

ABSTRACTS

POSTER ABSTRACTS

P01.01 | CLINICAL ASSESSMENT OF LEVATOR HIATUS DISTENSIBILITY IN WOMEN WITH PELVIC ORGAN PROLAPSE CATEGORY: NON-SURGICAL GYNAECOLOGY

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Objective: To measure levator hiatus (LH) length during valsalva by clinical examination and find its predictive value at cut off of 7 cm for assessing abnormal distensibility, as evaluated by hiatal area $>25\text{ cm}^2$ measured during valsalva on transperineal 2D ultrasound.

Method: Observational, cross-sectional study of 157 women, 112 with pelvic organ prolapse and 45 without prolapse. Women with lesions of genital tract, previous pelvic surgery and pregnancy were excluded. Length of LH was obtained by sum of length of genital hiatus and perineal body clinically using ICS-POP-Q system and hiatal area by transperineal 2D USG. Inter rater kappa agreement was used to find the strength of agreement between LH and ultrasound. (SPSS) version 21.0 was used.

Results: Clinical LH $>7\text{ cm}$ was seen in 46.4% of women with prolapse (cases) versus 15.6% without prolapse (controls) ($P < 0.001$). Hiatal area $>25\text{ cm}^2$ was seen in 24.1% of cases versus 8.8% controls ($P = 0.030$). Significant association between abnormal hiatal distensibility and clinical LH $>7\text{ cm}$ ($P = 0.027$) was found. AUROC for Clinical LH predicting abnormal hiatal distensibility was 0.659 (95% CI: 0.551–0.767), LH length predicted abnormal distensibility with sensitivity 55%, specificity 67%, negative predictive value 85.7% and relative risk 2.51 (1.31–4.49).

Conclusion: Clinical LH at a cut off 7 cm significantly predicted abnormal distensibility of USG hiatal area $>25\text{ cm}^2$ ($P = 0.005$), however AUROC demonstrated poor diagnostic performance. Length of LH at a cut-off of 7 cm and Hiatal area $>25\text{ cm}^2$ are strong predictors of symptoms/signs of prolapse and positively correlate with the stage of prolapse.

P01.02 | EFFECT OF LIDOCAINE GEL IN TRANSRECTAL ULTRASONOGRAPHY IN VIRGINS IN PAIN REDUCTION CATEGORY: NON-SURGICAL GYNAECOLOGY

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Objective: To evaluate the efficacy of lidocaine gel in reduction of pain in virgin patients requiring transrectal ultrasonography (TRS). In Egypt and all Muslim countries, virginity is a crucial issue and gynecologists tend to perform TRS to diagnose cases with critical gynecological problems and save the virginity at the same time.

Method: Prospective study was designed to assess the efficacy of lidocaine gel versus regular ultrasonography gel in virgin patients undergoing rectal ultrasound for any gynecological indication such as adnexal torsion. Total of 131 virgin patients were randomized into two groups Group A (lidocaine) and Group B (regular gel). The primary outcome was assessed by pain visual analogue scale (VAS). VAS-1 at probe insertion and VAS-2 at probe movement.

Results: The pain was markedly reduced in Group A (Lidocaine group) than Group B (regular gel group) in both VAS-1 and VAS-2. There was statistical significance in pain reduction with P -value < 0.05 .

Conclusion: The use of lidocaine gel instead of regular lubricant ultrasound gel is efficient in pain reduction in virgin cases undergoing transrectal ultrasonography for gynecological indication.

P01.03 | EXPERIENCE OF THE FIRST PELVIC EXAMINATION IN FRENCH WOMEN: WHAT FACTORS MAY INFLUENCE IT? CATEGORY: NON-SURGICAL GYNAECOLOGY

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Objective: To determine the perception of the first pelvic examination (FPE), define the modifiable/non-modifiable factors influencing its perception.

Method: Observational study conducted from 25.03.21 to 25.06.21 by anonymous questionnaire via social networks among French women aged 15–30 years who had already had a pelvic examination following a gynecological consultation performed in France. Primary endpoint: FPE experience (Good/Bad). Women with good experience

were compared with those with poor experience. Bivariate analyses were calculated with a 5% level of significance.

Results: 7847/9870 women were included (79.5%). 36.7% retained a negative experience of FPE. Factors that revealed a bad experience were: age at FPE <15 years (54.3% vs 45.7%, $P < 0.001$), lack of previous sexual activity (64.2% vs 34.8%, $P < 0.001$), gender of the consultant (male 64.1% vs 35.9%, $P < 0.001$), total nudity (53.4% vs 46.6%, $P < 0.001$), absence of seeking consent before any procedure (86.2% vs 13.8%, $P < 0.001$) and the presence of an unwanted companion (70.7% vs 29.3%, $P < 0.001$).

Conclusion: Contrary to the foreign literature, French women had a satisfactory experience of the FPE but wished to apply changes in its course. Our results corroborate the literature on the identification of modifiable factors: they mainly concern information beforehand, nudity/positioning during the examination and the seeking of consent before any procedure.

P01.04 | PHOTODYNAMIC THERAPY AND 5-AMINOLEVULINIC ACID IN THE TREATMENT OF RELAPSING CONDYLOMA ACUMINATUM: AN INNOVATIVE APPROACH

CATEGORY: NON-SURGICAL GYNAECOLOGY

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Objective: This is an integrative review that aims to know how the treatment with photodynamic therapy (PDT) associated with the application of 5-aminolevulinic acid (ALA) has a satisfactory result for the treatment of condyloma acuminatum, with minimization of relapses, complete disappearance of injuries and fewer adverse effects.

Method: The summarization process was carried out in six stages: creation of the guiding question, literature search, data collection, critical analysis of the included studies, discussion of the results and presentation of the integrative review. The following guiding question was defined: "Do photodynamic therapy and aminolevulinic acid constitute an effective and safe method for the treatment of condyloma acuminatum in adults?"

Results: ALA-PDT is a non-invasive method that eliminates subclinical infections, reducing the recurrence of lesions. After the selective destruction of the infected tissue, what happens is the subtle damage of the surrounding normal mucosa, minimizing the risk of eventual traumas and scars. It proves to be advantageous because the ALA is absorbed by surrounding tissue with subclinical infection and is not restricted to warts. Therefore, this can reduce the recurrence rate in patients.

Conclusion: Due to the efficiency in eliminating HPV and preventing recurrence, photodynamic therapy mediated by 5-aminolevulinic acid is being widely applied, especially in Asia. As a non-invasive therapy, the topical use of photosensitizers and the easy accessibility of light exposure make this approach suitable for sites where the lesion is inaccessible.

P01.05 | MICROBIAL PATHOLOGY MASQUERADING AS A MALIGNANCY

CATEGORY: NON-SURGICAL GYNAECOLOGY

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Objective: A different approach of managing disseminated Actinomycosis to what is described in the literature.

Method: A 32-year-old with a history of substance abuse presents with acute pelvic pain and vomiting. Although apyrexial of note was a significant unexplained loss of weight. She had been fitted with an IUCD. Inflammatory markers and CA 125 were elevated. CT suggested a disseminated pelvic infection or a malignancy. Following the discussion at the cancer MDT, CT images raised the possibility of disseminated malignancy or Actinomycosis. An endometrial biopsy confirmed the presence of Actinomycosis.

Results: A prolonged course of Penicillin was used. The diagnosis was based on the imaging followed up with microscopy of the endometrial sample which confirmed the presence of Actinomycosis. In numerous case reviews diagnosis of disseminated Actinomycosis has been made following invasive surgical interventions all of which carry high morbidity and long-term sequelae. A high index of suspicion and the radiological findings lead us to explore minimally invasive diagnostic methods delivering a positive outcome.

Conclusion: A high index of suspicion and undertaking basic diagnostic techniques help in the management of women with suspected abdominopelvic Actinomycosis reducing morbidity related to opting for surgical interventions early. However, in the event of failed medical management or acute surgical emergencies surgery should be the preferred option.

P01.06 | A 7-YEAR PROSPECTIVE STUDY OF VAGINAL PESSARY USE FOR PELVIC ORGAN PROLAPSE

CATEGORY: NON-SURGICAL GYNAECOLOGY

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Objective: Identify the follow-up of women with symptomatic pelvic organ prolapse (POP) using ring vaginal pessary to conservative treatment over a 7-year period.

Method: This is a retrospective cohort conducted with 203 symptomatic POP women who attended in a Brazilian public hospital from 2013 to 2020. Pessary vaginal was offered as first line treatment. The mean time of pessary use, and discontinuation rate of conservative treatment were calculated. We used the Mann-Whitney test to compare continuous variables and the χ^2 test to compare categorical variables between groups. Candidate independent variables were those with $P < 0.05$ in the univariate analysis.

Results: 77.3% (157/203) had successful pessary fitting at 4 weeks. Twenty-three (14.6%) women were lost to follow-up. Of the 134 women included in the analysis, 103 (76.9%) women continued and 31 (23.1%) gave up the vaginal pessary. The median duration of use was 4 years (45.96±27.71 month) approximately. The main cause for discontinuation was desire for surgery. Factors associated with longer use were absence of sexual partnership ($P=0.010$), advanced age ($P=0.007$) and menopause ($P=0.000$).

Conclusion: Ring-type pessary can be used by women with POP symptomatic with high rates of long-term use. Older women without a sexual partner seem to give more to the continued use of the pessary.

P01.07 | TO EVALUATE THE IMPACT OF COVID-19 LOCKDOWN ON THE GYNECOLOGICAL EMERGENCY CONSULTATIONS

CATEGORY: NON-SURGICAL GYNAECOLOGY

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Objective: COVID-19 imposed restrictions on the movement of people and a decrease in scheduled consultations. Few studies in France have evaluated its impact on gynecological emergency department consultations. The objective was to compare the volume of gynecological emergency consultations (GEC), the reasons and rates of hospitalization before/during/after COVID-19 pandemic.

Method: Cohort study that compared the GEC performed in the gynecological emergency department of the university hospital of Nice between 3 periods: pre-pandemic (17/3/19–11/5/19), per-pandemic (17/3/20–11/5/20) and post-pandemic without restriction of movement of people (17/3/22–17/5/22). The volumes and reasons for consultation and hospitalization rates were compared between these 3 periods. This department also includes obstetrical emergencies before 24 weeks of gestation.

Results: 1628/1977 cases were included. GEC had decreased by 46% between 2020 and 2019 and increased by 219% in 2022 (increased of 18.2% compared with the pre-pandemic level. Abdominal and pelvic pain had decreased by 50.9% in 2020, metrorrhagia by 43.3% and suspected genital infections by 64.9%. By 2022, the levels had returned to those of 2019 except for genital infections, (increased by 27%). The hospitalization rate was unchanged between 2020 and 2019 but had increased by 27% in 2022.

Conclusion: The supply of care in gynecological emergencies was maintained during the first containment, but the reasons for consultation and hospitalizations changed. The majority of these GEC were avoidable, which could lead to considering a reorganization of their management.

P01.08 | THE ROLE OF GESTATIONAL DIABETES MELLITUS AND PELVIC FLOOR 3D-ULTRASOUND MARKERS AT THE SECOND AND THIRD TRIMESTER OF PREGNANCY PREDICTING POSTPARTUM URINARY INCONTINENCE: PRELIMINARY RESULTS FROM A PROSPECTIVE COHORT

CATEGORY: NON-SURGICAL GYNAECOLOGY

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Objective: We investigated clinical and pelvic floor 3D-ultrasound markers in pregnant women as predictors of postpartum UI.

Method: This ongoing prospective cohort included 105 nulliparous pregnant women. Pelvic floor 3D Ultrasound was performed at the second and third trimesters of gestation. Clinical data and biometry were collected. The ICIQ-SF and ISI questionnaires were applied in the third trimester and 6–18 months postpartum for UI. Univariate analysis plus multivariate regression obtained the adjusted relative ratio for postpartum UI. Trial registration: Regulatory approval was obtained from the Institutional Review Board (number 1.716.895).

Results: In a preliminary result, 93 participants concluded the follow-up. After adjustments for potential confounders, analysis revealed that Gestational Diabetes Mellitus exposure was a strong and independent risk factor for postpartum UI (adjusted RR 8.088; 95% CI 1.17–55.87; $P: 0.034$). Higher hiatal area distension at rest from the second to the third trimester was negatively correlated with postpartum UI (adjusted RR 0.966; 95% CI 0.93–0.99; $P: 0.023$).

Conclusion: Gestational Diabetes Mellitus was positively correlated with postpartum UI, and a higher hiatal area distension observed in transperineal 3D ultrasonography was negatively correlated with postpartum UI development.

P01.09 | BILATERAL URETEROCELE: CASE REPORT

CATEGORY: NON-SURGICAL GYNAECOLOGY

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Objective: The objective of this article is to discuss a clinical case of bilateral ureterocele and provide a brief literature review.

Method: EHKPL, a 64-year-old Caucasian woman, multipara, postmenopausal for 11 years, that had never take hormone therapy, a

heavy smoker (20 cigarettes a day), attended the clinic for her annual gynecological examination. The patient had no complaints and denied a history of recurrent urinary tract infections.

Results: As part of the examination, a transvaginal ultrasound was performed, revealing the presence of previously unknown bilateral ureterocele. Ureterocele is a cystic dilation of the distal ureteral submucosa, which is commonly associated with ureteropelvic duplication. The incidence is 1:4000 people, occurring four times more often in women with some predominance on the left side, with 10% of cases being bilateral.

Conclusion: In adulthood, it is usually clinically silent but may coexist with other conditions, such as ureteral calculi. The low incidence of ureteroceles in adults and the unclear physical findings in adults and the lateral ureterocele. Ureterocele is a cyst we emphasize the importance of regular check-ups and gynecological routines for prevention and early diagnosis.

P01.10 | PRE AND POST-OPERATIVE IMAGING EVALUATION OF CESAREAN SCAR DEFECTS: A SYSTEMATIC REVIEW

CATEGORY: NON-SURGICAL GYNAECOLOGY

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Objective: Cesarean scar defect (CSD) is increasingly recognized as an etiology of abnormal uterine bleeding and infertility. This study aims to review the literature on CSD imaging modalities and measurements and to propose a standardized approach for the pre and post-operative evaluation of the defect.

Method: We conducted a systematic review of the literature of studies reporting the different imaging modalities and measurements for the evaluation of CSD in non-pregnant women. PubMed and EMBASE databases were searched from inception to March 2023. We included all study designs with original data that had more than five patients but excluded guidelines and literature reviews. Two reviewers independently assessed study eligibility by screening titles, abstracts, and full-text publications as needed.

Results: 51 articles were eligible out of 2716. The most cited modalities were: transvaginal ultrasound (TVUS) (86%, $n=44$), saline-infused sonography (SIS) (28%, $n=14$), MRI (20%, $n=10$), and hysteroscopy (6%, $n=3$). Seven studies found that SIS was superior to TVUS. The most reported measures were: residual myometrial thickness (88%, $n=45$), depth (71%, $n=36$), width (69%, $n=35$), adjacent myometrial thickness (45%, $n=23$) and length (23%, $n=45$). We identified three studies on pre- and post-operative CSD assessment.

Conclusion: The terminology and definitions for CSD evaluation vary greatly in the literature. Standardization would facilitate quality research and a better understanding of this condition. Until consensus is reached, we encourage clinicians to report full measurements of all described parameters through a standardized approach, using the same pre and post-operative modality.

P01.11 | INTRAVENOUS IRON TO TREAT SEVERE ANEMIA FROM HEAVY MENSTRUAL BLEEDING: SAFETY, EFFICACY AND IMPACT ON BLOOD TRANSFUSIONS

CATEGORY: NON-SURGICAL GYNAECOLOGY

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Objective: To investigate the safety and efficacy of ferric derisomaltose (FDI) and its clinical impact on blood transfusion requirements for women with severe anaemia from heavy menstrual bleeding (HMB).

Method: This was a retrospective observational study of adult women admitted for HMB with haemoglobin of <8.0 g/dL and mean corpuscular volume of <80 fL from 2014 to 2022. FDI was available as a treatment option for HMB in our hospital from 2018, and the study groups were defined by their admission date.

Results: In total, 1373 and 983 women were included in the study periods before and after the implementation of FDI. We observed a significant decrease ($P < 0.001$) in the mean number of blood units transfused per person from 2.02 (95% CI 1.96–2.07) units to 1.19 (95% CI 1.12–1.25) units across the two study periods. The difference remained after adjusting for confounders. We administered 384 doses of FDI and 14.3% experienced a hypersensitivity reaction (10.7% mild, 2.9% moderate, and 0.8% severe) at a mean onset time of 31.3 min. None required adrenaline administration. At 3–4 weeks after administration of FDI, both haemoglobin and ferritin levels increased significantly ($P < 0.001$) from a mean of 6.2 to 10.6g/dL and from 22.5 to 149 μ g/L, respectively.

Conclusion: Intravenous FDI is a safe and effective alternative for severe anaemia due to HMB that mitigates blood transfusion requirements and helps promote single-unit transfusion following Patient Blood Management principles.

P01.12 | UTERINE FIBROIDS: ASSOCIATED FACTORS, DIAGNOSIS AND MANAGEMENT IN THE CITY OF DOUALA

CATEGORY: NON-SURGICAL GYNAECOLOGY

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Objective: Uterine fibroids are the most common benign tumors associated with high morbidity in black women of childbearing age. Our study aimed to determine the associated factors, diagnostic and therapeutic modalities of uterine fibroids in Douala's hospitals.

Method: This was a case-control study in 5 health facilities in Douala city. Any consenting woman with ultrasound-proven uterine fibroids was considered a case, and any consenting woman without

ultrasound-proven uterine fibroids was considered a control. Cases and controls were matched by age with a matching coefficient of one case for two controls. Sociodemographic, clinical, paraclinical and therapeutic data were collected. Associations between variables were studied by calculating odds ratio in a 95% confidence interval.

Results: A total of 201 cases and 402 controls were included. Mean age of cases was 38.5 ± 9.05 years and mean BMI 28.5 ± 5.4 kg/m². Menorrhagia was the predominant symptom (34.30%). Some factors associated with uterine fibroids in our study include origins from the Littoral region ($P=0.0001$; aOR=1.94; CI=1.23–3.05), nulliparity ($P=0.03$; aOR=1.76; CI=1.03–3.00), infertility ($P=0.0001$; aOR=3.35; CI=2.17–5.16); alcohol consumption ($P=0.0001$; aOR=3.32; CI=2.13–5.17), and family history of leiomyomas ($P=0.0001$; aOR=4.51; CI=2.99–6.81). Protective factors include consumption of fruits, vegetables ($P=0.01$; OR=0.45; CI=0.24–0.83) and physical exercise ($P=0.01$; OR=0.57; CI=0.37–0.86). Myomectomy accounted for 80% of the surgical treatment.

Conclusion: Origins from littoral region, nulliparity, infertility, alcohol consumption, and family history of fibroids are associated with the development of uterine fibroids. We recommend that clinicians counsel women who are at risk for an early consultation (especially those presenting with menorrhagia) and emphasis on the protective factors.

P01.13 | THE ROLE OF GNRH AGONIST IN THE MANAGEMENT OF CHRONIC PELVIC PAIN AND BENIGN ABDOMINOPELVIC MASSES IN THE ERA OF COVID 19 PANDEMIC IN A THIRD WORLD COUNTRY
CATEGORY: NON-SURGICAL GYNAECOLOGY

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Objective: During the Covid-19 pandemic, it is crucial that gynecologists are versed in the conservative management of chronic pelvic pain and benign abdominopelvic masses until it is safe for the patients to undergo the definitive procedure. Case reports may help guide our other colleagues during a pandemic.

Method: This is a case of a 49-year-old G1P1 (1001) with chronic pelvic pain, adenomyosis, multiple myoma uteri (9.95 cm largest diameter), and endometriotic cyst (7.45 cm) noted on transvaginal ultrasound. Medical management was done initially with 6 doses of GnRH agonist to provide temporary relief. Few weeks prior to admission, the Covid-19 cases decreased, and financial help was offered, hence admission.

Results: She underwent Exploratory Laparotomy, Total Abdominal Hysterectomy, Bilateral Salpingo-oophorectomy. Intraoperatively there were a total of 6 myomas. The right ovary was converted to an endometriotic cyst, with adenomyosis on the posterior myometrium. She was discharged without problems on the second post-operative day.

Conclusion: Covid-19 pandemic is a worldwide health emergency overwhelming our hospitals, at the same time, limiting its operations.

“Non emergency” elective cases were put on hold, and non-surgical management including hormonal treatment were recommended. Patients also had emphasized financial constraints brought about by the pandemic, greatly affecting its management.

P01.14 | THE EFFICACY OF LEVONORGESTREL-RELEASING INTRAUTERINE SYSTEM ON HEALTH-RELATED QUALITY OF LIFE IS ASSOCIATED WITH INCREASING LESION SPREAD
CATEGORY: NON-SURGICAL GYNAECOLOGY

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Objective: Although levonorgestrel-releasing intrauterine system (LNG-IUS) relieves dysmenorrhea and heavy menstrual bleeding in patients with adenomyosis, its efficacy on health-related quality of life (HR-QOL) remains unclear. We investigated the efficacy of LNG-IUS on menorrhagia-specific HR-QOL in adenomyosis patients, and whether the improvement of HR-QOL is related to the extent of adenomyosis.

Method: Medical records of 53 adenomyosis patients treated with LNG-IUS over 6 months from 2017 to 2019 in The University of Tokyo Hospital were analyzed retrospectively. Adenomyosis was diagnosed by magnetic resonance imaging (MRI). Based on the spread of adenomyosis, it was classified into two types: the incipient type ($n=24$), the lesion being localized in the partial thickness of the myometrium, and the advanced type ($n=29$), the lesion spreading throughout the entire thickness of the myometrium.

Results: Menorrhagia multi-attribute scale (MMAS), menorrhagia-specific HR-QOL, in patients with adenomyosis was improved by LNG-IUS treatment. Uterine volume was bigger in the advanced type than in the incipient type, and the efficacy of LNG-IUS treatment on MMAS was superior in the incipient type to the advanced type, suggesting that the efficacy of LNG-IUS is associated with increasing lesion spread.

Conclusion: These findings indicate that the MRI classification of incipient and advanced types in adenomyosis may be useful to predict the efficacy of LNG-IUS on HR-QOL.

P01.15 | VAGINAL PESSARY USE FOR PELVIC ORGAN PROLAPSE IN GHANA
CATEGORY: NON-SURGICAL GYNAECOLOGY

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Objective: There are limited data on vaginal pessary use for pelvic organ prolapse (POP) in Ghana. We aim to determine the acceptability and feasibility of pessaries for management of POP among

patients presenting to a urogynecology clinic at the largest tertiary hospital in Ghana.

Method: In this retrospective chart review, routinely collected clinical information was analyzed from 405 patients who presented to the urogynecology Clinic at the Korle Bu Teaching Hospital in Accra, Ghana from January 2019 to September 2021. Descriptive statistics were performed.

Results: Of the 404 patients, 297 presented with POP. Of these, 114 were identified as good candidates for pessary. 91 pessaries were offered and nearly all patients (86, 94.5%) accepted a pessary. Of the 82 patients that received a pessary, 78 (95%) were successfully fitted. All 78 patients reported symptomatic POP improvement, and 59 (75.6%) started pessary self-care. There were few pessary complications, which included vaginal erosions, bleeding, and pain.

Conclusion: As seen from this multiyear review from a large urogynecology clinic in Accra, vaginal pessaries as a conservative management option for POP are largely acceptable and feasible in Ghana with minimal complications.

P01.16 | COMPOSITION OF CERVICOVAGINAL MICROBIOTA (CVM) IN MEXICAN WOMEN WITH NEGATIVE CERVICAL CYTOLOGY FOR INTRAEPITHELIAL LESION OR MALIGNANCY
CATEGORY: NON-SURGICAL GYNAECOLOGY

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Objective: To characterize the composition of the CVM in asymptomatic Mexican women with negative cervical cytology for intraepithelial lesions or malignancy by microbiome arrays.

Method: We conducted an observational, cross-sectional, and descriptive study to evaluate the composition of the cervicovaginal microbiota in women (ranging from 19 to 66 y.o.) attending their annual routine check-ups in Monterrey, Nuevo Leon. DNA isolation was performed on 142 residual cervical samples collected for Pap tests using Qiagen's DNeasy Blood and Tissue Kit. Microbiome identification was performed with Axiom 96 plate ThermoFisher's microbiome array and Axiom microbiome assay software algorithm for descriptive analytics.

Results: Pap smear reported no pathologic findings in 103 (71.03%) samples, 34 (23.94%) with bacterial vaginosis (BV), and 5 (3.52%) with Candidiasis. Microbial detection by microarray technique was successful in 111 (78.17%) samples. The most frequently detected microorganisms were *Gardnerella vaginalis* (GV), *Lactobacillus crispatus* (*L. crispatus*), *L. Amylovorus*, and *L. maltophilia*. GV was positive in 45 samples, with the highest incidence (48.89%) between ages 36 to 55 y.o. Furthermore, 27.93% presented only non-pathogenic strains.

Conclusion: From 34 (24%) BV-positive by Pap Smear, GV was detected in 22 samples. Presence of high-risk HPV oncogenic strains was detected in 15 samples (8 samples in 18–35 y.o. group). The use

of microbiome arrays allows a more comprehensive analysis of CVM. This might improve opportune diagnosis and management of high-risk patients.

P01.17 | CESAREAN SCAR PREGNANCY FROM 8 TO 10 WEEKS: ASPIRATION FOLLOWING LOCAL AND SYSTEMIC METHOTREXAT AS AN ALTERNATIVE MANAGEMENT APPROACH, HANOI OBSTETRICS AND GYNECOLOGY HOSPITAL
CATEGORY: NON-SURGICAL GYNAECOLOGY

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Objective: This study aims to evaluate the outcome of vacuum aspiration following prior local and systemic methotrexate (MTX) treatment, among patients with CSP, as an alternative for open surgery, and other treatments with angioembolization.

Method: A case series of 15 pregnant women, at Hanoi Obstetrics and Gynecology Hospital, with CSP from 8 to 10 gestational weeks and myometrial thickness at cesarean scar site more than 2 mm with higher likelihood of haemorrhage, underwent local (25 mg) and systemic administration (200 mg) of MTX prior to vacuum aspiration.

Results: 15 patients, mostly between 9 and 10 weeks of CSP, hypervascularization ultrasound image, with mean serum β hCG concentrations at admission, after MTX treatment and 48 h following aspiration were 144 958, 91 617 and 2794 (mIU/mL) respectively ($P < 0.01$). Treatment success rate was 73.33%. 4 among 15 had to undergo open surgery due to heavy bleeding during aspiration and foley catheter tamponade removal.

Conclusion: Vacuum aspiration following local and systematic MTX therapy is a viable option in treating CSP cases with prognosis of heavy bleeding.

P01.18 | NEONATAL UTERINE BLEEDING: PREVALENCE AND RISK FACTORS
CATEGORY: NON-SURGICAL GYNAECOLOGY

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Objective: Neonatal uterine bleeding is a menstrual-like bleeding occurring during the first days of life in female newborns. A pivotal role of this phenomenon in the ethiopathogenesis of endometriosis was speculated. Epidemiological studies reported an estimated incidence of 3%–5%, but this evidence is outdated and risk factors have been poorly studied.

Method: This prospective cross-sectional study included 182 women carrying a singleton female fetus prior to deliver. At the time

of recruitment, subjects were asked to fill a questionnaire regarding general clinical characteristics and personal habits. Moreover, 2 weeks after delivery, a phone follow up was performed to investigate whether a vaginal bleeding of the baby did occur, and its duration. Information on the mode of delivery, breastfeeding and neonatal health was obtained from patients' charts.

Results: Neonatal uterine bleeding was recorded in 47 girls, corresponding to 26% (95% CI: 20–33). The median [Interquartile range–IQR] time since delivery and the duration of the episode was 2 [1–5] and 3 [1–4] days, respectively. The genital bleeding was associated to maternal BMI, the median [IQR] being 28.0 [25.7–31.2] and 25.6 [23.9–27.6] kg/m², respectively. Night shift workers also resulted at higher risk. All other tested variables did not differ.

Conclusion: Incidence of neonatal bleeding is currently higher than previously reported and could be influenced by maternal habits. The observation of an increased incidence in recent years merits utmost attention given the possible relation with endometriosis.

P01.19 | RARE CASE OF HYPOGONADISM SECONDARY TO HEMOCHROMATOSIS

CATEGORY: NON-SURGICAL GYNAECOLOGY

I. Younis
OB/GYN, Egypt

Objective: Demonstration of personalization of care in a patient with hypogonadism secondary to hemochromatosis in a 38-year-old female presented to our gynecology clinic with a 10-year history of secondary amenorrhea, her gynecological history identified that she had menarche at the age of 16-years, with regular periods until the age of 27-years.

Method: She is known to have B-thalassemia major which is managed by 2–3 units of blood transfusion monthly and iron chelating agent (deferasirox). Furthermore, she underwent splenectomy at the age of 4, due to hypersplenism and was diagnosed with Type I Diabetes mellitus in 2003. She denied any menopausal symptoms, her recent blood work up was significant for low hemoglobin, moderately elevated ferritin, FSH, LH, SHBG and Prolactin normal. Testosterone, Androstenedione, DHEAS and estradiol were low.

Results: When her periods ceased, started on combined oral contraceptive pills for only 1 year then stopped it from herself. Patient underwent a pelvic ultrasound and MRI that showed normal sized uterus and thin endometrium and a cardiac ECHO which was normal. CT scan abdomen with bilateral nephrolithiasis without evidence of renal obstruction. Patient later underwent a progesterone withdrawal challenge which showed no withdrawal bleed. She was finally diagnosed with hypogonadotropic hypogonadism due to secondary hemochromatosis.

Conclusion: Hemochromatosis occurs due to iron overload that leads to iron deposition in various vital organs. It is unlikely that hypogonadism will occur in patients with mildly elevated ferritin without any heart or liver manifestations, with the importance of high index of clinical suspicion in the patients with rare clinical presentations.

P01.20 | IMPACT OF HPV PROPHYLACTIC VACCINES ON THE OUTCOME OF CERVICAL HIGH-GRADE SQUAMOUS INTRAEPITHELIAL LESIONS (HSIL/CIN2) MANAGED EXPECTANTLY

CATEGORY: NON-SURGICAL GYNAECOLOGY

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University Hospital of Bordeaux, France

Objective: About half of HSIL/CIN2 will regress spontaneously when managed expectantly, thus avoiding systematic cervical conisation. The objective of our study was to determine whether HPV prophylactic vaccines administered in women before the age of 20 (French guidelines) and who will subsequently develop HSIL/CIN2 impact the spontaneous regression rate.

Method: This retrospective study included 210 women under 40 years with HSIL/CIN2 diagnosed by biopsy between 2012 and 2022 in the department of gynecology at Bordeaux University Hospital (France). Informed consent was obtained from all women. They were followed-up expectantly every 6 months for 2 years. The regression of HSIL/CIN2 was defined by the regression or the disappearance of initial colposcopic findings, cytological and/or histological results.

Results: At baseline, vaccinated women with CIN2 were younger than non-vaccinated women: mean age (SD) 26.3 (1.6) versus 30.1 (4.2), $P < 0.001$. None of the vaccinated women was infected by HPV-16, compared to vaccinated women (51%). At the end of follow-up (median 25 months, range 7–86), the lesion spontaneously regressed or disappeared in 128 (61%) patients. The regression rate was significantly higher in vaccinated women (18/20, 90%) compared to non-vaccinated women (110/190, 58%): OR = 6.5 (95%CI 1.5–29.0), $P = 0.006$.

Conclusion: HPV prophylactic vaccines increase the rate of spontaneous regression of HSIL/CIN2, thanks to the absence of HPV-16 at baseline in this population. Systematic cervical conisation should be questioned in young vaccinated women with HSIL/CIN2 as it has been shown to increase the risk of preterm birth and mid-trimester loss.

P01.21 | PREVALENCE OF SELECTED GYNECOLOGICAL CONDITIONS AMONG TRANSGENDER MEN IN RIO DE JANEIRO, BRAZIL

CATEGORY: NON-SURGICAL GYNAECOLOGY

J. Fatorelli
Praça Onze, Brazil

Objective: To describe the most prevalent gynecological conditions in a cohort of transgender followed for 1 year in Rio de Janeiro, Brazil.

Method: This was an observational and prospective study, conducted in Rio de Janeiro, between September 2020 and December 2021. Participants were followed for 1 year. Transgender men,

meeting the following including criteria: female gender at birth; able to provide written informed consent; age ≥ 18 years; self-identify as man; and use of masculinizing hormones were included. Study visits occurred every 6 months for 1 year.

Results: One hundred trans men were included. Despite 84% of the participants having a prior gynecological evaluation, only 49% had a prior cytological test. In at least one of the gynecological evaluations 71.0% reported at least one complaint, which included dysmenorrhea (43.7%), dyspareunia (32.4%), and vaginal discharge (16.9%).

Conclusion: Worldwide transgender men have difficulty accessing health services, particularly gynecological care. In the present report we show that gynecological conditions are highly prevalent among trans men in Rio de Janeiro. Patient-centric clinics are necessary to provide comprehensive care in settings with a high prevalence of transphobic violence and discrimination.

P01.22 | POLYGYNAX® IN THE MANAGEMENT OF NON-SEXUALLY TRANSMITTED VAGINAL INFECTIONS AND PREDICTION OF RECURRENCE BASED ON FRENCH MEDICO-ADMINISTRATIVE DATA

CATEGORY: NON-SURGICAL GYNAECOLOGY

J. Bohbot¹; A. Fauconnier²; V. Rondeau³; J. Escola⁴; A. Kerveillant⁴; F. Carrois⁴

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Objective: While recurrence of vaginal infections (VI) can severely affect quality of life, rate of relapses following VI treatments has been poorly studied. This study aims to describe the therapeutic management of VI and the occurrence relapses within 12 months from the first episode of VI.

Method: Using a 1/97e random sample (General Sample of Beneficiaries) of the French health insurance reimbursement database, we conducted a historical cohort study on the 2015–2020 period. A first episode of VI was identified as the following medicines [nitro-5 imidazoles, fluconazole, Tergynan®, Polygynax® and other azole antifungals (other AFs)] have been reimbursed, while new episodes were identified through reimbursement of at least one of these medications over the 12 months following the first episode.

Results: In total, 72 106 adult women were enrolled. Other AFs are prescribed to 61.7% of patients, followed by nitro-5-imidazoles (23.5%) and Polygynax® (14.0%). A second treatment is delivered in 31.1% of patients within the year following the first episode. This second treatment was dispensed at least 8 weeks after the first treatment in over 65% of patients. 72.7% of women treated by Polygynax® did not receive a second treatment indicated in VI within the following year.

Conclusion: This study highlights that most women do not experience a new vaginal infection episode within the 12 months following a first episode whatever the treatment is and confirms the efficacy of Polygynax® in the management of vaginal infection with a low rate of relapses.

P01.23 | IN VITRO BACTERICIDAL ACTIVITY OF POLYGYNAX® AGAINST BACTERIA INVOLVED IN AEROBIC VAGINITIS AND BACTERIAL VAGINOSIS

CATEGORY: NON-SURGICAL GYNAECOLOGY

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¹Fonderephar, Toulouse, France; ²Fonderephar, France; ³Innotech, France; ⁴Fonderephar, Toulouse, France

Objective: Aerobic vaginitis and bacterial vaginosis can be confused and thus justify the use of a rapid and local broad-spectrum treatment. This study aims to compare bactericidal kinetic activity of Polygynax® (a neomycin, nystatin and polymyxine B combination) versus the two reference antibiotics against the main bacteria involved in vaginal infections.

Method: Polygynax® bactericidal activity was assessed on 22 strains by dilution-neutralization method with seven product dilutions from $\frac{1}{2}$ to 1/128 to mimic progressive in vivo behavior and 1 and 4 h contact times to ensure a rapid elimination versus Clindamycin (CLN) activity on aerobic strains and Metronidazole (MTR) activity on anaerobic/microaerophilic strains. Assays were performed in the presence of serum to explore potential interferences. The higher the log reduction, the more efficient the product/dilution tested.

Results: Polygynax® induced high log reductions from 1 h contact on 16 aerobic bacteria on the 18 tested while for CLN only showed a bactericidal activity at dilution $\frac{1}{2}$ on Gram(-) and very low for Gram(+) aerobic bacteria. Regarding the 4 anaerobic strains, Polygynax® induced high log reductions from 1 h contact for all tested dilutions while for MTR, the log reductions was very low for *P. bivia* and *G. vaginalis* or close to 0 for *A. vaginae* and *M. curtisii*.

Conclusion: This in vitro study shows that Polygynax® has a faster bactericidal action on the main bacteria involved in aerobic vaginitis and bacterial vaginosis, as compared with reference treatments, CLN and MTR, and sustains the potential of Polygynax® in the management of bacterial vaginal infections.

P01.24 | PCOS PATIENTS WITH PLANT-BASED DIET—DIFFERENCES IN CLINICAL SYMPTOMS

CATEGORY: NON-SURGICAL GYNAECOLOGY

K. Elksne

A/S Veselibas Centru apvieniba, Latvia

Objective: Plant-based diet is proposed as healthier and environmentally friendly. Results suggest a reduction in cardiovascular risk, but evidence for an effect on polycystic ovarian syndrome (PCOS) is lacking. Are there any differences in clinical symptoms between those PCOS patients using plant based and western diets?

Method: This longitudinal study was conducted from April 2020 to April 2023. 30 PCOS patients on plant based diets (22 vegetarians and 8 vegans) were recruited and control group of 30 western diet PCOS patients were selected according to the criteria. A survey

was conducted at the beginning of the study and after 6 months. SPSS Statistics were used. Statistical data analysis was performed using Pearson chi-squared test, Kolmogorov–Smirnova and Kruskal–Wallis tests.

Results: No statistical significance were found in complaints about clinical symptoms: long menstrual cycles (noted by 66.7% of study group and 70% of control group participants), hirsutism (53.3% vs 56.6%) and acne (23.3 vs 26.6%). Amenorrhea was statistically significantly more often noted by control group members (10% vs 20%). Mean BMI is statistically significantly lower for the study group (23, 6 kg/m²) than for control group (26.4 kg/m²).

Conclusion: Plant based diet has an impact on PCOS patient BMI. Risk of amenorrhea is lower in vegetarian and vegan group. More and larger studies are needed to clarify the effect of a plant-based diet on the quality of life of PCOS patients.

P01.25 | WORKPLACE BULLYING AND BURNOUT AMONG RESIDENTS IN OBSTETRICS AND GYNECOLOGY IN FRANCE: MYTH OR REALITY?

CATEGORY: NON-SURGICAL GYNAECOLOGY

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CHU Rennes, France

Objective: Workplace bullying is increasingly reported within hospitals. No studies have been carried out in France among obstetrics and gynecology residents. To evaluate the exposure of workplace bullying among GO residents in France, the prevalence of burnout syndrome, to study the association between bullying and burnout.

Method: We conducted a national observational cross-sectional study in France (2021–2022 academic year). Between November 2021 and July 2022, data were collected by an anonymous online self-questionnaire based on standardized and validated questionnaires: the Maslach Burnout Inventory (MBI) assessing burnout, the Negative Act Questionnaire-Revised (NAQ-R) assessing workplace bullying, and the HADS assessing residents' mental health. Questions were also asked about socio-demographic data. The associations were examined using multivariable regression models.

Results: Among 625 respondents (response rate 61%), 52.4% were victim of moral harassment. Attending physicians were the most common source. The rate of burnout was estimated to 18.4%. An association was found between workplace bullying and burnout, confirmed after adjustment. Social support from superiors was a protective factor and frequent exposure to workplace violence was identified as a risk factor for burnout (OR 9.39), as was the number of hours worked per week (>70h) (OR 3.69).

Conclusion: Workplace bullying is widespread and associated with burnout in GO residents in France, leading to individual psychological and professional impact. Identification of actionable strategies may allow for targeted preventive interventions to develop safer and more positive and caring culture in the learning environment.

P01.26 | INCIDENCE OF BREAST CANCER AT 5 YEARS IN WOMEN WITH PREMALIGNANT LESIONS

CATEGORY: NON-SURGICAL GYNAECOLOGY

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Objective: The objective of this study is to determine the cumulative incidence of breast cancer at 5 years of follow-up in patients with preinvasive or premalignant lesions of the mammary gland in a reference center, as well as to establish the associated risk factors.

Method: A retrospective cohort study of patients with lesions considered high risk for breast cancer was carried out at Hospital Ángeles Lomas between 2012 and 2016, who were followed up for 5 years (until 2021). The objective of this study was to determine the cumulative incidence of breast cancer in lesions considered preinvasive in this period of time.

Results: A total of 215 patients were included, where a global cumulative incidence for invasive breast cancer of 14.9% was obtained, with atypical ductal hyperplasia being the most prevalent lesion in the cohort. The most important risk factor was high breast density (category C), which presented a statistically significant result.

Conclusion: It has been shown that premalignant or preinvasive lesions have a certain potential for carcinogenesis. They should be closely monitored by screening studies and opt for less invasive methods in their treatment.

P01.27 | ABNORMAL UTERINE BLEEDING IN METRO EAST CAPE TOWN, A SOUTH AFRICAN OBSERVATIONAL STUDY

CATEGORY: NON-SURGICAL GYNAECOLOGY

L. De Waard¹; C. Van Drūnick²

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Objective: Abnormal uterine bleeding (AUB) is a common and debilitating concern for many women worldwide. In 2010 FIGO published the PALM-COEIN classification system. Most published literature is from high-income countries. This study set out to describe women presenting with AUB, and to investigate the causes in a South African Low-Middle-Income Country (LMIC) cohort.

Method: This sub-analysis of a retrospective observational study was performed at Tygerberg Hospital, Cape Town, South Africa. All new patients presenting to the Gynaecological Clinic (GC) between 1 February and 31 May 2019 were included, cases presenting with AUB were further analyzed. The protocol was approved by Stellenbosch University ethics committee. The GC serves as a referral center for a large, densely populated area with 3000 general

and 6800 subspecialty visits annually. Most patients are from low-middle-income households.

Results: There were 674 new patients seen in the 4 months, AUB was the most common presenting complaint 234 (34.7%) followed by infertility 162 (24%) and dysmenorrhea 110 (16%). The median age of women with AUB was 36 [SD 10], the median BMI 31.2 kg/m² [SD 9]. The most common underlying cause was ovulatory disorders 73 (31%) of them 41 (56%) had polycystic ovarian syndrome. Further causes were uterine leiomyoma 66 (28%) and not otherwise specified 42 (18%), malignancy 18 (7.6%), adenomyosis (5.9%) and polyps 12 (5%).

Conclusion: In this cohort ovulatory dysfunction was the most common cause for AUB, often associated with obesity and polycystic ovarian syndrome. What is alarming is that 7.6% had an underlying malignancy. This study shows that AUB in LMIC can elude to serious underlying lifestyle and malignant conditions, and warrants thorough investigation.

P01.28 | INFORMATION NEEDS OF WOMEN WITH PELVIC ORGAN PROLAPSE

CATEGORY: NON-SURGICAL GYNAECOLOGY

L. Carroll; C. O' Sullivan; C. Doody; C. Perrotta; B. Fullen
University College Dublin, Ireland

Objective: To explore information needs of women with pelvic organ prolapse (POP).

Method: Women with POP were recruited from an online support group (n=930 members). Inclusion criteria: adult women, diagnosed with POP and aware of their POP stage. Following informed consent, a demographic questionnaire and interview questions were forwarded. Semi-structured zoom audio-recorded interviews were conducted. Thematic analysis was undertaken; transcripts coded, and themes identified. Ethics approval was obtained (LS-21-01-Carroll-Ful).

Results: Women highlighted general pelvic health, birth interventions and normal post-partum recovery as areas they would like more information on antenatally. They also require information on symptoms of pelvic floor dysfunction (PFD) and where to seek help. They identified general practitioners (GPs), practice nurses and smear takers as regularly encountered healthcare professionals (HCPs) who should screen for PFD during routine healthcare and suggested pelvic health information be included in school sexual health or personal development curricula.

Conclusion: Women with and without POP need information on PFD and believe that primary HCPs are ideally placed to provide it.

P01.29 | RESPUESTA AL TRATAMIENTO DE VERRUGAS GENITALES CON SOLUCION NITRIC-ZINC, EN PACIENTES SIN RESPUESTA A ACIDO TRICLOROACETICO O IMIQUIMOD

CATEGORY: NON-SURGICAL GYNAECOLOGY

L. Gonzalez Varela
ACOG, Mexico

Objective: Demostrar que la solución Nitric-Zinc es efectiva en pacientes sin respuesta a tratamiento con imiquimod y ácido acético, con verrugas ano-genitales.

Method: Estudio realizado en Guadalajara, Jalisco, México en 11 pacientes con diagnóstico de verrugas genitales y tratamiento previo con ácido tricloroacético e imiquimod sin respuesta, aplicando solución Nitric-Zinc cada 2 semanas hasta 4 aplicaciones y evaluar el efecto sobre las lesiones. Los resultados se expresan en frecuencias y porcentaje de éxito para las pacientes con remisión completa.

Results: En el presente estudio se enrolaron 11 pacientes con uso continuo durante 6 meses de Acido tricloroacético e Imiquimod sin remisión de verrugas ano-genitales; Posterior a la aplicación de solución Nitric-Zinc, 9 tuvieron remisión completa; en 6 mujeres, se requirió 4 aplicaciones, una paciente con 1 aplicación, y una más con 2 aplicaciones. Cinco pacientes del estudio ingerían medicamento inmunosupresor, tres tenían diagnóstico de diabetes fuera de control, y una sin patologías agregadas.

Conclusion: El presente estudio encontró que en pacientes donde el tratamiento con imiquimod, ácido tricloroacético, o con problemas de inmunosupresión, el porcentaje de éxito posterior al uso de esta solución es del 81% con 4 aplicaciones de solución Nitric-Zinc.

P01.30 | DIAGNOSTIC ACCURACY OF VISUAL INSPECTION OF CERVIX USING LUGOL'S IODINE FOR DETECTING CERVICAL CARCINOMA TAKING HISTOPATHOLOGY AS A GOLD STANDARD

CATEGORY: NON-SURGICAL GYNAECOLOGY

M. Mughal; M. Rashid; K. Khursheed; R. Sohail
Lady Willingdon Hospital, Pakistan

Objective: Cervical carcinoma is 3rd common cancer in Pakistan making it a burden on healthcare system. Early detection can prevent it. To look for the diagnostic accuracy of visual investigation of cervix using lugol's iodine (VILI) for detecting the cervical cancer taking histopathology as a gold standard.

Method: Cross sectional study was conducted at Obstetrics & Gynecology department, Services Hospital, Lahore for 6 months from 1 July 2021 to 31 December 2021. After written informed consent 150 patients who full filled inclusion criteria were examined using lugol's iodine solution and then underwent colposcopy to determine the diagnostic accuracy of lugol's iodine in detecting cervical carcinoma while setting histopathology as a gold standard.

Results: The mean age of the patients was 42.11 ± 10.12 years. 8.67% patients were nulliparous, 13.33% registered patients were with parity one, 38.67% patients with parity two, 29.33% patients were with parity three and 10% patients were para four. The sensitivity, specificity, and diagnostic accuracy of VILI was found to be 92.59%, 93.75% and 93.33% respectively, taking histopathology as gold standard.

Conclusion: According to results of our study we can say that the visualizing the cervix using lugol's iodine (VILI) can be used for detection of cervical cancer at an early stage in low income resource countries like Pakistan.

P01.31 | ALTERACIONES DEL CICLO MENSTRUAL EN PACIENTES CON ANTECEDENTE DE INFECCIÓN POR SARS COV2

CATEGORY: NON-SURGICAL GYNAECOLOGY

M. Chavez Herrera
BUAP, Mexico

Objective: Identificar si existe asociación entre alteraciones del ciclo menstrual y antecedente de infección por SARS COV2.

Method: El estudio se llevo a cabo en el Hospital Universitario de Puebla, México, se estudiaron 70 pacientes con alteraciones del ciclo menstrual con antecedente documentado de SARS COV2 positivo por prueba PCR, el diseño del estudio fue transversal y la intervención observacional, se llevo un seguimiento de 6 meses del ciclo menstrual por medio de calendario, se realizo un cuestionario donde se realizaron preguntas relacionadas con la menstruación de cada paciente.

Results: De las 70 pacientes estudiadas con alteraciones del ciclo secundario a SARS COV2, el 35% de las pacientes presentaron cambios en el volumen menstrual (encontrándose disminuido) el 53% de las pacientes presentaron ciclos menstruales disminuidos en frecuencia (mayores a 38 días en promedio) y el resto combinación de ambos. Se solicito estudio de FSH y LH encontrándose normales posterior a 6 meses post infección por SARS COV2.

Conclusion: Los cambios de la menstruación pueden ser consecuencia de cambios transitorios sobre las hormonas sexuales secundarias a una supresión de función ovárica que normaliza después del periodo de recuperación de la enfermedad, es de importancia clínica ya que podemos hacer diagnósticos erróneos si no se indaga en este antecedente.

P01.32 | HOW MUCH DO GYNECOLOGISTS CONSIDER THE DIAGNOSIS OF VON WILLEBRAND DISEASE AS A CAUSE OF HEAVY MENSTRUAL BLEEDING?

CATEGORY: NON-SURGICAL GYNAECOLOGY

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Objective: Heavy menstrual bleeding (HMB) affects 8%–38% of the general population. If untreated, HMB can negatively impact

women's daily life. In women with HMB, von Willebrand disease (VWD) is diagnosed in up to 24% of them however, diagnosis is often delayed. This study investigated how gynecologists refer women with HMB to hematologists.

Method: A two-part anonymized questionnaire was designed to evaluate the decision-making process for gynecologists referring women with HMB to hematologists. It also assessed the use of the Bleeding Assessment Tool (BAT) during consultations. Responders completed 26 questions regarding the diagnosis, treatment, and burden of VWD in association with HMB, supplemented with additional information on the burden of HMB in correlation to VWD after 15 initial questions. Responses were compared to evaluate changes in their decision-making process.

Results: A total of 183 gynecologists from 22 countries completed the questionnaire; of which, 25% would refer women with HMB to a hematologist when hormonal therapy failed after 3–12 months, 62% would refer after >1–5 years when hormonal therapy failed, and 14% when bleeding complications occur during labor. After learning about the association of HMB and VWD, 22% more responders would use the BAT to screen for VWD in women with HMB.

Conclusion: Educating gynecologists about VWD could facilitate faster referrals of women with HMB to hematologists and increase the subsequent diagnostic rate.

P01.33 | HOW WELL ARE OBSTETRICS AND GYNAECOLOGY RESIDENTS TRAINED IN MANAGING FEMALE SEXUAL DYSFUNCTION? AN ANALYSIS OF TRAINING IN FEMALE SEXUAL DYSFUNCTION

CATEGORY: NON-SURGICAL GYNAECOLOGY

M. Ng
Health Service Executive Ireland, Mali

Objective: This study reviewed Obstetrics and Gynaecology residents' training to manage Female Sexual Dysfunction (FSD). FSD is poorly cautioned during consultations with the need to improve diagnosis and management skills. Obstetricians and Gynaecologists have a duty to uphold this sexual justice as sexual pleasure is fundamental to sexual rights and wellbeing.

Method: A narrative review approach was undertaken. The studies were searched using PubMed, Google Scholar, and articles' reference lists using relevant keywords with no time limitations. Abstracts were assessed to ascertain if they contained the interested criteria prior to full-text analysis. Included criteria are original research addressing the various competencies of managing FSD amongst Obstetrics and Gynaecology residents. Thematic analysis of the full-text articles was performed by a single researcher in an iterative manner.

Results: 7 studies, published between 2007 to 2021, were analysed. They included Obstetrics and Gynaecology residents from 21 countries across Europe, Asia and North America. There is little focus on training in FSD despite a recognised need for same. There is deficiency in trainees' experience and knowledge in FSD with gaps in diagnosis and management. Where there is training in FSD within

the training program, it is not mandatory. Attitude towards FSD also required remediation.

Conclusion: Little advances have happened to improve Obstetrics and Gynaecology residents' competency in managing FSD. Such continuing trend will compromise the care of the female population with sexual dysfunction. This trend needs to be monitored for change since the World Association for Sexual Health's Declaration on Sexual Pleasure in 2021.

P01.34 | COMPARISON OF DIAGNOSTIC ACCURACY OF BACTEC CULTURE, GENE-XPRT AND HISTOPATHOLOGY IN THE DIAGNOSIS OF GENITAL TUBERCULOSIS IN WOMEN WITH INFERTILITY

CATEGORY: NON-SURGICAL GYNAECOLOGY

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Objective: The objective of this study was to compare Bactec, Gene-xpert and histopathological examination in the diagnosis of genital tuberculosis in infertility patients.

Method: This Prospective case control study was conducted from June 2018 to May 2019 in LLRM Medical College Meerut. A total 100 Endometrial samples were collected during diagnostic laparoscopy from all suspected cases of genital TB, presented with either primary or secondary infertility and samples sent for histopathology, Gene-xpert and Bactec culture. All the significant findings were recorded and analysed with descriptive statistical analysis using MedCalc software.

Results: In this study on hysteroscopy out of a total 100 patients, 88 patients had normal study, 4 patients had bald endometrium, 5 patients had distorted ostium and 3 patients had synechiae. Out of 100 samples, Bactec culture was positive in 2 samples, Gene-xpert positive in 3 samples. On histopathology out of 100 cases, non-specific endometritis was found in 1 case tubercular-endometritis in 1 case, proliferative endometrium (anovulatory) in 40 cases and secretory endometrium found in 58 cases.

Conclusion: Female genital TB poses a diagnostic dilemma because of its varied presentation and lack of sensitive and specific method of diagnosis. Culture though remains the gold standard of diagnosis of female genital TB, Gene-xpert, histopathology, Bactec culture or laparoscopy can be used for starting treatment.

P01.35 | PROFIL ÉTIOLOGIQUE DES FAUSSES COUCHES SPONTANÉES À RÉPÉTITION

CATEGORY: NON-SURGICAL GYNAECOLOGY

M. Gharbi

Faculté de Médecine de Sfax, Tunisia

Objective: L'objectif de ce travail est d'identifier les étiologies des fausses couches spontanées à répétition (FCR) en l'occurrence celles

retrouvées en milieu de médecine interne, de préciser les traitements proposés en fonction de l'étiologie retrouvée et d'analyser les facteurs pronostiques des chances de naissances vivantes.

Method: Nous avons recueilli les dossiers des patientes prises en charge pour le problème des FCR, et qui répondent aux critères d'inclusions, durant la période allant du janvier 2010 au décembre 2020 au service de médecine interne du Centre Hospitalo-Universitaire (CHU) Hedi Chaker de Sfax.

Results: Nous avons colligé 60 patientes présentant des FCR. Le bilan étiologique a révélé une hypothyroïdie chez une seule patiente, des anticorps antithyroïdiens (5%), une hyperprolactinémie (1.6%), un déficit en protéine S (13.3%), une résistance à la protéine C activée (6.7%), un syndrome des anticorps anti-phospholipides (50%) et une mutation hétérozygote du facteur V de léiden (1.6%). Les facteurs pronostiques des chances de naissance vivantes était l'âge maternel et le nombre des fausses couches antérieures.

Conclusion: Le syndrome des anticorps anti-phospholipides et le déficit en protéine S étaient les plus fréquemment retrouvés. Le traitement repose sur l'anticoagulation par héparine à bas poids moléculaire associé à l'aspirine à dose antiagrégante. La bonne observance thérapeutique et le suivi régulier sont requis afin d'améliorer le taux des naissances vivantes.

P01.36 | EFFICACY AND SAFETY OF FERRIC CARBOXYMALTOSE IN THE MANAGEMENT OF SEVERE IRON DEFICIENCY ANEMIA: INSIGHTS FROM INDIAN CLINICAL PRACTICE

CATEGORY: NON-SURGICAL GYNAECOLOGY

N. Malhotra

Managing Director—Ujala Cygnus Rainbow Hospital, India

Objective: Evaluation of efficacy and safety of IV FCM in the management of Severe Anemia in Indian population.

Method: A retrospective, observational and real-world study was conducted to assess the efficacy and safety of FCM (500mg or 1000mg) in patients with IDA across 269 centers in India. Data was retrieved from medical records of patients who received FCM for management of IDA. This is subgroup analysis of previously published study (Registration number CTRI/2021/12/039065). This subgroup includes the patients with Severe IDA (Hb <7 gm/dL).

Results: In 1404 severe anaemic patients with IDA, intravenous FCM resulted in a significant increase in haemoglobin of 3.13g/dL, serum ferritin of 30.93 µg/L at 4 ± 1 week ($P < 0.001$) as compared to baseline after giving FCM infusion. Similarly, there was significant rise in RBC count, haematocrit, MCV, MCH, MCHC & RDW at 4 ± 1 week ($P < 0.001$ for all) as compared to baseline. No serious adverse events were observed.

Conclusion: FCM efficiently, safely and quickly corrects severe IDA in Indian patients in a short span of 4 weeks.

P01.37 | INCIDENCE OF VITAMIN D SUBOPTIMAL LEVELS IN FOUR ROTTERDAM-BASED PCOS PHENOTYPES IN UKRAINE
CATEGORY: NON-SURGICAL GYNAECOLOGY

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Objective: The aim of this study was to assess the incidence of Vit D suboptimal level in four PCOS phenotypes depending on BMI class.

Method: It was a retrospective registry study in 10 gynecological endocrinology centers. We analyzed records on Vit D status based on 25-hydroxyvitamin D assessment in 1922 primary referral PCOS patients aged between 20 and 45 years of age who did not have vit D supplementation before. Value of less than 30ng/mL was considered suboptimal (SVitD).

Results: The incidence of 25-hydroxy vitamin D suboptimal level in present PCOS population was much higher than the one reported for general female population in Ukraine: 90.7% versus 36.3% and increased with the increasing BMI. In PCOS subjects with normal BMI (<25) ovulatory (C) phenotype showed the lowest incidence of SVitD compared to classical A-phenotype, incomplete classical B-phenotype and normoandrogenic D-phenotype: 88.4% versus 88.4%, 92.7% and 86.0% respectively. In 25–30 BMI group A-phenotype showed the highest incidence of SVitD –95.2% versus 91.2% (B), 90.2% (C) and 90.4% (D) respectively. In the group of BMI >30 normoandrogenic phenotype showed the lowest incidence of SVitD—83.6%, while the ovulatory one had the highest rate—98.0%. Obese subgroup with A phenotype had higher rates of SVitD.

Conclusion: Suboptimal levels of Vit D prevalence in PCOS subjects of reproductive age is universally high and increases with BMI in all phenotypes.

P01.38 | TO STUDY THE ROLE OF LEVONORGESTREL INTRAUTERINE DEVICE AS NON-SURGICAL MODE OF TREATMENT FOR ABNORMAL UTERINE BLEEDING
CATEGORY: NON-SURGICAL GYNAECOLOGY

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Objective: To study the role of levonorgestrel intrauterine device as non-surgical mode of treatment in patients with abnormal uterine bleeding over a period of 3 years.

Method: This study is retrospective analysis of 50 patients of age group between 25 years to 50 years, conducted in gynaecology department at Zoi hospital over a period of 3 years from January 2018 to January 2021. Response of patients post levonorgestrel intrauterine device insertion was assessed monthly for 3 months and once at 6 month and then yearly for 2 years.

Results: Levonorgestrel intrauterine device caused a decrease in menstrual blood loss of 70% at end of 3 months, and 90% at end of 1 year and 98% by the end of 2 years. Haemoglobin percentage showed significant rise at the end of 3 months. It prevented recurrence of endometrial polyp post insertion in 10 patients. It acted as an effective contraceptive device. It helped in avoiding hysterectomy in 48 patients.

Conclusion: Levonorgestrel IUD is safe reversible non-surgical mode of treatment in patients with abnormal uterine bleeding. It is also an effective contraceptive and spares fertility. LNG-IUD is a safe and cost effective treatment for abnormal uterine bleeding.

P01.39 | FACTORS ASSOCIATED WITH PREMALIGNANT LESIONS OF THE VULVA AMONG PATIENTS ATTENDING AT THE LOWER GENITAL TRACT CLINIC, BAYAMO, CUBA
CATEGORY: NON-SURGICAL GYNAECOLOGY

O. Ocana

Carlos Manuel de Cespedes Teaching Hospital, Cuba

Objective: Identify the risk factors associated with premalignant lesions of the vulva in patients treated at the Lower Genital Tract Clinic.

Method: An analytical case-control study was carried out in 420 women at the Lower Genital Tract Clinic of the Jimmy Hürzel Polyclinic in Bayamo, Granma, from January 1, 2018 to December 31, 2021. Participants were subjected to a structured interviewer administered questionnaire, vulvoscopy and some cases biopsy. Multivariate logistic regression was performed to identify the risk factors associated to premalignant lesions of the vulva.

Results: Multivariate logistic regression, showed that the most influential factors in the appearance of premalignant lesions of the vulva are as follows: age over 60 years, smoking, Human Papillomavirus Infection, non-use of condoms. Among the premalignant lesions, the Vulvar Intraepithelial Neoplasia grade I (VIN I) was the most frequent (83%).

Conclusion: Vulvoscopy is a valuable tool in the investigation of Lower Genital Tract and should be performed in patients with risk factors for vulvar conditions especially beyond 60 years.

P01.40 | PREVALENCE AND EFFECTS OF MENSTRUAL DISORDERS ON QUALITY OF LIFE OF FEMALE UNDERGRADUATE STUDENTS IN MAKERERE UNIVERSITY COLLEGE OF HEALTH SCIENCES, A CROSS SECTIONAL SURVEY
CATEGORY: NON-SURGICAL GYNAECOLOGY

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Objective: This study aimed to determine the prevalence of menstrual disorders and their effect on the quality of life (QOL) of female undergraduate students at Makerere University College of health sciences.

Method: A cross-sectional study among 295 female undergraduate students at Makerere University college of health sciences using a self-administered questionnaire. QOL-BREF (QOL-Best Available Reference document) questionnaire was used to assess the QOL of participants. Collected data were double-entered into EPI DATA, and analyzed using STATA. Data were presented using tables and analyzed using percentages, frequencies, medians, interquartile range, means, and standard deviations, *t*-test and ANOVA were used to establish statistical significance. $P < 0.05$ was considered statistically significant.

Results: The median age of the participants was 21 years with a range of 18–39 years, and an interquartile range of 20–24 years, 97.8% (95% CI: 95.2–99.0) reported some form of menstrual disorder. Premenstrual symptoms were the commonest disorder (93.8%, 95% CI: 90.2–96.1), dysmenorrhea at 63.6% (95% CI: 57.7–69.1), irregular menstruation (20.7%, 95% CI: 16.3–25.9), frequent menstruation (7.3%, 95% CI: 4.7–11.0), infrequent menstruation (3.3%, 95% CI: 1.7–6.2). Dysmenorrhea and premenstrual symptoms significantly reduced the participants' QOL scores.

Conclusion: Menstrual disorders were highly prevalent with negative effects on QOL and class attendance. Efforts should be made to screen and possibly treat menstrual disorders among university students and to conduct further studies on the effects of menstrual disorders on quality of life.

P01.41 | COMBINATORIAL SERUM MIRNA BIOMARKERS AS A NON-INVASIVE DIAGNOSTIC TOOL FOR ENDOMETRIOSIS CATEGORY: NON-SURGICAL GYNAECOLOGY

R. Thirunavukkarasu

Consultant Obstetrician and Gynecologist, India

Objective: Micro RNAs namely miRNA 125b, miRNA150-5p, miRNA 342-3p, miRNA 3613-5p and Let-7b were studied in proven endometriotic patients and in non-endometriotic controls. The demographic profile in both groups was also compared. The study aims to find out if these miRNAs can serve as biomarkers for non-invasive diagnosis of endometriosis.

Method: This study was done at Ramakrishna Medical Centre LLP, Trichy. Symptomatic patients, with laparoscopically proven endometriosis formed the study group ($n=86$) and non-endometriotic patients served as control group ($n=83$). A panel of 5 miRNAs was analyzed from the serum of the subjects. Fasting blood sample was collected, serum cryo-preserved. q-RT-PCR analysis of the miRNA was done and results were analyzed. Statistical analysis was done using machine learning algorithms run on custom R scripts.

Results: miRNA 125b, miRNA150-5p, miRNA 342-3p, miRNA 3613-5p and Let 7b were studied. There was statistically significant up-regulation of miRNA125b and miRNA 342-3p and down regulation of Let 7b (P value of <0.001) in endometriosis.

Conclusion: This study shows that the panel of these miRNAs in serum could be used as a non-invasive diagnostic marker for endometriosis.

P01.42 | MANAGEMENT OF RECURRENT URINARY TRACT INFECTION WITH INTRAVESICAL GENTAMICIN CATEGORY: NON-SURGICAL GYNAECOLOGY

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Objective: This study aims to assess the safety and efficacy of a single dose of intravesical gentamicin installation for treatment of recurrent urinary tract infections. Furthermore, assessment of the side effect profile and pathogen pattern will be carried out. Finally, patient's epidemiological details will be assessed.

Method: An observational case series was carried out between 1 January 2021 to 3 February 2023. Patients who had history of recurrent UTI with at least one positive urine culture were included in the study. The dose used for gentamicin installation was 1 mg/kg with an average of 80 mL. The selected patient's electronic medical record were reviewed to collect the relevant information. Microsoft Excel 2019 was used to carry out statistical analysis of the collected data.

Results: 40 cases were included in the study. 70% of participants had comorbidities, most common being Diabetes Mellitus type II. Recurrence rate of UTI was 47.5% post intravesical gentamicin instillation, with the majority of recurrence occurring within 3 months of instillation (68%). Only one case reported side effect of abdominal pain post procedure. The most common organisms causing recurrence of urinary tract infection were *E. coli* (36.8%) and *Klebsiella pneumoniae* (15.7%).

Conclusion: Intravesical gentamicin instillation is an effective and safe treatment option for patients with recurrent UTI. The success of single dose intravesical gentamicin instillation for recurrent UTI may be influenced by patient comorbidities. Further research is required to determine the optimal dosing regimen and duration for intravesical instillation of gentamicin.

P01.43 | THE FEASIBILITY AND ACCEPTABILITY OF SELF-ADMINISTRATION OF MEDICAL TERMINATION OF PREGNANCY AMONG WOMEN IN 3 CLINICS IN GAUTENG, SOUTH AFRICA

CATEGORY: NON-SURGICAL GYNAECOLOGY

R. Ramuntshi-Maluleka

University of Pretoria, South Africa

Objective: The World Health Organization (WHO) has developed various self-care interventions, including the self-administration of

medical termination of pregnancy (TOP). This study objective is to assess the knowledge, attitudes and to determine the willingness of patients to self-administered medical TOP amongst women seeking TOP services.

Method: This was a descriptive cross-sectional survey of 190 women who were undergoing first trimester TOP in 3 facilities in Gauteng from April 2022 until July 2022. This included Tembisa Academic hospital, Marie Stopes Hospital, and Laudium Community Health Centre. Ethical approval was obtained from the University of Pretoria's Research Ethics Committee.

Results: We found that 66.3% knows about self-administration of medical TOP. Only 18.4% knew that they can self-administer medication for TOP. About 55% knew about the complications of self-administering the TOP medication. About 46% of patients were comfortable to self-administer the TOP medication. 63% of patients said they can consider self-administration provided they are given enough education about it.

Conclusion: The above results it shows that more education has to be done about self-administration of medical TOP. This was shown by the increase in the number of people who were willing to undergo self-administration if given adequate information. Self-administration of medical TOP is feasible and acceptable to women.

P01.44 | MONKEYPOX (MPOX) AND DIFFERENTIAL DIAGNOSIS WITH GENITAL HERPES: A CASE REPORT

CATEGORY: NON-SURGICAL GYNAECOLOGY

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Objective: To report a Mpox case, an emerging zoonosis in Brazil and worldwide, diagnosed in a public hospital in a city of São Paulo state, alerting to differential diagnoses with other sexually transmitted infections (STI), such as genital herpes, that cause genital ulcers.

Method: A 28-year old woman sought care due to vulvar lesions starting 3 days before, and reported having sex with an unknown partner during the prior week. Complaints were asthenia, dysuria and mildly tender genital blisters with well-circumscribed borders, in addition to bilateral coalescing, painless ulcers. Treatment for herpes simplex was initiated. After 48h, she returned presenting vesicular lesions with smooth borders, central umbilication, measuring 3mm in diameter on her thighs, elbows, scalp and forearms.

Results: Monkeypox was the diagnostic hypothesis and Ministry of Health authorities were immediately notified. Lesions swabs were collected, resulting in laboratory confirmation of Mpox. HIV and syphilis serological tests were negative.

Conclusion: Mpox is a viral zoonotic disease that recently acquired a pandemic nature. Cases described in the current outbreak have atypical characteristics compared to African cases, and may be misdiagnosed as STIs. It is important to recognize the different clinical and epidemiological forms to provide accurate diagnosis and disease control.

P01.45 | THE EFFECT OF TIME-RESTRICTED EATING ON INSULIN LEVELS IN POLYCYSTIC OVARIAN SYNDROME: A RANDOMISED FEASIBILITY STUDY OF REAL-WORLD CLINICAL ADVICE

CATEGORY: NON-SURGICAL GYNAECOLOGY

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Objective: Time-restricted eating (TRE) represents a novel intervention that may improve insulinaemia and reduce weight, but is untested in polycystic ovarian syndrome (PCOS). In a randomised interventional study, we investigated the feasibility of TRE in PCOS. Secondary objectives included the effect on insulin and other metabolic indices.

Method: Participants were randomised to a 12-week TRE regimen (18h fast/6h eating window) or 'usual eating' (no time-restriction). Primary outcome was feasibility—specifically recruitment, compliance (% days stayed within the 6h eating period), safety, and drop-out rate. Secondary outcomes were fasting insulin, HOMA-IR/QUICKI, HbA1c, androgens, lipids, and anthropometrics.

Results: Nine participants completed the 12-week intervention. Interim analysis is presented (total expected recruitment: $n=15$). TRE was deemed a feasible intervention with no dropouts, side-effects, and near-total compliance (94%). Changes in waist circumference, insulin, and insulin resistance did not differ statistically. The TRE group lost mean (SD) 1.7 (1.8) kg weight while the 'usual eating' group gained mean (SD) 1.75 (1.7) kg ($P=0.032$). All in the TRE group lost weight, while 3/4 in the 'usual eating' group gained weight.

Conclusion: With limited data and numbers to date, TRE was a safe and feasible in PCOS, and versus 'usual eating', patients lost significant weight in this small cohort. Other metabolic and anthropometric data did not differ.

P01.46 | BIOLOGICAL ASPECTS OF GENITAL PROLAPSE IN WOMEN OF REPRODUCTIVE AGE

CATEGORY: NON-SURGICAL GYNAECOLOGY

R. Urinova

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Objective: Connective tissue dysplasia is a hereditary decrease in the strength of connective tissue due to an anomaly in its structure. One of the manifestations of undifferentiated connective tissue dysplasia is genital prolapse, the high frequency of which explains the relevance of the problem.

Method: 83 women were examined, of which 63 women (main group) had genital prolapse (GP). According to the severity of GP, the main group was divided into 3 subgroups: 1A subgroup—29 women with grade I GP; 1B subgroup—23 women with II degrees of GP, 1C subgroup—of 11 women with a severe degree of GP.

Results: The study of the anamnesis in the studied women showed the presence of complications associated with childbirth. So, the complicated course of childbirth in the IA group was observed at 24.1%, in the I B group—at 47.8%, and in the I C group—at 81.8%. From this, it follows that one of the factors in the development of GP is the complicated course of childbirth.

Conclusion: We found that the severity of the development of GP depends on the severity of uCTD, and the more pronounced the signs of uCTD, the more severe the form of GP in women.

P01.47 | RACIAL DISPARITIES IN THE TREATMENT OF MENOPAUSAL SYMPTOMS AMONG PATIENTS WITH PSYCHIATRIC CONDITIONS

CATEGORY: NON-SURGICAL GYNAECOLOGY

S. Macphedran

Case Western Reserve University School of Medicine-Metrohealth Medical Center, USA

Objective: Women with psychiatric conditions often have worsening moods and severe menopausal symptoms. Despite evidence that estrogen replacement therapy-ERT may improve responses to psychiatric medications during menopause, data is lacking for this population. The study aims to investigate racial disparities in treating menopause symptoms in women with psychiatric conditions with ERT.

Method: A retrospective chart review assessing racial disparities in treating menopausal symptoms with ERT among patients with psychiatric conditions was conducted. Inclusion criteria include female sex and age 45–60 years. Descriptive statistics were used to analyze the demographic characteristics of eligible patients with documented menopause symptoms and psychiatric conditions (based on ICD-10 codes) who were prescribed ERT between January 2017 and September 2022. MetroHealth's Institutional Review Board approved this study.

Results: The study sample consisted of 65 988 women aged 45–60; 31.6% were black and 54.0% were white. 11.5% had documented menopausal symptoms: 36.3% black, 53.5% white. 13.1% of patients with menopausal symptoms received ERT: 25.8% black, 65.2% white. 29 761 45- to 60-year-old women had psychiatric conditions: 30.8% black, 59.3% white. 14.2% of these patients also had menopausal symptoms: 34.8% black, 56.2% white. 35.3% of women with psychiatric conditions and menopausal symptoms received ERT: 23.2% black and 67.8% white.

Conclusion: Despite overall low ERT rates, more women with both menopausal symptoms and psychiatric conditions were prescribed ERT compared to all menopausal women, which may reflect more severe symptoms. However, black women were unlikely to receive ERT compared to white patients. Educating clinicians on disparities may improve care for marginalized women.

P01.48 | USE OF A MODIFIED MOLDED SORBENT IN THE TREATMENT OF POSTPARTUM ENDOMETRITIS

CATEGORY: NON-SURGICAL GYNAECOLOGY

S. Barinov

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Objective: Postpartum endometritis occupies one of the top places among infectious complications after ce-sarean section.

Purpose: To evaluate the effectiveness of adetoxification therapy in treating patients with post-partum endometritis based on the intrauterine application of the molded sorbent-modified poly-vinylpyrrolidone.

Method: A retrospective, controlled study included 124 patients with postpartum endometritis. The study group, $n=63$ —puerperae with postpartum endometritis after cesarean section, received antibacte-rial therapy in combination with intrauterine application of a molded sorbent-modified polyvi-nylpyrrolidone (FSMP) for 24 h daily for 5 days. Comparison group, $n=61$ —puerperae with postpartum endometritis after cesarean section, receiving only antibacterial treatment. 23 puerperae of the study group underwent organ-preserving surgery.

Results: The IR spectra of the intrauterine samples were showing an overall intensity of absorption bands in the study group, compared with the comparison group, as well as a decrease in stab neutrophils by 2 times ($P<0.05$), the con-centration of pro-inflammatory cytokines IL-1 β and TNF α in the discharge of the uterine cavity—by 4.0 and 3.2 times, respectively. We identified *En. faecalis* (26.6%), *Staph. spp.* (21.3%) and *Escherichia coli* (9.6%).

Conclusion: Antibiotic resistance was present from 53.6% to 68.3% of cases. A significant decrease in the volume of the uterus and uterine cavity. The use of an intrauterine FSMP promotes the effective absorption of pathogenic microorganisms and reduces the frequency of hysterectomy by 14.4 times.

P01.49 | CHARACTERIZATION OF THE EXPOSURE-EFFICACY PROFILE OF RELUGOLIX COMBINATION THERAPY (RELUGOLIX-CT) FOR THE TREATMENT OF HEAVY MENSTRUAL BLEEDING ASSOCIATED WITH UTERINE FIBROIDS (UF) OR PAIN ASSOCIATED WITH ENDOMETRIOSIS USING MODELING AND SIMULATION

CATEGORY: NON-SURGICAL GYNAECOLOGY

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Objective: Exposure-efficacy models were developed to characterize the exposure of relugolix (an oral non-peptide gonadotropin-releasing hormone receptor antagonist) as part of Relugolix-CT

(relugolix 40 mg, estradiol 1 mg, norethindrone acetate 0.5 mg once-daily) for the treatment of heavy menstrual bleeding associated with UF or pain associated with endometriosis.

Method: Relugolix monotherapy (Phase 2; 10-, 20-, or 40-mg dose once-daily) or Relugolix-CT (Phase 3) studies with placebo controls in women with UF or endometriosis were used to establish exposure-efficacy models. UF-associated menstrual blood loss (MBL) was assessed as pictorial blood-loss chart ($N=216$) or as responder rate based on the alkaline-hematin method ($N=770$). Endometriosis-associated pain was assessed as visual analog scale score ($N=487$) or as responder rate based on numerical rating scale score ($N=638$).

Results: Dose-dependent efficacy of relugolix was characterized by the models, with 90% reduction in UF-associated MBL and >74% reduction in endometriosis-associated pain achieved at a 40-mg dose. Relugolix efficacy based on steady state exposure was overall well characterized by Emax models, except for data in women with endometriosis-associated pain receiving Relugolix-CT, where pain reduction was higher compared with placebo, but no clear relationship was identified between relugolix exposure and pain reduction.

Conclusion: Maximal efficacy of relugolix as percentage reductions in UF-associated MBL or endometriosis-associated pain was achieved at a 40-mg dose.

P01.50 | ROLE OF 2D ULTRA SOUND IN THE ASSESSMENT OF THE UTERINE CAVITY

CATEGORY: NON-SURGICAL GYNAECOLOGY

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Objective: This study aimed to assess the benefits and limitations of 2D ultrasound in the evaluation of the uterine cavity.

Method: We conducted a longitudinal retrospective descriptive study including 215 patients followed in our assisted procreation unit over a period of 4 years and 6 months from 1 January 2018 to the 30 of June 2022.

Results: Among 116 abnormal uterine cavity cases diagnosed eventually by diagnostic hysteroscopy, 2D ultrasound identified 29 (25%) abnormalities. Ultrasound detected one polyp out of 22 cases. It diagnosed one isthmocele out of two cases. Furthermore, ultrasound revealed 27 cases of sub-mucosal myomas with only 11 ultimately confirmed by hysteroscopy. However, ultrasound did not show any significant use in diagnosing the other 87 uterine cavity abnormalities such as septate uteri, adhesions, chronic endometritis and bicornuate uteri.

Conclusion: 2D ultrasound is a reproducible first-line screening test for uterine cavity abnormalities. While it provides valuable information, it has limitations in accurately diagnosing certain conditions. Combining 2D ultrasound with saline infusion or utilizing 3D technologies can improve its efficiency and accuracy.

P01.51 | ABNORMAL UTERINE BLEEDING IN ADOLESCENTS: A REVIEW

CATEGORY: NON-SURGICAL GYNAECOLOGY

T. Bentes

HUGV, Brazil

Objective: Abnormal uterine bleeding (AUB) is one of the main complaints that lead adolescents to seek a specialized consultation and it can often be challenging and neglected, so this article aims to carry out a literature review about the theme.

Method: Bibliographic survey was carried out from 2017 to 2022 in the BVS, Pubmed and Cochrane databases. Keywords "abnormal uterine bleeding" and "adolescents" were used. We had 297 articles as a result and, after reading the abstracts, 22 articles were selected.

Results: The diagnosis is made through menstrual cycle investigation where we can address the ovulatory dysfunction which are the most common. Other causes should be investigated: pregnancy, sexually transmitted infections, foreign bodies and mullerian malformations. For initial evaluation may be ordered laboratory testes and images. Treatment: management with combined oral contraceptives remains the most effective for the treatment followed by tranexamic acid and anti-inflammatory drugs. There are fertility-preserving surgical procedures and, in emergency cases, non-fertility-preserving surgery.

Conclusion: AUB in adolescents continues to be a challenging diagnosis and requires a multidisciplinary approach. We must always assess the patients' quality of life to determine if the treatment is being effective.

P01.52 | INSIGHTS INTO THE PATHOPHYSIOLOGY OF ADENOMYOSIS BY DEVELOPING A NEW MOUSE MODEL WITH MECHANICAL TRAUMA

CATEGORY: NON-SURGICAL GYNAECOLOGY

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Objective: Adenomyosis is an enigmatic benign uterine disorder that causes dysmenorrhea, heavy menstrual bleeding, and infertility. This study aims to get insight into the etiology of adenomyosis by developing a new mouse model of mechanically induced adenomyosis, referring to the previous findings on endometrial regenerative capacity regulated by STAT3 after injury.

Method: Adult female mice were anesthetized by isoflurane and laparotomized with median abdominal incision. One of the uterine horns in each mouse was punctured 100 times per 1 cm using a 30 G needle to make injuries throughout the myometrial and the endometrial layers. The mice were then humanely sacrificed by cervical dislocation at specific postoperative periods, and both the injured and non-injured uterine horns were collected for subsequent analyses.

Results: Adenomyotic lesions with ectopic endometrial glands surrounded by the stroma were developed within the myometrium on postoperative day 28. STAT3 was only activated in the injured endometrium, and uterine-specific Stat3-deficient mice showed decreased numbers of adenomyotic lesions. In human samples, constant activation of STAT3 was observed in the eutopic endometrium and the adenomyotic lesions throughout the menstrual cycles, which was, on the other hand, limited during the menstrual and proliferative phases in women without adenomyosis.

Conclusion: The present model may replicate mechanically induced adenomyosis after vaginal delivery and Caesarean section. Our findings indicated that the activation of STAT3 may be involved in the progression of adenomyosis. STAT3 inhibition can be a potential treatment strategy for adenomyosis.

P01.53 | PHYSICAL EXAM FINDINGS AND ANATOMICAL VARIANTS IN SURVIVORS OF FGM/C

CATEGORY: NON-SURGICAL GYNAECOLOGY

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Objective: Despite the creation of the World Health Organization (WHO) classification system for Female Genital Mutilation/Cutting (FGM/C), there is little literature describing the variations in anatomy seen by providers. This study describes the physical exam findings that may be seen in patients who have experienced FGM/C.

Method: This was a sub-analysis of a retrospective cohort study utilizing anonymized data from electronic medical records of patients evaluated at the Empower Center, which provides obstetric and gynecologic care for patients who have experienced sexual- and gender-based violence. Patients who were evaluated between January 2014 and March 2020, had experienced FGM/C, and had a documented genital exam were included in the study. Descriptive statistics were used to analyze the variations in physical exam findings.

Results: Among the 78 patients included in this study, 8 had anatomic findings which made the further classification of their anatomy by WHO subtype difficult. Of the remaining 70 patients, 33 (47.1%) had complete removal of the anatomy expected and 37 (52.9%) had at least one area of partial and/or asymmetric removal. Additional findings included difficulties in distinguishing the presence or absence of the clitoral glans and the labia majora by the examiner.

Conclusion: This study demonstrates that in many cases the removal of external genitalia in FGM/C can be inconsistent with the WHO classifications or incomplete, which can make diagnosis and classification of FGM/C within WHO subtypes difficult for providers.

P01.54 | COMPLICATIONS OF FEMALE GENITAL MUTILATION/CUTTING AND FACTORS ASSOCIATED WITH THE DEVELOPMENT OF SEXUAL DYSFUNCTION

CATEGORY: NON-SURGICAL GYNAECOLOGY

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Objective: This study examines the prevalence of sexual dysfunction amongst survivors of Female Genital Mutilation/Cutting (FGM/C) and evaluates the association between the development of symptoms of sexual dysfunction and the presence of specific anatomy and/or psychiatric comorbidities.

Method: This was a sub-analysis of a retrospective cohort study utilizing anonymized data from electronic medical records of patients evaluated at the Empower Center, which provides obstetric and gynecologic care for patients who have experienced sexual- and gender-based violence. Patients who were evaluated between January 2014 and March 2020 and had experienced FGM/C were included. Chi-squared tests and logistic regressions were used to analyze the associations between sexual dysfunction and specific anatomic findings and psychiatric comorbidities.

Results: Among the 80 patients included in this study, more than 70% reported at least one symptom of sexual dysfunction and a majority (55.0%) reported chronic dyspareunia. The absence of the clitoris and the specific type of FGM/C were not found to be associated with any symptom of sexual dysfunction, but PTSD was found to be associated specifically with loss of libido ($P=0.045$).

Conclusion: Symptoms of sexual dysfunction are common among FGM/C survivors. The absence of the clitoris does not specifically appear to be associated with loss of libido, whereas the diagnosis of PTSD is associated. Thus, future studies should control for psychiatric confounders when elucidating the impact of FGM/C on sexual functioning.

P01.55 | EFECTO DE UNA ESTRATEGIA EDUCATIVA BASADA EN LA SIMULACION PARA EL APRENDIZAJE DE LA TECNICA DE HISTERECTOMIA VAGINAL EN RESIDENTES DE GINECOLOGIA Y OBSTETRICIA

CATEGORY: NON-SURGICAL GYNAECOLOGY

Y. Montes Casillas

Uroginecologa, Mexico

Objective: Evaluar el efecto de una estrategia educativa basada en la simulación para el aprendizaje de la técnica de histerectomía vaginal en residentes de Ginecología y Obstetricia.

Method: Tipo cuasi experimental con pre-prueba y post-prueba con base en la elaboración de una estrategia educativa basada en la simulación para el aprendizaje de la técnica de histerectomía vaginal (HTV), el simulador para HTV fue validado por expertos previamente. Consistió en un curso—taller de cinco sesiones una vez a la semana de dos horas de duración cada una.

Results: Participaron 12 médicos residentes de tercer año, ocho del sexo femenino y cuatro del sexo masculinos. Se eliminó un médico residente por no presentar la evaluación final. Hubo cambios positivos en el 63.63% de los participantes, en un 18.18% no hubo cambio y en el 18.8% restante el cambio fue negativo. No hubo significancias en las diferencias.

Conclusion: La simulación, consiste en situar al residente en un contexto que imite algún aspecto de la realidad, establecer en ese ambiente situaciones, similares a las que deberá enfrentar en su practica clínica.

P01.56 | DIAGNOSTIC ACCURACY OF 3D OMNIVIEW SCAN OF THE UTERUS

CATEGORY: NON-SURGICAL GYNAECOLOGY

Z. Jurisic

OB/GYN Polyclinic Jurisic, Serbia

Objective: The aim of our study was to test the diagnostic accuracy of the 3D Omniview transvaginal scanning of the uterus in two directions- sagital and trasversal.

Method: In this study 458 patients were included. Transvaginal 3D scan was performed by obtaining 3D volumes in two directions. The first volume was scan of the uterus in sagital direction, utilizing sweep angle of 100°, and the second volume was transversal scan of the uterus, sweep angle of 120°. Uterine cavity width and myometrial fundal thickness were measured after performing 3D free hand tracing through the midline section of the endometrium.

Results: Mean patients age was 33.6±6.1years. 49% of patients were nuliparous, 22.7% had one, 21.6% had two, and 6.1% with three or more deliveries. Mean sagital uterine cavity width was 32.31±0.528mm and transversal uterine cavity width was 31.83±0.51 mm. There was significant correlation between these two measurement directions ($r=0.955$, $P<0.001$). Mean sagital

uterine fundal myometrium thickness was 12.39±0.23mm and mean transversal was 12.36±0.23mm. There was significant correlation between these two measurement directions ($r=0.928$, $P<0.001$).

Conclusion: There was significant correlation between measurement of uterine cavity width in sagital versus transversal direction. We also confirmed that there was significant correlation between fundal myometrial thickness measured in sagital versus transversal direction. Both scanning directions are reliable for the analysis of uterine cavity morphology and analysis of fundal myometrium.

P01.57 | PEDIATRIC AND ADOLESCENT GYNAECOLOGICAL DISORDERS AT A UNIVERSITY TEACHING HOSPITAL: A RETROSPECTIVE REVIEW

CATEGORY: NON-SURGICAL GYNAECOLOGY

F. Akinlusi

Lagos State University College of Medicine/Lagos State University Teaching Hospital, Ikeja, Nigeria, Nigeria

Objective: The pattern of childhood and adolescent gynaecological presentations varies across regions and age groups. This study describes the clinical presentations, diagnoses, management and outcomes of children and adolescents presenting to a university hospital in Nigeria with gynaecological symptoms.

Method: This is a single-centre retrospective review of the case records of girls aged 19 years and below, who presented with gynaecological complaints to the Emergency Room and Out-Patient clinics of the Gynaecology Unit of a University Teaching Hospital between January 2019 and December 2022. Sociodemographics, reproductive characteristics, clinical features, medical interventions and follow-up data were obtained and analyzed using Statistical Package for Social Science, SPSS 20.0 software. Descriptive statistics were employed.

Results: There were 133 paediatric and adolescent cases among the 15414 gynaecological consultations, contributing 0.86% of all. Majorities: (92%) were aged 10–19 years; urban dwellers (83.5%); and post-menarchial (62%). Less than a fifth (17.3%) had contraceptive awareness. Common presentations among the adolescents were menorrhagia (47%) and dysmenorrhoea (34.8%); while 50% and 30% of the under-10 girls had urethral mucosal prolapse and labial agglutination respectively. Sexual assault accounted for 4.9%; majorities were treated non-surgically but follow-up attendance was irregular in over 90%.

Conclusion: The pediatric and adolescent age group contributed a minor proportion of the gynaecological consultations. Menstrual complaints and urethral mucosal prolapse are the most frequent presentations in under-19 females. Low contraceptive awareness and poor clinic attendance were observed. We recommend public enlightenment on menstrual disorders and safeguarding against sexual assault.

P02.01 | DETERMINANTS OF HIGH CONTRACEPTIVE SELF-EFFICACY AMONG ADOLESCENT GIRLS (15–19) FROM FOUR COUNTIES IN KENYA

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

A. Musau¹; R. Biesma²; M. Cutherell³; L. Ndungu⁴; H. Momanyi⁴; J. Stekelenberg²

¹Population Services International, Kenya; ²University Medical Centre Groningen, Netherlands; ³Population Services International, USA;

⁴Population Services Kenya, Kenya

Objective: One in five adolescent girls in Kenya experience a birth before 18. Building girls' self-confidence to consistently use contraceptives (self-efficacy) could avert teen pregnancies substantially. Yet the drivers of high contraceptive self-efficacy among teens are poorly understood. We describe findings on the determinants of contraceptive self-efficacy among girls from Kenya.

Method: In 2022, we conducted a cross-sectional survey involving 967 eligible girls (15–19) drawn from 2103 households in four counties using clusters; each assigned 10 participants. Consenting girls responded to a computer-assisted questionnaire fielded by female enumerators. The questionnaire consisted of socio-demographic questions and three adapted likert scales—on perceived social support, contraceptive self-efficacy, and perceived agency in reproductive decision-making. Descriptive analyses were followed by multivariable linear regression with self-efficacy scores as the independent outcome.

Results: Most (83.2%) participants were 18–19 and never married (76.7%). Only 23.4% had post-primary education but 87.6% knew about contraceptives. The average item score for contraceptive self-efficacy was 3.95 (SD=0.77). Significant determinants of high self-efficacy were post-primary education, $\beta=0.28$, 95% CI [0.08, 0.36], seeing the relevance of contraceptives, $\beta=0.20$, 95% CI [0.12, 0.28], exposure to an ongoing aspirational SRH program, $\beta=0.14$, 95% CI [0.06, 0.22] and a high perceived agency, $\beta=0.29$, 95% CI [0.21, 0.37].

Conclusion: Programs should design interventions to modify the uncovered determinants which have the potential to accelerate girls' progression through the contraceptive adoption pathway and enhance effective use to avert teen pregnancies. Future studies are needed to establish the effectiveness of aspirational ASRH programs in improving contraceptive self-efficacy and consequently contraceptive utilization.

P02.02 | POST-ABORTION CONTRACEPTIVE ADOPTION IN ETHIOPIA

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

A. Teshome

St. Paul's Hospital Millennium Medical College, Addis Ababa, Ethiopia

Objective: To assess the effect of couple counseling on modern contraception adoption among women receiving abortions.

Method: A cross-sectional study was conducted between October 2019 and May 2020 at the abortion clinic of Saint Paul's Hospital Millennium Medical College, Addis Ababa, Ethiopia. Women receiving abortion care were interviewed using Open Data Kit. Logistic regression was used to assess predictors of modern contraception adoption.

Results: During study period, a total of 326 women receiving abortion care were interviewed and 112 (34.4%) received couple counseling. Of the 112, 89 (79.5%) adopted modern contraception. The odds of using a modern contraceptive method were 2.34 times higher among women whose partner approved compared with those without partner approval. The odds of using a modern contraceptive method was 1.78 times higher among women who believed they had partner support compared with women without support.

Conclusion: Few women received couple counseling for contraception. Partner approval and a woman's belief that her partner supports her contraception decision were associated with contraception adoption.

P02.03 | ACCEPTABILITÉ PAR LES CLIENTES ET PERCEPTION DES PRESTATAIRES SUR L'AUTO-INJECTION DU DMPA-SC AU BURKINA FASO, EN GUINÉE, AU MALI ET AU TOGO

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

A. Tandina

Jhpiego, Guinea

Objective: L'objectif de cette étude était d'explorer les points de vue des clientes et des prestataires sur l'Auto-Injection (AI) du DMPA-SC pour un meilleur choix des méthodes contraceptives au Burkina Faso, en Guinée, au Mali et au Togo.

Method: Dans chaque pays, 384 femmes de 18–49 ans, utilisant le DMPA-SC par auto-injection et 30 professionnels de santé l'offrant les services DMPA-SC et l'AI ont été interviewées dans dix sites enregistrant un fort potentiel de pratiques de l'AI. Les données secondaires ont été collectées avec l'application Kobotoolbox. Des statistiques descriptives et multivariées ont été utilisées afin de mieux comprendre l'acceptabilité de DMPA-SC et l'AI chez les clientes et les prestataires.

Results: Dans les quatre pays, deux principales raisons ont été avancées par les femmes pour choisir l'AI du DMPA-SC. Il s'agit de la discrétion de la méthode et le fait que l'efficacité est de trois mois. Les avantages selon les prestataires, sont le gain de temps et la réduction de la charge de travail (Burke, 2018b) ainsi que la réduction des coûts pour les clientes et l'amélioration du système de santé (Mvundura, 2019).

Conclusion: L'Auto-injection est acceptée par les clientes et les prestataires. Cette acceptabilité est influencée par certains facteurs comme le temps d'attente aux établissements sanitaires et le coût du déplacement et des prestations. Cependant, on note également des perceptions indiquant qu'il reste encore à faire pour améliorer le taux d'acceptabilité.

P02.04 | SHOULD THE PPIUD INITIATIVE SUCCEED IN TUNISIA CONTEXT

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

A. Bellassoued

Maternity and Neonatology Center—Tunis, Tunisia

Objective: Insertion of an intrauterine device (IUD) immediately after delivery is appealing for several reasons. The woman is known not to be pregnant, her motivation for contraception may be high and to prevent risk factors and perinatal outcomes in short inter-pregnancy intervals.

Method: We conducted a prospective study, involving 224 patients delivered vaginally and by cesarean section in Department B of the Tunis maternity center over 2 years. Post placental IUD (PPIUD) placement, defined as IUD placement within 10 min after delivery of the placenta.

Our insertions are carried out using the curved Kelly's forceps for a fundal placement to ensure a low chance of expulsion. Intra caesarean insertion is done by hand and under direct vision.

Results: No uterine perforation was reported among the 224 women undergoing either vaginal ($n=92$) or cesarean section ($n=132$) post placental insertion. Our study reported a 6-month expulsion rate after vaginal post-placental insertion of 8.69 per 100 women which was higher than PPIUD insertion C section incision 1.52 per 100. Incidences of complications (bleeding and infections) after vaginal and c section delivery were low. No case of endometritis. Vaginal bleeding does not appear to be increased after PPIUD insertion.

Conclusion: Immediate post placental insertion of the IUD is a reversible and effective method of family planning that has no effect on breastfeeding and can be inserted before leaving the hospital and it has low complication rates and can be safely inserted.

P02.05 | EMBARAZO NO PLANEADO EN ADOLESCENTES DE LEÓN—MÉXICO

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

A. Sierra-Macías

Universidad de Guanajuato, Mexico

Objective: Calcular la prevalencia de embarazos no planeados en adolescentes de León—México.

Method: Estudio transversal de prevalencia. Por muestro probalístico se incluyeron 529 adolescentes embarazadas de León Guanajuato, en control prenatal en unidades de primer nivel de la Secretaria de Salud, durante el año 2017. La planeación del embarazo fue medida con la encuesta London Measure of Unplanned Pregnancy versión en español (clasificando el embarazo en no planeado y planeado) y los datos sociodemográficos por medio de encuestas semiestructuradas. Proyecto avalado por Comités de Ética e Investigación.

Results: Se incluyeron 529 participantes, la media de edad fue de 17.13 años, la prevalencia de embarazos no planeados fue de 60.11%.

Algunas características relacionadas al embarazo no planeado fue: ser menor de 17 años, nivel educativo alto, cursar el primer embarazo, vivir con los padres, tener un proyecto de vida diverso a la maternidad y actitudes más positivas hacia la igualdad de género.

Conclusion: En México el Fondo de Población de Naciones Unidas estima entre 60% y 80% de los embarazos en la adolescencia son no planeados concordando con nuestros hallazgos. Tener algún proyecto de vida con expectativas distintas de la maternidad y manifestar actitudes positivas hacia la igualdad de género fueron elementos significativos.

P02.06 | SEXUAL REPRODUCTIVE HEALTH AND RIGHTS KNOWLEDGE AND PERCEPTIONS AMONG UNIVERSITY OF RWANDA STUDENTS: MIXED METHOD

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

A. Muhayimana

University of Rwanda, Rwanda

Objective: This study aims to explore and describe the University of Rwanda students' knowledge and perspectives on Sexual, Reproductive Health and Rights (SRHR) by using the online UR Moodle platform students survey and face-to-face in-depth interview (IDIs).

Method: This mixed-method study conducted among six Colleges embedded in UR. The quantitative study included 441 active UR students, qualitative study recruited subset six female and six male students for IDIs. Quantitative data was collected online through Moodle platform using a validated questionnaire, and qualitative data were collected face-to-face using a semi-structured interview guide. SPSS version 25 was used for descriptive and logistic regression analysis. In qualitative, N-Vivo 12 was used to conduct deductive thematic analysis.

Results: The majority had insufficient knowledge 57%. Predictors of SRHR knowledge prior exposure to SRHR course by using YouTube (aOR: 3.66; [1.01–13.17]), prior exposure to SRHR course by using Radio (aOR: 5.58; [1.50–20.75]). Five themes emerged were: Prevention of unplanned pregnancies, Knowledge on SRHR services, Knowledge on contraceptive method, Perceptions on sexual intercourse among youths, Perceptions on safe abortion. Participants argue that they do not trust condoms, contraceptives cause serious side effects, safe abortion is a sin.

Conclusion: UR students do not have sufficient knowledge of SRHR, this is a concern because UR is the only public university in Rwanda. The findings of this study are the baseline in SRHR knowledge among UR students. Policymakers should establish a reliable source of information about SRHR among university students.

P02.07 | PALESTINIAN FAMILY PLANNING AND PROTECTION ASSOCIATION (PFPPA) PIONEERING IMPLANT UPTAKE AS A RECENTLY INTRODUCED FAMILY PLANNING (FP) METHOD IN PALESTINE

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

A. Awadallah

Palestinian Family Planning and Protection Association (PFPPA), Palestine

Objective: Providing evidence-based material from PFPPA's experience of Implant utilization to advocate for implants to be officially included in national packages of services provided in Palestine to increase options available for women. Also, sharing the impact of introducing implants as a new FP option had on women's lives via PFPPA services.

Method: A quantitative and qualitative study collected secondary and primary data focusing on PFPPA data and statistics related to implant uptake as a FP method which was studied from 4 PFPPA clinics located in the West Bank areas of Hebron, Halhoul, Bethlehem and Ramallah with comparisons of data from 2017 to 2022. Focus groups and individual interviews were conducted for beneficiaries of implant related services, PFPPA key staff and service providers, stakeholders and ministry representatives, etc.

Results: Implants were considered the FP solution for nearly 75% of women interviewed due to their medical circumstances. During and post COVID19 uptake of implants increased as a reliable method to avoid unwanted pregnancies in unstable humanitarian circumstances. Implant uptake nearly doubled from 2019 to 2021 from 162 to 303 users.

Conclusion: From PFPPA's past experience inclusion of implants as a FP method within Palestinian national context can be considered a more practical advantageous option in respect to supply chains and outsourcing complications. It is a lifesaving solution for women, increasing options and overall FP uptake particularly when other methods are not accessible.

P02.08 | TO ACCESS CLIENT SATISFACTION AFTER RECEIVING POST-ABORTION CARE AND POST-ABORTION FAMILY PLANNING SERVICES AT PUBLIC HEALTH FACILITIES IN PAKISTAN

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

A. Arshad; G. Shabbir

Ipas Pakistan, Pakistan

Objective: Increasing the horizon of health services may not necessarily ensure the quality of services and client satisfaction to achieve the desired health outcomes. This research study aimed to access clients perceptiveness and satisfaction with the provision of safe abortion services to ensure service improvement.

Method: A cross-sectional study using a quantitative structured questionnaire was used and interviews were conducted with clients from 47 public health facilities who underwent any kind of uterine

evacuation service by health care providers on the day of the interview, or within the last 14 days and have visited the facility for follow-up or for post-abortion family planning services. 182 interviews were conducted and 62% (n = 112) of them were treated by mid-level providers and 38% (n = 70) by doctor.

Results: The results of the Client exit interview show client satisfaction as 75% (n = 136) of abortion clients reported that services provided met the acceptability criteria, 81% (n = 147) of abortion clients reported they were able to make their own choice about the contraceptive method without feeling pressure from the provider and 80% (n = 145) of abortion clients reported they were able to choose the procedure they wanted. 99% (n = 174) of the clients reported recommending the facility to a friend based on their experience.

Conclusion: Continuum of care is the right of clients which needs to be fulfilled for all the clients who receive PAC and PAFP services. In addition to increasing access to PAC and PAFP, it is also essential to regularly assess the client's satisfaction with the services to ensure improvement in services.

P02.09 | SEXUAL AND REPRODUCTIVE HEALTH EDUCATION WITH FOCUS ON PRE-MARITAL COUNSELING THROUGH WOMEN-CENTERED SAFE SPACES- BEAUTY PARLORS

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

A. Arshad; G. Shabbir

Ipas Pakistan, Pakistan

Objective: Pakistan's high population growth rate threatens the country's social and economic development. Pre-marital counseling can play a significant role in family planning. Formative research was done to investigate the potential effectiveness and feasibility of utilizing beauty parlors (BP) as a platform for delivering premarital counseling focused on family planning.

Method: List of beauty parlors was collected from Pakistan Hairdressers and Beauticians Association (PHABA). Beauty Parlors were selected by a simple random sampling. Twelve key informant interviews were conducted with the owners of the BP to know their perspective of the proposed intervention and how it can be executed effectively. Twelve interviews were conducted with newly married/soon-to-be-married girls/women to inform the type of information and how effectively SRHR-related information may be provided to the young women/girls.

Results: Most of the participants were young women with a mean age of 24 years, 8 were married and 4 to be married with lack of awareness about SRHR issues mainly use of family planning before marriage and rely on information received from friends and family members. Beauty parlors are considered acceptable places to discuss these issues. A user-centered approach was proposed, including advocacy with key stakeholders and building the capacity of beauty parlors' staff.

Conclusion: Using beauty parlors platform for SRHR pre-marital counseling has the potential to address the lack of SRHR awareness among young women in Pakistan. Piloting identified approaches and collecting data for further advocacy with stakeholders is key

to increasing awareness improving health outcomes and achieving a sustainable population growth rate.

P02.10 | RISK OF UTERINE RUPTURE IN SECOND-TRIMESTER MEDICATION ABORTIONS USING MIFEPRISTONE AND MISOPROSTOL AFTER CESAREAN BIRTH: A SYSTEMATIC REVIEW AND META-ANALYSIS

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

A. Henkel

Stanford University, USA

Objective: To assess the risk of uterine rupture when using current mifepristone and misoprostol regimens for second-trimester abortion among those with a prior cesarean birth.

Method: After prospectively registering on PROSPERO (CRD42022302626), we systematically searched PubMed, EMBASE, POPLINE, ClinicalTrials.gov, Cochrane Library using search terms "second-trimester," "induction," "mifepristone," and "abortion" from inception until January 2022. We included those 14–28 weeks gestation, studies including those with and without uterine scar, available in English. Two authors independently reviewed studies. Absolute risk with binomial confidence intervals were calculated from pooled data. Total risk difference was estimated by the Mantel-Haenszel random effects method without continuity correction.

Results: Of 198 articles identified, 19 met inclusion criteria: 7 randomized trials ($n=923$) and 12 observational studies ($n=2589$). Uterine rupture risk with prior cesarean birth was 1.8% (7/385) (95% confidence interval [CI] 0.7–3.7) and without 0.1% (2/3127) (95% CI 0.0–0.2). The risk difference was 0.01 (95% CI 0.00–0.03, $I^2=0\%$). Minor funnel plot asymmetry demonstrated low evidence of publication bias.

Conclusion: Uterine rupture during second-trimester abortion is a rare event but risk does appear to increase in those with a prior cesarean birth. In the context of patient-centered counseling, this may be acceptable to both patients and providers.

P02.11 | PERCEPTION OF HEALTHCARE PROVIDERS ON THE USE OF MODERN CONTRACEPTION BY ADOLESCENTS IN RWANDA

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

A. Ndizeye; P. Ntihinyurwa; E. Mugabo Byakagaba; J. Uwibambe; D. Ishimwe

University of Rwanda, Rwanda

Objective: The main purpose of the study is to evaluate the perception of healthcare providers in Rwanda on the use of modern contraceptive methods by adolescents.

Method: This qualitative study explored healthcare workers' perceptions of family planning and contraception for adolescents through

with healthcare workers in seledirect interviews, focus group discussions, key informant interviews, and in-depth interviews. The 30 participants included community health workers, nurses, pharmacists, doctors, residents, and consultants working in family planning or reproductive health units. The collected data was transcribed and translated where necessary and analyzed thematically.

Results: The findings revealed that healthcare workers saw family planning and contraception as means of controlling fertility and achieving desired family size, but identified several barriers to access for adolescents. These included socio-cultural beliefs, religious influences, ignorance, poverty, and conditional policy requiring parental consent created additional obstacles.

Conclusion: It is essential to enhance healthcare provider training, expand access to modern contraception, implement community-based interventions, strengthen policy and programmatic support for adolescent contraception. Addressing these challenges is crucial for improving the provision of family planning services to adolescents in Rwanda. Collaborative efforts involving various stakeholders and organizations are needed.

P02.12 | KNOWLEDGE AND PERCEPTIONS OF MEN ON VASECTOMY IN THE RURAL DISTRICT OF OTUKE: A CROSS-SECTIONAL STUDY

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

A. Auma

Lira University, Uganda

Objective: This study sought to determine the knowledge and perceptions of men on vasectomy as a family planning method in rural northern Uganda.

Method: The study was a community-based cross-sectional study conducted among 627 men of reproductive age in rural northern Uganda. Participants were recruited using a multi-stage cluster sampling, data were collected using pre-tested, interviewer-administered questionnaires, data were analyzed using SPSS version 25, sociodemographic, knowledge and perceptions was determined by descriptive statistics, including frequencies, percentages, and measures of central tendency and dispersion, presented in tables and charts.

Results: Of the 624 participants, mean age was 36.5 years, between 18 and 67 years old. 76.1% married, and 55.1% Roman Catholics. Use of vasectomy at 3.8% (24/624), 70% were aware of vasectomy, yet less than half (41.5%) knew how vasectomy works. 91.8% agree with men's involvement in contraception, yet 37% approved of Vasectomy. 52%, 59%, and 70% perceived vasectomy as castration, promoter of promiscuity, and against culture and religion, about 33% would consider a vasectomy.

Conclusion: Utilization of vasectomy is still low (3.8%) in northern Uganda, with negative perceptions towards vasectomy attributable to poor knowledge of the method, health care systems need to include vasectomy education for men of reproductive age and increase on the outlet of services to include the rural areas.

P02.13 | ASSOCIATION BETWEEN KNOWLEDGE OF CONTRACEPTIVE METHODS AND COMMUNICATION WITH THEIR PARENTS IN SECONDARY SCHOOL STUDENTS IN INDIGENOUS CONTEXTS

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

S. Placencia¹; A. Villalobos²; L. Campero²; C. Hubert²; F. Estrada²; R. Schiavon³

¹Organon/Universidad Anahuac, Mexico; ²National Institute of Public Health, Mexico, Mexico; ³Independent Consultant, Mexico

Objective: To estimate the knowledge of contraceptive methods in teenage population and its association with communication with fathers and mothers in indigenous contexts.

Method: A quantitative analysis was carried out in indigenous context of Chiapas (Mexico). Data from 911 high school students were analyzed. χ^2 test was used to test relationships between knowledge of contraceptive methods and sociodemographic variables and communication with parents and logistic regression models were estimated to find the variables associated with knowledge of contraceptive methods.

Results: Teenagers who speak an indigenous language and work and study at the same time have less chance of having knowledge of the most effective contraceptive methods. Having frequent communication with parents about condom use and pregnancy the prevention increases the chances of knowing about contraceptive methods by 80%.

Conclusion: Promoting adequate communication and knowledge of contraceptive methods in adolescence can contribute to develop life skills, increase the use of contraceptive methods, as well it can reduce early pregnancy.

P02.14 | THE TRAJECTORY OF CROSS-BORDER JOURNEY OF INDIAN WOMEN FOR IMPLANT CONTRACEPTIVE: CHOICE OVER CHALLENGES

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

A. Das¹; C. Joshi²

¹International Planned Parenthood Federation- South Asia Region, India; ²Family Planning Association of Nepal, Nepal

Objective: This study aimed to demystify the pathways of the cross-border journey of Indian women to the neighboring country-Nepal for implant contraceptive as it was not the available options earlier in family planning basket of choices in India. India recently announced the inclusion of contraceptive implant in her public health system.

Method: A cross-sectional multi-centric exploratory study was designed by adopting mixed-methods approach (both quantitative and qualitative). Through a structured schedule, 218 cross-border implant clients were interviewed, additionally, 10 in-depth interviews were conducted to unearth the trajectory of the cross-border journey. Statistical analyses were performed using SPSS software.

Descriptive statistics and bi-variate analysis were carried out for quantitative data. Deductive and inductive approach was used for qualitative data analysis to build the narrative story.

Results: The study portrayed reproductive autonomy as 67% cross-border implant clients took the final decision by themselves, 36% started their contraceptive use journey with implant. Method switch from other modern and traditional method reflected choice and acceptance for this long-acting modern method. "Easy to use"; "no need to take it every day"; "no one comes to know"; "not needed to go the facility regularly", were the reasons for preference despite of all challenges of cross-border journey.

Conclusion: Study underscored the agency of women in overcoming barriers to access their preferred choice of method which led us to think from the perspective of the rights and choices of women rather any boundaries and contexts. Study paves ways for future research on women's experience and acceptance of contraceptive implant.

P02.15 | EXPECTANT VERSUS SURGICAL MANAGEMENT OF MEDICAL ABORTIONS CAUSED BY SELF MEDICATION: RESULTS FROM A RANDOMISED CONTROLLED TRIAL

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

B. Singh

Shyam Shah Medical College, Rewa, India

Objective: Termination of unwanted pregnancies with self administration of abortifacient drugs is rampant in LMIC and has a higher rate of incomplete abortion. Beyond 2 weeks, generally surgical management is the preferred mode to treat these cases. Present study compared expectant management with surgical management beyond recommended 2-week time limit.

Method: This was a 1-year long randomised controlled study in which 782 females were randomised in two groups of 371 and 411. Group 1 was offered expectant management while group 2 was offered surgical curettage and results were analysed using appropriate statistical tests.

Results: Group 1 showed a success rate of 86% while group 2 showed a success rate of 90% which was comparable. Overall complication rate was found to be higher in Surgical group than the group which underwent expectant management.

Conclusion: Considering a very high number of women coming with incomplete abortions caused by self-medication of abortifacient drugs in present time practice, expectant management of these cases seems to be a safer and more effective method and should be practiced more widely.

P02.16 | DILATION AND EVACUATION, A NEW OPTION FOR PREGNANT WOMEN AND GIRLS IN BRAZIL: INITIAL IMPLEMENTATION AND EXPANSION OF SERVICE
CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: We report on the implementation of a 2-year, multi-phase capacity-building project to introduce the dilation and evacuation (D&E) technique for abortion and uterine evacuation in the second trimester in Brazil. The D&E technique is not new, but it was not available in Brazil before this project.

Method: This project consisted of several steps: (1) Identification of highly motivated Brazilian obstetrician-gynecologists; (2) Clinical observership in an established abortion service in the United States; (3) On-the ground technical training in Brazil with lectures, simulation, and surgical experience; (4) Ongoing remote mentorship and support; and (5) Identification of additional training opportunities. Here, we discuss our multi-phase project and identify success and challenges encountered; we also recommend best practices for introducing D&E in other settings.

Results: Two trained obstetrician-gynecologists have performed a total of 29 D&Es without complications at two sites in Brazil since we introduced the technique. Gestational ages ranged from 14 to 20 weeks. We encountered two main challenges: (1) Low case volume limiting training in a restrictive legal setting; and (2) Difficulty in accessing instruments and supplies locally. We introduced and maintained the service with clinical adaptations and by seeking additional training in an established service in Mexico.

Conclusion: Introducing a new surgical technique for second-trimester abortion in a restrictive legal environment proved challenging but feasible. D&E provides a safety advantage over medication abortion, and should be available in every country. International partnerships are an option for building capacity to provide this service.

P02.17 | TELEMEDICINE FOR CONTRACEPTION IN A POST-COVID WORLD: PERSPECTIVES OF IMMIGRANT WOMEN IN NEW YORK
CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: With the COVID-19 pandemic, many providers embraced telemedicine as a means to offer contraception and other reproductive health services. This study aims to describe the perspective of

primarily Spanish-speaking immigrant women in New York on the use of telemedicine to access reproductive health services.

Method: This is a qualitative study utilizing the grounded theory method. We recruited participants by distributing printed flyers and advertising on local social media groups. We also partnered with a local community-based organization and recruited many of its members through this partnership. We conducted focus groups in a community space or via zoom. Participants received a 50 USD gift card as an appreciation for their time. The New York Medical College Institutional Review Board approved the study.

Results: We conducted six in-person and two virtual focus groups with a total of 58 participants. Many participants had been exposed to telemedicine during the pandemic, but almost none had experienced it for reproductive health services, which they considered best provided via in-person care. However, when exposed to the idea of using technology for accessing contraception, many identified potential benefits and expressed interest in the service. Some identified limited technological literacy as a potential barrier.

Conclusion: Some reproductive health services can be provided via telemedicine. In order to implement and expand such services equitably, it is important to engage populations with language and other barriers to accessing healthcare and understand their needs and perspectives.

P02.18 | EFFECT OF PACKAGE OF INTERVENTIONS ON THE USE AND QUALITY OF POSTPARTUM FAMILY PLANNING SERVICES AT YEKATIT 12 HOSPITAL MEDICAL COLLEGE (Y12HMC), ADDIS ABABA, ETHIOPIA
CATEGORY: CONTRACEPTION AND FAMILY PLANNING

B. Dina
Ethiopian Society of Obstetrician and Gynecologists, Ethiopia

Objective: This study aimed to assess the combined effect of a package of interventions on the use and quality of Postpartum Family Planning (PPFP) services.

Method: Per-post interventional study design was conducted to evaluate the effect of interventions on the use and quality of PPFP services at Y12HMC. Interventions include creating private counseling space and training for health care providers on Long-Acting Contraceptive Methods. Change of uptake and quality indicators were compared before and after the intervention. Interviews were conducted with 470 women (235 before and 235 after the intervention). Statistical significance between pre and post-intervention indicators was declared at P -value < 0.05 .

Results: The majority of the participants were in the age category 20–29 years, married, and had more than one child both at baseline and post-intervention. The proportion of women who chose PPFP increased from 51% at baseline to 69% after the intervention. The

most preferred contraceptive method was the implant. The overall satisfaction level of the study participants with the service was 95.4% post-intervention, significantly higher than at baseline (78%, $P < 0.05$).

Conclusion: This study adds to the growing body of evidence that quality improvement can achieve significant improvements in quality of care and contraceptive use.

P02.19 | BARRIERS AND MOTIVATORS TO BECOMING AN ABORTION PROVIDER: A QUALITATIVE ANALYSIS OF PHYSICIAN TRAINEES IN GHANA

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

B. Gates¹; S. Gill¹; A. Tawiah²; A. Appiah-kubi³; T. Konney⁴; E. Lawrence⁵

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Objective: Complications from unsafe abortion contribute to significant maternal morbidity and mortality, especially in developing countries. Training the next generation of skilled abortion providers is essential. Our study explored how experiences during training impact physician trainee attitudes toward providing Comprehensive Abortion Care (CAC) in Kumasi, Ghana.

