse prognosis if invades the cervical region. The case in discussion highlights the need for early diagnosis and treatment in HG-ESS, to ensure greater survival. A late investigation of metrorrhagia and abdominal pain, enables a rapid development of cancer, reaching larger dimensions than usual. Even if the treatment of choice was hysterectomy, surgery could not be curative, only diagnostic and fundamental to remove abscess and necrotic tissue, improving the patient's quality of life.

P0710 | UNUSUAL CLINICAL PRESENTATION OF GESTATIONAL TROPHOBLASTIC NEOPLASIA: A CASE REPORT

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.2 DIAGNOSIS AND SCREENING OF MALIGNANCIES

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Objectives: Gestational choriocarcinoma is highly malignant trophoblastic neoplasm that usually follows hydatiform mole or abortion and normal delivery. Choriocarcinoma metastasizes most commonly to lung and vagina, but may spread to the vulva, kidneys, liver, brain, ovaries and bowel. Depending on the disease site, the clinical manifestations of choriocarcinoma are diverse and unique in each case, making diagnosis a challenge.

Methods: A Case report at Indira Gandhi Institute of Medical Sciences, Sheikhpura, Patna, Bihar, India: A 24-year-old female with quadriparesis and 4th post-operative day of C5C6C7 laminectomy presented with a two-week history of vaginal bleeding. she had a normal vaginal delivery 4 month back. Magnetic resonance imaging of spine showed cervical spine tumor. C5C6C7 laminectomy with removal of tumor was done.

Results: Histopathological report of tumor showed metastatic poorly differentiated malignant neoplasm. Vaginal mass was seen at four different sites on pelvic examination. Thereafter Serum β -human chorionic gonadotrophin was 80000 mIU/mL. Computed tomography of chest and whole abdomen showed metastasis in lung, liver and increased vascularity in the fundus of uterus. So, diagnosis was made as stage IV Choriocarcinoma. Patient was given 7 cycles of chemotherapy under EMA-CO regime along with palliative radiotherapy to spine. Physiotherapy was continuing. After completion of 7th cycle of chemotherapy Serum β -human chorionic gonadotrophin Came to be 6.28 mIU/ml and metastatic lesions were not seen on computed tomography scan.

Conclusions: Cervical spine metastasis as an initial presentation of choriocarcinoma is extremely rare. Appropriate chemotherapy and radiotherapy can successfully treat these metastasized tumors.

P0711 | EVALUATION OF IMAGE GUIDED FNAC OF OVARIAN TUMOR WITH HISTOPATHOLOGICAL CORRELATION

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.2 DIAGNOSIS AND SCREENING OF MALIGNANCIES

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Objectives: To evaluate the efficacy of image guided FNAC in diagnosing pathology of ovarian tumors using histopathology as gold standard.

Methods: This prospective observational study was conducted from July 2019 to June 2020 at Dhaka Medical College Hospital. After taking complete history, doing thorough clinical examination and relevant investigations ninety-six patients of clinically advanced ovarian tumor were enrolled in this study. Image guided FNAC reports and after surgery the final histopathology reports were collected. Collected data were classified, edited, coded and entered into the computer for statistical analysis by using SPSS-23.

Results: Among 96 cases the lowest age was 18 years and the highest was 80 years. The mean age was found 43.11±13.23 years. On FNAC 11(11.46%) cases were benign, 2(2.08%) cases were at borderline and 83(86.46%) cases were malignant. Histopathology findings revealed benign in 15 (15.63) cases, borderline in 5 (5.21%) cases and malignant in 76(79.17%) cases. Sensitivity of FNAC findings was 94.74%, specificity 45%, accuracy 84.38%, positive and negative predictive values were 86.75% and 69.23%, respectively.

Conclusions: In this study image guided FNAC has been proven as quick and safe procedure in diagnosing ovarian pathology with better accuracy. So, in advanced stage ovarian cancer this procedure may help in avoiding unnecessary surgery and making decisions regarding neoadjuvant chemotherapy.

P0712 | THE ROLE OF RITA IN CANCER CELL MIGRATION

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.5 NOVEL/ALTERNATIVE/HORMONAL TREATMENTS

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Objectives: The formation of distant metastasis is one of the leading causes of cancer related deaths. On the molecular level metastasis requires the well-orchestrated assembly and disassembly of focal adhesion proteins. RITA, the RBP-J interacting tubulin associated protein, has been identified in this study as a novel modulator of focal adhesion dynamics in cancer cells.

Methods: The migration and invasion capacity of different cancer cell lines and mouse embryonic fibroblasts was evaluated using functional migration and invasion assays. Nocodazole-washouts were conducted to characterize the focal adhesion dynamics. Additionally, mass spectrometry identified the focal adhesion protein LPP as a binding partner of RITA. Moreover, the expression of RITA was evaluated in breast cancer tissue samples.

Results: The depletion of RITA hinders the migration and invasion capacity of different cancer cell lines and mouse embryonic fibroblasts. Moreover, an enlarged focal adhesion size with increased levels of active integrin, pFAK and paxillin was observed in the absence of RITA. Knockdown of RITA leads to more stable microtubules and impairs the deconstruction of the formed focal adhesions. Interestingly, the localization of RITA's binding partner LPP to

the plasma membrane is reduced after depletion of RITA, decreasing LPP's co-localization with the actin bundling protein α -actinin. Furthermore, immunohistochemical analysis of breast cancer tissue samples revealed an increased RITA expression in tumor cells.

Conclusions: This work identifies RITA as a modulator of migration and invasion by influencing focal adhesion dynamics. The analysis of the molecular mechanisms enabling cells to migrate is crucial to develop future therapy strategies.

P0713 | FBXO22 PROMOTES CERVICAL CANCER PROGRESSION VIA TARGETING P57 FOR UBIQUITINATION AND DEGRADATION

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.4 MEDICAL TREATMENT OF MALIGNANCIES

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Objectives: F-box only protein 22 (FBXO22), a key subunit of Skp1-Cullin 1-F-box protein (SCF) E3 ubiquitin ligase complexes, has been demonstrated to play critical roles in malignant progression of human cancers. However, little is known regarding the biological function of FBXO22 and its underlying molecular mechanisms in cervical cancer (CC). In this study, we aim to explore the role and mechanism of FBXO22 in CC progression.

Methods: The correlation between FBXO22 and clinicopathological characteristics of CC was analyzed by tissue microarray. MTT, colony formation, Flow cytometry, Western blotting, qRT-PCR, protein half-life, Co-IP and ubiquitination experiments were performed to assess the functions of FBXO22 and potential molecular mechanisms of FBXO22-mediated oncogenesis in CC.

Results: The expression of FBXO22 protein in CC tissues was higher than that in adjacent non-tumor cervical tissues. Notably, high expression of FBXO22 was strongly associated with poorer histology grades and positive lymph node metastasis in CC patients. Functionally, upregulation of FBXO22 promoted cell viability in vitro and induced tumor growth in vivo, while knockdown of FBXO22 exhibited opposite effects. In addition, overexpression of FBXO22 promoted G1/S phase progression and inhibited apoptosis in CC cells. Mechanistically, FBXO22 interacted with p57 and subsequently mediated the ubiquitination and proteasomal degradation of p57, leading to enhancing tumorigenesis.

Conclusions: Taken together, our findings suggest that FBXO22 promotes CC progression partly through regulating the ubiquitination and proteasomal degradation of p57. Our study indicates that

FBXO22 might be a novel prognostic biomarker and therapeutic target for CC.

P0714 | COMPARISON OF HAND-HELD GYNOCULAR AND COLPOSCOPE FOR ASSESSMENT OF CERVICAL LESIONS USING SWEDE SCORE

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.1 PREVENTIVE ONCOLOGY

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Objectives: The aim of this study was to evaluate diagnostic accuracy of cervical lesions by hand-held portable Gynocular and stationary Colposcope using Swede score.

Methods: A Crossover Randomized clinical trial in which 270 screen positive women either by VIA and VILI were subjected to computer-based randomization and were allocated in two groups in which cervical examination by Colposcope was done first and subsequently with Gynocular, and vice versa. Swede score was calculated on examination by Gynocular and standard Colposcope, biopsy taken at a score of four and above. Swede scores were compared against the histopathology diagnosis. Sensitivity, specificity, PPV and NPV for both Gynocular and Colposcope were calculated. The percentage agreement and k statistics were measured for both.

Results: The sensitivity, specificity, PPV and NPV of Gynocular for Swede score of 4 and above was 97.67%, 52.42%, 28.00%, 99.17%. For Colposcope the sensitivity, specificity, PPV and NPV was 97.67.07%, 50.22 %, 27.10%, 99.13%, respectively. The Gynocular and Colposcope showed a very good agreement in Swede scores with a k statistic of 0.932, P value of less than 0.0001. AUC for Gynocular was 0.949 <math>\lt; 95\% \text{ CI } 0.909\text{-}0.989\text{>}>, which was comparable to Colposcope AUC 0.928 <math>\lt; 95\% \text{ CI } 0.884\text{-}0.973\text{>}>.

Conclusions: The Gynocular is a hand-held mobile Colposcope with performance and accuracy comparable to conventional Colposcope using Swede score. Specificity was better at cut-off of Swede score of 8 and above and a good sensitivity at Swede score above 4. Thus, we recommend it for triaging as well as for 'See and Treat' approach.

P0715 | TIMING OF URINARY CATHETER REMOVAL AFTER RADICAL HYSTERECTOMY. A SINGLE INSTITUTION STUDY

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/
SUB-THEME: AB 8.3 SURGICAL TREATMENT OF
MALIGNANCIES

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Objectives: Functional disorders of the lower urinary tract are the most common complications following radical hysterectomy necessitating catheterization. This study aims to evaluate the average day of removal of catheter after radical hysterectomy and assess the practicability of earlier removal without compromising the bladder function.

Methods: Medical and pathologic records of patients were reviewed. Demographic, clinical and histopathologic data needed in this review were recorded. Descriptive statistics were used.

Results: Between January 2016 and December 2019, a total of 45 patients underwent radical hysterectomy (43 patients for cervical cancer and 2 for endometrial carcinoma), with a median age of 50. The average operative time is 2.5 hours, and the average blood loss is 500 ml. The average size of cervix, length of vagina and lateral width of parametria were 3 cm, 2.5 cm and 4.0 cm, respectively. The average cervical tumor size was 2.2 cm. Catheters were removed between 3rd and 20th (median=4 days) postoperative day. All patients had adequate (more than 100 ml) spontaneous void within 6 hours after removal. Eleven percent of the cases had their catheters removed beyond 7 days (3 patients=between days 8 and 14; 2 patients=between days 15 and 20). All patients were able to have a normal bladder function within 3 weeks of catheterization.

Conclusions: The primary outcome confirms that earlier removal of catheter seems to be a safe and practical option compared to long-term catheterization for patients who underwent radical hysterectomy without causing morbidities.

P0716 | CONIZATION AND PREGNANCY OUTCOME AT A CERTIFIED SWISS COLPOSCOPY CLINIC: A RETROSPECTIVE STUDY

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.1 PREVENTIVE ONCOLOGY

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Objectives: The aim of this study was to determine the rate of pregnancy loss and preterm birth in a Swiss population of women who

had undergone loop electrosurgical excision procedure (LEEP) as treatment for cervical dysplasia.

Methods: A retrospective analysis of 397 women who underwent LEEP at the University Hospital of Basel between 2015 and 2019 was conducted. Post-interventional pregnancies were analyzed regarding pregnancy outcome, time interval between conization and cone dimensions.

Results: Forty-nine women (12.3%) became pregnant within the observation period. The average interval between LEEP and pregnancy was 14 months (range 1-48 months; median 11 months). Thirty-two (97%) of all live births were at term (≥ 37 weeks); only one delivered preterm. Cervical shortening (≤ 20 mm) occurred in three pregnancies (9.1%), although all of these women carried to term. Early loss of pregnancy occurred in six patients (12.2%). There was no significant difference in the cone dimensions of women with term pregnancies compared to those with pregnancy loss ($P=0.199$ for length, $P=0.205$ for width and $P=0.967$ for depth).

Conclusions: While the number of preterm pregnancies following conization in this study was too low to make statistical conclusions, only one of the 33 women with live births delivered before term. The number of pregnancy losses did not differ significantly from the rate observed in the general population ($P=0.163$). Despite the low numbers, these results do not differ from larger studies on this subject and may still be useful for counseling young women planning future pregnancies regarding treatment of cervical dysplasia.

P0717 | ORAL APATINIB MAINTENANCE TREATMENT OF PERITONEAL PSEUDOMYXOMA: 1 CASE REPORT AND LITERATURE REVIEW

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/
SUB-THEME: AB 8.4 MEDICAL TREATMENT OF MALIGNANCIES

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Objectives: Pseudomyxoma of the Peritoneum (PMP) is a rare disease. Most PMP originates from the rupture of mucinous appendix tumors. Patients die of intestinal obstruction caused by pseudomyxoma of the peritoneum. Current treatments include complete cytoreductive surgery (CRS) and hyperthermic intraperitoneal chemotherapy (HIPEC). There is still lack of effective treatment methods for patients whose lesions cannot be completely removed through above treatments. The anti-VEGF drug bevacizumab can prolong PFS and OS in all kinds of histologic types of appendix epithelial tumors, including peritoneal pseudomyxoma. As a VEGF-2 tyrosine kinase inhibitor, Apatinib can inhibit cellular proliferation and stimulate its apoptosis.

Methods: We report a patient oral apatinib treatment, who is still have residual lesions in the abdominal cavity after surgery and intraperitoneal hyperthermic perfusion treatment.

Results: Up to March 2021, the patient has been treated for 39 months. The disease has not progressed, and the patient's quality of life is satisfactory. As far as we know, this is the first successful application of apatinib alone in the treatment of pseudomyxoma of the peritoneum, and a large sample of cases needs to be further included in the study of the effectiveness and safety of apatinib in the treatment of pseudomyxoma of the peritoneum.

Conclusions: Apatinib can be considered as one of the maintenance treatments for peritoneal pseudomyxoma after cytoreductive surgery and intraperitoneal hyperthermic perfusion.

P0718 | MAD1L1 AND MAD2L2 POLYMORPHISMS IN ADVANCED OVARIAN CARCINOMA PATIENTS AND ITS CLINICAL IMPACT

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/
SUB-THEME: AB 8.4 MEDICAL TREATMENT OF MALIGNANCIES

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Objectives: The aim of this study was to investigate the associations between the MAD1L1 and MAD2L2 polymorphisms in advanced ovarian carcinoma (OC) patients and their clinical impact.

Methods: The study comprised of 45 patients with newly diagnosed advanced (Stage III and IV) OC who were undergoing the first-line treatment with surgery and chemotherapy (carboplatin and paclitaxel). DNA was isolated from whole blood to amplify genetic polymorphisms of Mad1L1 (rs1801368); Mad2L1 (rs1972014; rs1546120; rs3752830) using the PCR-restriction fragmentation length polymorphism (RFLP) method. Then the data were correlated with the clinical response of the patients which was evaluated by CA-125 blood biomarker and CT scan of abdomen and thorax. Patients were categorized as responders, partial responders and non-responders.

Results: In this study, there were 16, 19, and 10 responders, partial responders, and non-responders. The genotype distribution did not vary significantly among responders, partial responders, and non-responders. It was also not significant between adjuvant and neoadjuvant chemotherapy arms. The allele frequencies did not maintain Hardy-Weinberg equilibrium in the OC patients.

Conclusions: The MAD1L1 and MAD2L2 polymorphisms may not be a predictor for treatment outcomes of patients with advanced

ovarian cancer. However, further investigation is needed to confirm these findings in a larger sample size.

P0719 | DIFFERENT CHEMOTAXIS OF HUMAN MESENCHYMAL STEM CELLS TO CERVICAL CANCER CELLS

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.5 NOVEL/ALTERNATIVE/HORMONAL TREATMENTS

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Objectives: Mesenchymal stem cells (MSCs) has been used as a drug-deliver for cancer therapy based on their unique tropism towards cancer cells. Despite similarities in morphology, immunophenotype, and differential potent in vitro, MSCs sourced from different tissues do not necessarily have equivalent biological behaviors. It is of great significance to screen the most chemotactic MSCs to cancer cells.

Methods: Different MSCs were isolated from various human tissues including adipose, umbilical cord, amniotic membrane, and chorion. Trilineage differentiation, flow cytometric and western blot analysis were performed to identify all isolated cells. Cell viability was detected by CCK-8 assay. Transwell assay was conducted to investigate the tropism of MSCs to cervical cancer cells. ELISA and western blot analysis were performed to detect the expression of CXCL12 from cervical cancer cells and CXCR4 from MSCs, respectively.

Results: MSCs derived from distinct sources can be differently recruited to cervical cancer cells, among which chorion-derived MSC (CD-MSC) possessed the strongest tropic capacity. Furthermore, CXCL12 was found to be highly secreted by cervical cancer cells, in parallel with the expression of CXCR4 in all MSCs. Consistently, CD-MSC displayed the highest level of CXCR4. These results indicated that CXCL12/CXCR4 pathway contributed to the different chemotaxis to cervical cancer cells of each MSCs.

Conclusions: CD-MSC with the highest CXCR4 expression is the best therapeutic vehicles for targeted therapy in cervical cancer.

P0720 | KRUKENBERG'S TUMOR DURING PREGNANCY: A CASE REPORT

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.3 SURGICAL TREATMENT OF MALIGNANCIES

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Objectives: Responsible for 1-2% of ovarian cancers, Krukenberg's tumor during pregnancy is extremely rare and its management is usually a dilemma. Our objective is to increase the knowledge about this rare presentation, by reporting this case.

Methods: The patient was a 41-year-old woman, admitted to a reference service for high-risk maternal care at the gestational age of 27 weeks and 4 days, presenting a pelvic mass yet to be diagnosed. Imaging exams showed left ureterohydronephrosis and expansive formations of probable ovarian origin measuring 19.4 x 20.4 x 21.3 cm and 15.8 x 11.0 x 14.4 cm at the left and right sides, respectively. A cesarean section was performed with bilateral anexectomy at a gestational age of 30 weeks and 3 days. Surgical inspection was suggestive of a bilateral Krukenberg's tumor implanted in the stomach and peritoneum.

Results: The anatomopathological analysis of the lesions showed a stage IV gastric adenocarcinoma with signet ring cells. The patient received palliative chemotherapy and died of acute obstructive abdomen.

Conclusions: The distinction between primary and metastatic malignant ovarian disease, although often difficult, is important due to management and prognostic implications. The management of the condition should take into account maternal and fetal aspects and the staging of the disease. Although the management of such cases is a challenge, the delay in starting treatment is linked to poor maternal outcomes.

P0721 | GRANULOSA CELL TUMOR: A CASE REPORT**THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/
SUB-THEME: AB 8.3 SURGICAL TREATMENT OF
MALIGNANCIES**

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Objectives: Report a case of granulosa cell tumor (GCT), a rare type of cancer, corresponding to 2-5% of malignant ovarian neoplasms.

Methods: Descriptive observational study analyzing medical records.

Results: Female, 59y, with severe abdominal pain, nausea and vomiting for 1 year. Globose abdomen, umbilical hernia, left pelvic mass palpable, firm, painless and lobulated. Abdominal USG (02/2020): heterogeneous expansive solid lesion in the abdominopelvic cavity, on the right rejecting neighbouring structures. Multiple nodules in abdominal and retroperitoneal fat. Solid hepatic nodule suggesting secondary lesion. Abdominal tomography (02/2020): Nodules suggesting neoplasia and peritoneal carcinomatosis; umbilical hernia containing fat, ascites and peritoneal nodule. Performed tumor resection, mesocolon and mesorectal topography, and omentectomy. Anatomopathological: GCT, adult type. Immuno-histochemical: GCT infiltration, adult type. Abdominal pelvic tomography after surgery: moderate ascites, peritoneal nodules, suggesting carcinomatosis. Performed a left colostomy with nodulations in the subcutaneous fat due infiltrating disease into the abdominal wall. Mild lymph node enlargement in retroperitoneum. Discharge on the 10th postoperative day.

Conclusions: The GCT adult type is the most common in women aged 50-54 years, corresponding to 95% of these neoplasms. The prognosis depends on the stage and residual presence after surgery, given the metastatic potential and late recurrence. There is no standardized treatment, and the surgery is among the best options for initial management, due to its curative nature. Therefore, screening for ovarian neoplasms in patients with abdominal symptoms is very important, in addition to early intervention for better prognosis.

P0722 | MANAGEMENT OF A RARE RECURRENT VULVAL MYXOID SARCOMA**THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/
SUB-THEME: AB 8.3 SURGICAL TREATMENT OF
MALIGNANCIES**

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Objectives: Malignant tumors of the female reproductive system are serious health and social problem. Vulvar tumors represent only 4% of all gynecological cancers. Vulval Sarcomas are rare tumors and comprise approximately 1-3% of all vulvar cancers. Leiomyosarcomas, epithelioid sarcomas, and rhabdomyosarcomas are among the most common variants. Only a few cases have been reported. In this case report, we describe a rare case of recurrent vulval sarcoma.

Methods: A 42-year-old multiparous postmenopausal woman presented with swelling of 2*2 cm in the left labia majora 5 years back for which she was operated with local wide excision and diagnosed with vulval sarcoma on histopathology. One year after surgery patient presented with recurrent swelling of 6*6 cm with an ulcerative surface in the same area.

Results: The patient was further managed and diagnosed with vulval myxoid epithelioid sarcoma by wide local excision followed by adjuvant therapy.

Conclusions: Only a few cases of vulval sarcoma have been reported with the presence of focal myxoid changes. Early diagnosis is difficult and optimal treatment is not well established due to its rarity. These are very aggressive tumors. We hereby highlight the key points of management in a recurrent case of myxoid sarcoma.

P0723 | OUTCOME OF THE VISUAL INSPECTION WITH ACETIC ACID OF THE CERVIX OF HIV POSITIVE WOMEN IN ANYIGBA, NORTH CENTRAL NIGERIA**THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.2 DIAGNOSIS AND SCREENING OF MALIGNANCIES**

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Objectives: To determine the prevalence of premalignant lesions of the cervix among HIV positive women in Anyigba, North central Nigeria.

Methods: This prospective study was done between December 2020 and February 2021. 125 counseled women participated. HIV positive women that attend clinics at the Kogi State University Teaching Hospital and the Holley Memorial Hospital had a Visual

inspection of their Cervix with 5% Acetic acid. Acetowhite appearance was documented as positive for premalignant lesion of the cervix in the data collection tool.

Results: 40% (50) had positive VIA test while 60% (75) had negative VIA test results. Acetowhite appearance involve all four Cervical quadrants in 7.2% (9), three in 6.4% (8), two in 23.2% (29) and one in 3.2% (4).

Conclusions: The VIA positive rate of premalignant lesions of the cervix among HIV-positive women in Anyigba was 40%. HIV-positive women are prone to precancerous lesions of the cervix therefore large-scale screening to further interrogate this finding and down-grade cervical cancer morbidity and mortality in this environment is necessary.

P0724 | CASE REPORT: UTERINE RUPTURE SECONDARY TO PLACENTAL SITE TROPHOBLASTIC TUMOR

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.2 DIAGNOSIS AND SCREENING OF MALIGNANCIES

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Objectives: Placental site trophoblastic tumor (PSTT) is a rare and malignant form of gestational trophoblastic disease with an estimated incidence of 1 in 50,000-100,000 pregnancies. To the best of our knowledge, only 725 such cases have been previously reported in the literature. The present study aims at reporting a rare case of a PSTT which penetrated the myometrium and caused uterine rupture.

Methods: Report of a rare case of PSTT. Medical, laboratory, anatomopathological and imaging data, in addition to surgical procedures and follow-up were used to describe the case after the patient's consent.

Results: A 20-year-old woman with a history of 2 abortions, the latter of which had occurred only 6 months earlier, presented to our department with amenorrhea and a positive pregnancy test. Endovaginal ultrasound revealed a solid intrauterine mass compatible with incomplete miscarriage. HCG level was 337.6 mIU / ml. Operative hysteroscopy was performed to investigate underlying causes. The patient returned to our unit 50 days later in hypovolemic shock secondary to uterine rupture and underwent total abdominal hysterectomy. Definitive diagnosis of PSTT was only possible following immunohistochemical evaluation of uterine samples.

Conclusions: Early diagnosis of PSTT is key to avoid high mortality outcomes such as uterine rupture and extra-uterine metastases. Since transvaginal ultrasound is unreliable in identifying this type of tumor, PSTT must be hypothesized whenever the patient is a woman of childbearing-age with amenorrhea and nonspecific sonographic findings. Immunohistochemistry markers are needed to confirm

diagnosis. Hysterectomy is the main treatment since the disease is chemoresistant.

P0725 | ASSESSMENT OF SOCIO-DEMOGRAPHIC PROFILE, RISK AND DELAY FACTORS OF CANCER CERVIX IN BANGLADESH

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.1 PREVENTIVE ONCOLOGY

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Objectives: To assess the socio-demographic profile and to identify the risk factors and the factors causing the delay in management of cervical cancer.

Methods: This cross-sectional study conducted from July 2017 to June 2020 among 200 patients of biopsy proved cancer cervix. Non-probability purposive sampling method was used.

Results: Mean age of patients with carcinoma cervix in our study was 47.9±8.89 years. Only 27 cases (13.5%) had done cervical screening at least once previously. Interval between appearance of symptoms and first reporting was more than 1 year in 30% cases whether between first reporting and clinical diagnosis was found to be more than 6 months in 28% cases. The interval between clinical and histological diagnosis was more than 1 month in 32% cases and that between histological diagnosis and getting appropriate treatment was more than 1 month in 33.5% cases. For the delay in diagnosis in 56 out of 200, negligence of the patients and her relatives toward the symptoms was found to be the most important cause (12.5%) for the delay of diagnosis. In searching for the delay in treatment of cancer cervix in 67 out of 200, 16.5% of those cases were cause of the delay in hospital due to long queue of operations (3%) or radiotherapy (13.5%) & Financial crisis.

Conclusions: Regular cervical screenings are necessary to reduce the incidence and mortality from cervical cancer. Failure of proper and timely referral is one of the important causes of delay in diagnosis and treatment.

P0726 | ASSESSMENT OF KNOWLEDGE AND ATTITUDE OF CERVICAL CANCER SCREENING AMONG BANGLADESHI WOMEN - A STUDY IN A TERTIARY HOSPITAL

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.1 PREVENTIVE ONCOLOGY

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Objectives: To assess the level of Knowledge & Attitude of Cervical cancer prevention and screening procedure among the women attending in Outpatient department.

Methods: A cross sectional study performed among the women attended in OPD of Obstetrics & Gynaecology of Shaheed Suhrawardy Medical College Hospital, Dhaka, Bangladesh from June 2018 -September 2018. The 300 respondents were selected by random sampling. All information collected in a structured questionnaire and data were analyzed using SPSS version.

Results: The majority of our study participants reported to have poor Knowledge about Cervical cancer & its prevention. Mostly it is related with Illiteracy & low level of general health education. only (31.23%) women reported to have some knowledge about Cervical Cancer wanted to have Screening. Poor knowledge of husbands & occupation, their unwillingness, less monthly income are the major contributing factors, Majority of respondents (83.31%) have no idea of HPV Vaccination.

Conclusions: Every country must reach the WHO Global strategy target (90-70-90) by 2030 for elimination of Cervical cancer. So, scaling up screening strategies based on local needs & resources as most of the woman do not know clearly about cervical cancer prevention, risk factors, screening & vaccination. In COVID-19 pandemic it is a big challenge to ensure essential health service especially in low-income countries. Health education, promotion of screening program, raising awareness about its vaccination is most cost-effective approach in reducing incidence of cervical cancer its morbidity and mortality in Bangladesh.

P0727 | KNOWLEDGE AND ATTITUDES TOWARDS CERVICAL CANCER AND HPV SELF-TESTING AMONG UNIVERSITY WOMEN FROM TACNA PERU

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.1 PREVENTIVE ONCOLOGY

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Objectives: To determine the knowledge and attitudes towards cervical cancer and HPV self-testing among university women at a public university in Tacna in Peru.

Methods: A non-experimental, cross-sectional design was chosen and two questionnaires of 22 questions each were administered to 232 university women.

Results: The average age of the university women was 21.6 (SD 3.4), marriage status-single (93.6%) and Religion-Catholic (62.7%). In

general, the women had a moderate (41.2%) and low (30.9%) level of knowledge about HPV transmission, virus identification, clinical manifestations of infection and treatment options. A favorable attitude (40.3%) was found towards self-taking the HPV test. According to age, a medium level of knowledge (40.8%) and a favorable attitude towards self-testing for HPV (39.5%) prevailed in young adults (18 to 29 years), whereas in adults a low level of knowledge (40%) and an unfavorable attitude was found (40%).

Conclusions: A positive correlation was found between knowledge of HPV and acceptance of vaginal self-sampling (Pearson's correlation 0.31; Sig. 0.001. A favorable attitude towards self-intake predominates in young adult women between 18 and 29 years of age, as opposed to adults from 30 to 59 years old who have an unfavorable attitude. As self-sampling is an innovative strategy for collecting the sample, it is suggested to carry out information and awareness campaigns in the community to generate knowledge that minimize resistance to the method.

P0728 | HOW DOES LAPAROSCOPIC SCORING BEFORE OVARIAN CYTOREDUCTIVE SURGERY PERFORM DIFFERENTLY COMPARED TO CLINICAL AND IMAGING CRITERIA IN LOW RESOURCE SETTING - AN OBSERVATIONAL ANALYTICAL STUDY

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/
 SUB-THEME: AB 8.3 SURGICAL TREATMENT OF MALIGNANCIES

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Objectives: To find the association between outcome of cytoreductive surgery with serologic markers, imaging modalities, laparoscopy-based score and surgical complexity score in low resource setting.

Methods: Observational analytical study in a cross section of patients with advanced epithelial ovarian cancer, accrued between March 2019 and January 2021 at the department of Gynecologic Oncology, AHPGIC, undergoing primary cytoreductive surgery. All statistical analysis was performed using the software - GraphPad Prism, 9.0.2.

Results: The groups, complete cytoreduction (CC=0) and incomplete cytoreduction (CC≠0) were comparable in terms of age, parity and menopausal status. In the Multiple regression analysis, Fagotti score and SCS emerged as the independent predictors of complete cytoreduction status. The model explained 58.53 percentage of the variance in the outcome variable with major predictor of the complete cytoreduction status as Fagotti score.

Conclusions: Fagotti laparoscopic score has the best concordance with open findings and the best ability to predict completeness of cytoreduction. It is recommended to consider laparoscopic Fagotti scoring for all patients decided for primary cytoreduction before laparotomy in the limited resource setting. For the comparison

of SCS scores the effect sizes calculated based on the means and standard deviations available from the present study predicted the minimum sample size required as 54 patients in each group with an allocation ratio of 1 and 66 patients in group 1 and 46 patients in group 2 for the observed allocation ratio of 0.7. This could be used to plan for future studies.

P0729 | THE IMPACT OF ANDROGEN RECEPTOR EXPRESSION ON PROGNOSIS OF ENDOMETRIAL CANCER

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.2 DIAGNOSIS AND SCREENING OF MALIGNANCIES

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Objectives: The role of oestrogen (ER) and progesterone receptors (PR) is well known in the risk stratification of the endometrial cancer (EC); however the role of androgen receptor (AR) expression remains to be defined. We aimed to evaluate the association of AR expression with traditional factors for risk stratification.

Methods: A single-centre prospective pilot study to recruit all women diagnosed with EC. Immunohistochemical (IHC) expression of AR was analyzed in all women. Association to clinical characteristics and the co-expression of emerging IHC risk factors, such as ER, PR and the markers of microsatellite instability (MSI), namely the markers MLH1, PMS2, MSH2, and MSH6 were evaluated. The level of AR positivity was set at >1% of receptor expression.

Results: The median age of all women included in the study (n=42) was 66.5 years (min 32 - max 87). Thirty women had AR positive tumours (71.4 %) and 12 women had AR negative tumours (28.6 %). Fourteen tumours (33.3 %) were identified with a high likelihood for MSI. AR expression was not correlated to MSI ($P=0.147$), neither was there a significant correlation with MLH1 ($P=0.066$), MSH2 ($P=0.522$) and MSH6 ($P=0.492$). Only PMS2 expression was significantly correlated with AR expression ($P=0.032$).

Conclusions: Loss of AR expression has been implicated in worse prognosis for EC. Our study demonstrated a correlation between the mismatch repair protein PMS2 and AR expression, but further studies are needed to understand the potential implication and clinical relevance of this finding.

P0730 | PERCEIVED BARRIERS TO CERVICAL CANCER SCREENING AMONG NURSING STAFF IN A TERTIARY CARE HOSPITAL IN SOUTH INDIA

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.1 PREVENTIVE ONCOLOGY

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Objectives: Despite sufficient knowledge regarding cervical cancer screening for cervical cancer among female health workers, actual screening practices remained low. This study aims to assess awareness about cervical cancer among nursing staff and identify barriers - perceived and social - to utilize the screening services.

Methods: A questionnaire-based cross-sectional study was conducted among 510 married, female, nursing staff of a tertiary health institution in Puducherry, India from June to October 2020.

Results: 60.4% of the respondents answered >60% of the questions regarding cervical cancer screening correctly. 40% were screened with a Pap smear. There were no differences in either knowledge scores between those who had a Pap smear and those who had not. On ROC curve analysis, knowledge scores were not significant parameters to predict either the likelihood of taking a pap smear or willingness to take smear. Lack of availability (37.3%), time (22.3%) and motivation (23.3%) were major barriers to undergoing testing, despite the test being free of cost, and available in their workplace on all working days. Only 7.2% of the respondents were unwilling to undergo screening due to pain, discomfort, or social reasons. 51.8% felt that if they would undergo screening regularly if the test was made mandatory by their employer.

Conclusions: A preventive screening service, therefore, would not be a priority for asymptomatic women. Hence public health problem should be remodelled to remove the onus of screening from the population.

P0731 | RETROSPECTIVE EVALUATION OF RISK REDUCING-SALPINGO-OOPHORECTOMY FOR BRCA1 AND BRCA2 PATHOGENIC VARIANT CARRIERS PERFORMED AT OUR HOSPITAL

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.1 PREVENTIVE ONCOLOGY

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Objectives: In Japan, risk-reducing salpingo-oophorectomy (RRSO) has been covered by insurance since April 2020, and it is expected to be widely performed in the future. To promote its widespread use in the future, we retrospectively reviewed 107 cases of RRSO

performed at our hospital and clarified the safety of the surgery and future issues.

Methods: We retrospectively reviewed the background of patients, surgical outcomes, complications, and pathological background of 107 patients who underwent RRSO at our hospital from 2006 to December 2020.

Results: The mean age of patients who underwent RRSO was 47 years; 61 patients had a BRCA1 mutation and 46 patients had a BRCA2 mutation. Almost all cases were performed laparoscopically with minimal intraoperative blood loss and no complications. 2 patients had serous tubal intraepithelial carcinoma (STIC) and 2 had invasive carcinoma (fallopian tube carcinoma and ovarian carcinoma).

Conclusions: RRSO was safely performed laparoscopically. NCCN guidelines recommend that RRSO should be performed before the age of 40 years for BRCA1 mutation-positive patients and 45 years for BRCA2 mutation-positive patients if family planning has been completed. Since all cases with pathological abnormalities were above the recommended age, we need to remind ourselves that surveillance is associated with risk.

P0732 | SYNCHRONOUS SQUAMOUS AND TRANSITIONAL CELL MALIGNANT TRANSFORMATION IN AN OVARIAN MATURE CYSTIC TERATOMA

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.2 DIAGNOSIS AND SCREENING OF MALIGNANCIES

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Objectives: To describe the occurrence of synchronous squamous and transitional cell carcinoma in a mature cystic teratoma where IOTA-ADNEX model predicted a risk of malignancy of 8.3%.

Methods: A 43-year-old multipara with regular menstrual cycles presented with pain abdomen of 6 months duration. Clinically there was a mobile mass of 24 weeks size with cystic consistency. Tumour markers revealed a CA-125 of 95.89 Units/ml and CA19-9 of 168.3 Units/ml. Ultrasonography showed right ovarian complex solid cystic lesion of size 14x15 cm with eccentric echogenic solid content with foci of calcification possibly dermoid tumour. CECT confirmed the same. IOTA-ADNEX model predicted a risk of malignancy of 8.3%. She underwent surgery with frozen section showing mature cystic teratoma with possibility of malignant urothelial transformation. Complete surgery with total abdominal hysterectomy, bilateral salpingo-oophorectomy, infracolic omentectomy, pelvic lymph node sampling and peritoneal sampling was performed.

Results: Histopathology and immunohistochemistry revealed right ovarian mature cystic teratoma with urothelial papillary carcinoma and squamous cell carcinoma without lymph node or omental or peritoneal involvement. Patient was started on BEP regimen chemotherapy and PET-CT scan after 3 months showed no residual disease.

Conclusions: Malignant transformation of ovarian mature cystic teratoma is rare. The synchronous occurrence of both squamous and transitional cell carcinoma is rarer. Tumour markers and IOTA-ADNEX model helps in predicting risk of malignancy. Frozen section helps in modifying the plan of surgical management for optimal outcomes.

P0733 | THE IMPACT OF ANNUAL PAP SMEAR SCREENING ON MORTALITY BY CERVICAL CANCER IN VOLTA REDONDA, BRAZIL

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.2 DIAGNOSIS AND SCREENING OF MALIGNANCIES

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Objectives: The aim of the study is to compare how screening annually women for HPV can improve their prognosis reducing the mortality.

Methods: This is a descriptive, retrospective and cross-sectional study, carried out in the city of Volta Redonda, state of Rio de Janeiro, Brazil, in the year 2018 and 2019. The study is composed of women between 25 and 64 years of age assisted by the System Unified of Health (SUS), between 2008-2019. The data were obtained from the website of the Rio de Janeiro State Health Department and from the Informatics Department of the Unified Health System (SUS DATA). In addition to scientific articles in the PubMed and Scielo databases.

Results: The national mortality rate was compared with the mortality rate in the municipality of Volta Redonda due to cervical cancer, given that the Ministry of Health recommends the pap smear in a three-year manner in the country, whereas in Volta Redonda it is used the strategy of taking the exam annually. The data indicate that, the municipality had an increase of 43% in the number of preventives, which resulted in a drop of 22% in deaths. Meanwhile, there was a 28% increase in the national average of deaths from the disease.

Conclusions: Pap smear screening is the best way to prevent this neoplasm, enabling early diagnosis, better prognosis and greater response to treatment. Thus, the secondary prevention strategies adopted in the municipality of Volta Redonda should be studied for a possible implementation at the national level.

P0734 | AWARENESS ABOUT CERVICAL CANCER AMONGST PREVIOUSLY SCREENED NORTH INDIAN WOMEN

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.1 PREVENTIVE ONCOLOGY

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Objectives: To assess the knowledge of previously screened women about cervical cancer and its prevention at the second round of screening.

Methods: This cross-sectional study was conducted in semi-urban areas of Delhi on 1007 sexually active women. Women were asked to fill questionnaire to assess their knowledge about cervical cancer prior to screening. They were also educated by health workers about cervical cancer and its preventive strategies. Five years later, they were re-contacted for screening and questionnaire was readministered.

Results: Prior to screening, only 214/1007 (21.2%) women had heard about cervical cancer, only 1/1007 (0.1%) about HPV infection and none about HPV vaccination. Only 57/1007 (5.6%) women believed that cervical cancer is preventable. After 5 years, 539/1007 (53.5%) women completed questionnaire. At this time, all women were aware about cervical cancer, 319/539 (59.1%) were aware about HPV infection and 529/539 (98.1%) believed that it can be about prevented by regular screening. All women remembered their previous screening report correctly. Despite awareness only 77.1% women underwent repeat screening. Out of 123 women who declined repeat screening, 107/123 (86.9%) were screen negative previously; 12/123 (9.7%) HPV+; 3/123 CIN1 and 1 CIN2 who underwent LEEP during follow-up. Most of the women (91%) who declined repeat screening did not complete high school education compared to those who underwent second round of screening (78.9%).

Conclusions: In developing countries like India there is lack of awareness about cervical cancer and preventive strategies. Uptake of repeated rounds of screening is low after a negative screening result.

P0735 | TREND IN THE PATTERN OF CERVICAL CANCER AMONG YOUNG AGE GROUP IN A TERTIARY INSTITUTION

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.2 DIAGNOSIS AND SCREENING OF MALIGNANCIES

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Objectives: To evaluate the trend of cervical cancer among the young age group in a tertiary institution in a developing country

Methods: A 12-year review of histological diagnosed cervical cancer (2009 to 2020) in young women (40 years and below) at National hospital Abuja, a tertiary institution in Nigeria was carried out using data on cervical cancer generated using a cancer registry (ICD 10 CanReg5 software). The trend in the incidence, histological pattern, and age were analyzed. Statistical analysis was by IBM SPSS statistics 23 software.

Results: Out of the total of 726 cases of invasive cervical cancer diagnosed between 2009 and 2020, 128 (17.33%) were in the young age group. The histological pattern was as follows: Squamous cell carcinoma 106 (82.8%), Adenocarcinoma 19 (14.8%), and adenosquamous carcinoma 3 (2.3%). there was a sustained increase in the number of cervical cancers among the young age group in most of the years from 2012. Though there was no appreciable decline in squamous cell carcinoma among the young age group, adenocarcinoma maintained a sustained increase from 2014 till 2018 with a slight decrease in 2019. A similar pattern was recorded in adenosquamous carcinoma. Adenosquamous carcinoma, which was not recorded from 2009 to 2012, had a sustained increase from 2013.

Conclusions: Unlike reports in some studies in developed countries, both squamous cell carcinoma and adenocarcinoma are still on the increase in developing countries like Nigeria. Adenocarcinoma and adenosquamous carcinoma seem to be on the increase among the younger age group.

P0736 | RADIOTHERAPY IN THE TREATMENT OF PRIMARY VAGINAL CANCER

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.4 MEDICAL TREATMENT OF MALIGNANCIES

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Objectives: Primary vaginal cancer (VC) is rare, constituting only 1%-2% of all female genital tract malignancies. The objective of this study was to clarify the place of radiotherapy (RT) in the treatment of VC.

Methods: A descriptive retrospective study between 1995 and 2019 collected nine cases of VC treated in the radiation oncology department, Farhat Hached Hospital, Sousse Tunisia.

Results: The average age was 57,5 years [22-79 years]. Eight patients were postmenopausal. Vaginal bleeding was the main symptom. The average time to consultation was 4 months. The histological diagnosis was retained with vaginal biopsy. Two histological types were described: 8 cases of squamous cell carcinoma and a single case of clear cell adenocarcinoma. The average tumor size was 4.25 cm. Five patients were classified as stage II FIGO, two patients at stage I, two patients at stage IV. Two patients had curative RT at the dose of 50 Gy followed by brachytherapy. One patient had pelvic RT with 66,6

Gy. Six patients underwent palliative RT with doses ranging from 30 to 50 Gy. For tolerance we noted grade III radiodermatitis in 3 patients and grade II digestive toxicity in 2 patients. After a median follow-up of 9 months, one patient had a progression requiring hemostatic radiotherapy. Two patients were in remission, two died and four were lost to follow-up, three of them in poor condition.

Conclusions: The prognosis of VC remains poor and in advanced stages RT is the gold standard of treatment for this disease followed or not with brachytherapy.

P0737 | SURGICAL AND ONCOLOGICAL OUTCOME OF LAPAROSCOPIC SURGERY, COMPARED TO LAPAROTOMY, FOR PATIENTS WITH ENDOMETRIAL CANCER

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/
SUB-THEME: AB 8.3 SURGICAL TREATMENT OF MALIGNANCIES

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Objectives: To evaluate the surgical and oncological outcomes after laparoscopic surgery for endometrial cancer.

Methods: A retrospective study had been conducted from 2005 to 2014 at the department of obstetrics and gynecology of Ben Arous hospital of Tunisia. Surgical outcomes, complications rates, 2-year survival rates, and recurrence rates were evaluated in 22 patients who underwent total laparoscopic hysterectomy (TLH) and 28 patients who underwent total abdominal hysterectomy (TAH) for endometrial cancer.

Results: There was no significant difference between the two groups in age or body mass index. More than 80% of patients in both groups had stage I cancer. In the TLH group, the histological types were endometrioid adenocarcinoma in 20 patients, carcinosarcoma in one patient, and serous adenocarcinoma in one patient. Operative times were significantly longer in the TLH group, patients in this group had less intraoperative blood loss, shorter hospital stays and reduced levels of postoperative pain. There were 4 cases of postoperative infection and one case of vessel injury in the TLH group. No patient in this group required blood transfusion or conversion to open surgery. There were recurrences in one (4.5%) patient in the TLH group and in two (7.1%) patients in the TAH group.

Conclusions: Laparoscopic surgery is safe for patients with early-stage endometrial cancer. However, patients with carcinosarcoma and other histologic types of non-endometrioid adenocarcinoma require special attention because of the high risk of recurrence.

P0738 | CASE REPORT OF A DUCTAL BREAST CARCINOMA WITH ENDOMETRIUM METASTASIS ON AN ONCOLOGY PATIENT AT A TERTIARY HOSPITAL FROM BRAZIL

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/
SUB-THEME: AB 8.2 DIAGNOSIS AND SCREENING OF MALIGNANCIES

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Objectives: Haematogenous metastasis of breast cancer usually occurs at lung, bones, liver and brain. The uterus is an unusual site, but up to 8 % will metastasize to that organ. Among mammary carcinomas, the lobular carcinoma is the most frequently type that metastasize to the uterus, most commonly to the miometrium, being the endometrium a rare site. There have been few cases in literature that describes the Ductal carcinoma with endometrium metastasis, here we describe a new case report of a patient with ductal breast carcinoma with cancer recurrence with multiple metastasis, including to an endometrial polyp. The present study was conducted to highlight the importance of considering the endometrium as a possible organ of metastasis from breast cancer.

Methods: Medical Report review were used after written patient consent.

Results: Woman with 62-year-old with carcinoma of the right breast treated in 2009, with cancer recurrence in 2020 with multiple metastasis, including bones, liver, lungs, lymph nodes, muscles. During the investigation of hipogastric pain, an Ultrasound showed endometrial thickness. She underwent a hysteroscopy that presented a polyp, which was resected. Histopathologic examination revealed morphology and immunohistochemical compatible with breast cancer.

Conclusions: Although rare, endometrial thickness in women with breast cancer should be investigated due to the risk of endometrium metastasis.

P0739 | A CAPTIVATING SERIES OF BENIGN STEROID CELL OVARIAN TUMORS AND SECONDARY POLYCYTHEMIA

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/
SUB-THEME: AB 8.2 DIAGNOSIS AND SCREENING OF MALIGNANCIES

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Objectives: We aimed to study the presentations and clinical features of all the steroid cell tumors of the ovary.

Methods: We retrospectively studied all cases of steroid ovarian neoplasm operated for a two-year duration.

Results: We found 4 cases of pathologically proven benign steroid cell tumors among 296 operated ovarian neoplasm. Among them, two were Leydig cell tumors, and other two Steroid cell tumor- not otherwise specified. All four patients were diagnosed as part of the workup for hirsutism and deepening of the voice. Before surgery during pre-operative workup, all four patients were found to have high hematocrits of greater than 47%. They maintained saturation throughout the hospital stay with no hypoxia. CECT abdomen and pelvis were done for all four patients, and no other tumor in the adrenals or kidneys was diagnosed, nor could any evidence of hypertension or renal artery stenosis be found. All four patients had a normal platelet count. Hence, a diagnosis of secondary polycythemia was made. Further investigations in the form of red blood cell mass and JAK2 mutation testing could not be done due to the limitation of resources. Postoperatively hematocrit fell in the patients with a corresponding fall in the testosterone levels.

Conclusions: We can make a hypothesis that testosterone secreting steroid cell tumors of ovary could be responsible for the increased hematocrit. So, polycythemia could be one of the presentations of steroid cell tumor and hence steroid cell tumor should be included in the panel of the workup of evaluation of polycythemia.

P0740 | QUALITY OF LIFE AND ASSOCIATED FACTORS AMONG CERVICAL CANCER PATIENTS AT OCEAN ROAD CANCER INSTITUTE, IN DAR-ES-SALAAM, TANZANIA
THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-
THEME: AB 8.6 PALLIATION, SUPPORTIVE CARE

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Objectives: To assess the quality of life (QOL) and associated factors among patients with cervical cancer (CC) after the completion of chemo-radiotherapy.

Methods: A cross-sectional analytical study was conducted at Ocean Road Cancer Institute (ORCI) from September to November 2020. A total of 323 CC patients who met eligibility were interviewed using the European Organization for Research and Treatment of Cancer Questionnaire (QLQ-C30), and its cervical cancer module (QLQ-CX24). Data were analyzed with Mann Whitney and Kruskal-Wallis. Analysis was done using SPSS version 23 and a P<0.05 was considered significant.

Results: More than half (54.8%) of the CC patients had a good overall QOL, with a mean score of (64.4±1.9). Overall QOL was affected by education (P=0.019), smoking status (P=0.044), sexual partner status (P<0.001), treatment modality (P=0.018), and time since completion of treatment (P=0.021). Radiation therapy (external beam plus brachytherapy), and time greater than one year after completion of treatment contributed to higher functioning in most domains

(P<0.05). Whereas external beam radiation as a single therapy (P<0.05) contributed to significant symptomatology.

Conclusions: A significant improvement in most aspects of QOL was observed after chemo-radiotherapy, and was affected by sociodemographic and clinical variables. Therefore, management needs to be individualized in order to improve the QOL.

P0741 | IS IT POSSIBLE TO DIAGNOSE PREOPERATIVELY A TUBAL ECTOPIC HYDATIDIFORM MOLAR PREGNANCY?
THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-
THEME: AB 8.2 DIAGNOSIS AND SCREENING OF MALIGNANCIES

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Objectives: Tubal ectopic hydatidiform moles are a rare type of gestational trophoblastic diseases. Aim of our work is to understand if it is possible to diagnose preoperatively a tubal ectopic molar pregnancy, starting from the evaluation of a complicated case report up to perform a review of literature.

Methods: A 27-year-old woman was referred to our department for right pelvic pain, vaginal bleeding, and positive beta- hCG (590 mUI/ml). At ultrasound, uterine cavity was empty and a unilocular cyst of 15 mm below right ovary, suspicious of ectopic pregnancy, was described. A determination of daily beta- hCG (2031↓ 2573↓ 3480 mUI/ml) and, after five days, a laparoscopic salpingectomy, were performed. The pathologist confirmed a diagnosis of "invasive vesicular mole with extrauterine implant." A review of the literature was performed, following the PRISMA statement, and searching all the articles related to this topic in the last ten years from PUBMED. We obtained data from thirteen studies, describing fourteen cases.

Results: Considering the data of literature the main clinical symptoms were pelvic pain (100%), vaginal bleeding (64%), vomiting (7%) and fever (7%). At ultrasound examination, left adnexal mass on ten women (72%), right adnexal mass on four (28%), were described. An assessment of ectopic pregnancy was made in all cases, but no pre-operative diagnosis of tubal molar pregnancy was made. Beta-hCG levels were the same as patients with ectopic tubal pregnancy.

Conclusions: Nowadays there are no clinical, laboratory or ultrasound criteria to differentiate ectopic tubal pregnancy from tubal molar pregnancy.

P0742 | ASSOCIATION BETWEEN IFI16 AND BRCA1/2 GENE EXPRESSION DURING OVARIAN CARCINOGENESIS

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.5 NOVEL/ALTERNATIVE/HORMONAL TREATMENTS

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Objectives: IFI16 (interferon-inducible protein 16) is a member of the highly homologous HIN-200 protein family characterized by a 200 amino acid motif containing a DNA binding domain at the C-terminus and a PYRIN domain at the N-terminus. IFI16 is identified as a new member to the set of BRCA1-interacting proteins. The aim of this study is to evaluate interplay between IFI16 and BRCA1/2 genes in BRCA1/2-mutated and BRCA1/2-proficient ovarian carcinomas as well as in normal ovarian tissue taken as a control.

Methods: Sections derived from pathology samples containing tissue of ovarian carcinoma were sent for somatic BRCA1/2 mutation testing. The patients' tumour DNA sample was screened for mutations by Next Generation Sequencing (NGS) analysis. The immunohistochemical assessment of IFI16 expression was performed on the same specimens.

Results: Of 37 samples that we have analyzed so far, 3 had material insufficient for analysis, 4 showed BRCA1 gene mutations and 3 had mutations in BRCA2 gene. BRCA1 mutated tumours showed reduced expression of IFI16 in comparison to BRCA1 proficient tumours. The IFI16 expression seemed to show negative correlation with the percentage of reads showing BRCA1 mutation obtained by NGS analysis. BRCA2 mutated tumours retained IFI16 expression similar to BRCA proficient tumours.

Conclusions: Our preliminary data are supportive of hypothesis that IFI16 expression in ovarian serous carcinoma is dependent on proficient BRCA1 gene. We hope that further evaluation of IFI16 role in hereditary ovarian carcinomas would lead into more comprehensive characterisation of these tumours, this being a prerequisite to develop novel therapeutic strategies.

P0743 | SELF-ADHESIVE AS AN ALTERNATIVE FOR CERVICAL CANCER SCREENING

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.2 DIAGNOSIS AND SCREENING OF MALIGNANCIES

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Objectives: To evaluate self-collection as an alternative for cervical cancer screening in women deprived of liberty (WDL) and to describe the sociodemographic profile of this population.

Methods: It is an epidemiological, cross-sectional, observational, descriptive and analytical study to evaluate self-collection as a screening alternative for cervical cancer in 268 women deprived of liberty in the Amazon State, in Brazil, using the COARI® device.

Results: The most prevalent age group in the study was 27 to 35 years old (35.4%) and 60.4% of the women were single, with 31.7% of the patients not using condoms. The sticker was approved by 257 women (95.9%) and 99.3% of the patients said they would do the sticker again. In addition, 90.3% of the population reported a preference for self-collection when compared to the examination performed by a health professional.