Method: This qualitative study consisted of 17 semi-structured interviews with physician trainees (house officers, junior residents, and senior residents) at the Komfo Anokye Teaching Hospital in Ghana. Participants were recruited using departmental registries and colleague referrals. Sample size was determined by thematic saturation. The interview guide explored abortion training experiences, motivators, and barriers to becoming abortion providers. Interviews were audio-recorded, transcribed verbatim, categorized using an iteratively developed codebook, and thematically analyzed.

Results: Participants were 7 house officers, 6 junior and 4 senior residents. A majority reported barriers in wanting to become a CAC provider. Themes included cultural stigma around abortion provision, a religious objection to termination, and frustration with unsuccessful post-abortion contraceptive counseling. All participants discussed motivations for providing CAC, including: the importance of providing life-saving treatment (ruptured ectopics or septic abortions) and physician provision of CAC to prevent patients from seeking unsafe abortions in non-medical settings.

Conclusion: Overall, the primary motivator for trainees to become a CAC provider in Ghana was avoiding maternal morbidity and mortality. Despite an undisputed need for abortion services, many physicians expressed personal barriers. Barriers for providers are multifactorial; advocacy to address barriers requires a recognition of local cultural, religious, and policy settings.

P02.20 | CHALLENGES ENCOUNTERED DURING ABORTION TRAINING: PERSPECTIVES OF TRAINEE PHYSICIANS IN GHANA

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: Unsafe abortion is a major global health issue. Physician training in safe abortion techniques is imperative; however, there is limited literature on the challenges trainees may encounter in low-resource settings. This study explored the personal, professional, and systemic challenges encountered by trainees during comprehensive abortion care (CAC) training in Ghana.

Method: Qualitative semi-structured interviews were conducted at the Komfo Anokye Teaching Hospital (KATH), a tertiary care hospital in Kumasi, Ghana. Participants were 17 doctor trainees (house officers, junior and senior Obstetrics/Gynecology residents) at KATH. Participants were purposively recruited using departmental registries, with sample size determined by thematic saturation. Interviews occurred in July–August 2022, lasting approximately 30min. An interview guide was developed using grounded theory and used to explore challenges physicians encountered during abortion training.

Results: Time practicing ranged from 1 to 17 years, with 10 male and 7 female participants. Thematic analysis demonstrated significant trainee challenges; all participants reported at least one challenge during their CAC training. Personal challenges centered on religious/cultural values that object to abortion. Professional challenges include limited hands-on training, and colleagues' judgmental and biased attitudes. Systemic challenges result from lack of medical supplies, equipment, and infrastructure to safely provide care, especially when complications arise.

Conclusion: Ghanaian physician trainees face significant challenges during their CAC training. Many of the reported personal and systemic challenges lack simple solutions due to deeply embedded cultural values or limited resources. However, professional challenges could be addressed by institutional policies including mandatory implicit bias training and development of skill-based simulation training.

P02.21 | SOCIOECONOMIC IMPACT OF TEENAGE PREGNANCY AND THE IMPORTANCE OF LONG-ACTION REVERSIBLE CONTRACEPTION WITH ETONOGESTREL IMPLANT

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Hospital Maternidade Interlagos, Brazil

Objective: To study the social and economic impacts of pregnancy on the life of teenagers assisted at a Maternity Hospital from São Paulo's south zone.

Method: A longitudinal and prospective observational study which evaluated adolescents aged between 14 and 19 years old who received a subcutaneous implant containing 68 mg of Etonogestrel in the immediate puerperium, previously offered during prenatal care. An online questionnaire was applied after 12 to 18 months of the implant insertion. Were excluded of the data those with contraindications to the use of the method and those who refused insertion.

Results: 64 patients were selected. 65.6% were women of color and 81.3% did not finish high school. Before pregnancy, 43.8% reported not using any type of contraceptive method, and 32.8% reported using condom. The pregnancies were not planned in 85.9% of the cases, 61.7% of which had to drop out of school and 31.3% reported working after pregnancy. 57.8% live with their relatives. Regarding the use of the implant, 90.6% reported being satisfied with the method.

Conclusion: The use of the Etonogestrel contraceptive implant among adolescents reduces the risk of recurrence of a new pregnancy, especially if unplanned, which reduces the impact on their social and economic life with less damage to their impairment of schooling and entrance into the labor market.

P02.22 | POINT OF NO RETURN: LESSONS LEARNED FROM A SERIES OF WORKSHOPS IN COMPREHENSIVE ABORTION CARE IN EAST AFRICA

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: The need to secure access to safe comprehensive abortion care (CAC) is more urgent now than ever as the world is facing pandemics, war, and political turmoil. In this paper, we share lessons learned from a series of workshops on CAC held in East Africa.

Method: Karolinska Institutet, Makerere University, and Kenya Obstetrical and Gynecological Society organized four workshops in Uganda and Kenya from 2016 to 2022. Participants included healthcare providers, policymakers, and representatives from the Ministry

of Health, professional organizations, civil society organizations, and academia, from Europe, southern, and Eastern Africa. The aim of these workshops was to disseminate research findings, share experiences, and identify new avenues for improving access to good-quality CAC.

Results: Contraception and abortion-related stigma were identified as major barriers to progress and community engagement was considered critical in future de-stigmatization efforts. Further, shortages of healthcare workers and essential drugs continue to challenge CAC provision. Moving forward collaboration was stressed as central to facilitate implementation of CAC. Evidence-based means to increase access were highlighted including task-sharing and shifting between healthcare professionals to women themselves and telemedicine. Clinical guidelines were considered crucial to ensure access to CAC.
Conclusion: Evidence on the importance of CAC has reached a point of no return; universal access to good-quality CAC needs to be a cornerstone of healthcare systems. Maintaining strong collaborations and implementing evidence-based guidelines including innovative ways to ensure access and quality of care are key to achieving this goal.

P02.23 | ONLINE MEDICAL ABORTION TRAINING FOR A RANGE OF HEALTHCARE WORKERS

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: To understand the reach of the International Planned Parenthood Federation (IPPF)/HowToUseAbortionPill (HowToUse) online medical abortion training for providers and the effectiveness of targeted promotion of the course. This free course was endorsed by International Federation of Gynecology and Obstetrics (FIGO), launched in March 2022 and is available in six languages.

Method: We reviewed eLearning analytics for certificates downloaded between April and October 2022. A downloaded certificate indicates successful course and quiz completion. We analysed certification numbers and country location against data from our incentivized campaigns with groups of healthcare workers in Kenya and Uganda, including midwives, pharmacists, medical students and others. We also reviewed analytics data for overall video views to understand use patterns of the six languages.

Results: From April to October 2022, 6584 certificates were downloaded, with the greatest numbers in Ghana, Kenya, Mexico, the United States and Uganda. From June to September, when the targeted campaigns were carried out, 57% of all certifications were in Uganda and 16% in Kenya. The campaigns continued in Kenya in October, and 82% of all certifications that month were in Kenya. 63% of video views were in English, 26% in Spanish and 6% in French.

Conclusion: Our online training is filling a critical knowledge gap for healthcare workers who support women with medical abortion. Targeted e-learning campaigns are effective at increasing uptake of the course. More information is needed on who our course users are and the impact of the training on their provision of care.

P02.24 | PREVALENCE, KNOWLEDGE AND BARRIERS TO FAMILY PLANNING AMONG WOMEN WITH MENTAL DISORDERS ATTENDING NDERA NEURO- PSYCHIATRIC HOPITAL

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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University of Rwanda, Rwanda

Objective: Rwanda has an increasing number of women with mental health and this population is at increased risk of pregnancy related complications. This study aimed at measuring the prevalence, assess knowledge and factors associated with contraception use among reproductive age women with mental illnesses attending the Neuro-psychiatric clinics in Rwanda.

Method: A cross sectional study with a quantitative approach was conducted among 387 women aged 18–45 years who were on follow up for at least 6 months. Data were collected on a structured and pre-tested questionnaire from August to December 2022 and statistical analysis were conducted using STATA.

Results: Average number of children per woman was 2.55, 31% had unintended pregnancy, 16% had forced sexual intercourse by a male partner, 43% got pregnant while on follow up for mental health diseases; 99% knew at least 1 type of contraception, 86% were using contraception, implants were most commonly used method 40%, 31% required family approval to uptake contraception. Contraception use was significantly associated with socioeconomic status, awareness and previous use contraception and planned delayed pregnancy.

Conclusion: Women with mental health illness have higher prevalence of use and awareness about contraception compared to the national average; but they were more likely to get unintended pregnancy and sexual violence which expose them to sexually transmitted diseases.

P02.25 | IMPACT ON SERVICE DELIVERY IN FAMILY PLANNING ASSOCIATION OF NEPAL (FPAN) DUE TO COVID 19

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

C. Joshi

Family Planning Association of Nepal (FPAN), Nepal

Objective: To analyze service statistics data of FPAN to assess the impact of COVID-19 on Sexual and Reproductive health and Rights (SRHR) of people particularly in women and young people.

Method: This paper analyzed service data of FPAN to assess the impact of COVID-19 on Sexual and Reproductive health and Rights (SRHR) of people particularly women and young people. As lock down was implemented from the 4th week of March 2020, the impact on services was visible from the month of March itself. Hence, in this paper five months (March to July) of 2019 and 2020 programmatic data was analyzed to see the impact of pandemic.

Results: The analysis of service statistics data shows that there has been a significant negative impact on clients particularly women and girls and their access to services. This impact can be seen early from the beginning of March 2020 when COVID-19 cases had just been started reporting. A significant decrease in SRH services (32%), CYP (40%) and CAC (41%) could be the result of lockdown, restricting women from accessing contraceptives to increased number of unintended pregnancies.

Conclusion: The COVID-19 pandemic has had several direct and indirect impacts. While service delivery has been hit adversely, it has highlighted the resilience of MA partners who have adapted swiftly to the change. As client footfall in clinics declines, digital health interventions have been stepped-up to fill the gap.

P02.26 | MAPPING ACCESS TO MEDICATION ABORTION IN MAPUTO, MOZAMBIQUE

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: To characterize access to co-formulated mifepristone and misoprostol for medication abortion (MAB) in Maputo, Mozambique.

Method: A cross-sectional, secret shopper study was conducted among pharmacies in Maputo between June and September 2022. Students were trained to act as patients seeking abortion. Shoppers visited all commercial pharmacies in Maputo to obtain information about MAB availability, administration, and side effects. Pharmacies were visited by two shoppers; one with a prescription and one without. Cost and availability were evaluated according to neighborhood income level. We conducted 239 visits among 155 pharmacies.

Results: MAB was available at 80.6% of pharmacies; only 8.4% required a prescription. Pharmacist instructions on MAB administration were fully accurate at only 1.7% of pharmacies, while 42.9% were partially accurate and 51.4% gave no instructions. Side effects and hospital precautions were discussed at 46% and 22.2% of visits, respectively. Low-income compared to high-income neighborhoods were more likely to dispense MAB (94.4% vs 68.9%, $P=0.001$). Paradoxically, MAB cost significantly more in low-income compared to high-income neighborhoods.

Conclusion: Overall, MAB co-formulation is widely available in Maputo, with significant variations in dispensing practices and cost by neighborhood income level. A majority of pharmacies gave no patient instructions, therefore, expanded pharmacist training in MAB administration, side effects, and precautions is needed to improve safety of pharmacist dispensed medication abortion.

P02.27 | KNOWLEDGE ABOUT CONTRACEPTION IN WOMEN POSTPARTUM

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: To verify knowledge about contraceptive methods among women in the postpartum period.

Method: Cross-sectional, exploratory-descriptive study, developed with women in postpartum situation attended at a public maternity hospital. Data collection was through a structured interview. The data were stored and managed in the REDCap electronic tool.

Results: The study was carried out with 294 postpartum women, 166 were adolescents and 128 were adults. 72.4% of the women in the study did not plan to become pregnant and 67% did not use any contraceptive method. When asked about their knowledge of contraceptives, the answer was "knows, but does not know how to use". The adult women knew more about contraception than adolescents. Among the methods, the best known were the pill.

Conclusion: Pills and the hormonal injection were among the most popular methods between the women in the study. Long-acting reversible methods, especially the implant, are still little known among puerperal women of all ages, and the lack of information about modern contraception is even greater among adolescents.

P02.28 | REASONS FOR NOT INSERTING THE IUD IN THE IMMEDIATE POSTPARTUM PERIOD

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: To identify the reasons for not inserting the IUD in the immediate postpartum period.

Method: Cross-sectional, exploratory-descriptive study, developed with women in postpartum situation attended at a public teaching maternity hospital. Data collection was through a structured interview. The data were stored and managed in the REDCap electronic tool. The identification of associations was performed using Pearson's chi-square test and the statistical significance was $P < 0.05$.

Results: The study was carried out with 107 puerperal women who had access to the intrauterine device in the immediate postpartum period. 67 women did not start using the method. Regarding the reasons for not inserting the IUD 33 women reported that they did not have enough information or were afraid. In 20 of them there was a clinical contraindication. The negative influence of the media and friends was the cause of the withdrawal of 15 women.

Conclusion: Early adherence to the IUD was low, the free offer in the immediate postpartum period was not enough to remove barriers to choosing this method. The lack of information, negative influence of the media and the community were the main obstacles in choosing the intrauterine device.

P02.29 | TRAINING PROVIDERS TO TRANSFORM ACCESS TO EMERGENCY CONTRACEPTION IN ABORTION BAN STATES IN THE U.S.A.

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: Emergency contraception (EC) is not yet routinely offered in the United States, including to adolescents. EC availability is especially critical in states passing abortion bans. This study assessed the impact of a provider training intervention on clinical practice change in abortion ban states.

Method: We developed an evidence-based CME-accredited training for contraceptive providers to increase EC provision. We conducted three trainings from June to December 2022, collecting survey data on provider practices before and 3 months after our training intervention ($N = 363$). The training intervention included the full care team: physicians (19%), advance practice clinicians (33%), RNs (22%), and medical assistants/health educators (26%). We measured clinical practice changes with generalized estimating equations for clustered data, adjusting for provider and practice type.

Results: Multivariable results showed significant clinical practice changes with increased provision of levonorgestrel ECPs from 86% to 97% (aOR 5.34, 95% CI 1.67–2.75); ulipristal acetate (UPA) 68% to 82% (aOR 2.14, 1.67–2.75); and IUD as EC 64% to 79% (aOR 2.28, 1.70–3.04). The intervention also impacted secondary outcomes, for example, sufficient experience to counsel on IUD as EC (aOR 3.19, 95% CI 1.36–7.44), and awareness that adolescents could access LNG ECPs over-the-counter (aOR 1.74, 1.16–2.60).

Conclusion: Emergency contraception provision increased significantly after this training intervention in abortion ban states, where EC should be made universally available. It is particularly important in the U.S. to design and pilot interventions to support reproductive autonomy and address contraceptive access needs that have intensified this year.

P02.30 | DEPRESSION, ANXIETY, AND STRESS AND PREFERRED CONTRACEPTIVE USE AMONG YOUNG PEOPLE IN THE U.S.

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: Mental distress symptoms have sharply increased in recent years, especially among older adolescents and young adults. Mental health distress may make it more challenging to access desired contraception, particularly among young people facing barriers to care. This study explored the association depression, anxiety and stress and use of preferred contraception.

Method: We used baseline data ($n=2040$) from an ongoing cluster randomized trial in Texas and California among a diverse sample of sexually-active college students ages 18–25 years. We measured the association of depression (CES-D) or anxiety and stress (DASS-21) symptoms with preferred contraceptive use with mixed effects multivariable regression for clustered data, controlling for sociodemographic factors important for access to care including health insurance. **Results:** Only 44% of participants reported using their preferred method (including no contraception, if preferred). Multivariable regression results showed lower odds of preferred contraceptive use among participants with depression symptoms (aOR=0.22, CI 95% 0.55–0.94) or anxiety and stress symptoms (aOR 0.78, 95% CI 0.69–0.99). Furthermore, students in Texas, a state with reproductive health restrictions, were about half as likely to realize their contraceptive preferences (aOR 0.54, 95% CI 0.38–0.77) compared to students in California.

Conclusion: Preferred method use, a measure of reproductive autonomy, was low among young people, and showed a strong association with mental health. Interventions should test pairing supportive mental health services for youth with contraceptive services, especially in states that already make it more challenging to access reproductive healthcare.

P02.31 | CONTRAGESTION: "MALAISE DANS LA CULTURE"

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

D. Choucroun
Planning Familial Luxembourg, France

Objective: Démontrer l'existence d'un biais cognitif en santé reproductive de la femme: le terme "avortement" désigne en biologie

"l'expulsion d'un fœtus non viable" Or le fœtus est constitué à partir de 9 semaines de grossesse, y a-t-il abus de langage en ce qui concerne l'interruption des grossesses précoces?

Method: Revue de la littérature avec les mots clés: contragestion, "don't call it abortion", contragestion et avortement, revue de la littérature sur les douze derniers mois avec le mot clé miscarriage mise en perspective du mot "contragestion" pour désigner les interruptions de grossesse précoces avec le mot "avortement" dans sa signification biologique première il existe un accès non conscient au sens des mots qui peut générer l'émotion, bloquant ainsi l'observation neutre des faits observables.

Results: Le terme contragestion désigne le fait d'interrompre une grossesse avant la nidation. En 1988 le Pr Baulieu opère un glissement sémantique et désigne par contragestion le fait d'interrompre une grossesse précoce par l'usage de la Mifépristone, y compris après la nidation. La probabilité qu'une grossesse s'interrompt spontanément avant neuf semaines est selon la littérature jusqu'à 26%. Peut-on utiliser sans dommage émotionnel le même terme "avortement" pour désigner des situations anatomiques différentes aux pronostics contradictoires?

Conclusion: La santé sexuelle et reproductive de la femme est le seul champ scientifique où un mot, à savoir le mot avortement, est utilisé pour désigner des situations anatomiques différentes, une prise en charge médicale ET chirurgicale, un pronostic évolutif différent et des aléas médico-chirurgicaux ou des risques iatrogènes différents.

P02.32 | FACTORS ASSOCIATED WITH SUBFASCIAL PLACEMENT OF THE ETONOGESTREL-RELEASING CONTRACEPTIVE IMPLANT NEXPLANON

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: To identify factors associated with subfascial placement of the etonogestrel-releasing contraceptive implant Nexplanon in the inner arm (i.e. within the triceps, biceps or below the intermuscular fascia).

Method: A retrospective study from 2017 to 2021 was conducted, including all patients who underwent non-palpable and/or complex Nexplanon removal at the University Hospital of Tours, France. Clinical data (height, weight, body mass index (BMI), insertion site, medical history) and ultrasound data (implant depth and location) were collected for each patient. We created a multivariate logistic regression model to investigate factors associated with subfascial insertion. The threshold for statistical significance was set to $P < 0.05$. **Results:** A total of 113 patients met the inclusion criteria during the studied period. BMI was associated with subfascial placement of Nexplanon ($P < 0.001$), with a higher risk for thin women ($BMI < 20 \text{ kg/m}^2$, odd ratio 6.64) and a lower risk for obese women

(BMI > 30 kg/m², odd ratio 0.03) compared to women with normal BMI. Insertion of Nexplanon facing the biceps was also associated with a higher risk of subfascial placement ($P < 0.001$, odd ratio 18.4). **Conclusion:** Low BMI and insertion facing the biceps are two independent factors associated with an increased risk of subfascial Nexplanon placement. We believe that the inner arm insertion site should be re-evaluated in thin women due to the higher risk of subfascial placement and its potential complications in this population.

P02.33 | DO WOMEN, ESPECIALLY THOSE AGED 40 YEARS AND OVER, PREFER CONTINUOUS CONTRACEPTION OR ONLY ON-DEMAND CONTRACEPTION? INTERNATIONAL MULTICENTER STUDY (FRANCE, RUSSIA, ALGERIA) BY IPSOS
CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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²*Innotech, France*

Objective: In France, non-use of contraception is highest among women aged 40 years and over. Our hypothesis is that conventional contraceptive methods are not appropriate for some women of this age. That is the rationale behind the COPADEM survey which aims to know whether women prefer permanent or on-demand contraception.

Method: This 10-min online survey was completed by 900 women from France, Algeria and Russia, randomly drawn from the IPSOS database in February 2023. Half these women were from 18 to 39 years of age and the other half from 40 to 50 years. Statistical processing were conducted on unweighted samples as the sample size (300 respondents per country) ensures the robustness of statistical results.

Results: 68% of French women prefer to use a continuous contraceptive (vs 49% on-demand: that is only when they have sex rather than daily). 78% of Russian prefer to use an on-demand contraceptive (vs 50% continuous). 63% of Algerian prefer to use an on-demand contraceptive (vs 55% continuous). Among women aged 40–50 years, 59% prefer on-demand contraception. In this age group, this percentage is 49% in France, 55% in Algeria and 73% in Russia.

Conclusion: According to this survey, the desire for an 'on-demand' contraception clearly concerns most women aged 40 and over. That must be taken into account. It seems therefore useful to assess their efficacy and acceptability specifically in women of this age group as we have done with spermicides with satisfactory results.

P02.34 | BARRIERS AND FACILITATORS TO PROVISION OF IMMEDIATE POSTPARTUM INTRAUTERINE DEVICES BY SKILLED BIRTH ATTENDANTS IN HEALTH FACILITIES OF NORTHERN UGANDA

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

D. Namutebi

Lira University, Uganda, Uganda

Objective: Low utilization of the immediate postpartum Intrauterine Uterine Device (IPPIUD) has contributed to increased short-interval pregnancies which lead to grave maternal outcomes. Factors that affect provision of IPPIUD are inadequately studied. We explored the barriers and facilitators to provision of IPPIUD by skilled birth attendants (SBAs) in northern Uganda.

Method: We used a descriptive qualitative research design. The study was conducted among skilled birth attendants working in maternity wards of selected health facilities in Lira City and Oyam Districts, northern Uganda. We conducted key informant interviews (KII) among 20 SBAs, using an interview guide developed with open-ended questions developed according to the Supporting the Use of Research Evidence (SURE) framework. Data was analyzed manually using the deductive thematic analysis techniques of Braun and Clarke.

Results: Lack of knowledge and skills was an outstanding provider-related barrier to provision of the IPPIUD. Shortage of the IUD and insertion requirements, no trainings for SBAs and work overload were pressing health system related barriers. Possession of knowledge and skills was a highlighted provider related facilitator. Availability of the IUD and insertion requirements, training SBAs, adequate staff numbers and antenatal preparation of mothers were proven health system related facilitators to provision of the IPPIUD.

Conclusion: Individual and health system related factors affect provision of IPPIUD. Highlighted barriers and facilitators will be used to inform stakeholders on measures that can be taken to improve provision of IPPIUD. An intervention study involving implementation of the key facilitators needs to be carried out to evaluate this strategy.

P02.35 | FACILITATORS AND BARRIERS TO PROVIDING TRAUMA-RESPONSIVE ABORTION CARE

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: Individuals who undergo abortion are up to three times more likely to have experienced prior traumatic events compared to the general reproductive age population, including sexual assault, interpersonal violence, or adverse childhood events. We sought to elicit and understand perceived facilitators and barriers to providing trauma-responsive care amongst abortion providers.

Method: We recruited providers from Chicago-area abortion clinics to participate in 45-min, semi-structured one-on-one phone or Zoom interviews. Interviews concentrated on their experiences caring for patients with a history of trauma, including their understanding of how trauma impacts abortion patients, clinic-level and personal practices, and whether providers had undergone trauma-responsive training. We used principles of modified grounded theory to analyze data. We used Atlas.Ti to apply codes and calculated Cohen's kappa scores to ensure inter-rater reliability.

Results: We interviewed 20 abortion providers: 13 physicians and 7 nurse midwives/advanced practice nurses. Facilitators for providing trauma-responsive abortion care at the individual level included receipt of formal or informal training in trauma-responsive care and years of clinical experience, and at the structural level, accessible in-clinic behavioral health support, and sedation. Barriers included perceived inadequate training, non-standardized clinical guidelines, and poor screening of trauma history. 10 providers felt confident in their ability to provide trauma-responsive care.

Conclusion: Individual-level and structural factors influence providers' abilities to provide trauma-responsive abortion care, including screening protocols, availability of mental health and anesthesia resources, and provider training. Standardization of trauma-responsive clinic practices and resources and more robust provider training are warranted to enhance abortion care for individuals with a history of trauma(s).

P02.36 | CURRENT SEXUAL PRACTICES OF IVORIAN ADOLESCENTS IN THE ERA OF SOCIAL NETWORKS

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

E. Aka

University Felix Houphouet Boigny Abidjan-Côte d'Ivoire, Burkina Faso

Objective: Present the current sexual practices of Ivorian adolescents in schools in Abidjan in the digital era. The impact of these on their sexual life is underestimated in Africa and particularly in Côte d'Ivoire.

Method: We conducted a cross-sectional study among adolescent girls aged 15 to 19 years in public high schools in the city of Abidjan in Côte d'Ivoire during the academic year 2020/2021 for 30 days in the month of March 2021.

Results: 65.8% of the respondents had already had sex motivated by love at 39.9%. 42.5% had used contraceptives during their last sexual intercourse with only 16.5% having used the pill. 32.4% of the respondents had resorted to masturbation, followed by fellatio and cunnilingus in 26.9% and 24.5% of cases respectively. 16.4% expressed dependence on these sexual practices. Social networks were the main sources of information for our respondents in 57.4% of cases.

Conclusion: Social networks play an important role in the sexual education of our teenage girls. The need for sex education to improve knowledge and understanding of sexual development of teenagers is important.

P02.37 | IMPACT OF ABORTION BANS ON INTERSTATE TRAVEL AND TRAVEL EXPERIENCES FOR ABORTION: INITIAL IMPACT OF THE DOBBS DECISION IN AN ABORTION-SUPPORTIVE US STATE

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: Describe changes in interstate travel for abortion before versus after the Dobbs decision in June 2022 overturned the national federal right to abortion in the United States, and describe disparities between in- versus out-of-state residents' experiences seeking abortion, in the state of Massachusetts, where abortion is broadly legal and accessible.

Method: Mixed-methods study using retrospective review of the electronic medical record (EMR) ($n = 48\,605$) and quantitative patient surveys ($n = 101$ as of submission, with ongoing enrollment of up to $n = 500$ total) at Planned Parenthood League of Massachusetts. We performed time-series modeling with Jan 2018–June 2022 EMR data as a baseline period, and July 2022 through February 2023 as the post-Dobbs period, to estimate the increase in people traveling from out of state to Massachusetts for abortion care.

Results: We estimate a 26.0% increase (95% PI: 7.4–49.5) in the proportion of abortion patients traveling from out-of-state after Dobbs. In survey data, out-of-state patients were significantly more likely than Massachusetts residents to strongly agree with the statement “At some point before coming here, I felt like I was NOT going to be able to receive an abortion,” (37% vs 5%, $P < 0.001$). There was no difference between groups in the proportion reporting having considered self-managed abortion.

Conclusion: The proportion of out-of-state patients increased in Massachusetts post-Dobbs. Preliminary survey analyses indicate some key experiential differences between in- and out-of-state patients. Though Massachusetts does not border any states with abortion bans, the Dobbs decision is impacting patient volume and experiences in this state.

P02.38 | WHAT DOES IT TAKE TO USE SELF-INJECTABLE CONTRACEPTION (SI)? A NARRATIVE ANALYSIS OF UGANDAN WOMEN'S DECISION TO USE AND EXPERIENCE WITH SI

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: Recent studies have legitimized the promise of self-injectable (SI) contraception, but we know little about the women

initiating SI outside of the research trials focused on exploring feasibility and acceptability. We sought to understand how women's contraceptive agency or lack thereof impacts uptake and continued use of SI.

Method: Using a narrative analysis approach and incorporating elements of a newly developed contraceptive agency framework, we examined in-depth interviews conducted with 12 SI users in Uganda with diverse demographic characteristics. Interviews included questions about participants' contraceptive decision-making, agency to make and act on these decisions, and their experience with SI. Interviews were conducted in the context of the multi-country Innovations in Choice and Autonomy (ICAN) study.

Results: SI users' narratives revealed considerable self-efficacy, whereas discussion of consciousness of rights and perceived control fell on a wider spectrum. For example, a married woman likened herself to "a cow that has been bought" but later spoke of the empowering experience of using SI. Narratives of covert users of SI revealed higher decision-making agency while younger women using SI described deferring to the "head of the house" and were not using SI covertly.

Conclusion: SI is suitable for women with different levels of agency in decision-making and support, though a degree of self-efficacy seems necessary for uptake. If providers and programs can boost confidence in self-care and address low self-efficacy, more adolescents and women with unsupportive partners may benefit from this method.

P02.39 | DRIVERS OF CONTRACEPTIVE STOCKOUTS IN 10 PUBLIC HEALTH SERVICE DELIVERY POINTS IN NORTHERN UGANDA: A MIXED METHOD STUDY

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

E. Ekung

Lira University, Uganda

Objective: Uganda still has a high-unmet need for modern contraceptives. However, there is scanty literature on stock-out and availability of modern contraceptives in northern Uganda's context. We assessed and explored trends in stock-outs and availability of modern contraceptives at public facility-based service delivery points in northern Uganda.

Method: We conducted a mixed-method study involving 10 randomly selected health facilities and 20 purposely sampled key informants in northern Uganda. Quantitative data were collected using a structured checklist to assess stock-outs and availability of modern contraceptives while a key informant interview guide was used to explore the factors influencing the stock-outs and availability. Data were merged at the results and interpretation stage. Quantitative data were analyzed using descriptive statistics while qualitative data was analyzed thematically.

Results: Of the 10 facilities assessed, the most available contraceptives were implants (90%), intrauterine devices (70%), emergency

pills (50%), and injectables (40%). Only 38% of the facilities assessed had tubal ligation and Vasectomy sets. Availability and stock-outs at facilities were attributed majorly to method demand, lack of technical staff to provide methods, and irregular supply of contraceptive commodities by the National Medical Stores and supporting partners.

Conclusion: Significant disparities exist in the availability and stockout of modern contraceptives across public health facilities in Uganda. The Ministry of Health should strengthen the capacity of services providers to offer all methods of contraceptives and deliver contraceptives in a timely manner based on the demand matrix in the region.

P02.40 | ADAPTING AND VALIDATING THE G-NORM (GENDER NORMS SCALE) IN UGANDA: AN EXAMINATION OF HOW GENDER NORMS ARE ASSOCIATED WITH CONTRACEPTIVE AGENCY

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: There are calls to examine gender norms to ensure that women can act on their reproductive rights and to incorporate norms into family planning programs. However, current measures do not include critical pieces of social norms theory such as a referent group, social sanctions, and separating descriptive and injunctive norms.

Method: We originally designed and validated a gender norms scale, the G-NORM, that includes these missing theoretical components, in India. In this study, we adapted and validated it in Uganda. Based on qualitative research, we administered items to 2422 women of reproductive age in Oyam and Mayuge, Uganda in quarter 1 and 2 of 2023. We then conducted confirmatory factor analysis (CFA) and construct validity by examining associations between the sub-scales and contraceptive use.

Results: Like the original G-NORM, descriptive norms and injunctive norms comprised two distinct scales which fit the data well and had Cronbach alphas of 0.80 and 0.90. As predicted, more equitable descriptive and injunctive gender norms were associated with using contraception ($\beta = 0.18, P < 0.001$; $\beta = 0.076, P < 0.001$). We will examine associations between the G-NORM and other reproductive outcomes such as contraceptive agency in our next round of analysis.

Conclusion: Initial findings offer an improved measure of gender norms in sub-Saharan Africa and provide evidence that gender norms are critical for reproductive health outcomes. Findings also corroborate calls to include gender norms in family planning programs and provide more nuanced insight into which type of norms are amenable to change.

P02.41 | ACCESS TO FAMILY PLANNING SERVICES FOR YOUNG PEOPLE: THE ROLE OF YOUTH FRIENDLY SERVICES IN LIRA DISTRICT, NORTHERN UGANDA
CATEGORY: CONTRACEPTION AND FAMILY PLANNING

E. Kigongo
Lira University, Uganda

Objective: The lack of adequate family planning services poses a significant challenge to young people in Northern Uganda. This study examines the role of youth-friendly services in enhancing access to family planning services for young people in Lira district.

Method: This study utilized a sequential exploratory design to investigate the knowledge, perceptions and behaviors of 577 young people aged 15 to 24 years. The sample was selected through random sampling and data was collected through interviewer-administered questionnaires.

Results: Out of 577 respondents, 361 (65.3%) were female with a mean age of 17. The overall access to family planning methods by the young people was 31.7% (28%–36%) and the predictors of access were being aged 20 to 24 years, being male, sexually active, having a sexual partner, knowing a health facility that offers abortion services, having a perception that family planning is not for only married people, and fearing being embarrassed at the health facility.

Conclusion: The study reports low access to family planning services among young people. We recommend that policymakers in Uganda prioritize the establishment of youth-friendly services and incorporate young people's perspectives into family planning programs.

P02.42 | KNOWLEDGE OF CONTRACEPTIVE SIDE EFFECTS AMONG TRADITIONAL BIRTH ATTENDANT USERS IN ENUGU, NIGERIA: A COMMUNITY-BASED STUDY
CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: To determine the knowledge of contraceptive side effects among traditional birth attendant users in Enugu and the socio-demographic factors associated with that knowledge.

Method: This was a community-based cross-sectional study of 523 traditional birth attendant users in rural and peri-urban areas in the Southeastern part of Nigeria using questionnaires. Their sociodemographic factors and knowledge of side effects of contraceptives were obtained. Inferential and descriptive statistics were conducted STATA software version 15. *P*-value of less than 0.05 was considered statistically significant.

Results: Age range was 18 to 83 years with a median of 37 years. 67.7% were rural dwellers and 37.9% had secondary school level of

education. 55.3% said contraceptives did not have side effects. A significantly higher proportion of peri-urban residents reported no side effects of contraceptives (58.0% vs 53.9%, *P* = 0.030), compared to rural residents. Those who reported no side effects did not have any formal education and this was statistically significant (*P* < 0.001).
Conclusion: The study showed that a good percentage of traditional birth attendant users who lived in the rural setting and had no formal education did not know that contraceptives have side effects. It is necessary to include this information in awareness programs and when counselling such women about contraceptives.

P02.43 | SANTE SEXUELLE ET REPRODUCTIVE DES ADOLESCENTES ET JEUNES DE L'AIRES DE SANTE D'AFANOYOA-REGION DU CENTRE, CAMEROUN
CATEGORY: CONTRACEPTION AND FAMILY PLANNING

F. Jeanne Hortence
University of Dschang, Cameroon

Objective: Rapporter la santé sexuelle et reproductive des adolescentes et Jeunes de l'aire de santé d'AFANOYOA.

Method: Nous avons mené une étude descriptive pendant une période de 3 mois (1er Février au 30 Avril 2022) dans les collèges d'enseignement secondaire de l'aire de santé d'Afanoyoa. Nous avons inclus de façon non probabiliste et non exhaustive toutes les élèves adolescentes et jeunes présentes pendant l'enquête et qui ont donné leur consentement éclairé à participer à l'étude. Les données ont été recueillies à l'aide d'un questionnaire puis analysé grâce au logiciel SPSS version 23.0.

Results: Nous avons colligé au total 86 participantes âgées de 15 à 24 ans. L'âge moyen au premier rapport sexuel était de 17 ± 2.28 ans avec les extrêmes de 6 et 24 ans. Plus de moitié de la population d'étude ont leur premier rapport sexuel avant 18 ans. 45% des grossesses étaient non désirées. Le taux d'avortements à risque était de 70%. Le taux d'utilisation des méthodes contraceptives modernes était de 20%.

Conclusion: Le taux de grossesses non désirées est très élevé avec une faible prévalence contraceptive. Nous suggérons de disponibiliser les conceptifs dans les infirmeries en milieu scolaire.

P02.44 | RENFORCER LES CAPACITÉS DES STRUCTURES PRIVÉS DE SANTÉ POUR L'OFFRE DES SERVICES DE PF DE QUALITÉ PAR UNE APPROCHE MULTI-INTERVENTIONNELLE AU BURKINA FASO
CATEGORY: CONTRACEPTION AND FAMILY PLANNING

F. Ouedraogo
Jhpiego, Burkina Faso

Objective: La prévalence contraceptive est 31.9%. La principale cause des avortements à risque demeure les grossesses indésirées.

La PF est gratuite mais les services sont peu utilisés dans le privé. Les données remontent peu dans le système national. Renforcer l'accès à la PF de qualité dans les structures privées est essentielle.

Method: Jhpiego intervient dans 3 régions sanitaires pour améliorer l'accès à la PF dans les Formations sanitaires privées grâce à une approche multi-interventionnelle: Renforcement de capacités en PF des 108 prestataires de 51 structures et 50 acteurs de santé communautaires sur la délégation de tâches en PF; relèvement du plateau technique des structures; gestion des données pour la prise de décision, équipement; création de la demande; offre de moustiquaires en PF de qualité.

Results: La conjugaison de plusieurs interventions dans le secteur privé de santé a permis de rehausser la qualité de services de PF grâce à un personnel plus compétent, plus confiant en lui-même et des clients plus satisfaits par l'offre des services. La collaboration secteur public-secteur privé est améliorée et les données sanitaires du système privé sont transmises à temps et capitalisées dans le système national d'information sanitaire.

Conclusion: La prise en compte du secteur privé de santé dans l'offre de la PF de qualité concourt à renforcer l'accès des populations aux soins. Le partenariat public-privé en santé est un levier d'accélérateur pour la couverture sanitaire universelle promue par l'Etat.

P02.45 | EFFECTIVENESS OF FLIPPED CLASSROOM COMPARED TO TRADITIONAL METHOD OF INSTRUCTION FOR POST-PARTUM INTRA-UTERINE DEVICE TRAINING AMONG CLINICAL-YEAR MEDICAL STUDENTS IN GULU UNIVERSITY, UGANDA: A QUASI-EXPERIMENTAL STUDY
 CATEGORY: CONTRACEPTION AND FAMILY PLANNING

F. Pebolo

Gulu University, Uganda

Objective: This study aimed to compare the effectiveness of flipped classroom (FC) teaching with traditional teaching methods for imparting the minimum set of skills required for the insertion of post-partum intra-uterine devices (PPIUDs) to medical students in clinical rotations in Uganda.

Method: Sixty-seven (67) medical students, were non-randomly assigned to a control group (receiving a 1-h didactic lecture with onsite demonstration) or an intervention group (receiving a 32-min pre-recorded lecture and a 16-min step-by-step PPIUD insertion skills video for pre-class activities followed by a 30 min in-class and procedural practice). Pre- and post-test scores, as well as procedural performance scores, were collected and compared between the two groups using two-sample *t*-tests to determine any significant differences.

Results: Both intervention and control groups had higher post-test compared to pre-test scores (P -values < 0.001). The mean post-test scores were higher for the intervention group, but the difference was not statistically significant ($P = 0.069$). However, students who failed pre-tests, MBChB3 class, aged < 25 years, or enrolled via direct admission had significantly higher post-test scores in the intervention compared to the

control group. Although the mean performance scores were higher in the intervention group, it was not statistically significant.

Conclusion: FC has a positive impact on the knowledge and skills of medical students in reproductive health training, particularly among certain subgroups. Therefore, FC should be integrated into reproductive health training designs and curricular development for undergraduate medical students in resource-limited settings.

P02.46 | KNOWLEDGE AND ATTITUDES OF DEAF WOMEN REGARDING CONTRACEPTIVE METHODS: A SYSTEMATIC REVIEW

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

G. Fuster Barbosa

Universidade de São Paulo, Brazil

Objective: To identify deaf women's knowledge and attitudes regarding contraceptive methods.

Method: Systematic literature review, PROSPERO registry (CRD42021277635), conducted from August 2021 to April 2022, including studies focused on knowledge and attitudes about contraception among women with deafness.

Results: 18 articles eligible. No intervention studies founded. 13 studies showed low knowledge about contraceptive methods. 11 studies showed withdrawal, condoms and oral contraceptives were the best know methods. 3 studies low knowledge about IUD and the subdermal contraceptive implant. The use of hormonal contraceptives was higher adult women and 2 studies showed that among teenagers the practice of withdrawal and condoms. 13 articles reported the reason for the lack of reproductive counseling were communication barriers.

Conclusion: Knowledge of contraceptive methods among deaf women was considered low. The attitude of acceptance of the use of contraceptive methods was favorable, despite the little access to more effective methods, especially among adolescents. The factor associated with low knowledge evidenced in the systematic review was communication barriers.

P02.47 | EFFECT OF CONTACTS WITH HEALTH PROFESSIONALS ON MODERN CONTRACEPTIVES UPTAKE DURING THE FIRST 6 WEEKS AFTER CHILD BIRTH: A PROSPECTIVE COHORT STUDY IN ARSI ZONE, SOUTH EAST ETHIOPIA

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

G. Jima

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Objective: To assess the effects of counseling on the adoption of modern contraceptives in the first 6 weeks following childbirth in Ethiopia.

Method: A prospective cohort study was performed from October 01, 2020 to March 01, 2021. The study included 418 postnatal women who gave birth during the previous week. Data were gathered twice: once during the first week following birth and once again within the 1st week after the end of the postnatal period. The effect of counseling on contraception uptake was measured using adjusted relative risk and its 95% confidence interval.

Results: Modern contraceptive uptake rate during the postnatal period was 16% (95% CI: 12.50–19.50). Contraceptive use was 3.56 times more likely in women who were counseled about contraceptives compared to those who were not (aRR=3.56, 95% CI: 1.97–6.32). Women's age, knowledge of whether they can become pregnant before menses return, menses return after birth, and resuming sexual activity after birth were all significantly associated with contraceptive use during the first 6 weeks following child birth.

Conclusion: Modern contraceptive uptake rate during the postnatal period among women in the study area was low. Positive counseling by health professionals was the main factor associated with contraception uptake during the postnatal period. Recommendations to health policy makers have been formulated.

P02.48 | CHANGING TRENDS IN USING MODERN CONTRACEPTIVE METHODS IN NIGERIA WITH CHANGING CLINICAL CAPACITY BUILDING APPROACH
CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: We assessed change of trends in use of Family Planning methods after change of capacity building approach from traditional offsite to new onsite low dose high frequency (LDHF) in Bauchi State, Nigeria with mCPR of 5.2%, unmet need of 20.9 and injectable contraceptives as the most popular method (NDHS 2018).

Method: Prospective study that used facility interventions to improve quality and increase access and utilization of FP methods. One thousand, seven hundred frontline primary health workers from 323 public PHCs and 42 private health facilities using new innovative LDHF training approach instead of traditional offsite and residential approach. This was followed by onsite clinical mentoring and supportive supervision. Utilization of short and long term contraceptives was tracked following the intervention in 2021 and 2022.

Results: All methods recorded increased uptake except for DMPA-IM. Uptake of DMPA-SC has significantly increased by 75% in 2022 compared to 2021. While injectable contraceptives remain the most popular methods, there is a gradual improvement in the acceptance of Long-Acting Reversible Contraceptives in general. For instance, CuT 380A and Jadelle utilization significantly increased by 67% and 90% respectively while Implanon NXT and LNG IUS recorded slight increase of 3% and 11% respectively.

Conclusion: Change of clinical capacity building approach for primary healthcare workers from traditional offsite and residential to new onsite low dose high frequency (LDHF) improved access and utilization with changing trends towards increasing uptake of Long-Acting Reversible Contraceptive methods in Bauchi State, Nigeria.

P02.49 | INNOVATIVE APPROACH TO IMPROVING UPTAKE OF QUALITY LONG ACTING REVERSIBLE CONTRACEPTIVE SERVICES IN LOW RESOURCE SETTING: EXPERIENCE FROM NIGERIA

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: Bauchi State, Nigeria has unmet need of 20.8 and fertility rate of 7.2 (NDHS 2018). Women in remote underserved communities have limited access to FP services. We assessed contribution of PHC extension service to the overall utilization of quality FP services in remote and underserved communities of Bauchi state.

Method: Between February and August 2022, USAID funded Integrated Health Program (IHP) worked collaboratively with government of Bauchi state and other stakeholders to conduct 254 Primary Healthcare Care (PHC) extension services to remote and underserved communities across the 20 LGAs of Bauchi state. Family planning services rendered included long-acting reversible contraceptives (LARC), injectables, and DMPA-SC. DHIS2 data was used to determine the contribution of PHC extension service to the overall utilization of LARC in the state.

Results: Between February and August 2022, PHC extension service contributed 23% of women counseled on family planning services, 25% CuT 380A IUD insertions, 10% LNG IUS insertions, 17% implanon NXT (one rod) insertions, and 16% Jadelle (two rods) insertions. The LARC provided during PHC extension services resulted in generation of 2686 CYP, prevention of 1257 unintended pregnancies and averted 6 maternal and 31 child deaths respectively.

Conclusion: Implementation of PHC extension service has led to improvements in accessibility and utilization of LARC by women in the remote, hard to reach and unserved communities. Strengthening and scaling PHC extension service is recommended to improve utilization of quality of FP services, particularly LARC.

P02.50 | IMPROVED COMPLIANCE WITH POST-ABORTION FOLLOW-UP CONSULTATIONS DURING THE FIRST COVID-19 PANDEMIC LOCKDOWN: IS TELECONSULTATION A MODEL TO EXPLOIT?

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: To assess the effectiveness of teleconsultation in ensuring improved compliance with post-abortion consultations and patient follow-up. In response to the COVID-19 pandemic, French national health agency adapted its abortion procedures, recommending medical abortion at home, extending the legal time for gestation, and implementing telemedicine for medical abortion consultations.

Method: A single-center retrospective study. All patients with a medical abortion indication were included consecutively during the control period P1 (March 17 to May 11, 2019), before the Covid-19 pandemic, and during the lockdown period P2 (March 17 to May 11, 2020). Variables concerning general characteristics, maternal data, and abortion features were extracted. Uni and multivariate logistic regression were performed.

Results: There were 41 patients during the P1 period with face-to-face consultations and 54 patients during P2 period with teleconsultations. Compliance increased from 59% in P1 to 81% in P2 ($P=0.019$). History of abortions negatively impacted compliance to post-abortion visits ($OR=0.312$, $P=0.030$), while teleconsultation positively influenced it ($OR=3.365$, $P=0.023$). Compliance was associated with a lower failure rate of abortion ($OR=0.121$, $P=0.018$).

Conclusion: In response to the COVID-19 pandemic, the use of telemedicine has been a very interesting tool for abortions and has made it possible to improve patient follow-up and thus ensure better compliance with the post-abortion visit and reduce the complications that may arise.

P02.51 | PRACTICES OF CHANGE, EXPLORING A THEORY OF CHANGE AND ITS ASSUMPTIONS IN SAFE ABORTION ADVOCACY BY OBGYN SOCIETIES

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: To explore the effectiveness of a project theory of change (ToC) and its assumptions in order to present a theory of change framework for safe abortion advocacy by professional obstetric gynecological societies.

Method: From 2019 to 2022 FIGO implemented a project to strengthen member societies in advocacy for safe and quality

abortion care. A needs assessment was conducted to inform the ToC and project design. An outcome harvesting approach was used to monitor and learn from the advocacy strategies implemented. A thematic analysis was conducted to reflect on the ToC and how the underlying assumptions relate to the advocacy practices of change and emergent outcomes in the ten implementation countries.

Results: Safe abortion advocacy by medical societies requires an interrelation of multiple strategies, including the strengthening of organizational structures and advocacy skills, strong collaborations and joint planning with a diversity of partners, work on increasing acceptance of safe abortion internally as well as externally, clarification and guidance on how to operate within legal frameworks and the generation and use of data for decision making.

Conclusion: Advocacy for safe abortion is complex, context-dependent and it may take years, even decades to achieve results. Therefore theory of change should be twinned with practices of change with a focus on human interactions, to provide space for understanding how processes develop and evolve in reality.

P02.52 | FAMILY PLANNING IN HUMANITARIAN SETTING: RESULTS FROM A PILOT IN COLOMBIA

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: This pilot in Colombia aimed to test the Family Planning (FP) module developed by the German Red Cross (GRC) to close the gap in the emergency response of the Red Cross/Red Crescent (RCRC) Movement regarding FP services and is implemented by the Colombian Red Cross (CRC).

Method: The FP Module was developed to meet the need of having FP included in Emergency Response as WHO minimum standards. The pilot in Colombia aimed to reach the most vulnerable people, mostly migrant and marginalized, indigenous women and men. CRC rolled out the FP module in 5 different regions across the country with an identified high need in FP services via mobile and fixed primary health care service points.

Results: The CRC adapted the module of FP to context through the formation of 23 professional, 105 volunteers and 5 midwives of Colombian pacific. During 6 months from June to December 2022, 4229 of women have been reached with consultations and 2495 women received a method of their choice and free of charge. The distribution of methods (72% hormonal implants) is a direct result of specific context and the needs of the target groups.

Conclusion: Especially the distribution of methods based on the needs of the population and the results of the pilot contributes to the adaptation process of the FP module. It is ready to use for emergency response of the RCRC movement and will be adapted for long-term humanitarian responses in future.

P02.53 | THE STATE OF ABORTION SERVICES IN FIVE PACIFIC ISLAND COUNTRIES: A SCOPING REVIEW AND LEGISLATIVE ANALYSIS

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: Unsafe abortions continue to be a leading cause of maternal mortality worldwide. This study aimed to conduct a scoping review and legislative analysis to examine and describe the state of abortion services in five Pacific Island countries: Papua New Guinea (PNG), Fiji, Vanuatu, Solomon Islands and Samoa.

Method: A scoping review was undertaken. Key abortion law data for the five countries was extracted and examined from The Global Abortions Policy Database. An expert advisory group of Pacific Islander clinicians guided this review.

Results: The scoping review ultimately included 12 articles. Studies discussed unsafe abortion methods and experiences of post-abortion care, but none discussed safe abortion care. Unsafe abortion methods described included physical means, traditional herbs, and clandestine misoprostol use. Women lacked control over decision-making in accessing abortions and described their experiences seeking post-abortion care for complications. The legislative analysis found that abortion laws are generally unclear and restrictive in all five countries.

Conclusion: Given the restrictive and unclear legal framework, we found limited evidence that abortion services exist in these countries. Future research should examine what optimal safe abortion care may look like within these health systems. Advocacy to drive legislative reform and build an enabling environment for safe abortion care must occur.

P02.54 | "WE PROVIDE THE METHODS TO OTHERS... BUT WE DON'T USE THE METHODS OURSELVES": A QUALITATIVE STUDY ON PERCEPTION, ATTITUDE AND UTILIZATION OF MODERN METHODS OF FAMILY PLANNING AMONG FEMALE HEALTHCARE WORKERS IN GULU, UGANDA

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

J. Opee

Gulu University, Uganda

Objective: We explored perception, attitude and practice on utilization of modern methods of family planning (FP) among female healthcare workers (HCWs) in Gulu, Uganda.

Method: Explorative qualitative study using the philosophy of descriptive phenomenology was conducted in March 2023 among female HCWs (n=20) at St. Mary's hospital, Lacor (Faith-based) and Gulu regional referral hospital (Public hospital). Discussions explored perception and attitude towards FP, challenges with utilization of modern methods of FP and counseling services, strategies to improve the uptake of modern methods of FP and counseling services. All interviews were audio recorded, transcribed, and were analyzed manually using thematic content analysis.

Results: Perceived receiver barriers included religious beliefs, myth about contraceptives, fear of side effects of contraceptives, infrequent sexual activity, familiarity with a limited number of methods, desire for pregnancy despite medical contraindications. Provider barriers included lack of knowledge, training, and comfort; assumptions about pregnancy risk; negative beliefs about contraceptive methods; reliance on receiver to initiate discussions; and limited communication between primary care providers and subspecialists. Health system barriers included limited time and competing medical priorities.

Conclusion: Challenges with utilization of modern methods of FP and counseling services among female HCWs include; the perceived receiver, provider and health system associated barriers. Rigorous health education on FP, availability of the different FP methods and training of healthcare workers should be prioritized.

P03.01 | MAPPING CLOSER-TO-REALITY TRAVEL TIMES TO EMERGENCY OBSTETRIC CARE IN AFRICA'S LARGEST MEGACITY USING GOOGLE MAPS NAVIGATION APPLICATION PROGRAMMING INTERFACE

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: Travel to access emergency obstetric care (EmOC) is particularly pertinent in highly urbanised settings. Our objective was to use Google Maps travel time algorithm and data on traffic to compute travel time to the first, second and third nearest comprehensive EmOC facility based on driving transport mode across Lagos, Nigeria.

Method: To obtain travel time to comprehensive EmOC, we implemented the Google Maps Navigation Application Programming Interface for driving to a public, private, or either facility type. We then obtained high-resolution travel time estimates per S2-cell spanning the city (each covering 0.02 km² of land area) and triangulated them with auxiliary data on cell-level population counts to obtain comprehensive EmOC accessibility metrics at the population level. Population data were obtained from the Worldpop-constrained United Nations-adjusted 2020 dataset.

Results: Approximately 46% of the population lives <15 min of driving from the nearest public health facility, which reduced to 12% of the population when the two nearest public comprehensive EmOC facilities were considered. Also, 16% of the population lives >30 min driving from the nearest comprehensive EmOC facility. Population-weighted average travel times to the first, second, and third nearest facilities varied at the ward and local government levels. The number and type of comprehensive EmOC facilities that can be reached within the same time thresholds also varied.

Conclusion: This innovative approach to travel time estimates and EmOC geographical accessibility assessment will aid in accurately identifying communities and areas that require urgent attention, thereby supporting effective service planning and achieving equity in EmOC access and universal health coverage. The approach should be implemented for other low-resource urban settings.

P03.02 | A HEALTH BELIEF SURVEY AMONG KUWAITI PARENTS ON HUMAN PAPILLOMA VIRUS VACCINATION FOR THEIR CHILDREN

CATEGORY: HEALTH SYSTEMS STRENGTHENING

A. Abuzoor

University of Bradford, UK

Objective: To assess knowledge and health beliefs about HPV, cervical cancer (CC), other HPV-related cancers and HPV vaccination among parents of children eligible for vaccination in Kuwait to inform a health promotion campaign and vaccination policy.

Method: A cross-sectional survey was conducted among 538 parents of children aged 12–17 in Kuwait. The survey was structured using the Health Belief Model. Analysis showed statistically significant links between knowledge, several health belief concepts and vaccination intention.

Results: Parents of daughters scored lower on perceived susceptibility to HPV and were more likely to have a higher perception of barriers to HPV vaccination, even though fathers were more likely to believe their daughters were at risk. Higher-educated parents scored higher on susceptibility. HPV vaccination has the stigma promiscuity attached, even though half of the parents are willing to accept HPV vaccination if that recommendation comes from health officials or relatives.

Conclusion: Recommendations for a Kuwaiti vaccination policy for HPV must take into consideration different knowledge levels of parents for groups with different educational levels, as well as the stigma of promiscuity and other barriers, and different health beliefs regarding susceptibility for daughters and sons, respectively.

P03.03 | MATERNAL DEATH SURVEILLANCE AND RESPONSE IN TANZANIA: CHALLENGES TO SUCCESSFUL IMPLEMENTATION

CATEGORY: HEALTH SYSTEMS STRENGTHENING

A. Said

Association of Gynaecologists and Obstetricians Tanzania (AGOTA), Tanzania

Objective: The aim was to describe the strengths, challenges and impact of implementing the MDSR system in Tanzania.

Method: A mixed methods study was conducted in the Lindi and Mtwara in Tanzania. The system's adequacy was assessed in terms of categorisation of causes of deaths and three delays. The causes of deaths and delays identified by the MDSR system were compared to an expert panel review. Community members' perceptions and experiences of events leading to death were explored. The availability of documents used in death reviews were assessed. Health providers and managers were interviewed.

Results: The MDSR system performed well in categorising the causes of deaths. There was inadequate identification of all three delays. Caregivers failed to account for pregnancy complications during birth preparations, and families suffered social, psychological and economic consequences from maternal deaths. Most documents were not comprehensively written. There was high ambitions in implementing the system with notable changes and many organisational, contextual and individual challenges faced the system.

Conclusion: Addressing the above challenges will enable the MDSR system to effectively improve quality of care and reduce maternal deaths.

P03.04 | THE ADVENTURES OF SUPER DIVYA—USE OF A COMIC SUPERHERO TO SUPPORT SIMULATION EDUCATION AMONG NURSE MENTORS IN BIHAR, INDIA

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: Though comics have routinely been used in health education and can be effective in low resource settings, we wanted to explore use of a virtual interactive comic-based series called *The Adventures of Super Divya* to reinforce simulation educator skills in healthcare facilities among nurse mentors in Bihar.

Method: Nurse mentors (NM and their supervisors (NMS) who completed all 10 Super Divya modules were surveyed to assess acceptability, adoptability, and feasibility. In addition, we conducted focus groups (FG) with NMS (N=8) and NM (N=8) in Hindi and English using purposive sampling, a structured interview guide, and remote

facilitation via Zoom to further explore participant engagement with the virtual comic series. Transcripts were analyzed using thematic analysis and a deductive approach.

Results: Ninety-three percent of NMS and 84% of NM reported high acceptability; 74% of NMS and 75% of NM reported high adoptability, and 75% of NMS and 70% of NM reported high feasibility. "I remember Super Divya every day and work according to Super Divya every day in my life. I feel like I am Super Divya."—NM. "It's such an easy way of teaching us and it catches our attention really well."—NM.

Conclusion: Super Divya is a captivating digital tool with potential to sustain simulation educator competencies. NMS reported higher acceptability, adoptability, and feasibility, which may be related to disparities in digital literacy or workload. These findings reiterate value and need for innovative approaches for building sustainable, culturally relevant, and relatable educator tools.

P03.05 | CONCEPT OF SUSTAINABLE HEALTHCARE MEASURES IN OBSTETRICS—CONTRIBUTION TOWARDS A 'NET ZERO' NHS

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: In view of healthcare's significant impact on climate change, we tried to contribute towards nation's decarbonisation plan in achieving 'net-zero' emissions by 2030. A survey was conducted to prepare for a prospective study (two phases) aiming to improve knowledge about planetary health within our obstetrics department and implement sustainable measures.

Method: In Phase 1, keeping in line with the PDSA cycle, a survey to identify the current practice and knowledge about sustainable healthcare measures was conducted. Following which, education was provided on how healthcare impacts climate change by conducting workshops. Currently, a qualitative survey is being conducted using Kirkpatrick Model to evaluate how the education provided has created an impact. In Phase 2, we would implement suggested eco-friendly healthcare obstetric practices and eventually assess their efficacy.

Results: With a response rate of 46.51% (40 of 86) in our baseline survey, we concluded that 92% of the participants felt current practices significantly contributed towards the department's carbon footprint. However, 88% of them experienced that it was due to inadequate education. 78% felt lack of engagement to promote sustainable policies. The suggested ideas for sustainable measures ranged from use of reusable equipments to solar power to installation of machines purifying exhaled nitrous oxide.

Conclusion: This baseline knowledge analysis justifies how raising awareness about adverse climate change by means of educational programmes with eventual implementation of eco-friendly obstetric measures is crucial in this era of global concern.

P03.06 | GEOGRAPHICAL AREA CHARACTERISTICS AND BIRTH OUTCOME IN A PERINATAL NETWORK: A POPULATION-BASED STUDY

CATEGORY: HEALTH SYSTEMS STRENGTHENING

A. Debost-Legrand

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Objective: Our main objective was to assess the association between geographic areas and maternal and neonatal health in a perinatal network.

Method: A cross-sectional population-based study was performed from 1/01/2015 to 31/12/2020. A driving time ≤30min is the cut-off defined to qualify a professional or a health care facility as accessible. The professionals and facilities were geolocated according to their postal addresses, and each municipality by its geographic centre as the reference. A municipality was considered in a vulnerable zone if there was ≤1 professional or facility that was accessible within 30min driving time.

Results: For the study period, 54995 women were included. In Auvergne, 220 municipalities were considered to be in vulnerable zone, with 2099 women living in. As compared to women not living in vulnerable municipalities, there were more obese (16.8%), more smokers (32.7%) and more history of disease (38.8%). Maternal morbidity was also higher (21.8%). In this vulnerable group, considering neonatal outcomes, outborns were more frequent (1.3%) as well as intrauterine growth retardation (1.2%).

Conclusion: Women in vulnerable zone are in poor health which may be explained by difficult access to primary healthcare without enough primary prevention, explaining why adverse maternal outcomes are more frequent. As a consequence adverse neonatal outcomes are also more frequent as maternal health is poor.

P03.07 | EMPOWER CENTER: AN UPDATE ON AN INTEGRATED, TRAUMA-INFORMED CARE MODEL FOR FEMALE SURVIVORS OF COMMERCIAL SEXUAL EXPLOITATION

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: This study was conducted to quantitatively describe the services provided by the Empower Center to survivors of commercial sexual exploitation (CSE).

Method: This is a retrospective cohort study describing the Empower Center, a clinic serving survivors of commercial sexual exploitation in

New York City. We reviewed medical records, intake data, and other operational records of all consenting patients from January 2020 to October 2022, with a focus on client needs and services provided by the center. Descriptive statistics were calculated to characterize client experiences with the Empower Center.

Results: 323 clients presented to the EMPOWER Center with needs for: legal support ($n=30$, 9.30%), OBGYN care ($n=89$, 27.6%) other medical care ($n=58$, 18.0%), and psychological support ($n=39$, 12.1%). Many clients were connected to medical and mental health care, including 127 visits for OB GYN care, 102 visits for primary care, 151 therapy visits, and 108 psychiatry visits.

Conclusion: The EMPOWER Center is a model for provision of holistic, integrated social service and medical care for survivors of CSE. This model helps support survivors in achieving self-determined, autonomous goals. This commitment to clients rests upon helping them re-establish agency in their social, professional, and personal lives.

P03.08 | VISUALIZE—EMPOWER—TRANSFORM: HARNESSING THE POTENTIAL OF THE ANMOL DASHBOARD FOR MATERNAL HEALTH DATA ANALYSIS

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: Madhya Pradesh uses software for tracking of maternal health services and it records data of around 11 lakhs pregnant women. Inability of the existing reports to accurately express the data and difficulty to work online were key issues in front of health system demanding for new ways of representation.

Method: Secondary data analysis was done to validate completeness and accuracy of the data. Codesign workshops were conducted to identify challenges and preferences in the use of data. Key informant interviews were conducted at state and district level to finalize indicators for review and visualization patterns. Power-BI tool was used to develop dashboard. Pilot testing was done in few districts to assess the acceptance of the platform and gain insights from their experiences.

Results: The dashboard has been proved to be a decentralized decision making tool empowering officials at all levels to prioritize interventions as per need. The dashboard was successful in linking key performance indicators for reduction of maternal mortalities. Features such as top and bottom performing districts and blocks, color coded maps and composite scores ensured effective and comprehensive planning. The role based nature of the dashboard facilitated universal platforms for review reducing distrust around data.

Conclusion: The ANMOL Dashboard revolutionizes maternal health data analysis, leveraging visualization's power for decision-making. With real-time insights and a user-friendly interface, it

transforms data interpretation and utilization. Widely adopted across the state and districts, it identifies high-impact areas, facilitating targeted interventions for improved maternal and child health outcomes.

P03.09 | GENDER REPRESENTATION IN OBSTETRICS AND GYNAECOLOGY LEADERSHIP

CATEGORY: HEALTH SYSTEMS STRENGTHENING

B. Holmes

Royal Australian College of Obstetricians and Gynaecologists (RANZCOG), Australia

Objective: In Obstetrics and Gynaecology (O&G) in Australia and New Zealand, women represented 82% of trainees and 46% of specialists in 2017 but held 14%–37% of senior clinical leadership positions. This study aims to determine changes in gender representation in leadership, and to explore attitudes, aspirations and barriers, regardless of gender.

Method: A cross-sectional email survey of RANZCOG specialists and trainees was done to obtain information on attitudes, aspirations for and barriers to leadership, and a review of public information from RANZCOG and affiliated training hospitals on gender proportion of specialists in leadership positions was undertaken. Data from a similar study in 2017 was obtained from the original author. Chi square and Fishers exact tests were used to compare gender representation in 2017 and 2022.

Results: There were 396 survey responses (12.9% response rate). Like 2017, 82.4% of trainees were women. There was an increased proportion of women specialists in 2022 compared to 2017 (55.8% vs 48.9%, $P<0.001$); an increase in the number of women in leadership in RANZCOG (Board positions: 5/9 (2022) vs 1/7 (2017); Council: 20/27 vs 9/25). An increase was seen in clinical leadership (Head of Departments: 51.7% vs 31.5%, $P<0.001$) and 39.2% of clinical directors were women.

Conclusion: Regardless of gender, 45% of respondents aspired to hold leadership positions and barriers were similar across genders (additional time commitment, organisational politics and lack of mentoring). The study demonstrates the progress being made in the leadership within O&G and highlights the common barriers to leadership experienced by women and men.

P03.10 | SAFE MOTHERHOOD IN TONKOLILI, SIERRA LEONE: KEY FINDINGS OF A FOLLOW-UP HEALTH SEEKING BEHAVIOR STUDY FOR THE STRENGTHENING OF HEALTH PROGRAMS
CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: In 2021, Médecins Sans Frontières (MSF) and Ministry of Health (MoH) conducted a health-seeking behavior (HSB) study in Tonkolili District, Sierra Leone, to evaluate the impact of their reproductive health program, commenced in 2016, and to compare locations with MSF-support to areas without.

Method: We designed a mixed-method study with a quantitative household survey, structured interviews with key informants, and qualitative in-depth interviews (IDIs). We randomly selected 60 clusters, 30 in MSF supported areas and 30 in unsupported. Between February to August 2021, 59 structured interviews and 42 IDIs were conducted. IDIs exploring topics identified through the survey were conducted with a purposive sample and analyzed thematically. Findings were compared to a 2016/2017 HSB study from the same area.

Results: Health facility births increased from 52.0% to 90.9%. Mothers reporting at least one barrier to accessing care decreased from 90.0% to 45.9%. Complications during labour/birth were higher in unsupported areas (10.9% vs 7.2%). Birth outside a health facility was more frequent in unsupported areas (10.5% vs 7.4%); for these births, mothers in supported areas were more likely to have skilled assistance (31.7% vs 6.3%). Stillbirth was higher in unsupported areas (4.5% vs 1.4%).

Conclusion: Since 2016, considerable progress has been made, with better health outcomes in MSF- supported areas. The MSF-MoH delivered model of free and accessible care at primary and referral level have been instrumental to improve health outcomes and reduce barriers.

P03.11 | MONEY TALKS: THE FINANCIAL BURDEN OF POSTPARTUM HEMORRHAGE IN A LOW RESOURCE SETTING
CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: Postpartum hemorrhage (PPH) is the leading causes of maternal morbidity and mortality worldwide, disproportionately impacting low-middle-income countries (LMIC). Understanding the cost associated with PPH in resource-constricted settings is urgently needed to better inform resource allocation and cost-effective changes.

Method: This is a single-center retrospective study of a safety net, tertiary hospital in Santiago, Dominican Republic. It is the hospital with the highest mortality rate in the country. Due to its proximity to Haiti, patient catchment includes Dominican women and Haitian refugees. A retrospective chart review of PPH cases from January to June 2022 was performed. PPH risk factors, medications, length of stay, and overall cost of treatment were retrieved using current hospital billing schemes.

Results: Over the 6-month study period, a total of 60 PPH cases were identified with a net cost of \$204,517.00. This accounts for 27% of the hospital's total semi-annual budget. Largest costs are attributed to higher level management strategies (blood transfusion, surgical reintervention, hysterectomy, ICU admission, prolonged hospital stay), which were used in 95% (n=57) of cases. The most cost-effective strategies (uterotonics and lab workup) were only used in 13% (n=8) of cases.

Conclusion: To our knowledge this is the first study evaluating the cost of PPH in the Dominican Republic. Results from this study demonstrate the high financial burden of PPH for low-resource hospitals. To help decrease costs, strategies to increase use of cost-effective approaches (routine uterotonics and lab workup) should be investigated.

P03.12 | VENOUS THROMBOEMBOLIC DISEASE AND PREGNANCY ABOUT 20 CASES
CATEGORY: HEALTH SYSTEMS STRENGTHENING

B. Sara
Maroc, Algeria

Objective: To present an evidence-based approach to the diagnosis, management and thromboprophylaxis of venous thromboembolism in pregnancy and the postpartum period.

Method: Retrospective descriptive study of 20 cases of women who presented with thromboembolic disease during pregnancy and post partum over the period 2018–2023. Cases were defined by the association of heaviness and pain of the lower limbs, dilatation of the

superficial venous network, exertional dyspnea, tachycardia in pregnant women at the time of diagnosis. A retrospective chart review examined the epidemiology, etiology, treatment and maternal-fetal outcomes.

Results: We identified 20 cases during this period. Among the patients, 80% had deep vein thrombosis and 20% had pulmonary embolism. Risk factors were present in 50% of the cases, and the diagnosis was made by D-dimer and echodoppler. Maternal mortality was nil. The review of the literature has therefore enabled us to identify a practical course of action in the event of thromboembolic disease in pregnancy.

Conclusion: Venous thromboembolic disease (VTE) is one of the most frequent complications of pregnancy and the clinical symptoms of PE and/or DVT are not very sensitive in pregnant women, hence the need to look for thromboembolic risk factors at the beginning of pregnancy.

P03.13 | SATISFACTION DES PRESTATAIRES DE SANTÉ DU PROJET PILOTE DE LA TÉLÉMÉDECINE SUR L'OFFRE DE SERVICES DE SANTÉ DE LA REPRODUCTION Y COMPRIS L'AVORTEMENT SÉCURISÉ EN PÉRIODE DE COVID-19 EN CÔTE D'IVOIRE, 2021

CATEGORY: HEALTH SYSTEMS STRENGTHENING

L. Camara¹; B. Bilguissou²; S. Aboudou Nabiehoua³

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Objective: Contribuer au renforcement des capacités des prestataires de santé à améliorer l'offre de soins complets pour une auto-gestion de l'avortement sécurisé par des filles et femmes de la Côte d'Ivoire dans le contexte de crise sanitaire de Covid-19.

Method: Les approches quantitative et qualitative ont été utilisées auprès de 18 prestataires impliqués dans la phase pilote du projet de la télémédecine de IPAS Côte d'Ivoire couvrant les régions sanitaires d'Abidjan 1, Abidjan 2 et les Grands Ponts. Les données ont été recueillies sur GoogleForm et les calculs des fréquences ont été effectués sur Excel.

Results: Les données montrent que, 89% des prestataires sont totalement satisfaits de leur expérience en téléconsultation. La téléconsultation sur la plateforme de télémédecine est pratiquée par 72% des prestataires. Parmi les prestataires qui utilisent la plateforme de télémédecine, la moitié (56%) estiment que les femmes se sentent libres de parler de leur sexualité sans tabou au téléphone. Cependant, ils suggèrent de mieux communiquer pour augmenter le besoin de services de soins après avortement chez les femmes.

Conclusion: L'étude a été conduite sur le processus de la téléconsultation des filles et femmes. Il a permis aux prestataires de se prononcer sur leur expérience de la téléconsultation. En fin, l'équipe a compris qu'il fallait impliquer les prestataires de soins à la conception de la plateforme et assurer la sensibilisation.

P03.14 | THE NEGATIVE PERCEPTION OF THE TERM "OBSTETRIC VIOLENCE" AMONG BRAZILIANS OBSTETRIC PHYSICIANS

CATEGORY: HEALTH SYSTEMS STRENGTHENING

C. Sartorao-Filho¹; D. Coutinho Terribile²

¹University of Sao Paulo State, Brazil; ²Educational Foundation of the Municipality of Assis, Brazil

Objective: To describe the obstetrics physician perceptions concerning the dissemination of the term "obstetric violence". To describe the medical groups affected negatively by the topic, nationwide in Brazil.

Method: A cross-sectional study was applied to Brazilian obstetrics physicians regarding their perceptions of the use and spread of the term "obstetric violence". From January to April 2022, we sent 14.000 direct mail nationwide for obstetricians registered in their state medical societies. The estimated number of obstetricians in Brazil was 30.000. Using a 5% sampling error and 95% confidence level, the sample size calculation was 380 respondents. Ethics Committee Institution authorization number 51946721.3.0000.8547.

Results: Five hundred-six participants responded. We observed that 374 (73.9%) considered the term "obstetric violence" nocive or harmful to professional practice. Furthermore, after Poisson regression, we described that the respondents who graduated before 2000 and graduated in a private institution were significant and independent groups for the full or partial agreement that the term was considered nocive for obstetricians in Brazil.

Conclusion: More than 70% of Brazilian obstetricians in the survey considered the term obstetric violence harmful to professional practice. Physicians who graduated before 2000 and from a private medical institution were the most influential following the perception that the term may be nocive for the doctor-patient relation.

P03.15 | COSTS AND COST-EFFECTIVENESS OF AN INTRAPARTUM QUALITY IMPROVEMENT PACKAGE FOR IMPROVING PRETERM SURVIVAL AND REINFORCING BEST PRACTICES IN KENYA AND UGANDA

CATEGORY: HEALTH SYSTEMS STRENGTHENING

C. Smith Hughes

University of California, San Francisco, USA

Objective: To understand the costs and cost-effectiveness of a highly effective Preterm Birth Initiative (PTBi) intrapartum intervention package (data strengthening, WHO Safe Childbirth Checklist, simulation and team training, quality improvement collaboratives) and active control (data strengthening, Safe Childbirth Checklist) in Kenya and Uganda.

Method: Using micro-costing and a healthcare system perspective, we estimated total and per-birth (liveborn and stillborn, GA ≥28weeks) costs (incremental to cost of intrapartum care; 2020

\$US) for hypothetical implementation of the PTBi package and control into Ministry of Health RMNCH programming, with 3 phases of activities: program planning/adaptation; high-intensity implementation; lower-intensity maintenance. Using outcomes and cost data from the PTBi study and other data in literature, cost-effectiveness was measured in cost per DALY averted.

Results: Public sector implementation costs were \$0.86M in Kenya (\$23.91/birth) and \$0.28M in Uganda (\$5.46/birth); annual maintenance costs per birth were \$16.36 in Kenya and \$3.47 in Uganda. In each country, personnel were $\geq 72\%$ of total PTBi package costs, and costs in Uganda were consistently one-third those of Kenya due differences in facility delivery volume and salaries. Compared to the active control, the PTBi package had incremental cost-effective ratios (ICERs) of $< \$500/\text{DALY}$ averted in each country.

Conclusion: If taken up and implemented, the PTBi package has the potential to save preterm lives, with potential steady-state (annual maintenance) costs that would be roughly 5%–15% of per-birth healthcare costs in Uganda and Kenya. The package was highly cost-effective, with ICERs below the per-capita GDP in each country.

P03.16 | CESAREAN TASK SHIFTING: A NON-INFERIORITY STUDY OF ASSOCIATE CLINICIANS AND MEDICAL DOCTORS CONDUCTING CESAREAN SECTIONS IN TANZANIA AND MALAWI

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: To test whether associate clinicians are not inferior to medical doctors conducting cesarean sections in Tanzania and Malawi, as demonstrated by the occurrence of iatrogenic genitourinary fistula attributable to surgical complications.

Method: This retrospective review focused on 325 women with iatrogenic genito-urinary fistulas among 1289 women who developed fistulas after cesarean birth in Tanzania and Malawi between 1994 and 2017. An equivalence test compared the proportions of iatrogenic fistulas after cesarean section by associate clinicians and medical doctors (equivalence margin = 0.025). Logistic regression modelled the occurrence of iatrogenic fistula after cesarean section, controlling for cadre, date, maternal age, previous abdominal surgery, and parity.

Results: Associate clinicians attended 1118/1289 (86.7%) of cesarean births leading to fistula. Iatrogenic fistula occurred in 275/1118 (24.6%, 95% CI 0.22–0.27) of cesarean births by associate clinicians as compared to 50/171 (29.2%) of cesarean births attended by

medical doctors (95% CI 0.23–0.36). The odds of iatrogenic fistula after cesarean section were not statistically significantly different between associate clinicians and medical doctors (aOR 0.90; 95% CI 0.61–1.33).

Conclusion: Associate clinicians are not inferior to medical doctors performing cesarean sections. Lower iatrogenic proportions for associate clinicians could reflect different caseloads. Iatrogenic fistula occurrence illustrates the importance of appropriate labor management and decision-making. Other countries with insufficient and/or unequally distributed health workforces could consider task-shifting cesarean sections to associate clinicians.

P03.17 | THE SUSSEX (UK) MATERNAL MEDICINE NETWORK: AN AUDIT OF A CROSS ORGANISATIONAL MODEL OF CARE

CATEGORY: HEALTH SYSTEMS STRENGTHENING

C. Bradshaw

Medway Foundation NHS Trust, UK

Objective: Following national UK recommendations, a maternal medicine network which covers sites across the South East of England has been created in order to ensure that pregnant patients with complex medical co-morbidity are seen by the appropriate specialist/s and managed in the appropriate centre/s. This allows for a network of expertise.

Method: All sites within Trusts in Sussex were participated in the maternal medicine audit for 3 months—University Hospitals Sussex NHS Foundation Trust (Chichester, Worthing, Haywards Heath & Brighton) and East Sussex NHS Trust (Hastings and Eastbourne) were asked to participate. Data was entered prospectively. We extracted in-depth data of all patients who were referred for onward care from their home hospital to a tertiary centre and/or whether they were discussed for advice.

Results: Data from 201 patients collected in total. 188 patients had a pre-existing medical conditions, 7 patients came for management of pregnancy-related conditions such as gestational hypertension, 5 patients came with a new medical condition arising in pregnancy and 1 patient came for pre-conception counselling. 139 of 201 patients were co-managed with another medical specialty such as neurology, cardiology or respiratory. Epilepsy overall was the most common pre-existing condition warranting referral.

Conclusion: The audit provided detailed mapping of maternal medicine patient pathways across the south east regions. We were able to gain a deeper understanding of clinical cases presenting to maternal medicine clinics and examine whether patients are being managed in the appropriate centre depending on their medical co-morbidity and severity thereof.

P03.18 | BURNOUT AND BAD OUTCOMES: FOCUS GROUPS OF MATERNITY CARE PROVIDERS IN GHANA DESCRIBE CYCLICAL RELATIONSHIP BETWEEN BURNOUT AND POOR PERINATAL OUTCOMES

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: In Ghana, West Africa, obstetric providers face maternal and perinatal mortality on a regular basis, because they often work in settings that are under-staffed and under-resourced. This study sought to explore providers' perceptions of healthcare worker 'burnout', as well as its relationship with poor patient outcomes.

Method: Obstetrician/gynecologists and midwives at two tertiary care hospitals in Ghana were recruited via existing departmental WhatsApp groups to participate in qualitative focus groups. Focus groups were led by a trained facilitator, addressed topics surrounding coping with poor outcomes, and lasted 1–2h. Discussions were audiotaped and transcribed verbatim. NVivo12.0 was used for qualitative analysis using grounded theory methodology. Participants completed written informed consent. Ethical approval was obtained in Ghana and University of Michigan.

Results: 52 providers (20 obstetrician/gynecologists, 32 midwives) participated in 5 focus groups (8–14 participants each). Emerging themes included (1) workload as the primary source of burnout, (2) burnout can lead to mistakes that lead to bad outcomes, and (3) burnout can impair coping and negatively affect how providers react to bad outcomes. Providers disagreed on interventions to reduce burnout and improve mental health, revealing the sociocultural complexities of providing occupational support for healthcare providers in Ghana.

Conclusion: This study highlights the cyclical nature of burnout among providers: burnout can lead to errors, poor outcomes, and then increased feelings of burnout. Meanwhile, due to burnout, providers are less equipped to deal with poor outcomes. Interventions are needed to reduce the cycle of burnout among maternity providers in Ghana.

P03.19 | INCREASING SURGICAL SAFETY CHECKLIST AND INFECTION PREVENTION BUNDLE USE DURING CESAREAN SECTION: FINDINGS FROM AN OBSTETRIC SAFE SURGERY PROJECT IN 10 FACILITIES, MAKUENI COUNTY KENYA

CATEGORY: HEALTH SYSTEMS STRENGTHENING

D. Ruto

Jhpiego, Kenya

Objective: The Obstetric Safe Surgery (OSS) project was implemented in ten facilities in Makueni county, Kenya. The study was

conducted to assess uptake of the WHO surgical safety checklist (SSC) and use of a WHO infection prevention (IP) bundle at cesarean section (CS).

Method: A quantitative facility assessment on SSC and IP bundle use at CS was conducted at baseline (June 2021) and end-line (March 2022) at 10 OSS facilities. Surgical teams at the OSS facilities received multidisciplinary team-based training on correct use of the SSC and IP bundle (prophylactic antibiotics, vaginal cleansing, abdominal surgical skin prep) to improve surgical outcomes, including reducing surgical site infections which were tracked. Data was collected using REDCap and analyzed using Stata.

Results: Use of the SSC at CS increased by over 90% from baseline. Adherence to WHO recommendations for prophylactic antibiotics increased by 20%, vaginal cleansing by 60%, and abdominal surgical skin prep by 50%. Overall Surgical Site Infections decreases from 4.4% to 3.3%.

Conclusion: Implementing WHO recommended SSC and IP bundle is feasible in resource-limited settings and can lead to improved surgical outcomes. A multidisciplinary team-based capacity building approach facilitates the uptake of these WHO recommendations.

P03.20 | MATERNAL MORTALITY MEASUREMENT—COMPARING VERBAL AUTOPSY CODING METHODS FOR MATERNAL DEATHS IN SOUTH AFRICA

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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¹US CDC, USA; ²South Africa Medical Research Council, South Africa;

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Objective: Ascertaining the burden and causes of maternal deaths (MD) informs interventions to save lives. We collected nationally-representative verbal autopsies (VA) and compared VA subspecialist physician MD identification to algorithm coding to determine maternal deaths.

Method: VA interviews were conducted using the 2016 World Health Organization standardized questionnaire with next-of-kin. A subspecialist reviewed VAs and determined which were MDs (died during pregnancy or within 42 days postpartum). Subspecialist physician-coded MDs were compared with deaths coded by each computerized algorithm: InterVA5, Tariff, and In-silico. We calculated Kappa (0.01–0.20 slight, 0.21–0.40 fair, 0.41–0.60 moderate, 0.61–0.80 substantial, and 0.81–1.00 near-perfect), Sensitivity with 95% Confidence Interval (95% CI), and Positive Predictive Values (PPV).

Results: Of 5387 VAs conducted, subspecialist reviewed and identified 43 MDs, InterVA5 coded 26, Tariff coded 70, and In-silico coded 30. The Kappa (females $n = 2134$) for subspecialist versus InSilico VA was highest at 0.46 (range subspecialist to each algorithm 0.41–0.46). Sensitivities were highest for subspecialist versus In-silico and subspecialist versus tariff both at 48.8 (95% CI 33.0–64.5). The highest PPV was Physician versus InterVA5 83.3 (95% CI 62.6–95.2).

Conclusion: Subspecialist review for MD had moderate agreement with current algorithms with subpar sensitivity; however, PPV for InterVA5 was good. Physician coding is more resource intensive; accurate automated algorithms are important to determine causes. In South Africa, where MD from HIV/TB may be underreported, coding comparisons on cause-specific MDs are needed.

P03.21 | HOW TO REDUCE PERINATAL MORTALITY IN A LOW-INCOME SETTING; LESSONS FROM A PILOT IN WEST NILE REGION UGANDA

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: Uganda stills grapples with high perinatal mortality that has stagnated. To tackle this problem, the Ministry of Health Uganda piloted innovations to ensure actions generated during maternal and perinatal death reviews (MPDSR) are implemented using locally available resources and, the health workers are able to track implementation of their actions.

Method: Moyo and Adjumani General Hospitals in West Nile region were among those that received the monthly mentorship to improve quality of actions derived during MPDSR reviews. We used a digital tracker, linked to the DHIS2, to support track implementation of the derived actions. Actions had to be Specific Attainable Measurable Realistic and Time bound (SMART). We report our progress in improving outcomes between December 2021 to December 2022.

Results: Implementation of actions generated improved overtime; over 80% implemented. Unlike maternal mortality, perinatal mortality declined. During the implementation, stillbirth rate declined from 37.3 to 10.3 stillbirths per 1000 total births in Adjumani Hospital whereas, it declined from 45.9 to 13.2 stillbirths per 1000 total births in Moyo General Hospital. The facility teams attributed the achievements to improved quality of actions (=addressed actual avoidable factors) and, actions that they were able to implement locally.

Conclusion: The results suggest that it is feasible to reduce perinatal mortality in low-income settings through embracing innovations that support formulation and implementation of the actions that rely on local resources. Ability to track implementation of actions, teamwork, and greater involvement of the facility administration in MPDSR, are key.

P03.22 | THE TRANSFER PROCESS OF PATIENTS WITH OBSTETRIC EMERGENCIES BY AMBULANCE ARRIVING AT KAWEMPE NATIONAL REFERRAL HOSPITAL (KNRH) UGANDA

CATEGORY: HEALTH SYSTEMS STRENGTHENING

D. Okong

Makerere University College of Health Sciences, Uganda

Objective: Delays in transfer of women with obstetric complications and quality of care contribute to maternal and perinatal deaths. Obstetric emergencies are transported by ambulance to KNRH for specialized care. Main objective: to describe ambulance transfer process of women with obstetric emergencies arriving at KNRH.

Method: A cross sectional descriptive study was conducted December 2021 to February 2022. Participants were recruited consecutively at Kawempe Hospital until the sample size of 251. A questionnaire was used to obtain information including persons accompanying the women, care provided, record of care and time taken for transfer. Descriptive and multivariate analysis was performed.

Results: Indications for referrals were pre-eclampsia and eclampsia 34%, obstructed labour 26%, haemorrhage 20%. Transfer median response time for obstetric emergencies was 50min. 63% of patients transported in government ambulances had no Emergency Medical Technicians. 92.3% of the patients accompanied by EMTs received medical care and three vital signs recorded.

Conclusion: Ambulance transfer process of obstetric emergencies in Uganda highlights significant gaps in three pillars of the health system: human resources, service delivery, and information urgently need to be addressed.

P03.23 | MANAGEMENT OF BREAST CANCER IN ABIDJAN-CÔTE D'IVOIRE: A SINGLE CENTER EXPERIENCE

CATEGORY: HEALTH SYSTEMS STRENGTHENING

E. Aka

University Felix Houphouet Boigny Abidjan-Côte d'Ivoire, Burkina Faso

Objective: To present the results of the personalized care of Ivorian women suffering from breast cancer since the advent of immunohistochemistry in Côte d'Ivoire.

Method: We carried out a single-center retrospective study at the Yopougon university hospital from January 2014 to December 2018. All women's breast cancer with complementary immunohistochemistry and treated at the Yopougon hospital center were selected. Standard descriptive statistical tests were used to describe patient and tumor characteristics, and univariate and multivariate analyzes were performed with a statistical significance set at a *P*-value of 0.05 using SPSS version 20.0.

Results: The mean age of women is 48.27 years, SD (11.92). The triple negative subgroup was the most represented (43.28%). In the univariate analysis, the risk of developing a hormone-dependent cancer is statistically significant respectively in women with an

education level removed OR=1.98 ($P<0.015$) and with a wealthy salary OR=1.85 ($P<0.009$). All these factors are not significant in multivariate analysis, whether for hormone-dependent or triple negative tumors.

Conclusion: The personalized care of breast cancer in our African context remains difficult and must take into account several medical and extra-medical parameters.

P03.24 | PARTNERSHIP THAT WORKS IN SCALING UP MATERNAL, NEWBORN AND CHILD QUALITY OF CARE INITIATIVES: A CASE STUDY OF MODEL PRIMARY HEALTH CARE IN ONDO DISTRICT, SOUTHERN NIGERIA
 CATEGORY: HEALTH SYSTEMS STRENGTHENING

E. Chukwu

Jhpiego, Nigeria

Objective: Operationalizing Quality-of-Care (QoC) premised on the four-strategies of Leadership-Action-learning-Accountability and community engagement in a stepwise-approach has great potential for successful implementation-ownership-and-sustainability of reproductive-maternal-newborn-and Child-QoC (RMNCH-QoC) initiatives however in practice there seems to be a disconnect following the implementation-chain. MOMENTUM-Country-and-Global-Leadership (MCGL) in collaboration with the National-QoC Technical-Working-group and Partners, held 2-days-planning-meeting.

Method: Five-day training-of-trainers to equip team for scale-up to six-districts, Ondo inclusive. Adopting the National-QoC-TWG Structure, the State-QoC-TWG and LGA-QoC-TWG constituted-and Inaugurated by the Commissioner-for-health were trained for 5-days sequentially including the Officer-in-Charge (OIC) and head-medical-records (HMR) of the selected learning facilities using the national-training-manual. State-QoC-Annual-Operation-Plan (AoP) was developed and costed. Baseline-data on the Eight-WHO QoC domains including client-exit-interview using the Basic-Health-Care-Provision-Fund QoC-checklist was administered using android-phone. Scores were auto-generated and a wall-score-card populated for the health facility.

Results: A-2-h onsite after-action-review (AAR) was jointly conducted with the newly-inaugurated health-facility-Quality-Improvement-team (OIC-HMR-and-Focal-persons-RMNCH-Unit, Logistics, Administration, Finance and Ward-development-committee-Chairperson), LGA-QoC-TWG, MCGL-team and 25-women who recently-delivered and accessing immunization-and-other-RMNCH-care to review and elicit-wider Quality-Improvement-team and beneficiaries immediate-action-guide to improve QoC after the baseline-result-Administration-systems-infrastructure = 35.76 (74.25%), Financial-system=30 (83.33%), Human-Resource-management=22.86 (14.27%), Maternal-Child-health-service=34.9 (60.9%), Patient-Care management=12 (92.5%), Essential-drugs-and-commodities=29.75 (48.97%), Laboratory=14.38 (100%),

Health-management-and-Information system=20 (100%), Clinical-serviceutilization=20(100%),Community-involvement/client-reviews-on-experience-of-care=10.36 (63.04%). Overall score=236.82 (78.6%). Suggested-immediate-action-plan from the AAR to improve Patient-Care management, Community-involvement/client-reviews-on-experience-of-care and Human-Resource-management included: reduced-waiting-time, health-staff-punctuality, provider-client-rapport, follow-up/home-visit, re-distribution-of-staff and employing-Adhoc-staff to reduce workload and group-post-natal-care.

Conclusion: Scaling up the quality of care requires an all-inclusive-partnership beginning with effective planning, capacity-building-of-relevant-stakeholders, obtain-and-use-of-baseline-data as evidence-to-drive-action, learning-accountability-and-effective-Community-Engagement in a Stepwise-Approach. Deploying PDSA-cycle and adaptive management learning provides a great road map to successful and improved provision and experience of care for sustainable RMNCH-QoC-implementation.

P03.25 | HEALTH WORKERS TRAINING RELATED TO RESPECTFUL MATERNAL CARE: PRELIMINARY RESULTS OF IMAGINE EURO PROJECT IN ITALY
 CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: The study aimed at investigating the experience and perspective of maternal and neonatal health workers (HW) regarding their respectful care training. The study was conducted in Friuli Venezia Giulia (FVG), North-East Italy, as part of a larger survey ongoing in 20 WHO European Region countries, based on WHO Standards.

Method: HW providing care to women and newborns in any maternity hospital of FVG region, answered a validated, anonymous, online survey between February 2021 to October 2022. We performed a descriptive analysis on the whole sample, and subgroup analyses using a chi-square test comparing findings among HW mainly working in the maternal versus neonatal area, in private versus public sector, and with more or less than 10 years of experience. Values $P<0.05$ indicate statistical significance.

Results: Among 287 participating HW, 161 (56.1%) worked in maternal area, 260 (90.6%) in public sector, 191 (66.6%) had >10years' experience. HW reported that "significant improvement" was needed on training covering childbirth rights (64.5%), women informed choices (59.6%), and emotional support (48.4%). Identified difference were: HW with <10years of experience had significant higher dissatisfaction for all courses ($P<0.05$); HW working in public were

more dissatisfied than those in private on informed choices training ($P=0.012$).

Conclusion: HW from both maternal and newborn area in FVG Italy calls for improvements on training to strengthen their respectful care skills. Urgent actions are needed to improve curriculum design and implementation. Training delivery and HW competences should be routinely monitored. More data are needed from other countries.

P03.26 | HEALTH FACILITY READINESS MODIFIES THE EFFECT OF A COMMUNITY HEALTH WORKER PROGRAM ON CARE SEEKING FOR MATERNAL HEALTH IN GRAND BASSA COUNTY, LIBERIA

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: This study evaluates how health facility readiness modifies the effect of the Liberia National Community Health Assistant Program (NCHAP), which seeks to provide access to trained, supplied, supervised, and paid community health workers for people living 5+ kilometers from a health facility, on care-seeking for maternal health.

Method: We used the 2018 Liberian Service Availability and Readiness Assessment and stratified cluster-sample population-based surveys from 2018 ($N=1717$) and 2019 ($N=934$) in four districts of Grand Bassa County; two where NCHAP was implemented in 2018 and two comparison districts. We performed cross-sectional analyses for associations between facility readiness and facility-based delivery (FBD) and 4+ antenatal care visits (ANC4+) prior to NCHAP. We assessed whether facility readiness modified the effect of NCHAP using difference-in-differences.

Results: There were no significant associations between service-specific facility readiness scores and facility-based delivery or ANC4+ prior to NCHAP implementation. Higher obstetric readiness resulted in a 59.3 [95% CI: 26.0, 92.7] percentage point positive effect modification of the NCHAP for FBD. For ANC4+, higher ANC readiness scores were associated with a 42.3 percentage point negative effect modification [95% CI: -67.8, -16.7].

Conclusion: Higher service-specific facility readiness scores positively modified the effect of CHAs for FBD; the opposite was seen for ANC4+, though overall ANC changed minimally over time. While CHW programs aim to increase demand for facility-based care, it is critical to ensure that facilities are adequately prepared to respond to referrals.

P03.27 | WOMEN REPRESENTATION IN MAJOR GYNECOLOGIC SURGERY CONGRESSES IN EUROPE: PREVALENCE OF "MANELS"

CATEGORY: HEALTH SYSTEMS STRENGTHENING

E. Tromelin
 CHU de Rennes, France

Objective: Despite an increasingly proportion of women in medicine, women are underrepresented in academia. Female representation in gynecology meetings is important for gender equity. Our objective was to determine the prevalence of "manels" (all-male panels) in gynecologic surgery congresses in Europe.

Method: Scientific programs of 5 major gynecologic surgery conferences in France and Europe were reviewed over the period 2020–2021. Meeting information and details of the faculty were collected. Primary outcomes were: the percentage of male faculty in all included sessions and the overall proportion of manels. We stratified the results by congress and by subspecialty. We made further comparisons between manel and multigender sessions and between male and female faculty.

Results: Among 144 sessions, 45 (31.3%) were Manels. The mean percentage of male faculty was 79%. Male representation was high in all congresses and all subspecialties. Non-manel sessions were longer ($P<0.001$), had higher numbers of chairs ($P=0.012$), speakers ($P<0.001$), and faculty ($P<0.001$). A total of 882 faculty were included. Male faculty had longer mean years of practice ($P<0.001$), higher number of publications and higher H -index ($P<0.001$) and was more likely to include professors ($P<0.001$). Female faculty were more likely to have non-gynecology specialties ($P<0.001$).

Conclusion: Our study showed that Manels are prevalent in gynecologic surgery congresses in France and Europe. Women are underrepresented in gynecology meetings. Gynecological societies must strive for better gender parity.

P03.28 | KNOWLEDGE ON DISCHARGE INFORMATION AMONG PATIENTS WITH HYPERTENSIVE DISORDERS IN PREGNANCY AT A TERTIARY HOSPITAL IN TANZANIA

CATEGORY: HEALTH SYSTEMS STRENGTHENING

F. Amiji
 AGOTA, Tanzania

Objective: To determine the knowledge of discharge information among patients with hypertensive disorders in pregnancy. To analyze factors affecting knowledge of discharge information among patients with hypertensive disorders in pregnancy.

Method: An analytical cross-sectional study was conducted at Muhimbili National Hospital in Dar es Salaam, Tanzania. Exit face-to-face conducted interviews among 422 women using a Swahili-translated questionnaire adopted from World Health Organization, California Medical Quality Care Collaborative tool kit. Data were

analyzed using Statistical Package for Social Sciences version 23.0. Descriptive statistics, chi-square test, and logistic regression were used. Results were expressed as the odds ratio, with statistically significant level at $P < 0.05$ and 95% confidence interval.

Results: Seventy-three percent of women with HDP had adequate knowledge of the discharge information. Furthermore, 79% of women had adequate knowledge on postpartum danger signs, 77% in diagnosis, 87% in prescribed medications and 92% in follow-up plan. Women who were married, employed, with higher level of education, booked ANC at an early gestational age of less than 4 months and had more than four ANC visits were more likely to have adequate knowledge on discharge information.

Conclusion: Most women with HDP had adequate knowledge on their discharge information. Our study observed that most women were primiparous in the younger age group. Greater emphasis and a more tailored education should be given to these women due to the high recurrence rate of HDP in subsequent pregnancies.

P03.29 | 20-YEAR OF EMERGENCY OBSTETRIC AND NEONATAL CARE: LESSONS AND PERSPECTIVE

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: The objective of this study is to report the main achievements of our EmONC program and to identify the main challenges and priority.

Method: The collection tools of the EmONC program were used to analyze the program's indicators from 2003 to 2021. The trends were interpreted according to the changes made to the health system to improve the quality of EmONC.

Results: The number of facilities offering basic EmONC services increased from 15 in 2003 to 606 in 2021, while those offering complete EmONC increased from 26 to 87. The cost-free of cesarean sections since 2005 have contributed to decrease the lethality of direct obstetrical complications. However, the lethality of severe pre-eclampsia has been fluctuating. In 2015, less than 20% of Malian women could cite three danger signs. The main was the accessibility to ANC and assisted delivery.

Conclusion: The introduction of the EmONC program has made it possible to improve maternal and neonatal health indicators in Mali. However, significant efforts remain to be made to meet the 2030 Sustainable Development Goals.

P03.30 | A SYNTHESIS OF MATERNAL DEATH SURVEILLANCE AND RESPONSE SYSTEM REPORTS FROM 32 LOW-MIDDLE INCOME COUNTRIES, 2011–2021

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: The Maternal Death Surveillance and Response (MDSR) system generates information that aids efforts to end preventable maternal deaths. We reviewed MDSR reports from low-and-middle income countries (LMICs) to examine core content and identify how surveillance data and their dissemination could be improved to guide recommendations and track responses.

Method: We conducted a deductive content analysis of 56 MDSR reports from 32 LMICs. Reports published between 2011 and 2021 were gathered by members of the World Health Organization's MDSR Reporting and Monitoring Working Group. We developed a codebook to assess how reports captured: (1) MDSR system implementation, (2) monitoring of maternal death notifications and reviews, and (3) response formulation and implementation. We conducted a sub-analysis using Atlas.ti to investigate how subsequent reports built upon prior recommendations.

Results: Reports published before 2013 focused on maternal death reviews only. Of the 56 reports, 59% described the identification of maternal deaths as incomplete. Most reports (80%) presented the annual number of notified maternal deaths and 29% calculated a notification rate. Maternal deaths reviewed were included in 59% of reports, but only 30% calculated a review rate. Most reports provided recommendations, but evidence of actions based on prior recommendations was absent from 71% of subsequent reports.

Conclusion: MDSR reports currently vary in content and in how they document response efforts. A standard reporting template and better formulation and tracking of responses may improve the quality and comparability of MDSR data and their use for preventing future maternal deaths.

P03.31 | EVALUATION OF MANAGEMENT OF CARDIAC DISEASE IN PREGNANCY AT KENYATTA NATIONAL HOSPITAL

CATEGORY: HEALTH SYSTEMS STRENGTHENING

G. Wanjiku

Kenya Obstetrics and Gynaecologist Society, Kenya

Objective: To evaluate the adequacy of management of patients with cardiac disease in pregnancy at Kenyatta National Hospital

over the last 10 years from provision of preconception care, objective prenatal care, adequacy of intrapartum and post-delivery care.

Method: To evaluate the adequacy of management of patients with cardiac disease in pregnancy at Kenyatta National Hospital over the last 10 years from provision of preconception care, objective prenatal care, adequacy of intrapartum and post-delivery care.

Results: The mean age of the participants was 29.6 years (SD 7.1). The preponderant NYHA classifications was NYHA IV in 19 (26.4%) and NYHA III in 12 (16.7%). 71 (98.6%). Seventy (97.2%) patients were referrals. Only 22.2% of patients received cardiologist review antenatally, none of the patients had a joint multidisciplinary conference. 66.7% delivered vaginally. Postnatally, 71.0 (98.8%) had monitoring of vital signs, only 16.0 (22.2%) had a documented education on danger signs.

Conclusion: The antenatal review of patients with cardiac disease in pregnancy and the joint interdisciplinary conference with patients is grossly lacking. There is good monitoring of patients' vital signs post-delivery. Education on danger signs post admission was inadequate.

P03.32 | IMPROVING THE QUALITY OF FACILITY-BASED DELIVERY CARE: DESIGN AND PILOT OF INTEGRATED CARE PATHWAYS IN MEXICO

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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¹National Institute of Public Health of México, Costa Rica; ²National Institute of Public Health of México, Spain; ³National Institute of Public Health of México, Mexico

Objective: Design and pilot an integrated care pathway (ICP) to improve the quality of facility-based delivery care (vaginal and cesarean section) in a public maternal and child hospital in Chiapas, Mexico, 2018–2019.

Method: Twenty health professionals (managers, medical specialists, nurses, social workers, and related) followed the steps to design ICP, along 22 face-to-face sessions and 110 working hours (2018). A document with the complete description of ICP, fill-in formats for clinical records, and the indicators to evaluate ICP was obtained. Health professionals were trained on the use of ICP ($n=187$). ICP was piloted for 15 days, a later measurement of indicators was performed through clinical record review (2019).

Results: ICP formats was found in 33% of the clinical records, mostly in the morning shift (vaginal 27.5%, cesarean section 15%), registered by nursing (vaginal 29.1%, cesarean section 12.6%). Women interviewed reported an average score in ICP compliance of 9.3%. Changes in the use and filling of the partograph, immediate skin-to-skin contact, initiation of breastfeeding in the first hour postpartum, delayed clamping of the umbilical cord, and physical examination of the newborn before discharge were identified.

Conclusion: The results of the use of ICP and ICP indicators guided recommendations and necessary adjustments to improve and

promote the use of this tool, which were discussed and approved by local consensus. From the pilot test, the final documents were obtained and the ICP implementation was designed.

P03.33 | FETAL AND NEONATAL MORTALITY IN MEXICO: IMPLEMENTATION OF AN INNOVATIVE PERINATAL EPIDEMIOLOGICAL SURVEILLANCE SYSTEM

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: To analyze fetal and neonatal mortality, based on an innovative epidemiological surveillance system, which allows prioritizing the best interventions that contribute to reducing mortality in these groups.

Method: The surveillance system was implemented in hospitals of the public health care facilities of Puebla and Chiapas during January 2018–June 2019. The Maternal Infant Matrix "B.A.B.I.E.S." methodology was used to identify groups with high mortality rates according to their weight at birth and time of death, and link them to intervention packages with the greatest potential to reduce mortality.

Results: Highest mortality by birth weight was found in those cases with <1500g. According to the time of death, the highest fetal mortality was found in deaths occurred before arrival at the hospital. The highest neonatal mortality was found during the first 24 hours of life. Intervention packages with the highest mortality rates was pre-pregnancy women's health; however, the one with the greatest potential to reduce mortality was newborn care package, followed by care during pregnancy.

Conclusion: Systematic study of perinatal deaths represents an area of opportunity for improving the quality of care in maternal-perinatal care services. Identifying groups according to weight at birth and time of death, as well as the linked priority intervention packages, is essential to implement interventions to reduce mortality in these groups.

P03.34 | IMPLEMENTATION SCIENCE TO ENHANCE THE FAST TRACT TO CLINICAL INNOVATION

CATEGORY: HEALTH SYSTEMS STRENGTHENING

G. Oei
Máxima Medical Center, The Netherlands

Objective: Evidence-based practices take on average 17 years to be incorporated into routine general practice in health care. Implementation science can be defined as "the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice.

Method: A new study design is developed to implement and at the same time evaluate electrophysiologic fetomaternal monitoring, an innovative technology, into clinical practice.

Results: A controlled implementation trial design with interrupted time series is developed with randomization of a small number of sites and measure outcomes at the individual patient level, utilizing multivariate nested analyses. This study design decreases the time to evaluation by more than 50%.

Conclusion: Hybrid research designs are defined as trial designs that assess both the effectiveness of the implementation strategy in enhancing the use of the EBP and the health impact of the EBP. Implementation science is becoming the new evidence-based medicine.

P03.35 | LIVED EXPERIENCE OF HEALTH CARE PROVIDERS UNDER SIEGE: A PHENOMENOLOGICAL STUDY IN AYDER TERTIARY HOSPITAL, TIGRAY, ETHIOPIA
CATEGORY: HEALTH SYSTEMS STRENGTHENING

H. Teka; A. Legesse

Mekelle University, College of Health Sciences, Ayder Comprehensive Specialized Hospital, Ethiopia

Objective: This study aimed to explore the work and living conditions among healthcare providers amidst the ongoing war and siege, in a teaching hospital in northern Ethiopia.

Method: A qualitative phenomenological study design, which employs in-depth interviews with health care providers working in Ayder Comprehensive and Specialized Hospital (ACSH), Tigray, Ethiopia was conducted.

Results: The current study revealed the Tigray siege significantly affected the life and work conditions of care providers in ACSH. The immediate consequences of the siege in Tigray were evident to affect the main components of the tertiary hospital; it affected service delivery, posed a survival threat for the care providers, and impacted the care providers' well-being psychologically, socially, and physically. The morale and motivation of the healthcare workers to provide care also declined.

Conclusion: Our study acmes how the war and siege have pervaded the lives of health workers at ACSH. Health workers are exposed to direct and indirect impacts of war, emphasizing the need to amend the working environment. Though they exhibit substantial resilience and coping, they have needs that largely remain untouched.

P03.36 | INOSS COVID-19 SURVEILLANCE IN EUROPE
CATEGORY: HEALTH SYSTEMS STRENGTHENING

H. Engjom

Norwegian Institute of Public Health, Norway

Objective: The aim of the study was to assess covid-19 infection among pregnant women admitted to hospital, with the primary

objectives to describe the frequency of admission due to covid-19 infection or with symptoms, the severity of disease and covid-19 pharmacological treatments.

Method: National and regional population-based cohort studies from ten European countries with active surveillance of pregnant women admitted to hospital 7 days or less following a positive SARS-CoV-2 PCR test. The total source population was 1.7 million women giving birth. Uniform case-report form. Admission was defined as due to covid-19/symptomatic or due to obstetric care/labour or asymptomatic. ICU admission or respiratory support was defined as moderate/severe disease. We performed country based primary analyses followed by meta-analysis.

Results: 8747 pregnant women were admitted, amongst them 2315 were admitted due to covid-19 or were symptomatic. Among the women admitted due to covid-19 39.5% (95% CI 34.62–44.43) had moderate/severe disease (admitted to ICU or needed respiratory support). Risk factors for moderate/severe covid-19 were; age ≥ 35 years, obesity, and migrant/minority background. Among women with moderate/severe covid-19, 22% received antiviral treatment and 15% received corticosteroids for a maternal indication.

Conclusion: We found wide variation in risk of admission, with the lowest risk in four Nordic countries and highest in UK and France, potentially related to public health policies. Few women with moderate/severe disease received medicines. Investment in robust surveillance of covid-19 and future emerging infections in pregnancy should be prioritized.

P03.37 | TRAINING THE HEALTHCARE WORKFORCE IN MEDICATION ABORTION: THE ROLE OF ACCOMPANIMENT GROUPS AND SAFE ABORTION HOTLINES
CATEGORY: HEALTH SYSTEMS STRENGTHENING

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⁴La Revuelta, Argentina

Objective: In settings where abortion is legally restricted, providers in the formal healthcare system lack training on comprehensive abortion care; limiting access even under narrow exceptions. In these settings, feminist accompaniment groups and safe abortion hotlines are at the forefront of advocating for and supporting FIGO-recommended medication abortion regimens.

Method: We conducted a multi-country pilot evaluation of interventions to improve medication abortion knowledge, attitudes, and provision among: medical students ($n=154$), pharmacists ($n=41$), community-health workers ($n=16$), and midwives ($n=45$) in Argentina, Nigeria, and Indonesia. Healthcare workers participated in a series of training workshops held by accompaniment organizations, and completed a pre-test and post-test evaluation to assess

changes in medication abortion knowledge and attitudes about abortion.

Results: Knowledge of correct medication abortion protocols was low prior to the training, as was knowledge about the abortion law in each context. After the training, participants across healthcare cadres had increased knowledge in medication abortion protocols (63% to 92%, $P < 0.05$) and the abortion law (51% to 96%, $P < 0.05$), and reported greater comfort in supporting abortion access and held less stigmatizing views ($P < 0.05$).

Conclusion: Accompaniment groups and safe abortion hotlines play a vital role in supporting abortion access in legally restricted settings, including in training the formal healthcare workforce. Interventions led by these groups can improve the quality and training of the formal healthcare sector, particularly in legally restricted settings.

P03.38 | ASSESSING SAFETY OF AMBULATORY SURGERY IN GYNECOLOGY: A CONSECUTIVE COHORT STUDY OF A THOUSAND PATIENTS

CATEGORY: HEALTH SYSTEMS STRENGTHENING

I. Benkrittly

Paris, France

Objective: Ambulatory surgery in gynecology has been steadily developing in France. Our objective was to evaluate the safety of ambulatory management for patients going through breast or gynecological surgery, by assessing its complications. The complications studied were: conversion to traditional hospitalization, re-hospitalization and need of another surgery within 30 days.

Method: This is a retrospective cohort study of consecutive cases, on data collected within the ambulatory surgery pathway in gynecology (638–65.7%) and breast surgery (333–34.3%) scheduled between 01/05/2020 and 31/05/2021. Our research had been approved by the ethical committee of our hospital and registered on ClinicalTrials.gov (NCT05176990). Ambulatory surgery represented 70% of our total surgery. Data from 971 patients were collected.

Results: The raw complication rate was 4.9%. 27 patients were converted to traditional hospitalization, i.e. 2.8%; the main reason was late discharge from the operative room. 18 patients were hospitalized within 30 days (1.8%), the vast majority for oncologic revision surgery (16/18). The rate of revision surgery within 30 days was 1.9%. Excluding revision surgery, as it is nonspecific to ambulatory surgery, our overall complication rate was 3.6%.

Conclusion: We demonstrate that ambulatory surgery in breast and gynecologic surgery is safe with a low complication rate. It can be more widely proposed to patients who have been previously informed.

P03.39 | PERFORMANCE OF MICROSYSTEMS IN A MATERNAL AND CHILD HEALTHCARE NETWORK IN MEXICO: THE PERSPECTIVE OF HEALTHCARE PROFESSIONALS

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: To evaluate performance level of the microsystems in a maternal and child healthcare network in two states of Mexico (Puebla and Chiapas).

Method: A cross-sectional analysis was performed (2021–2022). Data collected by surveys of 113 healthcare professionals (managers and operatives), belonging the three levels of care of the network (primary, secondary, and tertiary attention). The "Clinical Microsystem Assessment" questionnaire was applied, designed to assess performance in 10 "success" characteristics of healthcare microsystems (leadership, organizational support, staff focus, education and training, interdependence, patient focus, community focus, performance results, process improvement, information, and information technology).

Results: Of the 10 "success" characteristics more than 50% of the health professionals considered the community focus as "successful". Of the less "successful" characteristics, information stands out with 48%. There was consensus in all areas for improvement in healthcare network.

Conclusion: The perception of healthcare despite orientation (managers or operatives) was similar in the 10 "success" characteristics. The redesign of the service network will be successful if decisions are made focused on improving quality in the continuum of maternal and infant care.

P03.40 | PREVENTION OF CONGENITAL CHAGAS DISEASE IN CHILDREN OF PREVIOUSLY TREATED REPRODUCTIVE-AGE WOMEN WITH CHAGAS DISEASE: A SYSTEMATIC REVIEW AND META-ANALYSIS

CATEGORY: HEALTH SYSTEMS STRENGTHENING

I. Batista Donadon

University of Buenos Aires, Brazil

Objective: Maternal-foetal transmission of Chagas Disease (CD) affects newborns worldwide. Although Benznidazole and Nifurtimox therapies are the standard treatments, their use during pregnancy is contra-indicated. Whether the treatment of reproductive-age women who have CD with trypanocidal drugs prevents congenital Chagas Disease (cCD) in their future offspring is unknown.

Method: We performed a systematic review and meta-analysis of studies evaluating the efficacy of treatment for CD in women of child-bearing age and reporting outcomes of cCD in their children.

PubMed, Scopus, Web of Science, LILACS, and Cochrane databases were systematically searched. Statistical analysis was performed using RevMan 5.4.1, using DerSimonian and Laird random-effects models. Heterogeneity was examined with the Cochran Q test and I^2 statistics. A P -value of <0.05 was considered statistically significant.

Results: We included six studies, comprising 744 children, of whom 286 (38.4%) were born from women previously treated with trypanocidal agents. The primary outcome of proportion of children who were seropositive for cCD, confirmed by serology, was significantly lower among women who were previously treated (OR 0.05; 95% CI 0.01–0.23; $P < 0.001$; $I^2 = 0\%$). In women previously treated with trypanocidal drugs, the pooled prevalence of cCD was 0.6% (95% CI 0–1.5; $I^2 = 0\%$), indicating excellent efficacy of this treatment.

Conclusion: The use of trypanocidal therapy in women of reproductive age with CD is an effective strategy for the prevention of cCD, with a substantial reduction in the proportion of children with cCD relative to women who were not previously treated.

P03.41 | CAUSES FOR HYSTERECTOMY IN A PRIVATE HOSPITAL IN BANGLADESH

CATEGORY: HEALTH SYSTEMS STRENGTHENING

I. Bina¹; A. Kazi²

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Objective: In Bangladesh the rate of hysterectomy has increased tremendously whereas alternative methods are not implemented. The aims of this study are: (1) To find out the cause for hysterectomy. (2) So that alternative method like medical management and conservative surgery could be implemented. (3) To reduce maternal morbidity and mortality.

Method: Data was collected at Khalishpur Clinic from January 2018 to December 2022. There were 244 women in our study. This is a randomized prospective study.

Results: There was total 244 patients. The mean age was 45.7 years (SD #11.7). The leading cause for hysterectomy was Adenomyosis 79.5% ($n=94$), other causes were Fibroid 41.8% ($n=102$), chronic cervicitis and uterine prolapse were 21.3% and 16.0% retrospectively. The other causes were endometriosis, endometrial hyperplasia, endometrial and cervical polyp, ovarian cyst, ovarian tumor, PID. Among those, 50% of patients have combination of two diseases, one third have single and rest have 3–5 diseases.

Conclusion: To reduce the incidences of hysterectomy we need to implement alternative methods like medical management, conservative surgical management of various uterine diseases.

P03.42 | THE IMPACT OF THE COVID-19 PANDEMIC ON BREAST CANCER SCREENING IN BRAZIL

CATEGORY: HEALTH SYSTEMS STRENGTHENING

J. Matos¹; I. Bertunes²; C. Pimenta¹; L. Varjão¹

¹Hospital Universitário Professor Edgar Santos, Brazil; ²Obras Sociais Irmã Dulce, Brazil

Objective: The year 2020 was marked by the COVID-19 pandemic, which impaired the monitoring of women's health in Brazil. The aim of this study is to quantitatively compare breast cancer screening in Brazil, between the years 2017 and 2019 with the period from 2020 to October 2022.

Method: This is a descriptive, epidemiological study, with a quantitative and temporal approach, using data from SISCAN (cancer information system) obtained from the electronic database of the Department of Informatics of the Unified Health System (DATASUS), during period from 2017 to October 2022, evaluating available data on breast cancer screening and procedures. This study did not need to be approved by the Research Ethics Committee because the databases are in the public domain.

Results: The number of mammograms performed in 2020 (1 868 352 exams) reduced to 60% of those performed in 2019. Further, an important drop in the use of diagnostic methods such as FNAB was found between 2020 and 2022, with a gradual decrease in the solicitation of mammograms. The BIRADS-4 incidence was 59.34%, 44.99% and 45.69% respectively, an increase of 60% when compared to 2017–2019. BIRADS-6 findings from 2021, an increase of approximately 29% compared between 2017 and 2019.