Conclusions: Self-collection may be an alternative for screening efficient cervical cancer precursor lesions in this population, demonstrating high acceptability by most WDL. This population deserves and needs to have an effective cervical cancer screening program, as they are often neglected. Most prison units do not have conditions that are worthy of care for quality of life and health, and these women are subject to numerous preventable pathologies.

P0744 | EPIDEMIOLOGY STUDY OF OVARIAN TUMOR CHARACTERISTIC BASED ON AGE GROUP IN SURABAYA PATHOLOGY DIAGNOSTIC CENTER

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.1 PREVENTIVE ONCOLOGY

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Objectives: Ovarian tumor is one of the most common gynecological tumors in women. Indonesia is ranked 5th highest in Asia for 10.238 cases of ovarian cancer in 2012. There are different types of ovarian tumors according to the age group and the risk of malignancy increases with age. While Indonesia is lacking data regarding ovarian tumors, the objective is presenting epidemiological characteristic of ovarian tumors based on the age group in Surabaya, Indonesia.

Methods: A descriptive, retrospective study. A total sampling of ovarian histopathological examination in Pathology Diagnostic Center - Prof. JH Lunardi SpPA (K) 2015-2017, with exclusion of incomplete report and inadequate sample.

Results: Two hundred and seventy-one samples obtained, dominated by 30-39y.o (35.4%). Functional cyst was the most common finding in patients below 20 y.o. (50%). Endometriotic cyst was the most common in 20-39y.o (46.8%). Epithelial tumors up to 56.1% in the 40-79y.o. Ovarian malignancy reach 91% in 70-79 y.o.

Conclusions: The histopathological features of ovarian samples showed differences according to age groups. Endometriosis cyst was the most common finding in women of reproductive age. At the age of perimenopause to after menopause epithelial tumors were the most common findings ranging from benign to malignant. The risk of developing malignancy increased 28.35 times ($P=0.00$) at the age of 50 years.

P0745 | POSTMENOPAUSAL BLEEDING - AN ALARMING SIGN

THEME: AB 8 GYNAECOLOGICAL ONCOLOGY/SUB-THEME: AB 8.2 DIAGNOSIS AND SCREENING OF MALIGNANCIES

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Objectives: Importance of evaluating a woman presenting with post-menopausal bleeding.

Methods: It is a prospective study conducted at Muslim Maternity and Children Hospital, Hyderabad from June 2019-May 2020. 64

women presenting with vaginal bleeding after one year of amenorrhea without hormone replacement therapy were taken for evaluation. Endometrial biopsy was taken by different methods like simple office procedure, pipelle biopsy, D&C, Hysteroscopic biopsy.

Results: Histopathological examination analysis showed Atrophic endometrium -34%; Proliferative endometrium -14%; Secretory endometrium -12%; Hyperplasia without atypia -18%; Hyperplasia with atypia -8%; Endometrial polyp-6%; Endometrial carcinoma-8%.

Conclusions: Postmenopausal bleeding is an alarming sign, where evaluation is indispensable. Though most common cause of postmenopausal bleeding is endometrial atrophy, endometrial hyperplasia, followed by endometrial carcinoma and endometrial polyp, the incidence of endometrial carcinoma in women presenting with postmenopausal bleeding is 10%. This signifies postmenopausal bleeding requires prompt and effective evaluation to exclude cancer or precancerous lesions of endometrium. Vaginal bleeding is the first symptom of endometrial cancer and active intervention can lead to early detection. Endometrial biopsy is a gold standard for diagnosis of endometrial carcinoma. Endometrial biopsy can be taken by procedure like pipelle biopsy, D&C, Hysteroscopic guided biopsy. Endometrial carcinoma presenting at early stage can be cured by hysterectomy. Stage I disease which is confined to uterus have more than 85% 5-year survival rate. So early detection and timely diagnosis is important. Postmenopausal women presenting with bleeding should always be investigated.

P0746 | DESIGN AND EVALUATION OF AN ALTERNATIVE DELIVERY FORMAT OF AN OBSTETRIC AND ANAESTHETIC TRAINING COURSE DURING THE COVID-19 PANDEMIC

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.4 MEDICAL EDUCATION AND TRAINING

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Objectives: Significant outcome differences for mothers and babies following obstetric surgical interventions in low resource settings have demonstrated a need for improvements in quality of care and training of obstetric surgical and anaesthetic providers. To address this a five-day face-to-face (f2f) training intervention was developed. When the COVID-19 pandemic interrupted its roll-out, the course was redesigned for a blended learning delivery.

Methods: The pilot of the 3-part blended course (part-1: 15 hours self-directed online learning, part-2: 13 hours facilitated virtual workshops and part-3: 10 hours f2f delivery), was conducted in Kenya. We assessed the completion rate of part-1 (21 assignments), participation rate in parts 2 and 3, participant satisfaction, change in knowledge and skills and compared the cost in USD of the blended delivery compared to the 5-day f2f delivery.

Results: 65 doctors took part in part 1, 53 completing at least 90% of the assignments. 60 doctors participated in part 2, and 53 participated in part 3. Participants reported (n=53) attending the training was a good use of their time (part-1 and 3: 98%, part-2: 94%) and will recommend this to other colleagues (part-1 and 3: 98%, part-2: 90%). Mean (SD) knowledge score improved from 64% (7%) to 80% (8%) and practical skills from 44% (14%) to 87% (7%). The blended course resulted in a \$300 cost-saving per participant compared to the f2f course.

Conclusions: We have demonstrated that a blended learning approach to clinical training in a low resource setting is feasible, acceptable and more cost effective.

P0747 | RUPTURED ROUND LIGAMENT ECTOPIC PREGNANCY: A MATERNAL NEAR MISS

**THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.2 ADDRESSING MATERNAL MORTALITY**

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Objectives: This is the first case report on round ligament ectopic pregnancy leading to maternal near miss.

Methods: A case reported at Narayan Medical College and Hospital, Rohtas, Bihar, India. A 20-year-old woman gravida 2, para 1 with previous full-term vaginal delivery presented with severe abdominal pain for 2 days, spontaneous conception of 8 weeks and positive urine pregnancy test. She took medical termination pills 2 weeks earlier followed by vaginal bleeding for 5 days. She was severely pale with pulse rate 124 per minute and blood pressure 90/50 mm of Hg. Abdomen was distended and tender. Shifting dullness was present on percussion. On bimanual examination, cervical motion tenderness and fullness in fornices were found. Her hemoglobin was 4.4 gm %, total leucocyte count 17,400/ cubic millimeter. Ultrasonography showed gross hemoperitoneum and normal bilateral adnexa. Patient was taken for emergency laparotomy.

Results: On laparotomy, 1.5-liter hemoperitoneum was present. Origin (base) of the left round ligament showed a 2.5 cm ruptured ectopic pregnancy with profuse bleeding. It was probed with artery forceps but found discontinuous with uterine cavity and fallopian tubes. Bilateral fallopian tubes, ovaries and other ligaments were normal. Hemostasis was secured after curetting the tissues from the ectopic site. Histopathology of tissue showed chorionic villi, lining of syncytiotrophoblasts and cytotrophoblasts, occasional fibroblasts, collagen fibers and some macrophages. Patient had an uneventful recovery.

Conclusions: Round ligament is amongst the rarest sites of ectopic pregnancy. It can rupture leading to massive hemoperitoneum. It may be fatal if not managed promptly.

P0748 | BURNOUT SYNDROME IN OBSTETRICS AND GYNAECOLOGY RESIDENTS OF SAM RATULANGI UNIVERSITY

**THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.4 MEDICAL EDUCATION AND TRAINING**

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Objectives: This study aims to analyse burnout syndrome in physicians who are a part of the Obstetrics and Gynaecology Residency programme in Faculty of Medicine, Sam Ratulangi University.

Methods: This is a descriptive cross-sectional study involving 57 residents of all stages, taking into account several variables such as sociodemographic, earning, educational activity, and lifestyle. Data were obtained via questionnaire that is then coded into SPSS 20.0.

Results: According to the Maslach Burnout Inventory scale from the three dimensions most of the residents are slightly emotional exhausted (80.7%), most of them are slightly depersonalized (98.2%), and most have a moderate to severe reduced sense of personal accomplishment. The total burnout, despite of the dimensions, were also qualitatively analyzed into three categories (low, moderate, severe). All subjects suffered from either low to moderate burnout. Most subjects in each variables studied are more prone to lower degree of burnout except for middle-year residents who is more prone to moderate type of burnout.

Conclusions: All 57 of 57 resident-subjects in this study have burnouts ranging from low to moderate, this may provide as a reflection to the strenuous environment the programme demands.

P0749 | USING HIGH-FREQUENCY MONITORING AND RESPONSIVE PROGRAMMING TO INCREASE ANTENATAL CARE AND INSTITUTIONAL DELIVERY SERVICE UTILIZATION IN KENYA

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.5 INFORMATION TECHNOLOGY IN
WOMEN'S HEALTH

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Objectives: To document effects of high-frequency monitoring with linked mHealth activities on maternal health care utilization indicators in Kenya.

Methods: The Afya Uzazi project applied weekly monitoring and micro-planning to 74 high-volume health facilities across six Kenyan sub-counties. Facility-level antenatal care (ANC), institutional delivery, and postnatal care service data were recorded weekly using a DHIS2 application. Intervention activities included mapping pregnant women, facilitating national insurance registration and first ANC (ANC-1) referral at community level, appointment diaries and automated SMS visit reminders, and SMS, phone call, and personal follow-ups for missed visits. Mean monthly ANC and delivery data from the KHIS were retrospectively compared between the 17-month implementation period (August 2019 to December 2020) and the 17 months preceding the intervention. We analyzed data as a proportion of ANC-1 visits.

Results: Facilities sent 2,148 reminder SMS messages (1,210 ANC, 938 institutional delivery promotion), with a monthly average of 75.6 ANC and 53.6 delivery messages, representing 6.9% and 6.7% of total ANC-1 service volume, respectively. The mean rate of women completing at least four ANC visits increased from 43.9% pre-intervention to 53.4% during the intervention period ($P < 0.001$). Institutional deliveries among ANC-1 clients increased slightly from 68.8% to 72.1% ($P = 0.32$).

Conclusions: In these facilities, an intervention combining high-frequency reporting with SMS reminders and client follow-up coincided with increases in ANC attendance and, modestly, institutional births. Further investigation of intervention elements that contributed to these improvements could result in a toolkit to improve

uptake of maternal newborn health services in Kenya and other settings.

P0750 | IMPACT AND LESSONS LEARNED IN SCALING A DIGITALLY-ENABLED TRANSPORTATION SYSTEM FOR MATERNAL AND NEONATAL EMERGENCIES

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.2 ADDRESSING MATERNAL
MORTALITY

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Objectives: Share impact and lessons learned in scaling a digitally enabled emergency transportation system for mothers and newborns which has decreased maternal mortality by 27% during pilot and transported >10,000 women to date in various Sub-Saharan Africa countries.

Methods: The m-mama transportation and referral system saves lives by reducing delays in reaching and receiving care. The 24/7 dispatch centres at health facilities - accessible via toll-free number - use an ICT application to provide remote triaging, managing transportation to the most appropriate level of care via community drivers/ambulances.

Results:

- **Life Saving System:** The Pilot showed that using community drivers and ICT technology to complement government ambulances improved transportation management, leading to a 27% MMR reduction

- **Local Ownership/Sustainability:** m-mama ensures local government buy-in from the onset through an innovative *stage gate* approach, ensuring alignment of all partners before each round of investment. Our current program has transitioned 100% of operational costs to local government during the last year of implementation

- **Wide Scalability:** m-mama leverages a multi-country ICT platform while enabling local solution tailoring. The program is currently reaching regional scale in Tanzania's Lake Zone and is expected to transport the first patient in Lesotho in April 2021. Plans for country-wide roll out in multiple African nations are being finalised.

Conclusions: - outline the operating principles of the system and key success factors in scale up and replication - discuss how m-mama's replicable system represents a potential step-change in delivery of life-saving emergency transportation across LMICs, at national scale.

P0751 | THE ASSOCIATION OF MATERNAL AGE WITH BIRTH WEIGHT IN RURAL INDIAN WOMEN

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.3 SUSTAINABLE DEVELOPMENT GOALS

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Objectives: Mother's age is a very important factor in determining the birth weight. Studies have shown that adolescent age, advance age, factors like smoking, alcohol, deprivation also affects the birth weight. Birth weight is a major determinant of child's health and nutrition. Aim of this study was to find out association between maternal age and birth weight in rural Indian women.

Methods: Maternity data of 1163 deliveries conducted at SPARSH hospital in Rural India from 01-01-2014 to 27-12-2014 was retrospectively analyzed. The maternal age was categorized into five groups: ages <20,21-25,26-30,31-35,>35. Weight of the newborn was divided in 4 groups: weight in kg <2,2-2.5,2.51-3,>3 kg. Crosstabs, Pearson Chi-Square tests and post hoc Tukey tests were used to analyze the data.

Results: Mean birth weight and standard deviation for <20 years group was 2.64± 0.41, for 21-25 years group was 2.68 ± 0.39, for 26-30 years group was 2.68 ± 0.40, for 31-35 years group was 2.48 ± 0.38 and for>35 years group was 3.00 ± 0.22. Comparison of mean birth weight values was statistically significant with *P* value of 0.025. Low birth weight (LBW) babies were common in maternal age group 31-35 years (62.4%) and <20 years (43.9%).

Conclusions: This study shows that LBW is very common in maternal age group of <20 years and between 30-35 years in rural Indian women. Efforts should be directed towards adolescent and advance age mothers to bring down the incidence of low birth weight which is a health indicator.

P0752 | HEALTH SERVICE ACTORS AND THEIR RELATIONSHIPS: RESULTS FROM A SCOPING REVIEW ON MATERNAL AND PERINATAL DEATH SURVEILLANCE AND RESPONSE IMPLEMENTATION IN LOW AND MIDDLE-INCOME COUNTRIES

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.2 ADDRESSING MATERNAL MORTALITY

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Objectives: Maternal and perinatal death surveillance and response (MPDSR) is a process for improving health services and pre-empt

future avoidable deaths. With expansion of MPDSR across low- and middle-income countries (LMIC), we conducted a scoping review using a theory-based conceptual implementation framework to examine implementation factors, including those involving actors and relationships within health services.

Methods: Literature was sourced from six electronic databases, online searches, and key experts. Selection criteria included studies from LMIC published in English from 2004 to July 2018 detailing factors influencing implementation of MPDSR, or any related form of MPDSR. After a systematic screening process, data for identified records were extracted and analyzed through content and thematic analysis.

Results: Of 1027 studies screened, the review focused on 58 studies from 24 countries. Most studies examined implementation factors related to MPDSR as an intervention, and to its inner and outer setting, with less attention to the individuals involved. The review revealed the influence of external actors at multiple levels; though perceptions around external pressure was rarely reported. The nature and quality of communication within teams, such as hierarchies, mentorship, teamwork, and management, were important, yet varied by context and level. Leadership was described as a critical factor; though individual traits and motivations were less investigated.

Conclusions: The interplay of connectedness and networks between health system levels, different sites and different health service actors influences MPDSR implementation, but requires more systematic documentation. More research is also needed to examine individual subjective experiences and relationships related to implementation.

P0753 | SURGEON TRAINING IS A CRUCIAL FACTOR IN THE MANAGEMENT OF PLACENTA ACCRETA SPECTRUM IN HOSPITALS WITH LIMITED RESOURCES

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.4 MEDICAL EDUCATION AND TRAINING

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Objectives: The management of Placenta accreta spectrum (PAS) is recommended in centers of excellence. However, this type of hospital is not available in many low and middle-income countries

(LMICs). We aim to describe the management process of PAS patients in a referral hospital in an LMIC.

Methods: Descriptive and retrospective study including patients with intraoperative diagnosis of PAD between 2019 and 2020, treated at the Dr. Percy Boland Rodríguez Women's Hospital, in Santa Cruz de la Sierra, Bolivia.

Results: 110 patients were included. 39 of them had a prenatal ultrasound diagnosis (Group 1, 35.4%) and in the remaining 71 (Group 2, 64.6%) had intraoperative diagnosis. All the patients included received hysterectomy, 34 of them (31%) did not have a histological study. The frequency of admission to the ICU, ureteral injury, bladder injury and surgical reintervention was low (14.5%, 0.018%, 0.054% and 0.036%, respectively).

Maternal deaths were not identified. Despite the low frequency of prenatal diagnosis, the frequency of complications and the need for transfusion of more than 4 UGRE (8.1%) was low, with no difference between groups 1 and 2. Probably the high exposure of surgeons to pathology (110 patients in 22 months) favor surgical expertise and explain the good results despite limited resources.

Conclusions: The frequency of prenatal diagnosis (35.4%) and the availability of postnatal histological study (69%) were very low in the studied population. Surgical skill, favored by a high flow of patients, is an important factor in preventing complications in settings with limited resources.

P0754 | A SYNTHESIS OF MATERNAL DEATH SURVEILLANCE AND RESPONSE SYSTEM REPORTS FROM 23 LOW-MIDDLE INCOME COUNTRIES, 2011-2021

**THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.2 ADDRESSING MATERNAL MORTALITY**

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Objectives: Maternal death surveillance and response (MDSR) informs efforts to end preventable maternal deaths. We reviewed MDSR reports from low-middle income countries (LMIC) to highlight core content and pathways to improve surveillance data utilization.

Methods: We conducted a deductive content analysis of 37 MDSR reports from 23 LMIC. Reports were gathered from countries by the United Nations Population Fund and selected for inclusion if published between 2011 and 2021. Four researchers developed a codebook and assessed how reports captured: 1) MDSR implementation; 2) monitoring maternal death notifications and review efforts, and 3) response formulation and implementation.

Results: We observed a pattern in which reports published before 2013 focused on maternal death review only; after 2013 MDSR guidance was published, most reports captured surveillance and response activities. Of the 37 reports, 59% described their data as incomplete. While 92% included a total number of maternal deaths notified in the reporting period, only 32% calculated a notification rate. Among reports including notified deaths, 49% included community and hospital deaths and 51% facility deaths only. The number of maternal deaths reviewed was reported in 54% of reports; 38% calculated a rate of review completion. Differences were observed in how notification and review rates were calculated. Most reports (84%) provided recommendations for improving MDSR, however, examples of responses based on prior recommendations were absent.

Conclusions: MDSR reports vary in measurements and response efforts documented. Presenters will share an example reporting template to improve monitoring and use of MDSR data for preventing future maternal deaths.

P0755 | ADVANCING DIVERSITY, INCLUSION AND EQUITY IN ACADEMIC MEDICINE: A ROADMAP FOR OBSTETRICIAN-GYNECOLOGISTS

**THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.4 MEDICAL EDUCATION AND TRAINING**

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Objectives: To determine how a systems-based approach may be implemented to address health and health care disparities at the department, hospital system, or academic medical center level.

Methods: A multipronged quality improvement project was conducted of the Department of Obstetrics and Gynecology at New York Medical College. A racial and ethnic disparities taskforce was created to evaluate clinical care, education, research, community engagement and implicit biases in health care providers within the department. Grand round sessions by invited speakers and experts in the field of diversity, equity and inclusion were held. Book club and film showings were conducted, facilitated by faculty members who were part of the taskforce. An adoption of a longitudinal plan to create an anti-racist curriculum within the medical school was incorporated into the Department of Obstetrics and Gynecology efforts.

Results: Forty faculty members and residents reported qualitatively overwhelming acceptance of efforts to dismantle structural racism. Buy-in from institutional leadership was critical to the success of this initiative. Pre- and post-intervention evaluation are ongoing to determine additional long-term strategies for the sustainability of these efforts.

Conclusions: The American College of Obstetricians and Gynecologists and other organizations have recognized the impact

of racism and disparities on obstetrical and gynecological care. Addressing the structural and institutional causes of racism and intentionality to be anti-racist at the academic medical center and health care system levels are pivotal for culture change in our specialty.

P0756 | LUNG FUNCTION IN MENOPAUSAL WOMEN

**THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.1 HEALTH FOR ALL**

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Objectives: In menopausal women, a decline in respiratory health is seen. Rising pulmonary disease burden and improving life expectancy, makes it important to understand the changes menopause brings about in respiratory health.

Methods: A cross-sectional study performed at Government medical college and hospital, Chandigarh and in community with a sample size of 380 women with natural or surgical menopause. Clinical history and examination were done followed by lung function assessment both pre- and post- bronchodilator, using computerized spirometer. A 6-minute walk test was also performed. Statistical data analysis was done.

Results: Mean age at menopause of study population was 52.70 ± 3.344 years. Assessment by spirometry revealed normal, restrictive and obstructive pattern in 240(63.2%), 130(34.2%) and 10(2.6%) women, respectively, without using bronchodilator, whereas 262(68.9%), 113(29.7%) and 5(1.3%), respectively, after using bronchodilator. This improvement with use of bronchodilator had significant result. Other factors studied were age, socio-economic status, urban-rural background, BMI and years since menopause. The relationship between BMI and lung function was statistically significant. **Conclusions:** Lung function in menopausal women shows a trend towards restrictive pattern but did not show significant correlation with age at menopause, parity, socio-economic status, years since menopause and type of menopause. With 6-minute walk test, almost half of these women (48.4%) developed mild dyspnea and statistical significance was achieved in the dyspnea score in relation to years since menopause.

P0757 | WHAT THE WORLD NEEDS NOW: LIFESTYLE MEDICINE FOR ALL WOMEN

**THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.1 HEALTH FOR ALL**

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Objectives: To assess the current state of knowledge on the impact of lifestyle medicine on Women's Health in both developed and developing nations, and propose solutions to improve global women's health.

Methods: Review of Existing Literature on the impact of the six pillars of Lifestyle Medicine on Global Women's Health.

Results: 84 published articles were reviewed assessing the impact of lifestyle on the six pillars of health for women.

Conclusions: Rapid changes with globalization are leading women from traditional rural agricultural communities to urban lifestyles and impacting women's health. Women's roles in childbirth, and as caregivers, multiply their impact across families. Increases in the standard of living lead to greater caloric intake and have ameliorated some of the micronutrient deficiencies, however they have also brought increasing obesity and new nutritional deficiencies (e.g., fiber) with unique consequences for women. Sleep and physical activity are also decreasing as technology continues to impact lifestyle. A shift from traditional cultures to a westernized urban lifestyle is accompanied by increases in consumption of tobacco, caffeine and alcohol, and greater exposure to environmental chemicals that affect women's health. Lastly, this transition is correlated with higher levels of stress and greater social isolation. The benefits of improved standards of living are undeniable, however with early recognition, we can address these impacts in advance. Learning from these challenges to women's health must guide policy for future generations.

P0758 | EXPLORING THE IMPACT OF HEALTH WORKER STRIKES ON MATERNAL AND CHILD HEALTH IN A KENYAN COUNTY

**THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.1 HEALTH FOR ALL**

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Objectives: Studies of the impact of health care workers' strikes tend to look at facility-level activity rather than populations, with evidence from low and middle-income countries relatively sparse. This study explored the effect of national strikes on maternal and child health. It looked at the impact on health system activity in both

public and non-public sectors (e.g., private, faith-based), on health promotion investments like immunisation, and on disease detection like post-partum haemorrhage (PPH). A 100 day doctors' strike started in December 2016, a 150 day nurses strike from June 2017 and then the clinical officers for 21 days that September.

Methods: Time series descriptive analysis of attendance data from the Kenyan Health Management Information System (public, non-public sector facilities) from Kilifi, a coastal county.

Results: Along the care pathway from antenatal, postnatal and outpatient child health clinics, activity levels dropped markedly in the public sector with only partial compensatory increases in non-public sector activity. The number of fully immunised children fell during the nurses strike as did women seen with PPH during all strikes. These health care strikes caused significant adverse health impacts at the time and potentially inter-generationally as exemplified by the fall in antenatal haematinics supplementation and syphilis testing. Some post-strike "catch-up" activity occurred; however this may have been too late in some instances.

Conclusions: Policy-makers at national and county level need to ensure population health is protected at times of strikes and ideally resolve disputes without such action.

P0759 | INTEGRATED PROFESSIONAL SKILLS TESTING AND TRAINING IN SHOULDER DYSTOCIA ASIA OCEANIA COUNTRIES - 5 YEAR EXPERIENCE

**THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.4 MEDICAL EDUCATION AND TRAINING**

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Objectives: Testing for Integrated professional Skills pre-test and post-test applied could improve psychomotor and cognitive skills in management of shoulder dystocia among health care providers in Asia Oceania Countries?

Methods: Intensive Course in Obstetric Emergencies (ICOE) a simulation-based shoulder dystocia module training conducted in Asia Oceania Countries. This is a prospective observational study, all participants were tested for noting the time and call for help, McRoberts manoeuvre, suprapubic pressure and delivery of the posterior arm before and after the training. The participants were Malaysian Midwives, International and Malaysian Doctors. Their mean improvement skills score before and after training were compared using Chi Square test and student T test.

Results: 410 Malaysian Midwives, 226 Malaysian Doctors and 530 International doctors participated and were tested in 57 courses from 2014 till 2019 on their shoulder dystocia delivery skills. Their

mean pre skills test score 2.8/4.1/ 3.1 and post skills test score was 7.5 / 7.4/ 8.0 for Malaysian Midwives, Malaysian Doctors and International doctors. All participants showed statistically significant improvement (68 - 74 %) in their skills ($P < 0.001$). The mean score in noting time and call for help among Malaysian Midwives was significantly higher than Malaysian and International Doctors. All three groups statistically improved their skills in McRoberts manoeuvre and suprapubic pressure. Pre skills test of delivery of the posterior arm was suboptimal and post skills test statistically improved in all three groups.

Conclusions: ICOE standardized short training improved the psychomotor and cognitive skills in delivery of shoulder dystocia.

P0760 | RELATION BETWEEN MENSTRUAL CYCLE & OXIDATIVE STRESS & INFLAMMATION IN YOUNG JAPANESE WOMEN

**THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.1 HEALTH FOR ALL**

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Objectives: Premenstrual syndrome (PMS) & premenstrual dysphoric disorder (PMDD) occur during the late luteal phase of the menstrual cycle. The precise pathophysiologies of PMS/PMDD are still unknown. This study aims to investigate the relation between premenstrual symptoms & oxidative stress & inflammation.

Methods: The subjects were 21 healthy women. Moderate to severe PMS or PMDD was judged using a screening tool. The plasma level of 8-hydroxy-2'-deoxyguanosine (8-OHdG) as a marker of oxidative stress was measured using the HPLC-ECD. Inflammatory markers, including TNF- α , IL-6, IL-10, & CRP, in plasma were determined using ELISA kits.

Results: Seven women were considered to have moderate to severe PMS & PMDD (PMS (+)), fourteen women no or mild PMS (PMS (-)). The 8-OHdG levels in the luteal phase was significantly higher in the PMS (+) than in the PMS (-) group. The 8-OHdG levels in the luteal phase was significantly higher than in the follicular phase in the PMS (+) groups. The level of IL-10 as an anti-inflammatory cytokine with antioxidant properties were significantly lower in the luteal phase than the follicular phase in the PMS (-) group. The IL-10 levels in the luteal phase were significantly higher in the PMS (+) group than in the PMS (-) group. There were no significant differences in inflammatory markers except for IL-10 levels.

Conclusions: Oxidative stress & inflammation may occur in PMS/PMDD & consequently the IL-10 may be induced more to counteract this chronic inflammation. Therefore, an imbalance in oxidant/antioxidant status might be associated with PMS/PMDD.

P0761 | CERVICAL CANCER SCREENING AND MANAGEMENT BY THE HEALTH SYSTEM IN BURKINA FASO: CHALLENGES AND OPPORTUNITIES

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.1 HEALTH FOR ALL

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Objectives: Cervical cancer is the leading cause of cancer death among women in Burkina Faso where screening coverage among 30-49 years old women is low, 7.9%. In 2020, it accounted for 14.6% of all cancer screening cases among women in Burkina Faso. Capacity and readiness assessment of health facilities was done to identify challenges and opportunities for cervical cancer screening and treatment in Burkina Faso.

Methods: A cross-sectional survey of 21 health facilities selected from all levels of the health system in Burkina was done. The facilities were selected based on the existence of a voluntary HIV testing, family planning and reproductive health services, and with existing or potential to integrate HPV testing and FP/RH services. Data collection was done in October 20-23, 2020 through a participatory process using KOBOTools.

Results: 50% of the facilities screen 100+ patients daily, 33% only offer treatment of precancerous lesions, and 24% are providing both screening and treatment of precancerous lesions. Most facilities offering these services are either located mainly in the two major urban centers (Ouagadougou and Bobo-Dioulasso), or are University Hospital Centers / Medical Centers with Surgical Antenna. The main challenges are weak the cervical cancer management system and unequal geographical coverage of screening and treatment facilities.

Conclusions: The concentration of screening and management facilities in urban areas and referral centers considerably limits the capacity of the health system to reveal the true extent of the prevalence of this type of cancer and its management especially among rural population.

P0762 | INTEGRATING A CHATBOT TO IMPROVE UPTAKE OF FAMILY PLANNING INFORMATION AND SERVICES DURING THE COVID-19 PANDEMIC

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.5 INFORMATION TECHNOLOGY IN
WOMEN'S HEALTH

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Objectives: To assess the feasibility of a direct-to-consumer chatbot intervention to improve uptake of family planning information and public services among rural populations in India.

Methods: A six-month feasibility study leveraged a commercial chatbot platform, askNivi, in 4 rural districts of Madhya Pradesh (MP), India. The intervention included community-level awareness campaigns and uptake of FP information and services. Campaigns consisted of traditional and digital marketing to introduce askNivi, onboard individuals to customized messaging with actionable advice, and chat-based referrals to local public facilities.

Results: Deploying the digital platform was feasible. Among the awareness creation activities, Facebook and YouTube ads offered the most optimal routes to introduce individuals to askNivi for family planning conversations. Kiosks and outreach by frontline health workers were also effective. Two-third (67%) of all users (4591) were men and 80% were 18-34 years old. 49% of chatbot users who engaged the chatbot were interested in learning about multiple contraceptive methods. 1143 (25%) of chatbot users answered contraceptive screening questions to identify most relevant methods and 643 (14%) sought a referral for contraceptives to a public facility. 169 (32%) of those who sought a referral were ready to act, indicating that chatbots can stimulate uptake for some users. Addressing individual-level barriers including re-engagement could stimulate additional uptake.

Conclusions: The study indicated that holistic direct-to-consumer digital health interventions promise a sustainable way to generate demand for and uptake of family planning services.

P0763 | PLACENTA ACCRETA SPECTRUM CENTERS OF EXCELLENCE MODEL CONFLICTS IN MATERNAL AND CHILD HOSPITALS IN LOW- AND MIDDLE-INCOME COUNTRIES
THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.1 HEALTH FOR ALL

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Objectives: Placenta Accreta Spectrum (PAS) is a serious pathology. Diagnosis and management by interdisciplinary groups in hospitals with experience are related to better clinical results, postulating the concept of center of excellence (CE) in PAS as a model.

Methods: This contrasts with "Maternal and Child Hospitals," frequent in Latin America, where generally only obstetric and pediatric services are available, which makes difficult to comply with the CE PAS model. Doctor Percy Boland women's hospital (Santacruz, Bolivia) is a public care center, which in 2019 treated 70 confirmed cases of PAS. Only 28.6% of these patients had PAS ultrasound prenatal suspicion. In all other patients, the diagnosis was intraoperative. Since the hospital does not have a pathology service, the surgical piece must be transferred by the patient to another institution to be analyzed, this causes the histological diagnosis to be delayed or never obtained.

Results: It reveals serious problems in the prenatal diagnosis and also in the histological postnatal study of PAS. This reality would seem unacceptable in light of the recommendations of international societies, but it reflects daily life in many Latin American and low- and middle-income countries centers.

Conclusions: The need to adopt strategies such as inter-institutional collaboration mediated by telemedicine and the construction of networks of allied professionals that provide permanent support to local groups is evident. This could be the first step to improve the management processes and to restructure the regional care networks for patients with PAS, making the concept of centers of excellence closer.

P0764 | TELEMEDICINE IN UROGYNAECOLOGY IN HONG KONG DURING THE COVID-19 PANDEMIC: AN ASSESSMENT OF PATIENTS' ACCEPTABILITY USING A VALIDATED QUESTIONNAIRE
THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.5 INFORMATION TECHNOLOGY IN WOMEN'S HEALTH

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Objectives: There is no telemedicine services available for gynaecology in Hong Kong. As urogynaecology patients have a stable disease course and mostly on conservative treatment, this study aimed at assessing Chinese female's acceptance of telemedicine during the COVID-19 pandemic using the validated Telemedicine Perception Questionnaire (TMPQ).

Methods: 151 patients older than 18, attending our urogynaecology clinic between February and March 2021 were recruited for an in-person interview. Patients who cannot comprehend the questionnaire due to neurological or psychiatric conditions were excluded. TMPQ is a 17-item, five-point Likert scale questionnaire developed to assess the acceptability of telemedicine. Score ranges from 17 to 85, a higher score reflects more positive overall perception of telemedicine. Additional questions on demographics, medical history, internet access and transport arrangements were included.

Results: Mean age was 67.5 years old (SD 11.3). Mean TMPQ score was 53.93 (SD 8.49). Younger age, higher education, experience of using telecommunication platforms, lower travelling cost and interest in telemedicine were associated with a higher TMPQ score ($P < 0.05$). Multiple linear regression was performed. Among the 15 variables studied, age and interest in telemedicine had significant effect on the model. $F(2,148) = 51.81$, $P = 0.000$, $R^2 = 0.41$.

Conclusions: Despite the unique advantages of telemedicine during the COVID-19 pandemic, our TMPQ score is lower compared to the literature. Our findings shed light on factors affecting acceptability of telemedicine of Hong Kongers. To ensure continued provision of safe and effective healthcare while upholding social distancing measures, these concerns must be addressed to remove barriers and facilitate the implementation of teleconsultations.

P0765 | THE EFFECTIVENESS OF SIMULATION-BASED TRAINING IN TEACHING THE SURGICAL TECHNIQUES OF COMPLICATED CAESAREAN SECTION
THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.4 MEDICAL EDUCATION AND TRAINING

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Objectives: To assess the effectiveness of simulation teaching method on the improvement of the skills in complicated caesarean section (CS) among Malaysian and international doctors.

Methods: The Intensive Course in Obstetric Emergencies (ICOE) is a two-day simulation and skills-based course in obstetric emergencies. Complicated CS is a crucial skill and has been incorporated into the course syllabus. From 2014 to 2019, 209 Malaysian doctors and 542 international doctors with various experience had been trained. Their skills for complicated CS were tested before and after the course by the same trainer based on a structured marking scheme. Three essential skills were tested: flexed breech during CS, transverse lie with fetal back down, and second stage CS. The improvement of the skills was assessed by the difference between the pre- and post-skill assessment scores and was analyzed using a paired T-test. A P -value <0.05 was considered statistically significant.

Results: There was significant improvement in the overall post-test scores for both Malaysian (1.5-fold, $P<0.001$) and international doctors (1.8-fold, $P<0.001$). For breech delivery and transverse lie, the international participants scored significantly lower in the pre-test ($P<0.001$) but improved to a similar level as Malaysian participants. For second stage CS, the improvement in the post-test scores was significant for both Malaysian (1.8-fold, $P<0.001$) and international (2.2-fold, $P<0.001$) doctors. However, the degree of improvement was significantly larger for the international group ($P=0.004$).

Conclusions: The use of the standardised simulation teaching method improves skills for complicated CS among Malaysian and international doctors, even if they are inexperienced.

P0766 | SEVERE ACUTE MATERNAL MORBIDITY (SAMM) - LOOKING BEYOND MATERNAL MORTALITY
THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.2 ADDRESSING MATERNAL MORTALITY

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Objectives: To reduce the global burden of maternal mortality we have to focus on factors associated with and leading to SAMM. Objective of the study is to highlight factors contributing to SAMM in a small set-up.

Methods: Using the WHO near-miss criteria, retrospective observational analysis was done in a private hospital, from Jan 2019 to Dec 2020. Data collection included maternal age, obstetric history, mode of delivery, booked or unbooked cases, complications that prompted intensive care unit admission and required intervention, and referral to other Specialty.

Results: Among 276 deliveries in 1 year, there were 15 patients of SAMM, out of which 4 were referred to multispecialty hospital, including mortality of one patient due to DIC with rupture uterus and severe jaundice. In our study, severe hemorrhage ($n=7$) was the leading cause of SAMM followed by medical disorder ($n=4$) associated with pregnancy, hypertensive disorder (3) and sepsis (1), respectively. Mortality index of our institution was 15 % which depended on the factors such as prior health of the mother, the severity of the clinical insult, access to skilled help, and availability of medical care.

Conclusions: SAMM is a valuable way to monitor and improve the quality of maternity services at all levels. Majority of the deaths are preventable if corrective action is taken in time. The earlier we diagnose SAMM, the faster the action can be taken, and more mothers could be saved.

P0767 | GLOBAL SURVEY ON OBSTETRICS AND GYNECOLOGY POSTGRADUATE TRAINING

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/SUB-THEME: AB 9.4 MEDICAL EDUCATION AND TRAINING

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Objectives: Learn how the Obstetrics and Gynecology postgraduate programs operate worldwide.

Methods: Online survey performed in seven languages (English, Spanish, French, Turkish, French, Russian, and Portuguese) from June until December 2018. The questions included general characteristics of the program, time included in each subject concerning obstetrics and gynecology as well as satisfaction. The results were analyzed using descriptive statistics and analytical statistics using non-parametric tests, due to its distribution, with SPSS.

Results: 1041 participants from 93 countries answered the survey. They were distributed in the 5 continents and divided in 7 regions. The programs varied in duration from 3 to 7 years. The mean global satisfaction is 3.5/5 (being 1 the least and 5 the most satisfied). General confidence with the training is 3.3 / 5 (being 1 the least and 5 the most confident) Satisfaction is correlated with the time spent on each subject with the exception of Gynecological Oncology. A correlation with global competence of the skills and the dedicated time in each subject was found with the exception of "obstetrics of the delivery room."

Conclusions: Trainees are the future caregivers of women worldwide. There is a wide disparity among programs throughout the regions and inside their own countries. Evaluation of trainees is not standardized in all countries. It is important to standardize the training throughout countries and regions to improve the quality of women's health.

P0768 | THE DRIVERS AND IMPLICATIONS OF CHILDBIRTH MEDICALISATION

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/SUB-THEME: AB 9.6 ETHICS AND LAW IN WOMEN'S HEALTH

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Objectives: Childbirth has become progressively more medicalised. Though this medicalisation has improved delivery outcomes, some

argue this to affect patient autonomy with interventions influenced by a paternalistic model leading to hidden worse outcomes. We, therefore, aim to explore this within the UK, using a sociological lens.
Methods: A systematic search of existing literature was conducted using terms of "medicalisation", "childbirth", "pregnancy", "midwifery model" and "maternal mortality". We utilised the theoretical model of organisational culture to analyse the implications of external and internal factors in driving childbirth medicalisation.

Results: Medicalisation was often perceived as a positive quality, enabling control with advancements through medical and surgical technology allowing for rapid resolution of labour in emergencies. However, whilst this is encouraging, unnecessary medicalised births can lead to poorer outcomes. The role of the media and national policy makers seem to play a significant role, as whilst they encourage autonomy through informed choices, critics argue that they tend to support medicalisation, as illustrated with the national measures put in place during COVID-19.

Conclusions: Our result highlights the important drivers of childbirth medicalisation in society. Some critics argue that the role of media and policy makers is influencing the criteria for medicalising childbirth and feel that this affecting patients' autonomy in making an informed decision. We propose to introduce national education programmes to encourage improved informed decision-making for women. This, of course, will only be achieved through categorising medicalisation into a spectrum rather than having a dichotomous choice between a medicalised or non-medicalised childbirth.

P0769 | DESIGN AND PILOTING OF MATERNAL PERINATAL DEATH SURVEILLANCE AND RESPONSE (MPDSR) ACCOUNTABILITY FRAMEWORK

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/SUB-THEME: AB 9.2 ADDRESSING MATERNAL MORTALITY

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Objectives: Implementation of recommendations from maternal and perinatal death reviews - the Response - has been the weakest component of Maternal and Perinatal Death Surveillance and Response. We developed a Global MPDSR Reporting Oversight System (GMROS) with pre-defined standards to assess national MPDSR reports from low-and-middle-income countries for compliance with GMROS standards.

Methods: The GMROS framework has 14 standards linked to the 7 WHO guiding principles for 'the Response'. Each standard has a score of 1 and a total score for each report, the met GMROS standard score (MGSS) was independently determined. The quality of

each report is determined by 5 categories of MGSS, the GMROS score which ranges from 0 to 4. Zero indicates non-adherence to GMROS standards and the report is potentially unreliable for decision-making. Four indicates that the report exceeds expected standards and can be used with a high degree of confidence by end users. We systematically identified and assessed national MPDSR reports in LMICs published between January 2013 and December 2020.

Results: Fifty-one reports were identified, 43 from WHO Africa region and 8 from Asia. Twenty-one reports had a GMROS score of 0, 15 had a score of 1 and 15 had a score of 2. None scored 3 or 4. The two least reported standards were linked to "monitoring to ensure recommendations are being implemented."

Conclusions: The annual MPDSR global reporting requirement, lack of standards for reporting and accountability may be responsible for the overall low quality of MPDSR reports.

P0770 | SEVERE MATERNAL MORBIDITY IN THE HIPÓLITO UNANUE NATIONAL HOSPITAL, LIMA – PERU

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.2 ADDRESSING MATERNAL MORTALITY

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Objectives: To describe severe maternal morbidity in the Hipólito Unanue National Hospital during 2019.

Methods: Quantitative, descriptive, retrospective study. The population was women who had recently given birth and who were at risk for severe morbidity. All these patients were considered, excluding women under 22 weeks pregnant and those who had a miscarriage. We used the questionnaire of the Latin American Center for Perinatology / Women's Health and Reproductive Health (CLAP/WR).

Results: The study took place in the Hipólito Unanue National Hospital in 2019. Of 5643 attended deliveries, 242 cases presenting with conditions linked to severe maternal morbidity fulfilled the criteria and were selected. Patients' average age was 29.4 ± 7.3 years, and the average gestational age at delivery was 35.3 ± 5.2 weeks. Potentially dangerous conditions for severe maternal morbidity: clinical criteria were present in 71.1% (172) of the cases, and laboratory-based criteria, in 63.2% (153); 42.1% (102) of the cases suffered from severe maternal complications (preeclampsia and eclampsia, hemorrhage and sepsis), and 35.5% (86) fulfilled management-based criteria; 20.2% of the cases (49) had near-miss criteria. The severe maternal morbidity ratio was 8.68, the maternal mortality rate was 12.5, and the severe maternal morbidity to mortality ratio was 7.

Conclusions: Clinical criteria determine the occurrence of severe maternal morbidity; their prevalence is high and they negatively affect women's health.

P0771 | ETHICAL CHALLENGES TO UK TRAINED MEDICAL DOCTORS WORKING IN WOMEN'S HEALTH IN THE ISLAMIC COUNTRIES OF THE GULF

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.6 ETHICS AND LAW IN WOMEN'S HEALTH

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Objectives: In recent years, a significant number of UK trained obstetricians - gynaecologists have taken up posts in the Gulf. There is potential conflict between the usual professional ethical approach of these doctors and local ethics and law based on Islam. This study examines where potential conflicts lie.

Methods: The ethical aspects of UK postgraduate training and the ethical standards of the UK medical regulator were reviewed. A literature search was conducted to detail Arab culture, values and Islamic medical ethics. Case examples were then considered.

Results: UK trained obstetricians-gynaecologists receive training in ethics and practice based on the standard Western ethical approach focussing on autonomy. This includes woman-centred care, respecting confidentiality and beliefs different to their own, protecting against discrimination and acting as women's health advocates. Important Arab cultural values include religiosity (Islam), morality, honour and the central role of the family. Ethical conflict can occur in relation to the autonomy of a pregnant woman and the rights of her unborn child, operative consent and the degree of family involvement and the care of non-Muslim women particularly in relation to pregnancy outside of marriage and (lack of) access to prenatal care and the risk of imprisonment.

Conclusions: UK trained doctors should seek to understand the local culture and sensitivities. Where there is conflict between patient values and the local cultural values and rules, doctors should remember their essential role as women's health advocates and seek avenues in which to care for the woman as per their usual ethical practice.

P0772 | PREVALENCE AND INCIDENCE OF ULCERATIVE COLITIS IN COLOMBIAN WOMEN
THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.5 INFORMATION TECHNOLOGY IN
WOMEN'S HEALTH

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Objectives: To estimate the prevalence and incidence of ulcerative colitis in Colombian women using nationwide electronic health records.

Methods: To determine the frequency of this disease in Colombian women, we proposed a descriptive study with a diagnosis validation methodology based on electronic health records (Records of Health Services Provision - RIPS for its acronym in Spanish). We estimate the prevalence based only on the International Classification of Diseases (ICD-10) codes associated with ulcerative colitis. To estimate the incidence rate, we verify that the patient has any of the ICD-10 codes and some diagnostic tests taken in less than a year from the diagnosis.

The diagnostic tests used were: Endoscopic procedures (sigmoidoscopy/colonoscopy). Biopsy analysis. Radiologic or laboratory studies.

Results: The estimated women population in Colombia between 2012 and 2018 was 23.713.134. We estimated that the 95% confidence interval (CI) for the prevalence of ulcerative colitis, between 2012 and 2018, was [12,30 - 16,99] per 100.000 women. The age group with the higher prevalence was older adults (>60 years).

The 95% CI for the incidence rate using endoscopic procedures was [0,70 - 1,02], using biopsy analysis was [0,20 - 0,34], and with radiologic or laboratory studies was [0,64 - 0,95] per 100.000 women.

Conclusions: Our proposed methodology allows us to estimate frequency measures of ulcerative colitis in Colombian women using electronic health records.

P0773 | ENGAGING STAKEHOLDERS IN THE FIGHT AGAINST CERVICAL CANCER IN CÔTE D'IVOIRE
THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.1 HEALTH FOR ALL

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Objectives: Cervical cancer is a major public health issue in Côte d'Ivoire with 2,067 cases and 1,417 deaths recorded in 2020. Involvement of key actors to influence policy and lead initiatives on cervical cancer is essential. We describe how the SUCCESS project mapped and engaged key stakeholders to play significant roles to accelerate cervical cancer elimination in Côte d'Ivoire.

Methods: Mapping of stakeholders was conducted by SUCCESS project staff in collaboration with the PNLCa. Each stakeholder's role and responsibilities were assessed through qualitative interviews conducted in September and October 2020. Advocacy and accountability approaches led by the Ministry of Health through PNLCa were employed to guide coordination of activities related to implementation of SUCCESS project.

Results: A national-level Technical Working Group (TWG) on cervical cancer was established in November 2020, comprising 18 members from different national health programs, professional bodies, and civil society organizations. The TWG and its 12+ sub-commission has met at least thrice to discuss coordination and implementation of cervical cancer activities. Additionally, a coalition of NGOs Against Cancer comprising 11 organizations was formed in September 2020 under the leadership of the PNLCa. This coalition is raising awareness and advocacy on cervical cancer mainly through mass media and screening campaigns. Finally, a Research Advisory Group was formed in October 2020 to guide implementation research activities.

Conclusions: Key stakeholders play different roles to promote implementation of strategies that advance cervical cancer prevention and treatment. Their contribution is critical in reaching cervical cancer elimination goals in Côte d'Ivoire.

P0774 | PREVALENCE AND INCIDENCE OF SYSTEMIC LUPUS ERYTHEMATOSUS IN COLOMBIAN WOMEN

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.5 INFORMATION TECHNOLOGY IN WOMEN'S HEALTH

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Objectives: To estimate the prevalence and incidence of systemic lupus erythematosus (SLE) in Colombian women using nationwide electronic health records.

Methods: To determine the frequency of this disease in Colombian women, we proposed a descriptive study with a diagnosis validation methodology based on electronic health records (Records of Health Services Provision - RIPS for its acronym in Spanish). We estimate the prevalence based only on the International Classification of Diseases (ICD-10) codes associated with SLE. To estimate the incidence rate, we verify that the patient has any of the ICD-10 codes and some diagnostic tests taken in less than a year from the diagnosis.

The diagnostic tests used were: Routine laboratory (complete blood count, serum creatinine, urinalysis, serum protein electrophoresis). Complementary laboratory studies (ANA, anti-dsDNA, anti-Sm, antiphospholipid antibodies, complement proteins, acute phase reactants, renal biopsy, direct Coombs test, urine protein-to-creatinine ratio). Additional laboratory studies (Ro/SSA, La/SSB, RNP).

Results: The estimated women population in Colombia between 2012 and 2018 was 23.713.134. We estimated that 95% confidence interval (CI) for the prevalence of SLE, between 2012 and 2018, was [21,33-33,70] per 100.000 women. The age group with the higher prevalence was middle age adults (40-60 years).

The 95% CI for the incidence rate using routine laboratory was [4,32-6,46], using complementary laboratory studies was [4,53-6,71], and with additional laboratory studies was [0,16-0,32] per 100.000 women.

Conclusions: Our proposed methodology allows us to estimate the frequency of SLE in Colombian women using electronic health records.

P0775 | CAESAREAN SECTION RATES BY MATERNAL AGE GROUP AMONG RURAL INDIAN WOMEN - AN ALARMING TREND

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.3 SUSTAINABLE DEVELOPMENT GOALS

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Objectives: Caesarean section is a life-saving surgical intervention for delivering a baby when complications arise during childbirth. The World Health Organization recommends that caesarean deliveries should not exceed 10% to 15% of all deliveries in any country. The rates of caesarean deliveries have more than doubled in India, from 8% of deliveries in 2005 to 17% of deliveries in 2016. The aim of this study was to investigate prevalence of Caesarean deliveries by maternal age group in rural Indian women.

Methods: Maternity data of 1163 deliveries conducted at SPARSH hospital in Rural India from 01-01-2014 to 27-12-2014 was retrospectively analyzed. The main exposure variable of maternal age was categorized into five groups: ages <20,21-25,26-30,31-35,>35. Crosstabs and Pearson Chi-Square tests were used to analyze the data.

Results: Out of 1163 deliveries 884 (76%) were vaginal deliveries and 275 (23.6%) were caesarean deliveries. Crosstabulation showed that highest caesarean sections were in age group 31-35 years (37.5%) whereas age group of less than 20 years showed lowest number of caesareans (19.1%) within the age group.

Conclusions: In the past few decades there has been an upward trend in caesarean rates in Rural India too. This rising trend in caesarean rates has not been accompanied by significant maternal or perinatal benefits. On the contrary, there is evidence that, beyond a certain threshold, increasing caesarean section rates may be associated with increased maternal and perinatal morbidity. Attempts should be made to reduce the unnecessary caesarean sections to meet sustainable development goals.

P0776 | THE ECONOMIC IMPACT OF IRON DEFICIENCY IN AUSTRALIAN WOMEN OF REPRODUCTIVE AGE

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.1 HEALTH FOR ALL

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Objectives: 34% of women of childbearing age - 15-44 years - in Australia are iron deficient. Evidence indicates that iron deficiency is associated with significant productivity loss however, to date, the economic impact in this population has not been quantified. This

study was commissioned to analyse the economic impact of iron deficiency in Australia in women of childbearing age.

Methods: Iron deficiency, iron deficiency anaemia and policy settings regarding these were reviewed. A literature review regarding economic impacts of iron deficiency was also undertaken and the benefits available from addressing iron deficiency quantified. Economic modelling focused on women of childbearing age given they have the highest prevalence of iron deficiency.

Iron deficiency was defined as ferritin $<30\mu\text{g/L}$. As direct costs in Australia are not available, a low estimate of productivity losses from published literature was used.

Results: The observed prevalence of iron deficiency in women aged 15-44 may be responsible for an annual productivity loss of \$6.62 billion per annum, or 0.35% of GDP. For each of the 1,809,808 women aged 15-44 experiencing iron deficiency, this represents an average opportunity cost of \$2,846 p.a. in earnings, compounding women's existing wage injustice.

Conclusions: The significant economic burden resulting from iron deficiency supports urgent investment to appropriately diagnose, treat and where possible, prevent iron deficiency, particularly in women aged 15-44. The analysis also indicates an annual screening program for this population would deliver economic benefit.

P0777 | ADVANCING INTEGRATED MODEL OF CARE: DEVELOPING INTEGRATED CERVICAL CANCER PREVENTION SERVICES STRATEGIES THROUGH A MULTI-COUNTRY CONSULTATIVE PROCESS

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.1 HEALTH FOR ALL

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Objectives: Integration of cervical cancer services into existing systems has the potential to improve timely identification of cases and prompt initiation of treatment. We describe the efforts and outcome of a virtual consultative process to develop approaches to the integration of cervical cancer services into the existing health platforms in Burkina Faso, Cote d'Ivoire, Guatemala, and Philippines.

Methods: The SUCCESS project is supporting the development of cervical cancer screening and treatment models using new technologies like HPV testing and thermal ablation treatment anchored in an integrated service delivery system. Due to COVID-19, virtual, rather than in-person, workshops among project staff in all four countries were conducted to facilitate ideation and co-creation. We used MURAL boards, digital workspaces for visual collaboration, to

generate and refine ideas on the "Why," "What," and "How" of integration. A questionnaire will be used to solicit inputs from select MOH staff, providers, health managers and policymakers.

Results: Participants reached consensus on the key components of three common service delivery models, namely: single provider, co-located services, and network of providers. Integration at different levels of service delivery can increase uptake of services and building more sustainable models of care. Effective cervical cancer integration should develop practical approaches to the WHO six health systems building blocks.

Conclusions: Country-specific integration plans are being developed to inform implementation of cervical cancer treatment and prevention models. It is possible for new integration approaches to be designed even virtually. These models will be woman-centered, provider sensitive, and systems appropriate.

P0778 | CHARACTERIZATION OF OBSTETRIC COMPLICATIONS AT TIBEBE GHION SPECIALIZED HOSPITAL IN BAHIR DAR, ETHIOPIA

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.3 SUSTAINABLE DEVELOPMENT GOALS

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Objectives: To investigate the patient population presenting for obstetric care at TGSH regarding the prevalence and contributing factors for severe maternal outcomes (MNM events), mortality, and hypertensive disorders of pregnancy.

Methods: This cross-sectional study examined data on all pregnant patients delivering at TGSH between February 26 and June 10, 2020. Data were entered into a REDCap database using the REDCap mobile app. The World Health Organization MNM criteria modified for Sub-Saharan Africa were used to define MNM events. Statistical analysis was performed in SAS 9.4.

Results: Data were collected on 637 women and their neonates. There were 70 MNM events and no maternal deaths during the study period. The median patient age was 26 (IQR 23-30); 49.0% of women were nulliparous, and 55.9% delivered vaginally. 75% of patients lived in urban areas and 25% in a rural region. Patients living in a rural area were more likely to experience an MNM event (OR=3.71, $P<0.01$). Patients with a hypertensive disorder of pregnancy were more likely to have a MNM event (OR=10.41, $P<0.01$) and to have an infant with a 5-minute Apgar score less than 5 (OR=2.27, $P=0.03$).

Conclusions: Hypertensive disorders of pregnancy and living in a rural area were the largest contributors of risk for experiencing a severe obstetric outcome. Encouraging antenatal care, particularly in rural areas, may yield the largest reduction of maternal morbidity

and mortality due to early detection and management of hypertensive disorders of pregnancy.

P0779 | ACCESS TO DIAGNOSTIC TESTS FOR IDIOPATHIC THROMBOCYTOPENIC PURPURA IN COLOMBIAN WOMEN

**THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.6 ETHICS AND LAW IN WOMEN'S
HEALTH**

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Objectives: To estimate the percentage of women with idiopathic thrombocytopenic purpura (ITP) diagnosed using different diagnostic tests and compared it among Colombia's regions.

Methods: To determine the access to diagnostic tests for ITP in Colombian women, we proposed a descriptive study based on electronic health records (Records of Health Services Provision - RIPS for its acronym in Spanish). We estimate the number of women with the disease using the International Classification of Diseases (ICD-10) codes associated with ITP. Then, we count how many of them were diagnosed with the diagnostics test: complete blood count and peripheral blood smear. We compare our results between regions in Colombia.

Results: The mean number of Colombian women with ICD-10 codes associated with ITP per year is 2352,57. We estimated that 95% confidence interval (CI) for the percentage of women diagnosed using complete blood count between 2012 and 2018 was [1,11 - 2,05] %. Likewise, the 95% CI using peripheral blood smear was [0,13 - 0,35] %.

The departments with the higher request for complete blood count to diagnose ITP were Risaralda, Boyacá, and La Guajira. Likewise, the departments with the higher request for peripheral blood smear were La Guajira and Magdalena. The departments with the lowest request for any of the procedures listed above were San Andrés y Providencia, Amazonas, and Vaupés.

Conclusions: Among Colombian women, ITP was diagnosed using the complete blood count test the most between 2012 and 2018.

P0780 | PREVALENCE AND INCIDENCE OF RHEUMATOID ARTHRITIS IN COLOMBIAN WOMEN

**THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.5 INFORMATION TECHNOLOGY IN
WOMEN'S HEALTH**

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Objectives: To estimate the prevalence and incidence of rheumatoid arthritis (RA) in Colombian women using nationwide electronic health records.

Methods: To determine the frequency of this disease in Colombian women, we proposed a descriptive study with a diagnosis validation methodology based on electronic health records (Records of Health Services Provision - RIPS for its acronym in Spanish). We estimate the prevalence based only on the International Classification of Diseases (ICD-10) codes associated with RA. To estimate the incidence rate, we verify that the patient has any of the ICD-10 codes and some diagnostic tests taken in less than a year from the diagnosis.

The diagnostic tests used were: Acute phase reactants (APR): (erythrocyte sedimentation rate, C-reactive protein). Rheumatoid factor or anti-cyclic citrullinated peptide antibody (anti-CCP)*. Additional tests (imaging studies, synovial fluid analysis, antinuclear antibodies, complete blood count, liver and kidney function tests, serum uric acid, and urinalysis).

*Test without records in the database used.

Results: The estimated women population in Colombia between 2012 and 2018 was 23.713.134. We estimated that the 95% confidence interval (CI) for the prevalence of RA, between 2012 and 2018, was [138,05-202,12] per 100.000 women. The age group with the higher prevalence was older adults (>60 years).

The 95% CI for the incidence rate using APR was [9,72-15,50], using rheumatoid factor was [4,35-8,11], and with additional test was [14,64-23,02] per 100.000 women.

Conclusions: Our proposed methodology allows us to estimate the frequency of RA in Colombian women using electronic health records.

P0781 | AN EMPIRICALLY INFORMED FRAMEWORK TO ADDRESS BARRIERS TO MATERNAL HEALTH CARE IN THE GAMBIA
THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.2 ADDRESSING MATERNAL MORTALITY

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Objectives: Analyse the interplay between individuals, social, and health system factors and the way they influence the accessibility and use of obstetric care services in health facilities.

Methods: We employed a qualitative approach to investigate factors that influence accessibility and use of obstetric care services in health facilities within the North Bank East Health Region of The Gambia. We conducted forty in-depth interviews with health service providers, health facility managers, government representatives, women who had recently given birth, and other community actors. We developed a novel framework to capture how the complex relationships between individuals, society, and the health system influence access to obstetric care.

Results: Women's health-seeking behaviours during pregnancy and labour, cost and acceptability of maternal health services have noticeably improved. Although some prevailing social and cultural constructs around pregnancy and labour continue to hinder an early booking of maternal health services, most women seek antenatal and childbirth services in health facilities. Nevertheless, health facilities face limited capacity to adequately deliver basic and comprehensive obstetric care services. An ineffective information system between levels of health services delivery and shortages in human resources and equipment undermine prompt management of emergency cases.

Conclusions: This study provides an insight into the interplay between individuals, social and health system factors and how to ensure that services meet women's needs to achieve expected maternal health outcomes. In the context of limited resources, promoting local funding initiatives of the health system is key to accelerating progress in meeting the country's maternal health objectives.

P0782 | PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HUMAN IMMUNODEFICIENCY VIRUS IN PREGNANT FILIPINO WOMEN
THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.3 SUSTAINABLE DEVELOPMENT GOALS

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Objectives: Despite substantial barriers, efforts in resource-limited settings like the Philippines to introduce services that prevent mother-to-child transmission (PMTCT) has resulted in a marked decrease in perinatal human immunodeficiency virus (HIV) transmission. This case series aims to highlight antiretroviral intervention as the cornerstone amongst the strategies to PMTCT of HIV. However, the cascade of PMTCT services includes additional measures beyond simply administering antiretroviral agents, which includes: antenatal testing, safe labor and delivery practices, safer infant feeding, and provision of infant prophylaxis require reinforcement.

Methods: We present six cases of HIV-infection diagnosed during pregnancy and managed according to the prevailing guidelines where we highlight the need for universal screening to improve awareness of early identification of HIV infection in pregnancy, thus, initiating interventions to eliminate transmission.

Results: All HIV-infected mothers are well able excluding one who succumbed to death. Currently, all infants born to these patients are living a life free of HIV infection.

Conclusions: This case series presented the importance of early identification of HIV-infected women, timely access and compliance to antiretroviral therapy, proper timing and mode of delivery, and avoidance of breastfeeding in the prevention of mother-to-child transmission of HIV. Adherence to the PMTCT services that go beyond administering antiretroviral therapy is vital in eliminating vertically acquired HIV infection and controlling this epidemic from spreading in the country. Furthermore, the case series demonstrated that a positive life and future free from human immunodeficiency virus infection is attainable because every child has the right to be born free of HIV.

P0783 | MATERNAL MORTALITY IN NORTHERN BRAZIL FROM 2009 TO 2019. CHALLENGES TO BE OVERCOME

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.2 ADDRESSING MATERNAL MORTALITY

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Objectives: Describe the panorama of maternal mortality in the northern region of Brazil and related factors.

Methods: Retrospective, descriptive, quantitative, cohort study, based on secondary data collected from the official registry platform in Brazil DATASUS, from 2009 to 20019. The variables studied included the total number of maternal deaths per year and by state in the northern region, total number of deaths of women of childbearing age in the region. We also evaluated race, age, education, marital status, gestational age at maternal death, and death-related pathologies. The tables and graphs were built using the Excel program.

Results: The total number of maternal deaths in the Northern region of Brazil during the study period corresponded to 13% of the total in Brazil. The states with the highest incidence were Pará with 1,132 (46.8%) and Amazonas with 655 cases (27.12%). The most prevalent age group in all states was from 20 to 29 years old with 1,047 (43.35%) cases, from 30 to 39 years old with 728 cases (30.14%). 1253 (51.88%) of the deaths occurred in the immediate postpartum period, and 828 (34.28%) during pregnancy or labor. 1763 (73%) deaths occurred due to direct obstetric causes, with hypertensive disorders being listed in 23.93%, complications in childbirth and labor in 17.39%, and complications in the puerperium 44.41%.

Conclusions: Maternal mortality remains a serious problem to be faced in developing countries. Prevention requires improving socioeconomic conditions, implementing strategies for screening and treating populations at risk, and providing quality prenatal care.

P0784 | REVIEW OF MATERNAL MORTALITY IN NORTH OKKALAPA GENERAL AND TEACHING HOSPITAL, YANGON, MYANMAR

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.2 ADDRESSING MATERNAL MORTALITY

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Objectives: To determine causes and remediable factors responsible for maternal mortality in North Okkalapa General and Teaching Hospital, Yangon, Myanmar.

Methods: A retrospective review of information collected from North Okklapa General Hospital Maternal Death Investigation Forms B1 and B 2 of 61 women who died during 2017-2019. The contents of the forms were adapted from hospital records and report of confidential enquiry committee of maternal death.

Results: There were total 61 maternal deaths in this 3- year period; 39 (63.9%) direct and 22 (36.1%) indirect deaths. The remediable factors were found in 53 (86.89%) maternal deaths, non-remediable indirect death was 2 (3.3%). Most of the remediable factors were due to patient factors in 35 (57.4%) of direct maternal deaths. When management related factors were analyzed, it was found that 56 cases (91.8%) were preventable deaths and 6 cases (9.8%) were due to inadequate clinical management, actions were taken by hospital investigation team in 27 (44.3%) deaths.

Conclusions: The study provided useful information for improving remediable factors to reduce maternal mortality in Myanmar. Most of remedial factors were related to direct cause of maternal death (septic induced abortion, preeclampsia) rather than indirect cause of death (Heart disease, Tuberculosis). Patient factors in majority of cases are delay in seeking care, poor health knowledge and social problems leading to unsafe abortion. Clinical factors were also found in few cases such as inadequate provision of health care providers (traditional birth attendants, midwives, and general practitioners), late referral and poor quality of primary health care.

P0785 | THE COMPREHENSIVE COSTS OF CESAREAN SECTIONS IN RURAL RWANDA: INCORPORATING POST-DISCHARGE EXPENSES INTO OVERALL ESTIMATES

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.3 SUSTAINABLE DEVELOPMENT GOALS

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Objectives: Surgery cost estimates and risk of catastrophic health expenditures (CHEs) in sub-Saharan Africa rarely include expenses after discharge. We describe patient-level costs of cesarean section (c-section) and follow-up up to post-operative day (POD)30 and evaluate the contribution of follow-up to CHE in rural Rwanda.

Methods: We collected data, in-person on POD3 and by telephone on POD30, from patients who delivered via c-section at Kirehe

District Hospital between September 2019 and February 2020. Expenditures were collected via an adapted surgical indicator financial survey tool and the hospital billing system and converted to USD using the nominal exchange rate (916.17) and purchasing power parity (\$317.18). CHE was defined as health expenditure of $\geq 40\%$ of annual nonfood expenditures.

Results: Median out-of-pocket costs up to POD30 was \$122.16 (IQR: \$102.94, \$148.11). To afford surgical care, 64.4% borrowed money and 18.4% sold possessions. The CHE rate was 50.7% when only considering in-hospital expenses and 85.3% when including the reported expenses up to POD30. Transportation and lost household wages were the largest contributors to post-discharge expenditure. The poorest families, who receive 100% insurance coverage of the medical cost, had the highest rate of CHE. 90% of families were classified as impoverished before surgery and an additional 6.3% were impoverished by the c-section.

Conclusions: Follow-up costs are often neglected but contribute significantly to the risk of CHE in rural Rwanda. Insurance coverage for direct medical costs is insufficient; innovative follow-up solutions that target reduction of patient transport and household lost wages need to be considered.

P0786 | EFFECTIVENESS OF PEYTON'S 4 STEPS APPROACH IN LEARNING EPISIOTOMY SKILL WITH SELF-DESIGNED BENCH MODEL SIMULATOR

**THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.4 MEDICAL EDUCATION AND TRAINING**

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Objectives: Episiotomy is a basic obstetric skill that every medical student should possess. To assess the effectiveness of Peyton's 4 steps approach in learning episiotomy skill using a self-designed bench model simulator in comparison with video-based teaching

Methods: Sixty final year students participated in the study. Group A (n=30) episiotomy skill was taught by Peyton's 4 steps using a self-designed bench model simulator by one faculty and Group B (n=30) was taught with Video Based Teaching (VBT) by different faculty. Knowledge was assessed by pretest and posttest. The skill was assessed by Objective Structured Assessment of Technical Skill (OSATS). Confidence was assessed by a Questionnaire. To assess the teaching method and student's experience with a self-designed bench model, feedback was obtained.

Results: Mean score of VBT in pretest 7.4 and posttest 8.6. In Peyton's 4 steps the mean score was 7.8 and 9.4. Skill assessed by OSATS a mean score in VBT 22.9 and Peyton's 4 steps 28.7 with P-value <0.05. Confidence analysis showed that Peyton's 4 steps is

an effective teaching method. 90% of students strongly agreed that Peyton's 4 steps was a superior teaching method.

Conclusions: Peyton's 4 steps is a comprehensive method to train skill. Self-designed bench model simulator training is cost-effective, unlimited opportunities to achieve skill and improves manual dexterity.

P0787 | ACCESS TO DIAGNOSTIC TESTS FOR RHEUMATOID ARTHRITIS IN COLOMBIAN WOMEN

**THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.6 ETHICS AND LAW IN WOMEN'S HEALTH**

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Objectives: To estimate the percentage of women with rheumatoid arthritis (RA) diagnosed using different diagnostic tests and compare it among Colombia's regions.

Methods: To determine the access to diagnostic tests for RA in Colombian women, we proposed a descriptive study based on electronic health records (Records of Health Services Provision - RIPS for its acronym in Spanish). We estimate the number of women with the disease using the International Classification of Diseases (ICD-10) codes associated with RA. Then, we counted how many of them were diagnosed with the following diagnostic tests: rheumatoid factor (RF) and anti-cyclic citrullinated peptide antibody (anti-CCP). We compare our results between regions in Colombia.

Results: The mean number of Colombian women with ICD-10 codes associated with RA per year is 41578. We estimated that a 95% confidence interval (CI) for the percentage of women diagnosed using RF between 2012 and 2018 was [2,65 - 4,74] % per 100.000 women. The departments with the higher request of RF to diagnose RA were Caldas, Cesar and Huila. Likewise, the departments with the lowest request were Putumayo, Amazonas, Guinia, Guaviare, Vaupés, and Vichada. In the implemented database there were no records for anti-CCP test.

Conclusions: Among Colombian women, RA was diagnosed using RF tests most frequently between 2012 and 2018.

P0788 | COMPREHENSIVE EDUCATION FOR SEXUALITY, THE PENDING SUBJECT IN COLOMBIA, A DESCRIPTIVE ANALYSIS
THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.4 SEXUAL AND REPRODUCTIVE RIGHTS

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Objectives: Generate evidence about knowledge, perceptions and attitudes regarding sexual and reproductive rights of children and adolescents before and during the implementation of a comprehensive sexuality education strategy capable of impacting on the social determinants of adolescent pregnancy in Colombia.

Methods: Descriptive research with mixed methods for the collection of information. According to their sociodemographic indicators, the municipalities of Aracataca, Pivijay (Magdalena); El Carmen de Atrato, Bahía Solano (Chocó); Caloto, Miranda (Cauca); Dibulla, Uribia (La Guajira), from Colombia, were selected; documentary review, application of 16,558 surveys of knowledge, attitudes and practices and 25 semi-structured interviews with children and adolescents between 9 and 19 years old who attend school.

Results: For children and adolescents, the first source of information about sexuality is the family (40.7%) and the range with the highest percentage in the different municipalities of children and adolescents who relate sexuality with genitality is between 58% and 68%. A high ignorance of sexual and reproductive rights and negative associations of sexuality was evidenced. They have been informed to a lesser extent about sexual and reproductive decisions; the topics with the lowest percentages of mention were pleasure and eroticism (12%), right to voluntary termination of pregnancy (18.7%) and safe sexual practices (20%).

Conclusions: Despite the existence of a regulatory framework to implement sexual education programs, information on this topic is not circulating in school environments. Limited conceptions about sexuality show the need to position comprehensive sexuality education as an essential element for the effective achievement of sexual and reproductive rights.

P0789 | PRENATAL MULTIPLE MICRONUTRIENT SUPPLEMENTATION VS. IRON AND FOLIC ACID - WHAT IS THE EVIDENCE?

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.3 SUSTAINABLE DEVELOPMENT GOALS

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Objectives: Maternal malnutrition remains a key concern for adverse birth outcomes. Children born to malnourished mothers are

more likely to be born too small, too soon, with severe risk of mortality, developmental setbacks and increased risk for NCDs and obesity later in life. This guidance aims to contextualize the 2020 update to the WHO antenatal care recommendations for multiple micronutrient supplementation (MMS).

Methods: The MMS Technical Advisory Group (MMS-TAG) evaluated the more than 20 clinical trials that compared iron and folic acid supplementation (IFA) with MMS, which contains iron and folic acid and 13 additional micronutrients. The group sought to provide guidance on how best to operationalize the WHO antenatal care recommendation for MMS.

Results: Based on the results of clinical trials, MMS is more effective than IFA supplementation at supporting good pregnancy outcomes and is safe, affordable and highly cost-effective. MMS reduces stillbirth by 8% (by 21% for anemic women), reduces LBW by 12% (19% for anemic women) and reduces pre-term birth by 8% (19% for women with low BMI) when compared with IFA. Importantly the group found no increased risk of adverse outcomes. Implementing MMS can provide an opportunity to better integrate nutrition interventions into antenatal care more broadly as well as catalyze additional delivery improvements.

Conclusions: In settings where dietary quality is poor, micronutrient deficiencies are common and anemia and low birthweight are public health problems, daily MMS can contribute to improved micronutrient intakes in pregnancy, prevent maternal anemia and reduce adverse pregnancy outcomes, including low birthweight.

P0790 | TRISOMY 18 IN UTERO: DETECTION, DELIVERY AND DILEMMAS

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.6 ETHICS AND LAW IN WOMEN'S HEALTH

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Objectives: To present a case of a 34-year-old, multigravid, who had a prenatally diagnosed fetus with Trisomy 18. To discuss the intricacies of the ethical dilemmas that bounded the case management.

Methods: Fetal sonologic screening revealed soft markers for aneuploidy and a fetal 2D echocardiography confirmed the suspicion of a cardiac anomaly. A congenital anomaly with 3D scan revealed multiple anomalies, including rocker bottom feet, hypoplastic nasal bone, low set ears, clenched fists with overlapping fingers, esophageal pouch suggesting esophageal atresia. A multidisciplinary discussion and family counselling was done with emphasis on prognostication and issues regarding delivery, and newborn care.

Results: At 34 4/7 weeks' gestation, the patient was admitted for preterm labor and cardiotocography revealed a pathologic tracing indicating a possible fetal asphyxia. The patient delivered via cesarean section to a live female neonate, 33 weeks by Ballard Score and was diagnosed by a pediatric geneticist as Edwards syndrome. An

upper gastrointestinal series revealed esophageal atresia type C. Esophagostomy and gastrostomy was proposed however the parents signed a Do Not Resuscitate form. The baby expired on the 25th day of life.

Conclusions: The complexity and severity of clinical presentations at birth and high neonatal mortality make the perinatal and neonatal management particularly challenging and controversial. This case report stresses the importance of antenatal diagnosis and the need for adequate counseling at all stages, beginning with the suspicion of the disorder, continuing until the diagnosis is validated, and thereafter. Above all things, fully-informed parents should be given the bigger voice.

P0791 | MANDATORY DEATH CERTIFICATE IN INDUCED ABORTION: WHAT IS IT FOR? A CASE REPORT

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.6 ETHICS AND LAW IN WOMEN'S HEALTH

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Objectives: To report a case of an induced abortion beyond 20 weeks of pregnancy and to discuss the implications of a mandatory death certificate for the aborted fetus.

Methods: Case report from a Brazilian legal abortion service which took place in Mid-May 2020. We obtained written informed consent from the patient.

Results: A 26-year-old woman (G3P2) presented to a Brazilian abortion facility for induced abortion due to pregnancy as a result of rape. Her ultrasound scan revealed a 23w6d pregnancy (fetal weight of 790 grams). In Brazil, there is no gestational age limit for abortions that fit within the restricted categories permitted by law. The woman underwent fetal demise (3 mL of intracardiac KCL) and abortion induction (seven of 400mcg of misoprostol every three hours). The woman had seen unable to donate the fetus for pediatric surgery studies unless the obgyn in charge issued a death certificate for the fetus. The Brazilian legislation requires death certificates for fetuses with more than 20 weeks of pregnancy or more than 500g of weight in both spontaneous and induced abortions. Mandatory

death certificates in induced abortions may exacerbate the woman's suffering as she will be required to complete burial procedures.

Conclusions: This case report is a call to action for obgyns who should advocate for women's wellbeing, particularly in cases of sexual violence such as the ones taking place in Brazil. It is about time mandatory death certificates be revoked in induced abortions legislations throughout the world.

P0792 | EVACUATION OF RETAINED PRODUCTS OF CONCEPTION AND SURGICAL MANAGEMENT OF MISCARRIAGE - IS ROUTINE HISTOPATHOLOGY OF THE PRODUCTS NECESSARY IN ALL CASES?

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.1 HEALTH FOR ALL

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Objectives: A good proportion of women opt for surgical management of miscarriage. Products of conception are sent routinely for Histopathology. This study was to find out the percentage of histopathology that was reported abnormal, and if it will be safe to do histopathology in selective cases only to spare the health care system, the burden of routine histopathology.

Methods: Data were collected retrospectively of 140 women who had surgical management of miscarriage, between June 2020 and November 2020, at a teaching hospital in London. • Patients were identified through the theatre booking system and data collected from patient notes. Data included baseline demographics, USS findings, b- HCG level, and significant intraoperative findings.

Results: 118 (84.2%) non molar products of conception), • 15 (10.7%) POC - unable to classify, • 1 (1.7%) endometrium, 2 (1.4 %) non molar aneuploidy

Conclusions: Only in 4 (2.8 %) of the patients, follow up was absolutely necessary. ALL of these patients had some indication of a molar pregnancy, suggested by ultrasound, serum b- HCG levels or unexplained intraoperative blood loss. 2 were detected on scan, 2 had disproportionately high beta HCG. One had bleeding of 1.2 L intraoperatively. The study provides substantial evidence that the histopathology should be done in selective cases only, as suggested by history, USS findings, and intraoperative findings. This will reduce the clinical burden on an already overburdened system like the NHS. It can also save huge amount of cost (45 GBP per histopathology)

P0793 | GRAPHIC NOVELS AND SIMULATION IN BIHAR, INDIA: USABILITY, FEASIBILITY AND ACCEPTABILITY

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.4 MEDICAL EDUCATION AND TRAINING

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Objectives: In public health educational context, comics and graphics have been found effective in reaching a variety of populations. Building on this evidence, a series of interactive modules chronicling the adventures of Super Divya (SD), a "Super Facilitator" were created. SD's goal is to guide Nurse Mentors (NMs) and Nurse Mentor Supervisors (NMSs) who have been trained in PRONTO's simulation pedagogy. SD reviews the elements of facilitation and debriefing using interactive storyline that includes a villain, Professor Agni, whose goal is to derail the benefits of simulation.

Methods: The team created 2 SD modules using a human-centered design approach and iterative feedback from team members in India to ensure the modules were accessible and relatable to target audiences. In 2019, two English modules were beta tested with 20 NMSs. Post-module survey assessed usability, feasibility, accessibility and acceptability.

Results: A total of 60 NMSs viewed the modules and completed the post-survey. Results showed that 96.4% of participants thought it was good use of their time, it helped them improve as simulation facilitators, and it showed job relevancy. Rare barriers included mobile access, length of module and sound. Respondents expressed interested in Hindi versions, and more clinical and facilitation topics.

Conclusions: Preliminary results show that SD is a usable, acceptable, and feasible learning method for NMSs in India. There is a strong potential for SD and we will introduce her in Hindi to 1000 NMs in 2021. We acknowledge the support of CARE India and the NMSs who participated in the pilot.

P0794 | PERCEPTION OF HEALTHCARE PROVIDERS OF A NEW MATERNAL NEAR MISS REVIEW IN OMAN

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.2 ADDRESSING MATERNAL MORTALITY

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Objectives: A system to review maternal near miss (MNM) in Oman was developed to complement the maternal deaths review. The objective of this study was to explore health care professionals (HCP) perception of the system and to assess the facilitators and barriers for the sustainability of the MNM system

Methods: A mixed methods study including a cross sectional survey of 76 HCP from 23 hospitals taking more than 90% of annual births in Oman. Participants were asked to assign a score from one to five, with five being the highest score for importance and relevance. Four focus group discussions were conducted involving 55 HCP to explore the challenges and future sustainability of the MNM system. Descriptive and thematic analysis were used for quantitative and qualitative data, respectively

Results: The response rate for the survey was 83% (63). 85.5% of respondents rated the importance of and the need for MNM in Oman as 5/5. The main benefits of the MNM system were improving patient care and service delivery (87%), The increased workload required to review the cases was the main challenge (70%). Less than 5% of respondents perceived the MNM review system as a threat to their professional practice. There was an overwhelming recommendation to continue the MNM review, to integrate the MNM system with the existing maternal deaths review system

Conclusions: The HCP in Oman highly valued the MNM review system. Involving HCP in the development and subsequent implementation of the system improved tendency for ownership and promoted active participation

P0795 | PHYSICAL SYMPTOMS OF MIDWIVES AFTER HELPING CHILDBIRTH

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.1 HEALTH FOR ALL

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Objectives: There was 62.56 percent of deliveries in Indonesia assisted by midwives. A midwife in carrying out her duties has several job risks. The purpose of this study is to see physical complaints that are ready to help post-delivery.

Methods: This study is a descriptive-analytical approach in the form of a survey. The sample in this study were midwives who work in health care facilities. The samples were taken by purposive sampling technique, as many as 38 people. This study using an online questionnaire with open-ended questions. Data collected in July-October 2020.

Results: The results showed that only 2 percent of midwives did not have physical complaints after assisting in childbirth. Most of the complaints were back pain of 19 midwives, exhaustion 17, and 8 midwives with shoulder pain. The results of the correlation test showed that the characteristics of the midwives (age, Body Mass Index, workplace, years of service, and last education) in this study were not significantly related to physical complaints.

Conclusions: The majority of midwives experienced physical complaints after assisting with childbirth. The most physical complaints were back pain, fatigue, and shoulder pain. Further studies are needed to formulate appropriate preventive solutions to overcome this problem.

P0796 | ACCESS TO DIAGNOSTIC TESTS FOR TYPE 1 DIABETES IN COLOMBIAN WOMEN THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/ SUB-THEME: AB 9.6 ETHICS AND LAW IN WOMEN'S HEALTH

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Objectives: To estimate the percentage of women with type 1 diabetes diagnosed using different diagnostic tests and compared it among Colombia's regions.

Methods: To determine the access to correct diagnostic tests for type 1 diabetes in Colombian women, we proposed a descriptive study based on electronic health records (Records of Health Services Provision - RIPS for its acronym in Spanish). We estimate the number of women with the disease using the International Classification of Diseases (ICD-10) codes associated with type 1 diabetes. Then, we count how many of them were diagnosed with the following diagnostic test: plasma glucose, glycated hemoglobin, glucose tolerance, plasma glucose and glycated hemoglobin. We compare our results between regions in Colombia.

Results: The mean number of Colombian women with ICD-10 codes associated with type 1 diabetes per year is 5799,14. We estimated that 95% confidence interval (CI) for the percentage of women

diagnosed using plasma glucose between 2012 and 2018 was [1,18 - 3,04]%, with glycated hemoglobin was [0,30 - 0,89]%, with glucose tolerance test was [0 - 0,57]%, with plasma glucose and glycated hemoglobin was [1,36 - 3,29]%.
The departments with the higher request for any of the listed above procedures to diagnose type 1 diabetes were Boyacá, Cauca, and Cesar. The departments with the lowest request for were Guanía, Vaupés, and Vichada.

Conclusions: Among Colombian women, type 1 diabetes was diagnosed using plasma glucose and glycated hemoglobin test the most between 2012 and 2018.

P0797 | AUDIT OF MATERNAL DEATHS IN THE CONTEXT OF FREE OBSTETRICAL CARE AT THE MATERNITY OF THE IGNACE DEEN NATIONAL HOSPITAL OF CONAKRY CHU THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/ SUB-THEME: AB 9.2 ADDRESSING MATERNAL MORTALITY

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Objectives: Describe the evolution of half-yearly maternal mortality ratios, establish the socio-demographic profile of the deceased patient, analyze the causes and determining factors of maternal deaths that have occurred and propose strategies to reduce this maternal mortality in the said structure.

Methods: Descriptive, cross-sectional and analytical study carried out at the maternity ward of Ignace Deen National Hospital for a period of 2 years from July 1, 2018 to June 30, 2020.

Results: 224 deaths were recorded out of a total of 8,539 live births, i.e. an intra-hospital maternal mortality ratio of 2,623.25 per 100,000 live births. The profile of the deceased woman was: patients aged 20-31 (56.26%), married (87.6%), low income (41.96%), multiparous (33.1%), evacuated from a peripheral maternity hospital (79.91%). The majority of deaths occurred within the first 24 hours after admission (75%); they were often due to direct obstetric causes: postpartum hemorrhage (52.68%), eclampsia (21.88%). Indirect obstetric causes were dominated by anemia (16.07%). But in some cases, two or even three factors were associated in the occurrence of the same death. The obstetric period of death was often postpartum (77.68%). The lack of blood products and insufficient technical facilities were the main associated factors.

Conclusions: The reduction of maternal mortality requires the mobilization of all actors in society involving good health education; improving the quality of prenatal consultations and emergency obstetric care by consciously taking charge of staff and strengthening

the technical platform. Keywords: Audit of maternal deaths, emergency obstetric care, Free health care, Guinea.

P0798 | A WORK AND LIFESTYLE SURVEY OF NIGERIAN OBSTETRICS AND GYNAECOLOGY SPECIALISTS

**THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.1 HEALTH FOR ALL**

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Objectives: To describe work and lifestyle pattern of obstetricians and gynaecologists in Nigeria and factors associated with job and pay satisfaction.

Methods: This was a cross sectional pilot survey. Semi-structured questionnaires were administered to obstetricians and gynaecologists who attended the 2017 and 2018 annual conferences of the Society of Gynaecology and Obstetrics of Nigeria (SOGON). Additional questionnaires were completed in selected teaching hospitals in Nigeria; overall, 219 forms were returned. Information was collected on socio-demographics, residency training, lifestyle choices, leisure, work and pay satisfaction. Descriptive and inferential statistics were conducted using SPSS version 22 computer software. A *P*-value of <0.05 was considered statistically significant.

Results: Respondents' ages ranged between 30 and 75 years (mean 46.83 ± 9.12). Majority were males (73.1%), Christians (79.0%), religious (83.6%), married (90.0%), with 3-4 children (57.1%), consultant cadre (71.7%) and worked in public facilities (74.9%). Most reported inadequate family or leisure time (83.6%) but would still have considered the same career path (86.3%). Only 1.8% smoked, 0.5% abused drugs, 27.9% had a chronic medical condition and 44.3% exercised regularly. Most were satisfied with their work (72.6%) but only 38.3% were satisfied with their pay. Work satisfaction increased with age (*P*-value=0.046); while satisfaction with pay was significantly associated with ethnicity and religiosity (*P*-value=0.004 and 0.03, respectively).

Conclusions: Nigerian obstetricians and gynaecologists were dissatisfied with their remuneration; lacked adequate time for family, leisure and exercise; but were generally satisfied with their work. Better pay; family, leisure and exercise friendly practices should be encouraged.

P0799 | PERSONAL EXPERIENCE OF HEALTH PROFESSIONALS AS A HEALTH EDUCATIONAL TOOL IN THE MENOPAUSAL ASSISTANCE THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/ SUB-THEME: AB 9.4 MEDICAL EDUCATION AND TRAINING

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Objectives: Health education favors women's empowerment, as they, through knowledge, become aware of their bodies and their rights. Nurses are privileged for having some specific knowledge of the menopausal transition phenomena, due to their professional nature the evaluation of the expectations of healthcare professionals, in the menopausal transition about their perspectives in the experience of menopause and understanding how these would impact health education practices.

Methods: This was a cross-sectional study with a qualitative approach, involving 24 nurses and hospital office staff in the climacteric phase. This intervention can be considered as a research-action modality. Interviews to obtain the data were conducted using a semi-structured questionnaire after validation, and for analysis, the methodological strategy of the Collective Subject Discourse was used.

Results: Four related central ideas were obtained: 'the opportunity to learn and apply the acquired knowledge'; 'the need for treatment'; 'the absence of symptoms'; and 'perspectives about the future'

Conclusions: Healthcare professionals personal perspectives contribute in a qualified way to health education strategies, aiming at a multidisciplinary and interdisciplinary approach, respecting their beliefs, limitations, autonomy, and life histories.

P0800 | MATERNAL NEAR MISS IN MIDDLE-INCOME COUNTRIES AND SOUTH AFRICA

**THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.2 ADDRESSING MATERNAL MORTALITY**

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Objectives: To describe incidence and main causes of Maternal Near Miss in middle-income countries using the World Health Organization's Maternal Near Miss tool, comparing South African Data.

Methods: A systematic review of databases for the period January 1st, 2009 until November 12st, 2020, combining terms for 'Maternal Near Miss' and middle-income countries according to the World Bank

classification. Data on Maternal Near Miss were collected in Metro East, South Africa from 1st November 2015 till November 2015.

Results: Median Maternal Near Miss ratio was 12.1 (IQR 9.1-35.3) and 5.9 (IQR 4.9-9.8) per 1,000 livebirths in lower and upper middle-income countries, with considerable variation between and within countries. In South Africa Incidence of MNM 8.6 per 1000 live births, with hypertension and obstetric hemorrhage as main cause.

Conclusions: Incidence of Maternal Near Miss in middle-income countries lies between that of low- and high-income countries, with considerable variation between countries. The World Health Organization's Maternal Near Miss tool is useful, adaptations are suggested.

P0801 | IS AN ASSESSMENT OF PREVENTABILITY MORE CRITICAL THAN UNDERLYING CAUSES OF MATERNAL DEATH? - A CASE STUDY OF MATERNAL AUDIT IN CENTRAL JAVA, INDONESIA

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.2 ADDRESSING MATERNAL MORTALITY

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Objectives: To explore maternal death audit (MDA) committees' ability to identify the preventability, cause of maternal death, and district efforts to conduct the MDA action cycle.

Methods: This case study used mixed methods to investigate efforts to reduce maternal death in three densely populated districts (Banyumas, Brebes, and Grobogan) in Indonesia. Inter-rater reliability using Kappa (k) was calculated to compare the assignment of cause of maternal death and preventability between committees and external reviewers from the province. Focus group discussions were done to explore efforts of the committees and health facilities' stakeholders participating in the MDA action cycle implementation.

Results: Agreement to assign the underlying cause of maternal death in Grobogan ($k=0.75$) and Brebes ($k=0.61$) was substantial, but poor ($k=0.22$) in Banyumas. This was due to limited understanding about the underlying cause and maternal death's contributory cause. Agreement to recognize preventability of maternal death in the three districts (Banyumas, Brebes, and Grobogan) was high ($k=1.00$), substantial ($k=0.61$), and poor ($k=0.31$), respectively. Although the MDA committee in Banyumas had a poor agreement in assessing maternal

death's underlying cause, the government successfully reduced the maternal mortality ratio from 101 to 41.5 deaths per 100,000 live births from 2015-2020. High agreement between the MDA committee to recognize preventability was related to stakeholders' commitment to support the MDA action cycle implementation.

Conclusions: Recognizing the cause of maternal death without understanding the event is preventable will be counterproductive. To implement MDA recommendations requires concerted efforts to eliminate preventable maternal deaths by ensuring critical support among stakeholders.

P0802 | THE MISSING ELEMENT IN MEDICAL EDUCATION: COMPREHENSIVE ABORTION CARE

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.4 MEDICAL EDUCATION AND TRAINING

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Objectives: Access to safe abortion care depends largely on the prevalence of skilled providers, but gaps in medical curriculum may limit its number. The IFMSA and Ipas conducted a study to identify gaps in abortion education and to collect new evidence to promote comprehensive reproductive health care in medical curricula.

Methods: This cross-sectional descriptive mixed methods study used an online quantitative survey to explore abortion study content and intentions among medical students. The study used purposive sampling to reach medical students of IFMSA's networks. 10 key informants for in-depth interviews were also conducted.

Results: A total of 1,717 medical students from around the world responded to the online survey. Most of these students (58%) believe abortion subject should be mandatory in medical school. Yet nearly a third of students who responded to questions on educational content ($n=492$) said they had no abortion content in their curricula. Less than 4% of all surveyed medical students reported having a hands-on practical lesson on abortion. Although most respondents (52%) believe that governments should be responsible for providing abortion services, they fear stigmatization (42%) if they provided abortion care.

Conclusions: There is a strong willingness from medical students to have abortion training as part of comprehensive reproductive health care education in medical schools, however, the topic is currently

not prioritized due to abortion stigma and fear from professors and medical school authorities. Most students who had abortion in their curricula had one lecture on the topic, and clinical training is very limited.

P0803 | INTENSIFICATION OF HPV VACCINATION IN FIFTEEN HEALTH DISTRICTS IN CÔTE D'IVOIRE DURING COVID-19

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.1 HEALTH FOR ALL

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Objectives: In November 2019, Côte d'Ivoire introduced HPV vaccination through the Expanded Program on Immunization (EPI) to accelerate achievement elimination cervical cancer goal by 2030. Targets were nine-year-old girls, of whom more than half are in school thus the using EPI strategy free and mandatory in country to reach the young girls in schools. The outbreak of COVID-19 in March 2020 affected HPV vaccination activities with low coverage at the national level and particularly in 15 health districts of Abidjan and its suburbs. Community-based HPV immunization activities were organized in those districts.

Methods: Awareness-raising interventions (mass campaign, meetings) on HPV vaccine were conducted by healthcare providers, schoolteachers, community and religious leaders in spite while observing Covid-19 prevention. After five days of social mobilization, the health districts with the support of the EPI, the adolescent and youth school health program and the ministry of vocational training, organized HPV vaccination in schools and tracked the quality of services.

Results: In five days, 32,429 girls were vaccinated; higher yield than the 25,156 vaccinated through routine immunization the preceding 9 months, thus a catch-up rate of 40%. Eight health districts had a coverage higher than the 40% national rate and five had a coverage rate >90%. One district had a low coverage rate of 14%.

Conclusions: Intensifying sensitization activities increased the number of girls reached. Involving the education community made it possible to catch up with unvaccinated girls and highly increase their immunization coverage at the targeted districts.

P0804 | NEEDS ASSESSMENT IN 34 HEALTH FACILITIES BEFORE THE IMPLEMENTATION OF INTERVENTIONS TO ACCELERATE THE ELIMINATION OF CERVICAL CANCER IN CÔTE D'IVOIRE

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.1 HEALTH FOR ALL

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Objectives: Cervical cancer is a major public health problem in Côte d'Ivoire with 2067 new cases and 1417 deaths recorded in 2020. The MOH and the SUCCESS project assessed the preparedness, capacity to detect and treat precancerous cervical cancer lesions in 34 SUCCESS project-supported facilities in Côte d'Ivoire.

Methods: Cross-sectional survey of 34 health facilities selected from eleven health districts was done using an adapted version of the WHO cervical cancer health facility assessment tool, and scored. Data were collected electronically using KoboToolbox. The tool had three categories: Staffing capacity; demand creation; and service delivery. Barriers to offering quality cervical cancer services were also identified.

Results: 97% of the facilities were adequately staffed. Only 3% fully met WHO standards (overall score >1.8). Sixty-five percent had a mid-level of readiness score 1-1.79, and 32% scored <1. 29% offer cryotherapy treatment to VIA positive patients and 18% scored <1 in infection prevention. 34% of the facilities have limited engagement with the community for cervical cancer screening. Only 12% of facilities record information on counter-referral. Data collection tools are largely available but 41% of the facilities had documentation errors. During 3-months period preceding the assessment, 14% had offered cervical cancer treatment routinely to >90% of VIA+ clients.

Conclusions: Most facilities were adequately staffed, but multiple challenges related to demand generation, screening and treatment exist making these sites ideal for strengthening. Actions to be addressed in the SUCCESS include: increased community engagement and tailored interventions to improve availability of quality of cervical cancer services.

P0805 | EXPLORING CLIENTS' WILLINGNESS TO PAY FOR A WEEKLY MOBILE MESSAGING SERVICE FOR MATERNAL AND NEWBORN INFORMATION IN AFGHANISTAN

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.5 INFORMATION TECHNOLOGY IN
WOMEN'S HEALTH

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Objectives: We assessed clients' willingness to pay for the Mobile Alliance for Maternal Action (MAMA) program in Afghanistan. The MAMA program was a weekly reproductive, newborn, and child health (RMNCH) messaging service designed to guide actions for pregnant women and families with children under 12 months.

Methods: We conducted a telephone-based cross-sectional survey with previous and current MAMA clients in five provinces. We assessed willingness to pay using a fee-per-message or monthly subscription pricing structure. We compared those responses to open-response values to calculate adjusted willingness to pay. We also used client reported acceptable discounts to evaluate willingness to pay to listen to RMNCH-related advertisements.

Results: We interviewed 542 current and previous MAMA clients. Nearly all felt MAMA messages provided important information. More than 80% preferred a monthly subscription model. In examining adjusted willingness to pay, clients were willing to pay a median of 20 AFN/month for a monthly subscription, which was lower than the assessed mid-point rate (40 AFN/month). Roughly 40% of clients were willing to pay even if advertisements were inserted into messages, with a median expected discount of 50% for listening to advertisements.

Conclusions: Sustainable financing is necessary to ensure clients continue to benefit from the MAMA program, particularly given restricted mobility due to COVID-19. A subscriber-based model subsidized through advertisements of RMNCH products and services may present a viable option. Since median willingness to pay was less than a monthly subscription, implementers could consider tiered pricing or other approaches that promote inclusion and cost-sharing with consumers.

P0806 | ENGAGING STAKEHOLDERS FOR A SUCCESSFUL IMPLEMENTATION OF A CERVICAL CANCER PROJECT IN BURKINA FASO

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.1 HEALTH FOR ALL

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Objectives: Cervical cancer is the third most common cancer among women with an incidence of 14.6% in Burkina Faso. To achieve greater involvement of stakeholders at the institutional and community levels, the SUCCESS project has taken initiatives to improve the participation of national stakeholders in the prevention and treatment of cervical cancer.

Methods: Advocacy with the Ministry of Health was initiated to establish a technical and programmatic working group (TWG) and a National Advisory Group on Research and Innovation. The two entities provide technical and programmatic guidance for the implementation of cervical cancer control interventions in Burkina Faso. At the community level, support was provided by the International Union Against Cancer to civil society to strengthen their knowledge, skills, and networks to identify their national advocacy priorities and develop and implement an advocacy strategy in 2021.

Results: TWG for the Elimination of Cervical Cancer is functional and Burkinabe Coalition against Cancer has been established. This TWG will guide the creation of a National Council for the Fight against Cancer. Additionally, a radiotherapy unit was installed at the Bogodogo University Hospital and there is ongoing construction of the Ouagadougou and Bobo-Dioulasso cancer centers. Advocacy efforts have also resulted in the upcoming expansion of HPV vaccination to 9-14 years old girls and the opening of cervical cancer-specific technical services.

Conclusions: The commitments by at national level will advance cervical cancer prevention. The increase in screening and treatment coverage is expected through self-sampling and decentralization of screening and treatment activities for precancerous lesions.

P0807 | MATERNAL AND NEWBORN MORTALITY AND MORBIDITY AMONG STUDY PARTICIPANTS ENROLLED INTO THE WANTAIM TRIAL, PAPUA NEW GUINEA
THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.1 HEALTH FOR ALL

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Objectives: Papua New Guinea (PNG) has among the highest rates of maternal and newborn mortality and stillbirths globally. The burden of maternal and newborn morbidity in this setting is less well described. The WANTAIM trial is an ongoing trial of point of care testing and treatment for sexually transmitted infections among antenatal women in PNG. In line with good clinical practice, all serious adverse events (SAEs) are classified and reported to relevant bodies. We describe rates and causes of these SAEs among women and infants enrolled into the trial.

Methods: SAE information describing hospital admissions, congenital defects, stillbirth, neonatal death, and other events is collected from participants using a study specific template ensuring standard, comprehensive information is collected for every SAE. We reviewed all reports among WANTAIM participants from 24 Jul 2017-19 Mar 2021.

Results: Among 4,304 women enrolled and 3,782 births we reported 858 events from 802 participants. There were nine maternal deaths, 82 stillbirths, 48 early and nine late neonatal deaths. The overall perinatal mortality rate was 34/1,000 births. There were 663 health facility admissions: among 385 women, 181 were antenatal and 204 intrapartum or postpartum admissions. Among 278 newborn admissions 109 were due to sepsis and 64 due to preterm birth and/or low birth weight.

Conclusions: Mortality rates in WANTAIM are broadly consistent with earlier data from PNG. We identified a high burden of maternal and newborn morbidity among study participants, some of which could be addressed through community and health facility interventions

P0808 | PREVALENCE AND INCIDENCE OF GRAVES' DISEASE IN COLOMBIAN WOMEN
THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.5 INFORMATION TECHNOLOGY IN
WOMEN'S HEALTH

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Objectives: To estimate the prevalence and incidence of Graves' disease in Colombian women using nationwide electronic health records.

Methods: To determine the frequency of this disease in Colombian women, we proposed a descriptive study with a diagnosis validation methodology based on electronic health records (Records of Health Services Provision - RIPS for its acronym in Spanish). We estimated the prevalence based only on the International Classification of Diseases (ICD-10) codes associated with Graves' disease. To estimate the incidence rate, we verified that the patient had any of the ICD-10 codes and some diagnostic tests taken in less than a year from the diagnosis. The diagnostics tests used were: Thyroid-stimulating hormone (TSH). Free T4 (FT4) or anti-TSH antibody*. Imaging tests (thyroid scan/ultrasound) or thyroid antibodies (antithyroglobulin antibodies (anti-Tg), antithyroid peroxidase antibodies (anti-TPO)).

*Test without records in the database used

Results: The estimated women population in Colombia between 2012 and 2018 was 23.713.134. We estimated that the 95% confidence interval (CI) for the prevalence of Graves' disease, between 2012 and 2018, was [1.99 - 8.62] per 100.000 women. The age group with the higher prevalence was middle-aged adults (40 - 60 years). The 95% CI for the incidence rate using TSH was [1.19 - 2.55], with FT4 was [0.36 - 0.62], and with imaging tests or thyroid antibodies was [0.32 - 0.62] per 100.000 women.

Conclusions: Our proposed methodology allows us to estimate the frequency of Graves' disease in Colombian women using electronic health records.

P0809 | COMPARISON BETWEEN MENSTRUAL MIGRAINE AND MENSTRUAL-UNRELATED MIGRAINE IN WOMEN ATTENDING GYNAECOLOGY CLINICS
THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.1 HEALTH FOR ALL

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Objectives: To compare symptomatology in patients with menstrual migraine (MM) and menstrual-unrelated migraine (MUM)

Methods: A cross-sectional study was conducted in the outpatient gynaecology clinics at a tertiary care hospital over six months. The clinic attendees were screened for sufferers of a primary headache of the migraine type. The migraineurs were then stratified into groups A, MM patients, and group B, MUM patients, using the International Headache Society (HIS) criteria. They were then questioned for the presence of various symptoms associated with their migraine attacks for comparison.

Results: One-hundred eighty-one women (between 12 years and 55 years) were found to have primary headaches; amongst these, 126 patients met the inclusion criteria and consented to participate; from these, 62 (49.2%) patients had MM and 64 (50.8%) patients had MUM. The symptoms of nausea ($P=0.00269$), photophobia ($P=0.000088$), and phonophobia ($P=0.0281$) were statistically higher in MM patients while vomiting was not a significant feature. Both groups had a predominantly unilateral headache. The average days of the attack had a significant difference between the two groups ($P=0.000019$), where the duration was longer for MM patients.

Conclusions: It was observed that patients with MM tend to experience more features associated with migraine headaches, including a longer duration of attacks, and have a worse experience overall.

P0810 | IDENTIFYING STRATEGIES TO SUPPORT GYNAECOLOGICAL CANCER PATIENTS AND CARERS DURING THE COVID-19 PANDEMIC: LEARNING FROM PATIENT - CANCER CHARITY INTERACTIONS
THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.5 INFORMATION TECHNOLOGY IN WOMEN'S HEALTH

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Objectives: Supporting cancer patients during COVID-19 has posed unique challenges for health care providers. Cancer charities have interacted extensively with patients/carers during the pandemic. We investigated patient/carers - charity interactions to identify concerns expressed, and responsive steps taken by cancer charities to learn how health care providers can better support cancer patients in the future.

Methods: We investigated patient/carer - charity interactions across four gynaecological cancer charities between March-May of 2019 (before COVID-19) and 2020 (during COVID-19). Digital and conventional information provision steps taken in real-time by cancer charities were collated. Thematic analysis of online forum posts and semi-structured staff interviews was compared across time periods.

Results: Qualitative analysis of forum posts ($n=873$) and charity staff interviews ($n=8$) revealed marked alignment across three key themes: Individual access to care and changes in public policy and healthcare systems; psychological impact of changed treatment plans; and patients making sense of individual risk. Charities responded to these through multiple methods, including patient-facing webinars, forum and website posts and social media.

Conclusions: Cancer patients experienced significant concerns around the risk and impact of changed treatment plans. Cancer charities supported patients during the pandemic, often acting as the first port of call for cancer patients anxious not to burden health systems. Charities used social media, website/forum posts and on-line webinars to respond to these needs pro-actively. Healthcare providers working in concert with cancer charities and digital platforms can use these approaches to address information and support needs in real-time.

P0811 | RELATIONSHIP BETWEEN THE CONSUMPTION OF CARBOHYDRATES AND MINERALS IN PREGNANT MEXICAN PATIENTS
THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.1 HEALTH FOR ALL

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Objectives: Analyze the relationship between energy intake of carbohydrates and minerals of pregnant Mexican patients.

Methods: Descriptive and observational study of 140 records of pregnancy women aged 14 to 40 years. Variables collected anthropometric data and clinical characteristics. To analyzed energy intake, we applied 24-hour recall. We classified the adequacy consumption into four categories, deficient (>67%), good (68-69%), adequate (90-110%) and excess (<110%). Descriptive and inferential statistics applied. Chi squared and Pearson correlations were applied.

Results: Mean age of patients was 22, 45 ± 5, 6 years, mean initial gestational week was 15, 05 ± 4, 4 weeks. Mean height was 1.56 ± 0.06 meters, mean gestational weight 62, 05 ± 13.3kg, mean gestational BMI was 25.6 ± 5.2 kg/m². Deficient and excessive intake (24.3%) was observed equally on the total energy intake. Carbohydrate intake was excessive 30.7% (n=43). Significant differences were observed between deficient carbohydrate and sodium intake (57.1%) (n=20) and excess carbohydrate and sodium intake (55.8%) (n=24) (P=0.003). Also, excess consumption of carbohydrates, selenium and phosphorus are related (P=0.000; P=0.006). Another significant difference was observed between deficient carbohydrate, potassium, magnesium, iron and calcium intake (P=0.018; P=0.000; P=0.001; P=0.033).

Conclusions: Compared with the daily recommendations intake in pregnancy, our results show an inadequate consumption, so a nutritional intervention during pregnancy is necessary. Nutrition plays a fundamental role in the development of a healthy child.

P0812 | PREVALENCE AND INCIDENCE OF TYPE 1 DIABETES IN COLOMBIAN WOMEN
THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.5 INFORMATION TECHNOLOGY IN WOMEN'S HEALTH

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Objectives: To estimate the prevalence and incidence of type 1 diabetes in Colombian women using nationwide electronic health records.

Methods: To determine the frequency of this disease in Colombian women, we proposed a descriptive study with a diagnosis validation methodology based on electronic health records (Records of Health Services Provision - RIPS for its acronym in Spanish). We estimated the prevalence based only on the International Classification of Diseases (ICD-10) codes associated with type 1 diabetes. To estimate the incidence rate, we verify that the patient has any of the ICD-10 codes and some diagnostic tests taken in less than a year from the diagnosis. The diagnostics tests used were: plasma glucose, glycated hemoglobin, glucose tolerance.

Results: The estimated women population in Colombia between 2012 and 2018 was 23.713.134. We estimated that the 95% confidence interval (CI) for the prevalence of type 1 diabetes, between 2012 and 2018, was [20.20 - 27.27] per 100.000 women. The age group with the higher prevalence was older adults (>60 years).

The 95% CI for the incidence rate using plasma glucose was [0.28 - 0.68], with glycated hemoglobin test was [0.04 - 0.33], and with glucose tolerance was [0.00 - 0.13] per 100.000 women.

Conclusions: Our proposed methodology allows us to estimate the frequency of type 1 diabetes in Colombian women using electronic health records.