Conclusion: Delay in diagnosis and in conducting findings in breast cancer screening in Brazil during the pandemic, especially in the year 2020, generating consequences in 2021 and 2022. Thus, it is necessary to think about strategies to maintain the follow-up of these patients, maintaining a balance with security strategies.

P03.43 | WHAT DOES IT TAKE TO REDUCE MATERNAL MORTALITY? RESULTS FROM A HEALTH SYSTEMS STRENGTHEN INTERVENTION IN NIGERIA

CATEGORY: HEALTH SYSTEMS STRENGTHENING

J. Oyetunji

Jhpiego, Nigeria

Objective: This presentation describes the results and learning from the implementation of the USAID funded Integrated Health Program implemented in 5 states of Nigeria to strengthen health systems to improve quality of care and reduce institutional maternal mortality.

Method: Prospective study design. Interventions included development of national maternal health policies. At subnational levels, policies were adopted and implemented, healthcare workers trained on emergency obstetrics and newborn care (EmONC), services, integrated community outreaches conducted, referral and emergency

transport systems established, facility drug revolving funds created. Data extracted from national DHIS-2 and program records. Antenatal care (ANC), delivery services utilization, and institutional maternal mortality ratios (MMR) extracted and analysed. Statistical analyses were conducted by two-sample *t*-test.

Results: Between January 2019 and December 2022, 10836 skilled birth attendants (SBA) trained on EmONC competencies in 1143 primary, 92 secondary and 156 private facilities, and 3015 community outreach sessions conducted. Within that period, ANC1, ANC4 contacts and institutional livebirths increased from 672063, 261777, and 241851, to 965294, 272355, and 369391 respectively ($P < 0.05$). While institutional maternal deaths and MMR reduced from 1575 and 651/100000 livebirths to 1026 and 278/100000 livebirths within 48 months ($P < 0.05$).

Conclusion: Program results demonstrate the association of a multi-component HSS intervention with improved utilization of quality maternal health services and reduced institutional maternal mortality.

P03.44 | COST-EFFECTIVENESS, BUDGET IMPACT AND HEALTH GAINS OF INTRODUCING A NEW UTEROTONIC FOR THE PREVENTION OF POSTPARTUM HEMORRHAGE IN INDIA CATEGORY: HEALTH SYSTEMS STRENGTHENING

J. Jacobs

Merck & Co., Inc., USA

Objective: In 2018, the World Health Organization first recognized heat-stable carbetocin (HSC) for PPH prevention. This health-economic analysis supports public sector introduction decision-making by assessing the cost-effectiveness, budget and health impact of HSC compared to current prophylactic standards, with India as a use-case.

Method: A decision-tree model was developed to compare HSC versus oxytocin and misoprostol among women giving birth in public facilities in India. The model accounted for differences in PPH risk and costs based on mode of delivery, healthcare setting, and provider behavior to mitigate oxytocin quality concerns. Model outcomes included number of PPH events, DALYs and deaths due to PPH, and direct medical care costs. Estimated budget impact was projected based on uterotonic uptake between 2022 and 2026.

Results: Compared to oxytocin, per 100000 births, HSC avoided 5468 PPH events, 5 deaths, and 244 DALYs, and lowered projected direct medical costs to the public healthcare system by US \$171 700. Benefits were even greater when compared to misoprostol. In the budget impact analysis, India's public health system is projected to see 321000 fewer PPH events and save US\$11.4 million over the next 5 years if the HSC market share grows to 19% of prophylactic uterotonics.

Conclusion: Greater public sector adoption of heat-stable carbetocin for the prevention of PPH could advance India's efforts to achieve its maternal health goal of reducing PPH and increase efficiency of its public health spending.

P03.45 | ALLIÉS INATTENDUS: LES GYNÉCOLOGUES-OBSTÉTRICIENS TRAVAILLENT AVEC LES CHEFS RELIGIEUX POUR AMÉLIORER L'ACCÈS À L'AVORTEMENT SÉCURISÉ CATEGORY: HEALTH SYSTEMS STRENGTHENING

J. Davis¹; Y. Traore²

¹FIGO, UK; ²SOMAGO, Mali

Objective: Partager les enseignements du travail fait par les sociétés nationales d'obstétrique et de gynécologie en Afrique avec les chefs/groupes religieux pour améliorer l'accès à l'avortement sécurisé, dans le but d'encourager les autres à s'engager davantage avec ces parties prenantes moins évidentes, mais essentielles.

Method: Depuis 2019, la FIGO met en œuvre un projet « Plaidoyer pour l'avortement sécurisé » avec les sociétés d'obstétrique et de gynécologie. Au cours des quatre dernières années, 10 sociétés en Afrique ont collecté des données sur leurs activités par le biais d'indicateurs de plan d'action, ainsi que d'études de cas approfondies sur des domaines d'intérêt spécifiques. Un examen qualitatif de l'engagement spécifique avec les chefs/groupes religieux a été mené pour tirer les leçons apprises.

Results: Entre le 04/2019–04/2023, 5 des 10 sociétés ont eu des engagements substantiels avec des chefs/groupes religieux: au Mali, au Burkina Faso, au Bénin, en Côte d'Ivoire et en Ouganda. Les engagements allaient de réunions uniques pour sensibiliser sur la loi ou explorer les attitudes, à une série d'engagements, y compris des dialogues communautaires et des formations. Les résultats ont montré que ces interventions pouvaient diminuer la résistance et même identifier de nouveaux alliés.

Conclusion: Malgré les défis, il y a des avantages à inclure les chefs/groupes religieux dans le plaidoyer. Avoir des champions religieux comme alliés peut contribuer davantage à un environnement plus favorable, avec plus d'impact lorsque les chefs religieux sont coresponsables et capables de parler du point de vue religieux de l'avortement.

P03.46 | DOCUMENTER LE PROCESSUS DE MODIFICATION DE LA LOI 2003-04 RELATIVE À LA SANTÉ SEXUELLE ET REPRODUCTIVE EN RÉPUBLIQUE DU BÉNIN CATEGORY: HEALTH SYSTEMS STRENGTHENING

J. Davis¹; R. Totongnon²

¹FIGO, UK; ²CNGOB, Benin

Objective: L'objectif général est d'impacter positivement le processus de modification de la loi sur la Santé sexuelle et reproductive (SSR) d'autres pays de la région en s'inspirant de l'expérience du Bénin. Il s'agit de présenter la chronologie des différentes étapes et le rôle joué par les acteurs clés de la mobilisation.

Method: Elle a consisté à identifier les acteurs de ce changement, organisations de la société civile (OSC) et acteurs politiques (ministères sectoriels et parlement), ObGyns, à décrire l'expérience à

capitaliser, à définir la matrice SEPO (Succès, Échecs, Potentialités & Opportunités), à alimenter ses branches par la collecte des informations auprès des acteurs clés inclus dans l'étude via le questionnaire élaboré à cet effet. Après dépouillement, analyse et traitement des données, les grands résultats sont décrits ci-dessous.

Results: Mobilisation universitaire (gynécologues obstétriciens) et communautaire (quelques OSC) en faveur du droit à des soins d'avortement de qualité. Résilience & renforcement de capacité des prestataires de soins à l'épreuve de la Loi 2003–2004 sur la SSR au Bénin. Renforcement du Réseau des parties prenantes favorables à l'avortement qui ont élaboré un argumentaire de plaidoyer & adapté à chaque cible. Solidarités Parlementaire, Gouvernementale en faveur du plaidoyer des OSC pour un meilleur accès aux soins d'avortement.

Conclusion: Ces étapes chronologiques décrites sont à contextualiser par les autres pays dans leur combat pour des textes de lois plus favorables à la SSR. Ceci passe, l'actualisation du mapping des parties prenantes et l'analyse de leur pouvoir avec le travail en réseau pour susciter l'adhésion politique par un plaidoyer percutant.

P03.47 | USE OF TELEMEDICINE IN IMPROVING ACCESS TO MATERNAL HEALTH CARE IN NAIROBI DURING THE COVID-19 PANDEMIC; A MIXED METHOD CROSS SECTIONAL STUDY
CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: To determine the utilisation, uptake and experience with telemedicine and emergency transport in reducing delays in access to maternal health services during the Covid-19 pandemic from May 2020 to May 2022 in Nairobi County, Kenya.

Method: Wheels for Life (WFL) is an intervention that was utilised during Covid-19 pandemic. Beneficiaries called a toll-free number, gain free teleconsultation and transport to hospital. Our study population were pregnant women, caregivers and health care workers (HCWs) who interacted with the intervention. In this mixed-method study, data from 1098 patients was analysed using SPSS version 23. Qualitative analysis utilised thematic deduction.

Results: Callers from home were 965 with 3.7% being male. 81.89% were taken to hospital for further management. Vehicles utilised were BLS (61.3%), taxi (33.1%); 1 ALS and 1 motorbike. Post admission, (804.73%) were clerked and reported a 1% complication rate. the average dispatch-arrival-at-scene time was 41 min (SD 3.4). There was no statistically significant association of either using ALS/BLS or medical bike/taxi, time of referral and triage colour-coding on non-favourable maternal–fetal outcomes (p , 0.67, 0.17 and 0.63).

Conclusion: The intervention was simple and effective showing cheaper methods e.g. taxis could be utilised as there was no statistical significance where ambulances were employed. There was general acceptance and ease of utilisation by all stakeholders. Such interventions can be used as pandemic-response measures and on day-to-day basis for better maternal outcomes.

P03.48 | "IT'S A SIMPLE PROCEDURE, EVERYONE CAN DO IT WELL": IMPLEMENTATION OF PRE-OPERATIVE VAGINAL CLEANSING TO IMPROVE INFECTION PREVENTION AT CAESAREAN SECTION IN A LOW-RESOURCE AFRICAN SETTING
CATEGORY: HEALTH SYSTEMS STRENGTHENING

J. Riches

University of Liverpool, UK

Objective: Maternal sepsis is a leading contributor to global maternal mortality and morbidity, particularly in resource-constrained settings. Caesarean section (CS) is a risk factor for maternal sepsis through the development of deep surgical site infection (SSI). We implemented a behaviour-change intervention aimed at improving infection prevention (IP) at Caesarean section in a low-resource African setting.

Method: This was a mixed-methods intervention study with a before-and-after design using the COM-B (Capability-Opportunity-Motivation-Behaviour) model of behaviour-change. Participants were healthcare-workers in 3 semi-rural Malawian hospitals. The baseline data collection period (quantitative, participant observation and in-depth interviews) established current IP resources and behaviours. Vaginal cleansing (VC) with antiseptic prior to CS was selected as an evidence-based intervention suitable for implementation in this setting. Training and mentorship was provided to maternity staff. Successful implementation was assessed through quantitative data collection, observation and evaluation interviews.

Results: Baseline data showed a lack of basic resources for IP and revealed barriers to IP behaviours including the indirect effect of lack of resources on healthcare worker motivation. VC pre-CS increased from 0% (0/589 CS) at baseline to 94.9% (389/410 95% CI: 92.2–96.7). VC was viewed positively by staff as a tool to reduce infection that was easy to perform, and did not require additional resources. Evaluation data explained the differences and similarities in mechanisms of action of implementation between facilities.

Conclusion: Using theories of behaviour-change, vaginal cleansing was successfully implemented in a low-resource setting as an evidence-based method of reducing infection for women undergoing CS. Further monitoring and scale-up of this intervention are planned to provide data on the sustainability and efficacy of VC to prevent infection in this context.

P03.49 | KNOWLEDGE, ATTITUDES AND PRACTICES OF CONSCIENTIOUS OBJECTION FOR THE PROVISION OF ABORTION CARE AMONG HEALTH PROVIDERS IN HEALTH CENTERS IN SOUTHERN MOZAMBIQUE
CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: In Mozambique, despite decriminalization of abortion and institutionalization of comprehensive abortion services,

conscientious objection (CO) is a barrier. A study was conducted to explore the knowledge, attitudes and practices of CO among health-care providers to inform steps to improve access to safe abortion services for women and girls in Mozambique.

Method: Semi-structured interviews were conducted with 43 healthcare providers in 17 facilities (eight in Maputo City and Maputo Province), purposely sampled from August to December 2022. Content analysis was used to analyze respondents' knowledge, attitudes, and practices regarding CO with regards to abortion services. Presentation and discussion with stakeholders led to development of recommendations.

Results: While the majority of respondents supported a providers' right to refuse abortion services, understanding of what CO actually is, was low. Many respondents reported high incidence of CO, of colleagues being judgmental or dissuading clients from abortion, as well as inconsistent application of CO—some refuse care when fasting, pregnant or after attending several similar cases. A few respondents admitted they refused to provide services in order to avoid discrimination and stigmatization by colleagues.

Conclusion: CO is seen as common and acceptable, applied by many healthcare providers in a non-systematic way which conflicts with healthcare provider's professional duties. In order to improve access to safe abortion, CO must be properly regulated; pre- and in-service training needs to address include medical ethics and understanding of CO.

P03.50 | EXPERIENCIA DE LA UNIDAD DE CUIDADOS INTENSIVOS OBSTETRICOS DEL HOSPITAL GENERAL MATERNO INFANTIL SAN PABLO EN COVID Y EMBARAZO; RESULTADOS MATERNOS Y PERINATALES PERIODO SEPTIEMBRE 2020 A FEBRERO 2022

CATEGORY: HEALTH SYSTEMS STRENGTHENING

J. Rigoni Riveros

Hospital General Materno Infantil San Pablo—Instituto de Prevision Social Clinica Boqueron, Peru

Objective: Exponer la experiencia en resultados maternos y perinatales de la Unidad de Cuidados Intensivos Obstétricos del Hospital General Materno Infantil San Pablo en Covid 19 y Embarazo del periodo septiembre 2020 a febrero 2022.

Method: Estudio Observacional, retrospectivo de corte transverso.

Results: Se incluyeron en este estudio a 38 pacientes gestantes que ingresaron a la Unidad de Cuidados Intensivos Obstétricos. El diagnóstico de ingreso 100% de los casos ($n=38$) se debió a Neumonía por SARS COV2 diagnosticadas por PCR y síndrome de distrés respiratorio agudo severo, algunas de las cuales se acompañaban de ciertas patologías como; obesidad (35%), sepsis a punta partida pulmonar (13%), hipertensión inducida por el embarazo (10%), diabetes gestacional (8%), preeclampsia (8%).

Conclusion: El manejo de las pacientes gestantes con Covid 19 fue un gran desafío para la Unidad de Cuidados Intensivos Obstétricos

y todo su equipo de trabajo conformado por terapeutas, ginecólogos, nefrólogo, infectólogo, cirujano general, plantel enfermería, etc. Con los cuales logramos unos resultados maternos y perinatales bastante favorables.

P03.51 | DEVELOPMENT OF A STANDARDIZED BASIC OBSTETRIC AND GYNECOLOGIC ULTRASOUND COMPETENCY TRAINING ASSESSMENT

CATEGORY: HEALTH SYSTEMS STRENGTHENING

J. Solomon¹; S. Hanson²; A. Kihunwa³; S. Chasen¹

¹Department of Obstetrics and Gynecology, Weill Cornell Medicine, USA; ²Beth Israel Deaconess Medical Center Botswana (BIDMC) Program in Obstetrics and Gynecology, USA; ³Department of Obstetrics and Gynecology, Weill Bugando School of Medicine, Catholic University of Health and Allied Sciences, Tanzania

Objective: Ultrasound is an essential skill for Obstetricians and Gynecologists. Standardization of competency from training can improve education and on-going evaluation, but there is no uniformly accepted standardized competency assessment. Our objective in this pilot study was to evaluate a proposed competency-based training curriculum in Obstetric and Gynecologic Ultrasound.

Method: Our curriculum originated from International Society of Ultrasound in Gynecology and Obstetrics Basics Lectures, facilitated by experts remotely, in-person applied trainings, and on-going competency checklists. Based on self-identified knowledge gaps, we developed and applied this curriculum in September/October 2022 at Bugando Medical Centre in Mwanza, Tanzania. Knowledge was based on a 25-question test, and competency based on a 25-point checklist. Fisher's Exact and Wilcoxon tests were used to compare pre/post-training knowledge and competencies.

Results: Of 51 eligible faculty and residents, 35 participated, of whom 20 attended multiple didactic sessions, scanning sessions, and took the post-test. There were 17 who completed self-assessed competency and satisfaction surveys and 15 who provided pre- and post- images. Implementation demonstrated improved knowledge based on pre/post assessment (43% vs 72%, $P<0.001$), self-reported competencies, and objective image acquisition scores (fetal biometry: mean 6.4 vs 21.6, $P<0.001$) with 86.7% achieving competency (score $\geq 20/25$) after training ($P<0.001$).

Conclusion: Our data suggest a simple approach to improve knowledge and competency in ultrasound. Based on this study, we plan to continue at Bugando and expand to several global sites. Once optimized, our protocol could be adapted for training in basic Obstetric and Gynecologic ultrasound in both low- and high-resource settings.

P04.01 | PRÉVENTION DE L'HÉMORRAGIE DU POSTPARTUM IMMÉDIAT PAR L'ASSOCIATION OXYTOCINE ET MISOPROSTOL AU SERVICE DE GYNÉCOLOGIE-OBSTÉTRIQUE DE L'HÔPITAL NATIONAL IGNACE DEEN DU CHU DE CONAKRY
CATEGORY: CHILDBIRTH

A. Diallo

Université Gamal Abdel Nasser de Conakry, Guinea

Objective: Evaluer l'efficacité et la tolérance de l'association oxytocine et misoprostol dans la prévention de l'hémorragie du post partum immédiat.

Method: Il s'agissait d'un essai clinique comparatif randomisé, misoprostol versus placebo qui s'est déroulé au service de Gynécologie-Obstétrique de l'Hôpital national Ignace Deen et a porté sur 118 parturientes à haut risque d'hémorragie du post partum par atonie utérine.

Results: Les Patientes ayant reçu l'ocytocine et le placebo ont eu des pertes sanguines plus importantes que celles qui ont reçu l'ocytocine et le misoprostol (533mL vs 436mL) avec $P=0.02$. L'Hémorragie du Poste Partum immédiat était significativement plus fréquente chez les femmes qui ont pris l'ocytocine et le placebo (38.5% vs 11.9%) avec $P=0.00$. La transfusion sanguine était plus fréquente dans le groupe placebo (20.2%, vs 9.2% $P=0.02$). La tolérance des produits était bonne.

Conclusion: L'ajout de 600µg de misoprostol par voie sublinguale aux 10UI d'ocytocine habituellement administrées au cours de la délivrance réduit significativement la fréquence de l'HPP par atonie utérine.

P04.02 | THE PROBLEMS OF GRANDMULTIPARITY IN LABOUR AS SEEN IN FEDERAL TEACHING HOSPITAL (FTH) KATSINA, A 5-YEAR REVIEW (2016–2020)
CATEGORY: CHILDBIRTH

A. Abe

Federal Teaching Hospital, Katsina, Nigeria

Objective: To determine the prevalence and problems of grandmultiparas in labour.

Method: This was a 5-year retrospective study conducted at Federal Teaching Hospital Katsina (2016–2020) for all patients admitted and managed in labour. The antenatal and labour records of all grandmultiparas and multiparas were retrieved. Relevant data were extracted and analysed using computer software SPSS version 23.0.

Results: During this period 4781 patients delivered, 834 (17.4%) were grandmultiparas. Complications occurred in 20.0% of grandmultiparas and 6.0% of multiparas. The odds of having at least 1 complication were 3 times higher in grandmultiparas (OR=3.92, 95% CI=3.07–5.00). For grandmultiparas 85.49% delivered live babies compared with 96.88% for multiparas ($\chi^2=134.59$, $P<0.001$). Maternal death was higher among grandmultiparas compared with multiparas with mortality rates of 3.24% and 0.23% respectively.

($\chi^2=52.92$, $P<0.001$). The odds of death were 14 times higher in grandmultiparas (OR=14.79, 95% CI=5.68–38.53).

Conclusion: Grandmultiparity was common. It was associated with significantly higher rates of complications and maternal mortality. It is important for health care workers to be aware of these problems so that appropriate measures can be taken.

P04.03 | WIRELESS VERSUS ROUTINE VITAL SIGN MONITORING AFTER CESAREAN DELIVERY IN UGANDA
CATEGORY: CHILDBIRTH

A. Boatin

Massachusetts General Hospital, Ghana

Objective: Failure to rescue postoperative patients with complications after cesarean delivery (CD) contributes to morbidity and mortality. We assessed whether wireless vital sign (VS) monitoring after CD impacts morbidity and mortality (severe maternal outcome, SMO) at the Mbarara Regional Referral Hospital (MRRH), a tertiary care hospital in Uganda.

Method: In a pragmatic effectiveness trial, women undergoing emergency CD wore a wireless VS monitor (Current Health) for 24 h after delivery during 2-week intervention periods, and clinicians received VS abnormality alerts via mobile phone. In alternating 2-week control periods, women were monitored with manual VS. Our primary outcome was SMO until discharge. We powered to detect a 5% difference in SMO between groups, assuming a baseline rate of 13%, and compared SMO using logistic regression.

Results: Between January 2020 and March 2022, 3189 women were enrolled (1560 intervention; 1629 control). Mean age was $26.2 \pm SD$ 7.0 years and gestational age at delivery was $39 \pm SD$ 3.2 weeks. We found no differences in demographics, medical comorbidities, obstetric complications, or indication for CD between groups. Overall, 2.5% of women experienced an SMO with no difference between intervention and control groups (2.4 versus 2.6%, $P=0.81$).

Conclusion: In a setting with a lower-than-expected SMO baseline rate, our intervention yielded no change in outcomes. Further work is needed to explore the utility of wireless vital sign monitoring and automated alerts in cohorts with a higher SMO rate and to determine provider preferences.

P04.04 | ISTHMOCELE PREVELANCE AND DETERMINANTS FOLLOWING ELECTIVE VERSUS EMERGENCY CESAREAN SECTION, CROSS-SECTIONAL STUDY
CATEGORY: CHILDBIRTH

A. Galal; M. Swelem; H. Elgamal; A. Qotb

Alexandria University, Egypt

Objective: To detect difference in isthmocele prevalence following elective versus emergency cesarean section evaluation variable

co-factors affecting the occurrence of isthmocle in each categories evaluating the prevalence of isthmocle with cs order.

Method: A prospective cross-sectional study conducted on 300 cases divided into two groups; elective group (150 cases) and emergency group (150 cases) at Elshatby University Hospital, Alexandria, Egypt. Cases had been reviewed after 12 weeks from last CS using TVUS. The uterus had been screened for the presence of isthmocle using parallel sagittal planes and also transverse planes until the largest isthmocle depth is defined. Residual myometrium and the adjacent normal myometrium had been measured.

Results: Isthmocle following elective CS 17.6% versus 20% emergency CS history of more than one CS is associated with significantly higher risk of CS niche (P 0.046). History of >4 CSs associated with 600% increase CS niche risk. EmCS cases are 2 times more vulnerable to develop CS niche compared to EICS. Mother age poses no risk (P -value: 0.982) however, with each week of gestational age, there is 12.7% increase of isthmocle

Conclusion: Isthmocle prevalence does not differ with cs type (emergency versus elective). Its prevalence significantly increases with increasing CS order. The risk multiplies with consecutive CSs reaching up to 6 folds risk in cases four or more CSs. RVF uteri have 2.26 folds risk for developing isthmocle.

P04.05 | LONG-TERM OUTCOMES OF CAESAREAN SECTIONS IN SIERRA LEONE: PRELIMINARY RESULTS OF A PROSPECTIVE MULTI-CENTRE STUDY

CATEGORY: CHILDBIRTH

R. Torp¹; E. Logstein¹; T. Ashley²; J. Westendorp³; H. Bolkan⁴; A. Van Duinen³

¹Faculty of Medicine, Norwegian University of Science and Technology (NTNU), Trondheim, Norway; ²Department of Surgery, Connaught Hospital, Freetown, Sierra Leone; ³Institute of Nursing and Public Health, Norwegian University of Science and Technology (NTNU), Trondheim, Norway; ⁴Institute of Nursing and Public Health, Norwegian University of Science and Technology (NTNU), Trondheim, Norway

Objective: Caesarean section is one of the most commonly performed surgical procedures worldwide. However, some of the complications after caesarean section occur during subsequent pregnancies. Therefore, assessing long-term outcomes and subsequent pregnancies after caesarean section in low-income settings are important to understand the risks.

Method: This is a prospective multi-centre observational including women who delivered by caesarean section in nine hospitals in Sierra Leone. Women and their offspring were followed up with home visits up until 5 years after surgery. Outcomes of interest were: subsequent pregnancies, mode and place of delivery and pregnancy outcomes. Enrolment was done between October 2016 and May 2017 and 5-year follow-up was done between February and November 2022.

Results: From the 1274 enrolled women, 1135 (89.1%) were visited after 5 years and 334 (26.2%) women had become pregnant at least once. Of the 364 pregnancies, 277 (76.1%) had resulted in a delivery, 24 (6.6%) a miscarriage/abortion and 63 (17.3%) were still pregnant (one missing). Of those delivered, 149 (53.8%) had a vaginal delivery and 128 (46.2%) a caesarean section. 195 (70.4%) delivered in a hospital, 75 (27.1%), health centre and 7 (2.5%) at home.

Conclusion: Preliminary results of this study show that within 5 years after caesarean section in Sierra Leone, about 25% of the women becomes pregnant again and more than half delivers vaginally. More in-depth analyses are needed regarding maternal and neonatal outcome and factors leading to successful vaginal birth after caesarean section.

P04.06 | TRIAL OF LABOR AFTER CAESAREAN SECTION AMONG PREGNANT WOMEN ANTENATAL CARE ATTENDEES IN MAJOR PUBLIC HEALTH FACILITIES KIGALI CITY, RWANDA CATEGORY: CHILDBIRTH

A. Igiraneza
University of Rwanda, Rwanda

Objective: This study assessed attitudes of women towards trial of labor after caesarean section and explored factors associated with the choice of trial of labor after caesarean section among pregnant women who had a previous delivery by caesarean section in Kigali, Rwanda.

Method: A cross-sectional quantitative study with was conducted among 285 pregnant women with a prior caesarean delivery at three major district hospitals in Kigali, Rwanda. Kigali has the highest prevalence of Caesarean section of 25% compared to the national prevalence of 16% in Rwanda with repeat caesarean section as the commonest indication of C-section. The study was approved by Mount Kenya University and Hospital's ethics committees. Data was collected on a structured questionnaire.

Results: Majority of respondents (95%) were between 20 and 40 years old, 51% had primary education level. A prior Vaginal delivery was reported by 34% of respondents, 95% were aware of TOLAC, 65% wished to do TOLAC on current pregnancy, failure was a commonest hinder of women to choose TOLAC and 71% will do TOLAC if it is pain-free. There was a significant statistical relationship between TOLAC and parity, previous vaginal delivery, age and labor pain management (P < 0.05).

Conclusion: Women who had previous vaginal delivery should be allowed to do TOLAC. To promote TOLAC; labor pain management is cornerstone, proper counselling and implementation of TOLAC practice should be promoted to tackle increasing prevalence of Caesarean section which is important in preventing maternal and neonatal complications associated with repeat C-sections.

P04.07 | FETAL GROWTH IN RELATION TO SCHOOL PERFORMANCE

CATEGORY: CHILDBIRTH

A. Gustafsson

Department of Obstetrics and Gynecology, Ystad Hospital, Ystad, Sweden

Objective: The objective of the study was to examine the association between fetal growth and school performance when leaving compulsory school, by considering maternal height in the analyses.

Method: This observational study analyzed 2.5 million singletons from the Swedish Medical Birth Register (MBR). The study population was categorized into three groups: small, appropriate, and large for gestational age (SGA, AGA, LGA). The outcomes studied were the risk for need of education in compulsory special needs school, and the final average grades, expressed as units of percentiles. Modified Poisson regression analyses, and weighted linear regression analyses were performed.

Results: An association between need of special school and SGA was found, irrespectively of adjustments (RR between 2.47 and 2.25). SGA and final grades below the 10th and 25th percentile, were associated (RR 1.49 and 1.18). A linear relationship between maternal height and the RR for education in special school ($P=0.005$), suggested that SGA is a stronger risk factor among children of tall than of shorter women. No association between LGA and school performance was found.

Conclusion: Being born SGA increases the risk for poor school performance, and for being enrolled in special school. We found an association between maternal height and school performance in relation to birthweight, and our results therefore suggest that maternal height should be considered when diagnosing children to be SGA or LGA.

P04.08 | ANTHROPOMETRIC FEATURES AND THIRD-FOURTH DEGREE PERINEAL TEARS

CATEGORY: CHILDBIRTH

A. Londero¹; A. Novak²; C. Somma³; A. Xholli⁴; A. Cagnacci⁵

¹University of Genoa, Italy; ²Clinic of Obstetrics and Gynecology, University Hospital of Udine, 33100 Udine (UD), Italy; ³Clinic of Obstetrics and Gynecology, University Hospital of Udine, 33100 Udine (UD), Italy; ⁴Academic Unit of Obstetrics and Gynecology, IRCCS Ospedale San Martino, 16132 Genoa, Italy; ⁵Department of Neurology, Rehabilitation, Ophthalmology, Genetics, Maternal and Infant Health (DiNOGMI), University of Genoa, 16132 Genoa, Italy

Objective: The main objective of this study was to evaluate the association between maternal and fetal anthropometric characteristics and third and fourth-degree perineal tears.

Method: This retrospective cohort study considered all consecutive pregnancies from 2011 to 2017. The inclusion criteria were: singletons who delivered vaginally during the study period, the presence of information on maternal pre-pregnancy weight,

maternal height, and weight of the newborn. The fetomaternal BMI was calculated as neonatal weight in kg on maternal height in squared meters (kg/m^2).

Results: In the 7452 singleton pregnancies included, the prevalence of third-fourth-degree perineal tears was 0.47%. The most predictive factors were: nulliparity, fetomaternal BMI, neonatal weight, gestational age at delivery, and neonatal head circumference. After adjustment in multivariate analysis, the only independent predictors were nulliparity and fetomaternal BMI. The AUC of the final multivariate model was 74.39% (95% CI: 65.98–82.8). Furthermore, there was a significant direct correlation between fetomaternal BMI and gestational age.

Conclusion: Nulliparity and fetomaternal BMI are the two best predictors for grade III–IV perineal tears in our setting. Confirming this association in future research and integrating it into a decision algorithm on delivery timing could lead to a reduction in obstetric damage to the anal sphincter.

P04.09 | PULMONARY EDEMA IN SEVERE MATERNAL OUTCOME IN METRO EAST, SOUTH AFRICA

CATEGORY: CHILDBIRTH

A. Heitkamp

Stellenbosch University, The Netherlands

Objective: To investigate the incidence, outcomes and possible modifiable factors of pulmonary edema in women with maternal near miss and maternal death during and after pregnancy.

Method: Women with severe maternal outcome (maternal deaths and near misses) who were referred to Tygerberg referral hospital from anywhere in Metro East district, South Africa, in 2014–2015 were included. Their charts were retrospectively reviewed in this cohort study. Specifically, women with severe maternal outcome and pulmonary edema during pregnancy or childbirth were evaluated using three different critical incident audit methodologies.

Results: Of all 32 161 pregnant women who gave birth in 2014–2015 in Metro East, 399 (1.2%) had severe maternal outcome and 72 (0.2%) pulmonary edema. Four of these 72 women (5.6%) died. Critical incident audit demonstrated that hypertensive disorders of pregnancy were the main condition underlying pulmonary edema in 44/72 women (61%). Administration of large volumes of intravenous fluids, previously undiagnosed underlying cardiac illness were identified as possible contributors to the pathophysiology of pulmonary edema.

Conclusion: Although pulmonary edema was rare in the entire pregnant population, a considerable proportion of women with severe maternal outcome had pulmonary edema. Audit identified options for prevention and improving outcome of pulmonary edema. A multidisciplinary clinical approach is recommended.

P04.10 | THE IMPORTANCE OF AN INTEGRATED CONTINUITY OF CARE FOR PERINATAL BEREAVEMENT: A CROSS-SECTIONAL STUDY IN ITALY

CATEGORY: CHILDBIRTH

A. Bomben¹; M. Lazzerini¹; I. Mariani¹; S. Marocco³; L. Torelli²; G. Tambascia³

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Objective: Research on continuity of care for perinatal bereavement is lacking. The aim of the study was to assess the quality of continuity of care on perinatal bereavement, through the experience of hospital and community services (CS) professionals in Friuli-Venezia Giulia (FVG) region, North-East Italy.

Method: Cross-sectional study conducted through an online survey. In between January and March 2021, invitation emails were sent to maternal-neonatal area health professionals (midwives, psychologists, gynaecologists, gynaecology and neonatology residents, neonatologists, nurses) working in public hospitals and CS. The questionnaire collected consisted in a general part for all participants and in a second section tailored to the setting (hospital or CS). A comparison between hospitals and CS was conducted using a Chi-squared test.

Results: 163 (121 from hospital, 42 from CS) professionals responded. In hospital, 63 (52%) reported routine meetings with parents, only 60 (50%) transition to CS, 25 (21%) provision of informative brochures. When transition was not provided, most professionals 29 (69%) reported parents requests for support, especially mothers 20 (83%). Peer support awareness was lower in hospital than CS (30% vs 69%, $P < 0.001$). 34 (94%) of CS professionals reported that parents needed more support in subsequent pregnancies.

Conclusion: Recommendation on continuity of care for perinatal bereavement are not met in FVG. Urgent actions—such as professional training on perinatal bereavement and collaboration between hospitals and CS—are needed to improve quality of continuity of care.

P04.11 | CONFIDENTIAL ENQUIRY INTO MATERNAL DEATHS IN THE NETHERLANDS, 2006–2018

CATEGORY: CHILDBIRTH

A. Kallianidis

Leiden University Medical Centre, The Netherlands

Objective: To calculate the maternal mortality ratio (MMR) for 2006–2018 in the Netherlands and compare this with 1993–2005, and to describe women's characteristics, causes of death and improvable factors.

Method: We performed a nationwide, cohort study of all maternal deaths between January 1, 2006 and December 31, 2018 reported

to the Audit Committee Maternal Mortality and Morbidity. Main outcome measures were the national MMR and causes of death.

Results: Overall MMR was 6.2 per 100000 live births. Women with a non-western ethnic background had an increased MMR compared with Dutch women (MMR 6.5 vs 5.0, RR 1.3). Of 171 pregnancy-related deaths, 102 (60%) had a direct and 69 (40%) an indirect cause of death. Leading causes within 42 days postpartum were cardiac disease (14.9%), hypertensive disorders (14.2%) and thrombosis (13.5%). Improvable care factors were identified in 47.5% of all deaths.

Conclusion: Maternal mortality halved in 2006–2018 compared with 1993–2005. Cardiac disease became the main cause. In almost half of all deaths, improvable factors were identified and women with a background from Surinam/Dutch Antilles had a threefold increased risk of death compared with Dutch women without a background of migration.

P04.12 | QUALITY OF MATERNAL AND NEWBORN CARE IN THE ITALIAN LINGUISTIC REGION OF SWITZERLAND DURING THE COVID-19 PANDEMIC: PRELIMINARY RESULTS OF AN ONLINE SURVEY BASED ON WHO QUALITY STANDARDS

CATEGORY: CHILDBIRTH

C. De Labrusse¹; A. Abderhalden-Zellweger¹; I. Mariani²; A. Pfund¹; M. Gemperle³; S. Grylka-Baesclin³; A. Mueller³; E. Pessa Valente⁴; B. Covi²; M. Lazzerini²

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Objective: To explore women's perspective of quality of maternal and newborn care (QMNC) in the Italian linguistic region of Switzerland during the COVID-19 pandemic as part of IMAGiNE EURO Study (Clinical trials.gov NCT04847336).

Method: Women giving birth in Swiss Italian-speaking healthcare facilities from March 1, 2020, up to February 7, 2022 answered a validated anonymous online questionnaire including 40 WHO standards-based quality measures. The survey covered WHO Standards domains of provision of care, experience of care, availability of resources plus the additional domain of organisational changes related to the COVID-19 pandemic.

Results: A total of 139 women were included. Key gaps for resources and experience domains were: absence of companionship (37.9%), deficient communication (23.2%), no information on maternal and newborn danger signs (35.8% and 45.4%, respectively). Regarding provision domain, 28.4% women did not exclusively breastfeed at discharge. Limitations in QMNC during the pandemic were reported by 32.6% women.

Conclusion: Women giving birth in the Italian linguistic region of Switzerland during the pandemic reported some important preventable gaps in QMNC. The need of implementing quality improvement strategies is urgent and these results can be used for guiding policy and decision makers in favor of all women and newborns.

P04.13 | EFFECT OF THE CONTINENCE APP® USE ON URINARY INCONTINENCE IN POSTPARTUM WOMEN: RANDOMIZED CLINICAL TRIAL

CATEGORY: CHILDBIRTH

C. Vasconcelos; D. Saboia; J. Vasconcelos Neto; L. Ferreira; S. Mndes; A. Queiroz; R. Colares; B. Francelino; V. Viana; T. Morais
Federal Unviersity of Ceará, Brazil

Objective: To evaluate the effects of using the Continence App® on urinary incontinence (UI) in postpartum women.

Method: Randomized Clinical Trial carried out in Fortaleza, Brazil, with 138 postpartum vaginal delivery women at term (IG=74/CG=64). The intervention group (IG) received the Continence App® on their smartphones, an educational application for UI prevention. UI was investigated during hospitalization and 12 weeks after delivery, by telephone using the International Consultation Incontinence Questionnaire—Short Form (ICIQ-SF). Data were compared using Fisher's exact test, with a significance level of 5% and a 95% confidence interval.

Results: The prevalence of UI, the impact of UI on daily life and the total ICIQ-SF score were similar between groups at baseline, with a higher prevalence of stress UI ($n=43.5\%$), followed by mixed ($n=22.6\%$) and urge UI ($n=14.5\%$). The prevalence of UI decreased equally in both groups at the endpoint, but only in IG there was a decrease in the impact of UI on daily life ($P=0.036$) and the total score of the ICIQ-SF ($P=0.012$).

Conclusion: The Continence App® is able to improve the women's quality of life about UI, measured by ICIQ-SF.

P04.14 | ENHANCED RECOVERY AFTER SURGERY FOR CESAREAN SECTION: IMPROVED POSTOPERATIVE MATERNAL OUTCOMES

CATEGORY: CHILDBIRTH

C. Sugay
The Medical City, Metro Manila, Philippines

Objective: The goal of this research was to assess whether an enhanced recovery after surgery (ERAS) protocol for cesarean deliveries improved postoperative maternal outcomes.

Method: This is a retrospective pre-post study of 144 patients who underwent cesarean section during the periods prior to and after the implementation of an obstetrics ERAS protocol. 72 were managed

prior to the implementation of the ERAS protocol and 72 were managed after the implementation of said protocol. The two groups were compared with respect to occurrence of adverse events, length of hospital stay, foley catheter removal, ambulation post operation, and amount of analgesia administered.

Results: The ERAS group showed earlier removal of foley catheter (Non-ERAS 20h vs ERAS 16h, $P<0.001$), early ambulation (Non-ERAS 34 vs ERAS 66, $P<0.001$), and shorter hospital stay (Non-ERAS 3 days vs ERAS 2 days, $P<0.001$), with no increase in adverse events. There was a decrease in the number of patients who received opioids alone (Non-ERAS 20 vs ERAS 6, $P=0.002$).

Conclusion: The implementation of an obstetric ERAS protocol is associated with improved maternal postoperative outcomes, decreased length of stay, and less oral analgesics prescribed postoperatively, with no increase in adverse events.

P04.15 | A WOMEN-CENTRED EXPLORATION OF POSTPARTUM PERINEAL PAIN WHEN THE PERINEUM IS DIAGNOSED AS INTACT

CATEGORY: CHILDBIRTH

C. Le Roux Matteo
Aix-Marseille-Université, France

Objective: To gain an understanding of postpartum perineal pain in cases where the perineum is considered to be intact; to explore women's views and experiences of perineal pain; and to identify factors influencing that pain.

Method: Qualitative hermeneutic methodology. Sample consists of 11 women having give birth vaginally to a single life child and were diagnosed with an intact perineum. Eleven interviews undertaken between 8 and 16 weeks postpartum. Six second interviews conducted between 6 and 8 months postpartum. Thematic analysis based on Fleming et al (2003's five steps).

Results: The findings identified three core themes: Can't honestly call it pain, Reassurance in normality, and Managing the unexpected. The first theme uncovered the fact that women were reluctant to using the word pain to account for their experience. The next two themes went into depth explaining the factors that positively influenced the experience of perineal sensations in postpartum. The following diagram summarises the elements influencing postpartum perineal sensations identified in this study.

Conclusion: Importance of expectations and notion of normality. Importance of a positive birth experience. Protective determinants. Questioning the use of the words "pain" and "intact" to reflect women's experience. Importance of function over anatomic integrity.

P04.16 | WHY ARE WOMEN STILL DYING OF PREVENTABLE CAUSES IN URBAN CENTRES IN UGANDA? UNPACKING PATHWAYS TO EMERGENCY OBSTETRIC CARE IN KAMPALA CITY
CATEGORY: CHILDBIRTH

C. Birabwa¹; P. Waiswa¹; B. Aduragbemi²; J. Van-Olmen³; L. Benova⁴

¹Makerere University School of Public Health, Uganda; ²University of Greenwich, Nigeria; ³University of Antwerp, Belgium; ⁴Institute of Tropical Medicine Antwerp, Belgium

Objective: To assess care-seeking pathways of women with obstetric complications admitted in selected facilities in Kampala city in Uganda in order to inform interventions.

Method: A cross-sectional survey was conducted among women with obstetric complications in nine major public and private facilities in Kampala city. Using a sequential data collection approach, we asked women about care seeking after onset of symptoms or being referred, where they went, and how long they spent in each location they visited; and their experience of care at the final facility. Descriptive statistics were generated using STATA (v14).

Results: A total of 435 women were interviewed. The mean age was 26.2 (± 5.8) years. 83% of reported pathways comprised of two steps. The most (90%) common intermediate step was home, followed by private clinics/drug outlets (40%). Decisions on transportation and how to spend money were mostly made by women's partners. Before seeking care, 48% of women that experienced symptoms had them for days (median = 3). At the EmOC facility, 30% reported delaying to be taken to theatre.

Conclusion: Delays related to decision making, birth preparedness and care at lower-level facilities contributed to poor care-seeking. Innovations in financing and correct identification of obstetric complications are needed to improve EmOC within a mixed healthcare market in urban settings. Also, capacity of referral sites should be addressed to prevent further delays.

P04.17 | EVALUATION DES MODALITÉS DE GESTION DU TRAVAIL AU COURS DU TRAVAIL SPONTANÉ
CATEGORY: CHILDBIRTH

C. Voisin

Assistante partagée entre hôpital Saint Louis/GHI Montfermeil à partir de novembre 2023, France

Objective: Principal: Evaluer l'association entre la mise en place de nouvelles recommandations concernant les modalités de gestion active du travail spontané et le taux d'accouchement voie basse. Secondaires: Evaluer l'application de ces recommandations et son association sur la durée du travail, le taux d'hémorragie du post-partum et l'état néonatal.

Method: Étude comparative avant-après, rétrospective, monocentrique menée à la maternité de l'hôpital Saint Joseph, entre un

groupe « avant » (2016) et un groupe « après » (2018), un an après la publication des RCP. Les patientes éligibles étaient des patientes accouchant à terme d'un nouveau-né singleton, à la suite d'un travail spontané, avec un utérus non cicatriciel et une présentation céphalique. Les résultats ont été stratifiés sur la parité.

Results: Entre les deux périodes, l'administration d'Oxytocine diminue (48% vs 35%, $P < 0.0001$), comme la fréquence des ruptures artificielles des membranes (39.5% vs 27.7%, $P < 0.0001$). La durée du travail augmente (360 min vs 390 min, $P < 0.0001$) surtout chez les primipares. Le taux d'accouchement voie basse augmente (94.6% vs 96%, $P = 0.05$). Le taux d'hémorragie du post-partum diminue (6% vs 4.5%, $P = 0.04$). Sur le plan néonatal, les taux de pH inférieur à 7, 10 et de transfert en soins néonatales diminuent.

Conclusion: Les nouvelles recommandations ont modifié les pratiques au sein de la maternité avec moins d'interventions actives durant le travail, et une diminution du taux de césarienne, notamment chez les primipares.

P04.18 | MULTIPARITY AND UNPLANNED OUT OF HOSPITAL DELIVERY
CATEGORY: CHILDBIRTH

C. Amal; M. Oumaima; Y. Hourouk; A. Aziza; B. Mehdi; T. Amani; E. Chiraz

Medecine University of Tunis, Tunisia

Objective: To estimate the frequency of unplanned out of hospital deliveries (OHD) in Ariana city; to identify risk factors; and to determine maternal and foetal outcomes.

Method: We conducted a monocentric retrospective study in MAHMOUD EL MATRI obstetrics department. Data was collected from medical records of all deliveries between January 2019 and November 2022.

Results: We identified 9013 deliveries, 35 (0.38%) took place out of maternity with an estimated travel time less than 30 min. The median age of our patients was 31 years old. Among patients, 94% were multiparous. Fifty percent of pregnancies were not monitored. A perineal first degree injury was found in 45.7% of cases. The birth weight was between 3200 ± 600 g. The adaptation to extra uterine life was good for 94.2% of newborns and only 8.5% required admission in a neonatal unit.

Conclusion: Accidental OHD are rare events but generally eutocic. This study identified that multiparity is a major risk factor for OHD in a region of Tunisia. In retrospect, we suggest screening high risk women and reinforcing antenatal care for vulnerable populations.

P04.19 | POSTERIOR REVERSIBLE ENCEPHALOPATHY SYNDROME IN THE IMMEDIATE PUERPERIUM FOLLOWING CAESAREAN SECTION

CATEGORY: CHILDBIRTH

C. Ohachenu

Korle Bu Teaching Hospital, Accra, Ghana

Objective: Posterior reversible encephalopathy syndrome (PRES) is a rare reversible neurological condition which presents as headache, visual disturbances, seizures and agitation/altered level of consciousness and is associated with posterior cerebral matter oedema. This case report describes an atypical presentation of PRES in a previously normotensive multiparous Ghanaian woman following caesarean section.

Method: A 32-year-old gravida 5 para 4-woman, attendant at Effia Nkwanta Regional Hospital Ghana with uneventful pregnancy and normal blood pressures (BP) had an elective caesarean section at 38 weeks on account of 3 previous caesarean sections. Six hours post-surgery she had a generalized tonic-clonic seizure, fell from the bed and had postictal aggression with acute onset blindness. Her BP was 160/100 mmHg with proteinuria. Eclampsia was diagnosed, oral nifedipine, MgSO₄ Pritchard protocol and largactil infusion commenced.

Results: CT scan performed to rule out intracranial bleed showed a bilateral reduced cerebral attenuation in the parietal and occipital lobes with hypodensity in the right occipitotemporal lobe, normal ventricles and extracerebral CSF spaces, no midline shift or mass lesions. Other laboratory investigations were normal. She made a full recovery and was discharged on post-op day 7 with a BP of 116/82 mmHg and a normal funduscopy exam. Postpartum reviews at 2 and 6 weeks were unremarkable.

Conclusion: The exact pathogenesis of PRES remains unknown with various theories reported in the literature. Non-specific symptoms and need for advanced imaging for diagnosis result in delayed initiation of symptomatic treatment which is vital for a favourable outcome. Clinicians must have a high index of suspicion to diagnose this rare condition.

P04.20 | PATTERNS OF OXYTOCIN USE FOR INDUCTION AND AUGMENTATION OF LABOUR AMONG HEALTHCARE PROVIDERS IN NIGERIA

CATEGORY: CHILDBIRTH

C. Ejekam

African Center of Excellence for Drug Research, Herbal Medicine Development and Regulatory Science (ACEDHARS), Nigeria

Objective: The practice of intrapartum (for induction (IOL) and augmentation of labour (AOL)) use of oxytocin is increasing worldwide with consequences. This study assessed the patterns—frequency of intrapartum use of oxytocin, doses and routes of administration and identified the predictors of oxytocin use by healthcare providers (HCPs) in Nigeria.

Method: A descriptive cross-sectional study conducted among HCPs—doctors, nurse/midwife and community health workers

(CHWs) in public and private healthcare facilities (HCFs) across Nigeria. Self-administered questionnaires were used to collect data from 6299 eligible HCPs who use oxytocin for pregnant women during labour and delivery. Summary and inferential statistics were done and further analyses using multivariable regression models were performed to determine predictor variables of correct patterns of intrapartum oxytocin usage. *P*-value was set at *P* < 0.05.

Results: 53% and 68% of the HCPs use oxytocin for IOL and AOL respectively. 92% of the HCPs use intravenous infusion and 8%—intravenous push to administer oxytocin for IOL and AOL; 10.3% and 8%—intramuscular routes for IOL and AOL respectively. Doses commonly used for IOL were: 5IU—38.0%, 10IU—47.0% while AOL were: 5IU—48.0%, 10IU—44.0%. CHWs were the most likely to use intramuscular route for intrapartum oxytocin administration (*P* < 0.001). Being a doctor, working in a government HCF were significant predictors of using correct dose (2.5–5IU) for oxytocin-intrapartum use. HCPs experienced adverse consequences in their clients following intrapartum oxytocin use.

Conclusion: The findings call for cautious use of intrapartum oxytocin. There is urgent need for development of national guideline on use of oxytocin in labour as this is lacking in Nigeria and other low resource settings including continuous training of HCPs with strict definition of practice limitations for all cadre of HCPs.

P04.21 | VARIATION OF DELTA HEMOGLOBIN BEFORE AND AFTER VAGINAL DELIVERY WITH AN IMMEDIATE POST-PARTUM HEMORRHAGE: A FRENCH PROSPECTIVE MULTICENTRE COHORT STUDY—HERA STUDY

CATEGORY: CHILDBIRTH

C. Barasinski

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Objective: Obstetrical hemorrhage events are the main cause of immediate or long-term maternal morbidity. Moreover, anemia in postpartum can cause fatigue, infections, maternal stress, anxiety, depression, and compromises the mother-child bond. The main objective of this study was to estimate the mean delta hemoglobin among women with postpartum haemorrhage (PPH).

Method: From 1 February 2011 to 31 July 2011, 182 maternity units participated in the prospective cohort study HERA. Women were eligible if they had a vaginal delivery ≥22 weeks with a PPH (>500 mL) (*n* = 2964). The principal outcome was the estimate mean delta hemoglobin (variation between pre and post-delivery haemoglobin in g/dL).

Results: The mean delta hemoglobin was 3.0 ± 1.4 g/dL. A fall of Hb >10% was observed in 90.4% of women. Decreases ≥2 and ≥4 g/dL were found respectively in 73.9% and 23.7% of women. To identify a PPH >500 mL, we observed values for sensitivity and specificity always <65%, positive predictive values between 35% and 94%, and negative predictive values between 14% and 84%. Using specific PPH severity levels barely improved them.

Conclusion: The challenge of determining the precise quantity of blood loss during a delivery continues to confound perinatal practitioners. A targeted blood count policy may result in lower costs. Delta hemoglobin levels should not be used as a PPH diagnostic screening test policy for vaginal deliveries.

P04.22 | PUERPERAL UTERINE INVERSION: THREE ATTEMPTS AT MANUAL REPLACEMENT OF THE UTERUS—A CASE REPORT CATEGORY: CHILDBIRTH

C. Estacio

Amang Rodriguez Memorial Medical Center, Philippines

Objective: Puerperal uterine inversion is a very uncommon obstetric complication that could result in massive hemorrhage and shock. Immediate replacement of the uterus is the treatment target but it may be difficult to achieve.

Method: A 23-year-old, gravida 1 para 1 delivered spontaneously at a lying-in clinic complicated by difficulty in placental extraction. The physician noted profuse bleeding and a soft mass exteriorized on the vulva with the placenta still attached. After manual extraction of the placenta, initial attempt of uterine replacement was unsuccessful prompting transfer to our institution.

Results: At the emergency room, patient was conscious and restless; with hypotension and tachycardia. An inverted fundus was noted through the vaginal introitus with large blood clots. Under sedation, performance of the Johnson's maneuver was partially successful with only half of the uterus replaced (from 3rd degree uterine inversion to 2nd degree uterine inversion). Under general anesthesia, the third attempt at replacement was successful using two fingers to push the center of the fundus upward.

Conclusion: Successful management requires early recognition of the inversion and prompt replacement of the uterus. Provide adequate analgesia before attempting to reposition the uterus.

P04.23 | WOMEN'S EXPERIENCE OF CARE IN CHILDBIRTH DURING THE COVID-19 PANDEMIC IN LATVIA: COMPARATIVE FINDINGS OVER TWO YEAR PERIOD OF THE IMAGINE EURO STUDY CATEGORY: CHILDBIRTH

CATEGORY: CHILDBIRTH

D. Jakovicka¹; A. Šibalova²; E. Pumpure³; E. Valente⁴; M. Lazzerini⁴; I. Mariani⁴; B. Covi⁵

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Objective: To evaluate the mothers' perspective of care received around childbirth during COVID-19 in Latvia, comparing the years 2020 and 2021 using data of the WHO domain of experience of care from the IMAGINE EURO study.

Method: A cross-sectional study was carried out over 2 years (March 1, 2020–October 28, 2021). Women who gave birth in a WHO European country facility answered a validated anonymous online questionnaire that included 40 WHO standard-based quality measures, 10 of which were related to the experience of care domain during childbirth. Descriptive analysis and multivariate logistic regression were performed to compare WHO domain of experience of care in 2020 versus 2021.

Results: 2079 Latvian women who underwent labor ($n=1860$) and pre-labour C-section ($n=219$) were analyzed. In 2020 and 2021, women reported low involvement in choices (43.5% vs 42.5%, respectively) and lack of emotional support (30.9% vs 33.3%). Almost one fifth (17.0% vs 17.8%) reported physical/verbal/emotional abuse. Women with pre-labour C-section had increased odds of no companionship during birth (adjusted OR 1.40, 95% CI 1.04–1.88, $P=0.027$), with a not significant improvement in 2021 (52.2% vs 42.4%, $P=0.073$).

Conclusion: A significant number of women reported low experience of care during the COVID-19 pandemic in Latvia. Only very minor improvements were observed in 2021 compared to 2020. These results shall inform decision makers on improving care and providing respectful maternal care for all women.

P04.24 | POTENTIAL SOLUTIONS TO REDUCE THE HIGH INCIDENCE OF PRIMARY CESAREAN SECTION AMONG FULL-TERM PREGNANT WOMEN IN VIETNAM CATEGORY: CHILDBIRTH

D. Giang

Hanoi Obstetrics and Gynecology Hospital, Vietnam

Objective: To describe the indications of primary cesarean section among full-term pregnancies (FTP), and then suggest several potential solutions to reduce the incidence of primary cesarean section (PCS).

Method: An observative study with data being retrospectively collected from electronic medical records at Hanoi Obstetrics & Gynecology Hospital in 2020. 23631 women at ≥ 37 weeks of gestation with non-previous uterine scars underwent were recruited. The proportions of indications for PCS were calculated, thereby offering potential solutions to reduce the PCS incidence.

Results: The proportion of PCS among FTP was 40.7%. The major indications for PCS were non-reassuring fetal heart rate tracing (40%), labor arrest (31%), and maternal request (11%). Potential solutions: providing prenatal classes to improve the ability to do vaginal deliveries of women; performing health education programs to increase the awareness of doctors and patients on risks of CS; building hospital protocol based on the updated guidelines, strong evidence bases to mentor physicians in clinical practice.

Conclusion: The proportion of primary cesarean sections among full-term pregnancies with non-previous uterine scars is high, and its indications were affected by maternal requests and insufficient knowledge of doctors. The incidence of PCS could be reduced with

the involvement of the government, hospitals, physicians, and pregnant women with these potential solutions.

P04.25 | EXPLORING PRENATAL FACTORS AND VAGINAL BIRTH RATES: A ROBSON TEN GROUP CLASSIFICATION ANALYSIS IN A PRIVATE BRAZILIAN HOSPITAL
CATEGORY: CHILDBIRTH

E. Cordioli

Grupo Santa Joana, Brazil

Objective: This study aimed to investigate the distribution of deliveries, specifically focusing on vaginal births, among prenatal patients classified by the Robson Ten Group Classification System in a Private Brazilian Hospital.

Method: A total of 2025 deliveries that all the prenatal was carried through the same Institution were analyzed during January 2020 to December 2023. Participants were classified into Robson groups based on their obstetric characteristics in the admission of the hospital for delivery. The principle of intention to treat was applied to calculate difference between the percentage of vaginal delivery in each Robson Group and the average percentage of vaginal deliveries, which was 36.2%.

Results: Group 1 and Group 3 were the only groups that positively influenced the likelihood of vaginal delivery, with increases of 11.8% and 50.8% respectively in the probability of having vaginal birth. The remaining groups demonstrated negative outcomes indicating a lower rate of vaginal deliveries compared to the average. The differences in these outcomes highlight the significant impact of Robson group classification at the admission on the likelihood of vaginal delivery.

Conclusion: The findings reinforce the importance of stimulating labor during prenatal in pregnant women to increase the likelihood of vaginal delivery. The variation in vaginal delivery rates across Robson groups suggests that personalized prenatal strategies, tailored according to the Robson group classification, may be beneficial.

P04.26 | A CASE REPORT OF HYSTERECTOMY DURING CESAREAN SECTION IN A PREGNANT WOMEN WITH PLACENTA ACCRETA
CATEGORY: CHILDBIRTH

E. Dema

Obstetrician and Gynecologist, Albania

Objective: We present a case of a 37-year-old woman who presented in our hospital at 38 weeks of gestation. The patient had undergone two previous c/sections. Ultrasonography showed the placenta implanted anteriorly in the lower segment with a high suspicion of Placenta Accreta. She had no history of bleeding during prenatal care.

Method: She underwent a caesarean section. The lower segment of the uterus presented an atypical vascular pattern representing Placenta Accreta Spectrum. After the baby was delivered, the placenta was left in situ as the separation of the placenta from the uterus could have induced bleeding. Thus immediately Caesarean hysterectomy was planned for this patient. Hysterectomy was performed immediately but because of difficult situation it was done a subtotal hysterectomy and the specimen was sent to the pathology laboratory.

Results: Pathological examination of the uterus confirmed the diagnosis of Placental Accreta and showed that the placenta penetrated into the myometrium but not into the serosa of the uterus.

The operative time was 90 min with a blood loss of 1500 mL and the patient's postoperative haemoglobin level was 6.8 g/dL (preoperative haemoglobin level: 10.5 g/dL). The patient required three units of blood transfusion. She was discharged 6 days after operation.

Conclusion: Placenta accreta is the abnormal invasion of the placenta to the myometrium. One of the risk factors of Placenta Accreta is a previous c/section. The placenta was left in situ as the separation of the placenta from the uterus could have induced bleeding. Thus immediately Caesarean hysterectomy was planned for this patient.

P04.27 | ROBSON CLASSIFICATION FOR CESAREAN SECTION ON MATERNAL REQUEST
CATEGORY: CHILDBIRTH

E. Amaral¹; C. Benetti¹; C. Siteo²; H. Machado¹; G. Carvasan¹
¹UNICAMP, Brazil; ²UNICAMP, Mozambique

Objective: To evaluate the prevalence of and associated conditions to cesarean section on maternal request according to the Robson Classification.

Method: Cross sectional study using routine electronic clinical data from deliveries occurring at the Center for Integral Assistance to Woman's Health (UNICAMP—Brazil), from October 2017 to October 2021. To compare groups, we used chi-square test, Fisher's exact test, Mann-Whitney test and Kruskal-Wallis tests, analyzed through the computer program "The SAS System for Windows (Statistical Analysis System)", 9.4 version.

Results: 9201 deliveries were registered during this period, but 1421 missed Robson's groups. The maternal request for C-section ($n=432$) was more frequent among groups 4b—multiparous without C-section, pre-labour C-section (140—29.4%) and 5.1—one previous C-section (68—20.3%). In these groups, we found that white (134—76.6%), married (245—60.5%), and older women ask more for c-section.

Conclusion: Multiparous woman without or with one-previous surgical C-section should be counselled in a way that reasons for their choice is explored and addressed. Avoiding the first uterine scar may help to reduce unnecessary C-sections. Understanding the complex

decision-making process on delivery mode for women is an important research topic.

P04.28 | CAESAREAN DELIVERY ON MATERNAL REQUEST: THE PERSPECTIVE OF POSTPARTUM WOMEN AND THEIR PARTNERS

CATEGORY: CHILDBIRTH

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¹UNICAMP, Brazil; ²UNICAMP, Mozambique

Objective: This study aims to understand the women's motivation, for requesting caesarean section, both before and during labor and induction, as well as their accompanying person perspective.

Method: A qualitative study using the phenomenological approach. The researchers conducted in-depth, face-to-face semi-structured interviews with women requesting C-section as well as their accompanying person, during postpartum hospitalization in a reference center to high-risk pregnancies, the Women's Hospital at the University of Campinas/Brazil, from March to May 2023. All interviews were recorded and analysed using Nvivo software. Two researchers revised the transcripts and agreed upon the analytic categories.

Results: 18 women (21–43 years) were interviewed (half were nulliparous). The main themes that emerged to justify their request: fear of pain, giving up induction due to long duration and/or anxiety, tubal ligation intention, C-section safety perception, being able to plan their birth due to hospital distance, and protecting malformed babies from vaginal deliveries. Seven partners showed preference for natural childbirth, but supported the maternal decision; female companions influenced decision based on their unpleasant previous experiences.

Conclusion: C-section on request is a reality in Brazil. Misinformation on the chosen mode of delivery is an urgent matter to tackle. Labour induction and the new National regulations on tubal ligation are also affecting decisions. Perceptions of C-section as the easiest delivery mode demands improved counselling and a cultural change.

P04.29 | PREVENTION OF POSTPARTUM HEMORRHAGE WITH HEAT-STABLE CARBETOCIN VERSUS OXYTOCIN AMONG WOMEN WHO RECEIVED INDUCTION/AUGMENTATION: A SECONDARY ANALYSIS OF THE CHAMPION TRIAL

CATEGORY: CHILDBIRTH

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Objective: The Carbetocin Hemorrhage Prevention (CHAMPION) trial demonstrated non-inferiority of heat-stable carbetocin (HSC) compared to oxytocin for prevention of post-partum hemorrhage

(PPH) defined as blood loss >500mL or use of additional uterotonic. We performed secondary analysis to compare the effects of HSC and oxytocin among women with different types of risk.

Method: The CHAMPION trial was a multi country, double-blind, active-controlled, noninferiority randomized trial of HSC versus oxytocin. We stratified deidentified data into four mutually exclusive groups based on risk factors: women with no risk factors, women who were induced or augmented only (pharmacological risk factors), women with other biological risk factors only and women with both risk factors. We compared PPH outcomes by group using logistic models and log links to obtain the relative risks (RR).

Results: We analyzed 14770 and 14768 participants assigned to HSC and oxytocin arms, respectively. Women with only biological or only pharmacological risk factors had higher risk of blood loss >500mL (RR = 1.29, 95% CI: 1.08, 1.53 and RR = 1.73, 95% CI: 1.51, 1.98, respectively), compared to women with no risk factors. The RR among women with both risk factors was 1.11 (0.98, 1.25). There was no difference in effects by arm among induced or augmented women (RR = 1.02, 95% CI: 0.94, 1.12).

Conclusion: These results are consistent with the CHAMPION findings of non-inferiority of HSC compared to oxytocin. With regard to risk factors for PPH, however, findings highlight the opportunity to prevent iatrogenic hemorrhage through the careful use of induction and/or augmentation with close monitoring of at-risk women.

P04.30 | MANAGE AND ADAPT: AN ASSESSMENT OF MATERNAL AND NEWBORN CARE QUALITY OF CARE (QOC) IMPLEMENTATION IN BAUCHI AND KEBBI STATES IN NIGERIA

CATEGORY: CHILDBIRTH

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¹Jhpiego, Nigeria; ²Jhpiego, USA; ³Federal Ministry of Health, DPRS, Nigeria; ⁴Federla Ministry of Health, Nigeria

Objective: Nigeria with poor maternal-newborn-and-child health (MNCH) statistics joined the QoC-Global-Quality-Equity-and-Dignity (QED) Network established by WHO-working-with-UNICEF and other partners in 2017 to halve MNCdeath by 2030. The USAID Momentum-Country-and-Global-Leadership project (MCGLQoC) supported the National-QoC-TWG and partners to assess Bauchi and Kebbi States implementation-status on four-QoC implementation-strategies (Leadership-Action-Learning-Accountability) and health-care-workers in one-third (6 Primary Health Centers and 3 General Hospitals).

Method: Utilizing the Mixed-methods adopting momentum adaptive-management-learning (AML) tool-kit, Documentation-review at three-levels of reporting (Routine-registers, Monthly-Summary-Form and District-Health-Information-system) showed substantial improvement in completeness (60%–69%) and timeliness (80%) however for data-validation, one-thirds of the 6 Primary Health Centers and 3 General Hospitals fall within the acceptable-range:100±10%

(90%–110%) for immediate-newborn-care practices (Skin-skin and breast-feeding, Cord-clamping, temperature-at-birth). Of the 17 health-care-workers, 94% are female with mean-age 36 years; 59% from Primary Health Centers and 41% General Hospitals. On average per-week 29 h was spent in the provision of MNCH-services and 12 h on supervision-related-activities.

Results: Utilizing the Mann–Whitney-sign-rank-*U*-test, acceptability deferred significantly between the two-states ($z = -1.04$ and $\text{Prob} > |z| = 0.02$) whereas patterns on feasibility ($z = -2.57$ and $\text{Prob} > |z| = 0.01$) coverage ($z = -2.13$ and $\text{Prob} > |z| = 0.02$) and adoption ($z = -2.25$ and $\text{Prob} > |z| = 0.02$) of the implementation approaches were similar in both states. Most-significant-change-stories from Coaches/Community structures (Ward-Development-Committees) and lessons-learned from State-TWG showed that Partners support for QoC improved supportive-supervision, built Capacity of health-workers resulting in improved service delivery and regular Quality-Improvement Review-meetings and peer-to-peer learning.

Conclusion: Adopting AML-approaches provided areas for targeted-support and enhanced-collaboration which includes: Effective-and-all-inclusive partnership and funding support for QoC-activities embedded in State-Annual-Operation-Plan, enhanced cross-pollination of ideas through active onsite-mentoring, capacity-building and expanded-knowledge-sharing across learning and non-learning sites.

P04.31 | UTERUS HEALING AFTER CESAREAN: DEVELOPMENT OF A RABBIT MODEL

CATEGORY: CHILDBIRTH

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Objective: The objective is to develop an in-vivo model of uterus healing after cesarean in order to analyze histological phenomena controlling scarring tissue development and potential cause of defects. Knowing the complex process of uterus healing could help improve the management of scarred uterus.

Method: Twelve pregnant primiparous female rabbits were bred naturally. At cesarean (28 days of gestation G28), fetuses were either extracted through a longitudinal incision in one of the uterine horns ("C-section") or via a single incision at the tip of the contralateral horn ("control"). Uterine horns were sutured by single layer, all by the same surgeon. Does were mated again 14 days later and euthanized at G28. Genital tracts were collected for histological and biomechanical analyses.

Results: Macroscopically, 4/12 C-section horns presented a dehiscence or a spontaneous rupture. Mean thickness of the scarred area was significantly lower versus non-scarring area on C-section horns versus control horns (respectively 1.01 ± 0.65 mm vs 1.73 ± 0.45 mm

vs 1.46 ± 0.34 mm, $P = 0.03$). Biomechanical characteristics of the scarred versus control horns were different on the stress-strain curves. A qualitative healing defect, as defined by thin collagenic scars, was found in 42% of C-section horns with a lower biomechanical resistance.

Conclusion: Although C-section conditions were standardized, uterine healing differed between individuals, with about half of animals showing defective healing. Biomechanical analyses seem to confirm histologic findings. These results suggest that this model may be useful for studying uterine healing efficiency according to individual characteristics and suture mode.

P04.32 | THE ODONASSIST™ INFLATABLE DEVICE FOR ASSISTED VAGINAL BIRTH—THE ASSIST II STUDY (UK)

CATEGORY: CHILDBIRTH

E. Hotton

North Bristol NHS Trust, Bristol, UK

Objective: To investigate whether the safety and efficacy of the OdonAssist was sufficient to conduct a future randomized controlled trial. Additionally whether data from a nested cohort of women receiving an alternative device when no OdonAssist operator was available.

Method: Participants were 104 women having an assisted birth with the OdonAssist and those in the nested cohort. The primary outcome was the proportion of births successfully assisted with the OdonAssist. If the number of successful births was ≥ 61 , then the hypothesis of a poor rate of 50% was rejected in favor of a good rate of $\geq 65\%$. Secondary outcomes: clinical, patient-reported, operator-reported and device. Categorical and continuous data were analysed using Stata 15.1.

Results: 941 (64%) of 1471 women approached consented to participate; 104 received the intervention. It had a 66% success rate (69/104), rejecting the hypothesis of a poor efficacy rate. There were no serious maternal/neonatal adverse device reactions at birth. Only 4% of neonatal soft-tissue bruising in the successful OdonAssist group were device related, as compared to 20% and 23% in the unsuccessful OdonAssist and nested cohort groups respectively. Women reported a high birth perception score during the first week postnatal.

Conclusion: The maternal and neonatal outcomes indicate there was no disadvantage, compared to standard AVB outcomes. There were potential advantages, particularly for the neonate. The same application technique can be used for all fetal positions and women positive regarding birth experiences. This study provides important data to inform future study design.

P04.33 | INFLUENCE OF THE INTERTWIN INTERVAL ON THE SECOND TWIN'S SHORT-TERM NEONATAL OUTCOMES IN DICHORIONIC PREGNANCIES DELIVERED VAGINALLY
CATEGORY: CHILDBIRTH

E. Rahman

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Objective: Twin pregnancies have greater rates of prenatal morbidity and mortality, lower births, and intrapartum difficulties. The intertwin interval is difficult for obstetricians handling a twin delivery. This study aimed to ascertain the intertwin interval that affected the post-vaginal Apgar scores and pH of the umbilical cord in the second twin.

Method: An analysis of the twin births that occurred at Janm IVF Centre, Bhagalpur within a year. The twins had to be born vaginally at least 31 weeks into their gestation for inclusion. Monochorionic pregnancies and cesarean delivery indications were disqualifying factors. The intertwin interval (between <15 and ≥15 min) was used to dichotomize the sample. Umbilical cord pH and neonatal outcomes like Apgar scores were assessed. A *P*-value of <0.04 was regarded as statistically significant.

Results: 300 twin births were included. In 270 instances (85.5%), the intertwin gap was >15 min, whereas, in 30 (14.1%), it was <15 min. The differences in maternal traits were nonexistent. The longer interval group had a greater incidence of instrumental delivery (*P*<0.002) for the second twin. A longer gap was linked to greater rates of umbilical cord pH below 7.00, a 1-min Apgar score below 5 (*P*=0.008), and a 5-min Apgar score below 6 (*P*<0.002).

Conclusion: It is common for second twins to have lower Apgar scores and arterial blood pH levels below 7.00 when there is a 15-min or even longer intertwin gap. A crucial part of the management of twin deliveries is the active management of labor following the delivery of the first twin.

P04.34 | OBSTETRIC OUTCOME OF ECLAMPTIC PATIENTS MANAGED AT UNIVERSITY OF NIGERIA TEACHING HOSPITAL, ENUGU: A 10 YEAR REVIEW
CATEGORY: CHILDBIRTH

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Objective: The study was to determine the prevalence rate, obstetric and perinatal outcome of eclamptics managed at University of Nigeria Teaching Hospital (UNTH), Enugu.

Method: A 10years retrospective study of all cases of eclampsia managed at UNTH, Enugu, Nigeria from 1 January, 2010 to 31

December, 2019. Their case notes were retrieved and relevant data extracted, entered and analyzed using SPSS Version 20. Both descriptive and inferential statistics were done. *P*-value < 0.05 was considered statistically significant.

Results: There were 100 eclamptics and 6322 deliveries giving a prevalence rate of 1.6%. There were 5 maternal deaths, giving a CFR of 5.0%. Majority of them were primigravida (59.3%), un-booked (64.8%) and had antepartum eclampsia (92.3%). About 86.6% of them had caesarean delivery; 44% of them had complication. HELLP syndrome was the commonest maternal complications (50%) and was a predictor of perinatal death (*P*=0.038, AOR 3.42; 95% CI: 1.07–10.9). There were 30 perinatal deaths and 101 newborns giving a perinatal CFR of 29.7%.

Conclusion: The prevalence of eclampsia still remains high compared to developed world, with its attendant complication. Effort should be aimed at early detection and prompt management of hypertensive disorders in pregnancy in order to prevent its occurrence.

P04.35 | PREPARATION (PREP)-FOR-LABOR: BEST PRACTICE GUIDELINES FOR TRIAGING PATIENTS
CATEGORY: CHILDBIRTH

E. Barnea

BioIncept LLC, USA

Objective: Effective tools to assess whether there is appropriately trained clinicians, staff and facility resources to provide acute, high risk advanced maternal or newborn care are critical to triaging care in a timely manner. This is especially evident in low/middle resource countries (LMRC) and in underserved-rural areas. Staff burden, poor-resource allocation and minimal networking among hospitals was amplified by the Covid pandemic.

Method: Consequently, Covid complications, lack of consistent high-risk prenatal care, and patients presenting in labor with little available knowledge of their health problems, contribute to high childbirth morbidity and mortality rates. We propose Prep-for-Labor, a brief practical tool for clinicians to rapidly triage patients in the labor ward commensurate with the available appropriate hospital level of care. In this session, we will present this 2-min triage tool that includes directed questioning to identify low and high-risk pregnancies, leading to prompt action.

Results: While 75%–80% of cases, normal labor can progress unimpeded-minimizing resources needed, in high-risk cases, a targeted questionnaire and exam must occur. The Prep-for-Labor triage tool determines facility's suitability for care needed for the patient. This tool quickly assesses: (1) premature labor, (2) labor onset, (3) preeclampsia, (4) c-section acceptability (5) integrated resources for newborn care.

Conclusion: This simple, readily implementable tool in LMRC optimize care through rapid triage of the patient enable effective decision-making determining whether the patient can receive effective care at the current facility, or it requires transfer to center with advanced resources to provide a higher level of care.

P04.36 | CLINICAL CHORIOAMNIONITIS AND NEURODEVELOPMENT AT 5 YEARS OF AGE IN CHILDREN BORN PRETERM: THE EPIPAGE-2 COHORT STUDY
CATEGORY: CHILDBIRTH

F. Salmon
PhD student, France

Objective: Majority of preterm births occur in context of intrauterine inflammation. This inflammation can cause cerebral white matter lesions, with clinical consequences at long-term poorly evaluated. The aim of this study is to evaluate the association between clinical chorioamnionitis and neurodevelopmental disorders at 5 years in children born premature.

Method: EPIPAGE 2 is a national population-based cohort study of children born premature in France in 2011. Infants born alive after preterm labor or preterm premature rupture of membranes between 24+0 and 34+6 weeks were included. Clinical chorioamnionitis was defined as maternal fever before labor ($>37.8^{\circ}\text{C}$) with at least 2 of the following criteria: maternal tachycardia, hyperleukocytosis, uterine contractions, purulent amniotic fluid, fetal tachycardia. The primary outcome was neurodevelopmental disorder. We performed a multivariate analysis.

Results: Among 3306 infants included, 154 (3.3%) were exposed to clinical chorioamnionitis. Between birth and 5 years, 308 children (5.2%) died. Our study population has 2926 survivors. Regarding the neurodevelopmental disorder, 9.6% of the children born without clinical chorioamnionitis had moderate or severe disorders, compared with 8.2% of those born in the context of clinical chorioamnionitis (OR=0.8, 95% confidence interval [0.4–1.8]). After multivariate analysis and multiple imputations, this association was not significant (aOR=0.9[0.5–1.5]).

Conclusion: We did not find a significant association between clinical chorioamnionitis and neurodevelopmental disorders at 5 years in children born before 35 weeks after preterm labor or preterm premature rupture of membranes.

P04.37 | EFFECT OF TRANEXAMIC ACID ON THE VAGINAL BLEEDING AFTER DELIVERY IN WOMEN WITH A RISK OF POSTPARTUM HEMORRHAGE
CATEGORY: CHILDBIRTH

F. Akhlaghi
Mashhad University of Medical Sciences, Iran

Objective: Postpartum hemorrhage is known as a cause of maternal mortality and morbidity. Tranexamic acid used for treatment in severe vaginal bleeding after childbirth. In this study effect of tranexamic acid was investigated for prevention of vaginal bleeding in women who were high risk for postpartum hemorrhage.

Method: This clinical trial as a three-blinded study was performed on 200 participants in Omalbanin Hospital of Mashhad, Iran. They randomly divided as intervention and control groups. After childbirth, one gram of tranexamic acid injected to the intervention group and 200 mL normal saline injected to the control group. Data of vaginal bleeding rate and change of hematocrit in 2 and 24h after childbirth was analyzed and P value less than 0.05 determined as significant.

Results: The volume of vaginal bleeding in 15, 30 and 75 min in the intervention group was significantly less than the control group. The decreased hematocrit in the intervention group was significantly lower than the control group. Side effects include headache, dizziness, nausea and vomiting was not significantly different between the two groups.

Conclusion: Administration of tranexamic acid for prevention of vaginal bleeding in women who are high risk for postpartum hemorrhage has a significant effect on reducing the volume of vaginal bleeding.

P04.38 | PSYCHOLOGIC IMPACT OF LABOUR DYSTOCIA ON WOMEN IN POST PARTUM PERIOD
CATEGORY: CHILDBIRTH

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Objective: In post partum period, women are vulnerable to different kinds of mental disorders that can be majored in case of labour dystocia. The objective of this study was to evaluate the prevalence and factors associated with post-traumatic stress disorder (PTSD) and post partum depression (PDD) after dystocic labour.

Method: We undertook a transversal, descriptive and analytic study including 60 women who had labour dystocia leading to emergency caesarean section or an instrumental delivery between January 01, 2022 and December 31, 2022. Included women underwent interviews, questioning and psychological testing (Edinburgh Postnatal Depression Scale, IMPACT OF EVENTS SCALE-Revised). Univariate and multivariate regression models were used to study the correlation between the different factors and the occurrence of PTSD and PDD.

Results: The prevalence of PTSD and PDD was respectively 41.7% and 46.7%. The risk of PTSD was increased with primiparity ($P=0.03$), emergency caesarean section ($P=0.04$), absence of psychological support ($P=0.016$), lack of information ($P=0.04$) and maternal complications ($P=0.04$). The risk of PDD increased with emergent cesarean section ($P=0.014$), absence of psychological support ($P=0.004$) and absence of pain management ($P=0.014$). In multivariate analysis, absence of psychological support was an independent factor associated with PDD.

Conclusion: The subjective experience of childbirth, obstetrical history and stress during childbirth are factors that increase the risk of

postpartum PTSD and PDD. Psychological support for patients at risk of developing mental disorders after a dystocic labour is necessary as well as prenatal preparation of pregnant women to childbirth.

P04.39 | ESTABLISHING THE PRACTICE OF BIRTH COMPANION IN A TERTIARY HOSPITAL, ETHIOPIA: A PRE-AND POST-INTERVENTION ASSESSMENT

CATEGORY: CHILDBIRTH

F. Terefe

St. Paul's Hospital Millennium Medical College, Ethiopia

Objective: This study aimed to evaluate the impact of birth companion quality improvement project in establishing a practice of birth companion in a tertiary hospital of resource-limited country.

Method: The study was conducted at one of Ethiopia's largest tertiary hospitals with 9000–10000 annual deliveries. A pre-intervention baseline assessment was conducted followed by a package of quality improvement interventions. A post intervention mixed method study design combining elements of quantitative and qualitative approaches was deployed to assess the impact of the program on birth companion practice. The study included 316 postpartum women who delivered in the hospital.

Results: The finding of the study showed 93.8% women during labor and 65.3% women during vaginal delivery had birth companion as compared to 1.3% women prior to the intervention. Majority of women (98.3%) believed having preferred birth companion during labor and delivery helped them to have a positive birth experience.

Conclusion: According to this study, the acceptance of birth companion has significantly increased after simple interventions that it into routine intrapartum care. The result is important in scaling up the implementation of birth companion into other health facilities in Ethiopia and similar resource limited setups.

P04.40 | OXYTOCIN AND TRANEXAMIC ACID VERSUS OXYTOCIN IN REDUCING BLOOD LOSS DURING AND AFTER CAESAREAN SECTION

CATEGORY: CHILDBIRTH

F. Begum

Dhaka, Bangladesh

Objective: To find out the effect of inj. Tranexamic acid and inj. oxytocin versus inj. oxytocin alone in reducing blood loss during and after caesarean section and postoperative for active management of third stage of labour.

Method: A randomized controlled trial was carried out in the Department of Gynecology & Obstetrics, BIRDEM hospital, Dhaka on 72 participants aged between 18 to 35 years who underwent

caesarean section and fulfilled the inclusion and exclusion criteria. Intervention group ($n=36$) patients received inj. Tranexamic Acid 1 gm IV 20 min before incision given and inj. Oxytocin 10 unit IM during caesarean section and comparison group ($n=36$) patients received inj. Oxytocin 10 unit IM during caesarean section.

Results: Mean age were (25.81 ± 3.45 years vs, 25.83 ± 3.14 years; $P=0.97$); BMI (23.7 ± 1.36 vs 13.4 ± 0.91 , $P=0.349$). Most common indication for LSCS was breech (23.6%), fetal distress (23.6%) CPD (20.8%), PROM (18.1%), induction failure (8.3%) and IUGR (5.6%). Though preoperatively vital signs were similar in both the groups, postoperatively pulse (83.50 ± 11.3 vs 78.67 ± 3.7 b/min, $P=0.018$), Diastolic blood pressure 72.03 ± 6.1 vs 74.5 ± 5.6 , $P=0.05$; need of oxytocic drug: 5.2% vs 55.6%; blood loss: 318.3 ± 93.0 vs 357.5 ± 29.6 mL.

Conclusion: Tranexamic acid significantly reduced the amount of blood loss during and after the lower segment cesarean section and its use was not associated with any side effects and or complication like thrombosis.

P04.41 | EXPLORING REASONS FOR AND OUTCOMES OF SECOND STAGE CAESAREAN SECTION AND ASSISTED VAGINAL BIRTH IN SELECTED HOSPITALS IN KENYA

CATEGORY: CHILDBIRTH

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Objective: Obstetric vacuum devices for assisted vaginal birth (AVB) can avoid the need for unnecessary second-stage caesarean sections (SSCS), associated with increased morbidity and mortality. Despite emergency obstetric training since 2019, AVB was rarely performed. This study sought to better understand missed opportunities and reasons for non-performance of AVB in Kenya.

Method: A mixed-methods design incorporated a review of randomly selected SSCS and AVB case notes, and key informant interviews with healthcare providers, from 8 purposively selected, high-volume hospitals in Kenya. The reviews were carried out by four experienced obstetricians (3 Kenyan, 1 British). The interviews were semi-structured and conducted online and analysed using a thematic approach.

Results: Six AVB and 66 SSCS cases were reviewed. Nine percent of SSCS could have been AVB, and 58% reviewers were unable to determine appropriateness due to poor record keeping. Perinatal mortality was 9%, and 11% of infants and 9% of mothers experienced complications following SSCS. Twenty interviews, with obstetricians, midwives and medical officers, explored themes of previous experience, confidence, and adequacy of training relating

to AVB. Reasons for non-performance included lack of equipment and staff.

Conclusion: Increases in appropriate use of AVB could save the lives of infants and mothers and reduce ongoing morbidity. In order to achieve this, the varied reasons for non-performance of AVB need to be systematically addressed at local, regional and national levels.

P04.42 | UTERINE COMPRESSION SUTURE FOR MANAGEMENT OF POST-PARTUM HAEMORRHAGE: CASE SERIES AND AN INTRODUCTION OF MNEMONIC COMPASS AS A GUIDE IN LOW RESOURCE HEALTH FACILITIES
CATEGORY: CHILDBIRTH

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Objective: At Muhimbili National Hospital, Tanzania, uterine compression sutures were seldom applied in PPH (atony) management. Simulation training on uterine compression sutures was done and the mnemonic "COMPASS" as a guide was introduced for the effectiveness of the sutures once applied.

Method: Simulation training using mattress uterine models on B-Lynch, Hayman, and, Cho sutures was done at MNH involving 69 doctors. The mnemonic COMPASS was introduced as a guide whenever compression suture was applied. C stands for manual Compression to see the likelihood of compression suture success, O for On time (5–15 min), M for Medications perioperative, P for low-Pressure suture materials, A for right Approach and SS for Surveillance 1-immediate monitoring and Surveillance 2-long term follow up.

Results: B-Lynch and Hayman sutures were applied to 15 patients. The mean age (SD) was 30.7 (6.1) years. Eight were prime parous. All delivered by caesarian section. Nine had blood loss ≤ 1000 mL. Seven got blood transfusions, all with pre-surgery blood loss. The procedure duration was median (IQR) 60 (60 to 90) min. The techniques were effective in 14 patients. One conceived after 5 months and delivered at term by caesarian section with no complication.

Conclusion: B-Lynch and Hayman sutures were effective in controlling bleeding post-caesarian section in uterine atony. The mnemonic COMPASS can be used as a guide for effective uterine compression suture application.

P04.43 | FAMILY HISTORY OF POSTPARTUM HEMORRHAGE IS A RISK FACTOR FOR SEVERE POSTPARTUM HEMORRHAGE AFTER VAGINAL DELIVERY: RESULTS FROM THE FRENCH PROSPECTIVE MULTICENTER HEMOTHEPP COHORT STUDY
CATEGORY: CHILDBIRTH

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Objective: To estimate severe postpartum hemorrhage (SPPH) prevalence after vaginal delivery and to identify SPPH risk factors.

Method: Unselected pregnant women ≥ 16 years attending one of six maternity wards in Brittany (France) for vaginal birth after 15 weeks of gestation were recruited in this prospective multicenter cohort study between June 1, 2015 and January 31, 2019. SPPH was defined as a blood loss ≥ 1000 mL in the 24 h following delivery. Independent risk factors for SPPH were determined by logistic regression. Missing data were compensated by multiple imputation (MICE method).

Results: Among 16382 included women, SPPH prevalence was 1.55% (95% CI 1.37–1.75). Uterine pathologies greatly increased the risk of SPPH (aOR = 6.84, 95% CI 2.27–20.59) and a first-degree family history of PPH (aOR = 2.34, 95% CI 1.56–3.60) was significantly associated with SPPH, as well as PPH personal history (aOR = 2.67, 95% CI 1.67–4.25) and abnormal placental insertion (aOR = 2.60, 95% CI 1.31–5.17). Inversely, epidural anesthesia reduced the risk of SPPH (aOR = 0.76, 95% CI 0.63–0.91).

Conclusion: In addition to classical risk factors, this study identified PPH family history as a new characteristic associated with SPPH after vaginal delivery. The association of SPPH with a family history of PPH suggests a hereditary hemorrhagic phenotype and calls for genetic studies.

**P04.44 | BREASTFEEDING IN BRITTANY (FRANCE):
PREVALENCE AND PROFILE OF BREASTFEEDING WOMEN**
CATEGORY: CHILDBIRTH

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maïeutique de Brest, UBO, France

Objective: Calculate breastfeeding prevalence, both in the maternity ward just after a delivery at the hospital, and at 3 months postpartum, and describe the profile of women breastfeeding in the maternity ward.

Method: Descriptive study based on the French prospective multicenter HEMOTHEPP cohort study (NCT02443610) that recruited consecutive unselected women at the end of pregnancy between 2015 and 2019. Clinical data were collected from medical records, from an individual interview during the maternity stay, and a telephone interview at 3 months postpartum. Primary and secondary outcome were the initiation of breastfeeding in the maternity ward just after delivery, and the continuation of breastfeeding 3 months after delivery, respectively.

Results: The study included 19848 women. The prevalence of breastfeeding in the maternity ward was 60.4% (95% CI 59.7–61.1). Breastfeeding initiation rate was higher in women over 30 years old and in women who gave birth without epidural. Conversely, the breastfeeding rate was lower in women from metropolitan France, in obese women, in non-primiparous women, in smokers and in case of macrosomia. Breastfeeding prevalence at 3 months postpartum was 22.8% (95% CI 22.2–23.4).

Conclusion: The breastfeeding initiation rate in maternity wards of Brittany was lower than the mean rate observed all over France, and decreased significantly at 3 months postpartum. As a result, information, support and accompaniment policies for breastfeeding should be reinforced in Brittany.

**P04.45 | SEVERE LATE POSTPARTUM HEMORRHAGE: A
FRENCH PROSPECTIVE POPULATION BASED COHORT STUDY**
CATEGORY: CHILDBIRTH

F. Vendittelli

Centre Hospitalier Universitaire de Clermont-Ferrand, France

Objective: Severe late PPH is a rare disorder. There are no guidelines in France for the management of late PPH which is a source of severe

maternal morbidity. The principal objective of this study was to describe the incidence of severe late PPH (SLPPH).

Method: Women with a SLPPH among a perinatal network (10 maternity units in Auvergne) had been recruited prospectively after verification of the inclusion criteria. All women presenting a SLPPH, defined as a genital hemorrhage (intra-abdominal or exteriorized vaginally) between 24h and 42 days after childbirth and requiring either rehospitalization or a medical or interventional procedure during the postpartum hospitalization were eligible. The main outcome was the incidence of SLPPH.

Results: During the study period (1 April 2019–31 March 2021), 22 758 deliveries occurred and 50 women had a SLPPH. The incidence of SLPPH was 0.22%. Among the 50 cases: 88% had only one SLPPH event ($n=44$), 4.0% had 2 SLPPH events ($n=2$), and 8.0% had 4 SLPPH events ($n=4$). The incidence according to the maternity level was: 0.04% for the level 1, 0.23% for the level 2, and 0.26% for the level 3.

Conclusion: Although numerous studies have examined immediate PPH, very few have explored late (also called secondary) PPH. Severe late postpartum remains a rare event, especially in level 1 maternity unit. The research about SLPPH predictive factors and the incidence of the different etiologies of SLPPH is necessary.

**P04.46 | IMPROVING PPH PREVENTION AND MANAGEMENT
IN LINE WITH THE NEW WHO RECOMMENDATIONS: WHAT
ARE THE KEY COMPONENTS OF AN EFFECTIVE INTERVENTION
PACKAGE?**

CATEGORY: CHILDBIRTH

F. Nyaga

Jhpiego Corporation, Kenya

Objective: Postpartum hemorrhage (PPH) is the leading cause of maternal deaths worldwide. PPH prevention and management guidelines have been updated by including Heat-Stable Carbetocin (HSC) and Tranexamic acid (TXA). Smiles for Mothers Project (SFM) has tested an intervention package in 40 health facilities in line with new recommendations from July 2020.

Method: The package included facility-based clinical training, service provider job aids, data management, advocacy, and client literacy materials. This intervention package was implemented from July 2020 to November 2022. The project convened a scale-up and sustainability meeting in November 2022 to reflect on the interventions. Top county leadership (70) rigorously reviewed the intervention package and scored the 11 interventions by importance to prioritize the critical interventions based on the data.

Results: Percentage of clients who reported receiving a uterotonic within 1 min of delivery increased from 82% ($n=23\,916$) in Qtr4 2020 to 99% ($n=35\,692$) in Qtr3 2022. PPH rate decreased from 3.2% ($n=29\,286$) in Qtr3 2020 to 2.1% ($n=35\,692$) in Qtr3 2022. Prioritized interventions include, PPH services capacity building, creating awareness on danger signs, improving PPH quality, improving data quality for decision making, introduction of HSC, utilization of TXA, advocacy and improved commodity management.

Conclusion: From this work, it is feasible to introduce WHO recommendations on PPH prevention and management by introducing a carefully selected intervention package. It is anticipated that wider dissemination of this package has the potential to improve maternal outcomes. Involvement of top county leadership is essential for ownership.

P04.47 | A PILOT STUDY TO EVALUATE THE UPTAKE OVER TIME OF ORALLY ADMINISTERED TRANEXAMIC ACID IN WOMEN DURING ACTIVE LABOUR

CATEGORY: CHILDBIRTH

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Objective: The aim of this study is to evaluate the uptake of oral Tranexamic Acid (TA) in women in active labor which has rarely been studied. Our objective being to assess time taken to achieve therapeutic serum concentration (5–10 µg/mL) and if serum concentration varies between different forms of orally administered TA.

Method: At our obstetric department at Södersjukhuset, Stockholm, 31 women beyond 35+6 weeks of labor, were randomized to receive two grams of TA in the form of oral solution, tablets or effervescent tablets during labor, at a time near full cervical dilatation. Blood samples were taken before administration and 30 min, 1, 2, 4, 6 and 8 h after administration. The blood samples were analyzed to measure serum Tranexamic acid using Liquid Chromatography-Tandem Mass Spectrometry (UHPLC/MS-MS).

Results: In the analysis 5 patients were excluded. Analysis of the remaining 26 women showed mean serum concentration at 30 min 0.64 (SD 1.1), one hour 3.0 (SD 2.3), 2 h 7.0 (SD 3.3), 4 h 10.2 (SD 3.0), 6 h 9.2 (SD 3.9), 8 h 5.9 (SD 3.5) µg/mL. Comparison of the different forms of oral TA was performed using regression analysis and showed no significant differences between groups ($P > 0.05$).

Conclusion: Women in and immediately after active labor seem to have a slow but adequate uptake of TA when administered orally. Whether this may be used to prevent Post partum hemorrhage needs further research.

P04.48 | STUDY OF EFFICACY AND SAFETY OF HYGROSCOPIC DILATORS FOR PRE-INDUCTION RIPENING OF CERVIX IN WOMEN WITH PREVIOUS ONE CAESAREAN SCAR UNDERGOING INDUCTION OF LABOUR

CATEGORY: CHILDBIRTH

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¹Jawaharlal Institute of Postgraduate Medical Education and Research, India; ²Additional Professor Community Medicine, Jipmer, India

Objective: To study the vaginal birth rates and safety of hygroscopic dilators "Dilapan" for pre-induction cervical ripening among women

with previous one caesarean scar with singleton fetus in vertex presentation, Bishop score <6, eligible and willing for trial of labour, undergoing induction of labour in a tertiary care hospital in south India.

Method: We conducted this experimental study at a tertiary care hospital in south India. We aseptically inserted hygroscopic dilator "Dilapan" (one to maximum five) intracervical for 24h. Thereafter low dose oxytocin regimen was titrated for optimal contractions to a maximum dose of 21 mIU per minute. Among the 164 women screened, 86 were enrolled and 83 completed the protocol. Vaginal birth rate was expressed as percentage. Change in Bishop Score was analysed with paired student *t* test.

Results: The mean age was 28 years and median inter delivery interval 42 months. Bishop score significantly improved from mean 2.6 before to 5.3 after Dilapan ($t = 15.62$, $P < 0.001$). The mean birth weight was 2.89 kg. The vaginal delivery rate was 35%. None of the cases had entrapment, fragmentation or retraction of Dilapan into uterine cavity. One case each had scar dehiscence and traumatic postpartum haemorrhage. There was no case of infection, maternal or perinatal mortality.

Conclusion: Hygroscopic dilator Dilapan is safe and improved the Bishop score significantly. The vaginal birth rate with its use was 35%. Dilapan is a safe alternative for pre-induction ripening of cervix in scarred uterus. We recommend randomized trials to compare it with balloon catheters for ripening.

P04.49 | IMPLEMENTATION OF A MULTI-PROFESSIONAL MULTI-DISCIPLINARY SIMULATION-BASED TEAM TRAINING PROGRAM IN THE GAMBIA IN 10 STEPS

CATEGORY: CHILDBIRTH

G. Oei

Máxima Medical Center, The Netherlands

Objective: Nationwide implementation of multi-professional multi-disciplinary simulation-based team training (MMSTT) is a challenge. The Training for Life Foundation has more than 10-year experience in Africa and Asia. The Gambia has asked to implement MMSTT to reduce Maternal Mortality Rate (MMR) and Neonatal Mortality Rates (NMR) in The Gambia.

Method: A simulation center with video-feedback and high fidelity fullbody simulators (Gaumard, USA) was installed in the delivery room of the Edward Francis Small Teaching Hospital. Two technicians were trained. 21 care-professionals (nurses, midwives, registrars and consultants from the obstetric, neonatal and anaesthesia department) were trained in a 1-week train-the-trainer program in February 2023. The second week the exams took place. During this exam the trainees were observed giving team training to other professionals.

Results: Ten implementation steps were followed: (1) Assess the current situation, (2) Identify the team, (3) Determine the training objectives, (4) Develop a training program, (5) Implement the training

program, (6) Monitor progress, (7) Continuously improve, (8) Identify the champions, (9) Discuss sustainability with the champions and management, (10) Commit the director of the hospital. All trainees graduated. The trainees evaluated the training with a perfect score for all items. The best performing professionals were asked to sustain the program together with the board of directors.

Conclusion: It is feasible to implement MMSTT in 2 weeks in a low-income country by applying ten steps.

P04.50 | LOCAL ADAPTATION OF CLINICAL GUIDELINES FOR CHILDBIRTH CARE IN FIVE URBAN MATERNITY UNITS IN TANZANIA: EXPERIENCES, DILEMMAS, AND LESSONS LEARNED FROM THE PARTOMA PROJECT

CATEGORY: CHILDBIRTH

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⁴Comprehensive Community Based Rehabilitation Tanzania (CCBRT), Tanzania; ⁵Agha Khan University, Tanzania, Comoros

Objective: To conduct a qualitative analysis of a co-creation process for the local adaptation of clinical practice guidelines (CPGs) for childbirth care in five urban maternity units in Dar es Salaam, Tanzania.

Method: An ethnographic study design was used to explore the PartoMa co-creation process. Participant observations were conducted, and detailed field notes were taken during eleven co-creation workshops. The co-creation workshops were closely followed and informal conversations with co-creators were conducted to reflect on the process. Eight follow-up interviews were conducted approximately a week or more after workshops to explore participants' and facilitators' perceptions and experiences of their engagement. Data were analyzed thematically.

Results: Co-creation engaged birth attendants from five maternity units, regional and hospital managers, researchers, and experts in maternal health. Most birth attendants had never participated in a local adaptation of CPGs. Co-creation entailed continuous negotiation between evidence-based practices and achievable care within facilities. Key dilemmas included challenges in adapting some practices across all five facilities due to heterogeneity, birth attendants' perceptions and acceptability of evidence, and loss of engagement from some co-creators due to staff turnover.

Conclusion: Co-creation of locally adapted CPGs for childbirth care is an important strategy for supporting childbirth care in low-resource settings. Based on our findings, we suggest four areas of consideration during local adaptation of CPGs: the heterogeneity of contexts, availability, and acceptability of existing evidence and sustainability of the adapted guidelines.

P04.51 | MAGNITUDE AND CATEGORY OF CAESAREAN DELIVERIES IN THE TIGRAY REGION OF ETHIOPIA EMPLOYING A MODIFIED ROBSON'S 10-CATEGORY CLASSIFICATION SYSTEM

CATEGORY: CHILDBIRTH

H. Teka

Mekelle University, College of Health Sciences, Ayder Comprehensive Specialized Hospital, Ethiopia

Objective: To assess the magnitude and examine indications for Caesarean deliveries in the Tigray Region of Ethiopia based on a modification of the Robson Ten Category Classification System.

Method: A cross-sectional study design was employed to collect data from all women who gave birth through Caesarean delivery in seven selected public hospitals in the Tigray region over a 6-month period from January 20 to June 20, 2018. Data was collected through an interviewer-administered questionnaire and were extracted from the patient charts and surgical logbooks.

Results: There were 1684 caesarean deliveries amongst the 9491 deliveries (17.7%). About 46.8% of caesarean deliveries were performed on women who were either nulliparous or parous, at >37 weeks gestational age with a vertex presenting foetus and presenting in spontaneous labour (exclusive of women with prior Caesarean births). Robson categories for Caesarean births were respectively applied. For about ½ of the different categories, there was a >5% difference between individual hospitals and the national average.

Conclusion: There is a wide variation of Caesarean delivery rates and rates in some categories amongst these regional institutions. This suggests opportunities on a regional and hospital basis to reduce the rates of Caesarean delivery.

P04.52 | MATERNAL SEPSIS AND FACTORS ASSOCIATED WITH POOR MATERNAL OUTCOMES IN A TERTIARY HOSPITAL IN TIGRAY, ETHIOPIA

CATEGORY: CHILDBIRTH

H. Teka; B. Abera

Mekelle University, College of Health Sciences, Ayder Comprehensive Specialized Hospital, Ethiopia

Objective: This study aimed to determine the outcomes of maternal sepsis and factors associated with having poor maternal outcomes in a tertiary hospital in northern Ethiopia.

Method: Facility-based retrospective cross-sectional study design was employed to assess the clinical presentation, maternal outcomes of maternal sepsis and outcomes, and factors associated with maternal sepsis. The study was conducted in Ayder Comprehensive Specialized Hospital, Tigray, Ethiopia from January 1, 2017 to December 31, 2021. Sociodemographic characteristics, clinical

characteristics and outcomes of women with maternal sepsis were analyzed using a descriptive statistic. Multivariate logistic regression was used to determine the association between dependent and independent variables.

Results: Among 27 350 live births, 298 mothers developed sepsis. In this study, the rate of maternal sepsis of 109 per 100 000 live births, a case fatality rate of 7.4%, a rate of severe maternal outcome (SMO) (24.2%), and an MMR of 75 per 100 000 live births were observed. 23.5% were admitted to ICU, and 14.1% used mechanical ventilation. Prolonged hospital stay, parity, lung focus infection, switch of antibiotics, and septic shock were significantly associated with SMO.

Conclusion: This study revealed that maternal sepsis continues to cause significant morbidity and mortality in resource-limited settings; with a significant number of women experiencing death, intensive care unit admission, and intubation attributable to sepsis. The unavailability of recommended diagnostic modalities and management options has led to grave outcomes observed in this study.

P04.53 | ADMINISTRATION OF A SECOND DOSE OF PROPESS (DINOPROSTONE): SUCCESS RATE AND NEONATAL OUTCOME CATEGORY: CHILDBIRTH

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Objective: To assess the efficacy of repeating Dinoprostone vaginal pessaries in induction of labour in both primigravida and multigravida and whether it will affect the neonatal outcome.

Method: This was a retrospective audit in a district hospital. 200 patients had been admitted for a planned induction of labour and they had Propess vaginal pessary (10 mg). After 24 hours, they were examined and if their Bishop score was <6, they were offered a second dose which was accepted in 59 patients. After another 24 h, if the cervix is unfavourable, they were offered balloon induction, Prostin pessaries or caesarean section.

Results: 31% of the patients who had a second Propess had a vaginal delivery (19/59). Oxytocin augmentation was not needed in any of them. There was one patient who had uterine hyperstimulation. (19/59) patients were multiparous whereas (40/59) patients were primigravida. 26% of the multiparous had a successful induction with the second dose in comparison to 32% of the primigravida. All babies had an average Apgar score and there were no admissions to special care.

Conclusion: Administering a second dose of Propess did not achieve a successful induction of labour and also prolonged hospital stay. Parity did not affect the efficacy of second Propess. Second Propess did not seem to affect the neonatal outcome. Using a second method of induction after failed first dose of Propess seems more reasonable.

P04.54 | SUCCESSFUL MANAGEMENT OF ADVANCED ABDOMINAL PREGNANCY WITH METHOTREXATE FOR PLACENTA IN SITU FOLLOWED BY PLACENTAL DEBULKING IN LOW RESOURCE SETTING CATEGORY: CHILDBIRTH

H. Puño

Amang Rodriguez Memorial Medical Center, Philippines

Objective: Advanced abdominal pregnancy that reached term is rare and incurs a high maternal and fetal mortality. The low incidence and lack of specific signs and symptoms often lead to prenatal misdiagnosis.

Method: A 33-year-old, G1P0, 40 weeks age of gestation was initially admitted as a case of placenta previa not in hemorrhage, breech, in labor but later diagnosed intraoperatively as abdominal pregnancy a live baby with multiple congenital anomalies was extracted. The baby subsequently died on the fifth hour of life due to respiratory distress. The placenta adherent to the right pelvic sidewall was left in situ to avoid torrential hemorrhage.

Results: On the fifth post-operative day, Methotrexate and Leucovorin were given for placenta in situ complicated by maculopapular rashes, mucositis, elevated creatinine and liver enzymes, pancytopenia and febrile episodes. Placental debulking was done on the 37th postoperative day. On the 57th hospital day, the patient was discharged well.

Conclusion: Abdominal pregnancy can be misdiagnosed leading to an advanced stage of pregnancy and intraoperative diagnosis. In a government hospital where there is limited resources particularly blood products for transfusion, the placenta can be left in situ to prevent torrential hemorrhage during placental extraction. Methotrexate can be given followed by placental debulking.

P04.55 | OBSTETRICAL HEMORRHAGE: FACTORS ASSOCIATED WITH TRANSFUSION CATEGORY: CHILDBIRTH

H. Brown

University South Florida, USA

Objective: Describe primary and secondary management and risk factors associated with maternal transfusion including oxytocin in labor management in prevention of obstetrical morbidity and mortality for women with severe obstetrical hemorrhage.

Method: Between June 2013 and March 2018, 1715 women experienced a severe obstetrical hemorrhage (>1000 mL) at delivery and/or postpartum. A total of 1608 women had completed data for analysis to compare maternal and management factors associated with blood transfusion including the use of oxytocin for labor management.

Results: Maternal age was 31.6 years and mean BMI 40.9. No difference in BMI for those receiving transfusion versus no transfusion.

92% were delivered by cesarean. Oxytocin was administered to 32% (515). Nine percent (144) received transfusion of any product, 1.4% (22) received 4 or more units. 1.5% (16) required embolization and 1.6% (29) a peripartum hysterectomy. 54 women who received oxytocin required transfusion versus 491. Maximum dose and duration of oxytocin was not different.

Conclusion: Factors including oxytocin maximum dose and duration and obese BMI were not different for those women with severe hemorrhage who required blood transfusion and those not transfusion in the management of obstetrical hemorrhage.

P04.56 | INCIDENCE, ASSOCIATED RISK FACTORS, AND THE IDEAL MODE OF DELIVERY FOLLOWING PRETERM LABOUR BETWEEN 24 TO 28 WEEKS OF GESTATION IN A LOW RESOURCE SETTING

CATEGORY: CHILDBIRTH

H. Kayiga

Makerere University College of Health Sciences, Uganda

Objective: Preterm labor between 24 to 28 weeks of gestation, remains prevalent in low resource settings, yet the ideal mode of delivery remains unclear. We sought to determine the incidence, associated risk factors and ideal mode of delivery of preterm labor occurring between 24 to 28 weeks to streamline patient care.

Method: A prospective cohort of 392 women with preterm labor 24–28 weeks was followed from admission to discharge at Kawempe Hospital, Uganda. The primary outcome was perinatal mortality associated with the different modes of delivery. Secondary outcomes included maternal infections, and maternal death. Chi-square test assessed the association between perinatal mortality and categorical variables like parity, and mode of delivery. Multivariate logistic regression assessed the association between outcomes of different modes of delivery and preterm labor.

Results: Incidence of preterm labor 24–28 weeks was 68.9%. Preterm deliveries 24–28 weeks contributed 20% of preterm deliveries. Preterm labor was associated with digital examinations, antepartum hemorrhage, and multiple pregnancy (P -values < 0.001). Multivariate analysis; multiple pregnancy, chorioamnionitis and liquor leakage (P -values < 0.001), were associated with preterm labor. Perinatal mortality rate was 778 per 1000 live births. About 359 (91.5%), had vaginal, 29 (7.3%) had Cesarean delivery. Cesarean delivery was protective against perinatal mortality (P -value = 0.017).

Conclusion: Incidence of preterm labor between 24 and 28 weeks was 68.9%. Cesarean delivery is the preferred mode of delivery for preterm deliveries between 24 to 28 weeks of gestation especially when labor is not established in low resource settings. It is associated with lesser adverse pregnancy outcomes for remote gestation ages.

P05.01 | ISTHMOCELE OR CERVICOCELE? RE-DEFINING CONCEPTS

CATEGORY: BENIGN SURGERY

A. Chitkara

All India Institute of Medical Sciences, New Delhi, India

Objective: 1. To propose etiopathogenesis and establish a conceptual definition for caesarean scar defect; 2. To demonstrate hysterolaparoscopic approach for isthmocele repair.

Method: 1. Video demonstration of diagnosis on transvaginal sonography (TVS) and saline infusion sonography (SIS); 2. Video demonstration of hysteroscopic and laparoscopic repair of CSD based on the residual myometrial thickness; 3. We propose the presence of a 'valve' at the niche site, giving rise to its symptomatology.

Results: 1. We demonstrate an ultrasound-based diagnosis of the proposed valve at niche site further supported by hysteroscopy; 2. We demonstrated a successful hysterolaparoscopic fertility sparing approach to managing this less-understood pathology.

Conclusion: Isthmocele has currently been classified as AUB-N (not otherwise specified) and should be reclassified as AUB-I (iatrogenic). Also, isthmocele may be renamed as 'Cervicocele' which defines the pathology better. Apart from this, we propose the presence of a 'valve' at the niche site that is responsible for the symptomatology.

P05.02 | A UNIQUE CASE OF VAGINAL LEIOMYOMA: CASE STUDY

CATEGORY: BENIGN SURGERY

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Objective: Leiomyomas are common benign tumors of the uterus and cervix. Rarely they can arise from the vaginal wall and present with varied symptomatology. Only about 300 cases of vaginal wall leiomyoma have been reported in literature so far, hence this case is being reported for its rarity of occurrence.

Method: We report a case of a young girl who presented with acute urinary retention and was earlier misdiagnosed as bladder malignancy. After a thorough examination and imaging, a probable diagnosis of vaginal leiomyoma was made. Vagina was obliterated by the mass, urethra was pulled up and could not be visualized due to the large size of the mass, hence a suprapubic drain was inserted and an abdominal approach was used for enucleation of the mass.

Results: Vaginal leiomyomas may be mistaken preoperatively for cervical fibroid, periurethral cysts or bladder malignancy, final diagnosis is usually made intra-operatively and on histopathology. In our case 13 cm leiomyoma was seen arising from the anterior and upper vaginal wall leading to pressure symptoms on bladder and urethra. Enucleation of the mass and vaginal wall reconstruction was done. Histopathology was consistent with vaginal leiomyoma. Patient recovered well post-operatively.

Conclusion: Vaginal leiomyoma is a rare entity seen in the female genital tract and is often misdiagnosed preoperatively. The final diagnosis is usually made intra-operatively and on histopathology. We used an abdominal approach for enucleation of the mass and histopathology confirmed the diagnosis.

P05.03 | THE NEW ROBOTIC SYSTEM HUGO RAS FOR GYNECOLOGICAL SURGERY: FIRST EUROPEAN EXPERIENCE FROM GEMELLI HOSPITAL

CATEGORY: BENIGN SURGERY

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Objective: To evaluate the safety and feasibility of the new surgical robot Hugo RAS in a series of gynecological surgical procedures.

Method: Between March and October 2022, 138 patients treated at Fondazione Policlinico Universitario A. Gemelli IRCCS, Rome, Italy were enrolled in the study. All patients suitable for a minimally-invasive approach were prospectively included and divided into two groups: Group 1 (78 patients) made up of patients operated on for uterine and/or adnexal pathologies, and Group 2 (60 patients) made up of patients treated for pelvic organ prolapse.

Results: In Group 1, median Docking Time (DT) was 5 min and median Console Time (CT) was 90 min. In two cases (2.6%) redocking was necessary. In two cases (2.6%), the surgeon continued the surgery laparoscopically. Intraoperative complications occurred in 2 surgeries (2.6%). In Group 2, median DT was 4 min and median CT was 134.5 min. In three cases (5%), redocking was necessary. In all cases, the surgery was successfully completed robotically without intraoperative complications.

Conclusion: This is the first report in the literature on the use of the Hugo RAS system in gynecological surgery. It demonstrates the system is safe with good results in terms of surgical efficacy and perioperative outcomes. Further studies are needed to investigate its use in other technical and surgical aspects.

P05.04 | CAESAREAN SCAR PREGNANCY—A TERTIARY AUSTRALIAN APPROACH

CATEGORY: BENIGN SURGERY

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Objective: The frequency of Caesarean Scar pregnancies is increasing worldwide with incidence reported between 1:1800 to 1:2216.

Management in terms of continuing or terminating the pregnancy is still under contention. There is no international consensus on which surgical treatment modalities if choosing to terminate with up to 30 different regimens described.

Method: We present a unique case series of 18 patients from a tertiary Australian hospital with a tailored approach dependent on ultrasonography and intra-operative findings. Surgical techniques included intrasac methotrexate infiltration with potassium chloride, laparoscopic excision and niche repair, cold loop hysteroscopic resection, and ultrasound-guided suction curettage. Three patients elected to continue their high-risk pregnancy with combined care under our maternal foetal medicine team and advanced gynaecology teams.

Results: All patients who underwent surgical treatment recovered well with a median blood loss of 50 mL. The largest blood loss of 200mL was from a patient who underwent hysteroscopic resection of a live 8-week pregnancy after management with intrasac methotrexate and potassium chloride. Two patients who elected to continue underwent a Caesarean Hysterectomy close to term with a healthy live-born child. Her surgery was difficult due to placenta percreta involving her bladder.

Conclusion: We present a variety of patient-centred management styles tailored to different clinical findings involving both surgical treatment and continuing pregnancies with surveillance. This is the largest Australian series including laparoscopic management in conjunction with other surgical modalities and ongoing pregnancy management.

P05.05 | OUTCOME OF CESAREAN SCAR PREGNANCY IN WOMEN REFUSED TERMINATION

CATEGORY: BENIGN SURGERY

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¹Dubai Academic Health Cooperation, Dominican Republic; ²Dubai Health Academic Cooperation, India; ³Dubai Academic Health Corporation, Sudan; ⁴Dubai Academic Health Corporation, India

Objective: In our research we aim to investigate and study the outcome of scar pregnancy course. Moreover, we aim to assess maternal and fetal morbidity and mortality.

Method: This prospective longitudinal hospital base study conducted in Latifa women and children hospital in Dubai, we included 10 women in our study, this study was conducted in around 5 years duration.

Results: Most of the women in their twenties. Four of them had indigenous scar pregnancy and six of them had exogenous scar pregnancy. Three of them had niche repair. Most cases are elective with plan of delivery after 30 weeks of gestation. Most of the women underwent hysterectomy with duration of surgery lasted 2 h. While the others underwent uterine wall reconstruction surgery with maximum surgery time of 5 h.

Conclusion: In conclusion, we have observed that the outcome of scar pregnancy in women refusing termination needs proper counselling with special antenatal observation and care, most of women with more than one scar will need hysterectomy and blood transfusion of two units.

P05.06 | DIAGNÓSTICO Y MANEJO DEL EMBARAZO EN CICATRIZ DE CESÁREA: ESTUDIO DESCRIPTIVO LONGITUDINAL EN DOS HOSPITALES UNIVERSITARIOS DE BOGOTÁ

CATEGORY: BENIGN SURGERY

A. Herrera Campillo¹; K. Cubides Posada²

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Objective: Describir la experiencia del Hospital San José y del Hospital Infantil Universitario de San José en el diagnóstico y manejo del embarazo en cicatriz de cesárea desde 2012 hasta 2022.

Method: Se realizó un estudio descriptivo retrospectivo donde se recolectó información de 22 pacientes que cumplieron con criterios de inclusión y se clasificaron según características sociodemográficas y clínicas.

Results: El metrotexate fue el manejo mas usado con una frecuencia del 40.9% ($n=9$), aunque algunos casos se requirió de manejo quirúrgico como la histerectomía, histeroscópica, legrado y neo hysterorrafia; solo en 4.5% ($n=1$) de las paciente se presentaron complicaciones como la hemorragia obstétrica y una ruptura uterina en igual porcentaje.

Conclusion: El 40% de los casos son asintomáticos y el diagnóstico depende de la habilidad y experiencia ecograficas. Aunque el manejo más usado fue el farmacológico es importante evaluar individualmente cada caso, para disminuir las complicaciones y evitar llevar a término una gestación con baja probabilidad de éxito.

P05.07 | DEFINING EXPECTATIONS IN THE SURGICAL TREATMENT OF ENDOMETRIOSIS: A PATIENT-CENTERED DESCRIPTIVE OBSERVATIONAL STUDY

CATEGORY: BENIGN SURGERY

A. Gaudreau; C. Gauthier; R. Gorak Savard; F. Kanti; K. Arendas; M. Lemyre; P. Laberge; S. Maheux-lacroix
CHU de Québec—Université Laval, Canada

Objective: To describe patients' expectations and definition of a surgical success and failure in women treated for endometriosis-related pain symptoms.

Method: We performed a patient-centered descriptive observational study. Expectations and perceptions of surgical success and failure were evaluated in 36 patients with pain symptoms scheduled for surgical excision of endometriosis. Baseline characteristics, pain and quality of life scores were assessed using the EPHECT questionnaire. Qualitative and quantitative data were analyzed using frequencies and differences in means, and were organized by themes.

Results: Almost all participants ($n=35/36$, 97%) identified improvement of quality of life as the most important item to define a surgical success. The mean minimal expected reduction of EHP-30 score was 34 (IC 95% 27–40; $P<0.001$), with most ($n=33/36$, 92%) expecting

a post-operative score below 40, regardless of their initial score. Expected reduction and post-operative scores for individual pain symptoms varied greatly among individuals. There was no consensus on the definition of a surgical failure.

Conclusion: Patients expect an improvement of quality of life from surgical management of endometriosis with a vast majority aiming for an EHP-30 score below 40 post-operatively. Expectations for each pain symptoms and perceptions of surgical failure are variable and can hardly be used to define surgical success.

P05.08 | A RARE CASE REPORT OF A CYSTADENOFIBROMA OF THE FALLOPIAN TUBE

CATEGORY: BENIGN SURGERY

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Objective: Serous papillary cystadenofibroma is an extremely rare benign tumor of the fallopian tube. This case study concerns a 37-year-old woman with pelvic pain. The differential diagnosis included para-ovarian tumor or GIST tumor. After surgical management, the histopathological exam revealed a serous papillary cystadenofibroma of the fallopian tube.

Method: A 37-year-old female, presented complaining of intermittent pelvic pain. Ultrasound demonstrated a right-adnexal mass sized 5.3×2.2 cm. MRI showed a small oval structure of mixed magnetic signal comprising of cystic and compact areas. Tumor markers were negative. Intraoperative findings revealed a firm tumor with a cauliflower-like surface arising from right fallopian tube. A right tubal cystectomy was performed. Cold biopsy was negative for malignancy. Complete histological analysis revealed a serous papillary cystadenofibroma.

Results: The differential diagnosis for a tumor of tubal origin includes tubal carcinoma, serous tumor of low malignant potential and borderline papillary serous tumor of the fallopian tube. They appear in post-menopausal women. Over 40%–60% of high-grade serous ovarian carcinomas appear to originate from fallopian tubes, having a decisive impact on prevention, early diagnosis and treatment. The tumor seems to have a benign course. Histology is necessary to confirm the diagnosis. Treatment is a unilateral salpingectomy/cystectomy.

Conclusion: Serous papillary cystadenofibroma is a rare entity, usually small in size presented as adnexal tumor. The differential diagnosis is difficult and based on ultrasound findings. The prognosis is excellent and the treatment of choice is surgical depending on the patient's age and desire of preserving fertility.

P05.09 | BENIGN TUMOR OF THE CLITORIS: A CASE REPORT OF AN ENLARGEMENT OF THE CLITORIS IN POSTMENOPAUSE WOMAN AND A REVISION OF LITERATURE

CATEGORY: BENIGN SURGERY

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Objective: We aimed to report a case of a 61-year-old woman presenting a painful progressive enlargement of the clitoris, which appeared about 5 years later. Second, we aimed to relate a literature review on benign tumors of the clitoris.

Method: A 61-year-old woman presented a painful progressive enlargement of the clitoris, which appeared 5 years later. She did not report a previous history of drugs or medicines. She had three c-sections. The clinical and laboratory exam was regular, with no evidence of virilization. The pelvic exam showed an enlarged clitoris, measuring 9 cm in length per 4 cm in diameter. The total clitoridectomy was performed, and the technique and the surgical results were demonstrated.

Results: The clinical findings and the surgical procedure were demonstrated, as well as the final results of the treatment. We provided a literature review emphasizing the importance of recognizing this rare tumor in the postmenopausal period. Moreover, we discussed the clinical and surgical approach to the tumors of the clitoris.

Conclusion: The benign tumors of the clitoris are an unusual finding in the postmenopausal period. Therefore, clinicians must recognize the clinical approach, which includes evaluating the hormonal status and searching for any signs of virilization. Moreover, the disease's surgical procedure and histopathology may be discussed and related.

P05.10 | GIANT SEROUS CYSTADENOMA OF THE OVARY—CASE REPORT

CATEGORY: BENIGN SURGERY

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Objective: The purpose of this article is to discuss a clinical case of an ovarian giant serous cystadenoma and to conduct a brief literature review.

Method: SSM, 21 years old, black, nulliparous, sought the outpatient clinic with a complaint of abdominal distension and dyspnea. Physical examination revealed a globular, painless, and hardened abdomen. Biochemical tests were within normal limits. Abdominal ultrasound showed a voluminous cystic mass with thickened and irregular walls, occupying the entire abdominal and pelvic cavities, with no changes on color Doppler. Abdominal CT showed "a voluminous expansile formation, of low density, well-defined limits, measuring approximately 31.3 × 23.3 × 14.8 cm, extending from the pelvis to the upper abdomen".

Results: Laparotomy (xiphopubic incision) was performed for left salpingo-oophorectomy. The operative procedure was uneventful. The pathological examination revealed "a left ovarian serous cystadenoma weighing 8.4 kg and measuring 34 × 26 × 14 cm; left fallopian tube without alterations; absence of malignancy".

Conclusion: Serous cystadenoma of the ovary is a tumor derived from the celomic surface epithelium, which macroscopically presents an average size of 10–15 cm. In this case, the tumor was 34 cm and 8.4 kg, being a variant in relation to the literature. Surgical treatment is indicated aiming at tumor removal and preservation of fertility.

P05.11 | CHALLENGE ON THE TREATMENT OF GENITAL PROLAPSE WHEN ASSOCIATED WITH CUTIS LAXA SYNDROME: A CASE REPORT

CATEGORY: BENIGN SURGERY

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Objective: Cutis Laxa syndrome (CLS) is a rare, hereditary or acquired, disease caused by defects in elastin fibers, making the skin and ligaments lose its elasticity. Systemic manifestations are associated, such as genital prolapses and urinary incontinence. The study objective is report a case of CLS presence and recurrence in genital dystopias.

Method: Overview of data from medical and surgical records, and anatomopathological results of a 56-year-old woman, diagnosed with SCL by clinics and genetic testing of skin biopsies, who developed urine incontinence and stage III apical and anterior wall prolapse, insufficiently treated by surgical correction and vaginal pessary due to displacement and recurrence of the prolapse.

Results: The patient underwent a laparoscopic promotofixation surgery using mesh in February 2022. After a few months recidiv occurred with prolapse of the anterior vaginal wall stage III and posterior stage II, including increased urinary symptoms. Urodynamic analysis demonstrated urinary stress incontinence and detrusor hyperactivity. The patient underwent a new surgery in October 2022 with anterior colpoperineoplasty using mesh, posterior colpoperineoplasty, retropubic sling and cystoscopy. Present, the patient is responding well to the treatment, without recurrence of symptoms.

Conclusion: Patients with SCL have increased risk of genital dystopias and urinary incontinence. Treatment is challenging, due to high risk of recurrence despite surgical treatment. This case demonstrates the importance of connective tissue in the pathophysiology of genital prolaps and the need for supplementary treatment options, including application of mesh in surgical correction.

P05.12 | PREOPERATIVE MECHANICAL BOWEL PREPARATION FOR GYNECOLOGIC SURGERIES: A SYSTEMATIC REVIEW WITH META-ANALYSIS

CATEGORY: BENIGN SURGERY

C. Cardaillac¹; S. Maheux Lacroix²; C. Gauthier³

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Objective: To assess the efficacy and safety of mechanical bowel preparation before benign laparoscopic or vaginal gynecologic surgeries.

Method: Systematic review and meta-analysis of randomized clinical trials in any language comparing mechanical bowel preparation before laparoscopic and vaginal gynecologic surgeries with no preparation. Two reviewers independently screened and extracted data from selected articles and assessed the risk of bias. Surgeon findings, operative outcomes and patient's pre-operative symptoms and satisfaction were collected.

Results: Twelve studies (1715 patients) of the 925 records screened were included. No significant differences were observed on surgical field view (RR=1.01, 95% CI 0.97-1.05, $P=0.66$, $I^2=0\%$); bowel handling (RR=1.01, 95% CI 0.95-1.08, $P=0.78$, $I^2=67\%$). There were no statistically significant differences in peri-operative findings. Mechanical bowel preparation was associated with increased pain (MD=11.62 [2.80-20.44], $I^2=76$, $P=0.01$); weakness (MD=10.73 [0.60-20.87], $I^2=94$, $P=0.04$); hunger (MD=17.52 [8.04-27.00], $I^2=83$, $P=0.0003$); insomnia (MD=10.13 [0.57-19.68], $I^2=82$, $P=0.04$); and lower satisfaction (RR=0.68 95% CI 0.53-0.87, $I^2=76\%$, $P=0.002$).

Conclusion: Mechanical bowel preparation has not been associated with improved surgical field view, bowel handling or operative outcome. However, in view of the adverse effects induced, its routine use prior to benign gynecological surgeries should be abandoned.

P05.13 | TORSION D'ANNEXE CHEZ L'ADOLESCENTE ET LA FEMME JEUNE

CATEGORY: BENIGN SURGERY

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Objective: Mettre à jour les caractéristiques de cette pathologie et ses spécificités chez la femme jeune afin de mieux guider son traitement.

Method: Une étude rétrospective monocentrique concernant les patientes âgées de moins de 21 ans, prises en charge pour une suspicion de torsion d'annexe, traitées chirurgicalement entre 2021 et 2022 au sein du service de gynécologie-obstétrique G25 de l'hôpital Charles Nicolle.

Results: 18 patientes ont été prise en charge pour une suspicion de torsion d'annexe. La coelioscopie était la voie d'abord privilégiée. Le coté atteint était le droit dans 61% des cas. Un kyste de l'ovaire était retrouvé dans 72% des cas. Une kystectomie était pratiquée dans 89% des cas et la ponction du kyste n'était réalisée que dans 11% des cas. A l'anapath, il s'agissait d'un cystadénome séreux dans près de la moitié des cas.

Conclusion: Les douleurs pelviennes chez l'adolescente et la femme jeune demeurent difficiles à évaluer et le diagnostic de torsion d'annexe devant une image kystique reste la hantise de tout médecin. Un diagnostic précoce et une évaluation chirurgicale rapide restent essentiels pour préserver la fonction ovarienne de ces patientes à long terme.

P05.14 | A 5-YEAR REVIEW OF OVARIAN CYST ACCIDENTS AT A TERTIARY HEALTH CENTRE IN SOUTH-EASTERN NIGERIA

CATEGORY: BENIGN SURGERY

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Objective: The study aims to describe the clinical pattern and therapeutic approaches of ovarian cyst accidents at the University of Nigeria Teaching Hospital, (UNTH) Enugu.

Method: The study was conducted in the department of Obstetrics and Gynaecology of the University of Nigeria Teaching Hospital (UNTH), Ituku-Ozalla, Enugu. It was a retrospective analysis of case notes of patients who presented to University of Nigeria Teaching Hospital, UNTH, Enugu with clinical or radiological suspicion of ovarian cyst accident between January 1, 2015 through December 31, 2019. Relevant information was extracted using a structured checklist and analyzed using the SPSS Version 25 software.

Results: A total of 24 case folders were retrieved. Women aged 21-30years were mostly affected. The most common presenting sign was abdominal tenderness (100%). Laparotomy was done for all cases. Intraoperative pathology was ovarian cyst rupture in 41.7%, ovarian cyst haemorrhage 25%, ovarian cyst torsion 25% and tuboovarian abscess in 8.3%. One of the participants had multiple intraoperative pathologies following OHSS. Repair constituted the majority of surgical interventions (25%). All histological results were benign.

Conclusion: Ovarian cyst accidents are commoner in the reproductive age nulliparous women with lower abdominal tenderness the commonest symptomatology. The commonest pathology was ovarian cyst rupture. Laparotomy was the surgical procedure adopted for all cases. Hence, laparoscopic training in low and middle income countries is critical for improved patient care.

P05.15 | A RARE CASE OF PARAURETHRAL LEIOMYOMA AT THE KORLE-BU TEACHING HOSPITAL, GHANA

CATEGORY: BENIGN SURGERY

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Objective: Paraurethral leiomyoma is the occurrence of a smooth muscle tumour within the mesenchymal cells in the paraurethral space. It is an extremely rare tumor type. This case report describes a rare location of leiomyoma occurring in the paraurethral region which was managed in our facility.

Method: 31-year-old nulliparous woman referred to Korle Bu Teaching Hospital on account of urethral carbuncle. With a 3-year history of a mass below the urethral opening which had been increasing in size with dyspareunia. There were no urinary symptoms, no trauma, nor bleeding from the mass. On examination, abdomen was soft, non-tender with no palpable mass. Perineal exam revealed a firm mass 3×3cm located at 10 o'clock position of the urethra, mobile and non-tender.

Results: Under spinal anaesthesia and urethral catheter insertion, the paraurethral mass was enucleated and the mucosa was sutured with interrupted vicryl 2.0 sutures. Post-operative, she was managed with antibiotics and analgesics, and was discharged on day 3 after catheter removal. The pathology report showed a modular tumour of interlacing bundles of smooth muscle cells separated by vascularized connective tissue, leiomyoma with no evidence of malignancy. At 12 weeks post-surgery she had complete resolution of symptoms.

Conclusion: Paraurethral leiomyoma is a rare condition that is often misdiagnosed. History, examination of the mass, MRI/ultrasound investigation, complete excision, and histopathology examination are needed for a definitive diagnosis. The authors recommend that all paraurethral masses should be properly evaluated to aid diagnosis and guide complete excision.

P05.16 | A NOVEL METHOD OF MIRENA INSERTION IN A BICORNUATE UTERUS

CATEGORY: BENIGN SURGERY

D. Qadir

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Objective: An innovative solution to an unexpected problem in gynaecological surgery is proposed in this case report. An ability to think on one's feet certainly aids decision-making in surgery, especially when dealing with complex problems.

Method: An 18-year-old woman with a history of epilepsy on a background of RASopathy with a known bicornuate uterus presented to the clinic with heavy painful periods. After extensive counselling, her parents opted for the levonorgestrel intra-uterine device (Mirena) to address her dysmenorrhea and menorrhagia. Intra-operatively, a single cervix was noted; due to the bicornuate uterus and dividing septum extending to 4cm from the cervical os, the Mirena was unable to be advanced.

Results: A decision was made to perform a saline hysteroscopy. The Mirena was taken out of its applicator device. Alligator forceps extending from the scope was used to hold onto the long end of the T-shaped Mirena device. Under hysteroscopic guidance, the device was successfully placed in the fundus of the left horn of the uterus.

Conclusion: It is feasible to integrate the Mirena device with hysteroscopy in the face of challenging anatomical variations. In this case report we describe a successful application of the Mirena device in the context of a bicornuate uterus and long dividing septum.

P05.17 | INTERNAL URINARY SIGMOÏDO-RECTAL DIVERSION IN CASE OF IRREPARABLE VESICO-VAGINAL OBSTETRIC FISTULA IN OUAGADOUGOU, MEDIUM-TERM RESULTS

CATEGORY: BENIGN SURGERY

D. Ouedraogo

Gynécologue obstétricien, Burkina Faso

Objective: Our goal is to evaluate our experience of internal urinary diversion of the ureters in a sigmoid pouch according to the Mainz II technique for patients with irreparable vesico-vaginal fistula (IVVF).

Method: In a current cohort of 15 IVVF patients operated with the Mainz 2 procedure at the Schiphra Hospital Center in Ouagadougou in Burkina Faso, the first seven patients were selected and followed since 2018 and 2019. Medium-term complications and surgical results were strictly collected. An original quality of life questionnaire was used.

Results: The functional results in terms of anal urine continence are excellent during the day, slightly worse during the night. Complications for a mean follow-up of the first 6 months are rare, without mortality. The operating procedure described by the Mainz germanurological team was strictly observed.

Conclusion: The urinary diversion according to Mainz II gives excellent results in the medium term, a marked improvement in the quality of life and requires regular medical follow-up. The urinary diversion according to Mainz II is feasible in a low-resource environment centered on a high-performance hospital setting.

P05.18 | EFFICACY OF CONTINUOUS WOUND INFILTRATION (CWI) SYSTEM FOR POSTOPERATIVE PAIN MANAGEMENT IN GYNECOLOGIC PATIENTS WITH SINGLE-PORT ACCESS (SPA) LAPAROSCOPY FOR ADNEXAL DISEASE
CATEGORY: BENIGN SURGERY

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Objective: This study was to evaluate effectiveness of simultaneous use of the continuous wound infiltration (CWI) system and intravenous patient-controlled analgesia (IV PCA) in postoperative surgical site pain after single port access (SPA) adnexal disease laparoscopy.

Method: A total of 371 patients who underwent SPA adnexal disease laparoscopy and received IV PCA or CWI system for postoperative pain management were retrospectively reviewed. The patients were grouped as the combined group (CWI + IV PCA, $n = 159$) and the PCA group (IV PCA only, $n = 212$). Patient's baseline characteristics, surgical outcomes, and postoperative pain management outcomes were compared.

Results: There were no significant differences in clinical baselines and surgical outcomes between two groups. For postoperative pain management outcomes, NRS scores at 12 h (combined group vs PCA group, 1.90 ± 1.11 vs 2.70 ± 1.08 , $P < 0.001$) and 24 h (1.82 ± 0.82 vs 2.11 ± 1.44 , $P = 0.026$) after surgery were significantly lower in the combined group. Total amount of PCA fentanyl, requiring rescue analgesics, and total quantity of rescue analgesics were significantly less in the combined group.

Conclusion: The CWI system significantly reduced postoperative pain, rescue analgesics requirements, and opioid usage. Combined use of CWI system and IV PCA is an effective postoperative pain management strategy in SPA adnexal disease laparoscopy.

P05.19 | REMNANT OVARIAN RESERVE DOES NOT INFLUENCE NATURAL CONCEPTION: IMPLICATIONS FOR SURGEONS
CATEGORY: BENIGN SURGERY

E. Somigliana

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Objective: In recent years, utmost consideration was given to surgically related damage to ovarian reserve. However, albeit not univocal, there is growing evidence that the residual ovarian reserve is

unremarkable to natural conception. If confirmed, this notion would have fundamental implications for surgeons.

Method: We retrospectively selected infertile women younger than 40 whose infertility diagnostic work-up was unremarkable (unexplained infertility) and matched them by age and study period to a control group of women whose male partner had severe infertility (theoretical fertile women). If the null hypothesis (ovarian reserve does not affect natural fertility) is valid, one had to expect similar levels of serum FSH, AMH, and Antral Follicular Count (AFC) in the two study groups.

Results: We selected 252 women with unexplained infertility and 252 controls (partners of infertile men). Baseline characteristics of the two groups were similar. The median [Interquartile—IQR] serum FSH was 7.2 [5.9–8.8] and 7.2 [5.9–8.5] IU/mL, respectively ($P = 0.32$). Serum AMH was 2.0 [1.2–3.3] and 2.2 [1.2–4.0] ng/mL, respectively ($P = 0.50$). AFC was 12 [7–17] and 13 [8–18], respectively ($P = 0.14$). Significant differences did not also emerge when performing dichotomous comparisons using established thresholds for low ovarian reserve.

Conclusion: Ovarian reserve is unremarkable to natural conceptions. Surgeons should not be obsessed by the fear of ovarian damage if they are confident that their intervention is able to improve natural fertility.

P05.20 | COMPARISON OF PROPHYLACTIC ILIAC BALLOON PLACEMENT TO INTERNAL ILIAC ARTERY LIGATION IN SURGICAL TREATMENT OF PLACENTA ACCRETA SPECTRUM—A RETROSPECTIVE COHORT STUDY
CATEGORY: BENIGN SURGERY

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Objective: To compare intra-iliac balloon placement to internal iliac artery ligation during caesarean-hysterectomy for placenta accreta spectrum disorder (PAS). Primary outcome was estimated blood loss (EBL). Secondary outcomes included operative time, devascularisation procedure-related complications and length of hospitalization.

Method: A retrospective cohort pilot study at the CHU Sainte-Justine, a tertiary-level PAS referral center in Quebec, Canada. All eligible records were reviewed for women undergoing elective caesarean-hysterectomy for PAS with planned devascularisation procedures were included between January 1 2012 and December 31 2021.

Results: Fifty-seven women were included. Thirty-six underwent balloon while 21 underwent ligation. Baseline characteristics were similar except for more tranexamic acid use (56% vs 86%, $P = 0.023$) in the ligation group. EBL was not statistically different (2549 ± 430 mL vs 1969 ± 288 mL, $P = 0.691$). Operative time was longer in the balloon group (135 ± 11 min vs 101 ± 8 min, $P = 0.021$). Complication rate were 5/36 (14%) in the balloon group and 8/21 (38%) in the ligation group ($P = 0.051$).

Conclusion: Women undergoing balloon placement did not have significantly higher estimated blood loss parameters but had

significantly longer operative times. Devascularisation-related complications were not significantly different. Most ligation-related complications were failure of bilateral ligation.

P05.21 | MEIGS SYNDROME BY SCLEROSING STROMAL TUMOR OF THE OVARY: CASE REPORT
CATEGORY: BENIGN SURGERY

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Objective: Sclerosing ovarian stromal tumor is a rare condition that must be thoroughly examined prior to a surgical decision to minimize its impact on fertility and future quality of life of patients, because they can be confused with metastatic ovarian neoplasms.

Method: A 29-year-old woman presents for vomiting of 4 days of evolution. Background: no pregnancy, no diseases. Normal gynecological examination. Ultrasound: 84 × 59 mm echomixed tumor dependent on right ovary. Normal uterus and left annex. TC: Hypodense lesion, probably with dense solid nodules in its wall measuring 9.4 × 5.7 × 8.8 cm. Abundant amount of ascites with discrete cross-linking and nodularity of the greater omentum so that peritoneal carcinomatosis is not ruled out. Bilateral pleural effusion. CA-125 antigen 2739.0 U/mL.

Results: Abundant ascitic fluid, right ovary tumor of 9 cm, smooth surface. Left ovary and normal surface uterus. No implants are observed in omentum, peritoneum, intestinal loops and diaphragmatic dome. The sections show areas of pseudonodular appearance constituted by epithelioid cells with clear vacuolated cytoplasm and vesiculous chromatin with prominent nucleolus, as well as spindle cells with mild atypia. Mitotic activity is scanty. Calretinin and Inhibin: Positive. CKEA1-EA3 and EMA: Negative. Diagnosis: Sclerosing stromal tumor of ovary.

Conclusion: Sclerosing stromal tumor are benign ovarian neoplasms and represents only 2%–6% of stromal ovarian tumors. Meigs syndrome complicates 1%–3% of ovarian fibromas. The Sclerosing stromal tumor should be considered in young woman with ovarian masses. A conservative surgical approach has to be mandatory in younger patients with fertility expectancy.

P05.22 | GROWING UP DONOR-CONCEIVED: A POSITIVE STORY OF GRATITUDE AND SUPPORT
CATEGORY: BENIGN SURGERY

E. Grønbaek
Cryos International, Denmark

Objective: For those struggling with fertility issues or in need of a donor, my story can be a valuable resource, offering a safe space for discussion and support.

Method: In this talk, I share my personal experience growing up as a donor-conceived child and offer support to others facing similar

challenges. My parents were open about my donor conception from a young age, reading me a book that explained how a man had helped them by donating sperm. As I grew older, my questions became more advanced, but my parents' openness made it a natural part of our family and my identity.

Results: I was conceived through an anonymous sperm donor due to legislation in Denmark, but I have never felt the need to find out more about him. My family and I talk openly about my donor conception, and they fully support me if I ever decide to learn more. Despite not knowing my donor, I am grateful for his contribution to my family and think of him with happiness and gratitude.

Conclusion: I aim to provide insight into what it is like to grow up as a donor-conceived individual and offer support to others facing similar challenges. I believe that sharing my experiences can help others understand the complexities of donor conception and navigate the challenges that may come with it.

P05.23 | DESCRIPTION OF A CASE NOT REPORTED IN THE LITERATURE OF INTERSTITIAL PREGNANCY WITH RUPTURED CORPUS LUTEUM IN THE EARLY PHASE
CATEGORY: BENIGN SURGERY

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Objective: The aim of this study is to describe this interesting clinical case in order to be able to ensure better management in the event that similar clinical cases occur again. The presence of ruptured corpus luteum could be considered a warning sign of extrauterine pregnancy in patients with tubal surgery.

Method: A 30-year-old primigravida, previous salpingectomy, was admitted to the hospital with amenorrhoea of 5 weeks, pain in the abdomen, and bleeding per vaginum. The transvaginal scan revealed a ruptured corpus luteum with haemoperitoneum without intrauterine pregnancy. Was decided to do "wait and see" management based on clinical condition. After 5 days, the patient returned, after voluntary discharge, to the hospital almost in hypovolemic shock. Laparoscopically was found ruptured left interstitial pregnancy ipsilateral to the salpingectomy.

Results: This is the only case described in the literature of an interstitial pregnancy that presented with a ruptured cystic corpus luteum and haemoperitoneum in the early phase. Interstitial pregnancy is more frequent in the presence of previous salpingectomy. Correct diagnosis at an early stage ensures proper management, which in this case would have avoided emergency surgery for the patient and exposed her to very high risks for her life.

Conclusion: Is important in presence of previous salpingectomy to look for an interstitial pregnancy in suspected ectopic pregnancy. Attention must also be paid to other signs that could herald. Despite its rare, the mortality rate is particularly high and ultrasound training for its detection is still lacking at present.

P05.24 | EPISIOTOMY SCAR ENDOMETRIOSIS: A RARE COMPLICATION OF NORMAL SPONTANEOUS DELIVERY WITH EPISIOTOMY AND REPAIR
CATEGORY: BENIGN SURGERY

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Objective: To report a case of episiotomy scar endometriosis, managed surgically by wide excision and medically by GnRH postoperatively. To present the mechanism by which it develops in postpartum women who underwent vaginal delivery with episiotomy and the importance of a multidisciplinary approach in managing this disease. **Method:** This is a case of 47 year old G2P2 (2002) with a 7-year history of progressive cyclic painful perianal mass. She delivered vaginally with fourth degree episiotomy and repair, 5 years prior. She was admitted by Surgery with an impression of anal malignancy. Referred to OB-GYN service with impression of Perianal endometriosis and suggested medical management. The primary service performed wide excision which revealed chocolate like fluid containing mass. Patient was given GnRH postoperatively.

Results: Episiotomy scar endometriosis is rare. The patient had a past vaginal delivery with fourth degree episiotomy and repair, presented with a tender mass in the perianal area and progressive cyclic perianal pain. Current literature suggests surgical approach, with wide excision including 1 cm of surrounding healthy tissue with recurrence rate of 3.33%, especially if the anal sphincter is involved. Hormonal therapy should always be considered to conservatively manage episiotomy scar endometriosis.

Conclusion: A multidisciplinary approach is required in the management of episiotomy scar endometriosis. This includes surgical diagnosis and debulking of disease load, hormonal treatment to prevent progression or recurrence of disease, and pain management strategies. This can improve outcomes, lessen complication risks, and better quality of life for the patient.

P05.25 | GIANT PHYLLODES TUMOR OF THE BREAST: REPORT OF A CASE
CATEGORY: BENIGN SURGERY

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Objective: To Report our experience in management of a giant Phyllode tumor of the breast and patient further outcomes after a complete surgical excision.

Method: We report a 43-year-old woman presented with a rapidly enlarging left breast mass, noticed 3 months before presentation and resulting in pain.

Results: The tumor was occupying the majority of the breast. The margins were irregular Sonography of the breast showed a (50mm × 62m) heterogeneous predominantly solid mass. Ultrasound guided biopsy showed a fibroepithelial lesion, including fibroadenoma and phyllodes tumor. Breast tumor resection and oncoplastic mastopexy were performed. Pathology from the surgical excision showed a 58mm benign phyllodes without cellular atypia. The post-operative period was uneventful. During follow-up, there was no evidence of local relapse or distant metastases.

Conclusion: Given the rarity of the giant breast phyllodes tumor, Findings from data are based mainly on retrospective series and case reports. Wide local excision can minimize the risk of local recurrence. Oncoplastic surgical techniques are needed for better cosmetic results.

P05.26 | NON-PUERPERAL UTERINE INVERSION IN AN ADOLESCENT GIRL OF 11.5 YEARS: A CASE REPORT
CATEGORY: BENIGN SURGERY

G. Ara
 Gynaecologist & Obstetrician, Bangladesh

Objective: Non-puerperal uterine inversion in an adolescent girl is a rare condition and clinically it looks like a malignant growth. The objective is to decimate the experience to all.

Method: A Case Report. Evercare Hospital, Dhaka, Bangladesh.

Results: Final diagnosis was acute uterine inversion confirmed by USG (ultrasonography) and MRI (magnetic resonance imaging). EUA (examination under anesthesia) and diagnostic laparoscopy followed by Haultin procedure, plication of round ligaments and a suture at the level of internal os was given to prevent recurrence.

Conclusion: As the non-puerperal uterine inversion is a very rare condition, most of the gynecologist may not experience this condition during their carriers. So, awareness development of this clinical condition should be developed.

P05.27 | RECTAL AND OVARIAN ENDOMETRIOSIS: AN UNCOMMON ETIOLOGY OF ACUTE INTESTINAL OBSTRUCTION: A CASE REPORT
CATEGORY: BENIGN SURGERY

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Objective: Digestive endometriosis is considered an exceptional cause of intestinal obstructions. The patient's life prognosis and fertility are at stake. The aim of this rare case is to encourage the treating

physician to consider endometriosis as an etiology in cases of intestinal obstruction, in order to tailor the management accordingly.

Method: Our patient presented with a bowel obstruction syndrome that has been progressing for 4 days. In her medical history, she had been previously diagnosed with infertility for 10 years, which was attributed to severe endometriosis based on diagnostic investigations. She underwent emergency surgery, during which we identified a dual component causing the obstruction: compression due to an ovarian endometrioma and intrinsic obstruction caused by endometriotic infiltration in the recto-sigmoid region, as confirmed by anatomopathological examination of the resected specimen.

Results: Digestive endometriosis primarily affects the recto-sigmoid and right ileo-colonic regions. Intestinal obstruction caused by digestive endometriosis is rare, with a prevalence estimated to be less than 1%. The mechanism of intestinal obstruction can be caused by either parietal infiltration or extrinsic compression by an endometrioma, or it can involve both mechanisms, as in our case.

Conclusion: Endometriosis is a condition that significantly impacts the patient's quality of life. It poses a potential risk to their life by exposing them to surgical emergencies such as intestinal obstruction in the digestive locations affected by endometriosis. Prompt consideration of the diagnosis is crucial in order to tailor the management approach accordingly.

P05.28 | COMPRESSION SUTURE—AN EFFECTIVE MANAGEMENT OF PPH DURING CAESAREAN SECTION IN LOW RESOURCE SETTING

CATEGORY: BENIGN SURGERY

H. Akhter

Chandina Health Complex, Cumilla, Bangladesh

Objective: (1) To assess the efficacy of uterine compression suture in reducing post-partum haemorrhage; (2) To achieve hemostasis promptly and reduce blood transfusion; (3) To prevent hysterectomy and preserve fertility.

Method: An observational study done in 50 PPH patients in primary health care level in 2020–2021. #1 atraumatic catgut needle was passed 3 cm below the fundus from anterior to posterior wall and needle way back to anterior wall 3 cm lateral to first bite. Suture was tied anteriorly to compress the uterus. For uncontrolled bleeding, more sutures can be followed the first one. It was also given to control bleeding from localized area of deeply adherent placenta.

Results: Bleeding was controlled effectively in all cases without any hysterectomy with minimal blood transfusion and negligible postoperative complications.

Conclusion: Being under-developed and over-populated country, shortage of improved, modern technologies and sufficient resources (like uterine artery embolisation), this suture can be an effective alternative to treat PPH in suburban areas. It is found highly effective, straightforward, easy and quick procedure. Vast study is required to ensure the safety and effect on fertility.

P05.29 | APPLICABILITY OF WORKPLACE-BASED ASSESSMENT TOOLS FOR THE TRAINEE DOCTORS OF OBSTETRICS AND GYNECOLOGY IN BANGLADESH

CATEGORY: BENIGN SURGERY

H. Akhee

OGSB, Bangladesh

Objective: To assess the applicability of workplace-based assessment tools for the training doctors of Obstetrics and Gynecology in Bangladesh.

Method: This descriptive type of cross-sectional study was conducted to assess the applicability of workplace-based assessment tools for the trainee doctors of Obstetrics and Gynecology in Bangladesh. The study was conducted for 1 year from January 2022 to December 2022. Convenience sampling technique was adopted for selection of the medical colleges and the respondents were selected from the medical colleges purposively.

Results: The research finding show the distribution of the level of satisfaction of trainee doctors by evaluator in Mini-CEX, mean was 5.00–5.68, median was 5, mode was 6, Std deviation was .866–1.55; in DOPS, mean was 6.60–5.28, median was 6, mode was 6 and Std deviation was .6–1.8; in CbD mean was 5.92–5.52, median was around 5.5. Mode was 6, Std deviation was 0.8–1.

Conclusion: Despite of different limitations described for the applicability of WPBA, it is observed a high level of satisfaction regarding three tools Mini-CEX, CbD and DOPS among trainers and trainees. Study recommended that Mini-CEX, DOPS and CbD can be applied in medical education of our national context.

P05.30 | THE USEFULNESS OF 4 PORTS ROBOT-ASSISTED TOTAL LAPAROSCOPIC HYSTERECTOMY IN PATIENTS WITH NARROW WAISTS

CATEGORY: BENIGN SURGERY

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Objective: In robot-assisted total laparoscopic hysterectomy for uterine benign tumors in patients with narrow waists, we will verify that eliminating the assistant port provides sufficient distance between ports and that the role of the assistant can be compensated by hopping the instruments.

Method: Retrospective case-control study. One hundred five patients underwent robot-assisted total laparoscopic hysterectomy (RA-TLH) with 4 ports using the da Vinci Xi, X between April 2020 and May 2022 after informed-consent. RA-TLH with 4 ports spaced equally (RA-TLH/4e) was performed with four da Vinci ports equally spaced 8 cm horizontally at 4 cm above the umbilicus. Poor

development of the surgical field or difficult forceps manipulations were handled by the endoscope and forceps movement (port hopping).

Results: We compared RA-TLH/4e with RA-TLH with 4 ports spaced unequally (RA-TLH/4u). RA-TLH/4e was performed in 80 patients and RA-TLH/4u in 33 patients. There were no significant differences in surgical outcomes and complications between the two groups, except for shorter preparation time ($P=0.01$), hospital stay ($P=0.03$) and fewer number of port hopping ($P=0.013$) in RA-TLH/4e. The minimum abdominal wall width showed a weak negative correlation with hopping frequency in RA-TLH/4u, but not in RA-TLH/4e.

Conclusion: The equal positioning of the four da Vinci ports made it possible to avoid interference between the arms for patients with a narrow waist. The lack of an assistant port was adequately compensated for by port hopping. The RA-TLH/4e is a useful and safe surgical technique for patients with narrow waists.

P05.31 | PELVIC FLOOR DYSFUNCTION: SURGICAL EXPERIENCE IN A PUBLIC HOSPITAL IN LIMA, PERU CATEGORY: BENIGN SURGERY

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Objective: Describe the assessment and treatment of patients with pelvic floor dysfunction who underwent surgical management in the Gynecology Department at the "Hospital Nacional Dos de Mayo" between 2013 to 2016.

Method: Case series of 86 patients. We did a chart review of the medical records, including history, assessment, and operative reports from 2013 to 2016. We used a non-probabilistic sample.

Results: Dyspareunia was present in 82.5%, 66.3% had mild chronic pelvic pain. We used the POP-Q classification to assess pelvic floor dysfunction. An anterior and posterior dysfunction was present in 57%. Total proctientia and stress incontinence were present in 55.8% of the cases. The surgical management included vaginal hysterectomy and colporrhaphy. The most common complications were pain, urinary retention, and hematuria. At the 3-months follow-up, only three patients developed post-operative complications, and only one needed re-admission.

Conclusion: Risk factors for pelvic floor dysfunction are multiparity, age older than 45, and elevated BMI. The most common surgical approach was a total vaginal hysterectomy, and the most common complication was mesh extrusion.

P05.32 | THE CLINICOPATHOLOGIC CHARACTERISTICS OF UTERINE SMOOTH MUSCLE CELL TUMOR OF UNCERTAIN MALIGNANT POTENTIAL IN A SINGLE CENTER CATEGORY: BENIGN SURGERY

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Objective: This study aimed to investigate the clinicopathologic characteristics and follow-up data of uterine smooth muscle cell tumors of uncertain malignant potential (uSTUMP) in a single center.

Method: Medical records were retrospectively reviewed for patients diagnosed with uSTUMP after surgical treatment between April 2014 and March 2023 at Dong-A University Hospital. We collected information on the patient's age at diagnosis, symptoms at presentation, surgical treatment, histopathological features based on the Stanford parameters (including high mitotic index, significant atypia, and coagulative tumor cell necrosis), recurrence status, and duration of follow-up.

Results: 13 patients with uSTUMP were identified. The mean age at diagnosis was 39 years (range: 29–50 years). The most common symptom is menorrhagia. Eight patients underwent a hysterectomy, and five underwent a myomectomy. Ten patients had one Stanford parameter, either significant atypia or coagulative tumor cell necrosis. In all cases, the tumor had not shown a high mitotic index. The mean follow-up period was 22.8 months (range: 0–74 months). All patients were alive without recurrence.

Conclusion: This study describes the clinicopathologic characteristics of 13 patients diagnosed with uSTUMP. All patients were alive without recurrence at the last follow-up. Ten patients had one Stanford parameter. Long-term surveillance and further research are needed to clarify the features and understand the outcomes of the disease.

P05.33 | SURGICAL MANAGEMENT OF PELVIC ORGAN PROLAPSE IN WOMEN UNDER 45: A MONOCENTRIC EXPERIENCE CATEGORY: BENIGN SURGERY

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Objective: Although genital prolapse is frequently observed in postmenopausal women, it is crucial to acknowledge its occurrence among younger women who may have a desire for pregnancy. The aim of this study is reviewing the different surgical-treatment options in this particular situation, comparing surgical complications and assessing outcomes for each approach.

Method: We retrospectively reviewed the medical records of patients aged under 45 with POP-Q stage ≥ 2 prolapse managed

surgically between 2017 and 2022 at the Gynecology's department in Mongi Slim University Hospital. Age, BMI, type of surgery, outcomes, and hospital stay were reported. We used a composite definition of surgery success including anatomic criteria (POP-Q stage), subjective results (PFDI20) and retreatment. Patients were examined at the 6th week postoperatively and every 6 months thereafter. **Results:** The study included 25 patients with a mean age of 41 years. Laparoscopic surgery was performed in 65% of the cases with uterine-preserving approach in 80% and concomitant anti-incontinence surgery in 25% of the cases. Transvaginal-reconstructive surgery was attempted in 35% of the cases with hysterectomy in 50%. There were no significant differences observed in the rates of complications, average duration of hospitalization and blood loss. Two patients had recurrences after promontofixation, requiring reintervention.

Conclusion: The management of pelvic organ prolapse in young women aims to accomplish two goals: successful outcomes and preservation of reproductive function. Laparoscopic promontofixation, regarded as the gold standard, has been proven to be an effective, workable, and safe surgical option for women who want to preserve their fertility.

P05.34 | EPITHELIOID LEIOMYOMA OF URETHRA: A CASE REPORT AND LITERATURE REVIEW

CATEGORY: BENIGN SURGERY

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Objective: Epithelioid leiomyoma of the uterus is a rare variant of leiomyoma. This finding is even more uncommon extrauterine, with few cases documented in literature. The objective is to report a clinical case of urethral epithelioid leiomyoma in 29 years old woman.

Method: Use of data from medical records, magnetic resonance imaging (MRI) of the pelvis report, surgical informations and anatomopathological results.

Results: R.C.R, female, 29 years old, with anterior vaginal wall bulging, denying dysuria, strangury, hematuria, dyspareunia and prolapses. In MRI, solid nodule was identified, inseparable from anterior vaginal wall and posterolateral-superior urethra, with compressive effect, measuring 3.7×3.2×3.5 cm (21.5 cm³), of undetermined nature. She was submitted to surgery, identifying a tumor in anterior vaginal wall, with its opening and access to urethra and lesion excision. Material was sent to biopsy, identifying epithelioid proliferation and fusiform cells, myxoid stroma and trabecular formation, compatible with Epithelioid Leiomyoma.

Conclusion: The presence of extrauterine leiomyoma and epithelioid histological subtype are two uncommon entities in the literature, making the association of both findings even more uncommon. Thus, this clinical case is important to pay attention to that possibility,

aiming at a correct clinical and histological diagnosis, beyond explanation to patient and correction of pathology.

P05.35 | INTERDISCIPLINARY LAPAROSCOPIC IMPLANTATION OF NEUROMODULATION LEADS TO THE SACRAL PLEXUS (ILIAS): A THERAPEUTICAL OPTION FOR CHRONIC PELVIC PAIN AND NEUROGENIC BLADDER DYSFUNCTIONS

CATEGORY: BENIGN SURGERY

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Objective: Chronic pelvic pain (CPP) affects 4%–15% of patients after gynecological surgery. Endometriosis treatment represents one reason for CPP. Surgery-associated bladder dysfunctions may remain due to neural damage. We chose an interdisciplinary approach of Possover's LION procedure to stimulate the sacral nerve for pain reduction and rehabilitation of bladder function.

Method: The surgical procedure with implantation of the electrode as well the parameters of neurostimulation were performed as described (Kolodziej et al., 2020). The history of the pre- and the post-operative status (1 day, 3 and 6 months postoperatively) was taken with detailed information of pain intensity (NRS), bladder function, general health status (EQ-5D-5L), Beck's Depression Inventory (BDI-V), and Pain Catastrophizing Scale (PCS).

Results: We evaluated the treatments of 15 patients. A significant pain relief was detected even in the follow-up of 6 months as indicated by NRS and PCS, respectively. The quality of life improved (EQ-5D-5L) and a significant reduction of depression was found (BDI-V). General treatment satisfaction was recorded with the Client Satisfaction Questionnaire (CSQ-8) and showed a high satisfaction with the median of 30.

Conclusion: The ILIAS method represents an effective treatment option for chronic pelvic pain and bladder dysfunctions after endometriosis treatment if conservative treatments fail. The method requires an interdisciplinary and interprofessional team and deserves further evaluation.

P05.36 | TORSION ADNEXAL MASS-GYNECOLOGIC EMERGENCY

CATEGORY: BENIGN SURGERY

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Objective: Ovarian adnexal mass occasionally undergo torsion and presents with acute pain. If the vascular compromise is not severe pain may subside. If vascular occlusion occurs, patient develops

septicemia and may lead to death. Hence, early intervention is needed.

Method: Five women presented with pain abdomen found to have adnexal mass (Tab-1). Doppler study was done for one woman and reported as normal blood flow but on surgery found to have torsion with complete occlusion of blood flow. Two patients indicated staging laparotomy could not be done due to sepsis and shock. Minimum procedure of excision only done. Post-operative histopathology of all patients were benign and are in follow up.

Results: Two patients had tachycardia for 2 days and settled later. There was no wound mortality. All are alive.

Conclusion: Pain abdomen with adnexal mass, torsion should be suspected. Tumor markers have to be done. Surgery has to be done at the earliest. If the patient general condition permits and staging laparotomy is indicated, staging laparotomy has to be done. Otherwise, excision of the mass has to be done.

P05.37 | COMPARISON OF EFFECTIVENESS BETWEEN TRANSOBTURATOR TAPE AND TENSION-FREE VAGINAL TAPE CATEGORY: BENIGN SURGERY

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Objective: Trans-obturator tape (TOT) and Tension-Free Vaginal tape (TVT) are a minimally invasive surgical management for stress urinary incontinence (SUI). The aim of this study is to evaluate the postoperative outcome after Transobturator tape surgery and Tension-Free Vaginal tape.

Method: We performed a retrospective analysis of comparing the postoperative outcome after TOT and TVT surgery. Patients diagnosed with SUI on urodynamic study (UDS) and underwent operation at our institution from January 2017 through December 2020 were evaluated. Validated quality-of-life questionnaires were completed preoperatively and postoperatively to assess subjective improvement. Continuous variables was compared using the Two sample t-test, while non-continuous variables using the chi-squared test or Fisher's exact test.

Results: A total of 262 patients who underwent TOT or TVT were followed up for 1 year. There was no difference patient's characters. Comparison of UDS result showed that VLPP was significantly lower in TOT group ($P=0.002$). Operation time was significantly longer in TVT group ($P<0.001$), and blood loss was significantly different in both groups ($P<0.001$). The recurrence rate of urinary incontinence after surgery was no significantly different between the two groups.

Conclusion: Although a lower VLPP was identified in the TOT group, recurrence and complication rates were comparable in both groups. In conclusion, although both TOT and TVT are effective treatments, TOT is considered a safer method because TVT takes longer operation time and the risk of bladder injury and bleeding.

P05.38 | CLINICAL INVESTIGATION OF HYSTEROSCOPIC MYOMECTOMY IN A SINGLE FACILITY

CATEGORY: BENIGN SURGERY

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Objective: Operative hysteroscopy is a minimally invasive operation, especially for submucosal fibroids. However, there are complications such as uterine perforation, fluid overload and bleeding. At our hospital, hysteroscopic myomectomy using bipolar resectoscopes was performed, and the clinical course and complications were examined.

Method: A retrospective study was conducted on 232 patients who underwent hysteroscopic myomectomy at our hospital from May 2019 to April 2023. Surgery was performed under general anesthesia, the perfusate used was saline, and myomectomy was performed hysteroscopically with a bipolar resectoscope. Impact on operation time and fluid load were studied according to myoma size and the International Federation of Gynecology and Obstetrics (FIGO) classification.

Results: The mean age was 43.0 years, 69 cases were larger than 3 cm in size, myomas were grade 1 (59.1%) and the mean operative time was 29 min. Surgery took more than 120 min in three cases, all larger than 3 cm, and one case developed severe anemia. Fluid absorption was greater than 2500 mL in four cases, all with grade 2, and one case developed metabolic acidosis (pH 7.168). No uterine perforation was observed.

Conclusion: Hysteroscopic surgery with bipolar resectoscopes is said to have fewer complications, but in cases with large size or a low protrusion rate, the operative time should be kept in mind, attention should be paid to complications due to fluid overload called Operative Hysteroscopy Intravascular Absorption (OHIA) syndrome.

P05.39 | IS ROBOTIC SURGERY USEFUL FOR GIANT UTERINE FIBROIDS?

CATEGORY: BENIGN SURGERY

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Objective: Robotic surgery (RS) has become a standard procedure, and its advantage is that it's indicated for cases that are difficult to treat by laparoscopy. When the indication for uterine diseases is extended to larger uteri, it is necessary to perform the surgery safely. We investigated the usefulness of RS for giant fibroids.

Method: 201 patients who underwent RS between March 2021 and April 2023 were divided into the following groups: uterus weight <300 g in 76 cases; A, 300 to 600 g in 78; B, 600 to 900 g in 27; C, and >900 g in 20 (maximum 7141 g); D. Uterine weight removed, operation time, blood loss, intraoperative complications, open conversion rate, and days of hospital stay were examined. Tukey test was used for analysis.

Results: Console time showed a significant increase in group C compared to group A and group D compared to groups A and B. Uterine evacuation time was significantly increased only in group D. Blood loss was significantly increased in group D only between the groups. Hospital stay did not differ significantly between groups. There were no cases of laparotomy and no intraoperative complications.

Conclusion: RS is a minimally invasive, operable, and widely applicable technique that can be safely performed on large uterine fibroids without increasing complications. Although still in its infancy, it has the potential to expand the limits of laparoscopic surgery by taking advantage of robotic characteristics and improving surgical techniques.

P05.40 | WOMEN WHO EXPERIENCED ONE CESAREAN SECTION, DOES THE ANTENATAL EDUCATION INCREASE THE VAGINAL DELIVERY RATE AFTER CAESAREAN SECTION? INTERVENTIONAL STUDY

CATEGORY: BENIGN SURGERY

K. Espoir

Yes, Rwanda

Objective: To reduce of mortality rate due to complication of PAS; to encourage and increase the rate of trial of labor post previous caesarean section; and to promote vaginal birth after caesarean section and outcomes.

Method: Interventional study, uses of tool included education and assess of knowledge.

Results: While education during ANC is done and encourage TOLAC, 90% of women operated previously on time adhere on with good outcomes challenge is for women who do ANC in private clinic, for them repeat caesarian section is 98%.

Conclusion: To avoid PAS and all complications of placenta previa and accreta, and to reduce mortality rate due to postpartum hemorrhage better to encourage TOLAC and good outcomes of VBAC.

P05.41 | A REVIEW OF HYSTEROSCOPIC MYOMECTOMY CASES: A 5-YEAR EXPERIENCE IN A TERTIARY HOSPITAL

CATEGORY: BENIGN SURGERY

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Objective: This study aimed to review and evaluate the effectiveness of hysteroscopic myomectomy performed in a tertiary hospital in the Philippines.

Method: A retrospective cross-sectional study of women who underwent hysteroscopic myomectomy in a 5-year period was performed. All procedures were performed at an academic government hospital.

Results: 167 women who underwent hysteroscopic myomectomy were included. Completeness of resection was achieved in 88.46% of the cases. In the final multivariate model, only older age ($P=0.004$) and lesser total fluid input ($P=0.019$) were associated with increased

odds of complete resection. Size of the myoma was associated with total fluid input, estimated blood loss, presence of complications and need for transfusion while pretreatment with GnRH agonist was associated with total operative time and complete resection.

Conclusion: Hysteroscopic myomectomy is a generally safe and effective procedure. The odds of complete resection is greater with older age and decreased with more distention fluid used. Larger submucous myoma was associated with greater fluid input, blood loss, complications encountered and need for transfusion. Pretreatment with GnRH agonist had no significant benefit.

P05.42 | FEATURES OF UTERINE FIBROID VASCULARIZATION USING 2D ULTRASOUND DOPPLER EXAMINATION

CATEGORY: BENIGN SURGERY

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Center for Innovative Medical Technologies of National Academy of Sciences of Ukraine, Ukraine

Objective: To evaluate features of blood supply to uterine fibroids (UF) using 2D Doppler indices.

Method: A 2D Doppler study was performed in 97 women with UF, mean age 36.41 ± 1.3 years, mean UF volume $109.9 \pm 25.7 \text{ cm}^3$. The blood flow in the intrafibroid artery (IFA) and perifibroid artery (PFA) was evaluated by parameters: peak systolic velocity (PSV), end-diastolic velocity (EDV), systolic-diastolic ratio (SDR), resistance index (RI), and pulsatility index (PI). PSV, EDV, IR, IP, SDR of PFA were higher ($P < 0.05$) in PFA than in IFA.

Results: PSV, IP, IR, SDR of PFA positively correlated with the volume of the UF ($r=0.2-0.3$) and negatively in IFA. No difference was found in PSV, IP, IR, SDR of IFA UF of different localization. The highest rates of PFA blood flow were in UF of type 6 and 7. The PSV of IFA was higher in UF of type 6, 7 ($33.34 \pm 2.21 \text{ cm/s}$), the lowest was in UF of type 3, 4, 5 ($23.94 \pm 1.7 \text{ cm/s}$).

Conclusion: As the size of the UF increases, its vascularization increases due to peripheral blood flow. Subserous UF have the highest peripheral blood flow velocity, which may determine the intensity of bleeding during surgery.

P06.01 | ROLE OF PREOPERATIVE CONIZATION IN IB1-IB2 CERVICAL CANCER PATIENTS TREATED BY RADICAL HYSTERECTOMY

CATEGORY: WOMEN'S CANCER

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Objective: Patients with stage IB1-IB2 cervical cancer (CC) had higher risk of recurrence and death after radical hysterectomy, mainly when minimally invasive surgery (MIS) was performed. The

aim of this study is determine the role of preoperative conization to achieve better oncologic outcomes in patients IB1-IB2 CC surgically treated.

Method: This is a retrospective cohort study evaluating 5-year disease free survival (5-year DFS) and 5-year overall survival (5-year OS) of IB1- IB2 CC patients submitted to radical hysterectomy with (Group 1) or without (Group 2) preoperative conization between 2009 and 2019 at Barretos Cancer Hospital. We also compared oncologic outcomes from patients treated using MIS with preoperative conization (Cone-MIS) with laparotomic cases (LAP). Survival outcomes were assessed using Kaplan–Meier model.

Results: 104 patients were enrolled. 80 patients were submitted to preoperative conization and 24 did not have prior conization. Group 1 had 3 (3.8%) recurrences and Group 2 had 6 (25%) recurrences. 5-year DFS was 95.6% in Group 1 and 76.7% in Group 2 ($P=0.005$). 5-year OS were, respectively, 97.6% and 89.8% ($P=0.064$). The Cone-MIS approach had 5-year DFS of 96.2% and LAP patients 88.7% ($P=0.26$), and 5-year OS were, respectively, 96.7% and 100% ($P=0.51$).

Conclusion: Our study highlighted that patients in stage IB1-IB2 CC submitted to radical hysterectomy with preoperative conization have superior 5-year DFS, but no significative impact on 5-year OS. In patients treated by minimally invasive surgery, the use of preoperative conization determine a similar oncologic outcomes compared with laparotomic group.

P06.02 | RISK FACTORS FOR RECURRENCE AND PRETERM BIRTH FOLLOWING LARGE LOOP ELECTROSURGICAL EXCISION PROCEDURE

CATEGORY: WOMEN'S CANCER

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Objective: We aimed to investigate risk factors for recurrence and preterm birth after large loop electrosurgical excision procedure (LEEP) in the patients with cervical intraepithelial neoplasias (CIN1).

Method: This retrospective study reviewed 385 patients who underwent LEEP in Jeju National University Hospital (JNUH) between 2011 and 2019. Information on the age, menopause, pathologic results, postoperative HPV status and cytology was collected. Categorical variables were assessed by chi-square test or Fisher's exact test, and continuous variables were assessed by t-test or Wilcoxon rank sums test. Hazard ratios for recurrence were calculated by cox proportional hazard model. Multivariate analysis was performed by logistic regression model.

Results: A total of 46 patients (12%) had positive surgical margin. 31% of patients had positive HPV results after LEEP. 14% of patients

experienced recurrence which was CIN1 or worse. On multivariate analysis, positive HPV following LEEP and positive surgical margin was significantly associated with recurrence (HR 6.848 [95% CI 3.652–12.840] and HR 1.948 [95% CI 1.020–3.720], all $P<0.05$). 31 patients delivered in JNUH, and 9 of them gave preterm births. There was no significant risk factors for preterm birth.

Conclusion: Positive HPV after LEEP and positive surgical margin were independent risk factors for recurrence. Size of excision specimen was not associated with preterm delivery in the patients underwent LEEP.

P06.03 | PROPHYLACTIC SALPINGECTOMY FOR THE PREVENTION OF OVARIAN CANCER: AN UPDATE ON FIGO MEMBER SOCIETIES' RECOMMENDATIONS IN 2023

CATEGORY: WOMEN'S CANCER

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Objective: We surveyed the member societies of the International Federation of Gynecology and Obstetrics (FIGO) regarding their policies on prophylactic salpingectomy during benign gynecologic surgery in women who have completed childbearing. This was an update of a similar survey conducted in 2017/2018.

Method: The websites of the 134 FIGO member societies and associated societies for gynecologic oncology were searched for statements on prophylactic salpingectomy. Separate statements and statements embedded in other official documents such as guidelines were taken into consideration and classified as positive, negative or ambivalent. In case no statement was found on the website, we contacted the member societies by email.

Results: As of May 2023 we have found 19 statements by 33 national societies. There are 11 separate statements and 8 statements embedded in another document. 16 statements support prophylactic salpingectomy and 3 are ambivalent; there are no statements recommending against prophylactic salpingectomy. One of the positive statements was issued by the Latin American Federation of Obstetrics and Gynecology (FLASOG) within the clinical practice guideline for ovarian cancer and represents 15 national societies.

Conclusion: Since our initial survey in 2017/2018, in which only 12 FIGO member societies had a statement regarding prophylactic salpingectomy, the number of national societies with a policy has increased. Nearly all statements support prophylactic salpingectomy.

P06.04 | PROGNOSTIC MODELS FOR OVARIAN CANCER

CATEGORY: WOMEN'S CANCER

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Objective: Assessment of the value of ultrasound-based models in pre-operative discrimination between benign and malignant ovarian masses.

Method: Literature review of performance of commonly used based ultrasound prognostic models in differentiating between benign and malignant adnexal lesions. Management decisions are influenced by the age, prior surgical, medical, reproductive and family history of the patient, patient preferences, the overall patient profile and the results of prognostic models and biochemical markers for ovarian cancers.

Results: Ovarian cancer affects 3%–4% of women worldwide and it is the eighth leading cause of death from cancer in women. The majority of ovarian cancer patients will present at an advanced stage due to the lack of screening tests in the general population and the absence of characteristic presenting symptoms. Depending on the O-RADS risk category classification of ovarian tumor the patients can be managed conservatively or surgically.

Conclusion: Implementation of prognostic models, based on ultrasound findings, is a reliable and objective method of assessment of women with adnexal lesions. Also, it allows classification of patients as low or high risk, for ovarian cancer and provides guidance regarding the optimal management of each subgroup by a multi-disciplinary team.

P06.05 | SURVIVAL RATE, RECURRENCE RATE AND COMPLICATIONS OF ROUTINE APPENDECTOMY FOR PATIENTS WITH BORDERLINE AND MALIGNANT MUCINOUS OVARIAN TUMOR: A SYSTEMATIC REVIEW AND META-ANALYSIS

CATEGORY: WOMEN'S CANCER

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University of the East Ramon Magsaysay Memorial Medical Center Inc., Philippines

Objective: To determine the survival rate, recurrence rate and complication rate among patients diagnosed with borderline and malignant mucinous ovarian tumor who underwent complete surgical staging with appendectomy

Method: The citations were identified with the use of the following words: "mucinous ovarian tumors", "MOT", "appendectomy", "pseudomyxoma peritonei". All retrospective studies with histopathologic diagnosis of borderline or malignant Mucinous Tumors with subjects who underwent appendectomy during primary surgery including encompassing data on survival rate, recurrence rate and/or complication rate that matched the terms set by the researchers were retrieved. Review Manager Version 5.3 was used to perform the systematic review and meta-analysis of included studies.

Results: There were eight retrospective studies included in this study. The random interval for survival rate is 64.9% to 99.7% with a P-value of <0.1. The prediction interval for recurrence rate is 0% to 100% with 95% confidence interval. The odds of complications occurring is less than 0.69 to 2.99 times with 95% confidence interval with mean effect size is 0.083 with a 95% confidence interval of 0.027 to 0.23.

Conclusion: The mean prevalence of abnormal histology of the appendix in patients with borderline and malignant mucinous ovarian tumors and underwent appendectomy is 3%–13%. There is no statistically significant difference in survival rate, recurrence rate and complication rate in the population with or without appendectomy during primary surgery.

P06.06 | SCREENING AND TREATMENT OF PRECANCEROUS CERVICAL LESIONS IN BURKINA FASO USING NEW TECHNOLOGIES

CATEGORY: WOMEN'S CANCER

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¹Jhpiego Burkina Faso, Burkina Faso; ²DPCM, Burkina Faso; ³Jhpiego USA; ⁴Expertise France, France

Objective: Cervical cancer (CxCa) is one of the most common cancers among women in Burkina Faso. The SUCCESS project aims to strengthen CxCa secondary prevention to accelerate its elimination by 2030. This SUCCESS project contributed to improving screening and treatment of precancerous cervical lesions through the introduction of HPV testing thermocoagulation.

Method: SUCCESS was implemented in 21 sites, with HPV testing introduced as a screening method through vaginal self-sampling by women. Visual Acid Inspection (VIA) was used as an alternative screening method when HPV testing was not available. Providers were trained in HPV screening and in the use of thermocoagulation for treating moderate lesions and loop electrosurgical procedure (LEEP) for large lesions.

Results: In 2021, 74% (4893/6547) of women were screened for HPV compared to 88% (19341/21820) in 2022. In 2021, 83% of HPV-positive women were treated with thermocoagulation. In 2022, 96% of HPV-positive women were treated with thermocoagulation. To date, 650 providers were trained, 358 (58%) in screening. SUCCESS'

contribution increased national screening coverage from 8% in 2021 to 35% in 2022, and treatment from 29% in 2021 to 65% in 2022.

Conclusion: HPV testing has led to increased screening coverage nationally and improved access for women. The use of thermal ablation has resulted in better coverage and management of cervical precancerous lesions at the lowest level of the health system in Burkina Faso.

P06.07 | THE DIAGNOSTIC VALUE OF ECC IN DETECTING CIN2 AND CIN2+ LESIONS IN PATIENTS WITH 'CERVICAL PREINVASIVE LESION AND HRHPV (+)'

CATEGORY: WOMEN'S CANCER

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Objective: There is ongoing discussion regarding which patients should receive endocervical curettage (Ecc) despite agreement that it's not necessary for certain populations. Our study aimed to determine Ecc's diagnostic efficacy for detecting CIN2 and CIN2+ during colposcopy in patients with preinvasive lesions or HrHpv (+) results.

Method: Demographic and medical data of 168 patients whose final pathology was CIN2 and CIN2+ lesion, who underwent colposcopy and endocervical curettage by us with Pap-smear and HPV results were recorded and evaluated retrospectively.

Results: CIN2 and CIN2+ patients had a mean age of 42.48 years ($P=0.042$). ECC detected cancer in two patients. Of 65 ECC-reported CIN3 patients, 45 had matching colposcopy results. ECC-reported CIN2 diagnoses matched colposcopy diagnoses in 52 patients, with ECC detecting CIN2 and CIN2+ in 13% of patients with lesions below CIN2 on colposcopy ($P=0.006$).

Conclusion: In this study, it has been shown in the comparison of Ecc and colposcopic biopsy that lesions above CIN2 that cannot be detected by colposcopy can be detected by Ecc. The data obtained from the study reveal the importance of Ecc during colposcopy in detecting preinvasive lesions of the cervix.

P06.09 | PROGNOSTIC FACTORS OF BREAST CANCER IN YOUNG FEMALE PATIENTS: A RETROSPECTIVE STUDY FROM SOUTHERN-EAST TUNISIA

CATEGORY: WOMEN'S CANCER

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Objective: Breast cancer (BC) is rarely seen in young women, but recent data shows an increase in rates among premenopausal females. Due to its unique characteristics in young women, including fertility and psychosocial concerns, BC requires special attention. This study thus analyzes BC prognostic factors in young women from southern-east Tunisia.

Method: This retrospective study enrolled 90 women under 40 years with histologically confirmed early BC. Immunohistochemical

evaluation of Hormone receptors (HR), HER2, and Ki67 expression was conducted for all cases. Clinical data was collected from patients' files and statistical univariate and multivariate analysis were conducted using SPSS version 20.

Results: Average age: 35.5 years, BC family history: 23.9%, pregnancy-associated BC: 10%, average tumor size: 3.8 cm, advanced clinical stage: 10%, histologic subtype: 97.8% ductal carcinoma, HR negativity: 28.9%, HER2 over-expression: 32.2%, high proliferation index ($Ki-67 > 20\%$): 78.8%, predominant molecular subtype: luminal B Her2-negative (28.8%), triple-negative subtype: 16.2%, treatment modalities: surgery (36.4%), chemotherapy (25.6%), radiation (92.3%), relapse rate: 32.2%, 5-year survival: 77%. Prognostic factors: tumor stage, lymphnode involvement, histological grade, HR-negativity, high Ki67, and relapse.

Conclusion: The findings of this study emphasize the need for further research to understand the complex relationships among BC prognostic factors in young women, who are known to more likely have a genetic predisposition, larger breast tumors, unfavorable biological characteristics, distant metastatic disease at diagnosis, and poorer outcomes.

P06.10 | BORDERLINE TUMOR OF THE OVARY ABOUT 15 CASES AND REVIEW OF THE LITERATURE

CATEGORY: WOMEN'S CANCER

B. Sara

Maroc, Algeria

Objective: Fertility preservation in borderline ovarian tumors is an important therapeutic issue.

Method: This retrospective cohort study included 15 women with borderline ovarian tumor treated in at chu hassan II Uni between 2019 and 2023. Clinicopathological characteristics, treatment, recurrence and survival data were collected.

Results: The average age is 38 years, 30% of our patients were nulligest, the serous subtypes represent 80% and the mucinous 20%, all our patients have benefited from a surgical treatment.

Conclusion: Borderline tumors of the ovary most often affect young women. The majority are diagnosed at an early stage (stage I). The prognosis is excellent and the overall survival rate of borderline tumors of the ovary is much higher compared to ovarian carcinomas.

P06.11 | SEROUS CARCINOMA OF THE FALLOPIAN TUBE: CASE REPORT

CATEGORY: WOMEN'S CANCER

B. Monteiro Lima Villas Boas; C. Carneiro de Santana;

D. Evangelista Do Carmo Batista; C. Pimenta de Oliveira Carneiro;

J. Carvalho Matos; L. Varjão Oliveira; H. Ives Barretto Almeida

Hospital Universitário Professor Edgar Santos, Brazil

Objective: In view of the low incidence of primary serous carcinoma of the fallopian tube and, therefore, the scarcity in the literature on

the subject, the present study aims to report the case of a woman with this diagnosis in an oncogynecology service.

Method: Case report of a 69-year-old woman who took place at the University Hospital Professor Edgar Santos, in the city of Salvador, Bahia, Brazil in the year 2022.

Results: A 69-year-old patient, smoker and alcoholic, with a large pelvic mass. Abdominal CT showed a cystic formation in the left adnexal region, inseparable from the uterus, measuring 18 cm. Submitted to surgery, showing a tumor of probable uterine origin adhered to the small intestine and sigmoid. A hysterectomy with bilateral adnexectomy, omentectomy, lymphadenectomy and intestinal segmental resection was performed. The pathological result was high-grade serous carcinoma of the right uterine tube, with endometrium free of neoplasia.

Conclusion: Fallopian tube tumors are the least frequent in the female genital tract. Because it is a rare, the diagnosis is impaired and often late. The treatment is surgical, however the chemotherapy regimen is not well established. The relevance of the case for improving the diagnosis and management is highlighted.

P06.12 | PSEUDOMYXOMA PERITONEI: A CASE DIAGNOSED IN A 50-YEAR-OLD WOMAN WITH PERIUMBILICAL MASS: DIAGNOSTIC DILEMMA AND MANAGEMENT
CATEGORY: WOMEN'S CANCER

C. Escarpe

Dr. Pablo O. Torre Memorial Hospital, Philippines

Objective: To present a rare case of Pseudomyxoma Peritonei in a 50-year-old woman with a chief complaint of Periumbilical Mass associated with weight loss and abdominal distention. To discuss the diagnostics and management options of Pseudomyxoma Peritonei.

Method: Her initial superficial ultrasound showed a Periumbilical Hernia with incidental findings of moderate ascites. Gynecologic ultrasound performed revealed a right adnexal mass with an IOTA Adnex of 19.8% chance of malignancy. CA 125 was elevated at 63.1 IU/mL. Computed Tomography scan further showed ascites with possible omental caking and enlarged right external iliac lymph nodes. Referral to a Gynecologic Oncologist was made and Pelvic Tuberculosis versus Primary Peritoneal Cancer were considered.

Results: She was treated with Anti-Tuberculosis therapy prior to undergoing surgery. Intra-operatively, gelatinous fluid filled the peritoneal cavity. The liver and subdiaphragmatic surface were studded with seedings and the omentum was caked. Mucinous seedings were noted on the uterus and ovaries. Pseudomyxoma Peritonei was the postoperative diagnosis. Histopathology findings showed Mucinous Cystadenoma of the left ovary and Pseudomyxoma Peritonei for the umbilical mass. She then underwent Cytoreductive Surgery (CRS) and Hyperthermic Intraperitoneal Chemotherapy (HIPEC).

Conclusion: For selected patients, CRS followed by HIPEC is a preferred alternative to periodic debulking without HIPEC. The

importance of surgical technique and surgeon experience cannot be overemphasized. Due to its rarity, further research should be implemented to determine the optimal diagnostics and management with the least possible complication to the patient.

P06.13 | ACCURACY AND POSITIVE PREDICTIVE VALUE OF ADDITIONAL TESTS FOR DETECTING CERVICAL HSIL OR WORSE IN WOMEN WITH ABNORMAL SCREENING CYTOLOGY AND NEGATIVE COLPOSCOPY
CATEGORY: WOMEN'S CANCER

C. Campos

Unicamp, Brazil

Objective: To evaluate the detection rate of high-grade squamous intraepithelial lesion or worse (HSIL+) by additional tests applied in cervix of women with abnormal screening cytology ASCH or worse (ASCH+) and followed by a negative colposcopy.

Method: Interim analysis of an ongoing clinical trial (NCT05120167) which aims to evaluate the performance of liquid-based cytology (LBC), HPV test, endocervical brushing (EB), and endocervical curettage (CC), for HSIL+. 257 women with cytology ASCH+/negative colposcopy performed LBC and hr-HPV testing and were randomized to EB/cytobrush ($n = 135$) or CC/by Novak curette ($n = 122$). The present analysis considered 48 positive cases referred for excision of transformation zone (ETZ) and calculated Positive Predictive Value and accuracy of HSIL+ detection.

Results: 45/48 ETZ were performed (EB = 20; CC = 25) with 33 (77%) lesions detected (31 HSIL, 2 cancers). Respectively, LBC and hr-HPV tests had PPV = 72% and 80% and Accuracy = 62% and 78% for HSIL+. EB and CC groups had PPV = 78% and 91% and Accuracy = 74% and 86%, with only 64% of CC samples being satisfactory. CC group exhibited one CIN3/four negative curettages, five CIN3/nine unsatisfactory samples, all detected by hr-HPV testing. Three CIN3 (p16+) with CC+ had negative hr-HPV testing.

Conclusion: Positive additional tests in cases of negative colposcopy guided by ASCH+ screening cytology were associated with 77% of HSIL+ detection. The hr-HPV test and endocervical curettage showed the best PPV and accuracy as additional tests, although more unsatisfactory sample cases were found in the canal curettage procedure.

P06.14 | ÉCOULEMENTS MAMELONNAIRES ET CANCER DU SEIN
CATEGORY: WOMEN'S CANCER

C. Jamoussi

Faculté de Médecine de Tunis El Manar, Tunisia

Objective: L'écoulement mamelonnaire pathologique se définit par un écoulement spontané, unilatéral, unipore dans la majorité des cas.

L'étiologie est habituellement bénigne mais il peut être révélateur de cancer.

Method: Les objectifs du travail sont: Etudier les caractéristiques épidémiologiques chez les patientes ayant consulté pour des écoulements mamelonnaires unipores sans masse palpable au sein d'un centre de maternité niveau 3 pendant une période de 18 mois allant du janvier 2017 au juillet 2018, ainsi que les données radio cliniques et cytologiques et les comparer aux données de la littérature.

Results: L'âge moyen des patientes est de 50.6 ans avec des extrêmes allant de 28 à 83 ans. L'écoulement galactophorique est spontané dans 52% des cas. Le caractère hématurique était le plus fréquent 80%. Toutes les patientes ont été opérées. L'étude anatomopathologique des pièces opératoires de pyramidectomie a permis de découvrir 3 cas de cancer mammaire.

Conclusion: Un écoulement mamelonnaire a d'autant plus de risque d'être en rapport avec un cancer du sein, comme dans notre étude il a été le signe révélateur de cancer dans 3 cas. Il est donc nécessaire de réaliser un bilan d'imagerie complémentaire afin d'identifier et de localiser la lésion d'origine.

P06.15 | AWARENESS AND KNOWLEDGE OF OVARIAN CANCER RISK FACTORS AND SYMPTOMS IN RWANDA: INSTITUTIONAL-BASED STUDY
CATEGORY: WOMEN'S CANCER

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¹University Teaching Hospital of Kigali (CHUK), Ethiopia; ²University of Rwanda, Rwanda

Objective: The objectives of the study were to evaluate the knowledge and awareness about the symptoms of ovarian cancer, the risk factors for the development of ovarian cancer and evaluate the factors affecting knowledge and awareness on ovarian cancer.

Method: The study was a prospective descriptive cross-sectional study done at two hospitals in Kigali, Rwanda. The study was conducted for a period of 6 months. A total of 150 study participants who visited Muhima hospital and the University Teaching Hospital of Kigali (CHUK) who full-filled the inclusion criteria and consented for the study were included in the study. A translated Ovarian cancer awareness measure (ovarian CAM) questionnaire was used.

Results: The median age was 35 years. Seventy-six (76.0%) had low knowledge score on the symptoms of ovarian cancer. The most common symptoms that was known were persistent pelvic pain (30.0%) and abdominal distention (29.3%). Only 17.3% had good knowledge on risk factor for ovarian cancer. Those living in union, with secondary or higher education, in category 3 of wealth index and those unemployed had significantly higher knowledge score on ovarian cancer.

Conclusion: The awareness of ovarian cancer and the level of knowledge on both the symptoms and the risk factors of ovarian cancer are significantly low among women attending the two hospitals. This

calls up for community health education on symptoms and risk factors of ovarian cancer.

P06.16 | THE VALUE OF ABBREVIATED MRI IN THE DIAGNOSIS OF BREAST TUMOR
CATEGORY: WOMEN'S CANCER

D. Huu

National Cancer Hospital, Viet nam

Objective: To evaluate the role of the abbreviated MRI in the diagnosis of breast tumors.

Method: The retrospective study was conducted at National Cancer Hospital from January 2019 to October 2022 on 82 patients with suspicious breast lesions undergoing 1.5 Tesla MRI, with histopathological results after needle biopsy and/or surgery. Two readers classified lesions independently according to BI-RADS by reading: an abbreviated protocol (axial STIR, axial T1FS sequences before and 2 min after injection) and a full diagnostic protocol. The imaging, pathologic features, and value of the two protocols were analyzed.

Results: In 82 patients, 92 lesions were detected, of which 51 cases were malignant, and 41 cases were benign lesions. The lesion detection rate of AB-MRI was 97.8%. The agreement between AB-MRI and FD-MRI in classifying breast lesions according to BI-RADS was excellent (Cohen's Kappa index=0.835). The accuracy, sensitivity, and specificity of AB-MRI (BIRADS ≥ 4) in breast cancer diagnosis were 80.4%, 100%, and 56.1%, while these figures for FD-MRI were 81.5%, 100%, and 55.8%, respectively.

Conclusion: Abbreviated MRI is a precious method in diagnosing breast cancer, with sensitivity and accuracy equivalent to a full diagnostic MRI.

P06.17 | CASE OF RECTAL CANCER OBSTRUCTING LABOUR
CATEGORY: WOMEN'S CANCER

E. Alramsi¹; M. Seoud²; H. Alyammahi¹; R. Alawadhi¹; F. Alharmi¹; N. Alguzi¹

¹SEHA, Saudi arabia; ²SSMC, Lebanon

Objective: Presentation of a case of rectal cancer causing labor obstruction to raise obstetricians' clinical suspicion. A 27-year-old lady, with no significant medical or surgical history, presented to the emergency department (ED) with abdominal pain and fever 2 weeks after an uneventful cesarean section for malpresentation.

Method: She had an-uneventful antenatal course except for one visit at 17 weeks complaining of mild dull, lower abdominal pain, not associated with any obstetric or bowel concerns, relieved by analgesia. Followed by a visit a week after complaining of constipation and managed with laxatives. At 36 weeks, she presented

with spontaneous rupture of membrane and labor pains, hence admitted to the labor ward. Intrapartum; she had delay in the first stage of labor, therefore oxytocin started. Brow presentation was noted on vaginal examination; accordingly, a cesarean section was done.

Results: Upon arrival to ED, she denied any respiratory or bowel symptoms. Clinically well on examination; abdomen soft on palpation, not distended. Biochemistry showed elevated WCC, anemia and elevated CRP. Urine, blood and genital cultures were negative. CT scan showed a suspicious rectal mass measuring about 5×4×5cm with extensive lymphadenopathy. MRI and done and the findings were consistent with a rectal malignancy. Rectal biopsy demonstrated ulcerated moderately differentiated adenocarcinoma.

Conclusion: Addressing ordinary obstetric complaints such as constipation during the antenatal course is paramount to exclude significant consequences. Signs and symptoms of obstructed labor should be managed seriously with full patient assessment.

P06.18 | COST ANALYSIS OF WOMEN WITH BREAST CANCER IN COTE D'IVOIRE, 2022

CATEGORY: WOMEN'S CANCER

E. Aka

University Felix Houphouet Boigny Abidjan-Côte d'Ivoire, Burkina Faso

Objective: To estimate the direct medical costs and helps payers understand the burden of breast cancer on limited resources.

Method: A cross-sectional study was used to perform the direct medical costs of breast cancer in women in Cote d'Ivoire. Patients included women diagnosed with breast cancer confirmed by histology. Data were collected from medical records and patients' interviews. Costs involved assessing the patient's out-of-pocket expenses which are cost of services used for diagnosis, treatment and follow-up. Mean, standard deviation, and cost range were estimated for each cost category.

Results: Treatment costs for levels 0, I, II, III and IV were \$5237; \$6961; \$6324; and \$6743 respectively. The chemotherapy was the main cost driver (\$3121) before radiation therapy (\$1714). Cost of chemotherapy was the highest at \$3121 per patient. The cost of radiotherapy was also exorbitant at \$1714 per patient. At just \$1416, the surgery was the least expensive treatment. The follow-up care was estimated at \$631 ranging from \$1 to \$4492.

Conclusion: This study provides an insightful analysis to serve as a basis for further economic evaluation and may also be helpful for health decision makers to include it in the national health coverage plan.

P06.19 | EVALUATION OF THE COPENHAGEN INDEX AS A PREDICTIVE TOOL FOR DIFFERENTIATION OF BENIGN AND MALIGNANT OVARIAN MASSES: A SINGLE CENTER EXPERIENCE

CATEGORY: WOMEN'S CANCER

E. Santos¹; M. Arnante²; Z. Malabanan¹

¹VRP Medical Center, Philippines; ²De La Salle University—Manila, Philippines

Objective: This study aimed to evaluate the validity of the CPH-I as a predictive tool in differentiating benign from malignant ovarian masses compared to ROMA and RMI in ovarian cancer patients from VRP Medical Center.

Method: This retrospective study included 28 patients with adnexal masses diagnosed and managed in our institution from January 2015 to September 2020. Twenty cases (71.4%) with benign ovarian disease and eight cases (28.6%) with ovarian cancer were included. The baseline characteristics and variables such as patient age, menstrual status, serum CA125, HE4 results and ultrasound reports were collected. The diagnostic predictive values of CPH-I, RMI and ROMA were compared. **Results:** The area under the receiver operating characteristic curve (AUC-ROC) values of CPH-I, RMI and ROMA were 0.85, 0.76, and 0.79, respectively. The sensitivities in the prediction of malignancy were 75.0%, 62.5%, and 62.5%, and the specificities were 95.0%, 90.0%, and 95.0%, respectively.

Conclusion: Results of our study suggest that the performance of CPH-I is comparable to the other validated clinical tools. Further investigation on the use of CPH-I may fully establish its validation as a predictive index for differentiating benign from malignant ovarian cancer.

P06.20 | INVESTIGATION OF VULVAR BIOPSY RESULTS IN PATIENTS WITH VULVAR CLINICAL COMPLAINTS

CATEGORY: WOMEN'S CANCER

E. Topcu¹; Z. Okumus²; N. Koroglu³

¹Safa Hastanesi, Turkey; ²Umraniye Teaching and Research Hospital, Turkey; ³Acibadem Atakent Hospital, Turkey

Objective: Vulvar biopsy is a method used in the diagnosis of benign and malign pathologies of the vulva. In this study we aim to compare clinical, demographic and pathologic results of patients who presented in our clinic with vulvar complaints.

Method: Patients who presented with itch and lump of the vulva and who received vulvar biopsy between January 2012 and December 2018 were evaluated retrospectively. Their pathology results were obtained from our database. Patients' age, gravida, birth type, menstruation status, menopausal status, comorbidities, presenting symptoms, pathology results of vulva biopsies, treatment types were obtained using our database retrospectively.

Results: 157 patients were included. A malignancy rate of 13.3% was calculated. Of these malignancies 12.7% were squamous cell carcinoma. The

mean age of patients with malignancy was calculated to be 67.86 and the mean age of patients with benign results was 46.34. Condyloma acuminata (%19.1) was the most frequent pathological diagnosis in benign cases. When itching at vulvar area was accompanied by a vulvar lump, malignancy risk was calculated to be higher ($P < 0.001$).

Conclusion: Malignancy rate was calculated to be more than 1 out of 10 patients. Especially elderly, postmenopausal women with comorbidities presenting with vulvar complaints should receive vulvar biopsies.

P06.21 | IMPACT OF AGE ON SURGICAL RESECTION MARGINS OF VULVAR SQUAMOUS CELL CARCINOMA: MULTICENTER DESCRIPTIVE STUDY
CATEGORY: WOMEN'S CANCER

E. Raimond

Department of Obstetrics and Gynaecology, Institute Alix de Champagne University Hospital, Reims Champagne Ardennes University, Reims, France

Objective: Vulvar cancer is a cancer that most often affects elderly women. The first treatment for vulvar cancer is surgery. Histological resection margins ≥ 8 mm are recommended. The aim of this study was to assess the impact of patient age on the size of surgical resection margins.

Method: This is a multicenter retrospective observational study of 596 cases of vulvar squamous cell carcinoma. An age limit of 65 years was chosen to define the 2 groups of patients to be compared.

Results: Patients < 65 years old presented clinically smaller tumors than older patients. Surgically, more patients benefited from total radical vulvectomy in the group ≥ 65 years (28.2% ($n = 107$) versus 20.3% ($n = 44$), $P = 0.04$). The mean postoperative lesion size was 29.3 mm (2–120) in the group < 65 years old versus 32.3 mm (1–150) in the group ≥ 65 years old ($P = 0.044$). The proportion of excision in sano was similar and there was no difference in obtaining margins > 8 mm between the 2 groups. However, more patients required revision surgery in the group < 65 years.

Conclusion: Despite a larger tumor size depending on the age of the patients, age is not a factor influencing the obtaining of resection margins > 8 mm.

P06.22 | THE EFFECT OF DECREASING BMI PATTERN DURING CCRT ON THE PROGNOSIS OF CERVICAL CANCER IN KOREAN WOMEN
CATEGORY: WOMEN'S CANCER

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Departement of Obstetrics and Gynecology, Uijeongbu St Mary's Hospital, The Catholic University of Korea, South of Korea, South Korea

Objective: This study aimed to investigate the effect of decreasing BMI (body mass index) findings in patients with cervical cancer (CC) undergoing concurrent chemoradiotherapy (CCRT).

Method: We retrospectively reviewed the 48 patients with cervical cancer who underwent CCRT and analyzed correlations between prognosis and changes of BMI (body mass index). Statistical analyses were performed using the Pearson chi square test. Progression-free survival (PFS) were analyzed using the Kaplan–Meier method.

Results: The median follow-up for all patients who were alive at the last follow-up was 24.9 months (range, 1–91 months). Mean age of patients was 63.3 years old (min–max 30–89). Mean BMI of patients was 24.4 (min–max 18–36.9). The PFS rates were worse for patients with at decreasing BMI from baseline ($P > 0.05$). Furthermore, women who received carboplatin-CCRT showed lower chemotherapy completion and RT compared with women who received cisplatin-CCRT.

Conclusion: Decreasing BMI pattern during CCRT would be an important prognostic factor in patients with cervical cancer undergoing concurrent chemoradiotherapy.

P06.23 | A RETROSPECTIVE STUDY OF 11 CASES FROM A SINGLE INSTITUTION: MALIGNANT TRANSFORMATION ARISING FROM MATURE CYSTIC TERATOMA
CATEGORY: WOMEN'S CANCER

E. Lee; M. Cho

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Objective: Malignant transformation arising from ovarian mature cystic teratoma (MT-MCT) is very rare and has a poor prognosis. This study investigated clinical characteristics and prognosis of MT-MCT in a single institution.

Method: A retrospective chart review was performed. Patients diagnosed with MT-MCT at Haeundae Paik Hospital between 2010 and 2022 were identified.

Results: Among 718 cases of ovarian MCT, malignant transformations were found in 11 patients (1.5%). The median age was 49 (range, 22–86) years. The mean size of MT-MCT was 11 (range, 4–22) cm. Patients in stage IC to IV received adjuvant chemotherapy and the overall 1-year survival rate was 33.3%. All the patients in stage IA survived until the period of follow up (mean survival time 51 months) except for one patient who died of old age.

Conclusion: The possibility of MT-MCT was associated with large tumor size or advanced age. In cases of stage 1C or higher, the prognosis was worse compared to other types of ovarian cancer. Therefore, when encountering large tumor size or advanced age, it is important to consider the possibility of malignancy.

P06.24 | KNOWLEDGE OF CYTOLOGY RESULTS AFFECTS THE PERFORMANCE OF COLPOSCOPY

CATEGORY: WOMEN'S CANCER

E. Lalande

Faculty of Medicine, University of Geneva, France

Objective: To determine whether knowledge of cytology affects the diagnostic accuracy of colposcopists for the identification of cervical intraepithelial neoplasia grade 2 or more severe (\geq CIN2).

Method: This observational cross-over study involved 80 patients with known histological diagnoses. Women aged 18–75 with a transformation zone type 1 or 2, and a cytological and histological diagnosis were included. Physicians diagnosed the colposcopic images of each patient as $<$ CIN2 or \geq CIN2, through two online surveys, once with and once without the cytology result. A washout period of 6-weeks was implemented between both assessments. Sensitivities and specificities were analyzed using a logistic regression mixed model.

Results: The knowledge of cytology significantly increased the sensitivity of the colposcopy from 51.1% [95% CI: 39.3 to 62.8] to 63.7% [95% CI: 52.1 to 73.9] and the specificity from 63.5% [95% CI: 52.3 to 73.5] to 76.6% [95% CI: 67.2 to 84.0].

Conclusion: Our data suggests that knowledge of cytology increases the sensitivity and specificity of colposcopy in the diagnosis of \geq CIN2 lesions. Correlation between cytology and histology may have contributed to the findings.

P06.25 | HPV SELF-SAMPLING IN MOZAMBIQUE: COSTS AND RESOURCES REQUIRED FOR AN INTEGRATED CERVICAL CANCER SCREENING AND FAMILY PLANNING INTERVENTION IN IN GAZA AND MAPUTO CIDADE PROVINCES

CATEGORY: WOMEN'S CANCER

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Objective: We piloted integration of cervical cancer prevention into existing family planning (FP) programs in Mozambique. We estimated the costs for integrated FP and cervical cancer screening (CCS) service delivery, including self-sampling approaches for the detection of human papillomavirus (HPV).

Method: We conducted a costing exercise to determine the costs of integrated FP and cervical cancer screening, including provider or self-sampling for HPV. We analyzed the data to understand the costs, costs of further scaling programming, and cost per woman screened for HPV. To explore the human resources required for provider versus self-sampling for HPV, we conducted time and motion

studies with providers. Data were collected from 6 facilities in Gaza and Maputo Cidade Provinces.

Results: Costing data collection, including time and motion studies were conducted between October–December 2022. We anticipate results in early 2023, including estimates of the time and staffing requirements for implementation and scaling of an integrated CCS+FP program, cost and time-savings related to client self-sampling, cost per woman screened for HPV and cost per HPV+ woman identified. Costs will be provided from a health system perspective and will include resource use across all partners involved.

Conclusion: This research will be used to inform continued implementation and program adaptation in Mozambique, and to better understand the costs and resource requirements for HPV self-sampling in the two provinces.

P06.26 | UTERINE SARCOMA: DIAGNOSIS AND MANAGEMENT IN LOW-INCOME COUNTRIES

CATEGORY: WOMEN'S CANCER

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Objective: Uterine sarcoma is a rare and aggressive malignancy arising from the smooth muscle or connective tissue of the uterus. There is limited information available on the clinical presentation, treatment of this disease. The aim of this study is to report the clinical and pathological features, as well as treatment outcomes.

Method: We conducted a retrospective analysis of 23 patients diagnosed with uterine sarcoma between 2015 and 2021 at our tertiary care hospital. Clinical data, including age, presenting symptoms, tumor characteristics, treatment modalities, and survival outcomes were collected from medical records.

Results: The mean age of the patients was 55 years (range: 34–73). The most common presenting symptom was abnormal uterine bleeding ($n = 13$, 58.45%). The majority of the tumors were leiomyosarcoma ($n = 16$, 87.5%). The mean tumor size was 7.9 cm (range: 5–16 cm). The most common treatment modality was surgery ($n = 16$, 87.5%), with adjuvant therapy administered in some cases. The overall 5-year survival rate was 53.8%.

Conclusion: Uterine sarcoma is a rare malignancy with a poor prognosis. The most common presenting symptom is abnormal uterine bleeding. Surgery is the mainstay of treatment, and adjuvant therapy may be considered in selected cases. Further research is needed to develop more effective treatment strategies.

P06.27 | BREAST CONSERVING THERAPY: FACTORS PREDICTIVE OF BETTER SURVIVAL OUTCOMES
CATEGORY: WOMEN'S CANCER

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Objective: Although equivalent overall survival rates have been reported in radical mastectomy and BCT, patients undergoing breast conservation were more likely to develop local recurrences. The aim of this study was to determine factors predictive of better survival outcomes after breast conserving therapy.

Method: We undertook a retrospective study including 306 patients who underwent BCT between January 2008 and December 2018 in the gynecology and obstetrics department of Sfax University Hospital. Patients were followed until February 2021. Clinicopathological and outcome data were collected from patient's medical records. Kaplan-Meier method and log rank test were used for univariate analysis and Cox regression model was used for multivariate analysis.

Results: The mean follow-up was 63.3 months. Five-year overall survival (OS) was 90.6%, 5-year local recurrence-free survival (LRFS) was 91.1% and 5-year distant metastasis free survival (DMFS) was 85.2%. On univariate analysis, histological lobular type, lymph node involvement and extracapsular extension had prognostic value on OS. Age and lymph node involvement had statistically significant impact on LRFS. Moreover, factors associated with DMFS in univariate analysis were histological grade, molecular subtype, lymph node involvement and extracapsular extension.

Conclusion: Determining predictive factors of better survival outcomes after breast conserving therapy can allow us to extend the indications of breast conservation without having a negative influence on the patient's prognosis.

P06.28 | SURVIVAL OF CERVICAL CANCER IN WOMEN DIAGNOSED FROM 2003 TO 2019 AT GABRIEL TOURE TEACHING HOSPITAL, BAMAKO (MALI)
CATEGORY: WOMEN'S CANCER

F. Tounkara
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Objective: In this study, the aim is to determine cervical cancer (CC) survival through improving CC screening services and identify factors associated with CC survival.

Method: A retrospective study was conducted based on all CC diagnosed at Gabriel Toure Teaching Hospital, Bamako (Mali) from January 1, 2003, to December 31, 2021. Descriptive statistics were used. We estimated the survival function of patients using Kaplan-Meier method and their curves were compared using log-rank tests. We used a multivariable Cox proportional regression model to calculate the adjusted Hazard Ratio (AHR) with 95% confidence interval.

Results: This study included a total of 2859 participants. The mean age of participants with cervical cancer (CC) was 51 years. The 5-year survival was <15.20%. There was a significant association between time period of diagnosis and CC death specially those who were diagnosed from 2010 to 2015, AHR=1.32. The risk CC related death was higher in women with anemia (AHR= 1.30) as well as those with menopausal (AHR= 1.24).

Conclusion: Despite scientific advances knowledge, mortality from cervical cancer is still very high in our context. Appropriate strategies must be developed to reduce this mortality rate.

P06.29 | HUMAN AMNIOTIC MEMBRANE FOR MYOCUTANEOUS DEHISCENCE AFTER A RADICAL SURGICAL TREATMENT OF VULVAR CANCER
CATEGORY: WOMEN'S CANCER

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Objective: The application of the amniotic membrane could have a favourable effect on tissue repair and regeneration. We report the first case of implant of an amniotic membrane in a patient affected by myo-cutaneous dehiscence, after a radical surgical treatment for vulvar cancer.

Method: We describe a case of a 74-years-old patient affected by vulvar cancer. After radiotherapy, the patient underwent to an anterior pelvic exenteration with uretero-ileo-cutaneostomy, pelvic lymphadenectomy, inguinal lymphadenectomy, resection of ulcerated left inguinal lesion, reconstruction with left gracilis muscle flap and locoregional V-Y advancement flap. The patient developed a myo-cutaneous dehiscence. Two months after the surgery, following an accurate curettage of the wound and negative pressure therapy, a patch of human amniotic membrane was implanted.

Results: The surgical procedure was easy, feasible and did not require long operating room times. No intraoperative or postoperative complications occurred. The results obtained were encouraging with a marked improvement in the surgical wound.

Conclusion: The use of amniotic membranes was safely and easily performed to promote the healing of complicated surgical wounds.

**P06.30 | LATE NODAL RECURRENCE OF EARLY STAGE
CERVICAL CANCER: AN UNUSUAL CASE REPORT**
CATEGORY: WOMEN'S CANCER

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Objective: Most recurrent cases of cervical cancer are diagnosed within 2 years after primary treatment. Late recurrence after a disease-free interval of more than 5 years is rare. We aim to report an unusual case of nodal recurrence of an early stage cervical cancer 8 years after primary treatment.

Method: We report a case of nodal recurrence of an early cervical cancer 8 years after the primary cancer treatment.

Results: In 2015, a 29-year old female presented to the oncologic gynecology department with cervical cancer diagnosed through a cervical biopsy. After the initial analysis, a cervical conization was performed. The results showed an early cervical cancer, staged as IA1, with no LVI. The patient wanted to maintain her fertility, so a close follow-up started. After 4 years with no signs of recurrence a laparoscopic hysterectomy was conducted and there was no cancer in the specimen.

Conclusion: 6 years after the primary treatment, an adnexal complex mass invading ureter was seen in an MRI. An exploratory laparotomy was conducted and found a mass that invaded the iliac vessels. A fragment of biopsy was taken and diagnosed as a cervical cancer nodal metastasis. The patient initialized systemic chemotherapy.

**P06.31 | RISK FACTORS ASSOCIATED WITH AFFECTATION
OF THE MARGINS SURGICAL PROCEDURES AFTER CERVICAL
CONIZATION**

CATEGORY: WOMEN'S CANCER

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Puerto Real University Hospital, Spain

Objective: Determine what factors prior to the intervention influence the affectation of the margins surgical procedures after cervical conization.

Method: Observational, analytical study of retrospective cohorts. Scope of the study: health area attached to the Puerto Real University Hospital. Study period January 2017 to December 2021. Study variables: age, HPV serotype, degree of histological lesion, type of anesthesia, menopause, oral hormonal contraceptives, tobacco, number of quadrants affected, parity, immunosuppression and sexual activity. The possible association of these variables with persistence of intraepithelial lesion were investigated by analysis of multivariate logistic regression.

Results: 255 patients with cervical conization were included in the study. In 12.9% of these patients the persistence of the lesion was verified after conization. The variables with an statistically significant high increase of risk of involvement of surgical margins were immunosuppression (OR 7.27 95% CI 2.44–21.67), lesion affecting 3 or 4 cervical quadrants (OR 3.04 95% CI 1.65–5.61) and HPV infection of serotypes 16 or 18 (OR 2.63 95% CI 1.41–4.89).

Conclusion: Immunosuppression, involvement of 3 or 4 cervical quadrants, and HPV infection of the serotypes 16 or 18 increase the risk of involvement of the surgical margins after cervical conization.

**P06.32 | ENDOMETROID ADENOCARCINOMA REVEALED BY
BREAST METASTASIS: A CASE REPORT**
CATEGORY: WOMEN'S CANCER

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Objective: To report clinicopathologic findings from the case of a patient with a breast mass that was ultimately diagnosed as a metastatic endometrioid carcinoma of endometrial origin.

Method: A case report of a 51-year-old gravida 6 para 5, menopausal patient with no family history of carcinoma, consulted with a right mammary mass discovered on autopalpation with a homolateral axillary mass.

Results: Clinical findings reported a 2 cm nodule in the right axillary extension, mobile and non-adherent to the skin and to the deep layers, located 6 cm from the nipple, along with an axillary mass. Radiological assessment was classified ACR5. Histological findings showed a moderately differentiated breast metastases with an immunoprofile in favour of endometrioid carcinoma. Hysteroscopy was performed showing an hypertrophic and hypervascular endometrium. Biopsy result showed a well differentiated high grade endometrioid carcinoma.

Conclusion: To our knowledge, this is the first reported case of metastatic endometrial tumor to the breast, in which the uterine primary is unrevealed, untreated and far undiagnosed along with an absence of uterine carcinoma history.

**P06.33 | UNCERTAINTIES WITH TUBOOVARIAN MASSES:
PRIMARY FALLOPIAN TUBE CANCER IN 2 REPRODUCTIVE
AGED WOMEN**
CATEGORY: WOMEN'S CANCER

G. Pineda
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Objective: Primary Fallopian Tube Cancer (PFTC) is a rare gynecologic malignancy since no screening tool is available as of date to

clinch its diagnosis. This paper aims to raise awareness on PFTC; a neoplastic disease that can arise in patients with a strong familial history of breast and ovarian cancer.

Method: This paper presents 2 reproductive aged women who were initially managed as cases of tubo-ovarian masses that turned out to be PFTC. The first patient is a 29-year-old female with a preoperative diagnosis was pelvic endometriosis with endometrioma. The second patient is a 40-year-old female with an initial impression of a tubo-ovarian complex resistant to antibiotic therapy versus pelvic tuberculosis versus ovarian malignancy.

Results: The first patient underwent left oophorectomy, excision of endometriotic implants and chromotubation. Intraoperatively, a suspicious looking paratubal cyst on the right fallopian tube and a serosal bladder mass was seen and excised with histopathologic examination revealing a poorly differentiated malignancy originating from the fallopian tube. The second patient underwent diagnostic laparoscopy with bilateral salpingectomy with microsections from the right fallopian tube showing neoplastic cells favoring a high-grade serous carcinoma.

Conclusion: Hydrops tubae profluens or vaginal discharge, pelvic mass, and pelvic pain is considered to be pathognomonic to PFTC but is non-specific making preoperative diagnosis challenging. A high index of suspicion in patients presenting with benign conditions is imperative when there is strong familial history to hereditary breast and ovarian cancer.

P06.34 | UTILITY OF ELECTRICAL BIOIMPEDANCE SPECTROSCOPY IN SCREENING OF CERVICAL INTRAEPITHELIAL NEOPLASIA

CATEGORY: WOMEN'S CANCER

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Objective: To evaluate electrical bioimpedance spectroscopy as a non-invasive method for diagnosing Cervical Intraepithelial Neoplasia (CIN), we studied a bioimpedance spectrum based device and a multi-electrode screening probe to measure the electrical properties of excised cervical tissues and analyzed the associations between these electrical properties and histological the characteristics of the cervix.

Method: The complex impedance measurements from 57 normal and 50 patients with cervical intraepithelial neoplasia have been fitted to a Cole-Cole model which is used to characterize and interpret the electrical properties of cervix. Both the geometrical and electrical features have been extracted from the model and later exploited to classify the pathological conditions of cervical tissues using the receiver operating characteristic (ROC) curve based on three algorithms: logistic regression, support vector machine, and naïve bayes.

Results: The area under curve (AUC) obtained from the features of complex impedance is apparently higher than that of the real impedance, and the ROC areas between normal and CIN I are more improved when complex features are exploited. Furthermore, due to the significant discrepancy between electrical properties of normal and CIN II with p16 positive/CIN III, greater AUC can be observed in the separation of normal and CIN II with p16 positive/CIN III.

Conclusion: Compared with the utilization of only the real part of impedance measurements, herein, our results present superior performance when using the combination of geometrical and electrical features from complex impedance in improving the effectiveness of classification during the screening of CIN according to the ROC analysis.

P06.35 | MENSTRUAL AND REPRODUCTIVE FACTORS FOR STOMACH CANCER IN POSTMENOPAUSAL WOMEN: BASED ON THE 2007-2020 KOREA NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

CATEGORY: WOMEN'S CANCER

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Objective: Globally, the incidence of stomach cancer is lower in women than in men. It is thought that menstrual and reproductive factors may be related to their lower incidence of stomach cancer. However, there were less studied between obstetric and gynecologic characters and incidence stomach cancer in Korea women.

Method: This cross-sectional study examined menstrual, reproductive, and other factors in 20784 postmenopausal women from the 2007 to 2020 Korea National Health and Nutrition Examination Survey (KNHANES). A univariate logistic regression analysis was performed, and then a multivariate logistic regression analysis for significant factors in the univariate analysis was conducted.

Results: In the multivariate logistic regression, the age at menarche (OR 1.08, $P=0.035$) and myocardial infarction (OR 2.43, $P=0.026$) showed a significant association with increased incidence of stomach cancer. The age at menopause (OR 0.97, $P=0.03$), the age at the first childbirth (OR 0.93, $P=0.007$), and the experience of alcohol consumption (OR 0.68, $P=0.003$) showed a decreased incidence of stomach cancer.

Conclusion: Late menarche, early menopause, early aged first childbirth, and myocardial infarction are estimated to be risk factors for gastric cancer in postmenopausal Korean women.

P06.36 | WOULD PROPHYLACTIC SALPINGECTOMY BE POSSIBLE DURING BARIATRIC SURGERY? CAN WE SEE THE TUBES?

CATEGORY: WOMEN'S CANCER

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Objective: Prophylactic bilateral salpingectomy (PBS) for the prevention of ovarian cancer is recommended and established at gynecologic surgery. Non-gynecologic laparoscopic procedures would be other potential opportunities to offer PBS. We evaluated whether the tubes could be visualized (and thus potentially removed) at laparoscopic bariatric surgery.

Method: 31 women (mean 38 yrs (20–59); mean BMI 42 (34–50)) undergoing a laparoscopic bariatric procedure were placed in Trendelenburg position after completion of the bariatric phase of the procedure. Then visualization and access to the tubes was attempted (without placing new ports). We assessed the rate of visualization of the tubes and the time taken therefore.

Results: The adnexa could be visualized and reached in 26/31 (84%) of the women. In 1 woman (3%), only one adnexa was visible. Reaching the tubes took an average of 3.5 min. (1–8). Higher BMI and previous pelvic surgery were associated with a lower rate of visualization.

Conclusion: Access to (and potential removal) of the tubes at bariatric surgery to prevent future ovarian cancer appears feasible.

P06.37 | MALIGNANT OVARIAN TUMOR IN A PEDIATRIC AGE—A CASE REPORT

CATEGORY: WOMEN'S CANCER

I. Santos

Centro Materno-Infantil do Norte, Portugal

Objective: Ovarian germ cell tumors are derived from primordial germ cells and are classified as benign (mature teratomas) or malignant (immature teratomas, amongst others). The authors aim to report a case of an immature ovarian teratoma in a 12 years-old patient.

Method: Immature teratomas (malignant teratoma or teratoblastoma) encompass less than 1% of all ovarian teratomas and are more frequent in the first two decades of life. They account for 35.6% of all malignant OGCTs. They are graded according to their degree of differentiation (I [well-differentiated] to III [poorly-differentiated]), which is an important indicator of risk for extraovarian spread. We report a case of a 12 years-old patient diagnosed with a grade I immature teratoma.

Results: 12-year-old female with intense dysmenorrhea for a year presented to the ER after episode of acute intense abdominal pain in the lower-right-quadrant and near-fainting. Transabdominal-ultrasound showed right ovary mass with 87mm (3 months previously ultrasound showed 1cm lesion). MRI suggested cystic teratoma. Given the rapidly growing lesion, immature teratoma was an hypothesis. Right adnexectomy was performed, and pathology shows immature teratoma (final diagnosis-grade I Immature Teratoma). Decision on continued therapy is pending Pediatric Oncology's decision.

Conclusion: Immature teratomas are rare malignant ovarian tumors, and there is not an optimal approach with these cases. As such, an individualized decision with the help of a multidisciplinary team is the preferred approach.

P06.38 | FALSE NEGATIVE RESULTS IN CERVICAL CANCER SCREENING CONDUCTED IN A LOW-RESOURCE CONTEXT: IMPLICATIONS FOR THE HEALTH SYSTEM

CATEGORY: WOMEN'S CANCER

B. Kenfack

Cameroon, Cameroon

Objective: To critically analyze the rate of false negative results (FN) after on-site cervical cancer screening in a low-resource setting and the implications for the health system.

Method: Retrospective review of 4080 women, aged 30–49 years, recruited from a cervical cancer screening trial in Cameroon between 2018 and 2022. All participants were screened for HPV, followed, if positive, by VIA triage, cervical cytology, endocervical brushing and a biopsy of visible lesions or a "six-o'clock" biopsy if no lesion was perceived. FN was defined as on-site VIA-negative with a confirmed high-grade lesion on histology and/or cytology. A secondary analysis was performed by expert colposcopists.

Results: A total of 793 women were HPV-positive (19.4%). Among 96 high-grade lesions (12.1%), 32 (33%) were assessed as VIA-negative (FN rate 33.3%). 13 FN cases were confirmed both by histology and cytology, 9 only by histology, 2 only by cytology and 8 at a follow-up visit at 6 or 12 months. Expert review of FN cases identified 22 (73%) out of 30 high-grade lesions, with moderate interrater agreement (Kappa 0.65, 95% CI 0.46–0.84).

Conclusion: Primary HPV-based screening combined with triage by VIA is associated with a significant FN rate. VIA remains crucial for triage of HPV-positive women but requires quality control and follow-up protocols for women screened positive to reduce the risk of missing high-grade lesions.

P06.39 | SIGNIFICANCE OF VISCERAL ADIPOSE TISSUE IMAGING FEATURES FOR PREDICTING RECURRENCE IN PATIENTS WITH CERVICAL CANCER

CATEGORY: WOMEN'S CANCER

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Objective: There has been growing evidence that obesity involves in the development and progression of malignancies. This study aimed to investigate the relationship of quantity and qualitative imaging features of visceral adipose tissue (VAT) with recurrence-free survival (RFS) in patients with cervical cancer.

Method: A total of 326 cervical cancer patients who underwent staging F-18 fluorodeoxyglucose (FDG) positron emission tomography/computed tomography (PET/CT) and subsequent curative surgery or definite chemoradiotherapy were retrospectively enrolled from a single medical center in South Korea. Volume, CT-attenuation, and FDG uptake of VAT were measured from PET/CT, and prognostic values of these parameters were assessed with a Cox proportional hazards regression model.

Results: The median clinical follow-up duration was 64.6 months and 81 patients (25%) experienced recurrence. On correlation analysis, VAT volume showed a significant positive correlation with FDG uptake of primary tumor ($P=0.001$). On univariate survival analysis, increased CT-attenuation and FDG uptake of VAT were associated with increased risk of recurrence ($P<0.05$). On multivariate analysis, CT-attenuation ($P=0.010$) and FDG uptake ($P=0.026$) of VAT were independent predictors for RFS after adjusting for clinical factors.

Conclusion: In patients with cervical cancer, increased CT-attenuation and FDG uptake of VAT were associated with an increased risk of recurrence. Qualitative imaging features of VAT might be potential imaging biomarkers for predicting prognosis in cervical cancer.

P06.40 | A CASE REPORT OF PRIMARY LEIOMYOSARCOMA OF THE OVARY

CATEGORY: WOMEN'S CANCER

J. Billod

Baguio General Hospital and Medical Center, Philippines

Objective: Primary ovarian leiomyosarcoma is an uncommon tumor constituting less than 0.1%. This tumor generally affects postmenopausal women with a few involving cases seen in younger women. Due to its rarity, there are no large series of case reports in the literature, and definitive treatment guidelines have not yet been developed.

Method: For the last 7 years in our institution, this case is the first of primary ovarian leiomyosarcoma. This article presents a

reproductive woman with primary ovarian leiomyosarcoma and reviews the recent literature. 41-year-old with a 2-year history of intermittent left lower quadrant pains with no associated remarkable signs and symptoms. Pelvic ultrasonography revealed an irregular heterogeneous solid mass measuring with 81.1% risk of malignancy. CA-125 level was 191.77 U/mL.

Results: She underwent laparotomy, left salpingo-oophorectomy, and total hysterectomy with right salpingo-oophorectomy. Perioperative findings revealed 18 × 12 cm × 10 cm solid irregular ovarian mass with prominent blood vessels and areas of hemorrhage and necrosis. The initial histopathologic diagnosis is primary leiomyosarcoma of the left ovary by histopathology and Immunohistochemistry of the tissue revealed positive for vimentin, smooth muscle actin, and desmin, and negative for CD34 revealing a final diagnosis of leiomyosarcoma of the ovary.

Conclusion: Primary ovarian leiomyosarcoma is a rare malignancy. Immunohistochemistry is essential for its diagnosis. Its rarity results in no established standard treatment. The primary treatment modality is surgery. The chemotherapy regimen is based on data responses from other gynecologic leiomyosarcomas.

P06.41 | NEDD4-1 AS A PROLIFERATION FACTOR IN CERVICAL CARCINOGENESIS

CATEGORY: WOMEN'S CANCER

J. Shin

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Objective: The incidence of cervical cancer is decreased with Pap test and HPV vaccination. Mortality of cervical cancer, however, is not out of concern worldwide. Nedd4-1 has been proposed to inhibit tumor suppressor gene, PTEN. In this study, we investigated the role of Nedd4-1 in cervical cancer.

Method: We reviewed formalin-fixed paraffin-embedded tissue blocks from radical hysterectomy for cervical cancer. The paraffin blocks were included if they had either normal epithelium or cervical intraepithelial neoplasia (CIN) III along with cancer tissue in the same blocks. The medical records were retrospectively reviewed for assessing progression-free survival (PFS) and overall survival (OS) in relation to Nedd4-1 expression. Additionally, MTT assay and flow cytometry were performed for investigating the effect of Nedd4-1 on cervical cancer cells.

Results: Overexpression of Nedd4-1 was observed in 15.6% of normal epithelium, 37.1% of CIN III, and 79.6% of cancer and the differences were statistically significant ($P<0.001$). The PFS and OS were similar between patients with and without Nedd4-1 overexpression in normal epithelium and cancer tissues.

Conclusion: Silencing with siRNA targeting Nedd4-1 decreased the viability of cervical cancer cells, but overexpression of Nedd4-1 is possibly associated with carcinogenesis of cervical cancer. The prognosis, however, depending on Nedd4-1 expression status is uncertain.

P06.42 | OVARIAN REJUVENATION IN A PATIENT WITH CHEMOTHERAPY INDUCED PREMATURE OVARIAN FAILURE: AN EMERGING THERAPY
CATEGORY: WOMEN'S CANCER

J. Bamba

Angeles University Foundation Medical Center, Philippines

Objective: To report a case of ovarian rejuvenation in a post chemotherapy patient with premature ovarian failure and to introduce platelet rich plasma and discuss its role in restoring the ovarian function for patients with premature ovarian failure secondary to chemotherapy.

Method: A 21-year-old nulligravid, Filipino, initially presenting with bilateral ovarian new growth, probably malignant underwent left salpingo-oophorectomy and wedge resection of right ovarian mass. Histopathologic result was dysgerminoma of the bilateral ovaries, stage IB. Adjuvant therapy was done with chemotherapy for three cycles. She presented with premature ovarian failure from chemotherapy. The plan is to restore the patient's normal ovarian function through ovarian rejuvenation with injection of platelet rich plasma into the remaining right ovary.

Results: Immediately a month post procedure, the ovarian function was restored, and menses resumed, now regularly occurring with no noted post-menopausal associated symptoms.

Conclusion: Ovarian rejuvenation through autologous intraovarian platelet-rich plasma (PRP) injection can be used for premature ovarian failure caused by chemotherapy. This novel therapy is safe and natural to restore ovarian function and normal menstrual cycle through platelet's innate regenerative function with improvement of hormonal profile allowing the possibility of future pregnancies.

P06.43 | DETECTION METHOD AND FACTORS ASSOCIATED WITH MORTALITY AT THE FIFTH YEAR FOR BREAST CANCER
CATEGORY: WOMEN'S CANCER

J. Soares

Universidade de Sao Paulo, Brazil

Objective: This study aims to evaluate factors associated with mortality at the fifth year using a cohort of patients with symptoms and asymptomatic patients with abnormal screening tests seen at the Instituto de Câncer do Estado de São Paulo, Brazil (ICESP).

Method: Observational-longitudinal design, 786 Confirmed BC records made in women over 18years, without previous cancer, attending any stage of BC, admitted in 2016–2017 with mammographic findings or symptoms. Sociodemographic information, molecular subtype and detection method were extracted from the patients' records. We described mortality at fifth year according to patients characteristics, molecular subtype, and detection method Multivariate Poisson Regression, prevalence ratios (relative risk) and 95% confidence intervals were reported.

Results: Mortality at 5 years was 45.9% (95% CI: 42.4–49.4) Detection method showed a protective effect (RR=0.49; 95% CI: 0.32–0.75).

Women over 70years (RR=1.42; 95% CI: 1.15–1.77), widowed (RR=1.28; 95% CI: 1.02–1.62), with enriched HER2 (RR=1.55; 95% CI: 1.303–2.33) and triple negative (RR=1.65; 95% CI: 1.10–2.46) had a higher risk of death. The presence of lymph node disease, used as an adjustment, exhibited up to 3-fold increase in fifth year mortality compared to the cN0 group (cN3 RR=2.66; 95% CI: 2–3.54).

Conclusion: Fifth-year mortality is reduced by mammographic detection. A higher mortality at the fifth year, was observed in women older than 70years, widows and with non-luminal molecular subtypes and without lymph node disease.

P06.44 | FACTORS ASSOCIATED WITH THE METHOD OF DETECTION OF BREAST CANCER
CATEGORY: WOMEN'S CANCER

J. Soares

Universidade de Sao Paulo, Brazil

Objective: The aim of this study is to describe the characteristics of patients according to the method of detection of Breast Cancer (BC).

Method: Observational, cross-sectional design, 1205 hospital records of confirmed BC, in women over 18years, seen in 2016 and 2017. Demographic, social, diagnostic, stage and BC subtype informations were extracted from medical records. A group of asymptomatic patients with suspicious BC mammography was compared to a group of patients consulting due to symptoms. We assessed the prevalence of mammographic detection of BC according to patient and disease characteristics, reporting prevalence ratios and 95% confidence intervals.

Results: We studied 258 asymptomatic patients with suspicious mammographic findings 947 presenting symptoms. Mammography detected BC are smaller, have less lymph node involvement and a more luminal subtypes. After multivariate adjustment, the 40–49, (PR=0.67; 95% CI: 0.46–0.97) and 20–29years (PR=0.18; 95% CI: 0.07–0.47) age groups and the HER 2 pure (PR=0.35; 95% CI: 0.22–0.55) and triple negative (PR=0.31; 95% CI: 0.19–0.52) subtypes showed a significantly lower probability of mammographic detection.

Conclusion: Patients between 50 and 69 have a higher probability of mammographic detection of cancer. Patients who presented with non-luminal subtype disease are less likely to discover disease by screening mammography.

P06.45 | CASE REPORT OF A RARE OVARIAN YOLK SAC TUMOR: RAPID DIAGNOSIS AND FAVORABLE OUTCOME IN 5 MONTHS OF TREATMENT
CATEGORY: WOMEN'S CANCER

J. Magalhães

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Objective: To describe a case report from diagnosis to treatment of a young female with a rare ovarian yolk sac tumor, exemplifying

the success on disease remission only 5 months after surgery and chemotherapy.

Method: Acquisition of data from medical records, intraoperative's photographic registry and laboratory, imaging and anatomopathological exams, after patient's free informed consent.

Results: 24-year-old female presents with intense pelvic pain for a month and a mass bulging the vaginal cul-de-sac. Imaging confirmed to be a 15 cm adnexal mass, doubtful between infectious or neoplastic. Due to persistent symptoms, she underwent a left salpingo-oophorectomy, which revealed an ovarian yolk sac tumor. She was referred to an oncology center, started chemotherapy and after 3 cycles there was no evidence left of the disease. She is currently alive and well.

Conclusion: Despite the adverse prognosis usually associated with this rare pathology, an early assistance provided by a well structured service in our public health care system is capable of drastically changing the course of the disease and raising the chances of cure.