P0813 | THE ASSOCIATION OF REPRODUCTIVE HISTORY WITH HYPERTENSION AND OBESITY DEPENDING ON MENOPAUSAL STATUS: JAPAN MULTI-INSTITUTIONAL COLLABORATIVE COHORT STUDY

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.1 HEALTH FOR ALL

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Objectives: Previous studies showed that pregnancies and child-births would affect the risk of cardiovascular diseases. However, the influence of reproductive history to hypertension and obesity is still unclear. Moreover, this association might be different depending on the menopausal status. Therefore, we evaluated the association of reproductive history with hypertension and obesity using a large cross-sectional dataset from the Japan Multi-Institutional Collaborative Cohort Study (J-MICC Study).

Methods: Cross-sectional study using baseline dataset from the J-MICC Study. At baseline survey, physical data and self-reported health questionnaire were collected. 24,558 women of eight research sites in Japan were included. Logistic regression analysis was conducted to evaluate the association of reproductive history with hypertension and obesity by multivariable-adjusted odds ratios (OR).

Results: In premenopausal women, childbirth showed generally protective association with hypertension (P for trend; 0.009, OR (95% CI) for parity ≥ 3 ; 0.73 (0.58-0.92), but there was no association with obesity (P for trend; 0.109). In postmenopausal women, childbirth showed positive association with hypertension (P for trend; 0.004, OR (95% CI) for parity ≥ 3 ; 1.28 (1.10-1.49), but the association disappeared after adjusting for BMI (P for trend; 0.439, OR (95% CI) for parity ≥ 3 ; 1.14 (0.98-1.34), and it positively associated with obesity (P for trend; <0.001 , OR (95% CI) for parity ≥ 3 ; 1.30 (1.08-1.57).

Conclusions: The reproductive history was associated with hypertension and obesity, and this association was different between premenopausal and postmenopausal women. These findings contribute to the prevention of hypertension and obesity by considering each women's reproductive history.

P0814 | WOMEN'S EXPERIENCE OF FACILITY-BASED MATERNITY CARE IN MALAWI

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.6 ETHICS AND LAW IN WOMEN'S
HEALTH

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Objectives: A lack of respectful care during childbirth is associated with poor outcomes and can negatively influence care-seeking. We aimed to describe the experience of maternity care in Malawi.

Methods: We implemented a cross-sectional survey of women ($n=660$) in 25 birth facilities in four districts in Malawi in March 2020 using a validated 30-item, 90-point person-centered maternity care (PCMC) scale. We used descriptive statistics and simple and multivariable regression to characterize and evaluate predictors of PCMC.

Results: Mean PCMC score was 57.5 (range 21-84), with the lowest score (12.4 of 27 points) in communication and autonomy. Women reported: being prohibited from having a birth companion during labor (49.4%) or delivery (60.3%); providers did not introduce themselves (81.1%); providers did not ask consent before procedures/examinations (42.4%); women felt they could not ask questions (40.9%); and were not involved in care decisions (61.5%). Few women reported being frequently abused physically (2%) or verbally (3.5%); almost all had water/electricity available ($>95\%$). In bivariate analyses, positive associations were found between PCMC score and higher literacy, district, lower-level facilities, and when a male accompanied women. Provider gender and cadre were not associated with PCMC score. In multivariable modeling, district, facility type, and support person gender remained significantly associated with PCMC score.

Conclusions: Physical and verbal abuse and a lack of basic amenities were rare, while a lack of communication and social support were common. Continued efforts to improve respectful care will require a focus on strengthening provider communication skills and encouraging patient and companion involvement.

P0815 | BIRTH COMPANIONSHIP DURING COVID-19 PANDEMIC: A QUALITY IMPROVEMENT (QI) ENDEAVOR
 THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
 SUB-THEME: AB 9.6 ETHICS AND LAW IN WOMEN'S HEALTH

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Objectives: To establish practice of allowing birth companions during labor, from 0% to 90% during COVID 19 Pandemic. This was done in an attempt to provide respectful maternity care (RMC).

Methods: This was a prospective Quality Improvement (QI) study conducted in Department of Obstetrics and Gynecology at All India Institute of Medical Sciences (AIIMS), Rishikesh, India. Methodology as given by WHO's Point of Care Continuous Quality Improvement (POCCQI) Manual was followed. Standard tools of quality improvement [maternal care flow chart, maternal care fishbone diagram, five "Whys," pareto principle, developing indicator, plotting data over time] were used to attain objective.

Results: Policy of not allowing relatives inside hospital wards without a COVID RTPCR negative test, unwillingness of staff, shortage of consumables, healthcare workers and relative's fear of acquiring COVID 19 infection, etc. were few of the important reasons identified for not allowing birth companions. Several "Change Ideas" including orientation of health care workers on importance of birth companions, guidelines promoting same during pandemic, change in policy to allow birth companions in suspect areas, formation of a WhatsApp group to post daily reminders and positive reinforcement for those allowing birth companions etc. were tested with multiple "Plan Do Study Act" cycles. In 12 weeks, we could achieve more than 90% rate of birth companion ship which is continuing till date.

Conclusions: QI methodology was effective in promoting and achieving more than 90% birth-companionship in labor and thus helpful in providing respectful maternity care even during COVID 19 pandemic.

P0816 | CONTINUITY OF ANTENATAL CARE SERVICES DURING COVID-19 PANDEMIC IN ZIMBABWE: A CONTENT ANALYSIS OF NATIONAL POLICY
 THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
 SUB-THEME: AB 9.2 ADDRESSING MATERNAL MORTALITY

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Objectives: The COVID-19 pandemic has caused projected and actual disruptions to ANC services in many countries, including Zimbabwe. We conducted a systematic content analysis of Zimbabwe's national policy issued during the COVID-19 pandemic, to assess health system approaches to maintaining ANC services during COVID-19, and compared to WHO guidance.

Methods: A committee comprising Ministry of Health and Child Care and technical experts advised on national policy guidelines issued during the COVID-19 pandemic for inclusion in the analysis. Three analysts used a standardized data extraction tool to extract information on ANC services from the June 2020 guidance. Recommendations from WHO's Maintaining essential health services: operational guidance for the COVID-19 context (2020) were compared with Zimbabwe's guidelines.

Results: The Zimbabwe national guidelines recommended 8 contact ANC schedule be maintained, with use of telemedicine. Teleconsultations were recommended for ANC visits 3 (26 weeks) and 5 (34 weeks), particularly for women with COVID-19 symptoms or exposure. Facilities were encouraged to keep registers of high-risk ANC clients for telephone follow-up. Distancing, mask-wearing and triaging by COVID-19 symptoms at entry was described. Multimonth dispensing of ANC-related supplements and medications, recommended by WHO, was not mentioned in Zimbabwe's policy guidelines.

Conclusions: Zimbabwe's policy makers outlined progressive policy approaches to ensure continuity of ANC services, including use of tele-consultations. Overall, alignment with WHO recommendations was variable, and revision of policy guidelines, noting changing evidence on the pandemic, will be critical to promoting a safe and healthy pregnancy experience in Zimbabwe.

P0817 | PREVALENCE AND INCIDENCE OF IDIOPATHIC THROMBOCYTOPENIC PURPURA IN COLOMBIAN WOMEN

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.5 INFORMATION TECHNOLOGY IN
WOMEN'S HEALTH

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Objectives: To estimate the prevalence and incidence of idiopathic thrombocytopenic purpura (ITP) in Colombian women using nationwide electronic health records.

Methods: To determine the frequency of this disease in Colombian women, we proposed a descriptive study with a diagnosis validation methodology based on electronic health records (Records of Health Services Provision - RIPS for its acronym in Spanish). We estimate the prevalence based only on the International Classification of Diseases (ICD-10) codes associated with ITP. To estimate the incidence rate, we verify that the patient has any of the ICD-10 codes and some diagnostic tests taken in less than a year from the diagnosis. The diagnostics tests used were: complete blood count and peripheral blood smear.

Results: The estimated women population in Colombia between 2012 and 2018 was 23.713.134. We estimated that the 95% confidence interval (CI) for the prevalence of ITP, between 2012 and 2018, was [7.54 - 11.67] per 100.000 women. The age group with the higher prevalence was older adults (>60 years).

The 95% CI for the incidence rate using complete blood count was [0.01 - 0.04], and with peripheral blood smear was [0.10 - 0.21] per 100.000 women.

Conclusions: Our proposed methodology allows us to estimate the frequency measures of ITP in Colombian women using electronic health records.

P0818 | WEIGHT NEUTRAL MEDICATION FOR WOMEN COULD EVADE WEIGHT GAIN AND PROMOTE WEIGHT LOSS; A LITERATURE REVIEW

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.1 HEALTH FOR ALL

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Objectives: Bodyweight accumulation is of significant concern. Two-thirds of the adult population in the UK is in an obese state. Different cut-offs of Body Mass Index (BMI) apply to define the obese status; this could be low as BMI 27 kg/m² among Asian adults. Hypertension, type 2 diabetes, depression and cardiovascular disease are associated with obesity. Smoking cessation causes weight gain. Gestational diabetes is a pre-diabetes condition that complicates the pregnancy. We have examined various medications prescribed for women to find how they alter body weight status.

Methods: We searched the medical database (PUBMED, EMBASE) for contraceptive methods, antihypertensives, hypoglycaemic agents, antidepressants, drugs for migraines, antipsychotics and their association with weight gain.

Results: Diabetes has a strong association with obesity; hypoglycaemic agents, Metformin and Glucagon-like peptide-1 receptor agonists (GLP-1RA) promote weight loss; similar action has the Topiramate when treating migraines and depression; Lamotrigine, Duloxetine, Venflaxine and Protriptyline are weight neutral. Antipsychotics such as Amisulpride and Aripiprazole cause minimal weight gain. Contraceptives other than the progesterone implant or injection have no impact on body weight. Beta-blockers favour weight increase, and when given in younger people, this should be alongside diet advice. The angiotensin-receptor blocker (ARB) Losartan causes weight loss; angiotensin-converting enzyme inhibitors (ACEs), Lisinopril and Ramipril are NICE first-line treatment; both appear weight neutral.

Conclusions: Obesity is a chronic disease with multiple physical and psychological comorbidities. Weight loss, even a 5% reduction in total body weight, has positive metabolic outcomes. A list of weight-neutral medication should be available for women choice.

P0819 | CIRCUMVENTING PITFALLS OF TELEMEDICINE IN BENIGN VULVAR DISORDERS

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.5 INFORMATION TECHNOLOGY IN
WOMEN'S HEALTH

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Objectives: **To assess acceptability of Telemedicine use in diagnosing and managing benign vulvar conditions**To identify barriers and ways to overcome them.

Methods: A prospective snapshot study performed via e-media on women of different ethnicities over the age of 15 to 66 years, with diverse educational qualifications and occupations, after ethical concerns had been addressed. Statistical survey was done via SPSS.

Results: 45%, the largest cohort, were between 36 and 45yrs. 56% of respondents were holders of postgraduate qualifications, largely in the medical field. 50% had a history of benign vulvar disorders. 28% of respondents had a good experience of using Telemedicine for other health-related matters: 11% had a poor experience. 39% had no experience but largely open to its use. There was a strong but varied preference (78%) against the use of Telemedicine in the diagnosis and management of vulvar tears and pain, dyspareunia and precancer. 31% strongly preferred to see a less qualified staff than use Telemedicine, for most conditions excluding vaginal discharge. The use of the C. L. E. A. R© communication model helped to reduce misunderstandings, emphasise working diagnosis and provide reassurance.

Conclusions: Telemedicine as a tool to aid diagnosis and monitor disease progress has increased in other medical specialties, Dermatology inclusive. However due to poor photo-video quality, technical transmission difficulties, poorer practitioner-patient relationships and misdiagnosis: acceptability appears quite low, even within a cohort of highly trained pro-medical women. Barrier eradication by use of C. L. E. A. R© communication model results in improved "websites" manner.

P0820 | HOW MIGHT POLICY REFORMS AND ECONOMIC GUIDANCE ENCOURAGED BY INTERNATIONAL FINANCIAL INSTITUTIONS IMPACT MATERNAL AND CHILD HEALTH IN DEVELOPING COUNTRIES IN THE PERIOD OF 1982-2004? A CRITICAL ANALYSIS OF CASE STUDIES, IN SUB-SAHARAN AFRICA

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.1 HEALTH FOR ALL

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Objectives: A discourse on how international financial institution (IFI) economic policy reforms have impacted maternal and child health outcomes in Sub-Saharan Africa, between 1982 and 2004. Structural adjustment programmes (SAPs) have arguably been contentious global health policies for decades. The main concern being the high social costs linked to macroeconomic stabilisation packages. We present a review of the impact of these SAPs on maternal and child health outcomes.

Methods: A literature search was undertaken to obtain relevant research papers, the primary bibliographic databases, used were: JSTOR, PubMed, Google Scholar and Scopus. The initial search generated 1435 records and was reduced to seven journals after systematic review of the titles, abstracts as well as defined inclusion and exclusion criteria.

Results: Review of the literature demonstrated that IFI policies impacts negatively on food availability, employment and access to healthcare. Implementation of this strategy resulted in a number of micro-economic issues directly impacting on women's health. This correlated with a surge in obstetric complications and an increase in adverse maternal and child outcomes due to a number of social and medical factors.

Conclusions: Declining health outcomes for mothers and children in Sub-Saharan Africa from the 1980s can be attributed to factors in which a significant portion of the responsibility lies with the programmes initiated by certain global institutions. We assert that this contradicts the objectives of the Sustainable Development Goals, therefore it is imperative to research the long-term consequences of global policies and assess how supportive socio-economic measures can affect long-term maternal and child mortality.

P0821 | LEARNING SAFE PRACTICE DURING THE COVID-19 PANDEMIC THROUGH SIMULATION IN OBSTETRICS

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.4 MEDICAL EDUCATION AND TRAINING

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Objectives: The simulation allows the acquisition and/or strengthening of competences in knowledge, practical, and communication skills. The aim of the study was to practice safe obstetric and resuscitation care for medical personnel and patients in high-risk conditions of COVID-19.

Methods: 147 people were surveyed, within the Simulation Center, at the Institute of Mother and Child. Multidisciplinary teams included obstetricians and anesthesiologists, midwives, and nurses. Several scenarios were presented: equipping and processing SARS-CoV-2 tests; providing medical care during pregnancy, labor, and the postpartum period in suspicious or COVID-19 positive patients; anesthesia in cesarean section; obstructive shock in pregnant women with COVID-19.

Results: Participants highlighted a general interest in simulation training (97.3% cases), this experience being exposed as a positive one. The training consisted of briefing, simulation, and debriefing. The presentation of theoretical courses pointed out the most important management aspects in each clinical situation. The trainers and trainees provided structured and constructive feedback, focused on action and not on personality. They tried to develop standard management for each scenario. All participants specified that the scenarios were well adapted. The importance of simulation as a training process kept its high value for 145 participants (98.6%) and underlined its positive influence in dealing with suspicious or COVID-19 positive patients. In 128 cases (87.1%), participants believe that they will implement the acquired skills at their workplace.

Conclusions: The simulation is an essential tool in maintaining the high level of training.

P0822 | ACCESS TO DIAGNOSTIC TESTS FOR GRAVES' DISEASE IN COLOMBIAN WOMEN

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.6 ETHICS AND LAW IN WOMEN'S HEALTH

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Objectives: To estimate the percentage of women with Graves' disease diagnosed using different diagnostic tests and compared it among Colombia's regions.

Methods: To determine the access to diagnostic tests for Graves' disease in Colombian women, we proposed a descriptive study based on electronic health records (Records of Health Services Provision - RIPS for its acronym in Spanish). We estimate the number of women with the disease using the International Classification of Diseases (ICD-10) codes associated with Graves' disease. Then, we count how many of them were diagnosed with the following diagnostic tests: thyroid-stimulating hormone (TSH); and with TSH and free T4 (FT4). We compare our results between regions in Colombia.

Results: The mean number of Colombian women with ICD-10 codes associated with Graves' disease per year is 2906,57. We estimated that 95% confidence interval (CI) for the percentage of women diagnosed using TSH, between 2012 and 2018, was [3.63 - 10.44]%, and with TSH and FT4 was [2.30 - 8.70]%. The departments with the higher request any of the procedures listed above to diagnose Graves' disease were Antioquia, Atlántico, and Bogotá. The departments with the lowest request for any of the procedures listed above were Chocó, San Andrés y Providencia, and Amazonas.

Conclusions: Among Colombian women, Graves' disease was diagnosed using TSH test the most between 2012 and 2018.

P0823 | THE USE OF TELE-EDUCATION SESSIONS TO INCREASE HEALTH KNOWLEDGE AND SELF EFFICACY AMONG WOMEN OF A REPRODUCTIVE AGE IN A LOWER-MIDDLE INCOME COUNTRY DURING THE COVID-19 PANDEMIC

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.4 MEDICAL EDUCATION AND TRAINING

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Objectives: Through technology-enabled collaborative learning, Project ECHO (Extension for Community Healthcare Outcomes) creates access to high-quality specialty care education in communities by training healthcare workers through tele-learning sessions. mDoc is a digital health company that provides its members with self-care support and leverages the Tele-ECHO sessions to deliver virtual education classes for its members and healthcare workers as part of its quality improvement efforts through its mDoc Quality Network. The main objective of this retrospective study is to show the impact of the tele-education sessions in increasing health literacy and self-efficacy among women of reproductive age (WRA) during the COVID-19 pandemic.

Methods: 16 Tele-ECHO sessions were held from March 2020 till November 2020 for WRA (n=1,826). During these sessions, demographic information of the people in attendance was collected. Pre-session and post-session tests were also conducted to assess knowledge gained during the session.

Results: An average of 114 WRA from across Africa participated per session. By comparing the results from the pre-session and post-session tests, it was seen that there was an average knowledge gain of 11% across all sessions with the highest knowledge gain seen being 35%.

Conclusions: Virtual education sessions are important especially as the COVID-19 pandemic has led to a need to avoid in-person education to control the disease. This study shows that mDoc's tele-ECHO sessions are able and are a viable way for educating WRA in an effort to increase their health literacy and enable the women to take charge of their health.

P0824 | ACCESS TO DIAGNOSTIC TESTS FOR ULCERATIVE COLITIS IN COLOMBIAN WOMEN

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.6 ETHICS AND LAW IN WOMEN'S HEALTH

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Objectives: To estimate the percentage of women with ulcerative colitis diagnosed using different diagnostic tests and compare it among Colombia's regions.

Methods: To determine the access to diagnostic tests for ulcerative colitis in Colombian women, we proposed a descriptive study based on electronic health records (Records of Health Services Provision - RIPS for its acronym in Spanish). We estimate the number of women with the disease using the International Classification of Diseases (ICD-10) codes associated with ulcerative colitis. Then, we count how many of them were diagnosed with the following diagnostic tests: endoscopic procedures (sigmoidoscopy/colonoscopy) or endoscopic procedures and biopsy analysis. We compare our results between regions in Colombia.

Results: The mean number of Colombian women with ICD-10 codes associated with ulcerative colitis per year is 3786,43. We estimated that 95% confidence interval (CI) for the percentage of women diagnosed using endoscopic procedures between 2012 and 2018 was [4.23 - 6.54] %. Likewise, the 95% CI using endoscopic procedures and biopsy analysis was [0.53 - 1.17] %.

The departments with the higher request for endoscopic procedures to diagnose ulcerative colitis were Caldas, Huila, and Chocó. Likewise, the departments with the higher request for endoscopic procedures and biopsy analysis were Cauca, Huila, and Meta. The departments with the lowest request for any of the procedures listed above were Amazonas, Guanía, and Guaviare.

Conclusions: Among Colombian women, ulcerative colitis was diagnosed using endoscopic tests the most between 2012 and 2018.

P0825 | METHODS AND INDICATORS TO ASSESS THE QUALITY OF CARE USING MATERNAL NEAR MISS: A SYSTEMATIC REVIEW

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.2 ADDRESSING MATERNAL MORTALITY

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Objectives: To critically appraise how quality of care quality of care has been assessed using maternal near-miss (MNM) and what indicators have been used

Methods: Five databases were searched using a combination of terms and MeSH headings related to assessment and evaluation of outcome, and MNM. Articles described or use MNM as a measure to assess quality of care, in English, published between 2009 and August 2018 were included. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses was used

Results: 98 out of 6,964 screened papers were included. The approaches used for assessing are surveillance and surveys (84.7%), criterion-based audit (16.3%), facility-based review (6.3%) and independent expert panel review (5.2%). Most studies (76%) assessed quality of care using the World Health Organization outcome (74%) and process (18%) MNM indicators. A group of studies used other indicators including incidence (19%), prevalence of MNM (2%), maternal severity index (3%), preventability score (4%) and opportunity for improvement (1%). Outcome indicators quantify the burden of MNM but limited in measuring the substandard care. Process indicators measured the utilisation of key interventions but limited in identifying the reasons for substandard care. Preventability score and opportunity for improvement indicators measure the proportion of cases whose progression to severe morbidity could be preventable.

Conclusions: Using combination of approaches for assessment of quality of care is the best strategy. The WHO recommended MNM indicators need to be supplemented with other indicators to have a better understanding of quality of care. **Acknowledgment:** Professor Nynke van den Broek

P0826 | DEMOGRAPHIC CHARACTERISTICS AND FACTORS RELATED TO FUTURE INTENT TO DONATE BLOOD AMONG VOLUNTARY BLOOD DONORS IN THE TIGRAY REGION OF ETHIOPIA

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.2 ADDRESSING MATERNAL MORTALITY

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Objectives: To examine voluntary blood donor characteristics in the Tigray region of Ethiopia for aiding donor recruitment, as timely blood product availability is key in decreasing maternal morbidity and mortality.

Methods: As part of a mixed-methods study, retrospective review of 9,413 voluntary donors from Mekelle, Ethiopia between July 1, 2017 and June 30, 2018 was performed; 908 were then surveyed to assess repeat donation intent and associated factors. Unadjusted odds ratios with 95% confidence intervals were calculated and open-ended responses were qualitatively analyzed.

Results: Of all donors, 65.3% were new and 34.5% were repeat donors. From the surveyed cohort, 42.8% were under age 25 and mean age between those who intended to donate again versus not was insignificant ($P=0.43$). Male donors (66.4%) and donors with positive family support (23.5%) were more likely to donate again [OR 1.59 (1.14-2.20), 3.71 (2.19-6.26), respectively]. Donors without personal or family hospitalization history or who had not known someone transfused were also more likely to donate again [OR 2.05 (1.47-2.86), 1.44 (1.03-2.00), 1.60 (1.12-2.21), respectively]. Those with education level below a diploma were less likely to donate again [(OR 0.48 (0.35-0.67)]. Altruism was thematic for repeat donation, while concerns of anemia, location, and time were described for the opposite.

Conclusions: These findings will guide targeted efforts to increase the donor pool and attract repeat donors. Negative association with prior hospitalization or transfusion experiences may be explained by related adverse events or the cited fear of anemia; these are important areas for future study and education.

P0827 | MATERNAL MORTALITY, MATERNAL DEATH AUDIT AND PREVENTABILITY AT AN URBAN NATIONAL REFERRAL-TEACHING HOSPITAL, UGANDA: THE CHALLENGE OF DELAYS AT HEALTH FACILITIES (DELAY-3), WHAT NEXT?

**THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.2 ADDRESSING MATERNAL MORTALITY**

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Objectives: The purpose was to determine the leading causes of maternal death in urban Uganda, to assess what proportion of deaths that occur at the National Referral hospital may be preventable, notified and audited as per recommended Ministry of Health -WHO standards.

Methods: We conducted a retrospective cross-sectional study of maternal deaths that occurred in three years (2016 - 2018) at the National Referral Hospital in Kampala, Uganda. In 2019, anonymous demographic and other key data were abstracted from medical records by a multi-disciplinary panel healthcare-professionals.

Results: 350/401 (87%) of maternal deaths identified in the death registry in that period qualified for the study and 115/350 (32.9%) maternal deaths were audited at the National Referral facility, ~20% of the 115 deaths were notified and audited as per MoH/WHO standards. Top most causes of mortality were obstetric haemorrhage 123/350 (35.1%); hypertensive disorders 98/350 (28%); puerperal sepsis 44/350 (12.6%), and abortion related complications 24/350 (6.9%). Overall, 296/350 (85%) of deaths were scored preventable. Delays at health facility accounted for more than 50% of the deaths.

Conclusions: Maternal deaths still high in urban Uganda but performance of timely maternal death notifications and audits was low during the study period. Majority of maternal deaths (85%) were preventable. Haemorrhage, hypertensive disorders and puerperal sepsis accounted for ~70% of the deaths suggesting that a limited number of targeted interventions might create positive impact to reduce deaths in this setting. Mobilization of health workers, Ministry of Health, partners and communities urgently needed to address context.

P0828 | DIFFERENTIAL GENE EXPRESSION WITH HORMONAL CONTRACEPTIVE USE: A POTENTIAL SALIVARY ADHERENCE BIOMARKER

**THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.1 HEALTH FOR ALL**

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Objectives: To determine if combined oral contraceptives (COCs) or depo-medroxyprogesterone acetate (DMPA) use leads to detectable changes in salivary gene expression via RNA sequencing.

Methods: We conducted a proof-of-concept study with 30 18-49-year-old women from the Dominican Republic initiating COCs or DMPA (15 per group). Participants self-collected saliva at baseline (BL); Days 1 and 3 post-COC ingestion, and Days 21 and 60 post-DMPA injection. We isolated RNA from whole saliva, sequenced cDNAs to construct a whole-genome transcriptome map; quantified transcript levels using DSeq2 and compare gene expression between groups. Genes with adjusted *P*-values <0.05 (Wald test) and absolute log₂ fold changes >1 were considered differentially expressed (DE).

Results: We observed 10 and 4 DE genes in DMPA users at Days 21 and 60, respectively, compared to BL; and 50 DE genes when comparing Day 21 to 60. Identified genes were associated with obesity, diabetes, folate metabolism, coagulation factors and tumor suppression. We did not detect DE genes in COC users.

Conclusions: DE genes were detected in saliva of DMPA users, corresponding to reported DMPA side effects (e.g., weight gain, decreased risk of ovarian cancer). DE genes were not detected in saliva of COC users, however longer use (>3 days) may lead to identification of altered gene expression. Additional research is needed to confirm the feasibility of saliva as a biomarker of DMPA use and to further explore saliva as a biomarker for use of COCs and other hormonal contraceptives.

P0829 | ACCESS TO DIAGNOSTIC TESTS FOR HASHIMOTO'S THYROIDITIS IN COLOMBIAN WOMEN

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.6 ETHICS AND LAW IN WOMEN'S
HEALTH

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Objectives: To estimate the percentage of women with Hashimoto's thyroiditis diagnosed using different diagnostic tests and compared it among Colombia's regions.

Methods: To determine the access to diagnostic tests for Hashimoto's thyroiditis in Colombian women, we proposed a descriptive study based on electronic health records (Records of Health Services Provision - RIPS for its acronym in Spanish). We estimate the number of women with the disease using the International Classification of Diseases (ICD-10) codes associated with Hashimoto's thyroiditis. Then, we count how many of them were diagnosed with the following diagnostic tests: thyroid-stimulating hormone (TSH); TSH and T4 (FT4); and Thyroid antibodies (antithyroglobulin antibodies (anti-Tg), antithyroid peroxidase antibodies (anti-TPO)). We compare our results between regions in Colombia.

Results: The mean number of Colombian women with ICD-10 codes associated with Hashimoto's thyroiditis per year is 2182,14. We estimated that 95% confidence interval (CI) for the percentage of women diagnosed using TSH, between 2012 and 2018, was [9.51 - 22.02]%, with TSH and FT4 was [4, .45 - 11.93]%, and with thyroid antibodies was [3.66 - 7.91]%.
The departments with the higher request any of the procedures listed above to diagnose Hashimoto's thyroiditis Sucre, Tolima, and Cundinamarca. The departments with the lowest request for any of the procedures listed above were Chocó, San Andrés y Providencia, and Amazonas.

Conclusions: Among Colombian women, Hashimoto's thyroiditis was diagnosed using TSH and FT4 test the most between 2012 and 2018.

P0830 | CONCOMITANT ILLNESS IN PREGNANCY IN INDONESIA: A HEALTH SYSTEMS ANALYSIS AT A DISTRICT LEVEL

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.2 ADDRESSING MATERNAL
MORTALITY

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Objectives: In Indonesia, there is a rising burden of concomitant illnesses in pregnancy, including non-communicable diseases (NCDs) and infectious diseases. This places a challenge for the health system, which still faces access and quality of care issues, and struggles to provide care for "direct" causes of maternal mortality, such as haemorrhage and sepsis. The objective of this study was to understand how the health system is currently providing care for concomitant illnesses in pregnancy, its strengths and barriers, and how it may be improved.

Methods: Seventeen semi-structured interviews were conducted with experienced key stakeholders involved in maternal healthcare service delivery in Kutai Kartanegara District, East Kalimantan, Indonesia. Participants included health professionals such as obstetricians, other specialists, midwives, heads of primary health care centres and health service managers. Thematic analysis was applied to identify themes.

Results: Some of strengths of current care practices identified for concomitant illness in pregnancy included specialised health programs, screening for diseases and collaboration within health facilities in the provision of care. Common barriers and areas for improvement included increasing prevention activity, re-defining provider roles, specific training, improved protocols for NCDs, and strengthened intersectoral collaboration.

Conclusions: The study has identified gaps in the health system that could be strengthened to improve pregnancy outcomes for women with concomitant illnesses in the district.

P0831 | PREVALENCE AND INCIDENCE OF HYPOTHYROIDISM IN COLOMBIAN WOMEN
THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.5 INFORMATION TECHNOLOGY IN
WOMEN'S HEALTH

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Objectives: To estimate the prevalence and incidence of hypothyroidism in Colombian women using nationwide electronic health records.

Methods: To determine the frequency of this disease in Colombian women, we proposed a descriptive study with a diagnosis validation methodology based on electronic health records (Records of Health Services Provision - RIPS for its acronym in Spanish). We estimate the prevalence based only on the International Classification of Diseases (ICD-10) codes associated with hypothyroidism. To estimate the incidence rate, we verify that the patient has any of the ICD-10 codes and some diagnostic tests taken in less than a year from the diagnosis. The diagnostic tests used were: thyroid-stimulating hormone (TSH) and free T4 (FT4).

Results: The estimated women population in Colombia between 2012 and 2018 was 23.713.134. We estimated that the 95% confidence interval (CI) for the prevalence of hypothyroidism, between 2012 and 2018, was [508.87 - 923.05] per 100.000 women. The age group with the higher prevalence was older adults (>60 years). The 95% CI for the incidence rate using TSH was [58.11 - 125.13], and with FT4 was [20.63 - 48.26] per 100.000 women.

Conclusions: Our proposed methodology allows us to estimate frequency measures of hypothyroidism in Colombian women using electronic health records.

P0832 | A QUASI-EXPERIMENTAL EVALUATION OF THE CONSULTANT COMMUNITY HEALTH VOLUNTEER MODEL TO IMPROVE HEALTH FACILITY SERVICE DELIVERY IN KENYA

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.1 HEALTH FOR ALL

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Objectives: To evaluate the effect of health facility (HF)-based community health volunteer (CHV) consultants directly on growth monitoring and indirectly on antenatal care (ANC) services.

Methods: To address human resource shortages at HFs, CHVs were engaged and paid stipends to provide specific services (e.g., child growth monitoring) once weekly at their affiliated HF, allowing HF-based providers to conduct ANC and other specialized care. This retrospective study includes 55 public HFs (16 intervention and 39 comparison HFs assigned by HF type, location, and pre-implementation service volume). We used interrupted time series analysis to assess changes in service delivery following implementation (January 2016-October 2019). As the intervention had phased implementation, we built a sequence of interrupted time series models for each set of matched HFs (intervention and matches) for each outcome.

Results: 16 sites with human resource constraints were selected for the intervention with pre-intervention trends in growth monitoring visits ranging from -10.5 to +9.8 visits/month. Comparing pre- to post-intervention trends, 6 HFs demonstrated a significantly positive change (+4.6-26.3 visits/month, $P < 0.05$), 9 had no substantive change, and 1 had a significantly negative change. The models also detected significant increases in trends of ANC-4 volume across 6 HFs (+0.4-2.8 visits/month, $P < 0.05$), no change at 8 HFs, and significant negative decreases at 2 HFs. Analysis with matched controls confirmed positive estimates.

Conclusions: These findings suggest select HFs experienced increased service delivery from this intervention however this was not uniform across HFs. Greater formative work is needed to identify factors predictive of improved service volume.

P0833 | ANALYSIS OF FACTORS ASSOCIATED WITH MATERNAL MORTALITY IN PROF. DR. R. D. KANDOU AS A REFERRAL CENTER IN NORTH SULAWESI

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.2 ADDRESSING MATERNAL MORTALITY

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Objectives: To analyze factors that influence maternal mortality in Prof. Dr. R. D. Kandou General Hospital Manado as a referral center in North Sulawesi.

Methods: The study is retrospective descriptive. This study was conducted in the Department of Obstetrics and Gynecology, Prof. Dr. R. D. Kandou General Hospital Manado from January 1st, 2016 - to December 31st, 2020.

Results: Based on the study in Prof. Dr. R. D. Kandou General Hospital have 97 cases of maternal deaths were reported. The MMR in this study in 2016 was 6 per 100.000 live births. In 2017, the MMR reported was 9 per 100.000 live births. In 2018, the MMR reported was 18 per 100.000 live births. In 2019, the MMR reported was 22 per 100.000 live births. In 2020, there was a decrease of MMR reported to 15 per 100.000 live births. The most common cause of maternal mortality is preeclampsia/ eclampsia.

Conclusions: We concluded that factors cause maternal deaths could be avoided if precautions are taken and adequate care is available while also combining safe maternal strategies of focused antenatal care, prompt referral, active management of labor, and the immediate postpartum period and access to family planning/contraception methods.

P0834 | AN AUDIO-ONLY CHATBOT AS A "VIRTUAL MENTOR" DURING SIMULATED POSTPARTUM HEMORRHAGE TRAINING AMONG PROVIDERS AT FRONTLINE FACILITIES: A PILOT STUDY IN MADAGASCAR

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.4 MEDICAL EDUCATION AND TRAINING

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Objectives: We developed and tested an in-situ postpartum hemorrhage (PPH) simulation training enhanced with a digital application on a mobile device that audibly "chats" with trainees as they practice PPH management.

Methods: We implemented the training of health workers from 20 basic health centers (CSB) in 2 regions of Madagascar, Vatovavy Fitovinany, and Atsinanana from October to December 2020. Clinical mentors visited each CSB four times to facilitate low-tech, high-fidelity PPH simulations. During the PPH simulations, providers "spoke" to a voice-only, French-language chatbot called "Virtual Mentor," which served as a real-time decision support tool for providers. We assessed knowledge and self-efficacy in PPH management before and after the intervention among providers who participated in these simulations. Clinical mentors and providers assessed the acceptability and feasibility of the simulation and Virtual Mentor approach.

Results: 15 mentors delivered the training intervention to 30 providers across 80 PPH simulation visits. On average, there was a 20% increase in PPH knowledge scores. The proportion of providers who were very confident they could correctly manage PPH increased from 56% to 81%. 98% of respondents reported Virtual Mentor is moderately or highly acceptable and 78% considered Virtual Mentor moderately to very feasible. Despite program limitations, including those related to COVID-19, the program was implemented with high fidelity.

Conclusions: PPH simulation training enhanced with Virtual Mentor may improve provider knowledge and confidence. This approach warrants further testing in varied training environments and Virtual Mentor could be tested in actual patient care.

P0835 | MATERNAL MORTALITY RATIO AND ITS CAUSES DURING NINE YEARS AT TERTIARY CARE HOSPITAL OF MALALAI: A CROSS-SECTIONAL STUDY

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.2 ADDRESSING MATERNAL MORTALITY

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Objectives: To find maternal mortality ratio and describe the causes at the largest hospital of Malalai during nine years.

Methods: A cross sectional study and retrospective review of a validated record of the hospital registers from 21 March 2011 to 19 March 2020. All women aged 15- 49 who were pregnant or in their postpartum period, a total of 353557 women met the inclusion criteria. Data were analyzed in excel 2016.

Results: A total of 93 maternal deaths recorded (0.02%), hemorrhage remains the leading cause with 49.9%, followed by eclampsia 30%, anesthetic complications 6.4%, 7.5% due to emboli of amniotic fluid, 2.1% sepsis, 2.1% severe pre-eclampsia, and heart disease 2.1%. Maximum of 55, 9% reported in 18-34 years, followed by 34, 4% in 35-40 years, 5, 3% in less than 18 years and 7.4% in more than 40 years, respectively. Death was high among multi gravidas (62, 4%). According to the trimester, the highest (78, 9%) was in the third trimester, 8, 6% in second trimester and 12, 9% during the postpartum period. The maximum deaths of 57% were after vaginal rout of delivery and 43% were after Cesarean. 53 (8%) of total maternal deaths didn't received ANC, whereby most lived in rural areas (53, 5%).

Conclusions: Maternal mortality ratio still remains very high. A strong need to improve the maternity care in tertiary level and community-based education (pregnancy complications and women decision making) is emphasized. ANC and provision of FP services, among other factors, can drastically decreases the preventable causes.

P0836 | MENSTRUAL CUPS AND MENSTRUAL HYGIENE PRODUCTS AMONG UNDERGRADUATE MEDICAL WOMEN IN BRAZIL: A CROSS-SECTIONAL STUDY OF PREVALENCE AND PREFERENCES

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.3 SUSTAINABLE DEVELOPMENT GOALS

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Objectives: Evaluate the association with menstrual cycle patterns and the preferences criteria for a chosen menstrual hygiene method.

Methods: An approved cross-sectional study in undergraduate medical women in January 2021, to assess the predictor variables associated with the use of menstrual cups (P, 0.05)

Results: 164 out of 270 students participated. The mean age was 22.26 (SD 3.21), 109 (66.46%) catholic, 158 (96.34%) not married, 29 (17.68%) irregular menstrual cycle, 128 (78.05%) above 4 days of menstrual period, and 36 (21.95%) related menorrhagia. External pads were preferred by 136 women, as 60 internal pads and 28 menstrual cups. 42 received medical orientation for their preferred choice (25.61%). We did questions about the price, efficacy, sustainability, practicality, health status, intimal hygiene, and importance of genitalia integrity. 37 women (22.56%) reported the use of menstrual cups. After multiple logistic regression analyses, those women using some hormonal method to reduce the menstrual bleeding (RR 0.310; 95%CI 0.122-0.787; P: .014), and those preoccupied with the vaginal integrity significantly not used menstrual cups (RR 0.824; 95%CI 0.682-0.995); P: .045. Those worried about the biodegradation of menstrual pads (RR 6.369; 95%CI 1.372-29.562; P: .018) and those relating more intimacy with internal hygiene significantly used menstrual cups (RR 1.996; 95%CI 1.183-3.368; P: .010).

Conclusions: Menstrual Cup is a safe and practice method that remains under-disseminated. Menorrhagia and concerns about genitalia integrity seem to influence the choice of menstrual cups negatively. Otherwise, women worried about biodegradation and reported more intimacy with internal manipulation which positively impacted the choice of menstrual cup use.

P0837 | ENSURING UNIVERSAL ACCESS TO STANDARDISED QUALITY OF CARE IN PRIVATE MATERNITY HOSPITALS: "LAQSHYA MANYATA" - A CASE STUDY FROM MAHARASHTRA, INDIA

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/ SUB-THEME: AB 9.2 ADDRESSING MATERNAL MORTALITY

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Objectives: LaQshya-Manyata was introduced as a quality improvement and certification program for private maternity health facilities. This initiative is led by Government of Maharashtra (GoM) and Federation of Obstetric and gynaecological societies of India (FOGSI) with technical assistance from Jhpiego-funded by MSD for Mothers. The program goal is to reduce maternal, neonatal deaths and morbidities while promoting a positive birthing experience.

Methods: LaQshya-Manyata, initiated in 2019, promotes 16 clinical and 10 health facility standards as basis for gaining a "certification of quality" in private maternity hospitals. Participating facilities undergo baseline assessment followed by a final assessment after addressing identified baseline gaps. The facility assessment uses standards-based checklist adopted from WHO clinical standards and endorsed by FOGSI and GoM.

Results: 200 private maternity hospitals across 24 districts of Maharashtra enrolled, since 2019 with 155 (77%) exclusive Maternity hospitals while 46 (23%) multi-speciality ones. 167 (83%) facilities completed baseline assessment with subsequent technical support from Jhpiego in form of supportive supervision to overcome gaps. Till February 2021, 95 (57%) of facilities have applied for external assessment and 43 (25%) achieved certification in quality based on their end line performance.

Conclusions: This partnership between state government and FOGSI is one of its kind in India to provide certification in quality to private maternity hospitals that demonstrate achievement of evidence-based standards endorsed by the state for private hospitals. Approaches and learning from LaQshya Manyata can inform policy, governance, accountability mechanisms and efforts in other states to achieve private sector engagement for standardised quality of care.

P0838 | BREECH ASSISTED VAGINAL DELIVERY AND THE ROLE OF SIMULATION-BASED TRAINING ACCORDING TO THE PROMPT IN A LOW-INCOME SETTING: A RETROSPECTIVE COHORT STUDY

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/ SUB-THEME: AB 9.4 MEDICAL EDUCATION AND TRAINING

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Objectives: After the publication of the Term Breech Trial which concluded the superiority of planned cesarean over vaginal delivery in terms of safety, our study aimed to assess the effect of a simulation-based training program (PRactical OBstetric Multi-Professional Training PROMPT) on the mode of delivery of breech presentation and to evaluate the neonatal outcomes.

Methods: Our study is a retrospective cohort study where we compared the prevalence of assisted vaginal delivery in 92 pregnant women delivering a singleton with a breech presentation between June 2018 and December 2019, according to Robson' classification before and after simulation sessions at the Rafic Hariri University Hospital in Beirut, Lebanon. Neonatal outcomes (Apgar score and admission to the intensive care unit) were also compared.

Results: The prevalence to deliver a breech presentation by assisted vaginal delivery is increased in group R6 of Robson's classification and not in group R7 after the simulation and the retention of skills is time-related. No more adverse neonatal complications were noted.

Conclusions: The simulation-based course improved the management of assisted vaginal delivery in breech presentation mainly in group R6 of Robson classification, without increasing neonatal complications and the retention of skills decreases over time.

P0839 | BANGLADESH POLICY DOCUMENTS: GAPS IN INTERSECTION BETWEEN REPRODUCTIVE HEALTH AND MENTAL HEALTH

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/ SUB-THEME: AB 9.6 ETHICS AND LAW IN WOMEN'S HEALTH

Nadira Sultana

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Objectives: Gaps of intersection between reproductive health with mental health in national policies.

Methods: Desk review of national policies, operational plans, guidelines and strategic documents from grey and published documents.

Results: The study shows lack of intersection between reproductive and mental health. The current Population Policy 2012 does

not address mental health. The reproductive health risks are implied with mental health throughout reproductive life of a woman. It outspreads to menstruation, contraception, unintended pregnancy, pregnancy complications, perinatal and postnatal mental disorder, unsafe abortion, infertility, sexual transmitted infections, HIV, sexual violence, sexual discontent and menopause. For a man reproductive health problem outspreads from puberty to old age might lead to mental health setbacks like substance usage and commit to sexual violence. The recent National Mental Health Survey 2019 shows about 17 % of the adult population are suffering from mental illness. It reported that mental disorders among the adult population are higher in women (18.9 %) than in men (15%) who are in reproductive age. The public spending on mental health is approximately 0.08 USD per capita, representing 0.05% of the total health budget. There is no national costed mental health strategic plan.

Conclusions: The Ministry of Health and Family Welfare should have guidelines to intersect between sexual reproductive health and mental health through its policy and guidelines for implementation. The health sector budget needs to have allocation.

P0840 | "CAROUSEL": A NEW SIMULATION MODEL FOR ASSESSING THE FEMALE PELVIC EXAMINATION IN MEDICAL EDUCATION

**THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.4 MEDICAL EDUCATION AND TRAINING**

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Objectives: To develop a simulation model on obstetrics exams.

Methods: Pelvic evaluation is an intimate exam that needs to be practiced several times to be skilled, exposing women to unnecessary and inconvenient procedures. The accuracy and intra-observer variability of a clinical examination among students are low. We developed a set of three embedded fitted cylinders with different diameters, the external one, with rounded ten centimeters dilation in the sidewall, the intermediary with a varied combination of dilation, from zero to ten centimeters, in the sidewall, and the internal cylinder, with four rounded dilations of ten centimeters. In the internal cylinder interior, it can introduce the four fetus models in the most various presentations. In the os of the external cylinder, a soft material can be fixed to simulate the external genitalia. In the intermediary cylinder, the assorted dilation can be attached to a soft-based device to simulate cervical effacement.

Results: We can simulate all cervical dilations, De Lee fetal station, sinlitis, cervical effacement, fetal presentation, amnion, cord prolapse, and more possibilities. An external observer can easily set these variations.

Conclusions: This is an innovation with no previous similar device in the literature and marketplace. It is cost-effective, durable, easy to manufacture, intuitive, energy-free, portable. It has many more excellent possibilities of exam simulations than the other existent simulators, with considerable potential to be presented to medical schools, companies, and investors. Besides, it can be used in other specialties, such as Gynecology, Urology, and Proctology.

P0841 | AB 9.3 SUSTAINABLE DEVELOPMENT GOALS

**THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.3 SUSTAINABLE DEVELOPMENT GOALS**

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Objectives: To study the effectiveness and implementation of government policies towards SDGs and compare the performance of the state and union territories using the SDG India Index. India played a prominent role in the formulation of United Nations SDG 2030 Agenda. The SDG are the blueprint with 17 goals with 169 targets to achieve a better & more sustainable future for all countries. They address global challenges we face including poverty, inequality, climate, environment degradation, prosperity & peace & justice.

Methods: The implementation strategies for the SDG were reviewed followed by Government analysis of target achievement through National surveys. There are 306 National indicators. The NITI Aayog, a government body has taken the lead bringing out SDG India Index - Baseline Report 2018, showing how SDG will be measured in India. The SDG India Index which documents progress made by its States & Union Territories towards implementation of 2030 SDG targets. It covers 13/17 SDG's (leaving out 12, 13, 14 & 17). A set of 62 National Indicators tracks progress to provide an aggregate assessment of the performance of all Indian States & Union Territories & to help leaders evaluate performance.

Results: The Government surveys by the NITI Aayog in the Index & Dashboard 2019 - 2020 to show the progress of each State & Union Territory will be presented.

Conclusions: The SDG India Index is an invaluable tool that provides an aggregate assessment of the performance of all Indian States and UTs and helps their leaders evaluate performance.

P0842 | EARLY RESULTS FROM IMPLEMENTING A QUALITY-OF-CARE MODEL TO REDUCE INDIRECT CAUSES OF MATERNAL MORTALITY IN NIGERIA

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.2 ADDRESSING MATERNAL MORTALITY

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Objectives: In Nigeria, 24% of maternal deaths are due to non-communicable diseases. In October 2019, a multi-stakeholder group, focused on education, screening, detection, and management of hypertension, diabetes mellitus (DM), anemia, and obesity amongst pregnant women piloted a Quality of Care (QoC) model to improve the screening for hypertension, DM, and anemia as well as QoC for women attending ANC in 20 public and private facilities in four Local Government Areas across two states.

Methods: Women attending their first ANC were screened for BP, anemia, and DM and BP screening at every visit. A subsection registered on a digital health platform received health messages and coaching to modify lifestyles to prevent or manage these conditions. Women were surveyed after one year to ascertain confidence in managing their health. Baseline data were collected in October 2019 and monthly until September 2020.

Results: 26,712 women attended ANC at the facilities. The proportion screened for hypertension, DM, and anemia during ANC increased from 35% to 71%, 11% to 65%, and 20% to 60% respectively from October 2019 to September 2020. 8,113 women were registered on the platform and received support. 81,160 health messages were sent and 96% declared confidence in managing their health compared to 32% at baseline.

Conclusions: Early results are encouraging, showing improved screening for risk factors in ANC, and increased knowledge, confidence and self-care of women using the digital platform.

P0843 | STRENGTHENING THE TREATMENT OF POST-PARTUM HAEMORRHAGE AMONG HIGH-RISK WOMEN IN A RURAL REGIONAL HOSPITAL IN SOUTH AFRICA

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.2 ADDRESSING MATERNAL MORTALITY

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Objectives: In 2017, postpartum haemorrhage (PPH) accounted for more than 38,000 maternal deaths globally, affecting mostly women in low- and middle-income countries. In South Africa, maternal mortality increased from 15.5% in 2011-2013 to 16.9% in 2014-2016. PPH risk factors include caesarean section or a history of, infections, maternal anemia, and multiple pregnancies.

Methods: The purpose is to present four cases of "at-risk women," with a mean age of 25.2 ± 4.4 years, who survived PPH in a rural regional hospital post-insertion of free flow, pressure controlled UBTs as part of the PPH care management bundle. UBT devices are safe and used with great success worldwide.

Results: Among the four "at-risk women," one or more had the following comorbidities during pregnancy: pre-eclampsia, sexually transmitted disease (STI), urinary tract infection, and type 2 diabetes. The mean gestational age at delivery was 36 ± 2.8 weeks. Two caesarean sections were performed due to fetal distress. Two of the women delivered twins with a mean weight of 2.1 ± 0.26 kg. Two women were anemic, with hemoglobin levels of 9.9 g/dl and 10.7 g/dl, respectively. The average total blood loss was 1250ml [1000ml; 1500ml]. UBTs were inserted within 5-20 minutes after PPH diagnosis, following first line treatment. In three of the cases bleeding stopped in less than 10 minutes [5-15 minutes] after UBT placement.

Conclusions: Despite increased risks for PPH, no uterus devascularizations or hysterectomies were necessary. The free flow, pressure controlled UBT contributed to stopping bleeding within a short period after PPH diagnosis.

P0844 | ADHERENCE TO INTIMATE EXAMINATION GUIDELINES IN REPRODUCTIVE MEDICINE

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/SUB-THEME: AB 9.6 ETHICS AND LAW IN WOMEN'S HEALTH

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Objectives: Transvaginal ultrasound scans (TVUSS) are intimate examinations commonly performed in assisted conception which

may cause patient embarrassment or distress. The General Medical Council (GMC) and Royal College of Nursing (RCN) provide intimate examination guidance to protect patients and healthcare professionals (HCP). There are concerns that HCPs do not adhere to guidelines due to assisted conception patients' repeat attendance for TVUSSs. The objective of this quality improvement project was to assess whether intimate examination guidelines are adhered to in an assisted conception setting.

Methods: This project was carried out in the Department of Reproductive Medicine at St Mary's Hospital, Manchester, UK. This project involved a patient survey, with 15 questions based on GMC and RCN guidelines, and a prospective audit of TVUSS documentation in patients' notes. Surveys were given to all patients attending for a TVUSS during a two-week period. Survey responses and corresponding patient notes were reviewed to assess adherence to guidelines.

Results: 44 patients completed the survey. 89% felt that their consent was obtained and 84% felt that the procedure was explained. 27% of patients were offered a chaperone. 39% of notes contained documentation of consent and 34% of chaperone discussion. No notes documented the chaperone's name.

Conclusions: This project highlighted major failings in adherence to consent and chaperone guidelines, identifying patients' perceived familiarity with TVUSSs as a major cause. We recommend the development of a pro-forma to be used for all TVUSSs to prompt adherence to intimate examination guidance and ensure correct documentation.

P0845 | HISTORICAL SERIES OF MATERNAL MORTALITY DURING PREGNANCY-PUERPERAL CYCLE DUE TO RESPIRATORY DISEASES BETWEEN 2008 AND 2018 IN BRAZIL

**THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.2 ADDRESSING MATERNAL MORTALITY**

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Objectives: To analyze maternal and late maternal deaths due to respiratory diseases in Brazil before COVID-19 pandemic, from 2008 to 2018 using a historical series considering the main causes and the gestational period.

Methods: Cross-sectional, descriptive, retrospective study, based on secondary data of deaths in the pregnancy-puerperal cycle (PPC) collected on the Health Information platform, DATASUS. The cases were selected among women of childbearing age, considering deaths among pregnant women, parturients and puerperal women. The data has been gathered within Category in Chapter X, present

in ICD-10. The years (2008-2018), categories of ICD and gestational period have been analyzed on Microsoft Excel® 2013.

Results: 1083 deaths of women in the PPC occurred during the period due to respiratory tract disorders- representing 6.32% of total maternal deaths. The main causes were lower air pathways infections (45.47%), another disorders (15.97%) and pulmonary embolism (15%). The year 2009 concentrated the record of maternal deaths. Deaths occurred mainly during puerperium (366 cases during immediate puerperium and 401 from 43 days until 01 year), and, during pregnancy, 274 cases.

Conclusions: Before the pandemic of COVID-19, respiratory disorders were important among maternal deaths, in Brazil. Influenza A H1N1 virus pandemic also played an important role in the dynamics of maternal deaths by increasing them and being concentrated during 42 days of puerperium. Infections of the lower airways are the main reason and pulmonary embolism was a usual cause. This data is important as possible embasement for future studies about maternal mortality during COVID-19 pandemics.

P0846 | PREVALENCE AND INCIDENCE OF HASHIMOTO'S THYROIDITIS IN COLOMBIAN WOMEN

**THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.5 INFORMATION TECHNOLOGY IN WOMEN'S HEALTH**

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Objectives: To estimate the prevalence and incidence of Hashimoto's thyroiditis in Colombian women using nationwide electronic health records.

Methods: To determine the frequency of this disease in Colombian women, we proposed a descriptive study with a diagnosis validation methodology based on electronic health records (Records of Health Services Provision - RIPS for its acronym in Spanish). We estimate the prevalence based only on the International Classification of Diseases (ICD-10) codes associated with Hashimoto's thyroiditis. To estimate the incidence rate, we verify that the patient has any of the ICD-10 codes and some diagnostic tests taken in less than a year from the diagnosis. The diagnostic tests used were: Thyroid-stimulating hormone (TSH). Free T4 (FT4). Thyroid antibodies (antithyroglobulin antibodies (anti-Tg), antithyroid peroxidase antibodies (anti-TPO)).