P06.46 | CERVICAL CANCER SCREENING WITH DNA-HPV TESTING IN A BRAZILIAN POPULATION-BASED DEMONSTRATION STUDY: 5-YEAR FIRST ROUND PERFORMANCE

CATEGORY: WOMEN'S CANCER

J. Teixeira

Unicamp, Brazil

Objective: Preliminary report of the first round results (2017–2022) of a population-based screening program with DNA-HPV testing in a Brazilian city in the context of the Public Health System (SUS).

Method: Indaiatuba (SP) city has 250 thousand inhabitants with 50% assisted by SUS. The 'PREVENTIVO Program' started in 2017 aims to demonstrate how to organize the screening, replacing cytology by a DNA-HPV test every 5 years. The program's goals are to achieve an organization with 80% coverage of women 25–64 years old ($n=30\,576$), an age and test periodicity compliance, and to evaluate and treat all abnormal tests. The results were compared with the previous conventional cytology program (2011–2016).

Results: We considered 21 369 HPV tests (70% coverage) versus 32 141 cytology tests. HPV-16 and/or -18 tested positive in 740 (3.5%, colposcopy referral), and "Other 12-HR-HPV" in 1974 (9.2%), with 555 abnormal cytology exams (2.6% colposcopy referral). Comparing both programs, HPV testing versus cytology, respectively: 87.3% ($n=18\,655$) versus 98.5% negative tests; 99.4% versus 77.8% age-range compliance; 6.1% versus 1.5% colposcopy referral rate; lesions detected: 212 versus 120 HSIL/AIS; and 18 versus 5 microinvasive cancers.

Conclusion: The ongoing population-based screening program with primary HPV testing indicated a high coverage rate and compliance of the targeted age range in the first round. There were more referrals to colposcopy and increasing detection of precursor lesions and cervical cancer in the microinvasive stage.

P06.47 | ASSOCIATION BETWEEN SUVMAX OF PREOPERATIVE 18-FDG PET-CT AND NGS RESULT IN POSTOPERATIVE OVARIAN MALIGNANT TISSUE IN PATIENTS WITH ADVANCED OVARIAN CANCER

CATEGORY: WOMEN'S CANCER

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Objective: This study aimed to investigate the association between maximum standardized uptake values (SUVmax) on preoperative 18-FDG PET-CT and next-generation sequencing (NGS) results in post-surgical ovarian malignant tissue in patients with advanced ovarian cancer.

Method: From January 2019 to June 2022, total 25 patients with ovarian cancer who underwent preoperative 18-FDG PET-CT and postoperative NGS with ovarian malignant tissue at the Daegu Catholic University Hospital were enrolled retrospectively.

Results: Of 25 patients, 2 had no variants. Among the remaining 23 patients with somatic variants, 21 had at least one single nucleotide variant or insertion/deletion (SNV/indel), 10 had copy number variation, and 2 had a fusion variant. SUVmax differed by SNV/indel presence (13.06 vs 6.28; $P=0.003$). In addition, there was significant association between SUVmax and TP53 variants (13.21 vs 9.35, $P=0.041$). Summed Tier 1 or 2 numbers correlated with SUVmax ($P=0.002$; Pearson's $r=0.588$).

Conclusion: As a result of this study, patients with advanced ovarian cancer with SNVs/indels on NGS, especially those with TP53 Tier 2 variants, showed a proportional association with tumor SUVmax on preoperative PET-CT.

P06.48 | COMPARISON OF SWAB AND TAMPON DETECTION FOR ENDOMETRIAL CANCER BY CERVICAL DNA METHYLATION ASSAY (MPAP)

CATEGORY: WOMEN'S CANCER

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Objective: Endometrial cancer (EC) is the prevalent gynecologic malignancy with a rising global incidence characterized by increased endometrial thickness detected through sonography followed by definitive pathological analysis. A more precise screening method, MPap test, incorporated the assessment of DNA methylation levels among two specific genes (BHLHE22 and CDO1) to enhance efficacy.

Method: All patients were instructed to perform self-sampling using a tampon to collect vaginal secretions or bleeding tissue. Gynecologists also obtained cervical swabs for analysis. Patient's characteristics including age, height, weight, and pathology results were recorded. We then conducted a comparative analysis of EC

detective effects between the swab and tampon groups with validation of two DNA methylation statuses (BHLHE22 and CDO1) using quantitative polymerase chain reaction technology and two clinical physical variables (age and BMI).

Results: There were 18 EC cases and 67 non-EC controls. Performances of swab and tampon on EC detection were revealed as follows: sensitivity (83.3% to 88.8%), specificity (79.1% to 86.5%), positive predict value (51.7% to 64.0%), negative predict value (94.6% to 96.6%), and accuracy (80% to 87%). Pearson's correlation revealed well consistency between the two groups.

Conclusion: The clear results demonstrated a notable degree of concordance and consistency. These findings provide compelling evidence regarding the potential viability and effectiveness of self-sampling methods for EC detection in future clinical application.

P06.49 | COTYLEDONOID DISSECTING LEIOMYOMA OF THE UTERUS

CATEGORY: WOMEN'S CANCER

K. Abdessamia

Tunis Maternity and Neonatology Center, Tunisia

Objective: Clarify the management of Cotyledonoid dissecting leiomyoma of the uterus.

Method: Case report of patient followed at the Tunis maternity center from January 2016 to December 2018 and literature review.

Results: 28-year-old woman presenting with irregular cycles, menorrhagia and mixed primary sterility, followed for uterine tumor with on examination, an abdominopelvic mass of 28 cm. On MRI, an abdominopelvic mass of 30 cm depending on the fundus pushing back the bladder and including the rectosigmoid portion and going into contact with the vascular axes without invading them. A first intervention made it possible to carry out biopsies which confirmed the diagnosis of Cotyledonoid dissecting leiomyoma.

Conclusion: Cotyledonoid dissecting leiomyoma is a rare benign disease, with a good prognosis, difficult to diagnose, mimicking malignant tumors. Awareness of leiomyoma variants is required by gynecologists and pathologists for a successful differential diagnosis. In fact, conservative treatment can be offered if a preoperative diagnosis has been made.

P07.01 | A PROSPECTIVE STUDY OF LONG TERM OUTCOME OF OBSTETRIC NEAR MISS WOMEN IN A TERTIARY CARE HOSPITAL OF NORTH INDIA

CATEGORY: WOMEN FACING CRISIS

A. Arora

Postgraduate Institute of Medical Education and Research, Chandigarh, India

Objective: Maternal Near miss (MNM) has emerged as a useful indicator of quality of obstetric care. Long-term effects of such

life-threatening events have not gained much attention worldwide. The index study was therefore planned to study the 1-year outcome of MNM women and their newborn babies.

Method: The study was conducted in tertiary care referral center of North India with annual delivery rate of 6000–7000. All women fulfilling WHO-MNM criteria were recruited at 24 h of admission/complication. Women who developed complications after 42 days of termination of pregnancy or died within 24 h of admission were excluded. Recruited women and new-borns were followed up in designated "maternal near miss clinic" till 1 year of life-threatening event

Results: Total 521 MNM were recruited from Nov 2018 to June 2021. During the 1-year follow-up period, 20 (4.3%) women expired, 73 (15.9%) continued to have residual morbidity while 62 (11.9%) women were lost to follow-up. Pre-existing medical disorders like cardiac disease and hypertension were the most common causes of deaths and residual morbidity. Only 40% neonates of MNM women were exclusively breastfed. 8% of the neonates died and 11% had significant morbidity.

Conclusion: Thorough long-term follow-up of maternal near miss is essential. Although medical disorders constituted only 12% of MNM, they were responsible for 70% of late maternal deaths and 36% cases with residual morbidity. This study highlights need of one stop portal for follow-up of maternal near miss and their neonates.

P07.02 | QUALITATIVE EXPLORATION OF SOCIOECONOMIC BARRIERS TO CARE-SEEKING AMONG OBSTETRIC FISTULA PATIENTS IN WESTERN KENYA

CATEGORY: WOMEN FACING CRISIS

A. Kim

Drexel University College of Medicine, USA

Objective: Genitourinary fistula is a stigmatizing injury primarily affecting women with poor access to high-quality emergency obstetric care. The purpose of this study is to delineate the various socioeconomic, sociocultural, and infrastructural barriers that impact a women's access to reconstructive fistula surgery in Western Kenya.

Method: A qualitative interview was conducted among 30 participants who have been diagnosed with genitourinary or genitorectal fistula at the Gynocare Fistula Hospital in Eldoret, Kenya, exploring topics such as financial decision-making, domestic power dynamics, experience obtaining and living with fistula, and recommendations for future interventions to improve the access to surgical fistula repair. The interview responses were coded through Dedoose and analyzed thematically.

Results: The results of the study have found that financial burdens of transportation was the greatest barrier faced in the journey seeking surgical repair. Additionally, lack of knowledge of fistula, its etiology, and treatment options were cited as challenges to seeking care. Most of the participants expressed they retained autonomy for healthcare decision-making, contrary to the hypothesis that traditionally-female domestic responsibilities pose a challenge to allocating time for surgery and postoperative recovery.

Conclusion: Expanding general knowledge of fistula, its causes, and treatment options would greatly facilitate patients' ability to receive the care they need. Additionally, social or government programs may greatly assist care-seeking through funding or subsidizing transportation fees for patients in need of reaching surgical centers capable of treating fistula.

P07.03 | PROFILING INTIMATE PARTNER VIOLENCE IN BOOKED PREGNANT WOMEN AT ALEX EKWUEME FEDERAL UNIVERSITY TEACHING HOSPITAL ABAKALIKI AND ASSOCIATED PUERPERAL DEPRESSIVE SEQUELAE: A PROSPECTIVE COHORT STUDY
CATEGORY: WOMEN FACING CRISIS

A. Nwafor

Society of Gynaecology and Obstetrics of Nigeria, Nigeria

Objective: To determine the inter-relationship between intimate partner violence (IPV) in pregnancy, mode and outcomes of delivery and postpartum depression among booked pregnant women at Alex Ekwueme Federal University Teaching Hospital, Abakaliki, Ebonyi state, Nigeria.

Method: One hundred and thirty-seven pregnant women were recruited and screened for intimate partner violence and depression at term. They were followed up to delivery and 6 weeks postpartum and screened for postpartum depression. Data were statistically analysed using IBM SPSS. Chi-square test and relative risk were used for categorical variables. Binary regression analysis was used to determine the relationship between intimate partner violence and postpartum depression. A *P* value of <0.05 was considered statistically significant.

Results: The prevalence of intimate partner violence was 52.6%. Major risk factors included low level of education, low social class, polygamy and unemployment. The general incidence of postpartum depression was 32.8% and 56.9% among women with intimate partner violence. Women with emotional violence and verbal abuse had five-fold increased risk of postpartum depression. Sexual violence and physical violence were not statistically significant risk factors for postpartum depression.

Conclusion: Intimate partner violence is common and a significant risk factor for postpartum depression. Women that had emotional violence and verbal abuse are more likely to have postpartum depression. Therefore, routine screening for intimate partner violence in pregnancy is recommended.

P07.04 | CHILDHOOD RAPE INJURIES: LESSONS FROM EVALUATION, ASSESSMENT OF SPECTRUM AND TAILORED MANAGEMENT IN 35 GIRLS
CATEGORY: WOMEN FACING CRISIS

A. Priyadarshini

Assistant Professor, AIIMS, Raebareli, India

Objective: To report the spectrum of genital injuries of childhood rape and management strategy in 35 girls.

Method: It is a prospective study of 35 girls aged 2 to 9 years brought to hospital for genital injuries occurring due to rape. Victims were hospitalized, assessed in general anesthesia and classified in Group A, B and C as per magnitude of injury. Group A (*n*-15): vestibulo-perineal reconstruction along with colostomy which was closed after 90 days. Group B (*n*-6): primary repair without colostomy Group C (*n*-14): underwent conservative management.

Results: Group A: three stage repairs rewarded with no incontinence, fair aesthetics. Group B and C: no incontinence. Good aesthetic appearance. In all groups: anxiety and some personality change persisted.

Conclusion: Offender was familiar to victim in all. Decision of conservative or single stage or staged reconstruction as per injury assessment is rewarded with successful outcome. Residual anxiety and some personality change took long time to diminish.

P07.05 | ACCESS TO SURGERY DELAYS AMONG OBSTETRIC FISTULA PATIENTS IN ZAMBIA. HOW LONG DO PATIENTS REALLY WAIT TO ACCESS SURGERY?
CATEGORY: WOMEN FACING CRISIS

A. Shanzi

Levy Mwanawasa University Teaching Hospitals, Zambia

Objective: The aim of this study was to investigate how long women wait to access fistula surgery and demographic factors associated with these delays.

Method: This was a cross sectional study of women who underwent fistula surgery in Zambia from the year 2017 to 2022. Several variables in the routine fistula register were collected. These included age, parity, year of surgery, years living with fistula, type of fistula, marital status and province of origin. These variables were used to find factors associated with prolonged waiting times.

Results: 1700 women accessed surgery during this period. The average waiting time was 7.9 years. The longest was 50 years and shortest 1 month. Only 23.4% of women accessed surgery within a year. Women with parity of 2 or more waited 2 times longer than those without babies (10.0 years vs 5.5 years). Adolescents (<19 years) waited longer than older patients (8.6 years vs 7.2 years). There was no significant difference in waiting times between those with rectovaginal and vesicovaginal fistula.

Conclusion: Women still wait very long to access fistula surgery in Zambia. Women who develop fistula at a younger age, the unmarried,

and those with more than one child appear to take longer to access surgery. In the last 5 years there is no change in waiting times for surgery.

P07.06 | A CROSS SECTIONAL STUDY OF THE PREVALENCE AND PATTERN OF DOMESTIC VIOLENCE AMONG INFERTILE WOMEN IN SOUTHERN NIGERIA

CATEGORY: WOMEN FACING CRISIS

E. Iloghalu¹; S. Ezeoke²; C. Onwuka³; E. Izuka⁴; P. Udealor⁴; C. Dim⁴
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Objective: Domestic violence is a public health issue in many parts of Africa. It is widespread in Nigeria and the rates and types differ between cultural settings. Domestic violence may predispose various forms of mental health problems which can significantly affect the management of affected women.

Method: Pre-tested questionnaires were administered to 410 consecutive consenting infertile women attending fertility clinics at two tertiary health institutions in Southern Nigeria during the study between May 2017 and July 2017. Analysis was descriptive and inferential using SPSS for window.

Results: The prevalence of domestic violence in the study was 49% (201/410). The commonest form of violence was threat to divorce because of their inability to conceive (36.8% (74/201)). Majority of respondents, 60.7% (122/201) that experienced any form of domestic violence admitted that it had adversely affected their health, especially their psycho-social wellbeing. The commonest health complaint was stress (60.7%; 74/122) while the least was irritability (0.8%; 1/122).

Conclusion: Domestic violence among infertile women attending fertility clinics of teaching hospitals in Enugu, Nigeria is high. The abuse experienced by these women affects their health adversely. Therefore, routine screening of infertile women at fertility clinics is recommended, in order to optimize their treatment outcomes.

P07.07 | RAMPANT FEMALE LATENT GENITAL TUBERCULOSIS RESPONSIBLE FOR FAILURE IVF IN BIHAR

CATEGORY: WOMEN FACING CRISIS

E. Rahman

Janm IVF Centre, Bhagalpur, Bihar, India, India

Objective: The primary objective was to investigate the prevalence of non-receptive endometrium in infertile patients caused by the tubal factor and draw contrast with infertility triggered by other factors. The relationship between endometrial infertility in patients with tubal factor infertility and their prior histories of genital TB diagnosis and treatment.

Method: With 63 patients who had experienced recurrent implantation failure and had taken the ERA test between 2021 to 2023, we conducted an analytical cross-sectional analysis. Own egg IVF was used for patients under the age of 40, and ovum donor IVF was used for patients over 40. Patients whose ERA results indicated non-receptivity were encouraged to have another ERA test done in order to precisely determine their receptivity status.

Results: Two sets of cases and non-cases of tubal factor were created from the 60 patients, with 35 and 28 patients, respectively. Thirty-five tubal factor cases were discovered in total, of which 21 were found to be era receptive and the remaining 14 to be era non-receptive/pre-receptive. The remaining 28 non-cases lacking tubal factor were divided into 16 era-non-receptive individuals and 12 era-receptive individuals.

Conclusion: Endometrial receptivity is impacted by unilateral or bilateral tubal injury, either as a result of the damage-causing causative agent or as a result of an unidentified chemical produced from the fallopian tubes that interacts with the endometrium at the molecular level. Repeated implantation failures could be brought on by this.

P07.08 | EFFECTS OF DOMESTIC VIOLENCE ON PREGNANCY OUTCOMES AND ITS ASSOCIATED FACTORS AT FLEGE HIWOT REFERRAL HOSPITAL, NORTHWEST ETHIOPIA

CATEGORY: WOMEN FACING CRISIS

E. Erkie

Sexual and Reproductive Health and Rights, Ethiopia

Objective: The main objective of the study is to assess effects of domestic violence (DV) on pregnancy outcomes and its associated factors at Felege Hiwot Referral Hospital (FHRH) in 2019.

Method: Cross sectional study was conducted from May to August, 2019. 372 women who gave birth recruited in the study. Data was collected with systematic sampling technique using standard questionnaires. Descriptive statistics were summarized with cross tabulation. Presence of association between DV and different factors were assessed with simple logistic regression. Significance of association between DV and different associated factors, DV and perinatal outcomes were assessed with multivariable logistic regression and simple logistic regression respectively.

Results: Out of a total of 372 women, 47 (12.63%) were experienced at least one form of domestic violence. Statistically significant associations were found between over all domestic violence and area of residency, smoking, controlling behavior of the husband, refusal to sex and whether the pregnancy was intended. Also significant association is found between domestic violence and perinatal outcomes like still birth (OR=0.21, 95% CI=0.07–0.68, P=0.009), low birth weight (OR=0.21, 95% CI=0.11–0.40, P<0.001), APGAR score <7 at 5th minute (OR=3.37, 95% CI= 1.58–7.18, P=0.002).

Conclusion: Pregnant women are exposed to different forms of domestic violence, which results in adverse pregnancy outcomes. Therefore screening for domestic violence should be integrated into

ANC services and counseling and awareness creation is mandatory for both the women and the men regarding adverse pregnancy effect of domestic violence during pregnancy.

P07.09 | DETERMINE THE AMOUNT OF ANC AWARENESS, ATTITUDE AND PRACTICE AMONG PREGNANT WOMEN ATTENDING ANC CORNER OF A DISTRICT HOSPITAL BANGLADESH

CATEGORY: WOMEN FACING CRISIS

F. Akhter

Rural Female Health Service, Bangladesh

Objective: To assess determine the amount of ANC awareness, attitude and practice among pregnant women attending ANC corner of a district hospital Bangladesh.

Method: This was a cross sectional study conducted by the department of Obstetrics and Gynaecology at 250 Bedded General Hospital, Brahmanbaria, Bangladesh from January to December 2022, to assess the knowledge, attitude and practice of antenatal care among 650 pregnant women attending antenatal corner of a District hospital Bangladesh. After obtaining consent, randomly selected pregnant women were given a pre-designed, structured questionnaire on socio-demographic variables, knowledge, attitude and practice towards antenatal care.

Results: Total 650 antenatal women were successfully interviewed. Majority were in age group of 26–30 years, followed by 21–25 years. Education 98 (15.7%) illiterate. Occupation mostly housewives 377 (58%)—unskilled workers 78 (12%). High income 25%, middle income 55.4%, low income 20%, Muslim 78.6%. Majority had children 4–5. Know method pill 75.4%. Injection 80.1%, Implant 64.9%. Out of 650 there was inadequate knowledge about frequency of antenatal visits with 60.8% wanting to deliver in hospital.

Conclusion: This study demonstrated that the knowledge and attitude of women towards antenatal care was comparatively better position. However, the practice of women was poor. To improve effective utilization of ANC services, authors need to bring behaviour changes, improve communication and quality of service delivery, along with effective monitoring and evaluation.

P07.10 | PERI-NATAL MENTAL HEALTH DURING THE COVID-19 PANDEMIC: PARTURIENT SUPPORT, SCREENING AND PROTECTION PROGRAM

CATEGORY: WOMEN FACING CRISIS

G. Ben Dhaou¹; L. Moujahed¹; S. Abid²; R. Bouchahda²

¹Faculté de médecine de Tunis, Tunisia; ²Faculté de médecine de Sousse, Tunisia

Objective: The aim of this survey was to study the effectiveness of an online or phone-based communication program for mothers to raise awareness, prevent and screen for postpartum anxiety and depression.

Method: We conducted a prospective study from July 2021 to October 1, 2021, including patients who delivered by urgent caesarean section, considered as a factor making the patient prone to stress. We retained a reliable means of contact for each patient at discharge (phone, e-mail). At D-4 postpartum, all patients were interviewed with a questionnaire informing about: family and marital support, breastfeeding, covid-19 in the family, postpartum prescription proxy, socioeconomic status and anxiety signs.

Results: 278 patients were included in the study. Depression was present in 33.27% of cases. We found that combined sensitivity and specificity to detect major depression in postpartum women was, for a cut-off value of 12, 86% and 88% respectively. We identified demograohic and clinical major risks with significant correlation with Edinburgh Postnatal Depression Scale. Thirteen patients were called for a psychological interview after major depressive syndrome, baby-blues syndrome, and a loss of mother-baby bonding were suspected.

Conclusion: We recommend a specific postpartum support program based on digital technologies developed to screen for anxiety and depressive disorders caused by direct factors related to the virus or indirect factors following the current pandemic.

P07.11 | TIME TO UNDER 18 MONTHS MORTALITY AND ITS PREDICTORS AMONG LIVEBIRTHS DURING THE TIGRAY WAR: SURVIVAL ANALYSIS

CATEGORY: WOMEN FACING CRISIS

H. Teka

Mekelle University, College of Health Sciences, Ayder Comprehensive Specialized Hospital, Ethiopia

Objective: This study aimed to determine time-to-death and its predictors among the live-born children who were born during the deadly Tigray war which was raging from November 3, 2020, to November 2, 2022.

Method: Retrospective study cross-sectional study was conducted using a data from maternal and child mortality study, which was implemented in 31 districts of the Tigray region. Kaplan-Meier curve and Log-rank test were used to estimate survival time and look at statistical differences between the categories of the independent variables respectively. Cox-proportional hazard model was fitted to identify predictors of time-to-death. Adjusted Hazard Ratio with 95% CI and $P < 0.05$ were used to determine the strength of association and significance respectively.

Results: During eighteen the 18month 30935 live-births were included among whom 1430 (4.6% (95% CI: 4.4–4.9)) of them died before celebrating one and half years of life. The mean survival time was 524.69 (95% CI: 523.41–527.97) days. Multiple type of pregnancy (AHR: 5.8, 95% CI: 4.59–6.30), short birth interval (AHR: 7.19, 95% CI: 6.08–8.50), living in rural districts (AHR:1.69, 95% CI:1.44–1.97), and being male child (AHR: 1.77, 95% CI: 1.58–1.98) were the risks for dying among live-births.

Conclusion: In this study mean survival time was found to be short. Type of pregnancy, birth interval, place of residence, sex of the child, and place of delivery, were the identified determinants for child survival. We call to action to reduce equity gaps and access to quality services to improve survival.

P07.12 | MATERNAL MENTAL HEALTH AND MATERNAL SUICIDES AMONG FEMALE SEX WORKERS IN THREE COUNTRIES

CATEGORY: WOMEN FACING CRISIS

H. Thompson¹; B. Willis²

¹Global Health Promise, Canada; ²Global Health Promise, USA

Objective: This study aims to identify depression and maternal suicides among female sex workers (FSW) in three sub-Saharan African countries during the COVID-19 pandemic.

Method: In 2022–2023, 850 FSW were interviewed in Kenya, Nigeria, and Democratic Republic of the Congo. A modified version of the sisterhood methodology was used, where FSW are “surrogate sisters” to deceased FS, reporting details of their deaths. FSW who reported deaths due to suicide were asked additional questions to determine if the suicide occurred during pregnancy or within 12 months postpartum. All FSW interviewed were screened for depression using the Edinburgh Postpartum Depression Scale (EPDS).

Results: 3844 FSW deaths were reported, with 1157 maternal deaths (30.0% of all deaths) and 323 suicides (8.5% of all deaths). There were 62 maternal suicides (5.4% of maternal deaths; 19.2% of all suicides), with 54 (87.1% of all maternal suicides) occurring among pregnant FSW. 99% of FSW interviewed screened positively on the EPDS (score >13), indicating probable depression. Among pregnant FSW ($n=100$), 89% scored positively for suicidality, with 40% reporting they thought of suicide “often”.

Conclusion: These findings indicate high rates of depression and suicidality among pregnant FSW, as well as numerous suicides among pregnant FSW. This underscores an urgent need for mental health services for FSW, especially pregnant FSW.

P07.13 | MATERNAL MORTALITY, ANTENATAL CARE AND DELIVERY TRENDS AMONG FEMALE SEX WORKERS IN THREE COUNTRIES DURING THE COVID-19 PANDEMIC

CATEGORY: WOMEN FACING CRISIS

H. Thompson

Global Health Promise, Canada

Objective: To identify leading causes of maternal mortality, antenatal care-seeking behaviour, delivery location, and barriers to care for female sex workers (FSW) in three countries in sub-Saharan Africa during the COVID-19 pandemic.

Method: 850 FSW were interviewed in Kenya, Nigeria, and Democratic Republic of the Congo in 2022–2023. To determine maternal mortality, a modified sisterhood methodology was used, with FSW reporting details of their “surrogate sisters” deaths. Maternal deaths were classified with WHO Application of ICD-10 to deaths during pregnancy, childbirth and the puerperium. For information on antenatal care and delivery, FSW were recruited using convenience sampling and interviewed about antenatal care and delivery of their last pregnancy.

Results: 3844 deaths were reported. 1157 (30.0%) were maternal deaths, the leading cause being abortion: 735 deaths (19.1% of deaths; 63.5% of maternal deaths). 292 deaths (25.2% of maternal deaths) were intrapartum or postpartum. There were 62 maternal suicides (5.4% of maternal deaths; 19.2% of suicides). Among participants, 27.7% did not attend antenatal care; 18.6% only attended once. 34.8% delivered outside of a medical facility. Cost was the primary reason for no antenatal care (92.7%) or non-hospital delivery (75.8%).

Conclusion: FSW have low attendance at antenatal care and hospital-attended births, and high levels of maternal mortality, especially from abortion. Cost is a major barrier. There is a need for targeted programs, including improved access to antenatal care, safe delivery, and safe abortion, in order to decrease maternal mortality among FSW.

P07.14 | LIVING WITH LONG TERM COMPLICATIONS OF FEMALE GENITAL CUTTING MAKES LIFE DIFFICULT: REVIEW ARTICLE

CATEGORY: WOMEN FACING CRISIS

I. Fadol

Alshuhad Teaching Hospital, Sudan

Objective: This study aimed to review the case reports reflecting the health burden of female genital mutilation (FGM).

Method: This review included articles published over the last 10 years (between 2012 and 2022) on PubMed database. The following MeSH terms were used: “female genital mutilation”, “female genital cutting”, “female genital mutilation complications”, “female genital circumcision”, “Africa” and “infibulation”. The inclusion criteria were English language, late complications, case reports and case series.

Results: Large inclusion cyst restricting movement, necrotizing fasciitis, urological problems, vaginal stenosis, bladder hyperactivity, clitoral neuromas, clitoral keloids and sexual dysfunction were reported health problems among circumcised women. It worth mentioning that a woman from Sudan experienced post-traumatic stress disorder and recalled the traumatic experience of her first micturition after FGM when she was a child. Moreover, FGM put the women at risk of prolonged labor, postpartum hemorrhage, episiotomy, and prolonged maternal hospital stay.

Conclusion: Although accepted as a human violation, FGM is still common in several countries. It is one of the most serious procedure resulting in psychosexual and organic complications.

P07.15 | A PERPETUAL CULTURE OF EMERGENCY: A SCOPING REVIEW ON ACCESS TO SEXUAL AND REPRODUCTIVE (SRH) HEALTHCARE FOR REFUGEES IN CAMPS AND INFORMAL SETTLEMENTS IN THE WHO EUROPEAN REGION
CATEGORY: WOMEN FACING CRISIS

J. Sherally

KIT Royal Tropical Institute, The Netherlands

Objective: Reviews addressing access to SRH services for refugees are either limited to low- and middle-income countries (LMICs) or focus on countries of destination. In order to strengthen SRH responses for refugees residing in formal camps and informal settlements in the WHO European region, evidence on factors influencing access is paramount.

Method: EMBASE, MEDLINE and Web of Science were systematically searched for quantitative, qualitative and mixed-methods studies published from 2012 onwards, supplemented with grey literature. From 1951 screened records, 41 studies across 12 countries were included: 24 peer-reviewed and 17 grey literature. Data was extracted using standardized templates and charted using qualitative content analysis. Barriers and facilitators were mapped onto Levesque et al.'s (2013) ten-dimension framework (five supply-side dimensions and five demand-side abilities).

Results: 246 barriers and 19 facilitators across predominantly the supply-side domain of Levesque's framework emerged. Important barriers include absence of gender-sensitive services, staffing challenges and language barriers. Poor leadership and coordination result in ad-hoc services inadequately transitioning to comprehensive care. Refugees experience unmet family planning needs and make limited use of ante- and postnatal care, but studies are limited to Turkey. Refugees in transit prioritise reaching their final destination over their immediate health needs.

Conclusion: The SRH landscape for refugees in Europe, is characterised by a fragmented system of emergency services provided to a population who prioritise reaching their country of destination. An adapted version of the framework, incorporating the overarching themes of language and the refugees' transient nature, is better suited for this population.

P07.16 | CHARACTERISTICS OF COVID-19 POSITIVE PREGNANT PATIENTS ADMITTED IN A PRIVATE TERTIARY HOSPITAL AND THEIR MATERNAL AND NEONATAL OUTCOMES
CATEGORY: WOMEN FACING CRISIS

J. Lim; Z. Gonzaga; M. Hernandez-Nazal

The Medical City, Philippines

Objective: This study aimed to present the prevalence, clinical characteristics, as well as the neonatal, obstetric, and maternal outcomes

of all pregnant women admitted in the institution who had active or previous COVID-19 infection.

Method: The research utilized retrospective review of data using the hospital's health information system. Within the study period, all admitted obstetric patients who had at least one positive result in a RT-PCR naso-oropharyngeal swab for SARS-CoV-2 were included and categorized into: (1) symptomatic, (2) recovered, and (3) asymptomatic.

Results: From 48 patients, prevalence of COVID-19 in pregnancy was 3.65%. Most were in the third trimester (mean age of gestation 35.26+6.39) and majority (60.41%) had no co-morbidities. Most remained asymptomatic (33.33%) or mild (18.75%), and underwent abdominal delivery (50%) for obstetric indications. There was one mortality with critical severity. COVID-19 status was not associated with adverse obstetric outcomes, but had significant association with preterm birth ($P=0.019$) and neonatal intensive care unit admission ($P<0.001$).

Conclusion: Overall, most cases were asymptomatic and had good prognosis even with the adaptations a pregnant woman undergoes. In addition, neonatal outcomes were generally good regardless of the association with preterm birth and NICU admission. Lastly, there was no appreciated evidence for vertical transmission.

P07.17 | EFFECTIVENESS OF PROPHYLACTIC BILATERAL UTERINE ARTERY LIGATION DURING CESAREAN AMONG WOMEN WHO ARE AT RISK OF POSTPARTUM HEMORRHAGE: A META-ANALYSIS
CATEGORY: WOMEN FACING CRISIS

J. Villena

University of the East Ramon Magsaysay Memorial Medical Center Inc., Philippines

Objective: To determine the effectiveness of prophylactic bilateral uterine artery ligation (BUAL) during cesarean among women at risk of postpartum hemorrhage.

Method: Studies were retrieved from reputable online libraries and databases through searches in Cochrane Library, MESH, NCBI, and clinicaltrials.gov from 2005 to 2022. All randomized controlled trials comparing prophylactic bilateral uterine ligation was compared to no treatment. The published reports of eligible studies were evaluated by two independent reviewers. Data were extracted and pooled analysis was done based on clinical and methodological appropriateness. The present study identified two randomized controlled trials involving 1174 participants.

Results: Prophylactic BUAL showed a statistically significant lesser blood loss than in the control group, MD -159.75 mL [-296.00 to -23.49 mL, $P=0.02$]. There was a statistically significant 78% decreased risk of postpartum hemorrhage in the prophylactic BUAL group (OR 0.22, 95% CI 0.11 to 0.42, $P<0.00001$).

Conclusion: Prophylactic BUAL during cesarean among women at risk of postpartum hemorrhage significantly decreases intraoperative blood loss and decreases the risk of postpartum hemorrhage.

P07.18 | A PREGNANT LADY WITH PRES SYNDROME

CATEGORY: WOMEN FACING CRISIS

K. Guha

ShSMC, Bangladesh

Objective: Posterior reversible encephalopathy syndrome (PRES) is an acute neurotoxic syndrome characterized by a spectrum of neurological and radiological features from various risk factors. Severe pre-eclampsia is common in most women, but rare cases of PRES in pregnant women with normal blood pressure have also been described.

Method: This is a prospective type case review done after admission of a pregnant lady after 34 weeks of gestations.

Results: This case had facial palsy followed by headache, visual disturbances and seizure. MRI of brain revealed infarction in occipital lobes capsuloganglionic and paraventricular region of both sides.

Conclusion: Early diagnosis is important to initiate treatment and prevent further complications. Although most cases resolve successfully and carry a favorable prognosis, inadequate therapeutic support or delay in treatment may not be related with positive outcome.

P07.19 | LEVERAGING A HOTLINE TO LINK WOMEN TO ABORTION SERVICES DURING COVID-19 IN RWANDA

CATEGORY: WOMEN FACING CRISIS

A. Kagaba; A. Ishimwe; B. Uwayezu; C. Sengoga; E. Niyotwagira; J. Ingabire; L. Gutabarwa

Health Development Initiative, Rwanda

Objective: To provide accurate information on safe abortion and the grounds under which services are provided; to link women and girls seeking safe abortion services to health facility eligible to provide the service; and to provide pre-abortion counselling.

Method: To increase the reach of the hotline during covid-19 period Health Development Initiative we (a) publicized the hotline through radio spots and social media campaigns; (b) trained nurses and counselors working in the hotline to disseminate accurate information and facilitate linkage to services; and (c) built the capacity of young people champions to reach out to other young people in the community.

Results: From 2020 to 2022, 6801 callers sought information and services related to safe abortion. The majority of beneficiaries 57% (3877/6801) seeking abortion services were seeking information on the current abortion law in Rwanda, 38% (2584/6801) needed a linkage to abortion services, of which 28% (722/2584) reported that they received services and 13.1% (340/2584) sought and received financial support to access safe abortion services.

Conclusion: These results show that a hotline can be an effective approach to reach women and girls with accurate and stigma-free safe abortion information. Further research and programs are needed to expand more avenues where women and girls can receive information related to safe abortion.

P07.20 | UNCOVERING THE VULNERABILITY OF WOMEN: VIOLENCE AND MATERNAL HEALTH RISKS DURING FLOODS IN PAKISTAN

CATEGORY: WOMEN FACING CRISIS

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Objective: Flood-affected areas pose a threat to women's safety and health. Limited healthcare access and increased risk of physical and sexual violence are post-disaster challenges. To determine the prevalence of violence and its impact on maternal health during floods in Punjab, identifying factors that contribute to poor maternal health outcomes.

Method: This study was conducted in an IDP camp located at Rajanpur in South Punjab. A descriptive cross-sectional study was carried out in women of reproductive age. 175 internally displaced women of reproductive age in the camp were consented to and recruited. A Pre-tested semi-structured questionnaire was used to collect data. A questionnaire of two segments was designed consisting of sociodemographic data and their experiences with gender-based violence and factors contributed to poor maternal health.

Results: In the study, 31% of females were between 30 and 40 years of age. 67% were uneducated. 35% of females suffered from violence by intimate partners while 9% suffered from non-family members. 75% reported a lack of access to maternal health services and facilities, 85% reported inadequate nutrition, 100% reported exposure to contaminated water and 54% suffered from infectious diseases. 48% of facilities lacked health workers and 17% of facilities lack medicines.

Conclusion: Women in crisis are at increased risk of experiencing violence and poor maternal health outcomes. Factors like displacement, lack of access to healthcare services and breakdown of social support systems contribute significantly. There is an urgent need for comprehensive strategies that address the multifaceted challenges faced by women in disaster-prone regions.

P07.21 | HOMELESSNESS IS A FORM OF STRUCTURAL VIOLENCE THAT LEADS TO ADVERSE OBSTETRICAL OUTCOMES

CATEGORY: WOMEN FACING CRISIS

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Objective: We aim to outline the challenges that homelessness presents during pregnancy and describe how structural violence

contributes to adverse birth outcomes. Because obstetrician/gynecologists may be the only medical professionals that women experiencing homelessness interact with, we aim to ensure that they are adequately equipped to provide supportive, conscientious care.

Method: In this narrative review, we reviewed literature regarding the experiences, outcomes, and needs of individuals experiencing homelessness during pregnancy. A search strategy was developed using keywords pregnant, homeless, and prenatal care to evaluate available literature on PubMed. We then grouped these findings into themes and summarized the data accordingly.

Results: The increased risk for pregnancy complications and adverse health outcomes for individuals experiencing homelessness during pregnancy is multifactorial. Vulnerable circumstances rooted in structural violence create susceptibility to trauma, poverty, and violence. Strict regulations create barriers that prevent pregnant women from obtaining shelter. Within the shelter system, families are forced to endure rigid rules and to move, disrupting support networks. Logistical barriers limit prenatal care access, and biases within healthcare systems result in poor quality care.

Conclusion: Structural violence within shelter and healthcare systems leads to inadequate support for pregnant individuals, barriers to resources, and reinforced stigmatization. Continuous retraumatization and exposure to situations that compromise health lead to negative outcomes for women and children. Major structural change to healthcare and housing systems can improve care and outcomes.

P07.22 | UTERINE-TRANS-ARTERIAL CHEMO-EMBOLIZATION OF LOW RISK GESTATIONAL TROPHOBLASTIC DISEASES: A MODIFIED NOVEL MANAGEMENT AND ITS OUTCOME
CATEGORY: WOMEN FACING CRISIS

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Objective: Understanding of low-risk Gestational Trophoblastic disease's (GTD) pathophysiology and its management has increased significantly. The aim of the study was to assess the angiographic findings, technical feasibility, cost-effectiveness, and outcomes of uterine-trans-arterial-embolization in low-risk GTDs mainly causing or having an impending life-threatening hemorrhage, preservation of future fertility, and menstrual cycles.

Method: The characteristics materials and methods required in treating low-risk GTDs and its related complications with super-selective drug (Methotrexate) therapy/delivery within the tumoral mass lesions and simultaneous temporary embolization of uterine artery or other offending arteries and saving the lives of the patients without altering their future fertility, menstrual cycles and markedly reducing the side effects of systemic therapy of Methotrexate and persistently high level of circulating Beta-HCG level in blood circulation causing its related signs/symptoms.

Results: The underlying causes of bleeding, angiographic findings, technical feasibility, clinical success rates, and complications were

evaluated in low-risk GTDs which were showing excellent promising outcomes. Follow-up showed markedly reduced circulating Beta-HCG level in blood within a week and normal ultrasonographic morphology of the uterus within a month as compared to the conventional method.

Conclusion: The analysis revealed a significant paradigm shift in the management of low-risk GTDs, firstly super-selective chemoembolization of uterine artery or another offending artery followed by dilation and curettage (D&C), trends and developments, scientific implications, and collaboration among researchers in the field of modified novel management of GTDs.

P07.23 | CLIMATE CRISIS IMPACTS ON WOMEN AND GIRLS' SEXUAL AND REPRODUCTIVE HEALTH AND ADAPTIVE CAPACITY IN CENTRAL SULAWESI, INDONESIA
CATEGORY: WOMEN FACING CRISIS

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Objective: Climate change in Indonesia has disproportionately affected marginalized communities, particularly those with high dependence on natural resources. Increasingly, evidence shows multiple impacts of climate change on sexual and reproductive health (SRH), yet evidence from Indonesia is limited. We investigate how this impacts women & girls' SRH decision-making, behavior, and outcomes.

Method: We employed a participatory, qualitative research design using key informant interviews with 16 community leaders and local adaptation implementers and in-depth interviews with 32 women of reproductive age. We also facilitated art-based research activities during community dialogue meetings with 6 groups of men and women of reproductive age. We also held focus group discussion at provincial level with key stakeholders to discuss initial findings from field work and to obtain more in-depth perspectives.

Results: Since the 2018 earthquake and tsunami, symptoms of climate change have worsened e.g. sea level rise and frequent flooding. Traditionally a communalistic-patriarchal society, the climate crisis forces women to adopt new economic roles, including out-migration for work. Common impacts on SRH include increased sexual/gender-based violence, increased sexual activity causing more unintended pregnancy, child marriage, and menstrual health problems. Pregnant women frequently resort to untrained traditional healers due to interruptions to health services and transportation infrastructure.

Conclusion: This is a pioneer study, among the earliest in eastern Indonesia to examine the experiences of women and ethnic minorities at the nexus of climate change and SRH and document their adaptation

strategies. Results will inform locally relevant, women-led climate action to reduce their SRH vulnerabilities against climate crisis.

P07.24 | PSYCHOLOGICAL AND MENTAL HEALTH OUTCOMES POST SAFE ABORTION IN RWANDA
CATEGORY: WOMEN FACING CRISIS

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Objective: To find out the association between psychological support with positive (self-esteem, life satisfaction) or negative (depression, anxiety) outcomes of women and girls post safe abortion.

Method: 305 women and girls who sought safe abortion were approached at the selected hospitals. SPSS version 26 was used to analyze data. A cross section design was used, and data were collected using Google form which downloaded into Excel sheet and imported into SPSS. Variables were assessed for statistical analysis criteria of normality, N-quota, and homoscedasticity for outcome variables. Mann-Whitney Test/T-test, Kruskal-Wallis Test/ANOVA test were used. University of Rwanda/IRB approved the study protocol.

Results: Demographics show that women who received safe abortion are single ($n=194$, 63.6%) and ($n=138$, 45.2) were students. Most ($n=270$, 88.5%) had no psychological support. 44.65% were satisfied after the service and statistically with anxiety, self-esteem ($P<.001$) and the age ($P=0.05$). Participants disagreed on being person of worth though 80% have a number of good qualities. Participants indicated a concerning level of anxiety (46.9%). They have severe guilt feelings ($n=255$, 83.6%), while ($n=103$, 33.8%) have thoughts of ending their lives.

Conclusion: The results suggest the best ways to support women and girls after being provided with safe abortion services in the health facilities of Rwanda.

P07.25 | INNOVATIVE MATERNAL AND SRH HEALTH INTERVENTIONS TO REDUCE MATERNAL MORTALITY IN CONFLICT SETTING IN NORTHERN MOZAMBIQUE
CATEGORY: WOMEN FACING CRISIS

M. Urso
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Objective: Maternal mortality is high (452/100 000 newborn alive) in Mozambique. Since 2017 the Province of Cabo Delgado

has been hit by natural disasters and conflict with a million internally displaced people and closure of 39 health facilities. We aim to present innovative interventions to reduce maternal mortality in conflict setting.

Method: In 2021 UNFPA supported directly the government to analyze needs in Cabo Delgado and develop a plan with innovative solutions in order to address the identified barriers such as barriers to access to MCH services in the IDP camps that led to low rates of institutional delivery, low referral capacity of pregnant women, difficult communication in case of emergency and lack of trained health care workers. Facilitators were community actors such as Traditional birth attendants.

Results: Innovative activities were planned: strengthened community service delivery models (integrated mobile brigades in IDP camps), APE and TBA involvement in health promotion and acquisition of 2 surgical mobile clinics as well as a boat ambulance. Between June 2022 and October 2022 mobile brigades reached 30 648 pregnant women in 3 districts, 26 cesarean sections were done in the mobile clinic as well as 519 deliveries, and 18 pregnant women were referred through the boat ambulance.

Conclusion: Innovative and tailored service delivery models are needed in humanitarian context to ensure access to implementation of safe motherhood interventions. Community models have been key in the offer of primary care services; access to institutional delivery has improved with use of surgical mobile clinics and increase in transportation means.

P07.26 | MODE OF BIRTH AND CESAREAN SECTION INDICATIONS FOR MIGRANT VERSUS NON-MIGRANT WOMEN: PRELIMINARY RESULTS OF THE IMAGINE STUDY IN ITALY
CATEGORY: WOMEN FACING CRISIS

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Objective: The study aimed at describing the rates of cesarean section (CS) and operative vaginal birth (OVB), plus CS indications among migrant versus non-migrant women in Friuli Venezia-Giulia (FVG) region, North-East Italy.

Method: Cross-sectional study using validated, anonymous, telephone interview based on WHO Standards. Women given birth in one of the nine maternity hospitals of FVG region, in the period from September 2019 to April 2022 were eligible to participate. We compared CS and OVD rates and CS indications among migrant versus non-migrant women using a chi-square test. Values $P < 0.05$ indicate statistical significance.

Results: A total of 4882 women were included, of whom 883 (18.1%) were migrant. CS and OVB rates significantly differed between groups (CS: 24.0% migrants vs 19.1% non-migrant,

$P=0.001$; OVB: 6.3% migrants vs 8.4% non-migrants, $P=0.039$). An elective CS was reported by 89/212 (42.0%) of migrants compared with 288/762 (37.8%) of non-migrant women ($P=0.268$). The most frequent indication for CS reported were: previous CS (30.7%) for migrants versus podalic presentation (29.4%) for non-migrants.

Conclusion: The rates of CS and OBV, as well as reported CS indications significantly differed between migrant and non-migrant population. Further research is needed to explore underlying causes of medicalisation of birth in migrants, including previous practices (CS) and expectations, to ensure that high-quality care is provided to all women.

P07.27 | RELEVANCIA DEL SERVICIO MATERNO-FETAL EN POBLACIÓN VULNERABLE EN UN HOSPITAL DE SEGUNDO NIVEL EN SONORA, MÉXICO

CATEGORY: WOMEN FACING CRISIS

M. Cantu
PGY 3, Mexico

Objective: Describir la consulta materno-fetal en un hospital de segundo nivel del estado de Sonora, México que atiende a mujeres embarazadas en situación de vulnerabilidad socio-económica.

Method: Estudio descriptivo en mujeres embarazadas atendidas en el Hospital Integral de la Mujer del Estado de Sonora (HIMES) durante el periodo 2022 quienes requirieron atención del servicio materno-fetal. De los expedientes clínicos de las pacientes se recolectó las variables de edad, estado civil, lugar de residencia, escolaridad, ingreso familiar y diagnóstico. Se realizó un análisis descriptivo por medio de mediana e intervalo intercuartil (IQR), desviación estándar, frecuencia y porcentaje.

Results: En 202 pacientes, la mediana de edad fue de 25 (IQR 20–31) años, 6.9% con residencia en área rural, 4.5% analfabetas y 9.9% adolescentes. El 61.9% sin una pareja estable y 47.5% con ingreso mensual menor a \$358.60 USD. El 37.5% con tres o más diagnósticos. El grupo de más de 35 años con: 52% diabetes gestacional, 42.5% obesidad y 23.8% con enfermedades hipertensivas. Adolescentes con: 30% de malformaciones fetales y 20% diabetes gestacional.

Conclusion: Los hallazgos muestran la importancia del servicio materno-fetal en el HIMES. Es prioritario la atención en mujeres embarazadas en situación socio-económica vulnerable y que cursan con un embarazo de alto riesgo para disminuir la morbi-mortalidad materno-fetal y fortalecer la atención médica.

P07.28 | EVALUATING COMMUNITY AND SEXUAL AND REPRODUCTIVE HEALTH SERVICE RESILIENCE TO THE CLIMATE CRISIS IN ARID- AND SEMI-ARID LAND COMMUNITIES IN NORTHERN KENYA

CATEGORY: WOMEN FACING CRISIS

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Objective: To assess the resilience of communities to access and health system to provide comprehensive SRHR during climate change-induced extreme weather in arid- and semi-arid lands (ASAL) in Northern Kenya.

Method: We conducted focus groups and in-depth interviews with Samburu men and women ages 15–49, SRHR providers, government officials, climate change experts, and community leaders in March–April 2023. We triangulated thematic analysis of interview transcripts with a desk review examining the extent of SRHR integration in government climate adaptation and response policies/procedures.

Results: Samburu's health system is increasingly vulnerable to drought, and flooding, interrupting SRHR service provision. Disruption of traditional pastoralist livelihoods, resulting in conflict with neighboring ethnic groups over limited pastureland and dwindling livestock. Long distance travel by men and boys increasing their distance from health facilities. Increased rates of STIs, unplanned pregnancies, and unsafe abortions due to interruptions in contraceptive use during migrations. Increased vulnerability of pregnant and postpartum women to miscarriage, unskilled delivery, and malnutrition.

Conclusion: Our research fills an evidence gap concerning the impact of climate change on SRHR in ASAL communities. SRHR remains absent from most climate action in Kenya and globally. Findings concerning local adaptation strategies and health system risks will inform SRHR-integrated climate action to bolster the resilience of ASAL communities.

P07.29 | IMPACT DE LA PANDÉMIE COVID-19 SUR LA FONCTION SEXUELLE DES PERSONNELS DE SANTÉ QUI TRAVAILLENT DANS UN CENTRE COVID TUNISIEN

CATEGORY: WOMEN FACING CRISIS

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Objective: Étudier l'état psychologique et la fonction sexuelle des infirmières qui travaillent dans un circuit Covid.

Method: Étude observationnelle dans un centre covid-19 Tunisien durant la période de 02 mois allant du 01/06/2021 au 31/07/2021 portant sur 80 infirmières qui travaillent dans ce circuit et ayant un

partenaire sexuel et/ou ayant une activité sexuelle régulière. On a utilisé l'échelle HAD et le score FSFI.

Results: Le taux de réponse était de 68.96%. L'âge moyen était 34.2 ans avec 70% de notre population ($n=56$) ont déjà chopé le Covid. 22.5% des infirmières avaient un état anxieux certain dont 15 avaient une symptomatologie dépressive. 46.3% ($n=37$) avaient une dysfonction sexuelle. Le score moyen FSFI était 25.8%. Le comportement de nos participantes a subi des modifications comparative-ment avec la période précédant la crise sanitaire.

Conclusion: Nous avons trouvé une corrélation significative entre l'anxiété, la dépression et les différents items du FSFI. Le domaine de la sexualité est perturbée directement par la charge du travail dans un circuit Covid et indirectement par le bais de l'anxiété, le stress ou la dépression.

P07.30 | FACTORS ASSOCIATED WITH SUICIDE-RELATED VISITS AMONG REPRODUCTIVE-AGED WOMEN IN CALIFORNIA

CATEGORY: WOMEN FACING CRISIS

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Objective: Suicide among reproductive-aged women is a growing public health issue. This study investigates factors linked to Suicide-Related ED Visits in California, aiming to inform targeted prevention and intervention strategies for this vulnerable population.

Method: Using California SEDD data from 2019 to 2020, we conducted a retrospective analysis of factors linked to Suicide-Related ED Visits, introducing the Distressed Community Index to measure socioeconomic deprivation. Multivariate analysis adjusted for demographics, mental health, substance use, and income.

Results: There were 65423 Suicide-Related ED Visits among women, with 72.6% occurring among women of reproductive age. Common mechanism of injuries among these women were poisoning (54.8%), cuts (30.6%) and suffocation (1.5%). Significant predictors were residents of prosperous neighborhoods (OR = 1.13; 95% CI 1.03–1.23), White women (OR = 1.08; 95% CI 1.03–1.13), private insurance (OR = 1.48; 95% CI 1.36–1.62). Others include depression (OR = 12.8; 95% CI 12.2–13.5), drug abuse (OR = 2.14; 95% CI 1.99–2.30), and spring season (OR = 1.07; 95% CI 1.01–1.13).

Conclusion: The study reveals that women with higher socioeconomic status are more prone to Suicide-Related ED Visits, indicating either lower suicide risk among poorer women or reduced likelihood of seeking ED care after attempted suicide.

P07.31 | OBSTETRIC CARE AS A HUMAN RIGHT AND UN MECHANISMS TO HOLD GOVERNMENTS ACCOUNTABLE

CATEGORY: WOMEN FACING CRISIS

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Objective: Human rights include obstetric care, which is established under international human rights law. The G4 Alliance analysed key international documents defining obstetric care as a human right and explored mechanisms within the United Nations (UN) that exist to hold governments accountable to respect, protect, and fulfil human rights obligations.

Method: Analysing key documents that define obstetric care as a human right include the Universal Declaration of Human Rights (1948), Constitution of the World Health Organization (1956), the Convention on the Elimination of All Forms of Discrimination against Women (1979) and the Convention on the Rights of the Child (1989) and other international treaties. We analysed UN mechanisms to ensure implementation of human rights centered obstetric care.

Results: Analysis of key documents found five key pillars of human rights in obstetric care including the right to life, the right to health, the right to education/information, the right to liberty and security, and the right to be free from cruel, inhumane, and degrading treatment. Current political decisions and limited access to care in obstetrics and gynaecology have violated these rights including death from preventable maternal mortality and women arrested for seeking abortion care.

Conclusion: States have an obligation to respect, protect, and fulfil human rights when providing obstetric care. Mechanisms in the United Nations including Treaty Monitoring Bodies, Universal Periodic Reviews, and aspects of the Human Rights Council should be utilised to ensure states provide Available, Accessible, Acceptable and Quality (AAAQ) care.

P07.32 | ENDING OBSTETRIC FISTULA THROUGH SYSTEMS DYNAMICS

CATEGORY: WOMEN FACING CRISIS

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Objective: The statistical modeling of systems dynamics lends itself to strategizing an approach to ending obstetric fistula on a country-by-country basis. While both prevention and surgical repair are

necessary components to eradicating obstetric fistula, this model helps to identify the means to doing so.

Method: A systems dynamics model was applied to the aim of eradicating obstetric fistula using new prevalence and incidence data on obstetric fistula based on maternal mortality data.

Results: Systems dynamics illustrates the ongoing need for obstetric fistula repair and efforts required in improving training of fistula surgeons to be able to avoid need for repeat surgeries for individual patients and to ramp up surgical repair efforts. While prevention of obstetric fistula is critical, it is slowly happening as maternal health systems are being strengthened. Fistula repair efforts are still lagging behind.

Conclusion: Systems dynamics is a useful tool for understanding and strategizing the current needs to end fistula region by region or country by country.

P07.33 | INVESTING IN THE MISP OF SRH IN CRISIS HELPS IN SUSTAINING THE GAINS TOWARDS THE SUSTAINABLE DEVELOPMENT GOALS (SDGS): A SUCCESS STORY FROM THE SPRINT PROJECT

CATEGORY: WOMEN FACING CRISIS

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Objective: The SPRINT Project, implemented by IPPF is designed to address gaps in the Minimum Initial Service Package implementation, as identified in global evaluation by IAWG on Reproductive Health. The goal is to improve health outcomes of crisis-affected populations by reducing preventable SRH morbidities, mortalities through providing timely, life-saving SRH services.

Method: In 2022, the SPRINT Project responded to six crises: Philippines Cyclone Odette, Tonga volcanic eruption, Solomon Islands COVID-19, Pakistan floods, Ethiopia/Tigray refugees in Sudan and Indonesia earthquake. The member associations implemented MISP responses for 3–6 months, providing range of SRH and SGBV services, using various approaches such as medical-missions, SRH-tents, digital-health-intervention, using social-media, and outreach, maximizing their reach and efforts, in collaboration with partners within the humanitarian architecture, including organizations working for various vulnerable groups.

Results: A total of 63725 crisis-affected population reached with 238749 lifesaving SRH services. These services include 28803 family planning, 5857 obstetrics, 28 deliveries, 30 complicated-pregnancies referred, 503 Gynecology, apart from distributing 3606 clean-delivery kits and 2130 hygiene-kits. Among 14879 contraceptive clients, nearly three-fourth accepted short-acting (oral pills-36%, condoms-36%, emergency pills-3%), and one-fourth received long-acting (injectable-15%, IUCD-7%, implants-3%). 2363 clients received abortion services including 351 medical, 27 surgical-abortions, with 64% receiving post-abortion contraceptives and 14% complications treated.

Conclusion: Increase investments in initiatives which work across the disaster spectrum on advocacy, preparedness, capacity building for effective SRH response. Strengthen institutional capacities for maternal and newborn care service provision, especially during the crisis. Supporting innovations like digital-health-interventions, social-media for reaching wider crisis-affected population. Meaningful engagement of the affected communities.

P07.34 | WHERE ARE WE NOW? ANALYSIS OF 236 CASES OF YOUNG CHILD SEXUAL ABUSE IN ONE STOP CRISIS CENTRE, BANGLADESH

CATEGORY: WOMEN FACING CRISIS

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RCOG, Bangladesh

Objective: The objective of this study was to find out the status of victims of young child sexual Violence cases along with analysis of demographic variables, events, causes, way of disclosure and to find out the preventive measures.

Method: A 5-year long retrospective cross sectional study was carried out in One-stop Crisis Centre (OCC) of Chittagong Medical College Hospital, Bangladesh during the period of January 2017 to June 2021. The clinical records were reviewed and young child sexual abuse cases comprising less than 12 year were included in our study for analysis. A questionnaire was formed which was answered from the clinical records. Consent is always taken for study purpose from all victims.

Results: Among total 2599 victims, 236 were young child sexual assault victims less than 12 years. In our study, the lowest age of victim is 9 months. In perpetrators age analysis, least age was 9 years and highest age was 72 years. 47.46% were assaulted by neighbours, 4.66% by blood relatives and 10.17% by supervisors. 46.61% victims were assaulted forcefully. 43.28% occurred in perpetrator's property and 16.95% in their house. 3.39% were gang rape.

Conclusion: Child sexual abuse is a significant public health problem and an adverse childhood experience but completely preventable. No place and no caregiver is safe for children. Safe baby care centre should be there for huge numbers of working mothers in garments sectors, educational institutes, hospitals, bank and other sectors with proper monitoring.

P07.35 | PREVALENCE OF DOMESTIC VIOLENCE AND ASSOCIATED RISK FACTORS DURING PREGNANCY

CATEGORY: WOMEN FACING CRISIS

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Objective: To determine the prevalence of domestic violence during pregnancy in a metropolitan city of Pakistan. To explore the potential risk factors for domestic violence during pregnancy.

Method: A cross-sectional study conducted at Ziauddin university hospital Karachi Pakistan. Total 138 pregnant women. We used a modified World Health Organization screening instrument to assess women's experience of domestic violence. Data analysis using the IBM SPSS Statistics 21 version. Descriptive analysis used for socio-demographic characteristics of the participating women. The odd Ratio and 95% Confidence Interval and 5% margin of error were calculated for the crude associations between possible risk factors and 'DV' during pregnancy.

Results: The overall prevalence of domestic violence was found to be 60.9%. Out of 138 pregnant women interviewed. 66.4%, suffered from emotional violence, 30.6% from physical violence, and 26.6% sexual violence. In 91.3% of cases the perpetrator was the husband, and the most common risk factors were poor financial status followed by alcohol and cigarette consumption. 84 (60.9%) women had domestic violence before and during pregnancy and 51 (37%) women have domestic violence before the pregnancy.

Conclusion: Domestic violence during pregnancy is a common psychosocial and health problem in our society. It is often neglected and ignored. It is important that one should know and identify women in danger so that preventive measures and strategies can be planned and taken.

P07.36 | GROSSESSE PATHOLOGIQUE ET PRISE EN CHARGE DE LA FEMME ENCEINTE: LE POINT DE VUE DES SAGES-FEMMES

CATEGORY: WOMEN FACING CRISIS

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Objective: La grossesse pathologique constitue un facteur de vulnérabilité considérable pour la femme enceinte. La sage-femme est un maillon central de leur prise en charge. Cette étude s'intéresse au point de vue des sages-femmes, aux difficultés rencontrées et aux éléments d'amélioration possibles dans le suivi de ces femmes.

Method: Il s'agit d'une étude qualitative phénoménologique, basée sur dix entretiens semi-directifs, analysés selon la méthode d'analyse thématique de Braun & Clarke. L'étude s'est déroulée au sein de l'Unité d'hospitalisation à domicile périnatale et de la maternité du CHU de Lille.

Results: Cinq thèmes ont émergé: « Coup de tonnerre dans un ciel bleu » (aspect émotionnel); « Couteaux Suisses humains » (complexité et richesse du rôle des sages-femmes); « Les femmes et leur environnement » (femme comme entité); « Cadre clinique et humain » (accueil, savoir scientifique, présence ajustée du soignant); « En aidant les femmes à se faire aider » (signaux d'alarme et prise en charge psychologique).

Conclusion: Les résultats invitent à une réflexion large autour de la femme vivant une grossesse pathologique, tant pour la prise en charge médicale plus respectueuse de la temporalité et du vécu de chaque femme que pour l'accompagnement humain permettant à la femme de mieux se l'approprier.

P07.37 | REACHING THE INACCESSIBLE PREGNANT AND LACTATING WOMEN WITH LIFESAVING OBSTETRIC, NEW-BORN CARE AND SEXUAL AND REPRODUCTIVE HEALTH (SRH) SERVICES THROUGH FAMILY HEALTH HOUSES (FHHs) AND COMMUNITY OUTREACH MIDWIVES (COMs) MODEL IN CONFLICT-PRONE AND HARD-TO-REACH REMOTE AREAS OF AFGHANISTAN

CATEGORY: WOMEN FACING CRISIS

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¹International Planned Parenthood Federation (South Asia Regional Office), India; ²Afghan Family Guidance Association (AFGA), Afghanistan

Objective: Rebuilding women focused health system in the protracted crisis settings through accessible, affordable lifesaving and essential obstetric, new-born and SRH services. Digitally enabled FHHs and COMs' community-based service model to provide crucial, respectful maternal and SRH services to women and young girls in need in the conflict-affected areas of Afghanistan.

Method: In 2022, 75 FHHs were established in remote areas following the UNFPA and Afghanistan MoPH guidelines. FHH structure has an OPD and labor room with all essential equipment, medicines and staffed with skilled midwife, assisted by Midwifery Helplines run by gynaecologists. 150 COMs delivering services through home visits in the community since 2021. COMs and FHH services providers have been trained through simulation on IPES and MISIP; maternal and new-born care and SRH services.

Results: Locally adapted model impacted 342249 beneficiaries with SRH services, of which 15081 women received lifesaving obstetric and new-born care services. 8812 high-risk women were provided continuum-of-care to reduce the risk. 43% normal deliveries conducted through equipped COMs at home and in FHHs and 32% women with high-risk symptoms were given misoprostol. 56% women adopted postpartum contraceptives within 45 days of delivery. Almost 14333 women for SGBV and 27941 women for cervical/breast cancer screened.

Conclusion: FHHs and COMs are effectively instrumental in expanding obstetric, new-born and SRH services in Afghanistan. Scientifically proven locally adapted model resulted 4471 CYPs, averting one maternal death, 21 child deaths and 574 unsafe abortions; USD 67982 direct healthcare cost saved, contributing towards reduction of preventable maternal, new-born morbidity and mortality.

P07.38 | COMPARISON OF VITAMIN D LEVEL AMONG VACCINATED AND NON VACCINATED PREGNANT WOMEN WITH COVID-19

CATEGORY: WOMEN FACING CRISIS

U. Habiba

UHB NHS TRUST, Pakistan

Objective: The aim of this study is to compare the vitamin D level among vaccinated and non-vaccinated pregnant women with COVID-19.

Method: The study was conducted at the department of Gynae and Obs Quaid-e-Azam International Hospital, Islamabad and Qazi Hussain Ahmad Medical Complex, Nowshera for duration of 6 months from October 2020 to March 2021. Vitamin D deficiency was calculated and compared among both groups. Sufficient serum vitamin D level was considered >30ng/mL among 120 patients.

Results: In group I 51 (85%) patients had vitamin D deficiency and in group II 54 (90%) had deficiency of vitamin D. Among 51 deficient women of group I, number of severe deficiency (<10ng/mL) women were 8 (13.3%), deficiency (10–20ng/mL) were 13 (21.7%) and not-sufficient (20–30ng/mL) were 30 (50%) and in group II prevalence of severity (<10ng/mL) patients were 10 (16.7%), deficient cases (10–20ng/mL) were 15 (25%) and not-sufficient cases (20–30ng/mL) were 29 (48.3%).

Conclusion: Deficient vitamin D serum levels were found among vaccinated women as compared to non vaccinated covid 19 women.

P07.39 | THE RITUAL OF FGM/C AND LACK OF AUTONOMY

CATEGORY: WOMEN FACING CRISIS

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Jacobi Medical Center, New York, USA

Objective: Female genital mutilation or cutting (FGM/C) affects an estimated 200 million children and adults across 30 countries yet the procedure itself has not been described in the medical literature. This study describes the ritual and the family dynamics involved in the decision and process of undergoing the procedure itself.

Method: This was a sub-analysis of a retrospective cohort study utilizing anonymized data from electronic medical records of patients evaluated at the Empower Center, which provides obstetric and gynecologic care for patients who have experienced sexual- and

gender-based violence. Patients evaluated between January 2014 and March 2020 and had either experienced FGM/C or are at risk of FGM/C were included in the study. Descriptive statistics were used to analyze the FGM/C experiences, rituals, and family dynamics.

Results: Among the 83 patients included in this study, most were West African (91.6%), had Type II FGM/C (72.8%), and remembered the procedure (70.0%). The procedure occurred in a rural location (100%), in a group setting (66.7%), while being restrained (68.4%), without anesthesia (96.5%) by an older female community member (61.4%). Patients were often not informed about the procedure beforehand (61.4%). While some patients' mothers opposed it, family members in favor of FGM/C enforced the procedure.

Conclusion: Through clinical narratives from a regionally diverse population, this study demonstrates that survivors of FGM/C often lack autonomy and are rarely involved in the decision to undergo the procedure. Furthermore, the ritual typically occurs in a rural, non-medical setting and can involve complex family dynamics.

P07.40 | VULNERABILITIES TO HUMAN TRAFFICKING AND RE-TRAFFICKING: A RETROSPECTIVE COHORT STUDY

CATEGORY: WOMEN FACING CRISIS

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Objective: Human trafficking occurs in a cycle of coercion and exploitation of vulnerable people, often women. This study characterizes the cyclical nature of human trafficking by describing details of the re-trafficking experience, validating vulnerabilities described in the literature, and identifying vulnerabilities to re-trafficking.

Method: This study is part of a parent cohort study that enrolls patients at the EMPOWER Center in New York City, which provides trauma-informed obstetric and gynecologic services to victims of sexual- and gender-based violence. A retrospective chart review was conducted on patients with a history of human trafficking who were evaluated at the EMPOWER Center from February 2013 to January 2021. Chi-squared tests, *t*-tests, and multivariate regressions were used to analyze vulnerabilities for being re-trafficked.

Results: Among the 91 patients in this study, all were women and 26.3% had been trafficked more than once. Most (89.1%) were internationally trafficked for sex work (92.3%); 9.9% had forced drug use and 9.9% had forced abortions. Barriers to escape included threats of violence (25.3%) and financial dependence (18.7%). Re-trafficked patients were more likely to have experienced childhood physical (OR 2.93) and sexual abuse (OR 3.27), and have a history of being undocumented (OR 5.25).

Conclusion: This study illustrates the complexity of the trafficking experience and presents potential vulnerabilities that may make people more at risk for being re-trafficked, especially in the context of international sex trafficking. These findings can inform future policies and programs aimed at breaking the cycle of human trafficking.

P07.41 | CHALLENGES IN RECEIVING HIV PREVENTION SERVICES BY FEMALE SEX WORKERS: A QUALITATIVE STUDY
CATEGORY: WOMEN FACING CRISIS

Y. Raziani

Yosra Raziani Nursing Department, Al-Mustaqbal University College, 51001 Hillah, Babylon, Iraq

Objective: Female sex workers (FSWs) play a considerable role in human immunodeficiency virus (HIV) prevalence. There is no comprehensive program to manage their health needs, especially HIV prevention. There are barriers and challenges, which sex workers face in accessing service provisions in healthcare centers, leading to services' under-utilization.

Method: This study was conducted to investigate these barriers and challenges that hinder the supportive and consultative care of female sex workers in Iran. **Material and methods:** The present study was conducted in Tehran, the capital of Iran, using a phenomenological approach. Data were collected through in-depth semi-structured interviews among twenty-two female sex workers. Interviews were transcribed verbatim, and analyzed according to qualitative content analysis based on Colizzi's seven-stage method.

Results: Three main themes and seven sub-themes emerged from the collected data. Finding out about and attending healthcare center, perceived benefits and barriers, and challenges to using the services emerged as themes. Sub-themes included active search, referring by others, contraceptive measures, disease prevention services, economic aspects, systemic barriers, honor-related concerns, and stigmatization.

Conclusion: Barriers included both systemic and honor-related concerns, and highlighted the importance of structural modification and staff training to create a safe space, and provide unbiased attitudes in the treatment of such patients.

P08.01 | A PERSPECTIVE OF THE EPIDEMIOLOGY OF ENDEMIC AND EPIDEMIC INFECTIONS AND THEIR IMPACT ON MATERNAL AND PERINATAL OUTCOMES IN EAST SUDAN
CATEGORY: WELL WOMAN HEALTH CARE

A. Ali

Kassala University, Sudan

Objective: The aim of this study was to review the available data on the epidemiology of the endemic and epidemic infectious diseases and their impact on pregnancy outcome in east Sudan.

Method: An extensive literature search was carried out, we accessed different sites (the US National Library of Medicine; PubMed and the WHO resources including the Index Medicus for Eastern Mediterranean Region), looking for the relevant, published and cited articles and documents in last 10 years (2012–2022).

Results: Dengue, Chikungunya, Measles, Malaria, Visceral Leishmaniasis and Tuberculosis were reported as an important public health issues and can lead to adverse obstetrics outcomes in Sudan. While dengue infections were reported as having high maternal mortality, Chikungunya was associated with miscarriage and preterm birth. Measles gave a very high case-fatality rate. Again pregnant women are more susceptible to severe malaria and Tuberculosis is highly associated with preterm births and low birth weight ($P=0.04$ and $P=0.03$, respectively).

Conclusion: Failure to prevent and control endemic and epidemic infectious diseases in Sudan will increase the problem and make the Millennium Development Goal to reduce maternal mortality unattainable.

P08.02 | FEMALE GENITAL MUTILATION (FGM) IN EGYPT: KNOWLEDGE AND CONCEPTS OF EGYPTIAN MEDICAL STUDENTS

CATEGORY: WELL WOMAN HEALTH CARE

A. Galal

Alexandria University, Egypt

Objective: To assess the knowledge, attitudes, and perceptions of FGM practice among Egyptian Medical students.

Method: A detailed anonymous online questionnaire for Egyptian medical students. Questions involves students attitude, knowledge and behavior about FGM, female own experiences were collected with a comparison between general university and azhar university that is unique in teaching both medical as well as religious subjects to students.

Results: 1141 completed questionnaire were collected. 71.2% of students aware of FGM complications with significantly more awareness among female students. Two thirds of students reported FGM illegality. 7.8% were in favor of FGM conduct with more male preference. Religious and traditional factors were main contributors of the continuation of the practice. Three quarters of female students declined the concept that FGM increase the chance of marriage. Almost one fifth of the female students had FGM.

Conclusion: FGM information are lacking or wrong among Egyptian medical students with no structured training so every effort should be done to end this inhumane practice.

P08.03 | OVHIRA SYNDROME—A RARE MISDIAGNOSED ENTITY

CATEGORY: WELL WOMAN HEALTH CARE

A. Das

Nepal

Objective: To acknowledge this rare case of OVHIRA, timely diagnosis and management for young girls for the future perspective.

Method: This case report presented to Dr. D.Y. Patil Medical College, Research Centre and Hospital, Pune, India. A 15 years old young girl presented with dysmenorrhea on 30/11/2020 and underwent routine investigations along with imaging modalities where she was diagnosed as OVHIRA Syndrome (Obstructed Hemivagina and Ipsilateral Renal Agenesis)/HWW (Herlyn Werner Wunderlich) Syndrome. She was then operated with hysteroscopic resection of left sided oblique vaginal septum and asked for follow-up.

Results: A 15 years female, unmarried, nulligravida presented with dysmenorrhoea on 30/11/2020 and underwent routine investigations. MRI (Abdomen and Pelvis) showed Didelphys uterus with Didelphys cervixes with hematocolpos of size (26×7×27mm) secondary to hemivaginal obstruction in lower 1/3rd of left vaginal cavity along with Left renal Genesis suggestive of OVHIRA/HWW Syndrome. She was operated for hysteroscopic resection of septum and drainage of hematocolpos. Further follow up was done with resolution of symptoms noted.

Conclusion: A case of dysmenorrhea presented with misdiagnosis was known to be an unusual case of OVHIRA at the age of 15 years. OVHIRA is frequently mislead and needs to be a differential and reported to know its incidence for proper management and prospects in view of fertility.

P08.04 | EFFECT OF FEMALE GENITAL MUTILATION/CUTTING ON QUALITY OF SEXUAL FUNCTION IN SOMALI WOMEN IN NORTH EASTERN KENYA

CATEGORY: WELL WOMAN HEALTH CARE

A. Hassan

Moi Teaching and Referral Hospital Eldoret Kenya/Moi University, Kenya

Objective: To determine the quality of sexual life post FGM/C and its associated factors among women attending the reproductive health clinics in Garissa County Referral Hospital.

Method: This was a descriptive cross-sectional study conducted from March 2018 to October 2018, at Garissa County Referral Hospital (GCRH) in North Eastern Kenya. A total of 165 women who had undergone female genital mutilation/cutting were recruited consecutively. Female Sexual Function Index (FSFI) score questionnaire was used to obtain quality of sexual life history post FGM/C as well as the associated complications. Women were examined to ascertain the type of FGM/C and the associated complications.

Results: Female Sexual Dysfunction (FSD) was found in 82.4% (score of <26.5). Overall sexual function was significantly different across the various types of FGM/C. Women who had type I FGM/C reported more arousal, desire, lubrication, orgasm, satisfaction and less pain compared to those that had FGM/C types III or IV. Women with type 1 FGM/C had the highest FSFI score of 28.9±5.2, while those with type III/IV had a score of 13.3±4.6.

Conclusion: Sexual experiences of women in the Somali community in North Eastern Kenya are negatively affected by FGM/C. Those who had FGM/C types III and IV had poor FSFI scores compared to I or II. The effect of a reduced sexual functioning is likely to negatively impact their general wellbeing.

P08.05 | EFFECTS OF STRESS-AND-COPING SUPPORT (START) INTERVENTION IN SETTINGS WITH RESTRICTED ACCESS TO SAFE AND LEGAL ABORTIONS: A CASE OF UGANDAN WOMEN UNDERGOING AN ABORTION

CATEGORY: WELL WOMAN HEALTH CARE

A. Kabunga

Lira University, Uganda

Objective: It is a fundamental human right to have access to high-quality abortion care. The purpose of this study was to examine the efficacy of the START intervention in improving the mental health of Ugandan women having abortions.

Method: A quasi-experimental study with the implementation of the START intervention was employed in the study. Five clinics (three intervention sites and two control sites) providing sexual and reproductive health and family planning services in northern Uganda were selected for the study. The participants included 865 (421 before and 444 after the intervention) women who had abortions at all the sites. The study was conducted from August to December 2022.

Results: START had a significant clinical effect on depression (a mean drop of 5.8 points in PHQ score from pre-to-posttest, $P=0.001$); increasing mental health; an OR of 2.14, 95% CI [1.31, 3.46]; reducing abortion-related stigma as well as marginally lowering internalized stigma ($P=0.051$) among participants. The study also found a relatively large treatment effect size, $r=0.5$ for START on depression and medium treatment effect size, $r=0.4$ for START posttest assessment.

Conclusion: The START intervention reduced mental health problems in control group, and participants experienced clinically better mental health outcomes. To assist patients in coping with the mental disorders that typically co-occur with abortion, the Ministry of Health should facilitate the integration of START into routine pre- and post-abortion care.

P08.06 | PRENATAL PSYCHOLOGICAL DISTRESS, ACCESS TO MENTAL HEALTH CARE AND PATHWAYS BETWEEN RISK/PROTECTIVE FACTORS AND MATERNAL POSTNATAL DEPRESSIVE SYMPTOMS IN THE E.L.F.E. FRENCH BIRTH COHORT

CATEGORY: WELL WOMAN HEALTH CARE

A. Sutter-Dallay

Charles Perrens Hospital, University Department of Child and Adolescent Psychiatry, Perinatal Psychiatry Network, Bordeaux, France

Objective: Despite all the prevention strategies, prevalences of perinatal psychiatric disorders remain stable. This presentation will summarize results of studies exploring, in a large general population sample (i) factors associated with prenatal distress/access to mental health care (ii) pathways between maternal, infant risk/protective factors and depressive symptoms at 2 months post-partum.

Method: Data from the ELFE birth cohort were explored. Prenatal psychological distress (PPD), access to mental health care and risk/protective factors for postnatal depressive symptoms (PNDS) were collected during maternity stay and 2 months post-partum. PNDS were evaluated with the Edinburgh Postnatal Depression Scale (EPDS) at 2 months. Maternal/pregnancy characteristics associated with PPD and access to care were explored using multivariate analyses, when SEM investigated pathways between vulnerability, risk/protective factors and PNDS at 2 months PP.

Results: Prenatal part of the study included 15 143 mothers: 12.6% reported PPD, among which 25% had a mental health consultation, 11% used psychotropic drugs, of which 4% without specialist follow-up. Postnatal part of the study included 11 583 mothers: partner's perceived antenatal emotional support, prenatal mental health consultation, financial difficulties, PPD and pregnancy experience were associated with PNDS severity, as perceived postnatal support. Infant's self-regulation, maternal infant crying understanding and infant hospitalisation were associated with PNDS severity.

Conclusion: Perinatal professional support should begin antenatally and target women with history of psychiatric disorders—especially when of low socioeconomic status—and couple's prenatal functioning. After delivery, addressing infant and parenthood characteristics is recommended.

P08.07 | TAMOXIFEN ASSOCIATED ENDOMETRIOSIS: A CASE REPORT AND REVIEW OF THE LITERATURE

CATEGORY: WELL WOMAN HEALTH CARE

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Objective: The aim of this study is to confirm the correlation between administration of tamoxifen and presence of endometriosis in pre- and post-menopausal women.

Method: The present study is a case report and review of the literature. For this review, authors searched MEDLINE (National Library of Medicine, Bethesda, Maryland, MD, USA; January 1980 to May 2023) and the Cochrane Register of Controlled Trials (The Cochrane Collaboration, Oxford, UK). An electronic search approach included the phrases 'Tamoxifen; endometriosis; pre-menopausal; post-menopausal'. To select possibly relevant papers for this study, authors evaluated the citations returned from the computerized search.

Results: A 45-year-old female, presented to the Outpatient Clinic with pelvic pain. She was receiving tamoxifen for 9 years, because of breast cancer. The transvaginal ultrasound revealed a left-ovary unilocular 85 × 73 mm cystic tumor poorly vascularized on Doppler ultrasound, with ground-glass echogenicity. There were no pathological findings on U/S examination 7 months ago. She underwent a laparoscopic excision of the cystic mass. Biopsy demonstrated an endometriotic cyst. Published case reports show association between tamoxifen and endometriosis.

Conclusion: Tamoxifen use is related with the development of endometriosis especially in the ovaries, both on pre- and post-menopausal women. The duration of its administration plays a crucial role. It remains unclear whether endometriosis is a direct effect of tamoxifen use or a result of the ovarian stimulation favored by tamoxifen.

P08.08 | KNOWLEDGE AND PRACTICE GAPS IN PREVENTION AND DIAGNOSIS OF POSTPARTUM HEMORRHAGE IN SRI LANKA

CATEGORY: WELL WOMAN HEALTH CARE

A. Singh

Consultant Obstetrician, Gurukripa Nursing Home Ramgarh Jharkhand, India

Objective: To identify the knowledge gaps, in prevention and identification of postpartum hemorrhage, amongst nurses and midwives in Sri Lanka and to bridge the gaps by focused trainings using

Postpartum Hemorrhage Emergency Care recommendation by International Federation of Gynecology and Obstetrics (FIGO).

Method: A standardized trainings program on prevention and diagnosis of Postpartum Hemorrhage was conducted by Safe Motherhood Committee, Federation of Obstetrical and Gynecological Society of India and South Asian Federation of Obstetrics and Gynecology in Sri Lanka. Pre-training survey on Postpartum Hemorrhage was conducted on 202 nurses and midwives. Standardized and evidence based training modules with hands-on capacity building was conducted. Language barrier was overcome by faculty from Sri Lanka. Data collected and analyzed.

Results: Extrapolation of data revealed, gaps at the preventive and diagnostic level. Out of 202 participants, 12% had clarity on preventive measures, mainly Active Management of Third stage of Labor (AMTSL). 48% had knowledge of early diagnosis and management (Golden Hour), the most crucial time span in PPH management. Majority of the participants practiced visual estimation of blood loss and 32% of participants were unaware about diagnosis of shock using shock index and rule of 30.

Conclusion: Focused trainings play a pivotal role in bridging the lacunae in knowledge and practices of healthcare workers of Sri Lanka, in the management of PPH. Importance of preventive measures, quantitative estimation of blood loss, early identification and standardized way of monitoring with shock index were the lessons learnt.

P08.09 | IMPROVEMENT IN KNOWLEDGE OF HEALTHCARE WORKERS MANAGING THE THIRD STAGE OF LABOUR AND FIRST RESPONSE BUNDLE IN MANAGEMENT OF POST PARTUM HAEMORRHAGE—A DIRECT RESULT OF HYBRID TRAINING AT SECONDARY AND TERTIARY LEVEL HEALTH CARE FACILITIES OF UTTAR PRADESH, INDIA

CATEGORY: WELL WOMAN HEALTH CARE

B. Shukla

Consultant Obstetrician, Shukla Hospital Gorakhpur Uttar Pradesh, India

Objective: Jeevandhara was a project undertaken by FOGSI and Safe motherhood committee to train the healthcare workers. The aim of this study was to evaluate the change in knowledge of Healthcare workers after the training (in managing the third stage of labour and first response bundle of PPH management).

Method: Healthcare professionals from 3 District Combined Hospitals and four Community Health Centres were enrolled in the project and given online training and on-ground revision and support. They were given a pre-training questionnaire to assess their knowledge about the active management of third stage of labour and first response bundle approach. A post-training questionnaire was filled by the participants at the end of the training, and the difference was evaluated.

Results: The post-training questionnaire results of doctors showed a 33.3% increase, while a 53% increase was seen in the result of nurses

involved in conducting deliveries at these centres. This resulted into knowledge of health care professional and better patient's outcome.

Conclusion: Jeevandhara training resulted in improvement in knowledge of doctors and nurses when managing the third stage of labour and PPH. Focused training and repeated mentoring opened the pathway to good clinical practice and improved results in patient outcomes.

P08.10 | KNOWLEDGE, ATTITUDES AND READINESS TO MANAGE INTIMATE PARTNER VIOLENCE AMONG PERINATAL CARE PROVIDERS PRACTICING IN GYNECOLOGY AND OBSTETRICS IN FRANCE

CATEGORY: WELL WOMAN HEALTH CARE

C. Guiguet-Auclair

University Hospital of Clermont-Ferrand, France

Objective: Pregnancy and perinatal periods are significant risk factors of intimate partner violence (IPV), a major public health problem that could begin or intensify during these periods. This study aimed to assess knowledge, attitudes and preparedness to provide care in relation to IPV among perinatal care providers.

Method: From May 2017 to December 2019, a cross-sectional study was conducted in France among 235 perinatal care providers with a clinical activity in obstetrics/gynecology. They were invited to self-complete online the Physician Readiness to Manage Intimate Partner Violence Survey (PREMIS-French).

Results: Among participants, 16.2% did not currently screen for IPV, 6.5% screened during annual exams, 25.5% all patients with abuse indicators on history or exam, and 43.1% pregnant women. More than half reported to not feel comfortable discussing IPV with patients (51.3%), to have insufficient training to address IPV situations (51.6%), and to not have adequate knowledge of referral resources in the community (50.9%). For 62%, there was no protocol for dealing with IPV at workplace.

Conclusion: Insufficient knowledge and training to address IPV were reported by perinatal care providers practicing in obstetrics/gynecology, while they have an essential role in the identification and the management of IPV. Screening was consequently suboptimal. There is a crucial need to provide specific training regarding screening and management of IPV victims.

P08.11 | FEMALE GENITAL MUTILATION: OUR REALITY

CATEGORY: WELL WOMAN HEALTH CARE

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¹Hospital Prof. Dr. Fernando Fonseca, Portugal; ²Hospital Prof.

Dr. Fernando Fonseca, Italy

Objective: Although the prevalence of female genital mutilation (FGM) is declining, this is still a reality in countries like ours that have

a big immigrant population from African countries. We describe our FGM reality to bring to attention the problematic of this issue in order to educate health care providers.

Method: This was a retrospective observational cohort study using Fernando Fonseca Hospital's female genital mutilation database since the year 2015 until March of 2023. This study included 277 women with genital mutilation with the total of 382 births.

Results: Our population included women from different African countries but the majority is from Guinea-Bissau (209–75%). The most frequent type of FGM is type I (139–50%), followed by type II (122–44%). In terms of mode of delivery, we had 124 cesarean deliveries (32%), 214 vaginal deliveries (56%) and 44 assisted vaginal deliveries (12%). We detected an episiotomy rate of 42% and a type 2/higher perineal lacerations rate of 33%.

Conclusion: As described in literature, we encounter a high rate of episiotomy in this population. So, it is important to identify these women, not only to recognise complications of the procedure, but also to try to protect the next generation of young girls from this ancient practice.

P08.12 | OBSTETRIC VIOLENCES AT CHILDBIRTH AND POST-TRAUMATIC STRESS DISORDER

CATEGORY: WELL WOMAN HEALTH CARE

C. Mbarki; W. Jaafar; K. Chouchene; N. Khalifa; H. Sebri; Y. Chiba; M. Bouassida; I. Hfaiedh; Y. Belhaj Salah; C. Rjiba; M. Mourali
Habib Bougatfa Teaching Hospital, Bizerta, Tunisia

Objective: This work aims to assess the relationship between the exposure to obstetric violences during childbirth and the likelihood of developing post-traumatic stress disorder (PTSD).

Method: We conducted an analytical cross-sectional study. A sample of $n=78$ women, with no history of complicated childbirth or previous mental health disorders, was drawn from a population in Bizerta, Tunisia. The survey was conducted through interview and included questions on socio-demographic information, obstetric violences, women's perceptions, and the City Birth Trauma Scale (City BiTS-F) at 3 to 6 months after childbirth. Descriptive and analytical analyses were performed using the statistics program SPSS 26 for Windows.

Results: The results presented are relative to our preliminary phase, the final results with a sample of $n=200$ women will be included in the final presentation. Our sample study consisted of 78 women. Obstetric violences were found in 76.4% of our population. In the screening based on the City BiTS-F, the prevalence of PTSD among women who experienced obstetric violences was 30%. City BiTS-F was positively correlated with the perception of obstetric violence ($P=0.038$).

Conclusion: In our study, the incidence of PTSD in our population is higher than in the general obstetrical population, suggesting that exposure to obstetric violences at childbirth is more likely to increase the incidence rate of PTSD. A holistic approach should be adopted by policymakers to address the problem in Tunisia.

P08.13 | THE ROLE OF CLINICAL MENTORSHIP IN IMPROVING ACCESS TO OBSTETRICS AND GYNECOLOGY CARE IN RESOURCE LIMITED SETTINGS: A CASE REPORT OF MICRO-PERFORATE HYMEN DIAGNOSED AT 31 YEARS AFTER TWO SUCCESSFUL PREGNANCIES

CATEGORY: WELL WOMAN HEALTH CARE

C. Nkurunziza¹; A. Dukuzimana²; B. Nsengiyumva²

¹University Teaching Hospital of Butare, Rwanda; ²Kibogora District Hospital, Rwanda

Objective: We report this case to enrich the scientific knowledge and to highlight the role of clinical mentorship in improving access to obstetrics and Gynecology care in resource limited settings.

Method: A case report with literature review. The patient was managed at Kibogora District Hospital, Eastern Province of Rwanda.

Results: Microperforate hymen is generally associated with sexual and fertility problems though few cases of successful pregnancies have been reported. We report a case of microperforate hymen diagnosed during a clinical mentorship visit at 31 years after her second cesarean delivery. Her main complaints were dyspareunia and inability of sexual penetration for long time. Hymenectomy was successfully performed on her. Our patient was diagnosed after two successful pregnancies; however, her sexual life was impaired.

Conclusion: Delayed diagnosis and management of microperforate hymen can have a devastating impact on a woman's sexual life and fertility. Surgical treatment is effective. In resource limited settings, specialist's mentorship can be one of the solutions to improving access to obstetrics and gynecology specialty care.

P08.14 | IMPLEMENTATION OF THE 2019 MINISTERIAL ORDER ON SAFE ABORTION PROVISION IN RWANDA: A SITUATIONAL ANALYSIS

CATEGORY: WELL WOMAN HEALTH CARE

C. Nkurunziza¹; J. Muganda Rwibasira²

¹University Teaching Hospital of Butare, Rwanda; ²Rwanda Society of Obstetricians and Gynecologists, Rwanda

Objective: In 2018, the abortion law in Rwanda was amended to remove the requirement for a court order and a second doctor's permission to provide abortion. This study aims to assess the implementation strengths and challenges of these changes and identify recommendations to improve access to safe abortion services.

Method: A mixed-method study, designed to capture quantitative data related to health system infrastructure, healthcare provider knowledge and attitudes, and qualitative data from providers' experience implementing the changes. Seven public health facilities providing safe abortion services randomly selected and from each hospital 10 healthcare providers (HCPs) were purposively selected to include all professional backgrounds involved in abortion care.

Descriptive statistics, univariate and multivariate analysis will be done for quantitative data and thematic analysis for qualitative data.

Results: Data collection is scheduled for May–June 2023 with data analysis in July 2023.

Conclusion: Conclusions are pending results of the analysis.

P08.15 | CERVICAL CANCER SCREENING AT CHARLES NICOLLE HOSPITAL IN TUNISIA

CATEGORY: WELL WOMAN HEALTH CARE

C. Belghith¹; A. Chaouechi²; H. Rym¹; M. Garci¹; M. Makni¹; T. Makhoulouf¹; N. Mathlouthi¹; O. Slimani¹

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Objective: To assess the utility of a colposcope after 6 months of use at Charles Nicolle Hospital.

Method: This retrospective study took place in the gynecology unit A of Charles Nicolle Hospital and reviewed records dating from October 1, 2022, through March 31, 2023. 30 colposcopies were made after 27 pathological smears and 3 cases with a suspicious cervix on examination.

Results: 27 pathological smears: ASCUS in 16.66%, ASC-H in 20%; L-SIL in 20%; AGC in 6.66%; H-SIL in two cases: the biopsy concluded to CIN low grade and one had an unspecified grade HPV test positive in 6 from 18. 30 women had colposcopies and biopsies. Cervical intraepithelial neoplasia low grade noted on 13. A case of high grade and 2 AGC. One case of in situ epidermoid carcinoma of cervix detected.

Conclusion: The first steps of colposcopy performed in our department are to confirm its importance in the chain of detection of pre-cancerous cervical lesions and the high frequency of these lesions in our environment and to reveal significant upstream and downstream failures.

P08.16 | ADVOCACY PROJECT FOR SAFE ABORTION IN BURKINA FASO

CATEGORY: WELL WOMAN HEALTH CARE

D. Kain¹; A. Ouédraogo²

¹Obstetrics and Gynecology, Burkina Faso; ²Université Joseph Ki-Zerbo, Ouagadougou, Burkina Faso

Objective: Reduce maternal deaths by providing safe abortion care according to Burkina Faso law. The project aimed to harmonize legislation on sexual and reproductive rights.

Method: National society of gynecology and obstetrics of Burkina Faso in collaboration with International Federation of Gynecology and Obstetrics (FIGO) carried out an advocacy project for safe abortion. The project took place from April 2022 to March 2023. This involved carrying out advocacy activities. The project covered all the provinces of Burkina Faso. All activities were covered on television.

Results: The project has made it possible to carry out 02 values clarification sessions for the transformation of attitudes towards

abortion for the benefit of midwives and obstetrician-gynecologists in the 02 main cities of Burkina Faso. Advocacy was made with customary and religious authorities (catholic church, muslim, protestant church). A values clarification workshop on abortion was carried out for the benefit of deputies of the national assembly.

Conclusion: This project has made it possible to conduct discussions with a view to relaxing the provisions of Burkina Faso's law on abortion. Safe abortion could be accessible to all women in Burkina Faso thanks to FIGO advocacy.

P08.17 | IMPROVING EFFECTIVENESS QUESTIONNAIRE AND LOW-SENSITIVITY PREGNANCY TEST USING TELEMEDICINE IN OUTPATIENT DURING MEDICAL ABORTION IN COVID-19 PANDEMIC

CATEGORY: WELL WOMAN HEALTH CARE

D. Najmutdinova; A. Daniyarov

Tashkent medical academy, Uzbekistan

Objective: According to the authors telemedicine during a medical abortion is safe as face-to-face treatment. The purpose of the study was clinical evaluation using a questionnaire and a low-sensitivity pregnancy test followed by telemedicine to improve the effectiveness of medical abortion during COVID-19 pandemic.

Method: In Uzbekistan (Tashkent), in the Multidisciplinary clinic of Tashkent Medical Academy, 165 women up to 69 days of amenorrhea with an unwanted pregnancy were analyzed. Groups 1–2 performed medical termination of pregnancy with face-to-face visits using USG to confirm complete abortion in 1-Group and hCG in 2-Group. Women in group 3 performed medical termination of pregnancy online on an outpatient basis using questionnaire and low-sensitivity pregnancy tests followed by telemedicine.

Results: Complete abortion occurred in 93.4%, 98.2%, and 96% in the groups respectively. According to the results, it was noted that the use of mobile technologies to control the use of a questionnaire and a low-sensitivity pregnancy test takes place. Since when calling, it was found that 60% of women did the test after the call and 30% of women filled out the questionnaire after the call.

Conclusion: Telemedicine in combination with questionnaires and low-sensitivity pregnancy tests will increase the efficiency, safety, and availability of medical abortion on an outpatient basis.

P08.18 | LESSONS LEARNT FROM THE IMPLEMENTATION OF THE MINISTERIAL ORDER ON ABORTION IN RWANDA

CATEGORY: WELL WOMAN HEALTH CARE

E. Ingabire; A. Kagaba; L. Gutabarwa Twahirwa

Health Development Initiative Rwanda, Rwanda

Objective: To raise community awareness on the ministerial order on safe abortion. To strengthen the capacity of healthcare providers

on the medical professional liability insurance law determining their duties and the patient's rights. To increase access to safe abortion services among eligible women and girls.

Method: Following the passing of the ministerial order on abortion by the Government of Rwanda, Health Development Initiative organized several outreach activities targeting potential service users (teen mothers, and female sex workers), stakeholders (local leaders, healthcare providers, parents of teen mothers, and women opinion leaders) and law enforcement personnel in 30 districts of Rwanda. To raise awareness Health Development Initiative conducted community awareness meetings, radio programs, and social media campaigns.

Results: HDI reached 11781 in all 30 districts of Rwanda of which 25.1% (2961/11781) were stakeholders. Furthermore, 25% (2940/11781) were teen mothers, and sex workers represented respectively at 25% (2940/11781). Before the dissemination of the Ministerial order on safe abortion, only 7 cases were reported and right after the dissemination, there has been an increase in the number of women seeking services where 2062 safe abortion cases were recorded from 2020 to 2022.

Conclusion: There are still some gaps that hamper full access to safe abortion services including the only medical doctor requirement for performing abortion; the parental consent for minors; the referral requirement for those using a national insurance scheme. Therefore, continued awareness and advocacy are needed to remove persistent existing barriers.

P08.19 | EFFECTIVENESS OF AUTOLOGOUS PLATELET RICH PLASMA IN IMPROVING THE OVARIAN RESERVE CATEGORY: WELL WOMAN HEALTH CARE

E. Rahman

Janm IVF Centre, Bhagalpur, Bihar, India

Objective: The goal of the current study was to evaluate the efficacy of platelet rich plasma infusion using measurements of AMH and AFC values and pregnancy outcomes.

Method: Between January 2022 and December 2022, the department of reproductive endocrinology and infertility conducted this prospective observational study. The recruitment of 60 patients with low ovarian reserve was done while upholding the inclusion and exclusion standards.

Results: The participants' average age was 36.4 years. Primary infertility affected 72.46% of women, whereas secondary infertility affected 27.54%. Mean \pm SD AMH had grown by 0.04 ± 0.15 ng/dL at first cycle compared to baseline counts, while mean \pm SD AFC had increased by 1.34 ± 1.89 in number. The mean difference of AMH and AFC during the second cycle post-PRP was 0.18 ± 0.21 ng/dL and 2.17 ± 1.71 , respectively, in a positive direction.

Conclusion: Following PRP infusion, the study saw a considerable improvement in AMH and AFC values. Both results gradually

improved; an increase in AMH values was seen up to the second post-PRP menstrual cycle, while an increase in AFC was shown up to the third cycle post-PRP.

P08.20 | EXPOSURE OF REPRODUCTIVE AGED PREGNANT AND NON-PREGNANT WOMEN TO COMMON ENVIRONMENTAL POLLUTANTS AND ENDOCRINE DISRUPTING CHEMICALS: A CROSS SECTIONAL SURVEY CATEGORY: WELL WOMAN HEALTH CARE

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Objective: This study aims to compare the exposures of 18–49 years old pregnant and non-pregnant women to common household processes and materials with environmental pollutants (EPs) and endocrine disruptor chemicals (EDCs) such as Bisphenol A, pesticides, phthalates, and perfluorinated compounds, which pose risks to women's health.

Method: This cross-sectional study used an exposure survey questionnaire among women who consulted and/or admitted at the Philippine General Hospital—OB-GYN from January 1–August 31, 2022. Data analysis used STATA 16.0. Prevalence ratios were estimated using a binomial model with log link function to compare the Levels and frequencies of exposure between pregnant and non-pregnant women.

Results: Among 159 participants, 58% were pregnant. Socio-demographic characteristics, EDC products in residences were not significantly different. Wallpaper removal/installation (PR = 1.419, 95% CI: 1.008–1.997), touching CD/DVD past 3–7 days (PR = 1.534, 95% CI: 1.137–2.069), frequent use of toothpaste (PR = 1.529, 95% CI: 1.053–2.220), using fragrances (PR = 1.530, 95% CI: 1.156–2.024), storing drinking fluid in plastic bottle for 1–2 days (PR = 1.375, 95% CI: 1.015–1.861) were more prevalent in pregnant women. Thermal receipts exposure in last 24h were more prevalent in non-pregnant women (PR = 0.605, 95% CI: 0.386–0.948).

Conclusion: Pregnant and non-pregnant women were exposed to several common home and workplace consumer products with EPs/EDCs. Quantification of these findings can promote alternative options to lessen negative health impacts.

P08.21 | ASSOCIATIONS BETWEEN SARCOPENIC OBESITY AND METABOLIC RISK FACTORS, AS WELL AS FRACTURE RISK, IN MIDDLE-AGED KOREAN WOMEN
 CATEGORY: WELL WOMAN HEALTH CARE

E. Yu; I. Kim; J. Ju

Pusan National University Hospital, South Korea

Objective: The aim of this study was to investigate the effects of sarcopenic obesity on various metabolic risk factors and fracture risk in middle-aged Korean women.

Method: The study was a cross-sectional study, reviewed the medical records of 1775 female patients for routine health screenings from 2010 to 2016. The patients were divided into four groups: group 1, non-sarcopenic, non-obese (NS-NO); group 2, non-sarcopenic, obese (NS-O); group 3, sarcopenic, non-obese (S-NO); and group 4, sarcopenic, obese (S-O). Each of the patients was assessed through self-reported questionnaires and individual interviews. The Fracture Risk Algorithm (FRAX) tool was used to assess bone fracture risk.

Results: Postmenopausal women accounted for 68.5% of the total patient population. Each group consisted of the following proportions: NS-NO (71.2%), NS-O (17.9%), S-NO (10.2%), and S-O (0.7%). Statistical analysis of various parameters associated with metabolic and cardiovascular risks showed that more patients tended to have hypertension, diabetes, osteopenia and metabolic syndrome in the S-O group. The FRAX scores were significantly highest in the S-O group.

Conclusion: When combined with obesity and reduced muscle mass, known as sarcopenic obesity, middle-aged women were an increased risk for hypertension, diabetes, and metabolic syndrome. Regarding bone fracture, sarcopenic obesity as well as individual cardio-metabolic risks and menopause increased the fracture risk.

P08.22 | THE EFFECT OF NETTLE VAGINAL CREAM ON SUBJECTIVE SYMPTOMS OF VAGINAL ATROPHY IN POSTMENOPAUSAL WOMEN
 CATEGORY: WELL WOMAN HEALTH CARE

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Objective: Considering the phytoestrogenic compounds present in the nettle, this study aimed to investigate the effect of the nettle vaginal cream on subjective symptoms of vaginal atrophy in postmenopausal women.

Method: This triple-blind randomized placebo-controlled clinical trial study was conducted on 84 eligible postmenopausal women aged 45–60 years, who referred to comprehensive health service centers in Iran. Women eligible for the study received 5% nettle vaginal cream and placebo for 8 weeks. Subjective symptoms of vaginal atrophy were assessed before, four and 8 weeks after the intervention. Data collection tools included a vaginal assessment scale. Data analysis was performed using SPSS software.

Results: Subjective symptoms of vaginal atrophy decreased significantly after the intervention compared to before the intervention in both the nettle and placebo groups ($P < 0.001$), but in the comparison between groups 4 and 8 weeks after the intervention, the subjective symptoms of vaginal atrophy in nettle group decreased significantly ($P < 0.001$). In the nettle group compared to the placebo group, after the intervention, vaginal burning and vaginal dryness score ($P < 0.001$) and vaginal itching score (0.004) improved significantly.

Conclusion: Based on the results of the present study, Nettle vaginal cream reduced subjective symptoms of vaginal atrophy, including vaginal burning, vaginal dryness, vaginal itching, and dyspareunia in postmenopausal women, so it is a cost-effective, available and do not have the side effects product that can be useful for menopausal women.

P08.23 | ROLE OF ABORTION AND ECTOPIC PREGNANCIES IN MATERNAL MORTALITY RATE AT THREE UNIVERSITY HOSPITALS IN YAOUNDÉ
 CATEGORY: WELL WOMAN HEALTH CARE

F. Fouelifack

Yaounde Central Hospital-Cameroon, Cameroon

Objective: To assess the role of abortions and ectopic pregnancies in maternal mortality rate in Cameroon.

Method: It was a descriptive retrospective study. Data were retrieved from medical records of pregnant patients and those who died before the 28th week of pregnancy at three university hospitals: Yaoundé Central Hospital, Yaoundé Gynaeco-Obstetrics and Pediatrics Hospital, University teaching Hospital, over 5 years duration. Data were seized and analyzed using SPSS software 20. The statistical tests used were χ^2 and Fischer test, with P significant if less than 0.05.

Results: We recorded 524 maternal deaths per 31116 live births, that's a maternal mortality rate of 1538.9/100000 live births. Out of 524 maternal deaths, 414 medical records were workable, abortions and ectopic pregnancies contributed together to 30% of maternal deaths (124 medical records out of 414) that's respectively 24.2% and 5.8%.

Conclusion: Abortions and ectopic pregnancies are the major causes of maternal mortality in our country. We recommend strengthening of family planning to limit unwanted pregnancies and socio-economic support for patients at risk.

P08.24 | EFFECTS OF ENVIRONMENTAL PESTICIDES ON OVARIAN RESERVE IN ADOLESCENT GIRLS
CATEGORY: WELL WOMAN HEALTH CARE

H. Bareghamyan

Yerevan State Medical University after Mkhitar Heratsi, Yerevan, Armenia

Objective: The aim of this study is to determine the effects of environmental pesticides on ovarian reserve and fertility disorders in adolescent girls.

Method: This is a prospective cohort study. IBM SPSS software 23 was used for data entry and data cleaning, and $P < 0.05$ was considered statistically significant. Statistical significance between groups was assessed by Student's *t*-test. Comparison between groups was carried out by ANOVA test, followed by Tukey's post-hoc test. In total, 250 adolescent girls living near mines were included in the study. Standard enzyme-linked immunosorbent assay was used to check AMH, FSH. AFC was assessed by USS.

Results: In a prospective study of 250 adolescents aged 13–18 years old from Armenia, found that pesticides exposure is associated with a greater prevalence of delayed pubertal onset. Greater concentrations of organochlorine pesticides were associated with decreased antral follicle count ($P = 0.02$), decreased levels of anti-mullerian hormone (AMH) ($P = 0.03$) and increased follicle-stimulating hormone (FSH) ($P = 0.04$). Pesticide exposure may lead to female infertility, including premature ovarian insufficiency (POI), menstrual problems, polycystic ovary syndrome (PCOS).

Conclusion: Pesticides in the soil can affect the ovarian reserves of adolescent girls living near the mines and up to 80 km from them. Assessment of ovarian reserve, which is not included in adolescent health surveillance programs, may play an important role in the prevention of POI, menstrual disorders, and infertility.

P08.25 | ASSOCIATION BETWEEN PARITY AND HYPERTENSION PREVALENCE IN JAPAN: THE TOHOKU MEDICAL MEGABANK COMMUNITY-BASED COHORT STUDY
CATEGORY: WELL WOMAN HEALTH CARE

H. Wang

Tohoku University Graduate School of Medicine, Japan

Objective: This study aimed to investigate the association between parity and hypertension prevalence in Japanese women, considering clinical history of hypertensive disorders of pregnancy (HDP) and menopausal status.

Method: This cross-sectional study included 30 476 Japanese women (6669 premenopausal and 23 807 postmenopausal). The association between parity and hypertension prevalence was evaluated using a multiple logistic regression model with possible confounders.

Results: In premenopausal women, there was no statistically significant association between parity and hypertension prevalence. In

contrast, there was a linear graded association between parity and hypertension prevalence in postmenopausal women. Furthermore, the association between parity and hypertension prevalence in postmenopausal women was attenuated after adjustment for adiposity index. Current body mass index and a clinical history of HDP were significantly associated with a high risk for hypertension in both premenopausal and postmenopausal women.

Conclusion: Parity was found to be associated with an increased risk of hypertension in Japanese postmenopausal women. Our results also suggest that continuous surveillance and preventive measures for hypertension should be provided for women with HDP and high parity.

P08.26 | FISTULE OBSTÉRICALE DANS LE SERVICE DE GYNÉCOLOGIE OBSTÉTRIQUE DU CENTRE HOSPITALIER PROTESTANT SCHIPHRA DE OUAGADOUGOU
CATEGORY: WELL WOMAN HEALTH CARE

H. Zamane

CHU Yalgado Ouédraogo, Burkina Faso

Objective: Etudier les fistules obstétricales prises en charge l'hôpital Schiphra de Ouagadougou de janvier 2017 à décembre 2021.

Method: Il s'est agi d'une étude rétrospective. Les données ont été collectées à partir des dossiers des patientes.

Results: Ont été colligés 216 cas de fistules obstétricales. Les fistules graves représentaient 33.8% de l'effectif. Le délai moyen de prise en charge était de 27 mois. Une guérison au 1er degré a été constatée chez 88.4% des patientes à la sortie d'hospitalisation. La taille de la fistule et le délai de prise en charge influençaient les résultats obtenus (OR: 0147 et OR: 02494).

Conclusion: La prise en charge de la fistule obstétricale est complexe d'où l'intérêt de la prévention par une assistance qualifiée à l'accouchement.

P08.27 | EPIDEMIOLOGY AND DIAGNOSIS OF VULVOVAGINAL CANDIDIASIS IN WOMEN ADMITTED TO THE GABRIEL TOURE UNIVERSITY HOSPITAL
CATEGORY: WELL WOMAN HEALTH CARE

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¹CHU Gabriel Toure, Canada; ²Malaria Research and Training Center, Bamako, Mali; ³Unité de Gynécologie—Obstétrique du Centre Hospitalier Universitaire Gabriel TOURE, Bamako, Mali; ⁴Social and Preventive Medicine, Laval University, Québec, Canada

Objective: The objectives of this study were to: (1) determine the frequency of VVC at Gabriel TOURE, Teaching Hospital, Bamako (Mali); (2) identify the Candida species; (3) determine the risk factors of the VVC occurrence; and (4) assess the performance of the syndromic approach in the diagnosis of VVC.

Method: We conducted a cross-sectional study with prospective data collection from November 12–December 17, 2019. Sociodemographic, obstetric history, previous and current medical data were collected as well as the results of clinical and microbiological findings. The frequency of VVC has been estimated. Risk factors were determined using log-binomial regression to estimate the adjusted risk ratios (ARR) with 95% confidence interval (95% CI). The performance of the syndromic approach for the diagnosis of VVC was estimated.

Results: Overall, 240 women participated, among them 133 had microbiological diagnosis of vaginal candidosis (frequency of 55.4%). *Candida albicans* was the most frequently observed (78.2%). Non-*albicans* species constituted 21.8%. Pregnancy was the only risk factor significantly associated with VVC with (ARR = 1.42; 95 CI: 1.08–1.87). When a white or whitish leucorrhoea was used to diagnose VVC, the sensitivity and specificity were respectively 89.5% and 2.8%.

Conclusion: This work suggests a suboptimal diagnostic approach of vaginal discharge in our setting leading sometime to inappropriate treatment.

P08.28 | FEMALE GENITAL MUTILATION IS A REALITY IN PORTUGAL—8 YEARS' EXPERIENCE OF A DEDICATED TERTIARY CENTER

CATEGORY: WELL WOMAN HEALTH CARE

I. Costa Santos¹; N. Curzel¹; C. Costa¹; A. Sousa¹; F. Ladislau¹; D. Almeida²; E. Landim¹; A. Ferreira¹

¹Hospital Professor Doutor Fernando Fonseca, Portugal; ²Enfermeira Especialista em Saúde Materna e Obstetrícia, Pós-Graduada em Saúde Sexual e Reprodutiva: Mutilação Genital Feminina. Hospital Prof. Doutor Fernando Fonseca, Portugal

Objective: In Africa, more than three million girls have been estimated to be at risk for Female Genital Mutilation (FGM) annually. It is known that Portugal has a substantial fraction of migrant population from FGM practicing countries. In 2012, United Nations adopted a resolution on the elimination of FGM.

Method: It is recognized internationally as a violation of the human rights of girls and women, reflecting discrimination and inequality between the sexes. So, since 2015, the Hospital Professor Doutor Fernando Fonseca (HFF) has a focus group dedicated to registry and follow-up of any new case identified in the Department of Obstetrics and Gynecology, as many appear during pregnancy.

Retrospective analysis was performed from the official HFF's database of FGM registry, up to March 2023.

Results: 291 cases were identified, at an average age of 29. The FGM was performed with approximately 5.7 years of age. All were migrant from countries such as: Guinea-Bissau (79%), Guinea-Conakry (16%), Senegal (3%), Gambia, Nigeria, and Cape Verde, in order of frequency.

The majority were classified as grade 2 (49%), but up to 7 (2.4%) cases were grade 3 or above. A total of 189 female babies were born in HFF and notified to follow-up by the primary care units.

Conclusion: HFF is responsible for the registry of most cases of FGM in our country. It is estimated that in Portugal there are more than 6500 women who have been victims of these practices. We will continue strengthening the health sector response providing medical care and counselling to end FGM within a generation.

P08.29 | L'INTERRUPTION VOLONTAIRE DE GROSSESSE AU BURKINA FASO: RESTREINTE LÉGALEMENT MAIS FRÉQUENTE

CATEGORY: WELL WOMAN HEALTH CARE

J. Bado

Association Burkinabè pour le Bien-Être Familial (ABBEF), Burkina Faso

Objective: L'étude avait pour objectif d'actualiser les estimations nationales sur le recours à l'IVG au Burkina Faso et pour comprendre les risques sanitaires associés.

Method: La méthode utilisée est l'enquête auprès de la population générale. L'équipe a fait recours à la technologie mobile par l'intermédiaire d'enquêtrices résidant dans la communauté qui ont auditionné les femmes. Les données de cette phase ont été collectées auprès de 5522 ménages et 6388 femmes de 15–49 ans. La méthode de la confidente à travers laquelle on demande aux enquêtées de rapporter les expériences d'IVG de leurs plus proches amies a été utilisée.

Results: Au Burkina Faso, 9/10 IVG sont non sécurisées selon l'OMS. Près de 3/10 femmes ayant recours à l'IVG décrivent des complications potentiellement graves. 75% des femmes enquêtées ne savent pas qu'elles peuvent recourir à une IVG sécurisée dans certaines conditions prévues par la loi au Burkina Faso. L'incidence annuelle de l'IVG au Burkina Faso en 2021 est estimée à 23 IVG pour 1000 femmes âgées de 15–49 ans, soit environ 113 000 IVG.

Conclusion: Les données révèlent des inégalités sociales de recours à l'information et aux soins, les femmes les moins favorisées ayant moins d'informations sur les méthodes d'IVG sécurisées et ayant plus souvent recours à des moyens à risque.

P08.30 | THE ASSOCIATION OF UNCONTROLLED METABOLIC SYNDROME AND ESTIMATED GLOMERULAR FILTRATION RATES IN KOREAN FEMALE POPULATION

CATEGORY: WELL WOMAN HEALTH CARE

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Objective: Although the association between metabolic syndrome (MetS) and estimated glomerular filtration rate (eGFR) was reported, the association between uncontrolled MetS and eGFR has not been well investigated. We aimed to evaluate the association between uncontrolled MetS and eGFR in Korean female population including 3 519 721 women.

Method: This cross-sectional study was based on nationwide health screening data from 2010 to 2019. The uncontrolled MetS (uMetS) was defined according to the National Cholesterol Education Program Adult Treatment Panel III criteria as the presence of three or more of the following components irrespective of medication; increased waist circumference, hyperglycemia, elevated blood pressure and triglyceride, and reduced high-density lipoprotein-cholesterol. The eGFR was based on serum creatinine using the Chronic Kidney Disease Epidemiology Collaboration formula.

Results: Among 3519721 women, 482028 women (13.7%) had uMetS. Mean eGFR was 92.0 mL/min/1.73m². Women with uMetS had 6.58 mL/min/1.73m² lower eGFR than women without uMetS ($P < 0.001$). This difference remained significant after adjustment of smoking and alcohol intake. An increased number of uMetS components was associated with lower eGFR (P for trend < 0.001) having interaction with age. Women without any MetS component had eGFR of 95.49 mL/min/1.73m² and women with 5 components showed eGFR of 84.28 mL/min/1.73m².

Conclusion: Uncontrolled MetS is associated with decrease of eGFR in Korean female population.

P08.31 | POSTMENOPAUSAL WOMEN'S PERFORMANCE OF VIRTUAL REALITY TASKS

CATEGORY: WELL WOMAN HEALTH CARE

J. Zangirolami-Raimundo¹; R. Raimundo¹; P. Noll²; W. Dos Santos¹; C. Leone³; E. Baracat³; I. Sorpreso³; J. Soares Junior³

¹Faculdade de Medicina do ABC, Brazil; ²Instituto Federal Goiano, Brazil; ³Universidade de São Paulo, Brazil

Objective: To assess whether prior knowledge of computer use determines performance of virtual reality tasks by postmenopausal women and whether menopausal symptoms, sociodemographic factors, lifestyle and cognition modify or interfere with their performance.

Method: This cross-sectional study included 152 postmenopausal women divided into two groups: computer users and non-users. The participants played a virtual reality game and were assessed for hits, errors, and game time.

Results: Postmenopausal computer users play virtual reality games ($P = 0.005$) better than postmenopausal non-users of computers. Vasomotor symptoms were high in women who used computers compared to those who did not ($P = 0.006$).

Conclusion: Computer users performed virtual reality tasks better than non-users. Headache and age but not vasomotor symptoms negatively affected the postmenopausal women's performance.

P08.32 | USE OF INTERVENTIONS INVOLVING VIRTUAL REALITY TASKS DURING THE CLIMACTERIC: A SYSTEMATIC REVIEW

CATEGORY: WELL WOMAN HEALTH CARE

J. Zangirolami-Raimundo¹; P. Noll²; R. Raimundo¹; G. Gonçalves¹; E. Urso¹; G. Bech¹; Y. Frank¹; L. De Abreu³; E. Baracat⁴; I. Sorpreso⁴; J. Soares Junior⁴

¹Faculdade de Medicina do ABC, Brazil; ²Instituto Federal Goiano, Brazil; ³Universidade Federal do Espirito Santo, Brazil; ⁴Universidade de São Paulo, Brazil

Objective: To determine the impact of technological treatments versus conventional treatments on the quality of life of climacteric women.

Method: We searched seven databases, including PRISMA, using mesh terms. After screening for eligibility, we selected five clinical trials, and applying the snowball technique we were able to include four more articles, totaling nine articles that used technology-based interventions (virtual reality games) during the climacteric.

Results: The total study population consisted of 298 climacteric women. The studies showed that the technological treatments improved pelvic floor strength, balance, cardiorespiratory fitness and bone mineral density when compared to conventional treatments. Improvement was linked to adherence to training and a high level of satisfaction during the training sessions.

Conclusion: Technology-based treatments appear to be a viable alternative to conventional treatments in improving the quality of health, with benefits for the cardiovascular, genitourinary and skeletal systems, and ultimately for the overall quality of life.

P08.33 | INCIDENCE OF ABORTIONS ATTENDED AT THE HOSPITAL MUNICIPAL BOLIVIANO HOLANDES DURING THE 2021 MANAGEMENT

CATEGORY: WELL WOMAN HEALTH CARE

K. Salles Lizeca

Hospital Municipal Boliviano Holandes, Bolivia

Objective: I hope to show a little of bit of how this subject is managed in my country, woman suffer because they dont have access to secure procedures, and the incidence of abortion is hier than this, this women are just the ones who we had the opportunity to help.

Method: This present research study was observational, retrospective, cross-sectional, and descriptive. Observational: Because the researcher did not intervene, he limited himself to observing and describing reality. Retrospective: data were collected from registries where the researcher did not participate. Cross-sectional: all variables were measured on a single occasion. Descriptive: the analysis was univariate because it described parameters in the population.

Results: The incidence of abortions in the Bolivian Dutch Municipal Hospital was 21.4 abortions per 1000 women of childbearing age

for the 2021 management with the highest number of patients in an age range between 21 to 25 years, most frequently in the study corresponds to Secondary Level with 69.5%, mostly in urban areas with 86.3% ($n=265$) and 13.7% ($n=42$) in rural areas, early abortions corresponded to 79% and 21% to late abortion of all women attended.

Conclusion: Regarding the legal interruption of pregnancy, it was identified that the most frequent indication corresponded to Rape and statutory rape with 50% ($n=2$) in women aged 13 and 15 years, 25% due to fetal malformation incompatible with life in a 22-year-old woman and 25% due to maternal illness in a 29-year-old woman.

P08.34 | A RAPID LANDSCAPE REVIEW OF POSTPARTUM ANAEMIA MEASUREMENT: CHALLENGES AND OPPORTUNITIES

CATEGORY: WELL WOMAN HEALTH CARE

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Objective: Anaemia, a reduced haemoglobin concentration, potentially results from severe blood loss around childbirth, affecting health and quality of life. Pregnant anaemic women, at increased risk of premature delivery, a low-birthweight infant, and postpartum depression, are more likely to have postpartum anaemia. Globally, 37% of pregnant women have anaemia.

Method: We conducted a rapid landscape review to identify and characterize postpartum anaemia measurement using a snowball approach to build from three published systematic reviews, including studies published between 2012 and 2021. We then searched for relevant literature from February 2021 to April 2022 in EMBASE and MEDLINE following a search strategy like the published reviews. In total, we identified 53 relevant studies.

Results: The haemoglobin measurement timing ranged from within the immediate postpartum period to over 6 weeks postnatally. The diagnosis thresholds in postpartum women varied considerably, <120, <110, <100 and <80 g/L most frequently reported. Other laboratory results reported included ferritin and transferrin receptor.

Clinical outcomes reported in 32/53 studies included postpartum depression, quality of life, and fatigue. Haemoglobin measurement was performed in a laboratory, although it is unclear if venous samples and automatic analysers were used consistently.

Conclusion: This review demonstrates the need for improving postpartum anaemia measurement. With the high prevalence of anaemia, the relatively simple treatment for non-severe cases, and its importance to public health with multi-generational effects, common anemia measures for postpartum women, with easy methods, rapid uptake and reporting, is crucial.

P08.35 | YOUTH CLINIC TO SUPPORT THE HEALTH OF YOUNG PEOPLE IN JAPAN: A DECISIVE RESPONSE TO A DEVELOPING HUMAN, SOCIAL, AND FINANCIAL CRISIS CATEGORY: WELL WOMAN HEALTH CARE

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Objective: This study investigates the benefits that Youth Clinics bring to young people's health and society in Japan, where there is no legal system for free access to such clinics, unlike most Western countries. There is an urgent need to propose free access to health-care and psychotherapy through funded Youth Clinics.

Method: Using PubMed and ICHU-SHI, we searched for "Youth Clinic" and "Japan." We also used Google Scholar to identify clinics that support young people's health. We found seven clinics, all located in large cities, and focused on obstetrics and gynecology. While the service was mostly free, two clinics charged a nominal fee. Doctors could prescribe treatments using a health insurance card, however young people had to pay 2000–4000 yen per treatment.
Results: We found that there are very few Youth Clinics in Japan (only seven clinics in Japan, compared to 1770 clinics in France). Consultations mostly concerned reproductive health, including menstruation, pregnancy, contraception, and STDs, but no access to psychotherapy. Clinics were either self-funded or staffed by volunteers. Treatment was not always free, and young people had to pay out of pocket. Lacking easy access to clinical outlets, youth under 18 cannot seek help.

Conclusion: The legal provision for free access lacks in Japan. In contrast, French children have the right to freely see a doctor or psychologist at about 470 CMPP and 1300 PMI centers. There is an urgent need to improve access to address the issue of high youth suicide rates in Japan.

P08.36 | INVESTIGATING THE IMPACT OF COGNITIVE BEHAVIORAL THERAPY (CBT)-BASED INTERVENTIONS ON EMOTION REGULATION IN WOMEN WITH PREMENSTRUAL DYSPHORIC DISORDER (PMDD): A SCOPING REVIEW
CATEGORY: WELL WOMAN HEALTH CARE

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Objective: The present scoping review aims to investigate the impact of cognitive-behavioral therapy (CBT) interventions on emotion regulation in women diagnosed with premenstrual dysphoric disorder (PMDD). PMDD is characterized by physical, cognitive, and affective symptoms that typically occur during the late luteal phase and resolve with the onset of menses.

Method: This study searched various databases, including PubMed, Scopus, Web of Science, SID, Iran Doc, and Mag Iran, within 10 years from 2010 to 2022. Inclusion criteria consisted of studies that 1. sampled women with PMDD, 2. utilized CBT, 3. reported emotional regulation as an outcome, and 4. were published in English or Persian. Study conducted a five-stage process, including defining research objectives, identifying relevant articles, selecting articles, extracting and charting data, and summarizing, discussing, analyzing, and reporting the results.

Results: This scoping review examined five articles, comprising one randomized controlled trial and four quasi-experimental studies involving pre-and post-test measures with experimental and control groups. The interventions discussed in the studies included Cognitive-Behavioral Intervention via internet-based CBT, psychotherapy using a Cognitive-Behavioral approach, and hypnotherapy with a Cognitive-Behavioral approach. The study found positive effects of CBT in improving emotional regulation among women with PMDD.

Conclusion: From this scoping review, it was found that interventions based on cognitive-behavioral therapy (CBT) can be effective.

P08.37 | EFFECTS OF WATER-BASED LUBRICANTS ON THE VAGINAL MICROBIOME OF FEMALES FROM DIFFERENT AGE GROUPS
CATEGORY: WELL WOMAN HEALTH CARE

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Objective: The vaginal mucosa undergoes age-associated physiological changes, including increased pH and reduced natural lubrication; known to impact the vaginal microbiome. Personal lubricants alleviate vaginal dryness symptoms, however, their effects on the microbiome remain unclear. This study examined if water-based

lubricants influence the vaginal microbiome of women from different age groups.

Method: Fifty females were recruited from three age groups (18–29, 30–44, and 45–65 years) with mild-to-moderate vaginal dryness and randomized to one of five lubricant treatment groups. Four vaginal swabs per participant were sampled during pre- (“baseline”) and post- (“2h”, “24h” and “4 weeks”) lubricant application to assess bacteriome diversity. Vaginal moisture and pH were collected at baseline, 2 h, and 24 h post-lubricant application which were correlated with bacteriome diversity using non-parametric models.

Results: Sequencing of the 16s region revealed that *Lactobacillus* spp. and *Gardnerella vaginalis* were the predominant taxa across participants. Repeated lubricant application did not significantly alter the vaginal microbiome for up to 4 weeks post-product application. Bacteriome diversity and relative abundance differed significantly between age groups but remained unaffected during product application. Relative abundance of *Lactobacilli* negatively correlated with vaginal pH while *Gardnerella* showed a positive correlation with vaginal pH across all age groups.

Conclusion: Lubricant use did not alter the vaginal microbiome ecosystem, but age and pH significantly influenced vaginal microbiome richness and diversity regardless of lubricant application.

P09.01 | IMPACT OF STRESS ON REPRODUCTION
CATEGORY: REPRODUCTIVE MEDICINE

A. Kumar

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Objective: To assess the impact of stress on reproduction; to evaluate the need for mind and body interventions for relieving stress to reduce the incidence of infertility; and to find out the compliance to mind, body interventions like Rajyoga meditation by the subjects.

Method: Study was conducted from January 2021 to January 2023 (2 years) in the age group of 35 to 40 years. It's a randomized controlled observational study. This study includes 100 subjects divided into 2 groups. Group 1: the mind body intervention used is Rajyoga meditation as per standardized technique of Medical Wing of Rajyoga Education and Research Foundation in addition to conventional counselling. Group 2: counselling by specialized trained counsellors having expertise in stress management.

Results: By using statistical parameters like happiness score and perceived stress score. It was found out that mean happiness score was increased and mean stress score was reduced after 2 years of intervention. 5 subjects practiced meditation very sincerely and attended all our sessions were able to conceive (IUI and IVF conception).

Conclusion: Everyday sessions were conducted in the evening for 40min free of cost. There was a great acceptance shown by maximum subjects. Hence, in future if everyone starts including meditation and counselling sessions in their clinics, it would be very beneficial.

P09.02 | HERITABILITY ESTIMATES OF FETAL BIRTHWEIGHT: A SYSTEMATIC REVIEW AND ASSESSMENT USING THE BRADFORD-HILL CRITERIA
CATEGORY: REPRODUCTIVE MEDICINE

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Objective: We searched the EMBASE, MEDLINE, and CINAHL databases for English language studies in March 2020 to systematically estimate the contribution of genes to fetal birthweight compared to non-genetic factors.

Method: Criteria for the study were comparative epidemiological studies that provided data on the association between birthweight of men and their biological, singleton, and naturally conceived children. Studies were selected and data were extracted by two independent reviewers. The studies were scored using the Newcastle-Ottawa scale for observational studies. Quantitative data were narratively synthesized and the body of evidence for birthweight heritability was systematically assessed against the Bradford Hill criteria for causality.

Results: Of the 560 studies assessed, 17 studies were included, all of which were cohort studies. Based on the observed clinical and methodological heterogeneity, meta-analysis was not possible. Seven out of the nine Hill's criteria were assessed and six of these were met, although different studies satisfied different criteria. Heritability estimates for birthweight varied widely between studies (3.5% to 32.4%) due to using different statistical approaches.

Conclusion: Birthweight is an early phenotype of a genotype with different expressions later in life. Estimates of birthweight heritability are small. Environment is the major determinant of birthweight. Gene-environment interaction determines the overall birthweight outcome. Future research should address environmental influences on birthweight as these are amenable to public health interventions.

P09.03 | A REVERSIBLE DRAWBACK EFFECTS OF COVID 19 MRNA VACCINE ON SEMEN PARAMETERS OF FERTILE MALE
CATEGORY: REPRODUCTIVE MEDICINE

A. Galal

Alexandria University, Egypt

Objective: To determine the impact of COVID-19 vaccine on semen parameters in an Egyptian population sample of previously proved fertile males.

Method: Prospective observational research conducted on 30 males proved to have normal semen parameters, indicated for ICSI due to female factors of infertility, and received the two doses of mRNA COVID vaccine. Following the second dose of the vaccine, two samples of semen were obtained from all the subjects under the study, after 3 months and 6 months respectively. Parameters of sperm quality were assessed using WHO strict criteria.

Results: No significant difference in sperm volume after 3 and 6 months ($P_3=0.118$). Significant difference in the sperm concentration and DNA fragmentation between the base line and after 3 months ($P_1=0.003$), the same applied to sperm progressive motility no significant difference in sperm concentration between base line and after 6 months ($P_2=0.211$). Significant difference in sperm count after 3 and 6 months ($P_3=0.005$) and this in contrast to the morphology ($P_3=0.096$).

Conclusion: The effect of mRNA vaccine on semen parameters is transient and reversible. The criteria of the sperm after obtaining the vaccine of COVID-19 were mostly within normal range intervals. The findings support the notion that COVID-19 vaccine is free from risk on semen parameters.

P09.04 | THE PREVALENCE OF SELF-REPORTED HUMAN SEMINAL PLASMA ALLERGY SYMPTOMS AMONG LITHUANIAN WOMEN: CAN THIS ALLERGY LEAD TO INFERTILITY?
CATEGORY: REPRODUCTIVE MEDICINE

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Objective: Sensitization to human-seminal-plasma is rare. As it is often mistaken for other vulvar pathologies, an actual prevalence of this hypersensitization can be higher than thought. The aim of our study was to determine the frequency of symptoms characteristic to human-seminal-plasma allergy among Lithuanian women and their possible association with infertility.

Method: An anonymous questionnaire survey was conducted inviting all adult women who had had contact with male semen to participate. The questionnaire included questions about allergies to various allergens already diagnosed in these women's medical history, questions about suspected or diagnosed female infertility and symptoms experienced when contacting with sperm during or after sexual intercourse without using barrier contraception. Data was analyzed by Microsoft Excel and IBM SPSS Statistics 28.0.

Results: Out of 682 women, 429 (62.90%) reported allergy-like symptoms after contacting sperm. Genital discomfort was reported by 39% of women, with burning (36.51%), itching (33.43%), and redness (28.45%) being the most common. A small percentage (3%) reported nasal congestion or eye watering, and 1% reported other symptoms like sneezing or difficulty breathing. Among the 27 (3.96%) women who reported suspected or diagnosed infertility, 22 (81.48%) had human seminal plasma allergy-like symptoms semen allergy symptoms.

Conclusion: More than half of all women who participated in our study reported having experienced symptoms characteristic to semen allergy at least once in their lifetime. About four-fifths of women with suspected or confirmed infertility had felt at least one symptom characteristic of semen allergy after unprotected sexual intercourse.

P09.05 | ESTABLISHING A CENTER OF EXCELLENCE FOR FISTULA TREATMENT—TERREWODE WOMEN'S COMMUNITY HOSPITAL'S HOLISTIC CARE OF PATIENTS WITH OBSTETRIC FISTULA AND RELATED CHILDBIRTH INJURIES
CATEGORY: REPRODUCTIVE MEDICINE

A. Emasu

Terrewode Women's Community Hospital, Uganda

Objective: A Center of Excellence (CoE) is an institution designed to deliver the highest level of care for complex medical conditions that are difficult to deal with in general clinical settings. We report on the development of a CoE guide and the establishment of the first CoE fistula hospital in Uganda.

Method: Terrewode Women's Community Hospital (TWCH) opened in August 2019 and is the first specialized fistula hospital in Uganda. The 60-bed facility is designed to provide expert fistula treatment and wrap-around services. Working with a team of international and national experts, TWCH developed a CoE guide for the attainment of excellence in the provision of services. As such, it employs a patient-centered approach to deliver holistic, quality services and highest level of clinical care.

Results: Since 2019, TWCH has provided routine (3 surgical days/week) patient-centered treatment to more than 1050 women, reducing patient backlog and wait times for surgery. At discharge, 78% of fistula patients were closed/continent, 17% ($n=59$) were closed with incontinence, a higher success rate than previously reported in Uganda. In accordance with the CoE goals, TWCH is an accredited FIGO training site and hosted a national fistula surgeons' workshop for capacity building.

Conclusion: TWCH provides routine, holistic, patient-centered care, including the first physical therapy program, with improved outcomes. TWCH's experience highlights the benefits of specialized treatment facilities in providing high-quality care with comprehensively trained specialists. These findings should encourage stakeholders to support and invest in holistic, specialized fistula treatment facilities similar to TWCH.

P09.06 | CORRELATION BETWEEN OVARIAN SENSITIVITY INDEX (OSI) AND OVARIAN RESPONSE IN IN-VITRO FERTILIZATION (IVF) CYCLES WITH ANTAGONIST PROTOCOL
CATEGORY: REPRODUCTIVE MEDICINE

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¹Unimed International Hospital, Mongolia; ²Mongolian National University of Medical Sciences, Mongolia; ³Mongolian National University of Medical Science, Mongolia

Objective: To study the predictive value of Ovarian Sensitivity Index (OSI) based on outcomes of IVF cycles with antagonist protocol.

Method: Total 280 women submitted to 316 cycles were included in this retrospective analytical study. IVF were performed at the Unimed International Hospital between January 2020 and August 2022. The OSI was defined as the number of oocytes collected after ovarian stimulation divided by total dose of follicle stimulation hormone administered, per 1000. Patients were divided into three groups according to the total number of retrieved oocytes: poor ($6 >$ oocytes), normal ($6-13$ oocytes) and hyper ($13 <$ oocytes) responders.

Results: The OSI calculated significant correlation with ovarian reserve markers, Anti-Mullerian Hormone (AMH) and antral follicle count (AFC). High OSI group had more high-quality embryos than low OSI group ($P=0.001$) but there is no correlation between 2 groups for metaphase II oocytes number ($P > 0.05$). Clinical pregnancy rate (CRL) was positively correlated with OSI in poor, normal and high responder groups ($P=0.0001$). Clear association were found between OSI and OHSS rate in high responder group.

Conclusion: Ovarian Sensitivity Index correlates with ovarian reserve markers and ovarian responsiveness in IVF treatment. The OSI could be used as a one of the predictor of ovarian response, poor, normal and high responders in controlled ovarian stimulation with antagonist protocol.

P09.07 | PREDICTIVE VALUE OF OVARIAN RESERVE MARKERS IN MONGOLIAN WOMEN UNDERGOING IN VITRO FERTILIZATION WITH ANTAGONIST PROTOCOL
CATEGORY: REPRODUCTIVE MEDICINE

A. Lkhagvasuren¹; K. Ravdan-Ochir¹; B. Zandan¹; K. Olonbayar¹; N. Altangerel¹; T. Jugderkhorol¹; J. Badarch²; E. Tudevdorj²; K. Oyunbaatar¹; G. Sukhbaatar¹

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Objective: To investigate the predictive value of Anti-Mullerian hormone (AMH) concentration, antral follicle count (AFC) and follicle stimulating hormone (FSH) on ovarian response and In-Vitro fertilization (IVF) outcome.

Method: Retrospective analytical study of 684 women who underwent IVF with antagonist protocol at the Unimed International Hospital from January 2018 to August 2022. After controlled ovarian stimulation, all subjects were categorized into 2 independent groups according to the total number of retrieved oocytes. All hyper responders and patients with Polycystic ovary syndrome (PCOS) were excluded. IVF outcome was measured by clinical pregnancy rate (CPR).

Results: AMH and AFC calculated significant correlation with age, oocyte numbers and CPR. No associations were found between CPR and FSH ($P > 0.05$). Considering single predictor, area under curves (AUC) for AMH (0.9, CI 95% 0.87–0.93) performed similar to AFC (0.89, CI 95% 0.87–0.92) but slightly better than age (0.84, CI 95% 0.81–0.89) in poor response prediction. Multivariate regression analysis revealed women's age with AMH or AFC was significantly better than single marker for poor ovarian response.

Conclusion: AMH and AFC are better than age and FSH level for the prediction of IVF outcomes and ovarian response to controlled ovarian stimulation in Mongolian women. Combinations of ovarian reserve markers with women's age may improve predictive value for poor ovarian response.

P09.08 | CERVICAL MUCUS QUALITY AMONG FEMALES WITH AND WITHOUT CYSTIC FIBROSIS
CATEGORY: REPRODUCTIVE MEDICINE

A. Roe

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Objective: Cystic fibrosis (CF) alters epithelial salt and water balance, which may impact cervical mucus and reduce fertility in females with CF. CFTR modulator therapy is associated with increasing pregnancy rates, but the potential role of cervical mucus is unknown. We sought to characterize cervical mucus quality among females with CF.

Method: We enrolled females aged 18 to 45 with regular menstrual cycles who were not using hormonal or intrauterine contraception in 3 arms: those with CF using elexacaftor-tezacaftor-ivacaftor (ETI), those with CF not using modulator therapy, and those without CF. We assessed cervical mucus quality, scored 0–15 according to World Health Organization laboratory guidelines, at time of the luteinizing hormone (LH) surge. Timing was confirmed by hormone assays (LH >15 mIU/mL and progesterone 0.5–2.5 ng/mL).

Results: Eleven participants with CF on ETI, 2 with CF on no modulator therapy, and 10 without CF completed the study. Females with CF on ETI had a mean cervical mucus score of 11.7 (SD 2.45, range 8–15), compared with 12.6 (SD 2.55, range 7–15) among females without CF ($P=0.43$). Participants with CF on no modulators had a mean score of 5 (range 4–6).

Conclusion: Females with CF on ETI exhibit similar cervical mucus quality as females without CF. Females with CF not using modulators may have poorer mucus quality, but this group was too small for analysis. Further research should clarify whether cervical mucus quality correlates with fertility among females with CF on ETI.

P09.09 | THE ESTABLISHMENT OF ETHICAL GUIDELINES ON THE PROVISION AND PRACTICE OF ADVANCED REPRODUCTIVE TECHNOLOGY BY THE PHILIPPINE SOCIETY OF REPRODUCTIVE MEDICINE USING ONLINE DELPHI TECHNIQUE
CATEGORY: REPRODUCTIVE MEDICINE

A. Aguilar

University of the Philippines College of Medicine, Philippines

Objective: To determine the level of agreement among members of the society on various statements from the 2016 Philippine Society for Reproductive Medicine (PSRM) ethics guidelines using an online Delphi technique.

Method: The level of agreement on Delphi statements were formulated based on the 2016 ethical guidelines of the PSRM was measured using a 5-point likert scale. Three Delphi rounds were conducted from December 2021 to January 2022 among the 126 members of the national society invited to respond online or through a self-administered printed questionnaire. The last round was preceded by a panel discussion with experts and stakeholders providing insights.

Results: The response rate for the first Delphi round was 94% and the second and third rounds were at 98%. Members agreed ($\geq 75\%$ agreement) on 74 out of the 83 Delphi Statements with those below 50 years old ($P=0.0394$) and who have practiced for less than 15 years ($P=0.0190$) significantly more likely to agree with the Delphi statements. There were no agreements on statements involving third party assisted reproductive technology.

Conclusion: The members of the Philippine Society of Reproductive Medicine (PSRM) have reached consensus on 66 ethical statements, based on the 2016 guidelines, using an online Delphi technique. There remain 9 statements primarily on third party ART which remain without consensus and may need to be reformulated and discussed further.

P09.10 | COMBINATION OF LETROZOLE AND CLOMIPHENE CITRATE VERSUS LETROZOLE ALONE FOR OVULATION INDUCTION IN WOMEN WITH POLYCYSTIC OVARY SYNDROME: A RANDOMISED CONTROLLED TRIAL
CATEGORY: REPRODUCTIVE MEDICINE

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Objective: To compare clinical pregnancy rate (CPR) during ovulation induction (OVI) using combination of letrozole and clomiphene versus letrozole alone in infertile women with PCOS.

Method: 68 infertile patients with PCOS, patent tubes, normal male partner were randomised in two groups from July 2019 to December 2021. Group 1 ($n=34$) received combination of Letrozole (2.5mg) and Clomiphene citrate (50mg) once daily for 5 days from day 2/3 of cycle & Group 2 ($n=34$) received Letrozole 2.5mg similarly for 4 cycles. Follicular monitoring done, trigger with Injection HCG 5000 IU given when dominant follicle reached ≥ 18 mm size followed by timed intercourse.

Results: Clinical pregnancy rate in Group 1 and Group 2 was 9.3% ($n=3$) and 6.3% ($n=2$) respectively after first cycle OVI, 7.1% ($n=2$) in Group 1 and 13.8% ($n=4$) Group 2 after 2nd cycle. After 3rd cycle CPR was 11.5% ($n=3$) in Group 1 and 8.0% ($n=2$) Group 2. 21.7% ($n=5$) in Group 1 and 8.7% ($n=2$) in Group 2 became pregnant after 4th cycle of OVI but this was not statistically significant.

Conclusion: Pregnancy rate was higher with combination of clomiphene and letrozole but difference was not statistically significant. The present study showed that combination drugs had no added advantage over Letrozole alone for ovulation induction. It was observed that mean number of cycles required for conception was similar in both groups.

P09.11 | ASSOCIATION OF SERUM PROLACTIN LEVELS WITH OBESITY AND VITAMIN D DEFICIENCY IN INFERTILE WOMEN
CATEGORY: REPRODUCTIVE MEDICINE

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Objective: To evaluate the association of raised prolactin levels with obesity and vitamin D deficiency in infertile females.

Method: This cross-sectional analytical study was conducted at Aga Khan University Hospital for 3 months duration. Data was collected using a structured proforma, and details for demographic variables, including age, BMI, hormonal parameters, vitamin D (VD) results, and infertility status, were obtained.

Results: There were eighty-eight females, out of which 45 (51%) were infertile, and 43 (49%) were fertile. The mean serum values of FSH, LH, and prolactin in infertile females were found to be significantly higher among infertile patients as compared to fertile females ($P < 0.005$) whereas the mean value of VD was significantly lower among infertile versus fertile females ($P = 0.001$). The comparison of prolactin and VD levels were significantly raised and lower respectively in BMI groups.

Conclusion: There is association of infertility with obesity and vitamin D deficiency and raised Prolactin levels. This study provides a way for future research to explore high prolactin levels as a precursor or perpetuator of events leading to insulin resistance, obesity, and vitamin D deficiency.

P09.12 | SUBCLINICAL THYROID DYSFUNCTION, THYROID AUTOANTIBODIES AND ASSOCIATION WITH INFERTILITY AMONG INFERTILE WOMEN IN IBADAN, NIGERIA
CATEGORY: REPRODUCTIVE MEDICINE

B. Akinwunmi

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Objective: Overt or subclinical thyroid disorders is common among women of reproductive age and those with reproductive disorders like infertility and recurrent miscarriages. We investigated the association between subclinical thyroid dysfunction, thyroid autoantibodies and infertility in women as optimal thyroid function has been previously shown to influence reproductive outcomes.

Method: Participants underwent routine detailed clinical history taking, gynecological evaluation and investigations to identify their cause of infertility. A total of 302 patients were enrolled. Informed consents was obtained and detailed medical and gynecological evaluation done. About 10 mL of blood sample was collected from each participant. The specimens were processed and were assayed for serum FT4, Thyroid Stimulating Hormone (TSH) and anti-thyroid

peroxidase (Anti-TPO) antibody levels using the enzyme linked immunosorbent assay (ELISA) technique.

Results: The analysis included 289 participants with complete thyroid biomarkers results out of the total 302 enrolled. The mean age of participants was 33 years. Majority (63.3%) had secondary infertility. The prevalence of subclinical hypothyroidism was 1.4%, subclinical hyperthyroidism was 20.8% and subclinical thyroid dysfunction overall was 22.1%. A significant association was obtained between subclinical hyperthyroidism and tubal disease as well as between subclinical hyperthyroidism and endometriosis, $P = 0.019$ and 0.021 respectively.

Conclusion: Subclinical thyroid dysfunction is common among women with infertility and has relationship with endometriosis, tubal disease, and ovulatory dysfunction. Therefore, it is important to consider incorporating thyroid function tests into routine infertility evaluation so that any abnormality found can be timely corrected, including in women undergoing assisted conception.

P09.13 | LETROZOLE AND METFORMIN VERSUS LETROZOLE ALONE FOR OVULATION INDUCTION IN WOMEN WITH POLYCYSTIC OVARIAN SYNDROME: A RANDOMISED CONTROLLED TRIAL
CATEGORY: REPRODUCTIVE MEDICINE

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Objective: To compare ovulation rates in the group that received letrozole and metformin to those that received letrozole alone among women with PCOS. To compare conception rates and pregnancy rates between the group that received letrozole and metformin to those that received letrozole alone among women with PCOS.

Method: Study was conducted at Aminu Kano Teaching Hospital Kano, Eighty women were randomised to two groups. Study group were placed on metformin 1000mg daily and letrozole 7.5mg daily in three divided doses from the second day of the menstrual cycle to the sixth day. Control group received letrozole 7.5mg on the second day to the sixth day of the cycle. They all had follicular tracking on day 12, 14 and 16 of the menstrual cycle.

Results: A chi-square test or Fisher's exact test was used as appropriate to analyze factors associated with ovulation, conception and pregnancy. The ovulation rate was (75.8%) in metformin and letrozole group and (78.8%) in letrozole alone group which was not statistically significant, Conception rate was (42.4%) and (33.3%) respectively while pregnancy rate was (27.3%) and (24.2%) respectively.

Conclusion: There was a slightly higher ovulation rate in letrozole alone group than in the combined letrozole and metformin, conception rate and the pregnancy rate was higher in the combined letrozole and metformin than letrozole alone group, all showed no statistically significant difference hence the null hypothesis was accepted.

P09.14 | EXPERIENCES OF USING MISOPROSTOL IN THE MANAGEMENT OF INCOMPLETE ABORTIONS: A VOICE OF HEALTHCARE WORKERS IN CENTRAL MALAWI
CATEGORY: REPRODUCTIVE MEDICINE

B. Chakhame

Norwegian University of science and Technology, Trondheim, Norway

Objective: To improve post abortion care services in Malawi, a staff training intervention was performed to increase the use of misoprostol in post-abortion care. This study explored healthcare workers' experiences with the use of misoprostol for post-abortion care in the Malawian setting after the intervention.

Method: A descriptive phenomenological study utilising an inductive approach was conducted in three public hospitals in central Malawi. Purposeful sampling was used to identify participants and focus group discussions were conducted with 29 healthcare workers (clinical officers and nurse/midwives). The study was conducted in centres where a training intervention on how to use misoprostol to treat incomplete abortions was offered. The discussions were recorded and thematic analysis was used to analyse the data.

Results: Two themes emerged from the results, most of the healthcare workers were positive about the use of misoprostol, they knew how to use the drug and were confident in doing so. The healthcare workers preferred misoprostol to surgical treatment because they perceived it as safe, effective, easy to use, cost-effective, it had fewer complications, decreased hospital congestion, reduced workload, and saved time. Additionally, misoprostol was also administered by nurses and midwives, this enhanced task-sharing.

Conclusion: The results showed acceptability of misoprostol in the management of first-trimester incomplete abortion among healthcare workers in central Malawi, and further implementation of misoprostol in post abortion care is recommended. Increased use of misoprostol would help reduce maternal morbidity and mortality in Malawi.

P09.15 | DELAYED OR DENIED: AN EXPLORATORY ANALYSIS OF THE EFFECT OF THE U.S. SUPREME COURT DOBBS V JACKSON WOMEN'S HEALTH ORGANIZATION DECISION ON PRESCRIPTION MEDICINE ACCESS IN THE UNITED STATES
CATEGORY: REPRODUCTIVE MEDICINE

B. Erhardt-Ohren; R. Haar

University of California, Berkeley, USA

Objective: We explored how prescription medication access, specifically abortifacients prescribed for other indications, was affected by the U.S. Supreme Court's Dobbs v Jackson Women's Health Organization decision (Dobbs decision).

Method: We searched public Twitter and Facebook posts in the month following the Dobbs decision, 24 June 2022 through 24 July 2022. We used keywords indicating access issues and FDA-approved

abortifacients. Wherever available, we extracted posting date, restriction type (delay or denial), medication, indication, report source (self or relation), age, gender, and location.

Results: We found 42 unique posts. The medications targeted were methotrexate (31), low-dose oral contraceptives 2, naltrexone 1, spironolactone 1, misoprostol 1, meloxicam 1, "mexo" 1, and unknown. The indications were for autoimmune disease 6, endometriosis 1, COVID 1, seizure disorder (1), chronic illness (1), chemotherapy (1), IUD insertion (1), and unknown (19).

Individuals reporting their age were 21–30 (1), 51–60 (4), 61–70 (2), and 71–80 years (2). 39 individuals identified as women. In 24 cases, the user experienced access issues; in 18 cases, the user reported on a relation. Users reported access issues in seven states.

Conclusion: This study reveals an unanticipated consequence of the Dobbs decision: the inability of individuals to access their prescription medication. Targeted individuals were not limited to women of reproductive age at risk of conception. Not only were abortifacients targeted, but also medications with miscarriage risks. This research highlights the need for coordination within healthcare systems to prevent adverse health outcomes due to seemingly unrelated changes in health law.

P09.16 | PATIENT PROFILES, CLINICAL CHARACTERISTICS, AND TREATMENT OUTCOMES: EXPERIENCE OF A NEW SPECIALIZED OBSTETRIC FISTULA HOSPITAL IN UGANDA
CATEGORY: REPRODUCTIVE MEDICINE

F. Ayenachew Aklilu

International Fistula Alliance, Ethiopia

Objective: To determine patients' sociodemographic and clinical characteristics, and the success rates of treatment at discharge for patients with obstetric fistula and related childbirth injuries at Terrewode Women's Community Hospital, a new specialized fistula hospital in eastern Uganda.

Method: A facility-based retrospective cross-sectional study was conducted among 1050 patients who underwent treatment from July 2019 to March 2023. Medical records of all patients treated during this timeframe were reviewed for demographics, obstetric history, index pregnancy, fistula characteristics, and treatment outcomes. Findings were calculated using descriptive analysis.

Results: Clinical diagnosis: 34% ($n=357$) fistulas, 26% ($n=266$) perineal tears, 26% ($n=271$) prolapse, 14% ($n=147$) other pelvic floor disorders. Age range for all conditions: 9–90 years. Among fistula patients, 89% ($n=329$) developed fistula following obstructed labor, 43% ($n=155$) resulted in cesarean delivery. Median age at fistula development: 32 years. Repair attempts: 69% first repair, 19% one previous repair, 12% two or more previous repairs. At discharge, 78% ($n=277$) were closed and continent, 17% ($n=59$) were closed with incontinence, and 6% ($n=21$) had failed repair.

Conclusion: Obstetric fistula was found in primiparous and multiparous women, indicating a need for improved obstetric care for all.

The failure rate for treatment at this facility is lower than previously reported for Uganda, adding weight to the argument that expert treatment at a specialized facility will result in improved outcomes.

P09.17 | EVALUATION OF THE IMPACT OF VITAMIN D LEVELS IN INTRAUTERINE INSEMINATIONS WITH DONOR SPERM
CATEGORY: REPRODUCTIVE MEDICINE

C. Galopin

Hôpital de la Citadelle, Belgium

Objective: Does outcome of artificial insemination with donor sperm (AID) differ between women with ≥ 30 ng/mL and those with < 30 ng/mL vitamin D levels?

Method: Our study is a single-center (Assisted reproductive technology center of the University of Liège, Belgium), double-blind prospective observational study. Recruitment started in March 2021 and is still ongoing. We present here interim results concerning 73 patients. The study includes patients who have no fertility problem except lack of a male partner. The inclusion criteria are: age 18–40 yo, body mass index 18–30 kg/m², anti-Müllerian hormone > 1 ng/mL and absence of intra-uterine pathology.

Results: The average pregnancy success rate was not statistically different between the 2 groups, but there was a clear trend for a higher success rate in patients with a vitamin D level of ≥ 30 ng/mL ($P = 0.061$). The proportion of clinical pregnancies per patient in the < 30 ng/mL group was 14 out of 53 patients while it was 10 out of 20 patients in the ≥ 30 ng/mL group.

Conclusion: Patients with a vitamin D level ≥ 30 ng/mL tend to have a higher pregnancy rate after AID. We need a larger sample to recommend a pre-conception dosage of vitamin D to compensate for a possible deficit and maybe optimize the chances of pregnancy after artificial insemination with donor sperm.

P09.18 | ROLE OF HYSTEROLAPAROSCOPY IN THE EVALUATION OF COUPLES WITH UNEXPLAINED INFERTILITY
CATEGORY: REPRODUCTIVE MEDICINE

C. Thyagaraju

Jipmer, India

Objective: Unexplained infertility is defined as “Infertility in couples with apparently normal ovarian function, fallopian tubes, uterus, cervix and pelvis and with adequate coital frequency and apparently normal testicular function and a normal ejaculate”.

Objectives: To evaluate the importance of hysterolaparoscopy and the incidence of various pathology in unexplained infertility.

Method: This study was conducted at the Infertility Clinic in Department of Obstetrics and Gynaecology, JIPMER from January 2020 through July 2022. It is a prospective observational study

where 200 woman were included after detailed clinical history, physical examination, baseline blood investigation with hormonal profile, USG and semen analysis. After three cycles of ovulation induction with or without IUI, woman who failed to conceive were referred to hysterolaparoscopy which was done under general anaesthesia.

Results: The mean age of the study was 29 years and the mean duration of infertility was 5 yrs. Around 58 (29%) women showed abnormalities like endometrial polyp (10%), subseptate uterus (9.5%), intrauterine adhesions (7.5%), tuberculous endometrium (3%). Abnormal laparoscopic findings were reported in 68 (34%) of which the most common pathology was endometriosis (17%) followed by fibroid (7.5%). Following laparoscopy, bilateral tubal patencies were observed in 84% of patients. 30% and 36% of the patients were treated in the same sitting.

Conclusion: Our study showed 34% laparoscopic pathology and 29% hysteroscopic pathology in patients with unexplained infertility. Diagnostic hysterolaparoscopy is a safe, effective, minimally invasive procedure for evaluation and treatment of unexplained infertility. Further RCTs with large sample size are needed to evaluate the need for laparoscopy in unexplained infertility.

P09.19 | HYPOPLASTIC UTERUS: CASE REPORT
CATEGORY: REPRODUCTIVE MEDICINE

C. Pimenta de Oliveira Carneiro; I. Alves Rocha; B. Monteiro Lima Villas Boas; L. Varjão Oliveira; J. Carvalho Matos; D. Evangelista Do Carmo Batista

Hospital Universitário Professor Edgard Santos (HUPES), Brazil

Objective: The objectives of this study are to report the rare case of hypoplastic uterus in a patient undergoing investigation for primary infertility and to discuss its characteristics.

Method: This is a case report that will describe the clinical condition, progression, and outcome of a patient regularly followed in the tertiary outpatient clinic of a university hospital.

Results: Female patient, 35 years old, nulligravida, with 8 years of infertility. She presents with primary amenorrhea, developed secondary sexual characteristics, and a normal karyotype. Imaging exams reveal a reduced volume uterus, homogeneous endometrium, and normal adnexa. Diagnostic videohysteroscopy shows a small uterus with difficulty in distending the cavity. Immunohistochemistry demonstrates positive estrogen and progesterone receptor expression in epithelial cells. The patient did not respond to stimulation with estradiol and progesterone and remains amenorrheic.

Conclusion: Congenital anomalies of the uterus can be associated with reproductive problems, such as recurrent abortion and infertility. Hypoplastic uterus is a rare uterine malformation, the pathogenesis of which remains unclear and its cause unknown. Several studies have shown very poor reproductive outcomes when the uterine malformation was left untreated.

P09.20 | HEALTH AND ECONOMIC IMPACTS OF SUBSTANDARD UTEROTONICS IN GHANA AND NIGERIA

CATEGORY: REPRODUCTIVE MEDICINE

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Objective: To advance Universal Health Coverage (UHC) by building the evidence base on the threat that substandard uterotonics pose to postpartum hemorrhage (PPH) and maternal mortality. We modeled utilization of substandard uterotonics and assessed the health and economic burden of PPH on governments, providers, payors, and families in Nigeria and Ghana.

Method: A decision-tree model was built to simulate women giving birth in different healthcare settings, quality of uterotonics and their utilization, and risk of PPH. Data from the Demographic and Health Surveys from Nigeria and Ghana, literature and key informants were utilized. We incorporated data from a Cochrane review on uterotonic effectiveness, and data from the E-MOTIVE trial on health outcomes based on oxytocin quality. We compared scenarios with and without substandard uterotonics.

Results: We estimated that using poor-quality uterotonics resulted in nearly 59 000 and 15 000 preventable PPH cases annually in Nigeria and Ghana, respectively. Without substandard uterotonics, healthcare providers could reduce uterotonic use, save blood transfusions, and avert around 1200 maternal deaths due to PPH annually in Nigeria and 70 in Ghana. Substandard uterotonics led to avertable out-of-pocket and insurance costs and productivity losses totaling \$74 million and \$12 million in Nigeria and Ghana, respectively.

Conclusion: This study demonstrates that use of quality-assured uterotonics would result in a reduction in PPH and economic savings. Reducing the health and economic burden of PPH in low-resource settings is essential toward decreasing maternal mortality. Medicines quality assurance systems play an important role as governments scale their implementation of UHC.

P09.21 | POSITIONNEMENT DE L'ASSOCIATION CAMEROUNAISE POUR LE BIEN-ÊTRE FAMILIAL EN TANT QUE LEADER DANS LE DOMAINE DE LA SANTÉ ET DES DROITS SEXUELS ET REPRODUCTIFS AU CAMEROUN

CATEGORY: REPRODUCTIVE MEDICINE

C. Fekou

Cameroon National Association for Family Welfare, Cameroon

Objective: Réduire la maternité imputable à l'avortement en améliorant de l'accès des filles et femmes en âge de procréer au Cameroun aux services de soin complet d'avortement au deuxième trimestre et également en rendant l'environnement favorable à l'avortement à travers les messages positifs au sein des communautés et en ligne.

Method: Ce résumé est fondé sur les données de mise en œuvre d'une initiative menée par l'association Camerounaise pour le bien-être familial depuis janvier 2022. Elle utilise deux approches pour étendre les offres de service d'avortement au deuxième trimestre dans trois régions du Cameroun; l'approche à guichet unique (stratégie fixe) et l'approche stratégie avancée. Le résumé analyse également les diverses stratégies utilisées pour renforcer la volonté institutionnelle en faveur d'avortement et améliorer les compétences des prestataires.

Results: Au cours des 3 premiers trimestres 2022, nous avons offert 9240 services d'avortement chirurgical au 2^e trimestre représentant 12% du service d'avortement en général. 1848 jeunes filles et femmes ont bénéficié du service d'avortement chirurgical au 2^e trimestre de qualité respectivement 369 Trimestre 1, 1725 Trimestre 2, 754 Trimestre 3. Nous n'avons enregistré aucune complications dû au renforcement régulier des capacités des prestataires lors des réunions de partage de coordination et de partage d'expérience.

Conclusion: Les femmes et les filles ont un faible accès aux services d'avortement du deuxième trimestre face à une législation assez rigide et une population qui les stigmatise d'où la nécessité d'avoir des financements pour organiser les séances de clarification des valeurs et mener les plaidoyers pour assouplir les barrières légales.

P09.22 | THE EFFECTIVENESS OF IV LIPID EMULSION (MEDIUM CHAIN AND LONG CHAIN TRIGLYCERIDES) FOR REPEATED IMPLANTATION FAILURE: A RANDOMIZED CONTROLLED CLINICAL TRIAL

CATEGORY: REPRODUCTIVE MEDICINE

D. Al-Jaroudi; S. Lary

King Fahad Medical City, Saudi Arabia

Objective: To evaluate the effect of fat emulsion intralipid 20% (medium chain triglycerides and long chain triglycerides) in enhancing pregnancy rate for patients with RIF.

Method: Randomized controlled trial where a total of 164 patients aged below 40 years, with a history of unexplained RIF (3 or more cycles) were included into two groups, study group ($n=82$) and control group ($n=82$). The study group received intralipid 20% infusion on the day of embryo transfer and a second dose 14 days later on the day of pregnancy test, while the control group received the standard treatment.

Results: β -HCG was significantly higher in the treatment group compared to the control group ($P=0.048$). Moreover, clinical pregnancy rate in the treatment group was 32.9% ($n=27$) compared to 24.4% ($n=20$) in the control group; therefore, the odds of experiencing a clinical pregnancy is increased by 53.1% (45.3%–60.6%) (P -value <0.05) under the intra-lipid 20% infusion. No side effects of intralipid therapy were reported during the study period.

Conclusion: There was improvement in the observed effect size of clinical pregnancy among the women with RIF, who underwent the 20% intralipid infusion with 53.1% more probability to achieve clinical pregnancy than the control group.

P09.23 | VALIDATION OF PREVIOUSLY SCREENED CIRCULATING MICRORNAS IN LARGER PREECLAMPTIC PATIENT POPULATION: MOVING TOWARDS USING MICRORNAS AS EARLY BIOMARKERS
CATEGORY: REPRODUCTIVE MEDICINE

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Objective: Preeclampsia (PE) is a pregnancy associated leading cause of maternal and fetal morbidity and mortality. In one of our studies, 11 microRNAs were identified to be dysregulated in PE patients (20 cases). The current study validates the presence of these microRNA in PE patients of a larger population (100 cases).

Method: It was a case-control study on PE patients referred to Salmaniya Medical Centre, Kingdom of Bahrain. PE patients diagnosed, based on guidelines by ACOG (100 cases) and comparable number of normal pregnancy Bahraini women were included. Blood samples were collected at 24–26 weeks of gestation and were screened for dysregulated miRNAs reported previously (11) using specific primers by qRT-PCR. Comparisons between cases versus controls in the PCR reactions were analyzed using the Mann-Whitney *U*-test.

Results: Out of the 11 microRNAs previously identified, 5 microRNAs were found to have similar pattern of expression in the 100 cases of PE patients while the remaining microRNAs were found to be either undetermined or the data for them was statistically insignificant. The microRNAs determined in the current study were miR-155, miR-210, miR-21 (Upregulated) and miR-15b, miR-144 (Downregulated) with $P < 0.01$.

Conclusion: The current study strongly infers that screening of bigger PE population for microRNAs gave clearer evidence of microRNAs that are involved in pathogenesis of PE. This elucidates role of specific microRNAs in diagnosis so they can finally be considered for their potential as early biomarkers of PE.

P09.24 | EVALUATION OF HORMONAL CHANGES IN WOMEN WITH MENSTRUAL DYSFUNCTION WHO HAD COVID-19
CATEGORY: REPRODUCTIVE MEDICINE

D. Yunusova; D. Najmutdinova

Tashkent Medical Academy, Uzbekistan

Objective: According to WHO, at least 10% of all those who have recovered from COVID-19 suffer from post-COVID complications. The study aimed to evaluate changes in thyroid hormones, FSH and LH in females with menstrual dysfunction who had Covid-19, in comparison with women with menstrual dysfunction who did not have Covid-19.

Method: An analytical one-stage study was carried out, targeting 90% confidence level. 104 voluntary patients were selected using

special criteria at "Shifo Nur" clinic in Tashkent city. They consisted of patients with menstrual dysfunctions, of which 56 (study group) had Covid-19, while the other 48 (control group) did not have Covid-19. In both groups, changes in the levels of TSH, T4, T3, FSH and LH in the morning blood serum were measured using the IHLA method.

Results: The statistical sampling strategy deployed Mann-Whitney method. The average participant age was 29 ± 6.4 . The data showed insignificant autocorrelation and stationarity. The data was processed using STATA package. A multiple-linear-regression involving four independent variables (TSH, T4, T3, FSH, LH) and one dependent variable (Covid-19) was conducted. Marginal sampling error was 8.1%. The results showed FSH and T4 as statistically significant in the patients selected for the study.

Conclusion: Changes in T4 and FSH levels, demonstrating a significant degree of predictive power, were identified as the most sensitive variables in characterizing the impact of COVID-19 on menstrual-ovarian function. The result of the study is of diagnostic value for early detection of post-Covid complications manifested as menstrual disorders.

P09.25 | PRE-EXPOSURE PROPHYLAXIS (PREP) USE AMONG FEMALE SEX WORKERS IN GULU CITY, UGANDA
CATEGORY: REPRODUCTIVE MEDICINE

F. Bongomin

Gulu University, Uganda

Objective: Pre-exposure prophylaxis (PrEP) is an important intervention for reducing the risk of HIV transmission among high-risk populations such as female sex workers (FSWs) in sub-Saharan Africa, where HIV prevalence remains high. We aimed to assess the use of PrEP among FSWs in Gulu, Uganda.

Method: In this community-based study, we included HIV-negative FSWs purposely selected from hotspots within Gulu City, Uganda between February, and March 2023. A semi-structured questionnaire was administered to collect data on sociodemographic characteristic, reproductive data, sexual practices, and self-reported PrEP use in the past 3 months. Depression was determined using PHQ-2 tool. Predictors of PrEP use was determined using modified Poisson regression analysis model. $P < 0.05$ was considered statistically significant.

Results: Of 273 FSWs, 181 (66.3%) used PrEP. PrEP use was associated with; regular source of income beside sex work (aPR: 3.7, 95% CI: 2.11–6.35), being in polygamous marriage (aPR: 6.9, 95% CI: 1.32–35.77), practicing sex work in both rural and urban areas (aPR: 2.5, 95% CI: 1.49–4.35), symptoms of depression (aPR: 3.3, 95% CI: 1.43–7.74), and use of post-exposure prophylaxis in the past 12 months (aPR: 0.31, 95% CI: 0.17–0.59).

Conclusion: Almost 2 in 3 of the FSWs in Gulu City were currently using PrEP. Previous use of PEP was associated with lower use of Prep. These findings suggest the need for targeted interventions to increase PrEP uptake among FSWs, especially those with low income and limited access to healthcare.

P09.26 | RELATIONSHIP BETWEEN AGE OF MENARCHE AND COITARCHE IN PUPILS OF THE LYCÉE BILINGUE D'EMANA IN YAOUNDÉ

CATEGORY: REPRODUCTIVE MEDICINE

F. Fouelifack

Yaounde Central Hospital-Cameroon, Cameroon

Objective: To determine the ages of onset of the first menstrual period and the first sexual intercourse in Cameroon, and the link that would exist between these two ages.

Method: Our study was descriptive and cross-sectional. We collected information from the students of the Lycée Bilingue d'Emana, from December 15, 2020 to July 31, 2021. Sociodemographic data, ages at menarche and coitarche were collected on a pretested technical sheet, entered using Cspiro 7.6 software, then analyzed using R version 4.0.3 softwares.

Results: Of 567 participants, an average age was 17 ± 2 years with the extremes of 13 and 23. The mean age at menarche was 13 ± 1.4 years, with extremes of 08 and 18. The mean age at coitarche was 18 ± 1.6 years with extremes of 11 and 18. There were no association between age at menarche and age at coitarche ($P=0.396$).

Conclusion: There was no dependence between age at menarche and age at coitarche. Sex education for young girls should not be linked to the onset of menarche.

P09.27 | PRATIQUES ENDOGÈNES DE L'INTERRUPTION VOLONTAIRE DE GROSSESSE CHEZ LES FEMMES EN ÂGE DE PROCRÉER DE L'AIRE DE SANTÉ D'OBILI-YAOUNDÉ, CAMEROUN

CATEGORY: REPRODUCTIVE MEDICINE

F. Jeanne Hortence; D. Kamdem

University of Dschang, Cameroon

Objective: Décrire les pratiques endogènes de l'IVG chez les femmes en âge de procréer de l'Aire de Santé Obili-Yaoundé.

Method: Nous avons mené une étude qualitative de type descriptive interprétative et ethno-méthodologique. Les outils de collecte de données sont des guides d'entretien individuel semi-structuré administré auprès de quatre cibles dont les femmes, le personnel de santé, les hommes et les ethno-thérapeutes de l'Aire de Santé d'Obili à Yaoundé. Comme techniques de collecte des données nous avons opté pour la revue de la littérature et les entretiens semi-structurés.

Results: Il ressort des principaux résultats de cette recherche que: les pratiques endogènes de l'IVG sont issues des connaissances, des déterminants, des produits pharmaceutiques modernes et de la pharmacopée traditionnelle qui concourent à la pratique des avortements non sécurisés. Ce qui constitue un danger majeur pour la santé reproductive des femmes.

Conclusion: Plusieurs facteurs favorisent le recours aux avortements à risque: socioculturels: interdits, les violences psychologiques des parents, le désengagement du géniteur et la peur pour la jeune fille de briser ses projets d'étude. Économiques: pauvreté. Les produits pharmaceutiques non recommandés et la pharmacopée traditionnelle sont utilisés pour avorter.

P09.28 | THE ROLE OF ENDOMETRIAL THICKNESS AND DOMINANT FOLLICLE SIZE ON THE DAY OF HCG ADMINISTRATION IN PREDICTING PREGNANCY OUTCOME IN PATIENS WITH UNEXPLAINED INFERTILITY IN OVARIAN STIMULATION AND INTRAUTERINE INSEMINATION CYCLES

CATEGORY: REPRODUCTIVE MEDICINE

G. Başpınar Doğru; B. Dilbaz; Y. Üstün

Etlık Zübeyde Hanım Women's Health Practices & Research Center, Turkey

Objective: To evaluate the predictive value of endometrial thickness (ET) and dominant follicle size (DF) on human chorionic gonadotropin (hCG) administration day in prediction of pregnancy outcome in ovarian stimulation (OS) and intrauterine insemination cycles with clomiphene citrate and gonadotropin in patients with unexplained infertility at a tertiary infertility center.

Method: All patients with unexplained infertility who either had clomiphene citrate (CC) or gonadotropin (GH) stimulation and intrauterine insemination (IUI) between 2017 and 2021 were recruited. The demographic and treatment cycle characteristics, the protocol for OS, DF and ET measured via transvaginal ultrasonography on the day of the hCG administration, the outcome of the treatment cycles were recorded. A binary regression model was applied for determination of cut-off values for DF and ET for prediction of pregnancy.

Results: Overall, 367 CC-IUI and 211 GH-IUI cycles were recruited with a clinical pregnancy (CP) rate of 23.9% (CC+IUI) and 17.6% (GH-IUI) respectively. The DF and ET were 18.9 ± 1.6 mm and 8.6 ± 2.3 mm for CC-IUI and 18.1 ± 1.1 mm and 9.5 ± 2.3 mm for the GH-IUI group. The DF and ET were statistically significantly higher (18.3 ± 1.53 mm vs 18.7 ± 1.56 mm $P=0.029$, 9.3 ± 2.51 mm vs 8.8 ± 2.29 mm $P=0.038$, respectively) in patients with clinical pregnancy (N:118) in comparison to non-pregnant patients (N:429).

Conclusion: The cut-off value for prediction of CP was 8.3 mm for ETs (sensitivity 60%, specificity 45%) and 18 mm for DF (sensitivity 50%, specificity 60%). The predictive value of DF size and ET on hCG administration day was low in OS+IUI cycles in unexplained infertility.

P09.29 | ASSESSMENT OF PAIN MANAGEMENT PRACTICE DURING UTERINE EVACUATION PROCEDURES
CATEGORY: REPRODUCTIVE MEDICINE

H. Teklu

St. Paulos Hospital Millennium Medical College, Ethiopia

Objective: To assess pain management practice for uterine evacuation procedures in three teaching hospitals affiliated with Addis Ababa University, Ethiopia.

Method: This study was a descriptive cross-sectional quantitative study. Study participants were selected consecutively during the study period till the sample size of 422 women who undergo uterine evacuation was fulfilled. Data was entered, cleaned, and analyzed using IBM SPSS 22 statistical software. Descriptive statistics and Bivariate and multivariate logistic regression analysis with the help of odds ratio along with their 95% confidence interval were used.

Results: Pain medication was given only to 86.3% of clients in the study population. The commonest drug administered was IM Tramadol was given for 57.3% of subjects; followed by IM Diclofenac. The paracervical block was only given for 6 (1.4%) of clients, of this five of them were satisfied. Bivariate and multivariate regression showed a significant association between patient satisfaction and patient's pain expectation, type of diagnosis, and the person who did the procedure.

Conclusion: Nearly 9 of 10 clients were given analgesics during the uterine evacuation procedure. But still, 60.5% of clients were unsatisfied despite taking IM Tramadol. Participants who underwent medical evacuation procedures were not given any pain medication.

P09.30 | INFLUENCE OF OVARIAN CYSTS ON OVARIAN RESERVE AND FERTILITY
CATEGORY: REPRODUCTIVE MEDICINE

H. Bareghamyan

Yerevan State Medical University after Mkhitar Heratsi, Yerevan, Armenia, Albania

Objective: The objective of the study was to investigate the influence of ovarian cysts on the ovarian reserve and fertility rates.

Method: This is a prospective cohort study. IBM SPSS software 23 was used for data entry and data cleaning, and $P < 0.05$ was considered statistically significant. Statistical significance between groups was assessed by Student's *t*-test. Comparison between groups was carried out by ANOVA test, followed by Tukey's post-hoc test. Standard enzyme-linked immunosorbent assay was used to check AMH, FSH. AFC was assessed by USS among 417 adolescent girls.

Results: A statistically significant reduction in anti-Mullerian hormone from 4.23 ± 3.77 to 2.67 ± 1.78 ng/mL ($P = 0.03$), increase in follicle stimulating hormone level from 6.46 ± 2.46 to 8.65 ± 2.67

mIU/mL ($P = 0.02$), reduction in antral follicle count by 2.22 ($P = 0.01$) was seen in cysts with a diameter ≥ 7 cm. Decreased ovarian reserve and fertility potential depend on the extent of ovarian damage.

Conclusion: The larger the size of the cysts, the greater the statistically significant damage to the ovarian tissue and reserve. Complex ovarian cysts ≥ 7 cm, and cystadenomas ≥ 5 cm may cause more damage to the ovarian reserve due to the production of proteolytic enzymes, local inflammatory molecules, and pressure on tissue.

P09.31 | INTRAVENOUS IMMUNOGLOBULIN TREATMENT IN WOMEN WITH FOUR OR MORE RECURRENT PREGNANCY LOSSES: A DOUBLE-BLIND, RANDOMISED, PLACEBO-CONTROLLED TRIAL
CATEGORY: REPRODUCTIVE MEDICINE

H. Yamada

Teine Keijinkai Hospital, Japan

Objective: There is no effective treatment for women with unexplained recurrent pregnancy loss (RPL). We aimed to investigate whether treatment with a high dose of intravenous immunoglobulin (IVIG) in early pregnancy can improve pregnancy outcomes in women with unexplained RPL. This study is registered with ClinicalTrials.gov number, NCT02184741.

Method: In a double-blind, randomised, placebo-controlled trial, women with primary RPL of unexplained aetiology received 400mg/kg of IVIG daily or placebo for five consecutive days starting at 4–6 weeks of gestation. They had experienced four or more miscarriages except biochemical pregnancy loss and at least one miscarriage of normal chromosome karyotype. The primary outcome was ongoing pregnancy rate at 22 weeks of gestation, and the live birth rate was the secondary outcome.

Results: Ninety-nine women were randomly assigned to receive IVIG ($n = 50$) or placebo ($n = 49$). The ongoing pregnancy rate at 22 weeks of gestation (62.0% vs 34.7%; OR 3.07, 95% CI 1.35–6.97; $P = 0.009$) and the live birth rate (58.0% vs 34.7%; OR 2.60, 95% CI 1.15–5.86; $P = 0.03$) in the IVIG group were higher than those in the placebo group. These rates significantly increased in women who received IVIG at 4–5 weeks of gestation, but not at 6 weeks.

Conclusion: A high dose of IVIG in very early pregnancy, especially treated at 4–5 weeks of gestation, improved pregnancy outcome in women with four or more RPLs of unexplained aetiology. This new treatment will give courage and hope to women with severe unexplained RPL who wish to bear children.

P09.32 | PREDICTION OF PREGNANCY AFTER FROZEN-THAWED EMBRYO TRANSFER VIA IN VIVO INTRAUTERINE BIOELECTRICAL IMPEDANCE MEASUREMENTS: A PILOT STUDY

CATEGORY: REPRODUCTIVE MEDICINE

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Objective: To improve the efficiency of current assisted reproductive technology treatment, it is necessary to evaluate the prospect of uterine receptivity in each menstrual cycle. In this study, we assessed whether in-vivo intrauterine bioelectrical impedance (UZ) could be a useful parameter to predict pregnancy in women.

Method: A prospective cohort study was conducted for patients who had received a frozen-thawed single embryo transfer in a programmed, hormonally controlled cycle. In-vivo UZ was measured 3 times during the treatment cycle, at cycle days 9–10, 1 day before progesterone administration and immediately before the embryo transfer. The study was approved by the Institutional Ethics Board and a written informed consent form was obtained from all the patients.

Results: The measurement of in-vivo UZ at 9–10 days after the start of menstrual bleeding was significantly lower in the pregnant group than in the non-pregnant group. A receiver-operator characteristic curve analysis of the UZ as a predictor of non-conception showed an area under the curve of 0.88.

Conclusion: The UZ could be a useful parameter to predict pregnancy for the frozen-thawed embryo transfer treatment cycle.

P09.33 | PREMATURE OVARIAN INSUFFICIENCY AND CHRONIC DISEASE RISK: THE ROLE OF HORMONE THERAPY INITIATION TIMING IN SOUTH KOREAN WOMEN—A NATIONAL COHORT STUDY

CATEGORY: REPRODUCTIVE MEDICINE

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Objective: This study utilizes national health insurance data to estimate HT usage among POI patients in South Korea and explore whether the "timing hypothesis" is applicable to this group.

Method: This retrospective cohort study involved 122 785 women enrolled in South Korea's National Health Insurance from 2009 to

2015. The study group had POI diagnosed via ICD-10 code E283 in the database, while the 1:4 age-matched control group was extracted using systematic random-sampling. Participants' data, including demographics, diagnosis codes, inpatient/outpatient service usage, pharmacy dispensing claims, and mortality data, were statistically analyzed with a *P*-value < 0.05 indicating statistical significance.

Results: The study compared 24 557 POI women and 98 228 controls, finding significantly higher incidences in POI women for thyroid diseases, type 2 diabetes (T2DM), dyslipidemia, hypertension (HTN), osteoporosis, and cardiovascular diseases. HT use in POI women was associated with significantly lower incidences for T2DM, dyslipidemia, and HTN, and longer HT use was associated with lower risk ratios (RRs). POI women who initiated HT immediately after the diagnosis had significantly lower RR than those with delayed HT.

Conclusion: Timely initiation of HT may have long-term health benefits, including reduced risk of major chronic diseases associated with aging and mortality. These results underscore the importance of timely diagnosis and initiation of HT in the management of POI.

P09.34 | PSYCHO-EMOTIONAL CONDITION OF WOMEN WITH INFERTILITY AFTER THE COVID-19 INFECTION

CATEGORY: REPRODUCTIVE MEDICINE

I. Golovchak

Prekarpathian Center of Human Reproduction of the Ministry of Health of Ukraine, Ukraine

Objective: Study of the condition of the reproductive system of women with infertility after the COVID-19 infection.

Method: The research involved 130 patients treated with ART programs. The basic group consisted of 80 patients with infertility and divided into 2 subgroups. Subgroup 1—34 women who had had COVID-19, Subgroup 2—46 patients who had had COVID-19 and had been vaccinated. The reference group was 50 patients who had not been infected with COVID-19 and had been vaccinated. To assess the patients' we used the FertiQoL questionnaire and W. Zung scale.

Results: Infertility is a significant psychotraumatic factor. Besides, in women of advanced maternal age, has more risk factors, like various comorbid gynecological and somatic pathologies, which have a negative impact on psychological condition and the quality of life. According to the survey results, more than a third of women (35.3%) assess their state of health as bad or very bad and more than half of them (53.0%) are not satisfied with the quality of their life.

Conclusion: Psycho-emotional disorders in infertile women of reproductive age after the COVID-19 infection influence the effectiveness of treatment of infertility.

P09.35 | IDENTIFYING THE ROLE OF FALLOPIAN TUBE AS A MODULATOR ASSOCIATED IN THE DEVELOPMENT OF ENDOMETRIOSIS USING TISSUE ENGINEERING TECHNIQUE
CATEGORY: REPRODUCTIVE MEDICINE

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Objective: Endometriosis is a benign gynecologic disease defined by the presence of endometrial-like tissues outside the uterus. Considering the fact that endometrial tissues move through the fallopian tube, the aim of this study was to compare gene expressions of fallopian tubal epithelial cells in patients with and without endometriosis.

Method: Surgical specimens of fallopian tubes were obtained from patients who had undergone salpingectomy accompanied by hysterectomy or other benign ovarian surgery. The gene expression level was measured using RNA-sequencing to identify differentially expressed genes (DEGs) associated with endometriosis. qRT-PCR and western blot was performed to validate DEGs in fallopian tubal epithelial cell (FTEC). Furthermore, siRNA transfection and western blot were done and expression levels of p53, BAX, p27, Bcl-2, and FOXJ1 in FTEC were analyzed.

Results: Through RNA-sequencing and sequential qRT-PCR and western blot verified increased expression of LMO3 in the fallopian tube of patients with endometriosis. After siLMO3 transfection of FTEC, western blot showed increased expression of p53, BAX, p27 and decreased expression of Bcl-2, which implies increased proliferation and decreased apoptosis of FTEC in patients with endometriosis. Increased expression of FOXJ1 was noted after siLMO3 transfection of FTEC. FTEC 3D culture method and development of fallopian tube-on-a-chip was established.

Conclusion: Aberrant gene expression of fallopian tube inducing activation of cell proliferation pathway and decreased gene expression related to cilia assembly and motility may be associated with development of endometriosis. Additionally, establishment of fallopian-tube-on-a-chip may contribute to elucidate the role of fallopian tube involved in pathogenesis of endometriosis.

P09.36 | LA TRANSPLANTATION D'UTÉRUS, LIBERTÉ OU RESTRICTION DE LIBERTÉ? A PROPOS DES "CRITÈRES DE SÉLECTION"

CATEGORY: REPRODUCTIVE MEDICINE

I. Carton¹; L. Dion¹; B. Hofmann²; V. Lavoué¹

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Objective: L'objectif de notre étude était d'étudier les facteurs limitants l'accès à la transplantation d'utérus pour les femmes qui en

font la demande. La technique s'expand lentement: 8 ans après la preuve de l'efficacité de la technique par la première naissance vivante, seulement 80 transplantations sont décrites dans le monde.

Method: Il s'agit d'une étude qualitative reposant sur des entretiens semi-dirigés. Nous avons interrogés 9 professionnels de santé impliqués dans des programmes de transplantations d'utérus, en France et en Suède, ainsi que 9 femmes atteintes d'un syndrome de Rokitansky. Les professionnels de santé étaient des gynécologues ou des psychologues. Les entretiens étaient enregistré, puis retranscrit manuellement et analysés en utilisant une méthode d'analyse de contenu thématique. L'analyse des entretiens a été réalisée en double lecture.

Results: Parmi les facteurs limitants l'accès à un plus grand nombre en matière de transplantation d'utérus, les critères de sélection pour accéder à un programme de transplantation sont pointés du doigt à la fois par les professionnels de santé et les femmes concernées. En effet un certain nombre de critères dans différents pays, sont sociaux plus que médicaux: être en couple hétérosexuel stable, être une femme au sens génétique du terme, etc.

Conclusion: Il semble légitime de se poser la question: d'où viennent les critères de sélection conditionnant l'accès à de tels programmes, et qui ou que servent-ils? Les équipes médicales? La pérennité du programme de transplantation? Les normes sociétales? Ou encore les patientes/couples?

P09.37 | LA TRANSPLANTATION D'UTÉRUS VUE PAR LES PROFESSIONNELS DE SANTÉ ET LES FEMMES ATTEINTES D'UN SYNDROME DE ROKITANSKY, LES POINTS DE VUE PEUVENT ILS CONVERGER?

CATEGORY: REPRODUCTIVE MEDICINE

I. Carton¹; L. Dion¹; B. Hofmann²; V. Lavoué³

¹University Hospital of Rennes, France; ²Center for Medical Ethics, Oslo, Norway; ³University Hospital, Rennes, France

Objective: L'objectif de notre étude était d'étudier les limites à la généralisation de l'accès à la transplantation d'utérus. Différentes hypothèses ont été formulées, notamment sur les motivations des professionnels de santé et des femmes quant à leur participation, ou non, à des programmes de transplantation d'utérus.

Method: Il s'agit d'une étude qualitative reposant sur des entretiens semi-dirigés. Nous avons interrogés 9 professionnels de santé impliqués dans des programmes de transplantations d'utérus, en France et en Suède, ainsi que 9 femmes atteintes d'un syndrome de Rokitansky. Les professionnels de santé étaient des gynécologues ou des psychologues. Les entretiens étaient enregistrés, puis retranscrit manuellement et analysés en utilisant une méthode d'analyse de contenu thématique. L'analyse des entretiens a été réalisée en double lecture.

Results: Aux mêmes questions, les professionnels de santé et les femmes répondent de manière divergentes. Pour ne citer que 2 exemples, si les professionnels mettent en avant l'intérêt d'être à la fois mère biologique et gestatrice, les femmes interrogées expriment

l'envie d'être mère sans exprimer le désir de vivre la grossesse. Si les femmes ont l'impression de décider en toute connaissance de cause de vouloir une transplantation, les professionnels dénoncent une absence de perception des risques.

Conclusion: Si l'objectif des femmes est d'avoir un enfant, la comparaison de la transplantation avec la gestation pour autrui et l'adoption, techniques moins risquées et permettant d'atteindre l'objectif, revient au premier plan. Par ailleurs la question de l'autonomie dans la prise de décision des donneurs et receveurs doit interpeler.

P09.38 | THE VALUE OF THE ASSOCIATION OF CLINICAL EMBRYOLOGISTS' (ACE) EMBRYO MORPHOLOGY SCHEME GRADING SYSTEM (2017) IN PREDICTING THE OBSTETRIC OUTCOMES OF FROZEN EMBRYO TRANSFERS
CATEGORY: REPRODUCTIVE MEDICINE

J. Morris

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Objective: ACE grades blastocysts as either "good" or "poor" based on individual scores for trophoblast, inner cell mass (ICM) and expansion evenness, with "good" blastocysts being well established as conferring superior likelihood of implantation, pregnancy and live birth. We investigated whether differences in the individual scores also influence these treatment outcomes.

Method: Retrospective analysis of the obstetric outcomes of 817 frozen embryo transfers undertaken at Cambridge IVF clinic between January 2019 and November 2022. Each potential pregnancy was monitored at three points to determine its end point; 11 days after blastocyst transfer via urinary β -human chorionic gonadotropin, at 7 weeks using ultrasound and at parturition. Independent T-tests and Fisher's exact tests were conducted to detect significant differences between pregnancies lost and those continued past each stage ($P < 0.05$).

Results: "Good" blastocysts were 59% and 118% more likely than "poor" blastocysts to produce biochemical pregnancy and live birth, respectively, supporting binomial grading. Compared to grade B, grade A ICM increased rates of biochemical pregnancy and live birth by 24% and 47%, respectively, while grade A trophectoderm increased these by 26% and 32%. Every woman under 30 kg/m², but only 43% of obese women, achieved biochemical pregnancy, supporting NICE's suggestion of a 30 kg/m² cut-off for assisted reproduction.

Conclusion: Our results further strengthen the evidence supporting binomial overall grades. However, they also highlight the need for a third "excellent" grade since 5Aa blastocysts carry a 32% and 50% higher chance of biochemical and clinical pregnancy compared to 5Bb blastocysts, demonstrating that not all "good" blastocysts have equal implantation potential.

P09.39 | REPRODUCTIVE POTENTIAL OF WOMEN WITH ENDOMETRIOSIS

CATEGORY: REPRODUCTIVE MEDICINE

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Objective: Endometriosis in the pathogenesis factor ovarian cancer and various pregnancy complications. Infertility is the leading symptom of endometriosis. The use of ART provides an opportunity to increase the chances of conception. Purpose of the study was to assess the reproductive potential of women with endometriosis to identify major reproductive problems.

Method: We conducted a medical and statistical analysis of 286 cases of patients with endometriosis who underwent the IVF procedure. The comparison group consisted of 150 women who underwent IVF due to inflammatory infertility and did not have severe concomitant somatic pathology. The average age of women was 31.3 ± 4.5 years. The frequency of infertility among patients with endometriosis was 27%–39%, depending on the localization of endometrioid heterotopias. Self-pregnancy occurred in an average of 19% of women.

Results: Pregnancy occurred with using of various ART programs in 26.7% of women. The onset of pregnancy with endometriosis does not mean that the pregnancy will end with the childbirth. Spontaneous miscarriages occurred in 43% of women, preterm birth in 33%, antenatal fetal death was found in 14%. Miscarriage occurred in 66% of women suffering from endometriosis. Course of pregnancy was complicated by hypertensive conditions in 39%, bleeding in second half of pregnancy in 17% cases.

Conclusion: Our study suggests that endometriosis increases the risk of adverse pregnancy outcomes. Assessing the reproductive potential of women suffering from endometriosis, it is possible to determine the main problems—infertility and miscarriage in this group of patients.

P09.41 | EFFECT OF CLINICIANS TRAINING ON THEIR KNOWLEDGE ON ABORTION AND POST ABORTION CARE IN SIX HOSPITALS IN RWANDA

CATEGORY: REPRODUCTIVE MEDICINE

J. Bucyebucye

Resident in Obgyn, Rwanda

Objective: This study aimed to assess the effect of training clinicians on their knowledge on abortion and post-abortion care in Rwanda.

Method: This is a quasi-experimental study designs. 30 Clinicians from six hospitals in Rwanda have been trained on abortion and post abortion care using updated National guidelines and WHO guidelines on safe abortion. Study duration: April 2022–July 2023. Clinicians were trained for 3 months in addition to self learning sessions on shared guidelines. Pre/post-test scores of trained participants was

compared using paired t test and *P* value less than 0.05 has been considered as statistically significant.

Results: There has been a statistical increase in marks between pre- and post- test. This increasing was statistically significant among trainees from three district hospitals with *P* values 0.046 and, 0.001, 0.01 respectively. No statistically significant increase in marks for trainees in teaching hospitals (*P*=0.168). Again, this increase was statistically significant among both gender groups of participants with *P* values of 0.005 and 0.001 for male and female trainees respectively.

Conclusion: Findings from this study show that there has been a statistical increase in marks between pre- and post- test score from hospitals (district and provincial hospitals) other than teaching hospital and this increasing was statistically significant at three district hospitals. Trainings on abortion care should target primarily district hospitals.

P09.42 | THE STATE OF THE WORLD'S FISTULA REPAIR

LANDSCAPE

CATEGORY: REPRODUCTIVE MEDICINE

P. Ospina; J. White
Direct Relief, USA

Objective: Meeting the UN's resolution to eradicate obstetric fistula by 2030 will require increased collaborative efforts, including data-driven understanding, advocacy, and action amongst interdisciplinary stakeholders worldwide. The Annual Fistula Survey, Global Fistula Hub, and resulting data products aim to enhance awareness, advocacy, and community engagement to realize this goal.

Method: Since 2010, the Annual Fistula Repair Survey has collected data on fistula repair facilities worldwide to better understand the global fistula repair landscape. In 2020, additional emphasis was placed on using data as a driver for decision making by creating the Global Fistula Hub to share open data, data visualizations pertinent to fistula causation and repair, and industry events. More frequent and informative communications were employed as a method of improved community engagement.

Results: Migration to the Global Fistula Hub and data-driven communications promptly improved the Annual Fistula Repair Survey response by 18%. The provision of open data and informative data visualizations have increased community engagement and data sharing. Knowledge of the fistula repair landscape worldwide has been improved. The Global Fistula Hub provides an innovative approach to promote awareness, support data-driven advocacy, and improve understanding and community engagement, all of which ultimately move the needle forward on eradication.

Conclusion: Evidenced by an improved response in data collection, the sharing of data, data visualizations, and informative communications is an effective method of community knowledge building and engagement. By understanding fistula and collaborating as a community, we come closer to removing the threat of fistula for every woman, everywhere.

P09.43 | PROPORTION AND FACTORS ASSOCIATED WITH INTRA-PROCEDURAL PAIN AMONG WOMEN UNDERGOING MANUAL VACUUM ASPIRATION FOR INCOMPLETE ABORTION AT MBARARA REGIONAL REFERRAL HOSPITAL, UGANDA

CATEGORY: REPRODUCTIVE MEDICINE

J. Opee
Gulu University, Uganda

Objective: We determined the proportion and factors associated with Intra-procedural pain (IPP) among women undergoing manual vacuum aspiration (MVA) for incomplete abortion.

Method: A cross sectional study was conducted among women who underwent MVA for incomplete abortion at Mbarara Regional Referral hospital in Uganda between December 2020 and May 2021. Pain was assessed using a Visual Analogue Scale, with a score of >6 denoting IPP.

Results: Of 207 participants enrolled, 82.6% (*n*=171) experienced IPP. IPP was associated with age: <20years (OR: 8.0, 95% CI: 1.85–34.61, *P*=0.005), 20–24years; (OR: 3.45, 95% CI: 1.47–8.20, *P*=0.004), and 25–30years (OR: 2.84, 95% CI: 1.20–6.74, *P*=0.018) compared to age >30years, and cervical dilatation of 1–2 cm (OR: 2.27, 95% CI: 1.11–4.62, *P*=0.024) compared to dilation of 3–4 cm.

Conclusion: About 4 in 5 women undergoing MVA for incomplete abortion experienced IPP. Younger age and inadequate cervical dilatation predicted IPP. Patient-centred analgesia is recommended in this population.

P09.44 | SEQUENTIAL TRIGGER FOR FINAL OOCYTE MATURATION IN NORMAL OVARIAN RESPONDERS WITH A HIGH IMMATURE OOCYTE RATE: A RANDOMIZED CONTROLLED TRIAL

CATEGORY: REPRODUCTIVE MEDICINE

J. Song
Shandong University of Traditional Chinese Medicine, China

Objective: To evaluate whether sequential trigger could improve reproductive outcomes in women with low oocyte maturation rates compare to human chorionic gonadotropin (hCG) trigger.

Method: This study included expected normal ovarian responders whose immature oocyte rate in the previous cycle was more than 50% from July 2021 to January 2023. A total of 73 patients were enrolled at trigger, including 34 in the hCG trigger group and 39 in the sequential trigger group (co-administration of gonadotrophin releasing hormone [GnRH] agonist and hCG, 40 and 34 h prior to oocyte retrieval, respectively). The primary outcome was oocyte maturation rate.

Results: There was no significant difference in the number of oocytes retrieved between the two study groups, but the oocyte maturation rate was higher in sequential trigger group (84.0% [14.0%] vs 55.5% [19.8%], *P*<0.001). Moreover, there were also higher cumulative

pregnancy rate (69.4% vs 40.0%, $P=0.035$) and cumulative live birth rate (66.7% vs 36.0%, $P=0.022$) in sequential trigger group.

Conclusion: For normal ovarian responders with a high immature oocyte rate, the sequential trigger may be more effective than the conventional hCG trigger.

P09.45 | COMPARATIVE ANALYSIS OF MITOCHONDRIAL, ENDOPLASMIC RETICULUM, AND MEIOTIC SPINDLE DAMAGE IN CRYOPRESERVED MOUSE OOCYTES USING VITRIFICATION AND ULTRA-FAST VITRIFICATION

CATEGORY: REPRODUCTIVE MEDICINE

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Objective: The survival rate of oocytes following freezing and thawing with VIT and UF-VIT techniques was evaluated and compared. Further, we aimed to assess alterations in the endoplasmic reticulum (ER), mitochondria, DNA, and α -tubulin (a spindle marker) within oocyte organelles to explore the possible underlying mechanisms.

Method: 7-week-old female mice were super-ovulated and metaphase II oocytes were collected, randomly assigned to fresh, vitrification, and ultra-fast vitrification protocols in a ratio of 1:1:1. In ultra-fast vitrification group, the oocytes were equilibrated for 1 min in equilibration medium, while in the vitrification group, oocytes were equilibrated for 6–12 min. The fluorescence intensity, distribution of intracellular organelles and mitochondrial membrane potential ($\Delta\Psi_m$) were identified to validate damage of oocytes.

Results: Ultra-fast vitrification group showed no significant difference in the distribution of ER, mitochondrial fluorescence intensity, mitochondrial membrane potential, DNA, and spindle formation compared to fresh oocytes, except for ER fluorescence intensity and mitochondrial distribution. However, vitrification group showed a significant difference in all observed intracellular organelles except for DNA and spindles.

Conclusion: This study suggests that removing water from the oocyte cytoplasm during the freezing process is more important than the protective effect of cryoprotectants, and ultrafast vitrification is more effective in oocyte cryopreservation, as evidenced by the better preservation of oocyte organelles even after freezing and thawing.

P09.46 | ULTRAWEAK PHOTON EMISSION FROM MOUSE EMBRYOS

CATEGORY: REPRODUCTIVE MEDICINE

J. Bódis

University of Pécs, Finland

Objective: In vitro fertilization (IVF) has become a routine procedure in medicine over the past four decades. The time-lapse system is

an increasingly widely used method for monitoring embryo development, which requires visible light, which can damage the cells.

Method: Living cells have spontaneous ultraweak photon emission (UPE) through their metabolic reactions associated with physiological states. We investigated the possibility of detecting photon emission in mouse embryos. The ORCA-Quest CMOS camera (Hamamatsu Photonics, Japan) with a microscope incubator (Olympus) is a highly sensitive device for photon detection and provided ideal conditions for embryo culture. Detection of the photons emitted by the embryos was performed in completely dark conditions with the exclusion of visible light.

Results: The photon emission of freshly conceived embryos was significantly higher than that of previously frozen and then thawed embryos. The degenerated two-cell stage embryo showed reduced photon emission compared to the healthy embryo. As a control, the oil was measured only with the incubation medium and empty vessel. The results will serve as a basis for the development of the "Photon Emission Embryo Control System (PEECS)".

Conclusion: It was possible to detect the ultraweak photon emission of mouse embryos for the first time, which can form the basis of an embryo control system that enables monitoring the development and energetic processes of the embryo without external physical stimulation.

P09.47 | COMPARISON OF 2D WITH 3D HYSTEROSALPINGO CONTRAST SONOGRAPHY (HYCOSY) FOR THE EVALUATION OF UTERO-TUBAL FACTORS IN INFERTILITY

CATEGORY: REPRODUCTIVE MEDICINE

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Objective: To compare 2D with 3D Hysterosalpingo contrast sonography (HyCoSy) using lignosal (lignocaine and saline) Secondary objective: to evaluate the role of 2D and 3D Hysterosalpingo contrast sonography (HyCoSy) in detecting uterine cavity abnormalities; and to assess patient acceptability and tolerance of Hysterosalpingo contrast sonography (HyCoSy) as an outpatient procedure.

Method: In the cross-sectional analytical study, 133 women attending the infertility clinic, JIPMER, Puducherry, 18–40-year patients with primary and secondary infertility undergoing evaluation of tubal patency by administration of 2% lignocaine jelly and normal saline formed the study group between July 2020 and July 2022. 2D HyCoSy was compared to 3D HyCoSy using kappa statistics. SPSS version 19.0 software was used for data analysis.

Results: The flow agreement compared with 2D HyCoSy versus 3D HyCoSy was 96.24%. The kappa was found to be 0.872 and statistically significant, with a P -value of <0.001 .

Conclusion: 2D HyCoSy is equally effective in evaluating tubal patency compared to 3D HyCoSy. We can safely employ the 2D HyCoSy alone for tubal patency evaluation with lignosal as contrast media. It is a better, feasible, cost-effective, non-invasive,

outpatient, well-tolerated investigation. 3D HyCoSy is better for uterine anomaly evaluation.

P09.48 | COMPARISON OF SEMEN PARAMETERS AMONG MALE PARTNERS OF THE INFERTILE COUPLE WITH OR WITHOUT MEDICAL AND/OR SURGICAL CO-MORBIDITIES—A CROSS-SECTIONAL STUDY

CATEGORY: REPRODUCTIVE MEDICINE

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Objective: To compare the semen parameters among the male partner of infertile couples with or without co-morbidities.

Method: A cross-sectional analytical study, conducted in the Department of Obstetrics and Gynaecology JIPMER, Puducherry India. After obtaining clearance from the Institute Ethics Committee, the recruitment process was carried out from April 2020 to February 2022. It included 284 male partners of couples presenting with infertility-131 in the co-morbidity group 1 and 153 without co-morbidity in group 2. Semen parameters were analysed.

Results: Statistically different between the 2 groups were sperm concentration (16.9 vs 31×10^6 /mL with IQR 41.00–59.65), sperm motility (12 vs 25%) with IQR 40 and 37, progressive motility (5 vs 12%) with IQR 20 and 35, non-progressive motility (5 vs 7%) with IQR of 10 and 7.5, and morphology (3 vs 3%) with IQR of 4 and 3 respectively in group 1 and group 2. The most common semen abnormality in group 1 was Azoospermia ($N=35$, [26.7%]) and in group 2, Asthenozoospermia ($N=31$ [20.3%]).

Conclusion: Among those who had semen abnormalities in both the group, only sperm morphology was significantly different and other parameters were not significantly different between the two groups.

P09.49 | RETURN RATE FOLLOWING A LIVE BIRTH OBTAINED WITH ART: FREQUENCY AND DETERMINANTS

CATEGORY: REPRODUCTIVE MEDICINE

L. Micci

Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Italy

Objective: Despite a wide literature regarding demographic trends on the number of children in the general population, information in the group of infertile women requiring Assisted Reproductive Techniques (ART) to conceive is scant.

Method: This cohort study was designed to estimate the frequency of couples who, after obtaining a live birth, returned to try to have a second child within 5 years from the previous pregnancy. To this aim, all women younger than 40 years who had obtained a singleton live birth through IVF at our Infertility Unit between 2013 and 2016 were eligible. Anamnestic, clinical and pregnancy data were collected using clinical files and telephone interview.

Results: Overall, 188 out of 374 women returned for a second child (50%, 95% CI: 45%–55%). Among subjects who did not return, 24 could not be contacted and four referred to other ART centers. Of the remaining 158 subjects, 53 (34%) women conceived naturally, 57 (36%) abandoned intentions of parenthood, and 48 (30%) unsuccessfully tried to conceive naturally. Only the availability of frozen embryos was significantly associated with the chance of returning (adjusted OR=2.07, 95% CI: 1.31–3.27).

Conclusion: Most women conceiving their first child through ART are interested in a second child. Our results strengthen the importance of improving the management of infertile couples by paying more attention to the number of intended children.

P10.01 | NON-PUERPERAL UTERINE INVERSION

CATEGORY: BENIGN SURGERY

K. Rudainy

University of Nairobi, Kenya

Objective: Non-puerperal uterine inversion is a rare gynecological condition that is not preceded by pregnancy. It may be induced by uterine tumours or may be idiopathic.

Method: A 28-year-old Para 1+0 whose last delivery was 9 years prior, presented to the urogynecology clinic at Kenyatta National Hospital with a vaginal mass associated with urine retention and brownish per vaginal discharge. She had been managed with oral antibiotics and analgesics for 2 weeks and had done a pelvic ultrasound scan that showed features of uterine procidentia.

Results: On examination under anaesthesia, the vaginal mass was exteriorized and what was noted was an inverted uterus and a sub-mucosal fibroid. The fibroid was avulsed, hysterotomy done together with bladder dissection. The uterus was reduced into the abdominal cavity and the hysterotomy incision was closed. A pelvic drain was left insitu. The patient recovered well post operatively with resolution of her symptoms.

Conclusion: Non-puerperal uterine inversion is a rare and potentially life-threatening condition, often challenging to diagnose and manage. Management is usually surgical as conservative measures have been shown to be less effective. Timely diagnosis and management by a team with the relevant surgical expertise to is key in reducing morbidity and mortality.

P10.02 | MINIMALLY INVASIVE MANAGEMENT OF TUBO-OVARIAN ABSCESS IN A REGIONAL HOSPITAL IN MEXICO

CATEGORY: BENIGN SURGERY

K. Morales Palomino

Tecnológico de Monterrey, Mexico

Objective: To describe the success rate, complications, blood loss, surgical time and hospital length-of-stay (LOS) of tubo-ovarian abscess (TOA) surgically managed in a regional hospital in Mexico.

Method: This was a retrospective study of consecutive patients who were initially diagnosed with TOA or pelvic abscess during 1 year. Patients who had symptoms of fever, pelvic pain, and a pelvic mass (≥ 3 cm) identified by ultrasound were diagnosed as TOA or pelvic abscess. The clinical and imaging diagnostic standards were according to the guidelines from the Centers for Disease Control. All patients were surgically treated. Patients with malignant diseases were excluded.

Results: Ten patients were included. Eight (90%) were treated with minimally invasive gynecologic surgery (MIGS). Mean surgical time in this group was 63 min versus open surgery 135 min. LOS had a mean of 4 days in the MIGS group versus 3.5 days in laparotomy, however, deambulation was initiated promptly in MIGS group 12 h after surgery versus 24 h in open surgery. Conservative fertility surgery was achieved in the MIGS group compared to open surgery.

Conclusion: Traditional treatment of tubo-ovarian abscess is the use of antibiotics, although, effectiveness is lower in larger abscess. Minimally invasive surgery approach is a viable choice for surgical treatment, reducing surgery time with effortless recovery. Additionally, it can be performed as a fertility sparing and less radical surgery.

P10.03 | OUTCOME OF PATIENTS WITH CERVICAL CANCER REFERRED FOR TREATMENT AT CHARLOTTE MAXINE JOHANNESBURG ACADEMIC HOSPITAL (CMJAH) FROM FAR EAST RAND HOSPITAL (FERH)

CATEGORY: BENIGN SURGERY

K. Pule¹; S. Kalonji²

¹Wits University and SAATOG, South Africa; ²Wits University, Congo (Democratic Republic of the)

Objective: Profile of patients, disease staging, histology types, outcomes of patients at CMJAH.

Method: This is a retrospective cross sectional descriptive study. We looked at patients with cervical cancer from January 2012 to December 2016. Patients were initially seen at FERH then referred to CMJAH for continuation of care after histology confirmation of the disease. 40 patient's files were retrieved at FERH and only 33 files were found at CMJAH. One year follow up after treatment initiation was done.

Results: 6.1% were at stage IB, 33.3% at stage IIB, 9.1% at stage IIIA, 33.3% at stage IIIB, 12.1% at stage IVA, 6.1% at stage IVB. Pap smear to treatment initiation time interval days: 7 (0–23) from biopsy results to CMJAH referral 52 (37–79) from radiation to treatment initiation. 6.06% surgery plus vault radiotherapy. 66.67% radiotherapy. 21.21% chemoradiation. 12.1% palliative treatment. 6.06% died. 3.03% cancer recurrence. 36.34% had cancer remission. 33.33% were lost to follow up.

Conclusion: The study demonstrated that the time spent from Pap smear to treatment initiation was longer than the recommended standards. Many patients presented with late symptoms of the

disease at the initial consultation. There is still a need for cervical cancer awareness, education and a need to increase health resources.

P10.04 | THE DEEP UTERINE VEIN: A RE-APPRAISAL FOR A CRUCIAL ANATOMICAL LANDMARK FOR PELVIC SURGEON

CATEGORY: BENIGN SURGERY

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Objective: Pelvic radical gynecological surgery can be a source of complications related to pelvic nerves injuries. The deep uterine vein (DUV) has been identified as a key anatomical landmark. However there is a lack of clear description in anatomical terminology. This study aimed to provide a precise description of the DUV.

Method: A systematic review of the literature was conducted using PUBMED and EMBASE according to the "PRISMA" guidelines. The anatomical study consisted of a dissection study on cadaveric subjects and a radio-anatomical study of subjects from the Anatomage table.

Results: Originating from the convergence of cervical, vesical, and vaginal veins, the DUV follows a path in the paracervix, downwards and backwards, until its termination in the internal iliac vein. The DUV divides the lateral region of the uterus into: an upper vascular part, including the uterine artery and the ureter, and a lower nervous part below the level of the DUV, corresponding to the autonomic nervous tract.

Conclusion: A deep anatomical knowledge of the subperitoneal space is essential for the pelvic surgeon to avoid postoperative complications. The vasculonervous relationships of the DUV confirm its relevance as a significant surgical landmark for nerve and ureter preservation.

P10.05 | EVOLUTION OF HYSTERECTOMY PRACTICE: A MONOCENTRIC EXPERIENCE

CATEGORY: BENIGN SURGERY

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Objective: The aim of this study was to assess variation in the route of hysterectomy over 10-years and to compare surgical outcomes among each approach.

Method: This was a retrospective descriptive study that includes 300 patients who underwent hysterectomy for benign conditions at the Department of Obstetrics and Gynecology of the Hospital Mongi Slim of Tunis from 2013 to 2022. We included three approaches to hysterectomy: abdominal hysterectomy (AH), vaginal hysterectomy

(VH) and laparoscopic hysterectomy (LH). The complications include post-operative fever, hemorrhage, and injury to adjacent organs.

Results: The practical rate of VH declined from 40% in 2013 to 7% in 2016 and eventually became obsolete by 2022. Conversely, the proportion of LH increased substantially from 3% in 2013 to 34% in 2022, while the rise in AH was comparatively smaller, going up from 57% in 2013 to 66% in 2022. AH is linked with a higher incidence of significant complications, in comparison to Vaginal and Laparoscopic approaches.

Conclusion: The final decision for the route of hysterectomy customarily mirrors experience and level of comfort with a particular surgical approach in the context of the patient's condition and indication for surgery. The best available evidence points to the advantage of the vaginal and laparoscopic hysterectomy approaches for benign conditions.

P10.06 | COVID-19 PANDEMIC INFLUENCE ON GYNECOLOGIC LAPAROSCOPIC SURGERIES IN THE TREATMENT OF BENIGN PATHOLOGIES
CATEGORY: BENIGN SURGERY

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Objective: The COVID-19 pandemic caused an important impact in health services worldwide due to the interruption of elective surgeries and the restriction in patient admissions. This study had the objective of determine the impact of the pandemic on laparoscopic surgeries (LS) in benign gynecologic diseases.

Method: A retrospective study in a tertiary hospital in São Paulo, Brazil, of medical records in women with benign gynecologic diseases requiring LS and divided into two periods: pre-pandemic between April/2019 and March/2020, and pandemic between April 2020 and March 2021.

Results: Between April 2019 and March 2021, 401 LS were performed. Pre-pandemic, there were 179 laparoscopic assisted vaginal hysterectomies (LAVH), 79 oophorectomies or oophoroplasties, 65 LS to treat endometriosis, 22 myomectomies, 20 salpingectomies or tubal ligations, 2 excision of peritoneal inclusion cysts and 1 diagnostic laparoscopy. During the pandemic, there were 10 LAVH, 11 oophorectomies or oophoroplasties, 10 endometriosis treatments, 1 myomectomy and 1 salpingectomy. There were a 91% decrease in surgical procedures.

Conclusion: The pandemic led to a significant reduction in elective procedures, postponing benefits of treatment, meaning that patients continue living with pain and disability. The impact was also determined due to preoperative care in general anesthesia and handling with CO₂ gas in mechanical ventilation under the risk of spreading the coronavirus.

P10.07 | MISE EN PLACE D'UN MODÈLE DE PRÉLÈVEMENT UTÉRIN DANS LE CADRE DES PRÉLÈVEMENTS MULTI-ORGANES

CATEGORY: BENIGN SURGERY

L. Dion

Service de gynécologie CHU Rennes, France

Objective: Afin d'organiser un programme de Transplantation Utérine au CHU de Rennes (France), nous avons mis en place des prélèvements utérins à visée scientifique. L'utérus étant le seul organe pelvien prélevé lors des Prélèvements Multi-Organes (PMO), une adaptation de la technique chirurgicale a dû être développée sans compromettre les autres organes.

Method: Après accord de l'Agence de la Biomédecine, chez des donneuses en état de mort encéphalique, nous avons réalisé des prélèvements utérins lors des PMO. L'ajout de canulation bilatérale des vaisseaux fémoraux afin de réaliser un cooling de l'utérus a été réalisé en parallèle des canulations des vaisseaux abdominaux. La bonne décoloration de l'utérus et la longueur des pédicules utérins supérieurs à 8 cm étaient le critère de jugement principal de réussite de la technique.

Results: Six prélèvements utérins ont été réalisés. Pour chaque prélèvement, les 2 scarpas ont pu être abordés et les 2 artères fémorales ont été canulées pour la réalisation du cooling et une veine fémorale pour la réalisation d'une décharge. Une bonne décoloration des 6 greffons a été observée et tous avaient des pédicules utérins de plus de 8 cm. Le temps de canulation était de 20 min et le temps de prélèvement moyen était de 25 min.

Conclusion: La canulation bilatérale des vaisseaux fémoraux a permis la réalisation de prélèvement utérin sans retentissement sur le prélèvement des autres organes.

P10.08 | A RARE ADNEXAL MASS

CATEGORY: BENIGN SURGERY

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Objective: Ovarian hemangiomas are rare benign tumors, that are often diagnosed as an incidental finding at surgery or autopsy. However, they may also present as an ovarian mass or as an acute abdomen. There are less than 60 cases described in the literature.

Method: We present a case report, after consultation of the clinical process, at Hospital Beatriz Ângelo.

Results: A 63-year-old woman was referred to our center because of an asymptomatic adnexal mass. Ultrasound evaluation at our institution showed an echogenic solid mass, at the left ovary, with 34 × 26 × 32 mm, with color Doppler score 3. The remaining examination was normal. The ADNEX model predicted a risk of malignancy of 63%. A laparoscopic bilateral adnexectomy was performed. The histopathologic diagnosis revealed an ovarian hemangioma. She had a good postoperative recuperation, with no complications.

Conclusion: Despite its rarity, it's important to be aware that ovarian hemangiomas can have many different clinical presentations and can radiologically mimic a malignant neoplasm. This diagnosis should be considered whenever in face of an ovarian hemorrhagic tumor.

P10.09 | A NEEDS ASSESSMENT TO ENHANCE VAGINAL SURGICAL SKILLS THROUGH SIMULATION FOR GHANAIAI TRAINEEES

CATEGORY: BENIGN SURGERY

M. Bangura

University of Michigan, USA

Objective: Assess trainees' vaginal surgery experience, confidence in vaginal surgical skills, and need for vaginal surgical simulation at a teaching hospital in Ghana.

Method: Thirty-seven Ghanaian OB/GYN trainees, including 18 junior, 9 senior residents, and 10 fellows in training, completed a 10-item needs assessment survey that assessed demographics, experience with vaginal surgical procedures, confidence in fundamental and advanced vaginal surgical skills, and simulation need. Data were summarized using descriptive statistics.

Results: 66% (24/37) performed 0–50 vaginal surgeries last year; obstetric repairs (66%), 11% vaginal hysterectomy and anterior/posterior colporrhaphy. 69% reported high confidence in two-handed knot tying, 78% in running suturing, but only 38% reported high confidence with Heaney transfixion pedicle ligation. 50% reported no confidence with vaginal hysterectomy or anterior/posterior colporrhaphy. 94% reported that vaginal surgical simulation would be very useful for their training.

Conclusion: Trainees reported limited vaginal surgery experience outside of obstetrics, lower confidence with basic gynecologic vaginal surgery skills, and no-low confidence performing gynecologic vaginal surgeries. Most reported vaginal surgical simulation would be very useful for their education. Vaginal surgical simulation may help to improve confidence in vaginal surgery for Ghanaian trainees.

P10.10 | IMMUNOLOGICAL BIOMARKERS ASSOCIATED WITH REJECTION IN UTERUS TRANSPLANTATION

CATEGORY: BENIGN SURGERY

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Objective: Uterus transplantation (UTx) is an emerging therapy for women with uterine factor infertility to experience pregnancy and childbirth. However, critical concerns remain with this procedure including the graft rejection rate, which remains somewhat higher compared to life-saving organ transplants, and the lack of biomarkers to identify early signs of rejection.

Method: In this study of five patients, we used RNA sequencing and imaging mass cytometry, to compare their immunologic profiles in exocervical biopsies taken before ($n=6$) and after ($n=6$) episodes of rejection.

Results: We identified 530 up-regulated genes and 207 down-regulated genes associated with graft rejection. Enrichment databases showed a strong involvement of the immune system, in particular activation of T and B lymphocytes. Imaging mass cytometry revealed that cases of rejection were associated with the presence of B cell structures ($n=2$) or an increase in the number of HLA-DR negative macrophages ($n=2$), producing granzyme-B at the surface of the epithelium.

Conclusion: While UTx graft rejection is associated with major alterations in expression of immune genes, expression profiles vary among cases, thus implicating involvement of more than one immune pathway; and two of these pathways are associated with the involvement of B-cell structures and HLA-DR negative macrophages expressing Granzyme-B.

P10.11 | SURGICAL SIMULATION TRAINING NEEDS ASSESSMENT IN SIERRA LEONE

CATEGORY: BENIGN SURGERY

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Objective: To conduct a surgical simulation training needs assessment in the first and only OB/GYN residency program in Sierra Leone.

Method: Consultant and specialist OB/GYN physicians at Princess Christian Maternity Hospital ($N=8$) participated in a sequential explanatory mixed methods surgical simulation training needs assessment. Participants completed a survey assessing the surgical procedures performed and additional resident training needs. This survey was adapted from the WHO's Procedures Surgical Assessment and the ACOG Simulation Working Group Needs Assessment instruments. The survey was followed by a focus-group discussion with these key stakeholders to clarify and prioritize identified simulation needs.

Results: A majority of faculty identified 22 performed procedures at this site. Of these procedures, 21 were identified to require further training for residents. The focus group distilled themes among these to focus simulation teaching efforts, specifically family planning (contraceptive device insertion/removal, surgical sterilization) and gynecologic major procedures (hysterectomy). We prioritized this list based on available resources, procedural frequency, and

curricular needs. We compiled a prioritized list of simulation equipment to obtain, focusing on model sustainability.

Conclusion: Surgical simulation training needs assessment can identify gaps in trainee education that can be targeted with simulation education. A mixed methods approach can be used to adapt surgical simulation training needs assessment tools to low and middle income country settings specifically by eliciting and addressing barriers to simulation education implementation.

P10.12 | THE ROLE OF PALM COEIN CLASSIFICATION OF THE UNDERLYING CAUSES OF ABNORMAL UTERINE BLEEDING AND CLINICOPATHOLOGICAL CORRELATION OF PATIENTS UNDERGOING HYSTERECTOMY

CATEGORY: BENIGN SURGERY

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Objective: The present study was conducted with the aim to study the two components of this system in clinical practice in general and establish a clinicopathological correlation of AUB with the context of the PALM component in particular.

Method: The data of 158 patients who underwent hysterectomy for abnormal uterine bleeding in 1 year was collected from case records and analysed. The patients were initially worked in opd with history and clinical examination, followed by ultrasonography. The patients requiring more detailed pictures were advised computed tomography scan. Endometrial biopsy and liquid-based cytology were done for all patients to rule out malignancy. The relative contribution of various causes of PALM (structural) and COEIN (functional) components and clinicopathological correlation was analysed.

Results: PALM and COEIN components contributed almost equally for AUB when assessed clinically. On the other hand, the histological examination revealed significantly more cases of PALM (structural or anatomical) component of AUB, i.e. 17.2% versus 82.8%. AUB-L was the commonest (41.1%) aetiology overall.

Conclusion: The PALM-COEIN classification system should consider both clinical and histopathological diagnoses in women having AUB. It concluded that most common cause of AUB is leiomyoma and common age group undergoing hysterectomy is the 4th decade. Although, medical treatment options are there, patients of premenopausal age require hysterectomies who do not benefit from medical regimens.

P10.13 | RISK FACTORS ASSOCIATED WITH RESIDUAL LESIONS IN SUBSEQUENT HYSTERECTOMY AFTER LOOP ELECTROSURGICAL EXCISION PROCEDURE

CATEGORY: BENIGN SURGERY

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Objective: The aim of the study was to explore the risk factors of residual lesions in subsequent hysterectomy following loop electro-surgical excision procedure (LEEP) for high-grade squamous epithelial lesion (HSIL) or microinvasive cervical cancer.

Method: A retrospective analysis was conducted on 1479 patients who underwent LEEP at Haeundae Paik Hospital between March 2010 and December 2022. Of these, 93 patients (6.29%) were underwent subsequent hysterectomy within 3 months following LEEP. High-risk human papilloma virus DNA load measured by Hybridized Capture II before LEEP and exocervical/endocervical resection margin status, glandular involvement was collected as risk factors for predicting residual lesions in uterine specimen.

Results: Residual lesions in uterine specimen were pathologically confirmed in 47 patients (50.5%). Pre-LEEP hrHPV load > or =150 relative light units (RLU)/positive control values (CO) (OR, 3.41; 95% CI, 1.16–9.98; $P=0.02$) and endocervical resection margin (OR, 2.94; 95% CI, 1.01–8.53; $P=0.04$) was significantly associated with uterine residual lesions. Exocervical resection margin (OR, 1.68; 95% CI, 0.61–4.59; $P=0.31$) and glandular involvement (OR, 0.45; 95% CI, 0.04–5.15; $P=0.51$) was not significant factors predicting residual lesions.

Conclusion: Pre-LEEP hrHPV load > or =150 RLU/CO and endocervical resection margin status was significantly associated with residual lesions. It is recommended to consider these risk factors when follow-up managing the patients with LEEP for HSIL.

P10.14 | MYOMATOUS-ERYTHROCYTE SYNDROME: A CASE REPORT

CATEGORY: BENIGN SURGERY

M. Vasquez Medina

Hospital Nacional Arzobispo Loayza, Peru

Objective: First case report of a Myomatous Erythrocyte Syndrome in Peru.

Method: A case report of a 43-year-old woman who was admitted by emergency due to the presence of a giant abdominal tumor is presented, showing a hemoglobin of 22 g/dL in the laboratory findings.

Results: In the surgical act it was found a 20-cm tumor mass located in the anterior uterine wall was evidenced. The pathology result concluded a giant uterine leiomyoma. In the months after the surgical intervention, a progressive decrease in hemoglobin to normal values is evident.

Conclusion: Importance of timely diagnosis for the management and follow-up of the patient that emphasizes the importance of transoperative management of surgical patients.

P10.15 | HEMATOCOLPOS ON HYMENAL IMPERFORATION: A CASE REPORT AND REVIEW OF THE LITERATURE

CATEGORY: BENIGN SURGERY

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Interne au Service de Gynécologique Obstétrique au CHU HASSAN II

Fès Maroc, Mali

Objective: Hymenal imperforation is a rare and isolated malformation (1/16000 female births). It is most often diagnosed at puberty when a hematocolpos is formed by vaginal retention of the first menstrual periods.

Method: We report the observation of a hematocolpos on hymenal imperforation in a 22 years old patient.

Results: Our patient was 22 years old without congenital agenesis of the lower limbs who presented a primary amenorrhea associated with chronic pelvic pain with a hymenal imperforation on physical examination and an anechoic vaginal image of 05 × 06 cm associated with a large right hematosalpinx on ultrasound, she benefited from a coelioscopic drainage and a hematocolpos cure.

Conclusion: The incidence of "painful primary amenorrhea" is approximately 1:2000 adolescent girls. It is due to hymenal imperforation in 90% of cases.

P10.16 | MISOPROSTOL VERSUS A SYNTHETIC OSMOTIC DILATOR (DILAPAN S) FOR CERVICAL PREPARATION BEFORE OPERATIVE HYSTEROSCOPY

CATEGORY: BENIGN SURGERY

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JIPMER, India

Objective: To compare the need for mechanical cervical dilatation following vaginal Misoprostol or synthetic osmotic dilator (Dilapan S) usage for cervical preparation before operative hysteroscopy.

Method: Fifty-five women scheduled for operative hysteroscopic procedures were included in this randomized, controlled clinical trial. After randomization, either 400 µg of vaginal Misoprostol or intra cervical synthetic osmotic dilator (Dilapan S) was inserted 12h before surgery. The need for additional mechanical cervical dilatation before insertion of the resectoscope was compared between the two groups. Initial cervical diameter before mechanical dilatation, intraoperative complications, and ease of dilatation were also compared between the two groups.

Results: In the Misoprostol group, 92% of women required additional mechanical cervical dilatation, whereas only 36% of women in the Dilapan S group required additional dilatation ($P < 0.05$). The mean initial cervical diameter achieved with Dilapan was 8.5 ± 1.58 mm,

and with Misoprostol, it was 6.12 ± 1.90 mm ($P < 0.05$). There was no significant difference in other outcome parameters between the two groups.

Conclusion: Synthetic osmotic dilator (Dilapan-S) is more efficacious than vaginal Misoprostol at ripening the cervix before operative hysteroscopy.

P10.17 | ENDOMETRIOSIS PRESENTING AS A VAGINAL MASS

CATEGORY: BENIGN SURGERY

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Objective: To describe successful management of vaginal mass suspected endometriosis and to rule out other differential diagnosis of vaginal mass.

Method: Our 39-year-old Emirati patient had a 20-year history of a completely asymptomatic vaginal lump, which was identified after her first child's birth. She had seven normal vaginal deliveries and regular menstrual cycles. She had a Pfannenstiel incision for ureter operation at age 8 for congenital renal stenosis, she had no significant medical history and had been seen by multiple gynecology doctors for the last 10 years for vaginal mass. MRI showed normal hemorrhagic vaginal distension.

Results: She was referred to our Urogynecology. On examination revealed a round, bluish unilocular anterior vaginal wall cyst. It had no uterine descent, cystocele, or rectocele. Intraoperative Cystoscopy was done to rule out bladder diverticulum, under anesthesia vaginal mass about 7cm swelling 1cm below the urethral orifice. A chocolate-colored, heterogeneous fluid was excision, with multiple endometriosis nodule removal then cyst wall stitch. Histopathology confirmed endometriosis.

Conclusion: We can conclude that the principle of management including adequate, excision to prevent recurrence. Anyway, some diagnostic methods including ultrasonography, magnetic resonance. Imaging and biopsy, should precede to the surgical approach. Consider the diagnosis of an endometriotic cyst in patient presenting with vaginal mass.

P10.18 | INTRAUTERINE ADHESIONS REVIEW OF 250 CASES

CATEGORY: BENIGN SURGERY

N. Malhotra

MBBS, MD, India

Objective: This reviews clinical data of nearly 250 cases treated by single operating doctor.

Method: Retrospective study.

Results: Amenorrhea was seen 50/250 cases, oligomenorrhea (delayed periods) seen 174/250 65% hematometra was found

12/250. These were all subjected to operative hysteroscopy. Results are presented 5% of cases patients did not turn up for follow up.

Conclusion: Investigate for intrauterine adhesions in infertile patients with a history of miscarriage or curettage, even if there are no symptoms. Use sonohysterography and 3D ultrasound for diagnosis. Treatment requires a well-equipped center with an experienced gynecological surgeon, good surgical skills, endoscopy knowledge, and sonography skills.

P10.19 | HERLYN-WERNER- WUNDERLICH—SYNDROME: A CASE REPORT IN GUYANA

CATEGORY: BENIGN SURGERY

N. Singh

Guyana Obstetrics and Gynecology Society, Guyana

Objective: This is the first case of Herlyn—Werner—Wunderlich—Syndrome that was diagnosed and successfully treated in Guyana. Increasing awareness of HWWS can lead to earlier detection and diagnosis.

Method: A 12-year-old female patient of Guyana presented with progressive severe lower abdominal pain three months after menarche. She had two separate vaginal vaults with the left side ending in a blind pouch. A diagnosis of HWWS was made after clinical evaluation and MRI. Resection of the vaginal septum was done. Five months post surgical intervention she reported cyclical painless menses.

Results: The patient had didelphys uterus, obstructed hemivagina and ipsilateral renal agenesis. Five months post surgical intervention she reported cyclical painless menses lasting four to 5 days.

Conclusion: HWWS was coined in 1971, an association of renal agenesis was made with obstructed hemivagina, later on didelphys uterus was added in 1976. The diagnosis requires a great index of suspicion. Greater awareness of this syndrome will lead to earlier detection and treatment thus avoiding complications.

P10.20 | ANOMALIES CONGÉNITALES DE L'UTÉRUS ET LE RISQUE DE CANCERS GYNÉCOLOGIQUES

CATEGORY: BENIGN SURGERY

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Objective: Cette étude avait pour objectif l'évaluation du risque de cancers gynécologiques chez les patientes porteuses d'anomalies congénitales de l'utérus qui se sont présentées à notre consultation de conseil génétique dans le cadre de l'exploration génétique des fausses couches et/ou de l'infertilité.

Method: Cette étude observationnelle a permis d'obtenir rétrospectivement des données sur toutes les patientes qui ont été admises dans notre consultation de génétique lors de l'exploration génétique des fausses couches et/ou de l'infertilité entre janvier 2002

et novembre 2016. Parmi ces patients, nous avons sélectionné les patientes pour lesquelles des anomalies congénitales de l'utérus ont été enregistrées et un conseil génétique a été délivré.

Results: Dix patientes présentant des anomalies congénitales de l'utérus (3% de la population des patientes infertiles de notre conseil génétique) ont été colligées. Les anomalies correspondaient à un utérus bicorne chez 50% des patientes, un utérus cloisonné avec une cloison vaginale complète dans un cas (10%) et une agénésie mullérienne segmentaire avec un phénotype de syndrome de MRKH chez quatre patientes (40%). Une agénésie complète de l'utérus a été enregistrée chez deux patientes.

Conclusion: Toutes les patientes ont été informées d'un risque mineur de cancer gynécologique qui nécessite un suivi régulier. En effet, il est prouvé que les adénocarcinomes à cellules claires de l'ovaire, de l'endomètre, du col de l'utérus et du vagin sont associés à des anomalies du canal de Müller.

P10.21 | MANAGEMENT AND OUTCOMES OF OVARIAN TORSION-RETROSPECTIVE ANALYSIS OF SIX YEARS

CATEGORY: BENIGN SURGERY

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Birmingham Heartlands Hospital, UHB NHS Foundation Trust, Bangladesh

Objective: Ovarian torsion is the fifth most common gynaecological emergency. Because of non-specific symptoms the diagnosis is delayed leading to loss of ovary and subsequent reduced ovarian function. Aim to identify rate of oophorectomy in ovarian torsion. Also to assess the time from admission to operation and outcome.

Method: A retrospective cohort study of all the patients presented to UHB from 2017 to 2022 with ovarian torsion will be conducted and result will be analyzed.

Results: 45 cases of ovarian torsion were identified in last 6 years. Age range was from 14 years to 57 years with a mean age of 30 years. The average time from presentation to diagnosis was 40.5h and diagnosis to surgery was 15 h. 70% cases were performed laparoscopically.

Conclusion: Ovarian torsion is a time critical emergency, and delay in presentation, diagnosis and time to surgery affects ovary survival. Minimally invasive detorsion of the ovary is the standard that we should try to achieve in all the cases.

P10.22 | ISOLATED FALLOPIAN TUBE TORSION IN AN EARLY ADOLESCENT: A CASE REPORT

CATEGORY: BENIGN SURGERY

P. Palabrica

University of Santo Tomas Hospital, Philippines

Objective: The goal is to impart further insight and awareness into the rare condition that is isolated fallopian tube torsion, which may

aid in prompt diagnosis and timely surgical intervention that may prevent the removal of the tubes and preserve fertility.

Method: This is a case report that focuses on a 12-year-old female who presented with right lower quadrant pain, initially treated as urinary tract infection, acute appendicitis, then a possible ovarian pathology. The entity is difficult to recognize pre-operatively because of its vague clinical presentation and lack of specific laboratory and imaging findings, and diagnosis is done ultimately during surgery.

Results: Pelvic laparotomy was performed through a low transverse abdominal incision. Upon opening of the abdomen, there was a hemorrhagic pelvoabdominal mass which measured 13×11×8cm, and on further inspection, was the right fallopian tube. The cystically enlarged right fallopian tube was twisted once on its vascular pedicle, and upon untwisting, the fimbriated end of the fallopian tube was visualized and was noted to be necrotic. Right salpingectomy was performed.

Conclusion: Isolated tubal torsion is ultimately confirmed during surgery. Although rare, it still needs to be part of the differential diagnosis in female patients presenting with abdominal pain and non-specific symptoms. Early consideration can lead to early surgical intervention, maximizing the chance of salvaging the torsed fallopian tube and improving fertility.

P10.23 | AN UNUSUAL FINDING OF PARASITIC LEIOMYOMA AT OPEN LAPAROTOMY

CATEGORY: BENIGN SURGERY

R. Sookraj

Georgetown Public Hospital Corporation, Guyana

Objective: To present a rare finding of parasitic leiomyoma encountered at open laparotomy for a patient with a diagnosis of symptomatic uterine fibroid.

Method: This is a case report of a patient who underwent open laparotomy for uterine fibroid. It is a retrospective descriptive analysis of a rare finding at a benign gynecological surgery. The surgical intervention was conducted based on the patient's symptoms, the physical findings and the presence of leiomyoma on ultrasound. Routine preoperative care was conducted and the patient was optimized for surgery.