Results: The estimated women population in Colombia between 2012 and 2018 was 23.713.134. We estimated that the 95% confidence interval (CI) for the prevalence of Hashimoto's thyroiditis, between 2012 and 2018, was [7.94 - 9.91] per 100.000 women. The age group with the higher prevalence was middle-aged adults (40 - 60 years).

The 95% CI for the incidence rate using TSH was [0.90 - 1.86], with FT4 was [0.46 - 1.06], and thyroid antibodies was [0.34 - 0.68] per 100.000 women.

Conclusions: Our proposed methodology allows us to estimate the frequency of Hashimoto's thyroiditis in Colombian women using electronic health records.

P0847 | THE ADVENTURES OF SUPER DIVYA: PILOTING AN INTERACTIVE GRAPHIC NOVEL TO SUPPORT NURSE MENTORS IN TEACHING FACILITATION SKILLS AS PART OF AN OBSTETRIC AND NEONATAL SIMULATION TRAINING CURRICULUM IN BIHAR, INDIA
THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.5 INFORMATION TECHNOLOGY IN WOMEN'S HEALTH

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Objectives: Nurse mentoring using simulation and team training improves diagnostic and management skills of obstetric/neonatal emergencies. To sustain the facilitation skills of nurse mentors (NMs), we developed a series of interactive graphic novels, called "The Adventures of Super Divya" (SD).

Methods: Three comic-based modules were developed in English and Hindi and piloted with Nurse Mentor Supervisors (NMSs). The modules identify successful simulation/facilitation characteristics, review the features of a "Safe Learning Space" and encourage facilitator authenticity and use of supportive learning techniques. Pre- and post- surveys (English/Hindi) were administered to 104 Nurse Mentor Supervisors (NMSs). A baseline survey was conducted before Module 1. Post surveys were administered after each module.

Results: All 104 NMSs completed the baseline survey; Module 1, 2 and 3 post surveys were completed by 91, 101, and 108 NMSs, respectively. Two thirds of the NMSs found SD modules 1& 2 motivating, informative, fun, effective, and relatable (e.g., language, visuals). Respondents believed the modules were relevant to their jobs (97%), would improve their skills (96%), increased knowledge of

"Safe Learning Space" (77%) and improved knowledge of simulation (75%) facilitation (84%).

Conclusions: The SD modules are effective at introducing difficult concepts and gave the user an opportunity to reflect on their experiences. Nurses were able to access the modules and found them usable and interesting. Further roll out of the modules and 7 additional modules are planned for 2021. The collaborators acknowledge the support of CARE India and the NMSs who participated in the pilot.

P0848 | CHANGING HEALTH SYSTEMS TO REDUCE MATERNAL MORTALITY: USING A FREE FLOW, PRESSURE CONTROLLED UTERINE BALLOON TO SUPPORT POST-PARTUM HAEMORRHAGE MANAGEMENT IN LIMITED RESOURCE HEALTH SETTINGS
THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.2 ADDRESSING MATERNAL MORTALITY

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Objectives: Globally, postpartum haemorrhage (PPH) remains a public health concern, accounting for more than 38,000 maternal deaths in 2017, mostly in low- and middle-income countries (LMICs). The PPH prevalence in high-income countries was 7-12% versus 25.7% in Sub-Saharan Africa. Despite a reduction of 44% in maternal mortality worldwide, PPH remains a challenge in South Africa (SA) where maternal mortality increased from 15.5% in 2011-2013 to 16.9% in 2014-2016. PPH-related maternal deaths in SA were associated with delayed referral, whereby 20.8% occurred while waiting for transport and 14.8% during transport. The purpose of this report, is to present the strategies and outcomes that contributed to the success of this program.

Methods: A PPH Quality Improvement Program (QIP) was designed and implemented in 16 primary healthcare facilities in District T. The aim was to reduce maternal morbidity and mortality during transfer from primary healthcare facilities to regional and tertiary hospitals, by including a free flow, pressure controlled uterine balloon tamponade (UBT) in the PPH management care bundle.

Results: The use of a UBT device forms part of the PPH care management bundle. UBT is safe and used with high success rates. The PPH QIP was implemented in three phases of which phase one focused on "Preparing limited resource health facilities for PPH."

Conclusions: Health professionals accepted and adopted the inclusion of a free flow, pressure controlled UBT as part of the PPH management care bundle at health facilities with limited resources.

P0849 | TRANSITIONING FILIPINO OBGYNS TO ONLINE LEARNING IN THE MIDST OF THE PANDEMIC

**THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.5 INFORMATION TECHNOLOGY IN
WOMEN'S HEALTH**

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Objectives: To present the on-line experiences of the Philippine Obstetrical and Gynecological Society Subcommittee on Climate Change and Disaster Risk Preparedness at the time of COVID19 pandemic from Jan - Dec 2020.

Methods: Eight Webinars in a series utilized the Zoom platform and production of video-infographics and a book were accomplished in 2020. The preparation time, members' participation and evaluation feedback were reviewed.

Results: The members had intensive preparation time for innovative and practical topics which totalled nearly 24 meetings with 2 hours average time for the 8 webinars, discounting the coordination time in inviting speakers and participants, preparation of emails, posters dissemination to the members. The average attendance was reported to be around 500 in the first 4; the addition of FB live reached between 1,000-5,000 participants with high profile personalities as guest speakers.

Conclusions: This initial experience demonstrates that online platforms offer alternative tools for learning and wider audience reach. In future, logistical set-up and skills will be fine-tuned as health professionals learn more effective strategies that continue the information dissemination while preserving health and ensuring safety during the pandemic. Shorter preparation time through information technology professionals and further research to improve various aspects of on-line learning should be performed to sustain interest and decrease web fatigue.

P0850 | IMPROVING DIGITAL LITERACY, A PREREQUISITE TO IMPROVING HEALTH LITERACY AND SELF-EFFICACY AMONG WOMEN OF REPRODUCTIVE AGE IN LOW INCOME POPULATIONS IN NIGERIA

**THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.5 INFORMATION TECHNOLOGY IN
WOMEN'S HEALTH**

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Objectives: In low-income settings, low digital literacy levels may serve as a barrier to the uptake of digital health solutions. This

retrospective study aims to show that initiatives to improve digital literacy among women of reproductive age (WRA) can lead to these women being more comfortable using digital health applications to improve their health.

Methods: WRA (n=14,250) were given a survey at the point of their enrollment onto the CompleteHealth™ platform to ascertain how many owned a smartphone. To address barriers including limited knowledge about and the fear of technology, mDoc's coach-led care team helped the women build their digital literacy through virtual walkthroughs, infographics and in-person demonstrations. After three months, a follow up survey of 119 WRA was done to determine the impact of this support.

Results: 79% of the WRA in the initial survey had a smartphone. Of these, only 4.6% were able to navigate digital applications like CompleteHealth™, Telegram and Zoom. The follow up survey showed that 73% of the WRA surveyed considered themselves more comfortable using those platforms for their health than they were before they enrolled on CompleteHealth™.

Conclusions: Smartphone ownership is not a proxy for digital literacy. Only a small percentage of the WRA who had a smartphone were able to use them to improve their health. Improving the digital literacy of these women is a viable strategy for improving their self-efficacy and a critical step towards ensuring that more women can access digital healthcare services and contribute to their economic potential.

P0851 | ACCESS TO DIAGNOSTIC TESTS FOR SYSTEMIC LUPUS ERYTHEMATOSUS IN COLOMBIAN WOMEN

**THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.6 ETHICS AND LAW IN WOMEN'S
HEALTH**

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Objectives: To estimate the percentage of women with systemic lupus erythematosus (SLE) diagnosed using different diagnostic tests and compared it among Colombia's regions.

Methods: To determine the access to diagnostic tests for SLE in Colombian women, we proposed a descriptive study based on electronic health records (Records of Health Services Provision - RIPS for its acronym in Spanish). We estimate the number of women with the disease using the International Classification of Diseases (ICD-10)

codes associated with SLE. Then, we count how many of them were diagnosed with the following diagnostic tests: Antinuclear antibodies (ANA). ANA and hematological tests. ANA and renal tests. ANA and antiphospholipid antibodies. ANA and complement proteins. ANA and SLE-specific antibodies.

Results: The mean number of Colombian women with ICD-10 codes associated with SLE per year is 6732,14. We estimated that 95% confidence interval (CI) for the percentage of women diagnosed using ANA between 2012 and 2018 was [6.57-9.08] %. Likewise, the 95% CI using ANA and hematological tests was [5.26-6.91]%, using ANA and renal tests was [2.06-2.93], using ANA and antiphospholipid antibodies was [2.16-3.10]%, with ANA and complement proteins was [4.72-6.21]%, and with ANA and SLE-specific antibodies was [4.45-5.98] %.

The departments with the higher request of any of the above diagnostic tests to diagnose SLE were Caldas, Cesar, and La Guajira. Likewise, the departments with the lowest request were Chocó, Quindío, Casanare, and Putumayo.

Conclusions: Among Colombian women, SLE was diagnosed using ANAS test the most between 2012 and 2018.

P0852 | KNOWLEDGE AND USE OF THE WORLD HEALTH ORGANIZATION'S MEDICAL ELIGIBILITY CONTRACEPTIVE (MEC) TOOLS IN LOW RESOURCES SETTINGS

**THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.4 MEDICAL EDUCATION AND TRAINING**

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Objectives: 1) To assess providers' knowledge, use in clinical practice and diffusion of tools linked with the World Health Organization's Medical Eligibility Contraceptive (MEC) for Contraceptive Use. 2) To identify barriers, enablers for using the WHO MEC and recommendations for mainstreaming tools for new clinicians.

Methods: We plan a quantitative survey in multiple languages for April - May 2021, targeting staff of global FP organizations, ministries of health, members of professional associations and providers in family planning clinics. The survey will explore the following questions: 1) Are you personally aware of WHO MEC (or a national equivalent)? 2) Do you personally have a copy of the WHO MEC and in which format? 3) Have you integrated the use of the MEC into your own practice, teaching or training roles and how? 4) Have you disseminated MEC information outside training? 5) Can you list barriers and enablers to availability and use? We will request professional

associations and networks to assist in sharing the online survey questionnaire via listservs, individual emails.

Results: Recent quotes from trainees in Northern Nigeria reporting no prior exposure to the MEC inspired our desire to quantify the gap. We will share results of the survey, with sub-analyses by clusters of respondents (e.g., IBPXchange, participants to ICM's June virtual conference) and present a mainstreaming call to action during the conference.

Conclusions: This study will explore the role of professional associations and networks in disseminating essential tools for supporting clinicians consistently assess conditions of concern to family planning practice.

P0853 | FINDINGS FROM A SYSTEMATIC REVIEW OF NATIONAL POLICIES TO MAINTAIN ESSENTIAL RMNCH SERVICES DURING THE COVID-19 PANDEMIC IN KENYA, MOZAMBIQUE, UGANDA AND ZIMBABWE THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/ SUB-THEME: AB 9.3 SUSTAINABLE DEVELOPMENT GOALS

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Objectives: The COVID-19 pandemic dramatically threatened progress towards SDG 3 by disrupting essential reproductive, maternal, newborn and child health (RMNCH) services. Projections warned of over 1,000,000 additional child and 56,700 additional maternal deaths globally. In response, countries developed policies to preserve these essential services. We conducted a systematic review of national policies to maintain family planning (FP), antenatal care (ANC), intra- and postpartum care and immunization in Kenya, Mozambique, Uganda and Zimbabwe, describe key aspects of the policies and compare them to WHO guidance.

Methods: We formed country-level committees to select relevant national policies for RMNCH services issued during the pandemic. In each country, two analysts used a standardized tool to extract content, which was analyzed using NVivo software. We compared WHO 2020 recommendations with country-level recommendations.

Results: Policy recommendations included multi-month dispensing for FP and alternating virtual and in-facility visits for ANC clients. All countries referred to increased use of telemedicine, but none provided enough detail to make recommendations functional. All countries canceled outreach services for FP and immunization, with plans

for catch-up campaigns once COVID-19 subsides. Some areas of divergence from WHO guidelines included allowing birth companions and multiple aspects of postnatal care.

Conclusions: An increasing number of resources are available to help countries assess policy to mitigate the impact of COVID-19 on maternal and child health. Policy makers are urged to learn from these countries' experiences to adapt best practices in RMNCH to pandemic-driven demands and maintain progress toward SDG 3.

P0854 | A DECADE OF MATERNAL MORTALITY BETWEEN ADOLESCENTS IN BRAZIL

**THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.2 ADDRESSING MATERNAL MORTALITY**

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Objectives: Epidemiologic profiling the adolescent victims of maternal mortality in Brazil.

Methods: A descriptive, cross-sectional, and retrospective study of adolescent maternal mortality between the years of 2010 and 2019 in Brazil. The analyzed data were made available by the Departamento de Informática do Sistema Único de Saúde (DATASUS).

Results: During the study period, there were 16,697 maternal fatalities in Brazil, 13.7% being among adolescents aged 10 to 19 years. Of these deaths, 68.4% happened amid mixed race women, and 24.9% were of white women. Regarding the level of education, 39.2% had studied for four to seven years. Approximately 7.2% of deaths were of 10- to 14-year-old, and 92.8% were of 15- to 19-year-old. Direct causes were the primary cause of death, and nearly 58% took place in the hospital environment. The pregnancy period with the highest mortality rate was on the 42 first days of puerperium, with 52.2% of deaths, succeeded by 32.8% deaths during pregnancy, delivery or abortion procedure. Regarding the IDC-10, 21.6% of deaths happened because of other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium (code O99), followed by Eclampsia (12.6%).

Conclusions: The majority of adolescent maternal fatalities were of 15- to 19-year-old people of color, with low level of education that happened in hospitals by primary causes during the early puerperium, and by maternal diseases that complicate pregnancy. Thus, an improvement in public health, early sexual education, and effective prenatal care are imperative to lower teenage pregnancy, and reduce mortality rates.

P0855 | A GEOSPATIAL ANALYSIS OF ACCESS TO EMERGENCY OBSTETRIC AND NEWBORN CARE IN MEXICO

**THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.1 HEALTH FOR ALL**

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Objectives: To measure population access to public facilities that provide comprehensive emergency obstetric and newborn care (CEmONC) in Mexico.

Methods: Public hospitals with CEmONC capabilities throughout Mexico were identified from publicly available data from the Ministry of Health (MoH). Facilities that have an obstetrician-gynecologist, pediatrician, anesthesiologist, operating room, blood bank, and incubator were included in the analysis as proxy for CEmONC criteria. Private- and employment-based facilities were not included. Geographic access was estimated as a percentage of the population within 2 hours travel time by road of a capable facility. Geospatial analyses were performed using Reditivis.

Results: 115 of 755 (15%) MoH facilities in Mexico met criteria for inclusion. Overall, 93.8%, 76.4%, and 50% of the population resides within 2, 1, and 0.5 hours travel time of these facilities, respectively. Notably, 318 (42%) facilities were excluded from analysis due to lack of blood banks. This is particularly evident in four states (Aguascalientes, Baja California Sur, Campeche, Nayarit) with <1% population coverage within 2 hours. 22 states and Mexico City have >80% population coverage within 2 hours.

Conclusions: Our findings indicate that >90% of the population resides within geographic access to affordable, emergency obstetric and neonatal care within 2 hours through the public healthcare system. However, access decreases considerably within 1 hour and 30 minutes, with large variation across states. Increasing blood bank availability would improve CEmONC access significantly. Geospatial analyses can assist to improve access based on population needs,

towards ensuring universal access to sexual and reproductive health and rights.

P0856 | EXPLORING EDUCATION PREFERENCES OF AUSTRALIAN WOMEN AND HEALTHCARE PROVIDERS REGARDING LONG-TERM HEALTH AFTER HYPERTENSIVE DISORDERS OF PREGNANCY- A QUALITATIVE PERSPECTIVE

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.4 MEDICAL EDUCATION AND TRAINING

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Objectives: To explore Australian women's and healthcare provider's (HCP) education and follow-up preferences regarding health after hypertensive disorder of pregnancy (HDP).

Methods: A qualitative study using a framework analysis was undertaken. Women with a history of HDP and HCP who completed a survey about long-term health after HDP were invited to participate. Interviews enquired about women's and HCP preferences and priorities concerning knowledge acquisition around long-term health after HDP.

Results: Thirteen women and twenty HCPs (midwives, general practitioners, obstetricians and cardiologists) were interviewed. Women's preference included early post-HDP birth risk counseling about long-term and modifiable risk factors from their HCP accompanied with evidence-based, print or web-based information to take home. HCP wanted access to similar material to assist in their risk discussions with women. Addressing their own learning, HCPs expressed preference for multi-disciplinary education, preferably endorsed or facilitated by professional colleges and health organisations. Both groups were in favour of a more structured long-term follow-up to facilitate the transition from hospital to community health and align with international and local societies' hypertension guidelines. Additional suggestions included sending automated reminders to women for key follow-up appointments detailing rationale, recommended tests and discussion topics to be addressed.

Conclusions: Women and HCPs wanted more information about long-term and modifiable risk factors post-HDP. Recommendations were made to enable a more structured transition from hospital to community health post-HDP, including automated alerts to remind women about key follow-up appointments. This evidence will guide educational developments on post-HDP health.

P0857 | ACCESS TO DIAGNOSTIC TESTS FOR HYPOTHYROIDISM IN COLOMBIAN WOMEN THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/ SUB-THEME: AB 9.6 ETHICS AND LAW IN WOMEN'S HEALTH

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Objectives: To estimate the percentage of women with hypothyroidism diagnosed using different diagnostic tests and compared it among Colombia's regions.

Methods: To determine the access to correct diagnostic tests for hypothyroidism in Colombian women, we proposed a descriptive study based on electronic health records (Records of Health Services Provision - RIPS for its acronym in Spanish). We estimate the number of women with the disease using the International Classification of Diseases (ICD-10) codes associated with hypothyroidism. Then, we count how many of them were diagnosed with the following diagnostic tests: thyroid-stimulating hormone (TSH); TSH and free T4 (FT4). We compare our results between regions in Colombia.

Results: The mean number of Colombian women with ICD-10 codes associated with hypothyroidism per year is 175446. We estimated that 95% confidence interval (CI) for the percentage of women diagnosed using TSH between 2012 and 2018 was [8.16 - 18.77] %. Likewise, the 95% CI using TSH and FT4 was [3.05 - 5.95] %.

The departments with the higher request for endoscopic procedures to diagnose hypothyroidism were Caldas, Huila, and Chocó. Likewise, the departments with the higher request for endoscopic procedures and biopsy analysis were Cauca, Huila and Meta. The departments with the lowest request for any of the procedures listed above were Amazonas, Guanía, and Vaupés.

Conclusions: Among Colombian women, hypothyroidism was diagnosed using TSH test the most between 2012 and 2018.

P0858 | THE ROLE OF HEALTHCARE PROVIDERS IN OUR OVERPOPULATION CRISIS

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.3 SUSTAINABLE DEVELOPMENT GOALS

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Objectives: The goal of this presentation is to discuss the link between overpopulation and our profession, and to present the steps that are necessary to end, and ultimately reverse, population growth.

Methods: This presentation is based on a critical analysis of the *World Scientists' Warning to Humanity* and other scientific literature on sustainable development.

Results: Overpopulation exacerbates environmental and health problems, from climate change to biodiversity loss and pandemics. It is the "upstream" driver of numerous existential threats and also a major obstacle for achieving the Sustainable Development Goals. Addressing overpopulation and population growth compassionately - always - should be axiomatic for all health-care providers. The work of our profession, which has dramatically reduced death rates since the 1800s while keeping birth rates high, unintentionally bears some responsibility for the increase: one billion then, eight billion looming.

Conclusions: Therefore, healthcare providers, especially those in gynaecology and obstetrics, must be uniquely motivated to: (1) become involved in rights-based policies and services with unbroken supply chains, ensuring optimal contraceptive care is *available* to all women and couples worldwide, (2) remove well-known tangible (unavailable contraceptives) and intangible (cultural, religious and mis-informational) barriers to women's freedom to *access* family planning everywhere, while achieving full gender equity, especially in education, (3) sound the alarm on how overpopulation risks all planetary life, through optimal environmental education both for colleagues and the public, and (4) campaign for a *maximum* of two children per family (i.e. replacement fertility, and ideally less) on principle.

P0859 | EDUCATIONAL ATTAINMENT AND MAMMOGRAPHY SCREENING: HEALTH DISPARITIES IN BRAZILIAN WOMEN

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.1 HEALTH FOR ALL

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Objectives: The aim of this study is to evaluate the association between years of education and mammography screening in Brazilian women of 50-59 years old.

Methods: Ecological design, based on data from the Risk and Protection Factors Surveillance System for Chronic Diseases by Telephone Survey (Vigitel) from the Brazilian Ministry of Health. Women residing in households served by at least one telephone line in the capitals of the 26 Brazilian states were interviewed in 2017. They were asked about how many years of education they had received and if they had had mammography screening in the previous two years. Data analysis was performed using Stata 15.0.

Results: A total of 6366 women were interviewed. The percentage (95% CI) that had received mammography screening in the previous two years was 61.4 (56.1; 66.6) for the ones who never had formal education; 73.5 (72.1; 74.9) for >0 to 8 years of education; 80.9 (79.8; 82.1) for 9-11 years of education; and 87.5 (86.5; 88.4) for ≥12 years of education. The prevalence ratio (95% CI) was 1.25 (0.96; 1.62) for 0 to 8 years of education; 1.35 (1.04; 1.76) for 9-11 years of education; and 1.48 (1.14; 1.92) for ≥12 years of education; $P < 0.001$.

Conclusions: There was a statistically significant association between years of education and mammography screening in our study. The results show that women with higher educational attainment receive more mammography screening. In order to improve access to health care, strategies to reduce educational and social inequalities are still needed.

P0860 | SIMULATION TRAINING IN POSTPARTUM HAEMORRHAGE MANAGEMENT

THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.4 MEDICAL EDUCATION AND TRAINING

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Objectives: To refine existing skills and to teach new skills in confidently handling postpartum haemorrhage (PPH).

Methods: The Intensive Course in Obstetrics Emergencies (ICOE) is a comprehensive simulation and skill-based course designed by the Obstetrical and Gynaecological Society of Malaysia (OGSM). "Estimation of blood loss" and "non-surgical techniques of PPH" are among the skills trained. All participants will go through the breakout sessions that cover skills, demonstrations, and workshops. Results of pre and post skill test were then analyzed to assess the impact of training.

Results: 73 courses were conducted in 13 countries involving 1,909 healthcare professionals from year 2015-2019. For "Estimation of blood loss" station, all participants showed consistent improvement

to a satisfactory level with statistically significant ($P < 0.001$) mean score difference between pre and post assessment. In “Non-surgical techniques of PPH” station, midwives group had a below satisfactory average pre-test score (15%). However, all groups showed statistically significant improvement in post-test ($P < 0.001$) with scores of 79–89%.

Conclusions: PPH remains a preventable but major cause of maternal morbidity and mortality worldwide. Substandard care is often seen in the reported maternal deaths with delay in resuscitation among the common contributory factors. It is prudent to train both doctors and midwives in standard management of PPH especially in early recognition and non-surgical techniques that can prevent further blood loss until definitive treatment can be instituted. Results showed that low fidelity models are effective in training non-surgical skills. For those who are less skilled at the beginning, standardized simulation training over short duration showed significant improvement.

**P0861 | “SO HARD NOT TO FEEL BLAMED!”:
ASSESSMENT OF THE IMPLEMENTATION
OF MATERNAL AND PERINATAL DEATHS
SURVEILLANCE AND RESPONSE STRATEGY
FROM 2016 TO 2018 IN BENIN
THEME: AB 9 WOMEN’S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.2 ADDRESSING MATERNAL
MORTALITY**

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Objectives: Benin institutionalized the Maternal and Perinatal Death Surveillance and Response (MPDSR) strategy in 2013 to address its alarmingly high maternal and neonatal death rates. This paper reports on the first assessment of the implementation of this strategy in Benin.

Methods: A mixed-methods approach was used. Data on all maternal and neonatal death notifications and reviews in the country, from 2016 to 2018, were included. We reviewed reports of 63 working groups and conducted two online group discussions. Descriptive quantitative analysis was performed using Stata and content analysis was applied to qualitative data.

Results: Deaths were under-notified, with estimated notification rates at 46–48% for maternal and 16–21% for neonatal deaths over the years. Notifications are reported in three unsynchronized databases. Review completion rate were low, corresponding to 50–56% of maternal and 8–17% of neonatal deaths. The causes of under-notification included very low death notification from community and private health facility, and fear of blame. Gaps between notification databases were explained by the difference in data collection periods and neonatal deaths’ case definitions. Low review completion rate was due to heavy workload, staffing shortages, fear of

blame and weak leadership. Moreover, reviews were of poor quality, leading to a low response.

Conclusions: MPDSR is operational in Benin. However, key points should be improved, particularly, the reviews’ quality and response. This assessment highlights the need to strengthen the notification strategy, continuously build MPDSR committees members’ capacities, engage decision-makers for an effective response, and create a better blame-free, accountability and learning culture.

**P0862 | AN OVERVIEW ON INDIGENOUS
ADOLESCENT PREGNANCY IN GUATEMALA
THEME: AB 9 WOMEN’S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.1 HEALTH FOR ALL**

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Objectives: Pregnancies in adolescents may be related to sociodemographic, cultural and economic factors, this study aims to compare some characteristics and outcomes associated with pregnancy in indigenous adolescents with other pregnant women attended in a public hospital in Guatemala.

Methods: Observational study, in which 12,882 medical records were analyzed. Indigenous adolescents were compared with all other women. Sociocultural variables, gynecological antecedents and perinatal outcomes were compared between the groups using chi-squared and Mann-Whitney test. Multiple logistic regression was applied, with significance at 5%, using SAS 9.4.

Results: Were included 12882 women, 1332 (10%) indigenous adolescents, and 11550 (90%) all other women. Indigenous adolescents presented 1.6 more risk of stop education in primary level (odds ratio [OR]=1.62; 95% confidence interval [95% CI]=1.07–2.44; $P=0.023$), 1.5 more risk of non-use previous contraceptive methods (OR=1.51; 95% CI=1.17–1.95; $P=0.002$), 2.0 more risk of being single mother (OR=1.98; 95% CI=1.56–2.50; $P < 0.001$), and 1.2 more risk of unintended pregnancies (OR=1.19; 95% CI=1.01–1.42; $P=0.044$). Moreover, indigenous-adolescents presented 2.6 more risk to develop eclampsia (OR=2.62; 95% CI=1.05–6.54; $P=0.039$), more vaginal birth (OR=2.17; 95% CI=1.01–1.32 $P < 0.037$) and 2.2 more risk of episiotomies (OR=2.17; 95% CI=1.73–2.72; $P < 0.001$).

Conclusions: There are multiple cultural, sociodemographic and economic factors that make indigenous adolescents more vulnerable to becoming pregnant, the educational opportunity must be equal in the different ethnic groups, developing and intensifying new prevention strategies for adolescent pregnancy is crucial to reduce the number of cases, in addition to guaranteeing access to all health services and contraceptive methods.

**P0863 | A 3D PRINTER ADAPTER FOR
CONDOM-FOLEY SYSTEM BALLOON
TAMPONADE: SIMULATION STUDY**
THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/SUB-
THEME: AB 9.4 MEDICAL EDUCATION AND TRAINING

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Objectives: The intra-uterine balloon made with a condom and Foley catheter is a temporizing measure for post-partum hemorrhage (PPH). However, in practice, the connection between the infusion set and the catheter is not ideally sealed, which may cause leaking and delays. The objective was to propose a 3D printer adapter that improves the infusion set and foley catheter fit.

Methods: A infusion set-Foley catheter adapter was created using an open-source CAD program. The adapter was printed in ABS in a 3D printer, cost U\$1.5. The system was tested by 40 attendees from PPH hands-on workshops using a neoprene fabric uterus simulator. Data were analyzed by descriptive statistics using JASP.

Results: 40 simulations of balloon tamponade system set up and placement were performed. Doctors or Medical students (22) and nurses or Nursing students (18) took part in the simulations. The assemblance median time was 81.5 seconds (mode 60", minimum 44", maximum 300"). The system filling median time was 126.5 seconds (mode 180", minimum 60", maximum 240"). Most of the participants considered the system assembly and filling easy. There was no condom ruptures and leaking were rated as clinically meaningful for 2 participants.

Conclusions: One of the main disadvantages cited for noncommercial intra-uterine tamponade balloons is the assemblance and filling times. In these simulations we demonstrate that the consuming time is about 240 second for assembly and fill the system. The simulations indicate that the 3D printed adapter is inexpensive and allows a timely and efficient placement of the system for PPH.

**P0864 | THE COLLATERAL IMPACT OF
COVID-19 ON WOMEN'S HEALTH IN FRAGILE
AND CONFLICT-AFFECTED SETTINGS**
THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.4
WOMEN'S HEALTH IN SITUATIONS OF CONFLICT AND
DISASTER

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Objectives: To investigate the collateral impact of COVID-19 on funding, services and outcomes for maternal, newborn and child

health (MNCH) in fragile and conflicted-affected settings worldwide (FCAS).

Methods: A scoping review of peer-reviewed and grey literature published between 1st March 2020-31st January 2021 was conducted and analysed using a narrative synthesis approach. 39 remote semi-structured key informant interviews with actors including humanitarian field staff, midwives and obstetricians/gynaecologists within 12 FCAS (Afghanistan, Bangladesh, Columbia, DRC, Iraq, Nigeria, Somalia, South Sudan, Venezuela, Yemen and Zimbabwe) were conducted between October 2020-February 2021. Thematic analysis was undertaken independently by two researchers on interview transcripts and supporting documents provided by key informants, and triangulated with literature review findings.

Results: Funding for MNCH has been reduced or suspended with increase in cost of continuing the same activities, and diversion of MNCH funding to COVID-19 activities. Disruption of lifesaving interventions for women during pregnancy and childbirth including critical medications and antenatal care, plus reduced service provision and uptake, resulted in late presentations with increased maternal morbidity and mortality. Some positive adaptations including use of technology and decentralisation of services have been reported, however overall adaptation strategies have been limited.

Conclusions: COVID-19 is further exacerbating negative women's health outcomes in FCAS. Increased funding is urgently required to re-establish MNCH activities which have been deprioritised or halted. Improved planning to sustain routine women's health services and enable surge planning for emergencies with focus on the community/service users throughout adaptations is vital for improved outcomes for women in FCAS.

**P0865 | SCREENING OF PRENATAL ANXIETY,
DEPRESSION AND COVID-19 RELATED
ANXIETY AMONG ANTENATAL WOMEN
DURING COVID-19 PANDEMIC**
THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.4
WOMEN'S HEALTH IN SITUATIONS OF CONFLICT AND
DISASTER

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Objectives: Pregnancy is a period of immense physiological and psychosocial change for women, increasing their vulnerability for the onset or relapse of mental health issues. There are limited data on the influence of COVID-19 pandemic on their mental health. We aimed to study the prevalence of depression, anxiety and COVID-19 related anxiety among antenatal women who visited our outpatient department during the COVID-19 pandemic.

Methods: Prospective cross-sectional observational study at Kasturba Medical College, Manipal, India. Recruited 381 antenatal women. Questionnaire based survey (Patient Health Questionnaire-9,

General Anxiety disorder-7, COVID-19 anxiety syndrome scale (C-19ASS) given to all antenatal women during their OPD visit irrespective of their gestational age. Maternal concern about perinatal complication induced by COVID-19 were also studied.

Results: Incidence of anxiety and depression were 1.3% and 1% respectively. Majority of them i.e., 74% had subsyndromal anxiety and 80% had subsyndromal depression. Mean C-19ASS score was 19. Women with anxiety had a higher C-19ASS (P -value 0.001). However, those with depression had lower C-19ASS. 89% had fear of baby getting corona infection during pregnancy. Women with fear of structural anomalies in the baby, preterm delivery, fetal growth restriction and getting corona infection had a significantly high C-19ASS score.

Conclusions: Though the incidence of depression and anxiety were lower when compared to other studies, majority of them belonged to subsyndromal category. Women with general anxiety had higher COVID-19 related anxiety. Good communication and reassurance of the patients should be prioritized during their routine antenatal care to avoid increased levels of anxiety and depression.

P0866 | MATERNAL EXPOSURE TO NO₂ AND THE EFFECT ON DOPPLER OF PLACENTAL FUNCTION

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.1 WOMEN AND THE ENVIRONMENT

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Objectives: To evaluate the association between maternal exposure to NO₂ and Doppler markers of placental function using a personal device.

Methods: Prospective cohort study including 101 singleton pregnancies recruited from Hospital Sant Joan de Déu, University of Barcelona (Spain) between January 2017 and April 2018. NO₂ passive samplers to measure maternal exposure to NO₂ were used between 28 and 32 weeks. Placental function was evaluated by Doppler evaluation at 32 weeks of gestation of Umbilical Artery (UA) Pulsatility Index (PI), middle cerebral artery (MCA) PI, cerebroplacental ratio (CPR), mean Uterine Arteries (mUtA) PI and Venous ductus (VD) PI. Data on socioeconomic status, demographic characteristics, lifestyle, medical history and physical examination were obtained through questionnaires and hospital records.

Results: Exposure to higher levels of NO₂ was significantly (<0.05) associated with lower mean uterine arteries PI. Similarly, we observed a negative association between cerebroplacental ratio and exposure to NO₂.

Conclusions: Our results show that NO₂ produces an enhance of mean uterine arteries PI and a low value on Cerebroplacental ratio. It could be explained as a mechanism of adaptation to the air pollution.

P0867 | ADDRESSING VIOLENCE AGAINST WOMEN DURING PREGNANCY-PUERPERAL CYCLE

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.3 ADDRESSING STIGMA AND VIOLENCE AGAINST WOMEN

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Objectives: To assess the prevalence and type of violence against women during the pregnancy-puerperal cycle.

Methods: Cross-sectional study with women attending antenatal and postpartum care services in a public tertiary hospital. We collected data through interviewers-administered questionnaires previously used in healthcare settings: Abuse Assessment Screen (AAS); Woman Abuse Screen Tool (WAST); Hurt, Insulted, Threatened with Harm and Screamed (HITS). Univariate and bivariate analyses were conducted.

Results: Among the 300 pregnant and postpartum women who participated in the study, 75 (25%) experienced lifetime violence. In addition, 5.3% of women reported domestic violence and 9% disclosed intimate partner violence experiences in pregnancy-puerperal cycle. Physical violence during pregnancy (3%) and during the last 12 months (7%) was a type of violence faced by participants. Lifetime violence experiences ($P<0.001$) and non-paid work ($P=0.030$) were associated with physical violence during pregnancy. Partner was identified as an aggressor in 66.67% of cases. Reports of physical violence are more frequent among women during first and third trimester. Lifetime violence was also significantly associated with domestic violence ($P<0.001$) and intimate partner violence ($P<0.001$).

Conclusions: Lifetime violence and different forms of violence are issues faced by pregnant and postpartum women. Violence experiences are more frequent among women at the beginning and in the last stages of pregnancy. This issue is more prevalent among those women who experienced lifetime violence and who do not have paid employment. Antenatal and postpartum care services could be safe places to identify domestic violence and intimate partner violence survivors.

P0868 | THE PREVALENCE OF COVID-19 INFECTION AMONG GYNECOLOGIC ONCOLOGY PATIENTS RECEIVING OUTPATIENT CANCER TREATMENT IN A COVID-19 REFERRAL HOSPITAL

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: To determine the prevalence of COVID-19 infection among gynecologic oncology patients receiving outpatient treatment in a COVID-19 referral hospital.

Methods: The study is a descriptive, cross-sectional study involving 47 patients with gynecologic cancers and receiving treatment from June to December 2020. All patients underwent RT-PCR-CoV-2 test, and symptom and exposure assessment prior to treatment. Patients with negative results received their planned treatment and repeat RT-PCR-CoV-2 test and triage assessment were done at mid-cycle and after treatment.

Results: The average age was 47.6 years and majority (57.4%) were classified as obese. Eleven (23.4%) patients were either previous or current smokers, and in addition to cancer, 24 (51.0%) patients had at least one or more co-existing diseases, with hypertension being the most common. Patients received an average of 6 cycles of chemotherapy and 30 patients received pelvic or para-aortic external beam radiation with or without parametrial boost, or brachytherapy. Eighteen patients had treatment-related anemia or neutropenia. Five patients had positive baseline RT-PCR-CoV-2 result but proceeded to treatment after negative results were obtained. Only 1 patient had a positive RT-PCR-CoV-2 result at mid-cycle. These patients had no COVID-19-associated symptoms and none of them tested positive for COVID-19 infection post-treatment.

Conclusions: The prevalence of COVID-19 infection among cancer patients receiving outpatient chemotherapy, in this study, is 2.13%. All patients who had positive RT-PCR-CoV-2 results at baseline or mid-cycle treatment were able to continue and complete treatment.

P0869 | PREVALENCE OF SARS-COV-2 AMONG ASYMPTOMATIC PATIENTS ADMITTED FOR DELIVERY

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: Describe the prevalence of SARS-CoV-2 among asymptomatic patients admitted for delivery.

Methods: this is an observational study based on data collected at the university hospital Fundacion Santa Fe de Bogota between May of 2020 and February of 2021, in asymptomatic pregnant patients admitted for delivery. All patients without a prior diagnosis of COVID-19 underwent the nasopharyngeal swab SARS-CoV-2 polymerase chain reaction (PCR) test. Hospital policies recommended the use of universal masks and N95 masks in clinical units by physicians, patients, and support persons, and limited each visitor to 1 childbirth assistance visitor. Universal tests of patients already diagnosed with COVID-19 and patients not admitted for delivery were excluded.

Results: 1044 patients who presented for delivery were examined. The average age was 34.2 years with a standard deviation of (\pm) 4.8 years, the average gestational age at delivery was 37.7 weeks (\pm) 1.9 weeks. Regarding the obstetric history, 471 patients (45%) were nulliparous women, 662 (63%) were considered to be of high obstetric risk. In 773 (74%) is the cesarean birth, 39 (0.3%) babies had an APGAR <7 until the first minute and the mean birth weight was 2914 grams (\pm) 503 grams. Only 32 (<1%) patient was positive for SARS-CoV-2 by PCR, showing a prevalence of less than <1% of SARS-CoV-2 in this cohort of asymptomatic pregnant women

Conclusions: These findings found a low prevalence (<1%) of positive SARS-CoV-2 test results among asymptomatic patients in a pregnant population.

P0871 | REMOTE ELECTRIC FETAL HEART AND VITAL SIGNS MONITORING IN A COVID-19 REFERRAL HOSPITAL IN THE PHILIPPINES USING A LOCALLY MADE MONITORING DEVICE: RXBOX VERSION 2

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: Telemedicine provides an opportunity to deliver safe and effective care for women with COVID-19 during this pandemic. It overcomes the limitations of monitoring of these patients by providing real time data to health personnel remotely. The use of a locally made telemedicine device, RxBox version 2, among pregnant patients infected with COVID-19, is described.

Methods: A retrospective descriptive study of the use of RxBox version 2 was conducted in University of the Philippines-Philippine General Hospital, a designated COVID-19 referral hospital since March 2020. A total of 28 patients were included in the study whom maternal characteristics, vital signs, fetal heart monitoring and neonatal outcome were collected. The mean, standard deviation, frequency and percentage were computed.

Results: Majority of the cases monitored had mild COVID-19 (75 %) while the rest were moderate to critical. The devices were used for

patients with co-morbidities such as hypertension (17.9 %) and diabetes (10.7 %). The devices were able to document elevated blood pressure in 19. %. About 21.3 % of all traces were categorized as non-reassuring. The RxBox version 2 readings provided the basis for management decisions in many of the cases as they noted changes in the cardiotocogram readings.

Conclusions: During COVID-19 pandemic, the locally made monitoring device, RxBox version 2, enabled continuous and remote monitoring of patients infected with COVID-19 providing information that will influence clinical management. Further prospective studies are recommended to enable the device to fulfill its potential in providing better quality health care during and beyond the pandemic period.

P0872 | COVID-19 AND PREGNANCY: WHAT DID WE LEARN IN A ONE YEAR FOLLOW-UP? RESULTS FROM A BRAZILIAN UNIVERSITY HOSPITAL

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: To describe maternal and perinatal outcomes and antenatal care follow-up of pregnant and postpartum women infected with SARS-CoV-2 in a university hospital in Brazil.

Methods: Prospective Cohort Study, within the REBRACO (Brazilian Network of Covid in Pregnancy) multicenter initiative with a single center analysis. Total number of positive cases were included and maternal, perinatal and infection outcomes considered. Excel was used to perform descriptive analysis, including frequency of outcomes.

Results: 107 women were included, mean age was 30.2 years and mean BMI was 31.86, 63.5% had obesity. Eleven (10.3%) were in the first trimester, 26 (24.3%) in the second and 70 (65.4%) were in the third trimester of pregnancy. 80% of them were symptomatic (13.1% SARS, 5.6% required intubation and 1 maternal death - 0.9%) and 20% were asymptomatic (positive COVID-19 PCR in universal screening for childbirth). 29 (27.1%) had childbirth during viremia, of which 44.8% premature. The majority of these (55.2%) underwent cesarean section, the main indications being maternal health conditions (43.8%) and acute fetal distress (25.0%). Among women who did not deliver during COVID-19 infection, 49 (45.8%) were followed at a specialized antenatal care, with 3 (6.1%) fetal ultrasound abnormal findings (1 fetal growth restriction, 1 Doppler abnormality and 1 malformation).

Conclusions: Pregnancy is a known risk factor for severe COVID-19 disease, with worse results among women with underlying comorbidities, such as obesity. Infection during third trimester was also associated with adverse outcomes and preterm birth.

P0873 | OBSTETRIC AND PERINATAL OUTCOME IN COVID-19 PANDEMIC - LEARNING EXPERIENCE

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.4 WOMEN'S HEALTH IN SITUATIONS OF CONFLICT AND DISASTER

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Objectives: To evaluate the obstetric and neonatal outcome in Covid 19 pandemic.

Methods: Analytical Cross-sectional observational study was conducted in the ob/gyn department from Jan 2020 to June 2020. There were two groups pre lockdown (Group B) and post lockdown (Group A) of 180 women in each group. Results were analysed using Epi info software version 7.

Results: There was significant ($P < 0.001$) rise in LSCS rates (80%) in post lockdown period as compared to pre-lockdown (50%). Emergency LSCS (94.4%) was seen more during pandemics as compared to elective LSCS (30.8%). Elective LSCS was seen more prior to lockdown. The gestational age during admission in lockdown was more in < 37 weeks gestation group with complications or > 40 weeks. Significant rise ($P < 0.001$) in IUD (13.3%), NICU admissions (23.3%) were noted during lockdown as compared to pre-lockdown (6.6%), (10%). Hospital stay was reduced from 4 days to 3 days during the lockdown.

Conclusions: Lockdown affects obstetrics outcome adversely. There is an urgent need to sensitize antenatal women as well as health care workers to continue the routine obstetrics care, especially in the second half of pregnancy with COVID-19 appropriate behaviour. Pregnancy doesn't stop in pandemic and so the routine care should also not.

P0874 | COVID 19 IN PREGNANCY: CHARACTERISTIC AND OUTCOMES

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: COVID-19 infection is associated with a high risk of morbidity and mortality. Alteration in pregnant women's immune system puts them in a vulnerable group to get the condition. This study

evaluates maternal, and perinatal clinical features and outcomes of pregnant women confirmed with COVID-19 in Wahidin Sudirohusodo Hospital, Makassar, Indonesia, from March 2020 to March 2021

Methods: This is a retrospective study using data from the medical records. There are 74 pregnant women confirmed with COVID-19 in that period.

Results: The ages of the pregnant women ranged from 20 to 47 years old. Most patients were in their third trimester of pregnancy, multiparity, and as many as 50 cases were referred from other hospital in Makassar or the other district. There were 14 cases of hypertension. Thirty-eight cases showed ground-glass opacity appearance by CT scan. Of all the patient, 50 cases received conservative treatment, and three patients were admitted to the intensive care unit. Thirty-three patients underwent cesarean section, 23 patients by vaginal delivery, and two curretages. Mostly fetal birth weight more than 2500 gram. There are two maternal deaths, only one confirmed by PCR and eight perinatal deaths.

Conclusions: COVID-19 infection is more common in the third trimester and primarily asymptomatic. Only three patients require ICU treatment. Most gave birth in a term, three patients had an abortion. At this period, one maternal death due to COVID-19 confirmed by PCR and eight perinatal deaths.

P0875 | ASSOCIATION BETWEEN ADVERSE CHILDHOOD EXPERIENCES AND PREMENSTRUAL DISORDERS: A CROSS SECTIONAL ANALYSIS OF 11,986 WOMEN

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.3 ADDRESSING STIGMA AND VIOLENCE AGAINST WOMEN

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Objectives: To evaluate the associations of the cumulative number and types of adverse childhood experiences (ACEs) with premenstrual disorders (PMDs).

Methods: A subsample of menstruating women (N=11,986) within a female cohort in Iceland, SAGA cohort was included. The total number of and 13 types of ACEs was evaluated by the ACE-International Questionnaire. A modified version of Premenstrual Symptom Screening Tool (PSST) was used to identify probable cases of PMDs, which was further sub-grouped into PMS and PMDD. Odds ratios (ORs) of PMDs in relation to varying ACEs were estimated using multivariable logistic regression.

Results: At a mean age of 35.63 (standard deviation, 9.40) years, 3,458 (29%) met the criteria of probable PMD cases, including 2,703 (23%) PMS and 737 (6%) PMDD. The number of ACEs was linearly

associated with PMDs (adjusted OR 1.19 per ACE, 95% CI 1.17-1.22). Specifically, the OR was 3.22 (95% CI 2.81-3.69) for women with 4 or more ACEs, compared with women with no ACEs. Stronger association was observed for probable PMDD as compared to PMS (*P* for difference <0.001). All types of ACEs were positively associated with PMDs (ORs ranged from 1.23 to 1.80); the associations of sexual abuse, emotional neglect, family violence, mental illness of household members, and community, peer or collective violence were independent of other ACEs.

Conclusions: Our findings suggest that the childhood adverse experiences are associated with PMDs in adulthood in a dose-dependent manner.

P0876 | DEATHS DUE TO COVID-19 ACUTE RESPIRATORY DISTRESS SYNDROME AMONG PREGNANT AND POSTPARTUM WOMEN. ONE YEAR OF THE PANDEMIC IN BRAZIL

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: To provide an overview of deaths due to COVID19 Acute Respiratory Distress Syndrome (ARDS) among obstetric patients in Brazil, until March 2021, using surveillance system (SS) data.

Methods: By March 8, 2021, we identified fatal cases of COVID19 in pregnant and postpartum women reported to the Brazilian Ministry of Health's ARDS-SS database (ARDS cases are of mandatory notification in the country). Cases were aggregated by state of occurrence, epidemiological week of death, and gestational period at diagnosis (pregnant or postpartum). For comparison purposes, we obtained the total number of maternal deaths in previous years using the Federal Government's Mortality Information System.

Results: We identified 540 maternal deaths reported in the ARDS-SS database with a COVID19 diagnosis (211 were reported to ARDS-SS during postpartum, 284 during pregnancy, and 455 obstetric cases had missing data on gestational period). 90% of cases

had laboratory-confirmed SARS-CoV2. In 2020, the months with higher and lower number of deaths were May (m=89) and November (n=16), while in 2021, 54 and 69 deaths were reported in January and February. From 2015 to 2019, the average yearly number of maternal deaths in the country was 1,672. Maintaining the magnitude of other causes of maternal deaths in the country, the current number of COVID19 deaths would correspond to a 32.29% increase in the maternal mortality rate.

Conclusions: COVID19 maternal deaths in Brazil surpasses all other worldwide published reports. The unprecedented public health crisis coupled with inefficient government measures are surely increasing maternal mortality to alarming levels.

P0877 | ADDRESSING MATERNAL MENTAL HEALTH IN GROUP-BASED ANTENATAL CARE: EXPERIENCE FROM AFGHANISTAN

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.4 WOMEN'S HEALTH IN SITUATIONS OF CONFLICT AND DISASTER

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Objectives: Group antenatal care (G-ANC) shows promising results in improving quality and coverage of ANC. In Afghanistan, ANC4+ is low (18%), serious quality issues persist, and 20% of pregnant women experience mental health disorders linked to years of conflict. The Jhpiego-led, USAID-funded HEMAYAT project piloted G-ANC in three health centers, including screening for mental health issues.

Methods: This G-ANC model convened groups of women starting at 20 weeks gestation for a total of five monthly meetings. Together, pregnant women learned about staying healthy. Through partnership with AADA, midwives were trained in culturally adapted materials and supported to start G-ANC. A questionnaire based on WHO mhGAP v.2 for antenatal depression screening was added to Meeting 2. If screening elicited potential risk, women were referred to the health center's psychosocial counsellor.

Results: Across 12 G-ANC cohorts formed at three facilities, 122 women attended the first meeting (7-13 per group). 53 of 98 (54%) women who attended the second visit had positive screening results for antenatal depression symptoms and were referred to a psychosocial counselor.

Conclusions: In this pilot in Afghanistan, G-ANC incorporating screening for antenatal depression was feasible and uncovered a high proportion of ANC clients with depression symptoms. Maternal mental health care should be part of routine services in fragile settings. G-ANC offers women a safe space and reduces stress by fostering peer support to deal with stressors arising from sociocultural context, conflict, and harmful gender norms. Additional data on

referral outcomes and appropriate mental health interventions are needed.

P0878 | WHAT ARE THE DRIVERS AND CONSEQUENCES OF MATERNAL MENTAL HEALTH DISORDERS IN BANGLADESH?

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.3 ADDRESSING STIGMA AND VIOLENCE AGAINST WOMEN

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Objectives: To investigate the drivers and consequences of maternal mental health (MMH) disorders in Bangladesh. Bangladesh has high rates of mental health disorders but low awareness and recognition of mental health issues. To achieve SDG 3, it is of utmost importance that MMH issues are addressed.

Methods: A literature review was conducted in MEDLINE, PubMed, APA PsychINFO and Google Scholar databases, using keywords such as "maternal," "mental health," and "Bangladesh." This yielded 1325 results. After screening titles and abstracts, 19 primary sources remained.

Results: MMH disorders discussed were those in the perinatal period such as Postpartum Depression and Postnatal Depression. MMH disorders were prevalent, as was Intimate Partner Violence (IPV), which was found to be a common risk factor for poor MMH. There was variance in numbers due to non-uniform classification strategies across the studies. Drivers for IPV were often dependent on social and gender norms. MMH was often disregarded by the public and health professionals due to lack of knowledge and fear of judgement, which led to severe consequences in child health and development, and lower healthcare access for women.

Conclusions: MMH disorders are common in Bangladesh, as is IPV and stigma surrounding both. Changing gender norms through education will help to reduce the prevalence of IPV and related behaviour, in turn improving MMH outcomes. However, without providing women with equal opportunities in decision-making processes, empowering them politically improving their socio-economic status, the underlying gender inequity triggering poor MMH outcomes in Bangladesh is unlikely to be improved.

P0879 | UNIVERSAL SCREENING FOR SARS-COV-2 INFECTION IN WOMEN ADMITTED FOR CHILDBIRTH AT A BRAZILIAN UNIVERSITY HOSPITAL

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7
PANDEMIC INFECTIOUS DISEASES

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Objectives: to evaluate the prevalence of SARS-CoV-2 infection among women admitted for childbirth following the implementation of a universal screening protocol.

Methods: Cross-sectional study considering the SARS-CoV-2 Polymerase Chain Reaction (RT-PCR) results from nasopharyngeal swab of women admitted for childbirth at the University of Campinas, for the first three months of surveillance, starting in June 2020. Descriptive analysis on total number of deliveries and prevalence of positive RT-PCR, considering symptomatic and asymptomatic women. Among symptomatic cases detailed symptoms and maternal/perinatal outcomes were also retrieved.

Results: 470 pregnant women were included, total prevalence of preterm birth was 22% (102/470), and c-section rate 54.9% (258/470). Sixteen patients had positive SARS-CoV-2 RT, overall prevalence of- (3.4%). Amongst them, 7 had symptoms (43.5%) and 11 were asymptomatic (68.7%). Amongst asymptomatic women the prevalence was 1.9% (9/470) and amongst the symptomatic, 43.7% (7/16). There was one post-natal transmission case in a neonate, from an asymptomatic and non-compliant to the recommendations mother, who remained asymptomatic. Among all symptomatic cases, 2 (12.5%) had severe disease and only one admission to Intensive Care Unit, without near-misses or maternal deaths. July was the peak of the first wave of the pandemic in this site, with a positivity rate of 54.5% among suspected cases, and overall, 5% prevalence of positive COVID-19 cases.

Conclusions: Prevalence of positive cases depends upon epidemiological setting and was overall low among asymptomatic cases. Universal screening during the admission for childbirth allows the implementation of adequate precautions and the prevention of perinatal and healthcare transmission.

P0880 | SPONTANEOUS INTRACEREBRAL HEMORRHAGE IN A COVID-19 POSTPARTUM WITH PREECLAMPSIA: A CASE REPORT

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7
PANDEMIC INFECTIOUS DISEASES

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Objectives: Coronavirus disease 2019 is a disease caused by severe acute respiratory syndrome coronavirus that has been associated with severe multiorgan complications. Unexpected development of this global health crisis makes health care practitioners unaware of the pathogenesis of this disease.

Methods: Strategies in management are constantly changing thus case reports are crucial in expanding our understanding of COVID-19 in pregnancy. At this juncture, there is no reported case of a spontaneous intracerebral hemorrhage in a COVID-19 postpartum and cases of stroke in patients with postpartum preeclampsia. Presented is a case of COVID-19 patient diagnosed with postpartum preeclampsia which progressed to spontaneous intracerebral hemorrhage.

Results: Treatment of spontaneous intracerebral hemorrhage in pregnancy is multidisciplinary approach. The patient underwent left front parietotemporal decompressive hemicraniectomy and evacuation of hematoma and treated with low molecular weight heparin, antihypertensives and anticonvulsants.