Results: Intraoperatively there was a large leiomyoma of approximately 22cm that was abutting the uterine fundus with no connection to the uterus. The fibroid was attached to the parietal peritoneum on the right pelvic side wall. The uterus was normal in size with no signs of fibroid. The ovaries and fallopian tubes were unremarkable. A myomectomy was done for the leiomyoma. The histopathology report confirmed the finding of a parasitic leiomyoma of benign nature.

Conclusion: The patient in this case report was very satisfied with uterine conservation and the myomectomy performed. The presence of an abdominal mass in a woman of reproductive age should include a parasitic fibroid. Detailed patient counselling is important for better patient care, satisfaction and recovery.

P10.24 | RETROSPECTIVE COMPARATIVE STUDY OF NDVH, TAH AND TLH OVER A 7-YEAR PERIOD FOR BENIGN PATHOLOGY

CATEGORY: BENIGN SURGERY

R. Thirunavukkarasu

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Objective: The objective of the study is to compare non-descent vaginal hysterectomy (NDVH), total abdominal hysterectomy (TAH) and total laparoscopic hysterectomy (TLH) and establish the best method of hysterectomy.

Method: This retrospective study was done at Ramakrishna Medical Centre LLP, Trichy. The study duration was from Oct 2015 to Dec 2022. NDVH group included 332 cases, TAH group included 121 cases and TLH group included 116 cases. Following parameters like age, indication of surgery, USG findings, duration of surgery, blood loss during surgery, uterine weight, post-operative recovery and complications were analyzed.

Results: NDVH in comparison with TAH and TLH performed favorably in terms of operating time (43.0±23.0, 71.2±36.1 and 86.0±45.0min respectively), intra operative blood loss (48.0±96.9, 124.6±169.5 & 134.7±141.1 respectively), complication rate (1.2%, 0.82% & 0.86% respectively), mean length of hospital stay (4.6±0.90, 6.2±1.39 & 4.9±1.24 days respectively). NDVH patients expressed maximum comfort and satisfaction post operatively.

Conclusion: According to this study, NDVH performed well in terms of operating time, intra-op blood loss, complication rate, morbidity score, length of hospital stay and overall patient satisfaction. Hence this route can be considered as most suitable in low resource settings.

P10.25 | NON-OBSTRUCTIVE CAUSE OF FEMALE GENITAL FISTULA AMONG SUDANESE WOMEN

CATEGORY: BENIGN SURGERY

R. Khalfalla

Price Mohamed Bin Abdoalaziz Hospital, NGHA, Medina, KSA, Sudan

Objective: To study the non-obstructive causes of female genital fistula in Abbo Fistula Centre, Khartoum State, Sudan, October 2018–October 2020.

Method: It was descriptive cross sectional hospital based study conducted in Abbo Fistula Center during the period from October 2018 October 2020 and covered adult women diagnosed with genital fistula due to non-obstructive causes.

Results: Fifty four female participants who diagnosed with non-obstructive genital fistula were included during the study period. Nearly two thirds of them 35 (64.8%) reported an age 20–40years with mean of 37.1±13.4years. More than third of them 21 (38.9%) delivered with NVD, 18 (33.3%) with instrumental delivery (forceps) while only 8 (14.8%) with caesarian section. The most common

cause was surgical operation 20 (37%), followed by instrumental delivery (forceps) 18 (33.3%), and radiation among 4 (7.4%). Other reported causes include vesical stone 4 (7.4%), idiopathic 3 (5.6%) perineal tear 2 (3.7%), forced sexual intercourse 2 (3.7%) and congenital fistula 1 (1.9%).

Conclusion: Proper knowledge on non-obstructive female genital fistula types, and underlined causes will enable better strategies to fight against genital fistula among women in Sudan.

P10.26 | OUTCOMES OF URETEROVAGINAL FISTULA REPAIR IN RURAL UGANDA

CATEGORY: BENIGN SURGERY

R. Kajabwangu; B. Ainomugisha

Mbarara University of Science and Technology, Uganda

Objective: To describe the outcomes of uretero-vaginal fistula repair at three fistula surgery camp sites in rural Uganda.

Method: A retrospective descriptive analysis of data from charts of patients who underwent surgery in fistula camps conducted by the Mbarara University teaching hospital fistula surgery team in rural Uganda, from 2010 to 2021. The diagnosis of uretero-vaginal fistulae in all the cases was clinical. Open laparotomy followed by ureteric exploration and re-implantation was performed in majority of the cases while the vaginal route was used in only 2 of the patients.

Results: Out of the 477 (9.8%) patients with genito-urinary fistulae, 47 had uretero-vaginal fistula. The fistulae had followed cesarean section, obstetric hysterectomy and gynecological hysterectomy in 70.7%, 19.5% and 9.8% of the cases respectively. Continence (successful fistula closure) was achieved in 45 (95.7%) of the cases while there was repair breakdown and subsequent urinary incontinence in 2 (4.3%) of the cases. Hemorrhage, and wound infection occurred 5 (11.1%) of the patients.

Conclusion: Where intravenous pyelogram is unavailable, clinical diagnosis of uretero-vaginal fistulae can be done with fair precision. The trans-abdominal approach of ureteric re-implantation is highly effective. Surgeons in low-income countries should be trained in proper surgical skills to prevent ureteric injury during cesarean sections and hysterectomies.

P10.27 | RARE CASE OF HEMOPERITONEUM SECONDARY TO EXTRAVASATION FROM SUBSEROSAL VESSELS OF UTERINE FIBROID: A CASE REPORT

CATEGORY: BENIGN SURGERY

R. Hussain

Ziauddin University and Hospitals, Pakistan

Objective: To present a rare case of uterine fibroid with atypical presentation of spontaneous hemorrhage causing intra-abdominal hemorrhage leading to hemoglobin levels of 4 gm/dL.

Method: Location: Ziauddin hospital clifton campus, Karachi, Pakistan. Study design: case Report. Subject: 40 year old unmarried female presented with severe anemia. Type of intervention: uterine artery embolization followed by myomectomy.

Results: Fertility sparing surgery in the form of myomectomy followed by an uneventful postoperative course.

Conclusion: Uterine fibroid can lead to hemorrhage which results in hemodynamic changes in the patient requiring multiple blood transfusions, clinicians need to consider this rare presentation of fibroid in patient presenting with acute abdomen and low hemoglobin levels.

P10.28 | A CASE OF BENIGN METASTATIC LEIOMYOMA IN THE LUNG

CATEGORY: BENIGN SURGERY

R. Dohi¹; Y. Fukushi²; S. Wada²

¹*Teine Keijinkai Hospital, Japan;* ²*Department of Obstetrics and Gynecology, Teine Keijinkai Hospital, Japan*

Objective: Uterine Leiomyomas, the most common gynecologic benign neoplasms, have a rare potential of metastasizing to sites distant from the uterus. Here we review a rare case of Benign Metastatic Leiomyoma (BML) to identify its clinical presentations, methods of investigation as well as management for suspected cases.

Method: This a case report of a 41-year-old gravida 2 para 2 who was given an initial diagnosis of Leiomyoma from laparoscopic myomectomy (LM) at the age of 36. Pathology from LM resulted in benign leiomyomas, and the patient was followed up at a nearby clinic. Four years after operation, chest X-ray taken on her annual checkup showed pulmonary nodules, and she was referred to our hospital for further investigation.

Results: Though without any pulmonary symptoms, imaging with a CT scan showed total of six nodules within both lungs, though FGD-PET/CT revealed no uptake within them. Video Assisted Thoracic Surgery was conducted and intraoperative pathology consultation resulted in Leiomyomas which findings were identical from the LM, leading to a final diagnosis of BML. She has been followed up for 2 years without any signs of remission.

Conclusion: Diagnosis of BML is challenging due to its rarity, though women with multiple pulmonary nodules must be taken into consideration. A definite diagnosis can be made from pathology from the remote lesion. Though close follow-ups are preferable, it tends to lead to a benign prognosis.

P10.29 | DR. WHY I AM STILL NOT DRY?

CATEGORY: BENIGN SURGERY

S. Siddiqui

Society of Obstetric and Gynecologist Pakistan (SOGP), Pakistan

Objective: To determine the functional outcome of the urinary bladder after successful surgical closure of VVF in all those patients with

VVF who underwent successful surgical repair of VVF (abdominal as well as vaginal) for the 1st time were inducted in the study in total of 96 patients with standard urodynamic.

Method: Surgical repair of VVF, through vaginal or abdominal route, with the success rates of 85% to 95%. Unfortunately, even after successful closure of VVF normal bladder function not regained. It is estimated that rate of stress urinary incontinence 33% to 55% after successful repair after treating VVF it was found that detrusor instability present in 50% cases, 11% found to have residual stress incontinence. Complications after VVF repair vaginal stenosis dyspareunia, amenorrhea, reduce bladder capacity.

Results: Mean age were 32 (15–72) years. 31 cases were of obstructed labor, other were of iatrogenic. There was reduction in bladder capacity in all but more prevalent in those who had vvf for more than 1 year. Around 28% of patient had stress leakage. While there was detrusor instability with involuntary contractions in around 50% of cases increasing with duration of fistula present. Nearly all those leaking had longer duration of fistula and catheterization.

Conclusion: Though vvf can be repaired in most of the cases, but consequences remain in forms of reduced capacity and stress and urge incontinence. There was reduction in bladder capacity in all cases but more prevalent in those patients who had vvf for more than 1 year with longer period catheterization.

P10.30 | TOWARDS A CONSERVATIVE APPROACH: OVARIAN CYSTS IN POSTMENOPAUSAL WOMEN

CATEGORY: BENIGN SURGERY

S. Bouguerra

Teaching Hospital Charles Nicolle, Department of Gynecology and Obstetrics B (G26), Tunis, Tunisia

Objective: Our study was conducted to optimize the management of ovarian cysts in postmenopausal women by improving the preoperative assessment and therefore minimizing the rate of surgical interventions.

Method: The medical records of 40 menopausal women were reviewed retrospectively. All the women had a cyst in their primary ultrasound and a Cancer Antigen 125 (CA125) blood test. Women with indeterminate masses according to the simple rules of IOTA had a pelvic MRI. 40 women had surgery. 10 women had their cysts disappear during a second ultrasound exam 12 months later. A simple cyst is unilocular, unilateral with low doppler flow and has a size <5 cm.

Results: Ultrasound: 67.5% of the masses were presumed benign, 15% had a high risk of malignancy, 17.5% were indeterminate. 47.5% were simple cysts. Histology: 100% of the presumed malignant cysts with a high CA125 rate were malignant. Among the presumed benign cysts with a low rate of CA125 92.6% were benign, 3.7% were malignant and 3.7% were borderline. 65.5% of the simple cysts were benign while 34.5% disappeared during a second ultrasound exam.

Conclusion: The study leads us to consider a conservative approach towards simple cysts. This approach should be based on an ultrasound exam and CA125 blood test within a 1 year range. This attitude will help us reduce the surgery and anesthesia morbidity towards menopausal women.

P10.31 | INTERSTITIAL PREGNANCY: A CASE REPORT

CATEGORY: BENIGN SURGERY

S. Karande

Mmc, India

Objective: Interstitial ectopic is defined as ectopic gestational developing in uterine part of the fallopian tube.

Method: Presenting here with a rare case of interstitial ectopic pregnancy: a rare clinic-sonographic diagnosis managed by laparoscopic wedge resection.

Results: Risk factors associated with interstitial ectopic are high maternal morbidity and mortality due to delaying diagnosis as it constitutes only 3%–5% of all tubal ectopics.

Conclusion: Risk factors associated with interstitial ectopic include previous ectopic pregnancy, pelvic inflammatory disease, prior uterine instrumentation. It is highly associated with risk for shock and high morbidity and mortality.

P10.32 | LAPAROSCOPIC URETERONEOCYSTOTOMY IN SEVERE ENDOMETRIOSIS: A STEPWISE APPROACH

CATEGORY: BENIGN SURGERY

S. Maheux-Lacroix¹; C. Gauthier²

¹CHU de Québec–Université Laval, Canada; ²Université Laval, Canada

Objective: This is an educational video demonstrating a stepwise approach for a laparoscopic ureteroneocystotomy for the management of severe deep infiltrating endometriosis.

Method: We present the case of a 39-year-old woman who was diagnosed with a 3.2 cm right ureterovesical nodule involving the posterolateral aspect of the bladder and the ureter. An associated right ureteral dilatation was noted. An ipsilateral double J ureteral catheter was successfully installed, and the patient was scheduled for a total laparoscopic hysterectomy, resection of endometriosis and ureteral reimplantation.

Results: We demonstrated the 6 essential steps in performing an ureteroneocystotomy: (1) restoration of anatomy, (2) ureterolysis, (3) nodule resection and cystotomy repair, (4) bladder and ureter mobilization, (5) ureteroneocystotomy, and (6) epiploic flap. Although ureteral endometriosis is infrequent, it can lead to catastrophic consequences on kidney function.

Conclusion: Therefore, this video illustrated how a ureteroneocystotomy can be safely performed by laparoscopy while preventing stenosis and fistula formation.

P10.33 | SURGICAL TECHNIQUE FOR THE MANAGEMENT OF DELIVERY IN PREGNANT PATIENTS WITH PAS DISORDERS
CATEGORY: BENIGN SURGERY

S. Barinov

Omsk State Medical University, Ministry of Health of Russia, Russia

Objective: Pregnant women with placental attachment spectrum (PAS) disorders are at high-risk for major postpartum bleeding and a high hysterectomy rate. The study aimed to evaluate the effectiveness of the distal hemostasis using Zhukovsky's double-balloon tamponade in delivering patients with PAS.

Method: A retrospective controlled study was conducted, including 131 patients with PAS. The pregnant women were divided into two groups depending on the surgical approach during cesarean section. In the first group ($n=52$), the patients underwent bilateral ligation of the uterine arteries. In group 2 ($n=79$), a combined method with Zhukovsky vaginal and intrauterine balloons.

Results: In the first group, resection of the uterine wall was performed in 13.5% of women, and in the second group in 50.6% of women. There was a significant decrease in the number of hysterectomies compared to group 1 (14.1 times), less blood loss (1.5 times). In the women who underwent compression hemostasis, the number of blood transfusions was reduced 4.8 times ($P=0.036$), the length of stay in the hospital decreased by 4 days ($P=0.002$).

Conclusion: The combined method of surgical hemostasis by Zhukovsky's double-balloon tamponade during the delivery of pregnant women with PAS is effective and can be easily integrated into clinical practice.

P10.34 | GOLDENHAR SYNDROME WITH LEIOMYOMA: A RARE CASE REPORT
CATEGORY: BENIGN SURGERY

S. Karsli

Ankara Bilkent City Hospital, WATOG, Turkey

Objective: A 33-year-old patient with Goldenhar Syndrome presented with symptomatic leiomyoma. She had severe comorbidities. We would like to describe the management of this challenging patient in this case report.

Method: This a rare case report of one patient, admitted to Ankara City Hospital, describing the clinical management. She had a history of asthma, severe scoliosis, and total situs inversus. She had menorrhagia. Ultrasound showed a 67×65 mm IM fibrinoid that compresses the uterine cavity. Myomectomy by an expert team was planned for decreasing the operation time as much as possible. The multidisciplinary team was informed before the surgery and they were in the operation room.

Results: We consulted pulmonary diseases, otolaryngology, cardiology, and anesthesiology for the operation. The multidisciplinary team was informed before the surgery and was present in the operating

room. This way, experts of each field were present in OR. Intubation was successful. She needed a tracheostomy for the anesthesia before, but in our operation, she didn't need that. Myomectomy is performed by our expert team to reduce the operation time for this high-risk surgery complicated with severe comorbidities.

Conclusion: Goldenhar Syndrome is seen in 1 of 1:45 000 neonates. If a patient with this syndrome requires any gynecological operations, a detailed multisystem check-up should be done preoperatively with a team. The genitourinary system should be investigated for possible abnormalities before the surgery, and an experienced surgery team should be involved.

P10.35 | INCIDENCE OF PARASITIC LEIOMYOMA BY SECOND LOOK OPERATION FOLLOWING UNCONTAINED MORCELLATION ON LAPAROSCOPIC MYOMECTOMY
CATEGORY: BENIGN SURGERY

S. Wada

Teine Keijinkai Hospital, Japan

Objective: Extracting fibroids using power morcellator on laparoscopic myomectomy (LM) causes parasitic leiomyoma (PL). Several reports described its incidence was less than 1%. However, the incidence of PL by second look operation (SLO) was not reported. We hereby report the occurrence of PL after LM on the subsequent laparotomy or laparoscopy.

Method: Among the cases of LM by uncontained morcellation, 314 cases of laparotomy or laparoscopy after LM during 2014–2020 were enrolled in this study. The presence and the location of PL was examined from the operation records.

Results: The operative methods of SLO were 120 cases of cesarean section, 91 cases of TLH, 69 cases of LM, and 34 cases of the others. PL was observed in 16 cases (5.1%) of 314 cases. The locations of PL were peritoneum in 11 cases, intestine in 4 cases, omentum in 3 cases, port site in 3 cases, and ovary in 2 cases (there was some overlapping).

Conclusion: On the SLO, PL was observed in 5.1%, which is higher than past reports.

P10.36 | ENDOMETRIAL OSSEOUS METAPLASIA: HYSTEROSCOPIC REMOVAL AND SUBSEQUENT OUTCOME—A CASE REPORT
CATEGORY: BENIGN SURGERY

S. Mutiso; F. Oindi; A. Mwaniki; T. Obura

Aga Khan University, Kenya

Objective: To describe a case of endometrial osseous metaplasia and its hysteroscopic treatment.

Method: Case report.

Results: A 38-year-old presented with 8 years history of subfertility. She had no symptoms with a regular and painless menstrual cycle.

Her ultrasound revealed a linear calcification within the endometrial cavity that measuring 2 centimeters. The ovaries and adnexa appeared normal. Hysteroscopic excision was done with no complications. She subsequently conceived spontaneously in the next cycle and went on to deliver a term infant via caesarean delivery due to obstetric indications.

Conclusion: EOM is a rare clinical entity and can cause subfertility as presented in the case. It usually is a result of prior endometritis with subsequent osseous metaplasia. Hysteroscopy is the gold standard of diagnosis and treatment. Most patients have an excellent prognosis as described in the case.

P10.37 | LAPAROSCOPIC HYSTERECTOMY IN AUB: ANALYSIS OF THE SURGICAL LEARNING CURVE OF A GYNAECOLOGIST OVER A PERIOD OF 5 YEARS

CATEGORY: BENIGN SURGERY

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Department of Obstetrics and Gynaecology, Zoi Hospitals, Hyderabad, Telangana, India

Objective: To assess the learning curve for a Gynaec endoscopic surgeon in laparoscopic hysterectomy during a period of 5 years operating on 200 cases.

Method: This is a retrospective analysis of the learning curve for a Gynaecologist during the first 200 cases of total laparoscopic hysterectomy at an independent surgical centre. Size of the uterus is 12–14 weeks, age, BMI, parity, previous pelvic surgery, operating time, haemoglobin decline, complications, blood transfusion, and hospital stay were evaluated. Cases with endometriosis were excluded. The technique was improvised in the last 50 cases by bringing in different surgical steps like vaginal assistance, Myoma screw, laparoscopic partial Colpotomy.

Results: The mean operating time for laparoscopic hysterectomy reduced from 120 min to 85 min for the last 50 cases. 4 transfusions were done. Conversion to laparotomy in 1 patient with a broad ligament fibroid with intra operative haemorrhage. Age, BMI, parity, previous 1 cesarean did not impact the operative time. Previous 2 cesareans, adherent bladder prolonged the OR time. Decline in haemoglobin on an average was 1 gm/dl, and hospital stay was same for all cases. 1 patient had ureterovaginal fistula.

Conclusion: There is a learning curve for laparoscopic hysterectomy as confirmed by the decrease in operating time. Team plays an important role. Achievement of the learning curve does not exclude complications. Learning is a process involving improvisation of techniques by surgical skills. Gynaecologists can securely perform laparoscopic hysterectomy during the learning curve.

P10.38 | LONG-TERM RESULTS OF ORGAN-PRESERVING TREATMENT OF UTERINE FIBROIDS IN RELATION TO REPRODUCTIVE GOALS

CATEGORY: BENIGN SURGERY

T. Tatarчук¹; N. Kosei¹; K. Plaksiieva¹; K. Melnyk³; H. Tokar²

¹State Scientific Institution "Center for Innovative Medical Technologies of the National Academy of Sciences of Ukraine", Ukraine; ²O.O.

Bogomolets National Medical University, Ukraine; ³State Institution "O.M. Lukyanova Institute of Pediatrics, Obstetrics and Gynecology of the NAMS of Ukraine", Ukraine

Objective: To study the rate of pregnancies and live birth in women after different types of uterus-sparing treatment of uterine fibroids (UF) and their combinations.

Method: A survey of a 744 patients 18–45 years old who had reproductive plans at the beginning of UF treatment was held. To compare the effectiveness of treatment methods, 4 groups were formed. Group I-180 women 37.58±1.41 years old who received combined treatment (CT), Group II-192 women 34.98±1.06 y.o. who underwent myomectomy, Group III-210 women 39.23±0.86 y.o. who underwent uterine artery embolization (UAE), Group IV-153 women 34.78±1.71 y.o. who were prescribed ulipristal acetate (UPA).

Results: In younger women, myomectomy was characterized by 78.95% of pregnancies and 78.95% of live births. In women of advanced reproductive age, the highest proportion of pregnancies (65.22%) and live births (44.93%) was observed after treatment with UPA. In general, the best reproductive results were characterized by UPA therapy (63.03% of pregnancies and 56.30% of live births) and CT (33.51% of pregnancies and 41.61% of live births), with higher rates in women of younger age groups.

Conclusion: In women of younger reproductive age, myomectomy demonstrates the highest fertility efficiency, whereas UPA is the most effective in advanced reproductive age.

P10.39 | GRADUATE MEDICATION EDUCATION IN SINGAPORE: DOES THE OBSTETRICS AND GYNAECOLOGY RESIDENCY PROGRAMME ADEQUATELY TRAIN ITS RESIDENTS FOR INDEPENDENT PRACTICE AS A SPECIALIST?

CATEGORY: BENIGN SURGERY

T. Wong¹; C. Ang²

¹KK Women's and Children's Hospital, Singapore; ²KK Women's and Children's Hospital, Singapore, Singapore

Objective: Prior to 2010, Singapore's graduate medical education had been modelled after the United Kingdom system. In 2011, Singapore introduced the residency programme, modelled after an American system. The aim of the study was to assess if the new programme can adequately train its residents for independent practice as a specialist.

Method: A qualitative approach was taken in this study, using an in-depth exploration of the experiences of graduated residents in the residency programme. We adopted a semi-structured interview guide consisting of a standardized set of open-ended questions. Thematic analysis was then performed to identify emerging themes. We interviewed a total of 8 graduated residents.

Results: The adoption of a structure has provided uniform standards. There are rigorous assessments and competences to complete. This has provided a sturdy foundation to be a generalist in O&G. With protected learning time and supervision in the form of direct and indirect supervision, residents are allowed to learn in a safe environment. The mentorship programme allows mentors to not only impart clinical knowledge and skills but also serves as a role model, facilitator and counsellor.

Conclusion: The completion of the residency programme should be a starting point for beginning a specialist career, and graduate medical education should be lifelong.

P10.40 | LAPAROSCOPIC APPENDECTOMY—THE ROLE AND PLACE DURING PREGNANCY

CATEGORY: BENIGN SURGERY

V. Mishchenko

Odessa National Medical University, Ukraine

Objective: The risk of fetal death is up to 6%, premature birth is 11%, maternal mortality is 0.0011% with acute appendicitis during pregnancy. Objective is to determine the role and place of laparoscopic appendectomy in acute appendicitis during pregnancy.

Method: Laparoscopic appendectomy was performed on 73 pregnant women. 17.8% of pregnant women with acute appendicitis were operated in the 1st trimester of pregnancy, 46.6% in the 2nd trimester, 35.6% in the 3rd trimester. The time since the onset of the disease in 12.3% of pregnant women was 6 h, in 35.6%—6–12 h, in 31.5%—12–24 h, in 20.5%—more than 24 h.

Results: The period of preoperative observation in the third trimester was 12.7±3.1 h, in the II trimester—10.9±2.3 h, in the I trimester—5.4±1.2 h. All patients were discharged within 2 to 5 days after the operation. The phenomena of the threat of termination of pregnancy were not noted. Acute appendicitis during pregnancy is the most common surgical disease.

Conclusion: Appendectomy in pregnant women should be performed even before the development of complications from acute appendicitis and gestational complications due to shortening the duration of the diagnostic stage and adopting more aggressive surgical tactics. Laparoscopic appendectomy should now become the gold standard of operations for acute appendicitis in pregnant women.

P10.41 | IMPACT ON OVARIAN RESERVE USING ANTI-MÜLLERIAN HORMONE (AMH) VALUE AFTER MINIMAL INVASIVE BENIGN OVARIAN CYSTECTOMY: DA VINCI ROBOTIC SYSTEM (XI AND SP) AND LAPAROSCOPIC SYSTEM

CATEGORY: BENIGN SURGERY

Y. Park¹; J. Uhm¹; H. Han¹; A. Song¹; J. Jee¹; N. Bae¹; S. Oh¹; Y. Kim¹; J. Shin¹; J. Hur²

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Objective: Protection of ovarian function during surgery is important in terms of fertility preservation, and this should be considered first in minimally invasive surgery. This study aimed to investigate impact on ovarian reserve after minimal invasive ovarian cystectomy using two platforms; Da Vinci robotic system (Xi and SP) and laparoscopic system.

Method: A retrospective study was conducted through electronic medical chart review. This study included patients who underwent laparoscopic or Da Vinci robotic (Xi or SP) ovarian cystectomy for benign ovarian cysts between January 1, 2018 and December 31, 2022 at a single institution. The AMH change value (Δ AMH) was expressed as a percentage value; (postoperative AMH - preoperative AMH) x 100 / preoperative AMH. A total of 132 patients (74: laparoscopic system, 58: robotic system) were enrolled.

Results: The mean preoperative and postoperative AMH was significantly higher in Da Vinci robotic system than laparoscopic system. But, the mean Δ AMH was not significantly different between two groups. (-13.21±57.10 % in laparoscopic vs -18.36±39.64 % in robotic, $P=0.56$). Even in the patient group with preoperative AMH below 2, Δ AMH was -7.55 (IQR -48.79, 19.84) in laparoscopic system ($N=21$) and -29.73 (IQR -59.89, 9.46) in robotic system ($N=11$), showing no significant difference between the two groups ($P=0.72$).

Conclusion: When comparing changes in ovarian reserve using AMH value between Da Vinci robotic and laparoscopic benign ovarian cystectomy, there was no statistically significant difference. Therefore, both platforms are options of minimally invasive surgery for protecting ovarian reserve.

P10.42 | KYSTE HYDATIQUE PELVIEN: À PROPOS D'UN CAS ET REVUE DE LA LITTÉRATURE

CATEGORY: BENIGN SURGERY

Z. Olfa

CMNM, Tunisia

Objective: Nous rapportons un cas inhabituel d'une localisation pelvienne retro utérine chez une jeune fille.

Method: Il s'agit d'une jeune fille âgée de 15 ans opérée en 2020 pour kyste hydatique de foie. La patiente a consulté nos urgences pour des douleurs pelviennes à type de pesanteur sans trouble

urinaire ni digestif dans un contexte d'apyrexie. A l'examen clinique patiente est en bon état général, avec à la palpation un abdomen souple et dépressible. Le toucher rectal perçoit une masse rénitente sensible comblant le douglas.

Results: L'échographie rapporte la présence d'une formation kystique multiloculée latéro-utérine gauche, à paroi fine et à contenu anéchogène, non vascularisée, mesurant 07 cm de grand axe. Une IRM pelvienne a montré un aspect en faveur de 2 kystes hydatiques pelviens. L'intervention chirurgicale a été réalisée avec toutes les mesures de protection pour éviter une dissémination secondaire. La pièce de kystectomie et les biopsies sont adressées pour examen anatomopathologique.

Conclusion: La localisation pelvienne du kyste hydatique est rare. Le diagnostic doit être évoqué devant tout processus occupant l'espace pelvien, dans un pays d'endémie hydatique. La chirurgie est le traitement de choix. La prévention est le meilleur moyen pour diminuer l'incidence de cette pathologie.

P11.01 | ACUTE FATTY LIVER OF PREGNANCY IN A TERTIARY GOVERNMENT HOSPITAL IN THE PHILIPPINES: A REPORT OF SIX CASES

CATEGORY: PREGNANCY

A. Tan; S. Cañete–Villarias

Vicente Sotto Memorial Medical Center, Philippines

Objective: Acute fatty liver of pregnancy (AFLP) is an uncommon third trimester life-threatening obstetric complication. Its diagnosis is mainly clinical using the Swansea Criteria (SC) composed of 14 parameters, six of which must be present to fulfill the diagnosis. This series endeavored to elucidate a tertiary government hospital's experiences with AFLP.

Method: The women all deteriorated postpartum and had supportive management. Only one survived, and despite having the highest SC score among them, she was the only one still in the prodromal phase of AFLP upon admission. Including the sole survivor, the women had stillbirths, except for two who did so before the illness worsened. This may indicate that fetal compromise can occur early, even in the prodromal phase and when there is no maternal deterioration yet.

Results: The women all deteriorated postpartum and had supportive management. Only one survived, and despite having the highest SC score among them, she was the only one still in the prodromal phase of AFLP upon admission. Including the sole survivor, the women had stillbirths, except for two who did so before the illness worsened. This may indicate that fetal compromise can occur early, even in the prodromal phase and when there is no maternal deterioration yet.

Conclusion: In this tertiary government hospital in a developing country, lacking laboratory tests; scarce blood products; inadequate intensive care; and late patient consultation attributed to multifactorial and socioeconomic reasons, must all be addressed. Otherwise, the institution's maternal and fetal prognosis will remain poor in contrast to the rest of world.

P11.02 | INTIMATE PARTNER VIOLENCE AMONG PRENATAL CARE ATTENDEES AMIDST THE COVID-19 CRISIS: THE INCIDENCE IN ETHIOPIA

CATEGORY: PREGNANCY

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²St. Paul Institute for Reproductive Health and Rights, Addis Ababa, Ethiopia

Objective: To assess the incidence and predictors of intimate partner violence (IPV) during pregnancy amidst the coronavirus disease 2019 pandemic.

Method: This cross-sectional study was conducted at the prenatal care clinic of St. Paul's Hospital Millennium Medical College (SPHMMC), Addis Ababa, Ethiopia, among pregnant women from 31 August to 2 November 2020. Participants were interviewed using Open Data Kit. Logistic regression was used to assess predictors.

Results: Among the 464 pregnant women, 33 (7.1%) reported IPV during pregnancy, and among these 24 (72.7%) reported emotional violence, 16 (48.5%) reported sexual violence, and 10 (30.3%) reported physical violence. Among the study participants, only 8 (1.7%) were screened for IPV. IPV was reported 3.27 times more likely among women whose partners are Khat chewers compared to non-chewers; and 1.52 times more often among women who reported that their partner drank alcohol compared with non-drinkers.

Conclusion: Very few women were screened for IPV. Partners drinking alcohol and chewing Khat are significantly positively associated with IPV during pregnancy. IPV screening should be included in the national management protocol of obstetric cases of Ethiopia.

P11.03 | WHY MOTHERS DIE: FINDINGS FROM A CONFIDENTIAL ENQUIRY INTO MATERNAL DEATHS IN EASTERN ETHIOPIA

CATEGORY: PREGNANCY

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Paul's Hospital Millennium Medical College, Ethiopia; ⁵Leiden University Medical Centre, Netherlands; ⁶University of Oxford, Ethiopia

Objective: To analyze the causes of maternal deaths, its preventability, and associated delays in eastern Ethiopia following the confidential enquiry into maternal deaths system.

Method: Through adapting the UK confidential enquiry into maternal deaths (MBRRACE-UK) methodology, a confidential enquiry into maternal deaths (CEMD) was undertaken to describe the quality-of-care women received and identify causes, contributing

factors, and preventability of all maternal deaths from April 2021–March 2022 in 13 hospitals in eastern Ethiopia. A multidisciplinary CEMD committee members were trained by experts from MBRRACE-UK and reviewed 59 maternal deaths that occurred during the study period.

Results: Of 59 maternal deaths, mean age of 28 (± 5.8) years, the leading cause of deaths were hemorrhage (45.8%) followed by eclampsia (25.4%). In 9 out of 10 women who died, improvement in care which may had a difference in outcome were identified. Similarly, delay in seeking, reaching, and receiving appropriate care in facilities was identified in 81.4%, 88.1%, and 91.5%, respectively of the women who died. Poor documentation is a challenge to understand the details of care given.

Conclusion: Obstetric hemorrhage continued to be the leading cause of maternal deaths. In almost all deaths, delay was observed at different level of care. Strengthening management of women at the lower level facilities, improving involvement of seniors, and strengthening documentation are essential for improving maternal survival in Ethiopia and similar settings.

P11.04 | OBSTETRIC FACTORS ASSOCIATED WITH EARLY NEONATAL DEATHS: FINDINGS FROM SOWETO, SOUTH AFRICA

CATEGORY: PREGNANCY

A. Chikandiwa

University of the Witwatersrand, Zimbabwe

Objective: A child in sub-Saharan Africa is 10 times more likely to die in the neonatal period than one in a developed country. We aimed to describe the characteristics of mothers who had neonatal deaths in Soweto, South Africa and identify antenatal and intrapartum risk factors of early neonatal deaths (ENND).

Method: Secondary data analysis of 197 mother-neonate pairs from CHAMPS Soweto study site. Descriptive analysis was conducted using measures of central tendency, frequencies and percentages. Factors associated with ENND were evaluated using multivariable adjusted logistic regression models. Time to neonatal death was summarised by Kaplan Meier survival methods. Independent predictors of ENND were assessed with multivariate adjusted Cox regression models and Log rank tests. Stata version 15 was used for analysis with significance set at 5%.

Results: Median age was 27-years and 79.4% had ENND. Previous-neonatal-death (aOR = 2.40, 95% CI: 1.01–5.90, $P=0.05$), assisted-vaginal-delivery (aOR = 1.58, 95% CI: 1.79–4.42, $P=0.05$), fetal distress (aOR = 7.97, 95% CI: 1.05–60.78, $P=0.05$) and low-Apgar (aOR = 4.02, 95% CI: 1.21–13.7, $P=0.02$) were associated with ENND. Previous-neonatal-death (aHR = 1.33; 95% CI: 1.10–1.89, $P=0.04$), prematurity (aHR = 1.62, 95% CI: 1.03–2.45, $P=0.04$), assisted-vaginal-delivery (aHR = 1.96, 95% CI: 1.03–3.71, $P=0.04$), fetal distress (aHR = 2.01, 95% CI: 1.23–3.27, $P=0.01$) and

low-Apgar (aHR = 1.59, 95% CI: 1.01–2.31, $P=0.02$) predicted time to death.

Conclusion: Antenatal and intrapartum obstetric factors were associated with early neonatal deaths in Soweto. Improvements in antenatal and intrapartum obstetric care can reduce help reduce the burden of early neonatal deaths in South Africa.

P11.05 | CONSERVATIVE MANAGEMENT OF COUVELAIRE UTERUS WITH SURABAYA METHODS UTERINE COMPRESSION SUTURE: THE SERIAL CASES

CATEGORY: PREGNANCY

A. Sulistyono

Medical Faculty Airlangga University—Dr. Soetomo General Hospital Surabaya Indonesia, Indonesia

Objective: Couvelaire uterus, also known as uteroplacental apoplexy, is a rare but serious consequence of placental abruption that causes widespread blood extravasation into the uterine musculature. We present three cases of postpartum hemorrhage due to couvelaire uterus that were effectively treated with Surabaya uterine compression sutures techniques.

Method: Three referred patients arriving because of severe preeclampsia, placental abruption, anemia, intra uterine fetal death and not in labor. These gestational ages of 38/39; 32/33 and 31–32 weeks of pregnancy and diagnosis of couvelaire uterus were established by visual examination of the uterus during cesarean section. We decided to use Surabaya methods uterine compression suture using 3 vertical parallel stitches from lower uterine segment to uterine fundus to all patients.

Results: Surabaya methods were succeed to stop bleeding and preserved uterus in all cases. The complication were anemia, thrombocytopenia, abnormal blood coagulation and acute renal failure. All patients received blood transfusion. Patients were discharged from hospital on the day 5 to 6 with the good condition. The reproductive function after operation were normal, and 1 patient got pregnant after 2 years later and performed Caesarean section with a healthy baby, normal uterus without adhesion.

Conclusion: This case series indicates the potential role of the Surabaya uterine compression technique to successfully treat the couvelaire uterus in order to prevent the possibility of hysterectomy in women who still desire to become pregnant in the future.

P11.06 | INTIMATE PARTNER VIOLENCE IN PREGNANCY: A MULTICENTRE, BINATIONAL STUDY

CATEGORY: PREGNANCY

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Objective: Intimate partners are the commonest perpetrators of violence against women. With an estimated prevalence of 36%, sub-Saharan Africa (SSA) contributes significantly to the burden of Intimate Partner Violence (IPV) in Africa. This study aimed to determine and compare the prevalence and determinants of IPV in pregnancy in two SSA countries.

Method: Following National and Institutional Boards approvals, a prospective cross-sectional study to determine the prevalence and determinants of IPV in pregnancy in Nigeria and Ghana was conducted, from February-July 2022. Nine hundred and fifty-eight pregnant women attending antenatal clinics in 17 hospitals across the six geopolitical zones in Nigeria and three hospitals in three regions in Ghana were screened for IPV using the HARK (Humiliation, Afraid, Rape, Kick) tool. Screen-positive women were referred to support services.

Results: The prevalence of IPV in pregnancy in both countries was comparable (Nigeria-23.3% vs Ghana-24.4%), with an overall prevalence of 23.7%. Humiliation/emotional abuse was the predominant type of abuse (87.2%). The commonest consequences were anxiety (43.6%) and depression (36.6%). Fifteen (6.6%) affected women had contemplated/attempted suicide. Three out of every five (59.9%) affected women did not report IPV either because they did not want a third party to be aware or were afraid to report (40.4%).

Conclusion: One out of every five pregnant women in Nigeria and Ghana have experienced IPV, with significant psychological consequences. Most cases remain unreported for fear of social stigma. Routine IPV screening and prompt referral of screen-positive women to support services is advocated. Existing support systems should be strengthened and effectively utilised.

P11.07 | PATTERNS OF ADMINISTRATION OF ANTENATAL CORTICOSTEROIDS AT KENYATTA NATIONAL HOSPITAL

CATEGORY: PREGNANCY

A. Kasi Barthelemy
 Yes, Democratic Republic of the Congo

Objective: To describe the patterns of administration of Antenatal corticosteroids at Kenyatta National Hospital.

Method: This was a retrospective cohort study in which data of pregnant women from 24 to 37 weeks who presented with PPRM, pre-eclampsia/Eclampsia, Diabetes melitus, multiple pregnancy and those scheduled for elective cesarian section and had received at least 1 dose of Antenatal corticosteroids were retrieved and analyzed. Type, dosage and completion rate of antenatal corticosteroids were described.

Results: 45% of the study participants had early preterm labor versus 44.8 % who had late preterm delivery and 9.1% elective cesarean section at early term. The highest proportion of the participants had pre-eclampsia with severe. Features 66.8 % followed by PPRM 22.5 %. Dexamethasone was the only antenatal corticosteroid administered at Kenyatta National, 253 (73%) received 6 mg IM 12 hourly versus 93 (27 %) who received 12 mg as a stat dose.

Conclusion: ACS at KNH are used across almost all gestations, 67.9% had PET followed by PPRM 22.2% 61.3 % completed the dose of ACS, 2/3. Dexamethasone was the only antenatal corticosteroid administered at Kenyatta National, 253 (73%) received 6 mg IM 12 hourly versus 93 (27 %) 12mg.

P11.08 | SHOCK INDEX VALUE IN POSTPARTUM HAEMORRHAGE DIAGNOSIS

CATEGORY: PREGNANCY

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¹Hospital General Dr. Manuel Gea Gonzalez, Mexico; ²Universidad Autónoma de México, Mexico; ³Instituto Nacional de Perinatología Isidro Espinosa de los Reyes, Mexico; ⁴Instituto Nacional de Perinatología Isidro Espinosa de los Reyes., Mexico; ⁵Instituto Nacional de Perinatología, Mexico

Objective: Determine the diagnostic value of shock index (SI) during postpartum haemorrhage.

Method: Descriptive, retrospective, transversal and cohort study in two Mexico City tertiary health centers from November 2018 to July 2019. Shock index was measured when the anterior shoulder of the newborn was exposed and when a standardized observer identified a blood loss of 500, 1000, 2000 and 3000 mL during obstetric event. The diagnostic value of SI was analyzed due to sensitivity (SEN), specificity (SPE), positive predictive value (PPV) and negative predictive value (NPV).

Results: 639 pregnancy resolutions were analyzed, of which 561 (87.79%) were caesarean sections and 78 (12.21%) vaginal deliveries. A significant association was found for 500 mL in the shock index value of 0.7, and the following results were obtained sensitivity 0.73, specificity 0.91, predictive positive value 0.97, negative predictive value 0.48, likewise for 1000 mL with shock index threshold of 0.8: sensitivity 0.49, specificity 0.99, positive predictive value 0.97, negative predictive value 0.83, were obtained.

Conclusion: Shock index proved to have low clinical utility for the assessment of hemodynamic status in obstetric patients during acute blood loss. A low diagnostic value of SI was found, unlike what it's reported in the international literature, so it should be taken carefully as a unique haemodynamic parameter.

P11.09 | GLYCOSYLATED HEMOGLOBIN AS GESTACIONAL DIABETES PREDICTOR

CATEGORY: PREGNANCY

A. Cortes¹; A. Morales²; M. Macías²; C. Serrano³

¹BUAP, Mexico; ²Benemerita universidad autonoma de Puebla, Mexico;

³Instituto Mexicano del Seguro social, Mexico

Objective: Gestacional diabetes (GD), it's actually a public health problem associated to perinatal complication and maternal predisposition for a chronic disease; as other pathologies, the measurement of glycosylated hemoglobin (HbA1c) could be predictor of GD development, even allowing the early dietary modifications for a better control during pregnancy.

Method: Prospective observational study included healthy Mexican women in first trimester of pregnancy, older than 18 years, excluding those women with a history of metabolic, autoimmune diseases, pre-pregnancy metformin intake, evidence of First trimester ultrasound abnormalities. HbA1c was measured before 13.6 weeks and a 75-g glucose tolerance curve (GTC) between 24 and 28 weeks, calculating specificity (E), sensitivity (S), positive predictive value (PPV) and negative (NPV) by analyzing the area under the receiver-operator characteristic curve (ROC).

Results: The HbA1c values and GTC results of 51 women were analyzed. Mean maternal age of 33.2±5.5 years, pre-pregnancy body mass index (BMI) 27.08±5.2 kg/m², basal GTC 81.5±7.4 mg/dL, at 1 h 142.92±30.1 mg/dL, and at 2 h 114.98±23.8 mg/dL, with an HbA1c in patients who developed gestational diabetes of 5.4±0.41 mg/dL (P=0.05).

Conclusion: HbA1c range during the first trimester as a predictor for the development of DG was 5.4%, (S of 64%, E of 78%, PPV 85.2% and NPV 52.9%). We suggest that patients with values greater than this requires initiation of dietary measures to reduce the risk of maternal-fetal morbidity and mortality.

P11.10 | UTEROPLACENTAL AND FETAL HEMODYNAMIC CHANGES AND FETAL OUTCOME IN PATIENTS WHO RECEIVED PRAVASTATIN L-ARGININE THERAPY FROM 12 TO 14 WEEKS OF PREGNANCY

CATEGORY: PREGNANCY

A. Jurisic

University of Belgrade Medical Faculty Narodni front OB/GYN

University Clinic, Serbia

Objective: The aim of our study was to analyze hemodynamic changes in uteroplacental and fetal circulation in patients who received Pravastatin L-arginine therapy from 12 to 14 weeks of pregnancy due to increased risk of ischemic placental disease.

Method: In this study 23 patients were included. Patients were examined between 12 and 14 weeks of pregnancy and when Mean PI of uterine artery was calculated above 95% Pravastatin 40 mg and L-arginine 1500 mg were administered in order to improve uterine artery vascular resistance. We followed up these patients until delivery and analyzed the incidence of cesarean section, fetal weight on delivery, fetal outcome measured by Apgar score and occurrence of hypertension, preeclampsia and placental abruption.

Results: Median gestational age at delivery was 39 weeks. Mean fetal weight was 3022±660 g. IUGR was registered in 21% of patients. Premature delivery was present in 3 (13%) patients. The incidence of cesarean section was 43%. The incidence of hypertension was 17%. The incidence of preeclampsia was 21.7% (5 patients). Placental abruption occurred in 2 (8%) patients. Mean AUT PI values significantly decreased after 4 weeks of therapy. UAPI and MCAPI remained in normal range.

Conclusion: In patients who received Pravastatin and L-arginine therapy we confirmed improvement in uteroplacental circulation during pregnancy. We managed to maintain normal placental perfusion and umbilical artery vascular resistance. Pregnancy was extended up to 39 weeks and premature delivery was present in only 3 (13%) patients due to fetal asphyxia.

P11.11 | PLANNED DELIVERY VERSUS EXPECTANT MANAGEMENT FOR LATE PRETERM PRE-ECLAMPSIA IN LOW AND MIDDLE-INCOME COUNTRIES (CRADLE-4): A COST MINIMIZATION ANALYSIS

CATEGORY: PREGNANCY

A. Beardmore-Gray; A. Shennan

King's College London, UK

Objective: In high-income settings, planned delivery for pre-eclampsia from 34 weeks' gestation improves maternal outcomes, for a net-cost saving. Using data from the CRADLE-4 Trial, we calculated the cost of planned delivery between 34+0 and 36+6 weeks' gestation, compared to expectant management, in a low and lower-middle-income setting.

Method: 565 women with late preterm pre-eclampsia, without an indication for delivery, were allocated to planned delivery ($n=284$), or expectant management ($n=281$), across nine sites in India and Zambia. Resource use was collected for antenatal and postnatal maternal and neonatal inpatient hospital stays and delivery. Unit costs were obtained from sites and converted to 2021 United States Dollars.

Results: Planned delivery significantly lowered cost for maternal antenatal inpatient stays ($-\$49$ 95% CI -76 to -22). There was no significant difference in combined maternal and infant costs ($-\$105$ 95% CI -340 to 130). In Zambia, significantly lower maternal ($-\$80$ 95% CI -150 to -9) and total ($-\$113$ 95% CI -222 to -2) costs for planned delivery were observed, but no significant differences were found for India. In the main analysis, planned delivery significantly reduced stillbirths.

Conclusion: This cost analysis provides reassurance that planned delivery can be safely implemented in lower resourced settings, without increasing cost to the health system, and providing a net cost-saving for antenatal and maternal care. Challenges remain in the methods for evaluating resource use and costs in these settings.

P11.12 | THE IMPORTANCE OF NUCLEAR MAGNETIC RESONANCE IN THE EARLY DIAGNOSIS OF PLACENTA PERCRETA WITH BLADDER INVASION: A CASE REPORT

CATEGORY: PREGNANCY

A. Mendes¹; A. Medeiros²

¹Faculty of Medical Sciences of Paraíba, Brazil; ²Universidade Federal da Paraíba, Brazil

Objective: The purpose of this abstract is to report a case of placenta percreta, in the anterior uterine wall, with invaded bladder, diagnosed early through imaging tests. In addition, to correlate the importance of nuclear magnetic resonance in the patient's favorable prognosis, contributing to save her life.

Method: To prepare the case report, we used the information obtained through review of the medical record, interview with the patient, photographic record of the diagnostic methods to which the patient was submitted and review of the literature.

Results: Patient V.V., 32 years, G1P1, previous surgeries (myomectomy and cesarean section), GA: 37 weeks 3 days, complaining of bleeding throughout her gestational period, admitted to a reference hospital for mothers and children in the city of João Pessoa, State of Paraíba, Brazil, in the day 09/05/2018. Previous image exams, US and NMR, showing placenta percreta in the anterior uterine wall, with bladder invasion, which helped in the mobilization of the surgical team and in the preventive approach.

Conclusion: The outcome of the case was favorable, with a good prognosis for the patient. The NMR closed the diagnosis of antenatal placenta percreta and showed invasion of adjacent organs, such as the bladder, offering a wider field of view, which improved surgical planning and contributed to saving the patient's life.

P11.13 | PERINATAL OUTCOMES OF TWIN DELIVERIES AT A TEACHING HOSPITAL IN GHANA

CATEGORY: PREGNANCY

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¹University of Ghana Medical School, Sierra Leone; ²University of Ghana Medical School, Ghana

Objective: To determine the incidence and perinatal outcomes of twin deliveries at Korle-Bu Teaching Hospital, Ghana.

Method: A retrospective review compared perinatal outcomes between singletons and twin deliveries between January 2019 to December 2020. Data were collected on deliveries at gestation greater than 28 weeks covering maternal age, parity, gestational age at delivery, birthweight, foetal Apgar scores, and sex. Categorical variables were analysed using odds ratios (OR) with 95% Confidence Intervals (CI) and Chi-squared tests, and continuous variables were compared using student's *t* test.

Results: There were 394 twin deliveries during the study period. Preterm delivery in twins was five times that for singletons (OR 5.33, CI 3.9–7.2). Twins had a 29% reduced likelihood of being delivered by caesarean section compared to singletons (OR=0.71 [0.53–0.95], $P<0.022$). Low birth weight infant among twins was more than six times as compared to singletons. Stillbirths were significantly more likely to occur in twin deliveries compared to singleton deliveries (OR=5.91 [2.04–15.52], [$P<0.001$]).

Conclusion: Twin gestations are associated with a higher risk of preterm deliveries, low birth weight and stillbirths than singleton deliveries at Korle-Bu.

P11.14 | TRANSFER OF MATERNAL COVID-19 VACCINE ANTIBODIES TO LOW BIRTHWEIGHT INFANTS: OPTIMIZING PROTECTION FOR THE MOST VULNERABLE NEWBORNS

CATEGORY: PREGNANCY

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¹University of Washington, USA; ²University of Washington Department of Obstetrics and Gynecology, Seattle, Washington, USA

Objective: COVID-19 vaccines in pregnancy may protect young infants from severe illness via maternally-derived IgG. Transplacental transfer of maternal IgG is thought to be lower in infants with low-birth weight (LBW) compared to infants with normal birthweight (NBW). We aimed to evaluate anti-Spike (S) antibody transfer in LBW versus NBW infants.

Method: In this prospective cohort study among pregnant individuals receiving at least 2 doses of an mRNA COVID-19 vaccine prior to delivery, we tested paired maternal and cord samples for anti-S IgG, using linear regression to evaluate associations between LBW (birthweight <2500 g) and anti-S antibody. We included as covariates timing of last vaccine dose, gestational age at delivery, number of doses prior to delivery, anti-nucleocapsid (N) antibody presence, and small for gestational age (<10 th percentile).

Results: We tested maternal/cord anti-S IgG from 56 LBW and 251 NBW pregnancies. The median gestational age at delivery and birth weight was 34.3 weeks/1958g for LBW infants compared to 39.3 weeks/3315g for NBW infants. Median cord anti-S IgG was 8278 BAU/mL (IQR:3529-18278) and 3077 BAU/mL (IQR:975-16025) for LBW and NBW infants, respectively. After adjustment for covariates, there was no difference between anti-S concentrations of LBW and NBW infants (beta:0.46; 95% confidence interval: -0.30, 1.21; $P=0.23$).

Conclusion: Maternal IgG concentrations may be more important predictors than infant birthweight for SARS-CoV-2 cord IgG concentrations. COVID-19 vaccine administration prior to delivery is important for LBW infants. Policy regarding timing of COVID-19 vaccine during pregnancy should consider pregnancies with LBW infants including those at risk for prematurity or growth restriction.

P11.15 | PREGNANCY OUTCOMES FOLLOWING SURGICAL REPAIR OF FEMALE GENITAL FISTULA IN UGANDA CATEGORY: PREGNANCY

A. El Ayadi

University of California San Francisco, USA

Objective: To quantify the occurrence of adverse pregnancy outcomes following female genital fistula repair in contrast to the general population of childbearing women, and to describe the sociodemographic and clinical characteristics associated with elevated risk of stillbirth in the first post-repair pregnancy among a cohort of Ugandan women.

Method: We conducted a retrospective study among 270 Ugandan women who experienced a post-repair pregnancy within the prior 10 years, capturing sociodemographic characteristics, fistula characteristics, antenatal and childbirth experiences for the first post-repair pregnancy. We compared pregnancy outcomes to a matched external cohort of Ugandan Demographic and Health Survey (DHS) participants. Comparison of adverse post-repair pregnancy outcomes and factors associated with increased risk of adverse outcome were evaluated using logistic regression analysis.

Results: Spontaneous abortion occurred in 17% of first post-repair pregnancies. Among continuing pregnancies ($n=220$), 96% were livebirths and 4% stillbirths. After matching on age, education, and parity, stillbirth rates did not differ by fistula status. However, stillbirth varied by birth mode, ranging from 17% among emergency cesarean to 0.9% for elective cesarean ($P=0.003$). Differences in stillbirth rates were identified by age group, educational attainment, food insecurity, violence exposure, antenatal care, birth planning, and maternal co-morbidities.

Conclusion: Our results confirm that greater attention to high-quality comprehensive pregnancy and birth planning and care is critical to improving outcomes among women who have undergone fistula repair. Additional investments must be made to strengthen

women's health access and knowledge that supports their post-repair reproductive goals.

P11.16 | A NEW PROTOCOL FOR PRE-ECLAMPSIA IN AN OBSTETRIC REFERENCE SERVICE IN VALE DO SÃO FRANCISCO, BRAZIL, ANALYSIS OF IMPACT ON MATERNAL AND PERINATAL OUTCOMES AFTER IMPLEMENTATION OF: A COHORT STUDY CATEGORY: PREGNANCY

A. Pacheco

Faculdade Estácio-IDOMED de Juazeiro- BA, Brazil

Objective: To evaluate the impact of a protocol with a new way of classifying Gestational Hypertensive Syndromes on the maternal and perinatal outcomes of pregnant women and their newborns.

Method: Retrospective cohort, carried out in the São Francisco Valley, Northeast Brazil. The new protocol included categorization of "stable" or "unstable" preeclampsia, corticosteroids for late prematurity and defined the possibility of conservative management up to 37 weeks for patients with severe preeclampsia. Two groups were evaluated: in the first, 50 pregnant women before the protocol and in the second 50 pregnant women after implantation. To calculate the sample size and data analysis we used the EPI-INFO 7.0.

Results: We did not observe significant differences in maternal outcomes. There were differences in neonatal outcomes. In the group after implementation of the protocol, there were more newborns weighing more than 2.5 kg (RR 5.2-CI 2.16-12.47), less need for supplemental oxygen (RR 0.37-CI 0.25-0.56), lower incidence of respiratory disorders (RR 0.47-CI 0.32-0.69) and less neonatal sepsis (RR 0.30-CI 0.14-0.64).

Conclusion: The favorable results in relation to newborns suggest the possibility of an expectant management and the use of corticosteroids as a safe option for some patients with severe preeclampsia after 34 weeks, to the benefit of the mother and child binomial.

P11.17 | PREGNANCY OUTCOMES IN WOMEN WITH SICKLE CELL DISEASE (SCD)—A TERTIARY CENTRE EXPERIENCE IN NIGERIA. WHAT HAS CHANGED? CATEGORY: PREGNANCY

A. Obi-nwosu¹; B. Nwosu¹; C. Ubajaka²; M. Madu³; S. Ezemenah⁴

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⁴Nnamdi Azikiwe University, Nnewi Campus, Nigeria

Objective: Sickle cell disease in pregnancy has increased fetal and maternal risks. Considering the increasing number of women with SCD in pregnancy, it is necessary to explore the progress made over the last decade as well as what more can be done to achieve the desirable outcomes in SCD in pregnancy.

Method: This was a retrospective descriptive cross-sectional study of women with SCD who accessed antenatal care (ANC) at the Nnamdi Azikiwe University Teaching Hospital (NAUTH) Nnewi over a 10-year period. Folder numbers were obtained from the obstetrics clinic and thereafter the folders were assessed and data retrieved using a checklist designed for that purpose. Data analysis was done using statistical package for social sciences version 22. Results were presented in form of frequency tables.

Results: The mean age of the subjects was 28.3 ± 5.6 years. The mean gestational age at booking was 26 ± 9.5 weeks. All the subjects had HbSS variant. Commonest complication was anemia (100%) followed by vaso-occlusive crisis (89%). Eighty nine percent of the women were delivered by emergency caesarean section prior to 37 weeks gestational age. All the subjects received blood transfusion in the course of the pregnancy. Fifty percent of the neonates had fetal distress at birth.

Conclusion: Majority of the women with SCD in pregnancy did not receive preconception care and also did not commence their ANC early enough. There is need to educate women with SCD on the need for preconception care to ensure optimization of health prior to conception.

P11.18 | THE INTERIM RESULTS OF THE E-POWUS STUDY: MULTICENTRE BLINDED RANDOMISED CONTROLLED TRIAL OF ULTRASOUND SPEED CHOICE TO IMPROVE SONOGRAPHY QUALITY IN PREGNANT WOMEN WITH OBESITY

CATEGORY: PREGNANCY

A. Delabaere

University Hospital of Clermont-Ferrand, France

Objective: The assessment of fetal anatomy is less thorough in obese pregnant. The construction of ultrasound images uses a conventional ultrasound propagation velocity which does not correspond to the speed in fat tissue. The main objective is to compare the fetal ultrasonography quality according to the free choice of ultrasound velocity.

Method: This randomised trial is an impact study to compare a diagnostic innovation with the reference technique. The trial inclusion criteria require that an obese pregnant be undergoing a fetal morphology examination by ultrasound from 20+0 to 25+0 gestational weeks. We proposed interim analyses of our results. At this stage y, the blinding of the randomization group cannot be removed. We have studied effects of BMI on the completeness and duration of the ultrasound exam.

Results: In May 2022, 312 patients were included. The BMI of pregnant women had no effect on the completeness of the fetal morphology examination, but it was associated with a longer examination time.

Conclusion: Strategies for improving fetal ultrasound screening in obese patients should be studied to improve detection of fetal malformations, which are more frequent, and reduce musculoskeletal disorders in the operator, favored by a longer operating time.

P11.19 | THE EFFICACY OF POINT-OF-CARE ULTRASOUND (POCUS) SESSION IN OBSTETRICS AND GYNECOLOGY FOR PHYSICIAN INTERNS

CATEGORY: PREGNANCY

A. Takesawa

Kameda Medical Center, Japan

Objective: Point-of-care ultrasound (POCUS) is one of the key bedside ultrasound components and allows for a faster diagnosis. Several studies of POCUS for physician interns have shown efficacy in improving interpretation. However, the efficacy in the Obstetrics and Gynecology field (Ob/Gyn-POCUS) remains unclear. We investigated the effectiveness of an Ob/Gyn-POCUS session.

Method: We conducted a retrospective study. A one-day Ob/Gyn-POCUS session was provided for physician interns in July 2022. It consisted of introductory lectures and hands-on scanning training. A questionnaire was conducted to evaluate the interpretations and levels of interest before and after the session.

Results: Thirteen physician interns participated in the Ob/Gyn-POCUS session. Most of the participants were second-year interns. Moreover, 46.2% ($n=6$) had completed Obstetrics and Gynecology (Ob/Gyn) intern training, and 53.8% ($n=7$) had not completed it before attending this session. There was a significant improvement in knowledge scores from 5.62 ± 1.69 to 8.23 ± 0.89 ($P < 0.01$), and interest scores from 5.46 ± 3.03 to 8.62 ± 0.63 ($P < 0.01$).

Conclusion: This study suggests the Ob/Gyn-POCUS session for physician interns can effectively improve their ultrasound interpretation, even if they have not yet completed the Ob/Gyn intern training. However, further studies are needed to investigate improving the efficacy of POCUS-related skills for diagnosis in the Ob/Gyn field.

P11.20 | ASSOCIATION OF MATERNAL LIPID PROFILE IN PREGNANCY WITH FETOMATERNAL OUTCOME

CATEGORY: PREGNANCY

A. Pandey Mishra¹; V. Narang²

¹*Professor of Obstetrics & Gynaecology at King George's Medical University, Lucknow, UP, India;* ²*Junior resident Obstetrics & Gynaecology, India*

Objective: Gestational hyperlipidaemia has been associated with gestational diabetes mellitus (GDM), hypertensive disorders of pregnancy (HDP), premature labor and long-term health risks for mother and fetus. This study aims to study variation in lipid levels in pregnancy and relationship between maternal lipid levels and fetomaternal outcomes.

Method: In this prospective cohort study 300 pregnant women between 18 to 40 year age, willing to come to hospital in a fasting state were enrolled after informed consent. Women on hypolipidemic drugs were excluded from the study. All registered women were

followed-up for lipid profile in each trimester and feto-maternal outcome.

Results: Gestational hyperlipidemia was seen in 22.08%, 32.86% & 64.33% pregnant women in 1st, 2nd & 3rd trimester respectively. GDM (21.81%), HDP (19.2%) and Fetal growth restriction (16.1%) were major antenatal complications seen. Most mothers underwent Cesarean Section (61.33%), 26.67% delivered preterm. Intrauterine and neonatal deaths was seen in 13.33% women. Logistic regression analysis revealed second and third trimester Triglycerides ($P < 0.001$) and HDL-C level ($P < 0.001$) were predictors for delivering Large for Gestational age neonate.

Conclusion: Hyperlipidemia in pregnancy must be addressed. Lifestyle modifications to lower Triglyceride and Total Cholesterol levels like healthy diet and physical exercise must be promoted in women of reproductive age to minimize the incidence of abnormal maternal lipid profile in pregnancy and prevent adverse feto-maternal outcomes.

P11.21 | THE ROLE OF HYDROXYCHLOROQUINE IN PREGNANT WOMEN WITH SYSTEMIC LUPUS ERYTHEMATOSUS (SLE)

CATEGORY: PREGNANCY

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Objective: Hydroxychloroquine (HCQ) is often needed to manage disease activity in systemic lupus erythematosus (SLE) during pregnancy. The main purpose of this study was to evaluate the pregnancy outcomes in women with SLE under HCQ treatment.

Method: Retrospective cohort study including all singleton pregnancies of SLE women in a tertiary center between January 2010 and December 2019. Two groups were considered: women taking HCQ for disease control during pregnancy (G1) and those who did not (G2). The primary outcomes comprised an evaluation of maternal characteristics, antenatal and postnatal obstetric outcomes.

Results: A total of 123 pregnancies in SLE women were included (74% in G1). Women with previous miscarriages (G1: 34% vs G2: 12%, $P = 0.02$) presented statistical significance. By evaluating the laboratory findings, G1 presented anti-dsDNA more often (47% vs 22%, $P = 0.01$). Statistical differences were not found in antenatal and postnatal outcomes between groups. A sub-analysis of pregnant women with active disease showed a 4.6 greater risk of preterm birth in women who did not take HCQ.

Conclusion: A higher percentage of previous miscarriages in the HCQ group may be explained by unstable conditions in the periconceptional period, before starting HCQ therapeutics. Consequently, we recommend continuing HCQ during pregnancy, notably in cases of active disease, aiming to reduce the morbidity related to prematurity.

P11.22 | FETAL CERVICAL IMMATURE TERATOMA WITH PLACENTAL INVASION: A CASE REPORT

CATEGORY: PREGNANCY

A. López; Z. García; J. Gallardo; S. Acevedo; B. Velázquez;
M. Rodríguez
National Institute of Perinatology, Mexico

Objective: We present a case report of immature fetal cervical teratoma with fast growth placental metastasis that reflects the adverse perinatal outcomes associated with these tumors.

Method: A cross-sectional study, based on the medical record of a patient attended in the National Institute of Perinatology in Mexico City, in 2022.

Results: A 22-year-old woman was referred at 19 weeks gestation for fetal evaluation. A cervical tumor of $8 \times 6 \times 5$ cm was observed, heterogeneous, with cystic and solid areas, main nutrient vessel, with compression of the trachea and polyhydramnios. At 21.4 weeks an increase in the size and vascularity was observed. At 23 weeks she presents preterm labor. A non-vital newborn was delivered, with a 14×9.3 cm cervical tumor; the histopathology reports immature teratoma metastatic to the intervillous space.

Conclusion: This case report displays the relevance of antenatal morbidity and mortality associated with these rare, large, fast-growing, highly vascularized tumors, as well as the unusual presentation of placental metastases. The association of placental metastases with prognosis has not been described, so it is suggested to continue studying these cases.

P11.23 | INMUNOTROMBOSIS PLACENTARIA ASOCIADA A SARS-COV2 Y DEFICIENCIA DEL FACTOR XII

CATEGORY: PREGNANCY

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National Institute of Perinatology, Mexico

Objective: Presentar el caso clínico de una paciente con infección por SARS-CoV-2 y deficiencia de factor XII de la coagulación que presenta inmunotrombosis placentaria.

Method: Estudio transversal basado en el expediente clínico electrónico de una paciente con infección por SARS-CoV-2 y deficiencia de factor XII de la coagulación atendida en el Instituto Nacional de Perinatología de la Ciudad de México en 2022.

Results: Mujer de 37 años con embarazo gemelar bicorial biamniótico logrado por FIVTE de 19.0 semanas que se presenta con aborto en evolución y prueba positiva para SARS-CoV-2. Se recaba resultado histopatológico de ambas placentas, el cual reporta trombos decíduales en el 90% de la superficie examinada y mala perfusión vascular fetal crónica. El perfil trombofílico reporta deficiencia del factor XII de la coagulación con un nivel del 55.10% y homocisteína de 7.26 mmol/L.

Conclusion: Los hallazgos histopatológicos placentarios son datos de hipoxia y trombosis. Aproximadamente el 100% de las vellosidades

de la placenta de un feto se describen como avasculares y se reporta trombosis del cordón umbilical del otro feto, daños asociados al estado protrombótico e inflamatorio secundario a la infección por SARS CoV-2.

P11.24 | EPIDEMIOLOGICAL ANALYSIS OF TUBERCULOSIS IN PREGNANT WOMEN IN BRAZIL: RELEVANCE OF THE CASES OF A STATE IN THE WESTERN AMAZON

CATEGORY: PREGNANCY

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Objective: To analyze the epidemiological profile of tuberculosis in pregnant women in Brazil, comparing the state of Amazonas and other states.

Method: This is a retrospective, cross-sectional, descriptive study with a quantitative approach of a time series, with secondary data carried out through the Information System of Notifiable Diseases (SINAN) of DATASUS, 2001 to 2022. The variables surveyed were: number of cases in pregnant women, cases per year, period of pregnancy at diagnosis and municipality of diagnosis.

Results: The number of pregnant women with tuberculosis in Brazil in the period was 1913 178 cases, with a stable mean of cases per year. Amazonas corresponds to 3.37% with 24% of cases in the countryside, São Paulo 22.1% and Rio de Janeiro 16.3%. Most cases occurred in the second trimester of pregnancy, and pulmonary tuberculosis is the most common in all states, with 53 963 in Amazonas.

Conclusion: Results demonstrate that tuberculosis is a serious public health problem. In pregnant women, cases are diagnosed in the second trimester, with the pulmonary form being more common. There is a need for changes in public policies to improve access to diagnosis, promoting better management of pregnant women, with reduced risks.

P11.25 | DISFUNCIÓN VALVULAR MITRAL CON DOBLE LESIÓN Y REPARACIÓN MEDIANTE PROCEDIMIENTO VALVE IN VALVE DURANTE EMBARAZO—CASO DE ÉXITO: REPORTE DE UN CASO Y REVISIÓN DE LITERATURA

CATEGORY: PREGNANCY

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Objective: Describir el caso de una gestante con cardiopatía OMS III/IV y disfunción valvular mitral con doble lesión y reparación mediante procedimiento valve in valve durante embarazo, un caso de éxito.

Method: Estudio transversal, basado en la historia clínica de una paciente atendida en la Ciudad de México, México, en el Instituto Nacional de Perinatología en el año 2023.

Results: Paciente de 27 años con embarazo de 17.6 semanas y cardiopatía Materna OMS III/IV, NYHA III, disfunción de prótesis valvular, estenosis severa de válvula mitral. Calcificación de prótesis biológica mitral gradiente medio de 26 mm Hg, fevi 68%, gradiente transmitral 25, área valvular mitral estimada en 0.7. Se realiza implantación transcáteter mitral valve in valve con colocación de prótesis de edwards sapien, se resuelve vía cesárea a las 37 semanas sin complicaciones.

Conclusion: Se debe asesorar a las pacientes con estenosis mitral significativa para no embarazarse. Durante el embarazo debe ser considerado en mujeres con cardiopatía III/IV y/o PAP sistólica mayor 50 mmHg, el catéter con transcáteter Valve-in-Valve es una alternativa en pacientes con alto riesgo quirúrgico con estenosis aórtica bioprotésica.

P11.26 | ENDOCARDITIS Y FALLA CARDIACA GRAVE DEBUTANTE EN EMBARAZO, DIAGNÓSTICO Y TRATAMIENTO OPORTUNO, UN CASO DE ÉXITO

CATEGORY: PREGNANCY

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Objective: Describir el caso de una gestante con endocarditis y falla cardiaca grave debutante en embarazo, diagnostico y tratamiento oportuno, un caso de éxito.

Method: Estudio transversal, basado en la historia clínica de un paciente atendido en la Ciudad de México, México, en el Instituto Nacional de Perinatología en el año 2023.

Results: Paciente de 30 años con embarazo de 33 semanas, cardiopatía materna OMS III/IV, antecedente de cierre con dispositivo por persistencia del conducto arterioso y evento cerebrovascular isquémico trombolizada, se presenta con cuadro febril y hemocultivos positivos (S.Mitis), FEVI 48%, insuficiencia aórtica secundaria a vegetaciones, se traslada a instituto nacional de cardiología donde se coloca valvula mitral mecánica posterior a resolución de embarazo.

Conclusion: La enfermedad cardíaca valvular se encuentra en el 1% de los embarazos, la estenosis mitral se considera significativa si el área de la válvula es menor 1.5 cm². Teniendo en cuenta la viabilidad de nuestra institución, se debe decidir la opción más viable es la interrupción de embarazo para iniciar abordaje quirúrgico.

P11.27 | CORD CIRCULARS AND THEIR RELATIONSHIP WITH PERINATAL OUTCOMES

CATEGORY: PREGNANCY

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Objective: Demonstrate that cord circulars do not determine adverse perinatal outcomes, as well as the way of birth.

Method: We used a database of the Angeles Lomas Hospital, the selection criteria was to have the complete variables in the period of the last 3 years, leaving a sample of 558 women. The design was of a qualitative exploratory type. A preprocessing of base cleaning was carried out and, later, we used the statistical software SPSS version 25, the tests of normality, test of hypotheses and correlations between variables were carried out.

Results: Since the data obtained a score of 0.000 in the Kolmogorov-Smirnov normality test, hypothesis tests and non-parametric statistical correlations were performed. As main results, it was found that the length of the cord has a different behavior depending on whether they had a simple circular cord. Regarding admissions to the NICU, no statistically significant relationship was found with circular cord.

Conclusion: It is concluded that the circular cord does not negatively affect the APGAR scores or admission to the NICU in newborns regardless of whether the route of delivery was delivery or cesarean section.

P11.28 | ISOLATED OLIGOHYDRAMNIOS AND PERINATAL OUTCOME: A RETROSPECTIVE STUDY

CATEGORY: PREGNANCY

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¹Assistant Professor, India; ²Professor, India

Objective: To study the incidence of isolated oligohydramnios; and to study the perinatal outcome.

Method: The study was conducted in Mahadevappa Rampure Medical College, Kalaburagi, Karnataka, India. Retrospectively patients were studied from June 2022 to Dec 2022.

Results: Total 50 patients studied. The age group was of 21–25 years (52 %), 26–30 years age group (36%). Most common group was of gestational age 38–40 weeks in 50 % patients. The most common amniotic fluid index in our study was 4–5 cm (60%). The most common mode of delivery in our study was cesarean section in 78% patients. In our study 38% babies had birth weight of 2–2.5 kg. Total 26 % babies required NICU admission.

Conclusion: Pregnancies with Oligohydramnios associated increased rate of cesarean section and low birth weight babies. Antepartum

diagnosis of Oligohydramnios warrants close fetal surveillance.

Keywords: Amniotic fluid index, oligohydramnios, NICU.

P11.29 | EARLY PREGNANCY PROTEINURIA: NEPHROTIC SYNDROME WITH SUCCESSFUL PREGNANCY OUTCOME, A CASE REPORT

CATEGORY: PREGNANCY

A. Kimama

University of Nairobi, Kenya

Objective: Background: Proteinuria in pregnancy is mostly attributed to preeclampsia, however before twenty weeks gestation it is more likely due to an underlying renal disease. There is controversy in literature as to whether pregnant women with Nephrotic syndrome have higher rates of adverse pregnancy outcomes when renal function is well preserved.

Method: Case presentation: A 33 year old, Para 1+0 G2 at Kenyatta National Hospital, Kenya, was on follow up for nephrotic syndrome for five years at renal unit and was sent to the antenatal clinic as soon as she missed her period. Her earlier medications were changed at the earliest opportunity and she did not continue taking Enalapril, Atorvastatin and Spironolactone during pregnancy. Though she had proteinuria in most visits, her blood pressures and renal function.

Results: Case continued: Remained normal throughout the pregnancy. Fetal surveillance scans were reassuring in all trimesters. She was followed up by both renal physicians and obstetricians throughout the pregnancy. She went into spontaneous labor at 38 weeks and delivered a live male neonate weighing 3 kg with a good APGAR score. There were no postpartum complications, and both were discharged home on day three. The patient continues to be followed up by nephrologists at the renal unit.

Conclusion: Nephrotic syndrome in the absence of hypertension and renal insufficiency has minimal effect on the outcome of pregnancy. Early diagnosis, treatment and multidisciplinary approach aid in achieving good pregnancy outcomes.

P11.30 | DEVICES FOR POSTPARTUM HAEMORRHAGE MANAGEMENT: A PIPELINE ANALYSIS COVERING 20 YEARS OF RESEARCH AND DEVELOPMENT

CATEGORY: PREGNANCY

A. Ammerdorffer

Concept Foundation, Netherlands

Objective: We developed a comprehensive database profiling all devices investigated between 2000 and 2023 for the prevention and treatment of postpartum haemorrhage (PPH).

Method: Adis Insight, Pharmaprojects, WHO ICTRP, PubMed and grant databases were searched to develop the database. Inclusion criteria are (1) A device designed specifically to control PPH, or repurposed—but with demonstrated application to—the treatment of PPH; (2) Either be approved and registered for PPH, in active pre-clinical, clinical development now or has been in development at one point between 2000 and 2023; (3) Be applicable for use in any context, including HIC and LMIC.

Results: A total of 36 devices were identified: Eighteen balloon devices, five external compressive devices, four vacuum devices, three medicated gauze, two intravaginal clamps and four other devices including sponges, 'butterfly' devices, arterial occlusion devices, and ice packs. Twelve of them were approved for PPH management. Two-fifths of all devices were developed specifically to treat and control PPH, 21 devices were repurposed. Only a few devices were explicitly purposed as low-cost options for resource-limited settings.

Conclusion: There exists a range of PPH devices that differ in concept and mechanism of action. However, many reflect the improvisation needed in low-resource settings. Few devices are specifically designed for PPH, and an even smaller proportion is affordable in LMIC. The PPH device R&D landscape still has room to develop.

P11.31 | ULTRASONOGRAPHIC DIAGNOSIS OF AMNIOTIC FLUID ABNORMALITIES

CATEGORY: PREGNANCY

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Objective: The assessment of the amniotic fluid volume as an indicator of the "fetal wellbeing".

Method: Literature review of the amniotic fluid index (AFI) and the single deepest pocket (SDP), as techniques used to estimate the amniotic fluid volume (AFV).

Results: The existing evidence supports the use of SDP, as opposed to AFI, for the assessment of AFV. This specific measurement will help us to identify pregnancies with poly- or oligohydramnios and subsequently to plan the appropriate management for each case in order to improve the perinatal outcome.

Conclusion: The assessment of the amniotic fluid volume (AFV) constitutes an essential factor of the antenatal care. When combined with other forms of antenatal testing, it is thought to be an important indicator of the "fetal wellbeing".

P11.32 | NAVIGATING A CARE PATHWAY TO IMPROVE QUALITY OF ANTENATAL CARE NEAR TO THE WOMAN: EXPERIENCES FROM RURAL INDIA

CATEGORY: PREGNANCY

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¹India; ²Public Health India, India; ³MBBS MPH in India, India

Objective: To improve the access to quality care near to the woman through care navigators who provides an opportunity for a client-centered care and coordination. The implementation geography of Madhya Pradesh is one of the states in India with high MMR of 173 per one lakh live births.

Method: Care Navigation encourage field Auxiliary Nurse Midwives (ANMs) to best manage their resources & services. 32 Care Navigators (CN) were onboarded from focused geography of 24 blocks to provide field-level support to ANMs, mainly towards improvement of Antenatal Care (ANC) sessions, resources and equipment availability and using digital applications. Structured checklist was developed. Each CN had supported 25–30 ANMs in a structured manner such that 2–3 sub-health centers (SHC) should be covered in a day.

Results: In 24 blocks, CNs conducted 5241 visits across 869 SHCs from June 2022 to May 2023 along with additional 5712 visits across villages. Improvement was recorded from baseline to the last visit of CN in key indicators at ANC clinic such as infrastructure from 60% to 72%, equipment's availability 71% to 80% and adequacy of key resources 72% to 78%. Important resources for estimation of hemoglobin and blood glucose recorded 79% and 26% improvement respectively.

Conclusion: Care Navigators supported navigation of more than 1000 pregnant women and facilitated to digitize recording gaps of more than 5500 high risk pregnancies. Effective care navigation with participatory supervision at field ANC clinics has potential to improve quality of care by empowering ANMs and ensuring resources and service provision.

P11.33 | RELATION BETWEEN MATERNAL HBA1C LEVELS IN FIRST TRIMESTER AND BIRTH WEIGHT OF THE BABY

CATEGORY: PREGNANCY

A. Srivastava

IPGME&R and SSKM Hospital, Kolkata, West Bengal, India

Objective: It is aimed to prospectively evaluate the association between HbA1c levels measured in all trimesters and the birth weight of the newborn.

Method: This cohort study was carried out at SSKM Hospital OPD on all pregnant women. The sample size taken was 100.

Results: We observed that HbA1C level at first Trimester had no significant difference with diagnosis.

Conclusion: There is no simple relationship between maternal glycaemic status in first Trimester and birth weight.

P11.34 | MATERNAL MAGNESIUM DEFICIENCY AFFECTS DEVELOPMENT OF SALT SENSITIVE HYPERTENSION IN OFFSPRING DUE TO WEAKENED CATECHOL-O-METHYLTRANSFERASE ACTIVITY

CATEGORY: PREGNANCY

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Objective: Magnesium (Mg) deficiency is common during pregnancy. Mg deficiency suppresses activity of catechol-O-methyltransferase, which affects the development of various diseases including salt sensitive hypertension (SSH) and preeclampsia. In this study, we hypothesized that maternal Mg deficiency might affect the development of SSH in offspring via lowering their COMT activity.

Method: 8–12 weeks-old female C57BL/6J and DBA/2J mice were fed either normal (0.1% Mg) or Mg-deficient (0.03% Mg) diet and were mated with normal-diet-fed male mice. The maternal diet was changed to normal diet after delivery. Offspring was fed with either normal (0.6% NaCl) or high-salt (8% NaCl) diet after 712 12 weeks-of-age and systolic blood pressure was measured every week. The mice were sacrificed at 1212 12 weeks-of-age and kidney was removed for the analysis of COMT activity.

Results: Offspring of C57BL/6J did not develop SSH under maternal Mg deficiency. On the other hand, in DBA/2J mice, offspring born from Mg-deficient mother developed SSH regardless of gender. Offspring whose mother were fed normal diet did not. In the SSH group, elevated water retention and heavier kidney weight were observed while the number of nephron was reduced and the COMT activity was suppressed compared to non-SSH DBA/2J group.

Conclusion: Offspring who were born from Mg deficient DBA/2J mother are more prone to develop SSH possibly due to the innate lower COMT activity. Genetical strength of COMT is high in C57BL/6J and low in DBA/2J. COMT activity might be determined by interaction of genetical variance and environmental factor.

P11.35 | LE TOUCHER VAGINAL (TV) EN SALLE DE NAISSANCE: ENTRE LE VÉCU DES PRIMIPARES ET CONNAISSANCES THÉORIQUES ET PRATIQUES DES SAGES-FEMMES

CATEGORY: PREGNANCY

A. Karoui; T. Hiba; A. Jellouli; S. Bayar; M. Farhati; M. Chanoufi; H. Abouda

Center of Maternity and Neonatology of Tunis, Tunisia

Objective: Le TV représente un examen corrélé aux compétences théoriques et techniques des sages-femmes, il met en relief la relation entre la sage-femme et les primipares. Notre objectif est d'évaluer les connaissances des sages-femmes sur le TV, évaluer son

apport chez une femme en travail, les modifications cervicales et le bien-être fœtal.

Method: Étude transversale descriptive quantitative portant sur 50 sages-femmes et 50 femmes primipares en salle de naissance des maternités de niveau III sur une période d'un an. Notre travail s'est porté sur le TV pendant le travail, l'accouchement et le postpartum immédiat dans les différentes maternités de notre région. Nous nous sommes intéressés sur le rôle primordial des sages-femmes dans la prise en charge des patientes et aussi décrire l'expérience et le vécu des patientes primipares.

Results: Parmi les sages-femmes participantes, 56% d'entre elles déclarent que l'examen clinique des parturientes par le TV représente leur principale tâche en salle de naissance, elles se concentrent sur le volet médical et sur les résultats qu'apporte le TV (dilatation du col et appréciation du bassin obstétrical). Concernant les primipares, la majorité (97%) étaient satisfaites du déroulement des TV au cours du travail et 19% ont avoué que le TV peut être douloureux et angoissant.

Conclusion: Les versants psychologique, sexuel, et médical du toucher vaginal sont étudiés afin d'approfondir les compétences théoriques et techniques des sages-femmes. Les primipares interrogées méritent d'être satisfaites du déroulement des TV au cours du travail. L'intimité des patientes doit être respectée, associée à une sensibilité et dignité dans une ambiance rassurante.

P11.36 | TAMPONNEMENT PELVIEN: INTÉRÊT DANS LES HÉMORRAGIES GRAVES DU POST-PARTUM (HGPP)

CATEGORY: PREGNANCY

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Objective: Le packing pelvien représente une alternative intéressante pour le traitement des HGPP. L'objectif de notre étude est d'évaluer l'efficacité de la technique du tamponnement pelvien dans les HGPP traitées chirurgicalement et d'estimer son apport en comparant les patientes ayant bénéficié d'un packing avec celles qui ont eu un traitement chirurgical seul.

Method: Il s'agit d'une étude rétrospective, descriptive transversale, réalisée dans une maternité niveau III conjointement avec le service d'anesthésie-réanimation, durant une période de 24 mois. Nous avons comparé un groupe de 67 parturientes ayant eu un traitement chirurgical seul avec un groupe de 23 patientes ayant bénéficié d'un packing pelvien après hystérectomie d'hémostase. Nous avons divisé la période d'étude en deux: La phase 0 représente le traitement chirurgical et la phase 1 étant le séjour en réanimation.

Results: Le placenta accréta était l'étiologie la plus fréquente des HGPP ($n=44$; 48.9%) suivie par le placenta prævia ($n=35$; 38.9%) et l'atonie utérine ($n=27$; 30%). Nous avons noté une diminution des valeurs de l'hémoglobine, hématocrite, plaquettes et TP dans le groupe "Non Packing". La transfusion à la phase 1 était significativement plus fréquente chez les patientes du groupe Packing (69.6% vs 43.3%; $P=0.03$). L'insuffisance rénale était la complication la plus fréquente (35.6%).

Conclusion: Le tamponnement pelvien est efficace quand il est associé à une réanimation médicale adaptée. Il permet un arrêt temporaire du saignement et une diminution de la consommation des facteurs de la coagulation. Ce qui va permettre de corriger les troubles de l'hémostase au cours d'une CIVD et d'améliorer le rendement transfusionnel.

P11.37 | PLACENTAL ULTRASONOGRAPHICAL FEATURES IN COVID-19

CATEGORY: PREGNANCY

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Objective: We aim to identify specific ultrasonographic features of placenta during SARS-CoV-2 infection that could indicate which pregnancies are at increased risk for complications.

Method: The present cohort study included all pregnancies tested positive for SARS-CoV-2 during a six-month period and underwent an ultrasound examination and placental sonographic evaluation in the Prenatal Ultrasound Department of a tertiary hospital. Patients were divided in two groups: patients requiring hospital admission based on their symptoms (group 1), and patients experiencing minor symptoms not requiring hospitalization (group 2). A scoring system for all placental ultrasonographic findings was created.

Results: In total, 60 pregnant women were included in the present study; 20 required hospital admission (group 1) and 40 remained at home (group 2). There was no statistically significant difference regarding pregnancy characteristics. Ultrasonographic features included placental lakes, fibrin deposits, and subchorionic edema. All women in group 1 had at least 2 points in the scoring system (at least two ultrasonographic findings), while women in group 2 had 0–1 points in the scoring system.

Conclusion: In conclusion, ultrasound features can be used as a diagnostic tool for fetal vascular malperfusion, as well as early signs of adverse pregnancy outcomes requiring closer antenatal follow-up. Further research based on large populations is required to come to a safer conclusion.

P11.38 | MATERNAL MORTALITY IN POST CAESAREAN PATIENTS IN A TERTIARY CARE CENTRE

CATEGORY: PREGNANCY

A. Bharti

Associate Professor, India

Objective: The objective of the study is to determine the causative factors responsible for maternal mortality in patients undergoing caesarean section.

Method: Present research is a hospital based prospective study conducted at department of obstetrics and gynaecology. The data on maternal mortality was collected from March 2021 to August 2022 (18 months). Post-operative recruitment of patients was performed. Out of 6280 deliveries, 3209 cases (51.10%) underwent lower segment caesarean section and finally considered for prospective analysis.

Results: Our study found 21 maternal deaths out of 3209 post-caesarean patients admitted, resulting in maternal mortality of 0.65%. Majority of maternal deaths occurred within 24h of the surgery, with antepartum haemorrhage, ruptured uterus and pulmonary embolism being leading cause of death. Statistical analysis of mean, median, standard deviation and variance were calculated. We also conducted Gaussian test for normal distribution, student's unpaired T-test, qualitative or categorical variables, Karl Pearson correlation coefficient and regression analysis.

Conclusion: Overall maternal mortality rate was 338 per 100000 live births. Other risk factors were identified, including anaemia, severe haemorrhage and infections contributing to death.

P11.39 | MYO-INOSITOL SUPPLEMENTATION IN THE PREVENTION OF GESTATIONAL DIABETES MELLITUS AMONG HIGH-RISK PREGNANT WOMEN: A META-ANALYSIS

CATEGORY: PREGNANCY

A. Pacleb Ong; D. Pacquing-songco

University of the East Ramon Magsaysay Memorial Medical Center Inc, Philippines

Objective: To determine the effectiveness of myo-inositol supplementation in the prevention of gestational diabetes mellitus among high-risk patients.

Method: Comprehensive and systemic online searches were performed on PubMed, MEDLINE, Ovid, and Cochrane. Related articles were cross-referenced, and English-only studies were considered. We included the randomized controlled trials (RCTs) on myo-inositol and singleton pregnant women with high risk for GDM. Two independent reviewers evaluated five eligible RCTs for the meta-analysis. For each comparison, the quality of evidence was evaluated using the PRISMA Cochrane Collaboration's tool. Review Manager 5.3 calculated and analyzed Risk of Bias.

Results: The present study identified five randomized controlled trials involving 871 participants. Myo-inositol supplementation reduced GDM by 68% compared to the control group (OR=0.32, 95% CI 0.19 to 0.53, $P=0.0001$, $z=4.36$). Myo-inositol patients have a 78% lower rate of fetal macrosomia than the controlled group (OR=0.24, 95% CI 0.07 to 0.78; $P=0.02$, $z=2.36$). However, there was no difference in gestational hypertension, cesarean section, or neonatal hypoglycemia incidence.

Conclusion: Myo-inositol supplementation taken at 4g per day would decrease the incidence of GDM and fetal macrosomia. There was no statistically significant reduction in the risk of gestational hypertension, cesarean section, and neonatal hypoglycemia in the supplementation of myo-inositol.

P11.40 | IMPROVING MATERNAL NUTRITION IN THE CONTEXT OF ANTENATAL CARE: STRENGTHENING HEALTH PROVIDER CAPACITY THROUGH CONTINUING MEDICAL EDUCATION

CATEGORY: PREGNANCY

A. Sampson
Vitamin Angels, USA

Objective: (1) To describe lessons learned from development of an accredited global online Continuing Medical Education (CME) course on nutrition in pregnancy, and (2) to determine the effectiveness in improving provider knowledge.

Method: The free online course contains six modules and two country case studies developed and presented by global and local experts. The modules present evidence-based maternal nutrition interventions as per World Health Organization antenatal care (ANC) recommendations, as well as implementation guidance and strategies for introducing and scaling maternal nutrition interventions. Country-specific case studies were developed with experts from Indonesia and Mexico. The course will be evaluated by assessing change in provider knowledge through pre/post tests.

Results: Lessons learned from the development phase include: (1) the importance of collaborating with international CME accrediting organizations and professional associations, and (2) how to leverage innovative marketing approaches to increase CME reach. Initial findings from pre/post tests will be presented.

Conclusion: Online CME courses represent credible and accessible platforms with potential for high reach among health providers globally. Country-specific adaptation through case studies enhances relevance for international audiences and provides opportunities to learn from country successes and challenges in the roll out of maternal nutrition interventions.

P11.41 | INCIDENCE, DEMOGRAPHIC PROFILE, CLINICAL CHARACTERISTICS, AND OUTCOMES OF PRIMARY CESAREAN DELIVERY ON MATERNAL REQUEST: A RETROSPECTIVE CROSS-SECTIONAL STUDY

CATEGORY: PREGNANCY

A. Villanueva
The Medical City, Philippines

Objective: Despite the established obstetrical indications for Cesarean delivery (CD), the Cesarean rate in the Philippines is 36.24%, exceeding the 10%–15% recommendation of the WHO. This study aimed to determine the incidence, demographic profile, clinical characteristics, and maternal and neonatal outcomes of deliveries by CDMR.

Method: A retrospective, cross-sectional study design was utilized. Electronic records of 164 patients who underwent CDMR from 2018 to 2021 in a private tertiary institution in the Philippines were reviewed.

Results: The incidence of CDMR is 5.28%. 76.83% were primigravids; 39.63% were elderly gravids; 86.59% were college graduates. The most common co-morbidities were diabetes mellitus (21.34%) and hypertension (18.29%). Except for one case of postpartum hemorrhage, there were no documented maternal morbidities or mortalities among CDMR patients. There were no mortalities among the newborns but there were 6 cases of unspecified sepsis, 2 cases of transient tachypnea of the newborn, and 2 cases of neonatal pneumonia.

Conclusion: CDMR contributes to the increase in CD rates. Knowing the incidence, demographic profile, clinical characteristics, and maternal and neonatal outcomes of CDMR, allows obstetricians to better counsel patients regarding their desired mode of delivery for them to make informed decisions, and thereby decrease the CD rates.

P11.42 | ONLINE ANTENATAL CARE DURING THE COVID-19 PANDEMIC: OPPORTUNITIES AND CHALLENGES

CATEGORY: PREGNANCY

B. Akinwunmi
*Brigham and Women's Hospital, Boston Massachusetts and
Massachusetts General Hospital, Nigeria*

Objective: COVID-19 has greater impact on pregnant women with higher adverse pregnancy outcomes. Sustained antenatal education can improve reproductive outcomes even when pregnant women cannot physically attend the hospital due to unforeseen pandemic or other reasons. Online antenatal care can serve as alternative to provide pregnancy-related information and remote clinic consultations.

Method: We performed a web-based survey among Chinese pregnant women via a national online platform to investigate their self-protection behaviors and attitudes toward antenatal care during the

pandemic. A total of 983 Chinese pregnant women completed the questionnaire, including questions on their perception of virtual antenatal visits, online clinic consultations and universal precautions, such as wearing a face mask, handwashing, and home quarantine, to avoid being infected with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

Results: Among the 983 pregnant women included in the study, 80% had taken self-protective actions, such as wearing a face mask, handwashing, and home quarantine, against COVID-19. Our findings indicate that about 20% of respondents were afraid of any type of consultation at a hospital, while over 40% feared in-hospital antenatal visits. More than half respondents considered or decided to cancel their in-hospital antenatal care visits and postponed their appointments or opt for virtual antenatal visits.

Conclusion: Online antenatal care to deliver pregnancy-related information, mobile phone apps to motivate healthy behaviors during pregnancy, and mobile health (mHealth) apps to provide mental health and psychological consultations might be alternative care approaches for pregnant women during the pandemic or during other times when they cannot attend the hospital in-person.

P11.43 | THE A/G POLYMORPHISM OF THE AGTR2 GENE IN PREGNANT WOMEN WITH GESTATIONAL HYPERTENSION CATEGORY: PREGNANCY

B. Kurbanov; K. Djamilova; M. Muradova
Tashkent Pediatric Medical Institute, Uzbekistan

Objective: It has been proven that the etiology and mechanism of development of hypertensive complications during pregnancy in women are associated with genetic factors. Purpose: to determine the nature of the polymorphism of the A/G polymorphism in the AGTR2 gene in pregnant women with gestational hypertension.

Method: The main group included 57 pregnant women with gestational hypertension, the control group included 65 conditionally healthy pregnant women. DNA samples of patients served as material for the study. Isolation of DNA from blood and PCR analysis were carried out using kits of reagents and test systems from Ampli Prime Ribo-prep (Next Bio LLC, Russia). Statistical processing of the results was carried out using statistical programs "EpiCalc 2000 Version 1.02".

Results: The homozygous G/G genotype significantly prevailed in gestational hypertension in 26.9% of cases, relative to the control group, where it was detected in 8.4% of cases. The functionally unfavorable homozygous G/G genotype significantly prevailed in the subgroup of patients with gestational hypertension—26.9% of cases, compared to the control group, where it was detected in 8.4% of cases. The calculated odds ratio for the development of gestational hypertension in carriers of this genotype was OR = 4.0.

Conclusion: We can conclude that the homozygous G/G genotype plays an important role in the dysregulation of blood pressure and in the pathogenesis of gestational hypertension. According to the odds

ratio, the risk of developing gestational hypertension in pregnant women with this genotypic variant may increase by more than 4 times.

P11.44 | THE PERSPECTIVE OF PORTUGUESE GYNECOLOGISTS/OBSTETRICIANS AND GENERAL PRACTITIONERS ON SEXUALITY DURING PREGNANCY - RESULTS OF A NATIONAL ON-LINE SURVEY CATEGORY: PREGNANCY

B. Laranjeiro; R. Sousa; K. Hundarova; M. Carvalho; S. Franco; T. Bombas
Coimbra Hospital and University Centre, Portugal

Objective: Evaluate the experience and knowledge of Portuguese Gynecologists/Obstetricians (GO) and General Practitioners (GP) when counselling on sexuality during pregnancy, understand how they approach the subject during appointments and their main difficulties doing it.

Method: Online survey directed to Portuguese GO/GP residents or specialists, developed for this purpose, and broadcasted through social networks, for two months in 2022. The survey included demographic data to characterize the population, as well as specific questions related to care and counselling on sexual health during pregnancy. Expertise in the subject among professionals was also inquired. Data were analyzed using IBM SPSS® v22.0 ($P < 0.05$).

Results: Were obtained 218 answers. 71.6% were GP and 28.4% GO. Most of them (98.6%) recognized the importance of sexuality, although only 26.1% addressed it, reporting lack of time (75.7%; $n = 165$), inadequate training (76.6%; $n = 167$) or expertise (48.2%; $n = 105$) as main difficulties. Most doctors felt moderately comfortable (45.4%; $n = 99$) to discuss sexuality, but GO demonstrated more expertise on doing it ($P < 0.05$). 84% of GP reported reasonable or inappropriate skills, and 26% no skills at all (vs 9.7% of GO; $P < 0.05$).

Conclusion: Most physicians consider sexuality part of the well-being during pregnancy, but they don't address it during appointments. Their main constraint is the lack of expertise and skills on sexual health, which is concerning. To overcome this problem, more educational resources during pre and post-graduate medical training are needed.

P11.45 | ANTENATAL TOXOPLASMOSIS SCREENING AND TREATMENT: AN UPDATE ON THE CLINICAL EFFECTIVENESS DURING THE LAST DECADE CATEGORY: PREGNANCY

B. Tassis
Fondazione IRCCS Cà Granda Ospedale Maggiore Policlinico di Milano, Italy

Objective: Antenatal universal screening for toxoplasmosis is recommended in most affluent countries. Despite evidence is not

robust, detected cases are typically treated during pregnancy. Affected newborns are also treated to temper clinical consequences. However, epidemiology of the infection is changing and there is the need to monitor the clinical scenario.

Method: This is an observational retrospective study conducted at a referral hospital in Milan, Northern Italy. Every woman referred from January 2011 to December 2021 for suspected toxoplasmosis in pregnancy was eligible. All women were managed according to a standardized protocol. Clinical and laboratory findings were obtained from patients' charts.

Results: We identified 141 women with suspected infection and 15 with confirmed infection. Women treated with antibiotics was 136 and 15, respectively. All the 118 amniocenteses performed were negative. There were 2 spontaneous miscarriages and 5 therapeutic terminations of pregnancy, all among suspected cases. Vertical transmission occurred in a patient with infection diagnosed at 28 weeks' gestation. The incidence of vertical transmission was 7% (95% CI: 1%–30%) in confirmed cases and 0% (95% CI: 0%–0.2%) in suspected cases.

Conclusion: The current policy of universal screening and prompt management of toxoplasmosis infection is efficient. However, over-diagnosis and overtreatment occur. Future studies are warranted to improve clinical management.

P11.46 | BARRIERS TO ACCESSING LEGAL ABORTION IN BAHIA DURING THE COVID-19 PANDEMIC IN 2020 AND 2021

CATEGORY: PREGNANCY

B. Galli
Ipas, Brazil

Objective: The study aimed to identify barriers for sexual violence victims to access legal abortion services in the state of Bahia during the Covid-19 pandemic in 2020 and 2021.

Method: The study collected quantitative data from the information systems available in the Unified Health System (SUS) and qualitative data through interviews with women and health professionals and managers, in addition to observation in 3 health services located in 2 cities in the state of Bahia in Brazil.

Results: The data pointed to different stages of implementation of the legal abortion service, stigma derived from the criminalization of abortion, and barriers for victims of sexual violence to access the right provided by law. Conscientious objection manifests itself in different ways, such as the invisibility of the legal abortion service in the hospitals where it is available. The analyzed data also point to the different nuances in the refusal of assistance by the health teams.

Conclusion: The data on different nuances of conscientious objection at individual and institutional levels are mapped with specific recommendations to state authorities and hospital managers on how to implement legal abortion services in accordance with WHO Abortion Care Guideline.

P11.47 | SCREENING FOR PREECLAMPSIA IN THE FIRST TRIMESTER OF PREGNANCY BY MEASURING PAPP-A AND PLGF

CATEGORY: PREGNANCY

B. Syrine
Gynecology and Obstetric Department of Hopital Charles Nicolle Tunisia, Tunisia

Objective: The aim of this study is to evaluate the power of PAPP-A and PLGF biomarkers in the early screening of preeclampsia.

Method: This is a prospective study from 2019 to 2021 conducted with 250 patients. They all had a serum dosage of PAPP-A and between 11 and 13 weeks + 6 days of gestation. They were divided into two groups: The first one (G1) made up of 50 patients with a high risk of developing pre-eclampsia and The second (G2) of 210 patients with low risk.

Results: At G1: 13 pregnancies were complicated by hypertension, 2 of retroplacental hematoma and 3 hellp syndrome were observed. In G2: hypertension complicated 9 pregnancies (8 cases of hypertension and one case of PE). 7 cases of IUGR or 17.5% were observed in G1 against 4 or 1.9% in G2. Thus this screening test has a sensitivity of 60% and a specificity of 94%.

Conclusion: Our work has shown the value of screening for preeclampsia combining biomarkers PAPP-A and PIGF. The performance of this screening test will be improved by adding clinical informations and biophysical markers to serum assays.

P11.48 | DOES YOUR RISK FACTOR REALLY MATTER? APPLYING A RISK STRATIFYING TOOL TO DETECT HIGH RISK WOMEN FOR POSTPARTUM HEMORRHAGE

CATEGORY: PREGNANCY

B. Ramos¹; S. Hernández²; P. Voigt³; L. Torres¹
¹*Pontificia Universidad Católica Madre y Maestra, Dominican Republic;*
²*Department of Obstetrics & Gynecology, NYU Langone Health, USA;*
³*NYU Grossman School of Medicine, USA*

Objective: Postpartum hemorrhage (PPH) is the leading cause of maternal mortality. Validated tools exist that predict women at highest risk of PPH. Currently, no risk assessment tool (RAT) is used at a public hospital in Santiago, Dominican Republic. This study tested the efficacy of a RAT prior to its clinical use.

Method: This is a retrospective study out of a safety-net, tertiary hospital in Santiago, Dominican Republic with the highest rates of PPH. A retrospective chart review of PPH cases from January to June 2022 was performed to extract PPH risk factors and postpartum outcomes. All charts ($n=60$) were subsequently stratified by PPH risk using ACOG's PPH RAT at admission and again during labor to categorize each case as low, moderate, or severe risk for PPH.

Results: The RAT was applied at admission to all PPH cases. Risk factors identified 36.7% ($n=22$) as severe risk, 40% ($n=24$) as moderate risk, and 23.3% ($n=14$) as low risk. The RAT was re-applied

intrapartum; 53.3% ($n=32$) were severe risk, 30% ($n=18$) were moderate risk, and 16.7% ($n=10$) were low risk 16.7%. All life-saving hysterectomies ($n=7$) were from the moderate and severe risk group. The one mortality identified was from the moderate risk factor group.

Conclusion: The RAT proved to be context appropriate as it screened 76.6%–83.3% of confirmed PPH cases ($n=46$ –50). No clear differences in overall outcomes were identified between the moderate and severe group. Next steps would be to validate this RAT in real life clinical practice within our context.

P11.49 | ABORTION DECISION-MAKING TRAJECTORIES AMONG PREGNANT INDIVIDUALS AT THEIR FIRST ANTENATAL CARE VISIT IN KAMPALA, UGANDA

CATEGORY: PREGNANCY

B. Erhardt-ohren¹; A. El Ayadi²; H. Nalubwama³; C. Camlin²; D. Walker²; J. Byamugisha³; A. Tsai⁴; U. Senoga³; P. Krezanoski²; C. Harper²; A. Comfort²

¹University of California, Berkeley, USA; ²University of California, San Francisco, USA; ³Makerere University, Uganda; ⁴Harvard University, USA

Objective: In Uganda, induced abortion is restricted, except to save a pregnant individual's life, yet Uganda has the second highest estimated abortion rate in East Africa. This analysis investigates views and intentions around pregnancy termination among pregnant individuals who ultimately decided to carry their pregnancy to term.

Method: From August–October 2020, we conducted semi-structured in-depth interviews with sixteen single pregnant individuals and fifteen partnered pregnant individuals at their first antenatal care visit at Kawempe National Referral Hospital in Kampala. We conducted the interviews in Luganda and English. We transcribed and translated the interviews into English for analysis. We used a thematic analysis approach, applying deductive and inductive codes, then reviewing coded excerpts to identify and derive emergent themes and analytical categories.

Results: Almost half of participants considered abortion before deciding to carry to term. The factors discussed among those considering abortion were concerns about injury/death from an induced abortion ($n=14$); need for support from a partner, family, or the community ($n=10$); religious beliefs ($n=8$); and late gestational age ($n=6$). A few participants spoke about their attempts to procure abortion services, but no participant indicated obtaining services. No participants discussed restrictions or lack of access to services.

Conclusion: The study points to the need for comprehensive family planning counseling, support systems within communities and health systems for minimizing unplanned pregnancies, and access to pregnancy tests for early confirmation of pregnancy. These practices would help better equip individuals to make informed decisions about their pregnancies.

P11.50 | ACUTE PANCREATITIS AND PREGNANCY

CATEGORY: PREGNANCY

B. Sara
Maroc, Algeria

Objective: To specify the epidemiological, clinical and therapeutic characteristics of the association of acute pancreatitis and pregnancy. To determine the diagnostic criteria (positive diagnosis, severity diagnosis, etiological diagnosis).

Method: Retrospective descriptive study of 06 cases of women with acute pancreatitis during pregnancy over the period 2021–2023. Cases were defined by the association of abdominal pain, lipaemia greater than 3 N or signs of pancreatitis on ultrasound in pregnant women at the time of diagnosis. Retrospective chart analysis examined epidemiologic, etiological, treatment, and maternal-fetal outcomes.

Results: We identified 06 cases during this period. Among the patients, 60% were in the third trimester. The pain was atypical in 50% of the cases and the ultrasound found a biliary lithiasis in 30% of the cases. Maternal mortality was nil. The review of the literature then allowed us to identify a practical course of action in case of acute pancreatitis during pregnancy.

Conclusion: Acute gestational pancreatitis is rare and usually benign, but it is not known to be accompanied by a significant maternal-fetal morbidity. Hence the need to evoke it in front of any acute abdominal picture in the pregnant woman, knowing that biliary pathology is the most frequent cause.

P11.51 | SPECTROPHOTOMETRIC-BASED METABOLOMIC PROFILING OF VAGINAL DYSBIOSIS IN PREGNANCY

CATEGORY: PREGNANCY

B. Narice
University of Sheffield, UK

Objective: Shifts from a healthy Lactobacillus-abundant vaginal microenvironment to an abnormal and potentially pathogenic overgrowth of mixed anaerobes are thought to leave distinctive metabolite fingerprints in the cervicovaginal fluid (CVF) due to altered carbohydrate metabolism. Using enzyme-based spectrophotometry, we assessed the CVF metabolomic profiling of the commonest vaginal dysbiosis in pregnancy.

Method: High-vaginal swabs ($n=144$) were collected from pregnant women with no clinical signs of infection in their second and/or early third trimester, and were subsequently analysed for acetate, urea, and D- and L-lactate concentrations, and screened for vaginal infections. Metabolites concentrations were then assessed based on vaginal pH (Pearson's correlation) and microbiological cultures (unpaired Student t-test), with any P -values <0.05 considered statistically significant.

Results: The analysis of almost a third of all high-vaginal swabs identified fungal and bacterial colonisation ± infection including *Candida* spp (15.28%), Group B *Streptococcus* (9.02%), bacterial vaginosis (4.16%) and *Ureoplasma urealyticum* (0.7%). Acetate was significantly higher in women who had a diagnosis of bacterial vaginosis ($P=0.01$). Other metabolites did not significantly differ by microbiology result. These women also had relatively higher median pH than any other group even though this difference was not statistically significant.

Conclusion: Our results suggest that spectrophotometric-based CVF metabolomic profiling might have the potential to be developed into a point-of-contact diagnostic test for vaginal dysbiosis, in particular bacterial vaginosis, with better targeting and response evaluation of delivery-modifying interventions such as antimicrobial and probiotic therapy without the need to perform time-consuming microbiology cultures.

P11.52 | CHALLENGES TO PREVENTING URINARY INCONTINENCE IN THE POSTPARTUM PERIOD: WOMEN'S EXPERIENCES WITH THE CONTINENCE APP®

CATEGORY: PREGNANCY

C. Vasconcelos; L. Lopes; J. Vasconcelos Neto; T. Menezes; S. Gomes; N. Oliveira; N. Leite
Federal Unviersity Of Ceará, Brazil

Objective: This study investigated the experience of using the mobile application Continence App® by women of the supplementary health system during the postpartum period.

Method: Ten women who had given birth three months prior and used the Continence App to prevent urinary symptoms were included in this qualitative research study. Participants were randomly selected to obtain a comprehensive understanding of the phenomenon being studied. Data collection involved conducting telephone interviews, and we performed a Content Analysis with the support of MAXQDA software.

Results: Despite intending to seek a way to prevent urinary complaints, women did not reflect this intention in their actions. They offered justifications, such as challenges encountered during the postpartum period and lack of time, as barriers to adopting preventive measures. Moreover, women did not perceive themselves as vulnerable to urinary incontinence, as demonstrated by their conscious choice of not adhering to the use of the application and confirmed by the absence of complaints.

Conclusion: The results of the qualitative phase suggest that the perception of susceptibility, together with the contextual health settings, directly influences the adherence and practice of interventions for the prevention of incontinence.

P11.53 | CELL-FREE DNA SCREENING FOR FETAL ANEUPLOIDY USING ROLLING CIRCLE REPLICATION IN TWIN PREGNANCIES

CATEGORY: PREGNANCY

C. Maestroni
Department of Obstetrics and Gynecology, Antoine Béclère Hospital, Paris Saclay University, Clamart, France

Objective: To evaluate the performance of prenatal screening for aneuploidy in twin pregnancies through the use of rolling-circle replication (RCR) as a first-tier test.

Method: In this study, women with twin pregnancies who underwent prenatal screening for trisomy 21, 18 and 13 at 10 weeks or more, using RCR (Vanadis®, Revvity, Sollentuna, Sweden) were included in two centers. The primary endpoint was the rate of no-call results in women who received prenatal screening for major aneuploidies by RCR. The secondary endpoints were the performance indices of the RCR test for each of trisomy 21, 18 and 13.

Results: 862 twin pregnancies were included, with 20, 4 and 1 cases of trisomies 21, 18 and 13 respectively. The no call rate was 2% (17/862). Sensitivity was 100% (95% CI 83.1%–100%), 100% (95% CI 39.8%–100%) and 100% (95% IC 2.5%–100%) for T21, 18 and 13 respectively. Specificity was 99.9% (95% CI 99.3%–99.9%), 99.8% (95% IC 99.1%–99.9%) and 100% (95% IC 99.6%–100%) for trisomies 21, 18 and 13 respectively. No False negative test was observed.

Conclusion: Aneuploidy screening using RCR has good diagnostic performance and a moderate rate of no-call results. RCR use increases the accessibility of cfDNA screening.

P11.54 | VALIDATION STUDY OF A NEW SIMULATION MODEL FOR ASSESSING THE FEMALE PELVIC EXAMINATION IN MEDICAL EDUCATION

CATEGORY: PREGNANCY

C. Sartorao-filho; A. Barbosa; M. Rudge
University of Sao Paulo State, Brazil

Objective: The imprecise and subjective nature of cervical examination learning is evident, and the addition of exams during practice may harm the patients. We aim to validate the accuracy of a simulator device called the "Carousel" for training cervical dilations, De Lee fetal stations, and fetal mode of presentation.

Method: Twelve random dilation sequences were predetermined in the simulator for each participating student, ranging from 1 to 10 cm. The evaluators blindly prepared twelve predetermined random sequences for the subject, performing a vaginal exam to estimate the dilation. Statistical analyses were performed to compare the accuracy of the measures, using a maximum range of 1 cm as acceptable.

Results: Success was defined as an exactly correct estimate. We defined acceptable and unacceptable as a slightly higher failure rate at 25%. In the second set of cumulative sum analyses, success will be defined as an estimate within 1 cm of the actual value. Because sustained accuracy is necessary for proper work management, students were designated competent when their cumulative sum declined after two threshold intervals. The cumulative sum of correct analyzes was determined and compared.

Conclusion: The Carousel simulator provides reliable training in the vaginal examination skill. The simulation training substantially affects the accuracy of students' cervical examination, with less intra-observer and inter-observer variability. The simulation model contributes to a better theoretical and practical understanding for the assessment of labor phases.

P11.55 | PREGNANCY IN DIDELPHIC UTERUS—CASE REPORT CATEGORY: PREGNANCY

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¹Casa de Caridade de Muriaé—Hospital Sao Paulo, Brazil; ²Faminas Muriae, Brazil; ³CCM Hospital Sao Paulo, Brazil; ⁴Faminas Muriae—CCM Hospital Sao Paulo, Brazil; ⁵Faminas Muriaé—Hospital Sao Paulo, Brazil; ⁶Faminas Muriae—Hospital Sao Paulo, Brazil; ⁷Faminas Muriaé, Brazil

Objective: Case report of a 34-week pregnancy in a woman with a didelphic uterus.

Method: M.E.S, 25 years old, primiparous, 34 weeks and 4 days pregnant, with a previous diagnosis of didelphic uterus (DU), presented to the hospital with moderate vaginal bleeding and uterine contractions. The vaginal exam revealed moderate bleeding and the presence of two cervix. Fetal heart rate was 142 bpm, uterine activity was present, the fundal height was 33 cm, and fetal movement was present.

Results: The patient underwent an emergency cesarean section due to the hypothesis of placental abruption, which was confirmed during surgery, as well as the presence of a pregnancy in the left uterine body of a didelphic uterus. The procedure was uneventful, and the patient had a good postpartum recovery.

Conclusion: Despite presenting better fertility rates compared to other Mullerian-malformations, DU still presents complications such as preterm delivery, abnormal presentations and placental abruption, thereby favoring an increase in cesarean section rates, as in the reported case. Due to unfavorable obstetric outcomes, pregnant women with DU should be closely monitored during prenatal care to minimize possible complications.

P11.56 | IS MATERNAL AGE A MAJOR FACTOR CONTRIBUTING TO THE DEVELOPMENT OF GESTATIONAL HYPERTENSION? CATEGORY: PREGNANCY

C. Appelmann; M. Simões; M. Cordeiro; T. Bombas; P. Moura
Centro Hospitalar e Universitario de Coimbra—Maternidade Daniel de Matos, Portugal

Objective: Determine the relationship of maternal age and obstetric outcomes, namely the development of gestational hypertension (GH).

Method: A retrospective study that included pregnant women whose delivery occurred between October and December of 2022 in a Portuguese tertiary hospital. Two groups were considered: G1-age < 35 years versus G2-age ≥ 35 years. Statistics were performed in SPSSv27.0, with significance level $P < 0.05$. Of the study population ($n = 549$), 35% belonged to G1 and 65% to G2. In G1 the mean age was 29 years, the youngest was 19; in G2 the mean was 38.3 years, the oldest was 47.

Results: No significant difference in body mass index (BMI) was observed, G1 = 24.3 and G2 = 24.7. Results showed a significant difference between development of GH in relation to age ($P = 0.035$), G1 = 2.5% and G2 = 6.3%, demonstrating a 2.5-fold increase of presentation of the condition in G2. However, there was no difference in pre-eclampsia, fetal growth restriction, preterm birth, anaemia, type of delivery, newborn weight nor birth complications (including acute placental abruption, postpartum hemorrhage, OASIS, shoulder dystocia, and respiratory distress syndrome).

Conclusion: It is known that maternal age is a non-modifiable risk factor, independent from BMI, which increases the likelihood of developing various pregnancy complications, namely hypertension. Increased awareness of the potential development of this condition and its relation to advanced maternal age is crucial for early diagnosis and management.

P11.57 | ACUPUNCTURE FOR NONVERTEX PRESENTATION— EFFECTIVE TOOL FOR OBSTETRICIANS CATEGORY: PREGNANCY

C. Pardeshi
Nashik, India. MBBS DGO MD, India

Objective: Nonvertex presentation is a matter of great concern for patients and doctors alike. The author is a practicing obstetrician and also an acupuncturist, he tried to explore the possibility of acupuncture/ moxibustion converting breech and other nonvertex presentations into vertex as it is stated in traditional Chinese medicine.

Method: The study was carried out in Dr. Pardeshi Hospital, Nashik, India. Fifteen subjects with 34–38 weeks of pregnancy were offered acupuncture treatment with a full explanation of the procedure. USG

reports of the nonvertex presentation were examined to confirm the presence of sufficient amniotic fluid. The needle was used on one leg and moxibustion was used on another acupuncture point "Urinary Bladder 67". USG study was done on the fourth day of treatment for the outcome.

Results: A total of fifteen patients joined the study but one patient with breech and one with oblique did not report back after the last treatment and did not respond to our call. The following results are of only 13 patients. The breakup of nonvertex presentation: Breech—11; Oblique—1; Transverse—1. Successful conversion: Breech—8; Oblique—0; Transverse—1. Conversion rate: 69.23%.