Conclusions: Stroke rarely happens during pregnancy but once it occurs it is associated with preeclampsia. Acute Cerebrovascular disease is a significant manifestation of COVID-19 with incidence rate of 1-6% which equates a large proportion of the COVID-19 population as it affects millions worldwide which can be caused by direct endothelial and systemic inflammation and hypercoagulopathy. Preeclampsia is a modifiable risk factor of stroke in pregnancy thus the importance of diagnosis and prevention. There should be a higher index of suspicion of stroke for COVID-19 patients presenting with neurological symptoms even previously low risk. We must be critical in our postpartum care of COVID-19 patients including coagulation studies, and administration of thromboprophylaxis.

P0881 | PERIPARTUM SARS-COV-2 INFECTION - MODE OF DELIVERY AND MATERNAL OUTCOMES IN A DEDICATED COVID-19 FACILITY IN NORTHERN INDIA
THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: To study mode of delivery and maternal outcomes in women with SARS CoV2 infection at the time of delivery.

Methods: This prospective cohort study was conducted at Loknayak Hospital and Maulana Azad Medical College, Delhi, a dedicated COVID-19 facility providing maternity services. All women with SARS CoV 2 infection admitted for delivery from April to Dec 20 were recruited and followed up till discharge from hospital. The primary outcome measure was cesarean section [CS] rate and secondary outcomes were maternal mortality, ICU admissions.

Results: Five hundred and twenty-six women delivered during study period out of which 212 [40.3%] had CS. Three women [1.4%] underwent CS for severe covid to improve maternal ventilation and 98.6% [n=209] had CS for obstetric indications commonest being non-reassuring fetal status [22.6%]. The most common obstetric complication was postpartum hemorrhage in 17.1%. Fifteen women [2.9%] required ICU admission, 6 for COVID-19 and 9 for other reasons. There were 5 maternal deaths all due to COVID-19 pneumonia with type 1 respiratory failure. The common obstetric comorbidities in study population included previous cesarean section [17.1%], Hypertensive disorders in pregnancy [12.9%], anemia [14.2%] and gestational diabetes mellitus [6.5%]. SARS-CoV-2 infection caused severe disease in 1.1% women, mild-moderate disease in 21.8% and was asymptomatic in 76.9%. SARS CoV 2 infection was diagnosed in 5.2% newborns within 5 days of birth. The singleton preterm birth rate was 19.6%

Conclusions: CS rate in SARS-CoV-2 positive women was higher than average institutional rate. Majority of women had asymptomatic infection.

P0882 | USING INNOVATIVE METHODS TO PROMOTE FAMILY PLANNING BY INCREASING MALE ENGAGEMENT
THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.5 RESEARCH METHODOLOGY, CONDUCT AND DISSEMINATION

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Objectives: The primary objective of the study is to test an innovative solution co-developed with community members for

increasing male engagement and participation in family planning (FP) decisions.

Methods: The project enrolled newly married zero or single parity couples into a Financial Planning course. Co-designed with active participation of the study subjects and delivered by trained community facilitators over 16-18 weeks, the course motivates couples to discuss the number of children they want to have and select appropriate contraceptive methods to meet their family goals. Additionally, the course equips couples with skills to better manage their incomes and savings in pursuit of their life goals and aspirations. The study uses a pre-post design to compare the changes in knowledge, attitudes, self-efficacy and intent among a randomly selected sample of the project's target group from intervention and comparison areas in a rural district in India's Bihar state.

Results: Data from the assessment of interventions will be available in October 2021, but early results from the prototyping phase indicate enthusiasm and eagerness among couples to enroll in the Financial Planning course. Approximately 15 couples who provided feedback on the functional prototypes showed greater willingness and propensity to discuss family planning issues delivered through the Financial Planning course.

Conclusions: Early results indicate the effectiveness of using human-centred design for co-creating innovative solutions (in this case, a Financial Planning course) to increase the engagement of men in family planning conversations with their spouses.

P0883 | ASSOCIATION BETWEEN LONELINESS AND SLEEP DISORDERS IN ADULT WOMEN DURING QUARANTINE DUE TO THE COVID-19 PANDEMIC
THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: To identify the association between loneliness and SD, in women quarantined due to the COVID-19 pandemic.

Methods: Cross-sectional study in women aged 40-79 and living in Colombia who were invited via social networks to fill out an online form. The following scales were applied: Menopause Rating Scale, de Jong Gierveld Loneliness Scale, Fear of COVID-19 Five-item Version, Coronavirus Anxiety Scale, and the Francis Religion Scale. Bivariate analysis and adjusted logistic regression between loneliness and SD were performed.

Results: 1133 women participated, half of whom were under 50 years of age. 43.1% were found to suffer from emotional loneliness, 39.9% from social loneliness and 43.3% from general loneliness. 64.3% suffered from SD; 32.2% had mild symptoms, 21.5%

moderate symptoms, 7.1% severe symptoms, 3.5% very severe symptoms, and 11.6% intense symptoms. Those with mild SD presented an OR of 1.84, 1.85 and 1.64, for emotional, social and general loneliness, respectively. Loneliness was associated twice with moderate SD, and more than twice with severe SD. Very severe SD reached OR: 5.81 for emotional loneliness, OR:4.38 social loneliness and OR:4.02 general loneliness, $P < 0.05$. In the presence of religiosity, fear and anxiety due to COVID-19, statistical significance was retained for associations, except intense SD with general loneliness. **Conclusions:** SD were associated with loneliness. The more severe the former, the greater the association. Quarantine is being used as a measure to control COVID-19, resulting in an increased perception of loneliness. In turn, sleep disorders (SD) may be more frequently reported in circumstances that create uncertainty.

P0884 | USING ARIMA MODEL TO FORECAST SEXUAL GENDER BASED VIOLENCE CASES REPORTED TO A TERTIARY HOSPITAL IN SUB-SAHARA AFRICA DURING THE PRE COVID-19 PANDEMIC ERA

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.3 ADDRESSING STIGMA AND VIOLENCE AGAINST WOMEN

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Objectives: We set out to apply autoregressive integrated moving average (ARIMA) models to make predictions on the number of SGBV cases reported at the Women and Newborn Hospital (WNH-UTH), Lusaka.

Methods: We retrospectively collected monthly SGBV cases reported to the WNH-UTH from January 2017 to December 2019. The main outcome was the monthly number of SGBV cases, for analysis, we developed the Box-Jenkins methodology through identification, estimation and diagnostic checks before using the model for forecasting. The sample was split into two; First, one was used for model

development (January 2017 to March 2019) and the other for model validation (April 2019 to December 2019). Structural ARIMA models were used in an attempt to model the number of SGBV cases. We considered the simplest parsimonious lowest order model based on the lowest volatility, highest log-likelihood value, most significant coefficients and lowest Akaike Information Criteria and Bayesian Information Criteria values.

Results: ARIMA (1,1,1) model was able to forecast the number of SGBV cases. The forecasted mean monthly SGBV cases was 31.7 (95% CI: 29.9 - 33.3). The prediction error assessed by mean absolute percentage error (MAPE 10.3 %), and root mean standard error 6.6. Further, a comparison of the observed and predicted values showed no difference ($P = 0.753$).

Conclusions: ARIMA model can be useful in planning the management of survivors of SGBV at the institution. The model could also be used in the planning of prevention and control strategies of SGBV in Zambia, especially that it gives baseline data pre COVID-19 pandemic

P0885 | EFFECTS OF COVID-19 ON MATERNAL HEALTH CARE-SEEKING, SERVICE UTILIZATION, AND QUALITY OF CARE IN MOZAMBIQUE

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: To describe the effects of the COVID-19 pandemic on maternal care-seeking, service utilization, and quality of care in Nampula Province, Mozambique.

Methods: In this longitudinal mixed-methods study, we compared monthly maternal health outcomes and service utilization trends before and after State of Emergency enactment using interrupted time series analysis across all public health facilities in Nampula (221 facilities, January 2017-present). We modeled each indicator using segmented ordinary least-squares regression, adjusting for seasonality. We conducted 24 in-depth interviews (IDIs) with pregnant women in March 2021, exploring care-seeking and antenatal care (ANC) experiences. Thematic content analysis is applied.

Results: Models through February 2021 show that despite increasing trends in ANC-1 and facility deliveries prior to COVID-19, there were significant declines at pandemic onset, with decreases of 4,457 ANC-1 visits (95% CI -8,782 - -132) and 846 facility deliveries (95% CI -1,550 - -142). Service utilization then rebounded to an average monthly increase of 773 ANC-1 visits (95% CI 420-1,126) and 78 facility deliveries (95% CI 12-168) above pre-COVID-19 trends. We constructed similar models for related complications (e.g., obstructed labor, sepsis, stillbirth, asphyxia). Most IDI participants

expressed concerns about COVID-19 however several explained it did not prevent ANC attendance. COVID-19 was not an important consideration in selection of delivery location.

Conclusions: Maternal health service utilization declined when containment measures were implemented, however, services recovered quickly, demonstrating continued access and availability of these services, and potential effects of communication campaigns. Qualitative findings highlight that care-seeking is not impeded by fears of COVID-19 transmission.

P0886 | PREVALENCE OF STRESS, ANXIETY AND DEPRESSION IN BRAZILIAN WOMEN DURING SOCIAL DISTANCE

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.4 WOMEN'S HEALTH IN SITUATIONS OF CONFLICT AND DISASTER

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Objectives: To determine the prevalence of signs and symptoms of stress, anxiety and depression, according to severity in Brazilian women during the COVID-19 pandemic.

Methods: A cross-sectional study was carried out between April/May 2020 including Brazilian women over 18 years of age. Data collection was carried out through an online questionnaire structured on the Google Forms platform, using the snowball sampling method, composed of sociodemographic variables, aspects on the impact of COVID-19, in addition to the application of the Stress, Anxiety and Depression Scale (DASS- 21). The project was approved by the research ethics committee, and all signed the consent form.

Results: Of the 2,667 women, the average age was 33.1 + 12.9 years. The prevalence of signs and symptoms of stress, anxiety and depression was 53.3% (n=1,422), 50.1% (n=1,336) and 58.2% (n=1,553), respectively. However, ranking by severity, mild, moderate, severe and extreme stress were 13.8% (n=368), 14.6% (n=389), 15.1% (n=403) and 9, 8% (n=262), respectively. Mild anxiety was observed in 8.3% (n=221), moderate in 19.0% (n=506), severe in 7.5% (n=200) and extreme in 15.3% (n=409). As for mild, moderate, severe and extreme depression, rates of 13.1% (n=350), 20.7% (n=553), 9.0% (n=240) and 15.4% (n=410), respectively.

Conclusions: There was a high prevalence of signs and symptoms of stress, anxiety and depression in Brazilian women at the beginning of the COVID-19 pandemic.

P0887 | COMPARATION OF SENSITIVITY AND SPECIFICITY OF COVID- 19 RAPID COMPARED TO RT-PCR IN PREGNANT WOMEN AT ARIFIN ACHMAD GENERAL HOSPITAL PEKANBARU, INDONESIA

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: Coronavirus disease 2019 (COVID-19) is significant global treat including to pregnant woman in Indonesia. A point-of-care diagnostic tool that is able to early diagnose and have good sensitivity and specificity is critical during the pandemic. The aim of this study was.

Methods: Using diagnostic test with 120 samples taken sequentially according to Arifin Achmad General Hospital laboratory's data since April 2020 to December 2020. Sample is nasal swab specimens accompanied questionnaire data from the result of rapid test patient with covid 19 symptoms in Arifin Achmad General Hospital. PCR test was examined on the swab sample Furthermore, diagnostic test is performed on the result of rapid test and PCR of Covid 19 to find theirs level of sensitivity and specificity.

Results: The sensitivity of rapid test was 64.0%, specificity level 33.3%, positive predictive value 61.5% and negative predictive value 35.7%. In conclusion, rapid test had relatively high sensitivity but had low specificity in detecting SARS-CoV-2.

Conclusions: The degree of sensitivity of rapid tests against RT-PCR on covid-19 examination in the laboratory of Arifin Achmad Hospital was 64%, the specificity was 33.3%, the positive preception was 61.5%, and the negative value was 35.7%. The unsatisfactory sensitivity value of the rapid test is possible due to several factors, namely based on technique and time when sampling, errors in performing swabs, faults of instruments used and improper swab retrieval time.

P0888 | COVID-19 CLINICAL OUTCOMES AND MANAGEMENT INTERVENTIONS IN 233 PREGNANT AND POSTPARTUM WOMEN

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: This study's main aim was to describe the clinical outcomes and management interventions in pregnant and postpartum women with COVID-19.

Methods: A cross-sectional study was conducted including pregnant and postpartum women from March to October/2020 who were admitted in eight centers from the Northeast of Brazil with COVID-19. Only cases confirmed by a positive RT-PCR SARS-CoV-2 were included in the analysis carried out using Epi-info™ software. The study was approved by Research Ethics Committee and participants signed Informed Consent Form.

Results: 233 women were included: 194 (83.2%) pregnant, 38 (16.3%) postpartum and 1 postabortion. Mean age was 27.5 years and mean years of studies were 11. Preexisting clinical conditions frequency were: Hypertensive disorders (83/35.6%), hyperglycemic disorders (27/11.6%), asthma (14/6%), heart diseases (8/3.4%), chronic obstructive pulmonary disease (COPD) (2/0.8%). The main clinical outcomes were: Severe Acute Respiratory Syndrome (SARS) (53/22.7%), acute respiratory distress syndrome (ARDS) (17/7.3%), preterm labor (17/7.3%), postpartum hemorrhage (10/4.3%), acute kidney injury (10/4.3%), myocardial dysfunction (5/2.1%), hepatic dysfunction (4/1.7%), neurologic complication (4/1.7%), septic shock (3/1.3%), ketoacidosis (1/0.3%), maternal near-misses (14/6%), maternal deaths (6/2.6%). Adopted management interventions were: Prophylactic anticoagulation (131/56.4%), antibiotics (83/35.6%), noninvasive ventilatory support (61/26.1%), invasive ventilatory support (13/5.6%), antiviral drug (45/19.3%), corticosteroids (35/15%), chloroquine/hydroxychloroquine (12/5.1%), ivermectin (8/3.4%), therapeutic anticoagulation (7/3%), neuromuscular blockers (7/3%).

Conclusions: Our findings reiterate the prevailing concern with regards to outcomes in pregnant and postpartum women with COVID-19.

P0889 | SEXUAL VIOLENCE AGAINST WOMEN IN AMAZONAS/BRAZIL. A SAD REALITY

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.3 ADDRESSING STIGMA AND VIOLENCE AGAINST WOMEN

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Objectives: Evaluate the profile of women victims of sexual violence in Amazonas and the related characteristics of the fact.

Methods: It is a retrospective, descriptive, cohort and quantitative study, carried out based on data collected from the medical records of patients treated at a service for victims of sexual violence (SAVVS), a reference in the city of Manaus/AM/Brazil, in the period from Jan 2019 to Dec 2020. The variables studied were the victim's age, origin, identity of the aggressor, location of the aggression, care received and outcome.

Results: 223 cases were analyzed. 35.4% of the victims were between 21 and 30 years old, 29.6% between 15 and 20 years old and 17.9% under 14 years old. As for the origin, 94.1% were from the capital. 51.6% of the aggressors were unknown, 21.5% were close relatives and 26.9% were friends or neighbors of the victims. As for the location of the aggression, 51.1% occurred at the victim's home, 14.8% on the public road, 10.3% at the aggressor's home. 64.1%, sought care after 72 hours of the aggression, and 84 cases of pregnancy resulting from violence, with 57 requesting legal abortion.

Conclusions: Sexual violence is a major public health problem and a violation of women's rights. Care must be timely and meet the needs of the victims from a psychological, physical and emotional point of view, promoting prophylaxis against sexually transmitted infections (STIs) and unwanted pregnancies, to avoid greater risks and future complications for these victimized women.

P0890 | AB 10.3 ADDRESSING STIGMA AND VIOLENCE AGAINST WOMEN

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.3 ADDRESSING STIGMA AND VIOLENCE AGAINST WOMEN

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Objectives: Violence against women is a serious problem in India. Overall, 30% of women aged 15-49 have experienced physical violence and about 6% have experienced sexual violence. In total, 36% have experienced physical or sexual violence. The objective is to fight discrimination and injustice against women through various legislation enacted in India, Protection of Women Against Domestic Violence Act, 2005 in India.

Methods: The Government has enacted protection of woman against Domestic violence act 2005. • The Emergency Response Support System (ERSS), the 112 helpline to be dialled by women. • 300 Protection officers are appointed all over India. • Investigation Tracking System for Sexual Offences started • The National Commission for Women to implement schemes • Medical professionals to examine and document.

Results: National Crime Records Bureau reported, India 87 rape cases per day, in 2019 and overall, 4,05,861 rise of over 7% from 2018. In COVID lockdown. The National Commission for Women 13,410 reported. Its challenge for Govt to implement DV act as in Corona, increase in domestic violence - 30%, sexual offences - 45%.

Conclusions:

To deal with the VAW and sexual violence • To implement the DVA act vigorously, online methods of complaint and social media "as it easier for woman to contact and provide relief" • To improve status of woman in the society • Changing perceptions of Gender. •

Implementation of DVA in full spirit. Govt, NGOs come together to implement the DVA law in India

P0891 | PLACENTAL FINDINGS AMONG SARS-COV-2 INFECTED MOTHERS IN A BRAZILIAN UNIVERSITY HOSPITAL

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: To describe the placental morphological features and maternal and perinatal outcomes of women who tested positive for SARS-CoV-2 in a Brazilian referral maternity.

Methods: Prospective cohort of pregnant women positive for SARS CoV-2 (IRB #4.047.168). Placentas were submitted to gross and microscopic evaluation, standardized under 2016 Amsterdam Placental Sampling and Lesions Consensus. Malformed and twin pregnancies were excluded. A descriptive analysis, with frequency of findings, was performed.

Results: Thirty women were included. Considering underlying conditions, 20% were obese, 13% had diabetes and 10% hypertension. There was 27% of preterm birth, 47% of cesarean-section and 10% of severe disease. No stillbirth or neonatal death. Most placentas presented adequate weight and only 13% below the 10th centile. Umbilical cord insertion was paracentral or eccentric in 93%; with one third hypercoiled. On histology, villous maturation was adequate in 70% of cases, delayed in 23% and accelerated in 7%. Decidual arteriopathy was present in 43% of cases, with maternal vascular malperfusion lesions, as perivillous/intervillous fibrin deposition (33%/60%, respectively); basal plate multinucleated trophoblast (27%), increased syncytial knots (27%), and infarcts (27%). Fetal vascular malperfusion lesions presented as high-grade in 27% of cases and low grade in 20%. High-grade chronic villitis was present on a single placenta; low-grade villitis frequency was 27%.

Conclusions: Placental pathology in SARS-CoV-2 included hypoxic lesions on maternal and fetal circulations. Inflammatory lesions were mainly low-grade and present in less than one third of cases. Increased numbers and comparison matched by gestational age are needed to improve understanding on consequences of SARS-CoV-2 infection.

P0892 | ADAPTING RCOG CLINICAL GUIDANCE TO LOCAL SETTINGS

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.6 EVIDENCE BASED MEDICINE AND GUIDELINES

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Objectives: To adapt RCOG guidance in seven countries (Kenya, Pakistan, Bangladesh, Zambia, Zimbabwe, Nigeria and Sudan) to aid good clinical practice. Clinicians often wish to adapt existing guidance from authoritative sources, rather than developing their own de novo. The adaptation of existing guidance has advantages: - It removes the need for time-and skill-dependent steps of literature search and critical appraisal.- Clinicians, policy makers and service users can bring local perspectives to the final wording of recommendations, ensuring that these accord with local culture, available services and interventions.

Methods: The RCOG worked remotely with healthcare professionals to adapt guidance on Postpartum Family Planning and/or Comprehensive Abortion/Post Abortion Care to make them specific to local country contexts. They demonstrated a need to update existing, or establish new, guidance within their contexts, as well as a readiness by stakeholders to adopt and implement change.

Results: Developing generic clinical guidance and providing remote technical support to the adaptation process, while working through carefully selected Champions to adapt the papers to local contexts, has been shown to be an effective approach. Adapted guidance was endorsed as national clinical guidance by the respective governments in all seven countries.

Conclusions: In some contexts, clinical guidance on specific areas doesn't exist or conversely, multiple guidelines exist and one document is desirable. Providing remote support to local Champions, who work through official channels to advocate for local ownership of the process, has proved a successful approach. Adapting pre-existing guidance also expedited the process of guidance development.

P0893 | FETOMATERNAL OUTCOME IN PREGNANT FEMALES WITH COVID-19 VISITING FGPC ISLAMABAD

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: The pandemic caused by Coronavirus disease-2019 (COVID-19) is notably becoming like severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome viruses (MERS)

for causing poor fetomaternal outcome. There is not much data available about COVID-19 during pregnancy in Pakistan therefore the objective of this study is to determine maternal and fetal outcome in pregnant women affected with COVID-19.

Methods: This descriptive case series was conducted from May 2020 to December 2020 at Department of Obstetrics and Gynecology unit 2, Federal Government Polyclinic Islamabad. A total of 9 women were included in the study that were found positive for viral RNA by Real-Time Reverse Transcription Polymerase Chain Reaction (rRT-PCR) of nasopharyngeal specimens. Demographics, duration of gestation, fetomaternal outcome and vertical transmission were noted in the respected proformas.

Results: The mean age of these gravid females was 28.3 years. The mean parity was 1.22 and mean gestational age was 38.2 weeks. Among 9 patients, 2(22%) were primigravida, 4(44%) females were para 2 and remaining 3(33%) cases were gravida 3 and 4. The most common presenting complaints were fever followed by dry cough and myalgia. 2 patients were delivered by lower segment cesarean section in which fetal distress was observed in 1 newborn and 1 newborn was at term. No neonates were admitted in pediatric intensive care unit.

Conclusions: COVID-19 in pregnant females is not different than in general population. The fetomaternal outcome is usually good and there is no evidence of vertical transmission in any newborn.

P0894 | OBESITY AND COVID-19 INFECTION DURING PREGNANCY AND POSTPARTUM: RESULTS FROM REBRACO PROSPECTIVE COHORT STUDY

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: To compare clinical outcomes in women with and without obesity during pregnancy and postpartum associated with COVID-19 infection.

Methods: Prospective Cohort Study, within the REBRACO (Brazilian Network of Covid in Pregnancy) multicenter initiative. Total number of positive cases were included, and we categorized women in two groups: with and without obesity; comparing outcomes. Statistical analysis was performed using SPSS software and Pearson Chi-Square Tests used for comparisons, with $P < 0.05$ considered significant.

Results: 328 women were positive for SARS-CoV-2 infection in the REBRACO database, of which 237 with available data on maternal weight and therefore included in the current analysis. Overall, 85

(35.9%) women were obese ($BMI > 30 \text{ kg/m}^2$) and compared to 152 women of normal BMI. An increased number of adverse clinical outcomes occurred in the obesity group, with more cases of SARS ($P = 0.009$) and sepsis ($P = 0.013$). There were no differences between groups in ICU-admission, preterm birth and maternal death and near-miss.

Conclusions: Obesity is a known risk factor for severe COVID-19 disease, with worse results during pregnancy and postpartum.

P0895 | A QUALITATIVE STUDY ON HEALTH CARE PROVIDERS' EXPERIENCES OF PROVIDING COMPREHENSIVE ABORTION CARE IN COX'S BAZAR, BANGLADESH

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.4 WOMEN'S HEALTH IN SITUATIONS OF CONFLICT AND DISASTER

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Objectives: Research into comprehensive abortion care in humanitarian settings is limited. This study explores health care providers' experiences and perceptions of providing CAC as well as the barriers and facilitators in service provision in the humanitarian setting in Cox's Bazar, Bangladesh.

Methods: This was an exploratory qualitative study involving in-depth interviews with health care providers ($n = 19$) and key informants ($n = 5$). The study was conducted in the refugee settlement in Cox's Bazar.

Results: The menstrual regulation policy in Bangladesh provided a favourable legal environment and facilitated the provision of CAC, while the Mexico City policy created organisational barriers since it made organisations unable or unwilling to provide the full CAC package. Supplies were available, but a lack of space created a barrier to service provision. Health care providers were willing to provide CAC and training from organisations had made them confident and competent, but their knowledge of the abortion laws and policies was limited. Even though the providers acquired skills and applied strategies to communicate with and provide care to Rohingya women their personal beliefs and their perceptions of Rohingya women influenced their provision of care.

Conclusions: The availability and accessibility of CAC was limited by unfavourable abortion policies, a lack of privacy, a lack of knowledge of abortion laws and policies, providers' personal beliefs and a lack of cultural safety. A comprehensive approach to SRHR is needed and organisations must ensure that providers have knowledge of abortion policies and the ability to provide quality care that is woman-centred and non-judgmental.

P0896 | ANXIETY AND DEPRESSION LEVELS OF OBSTETRICS AND GYNECOLOGY PHYSICIANS IN A TERTIARY GOVERNMENT HOSPITAL IN CEBU CITY, PHILIPPINES DURING THE COVID-19 PANDEMIC USING THE HOSPITAL ANXIETY AND DEPRESSION SCALE (HADS) QUESTIONNAIRE

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: To determine the level of anxiety and depression of Obstetrics and Gynecology physicians in a tertiary government hospital in Cebu City, Philippines during the COVID-19 Pandemic using the Hospital Anxiety and Depression Scale (HADS) Questionnaire.

Methods: This study was a cross-sectional, descriptive design. Collection of data was made through an online survey. Respondents were Obstetrics and Gynecology Physicians employed in a tertiary government hospital in Cebu City, Philippines during the COVID-19 Pandemic in the year 2020.

Results: A total of fifty-nine (59) physicians in the Department of Obstetrics and Gynecology in a tertiary government hospital in Cebu City were included in this survey. Twenty-four percent (24%) of which were found to have abnormal levels of anxiety while ten percent (10%) showed abnormal levels of depression using the Hospital Anxiety and Depression Scale (HADS) Questionnaire.

Conclusions: Majority of the respondents of this institution showed no incidence of depression (68%) while most have increased incidence of anxiety as shown in the Hospital Anxiety and Depression Scale (HADS) Questionnaire.

P0897 | ARE BAME PREGNANT WOMEN AT AN INCREASED RISK OF CONTRACTING COVID-19? A SYSTEMATIC REVIEW AND META-ANALYSIS

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: To systematically review and amalgamate available data on the incidence of COVID-19 in pregnancy in order to identify variation between ethnic groups.

Methods: The EMBASE and MEDLINE databases were searched up until November 3rd, 2020. Participants included pregnant women for whom ethnicity data were available. The populations were modelled through a binomial distribution to calculate the pooled relative risk (RR) of contracting COVID-19.

Results: 12 studies from the US, one from the UK and one from Spain met the criteria for inclusion. Seven progressed to meta-analysis. Only ethnicities for which sufficient data were available could be analysed. When compared to White women, Black and Hispanic/Latina women were found to have a higher risk (Black RR: 1.80, 95% CI 1.42-2.31; Hispanic/Latina RR: 2.53, 95% CI 2.03-3.23) and Asian women a lower risk (Asian RR: 0.70, 95% CI 0.60-0.95) of contracting COVID-19 in pregnancy.

Conclusions: This review finds Hispanic/Latina women to be at the highest risk of contracting SARS-CoV-2 in pregnancy, followed by Black, White and then Asian women. These results must be interpreted with caution as the majority of studies were from the US; the pooled results for Asian ethnicity do not seem to be applicable to the UK. The differing impact of COVID-19 among ethnic groups is thought to be driven by a complex interaction of various social determinants of health that have resulted from long-standing systemic inequalities. COVID-19 data will likely fuel research on health inequalities for years to come.

P0898 | EXPERIENCES OF PREGNANCY WITH AND WITHOUT SARS-COV-2 DURING THE COVID-19 PANDEMIC AMONGST RACIAL ETHNIC MINORITY WOMEN IN THE UNITED STATES

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: To explore the impact of the COVID-19 pandemic on the exacerbation of healthcare inequities for pregnant United States (US) racial/ethnic minority women.

Methods: Participants who delivered at a high-volume hospital in Chicago, Illinois during the COVID-19 pandemic were enrolled. Of the 35 women included, 17 (49%) tested positive for SARS-CoV-2 at some point in their pregnancy. Twenty-seven (77%) identified as Black or Hispanic, 17 (49%) held public health insurance, and 6 (17%) participants spoke Spanish as their primary language. Semi-structured interviews were completed in English and Spanish, audio recorded, transcribed, translated into English, and thematically coded using ATLAS.ti.

Results: Many participants indicated that, given their difficult experience, they would have preferred postponing pregnancy plans until after the pandemic. The large majority of participants described receiving less social and emotional support throughout prenatal, delivery, and postpartum periods, especially first-time mothers and individuals infected with SARS-CoV-2. Many White, English-speaking, privately insured, and SARS-CoV-2 negative individuals enjoyed certain benefits during and after their pregnancy, including

working from home and spending more time with their newborns. Many Black, Hispanic, publicly insured, and Spanish-speaking individuals lived in high-density households, and worked or had partners working in-person jobs, requiring them to weigh the risk of exposure with the financial security their job provides.

Conclusions: Experiences of pregnant women during the COVID-19 pandemic suggest a disproportionate impact on racial/ethnic minorities and socioeconomically disadvantaged groups. Our study highlights the exacerbation of socioeconomic determinants of health and health care inequities present in the US.

P0899 | SURVEILLANCE OF SARS-COV-2 IN PREGNANCY: MATERNAL AND NEWBORN OUTCOMES FROM FIVE CANADIAN PROVINCES

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: To assess the impact of SARS-CoV-2 infection in pregnancy on maternal and newborn outcomes in Canada.

Methods: SARS-CoV-2 PCR-positive pregnant women were identified by provincial public health agencies (March-December 2020). Clinical information was abstracted from medical records and/or entered at point of care. Data were described using descriptive statistics. Relative risks (RR) of hospitalization and ICU admission compared pregnant versus contemporaneous non-pregnant women of reproductive age.

Results: There were 2,824 cases of SARS-CoV-2 positive pregnancies reported in Canada as of December 31, 2020. Of these, data were available on 1,880 cases (67%) from 5 provinces. Cases were observed in all trimesters, most frequently at 14-27 weeks gestation (39%) and 10% were diagnosed at ≥ 38 weeks. Most common mode of acquisition was via community transmission (51%). Obesity

(BMI ≥ 30 kg/m²) was the most common underlying condition (12%) followed by diabetes mellitus (7%). Among 1,839 women with complete data, 8.1% were hospitalized, compared to 1.6% in non-pregnant cases (RR=5.3 [4.5-6.2]) and 1.6% were admitted to ICU for COVID-related indications compared to 0.3% in non-pregnant cases (RR=5.9 [3.8-8.2]). No deaths in this time period. Among 757 births, 96% were live births of which 12% were preterm (40% iatrogenic, 45% spontaneous). 10.5% of infants had low birth weight (<2500g) and 17% were admitted to NICU. Of 165 newborns tested for SARS-CoV-2, <6 were positive.

Conclusions: These Canadian data are consistent with other international data suggesting a higher risk of hospitalization, ICU admission, and preterm birth among this population and that perinatal infection is uncommon.

P0900 | EXPERIENCES IN FISTULA CARE IN A REFUGEE COMMUNITY IN UGANDA

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.4 WOMEN'S HEALTH IN SITUATIONS OF CONFLICT AND DISASTER

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Objectives: The prevalence of obstetric fistula in Uganda is estimated at 2% of women in reproductive years and could be higher among women in refugee camps as they face more challenges while giving birth and accessing fistula repair services in a foreign country.

Methods: Mobilization of refugee mothers to attend fistula repair surgical camps is difficult due to language barriers. In Kyangwali refugee settlement in western Uganda we use active search to find women with birth trauma. The trained community health extension workers visit households and communities to discuss the signs of obstetric fistula in their local language and encourage clients to be repaired. They link them to the refugee health center where they are screened by a fistula repair team and treated.

Results: This strategy has helped in mobilizing many women living with obstetric fistula to access to surgery. Many of these women have endured difficult lives during the development of their fistula, such as rape, difficult and prolonged labor and the loss of their babies. Over the past two and half years 151 women have been successfully operated in Kyangwali refugee settlement. All these women had suffered from injuries during childbirth with the majority being obstetric fistula and 4th degree tears.

Conclusions: With the recorded burden of fistula cases in Kyangwali refugee settlement, there could be many more mothers with birth injuries in other refugee settlements. Using active search to find and mobilize patients for repair is a possible solution that could work well in refugee communities.

P0901 | WOMEN'S HEALTH INEQUITIES DURING COVID-19: A RAPID SCOPING REVIEW

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.4
WOMEN'S HEALTH IN SITUATIONS OF CONFLICT AND
DISASTER

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Objectives: To determine the extent of impacts to women's health during the pandemic.

Methods: A rapid systematic scoping review was performed using Arksey and O'Malley methodology. Electronic bibliographic databases (EMBASE, CINAHL, Epistemonikos, MedRxiv, BioRxiv, and PsyArXiv) and the grey literature (pre-prints; websites for WHO, UN, CDC, NICE, SIGN, SOGC, ACOG, RCOG, RANZCOG) were searched for articles reporting Covid-19's impact on women's health. Findings were organized thematically with narrative synthesis.

Results: Of 1,490 abstracts identified using electronic databases, 87 studies were included, along with 88 from grey literature search for final analysis. Most studies were based on a single country (n=82), while others were international from Asia, Europe, North America, and South America (n=5). The majority were original studies in scientific journals (n=83), and others were policy papers (n=4). Six major themes were identified to include the reported health impacts on women: [1]increased proportion of Covid-19 infections, frequency of symptoms, and hospitalization duration (n=8); [2]worsening mental health and substance misuse (n=37); [3]restricted women's health services (family planning, breast/gynecologic cancer, sexual health, and transgender health) (n=7); [4]increased healthcare worker harassment, stigmatization, and burnout among women (n=21); [5]pregnancy specific vulnerabilities (n=10); and [6]increased gender-based violence (n=2).

Conclusions: Our review provides a global assessment of Covid-19's impact on women's physical and mental health, and access issues to health services. Our results will inform future quantitative and qualitative research, as well as health system policies and decision-making for women's health during the pandemic.

P0902 | APPLICATION OF THE IDARE METHODOLOGY TO STRENGTHEN HEALTH SYSTEMS' SUPPORT FOR SURVIVORS OF GENDER-BASED VIOLENCE

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.3
ADDRESSING STIGMA AND VIOLENCE AGAINST
WOMEN

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Objectives: Assess the *iDARE* methodology's impact on identification and care of gender-based violence (GBV) survivors.

Methods: WI-HER's *iDARE* methodology, based on the science of improvement and grounded in social behavior change theory, allows institutions to identify gaps, Design local solutions, Assess and Adapt as necessary, Record successes and failures, and Expand successful solutions that address stigma, bias, and discrimination. Eight health facilities across three counties in Kenya were selected due to low levels of GBV case identification, service provision, and quality of GBV care. Providers completed a six-week, phased online training followed by in-person coaching to use WI-HER's *iDARE* methodology to improve and expand identification and care of *all four* forms of GBV.

Results: At baseline (January - May 2020), facilities on average identified 88 survivors (80 female, 8 male) of *only* sexual GBV per month. After intensive training and coaching beginning in May 2020, all facilities improved support for GBV survivors and on average identified and supported 515 survivors (374 female, 141 male) of *all* GBV forms per month, reaching 813 survivors (583 female, 232 male) identified and provided with quality care in February 2021. Results represent a 482% average improvement in survivors identified and supported.

Conclusions: Through the *iDARE* methodology, facilities developed, tested, and scaled facility-led solutions to enhance care for GBV survivors. Efforts are now being expanded to Nigeria to apply *iDARE* to strengthen State governments' adoption and implementation of GBV referral pathways to streamline connections between the health system and legal, psychosocial, protection, and economic services.

P0903 | PSYCHOSOCIAL STRESS DURING PREGNANCY-RISK FACTORS AND FETOMATERNAL OUTCOME

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.4
WOMEN'S HEALTH IN SITUATIONS OF CONFLICT AND
DISASTER

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Objectives: To determine the risk factors responsible for high psychosocial stress in pregnancy and association of high level of stress with fetomaternal outcome.

Methods: A cross-sectional observational study of 350 pregnant women delivering in Safdarjung Hospital was conducted. Women with exposure to any major stressful life event, any medical, surgical and psychiatric illness and physical handicap were not included. Women were recruited immediately after delivery and interviewed within 24 hours after taking informed consent. PSS-10 questionnaire was filled, and a score was calculated. Women were divided in two groups based on PSS score, high PSS score denoting high stress. Group A -High PSS score(14-27) and Group B- Low (0-13) or moderate (14-26) PSS score. Association of PSS score with various factors- Age, education, occupation, socioeconomic status, addiction parity, number of living male child from previous pregnancies, unplanned pregnancy, negative relationship with husband, friends and family was determined. Association of high PSS with fetomaternal outcome was studied using univariate and multivariate regression analysis on SPSS version 21.0.

Results: High PSS was found in 10% women. Age, socioeconomic status, unplanned pregnancy, addiction in husband and negative relationships were found to be significantly associated with high PSS score (P value 0.0001, 0.027, 0.0318 and 0.0001 respectively). There was significant association of high PSS score with gestational hypertension (P -0.001, Preeclampsia (P -0.0001), Preterm labor(P -0.082) and LBW (P -0.005)).

Conclusions: Large number of women during pregnancy develop psychosocial stress and have adverse fetomaternal outcome, therefore routine screening for psychosocial stress and its risk factors should be done in pregnancy.

P0904 | ASK THE EXPERTS: WORKING WITH A MULTIDISCIPLINARY INTERNATIONAL ADVISORY GROUP TO ADVANCE FAMILY PLANNING RESEARCH KNOWLEDGE AND EVIDENCE USE

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.5 RESEARCH METHODOLOGY, CONDUCT AND DISSEMINATION

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Objectives: It is estimated that billions of dollars are wasted annually due to the failure to establish priorities for research based on the needs of stakeholders. The INVOLVE_FP study aimed to determine the effective characteristics of family planning (FP) interventions that involve men and boys in low- and middle-income countries and

promote use of the resulting evidence among policy makers, practitioners and end users in order to positively impact women's health. Involvement of international multidisciplinary expert stakeholders was central to the success of the project.

Methods: An advisory group of 30+ experts were enlisted to help us strategically design the study and optimise dissemination and use of the INVOLVE_FP evidence synthesis findings. The strategy for engaging stakeholders was informed by guidelines devised by the Centre of Excellence for Development Impact and Learning (CEDIL). It involved context analysis, development of evidence-use objectives, stakeholder mapping, risk analysis and creative facilitation of stakeholder consultation workshops.

Results: The process of engaging stakeholders helped us to develop a testable conceptual model that details how FP interventions might work in various contexts and for different populations. The group also advised on methods of promoting evidence use and uptake, including policy briefs, lay summaries, animated explainer films, and a successful webinar series.

Conclusions: While it can be challenging to combine theory, research evidence and stakeholder design requirements, all three sources of information are valuable and necessary in optimising international evidence-use. The CEDIL evidence-use framework provided useful strategies for involving an expert advisory group in the process.

P0905 | MATERNAL MORTALITY AND COVID-19

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: The emergence of the SARS-CoV-2 virus has raised serious concerns about the impact of the infection on a pregnant woman, on the structure of maternal morbidity and mortality in the Kyrgyz Republic. Aim is to study maternal mortality associated with COVID-19.

Methods: All cases of maternal deaths with clinically and laboratory confirmed diagnoses of COVID-19 for 2020 were studied.

Results: In 2020, there were only 63 maternal deaths in the country, including 27 cases associated with COVID-19. The average age of the deceased was 31.8 ± 3.2 years, the age range was 22-43 years. 74% of pregnant women were registered. Of the 27 who died, 29.6% of women at the time of death had a confirmed infection with SARS-CoV-2, and 70.4% of cases were diagnosed with «Pneumonia». 17 women gave birth, the number of vaginal birth and caesarean section was the same. The average gestational age was 35.4 weeks and ranged from 22-40 weeks. In 26.6% of cases, along with COVID-19, there was a complication of pregnancy such as preeclampsia.

Extragenital pathology was noted in 18.5% of cases, including diabetes mellitus - in 3.7%, nodular goiter - in 3.7% of cases.

Conclusions: In the Kyrgyz Republic, mortality from COVID-19 statistically significantly changed the overall maternal mortality rate in the country, with almost every second woman died (27 out of 63 cases). Of the 27 who died, only a third (29.6%) of women had confirmed SARS-CoV-2 infection at the time of death.

P0906 | MATERNAL ANXIETY, KNOWLEDGE AND CONCERNS AMONG YOUNG WOMEN DURING THE COVID-19 PANDEMIC IN A BRAZILIAN UNIVERSITY HOSPITAL

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: To compare the prevalence of maternal anxiety in late pregnancy and maternal knowledge/concerns about the COVID-19 pandemic, among young women and adults.

Methods: Secondary analysis of a multicenter cross-sectional study performed in Brazil, from June to August 2020, considering data from one of the included centers (University of Campinas). The Beck Anxiety Inventory (BAI) was used to investigate maternal anxiety. Knowledge and concerns about COVID-19 were assessed through a questionnaire specific for the study. The current analysis compared underlying characteristics and outcomes among young women (18 to 24 years old) and adults (>24 years), using Chi-square test and considering $P < 0.05$ as statistically significant (with Epi info software).

Results: 106 women were included. Thirty (28.3%) were young and 76 (71.7%) adult women. Considering socio-demographic, clinical and obstetrical characteristics, the comparison among age groups showed no significant differences. There were also no significant differences among frequencies of moderate/severe anxiety comparing age groups ($P = 0.72$ and respectively 26.7% in young and 26.3% in adult women). Knowledge and concerns about COVID-19 questionnaire showed that there were increased worries about

antenatal care ($P = 0.016$) and increased concerns about future risks of COVID-19 infection postpartum in adult women ($P = 0.041$).

Conclusions: COVID-19 has a significant impact on maternal anxiety, regardless of age. However, older women have increased concerns about possible impacts of the pandemic on antenatal care and postpartum.

P0907 | ACCEPTABILITY AND FEASIBILITY OF A SMARTPHONE APP, AYA CONTIGO, TO SUPPORT SELF-MANAGED MEDICATION ABORTION AND POST-ABORTION CONTRACEPTION IN VENEZUELA

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.4 WOMEN'S HEALTH IN SITUATIONS OF CONFLICT AND DISASTER

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Objectives: To determine if Aya Contigo, a safe abortion and contraception smartphone app, is feasible and acceptable for Venezuelans to facilitate their self-managed abortion.

Methods: A mixed-methods one-arm pilot study of women living in Venezuela seeking an abortion was used. Passive recruitment was done through local and international safe-abortion organizations and online advertisements. Eligible women were given access to Aya Contigo to facilitate their self-managed medication abortion and post-abortion contraceptive decisions. Participants completed an online quantitative survey and a qualitative semi-structured phone interview about their abortion experience using Aya Contigo. The primary outcome was acceptability of the mobile app including feelings of preparedness, confidence and support throughout the abortion process. Secondary outcomes included feasibility assessments of correct self-identification of abortion complications, completion of abortion steps, and contraceptive methods using Aya Contigo. Process evaluation outcomes included methods of recruitment and barriers to completion of the study. Quantitative analysis was done with descriptive statistics. Qualitative analysis of the interviews was done using thematic analysis and coding frameworks.

Results: Data collection is ongoing. Preliminary results suggest that Aya Contigo is an acceptable method for Venezuelan women to self-manage their medication abortion. Suspected barriers include inaccessibility and unaffordability of necessary medication given the legally restrictive and humanitarian context in Venezuela.

Conclusions: Aya Contigo was co-designed with grassroots organizations and Venezuelan women as a harm-reduction accompaniment tool to prevent unsafe abortions. The results of this study will

inform improvement and scale of Aya Contigo to be accessible to vulnerable women and girls across Latin America.

P0908 | ACUTE PANCREATITIS- AN INFREQUENT COMPLICATION OF PRIMARY COVID-19 INFECTION IN A PREGNANT WOMAN

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: The novel coronavirus (COVID 19) has a spectrum of presenting symptoms from fever, cough, dyspnea to gastrointestinal disturbances. Pregnant women with COVID-19 infection are at risk for a variety of complications. Unfortunately, in obstetrics, there is little information to guide the practice.

Methods:

Results: Case: A 30-year-old primigravida at 32 weeks of gestation presented with epigastric pain and vomiting for two days. On the day of admission, she also developed sudden breathlessness with 88-90% saturation on room air. A preliminary diagnosis of acute pancreatitis was made based on elevated amylase, lipase levels of 734 U/L, >300 U/L, respectively and ultrasonographic evidence (bulky and heterogeneous echotexture). The COVID-19 Polymerase chain reaction testing reported positive 24 hours after the admission. Other etiologies for acute pancreatitis were ruled out on evaluation. Hence, such a presentation was interpreted as a rare secondary complication of Coronavirus infection. She was managed symptomatically with Nil by mouth, intravenous fluids, antiemetics and analgesics. She was started on low molecular weight heparin as the D-dimer was significantly elevated. On day 6 of hospitalization, she was discharged and sent for home quarantine. Later, at term, she delivered a healthy baby with no complications.

Conclusions: Antenatal women are at an increased risk for severe illness from COVID-19 and present with a myriad of clinical symptoms. Acute pancreatitis is one such complication of primary COVID-19 infection.

P0909 | FACTORS ASSOCIATED WITH SEVERE/EXTREME DEPRESSION IN BRAZILIAN WOMEN DURING THE SARS-COV-2 PANDEMIC

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: Social detachment has been considered the most effective preventive measure to control the transmission of COVID-19. However, its consequences may be negative when it comes to the development or worsening of mental disorders. We aimed to determine the factors associated with the signs and symptoms of severe/extreme depression in women during the COVID-19 pandemic.

Methods: This was a cross-sectional study carried out between April/May 2020 that included 2,667 Brazilian women over 18 years old. Data collection was carried out through a structured questionnaire online on the Google Forms platform, composed of sociodemographic variables, aspects on the impact of COVID-19, in addition to the application of the Stress, Anxiety and Depression Scale (DASS-21). The project was approved by the research ethics committee, and all signed the consent form.

Results: The protective factors for severe/extreme depression in women were the increased use of anxiolytic drugs and the age over 34 years. While, the risk factors were living in the central-west region, a history of anxiety/depression, decreased leisure activity, not changing physical activity, not performing remote activities, declaring absence of religion, decreasing family income, others civil states other from married or single, unemployment, need of social isolation, less than six rooms in the household, mixed race and not being a user of illicit drugs.

Conclusions: Considering the high prevalence of mental disorders in women, it is necessary to identify the associated factors, so that preventive measures on the mental health of this group are adopted.

P0910 | THE MAGNITUDE AND SEVERITY OF ABORTION-RELATED COMPLICATIONS IN A CONFLICT SETTING IN THE CENTRAL AFRICAN REPUBLIC

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.4
WOMEN'S HEALTH IN SITUATIONS OF CONFLICT AND DISASTER

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Objectives: Abortion-related complications are among the main causes of maternal mortality. However, research about abortion is limited in conflict-affected settings. Our study describes the magnitude and severity of abortion-related complications in one referral hospital in Central African Republic.

Methods: We conducted a prospective medical record review of women presenting with abortion-related complications over three months. We utilized a similar methodology as the World Health Organization multi-country study on abortion (WHO MCS-A) and categorized severity in four hierarchical mutually exclusive categories (mild, moderate, potentially life-threatening complications (PLTCs) and severe maternal outcomes (SMOs)) adapted from the WHO near-miss approach.

Results: We extracted data from 548 records. 6.2% of women were classified as having SMOs, 45% had PLTCs, 17% had moderate and 32% had mild complications. 39% of women reported inducing their abortions and there was a significant relationship between reporting an induction and severe outcomes ($X^2=9.35$, $P=0.025$). Facility-based abortion-related mortality index was 6%.

Conclusions: This is the first study conducted using the WHO MCS-A approach in a conflict-affected setting. Our data shows higher magnitude and greater severity of abortion-related complications compared with studies from other African hospitals. Quality of care was high, accounting for the low mortality index compared to other facilities in Africa. The results highlight the need for greater access to safe abortion care, contraception, and high quality post-abortion care to prevent and manage complications of unsafely induced abortions in this conflict affected setting and the need for similar research in other conflict-affected settings.

P0911 | VULVAL MISNOMERS: IMPACT ON DIAGNOSIS: VARIATION BETWEEN PERCEIVED AND ACTUAL IMPACT

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.1
WOMEN AND THE ENVIRONMENT

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Objectives: To understudy the impact of vulval misnomers on healthcare delivery. *By understanding individual perceptions of vulval misnomers*And identifying associations with delay in diagnosis /management of vulval disorders.

Methods: A prospective snapshot study performed through electronic media with statistical analysis performed via Excel spreadsheet and SPSS. Group examined were women over the age of 15 to 66 years across all geographies.

Results: 44% identified the external female genitalia as the vulva. These were largely in the age range 36-45yrs: holders of postgraduate degrees. Most of the women who reported the vulva as a vagina, cut across all the educational strata to PhD level. However, the questionnaire demystified the vulva and its components, highlighted the need to call things right to aid medical diagnosis whilst increasing personal ability to challenge inappropriate names the vulva was addressed as, consistently in more than 60% of respondents. Impact of search engines or common parlance in perpetuating the misnomers was noted. Despite a preference to see a female general practitioner (49%) or a gynaecologist (31%), actual visits reflected a lower correlation: respectively 27% and 26%. This led to some delay in care.

Conclusions: The results show that the vulva is addressed wrongly by more than 44% of respondents with a significant impact on diagnosis in situations that preclude intimate examination.

P0912 | GENDER-BASED VIOLENCE AMONG PREGNANT WOMEN CONSULTING AT THE ANTENATAL CARE UNIT OF THE BAMENDA REGIONAL HOSPITAL WOMEN CONSULTING AT THE ANTENATAL CARE UNIT OF THE BAMENDA REGIONAL HOSPITAL

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.3
ADDRESSING STIGMA AND VIOLENCE AGAINST WOMEN

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Objectives: To study gender-based violence (GBV) among pregnant women attending antenatal care at the Bamenda Regional Hospital (BRH).

Methods: We carried out a cross-sectional study among 231 pregnant women from January to March 2018. Sociodemographic characteristics, forms of GBV, and risk factors were collected by face-to-face interview. Chi-square test and Fisher exact test were used to compare frequencies. Student t-test was used to compare means. Multivariate analyses were used to eliminate confounders. The level of statistical significance was set at $P < 0.05$.

Results: One hundred and thirty (56.3%) pregnant women were found to be survivors of GBV. Psychological trauma, physical assault and sexual violence were found in 47.2%, 30.2% and 19.9% respectively. Depression and anxiety were the most frequent clinical manifestations. Only 37.7% of the survivors sought management. The factors statistically associated with the occurrence of GBV were: for physical violence a partner that smokes; for sexual violence a history of sexual assault as a child, a primary level of education of the partner, and a partner that is alcoholic; for psychological violence a history of sexual assault as a child, a primary level of education of the partner, and a partner that is alcoholic. After adjusting for confounders, having a partner with primary education was associated with the occurrence of GBV [AOR 3.610 (1.431 - 9.091), $P = 0.007$]

Conclusions: GBV is a major societal problem among pregnant women consulting at the ANC unit of the BRH. Proper education of the partner is primordial in its prevention.

P0913 | POLINEUROMYOPATHY DUE TO THIAMINE (VITAMIN B1) SPOILIATION BY HIPEREMESIS IN GEMELAR PREGNANCY: CASE REPORT

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: To present a case of a nulliparous patient, monoamniotic monochorionic twin pregnancy that developed a clinical condition of beriberi secondary to hyperemesis gravidarum.

Methods: Patient admitted to a general hospital in second trimester of pregnancy with a significant history of recurrent nausea and vomiting for several weeks, accompanied by asthenia, myalgia, vertigo, dysphagia and hoarseness. Physical examination: decreased muscle strength in lower limbs, bilateral patellar and calcaneus areflexia, but with preserved sensitivity-motor coordination. Complementary tests: elevations of liver enzymes and neurophysiological study suggestive of Polyneuropathy (sensitive-motor) with evident sensory predominance in lower limbs. Treatment performed with intravenous thiamine 1.5g/day, and gabapentin 3600mg/day. There was significant clinical improvement after 17 days of hospitalization, therefore, in the case of beriberi. She was discharged at 21 weeks and 5 days to continue treatment at home.

Results: Patient admitted to a maternity with premature labor (29 weeks and 1 day). Cardiocography was performed, which showed one of the twins in possible fetal distress, thus indicating cesarean delivery. Neurology performed intensive motor physiotherapy in postpartum follow-up. She was discharged, with improvement of lower limb paresis. She underwent strict follow-up at neurology outpatient clinic, showing recovery from dysphagia/dysphonia and progressive improvement of neurological clinical condition.

Conclusions: In difficult-to-control hyperemesis gravidarum, there may be an extreme spoliation of thiamine, with evolution to clinical condition of beriberi, as well as, in extreme cases, Wernicke's encephalopathy. It is important to pay attention in prenatal care for correct management of this pathology.

P0914 | INCREASING ACCESS TO SAFE ABORTION CARE IN CRISIS-AFFECTED AREAS OF THE DEMOCRATIC REPUBLIC OF CONGO THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.4 WOMEN'S HEALTH IN SITUATIONS OF CONFLICT AND DISASTER

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Objectives: From 2011-2020, the International Rescue Committee (IRC) implemented a project in conflict-affected areas of Eastern DRC to increase access to contraception and post-abortion care (PAC). To reduce the consequences of unsafe abortion, the IRC capitalized on the publishing of the Maputo Protocol in the DRC to introduce and document a rights-based approach to safe abortion care (SAC) in 2018.

Methods: The IRC and Ministry of Health (MoH) introduced SAC provision to the full extent of the law at 29 public health facilities and counseling on safe self-management of abortion at these facilities and through community health workers. The IRC also provided misoprostol and abortion values clarification (VCAT) workshops to pharmacists to increase supply of misoprostol for self-management.

Results: 4,388 clients received SAC services at IRC-supported health facilities from January 2019 to November 2020. Among them, 31% received facility-based SAC and 69% received counseling on safe self-management of abortion. Among those who received counseling, 78% returned for post-abortion contraception.

Conclusions: Offering SAC to the full extent of the law and counseling on safe self-management of abortion allowed the IRC to serve all clients through a program design that was acceptable to the MoH. Seven years of experience with PAC gave program implementers more confidence with abortion services which eased the transition to SAC. VCAT workshops and partnerships with community champions were critical. Humanitarian agencies should capitalize

on the liberalization of national abortion laws and abortion self-care as promising entry points for delivering SAC to crisis-affected populations.

P0915 | FEMALE ADOLESCENT VICTIMS OF SEXUAL VIOLENCE: CHARACTERIZATION OF AGGRESSION AND CARE

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.3 ADDRESSING STIGMA AND VIOLENCE AGAINST WOMEN

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Objectives: To characterized violence, reactions expressed, and care provided by female adolescent victims of sexual violence treated at a Brazilian reference center.

Methods: We conducted an audit study, evaluating women aged 10-18 years, who received emergency care and followed during 2011-2018. Sociodemographic, type of violence, emergency care provided, and post-trauma reactions were evaluated. We performed comparative analyzes after data distribution in early and late adolescence, and analyzed abandonment of outpatient follow-up and associated factors. We used the Chi-square/Fisher's exact, Mann-Whitney and Kruskal-Wallis tests; for abandonment, univariate/multiple regression was performed; level of significance was 5%.

Results: We retrieved data from 521 adolescents, 54.5% were aged 15 to 18 years. Most were students, white, single, 75% had not initiated sexual life, 17% had history of sexual violence, 90% showed perception of the aggression, had a low prevalence of alcohol consumption (15%) and other psychoactive substances (6%). Intimidation by physical force, acute abuse, vaginal penetration, were the most prevalent form of violence. Young adolescents suffered more aggressions during the day, approach in an acquaintance's residence, by acquaintance aggressor. The older group received earlier prophylaxis treatments, had sleep and anxiety disorders. Guilt and shame were similar between groups. Only 52% completed the six-month follow-up; abandonment was associated with not having psychological/social changes.

Conclusions: The older group had more contributing factors and psychological worsening. Prophylaxis and mental health monitoring were limited by late arrival and frequent follow-up losses. Multiprofessional health care is necessary to reduce the potential damage to adolescents' mental and sexual health.

P0916 | DEPRESSION AND ANXIETY IN POSTPARTUM WOMEN DURING THE COVID-19 PANDEMIC

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: A child's birth is a potentially stressful experience for women. When the postnatal period's vulnerabilities are combined with the impact of COVID-19 pandemic, psychosocial problems are likely to emerge. This work aimed to assess the mental health status, level of depression and anxiety of postpartum women during the COVID-19 pandemic.

Methods: Narrative review of 9 articles published in 2020, selected from 34 articles found after search the keywords "depression," "anxiety," "COVID-19," and "postpartum" in PubMed database. Case reports, literature reviews and studies out of the main objective of this work were excluded.

Results: According to most studies, there was a high percentage of mothers self-reported psychological and social changes due to the social distancing measures. The prevalence of depression varied from 11% to 34%. This pandemic period was perceived for women as particularly challenging and stressful with significant impact on women's well-being. Interpersonal and contextual factors exacerbate risk and the impact of the pandemic on women's mental health. Also, some factors increased the risk of depression and anxiety, such as being single, unemployed or women who lost jobs during the pandemic, socio-economical issues and factors linked to quarantine, social isolation, the absence of social support, as well as having emotional problems.

Conclusions: The prevalence of depression and anxiety reported was extremely high compared to the current diagnosis of depression and anxiety and pre-pandemic studies. During the COVID-19 pandemic, early detection and appropriate and timely intervention to prevent and detect anxiety and postpartum depression are crucial to women's well-being.

P0917 | IRON DOSE SUPPLEMENTATION DURING PREGNANCY AND ITS EFFECT ON MATERNAL IRON RELATED OUTCOMES

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.6 EVIDENCE BASED MEDICINE AND GUIDELINES

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Objectives: WHO antenatal care guidelines recommend the use of multiple micronutrient supplements (MMS) for pregnant women.

However, some concerns were raised about using MMS with 30mg of iron (vs iron and folic acid supplements (IFA) containing 60mg of iron), particularly in areas where anemia is a severe public health problem. We aimed to assess the effect of MMS vs IFA on iron related outcomes.

Methods: Using studies in the Cochrane review and WHO guidelines, we extracted (or requested) data from all potential studies (n=18) on the outcomes of interest: third trimester maternal anemia, hemoglobin levels and iron-deficiency anemia. RevMan was used to calculate the effect estimates of MMS vs. IFA (random effects models), for the overall and subgroup analyses with different iron doses.

Results: There were no statistically significant differences between MMS and IFA on anemia (Risk Ratio (RR): 1.02, 95% CI 0.93, 1.12) and hemoglobin levels (mean difference: -0.36, 95% CI -1.38, 0.65). There were no significant differences in the subgroup analysis by iron dose: IFA 60mg vs. MMS 60mg; IFA 30mg vs. MMS ≤ 30mg; IFA 60mg vs. MMS ≤ 30mg. Although the overall analysis for iron deficiency anemia favored IFA (RR 1.26, 95% CI 1.05, 1.50), there were very few studies and no significant subgroup differences. Potential effect modifiers (total iron intake and baseline anemia) are being analyzed with meta-regressions.

Conclusions: MMS with 30mg of iron does not increase the risk of adverse maternal iron-related outcomes when compared to IFA with equal or higher doses of iron.

P0918 | CHANGES IN OBSTETRIC PRACTICES IN THE FIRST THREE MONTHS OF THE COVID-19 PANDEMIC IN A PRIVATE TERTIARY HOSPITAL: A DESCRIPTIVE CROSS-SECTIONAL STUDY

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: This study aimed to determine the clinical profile and pregnancy outcome of patients who were admitted at a tertiary private hospital in Metro Manila from March 16, 2020 to June 15, 2020 in relation to the protocols that were implemented in response to the COVID-19 Pandemic.

Methods: The protocols and guidelines implemented by the Department of Obstetrics and Gynecology of a private tertiary hospital in Metro Manila from March 16, 2020 to June 15, 2020 were retrieved. The case record of patients who were admitted and delivered during this period were retrieved and reviewed for pertinent data, which were recorded in a patient data collection form.

Results: During the 3-month study period, COVID positive pregnant patients were effectively separated from COVID negative patients from admission to discharge based on a health declaration form and universal RT PCR testing. Discharge was facilitated after 12-48

hours for uncomplicated deliveries and post-partum follow-up was done via telemedicine.

Conclusions: The separation of COVID positive from COVID negative patients based on symptoms and RT PCR results were effective in ensuring the safety of patients.

P0919 | MATERNAL AND NEONATAL OUTCOMES OF PREGNANT COVID-19 PATIENTS: A MULTI-CENTER, CROSS-SECTIONAL STUDY

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: To determine the maternal and neonatal outcomes of pregnant COVID-19 patients admitted for delivery at selected tertiary hospitals in Metro Cebu, Philippines from March 2020 to March 2021

Methods: This is a descriptive, multicenter retrospective cross-sectional study on pregnant women admitted and who subsequently gave birth diagnosed to have COVID-19 infection. Data were gathered through chart review of identified study subjects per hospital done by contributors per institution. Complete enumeration sampling was done. Descriptive statistics, Chi-square Test for Independence, Cramer's V^2 , Fisher's exact test (for 2 x 2 tables) and Spearman's rank correlation was used to treat the data.

Results: Data from a total of 87 subjects were analyzed. Most cases were identified among women aged 26-35 years old (18-43 yo). Most of the patients were asymptomatic (75.86%) upon admission, with cough (16.09%) as the most common symptom at presentation. Maternal ICU admission rate is calculated at 2.3%(n=2), with maternal mortality rate calculated at 1.1%. Most of the patients delivered vaginally (57.47%) while the rest had a cesarean delivery (42.53%). Pregnancy complications were noted in 20 patients (22.99%), with a preterm birth considered the most common complication (10.3%). Two infants (2.4%) had positive swab test results. Perinatal death was calculated at 5.7%.

Conclusions: Adaptation of universal screening has clear cut benefits in infection control and early diagnosis. No increased maternal or neonatal risk is observed. Vertical transmission potential, however small, should be looked more into as it would largely affect obstetric and neonatal care.

P0920 | PREVALENCE STUDY OF COVID-19 AMONG HCW'S IN REFERRAL HOSPITALS IN NORTH PAKISTAN

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7
PANDEMIC INFECTIOUS DISEASES

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Objectives: Healthcare workers (HCWs) in Gynecology department are among the most exposed service providers during the pandemic. The study was designed to compare positivity rates and seroprevalence of HCWs in maternal, neonatal and pathology departments in tertiary facilities.

Methods: This cross-sectional study was conducted to assess the seroprevalence of total SARS-CoV-2 antibody among the HCWs (n=250) of Gynecology and pathology department of tertiary-care hospitals in Islamabad, Pakistan. The information regarding positivity rate, demographic and clinical factors was collected retrospectively. Qualitative variables were expressed as frequency and percentage while mean and standard deviation was calculated for quantitative variables. Post-stratification, Chi-square test was applied and *P*-value of ≤ 0.05 was considered significant.

Results: The mean age of the HCWs included in the present study was 47 years ranging from 24 to 59 yrs with a 40 to 60% male to female ratio. Among the 250 HCWs included in the study, 47% reported to have previous COVID-19 infection during the last 12 months validated through RT-PCR. However, COVID-19 antibodies were detected in majority of HCWs with a seroprevalence of 85%. Almost 40% of the HCWs remained asymptomatic or had mild symptoms. Seropositivity was significantly higher among the HCWs belonging to an age bracket of 25-35yrs, female gender and gynecologic specialty.

Conclusions: High Seropositivity among HCWs of Gynecology department is alarming due to lower doctor to patient ratio in Pakistan and high risk of transmission from pregnant women. Stringent policy making is recommended for safety of HCWs in these departments and improved patient triage.

P0921 | EFFECTIVENESS OF THE ARCHES BANGLADESH INTERVENTION IN IMPROVING REPRODUCTIVE AUTONOMY AND REPRODUCTIVE HEALTH: RESULTS FROM A CLUSTER-RANDOMIZED CONTROLLED TRIAL IN URBAN BANGLADESH

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.3
ADDRESSING STIGMA AND VIOLENCE AGAINST WOMEN

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Objectives: To assess the effectiveness of the Addressing Reproductive Coercion in Health Settings (ARCHES) intervention, a single counseling session designed to address reproductive coercion (RC) and connect clients with available intimate partner violence (IPV) services, adapted for use with abortion clients in Bangladesh.

Methods: A cluster-randomized controlled trial was conducted from January 2019 to January 2021 to assess intervention effectiveness in six tertiary care facilities in urban areas of Bangladesh (three randomized to the intervention group and three randomized to the control group). 3,187 clients were screened, 92.7% were eligible and 92.4% consented. Participants completed surveys at four timepoints: baseline, exit, 3 months and 12 months. Data are analyzed using an intent-to-treat approach using mixed-effects logistic regression models, which adjust for baseline socio-demographic characteristics, baseline report of past 3-month RC and time and include random-intercepts for facility.

Results: At baseline, RC and IPV were similar across groups. Approximately 10% of clients reported ever experiencing RC, and 7% reported past 3-month RC. Almost 50% of clients reported ever experiencing IPV, and 10% reported past 3-month IPV. Implementation was high with approximately 80% exposed to all intervention components. Women in the intervention group had 1.5 times higher odds of modern contraceptive use without interruption or interference at the 3- and 12-month follow-ups.

Conclusions: The ARCHES Bangladesh intervention was effective in increasing modern contraceptive use without interruption or interference, and this effect persisted to 12 months post-intervention. ARCHES Bangladesh should be implemented with abortion clients in facilities with sufficient privacy for counseling.

P0922 | SIGNS AND SYMPTOMS OF ANXIETY AND DEPRESSION IN WOMEN WITH BREAST CANCER DURING COVID-19 PANDEMIC

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: Women with breast cancer show high prevalence of mental disorders, which can be higher during COVID-19 period. Given the above, we aimed to determine factors associated with the symptomatology of anxiety and depression in women with breast cancer during social distancing.

Methods: Cross-sectional study conducted between July and September 2020, using an online questionnaire applied through the snowball sampling method. 147 women diagnosed with breast cancer were included and those less than 18 years old were excluded. The studied variables were age, religion, schooling, income, chronic diseases, to reside alone, face-to-face work, retirement, alcohol consumption, leisure activities, physical exercises, use of anxiolytics, being in social distancing, need for isolation or quarantine, Influenza-like symptoms, acquaintances with COVID-19, cancer diagnosis time, access to treatment and metastasis. The Hospital Anxiety and Depression Scale was applied. For statistical analysis, multiple logistic regression was used. The study was approved by Ethics Committee and the TCLE was applied.

Results: The frequency of symptoms of anxiety and depression was 34.7% and 28.6%, respectively. The factors associated with anxiety were age \geq 60 years ($P=0.001$), to increase/maintain leisure practices ($P=0.001$) and use of anxiolytics ($P=0.0007$). Regarding the depressive symptoms, they were age \geq 60 years ($P=0.04$), to increase/maintain physical exercise practice ($P=0.01$), use of anxiolytics ($P=0.02$), not being at face-to-face work ($P=0.04$), absence of influenza-like symptoms ($P=0.03$) and not having access to cancer treatment ($P=0.02$).

Conclusions: Biological factors, life and clinical habits were associated with symptomatology of anxiety and depression in women with breast cancer.

P0923 | FEMICIDE IN BRAZIL - A LONG-STANDING EPIDEMIC

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.3 ADDRESSING STIGMA AND VIOLENCE AGAINST WOMEN

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Objectives: To analyze femicide, expanding the visibility of this gender violence in academia, understanding its causes, collaborating in the fight against this premature death of women.

Methods: Cross-sectional, quantitative study, through research in publicly accessible databases, using the keywords: "death by an intimate partner," "female homicide," "femicide," "gender violence," COVID-19.

Results: Brazil is the fifth country in the world with the highest rate of femicide, female death due to gender issues. Between 2001 and 2011, there were about 5,000 deaths per year. In 2017, 1,047 femicides were registered. In 2018, there were 4,254 homicides of women, a drop of 6.7% of homicides compared to 2017, but femicide increased. In 2017, the frequency of femicides was 1.047 and its rate was 1.00, while in 2018 this frequency was 1.225 and the relative rate was 1.17. In the first half of 2020, there were 648 femicides, 1.9% more than in the same period of 2019. The femicide takes place in the victim's home (60.6%). Weekends, 36%. The Coronavirus epidemic has increased femicide rates.

Conclusions: The death of women by femicide in Brazil has increasing rates. There is a decrease in the female homicide rate, but an increase in the femicide rate, female death for reasons of gender, misogyny. These statistics are often underreported among black and poor women. As for the LGBTQIA + population (lesbians, gays, bisexuals, transsexuals, queer, intersex, asexual and other sexual orientations and gender identities), there is no knowledge about the size of this population, making its study unfeasible.

P0924 | CASE SERIES OF COVID-19 INFECTED PREGNANT WOMEN: TRIAL OF LABOUR AND CLINICAL CHARACTERISTICS
THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7
PANDEMIC INFECTIOUS DISEASES

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Objectives: To reveal clinical features, safety, and future directions by the trial of vaginal delivery for the COVID-19-infected pregnant women. Currently, many medical institutions have been searching for management of labour on COVID-19-positive women. According to articles from China, caesarean section has been performed as a standard delivery for reducing risks of secondary infection. In Japan, asymptomatic COVID-19-positive patients have been majority, however, there is no reason why elective caesarean section must be performed for asymptomatic COVID-19-infected women.

Methods: Our institute attempted vaginal delivery on COVID-19-infected pregnant women in collaboration with the new-born intensive care unit, department of infection, and emergency care room, and found novel clinical findings. We show three cases of asymptomatic COVID-19 positive women who had vaginal delivery without complications.

Results: All patients were transferred to our hospital to diagnose COVID-19 due to close contact with COVID-19 infected family at term pregnancy. COVID-19 antigen/PCR examinations were positive. COVID-19 patients represented that tachysystole-like uterine contraction during labour and abnormal cervical ripening were found. These phenomena were occurred parallelly with potent inflammatory factors leading from COVID-19 infection. Consequently, all deliveries proceeded rapidly by frequent uterine contraction representing as spontaneous tachysystole. Though COVID-19 positive in maternal throat swab, no COVID-19 in infants, milk, vaginal discharges, swab from placenta and umbilical cord were found on postpartum.

Conclusions: From our results, encouragement of breastfeeding, self-infant care, and parenting just after delivery appears to be safe and possible with standard precautions. Spontaneous tachysystole-like uterine contraction can be considerable in delivery.

P0925 | "IT'S COVID'S FAULT!" HOW HAS COVID-19 AFFECTED THE SRHR OF WOMEN LIVING WITH HIV IN EAST AND SOUTHERN AFRICA

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.4
WOMEN'S HEALTH IN SITUATIONS OF CONFLICT AND DISASTER

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Objectives: To explore how COVID-19 has affected SRHR of women and girls living with HIV in East and Southern Africa.

Methods: We conducted collaborative research in October 2020 on effects of COVID-19 lockdown on SRHR of women and girls living with HIV with 30 women across 10 countries of East and Southern Africa. We used a cascade interview approach.

Results: The ongoing chronic but largely invisible pandemics of sexual and reproductive health and rights (SRHR) violations, violence against women and girls (VAWG), and mental health challenges have worsened through COVID-19 lockdown restrictions. Respondents identified gaps including: income; food security; funds for their ongoing volunteer distribution of medication, contraceptives, support and other vital services unrecognised by governments or NGOs (when employed community healthworkers were withdrawn); funds for VAW reduction or mitigation services; gendered digital access (smartphones and airtime). Further challenges including increased incest from family members, and other SRHR violations; and lack of law enforcement or legal redress. These have combined to increase women's and girls' vulnerabilities to (other) STIs, unplanned pregnancies; and onward HIV transmissions.

Conclusions: The COVID pandemic presents a critical opportunity for FIGO to embrace a *syndemic* approach to girls' and women's lifelong SRH care, by addressing the pandemics of sexual and reproductive health and rights (SRHR) violations, violence against women and girls (VAWG), and mental health (MH), as well as HIV and COVID-19 themselves. This is because *all* these conditions *separately and together*, and *exacerbated* by each other, contribute significantly to the global burden of SRH disease.

P0926 | “SEPARATED DURING THE FIRST HOURS” - POSTNATAL CARE FOR WOMEN AND NEWBORNS DURING THE COVID-19 PANDEMIC: FINDINGS FROM A GLOBAL ONLINE SURVEY OF MATERNAL AND NEWBORN HEALTHCARE PROVIDERS
THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7
PANDEMIC INFECTIOUS DISEASES

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Objectives: This study explores the effect of COVID-19 on postnatal care (PNC) provision, content and quality from July to December 2020, when evidence-based guidelines were already available.

Methods: We collected data in a global online survey among maternal and newborn healthcare providers. The questionnaire was available in 11 languages and included four multiple-choice and four open-text questions on changes to PNC. Using a convergent mixed-methods design, we analysed qualitative and quantitative data submitted by 424 healthcare providers from 61 countries.

Results: Strict visiting rules were reported in health facilities, ranging from shorter visiting hours to completely banning supportive companions and visitors. Two-thirds of respondents reported that women were discharged earlier than usual. A quarter of respondents perceived a reduction in the number of women and newborns accessing outpatient PNC. To reduce crowding in clinics, a quarter of respondents used telemedicine, and some introduced home visits. One third of respondents reported a reduced or suspended provision of postnatal family planning counselling and breastfeeding support. Particularly, a quarter of respondents mentioned that COVID-19 suspected/confirmed mothers were routinely separated from their newborns and breastfeeding initiation was delayed as a result of waiting for maternal SARS-CoV-2 test results.

Conclusions: Severe disruptions to the content and quality of PNC continued to exist beyond the first phase of the pandemic. Depriving women of support, reducing the availability of PNC services, and separating mothers from newborns could lead to severe long-term outcomes for the mother-baby dyad. Global efforts should urge ending these measures during and beyond the pandemic.

P0927 | PERCEIVED COLLECTIVE SOCIAL DISCRIMINATION BY COLOMBIAN FEMALE GENERAL PRACTITIONERS DURING COVID-19 PANDEMIC

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.3
ADDRESSING STIGMA AND VIOLENCE AGAINST
WOMEN

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Objectives: To identify the frequency of perceived collective social discrimination (PCSD) and estimate its association with stress, fear and anxiety, in Colombian female general practitioners working during the COVID-19 pandemic.

Methods: Cross-sectional study, data were collected by electronic form, under quarantine. Fear of COVID-19 Scale, General Anxiety Disorder-7 and work-related stress test were applied. Logistic regression model was created to determine associations between PCSD (dependent variable) and anxiety, stress and fear of COVID-19 in relation to medical work (independent variable). Participation was anonymous and voluntary, after signing an informed consent. $P < 0.05$ was considered significant.

Results: 316 female general practitioners were assessed. Age: 29 [IR:26-34] years. Work in urban areas: 73.4% and satisfied with daily work: 75.3%. 124 (39.3%) reported PCSD between March 24-30, 2020. There was no overflow in medical care capacity and the country was under the influence of worrying news from Europe and the United States. Fear of COVID-19, nightmares, desire to move or consider quitting work, fear of losing life, anxiety when watching news, work-related stress, headaches, extreme fatigue, smoking more than usual, clammy hands and generalized anxiety were greater in PCSD group ($P < 0.05$). Generalized anxiety disorders and work-related stress associated twice with PCSD. OR:2.11[95%CI:1.33-3.35], $P = 0.001$ and OR: 2.37[95%CI:1.48-3.78], $P < 0.001$, respectively. I am afraid of losing my life because of COVID-19, OR:3.81 [95%CI:1.90-7.65], < 0.001 for PCSD.

Conclusions: Forty percent reported PCSD for being health professionals, generalized anxiety, work-related stress and fear of COVID-19, were associated. Female general practitioners should receive mental health support in times of pandemics.

P0928 | FREQUENCY OF SLEEP PROBLEMS IN COLOMBIAN CLIMACTERIC WOMEN, BEFORE AND DURING THE COVID-19 PANDEMIC
THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: To compare the frequency of sleep problems (SP) of Colombian climacteric women, before and during the COVID-19 pandemic. In addition, to estimate if the latter, regards the first, was an associated factor with SP.

Methods: A cross-sectional study carried out with information from a database of the Quality of Life in Menopause and Colombian Ethnic Groups [CAVIMEC] project. Answers from women aged 40-59 years were included. Two groups were formed according to the year of inclusion to the project: before the COVID-19 pandemic [2007-2019] and during the COVID-19 pandemic [2020]. SP were evaluated with the third item of the Menopause Rating Scale.

Results: Women evaluated during the pandemic had a higher frequency of SP than those of the other group ($P < 0.001$). The prevalence ratio of SP of those evaluated during pandemic, regards to those evaluated before, was: climacteric (all participants) 1.16 times, premenopausal 1.30 times and postmenopausal 1.03 times. For climacteric and premenopausal women, the COVID-19 pandemic and increasing age were associated with a higher frequency of SP ($P < 0.001$). Among postmenopausal women, a higher frequency of SP was also identified during the pandemic, but the difference was not significant ($P = 0.07$). The COVID-19 pandemic was associated with SP in climacteric OR: 1.56 [95% CI: 1.34-1.81].

Conclusions: In a group of Colombian climacteric women, those evaluated during the pandemic had a higher frequency of SP than those evaluated several years before. The COVID-19 pandemic was an associated factor with higher frequency of SP in the climacteric.

P0929 | USING HUMAN-CENTERED DESIGN (HCD) TO INNOVATE SOLUTIONS TO POSTPARTUM HEMORRHAGE AND PREECLAMPSIA/ECLAMPSIA MANAGEMENT
THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.5 RESEARCH METHODOLOGY, CONDUCT AND DISSEMINATION

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Objectives: Innovation incorporating human-centered design (HCD) could contribute positively towards global progress to reach the

Sustainable Development Goal target to reduce maternal mortality to < 70 per 100,000 live births by 2030.

Methods: The Devices, Diagnostics, and Drugs to Address Women's Needs Product Development Partnership (D₃AWN PDP), funded through UKAID, is addressing the leading causes of maternal mortality by advancing a portfolio of four products designed to be affordable, accessible, safe, and effective options for prevention and management of postpartum hemorrhage (PPH) and preeclampsia/eclampsia (PE/E) in LMIC markets. The innovation includes: •Uterine balloon tamponade with a free flow system for management of refractory PPH •Protein-to-creatinine ratiometric urinalysis dipstick test for improved diagnoses of PE/E across routine antenatal care settings •RELI Delivery System, a reusable, low-power, infusion pump for lifesaving drug therapies •Oxytocin in a heat-stable fast-dissolving tablet for PPH prevention and/or management.

Results: These lifesaving technologies are being developed using HCD and in partnership with ministries of health, research institutions, manufacturers, and companies in Africa, accelerated through PATH's product development process and deep expertise with public-private partnerships, and introduced into key markets. We will share how HCD shaped each technology including intended use case scenarios, current status of product and market development, user feedback, and health system fit. Preliminary results from pre-clinical, bench testing or implementation research will be shared, depending on the technology.

Conclusions: Innovation using the HCD approach across the various stages of product development can be used to strengthen the postpartum hemorrhage and preeclampsia/eclampsia continuum of care.

P0930 | HOW COVID-19 CHALLENGED CARE FOR WOMEN AND THEIR NEWBORNS: A QUALITATIVE CASE STUDY OF THE EXPERIENCE OF BELGIAN MIDWIVES DURING THE FIRST WAVE OF THE PANDEMIC
THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: Describing the results of a rapid qualitative study conducted between May 19 and June 25, 2020 on the work experience of midwives during the first wave of the pandemic in Brussels and Wallonia, Belgium.

Methods: Using semi-structured interviews conducted with fifteen midwives working in hospitals or practicing privately, we investigated the impact of the first COVID-19 wave on their work experience, the woman-midwife relationship, and midwife-perceived changes in quality of care.

Results: Findings showed high levels of stress and insecurity related to the lack of resources and personal protective equipment, feelings of distrust from midwives towards the Belgian State and public health authorities, as well as structural and organizational challenges within maternity wards which negatively affected quality of care.

Conclusions: 1) it is crucial to acknowledge the central role of midwives for maintaining maternal and newborn care amidst the pandemic and beyond; 2) creating unified national guidelines could support ensuring best practice; 3) efforts must be put in place to diminish the climate of mistrust towards health authorities; 4) caring for front-line healthcare workers' mental health is critical, and 5) quality of maternal care can be improved through team effort and creative solutions tailored to the needs and demands of each setting.

P0931 | PREGNANCY OUTCOME IN COVID-19 SUSPECTED AND COVID-19 CONFIRMED WOMEN: A COMPARATIVE ANALYSIS

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: To determine pregnancy outcome in COVID-19 suspected and confirmed women presenting to a tertiary care hospital.

Methods: An analytical study comparing clinical outcome of confirmed COVID-19 with suspected COVID-19 pregnant women was carried out during 3-month period from 1st July to 30th September 2020 at COVID-19 ward for pregnant women of Sir Ganga Ram Hospital Lahore. Information including clinical features, obstetrical outcome, ventilatory support and mortality was collected on a predesigned Proforma. SPSS 24 version used. Quantitative variables were expressed as mean \pm SD and median with inter-quartile range. Qualitative were expressed as frequency, percentages and chi-square.

Results: 83 patients were enrolled, including 41 confirmed and 42 suspected COVID-19 cases. The mean age was 28.59 years \pm 4.9. The mean gestational age on admission was 31.98 weeks. Obstetrical complications included miscarriage in 5 (11.6%) cases, preterm labor in 5 (11.6%), PPRM in 1 (2.3%) and IUD in 2 (4.7%) in COVID-19 suspect group. A total of 17/41 confirmed, and 19/42 suspected COVID-19 were delivered during the study mostly through caesarean section. Supplemental oxygen, ICU admission, and invasive mechanical ventilation were more common in COVID-19 suspect group compared to confirmed COVID-19 group. There were 12(28.5) mortalities in COVID-19 suspect group as compared to 2/41 (4.8) in confirmed COVID-19 group.

Conclusions: In patients having epidemiological exposure, clinical features of COVID and suggestive chest X-ray/CT chest findings, high index of suspicion of COVID-19 must be mainstay to prevent delayed management and disease spread till the availability of more sensitive test.

P0932 | MATERNAL & PERINATAL OUTCOMES IN PREGNANT WOMEN INFECTED BY SARS-COV-2 IN SIBERIA & THE RUSSIAN FAR EAST

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: To assess the incidence & perinatal outcomes in pregnant women with COVID-19 in Siberia & the Russian Far East over 13 months of a pandemic.

Methods: This was secondary analysis of Public Data basis on 25 May 2021.

Results: During 13 months of the SARS-CoV-2 pandemic, 10868 cases of COVID-19 were registered in pregnant women in Siberia & the Russian Far East, accounting for 8.9% of registered pregnant women & 3.3% of the total affected population. The morbidity rate in pregnant women was 2.7 times higher than in the general population: 8854.6 vs 3289.1 per 100 thousand population. 23.7% of mothers with COVID-19 had asymptomatic disease; 51.0% - mild; 22.0% - moderate, 2.7% - severe, 0.6% - critical disease. The incidence of admission to ICU of pregnant women was higher (4.6% vs 2.6%, $P < .001$), but the frequency of mechanical ventilation was lower (0.9% vs 1.85%, $P < .05$). Preterm delivery had 19.2% women with COVID-19 vs 6.2% in the general population ($P < .001$), CS - 39.9% vs 30.1% ($P < .05$). The mortality rate in pregnant women was 0.18% vs 2.3% in the general population ($P < .001$). We have registered 44 (1.34%) cases of perinatal death, including 38 (1.16%) stillbirths, and 6 (0.18%) cases of early neonatal deaths.

Conclusions: The incidence of COVID-19 in pregnant women in Siberia and the Russian Far East is higher than in the general population, but the disease is characterized by a milder. Women with COVID-19 have a high rate of preterm birth and CS.

P0933 | HYDATIDIFORM MOLE RESULTING FROM RAPE OF A VULNERABLE TEENAGER

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.3 ADDRESSING STIGMA AND VIOLENCE AGAINST WOMEN

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Objectives: To describe and correlate aspects associated with gestational trophoblastic disease as a result of rape of a vulnerable teenager.

Methods: Case report. Y.A.S., 14 years old, menarche and sexarca at 14 years old, brown, student, catholic and from Osasco. She was admitted to the Emergency Room of Gynecology and Obstetrics Hospital Maternidade Amador Aguiar, Osasco, São Paulo (BRA) with nine weeks of gestation, intense nausea and vomiting, and slight vaginal bleeding. She was admitted with a diagnosis of Mola Hidatiforme, after gynecological and obstetric exams, endovaginal ultrasound, and very high blood levels of chorionic gonadotropin human chorionic gonadotropin (hCG), quantitative Beta hcg.

Results: Uterine evacuation was performed with manual intrauterine aspiration (MVA) with exit of moderate amount of ovular remnants. Chest X-ray was performed to check if the comorbidity had spread to the lungs. She was referred to the Health Outpatient Clinic for Women in Vulnerable Situations to monitor if there was a decrease in human chorionic gonadotropin in the blood indicating that the Hydatiformis Mole (MHP) had been completely removed. Within 10 weeks this level remained normal and no additional treatment such as chemotherapy was needed.

Conclusions: The cases of rape of a vulnerable adolescent presented indicators of preventable pregnancy and comorbidities at a very early age.

P0934 | PLACE OF SERUM B-HCG LEVELS ON DAY 4 IN MEDICAL TREATMENT OF ECTOPIC PREGNANCY

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.6 EVIDENCE BASED MEDICINE AND GUIDELINES

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Objectives: To assess whether serum b-hCG levels on day 4 following methotrexate treatment in patients with ectopic pregnancy predict successful single-dose therapy or the need for a second dose?

Methods: Retrospective analysis of patients with ectopic pregnancies medical treated was conducted. Day 1, 4, and 7 serum b-hCG levels were obtained. Outcome parameters included successful single-dose management, the requirement for multiple treatments, and whether subsequent surgery was required. Receiver operator characteristic (ROC) curves were used.

Results: Of 492 patients, 297 patients were treated successfully with single doses, 79 patients required two doses. 38 of the patients who received a second dose of methotrexate had it on Day 4 versus 68 who received the 2nd dose on Day 7. To determine the threshold value of the ratio of BHCG levels: D4-D1/D1 in our Tunisian population, beyond which the administration of a 2nd dose of methotrexate on D4 is indicated, the ROC curve is used in order to determine the best cut-off value. According to the ROC curve, the optimal threshold value of the ratio of the rate of BHCG D4-D1/D1 is 30%. Indeed, a ratio of BHCG D4-D1/D1 > 30% predict the failure of medical treatment with a sensitivity of 90% and a specificity of 64%.

Conclusions: It is clear that Serum b-hCG levels on day 4 in patients with ectopic pregnancy predict failure of medical treatment. It is necessary to treat with a 2nd dose of methotrexate on D4 if the ratio of the BHCG level: D4-D1/D1 > 30%.

P0935 | EVALUATION OF DELIVERY AMONG PREGNANT WOMEN WITH CONFIRMED COVID-19 CASES AT PROF. DR. R. D. KANDOU HOSPITAL MANADO IN 2020

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: To evaluate the delivery among pregnant women with confirmed COVID-19 cases.

Methods: The research method was retrospective descriptive study of 386 women suspected with COVID-19. Data were taken from medical records in Department of Obstetrics & Gynecology of Prof. dr. R. D. Kandou General Hospital Manado during April 1st to December 31st, 2020.

Results: Total delivery of confirmed COVID-19 cases was 108 cases (28%) out of 386 suspected COVID-19 cases. Cesarean section accounted for 80 cases (74.77%) of all deliveries. Most cases (74.07%) had no medical comorbidities. There were 107 recovered cases (99.07%) and 1 death case (0.93%). Newborn outcomes of confirmed COVID-19 cases were favorable, with birth weight >2500 grams of 101 cases (92.66%). There were 3 cases (2.75%) with intrauterine fetal death, which 1 case was suspected to be COVID-19 related. There was 1 case (0.92%) with asphyxia (APGAR 5' ≤ 3), and the remaining 105 cases (96.33%) without asphyxia (APGAR 5' ≥ 4). Four of the newborns (3.77%) were tested positive of COVID-19 by PCR.

Conclusions: Delivery of COVID-19 cases should not be affected by the presence of COVID-19. Maternal and newborn outcomes were favorable, and vertical transmission is unlikely. Cesarean section is not a recommended method of delivery in COVID-19 cases, however it was the selected method among majority of cases. Essential services while keeping the healthcare provides safe are still a concern in COVID-19 management.

P0936 | MATERNAL ANXIETY DURING THE COVID 19 PANDEMIC IN A MATERNITY TEACHING HOSPITAL

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.4 WOMEN'S HEALTH IN SITUATIONS OF CONFLICT AND DISASTER

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Objectives: To assess maternal anxiety in late pregnancy, in the context of the COVID-19 pandemic and identify associated factors, analyzing the women who gave birth at a maternity teaching hospital in Northeast Brazil.

Methods: A descriptive, cross-sectional study, conducted between June and July of 2020. The participants were puerperal women selected according to the following criteria: >18 years, no history of mental illness, birth without complications to single, alive and without malformations child after at least 36 gestational weeks. The interviews were conducted before hospital discharge and consisted in a sociodemographic questionnaire and a Brazilian Portuguese validated version of the Beck Anxiety Inventory.

Results: 438 women were interviewed. There was a significant difference in the proportion of mild, moderate or severe anxiety according to parity (nulliparous 5.3% vs. multiparous 11.2%, $P=0.02$), marital status (with partner 7.5% vs. without partner 17.0%, $P=0.02$), gestational age at delivery (36 to 37 weeks 25.6% vs. ≥ 37 weeks 6.8%, $P<0.001$) and the newborn's weight ($<2,500g$ 26.1% vs. $\geq 2,500g$ 7.7%, $P=0.002$).

Conclusions: Maternal anxiety in late pregnancy was low in the population analyzed and associated with childbirth between 36 and 37 weeks, low birth weight and white color. Nulliparity proved to be a protective factor.

P0937 | MATERNAL (POSTPARTUM) AND POSTNATAL OUTCOME OF PREGNANT PATIENTS IN THEIR LAST TRIMESTER WITH COVID-19 IN HOSPITAL - SYSTEMATIC REVIEW THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: To update the scientific community with the latest knowledge of the complications and clinical outcomes of covid-19 positive pregnant patients in their last trimester while hospitalised.

Methods: A literature search was conducted on PubMed and Cochrane library from the 1st of January 2020 to the 3rd of October 2020, with the keywords being: 'Covid-19', 'Pregnancy', 'Maternal', 'Complications' and 'Outcomes'. All studies were then placed through an inclusion and exclusion criteria, resulting in 20 studies included in the review. A total of 919 covid-19 positive last trimester patients in the review originated from the United States of America, People's Republic of China, United Kingdom, Israel, Iran and Sweden.

Results: There was a total of 109 outcomes and 575 complications noted in the review and of the 575 complications noted, pre-term births accounted for 30.4% ($n=175$) of all complications. Furthermore, the incidence of pre-term birth rates (19.5%) and pre-eclampsia rates (5.8%) in covid-19 positive patients were substantially higher than covid-19 negative patients after comparison with WHO figures. Pre-term birth rates of covid-19 patients in a UK study (25.2%) were substantially higher than what NICE reported (7.3%) for Wales and England in 2012. Of the 12 studies that reported pre-term births, the incidence rate ranged from 13.9% to 44.4%.

Conclusions: This systematic review reveals that incidence of pre-term birth rates and pre-eclampsia rates among covid-19 positive patients in their last trimester are substantially higher than world and country specific averages around the world for covid-19 negative patients in their last trimester.

P0938 | DETECTION OF SARS-COV-2 IN THE LOWER GENITAL TRACT OF WOMEN WITH ACTIVE COVID-19 INFECTION

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: To assess the presence of SARS-CoV-2 in the lower genital tract of women with active COVID-19 infection and to find a correlation between high viral load and detection of SARS-CoV-2 in the genital samples.

Methods: A prospective study conducted at AIIMS Rishikesh from November 2020 to April 2021 among 61 COVID-19 infected women (both symptomatic and asymptomatic), diagnosed by RT-PCR from nasopharyngeal and oropharyngeal samples. Vaginal (n=61) and cervical (n=38) swabs were tested with transcription-mediated amplification in an FDA-approved closed system.

Results: The mean age of participants was 51.96±15.24 years (range: 24-75 years). SARS-CoV-2 was identified in 5/61 (8.2%) vaginal samples and 4/38 (10.53%) cervical samples. A total of 8 women had positive results in either vaginal or cervical samples or both. Out of 8 women, 5 were of reproductive age and 3 were postmenopausal, 2 were nulliparous, 1 was primiparous, and the rest 5 were multiparous. Four of them had no COVID-related symptoms whereas 1 woman had moderate and 3 women had severe COVID-19 disease. Both vaginal and cervical samples were found to be positive in only one woman with severe COVID pneumonia. Women who had positive results in vaginal fluid had significantly lower CT values than women with negative vaginal swabs (P=0.02). Similarly, lower CT values were recorded in women with positive cervical swabs (P=0.055).

Conclusions: The SARS-CoV-2 virus may present in the lower genital tract of women with active COVID-19 infection and the probability is significantly higher with a high viral load.

P0939 | PREVALENCE OF DOMESTIC VIOLENCE (PHYSICAL, PSYCHOLOGICAL OR SEXUAL) DURING PREGNANCY IN ADOLESCENT PATIENTS AT A SECOND LEVEL HOSPITAL IN NUEVO LEON, MEXICO

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.3 ADDRESSING STIGMA AND VIOLENCE AGAINST WOMEN

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Objectives: To evaluate the prevalence of domestic violence during pregnancy in adolescent patients at a Second level hospital in Nuevo Leon, Mexico.

Methods: An observational descriptive and retrospective analysis/studio of clinical records from 1907 pregnant adolescent women admitted to a second level hospital in Nuevo Leon, Mexico, where 172 suffered at least a type of domestic violence. The statistical analysis was conducted by calculating averages and proportions using SPSS 25.0 software. (SPSS Inc., Chicago, IL, USA9).

Results: Domestic violence during pregnancy among adolescents was 9.01% psychological violence, 8.7% physical violence, 3.35% sexual violence, 4.82 % socioeconomical violence, 0.26% abandonment. 88.95% caused by the intimate partner, 2.9% by mother or stepmother, 5.81% by father or stepfather, 11.62% by a relative. 100% of the pregnant patients domestically violated belonged to a low socioeconomic stratum.

Conclusions: At least 10% of the pregnant adolescent patients has experienced any kind of domestic violence, low socioeconomic was a common characteristic, shown in 100% of the cases. Psychological violent present the highest prevalence during pregnancy.

P0940 | WHAT A DIFFERENCE A YEAR MAKES: PROVISION AND UTILISATION OF MATERNAL HEALTH SERVICES DURING COVID-19 IN 16 HOSPITALS IN SUB-SAHARAN AFRICA

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: We documented the impact of COVID-19 on provision and utilisation of maternal care in 4 hospitals each in Benin, Malawi, Tanzania, and Uganda as part of an ongoing project to improve quality of intrapartum care (ALERT).

Methods: We conducted a health facility assessment in December 2020-March 2021 and incorporated COVID-19-related questions of adaptations (guidelines, staffing, infrastructure, care provision). We examined 24 months of routine data (January 2019-December 2020) to describe changes in antenatal care (ANC), births, caesarean section rates, and perinatal mortality.

Results: The number of ANC visits, births, and caesarean section rates were comparable between 2019 and 2020 in 12 hospitals and declined in four. The number of stillbirths increased slightly in nearly all hospitals; maternal deaths only increased in Benin. No hospital was able to provide the number of labouring women with suspected/confirmed COVID-19. Most hospitals reported more handwashing facilities, some disruptions in quality improvement activities, and no changes to maternal care protocols and drug availability. No hospital reported separating mothers and newborns even if COVID-19 was suspected; in two hospitals non-separation was explicitly advised. Staffing changes in Malawi were related to change in shift composition and shortage in Uganda was due to inability to get to work.

Conclusions: Rapid integration of COVID-19 related questions in a planned survey allowed us to examine the effects of the pandemic. Hospital operations were variously affected but service provision was mostly maintained. Trends in stillbirths and maternal deaths varied between countries and between hospitals, and require more investigation.

P0941 | COVID-19 PANDEMIC IN BRAZIL AND EFFECTS ON MATERNAL ANXIETY

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: To study the prevalence of maternal anxiety in late pregnancy in the context of the coronavirus disease 2019 (COVID-19) outbreak in Brazil and to analyze its association with maternal knowledge and concerns about the pandemic.

Methods: This is a national multicenter cross-sectional study performed in 10 different public university hospitals, between Jun 1 and Aug 31, 2020, in Brazil. The inclusion criteria were: maternal age over 18 years; gestational age over 36 weeks at childbirth; single alive newborn without malformations; and absence of mental disorders. Maternal anxiety was assessed using the Beck Anxiety Inventory (BAI). We applied a structured questionnaire to explore the knowledge and concerns about COVID-19.

Results: Of the 1662 women interviewed, the BAI score in late pregnancy indicated that 13.9% presented moderate and 9.6% severe maternal anxiety. The variables "secondary educational level" (aOR 1.66, 95% CI 1.21-2.29), "alcohol consumption" (aOR 3.5, 95% CI 1.94-6.14) and "having a family member diagnosed with COVID-19" (aOR 1.88, 95% CI 1.11-3.16) were independent factors significantly associated with moderate or severe maternal anxiety at the end

of pregnancy. Maternal concerns independently associated with moderate or severe anxiety was the fear of being unaccompanied at childbirth (aOR1.12, 95%CI 1.10-1.35), and independent protective factors were confidence in knowing how to protect oneself from COVID-19 (aOR0.89, 95%CI 0.82-0.97) and how to safely breastfeed (aOR0.89, 95%CI 0.83-0.95).

Conclusions: The COVID-19 pandemic has a significant impact on maternal anxiety and influence postpartum experience.

P0942 | CONTRACEPTIVE DISCONTINUATION AMONG DISPLACED WOMEN AND GIRLS IN NORTH KIVU, DEMOCRATIC REPUBLIC OF CONGO

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.4 WOMEN'S HEALTH IN SITUATIONS OF CONFLICT AND DISASTER

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Objectives: To describe and compare different patterns in contraceptive discontinuation among women and girls in North Kivu, DRC; while noting subpopulations that discontinue at higher rates than the overall population (i.e., adolescents and youth, people displaced by crisis, etc.).

Methods: Using five-year retrospective calendar data from a cross-sectional, population-based survey representative of Mweso and Masisi health zones (N=1,092), we conducted a survival analysis to determine overall five-year contraceptive discontinuation rates and discontinuation rates among disaggregated subpopulations, including age, education level, parity, displacement status, and employment status. We also examined specified reason for discontinuation, including desire to return to fertility, undesirable side effects, partner influence, etc.

Results: Preliminary findings suggest that contraceptive discontinuation rates are significantly higher among women and girls who are younger in age, have lower parity, and have been displaced from their home in the past five years. The leading reason for contraceptive discontinuation is the desire to return to fertility, but this varies among subpopulations.

Conclusions: It is important to better understand the drivers for contraceptive discontinuation, notably among populations that are hard to reach or impacted by conflict or natural disasters that contribute to difficulties in accessing consistent contraceptive services. Further, understanding the underlying contraceptive discontinuation behaviors of key subpopulations living in humanitarian settings can help to programmatically address barriers to care for these groups, whether they be driven by issues around access, knowledge, or stigma (both real and perceived).

P0943 | SUICIDE AND RELATED FACTORS AMONG RURAL WOMEN OF BANGLADESH: EVIDENCE FROM VERBAL AUTOPSY INVESTIGATION

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.3 ADDRESSING STIGMA AND VIOLENCE AGAINST WOMEN

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Objectives: In Bangladesh, 72% of women have experienced violence by their husband. We investigated how physical and emotional violence, abuse and helplessness lead the women to resort to suicide.

Methods:

During an antenatal micro-nutrient trial in NW Bangladesh (JiVitA-3, 20KW07-12, Bill & Melinda Gates Foundation funded), we investigated mortality among 127,000 surveilled women, including attributable suicide. Narratives of situations before death were obtained from families within 1-2 months by a structured verbal autopsy. Two physicians reviewed findings and adjudicated causes of death. Of 495, 88 (17.8%) occurred during pregnancy through 42 days postpartum, 26 (5.3%) were abortion-related; 37 (7.5%) were suicidal, 14 (2.8%) injury-related and 330 (66.7%) attributed to medical causes.

Results:

Among 37 reported suicides, 16 (43.2%) followed ingesting poison, 18 (48.6%) involved hanging and 4 (10.8%) 4 women jumped a front a train. Twenty-two (59.5 %) occurred after a dispute with husband and/or mother-in-law, 4 (10.8%) after a parental families' dispute, 4 (10.8%) after an abortion and another 4 (10.8%) women had a pre-existing psychological disorder. In 3 (8.1%), suicide followed sexual harassment by neighbor or relative. Twenty-seven (73.0%) died at home and 10 (27.0%) at hospital/clinic. Fifteen women (40.5%) left one child and 9 (24.3%) left two living children.

Conclusions: These women's stories of choosing death due to emotional, physical, or economic stresses serve as stark reminders of abuse faced by married women in rural Bangladesh and can inform advocacy and support programs aimed at improving lives of women by reducing despair, powerlessness, anger, and violence.

P0944 | ACCELERATING ACTION AND HOLDING THE GLOBAL HEALTH COMMUNITY ACCOUNTABLE FOR MATERNAL AND NEWBORN HEALTH IN HUMANITARIAN SETTINGS

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.4 WOMEN'S HEALTH IN SITUATIONS OF CONFLICT AND DISASTER

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Objectives: Neonatal mortality and stillbirth rates are the highest in countries affected by crisis, with newborns representing nearly half of under-5 deaths in most contexts. With only 10 years remaining to deliver on the SDGs, a strategy that considers the changing humanitarian landscape was required to catalyze progress.

Methods: A multi-sectoral experts meeting brought together 80+ stakeholders from various fields to forge a path forward. Informed by 55+ key informant interviews at global and country level, the discussions led to a five-year Roadmap for Accelerating Progress for Every Newborn in Humanitarian Settings 2020-2024.

Results: The Roadmap lays out objectives, milestones, and indicators to improve maternal and newborn health in humanitarian crises, and works toward global mortality and stillbirth targets. It promotes a life course approach, and advocates for strengthened linkages with WASH, nutrition, mental health, and SRH. It also calls for greater collaboration across the humanitarian-development nexus, and was endorsed by UN agencies, research institutions, and implementers. To support implementation and hold the community accountable for achieving the Roadmap objectives, the IAWG Newborn Initiative (INI) was formed in 2021. Its neutrality and time-limited global mandate make it uniquely positioned to progress commitments.

Conclusions: The Roadmap's actions are particularly relevant in today's climate, as the pandemic exposes the shortfalls of our global health system. The Roadmap reminds us of the imperative importance to maintain and prioritize sexual, reproductive, maternal, and newborn care during times of crisis. The INI is an innovative means of ensuring global commitments move from paper to action.

P0945 | RESPECTFUL MATERNITY CARE: PREVALENCE AND FACTORS ASSOCIATED WITH DISRESPECT AND ABUSE AMONG WOMEN WHO DELIVERED AT A UNIVERSITY TEACHING HOSPITAL

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.3 ADDRESSING STIGMA AND VIOLENCE AGAINST WOMEN

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Objectives: This study was designed to determine the prevalence and factors associated with disrespect and abuse during childbirth, adopting a validated tool among women who delivered at a University Teaching hospital.

Methods: This analytical cross-sectional study was conducted at the Department of Obstetrics and Gynaecology, University of Benin Teaching Hospital, Nigeria from October to December 2018. Participants included women who delivered at UBTH during the study period and presented for the 6th week postnatal visit. The primary outcome was the experience of disrespect and abuse by the women in any of the thematic domains in the tool namely friendly care, abuse free care, timely care, discrimination free care, abandonment and consented care.

Results: This study showed that the prevalence of disrespect and abuse was 36.5%. Verbal abuse and untimely care were the most common forms of Disrespect and abuse. Maternal age, parity and marital status among others were not significantly associated with disrespect and abuse.

Conclusions: This study showed that disrespect and abuse during childbirth is prevalent among women who delivered in our hospital. This information is useful for maternity care providers and women's health advocate when planning interventions to improve women's experiences of childbirth.

P0946 | COVID-19 INFECTION IN PREGNANCY IN METRO EAST CAPE TOWN

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: To describe the maternal and neonatal outcomes of women with Covid-19 infection in pregnancy in a South African

cohort. To classify Covid-19 disease according to severity, using the National Institutes of Health Criteria, and to compare severity groups.

Methods: We conducted a prospective descriptive study of all pregnant women with confirmed COVID-19 infection managed at Tygerberg Hospital from 1 May to 31 July 2020, with follow up until 31 October 2020 to allow completion of pregnancies. Tygerberg Hospital is a large referral hospital providing specialist obstetric care to a large and densely populated area in Metro East Cape Town South Africa. All women presenting to the obstetric services were screened for symptoms of COVID-19, only those that screened positive were tested. All sequentially confirmed cases were included.

Results: After symptom screening and testing, there were 100 pregnant women with confirmed SARS-COV-2 on a nasopharyngeal swab. Sixty cases had Mild/Moderate disease, 29 Severe and 11 Critical disease, eight women demised. In those with Severe and Critical disease, there were none known with a normal BMI, and significantly more presented with dyspnea, the Caesarean section rate was also higher. Comorbidity conditions such as HIV, TB, diabetes and hypertension were common but did not differ between the severity groups. Neonatal outcomes were good and did not differ on account of maternal disease severity.

Conclusions: Covid-19 in pregnancy caused severe disease in a large number of women and there was a high mortality rate mostly in association with additional risk factors.

P0947 | ASSOCIATION OF COVID-19 TO CLINICAL PROFILE WITH MATERNAL AND NEONATAL OUTCOMES OF PREGNANT PATIENTS ADMITTED IN A TERTIARY GOVERNMENT HOSPITAL FROM MARCH TO DECEMBER 2020

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: The novel coronavirus infection (COVID-19) is a global public emergency affecting over 4 million people worldwide. The physiologic demands of pregnancy bestow an increased risk in acquiring this infection. However, there are no studies which provide concrete proof these women are more susceptible. Principal study findings showed that they are more likely to have underlying conditions. In this regard, this study was done to determine the association between COVID 19 to clinical profile with maternal and neonatal outcome of obstetric patients.

Methods: Cross-sectional design was used in the study. Medical charts and SARS-CoV-2 RT-PCR results of pregnant patients from March to December 2020 were retrieved. Probability proportional sampling was done and Chi square test was used for data analysis.

Results: A total of 152 obstetric patient were included in this study. Only 16% tested positive for SARS-CoV-2 RT-PCR. Hypertension was the leading medical condition. Majority (150, 98.7%) of the population were discharged well and or quarantined. None of the neonates tested positive. Most (89, 58.6%) of them were well babies while neonatal deaths were all from mothers who tested negative.

Conclusions: Maternal outcome (obstetric complication, mode of delivery, anesthetics used and maternal disposition) was not associated with SARS-CoV-2 status. The results indicate that pregnant patients who tested positive for COVID-19 did not exhibit any life-threatening conditions. The fetal condition, aging, birthweight and disposition had not been affected by SARS-CoV-2 status of mothers. Similarly, the results indicate that COVID-19 virus had no significant impact to the over-all health status of neonates.

P0948 | COMORBIDITIES AS PREDICTORS OF COVID-19 SEVERITY IN PREGNANT WOMEN HOSPITALIZED

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: Comorbidities that affect the metabolic, cardiovascular and pulmonary system, may make pregnant women more susceptible

to severe forms of COVID-19. This study assessed if comorbidities are risk factors of critical COVID-19 among hospitalized pregnant women.

Methods: Retrospective cohort study with laboratory-confirmed COVID-19 patients, hospitalized between March 1 and September 30, 2020. Study data were collected from medical records using Electronic Research Data Capture (REDCap) tools. Pregnant women hospitalized in 18 units were selected. Pregnant women had the severity of COVID-19 classified according to the criteria of the World Health Organization. Logistic univariate analysis, with results expressed by odds ratio (OR) and their respective confidence intervals (95% CI), was performed to verify the association between the comorbidities of interest in the study and the occurrence of critical COVID-19.

Results: Of the 83 pregnant women (mean age 31+ 3.4 years, median gestational age 31 [interquartile range 10.5] weeks), there was a predominance of diabetes mellitus (16.9%), followed by obesity (13.3%), hypertensive disorders (12.0%) and asthma (4.8%). In this scenario, diabetes mellitus (OR=2.18; 95% CI=0.63-7.55), obesity (OR=2.12; CI95%=0.56-8.41), hypertensive disorders (OR=1.31; 95% CI=0.31-5.53) and asthma were not associated with the progression of pregnant women to the critical forms of COVID-19.

Conclusions: The complexity of comorbidities that compromise the metabolic, cardiovascular and pulmonary system has not been shown to be related to the severity of COVID-19 in pregnant women.

P0949 | IMPACT OF THE COVID-19 PANDEMIC ON PREGNANT AND POSTPARTUM WOMEN IN THE AMAZON REGION/BRAZIL. WHAT COULD BE DONE

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: Evaluate the results of the Covid-19 pandemic in obstetric care and assistance in Amazonas/Brazil.

Methods: This is a descriptive, observational, retrospective and quantitative study based on secondary data available on the Portal of the Health Surveillance Foundation of Amazonas, updated until March 2021. The variables studied were the number of cases and the number of deaths in pregnant women and puerperal women in the state of Amazonas, mortality and lethality rates.

Results: Until March 2021, 2004 cases of COVID-19 infection were reported in pregnant women with 36 deaths and 190 cases in puerperal women, with 25 deaths. The lethality rate was 1.8% in pregnant women and 13.2% in puerperal women, above the national average of 2.42%. Considering that the state of Amazonas in Brazil, is the largest state in the country, with a total population of

more than 4.2 million inhabitants, where 2.2 million live in the capital Manaus, it presents a distribution of beds for assistance tertiary and non-proportional quaternary, with 17 maternal ICU beds concentrated in the capital. Thus, we found low assistance to pregnant and postpartum patients in the context of the COVID-19 pandemic.

Conclusions: The high lethality rate and high number of deaths in pregnant and postpartum women affected by the COVID-19 infection was directly related to the lack of adequate assistance, the number of insufficient beds and the lack of prevention policies throughout the state of Amazonas, during the period of the pandemic.

P0950 | MATERNAL DEATH: LEARNING FROM MATERNAL DEATH INVESTIGATIONS DURING THE FIRST WAVE OF THE COVID-19 PANDEMIC

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: The Healthcare Safety Investigation Branch (HSIB) conducts independent investigations of patient safety concerns in NHS-funded care across England. HSIB reviewed maternal deaths during the first peak of the COVID-19 pandemic, focusing on factors that contributed to harm and aiming to support learning discussions within organisations and influence the development of systems and processes to optimise patient safety.

Methods: The qualitative review used the Systems Engineering Initiative for Patient Safety (SEIPS 2.0) framework for coding and analysis of the information within 19 maternal death investigation reports. SEIPS is a framework for studying and improving health and healthcare. The information contained in the reports was derived from interviews with families, staff, clinical notes, post-mortem examinations, and the wider context of the healthcare system and the environment.

Results: Seven themes emerged: 1. Unprecedented demand for telephone health advice caused delays in accessing health care. 2. Public messaging and 'safety netting' advice caused delays in seeking healthcare. 3. Guidance changed rapidly. 4. Use of early warning scores did not always detect deterioration. 5. Personal protective equipment requirements changed due to COVID-19. 6. Staff described feelings of stress and distress which can affect performance. 7. Difficulties in making a diagnosis and choosing treatment strategies.

Conclusions: HSIB identified patient safety risks arising from COVID-19 itself, from behaviour changes relating to patient and staff appreciation of risk, from changes in patient pathways and access to services, from obstacles to care caused by additional safety precautions such as PPE, and from reduced availability of staff.

P0951 | COVID-19 IN PREGNANT WOMEN: A CASE SERIES

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: To examine the disease course in COVID-19 affected pregnant women.

Methods: A series of pregnant women with positive COVID-19 test result treated in a dedicated ward at a Teaching Hospital in Lahore, Pakistan, was collated between April and June 2020. A predesigned proforma was used for data collection concerning clinical characteristics, obstetric outcomes and vertical transmission to the newborn. Continuous variables were expressed as mean \pm standard deviation (SD) & median with inter-quartile range. Categorical variables were expressed as frequency and percentages. The data were analyzed by using SPSS version 24.

Results: There were 26 COVID-19 positive pregnant women with mean gestational age of 31 \pm 8.8 weeks & mean age of 27 \pm 4 years. Of these, 10 (38.4%) were asymptomatic. Among symptomatic women 14/16 (87.5%) suffered fever and 11/16 (68.75%) had cough. One case of severe pneumonia experienced mortality. Of the 14 women delivered, 11 (78.5%) had caesarean section. There were no cases of miscarriage, spontaneous preterm labor, intrauterine demise, neonatal death or vertical transmission of COVID-19.

Conclusions: The majority of pregnant women with COVID-19 suffered mild disease. Pregnancy did not appear to aggravate or change the course of COVID-19, nor did COVID-19 appear to increase the risk of obstetric complications.

P0952 | FIRST-TRIMESTER SARS-COV-2 INFECTION: CLINICAL PRESENTATION, INFLAMMATORY MARKERS AND OBSTETRIC OUTCOMES

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7
PANDEMIC INFECTIOUS DISEASES

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Objectives: To describe the clinical presentation, inflammatory response and placental function in first-trimester SARS-CoV-2 infected women. The impact of first-trimester SARS-CoV-2 infection in obstetric outcomes was evaluated.

Methods: Population-based study including 817 singleton pregnancies with first-trimester SARS-CoV-2 serology (8-14 weeks) at two tertiary hospitals in Barcelona, Spain, between March and May 2020. Complete blood count was performed in all patients, and COVID-19 symptoms were recorded. Placental function was assessed using uterine artery doppler and PAPP-A in all patients. PIGF, sFlt-1, sFlt-1/PIGF ratio, IL-6 and ferritin levels were determined in positive patients. Obstetric outcomes were evaluated.

Results: Prevalence of SARS-CoV-2 infection was 15.2% (n=124). Among positive patients, 72.6% were asymptomatic and none required hospitalization. Symptomatic patients had a higher rate of lymphopenia, lower rates of decreased ferritin, and increased levels of IL-6, compared to asymptomatic patients. Placental function markers showed no differences between positive and negative patients. PAPP-A levels were significantly increased in symptomatic patients compared with asymptomatic and negative patients (1.44 (IQR 0.90-1.82) vs. 1.08 (IQR 0.66-1.61) $P=0.014$, vs. 1.08 (IQR 0.77-1.55) $P=0.019$). There were no differences in the incidence of preeclampsia, small for gestational age infants, preterm birth or stillbirth.

Conclusions: The majority first-trimester SARS-CoV-2 infections are asymptomatic. Inflammatory markers in symptomatic patients were mildly increased, but no changes in placental function were observed. Obstetric outcomes of first-trimester SARS-CoV-2 infected women were comparable to those without the infection. An increase

in PAPP-A values was observed in symptomatic patients. The role of PAPP-A in the inflammatory response of COVID-19 disease should be further investigated.

P0953 | NEONATAL OUTCOMES IN PATIENTS DIAGNOSED WITH INTRAUTERINE GROWTH RESTRICTION AND COVID-19 INFECTION

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7
PANDEMIC INFECTIOUS DISEASES

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Objectives: To describe neonatal outcomes in pregnant women with SARS-CoV2 infection and early and late intrauterine growth restriction (IUGR)

Methods: Retrospective study of a series of cases of patients admitted to National Institute of Perinatology, Mexico in 2020, with a positive RT-PCR test for SARS-CoV2, diagnosis of early or late IUGR. Weight at birth, admission to the NICU, need for resuscitation, respiratory distress syndrome, transient tachypnea, sepsis, necrotizing enterocolitis, intraventricular hemorrhage, morbidity, days of hospital stay, and RT-PCR test for SARS-CoV2 of the neonate were analyzed in both groups.

Results: 27 patients with IUGR had a diagnosis of SARS-CoV2 infection. The mean gestational age of resolution in early IUGR was 32.9 ± 3.33 weeks, while late was 36.3 ± 2.26 weeks ($P=0.005$). Regarding neonatal outcomes, it was observed that mean birth weight for early IUGR was 1232.22 ± 370.65 grams, while the late one was 2129.05 ± 415.69 grams ($P<0.001$), statistically significant a higher percentage in need of resuscitation was documented $P=0.009$, admission to the NICU $P=0.001$, neonatal morbidity $P=0.001$ and longer hospital stay $P=0.002$ for early IUGR. No significant differences were found in terms of respiratory distress syndrome $P=0.44$, transient tachypnea $P=0.14$, sepsis $P=0.14$, necrotizing enterocolitis $P=0.150$, intraventricular hemorrhage $P=0.150$, SARS-CoV2 infection $P=0.785$ and death $P=0.603$.

Conclusions: Pregnancy with SARS-CoV2 infection and early IUGR has a greater probability of presenting a neonate with a lower weight, admission to the NICU, neonatal morbidity, and longer hospital stay than late IUGR. No changes were observed in terms of frequency or neonatal results between early and late IUGR in the patient with SARS-CoV2 infection.

P0954 | ANTIMICROBIAL RESISTANCE AND SEXUALLY TRANSMITTED INFECTIONS: A QUALITATIVE ANALYSIS OF NEISSERIA GONORRHOEAE

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: To analyze challenges and opportunities in the implementation of the Colombian National Plan for responding Antimicrobial Resistance AMR, with particular focus on Neisseria Gonorrhoeae.

Methods: Qualitative study based on grounded theory, orientated by semi-structured interviews with users of clinics, and key informants responsible of the AMR and Sexually Transmitted Infections (STIs). Interviews were orientated toward knowledge about AMR, antibiotics rational use, and the interconnection between Neisseria Gonorrhoeae and AMR. In total 23 interviews were conducted in four Colombian cities selected due to the higher incidences of resistance to gonorrhea. Interviews were recorded, transcript, coded and analyzed with N-Vivo 11.

Results: The main facilitators process of the implementation plan are laboratory-based surveillance, governance addressing antimicrobial resistance, and inter-institutional coordination. Among challenges or implementation difficulties arose the lack of shared objectives among responsible actors, particularly the lack of and inter institutional agenda tackling antimicrobial resistance and sexually transmitted infections; absence of protocols addressing irrational use of antibiotics and insufficient coping of technical guidelines. Overall, general public is not familiar with antimicrobial resistance nor with its individual and collective effects, and that patients are not receiving enough information about rational use of antibiotics.

Conclusions: More research is needed to understand the impacts of governance addressing antimicrobial resistance. Strategies on this subject should promote sex education and information about the importance of rational usage of antibiotics and prevention of sexually transmitted infections. Furthermore, gonorrhea should be enforced as a strategic infection of antimicrobial resistance improving responses to these phenomena.

P0955 | THE LINK BETWEEN SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AND CLIMATE CHANGE: AN EVIDENCE REVIEW

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.2 CLIMATE CHANGE

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Objectives: Gender equality, sexual and reproductive health and rights (SRHR), and climate change issues are inextricably linked.

Recognizing these links is key to creating an effective adaptive response to climate change, while also improving gender equality and access to SRHR services.

Methods: Drawing on published literature as well as key informant interviews, this evidence review explores, through an intersectional lens: (i) the impact of climate change on SRHR and (ii) the linkages between climate action, including adaptation and mitigation, and SRHR.

Results: (i) The impacts of climate change have a detrimental effect on an individual's SRHR. For example, climate change issues have negative impacts on maternal health; (ii) There is emerging evidence of the benefits of realizing SRHR as a basis for climate action. When people are able to enjoy their SRHR, their resilience to climate-related shocks can be enhanced; (iii) Climate action efforts may indirectly and directly impact SRHR, but more evidence is needed; (iv) Efforts to address climate change that do not pay attention to existing inequalities in access to SRHR run the risk of exacerbating them. **Conclusions:** Given the interlinkages between climate change and SRHR, opportunities to strengthen SRHR can be focused on improving resilience to climate change, and thereby helping achieve the dual goals of gender equality and climate change relief. This evidence review makes the case for more integrated, systemic approaches to achieve the inter-related objectives of achieving gender equality, addressing the impacts of climate change, and realizing SRHR.

P0956 | THE RITUAL OF FGM/C AND LACK OF AUTONOMY

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.3 ADDRESSING STIGMA AND VIOLENCE AGAINST WOMEN

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Objectives: To describe the procedure of female genital mutilation/cutting (FGM/C) and the family dynamics surrounding the decision to undergo the procedure.

Methods: This is a nested retrospective cohort study of adult FGM/C survivors and those at risk of FGM/C receiving care at a New York City clinic for survivors of sexual-and-gender-based violence. Data were collected by electronic medical record (EMR) review, extracted from the EMR-documented narrative that each subject provided about the FGM/C procedure.

Results: Eighty-three patients were included, including 81 who had a previous history of FGM/C. Most subjects were West African (91.6%), had Type I or II FGM/C (88.9%) and were applying for asylum (88%). Fifty-seven (70%) remembered details of the procedure.

The victim was typically not informed about the procedure in advance (61.4%), accompanied by a female relative (45.6%) but rarely their own mother. The procedure was performed in a rural location (100%), on multiple girls at once (66.7%), while being held down (68.4%), without anesthesia (96.5%), and often by an older female community member (61.4%). When the subject's mother's opinion was known, she tended to be opposed to the procedure, whereas all other family members tended to be in favor.

Conclusions: The FGM/C process involves a lack of autonomy. The decision to undergo FGM/C is rarely revealed to them, they are held down and forced to undergo the procedure, and while their mother may be opposed to the procedure, the mother often has no power to decide, and other family members in favor enforce carrying it out.

P0957 | INNOVATIVE AND EFFECTIVE STRATEGIES TO TRAIN HEALTH CARE PROVIDERS IN ACUTE HUMANITARIAN EMERGENCIES

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.4
WOMEN'S HEALTH IN SITUATIONS OF CONFLICT AND DISASTER

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Objectives: To evaluate the efficacy of two rapidly deployable training modules for contraception and postabortion care for use in acute emergencies to ensure that health providers in humanitarian emergencies can quickly and effectively provide reproductive health services.

Methods: The flash training approach builds the clinical capacity of small groups of three to five providers at the health facility, so they continue to provide life-saving services while gaining new FP and PAC skills. The trainer uses a comprehensive kit to deliver short, focused skill sessions. A self-learning workbook was developed, allowing providers to learn at their own pace. After completion, providers should be ready for in-depth clinical practice. In 2021, a pilot of the flash training, including the workbook, was conducted in Yemen and Syria. Twenty health care providers' learning was assessed longitudinally via knowledge assessments, satisfaction surveys, in-depth interviews, and weekly assessments of service delivery statistics and supervisors' perceptions of the health providers.

Results: Preliminary findings suggest that providers and supervisors are very satisfied with the flash training approach and the self-guided workbook within. The average number of procedures performed does not decrease. At the conclusion of the pilot, the breath of results will broaden and will be supported by statistical analyses.

Conclusions: An acute emergency is a challenging context for quality clinical training. Traditional competency-based training is not an appropriate approach, as it causes service disruption and can be challenging in COVID situations. Flash training approach and self-learning workbook are innovative ways to conduct training.

P0958 | EARLY RECOVERY AFTER SURGERY (ERAS) IN ELECTIVE OB-GYN SURGERIES. PROSPECTIVE SINGLE-CENTER PILOT STUDY THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.6 EVIDENCE BASED MEDICINE AND GUIDELINES

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Objectives: ERAS programmes employed in elective colorectal, vascular, urologic and orthopaedic surgery has provided strong evidence for decreased lengths of hospital stay without increase in postoperative complications. **Aim-** Explore role and benefits, if any, of ERAS/ERP (early recovery programmes) implemented in patients undergoing elective obstetric and gynaecological surgeries.

Methods: Prospective cohort of 48 consecutive patients undergoing elective ob-gyn surgeries included. ERP included: early feeding, urinary catheter removal, mobilisation/physiotherapy, intravenous line removal and optimal oral analgesia. This was compared to control group of 50 patients undergoing similar operations prior to introduction of ERP, SPC group - standard perioperative care. Demographics and indications were similar for both groups. Primary end-points were length of stay (LOS) and incidence of complications (Clavien-Dindo classification) in 2 groups. Difference in means tested using t-test unequal variances. Statistical significance $P < 0.05$.

Results: Two groups- A (non-ERAS/SPC- Jan'2017 to Aug'2018 (20 months)), B (ERAS- Sep' 2018 to Apr'2020 (20 months) were comparable with regards to demographics and indication of surgery. The mean time to solid diet, urinary catheter removal, mobilization, iv fluid removal and shift to oral analgesia, was 2.57, 1.13 [< 0.00001], 1.99, 1.03 [< 0.00268], 1.63, 1.2 [< 0.00001], 1.72, 1.14 [< 0.00001], 1.8, 1.37 [< 0.00001] days, respectively. There were 31 and 21 complications in both groups, respectively [< 0.0097]. Hospital stay was significantly shorter in the ERAS group: 2.87, 2.61 [$P < 0.0378$].

Conclusions: This pilot study shows- ERPs can be successfully implemented with significant shorter hospital stays without any increase in postoperative complications in elective ob-gyn patients.

P0959 | DENIAL OF PREGNANCY COMPLICATED BY PREECLAMPSIA WITH SEVERE FEATURES DURING THE COVID-19 PANDEMIC

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.1
WOMEN AND THE ENVIRONMENT

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Objectives: To highlight the significance of environmental stressors, such as the COVID-19 pandemic, on perinatal care and obstetric complications.

Methods: The patient presented to the emergency department with elevated blood pressure from the office after her first prenatal visit. Her medical history was complicated by obesity, PCOS, denial of pregnancy, and multiple life challenges and psychosocial issues in the setting of the COVID-19 pandemic.

Results: The patient is a 34-year-old African American woman, G1P0000 at 31 weeks and 1-day gestation by third-trimester ultrasound. The patient had recently left an abusive relationship and moved to Florida, where she had a lack of financial and social support. She attributed her physical and emotional changes to the social isolation and dietary changes during the pandemic and attributed her amenorrhea to PCOS. Upon admission to the antepartum unit, she was diagnosed with preeclampsia, which eventually progressed as she developed severe features. The decision was made for emergent delivery of the pre-term infant and admission to the NICU. Although the pregnancy was initially determined to be 31 weeks, after delivery, the infant was determined to be closer to 34 weeks based on neonatal maturity scales.

Conclusions: Denial of pregnancy has a reported incidence of 1:500 pregnancies. This condition is often very challenging, as the late diagnosis of the pregnancy is associated with obstetric complications, psychological struggles, and of course risks to the fetus. This case demonstrates how environmental factors such as the COVID-19 pandemic can have a significant effect on obstetric care and complications.

P0960 | SOCIOECONOMIC POSITION AND ANTIMICROBIAL RESISTANCE TO NEISSERIA GONORRHOEAE, A SYSTEMATIC REVIEW OF LITERATURE

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: This systematic review assessed the association of social determinants of health and antimicrobial resistance (AMR) in *Neisseria gonorrhoeae*.

Methods: Following the PRISMA checklist, literature searches were performed in three electronic databases, and screening of abstracts, data extraction, and quality assessment of individual studies was performed by one reviewer and verified by a second reviewer.

Results: The systematic review included 15 studies, without geographical limitation, in which both structural and individual determinants most explained the association with antimicrobial resistance in *Neisseria gonorrhoeae*. The association between older age, belong to a risk group such as men who have sex with men relative to all women and heterosexual men and having a low educational level resulted in a higher probability of developing AMR. However, while the young people were associated with faster transmission, people

belonging to an older age group were associated with a higher prevalence of developing resistance in *Neisseria gonorrhoeae*. On the other hand, access to health services, having a below-average income level, having a high level of poverty, or having an unhealthy lifestyle (such as alcoholism or drug use) were used less to explain AMR in the studies. Given the heterogeneity of study designs, a meta-analysis was not performed.

Conclusions: Several factors related to AMR, such as risk group, sexual networks, or educational level, allow identifying the groups most vulnerable to acquiring resistance to *Neisseria gonorrhoeae* and to focus public intervention strategies at reducing inequalities in health outcomes.

P0961 | AWARENESS AND PREPAREDNESS OF EGYPTIAN HOUSE OFFICERS IN OB-GYN CLINICAL ROUND TOWARD COVID-19 PANDEMIC

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.7 PANDEMIC INFECTIOUS DISEASES

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Objectives: The recent spread of coronavirus disease-2019 (COVID-19) led to a shortage of health care providers in all countries. The study aims to measure the readiness of Egyptian house-officers to be part of the health system facing the current COVID-19 pandemic.

Methods: A cross-sectional online questionnaire was conducted on a sample of house-officers from different universities during May 2020. It has consisted of 17-items divided into three parts. The first part includes participant demographics. The second part includes questions about the source of their information about COVID-19, attendance of any online courses or specialized training by the university, their perception of their skills if qualified to deal with COVID-19 cases or not, and availability of personal protective equipment (PPE) in hospitals. The third part includes questions of their knowledge about symptoms, investigations, proper use of PPE, prevention of transmission from an infected patient, protective measures during procedures as cardiopulmonary resuscitation, endotracheal intubation, and tracheostomy for COVID-19 patients.

Results: Nine-hundred seventy-four Egyptian house-officers participated in this study. Only 38.8% of respondents agreed to be a member of the COVID-19 management team, 70.4% of participants depend on social media as a source for their information. From all respondents, only 11.9% thought that they are qualified to deal with COVID-19 cases. For their preparedness for the COVID-19 situation, only 22.9% attended online courses, and 31.5% received specialized training from their universities.

Conclusions: Egyptian house-officers need more training before being involved in the health care system for facing COVID-19.

P0962 | EVALUATION OF CASES OF STILLBIRTH AND NEONATAL DEATH IN TWIN PREGNANCIES IN A TERTIARY CENTRE IN NORTHERN ENGLAND OVER 5 YEARS

THEME: AB 2 CLINICAL OBSTETRICS/SUB-THEME: AB 2.1 ANTENATAL AND POSTNATAL CARE

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Objectives: The MBRRACE-UK *Perinatal Confidential Enquiry: Stillbirths and neonatal deaths in twin pregnancies* reported major sub-optimal care in a majority of cases and made important recommendations. We evaluated cases of stillbirth and early neonatal death (END) in twin pregnancies at our tertiary centre to improve quality and safety of our multiple pregnancy service.

Methods: From our electronic database, we identified women delivering twins 01/01/2016 - 31/12/2020 at 22+0 weeks of gestation or beyond and where one or both twins died. We retrospectively reviewed medical records and audited compliance with MBRRACE-UK recommendations.

Results: Twenty-two pregnancies (12 dichorionic and 10 monochorionic) met the inclusion criteria. In 5/22 cases, both twins died. There were 19 stillbirths with a rate of 16.99/1000 total births and 8 ENDs with a neonatal mortality rate of 7.28/1000 live births. Twin-to-twin-transfusion-syndrome accounted for 6/9 (66%) stillbirths in monochorionic pregnancies. Preterm prelabour rupture of membranes/preterm labour caused 22% of ENDs and there was senior neonatal review prior to delivery in 100% of cases. All other ENDs were anticipated antenatally with all women counselled and involved in management decisions. Placental histology took place in 81% although of these cases, the clinical information supplied to the pathologist was suboptimal in 89%. Postnatal follow up occurred in 54% of women with evidence of sensitive communication in all cases.

Conclusions: Neonatal input was significant and timely in all cases where early neonatal death occurred. However, we have demonstrated the need for improvement with regards to placental investigation and follow up care.

P0963 | DETECTION OF THYROID DISORDERS DURING PREGNANCY: UNIVERSAL SCREENING VERSUS HIGH-RISK TARGETED CASE FINDING: OUR EXPERIENCE

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: As J&K falls in the Himalayan region, one of the world's biggest goiter belt, the objective of this study was to determine the prevalence of thyroid disorders and to compare the efficacy of universal screening versus targeted high-risk case finding for thyroid disorders during early pregnancy.

Methods: This prospective observational study was conducted on 290 pregnant women in first trimester attending outpatient department of a tertiary care center. Women were divided into low risk and high-risk group. Both groups were subjected to thyroid function tests (TSH, T3, T4) and subjects with altered tests were further tested for thyroid antibodies. Results from both groups were compared.

Results: Baseline characteristics of pregnant women in both groups were comparable. Overall percentage of women with thyroid dysfunction was 6.2%. Percentage of women with thyroid dysfunction in low-risk women was 3% and that in high-risk group was 12.5%. This difference is statistically significant (12.5% versus 3%; relative risk (RR) 2.6; 95% confidence interval (CI) 1.50-18.50; P value=0.004).

Conclusions: Based on our study we conclude that there is need of universal screening for thyroid dysfunction in pregnancy. Testing only high-risk women would miss about one-third of pregnant women with thyroid disorders and when potential adverse outcomes are so significant and tools to diagnose and intervene are easily accessible, leaving maternal disease undiagnosed even in one-third pregnant women is no longer acceptable.

P0964 | INCIDENCE OF POSTPARTUM HEMORRHAGE IN TWIN PREGNANCIES DELIVERED AT A MATERNAL-FETAL HOSPITAL IN MEXICO

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: To describe the incidence of postpartum hemorrhage (PPH) among patients after delivery in twin pregnancies.

Methods: We conducted a descriptive, cross-sectional study analyzing the incidence of PPH in all multiple gestations delivered from 2018-2020 at a maternal-fetal hospital in Mexico City. Due to the heterogenous definition of PPH among organizations, PPH was defined as blood loss at delivery above 1,000 ml regardless of mode of birth. Statistical analysis was made using SPSS (IBM, New York, NY). Categorical variables were analyzed as percentages, continuous variables as means with standard deviations.

Results: A total of 310 twin deliveries were identified. 98% (n=304) were delivered via cesarean section while only 2% (n=6) were delivered by vaginal birth. Mean maternal age at delivery was 30.7 ±6.75 with a mean parity of 2.24 ±1.22 and a mean gestational age at delivery of 35 6/7 weeks (26 2/7 - 40 5/7). Mean blood loss was 713 ml ±461 with a range of 100 to 5,000 ml. A total of 51 postpartum hemorrhages were identified, representing 16.4% of cases. In this population a mean blood loss of 1,469 ml ±697 was identified, with a range of 1000 to 5,000 ml.

Conclusions: Compared to a 2% incidence in the literature of PPH greater than 1,000 ml among singleton births, a rate of 16.4% was found among twins. Uterine overdistention contributing to atony as well as increased blood flow have been proposed as causal factors. All twin births must be regarded as high risk and managed accordingly.

P0965 | ADVANCED BIPOLAR ENERGY VS SUTURE MATERIAL IN TOTAL ABDOMINAL HYSTERECTOMY FOR BENIGN INDICATION; A PILOT STUDY

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME: AB 4.1 CONVENTIONAL AND BENIGN GYNAECOLOGICAL SURGERY

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Objectives: The use of advanced bipolar energy for tissue dissection and vessel occlusion has seen an incremental rise in gynecologic laparoscopic surgery. The objective of this study was to compare whether its use has any advantage over the use of conventional suture in open total abdominal hysterectomy for benign pathology.

Methods: A retrospective cohort study including 40 patients who underwent total abdominal hysterectomy was conducted in a tertiary level hospital in Mexico. Patients were assigned to one of two groups. For group A, advanced bipolar energy was used for vessel section and coagulation. For group B, conventional suture was used in vessel ligation and section. Demographic characteristics of both groups were homogeneous, without any statistically significant differences.

Results: Mean surgical length showed a difference of approximately one hour (132.5 minutes for bipolar energy and 191.25 for suture). Intraoperative bleeding showed a difference of 200 ml (377.5 ml for bipolar energy and 555 for suture) respectively, however these findings were not statistically significant (P=.40 for surgical length and P=.34 intraoperative bleeding). For postoperative pain and days of in-hospital stay, there were no differences between the two groups compared.

Conclusions: In our study, there was no statistically significant difference in surgical length, intraoperative bleeding, postoperative pain, and in-hospital stay. Larger studies are needed to determine whether bipolar energy has an advantage over traditional methods of vessel occlusion.

P0966 | ROLE OF FETAL THIGH CIRCUMFERENCE IN ESTIMATION OF BIRTH WEIGHT BY ULTRASOUND IN ANTENATAL WOMEN ATTENDING A TERTIARY CARE CENTRE OF NORTHERN INDIA

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.2 IMAGING IN OBSTETRICS

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Objectives: To study the accuracy of sonographically estimated fetal weight using Vintzileos formula in comparison to the Hadlock method.

Methods: This prospective study was performed on 96 Antenatal women who attended the outpatient department and indoor of Department of Obstetrics and Gynecology, BRD Medical College Gorakhpur, U.P., India. ultrasonic measurement of mid-thigh circumference, along with BPD, FL and AC were done within 48 hours of delivery. Birth weights were calculated using Hadlocks' and Vintzileos' methods which were finally compared with the postnatal birth weight.

Results: Vintzileos' method was found to be better than Hadlocks' method in predicting postnatal weight. Mean fetal weight using Vintzileos' method was 2638.26 \pm 375.65 gm while the mean fetal weight using Hadlocks' method was 2779.19 \pm 379.41 in comparison to the mean postnatal weight i.e., 2662.26 \pm 370.86 gm.

Conclusions: There was a positive correlation between sonologically measured fetal weight using Vintzileos formula and the birth weight ($r^2=0.93$, $P<0.05$). Including fetal thigh circumference measurements along with biparietal diameter, femur length and abdominal circumference has a good potential in improving accuracy of birth weight estimation by ultrasound.

P0967 | IMPROVING ANTENATAL CARE THROUGH INTRODUCTION OF QUALITY POINT-OF-CARE SERVICES BY FRONT-LINE HEALTH PROVIDERS IN INDIA: EXPERIENCE FROM RAJASTHAN

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.1 PRENATAL DIAGNOSIS

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Objectives: Determine if adding point of care (PoC) screening and services for pregnant women at public-sector ante-natal care (ANC) platforms improves usage and quality of ANC.

Methods: To demonstrate evidence-based ANC model, project interventions included participatory training and on-the-job mentoring-support to front-line providers of 125 government health facilities in 4 districts of Rajasthan on PoC screening for maternal infections, antenatal clinical-examination, identification of high-risk pregnancies (HRPs), counselling, data recording and reporting; ensuring adequate availability of essential items and quarterly periodic assessment (PAs) to address gaps. Service-statistics from Pregnancy and Child Tracking System (PCTS), Government of Rajasthan, for 4 years until Dec 2020 included 256,630 ANC visits in intervention-facilities; project data from HRP tracking and reports of mentoring-support visits and PAs of intervention-facilities were analyzed.

Results: From 2017-18 to 2020, ANC4 completion increased from 29% to 73%, early registration from 61% to 74% in intervention-facilities, versus increase from 21% to 63% and from 64% to 69% respectively in non-intervention districts. HRP identification improved from 2% to 9% in intervention-facilities, whereas from 2% to 5% in non-project districts. HRP tracking shows 95.3% pregnant women at community-level platforms were screened for asymptomatic bacteriuria using multireagent-dipstix and positive cases received antibiotics. Increase in availability of essential items, drugs, supplies; clinical knowledge and competencies of trained providers are remarkable. Client feedback confirmed noticeable improvement in components of ANC service-provision.

Conclusions: Though no counterfactual, significant improving trends observed, implies that implementing antenatal PoC screening and services at community-level platforms is feasible for improved ANC achievement.

P0968 | SCREENING FOR ASYMPTOMATIC BACTERIURIA IN ANTENATAL WOMEN USING DIPSTICKS IMPLEMENTATION EXPERIENCE FROM RAJASTHAN INDIA

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: Improving birth outcomes through strengthening quality and coverage of antenatal care (ANC) is a priority in India. Some evidence has linked untreated asymptomatic bacteriuria (ASB) to potential increased risk of preterm birth and low birth weight. The Jhpiego-led Born Healthy program in Rajasthan aimed to demonstrate feasibility of using multireagent urine dipsticks to screen for ASB among ANC clients and to report on screening and detection rates.

Methods: All frontline workers and medical officers in intervention facilities were trained for correct use of dipsticks and management protocols complemented by monthly onsite visits to support compliance. Screening and detection of ASB for pregnant women using dipsticks in 125 public facilities was recorded. Monthly progress reports and referrals for a subset of data were tracked from July 2018 to December 2020. Dipsticks were supplied by the State Government.

Results: 181,461 women of total 262,195 ANC contacts (69.2%) were screened. During the intervention period, screening improved from 31% (July-August 2018) to 78% (October-December 2020). Overall detection rate for ASB was 5.0% (8,986 cases). Women screened at outreach sessions were followed up using referral slips. 193 ASB cases were tracked. 95.3% were referred to higher facilities for management. 78% reached higher facilities and of those 97% initiated treatment. Encouraged by results, State government has endorsed routine dipstick use across Rajasthan and incorporated reporting of ASB in the Pregnancy and Child Tracking System.

Conclusions: Dipsticks can be an effective screening strategy to detect and manage ASB among pregnant women in resource constrained settings.

P0969 | EPIDEMIOLOGY AND RISK FACTORS OF PELVIC FLOOR DYSFUNCTION AMONG PATIENTS AGED 40 YEARS AND ABOVE

THEME: AB 7 UROGYNAECOLOGY/SUB-THEME: AB 7.1 PREVENTIVE UROGYNAECOLOGY

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Objectives: This study is conducted to provide epidemiology of PFD among Filipino women and to identify risk factors that can enable select patients who will benefit from early interventions that prevent development or worsening of PFD.

Methods: This analytic cross-sectional study included patients aged 40 years old and above seen in outpatient clinic from July 2019 to December 2019. Each participant answered a data sheet and Pelvic Floor Distress Inventory (PFDI) Short Form 20 questionnaire. Participants subsequently underwent transperineal ultrasound for identification of Levator Ani Muscle (LAM) avulsion. The variables considered for analysis were age, BMI, parity, mode of delivery and LAM avulsion. Results from the multivariate logistic regression analysis were used to identify significant risk factors of PFD.

Results: Out of 200 women included in the study, 55.5% were noted to have PFD. Among the variables evaluated (confidence level 95%), bilateral LAM avulsion (OR 10), unilateral LAM avulsion (OR 41) and CS due to dystocia (OR 12) were identified to be significant risk factors of PFD. Age (OR 1.28), and BMI (OR 1.28) were not significantly associated with PFD.

Conclusions: Bilateral LAM avulsion, unilateral LAM avulsion and CS due to dystocia significantly increased the risk of PFD. This study showed that more than the widely recognized risks brought about by age, BMI, parity and spontaneous vaginal delivery in developing PFD, identification of LAM avulsion may significantly aid in determining who among the patients are at risk of developing PFD and may potentially benefit from early intervention.

P0970 | IMPORTANCE OF PERIODIC ASSESSMENT OF COMPETENCY AND KNOWLEDGE TO SUSTAIN THE QUALITY OF CARE DURING CHILDBIRTH: A STUDY FROM RAJASTHAN INDIA

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.6 EVIDENCE BASED MEDICINE AND GUIDELINES

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Objectives: The Dakshata program was launched by the Government of India (GOI) to improve the quality of care by competent health

care providers in labor rooms situated in public health facilities. Dakshata in Rajasthan was funded by Child Investment Fund Foundation (CIFF), implemented by Jhpiego in collaboration with the Government of Rajasthan (GOR). The Dakshata package included rapid baseline assessment, three days of competency-based training, mentoring, and supportive visits (MSVs), and periodic assessment (PA). The study is aimed to share findings of competency and knowledge assessment of 10 evidence-based childbirth practices performed by providers posted in the labor room.

Methods: Jhpiego program officers assessed the competency of 409 providers posted in labor room and postnatal ward of 62 intervention facilities. They used OSCEs (Objective Structured Clinical evaluation) and case studies for assessment.

Results: 348 (85%) and 309 (76%) providers were competent in AMTSL (Active Management of Third State of Labor) and management of severe pre-eclampsia/ eclampsia respectively. Skills like plotting of partograph and per-abdomen examination showed lesser competency (60% each). Total 111(27%) of 409 providers demonstrated competency in all 10 practices.

Conclusions: Quality improvement initiatives like Dakshata focusing on competency-based program helped in improving the quality of care by competent providers. Childbirth practices with indirect impact or relatively complex procedures or rarely performed during childbirth showed lesser competency. Therefore, it is critical to institutionalize periodic assessment of competency and knowledge of healthcare providers to adhere evidence-based practices and sustain the quality of care during childbirth.

P0971 | SUCCESSES AND CHALLENGES OF INTERVENTION AND IMPLEMENTATION STRATEGIES ADDRESSING MATERNAL HEALTH AND STRUCTURAL RACISM IN THE US: A SCOPING REVIEW

THEME: AB 10 SPECIAL TOPICS/SUB-THEME: AB 10.3 ADDRESSING STIGMA AND VIOLENCE AGAINST WOMEN

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Objectives: To assess evidence-based interventions and implementation strategies in the US that address: 1) maternal health risk factors related to structural racism, or 2) discrimination in healthcare during pregnancy, at birth, or <1 year postpartum among women of color.

Methods: Design: scoping review of peer-reviewed and gray literature. Nine databases were searched. Of 3,287 articles screened by title/abstract, 38 were screened by full text and 26 were included. Relevant data were extracted and a narrative summary was produced. Intervention and implementation strategies were charted,

with examples of challenges and successes identified. PRISMA scoping guidelines were applied. Risk of bias was assessed using Cochrane RoB Assessment for RCT, Newcastle-Ottawa Scale for cohort studies, and CASP Assessment Tool for qualitative studies.

Results: Across the 26 included articles, three intervention types were identified, with some overlap: those addressing increased maternal health risk (n=17), those addressing lower quality of care (n=15), and those addressing socioeconomic disadvantages (n=10). Successes include: patient-centered and/or community-based antenatal care that addresses comorbid conditions and increases adherence, standardized delivery of evidence-based emergency obstetric care, and more equitable access to support. Challenges include: poor adherence and generalizability limitations. Few studies assessed implementation outcomes (i.e., feasibility, acceptability). Risk of bias was high.

Conclusions: Findings suggest evidence-based maternal health programs and policies to address maternal health disparities due to structural racism in the US exist; however, reporting of successful implementation strategies and outcomes has not been prioritized.

P0972 | LAPROSCOPIC SURGERY IN A REGIONAL HOSPITAL IN EASTERN SUDAN

THEME: AB 4 OPERATIVE GYNAECOLOGY/SUB-THEME: AB 4.1 CONVENTIONAL AND BENIGN GYNAECOLOGICAL SURGERY

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Objectives: (1) To reflect our experience with laparoscopy in a regional hospital with limited resources (2) To evaluate the outcome of Minimally Invasive Surgery in a rural hospital.

Methods: A prospective study applying laparoscopic surgery among women and men who's radiological and laboratory features suggestive of benign disease. Patients' demographics, clinical and ultrasound features, CA-125 values, surgical procedures, operative time, operative and post-operative complications, conversion to laparotomy and the pathologic findings were recorded.

Results: 124 patients underwent laparoscopic surgery over 15 years. The Age ranges 25 to 40 years with an age average (30.5 years). Laparoscopic surgery was successful in 122 patients (98.38%). The procedures were converted to laparotomy in 2 patients (1.61%) The operative time range from 9 to 150 minutes with a mean of 40.1 minutes. Hospital stay was in hours ranging between 8 - 72 with an average of 23.3 hours. 120 patients (96.77%) patients were discharged home the day of the surgery. The surgical procedures performed were: diagnostic laparoscopy and, ovarian drilling, ovarian cystectomy, and laparoscopic-assisted vaginal hysterectomy. Pathologic findings included serous cystadenoma, dermoid, endometriosis. The data analysis showed a significant relationship between the cyst size

and wall thickness with the operative time, the duration of symptoms and operative time, and conversion rate.

Conclusions: Laparoscopic gynaecological procedures in a regional hospital have improved the surgical outcome of handling certain conditions. Further training of staffs and improvement of setup is needed in order to spread the practice and introduce other laparoscopic procedures mainly in emergency gynaecology and major surgery.

P0973 | STRENGTHENING ACCESS TO QUALITY FAMILY PLANNING SERVICES USING SOUTH-SOUTH LEARNING EXCHANGE

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: Using a systematic approach we conducted SSLE in 6 countries to expand and accelerate quality and rights-based FP services within the broader framework of SDG and UHC.

Methods: Each country identified the purpose, objectives and expected outcomes of the SSLE. Country teams exchanged information and knowledge and responded to queries raised by the knowledge seeking team.

Results: Key learnings included the importance of good preparation for SSLE with countries preference of a mutual learning process over a one-way process and that each country has its own unique challenges and experiences.

Conclusions: Using a systematic approach is excellent for exchanging information, perspectives and context. It helps to foster a collective understanding, allows for nuanced exchange of ideas and approaches and results in greater cohesion and depth in the "know how" to implement best practices and accelerate access to Quality FP services.

P0974 | ADDING FOLATE TO THE PILL

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.4 MEDICAL DISORDERS IN PREGNANCY

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Objectives: Inadequate maternal folate status is associated with a higher risk of neural tube defects.

Methods: Recent studies show that low maternal choline and vitamin B12 intake during pregnancy are also associated with a higher risk of neural tube defects. The role of choline in the brain development of the fetus is biologically plausible and not completely

interchangeable with folate due to its function as a source of methyl groups, acetylcholine and cell membrane phospholipids.

Results: The data on the association between maternal choline intake during preconception and the 1st trimester and fetal brain development suggest a causal relationship. The choline intake (mainly through animal-based nutrition) averages around 300 mg/day and is therefore insufficient for an optimal supply during pregnancy. In Europe, prevention approaches are generally inadequately pursued at the population level. That is why individual advice to young women planning a pregnancy is more relevant than ever.

Conclusions: The threshold value for a good supply of folate (e.g., folate concentration in the erythrocytes) is more than 906 nmol/L for all young women who can become pregnant. This very high folate concentration should be reached before the start of pregnancy.

P0975 | ESTIMATION OF PON1 (L55M AND Q192R) GENETIC POLYMORPHISM IN RECURRENT PREGNANCY LOSS OF NORTH INDIAN WOMEN EXPOSED TO PESTICIDES

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: Introduction: Recurrent pregnancy loss (RPL) is defined as 3 or more consecutive pregnancy losses prior to 20th week of gestation. Exposure to pesticide causes spontaneous abortion, infertility in women. The PON1 enzyme is an arylesterase class A enzyme that catalyzes the hydrolysis of a wide range of aromatic esters and phosphoesters and is linked with detoxification of organophosphate pesticides **Objective:** The aim of this study was to examine the relation between the PON1 polymorphisms and RPL.

Methods: This was a cross sectional study in which total 100 cases and 100 controls were enrolled for the study following the inclusion and exclusion criteria. Detailed clinical history was taken from each subject. Both the polymorphisms were characterized by polymerase chain reaction-restriction fragment length polymorphism (PCR-RFLP) method, using DNA from venous blood. Statistical analysis was done using Statistical Package for Social Science (SPSS) version 13. A *P*-value <0.05 was considered as significant.

Results: The mutated allele (M) frequency was found in 70.5% in RPL and in 53.5% in controls; with respect to PON1 L55M polymorphism. The M allele was significantly associated with an increased risk of RPL (OR_{adj} 2.07, 95% CI, *P*<0.001). However, as regard PON1 Q192R, the R mutated allele frequency was found in 28.5% in RPL and in 33% in controls. The R allele did not show any risk for RPL (OR_{adj} 0.81, 95% CI, *P*=0.329).

Conclusions: This study suggests that there is an effect of genetic polymorphism on RPL and M allele increases the probability of RPL.

P0976 | TRANSVAGINAL AND PERCUTANEOUS DRAINAGE OF COMPLICATED PELVIC INFLAMMATORY DISEASES: ABOUT 40 CASES

THEME: AB 3 GENERAL GYNCOLOGY/SUB-THEME: AB 3.5 INFECTIONS IN GYNAECOLOGY

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Objectives: To evaluate our success rate and short-term complications after image guided drainage in tubo-abdominal abscesses.

Methods: In application of CNGOF new guidelines we performed percutaneous and transvaginal drainage to all patients with complicated PID (Pelvic inflammatory diseases). The study was conducted in the department of obstetrics and gynecology of Ben Arous of Tunisia between 2019 and 2021. Forty patients diagnosed with tubo-ovarian abscess, pyosalpinx larger than 3 cm and Douglas abscess were included. Pertinent medical records and images were reviewed. Clinical success was defined as no need for surgery.

Results: The mean follow up period was 15 days. Forty drainage procedure were performed on all patients. Indications were tubo-ovarian abscess (n=5), pyosalpinx (n=33) larger than 3 cm and Douglas abscess (n=2). In all cases a triple antibiotherapy based on ceftriaxone, metronidazole and doxycycline was received. Clinical success was achieved in 36 of 40 cases (90%). Four patients underwent surgery; two of them had persistent fever and pelviabdominal pain after image guided drainage and in the two other cases the drainage was technically impossible for morbid obesity. The average length of hospital stay was 7 days (range, 5 - 13 days). No complications accrued in patients who underwent noninvasive drainage.

Conclusions: Transvaginal and percutaneous drainage is a good alternative to surgery with a high rate of success, less cost, and a lower rate of short-term complications.

P0977 | PILOT STUDY OF PREVALENCE OF ANEMIA IN PREGNANCY AND ITS ASSOCIATION WITH; OBESITY, DIABETES, AND DEMOGRAPHIC AND OBSTETRIC CHARACTERISTICS AND OUTCOMES, OF PATIENTS DELIVERING AT MAFRAQ HOSPITAL, UNITED ARAB EMIRATES

THEME: AB 1 MATERNAL FETAL HEALTH/SUB-THEME: AB 1.5 HIGH RISK PREGNANCY

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Objectives: To assess the prevalence of anemia among women who delivered in Mafraq Hospital, in the specified period. To identify any relationship between anemia & obesity, anemia & diabetes, the demographic & obstetric characteristics & outcomes of deliveries of anemic patients compared to non-anemic.

Methods: An observational retrospective hospital-based pilot study, 01/09-30/12/2015. Haemoglobin <11gm/L was used to identify anemia in pregnant women (WHO criteria). Data were analyzed using SPSS software & Chi square tests.

Results: A total of 657 patients were studied. Prevalence of Anemia was estimated as 45.3%, of which 62% were microcytic. 51% of anemic-patients were UAE-nationals, & 49% non-nationals, with no significance. Prevalence of Obesity (BMI >29.99) was 41.4% & Diabetes 12.5%, of which 96% had Gestational Diabetes Mellitus. 40% of anemic patients were obese, compared to 42.5% of non-anemics, with no significance. 12.4% of anemic patients were diabetic, compared to 14.5% of non-anemic, which was significant. Most of anemic women (91.8%) had infants with normal birth weight, none macrosomic. 87.8% of anemic-patients had vaginal deliveries & only 12.2% underwent cesarean-sections, significantly compared to 31% of non-anemics. Anemia was significantly more common among primigravidae compared to grand-multipara (39.1% and 13.5%). Age groups had no significance.

Conclusions: There was high prevalence of anemia & obesity in the population studied, however, anemic status and obesity showed no significance. Anemic status & diabetes were significant, with lower prevalence of diabetes among anemic patients. Anemia was significantly more in primigravidae, but birth weight and cesarean sections were less in anemic-patients.

P0978 | ASSESSMENT ON THE IMPACT OF COVID-19 ON FAMILY PLANNING SERVICES IN ZAMBIA

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: This assessment was undertaken to assess the effects of COVID19 on the utilization and uptake of family planning (FP) services in Zambia.

Methods: The study used a quasi-experimental study design with an assessment of changes in FP (contraceptive) uptake and utilization in relation to the emergence of COVID-19. A trend analysis was conducted to assess monthly, quarterly, and annual changes in service use for the years 2017 to 2020. FP indicators before and after the emergence of COVID-19 were analyzed. The data used were obtained from DHIS2. Impact indicators were estimated using the MSI Impact 2.5 tool.

Results: There was an observed downward trend in uptake and utilization of almost all FP services in 2020 compared to the preceding years, especially in quarters one (1) and two (2) which coincide with the period when public health measures to curb the spread of COVID 19 were introduced in Zambia.

The reduction ranged from 37.4% (female Condoms) to 2.4% (Implants).

The Couple Year Protection (CYP) estimation and service uptake also reduced from 2019 through to 2020 as a result of COVID 19.

Conclusions: It is thus recommended that in times of health service delivery shocks like COVID 19 pandemic, FP needs to be prepositioned as an essential service and the FP Programme has to encourage Long Active Reversible Contraceptive Methods for greater and enhanced results, there is also need for enhanced community sensitization during the COVID 19 pandemic as well as making community FP product distribution an option.

P0979 | CLIENT PERCEPTION: FP SERVICE PROVISION AND APPRAISAL OF COSTS OF FP SERVICES IN ZAMBIA

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: The study aimed at understanding client perceptions of the quality of Family Planning (FP) service provision and their cost appraisal in Zambia as these can act as a barrier to access.

Methods: A cross-sectional survey design approach was employed through interviews with FP clients at sampled service delivery points (SDPs). A total of 867 exit interviews were conducted and comprised 97.8% females and 2.23% male. 228 SDPs were randomly sampled from a total of 2,611 SDPs in the country.

Results: • 96% of providers took client contraceptive method preference into consideration • 96.5% of clients were provided with a method of their choice • 27.6% of clients felt that they had to wait too long before being attended to. Client satisfaction with cleanliness of the SDP was at 87.8% • 94.3% of clients indicated that they were treated with courtesy and respect by staff at the SDP • 2.8% of clients reported having paid for FP services • Average cost of traveling to and from SDP was \$1.4.

Conclusions: • Client perception of the service provision was positive • FP services should be free or included in social insurance schemes to avoid cost being a barrier. A total market approach should be promoted for clients who are able to pay for the services • There is need to develop innovative approaches to reducing waiting time for clients • Client satisfaction with both technical and functional elements of service delivery improve client loyalty and this improves access to and coverage of services.

P0981 | A NON-INFERIORITY ANALYSIS OF HAEMOGLOBIN LEVELS IN POST-PARTUM IUD USERS IN BANGLADESH

THEME: AB 6 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-TOPIC: AB 6.1 CONTRACEPTION AND FAMILY PLANNING

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Objectives: The objective of this study was to compare post-partum haemoglobin (Hb) levels between PPIUD and non-PPIUD users to determine if users were at increased risk of anaemia.

Methods: A sample of 3,634 post-partum women from 5 tertiary referral hospitals in Sylhet, Chittagong, Khulna and Dhaka, in Bangladesh were assessed at multiple time points between 6 weeks and 12 months post-partum. Non-inferiority analysis between 29 and 52 weeks post-partum compared PPIUD users with non-PPIUD users.

Results: Results showed a coefficient of 0.04 g/dL (-0.13, 0.22) in the PPIUD group relative to the comparison group which did not fall within the pre-determined non-inferiority margin of 0.5 g/dL and was non-significant (P -value=0.63), providing good evidence

that PPIUD users were non-inferior to the comparison group in their Hb levels post-delivery. Additional random effects linear regression model compared changes in Hb measurements over time as a continuous variable. Results did not provide any evidence that the change in Hb since registration differed between the research groups at any time point.

Conclusions: This research demonstrates that PPIUD use does not alter post-partum Hb recovery in the first 12 months postpartum and should provide reassurance to clinicians who may otherwise have reservations about offering PPIUDs to women, particularly those at increased risk of anaemia.

P0982 | FEASIBILITY OF INTEGRATING POSTPARTUM HEMORRHAGE CARE BUNDLES INTO HEALTH SERVICES IN MIGORI COUNTY, KENYA

**THEME: AB 9 WOMEN'S HEALTH ISSUES AND POLICY/
SUB-THEME: AB 9.2 ADDRESSING MATERNAL MORTALITY**

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Objectives: This study assesses feasibility of implementing two postpartum hemorrhage (PPH) care bundles within health facilities in Migori County, Kenya.

Methods: Lwala Community Alliance implemented the project with care bundles based on those designed during a 2017 WHO technical consultation. A first response bundle is comprised of uterotonics, uterine massage, tranexamic acid, and intravenous fluids. The refractory PPH bundle is comprised of the nonpneumatic antishock garment (NASG) and the uterine balloon tamponade (UBT), with bimanual or aortic compression as needed. Data were collected at 38 facilities on women who experienced PPH between July 2019 and March 2021. Twelve tertiary and 26 primary care facilities participated. Additional facilities were trained but did not report hemorrhages.

Results: Of 764 women with PPH, 511 were reported at tertiary facilities and 253 at primary care facilities. Twenty-eight percent of women (214) received the complete first response bundle. Of this group, 157 women were managed at a tertiary hospital and 57 women were managed at a primary care facility. Of women experiencing refractory bleeding, 88 were managed with both the UBT and NASG, 21 with UBT only, and 280 with NASG only. In addition, aortic or bimanual compression was used for 123 women. Compliance with individual bundle components varied: 651 (85%) women received uterotonics, 109 (14.7%) UBT, and 239 (31.3%) tranexamic acid.

Conclusions: Preliminary data indicates that the PPH bundles are feasible for use in primary and tertiary facilities. Despite challenges from the COVID-19 pandemic, rapid uptake of both first response and refractory PPH bundles was observed.