Conclusion: The combination of acupuncture and moxibustion has shown to be a more successful approach for converting nonvertex presentation into the vertex. All nonvertex patients should be offered the possible benefits of acupuncture.

P11.58 | THE IMPACT OF DIFFERENT SARS-COV-2 VARIANTS OF CONCERN ON MATERNAL OUTCOMES IN BRAZIL: A RETROSPECTIVE COHORT STUDY

CATEGORY: PREGNANCY

C. Charles

Provincial Health Administration, DPS Manica, Chimoio, Mozambique

Objective: To assess the burden of SARS-CoV-2 variants of concern (VOCs) on maternal severe outcomes in Brazil before and after the Omicron variant predominance (Omicron vs Gama vs Delta).

Method: We conducted a secondary analysis of data from the Brazil Influenza Epidemiological Surveillance Information System; we extracted data of pregnant and postpartum women with SARS associated with laboratory-confirmed COVID-19 from March 2021 to August 2022. We considered the VOCs predominance period for Gama (Mar to Jul 2021); Delta (Sept to Nov 2021); Omicron (Jan to Aug 2022). We estimated the OR of severe maternal outcomes during the Omicron compared to the Delta and Gama predominance.

Results: We included 11480 pregnant and postpartum women in our study. At hospital admission, the symptoms associated with severe maternal outcome were fever, dyspnoea and Oxygenium saturation < 95%, fatigue and ageusia, P -value < 0.001. However, there was no significant difference in the risk of ICU admission and maternal death between the period of Omicron and the previous VOCs (Gama and Delta) predominance.

Conclusion: From an ecological perspective, our finding suggests the Omicron Variant has a similar impact on severe maternal outcomes compared to the Gama and Delta Variant.

P11.59 | A NEW DIAGNOSIS OF ADRENAL INSUFFICIENCY DURING PREGNANCY WITH PRE-EXISTING ANTIPHOSPHO LIPID SYNDROME

CATEGORY: PREGNANCY

C. Bradshaw

Medway Foundation NHS Trust, UK

Objective: The case of a 31 year old, G5 P1+1 who presented the maternal medicine clinic at 12/40 severely hypotensive, fatigued and vomiting. The patient had APLS. Obstetric history: 2 previous miscarriages < 12 weeks, 1 ectopic, 1 infant at term (3010g) and a stillbirth at term.

Method: Diagnosis of primary adrenal insufficiency was made and the patient started on both Hydrocortisone and Fludrocortisone under the guidance of Endocrine Specialists. An early pregnancy scan revealed a miscarriage with CRL consistent with 7 weeks of miscarriage and the patient taken to theatre for a surgical management of miscarriage. Of note, the patient had a diagnosis of APLS following a previous late stillbirth however she had never experienced a thrombotic event.

Results: A long term potentially life threatening condition which is rarely diagnosed during pregnancy. Adrenocorticoid failure causing glucocorticoid and mineralocorticoid deficiency, leading to hyponatraemia, hyperkalaemia and hypoglycaemia. Most cases in UK due to autoimmune destruction of adrenal glands. The presence of antiphospholipids can cause venous, arterial and small vessel thromboses thus highlighting the possible relationship with microthrombi in the adrenal vessels and post infarction haemorrhage in the adrenal glands as a cause for the adrenal insufficiency.

Conclusion: Having a low threshold of suspicion for uncommon diagnoses is important. In this case, the patient diagnosed herself with hyperemesis as this, amongst other conditions, may mimic adrenal insufficiency. Ensuring that pregnant patient with medical complexity are managed as a multidisciplinary team is also crucial as highlighted by this case.

P11.60 | EPIDEMIOLOGICAL, CLINICAL AND PARACLINICAL PROFILE OF VAGINITIS IN PREGNANT WOMEN IN THE CITY OF DOUALA

CATEGORY: PREGNANCY

C. Tchente Nguéack

Douala General Hospital, Cameroon

Objective: Infectious vaginitis can cause severe obstetrical complications in our setting. We, therefore, designed this study to analyze epidemiological, clinical and bacteriological profile of pregnant women diagnosed with infectious vaginitis in the city of Douala.

Method: This was a cross-sectional study including consenting pregnant women who were interviewed and examined. Cervico-vaginal samples were collected and analyzed in the bacteriology unit of

Douala General Hospital laboratory. Pregnant women who took antiparasitic or antifungal medication within 7 days of examination were excluded. Compiled data were analyzed using IBM SPSS26.0 software. Univariate and multivariate analysis by logistic regression were carried out to determine associated factors to occurrence of vaginitis. *P*-value < 0.05 was considered statistically significant.

Results: A total of 253 pregnant women with an average age of 30.5 ± 4.86 years were recruited. The frequency of vaginitis was 59.29%. The frequency of vaginal candidiasis, bacterial vaginosis and trichomoniasis was 40.7%, 22.1% and 0.4% respectively. The main offending organisms was *Candida* species. Pruritus and abnormal vaginal discharge were observed in 35.3% and 30.7% respectively. Associated factors to infectious vaginitis were taking antibiotics during pregnancy (OR:10.91 [3.73–31.85]; *P*: 0.001), practicing deep vaginal cleansing (OR:1.98 [1.11–3.56]; *P*: 0.02), or wearing tight clothes (OR:1.96 [1.11–3.45]; *P*: 0.02).

Conclusion: High frequency of infectious vaginitis was observed, with *Candida* species being the most common cause. Some modifiable factors are associated with increased rates of vaginitis. Women should be educated during prenatal consultations on how to reduce the rate of infectious vaginitis in pregnancy.

P11.61 | SUCCESSFUL PREGNANCY IN A PATIENT WITH UTERINE DIDELPHYS IN A DEVELOPING COUNTRY

CATEGORY: PREGNANCY

C. Gutierrez; R. Reyles

Perpetual Help Medical Center Binan, Philippines

Objective: Mullerian duct anomalies (MDA) range between 0.5 to 5% of general population, and uterine didelphys, characterized as having 2 uteri and cervixes, accounts for approximately 5% of all MDA. It is usually associated with adverse pregnancy outcomes. This paper aims to share our real world experience in a third world country.

Method: This is a case of a 29 year old G1P0 with unremarkable medical history. She has regular menses with occasional dysmenorrhea. At 7 weeks age of gestation (AOG), transvaginal ultrasound (TVS) showed uterine didelphys with gravid right hemiuterus. A repeat TVS at 11 weeks supported the diagnosis. She had an uncomplicated prenatal course. Her diagnostics showed normal values, and her succeeding ultrasound results showed a fetus with appropriate growth, in breech presentation.

Results: At 36 6/7 weeks AOG, her bag of water ruptured. On physical examination, her cervix was 1 cm dilated, breech presentation. She underwent low segment transverse cesarean section for malpresentation and delivered a live baby, appropriate for gestational age, 36 weeks by pediatric aging. Intraoperatively, the left hemiuterus was non-gravid. Both uteri were separated by a non-communicating septum from fundus extending downwards creating two patent cervixes. The mother-infant pair were sent home day-2 post-op.

Conclusion: Uterine didelphys is a rare congenital anomaly with a relatively good obstetric outcome. Even so, extra prenatal care

should be given to patients with this condition because didelphys predisposes them into adverse obstetric outcomes.

P11.62 | THE ASSOCIATION OF SECOND TRIMESTER NEUTROPHIL AND PLATELET TO LYMPHOCYTE RATIO TO GESTATIONAL DIABETES MELLITUS AMONG FILIPINO WOMEN SEEN AT A TERTIARY HOSPITAL

CATEGORY: PREGNANCY

C. Gutierrez; R. Reyles

Perpetual Help Medical Center Binan, Philippines

Objective: This paper aims to determine the association between second trimester Neutrophil to Lymphocyte Ratio (NLR) and Platelet to Lymphocyte Ratio (PLR) and Gestational Diabetes Mellitus (GDM). The author also aims to add insight to the current pool of studies in published literature regarding this area of study.

Method: This is a retrospective cross sectional study involving all healthy pregnant and GDM patients of the charity Out Patient Department of a tertiary hospital in the Philippines. The study group was divided into two as described, with a total of 224 women enrolled. Descriptive data were expressed as mean and standard deviation. The association between NLR and PLR were determined as well as the specificity, sensitivity, positive and negative predictive values and likelihood ratio.

Results: There is no significant difference between controls and cases when it comes to their NLR and PLR. The optimal cut off points based on ROC Curve Analysis were less than 0.00037 for NLR and less than 981 for PLR. The sensitivity, specificity, and likelihood values for NLR and PLR in the second trimester aren't significant. NLR and PLR in the second trimester are not significant markers when it comes to predicting the development of GDM.

Conclusion: Second trimester NLR and PLR don't show significant evidence in screening for GDM. Further investigations should be conducted with a larger prospective cohort study to establish or eliminate the utility of NLR and PLR in GDM as there's increasing evidence in the role of hematologic inflammatory markers in pregnancy co-morbidities.

P11.63 | ASSOCIATION OF BETAINE-HOMOCYSTEIN S-METHYLTRANSFERASE (BHMT) 742 G & GT; A GENE POLYMORPHISM WITH PRETERM BIRTH RISK IN NORTH INDIAN POPULATION

CATEGORY: PREGNANCY

U. Pandey

Banaras Hindu University, Varanasi, India

Objective: Betaine-Homocystein S-Methyltransferase (BHMT) play a critical role in the remethylation of homocysteine when the folate-dependent pathway is compromised by either genetic or dietary

factors. The present study was conducted to evaluate the association of BHMT 746G>A gene polymorphism with the risk of preterm birth (PTB).

Method: A total of 100 patients aged 18–45 years, with 50 cases (mothers with preterm labour <37 weeks of gestation) and 50 controls (mothers with term labour ≥37 weeks of gestation) were included in study. Dimensions of placenta was measured and evaluated. Biopsy and blood investigations were done. The BHMT 742G>A polymorphism was analyzed using polymerase chain reaction-restriction fragment length polymorphism (PCR-RFLP) method. The data obtained was subjected to statistical analysis using SPSS version 20.0 software.

Results: Necrosis, inflammation and thrombosis in placenta were seen in more cases than control with statistically significant difference (P -value < 0.05). There was no statistically significant difference between cases and controls in relation to all biochemical parameters. Our study did not show any significant association of BHMT 742G>A gene polymorphism with the risk of preterm birth. However, the presence of mutant genotype, AA of BHMT G>A polymorphism shows slight increase (Odds Ratio: 1.75, CI: 0.36–8.3, P =0.74) towards the risk of PTB.

Conclusion: Presence of mutant genotype, AA of BHMT G>A polymorphism shows slight increase towards the risk of PTB. Thus, our study provided an insight to new future perspectives by utilising this new gene in determination of preterm births.

P12.01 | TEENAGE PREGNANCY RISKS

CATEGORY: WELL WOMAN HEALTH CARE

K. Rimarova

University of Pavol Jozef Safarik, Faculty of medicine, Slovakia

Objective: One of the major social and public health problems in the world is adolescent pregnancy. Adolescent pregnancy is strongly associated to less favorable health results. We conducted this research to ascertain the impact of teenage age on neonatal outcomes and also observed the lifestyles of pregnant teenage girls.

Method: We conducted a study of 2434 mothers aged ≤19 years (n =294) or 20–34 years (n =2140) who gave birth in 2019–2020 at the Department of Gynaecology and Obstetrics of Louis Pasteur University Hospital in Košice. The data on mothers and newborn infants have been reported from the reports on mothers at childbirth. Women between the ages of 20 and 34 served as the reference group.

Results: The teenage mothers were more likely to be unmarried (OR=14.2; 95% P <0.001) and had a basic education or lack of education (OR=16.8; 95% P <0.001), smoking prevalence was higher (OR=5.0; P <0.001). Low birth weight was more common in newborns born to adolescent. The infants of teenage mothers often had lower birth weights (−332.6 g, P <0.001).

Conclusion: Pregnant teenage girls had a greater prevalence of preterm deliveries in our research. This study finds significant age-related disparities in neonatal outcomes between mothers. These results might be used to identify vulnerable groups who need special

assistance and actions to reduce the probability of negative outcomes for such groups.

P12.02 | MULTIDISCIPLINARY MANAGEMENT OF ABNORMAL UTERINE BLEEDING (AUB): ANALYSIS OF ONE YEAR "LIVED" EXPERIENCE

CATEGORY: WELL WOMAN HEALTH CARE

L. Rugeri; G. Gouy; R. Le Glaunec; G. Dubernard
Hospices Civils de Lyon, France

Objective: Several guidelines recommend multidisciplinary management of AUB which are the first cause of consultation in women between 30 and 50 years old, and the main bleeding symptom in adolescents with inherited bleeding disorders. The aim of the study is to report the characteristics of these women in a large cohort.

Method: All of the 206 women visiting our care centre specifically dedicated to AUB in Lyon from January to December 2022 were included. Clinical demographics, pictorial blood assessment chart (PBAC), transvaginal or pelvic ultrasound, laboratory biological results and treatments were prospectively collected.

Results: The median (range) of age, BMI and PBAC were 30 years (10–57), 22.3 (15.8–49.0), and 348.5 (60–2750). 27% presented an anemia (Hb<120 g/L) but 66% presented an iron deficiency (ferritin < 20 μg/L). Ultrasound was normal in 62%. Adenomyosis was the main gynecological etiology (14%). VWF activity (<40%) was found in 9 (4%) women. Tranexamic acid and iron was prescribed in 90% and 52%. 60% of women received a hormonal therapy: 26% combined oestrogen-progestogen and 73% progesterone alone.

Conclusion: The multidisciplinary organization contributed to obtain these preliminary data about the diagnosis and the treatments of AUB in real-life, data which could increase the knowledge and the management of these AUB which are still under-diagnosed and under-treated.

P12.03 | CONSEQUENCES AND PRACTICES OF SELF-CARE DURING MENSTRUATION IN PROFESSIONAL HEALTH STUDENTS IN BRAZIL

CATEGORY: WELL WOMAN HEALTH CARE

L. Sampaio-neto; R. Faga; Y. Nasr; G. Munhoz; F. Montes
Faculdade de Ciências Médicas e da Saúde da PUC-SP, Brazil

Objective: As there are few studies on the consequences of the menstruation and hygiene self-care practices during their menstruation in Brazil, we investigate how the repercussions of menstrual flows affect women, and seek to know the hygiene self-care practices during the menstrual period.

Method: Cross-sectional study, using an online questionnaire with 112 women medical or nursing students. 82.4% were under 25 years old, 83.3% had a monthly income above minimum wage, 85.3% declared themselves to be white and 82.4% were heterosexual. When

menstruation occurs, 62.75% stated that they change the frequency with which they clean their genitals, 32.35% washing the vulva/vagina more than 3 times/day. 59.82% do not change usual practices during menstruation, 11.61% use soap for intimate hygiene.

Results: 89.2% reported feeling uncomfortable with menstruation, 55.9% being moderately or very uncomfortable. 76.08% decreases or not have sexual intercourse while menstruating. Menstruation interferes with daily practices: work (80.40%), school (68.60%) or social events (55.90%). The biggest nuisance concerns the physical impact itself (53.66%), interference in sex life is the biggest problem for 10.98%, 10.98% psychological impairment and 8.54% hygiene issues. The majority (53.06%) estimate that expenses with menstruation more than €5.00/menstrual period.

Conclusion: This group is representative of female students of health areas and demonstrated the inconveniences that menstruation brings to their lives. The menstruation can interfere with health, comfort, freedom and mobility of the female population, high prices of items to contain menstrual flow, can affect the income of women.

P12.04 | USE OF METHODS TO CONTAIN MENSTRUAL FLOWS BY BRAZILIAN UNIVERSITY STUDENTS OF HEALTH CARE

CATEGORY: WELL WOMAN HEALTH CARE

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R. Faga

Faculdade de Ciências Médicas e da Saúde da PUC-SP, Brazil

Objective: There are numerous practices peculiar to different societies on how to experience menstruation. Only a few studies have been carried out in order to characterize the modalities of menstrual flow containment methods in Brazilian women. To understand which methods are used to contain menstrual flow by university students from healthcare.

Method: 112 medical and nursing university students who have a representative profile of Brazilian university students in the respective courses answered an online questionnaire (Google Forms). Regarding to menstrual blood containment methods, 53.6% women use external absorbent pads, 9.8% menstrual cups, 8.0% menstrual tampons, 4.5% absorbent panties, 0.9% absorbent cloths, 0.9% use 'menstrual disc' and one uses folded toilet paper.

Results: Menstrual pads was associated with genital irritation (60.0%) and vulvar skin cracks (26.7%). All users of menstrual cups reported that they use them mainly for sustainability reasons. They also reported convenience, reliability, and cost-effectiveness, no genital symptoms have been reported. Users of tampons said that they use to leave the house (36.7%) or practicing sports (34.7%). They replace tampons less than 8 h (66.7%), 66.7% uses up to 3 tampons daily.

Conclusion: The most used method was the external absorbent, followed by the menstrual cup. For those using menstrual pads, the main reason was easy adaptation (80.0%), comfort (65.0%), confidence (50.0%) and affordable price (36.7%). Those that use collectors have done so primarily for sustainability reasons.

P12.05 | ARGENTINIAN WOMEN'S INTEREST IN GYNECOLOGICAL HEALTH CARE ON SOCIAL MEDIA: A CROSS-SECTIONAL SURVEY

CATEGORY: WELL WOMAN HEALTH CARE

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¹AMAdA, Argentina; ²Hospital santojanni, Argentina

Objective: This study researched women's interests and trust on social media education in gynecological care. The secondary aim was to know if social media is an educational tool for their health and if it is associated with increased medical check-ups.

Method: We conducted a cross-sectional survey study via electronic survey, from November 2022 to March 2023, in which 404 women were recruited and met our inclusion criteria. All participants completed the questionnaire. We applied confidence intervals (CIs) of women's interest in gynecological education and care received from HCPs' exposure on social media-based education. We developed a questionnaire on socio-demographic data, awareness, preferences and changes in healthcare behavior in women who use social media in gynecological care.

Results: We analyzed 404 women's surveys included in the study, 47% (n=191) were between 20 and 44 years old, 81% (n=327) had tertiary/university studies, and 94% (n=381) had medical insurance. 97% (CI 95%: 95%–98%) use at least one social media (n: 393/404), and 58% (CI 95%:53%–62%) follow a medical practitioner (n: 227/393). As for the group that follows HCPs health care providers (n: 227), 60% (n: 137/227) found them by searching information on the internet, 39% (n: 89/227) by word of mouth.

Conclusion: There's a high adherence to social media as women followed at least one HCP. Although it a source of debate, we believe social networks as long as they come from a reputable medical source, are a useful tool for women's knowledge and education in gynecological health and it helps professionals.

P12.06 | THE IMPACT OF VACCINATION AGAINST COVID-19 ON PREGNANT AND PUERPERAL WOMEN IN THE AMAZON: A RETROSPECTIVE ANALYSIS

CATEGORY: WELL WOMAN HEALTH CARE

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¹Hospital Universitário Getúlio Vargas—Universidade Federal do Amazonas, Brazil; ²Universidade Federal do Amazonas, Brazil;

³Universidade de São Paulo—Ribeirão Preto, Brazil

Objective: Evaluate infection, hospitalization and death rates in pregnant and postpartum women due to COVID-19 in the state of Amazonas, before and after vaccination coverage against the disease.

Method: This is a descriptive, retrospective, cross-sectional and quantitative study, using secondary data obtained from the Health

Surveillance Portal (FVS/AM) including pregnant and puerperal women infected with the SARS-CoV-2 virus from March 2020 to March 2023. The variables surveyed include the number of cases, hospitalizations and deaths per year of the pandemic, and their correlation with vaccination coverage against the disease in this analyzed population.

Results: From March/2020 to May/2021 (pre-vaccination period), 2749 pregnant and postpartum women were infected with COVID-19, resulting in 856 hospitalizations and 81 deaths. After immunization, from June/2021 to March/2023, there was a significant decline in cases ($N=586$), hospitalizations ($N=245$) and deaths ($N=20$) among the same group. Therefore, there was a reduction of 78.68% of cases in pregnant and puerperal women, 71.37% of hospitalizations and 75.31% of deaths after the start of vaccination in Amazonas.

Conclusion: With the present study, we observed that vaccination against COVID-19 in pregnant and postpartum women was a health prevention strategy with a great impact on reducing the number of cases, hospitalizations and maternal mortality in the state of Amazonas by this disease.

P12.07 | PREVALENCE OF MATERNAL PSYCHOLOGICAL DISORDERS AFTER IMMEDIATE POST-PARTUM HAEMORRHAGE: A REPEATED CROSS-SECTIONAL SURVEY AMONG A COHORT STUDY

CATEGORY: WELL WOMAN HEALTH CARE

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Objective: To assess depression at 2 (M2), 6 (M6), and 12 postpartum months (M12) among women with PPH compared with parturients with no PPH. Secondary objectives were to describe their anxiety and post-traumatic stress disorder (PTSD).

Method: Our single-centre cohort included women who gave birth ≥ 22 weeks. They completed self-administered questionnaires. The prevalence of depression, measured by the Edinburgh Postnatal Depression Scale, and its mean scores, at M2, M6, and M12. Secondary outcomes were the prevalence of anxiety and its mean scores, measured at the same times by Spielberger's questionnaire (STAI form Y-A), the Generalised Anxiety Disorder-7, and of PTSD and its mean scores, by the Revised Impact of Event Scale.

Results: Our cohort included 1298 women, 528 with and 770 without PPH. At M2, the prevalence of depression and PTSD was higher among the women with PPH than those without it ($P=0.03$ and $P=0.02$). The prevalence of anxiety at inclusion and at M2 was higher in the PPH group ($P=0.01$ and $P=0.01$). No differences were observed at M6, and at M12, only the mean adjusted PTSD score was higher in the PPH group ($P=0.02$).

Conclusion: Perinatal professionals must bear these high rates in mind and systematically screen for psychological disorders during the long postpartum period.

P12.08 | KNOWLEDGE OF TUNISIAN ADOLESCENT GIRLS SEEKING EMERGENCY CARE REGARDING SEXUALITY: A PROSPECTIVE STUDY

CATEGORY: WELL WOMAN HEALTH CARE

M. Letifi

Université de Sousse, Tunisia

Objective: The aim of this study was to assess the knowledge of Tunisian adolescent girls seeking emergency care regarding sexuality. We sought to determine their level of knowledge on various aspects of sexuality and identify any gaps in their understanding.

Method: From January 1, 2023, to April 30, 2023, we recruited a total of 190 adolescent girls seeking emergency care in the maternity ward of Nabeul. After obtaining their consent, a designed questionnaire was distributed to each participant to assess their knowledge in terms of sexuality. The questions covered topics such as contraception, sexually transmitted infections, sexual physiology, and emotional relationships. The average age of young adolescent girls is 17 years old.

Results: The results revealed that 42.1% ($n=80$) of adolescent girls seeking emergency care had general knowledge regarding sexuality, while 57.9% ($n=110$) acknowledged having several gaps in sexual education. Significant gaps were concerning contraception 45.5% ($n=50$), prevention of sexually transmitted infections 36.4% ($n=40$), and understanding physiological changes during sexual relationships 18.2% ($n=20$). The causes of ignorance about sexuality can be multifactorial, they are essentially taboos and stigmatization, lack of formal education, limited access to information, and lack of open communication.

Conclusion: This study highlights the need for education regarding sexuality among adolescent girls. It is essential to implement tailored and accessible educational programs to enhance their knowledge and promote a responsible approach to sexual health. These efforts could contribute to reducing risks associated with sexuality and fostering healthy relationships among this vulnerable population.

P12.09 | TEACHING STRATEGIES AND LEARNING ENVIRONMENTS FOR BREASTFEEDING PROMOTION: A SCOPING REVIEW

CATEGORY: WELL WOMAN HEALTH CARE

M. Yazdanbakhsh

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Objective: The exclusive breastfeeding (EBF) up to the age of 6 months has become a global public health. WHO and UNICEF expect that by 2030, 75% of children will be fed breast milk. Objective: To describe teaching strategies and environments conducive to women's learning of EBF implemented by care professionals.

Method: This is a scoping review based on Arksey and O'Malley recommendations in 2005 and the 2020 Extension for Scoping Reviews PRISMA Checklist and Explanation. The flowchart and PRISMA checklist were used in this study. Three databases CINAHL,

PubMed, and Embase were queried. This data based on articles published from May 2012 onwards, when all WHO Member States and UNICEF proposed a comprehensive implementation plan for maternal, infant, and young child nutrition to August 2020.

Results: A total of 7710 articles were pre-selected, of which 78 met the criteria for final selection. The pedagogical characteristics seems to have a favorable effect on EBF prevalence at 4 months: close educational follow-up in postpartum (77% [$n=60/78$]); existence of educational objectives (58% [$n=45/78$]); staff pedagogical expertise (53% [$n=41/78$]), teaching methods (50% [$n=39/78$]) and teaching tools (28% [$n=22/78$]). Empowerment, self-management, or motivational approach also influenced the prevalence of EBF at 6 months (20% [$n=16/78$]).

Conclusion: These results, coupled with the exploitation of experience-based knowledge in the field of breastfeeding, should lead to an initial pedagogical model. Evaluated according to critical realism, this should make it possible to identify the key functions that will enrich the tested pedagogical model and ensure its transferability.

P12.10 | DRUG-FACILITATED SEXUAL ASSAULT (DFSA): AN OVERVIEW OF SURVIVORS' EPIDEMIOLOGICAL CHARACTERISTICS AND PSYCHOLOGICAL DIMENSIONS
CATEGORY: WELL WOMAN HEALTH CARE

M. Rendiniello

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Objective: Drug-facilitated sexual assault (DFSA) is a type of sexual violence (SV) perpetrated against an individual incapacitated by alcohol and/or drugs, covertly administered or voluntarily consumed. The aim of this study was to evaluate epidemiological characteristics, substance assumption and psychological dimensions among survivors of DFSA.

Method: The study was conducted at the Service for Sexual and Domestic Violence (SVSeD), Fondazione IRCCS Ca' Granda, Milan, Italy. SVS is a public rape center, which offer help to gender-based violence survivors with a multidisciplinary integrated approach. We retrospectively analyzed SVSeD admission records, from January 2021 to December 2021. We recorded data about epidemiological and SV characteristics, vulnerability factors, voluntary substances intake, and survivors' psychological dimensions at the time of the first access.

Results: We registered 45 DFSAs out of 397 SV cases (11%). The main vulnerability factors were a diagnosis of psychiatric disorder (20%) and a previous history of SV (20%). In 22 cases (49%) the perpetrator was someone known to the victim. Women reported voluntarily consumption of drugs, predominantly alcohol, in 40 cases (89%). As regard psychological symptoms, 14 individuals (31%) reported emotional numbness, 9 (20%) reported fear or feelings of helplessness and horror, 11 (25%) sadness.

Conclusion: Our observation shows how alcohol, voluntarily consumed, is the most common vulnerability factor for DFSAs. There is therefore a need to promote education and prevention campaigns on this additional frightful consequence of alcohol abuse.

P12.11 | TECHNOLOGY-BASED INTERVENTIONS TO PROMOTE SEXUAL AND REPRODUCTIVE HEALTH: A SCOPING REVIEW
CATEGORY: WELL WOMAN HEALTH CARE

M. Moghassemi

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Objective: The present scoping review aimed to examine the effects of multimedia-based sexual health interventions on new attitudes, knowledge, behavior change, and self-efficacy.

Method: Databases such as Web of Science, Science Direct, Cochrane Library, Scopus, PubMed/Medline, Clinical Key, SID, MAGIRAN were retrieved with no time limit. A five-step process was followed to select relevant studies, extract data, and summarize and report the results. Studies were included if they sampled Reproductive ages; utilized technology-based platforms; measured attitudes, knowledge, or behavior change as outcomes; evaluated program effects with RCT, experimental or quasi-experimental designs; and were published in English or Persian.

Results: This article analyzed ten studies on technology-based interventions for reproductive-aged individuals, with seven being RCTs and three being Quasi-experimental articles. The studies were categorized into four groups based on the type of technology used: text messages, mobile-apps, web-based interventions, feasibility, acceptability, and preliminary effectiveness. The results suggested that technology-based interventions were effective in increasing sexual health knowledge and attitudes but were not sustainable for long-term behavioral changes. Short-term follow-ups showed stronger effects than longer-term follow-ups.

Conclusion: Future research should be undertaken to examine the effects of intervention over time.

P12.12 | PRIMARY NEGATIVE-PRESSURE DRESSING POST GYNAECOLOGY SURGERY IN OBESE PATIENTS IN THE PREVENTION OF WOUND SITE SEPSIS
CATEGORY: WELL WOMAN HEALTH CARE

N. Kazadi

Stellenbosch University, South Africa

Objective: To see if the use of primary negative-pressure dressing post gynaecology surgery in obese patients reduces the incidence of wound site sepsis.

Method: Patient TZ represents a patient profile encountered regularly at Tygerberg Hospital. The prevalence of surgical site sepsis following gynaecological procedures, in an article by G Jjuuko et al, was an overall 11.9% with a higher prevalence post emergency cases versus elective gynaecological procedures. Twenty-three per cent of the patients were HIV-infected, and this group had a wound sepsis rate of 28.6% compared with 6.8% in HIV-negative cases ($P=0.03$).

Results: A Cochrane review of 62 RTC and six economic studies was conducted with the aim of determining if there were significant benefits for the use of negative wound pressure therapy. Surgical site infections occurred in 8.7% of patients treated with NPWT compared to 11.75% of the patients treated with standard dressing: P. -Y Li et al. echo the same sentiments, showing a statistical reduction in the incidence of surgical wound infection when using NPWT.

Conclusion: Obesity is associated with maladaptive physiological mechanisms of wound healing, predisposing patients to wound sepsis. The financial burden as well as the severe morbidity of surgical site sepsis suffered can be greatly reduced with the adoption new practices (i.e. primary NPWT following open abdominal surgery) along with routine sterility principles.

P12.13 | HEALING FROM THE UNSPOKEN LOSS—GRIEF COUNSELLING A MUST FOR ALL WOMEN UNDERGOING TERMINATION OF PREGNANCY

CATEGORY: WELL WOMAN HEALTH CARE

N. Malhotra
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Objective: It's important for a healthcare worker to understand that even an abortion can be related to long term grief and affect the mental health of a women which can affect her future fertility.

Method: In our observation we saw many women affected with depression and grief after suffering from an abortion which affected their general well-being. Abortion is considered as a type of dis-franchised grief. A woman choosing to terminate pregnancy due to any genetic or medical condition can experience multiple symptoms related to depression, eating disorders, sleep disorders and even suicidal thoughts. In our study we understood this fact and offered them counselling sessions.

Results: Offering women counselling and support post abortion improved the outcomes and also improved the future fertility.

Conclusion: The experience of TOPFA (Termination Of a Pregnancy due to Fetal Anomaly) is one that is increasingly researched, but few concrete models exist to provide guidance to clinicians attempting to intervene with this unique and under-served population.

P12.14 | FEMALE GENITAL MUTILATION AND PERINEAL LACERATIONS: SHOULD EPISIOTOMY BE RECOMMENDED AS A ROUTINE PROCEDURE?

CATEGORY: WELL WOMAN HEALTH CARE

N. Curzel¹; C. Costa²; I. Santos³; A. Sousa³; F. Ladislau²; E. Landim²; A. Conceição²

¹Hospital Prof. Doutor Fernando Fonseca, Italy; ²Hospital Prof Doutor Fernando Fonseca, Portugal; ³Hospital Prof. Doutor Fernando Fonseca, Portugal

Objective: To assess the relation between episiotomy and perineal tears during vaginal deliveries in women with genital mutilation, and to establish whether this procedure should be recommended more frequently in comparison to non-mutilated patients.

Method: Retrospective observational study taking place at Fernando Fonseca Hospital's maternity ward (Lisbon, PT), using a database of women with genital mutilation that had at least a vaginal delivery during the years 2015–2022. Data about the patients' type of delivery and perineal outcomes (such as grade of perineal laceration and episiotomy) was collected. Cesarean sections and very low-weight newborns (<2000g) were excluded from the study. Statistical analysis was carried out using Chi-square test of independence.

Results: A total of 258 vaginal deliveries were analysed. The most frequent grade of genital mutilation were Grade I and II (50.1% and 44%, respectively). Episiotomy rate was 42.9%. A chi-square test showed that there was a significant association between episiotomy and grade of laceration ($P=0.000234$) showing an increased rate of grade II laceration in women who didn't receive episiotomy. There was no sufficient data to analyse the relation between episiotomy and severe lacerations (grade III–IV).

Conclusion: Even though our study showed a less incidence of grade II laceration in the episiotomy group, this has a small clinical meaning, considering that they are both limited to the muscular perineal layer. Therefore, there is no sufficient evidence to recommend the routine use of episiotomy in mutilated women.

P12.15 | MAYER-ROKITANSKY-KÜSTER-HAUSER SYNDROME: A RARE CASE OF PRIMARY AMENORRHEA

CATEGORY: WELL WOMAN HEALTH CARE

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Objective: Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome is the second most common cause of primary amenorrhea (reported in 1 in 5000 females) after gonadal dysgenesis. We report a case of MRKH syndrome.

Method: We review the data from the clinical process.

Results: A 17-year-old nulliparous woman presented to the Gynecology Clinic with primary amenorrhea. She had an imperforate hymen. The karyotype was 46, XX. On transabdominal ultrasound,

only one of the ovaries could be visualized. Magnetic resonance imaging of the pelvis subsequently performed revealed the presence of two bilateral ovaries but absence of uterus and vagina. Based on these findings, type I Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome diagnosis was established. It was proposed surgery with neovagina creation.

Conclusion: Müllerian agenesis, eponymously referred to as Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome, is a spectrum of congenital anomalies of unknown etiology characterized by a variable degree of uterovaginal agenesis in women with normal secondary sexual characteristics and 46, XX karyotype. The differential diagnosis includes androgen insensitivity, transverse vaginal septum, and imperforate hymen.

P12.16 | EFFECT OF GENITOURINARY SYNDROME OF MENOPAUSE (GSM) ON QUALITY OF LIFE AMONG MIDLIFE WOMEN IN A TERTIARY HOSPITAL IN GHANA

CATEGORY: WELL WOMAN HEALTH CARE

P. Adomako Mensah
Korle Bu Teaching Hospital, Ghana

Objective: GSM is an important clinical consequence of the hypoestrogenic state associated with reproductive aging. This study sought to determine the prevalence and risk factors associated with GSM, and to assess the effect of GSM on the quality of life of midlife women reporting for routine screening in a tertiary hospital.

Method: A cross-sectional study involving 400 women aged 40 to 60 years who visited the Korle Bu Teaching Hospital for routine cervical smear from February 2022 to September 2022. Genitourinary syndrome of menopause was defined by using three parameters: one symptom, one physical sign of vaginal atrophy and vaginal pH > 5. Quality of life was determined using the Day-to Day Impact on Vaginal Atrophy (DIVA) Questionnaire. Multiple logistic regression was used to assess significant associations.

Results: The prevalence of GSM in the population studied was 46%. The most common symptom reported was vaginal dryness (57%), while the most common sign found was vaginal pallor (85%). Age, Coitarche, Frequent sexual activity and Anogenital index were the risk factors significantly associated with GSM. Participants diagnosed of GSM had higher mean DIVA scores compared to those who were not diagnosed of GSM, with participants scoring higher scores for the Sexual dysfunction and self-perception domains.

Conclusion: There is a high prevalence of GSM among middle aged women in Ghana. Increasing age, coitarche at 25–29 years, frequent coitus and increasing anogenital index were significantly associated with GSM. GSM has negative impacts on the QoL of women diagnosed. Thus, early screening for GSM at midlife is recommended.

P12.17 | PREVALENCE OF SEXUAL ABUSE AND ITS ASSOCIATION WITH HEALTH-RISK BEHAVIORS AMONG BRAZILIAN ADOLESCENTS

CATEGORY: WELL WOMAN HEALTH CARE

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³Universidade de Goiás, Brazil; ⁴Department of Obstetrics and Gynecology, Faculdade de Medicina, Universidade de São Paulo, Brazil

Objective: To evaluate the prevalence of sexual abuse among Brazilian adolescents by regions and sociodemographic variables.

Method: A cross-sectional study of 102072 students from Brazil, aged between 11 and 19 years, according to data from the National School Health Survey. Data were collected by questionnaires, including sociodemographic questions and health-risk behaviors. The analysis was performed by multivariate analysis using the Poisson regression model.

Results: Of the participants, 4.1% reported having experienced forced sexual intercourse, with higher rates reported by girls (4.5%) compared to boys (3.6%) ($P < 0.001$). There is a relation between sexual abuse previously and sociodemographic variables such as black, indigenous color/ethnicity, North and Central West Brazilian regions, attend public school, and have a mother with a low education level ($P < 0.001$). Tobacco and illicit drugs use, alcohol consumption, early and unprotected sexual intercourse are associated with sexual abuse ($P < 0.005$).

Conclusion: The prevalence of previous sexual abuse reports was around 4% in Brazilian adolescents. Sexual abuse is related to social determinants of health and health-risk behaviors. We suggest that initiatives addressing this issue be implemented as public policies in developing countries, to support the promotion of a safer environment for adolescents.

P12.18 | FOOD CONSUMPTION OF POSTMENOPAUSAL WOMEN IN TIMES OF THE SARS-COV-2 PANDEMIC: A LONGITUDINAL STUDY

CATEGORY: WELL WOMAN HEALTH CARE

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Objective: To compare eating habits and menopausal symptoms of postmenopausal women before and during the SARS-CoV-2 pandemic.

Method: We conducted a longitudinal study, developed at the at the Endocrine and Climacteric Gynecology Outpatient Clinic, Clinics Hospital of the School of Medicine, University de São Paulo between 2018 and 2020. Participants were invited to

participate in this research by answering health questionnaires, including The Kupperman-Blatt Menopausal Index, the Women's Health Questionnaire, and 24-h dietary recall. We used ANOVA and Chi-square tests for statistical analysis.

Results: The intensity of menopausal symptoms was lower during the pandemic than in the previous period ($P < 0.05$) in 78 women followed up. Energy and processed food consumption were lower during the pandemic than before ($P = 0.003$). Consumption of "milk and plain yoghurt" was lower ($P = 0.043$), while consumption of sugar-sweetened beverages and sweets was higher ($P = 0.007$ and $P = 0.001$, respectively) during the pandemic. There was also a decrease in the consumption of proteins, carbohydrates, and lipids ($P < 0.03$).

Conclusion: Higher consumption of sweet foods and lower of milk and processed foods during the pandemic, as a decrease in energy and macronutrient consumption is pointed out, which may be related to the participants' food insecurity. Women reported a decrease in the intensity of menopausal symptoms during the pandemic.

P12.19 | QUALITÉ DE VIE APRÈS CHIRURGIE DU PROLAPSUS URO-GÉNITAL PAR PROMONTOFIXATION

CATEGORY: WELL WOMAN HEALTH CARE

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¹Faculty of Medicine of Sousse, Tunisia; ²Resident, Tunisia; ³Medical Doctor, Tunisia

Objective: Evaluer la satisfaction des patientes après chirurgie du prolapsus uro-génital (PUG) par promontofixation (PF).

Method: Il s'agit d'une étude cohorte bicentrique menée dans le service de Gynécologie obstétrique A de l'hôpital Charles Nicolle et de l'hôpital Mongi Slim la Marsa -Tunisie. Toutes les patientes ($N = 50$) ont eu une PF par laparotomie entre le 1er janvier et le 31 décembre 2022. La satisfaction était évaluée par le Patient Global Impression of Improvement (PGI-I). Les patientes répondaient à ce questionnaire par voie téléphonique dans les 3mois suivant l'intervention. L'analyse statistique a été faite par les tests de Khi2 et Fisher.

Results: L'âge moyen des patientes était de $56.8 \text{ ans} \pm 16 \text{ ans}$. La parité moyenne était de 3.5 ± 0.9 . Seulement 20%des patientes ont eu une rééducation périnéale en préopératoire. Pour le questionnaire PGI-I, 90%patientes déclaraient être améliorées par rapport à leur symptomatologie initiale et 10% patientes déclaraient être aggravées. On retrouvait par ailleurs 20% patientes chez lesquelles une incontinence urinaire d'effort était apparue depuis l'intervention. Les patientes qui ont une rééducation périnéale en préopératoire déclaraient être très améliorées ($P = 1$).

Conclusion: Cette étude rapporte une grande satisfaction des patientes en post chirurgie du PUG par promontofixation. D'autres études à plus grande échelle sont nécessaires pour confirmer ces résultats.

P12.20 | REFERRAL BARRIERS IN MINIA GOVERNORATE, EGYPT: PERCEPTION AND ATTITUDES OF HEALTHCARE PROVIDERS

CATEGORY: WELL WOMAN HEALTH CARE

S. El Gelany
 Minia University, Egypt

Objective: To identify Referral Barriers facing the healthcare providers in Minia governorate.

Method: AMMAN Foundation for Women's Affairs is a charity based in Egypt to improve the awareness of people and health care providers. One of our projects was conducted through a structured open-ended self-administered questionnaire handled to maternal health care providers (residents, specialists and consultants of gynecology and obstetrics). This study was done in the Department of Gynecology and Obstetrics in Minia University Hospital and general hospitals in Minia governorate.

Results: The response rate was 174 participants (87%). The common barriers to referral were: absence of communication; geographical barriers and ambulance; lack of transport; patient concepts or refusal; delay of transportation or ambulance; bad or aggressive attitudes towards referring doctors or cases at third centers; and lack of training opportunities and ambulance and lack of collaboration between hospitals. Suggestions to improve service and decrease maternal mortality, e.g. improve the training.

Conclusion: Reduction of maternal mortality can be achieved through improving logistics, infrastructure, health care providers' training, and referral.

P12.21 | IMPACT OF MOBILE CLINICS INITIATIVE WITH VISITING CONSULTANT AS AN INNOVATIVE MODEL OF HEALTHCARE DELIVERY TO THE PREGNANT WOMEN IN RURAL SUDAN: EXPERIENCE FROM LOW RESOURCES COUNTRY EASTERN SUDAN

CATEGORY: WELL WOMAN HEALTH CARE

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Objective: In rural Sudan, has one of the highest rates of maternal and perinatal mortality could be reduced by increasing the uptake of antenatal care. Mobile medical clinics requires fewer providers for larger catchment areas. Models for health promotion, education, and care. Remove the barriers is fundamental to provide intervention measures.

Method: In collaboration with the Ministry of Health and non-governmental organizations, and communities' leaders. Clinics (MHCs) were set up with a walk-in clinic at the village health centre. Equipped with portable ultrasound machine when needed. Women were invited to be checked and tested for HIV, routine blood tests,

urine analysis and sexually transmitted infections or endemic diseases in symptomatic women. Community health workers were trained to provide the following: comprehensive antenatal care and prevention of vertical transmission of infections.

Results: Over the program period, nearly 50 community workers and health care providers were trained in different essential health areas, 10 000 men and women received education classes in antenatal care and prevention of bad habit including FGM, and 1100 pregnant women were offered integrated prenatal care and testing for HIV, routine blood tests, and sexually transmitted infections. Many cases with obstetrics and gynecologic complications were identified and treated those requiring further treatment were referred to tertiary facilities.

Conclusion: Mobile Health Clinics are an innovative model of health-care delivery that could help reduce health disparities in vulnerable populations. Patient-centered clinics are successful, and acceptable models for delivering quality of care to pregnant women in rural and hard-to-reach areas. The high number of pregnant women who attended indicates that integrated services were utilized.

P12.22 | PATIENT SATISFACTION WITH LEEP FOR THE TREATMENT OF CERVICAL DYSPLASIA

CATEGORY: WELL WOMAN HEALTH CARE

S. Ooi

Royal Hospital for Women, Australia

Objective: We aim to compare patient satisfaction with inpatient LEEP compared to outpatient LEEP for Australian best practice.

Method: This was a prospective quantitative and qualitative cohort study. An online questionnaire was sent to patients undergoing inpatient and outpatient LEEP to assess satisfaction with the procedure. Further histopathological and demographic data was also collected from the medical record. Groups were compared using the Fischer's exact test and pain scores were compared using non-parametric tests.

Results: 93 outpatients and 52 inpatients responded to the survey. No difference was found between groups with regards to rate of positive histopathological margins or number of passes required. Outpatients found the procedure to be more convenient than inpatients ($P=0.007$), and experienced more pain during the procedure than the inpatient group ($P<0.001$). There was no significant difference in pain scores following the procedure or post-procedure anxiety.

Conclusion: Outpatient LEEP is an acceptable and well-tolerated procedure, comparable to inpatient LEEP. Regardless of the option chosen, patients are highly likely to be satisfied with their choice. Increased efforts should be made to reduce pre-procedural anxiety, which may in turn reduce expectations and experiences of pain.

P12.23 | ANTENATAL PREVENTION IN FRANCE—ASSOCIATED FACTORS AND EFFECTS ON MATERNAL MENTAL HEALTH IN THE POSTNATAL PERIOD

CATEGORY: WELL WOMAN HEALTH CARE

S. Barandon

First, France

Objective: Women's mental health during the perinatal period is a public health priority. As the leading cause of maternal death in France, mental pathologies, and specifically postnatal depression, also have an impact on maternal, paternal mental health and child development. Few scientific studies in France have focused on preventive antenatal interventions.

Method: We studied in samples of mothers representative of the French population (French Longitudinal Study since Childhood—E.L.F.E.) the: (1) sociodemographic and health factors associated with the practice of antenatal preventive interventions, (2) associations between antenatal interventions and postnatal depressive symptoms (PNDS) at 2 months postpartum (PP) scored by the Edinburgh Post Natal Scale (EPDS), and (3) factors associated with the physical and mental QOL of mothers at 1 year PP scored by the SF-12.

Results: We studied in samples of mothers representative of the French population (French Longitudinal Study since Childhood—E.L.F.E.) the: (1) sociodemographic and health factors associated with the practice of antenatal preventive interventions, (2) associations between antenatal interventions and postnatal depressive symptoms (PNDS) at 2 months postpartum (PP) scored by the Edinburgh Post Natal Scale (EPDS), and (3) factors associated with the physical and mental QOL of mothers at 1 year PP scored by the SF-12.

Conclusion: Antenatal prevention strategies must integrate an ecosystemic vision and be implemented in a population-based, graduated and coordinated from ante- to post-natal.

P12.24 | NOVEL MENSTRUAL CUP VERSUS CONVENTIONAL SANITARY PADS AS A METHOD OF MENSTRUAL HYGIENE PRODUCT: THE INDIAN SCENARIO

CATEGORY: WELL WOMAN HEALTH CARE

S. Dinakar

India

Objective: In India, lack of awareness, coupled with taboos and cultural differences have made menstrual hygiene options a challenge. Menstrual cup is still a novel menstrual product in India, with limited users. Aim is to compare pads and menstrual cups in terms of efficacy, comfort, cost, environmental sustainability and overall satisfaction.

Method: Prospective, Interventional, Questionnaire based study with 136 women. Participants were explained about the usage of the cup, advantages, and disadvantages, and encouraged to use the same. Those willing to use it, were assigned to the cup group, and those not willing to use the cup were assigned the pads group. Participants were followed up after 3 cycles and asked to give feedback on their menstrual product following a pre-validated questionnaire developed by the authors.

Results: The overall satisfaction was found to be statistically significant ($P < 0.001$) in cup group compared to pads group; 85% of women said that they would recommend the cup. 69% of women using pads spent more than Rs 2400 per year on pads, while 100% of women in cup group spent less than Rs 500 per year.

Conclusion: The use of menstrual cup seems to be a better alternative to pads in terms of leakage, comfort, convenience, disposal, and overall satisfaction; and seems to have economical and environmental advantages. Indian women, who have less awareness about this, should be educated and encouraged to use it.

P12.25 | BETWEEN TABOOS AND IGNORANCE: TUNISIAN PREGNANT WOMEN'S KNOWLEDGE OF THEIR INTIMATE BODY

CATEGORY: WELL WOMAN HEALTH CARE

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Objective: In many cultures, women's knowledge and perceptions of their intimate body are still marked by taboos and stereotypes. In Tunisia, as in other countries, women may face difficulties in openly discussing their genital and perineal health. This study aims to evaluate the knowledge of Tunisian pregnant women regarding their genital and perineal anatomy.

Method: This is a multicenter cross-sectional descriptive study of a population of 150 Tunisian pregnant women. The questionnaire was distributed in gynecology services of different hospitals.

Results: This study was conducted on 150 pregnant women aged 25 to 30 years, with a university-level education (44%). The location of cervix and clitoris were correctly identified by only 33% and 22% of participants, respectively. Only 36% knew that the uterus is responsible for menstrual periods and 51% believed that menstruation is contaminated blood. These knowledge gaps impacted the sexuality of 45% of pregnant women, with 27% having vaginismus and 35% having difficulty with penetration during their first sexual intercourse.

Conclusion: This study highlights the need for comprehensive education on genital and perineal health for Tunisian women to promote their sexual and reproductive health. More tailored educational resources and awareness-raising efforts are required.

P12.26 | CLIMA PROTECTION IN GYNECOLOGY ON THE EXAMPLE OF BLOOD COLLECTION

CATEGORY: WELL WOMAN HEALTH CARE

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Objective: German hospitals, which embody a symbol of health, are paradoxically the fifth largest producer of waste in this country. To counteract this conflict, we considered how the waste management could be integrated into everyday clinical practice in order to combat environmental pollution and reduce its negative impact on our patients.

Method: On the example of blood collection we calculate amount of carbon dioxide (CO₂) that can be saved by separating of sterile packaging of the cannulas (paper and plastic) and removable pistons of blood tubes (plastic). We used the average number of blood samples taken in our department during an average workday in November 2022 as a basis and available coefficients for CO₂-saving for particular plastic to establish saving potential. Practical application was proposed.

Results: The packaging of the butterfly needle consists of 0.69 g paper and 0.76 g recyclable polyethylen (PE). The pistons are made of high-density-polyethylene (HDPE) and weight 1.7 g. With the recycling of a kilogram of PE, approximately 1.9 kg of CO₂ are saved. Moreover recycling 1 kg of HDPE saves another 1.34 kg of CO₂. Through waste separation and the associated recyclability of the plastic produced, at least 294 kg of CO₂ could be saved annually.

Conclusion: Simple measure of waste separation would already be a major step towards making gynecologists "greener". In this way, they would not only stand up for their image as an institution committed to health in terms of patient care, but also in terms of environmental protection and thus health prevention.

P12.27 | SECOND TRIMESTER PREGNANCY TERMINATION DUE TO PLACENTA PREVIA USING DILATION AND EVACUATION: A CASE REPORT

CATEGORY: WELL WOMAN HEALTH CARE

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¹Vila Nova Cachoeirinha Maternity Hospital, Brazil; ²Universidade Federal de Uberlândia, Brazil; ³New York Medical College, Balhalla, NY, USA

Objective: To report a case of a second trimester pregnancy termination with placenta previa using dilation and evacuation (D&E) technique.

Method: A 36-year-old woman with a 18-week pregnancy complicated by placenta previa presented at the hospital reporting

vaginal bleeding and abdominal pain. An ultrasonography performed three days before her admission showed a placenta totally covering the internal os. She was hemodynamically stable, had mild vaginal bleeding and no cervix dilation, with hemoglobin of 12.2 g/dL, dropping to 8.7 g/dL 24 h later. An additional ultrasonography showed a 11-cm hematoma in the uterine cavity, with a live fetus weighting 157 g.

Results: An abortion induction was planned to preserve the woman's life. After three doses of 400 mcg of misoprostol, she still had no cervix dilation, and D&E was proposed. For cervical dilation, five osmotic dilators were inserted, and uterine evacuation was performed 8 h after. At first, the placenta was extracted, and a large amount of blood was observed. Total procedure time was 25 min. Intraoperatively, the patient received 500 mL of red blood cell transfusion.

Conclusion: The woman had an uncomplicated recovery and was discharged one day after surgery in good health. D&E is a safe option for second trimester pregnancy termination complicated by placenta previa.

P12.28 | PUERPERIO: UN PERIODO VULNERABLE PARA MORTALIDAD POR NEUMONÍA POR SARS-COV-2

CATEGORY: WELL WOMAN HEALTH CARE

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Objective: Identificar los factores asociados a muerte por neumonía por Sars-CoV-2 durante el puerperio en mujeres mexicanas.

Method: Se recolectó información de pacientes embarazadas o puérperas con diagnóstico de neumonía por SARS-CoV-2 mediante RT-PCR en el periodo de enero 2020 a diciembre 2020, a través del área de triage respiratorio en el Hospital Metropolitano de Secretaría de Salud del estado de Nuevo León, México. Estudio retrospectivo, descriptivo, observacional.

Results: En nuestro estudio se ingresaron un total de 40 pacientes, de las cuales 5 eran puérperas. De las pacientes puérperas (5) ingresadas, el 40% presentó preeclampsia, 20% diabetes mellitus gestacional y hubo 40% de mortalidad en este grupo por complicaciones como insuficiencia respiratoria aguda causada por neumonía severa secundaria a SARS-CoV-2.

Conclusion: La alta proporción de muertes en el puerperio fue superior a la existente en la literatura. La enfermedad durante el embarazo y puerperio representa riesgos adicionales por las modificaciones fisiológicas. Dicha adaptación compleja del puerperio requiere mayor atención a la sintomatología respiratoria para evitar una progresión desfavorable o muerte.

P12.29 | OBESITY, GASTROINTESTINAL AND METABOLIC SYSTEMS IN MID-LIFE AND BEYOND

CATEGORY: WELL WOMAN HEALTH CARE

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 University of Pisa, Italy

Objective: Menopausal transition represents a turning point in women's hormonal environment. Ovarian hormones modulate fat distribution and body composition, the lipid profile, insulin sensitivity and the brain-gut interactions. The aim of this abstract is to review the major metabolic and gastrointestinal changes after menopause.

Method: An extensive literature search, including the authors' own work, is summarized. The effects of different estrogen and testosterone levels on the body are reviewed. The consequences of changes in fat distribution and metabolic profile on cardiovascular risk were discussed. The effects of estrogen decline on the gastrointestinal system were observed, particularly for cancer risk and for changes in appetite control by the prefrontal cortex.

Results: After menopause, there is a trend toward central fat deposition, which causes a decline in physical function. Central obesity can also occur in normal weight women. The lipid profile becomes unfavorable and glucose intolerance and diabetes may develop. The risk of gastrointestinal cancer increases, but is lower with hormone replacement therapy. Intestinal motility and permeability change, but these changes are reversed 5 to 8 years after menopause. Menopause may also affect appetite control.

Conclusion: Menopause is associated with an increased prevalence of cardiometabolic and oncologic diseases. Body mass index alone is not sufficient to estimate postmenopausal cardiovascular risk. Diabetes risk may be related to central fat deposition rather than menopause, and central obesity correlates with mortality risk comparable to obesity itself.

P12.30 | VULVOVAGINAL DISEASE IN LAGOS STATE, NIGERIA: KNOWLEDGE, ATTITUDES AND PREVALENCE: A CROSS-SECTIONAL AFRICAN POPULATION SURVEY

CATEGORY: WELL WOMAN HEALTH CARE

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⁴Women and Children's Hospital, HUTH NHS Trust, Hull, Nigeria;
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Objective: Primary objectives were to identify knowledge of and attitudes to vulvovaginal disease and treatment. Secondary objective was to assess prevalence of disease with possible impact on quality of life.

Method: Following ethical approval, a prospective cross-sectional population survey of 240 women was done in May 2023, across 3+

deprived community sites in Lagos state, Nigeria. Questionnaires were administered preceding the awareness programme. The women were referred after vulval pathology was noted during visual inspection of cervix with acetic acid or self-referred for further consultation concerning Vulvovaginal disease (VVD). This consultation included a 30-min structured interview, initial treatment plan and signposting. Statistics was via Excel Spreadsheet.

Results: A total of 240 women were seen, age-range of 14–74 years, mean of 45.7 years. 57% had 12 years formal education, 24% had graduate-level education and above. Only 10% had an understanding of Vulvar disease; though 20% reported a previous recent history of Vulvovaginal discharge—largely candidiasis (75%); Vulvitis (8.3%) and vulval pain (7%) and significant sexual activity-impact in the 40–59 years age group. 85% felt the awareness programme improved their knowledge and attitude to Vulvovaginal well-being.

Conclusion: Vulvovaginal disease is not a well-understood condition in the Lagos population and often thought to be limited to vaginal discharge. Vulvar pain syndrome, Vulvar dermatoses and symptoms of the Menopause are not well-understood. Prevalence of disease is low possibly due to limited diagnosis due to financial and information constraints.

P12.31 | EVALUATION OF THE AWARENESS OF THE PATIENTS ABOUT 4V AND 9V HPV VACCINES: A SURVEY STUDY IN TURKEY

CATEGORY: WELL WOMAN HEALTH CARE

T. Akcaoglu

Istanbul Medipol University, Turkey

Objective: 9v HPV vaccine had been implemented in Turkey as of December 2022. The vaccine is intended to protect against diseases caused by Human Papillomavirus Types 6, 11, 16, 18, 31, 33, 45, 52, and 58. The awareness level of our society is intended to be improved through physicians' efforts.

Method: To guide awareness-raising activities, we asked our patients who applied for the vaccine at the beginning of 2023 to answer our questionnaire. The survey is prepared to reveal the awareness levels of the patients applying for the 4v and 9v HPV vaccines.

Results: Based on survey results, doubts about the effectiveness of the vaccine and the level of anxiety about its side effects are still high. Participation in gynecological controls and regular smear controls was found to be less than half. It's mostly unknown that there are different vaccines developed against HPV, that the 9v vaccine provides better protection than the 4v vaccine, and that everyone, both male and female, can be vaccinated and can benefit from.

Conclusion: We aimed to present the results of this survey to determine social aspects to help raising the level of awareness throughout the country. Physicians can take these concerns into consideration while providing clinical counseling.

P12.32 | MATERNAL OBESITY AND ITS IMPACT ON PREGNANCY AND NEONATAL OUTCOME IN WELL WOMEN CARE

CATEGORY: WELL WOMAN HEALTH CARE

U. Habiba

UHB NHS TRUST, Pakistan

Objective: To ensure that women receive appropriate, individualised care based on contemporary evidence and best practice to manage the risks associated with obesity in pregnancy across the sites in BHH and GHH hospitals. With Standard care based on NICE and UHB-HEFT guidelines and protocol on obesity in pregnancy.

Method: Retrospective data collected from Badger net Notes with Sample size of 100 in a time Frame of October 2022–March 2023 (6 months) included patients who had a BMI more than or equal to 40 across the sites BHH and GHH in UHB NHS trust.

Results: 73% women from European ethnicity with high BMI, maternal risk factors were 4% depression, 11% grandmultiparity, 8% P.E, 15% GDM, 34% previous c-section. 55% women had 400mcg folic acid. 56% had MOD through c-section. n.46% women met criteria for aspirin and had received. 5% developed wound infection, 43% PPH, 1% sepsis and 11% VTE. Regarding neonatal outcome most of the babies have good outcome within wt. of 3–4kg 98%, 2% still births.

Conclusion: Sustainable solution for implementing the guidelines and protocols across all sites, teams involved in patient care under the UHB Trust. All teams involved in patient care must be aware of the vital information of individual patients for swift transition and recovery.

P12.33 | ENHANCING ACCESSIBILITY TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES AND RIGHTS: INCLUSIVE ACCESS AMONG TEEN MOTHERS IN A SELECTED DISTRICT, RWANDA

CATEGORY: WELL WOMAN HEALTH CARE

V. Bagweneza

Academia/School of Nursing and Midwifery, Rwanda

Objective: This study was conducted to explore factors contributing to the use of sexual and reproductive health (SRH) services among teen mothers and exploring their views on rights for SRH services.

Method: This study was conducted in Rwandan rural district employing the qualitative design among 50 teen mothers in five selected health centers. This district was chosen due to its higher rate of adolescent pregnancies in the latest Rwandan Demographic Health Survey. Data were collected using a semi-structured interview guide and were analyzed using the Atlas.ti software. The tool was developed by the research in consultation with other experts.

Results: Most factors hindering teen mothers from getting inclusive SRH services are both socio-cultural and system-level factors. Teen mothers are challenged to bring husbands they do not have to the health facility to get antenatal care (ANC) as a requirement for the first

ANC visit, and the health care providers sometimes blame teen mothers for getting unplanned pregnancies. They suggested to be included in the entire package of SRH services and have their separate room.

Conclusion: There is limited inclusiveness of teen mothers in SRH services, preventing them from accessing these services, and put them at risk of maternal or neonatal complications. There is a need to establish a separate service to attend to their special needs. Socio-culturally, teen mothers should not be mixed with others.

P12.34 | A STUDY ON THE FACTORS AFFECTING HUMAN PAPILLOMAVIRUS VACCINATION

CATEGORY: WELL WOMAN HEALTH CARE

W. Joo

CHA Bundang Medical Center, South Korea

Objective: This study is descriptive research aimed to identify the factors affecting human papillomavirus vaccination in Korean women.

Method: We conducted a survey inquiring about demographic variables, which are age, marital status, education, average monthly income, and health-related characteristics, which are HPV vaccination and Pap test. It also included a questionnaire of knowledge about cervical cancer, subjective knowledge about cervical cancer, interest in cervical cancer, questionnaire of health beliefs related to HPV, attitude to HPV vaccination, and health perception. All variables were analyzed to investigate the correlation with HPV vaccination.

Results: One hundred eighty-eight women were enrolled for the survey. Perceived benefit ($P=0.002$), attitude to HPV vaccination ($P=0.043$), and health perception ($P=0.004$) significantly affected HPV vaccination. In terms of demographic variables, age ($P<0.0001$) and marital status ($P<0.0001$) were significantly correlated with HPV vaccination. Attitude to HPV vaccination ($t=2.152$, $P=0.034$) significantly affected intention to HPV vaccination. Interest in cervical cancer ($P=0.001$) and perceived benefit ($P<0.0001$) significantly affected attitude to HPV vaccination.

Conclusion: In conclusion, the factors affecting HPV vaccination in Korean women were perceived benefit and perceived barrier of HPV vaccination, attitude to HPV vaccination, health perception, age, and marital status. The factor affecting intention to HPV vaccination was the attitude to HPV vaccination.

P12.35 | EFICACIA DEL USO DE PESARIOS PARA DISMINUIR EL GRADO DE PROLAPSO DE ÓRGANOS PÉLVICOS

CATEGORY: WELL WOMAN HEALTH CARE

Y. Montes Casillas

Uroginecologa, Mexico

Objective: Determinar la eficacia del uso de pesarios para disminuir el grado de prolapso de órganos pélvicos.

Method: Estudio con diseño observacional, analítico, longitudinal, ambidireccional, de tipo cohorte, en pacientes usuarias de pesarios como tratamiento conservador para el prolapso de órganos pélvicos. Se recolectaron variables clínicas, sociodemográficas y de satisfacción al tratamiento, a través de una entrevista estructurada e instrumentos validados. Para el grado de prolapso utilizamos la escala POP-Q; para la satisfacción del tratamiento, la escala PGI-I. Realizamos estadística descriptiva e inferencial de acuerdo a la distribución de los datos.

Results: Se analizó una muestra de 106 pacientes con tratamiento conservador para POP a base de pesarios. Se demostró la eficacia del pesario en el 100% de las participantes, ya que todas disminuyeron su grado de POP con este tratamiento.

Conclusion: Se demostró que es eficaz el uso de pesarios en el tratamiento conservador, disminuyendo el grado de prolapso.

P12.36 | PREVALENCIA DE INSUFICIENCIA DE VITAMINA "D" EN MUJERES CON MIOMATOSIS UTERINA

CATEGORY: WELL WOMAN HEALTH CARE

Y. Gutierrez Arias

ACOG, Mexico

Objective: Determinar la prevalencia del deficit de vitamina D, entre pacientes en edad fértil, con diagnóstico de miomatosis uterine.

Method: Estudio Observacional, realizado en el Hospital General Regional #45, en la ciudad de Guadalajara, Jalisco, México. Se tomaron 3mL de sangre venosa para determinar el nivel de 25 Hidroxi (OH) vitamina D, en 109 pacientes con diagnóstico de miomatosis uterina y sintomatología asociada, y determinar aquellas con suficiencia, deficit e insuficiencia. Resultados reportados en frecuencias y porcentajes.

Results: Se determinó el nivel de 25 OH vitamina D, en 109 mujeres (18-47 años de edad), encontrando solo un 4.2% con niveles normales, 39.3% con insuficiencia y 56.4% con deficit.

Conclusion: Los niveles sub-normales de vitamina D en sangre, se relacionan con una evolución mas rápida en el desarrollo de la miomatosis. Al conocer que la deficiencia/insuficiencia es mayor del 95% en este grupo de pacientes, debe considerarse evaluar y tratar el deficit para cambiar la evolución de la enfermedad.

P13.01 | SLEEPING QUALITY DURING PREGNANCY

CATEGORY: PREGNANCY

C. Amal¹; D. Aziza²; M. Oumayma²; Y. Chourouk²; B. Mehdi²; T. Amani²; M. Karima³; E. Chiraz³

¹Medicine University of Tunis, Tunisia; ²Medicine University of Tunis, Tunisia; ³Mahmoud el Matri Hospital Gynecology Department, Tunisia

Objective: To evaluate the sleeping quality during pregnancy and to determinate main factors of sleeping disorders.

Method: We conducted a descriptive cross sectional study including 100 pregnant women having their prenatal consultation in our outpatient clinic between October and November 2022. Data were collected from medical records and sleep quality was assessed using structured questionnaire of Pittsburgh sleep quality index (PSQI). We used SPSS Software to analyze collected informations.

Results: Our patients median age was 32, 2 ± 5 years old. Body mass index was 26.4 ± 1.4 . Among our patients, 26% were in the first trimester and 50% in third trimester. PSQI vary between 2 and 15. Forty six percent had mild sleep problems and 6% suffered from severe sleep disturbance. The items influenced by pregnancy were subjective sleep quality ($1.4 \pm 0.7/3$), sleep duration ($1.48 \pm 1.1/3$) and efficiency ($1.68 \pm 1.23/3$). However, the majority of our patients didn't reported problems in sleep latency or use of medication to sleep.

Conclusion: Poor sleep quality is common between pregnant women. Therefore, regular screening and teaching sleep hygiene would be beneficial to improve life quality.

P13.02 | ADVERSE MATERNAL AND NEONATAL OUTCOMES AMONG ADOLESCENT AND ADULT PARTURIENTS IN SUB-SAHARAN AFRICA: A COMPARATIVE STUDY AT THE LARGEST REFERRAL CENTER IN GHANA

CATEGORY: PREGNANCY

C. Onuzo¹; P. Sefogah²; T. Boafor²; M. Kareem²; K. Nkyekyer²
¹University of Ghana Medical Centre, Nigeria; ²University of Ghana Medical School, Ghana

Objective: Adolescent pregnancy is a major social and public health problem that burdens affected families, communities and societies globally. To compare adverse pregnancy outcomes in adolescents (13-19 years) and those in adults (20-35 years) at the Korle-Bu Teaching Hospital in Accra, Ghana and investigate the associated factors among adolescents.

Method: This comparative cross-sectional study involved 110 adolescents and 220 adults who delivered at the Korle-Bu Teaching Hospital between November 2016 and February 2017. Eligible participants were consecutively recruited after study protocol was explained, informed voluntary consent and assent were obtained. Sociodemographic data, antenatal and delivery records; maternal and perinatal outcomes were collected using an interviewer administered questionnaire and the participants' obstetric records. Data analysis was done using SPSS version 20 and $P < 0.05$ considered significant.

Results: The incidence of adolescent pregnancies during the study period was 5.1%. There was no significant difference in antenatal and postpartum complications between adolescents and adults. Compared to adults however, adolescents were about 3 times more likely to have eclampsia although preeclampsia occurred more in adults. Adolescents that resided in sub-urban dwellings were more

likely to have an adverse perinatal outcome compared to their adult counterparts.

Conclusion: Our study found that, in addition to their socioeconomic and biological disadvantages, adolescents had higher adverse perinatal outcome risks and were likely to have exceptionally high risk of eclampsia. Other maternal and neonatal outcomes were similar to those in adults.

P13.03 | TASK SHIFTING: LIVED EXPERIENCES OF OBSTETRICIANS WHO TRAINED MIDWIVES TO CONDUCT OBSTETRIC ULTRASOUND SCANS IN MALAWI, SOUTHERN AFRICA

CATEGORY: PREGNANCY

W. Mhone¹; C. Payesa²; L. Gadama³; L. Seyama²; S. Dadabhai²; P. Nyangulu¹; W. Kumwenda¹
¹Kamuzu University of Health Sciences, Malawi; ²John Hopkins, Malawi; ³Kamuzu Unirvesity of Health Sciences, Malawi

Objective: This paper aims to describe: (1) lessons learned by obstetricians that trained midwives in basic obstetric ultrasound scan (USS) for the ARC-005 study; (2) obstetricians' recommendations on the scope of practice for midwife-led obstetric scans; and (3) the feasibility of USS skill transfer from obstetricians to midwives.

Method: ARC-005 is a cross-sectional study of acceptability and feasibility of midwife-led USS at health centers in Blantyre District, Malawi using the Butterfly iQ point-of-care device. Malawi guidelines require one scan for every pregnant woman by 24-weeks. Currently, USS is provided only by clinicians; however, Malawi has a significant clinician shortage. Task-shifting is one solution. 9 obstetricians trained and supervised 46 midwives to provide 1500 basic obstetric scans in urban, peri-urban and rural health centres.

Results: Successes included transfer of scanning skills to confirm pregnancy; accurate gestational dating; proper identification and referral of potential high-risk pregnancies; secure cloud storage of scans to enable obstetricians' remote review; and a collaborative spirit. Obstetricians would improve training by increasing hands-on scanning with first-trimester patients; re-balancing the weight between theoretical and practical training from 60/40 to 40/60; providing quicker feedback after remote reviews; developing checklists for scan completeness; and proposing minimum midwife qualifications before training.

Conclusion: Task-shifting basic obstetric USS skills to midwives is feasible and acceptable. Obstetricians can transfer select skills within a well-defined scope of practice. The added value of midwife-led scans is high since they provide the bulk of antenatal care in Malawi. Reporting lived experiences of trainers is critical for scale-up planning.

P13.04 | MANAGEMENT OF GESTATIONAL DIABETES MELLITUS AND MATERNAL AND NEONATAL OUTCOMES: A COMPARATIVE STUDY
CATEGORY: PREGNANCY

C. Yahyaoui¹; O. Mejr¹; A. Chermiti¹; A. Akacha¹; A. Tissaoui¹; M. Binous¹; R. Hammami²

¹Medical School of Tunisia, Tunisia; ²Medical Student at Medical University of Tunis Tunisia Internship Department C Maternity Center of Gynecology and Neonatology of Tunis, Tunisia

Objective: The aim of the study was to compare obstetrical and neonatal outcomes of gestational diabetes mellitus (GDM) in monitored patients versus untreated GDM.

Method: A comparative analytic-retrospective study was conducted on 200 patients who delivered in our hospital during 2022. We included 100 pregnant women who were given dietary advice and monitored blood glucose (GROUP "A") and 100 with untreated GDM (GROUP "B"). Data were collected from medical records and were analyzed using SPSS-software.

Results: The age of our patients was 31±11 years old. Previous GDM was found in 26.2% in Group "A" versus 19% in Group "B". The ultrasound examination revealed the same incidence of large or small for gestational age infant. We reported 4 cases of intrauterine fetal death all in Group "B". We recorded 1 case of shoulder dystocia in Group "B". We noticed a higher rate of severe hypoglycemia, respiratory complications and hyperbilirubinemia ($P < 0.001$) in Group "B" requiring admission to a neonatal unit.

Conclusion: Treating and monitoring GDM is necessary to get optimal glycemic control, reduce serious perinatal morbidity and improve the woman's quality of life.

P13.05 | RÉSULTATS PRÉLIMINAIRES DE L'ÉTUDE TELESUR-GDM COMPARANT LA TÉLÉSURVEILLANCE GLYCÉMIQUE DU DIABÈTE GESTATIONNEL VIA L'APPLICATION MYDIABBY HEALTHCARE® VS LE SUIVI CLASSIQUE PAR LE CARNET PATIENT

CATEGORY: PREGNANCY

C. Poncelet¹; L. Bouamoud²; P. Michel³; V. Da Costa³; C. Campinos⁴

¹Université Sorbonne Paris Nord, UFR SMBH, 93000 Bobigny, France; Service de Gynécologie-Obstétrique, Hôpital NOVO, site Pontoise; 6 Avenue de l'Île de France, 95303 CERGY-PONTOISE Cedex, France, ²Hopital NOVO, France, ³USRC, Hôpital NOVO site Pontoise, 6 Avenue de l'Île de France, 95303 CERGY-PONTOISE Cedex, France, ⁴Service d'Endocrinologie et de Diabétologie, Hôpital NOVO, site Pontoise, 6 Avenue de l'Île de France, 95303 CERGY-PONTOISE Cedex, France

Objective: Comparer les complications maternelles, fœtales, et néonatales de patientes ayant un diabète gestationnel bénéficiant d'une télésurveillance glycémique via l'application myDiabby Healthcare®

(groupe App) comparativement à une population ayant un suivi « classique » par carnet papier (groupe témoin).

Method: Étude rétrospective, monocentrique, de non-infériorité incluant 349 et 295 patientes dans les groupes App (année 2021) et témoin (années 2013–15). Le critère de jugement principal était un score composite des complications maternelles, fœtales, et néonatales. L'analyse statistique utilisait les tests du Chi2 et t de Student pour les variables catégorielles ou continues, et de Dunnett-Gent pour la non-infériorité. L'étude fut enregistrée sur Clinical Trial Gov NCT05510583.

Results: Le critère de jugement principal a été rempli par 47.6% et 53.7% des patientes du groupe App et témoin ($P < 0.001$). Les taux de: césarienne, extraction instrumentale, lésions périnéales, déclenchement du travail, insulinothérapie, macrosomie, RCIU, dystocie des épaules, acidose néo-natale, dans le groupe App versus témoin n'étaient pas différents. L'hypoglycémie néo-natale du groupe App versus témoin étaient de 1.7 versus 14% ($P < 0.001$), respectivement.

Conclusion: La télésurveillance glycémique du diabète gestationnel n'est pas inférieure à la surveillance par carnet papier « classique et historique » en termes de complications maternelles, fœtales, et néonatales.

P13.06 | PRENATAL THALASSEMIA SCREENING IN VIETNAM: A PROSPECTIVE CROSS-SECTIONAL COMPARATIVE STUDY
CATEGORY: PREGNANCY

C. Nguyen Canh

Hanoi Obstetrics and Gynecology Hospital, Vietnam

Objective: Hematological-based method is routinely used for primary prenatal Thalassemia screening in Vietnam. The aim of this study was to evaluate the utility of genetic profiling compared to current hematological method as a first-line Thalassemia screening tool.

Method: Blood samples from 547 pregnant women attending routine pregnancy care at the Ha Noi Obstetrics and Gynecology Hospital (Ha Noi, Vietnam) were prospectively collected. Screening was performed in parallel by assessing mean corpuscular volume (MCV)/Mean Corpuscular Hemoglobin (MCH) and Thalassemia mutation profiling by Mass Array (Agena Bioscience, United States of America).

Results: Among 131/547 (23.95%) pregnant women screened positive by MCV/MCH, only 64/131 (48.85%) carried Thalassemia mutation(s), resulting in a Positive Predictive Value (PPV) of 49.89% for the MCV/MCH method. MCV/MCH-based screening sensitivity for β -thalassemia was 96.00%, higher than that of α -thalassemia (87.23%). Small deletions ($\alpha 3.7$ and $\alpha 4.2$) and single nucleotide polymorphism mutations (Constant Spring) are α -globin mutations often missed by MCV/MCH. Only 49/75 (65%) husbands whose wives carried a thalassemia mutation attended further screening.

Conclusion: Current pregnancy thalassemia screening strategy in Vietnam employs a multi-stage hematological methodology which

is affordable yet complicated and inaccurate. We demonstrate the potential utility of primary Thalassemia genotyping for pregnant women compared to current method.

P13.07 | PREVALENCE OF TERM PRELABOR RUPTURE OF MEMBRANES AND FACTORS RELATED TO A PROLONGED INTERVAL OF RUPTURE: DATA FROM THE 2021 FRENCH NATIONAL PERINATAL SURVEY
CATEGORY: PREGNANCY

C. Renaudin
CHRU Tours, France

Objective: Term prelabor rupture of membranes (term PROM) increases maternal and neonatal morbidity. Its prevalence and risk factors are unknown. Our aims were to estimate the prevalence of term PROM and to identify factors associated with a longer interval of rupture using population based data.

Method: Women with a singleton pregnancy and a term delivery from the 2021 French National Perinatal Survey, were selected. The prevalence of term PROM, defined as the rupture of membranes from 37 weeks of gestation before a spontaneous labor, and its 95% confidence interval (CI), were estimated. Sociodemographic, and pregnancy factors related to a prolonged interval of rupture of membranes, were studied using a survival analysis considering the competitive risks of induction of labor and prelabor cesarean delivery. Adjusted Hazard Ratio (aHR), using multivariate analysis, were calculated.

Results: Among 10810 eligible women, 3052 had a term PROM, leading to a prevalence of 28.2% (95% CI 27.4 to 29.1). For 90% of women with term PROM who had a spontaneous onset of labor, labor occurs within the first 24h from PROM. Factors associated with a longer interval of rupture of membranes were a maternal age \geq 35 years old (aHR=0.82 95% CI 0.72–0.93), primiparity (aHR=0.73 95% CI 0.66–0.81), a Body-mass Index \geq 25 (aHR=0.87 95% CI 0.77–0.97) or \geq 30 (aHR=0.73 95% CI 0.62–0.85), being single (aHR=0.66 95% CI 0.48–0.90) and a lower level of education (aHR=0.82 95% CI 0.69–0.97).

Conclusion: Term PROM is a frequent event which concerns more than one in four women. Findings suggest that sociodemographic characteristics and parity are associated with a longer interval of rupture of membranes.

P13.08 | VITAMIN D AND GESTATIONAL DIABETES IN FILIPINO PARTURIENTS: A CROSS SECTIONAL STUDY
CATEGORY: PREGNANCY

C. Bautista
Victor R Potenciano Medical Center, Philippines

Objective: The primary aim of this study is to determine the Vitamin D status of diagnosed Gestational Diabetes in Filipino parturients by conducting qualitative Vitamin D test on admission in the hospital.

Method: This is a Cross sectional analysis study conducted at Victor R. Potenciano Medical Center. Sixty-four sample size was required to fulfill the 10% significance level and 80% power of test. Pregnant women, aged 20–40 years, diagnosed with Gestational Diabetes, admitted at VRPMC for labor and delivery were recruited in this study. A qualitative Vitamin D test was performed by the resident on duty. A student t-test was used for continuous variables.

Results: Of the 64 parturients, there were 48 parturients grouped under Vitamin D Deficient and 16 parturients were grouped under Vitamin D Sufficient, the result revealed that there was a statistically significant difference between the groups with a *P* value 0.0001.

Conclusion: Filipinos do not exclude from Vitamin D deficiency. This study revealed that Vitamin D levels were low in Gestational Diabetic Filipino parturients. The timing of decreased Vitamin D level did not differ whether it be on the 1st trimester, 2nd trimester, 3rd trimester, during labor, or postpartum.

P13.09 | HOMA-IR DOES PREDICT INSULIN NEED IN PRIMIGRAVIDA WITH GESTATIONAL DIABETES MELLITUS
CATEGORY: PREGNANCY

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Objective: To evaluate the performance of HOMA-IR index in predicting insulin need for glycemic control during pregnancy.

Method: Case-control analysis, nested from an ongoing prospective cohort, including 72 singleton pregnancies of primigravida with gestational diabetes mellitus (GDM) and divided into 2 groups, (DIET group and INSULIN group). Univariate analysis was performed, and variables that presented statistical significance or clinical relevance were included in the logistic regression. For multivariate analysis, two prediction models were developed to evaluate their accuracy in predicting insulin need. A *P* value <0.05 was considered significant.

Results: Among patients, 62 (86.2%) were in the DIET group and 10 (13.8%) were in the INSULIN group. In the univariate analysis, fasting blood glucose at the oral glucose tolerance test (85 vs 97 mg/dL, *P*=0.016), insulin (11 vs 17 μ UI/mL, *P*=0.026) and HOMA-IR index (1.91 vs 3.25, *P*=0.007) were associated with insulin requirement during pregnancy. In the prediction model, HOMA-IR was an independent predictor of insulin need (OR 1.365; CI 95% 1.027–1.813; *P*=0.032).

Conclusion: The assessment of HOMA-IR after the diagnosis of GDM can predict insulin need for glycemic control in primigravida.

P13.10 | QUEL BÉNÉFICE DE L'EXPECTATIVE À 41 SA CHEZ LES PATIENTES AYANT UN UTÉRUS UNICATRICIEL AVEC UN COL DÉFAVORABLE ?

CATEGORY: PREGNANCY

C. Prat Balagna

Cochin Hospital, France

Objective: L'objectif principal était de déterminer l'incidence de la tentative d'accouchement par voie basse (TAVB) chez les patientes ayant un utérus unicatriciel avec un col défavorable à 41 SA. Les objectifs secondaires étaient d'identifier les facteurs maternels et obstétricaux associés à une TAVB et de comparer les issues néonatales et obstétricales.

Method: Il s'agissait d'une étude observationnelle rétrospective menée à Port Royal entre juin 2018 et décembre 2021. La population d'étude regroupait les patientes avec un utérus unicatriciel sans contre-indication à un accouchement par voie basse ayant à 41 SA un col défavorable (BISHOP \leq 3). Notre population d'étude était constituée de 116 patientes dont 68 (59%) ont eu une TAVB entre 41 SA + 1 jour et 41 SA + 5 jours.

Results: Les facteurs associés à une TAVB étaient une origine française ($P < 0.05$), un utérus cicatriciel éprouvé ($P = 0.01$) et un col non fermé à 41 SA ($P < 0.01$). Le taux d'AVB était de 35% dans notre population et de 59% en cas de TAVB. On ne retrouvait pas de différence significative sur les complications hémorragiques ou sur les issues néonatales en cas de TAVB par rapport à la césarienne programmée.

Conclusion: 60% des patientes ayant un utérus unicatriciel et un col défavorable à 41SA ont eu une TAVB jusqu'à 41 SA + 5 jours avec un taux d'AVB de 59%. L'attitude expectative n'a pas montré de majoration des complications maternelles ou néonatales.

P13.11 | COEXISTING TERM PREGNANCY AND HUGE 20-WEEKS GESTATIONAL SIZE SUBSEROUS MYOMA AT THE LOWER UTERINE SEGMENT: A CASE REPORT

CATEGORY: PREGNANCY

C. Estacio

Amang Rodriguez Memorial Medical Center, Philippines

Objective: Myomas are associated with a number of complications including preterm labor, placental abruption, fetal malpresentation, obstructed labor, cesarean delivery, and postpartum hemorrhage.

Method: A 37-year-old G3P1 (1011), 38 weeks, breech presentation was admitted for cesarean section. At 7 weeks gestation ultrasound showed early intrauterine pregnancy with mass anterior to the uterus, measuring 9.2 \times 12.2 \times 13.2 cm. Serial sonographic evidences of a progressive increase in size of the mass was noted. At 38 weeks, ultrasound showed breech presentation with mass measuring 19.21 \times 13.90 \times 13.90 cm in the left anterolateral wall of the uterus.

Results: Patient underwent Primary Low Transverse Cesarean Section delivering a live boy, birthweight 3000g. Pelvo-abdominal

mass attached to the left lower segment of the uterus measuring 27 \times 18 \times 10 cm was seen. After 3 months, hysterectomy was done. Intraoperatively, there was a huge pelvo-abdominal mass measuring 26 cm \times 19 cm \times 13 cm.

Conclusion: The presence of uterine fibroids in pregnancy can lead to a variety of clinical challenges. The location of myoma in relation to the uterus may serve as a pointer to obstetric management and mode of delivery. Progressive increase in size of myoma implies greater risk of complications as pregnancy advances.

P13.12 | HEMATOLOGICAL FINDINGS BETWEEN COVID POSITIVE AND NEGATIVE PREGNANT WOMEN

CATEGORY: PREGNANCY

D. Oketch

The University of Nairobi, Kenya

Objective: To determine the hematological findings between COVID positive and negative pregnant women in their third trimester.

Method: Using a comparative cross-sectional study design, data was retrieved from 60 files that met the inclusion criteria at the Nairobi hospital, Kenya. Data obtained was analyzed using SPSS version 26. The full hemogram results, coagulation profile, C reactive protein and Lactate dehydrogenase levels were first tabulated and compared across the 2 groups using Pearson's Chi-square test for categorical variables whereas T-test was used appropriately for numerical variables.

Results: The odds of having neutropenia was 9.75 (2.71–35.11 95% CI) in the COVID positive group. Low hemoglobin of less than 10g/dL was statistically significant in the COVID positive women with a P value of 0.02. The odds of having a prothrombin time of more than 12s was 6.9 (1.16–11.10 95% CI) with a P value of 0.01. CRP and LDH were statistically significant in the COVID positive group with P values of 0.03 and less than 0.01.

Conclusion: Neutrophils, hemoglobin level, prothrombin time, CRP and LDH are significantly affected by COVID 19, even in asymptomatic confirmed cases; therefore they should be included in the diagnostic panel of COVID 19.

P13.13 | EPIDEMIOLOGICAL PROFILE AND ASSOCIATED RISK FACTORS OF PLASMODIUM FALCIPARUM MALARIA AMONG PREGNANT WOMEN DURING THEIR FIRST ANTENATAL CARE IN WEST AFRICA COUNTRY, BURKINA FASO

CATEGORY: PREGNANCY

D. Kain

Obstetrics and Gynecology, Burkina Faso

Objective: To study the epidemiological profile and risk factors of Plasmodium falciparum malaria among pregnant women during their first antenatal care.

Method: A cross-sectional study was carried from December 2020 to May 2021. All pregnant women presenting for the first time to the health center were included in our study after giving their informed consent. They all received a rapid diagnostic test, a thick drop and thin smear. Independent double reading has been adopted for the reading of blades. Univariate and multivariate analysis was conducted to identify risk factors. P -value <0.05 was considered as statistically significant.

Results: Prevalence of malaria infection was 28%. Average age was 26 years \pm 6.6. Participants without signs suggestive of malaria revealed a positive microscopy at 25%. Risk of malaria during pregnancy is 2.29 times higher in patients during their first pregnancy compared to patients who have had several pregnancies (OR = 2.29). In addition, being in the third trimester of pregnancy exposed a greater risk (OR = 6.02) than being in the first trimester.

Conclusion: The present study revealed that pregnant women made their first prenatal consultation late. Due to the asymptomatic nature of gestational malaria, systematic diagnosis should be established in order to optimize management.

P13.14 | MANDATORY LOCKDOWNS AND BIRTHWEIGHT REPERCUSSION—AN UNPRECEDENTED REALITY

CATEGORY: PREGNANCY

D. Pereira Azevedo; R. Martins; R. Rodrigues; P. Barbosa;
P. Coutinho Borges; L. Cardoso
Hospital de Braga, Portugal

Objective: We intended to compare gestational age and birthweight of newborns in the Portuguese COVID-19 pandemic lockdowns of 2020 and 2021 with the homologous periods of 2018 and 2019.

Method: We compared gestational age and birthweight of newborns in the pandemic lockdowns of 2020 and 2021 with the newborns in the homologous periods of 2018 and 2019 at a tertiary referral hospital in Portugal. Multiple gestations were excluded. We created subcategories of gestational age ([24–28], [28–32], [32–37], [37–42]) weeks and birthweight (<1000 , 1001–1500, 1501–2500, 2501–3500, >3500) g. T -test and chi square test were performed according to variables characteristics. Statistical significance was considered if $P < 0.05$.

Results: A total of 2518 births were included. Groups were comparable regarding maternal age and number of previous gestations and births. We found no significant difference regarding gestational age at birth. However, in the 2021 lockdown there was a significant reduction in the number of newborns with birthweight under 1000g comparing with the homologous periods of 2018 and 2019 ($P < 0.01$ and $P = 0.01$, respectively).

Conclusion: We found a significant reduction in extremely low birthweight newborns in the lockdown of 2021 compared with 2018 and 2019. This is supported by other investigators around the world. We hypothesise that teleworking might have contributed to these findings, but large randomized controlled trials are needed to support our results.

P13.15 | FAMILY FORMATION AND PREGNANCY EXPERIENCES OF CISGENDER SEXUAL MINORITY WOMEN

CATEGORY: PREGNANCY

D. Tordoff
Stanford University, USA

Objective: To compare family formation and pregnancy experiences among cisgender sexual minority women (CSMW).

Method: We conducted a 2019 cross-sectional survey of 1369 CSMW in the United States to assess their mode of family building, past pregnancy experiences, and future pregnancy intentions, stratified by sexual orientation. Most participants (58%) endorsed multiple sexual orientations, most commonly queer (47%), lesbian (47%), and/or bisexual (43%).

Results: The most common modes of family formation were carrying a pregnancy (49%) and sexual activity (44%). Bisexual women were most likely to use sexual activity (61%). Lesbian (39%) and queer (27%) women were more likely to use donor sperm compared to bisexual women (11%). Among the 266 (19%) CSMW who had ever been pregnant, 59% of pregnancies resulted in live birth, 23% in miscarriage, 15% in abortion. A quarter of CSMW had future pregnancy intentions.

Conclusion: CSMW primarily build their families through pregnancy, and many have future pregnancy desires. There are important differences in family formation methods use by sexual orientation. Since approximately 10%–20% of cisgender women aged 18–40 are sexual minorities, providers should be aware of the pregnancy and family-building patterns and needs of CSMW.

P13.16 | REASSESSING THE STRENGTH AND ATTRIBUTABLE FRACTION OF CLINICAL RISK FACTORS FOR PRE-ECLAMPSIA: A NATIONWIDE STUDY

CATEGORY: PREGNANCY

D. Korb
Université Paris Cité, CRESS, Obstetrical Perinatal and Pediatric Epidemiology Research Team, EPOPé, INSERM, INRAE, Paris, France

Objective: Data about risk factors for pre-eclampsia are limited by study design, data source, lack of appropriate adjustment. A better knowledge of subgroup at risk and of strength of association could help define preventive strategies. The study objective was to determine clinical risk factors for pre-eclampsia in a pragmatic approach.

Method: Data from national perinatal surveys, cross-sectional surveys including all women delivering during 1 week in all maternity units in France in 2016 and 2021. After exclusion of women without data on occurrence of hypertensive disorders of pregnancy (HDP), 25 941 women were included. Two multivariable regression models were used to identify risk-factors: 1/including factors present at antenatal care booking; 2/adding factors emerging during pregnancy. To consider prevalence and aRR, we calculated population attributable fractions (PAF) for each factor.

Results: Incidence of pre-eclampsia was 2.0%. Risk factors for pre-eclampsia present at antenatal care booking were (by decreasing strength of association): chronic hypertension (aRR [95% CI]: 11.0 [7.3–16.8]), previous HDP (aRR:10.2 [7.4–14.5]), chronic kidney disease (aRR:8.8 [3.0–25.3]), non-spontaneous and spontaneous multiple pregnancy (aRR:4.8 [2.9–8.1], aRR:4.2 [2.7–6.6]) nulliparity (aRR:3.5 [2.8–4.4]), diabetes (aRR:3.0 [1.7–5.6]), previous neonatal complication (aRR:1.8 [1.3–2.5]), obesity (aRR:1.7 [1.3–2.3]), Sub-Saharan Africa maternal birth (aRR:1.7 [1.2–2.3]), overweight (aRR:1.3 [1.0–1.7]); and emerging during pregnancy: excessive weight-gain (aRR:1.6 [1.3–2.1]). Risk factors with higher PAF were nulliparity (20%) and excessive weight gain (17%).

Conclusion: Prioritisation of risk-factors according to strength of the association (chronic hypertension, previous HDP) allows identification of subgroups at risk at individual level, which is different from identification of risk-factors by PAF (nulliparity, excessive weight-gain) that can be taken into account to define preventive strategies in population in a public-health perspective.

P13.18 | COMPARISON OF THIRD TRIMESTER FETAL ABDOMINAL CIRCUMFERENCE IN FILIPINO PREGNANT WOMEN WITH OR WITHOUT GESTATIONAL DIABETES MELLITUS IN A TERTIARY HOSPITAL: A RETROSPECTIVE COHORT STUDY

CATEGORY: PREGNANCY

D. Rivere-ocampo

The Medical City, Philippines

Objective: To compare the third trimester fetal abdominal circumference (AC) between adult pregnant patients diagnosed with Gestational Diabetes Mellitus and those with non-gestational diabetes mellitus. To compare the third trimester fetal AC of patients diagnosed with GDM who are managed with diet modification alone and those who are under insulin therapy.

Method: Adult Filipino pregnant patients at The Medical City from January 2016 to May 2020 who underwent third trimester ultrasound and 75-g oral glucose tolerance test (OGTT) between 24 to 28 weeks age of gestation. Patients with Gestational Diabetes Mellitus (GDM) diet-controlled, insulin- requiring and normal 75-g OGTT, were evaluated for third trimester fetal AC, birth weight, birth length, head circumference, abdominal circumference, APGAR score, neonatal hypoglycemia, neonatal ICU admission, mode of delivery and complications.

Results: The study exhibited a correlation between GDM status and third trimester fetal AC ultrasound (coefficient (β) 0.60, 95% confidence interval 0.18, 1.03). interval (-0.15, 1.17), which showed a 0.60 cm larger fetal AC in the GDM group versus the non-GDM counterparts. At 37 weeks, the fetal AC was wider (median 33.2 cm vs 32.4 cm, $P=0.001$). The GDM group had a higher incidence of caesarean section delivery, maternal complications and higher NICU admissions.

Conclusion: Monitoring fetal AC during the third trimester ultrasound is important to detect GDM in pregnant women. GDM is significantly associated with larger fetal AC compared to non-GDM pregnancies, and it should be monitored during prenatal consultations. However, there is no association between GDM management and third trimester fetal AC.

P13.19 | ACCEPTANCE COMPARISON BETWEEN INITIAL COVID-19 VACCINATION AND BOOSTERS FOR PREGNANT WOMEN IN MANADO

CATEGORY: PREGNANCY

D. Dudy

Sam Ratulangi University, Indonesia

Objective: To compare acceptance between initial Covid-19 vaccination and Boosters for pregnant women in Manado, Indonesia.

Method: This study was a cross sectional study with 65 samples of pregnant women. The sample was taken from Prof. Dr. R.D. Kandou General Hospital Manado and network hospitals in Manado, Indonesia. Data collection was taken using a questionnaire. The data were analyzed.

Results: By 65 samples, subjects had a mean age of 27 years and a mean gestational age of 34 weeks. For education, the majority of research subjects were Junior/Senior High School. Most of the research subjects were housewives. It was found that 50.8% of pregnant women in Manado had completed the second dose of Covid-19 vaccination, while for the third dose only 4.6%. The most widely used type of vaccine in this study was inactivated vaccine.

Conclusion: There were differences in the acceptance of the initial dose of Covid-19 vaccination with the booster doses for pregnant women in Manado. Pregnant women in Manado who have completed the initial dose are 50.8 percent, while those who have completed the booster dose (3 doses) are only 4.6%.

P13.20 | OBSTETRICAL SPECIFICITIES OF IVORIAN ADOLESCENT MOTHERS ON A SINGLE-CENTER HOSPITAL SERIES OF 1040 CASES

CATEGORY: PREGNANCY

E. Aka

University Felix Houphouet Boigny Abidjan-Côte d'Ivoire, Burkina Faso

Objective: The precocity of sexual intercourse among adolescent girls is a prominent source of unwanted pregnancy. Here, we aim to survey the past issues relating to the pregnancy, childbirth, and materno-fetal prognosis of Ivorian adolescent women.

Method: We conducted a retrospective study with adolescent group ($n=1040$) versus young adult group aged 20 to 24 ($n=736$) over 3 years from 1 January 2016 to 31 December 2018 at the

University of Abidjan-Yopougon Hospital. Maternal and fetal outcomes of the two groups were analyzed and compared by using Pearson's Chi² tests and Fisher's exact tests, followed by multivariate analysis and logistic regression using Stata software version 20.

Results: The average age of adolescent girls was 17.45 years (SD=1.39). Adolescents consulted less ($P < 0.0001$) and later ($P < 0.0001$) versus young adults (20–24). Maternal mortality was not significantly associated with adolescence (OR $\frac{1}{4}$ 0.52 [95% CI: 0.22–1.19]; $P \frac{1}{4}$ 0.0891). The risk of prematurity, early neonatal death, and neonatal admission were 2.02 (95% CI: 1.56–2.63; $P < 0.0001$), 1.55 (95% CI: 1.14–2.13; $P \frac{1}{4}$ 0.0040), and 1.73 (95% CI: 1.12–2.71; $P \frac{1}{4}$ 0.0097) in adolescence, respectively.

Conclusion: Adolescent childbirth remains associated with a poor prognosis.

P13.22 | THE ROLE OF DOPPLER FLUXIMETRY IN FETAL OUTCOME

CATEGORY: PREGNANCY

E. Dema

Obstetrician and Gynecologist, Albania

Objective: The aim of this study is to compare the influence of cerebroplacental ratio below the threshold value in predicting fetal outcome in pregnancies with fetal hypotrophy. Fetal hypotrophy is associated with negative perinatal outcome. The use of flowmetry plays a role in predicting fetal outcome.

Method: This is a retrospective study of cases with fetal hypotrophy January 2017-January 2018. Artery-cerebry-media and Uterine-Artery pulsatility indices were converted to cerebroplacental-ratio. The efficiency of the use of cerebroplacental-ratio in predicting fetal outcome is referred to the curve of this report and the value 1.08 was taken as the threshold value. The negative fetal outcome includes delivery by cesarean section, Apgar at minute 5 below 7, admission to neonatal resuscitation, fetal complications.

Results: From 90 fetuses with hypotrophy at birth, only 36 had an abnormal cerebroplacental-ratio. 18-of-144 fetuses with a normal ratio (12.5%) had a negative outcome compared to 34-of-36 fetuses with an abnormal ratio (94.4%). This indicates the importance of cerebroplacental-ratio with a sensitivity, specificity, positive and negative predictive value of 68%-98%-94%-88% respectively. Considering the value of Doppler indices, the best result was obtained when the cerebroplacental-ratio was used to predict the fetal outcome (accuracy-90%) compared to the umbilical artery (accuracy-83%) and the medial cerebro artery (accuracy-78.8%).

Conclusion: An abnormal Cerebroplacental ratio is associated with poor perinatal outcome in fetuses with fetal hypotrophy. The study confirms that cerebroplacental ratio is a better predictor of fetal outcome compared to Uterine Artery or Cerebry Media Artery studied separately.

P13.23 | SARS-COV-2 PREVALENCE IN A DELIVERING POPULATION: REFUGEE STATUS, PAYOR TYPE, RACE, AND VACCINATION STATUS

CATEGORY: PREGNANCY

E. Johnston

Creighton University School of Medicine, USA

Objective: The study aim was to evaluate the PCR-based prevalence of SARS-CoV-2 in a delivering population from early to late pandemic by refugee status, ethnicity, insurance, and vaccination status. The goal was to better serve and identify public health concerns, with an emphasis on women's health, within refugee populations.

Method: A cross-sectional study examined parturient patients admitted to an urban safety-net hospital from May 2020 to May 2022 who were tested for SARS-CoV-2 on admission. Percentages and prevalence ratios (PR) of SARS-CoV-2 between refugee status, insurance type, vaccination status, and race/ethnicity, across the surge periods for the 4 variants of SARS-CoV-2 were calculated.

Results: 3518 patients delivered, 479 (13.6%) were refugees. Self-pay (39.8%) and Medicaid (36.1%) were the most frequent insurance types with a Hispanic predominance (64.38%) by race/ethnicity. 192 (5.6%) of the mothers tested positive during the study period with 6.1% refugees positive versus 5.4% among non-refugees, PR 1.13 ($P = 0.536$). Among refugees when examined by primary language, 48% of positive tests were from those speaking languages of the Africa Great Lakes region.

Conclusion: We observed only small differences in SARS-CoV-2 positivity between refugees and non-refugees or in vaccination status. Variations in PR were seen by refugee status by variant surge. Subsets of the refugee population when grouped by language/region appeared to be more affected, which warrants further research on specific refugee communities.

P13.24 | HYPERHOMOCYSTEINEMIA AND PREGNANCY OUTCOMES IN WOMEN WITH POLYCYSTIC OVARY SYNDROME

CATEGORY: PREGNANCY

E. Asanidze

University Geomedi, Georgia

Objective: Determine the correlation between hyperhomocysteinemia and pregnancy outcome in women with PCOS.

Method: This case-control study involved 245 women (20–30 years) and was conducted in Georgia from 2019 to 2022. 175 women with PCOS (study group) and 70 healthy women (control group). Women with PCOS were divided into- Group I-with RPL ($n = 90$), and Group II-with live births ($n = 85$). Group I was divided into subgroups A and B-with and without insulin resistance.

Results: In PCOS women the average homocysteine (Hcy) level was significantly higher than in the controls. In Group I the average Hcy

level was significantly higher than in Group II and controls. There was no significant difference in average Hcy level between Group II and controls. HOMA-IR in Group II and controls did not differ significantly. In Group I, a positive correlation between Hcy with HOMA-IR was detected.

Conclusion: Serum homocysteine levels are elevated in women with PCOS and RPL, which correlates with their insulin resistance status. Screening for homocysteine status and correction of hyperhomocysteinemia and insulin resistance in women with PCOS might improve reproductive outcomes.

P13.25 | IMMUNOGENICITY AND OUTCOMES AFTER MATERNAL COVID-19 VACCINATION IN A PHILIPPINE TERTIARY HOSPITAL

CATEGORY: PREGNANCY

E. Sarte¹; D. Ong²; I. Quinio¹; E. Arcellana-nuqui²

¹Institute for Women's Health, The Medical City, Philippines;

²Department of Laboratory Medicine and Pathology, The Medical City, Philippines

Objective: The study aimed to describe and compare neonatal antibody response following COVID-19 vaccination in patients with or without history of COVID-19 infection during pregnancy. Comparison between the two groups was also done in terms of maternal outcomes, neonatal outcomes, timing of vaccination, and type of vaccine.

Method: A pilot prospective cohort study on 144 obstetric patients aged 18–45 patients who delivered in a Philippine tertiary hospital from February 1–July 31, 2022. Participants were divided into (1) vaccinated-only and (2) vaccinated with history of COVID-19 infection during pregnancy. Maternal blood samples were taken on admission while neonatal cord blood was collected post-partum. A quantitative chemiluminescent immunoassay (VITROS® Anti-SARS-CoV-2 IgG Quantitative Test by Ortho-Clinical Diagnostics, Inc.) was used to detect SARS-CoV-2 IgG.

Results: Every unit increase in maternal-IgG had a 0.75 unit increase in neonatal IgG ($r=0.75$; 95% CI 0.62–0.88; $P<0.001$). There was no statistical difference in neonatal-IgG ($P=0.576$) and no difference in maternal and neonatal outcomes between the two groups. Latency from latest vaccination/booster ($P=0.028$) had a negative association with neonatal-IgG. Vaccination during the third trimester recorded the highest median neonatal-IgG ($P=0.026$). BNT162b2 (Pfizer) yielded the highest median IgG for primary vaccine while MRNA-1273 (Moderna) yielded the highest median IgG for booster.

Conclusion: COVID-19 infection did not significantly increase neonatal antibody response compared to those with no COVID-19 exposure. History of COVID-19 infection did not influence maternal and neonatal outcomes. Maternal vaccination during the third trimester yielded highest neonatal antibody response. This study may aid healthcare professionals in COVID-19 vaccination timing and administration.

P13.26 | ARE TWIN PREGNANCIES DECLINING IN PARTS OF SOUTH-WEST NIGERIA? THE TREND, PREVALENCE, AND OUTCOMES OF TWIN BIRTHS IN RECENT YEARS VERSUS RECENT PAST YEARS IN A UNIVERSITY TEACHING HOSPITAL: A 14-YEAR RETROSPECTIVE COHORT STUDY

CATEGORY: PREGNANCY

E. Igbodike

Nnamdi Azikiwe University Teaching Hospital Nnewi Anambra State Nigeria, Nigeria

Objective: To determine the trend, prevalence of twin gestations and outcome of twin pregnancies in Obafemi Awolowo University Teaching Hospitals Complex (OAUTHC), Ile-Ife, Osun state, Nigeria in two-time periods of recent years (2012–2018—Time period I) compared with recent past years (2005–2011—Time period II).

Method: All twin births were included, while singleton and higher order gestations, were excluded. Outcome measures were—mode of delivery, birth weights, fetal gender combinations, APGAR scores, and perinatal mortality documented in a purpose built proforma. SPSS version 26 data was used for analysis following which results were summarized in means (SD) and proportions. Significance value was set (P -value) at <0.05 .

Results: Overall prevalence of twin gestations was 20.7 per 1000 births. The mean age and parity in the Time period I compared with Time period II did not significantly influence twinning (30.58 ± 5.12 vs 29.68 ± 4.75 ; $P=0.171$), (1.42 ± 1.32 vs 1.46 ± 1.33 ; $P=0.817$). Babies delivered via C-section were more likely be admitted into NICU (Twin II, 10 [7.2%] vs 4 [4.6%]; P -value = 0.075); Twin I births, (7 [5.1%] vs 4 [4.6]; P -value 0.007). Preterm labour, 28 (12.0%) was the commonest complication.

Conclusion: Prevalence of twin births in Ile-Ife is low and declining, compared to earlier findings. Migration of individuals from the south-west to other parts of the world may be a veritable factor. Modern contraception, preference for western diets than the local staple foods may be implicated. Large-scale, community-based, studies are advised.

P13.27 | EFFECTIVENESS AND SAFETY OF VAGINAL VERSUS SUBLINGUAL MISOPROSTOL FOR CERVICAL RIPENING AND INDUCTION OF LABOUR IN OWERRI: A DOUBLE-BLIND RANDOMIZED CONTROLLED TRIAL

CATEGORY: PREGNANCY

E. Izuka; A. Onyeabochukwu; C. Obiora-izuka; C. Duke-Onyeabo;

E. Iloghalu; P. Udealor; C. Onwuka; U. Nwagha

University of Nigeria Teaching Hospital, Enugu, Nigeria

Objective: To compare the effectiveness and safety of vaginal versus sublingual misoprostol for cervical ripening and induction of labour.

Method: This was a randomized controlled trial. Each eligible woman was recruited consecutively and randomized into vaginal or

sublingual route administration. Outcome measures include delivery within 24h, induction to delivery interval, caesarean section rate, side effects of misoprostol, Apgar Score at birth and admission into the Neonatal Intensive Care Unit. Chi-square and student's t-tests were used to analyze categorical and continuous variables, respectively. Statistical significance was established at $P < 0.05$.

Results: There was no significant difference in the effectiveness and side effects of both routes of administration. The results were comparable in both groups, except for the time to reach the active phase of labor (vaginal route 16.64 ± 9.12 vs sublingual route 13.78 ± 7.47 , $P = 0.023$) and the number of doses of misoprostol used (vaginal route 2.81 ± 1.53 vs sublingual route 2.34 ± 1.49 , $P = 0.040$).

Conclusion: The effectiveness of cervical ripening and induction of labor is comparable in both groups and the side effect profile is also similar. Hence, the sublingual route is as effective and as safe as the vaginal route.

P13.28 | PATIENTS WITH INTRAUTERINE ADHESIONS FOLLOWING HYSTEROSCOPY MAY BENEFIT FROM RECEIVING PLATELET-RICH PLASMA INTRAVENOUSLY

CATEGORY: PREGNANCY

E. Rahman

Janm IVF Centre, Bhagalpur, Bihar, India

Objective: One of the main and major factors for uterine infertility is intrauterine adhesions (IUAs), which are often characterized by an endometrial injury brought on by endometritis or curettage. The objective of this study was to assess the effectiveness of intrauterine platelet-rich plasma (PRP) infusions in individuals with intrauterine adhesions (IUAs).

Method: A retrospective study comparing the effectiveness of intrauterine infusion of the PRP with a balloon for patients with IUAs was carried out at Janm IVF Centre, Bhagalpur within a year. All patients had moderate to severe IUAs, and in the initial surgical hysteroscopy, 22 individuals had both an intrauterine PRP infusion and a balloon, 30 patients received intrauterine PRP infusions (A), 25 patients received the intrauterine balloons (B), and 30 patients who received both (C).

Results: After embryo transfers, there was no discernible difference in the frequencies of chemical pregnancies between these groups. In groups A, B, and C, respectively, the AFS score reduced from an average of 5.17 ± 3.92 , 4.90 ± 4.38 , and 5.14 ± 3.16 when comparing the third and first operational hysteroscopies. Between these groups, there were no discernible changes ($P = 0.733$). There were no appreciable differences in between the frequencies of chemical pregnancy in groups A (40.1%), B (38.8%), and C (33.2%; $P = 0.942$).

Conclusion: The intrauterine balloon and PRP infusion had no discernible advantages or disadvantages. PRP may serve as an alternative to the intrauterine balloon in the treatment of IUAs following surgical hysteroscopy. An IUA treatment option is PRP. The effectiveness of intrauterine infusions of PRP with intrauterine balloons placed immediately after surgery.

P13.29 | "GROUP B STREPTOCOCCUS" INFECTION AND ANTIBIOTIC SENSIBILITY AMONG PREGNANT WOMEN IN MONGOLIA

CATEGORY: PREGNANCY

E. Mashbat

Intermed Hospital, Mongolia

Objective: GBS causes early-onset neonatal sepsis. In Mongolia, "GBS infection" study has not been carried out yet until now. To determine prevalence of GBS infection in pregnant women, to identify factors associated to GBS such as to PROM, preterm labor and neonatal early infection, to study antibiotic sensibility.

Method: A total of 1226 pregnant women and their newborn who born at Intermed hospital Mongolia between 2020 and 2021 included in this study. Related information was collected retrospectively and data was analyzed on Stata 16 by using descriptive analysis and logistic regression methods.

Results: GBS positive rate was 3.83% and it was the highest in group age of younger than 6.2%. PROM in pregnant women with GBS infection was 2 times higher than pregnant women without GBS infection (OR 2.03 [95% CI 1.08, 3.82]) and it was statistically significant ($P < 0.05$). Cefotaxime and ceftriaxone were the most sensitive antibiotics. Unfortunately, sensibilities of most antibiotics were decreased when we compare 2020 and 2021 years, only erythromycin and ampicillin sensibilities were increased.

Conclusion: GBS infection rate is 3.83% in Mongolia. PROM risk for pregnant women with GBS positive is doubled. GBS positive rate was the highest among pregnant women younger than 25 years old. Using sensitive antibiotic for GBS positive women during labor has a potential to prevent from neonatal early infection.

P13.30 | THE IMPACTS OF PREECLAMPSIA ONSET ON THE OUTCOME OF COVID-19 IN PREGNANCY

CATEGORY: PREGNANCY

E. Ernawati

Universitas Airlangga, Indonesia

Objective: This study aimed to analyze the impacts of preeclampsia (PE) onset on the maternal and neonatal outcome of COVID-19 patients during pregnancy.

Method: A retrospective analysis was conducted on 201 COVID-19 preeclampsia patients admitted to Dr. Soetomo Hospital Indonesia during 2020–2021. Data on clinical features, laboratory findings, complications, and patient outcomes were collected. Patients were then categorized as COVID-19 with Early-onset preeclampsia (EOP) and COVID-19 with Late-onset preeclampsia (LOP). Data were collected from hospital medical records, and statistical analysis was performed on these variables using the Chi-Square and Mann-Whitney equations.

Results: During the study period, there were 57 (28.3%) EOP and 144 (71.7%) LOP patients. The two groups had no significant differences

in comorbidities, symptoms, complications, mortality, and intensive care needs. However, COVID-19 with EOP had more patients with severe symptoms, higher incidences of oxygen saturation < 90%, and required longer hospital stays than LOP. Only saturation on admission was associated with a significantly higher risk in EOP than LOP, with OR of 3.8, 95% CI.

Conclusion: There is no effect of type of onset Preeclampsia on maternal and neonatal outcomes in COVID-19 pregnant patients.

P13.31 | THE WORLD HEALTH ORGANIZATION (WHO) 2016 ANTENATAL CARE (ANC) MODEL: AN ASSESSMENT OF IT'S IMPLEMENTATION IN MONZE AND SURROUNDING DISTRICTS OF ZAMBIA

CATEGORY: PREGNANCY

E. Kaunda

Zambia College of Medicine and Surgery (ZACOMS), Zambia

Objective: To assess the implementation of the WHO 2016 ANC recommendations by facilities providing ANC in Monze and surrounding districts of Zambia.

Method: This was a cross sectional study that included 90 consecutive women at gestational age of 39 weeks or more, who came to deliver at Monze Mission Hospital from 1 April to 30 June 2022. Descriptive results are presented as percentages and means. Those below gestational age of 39 weeks were excluded as the 8th ANC contact is expected to take place at gestational age of 38–40 weeks. **Results:** 38% had 8 or more ANC contacts. 42% were screened for anaemia and 100% eligible women had an HIV test done. Ultrasound was done in 47% while BP was checked at all visits in 55%. 84% and 67% did not receive Ferrous Sulphate and Folic acid respectively as required and only 44% were dewormed. 88% of the eligible women received at least 3 doses of Fansidar. 100% of the eligible women received Tetanus toxoid.

Conclusion: The 2016 WHO ANC model has been partially implemented in Monze and surrounding districts. Coverage for most of the recommended services and interventions was less than 50%. This is as a result of few ANC providers who are trained in the 2016 WHO ANC model and frequent stockout of commodities.

P13.32 | COVID-19 VACCINATION DURING PREGNANCY AND RISK OF EARLY ABORTIVE OUTCOMES

CATEGORY: PREGNANCY

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Objective: To assess the association between COVID-19 vaccination and the risk of early abortive outcomes using a national population data.

Method: We performed a case–control study using the K-COV-N cohort (Korea Disease Control and Prevention Agency-COVID19-National Health Insurance Service cohort). Women who conceived between December 2020 and February 2021 were identified divided early abortive outcomes (case) and livebirth (control) groups. We estimated adjusted odds ratios (aOR) for COVID-19 vaccination in 5 and 8 weeks of gestation, adjusting for covariates.

Results: Overall COVID-19 vaccination rate during early pregnancy (within 8 weeks) in the study period was 0.6%. Among 41 511 (82.6%) livebirths and 9333 (18.4%) early abortive outcomes, COVID-19 vaccination rate was 0.5% (5 weeks)–0.7% (8 weeks) in livebirth and 0.04% (5 weeks)–0.4% (8 weeks) in early abortive outcome group. The aOR for early abortive outcomes were 0.08 (95% CI: 0.03, 0.25) in 5 weeks, 0.81 (95% CI: 0.57, 1.14) in 8 weeks of gestation.

Conclusion: We observed reduced risk of early abortive outcomes when exposed to COVID-19 vaccination during pregnancy. This would add an evidence of COVID-19 vaccination safety in early pregnancy.

P13.33 | SAFETY AND EFFICACY OF TUMOR NECROSIS FACTOR- α INHIBITOR FOR UNEXPLAINED RECURRENT MISCARRIAGE IN CHINESE POPULATION

CATEGORY: PREGNANCY

F. Mu; F. Wang; L. Liu; X. Zeng

Lanzhou University Second Hospital, China

Objective: Tumor necrosis factor- α inhibitor (TNFi) has been found to improve pregnancy outcomes in patients with unexplained recurrent miscarriage (URM), yet evidence for its efficacy and safety is inadequate. The aim of this study was to evaluate the effect of TNFi management on pregnancy outcomes in URM patients, and its safety.

Method: This was a retrospective study conducted in China of 204 patients treated with TNFi for URM from 2019 to 2022. Patients enrolled were assigned to TNFi+basic therapy group (Treatment group, $n=66$) and basic therapy group (Control group, $n=138$). Live birth after 24 weeks of gestation was the primary outcome of the ongoing pregnancy. All data were retrospectively collected and analyzed using one-way analysis of variance, Chi-square test and multivariate Logistic regression analysis.

Results: The live birth rates at 24 weeks of gestation in the two groups were similar (71.2% vs 71.7%, odds ratio [OR]=0.709, 95% confidence interval [CI] 0.283–1.774). Compared to the Control group, the TNFi group had lower ectopic pregnancy rates (2.2% vs 0), and a higher risk for birth defect (0 vs 4.5%) (all $P>0.05$); the miscarriage, gestational age at miscarriage, and pregnancy complications were highly consistent between the two groups.

Conclusion: TNFi does not improve the live birth rate or reduce the miscarriage rate in URM but increases the risk of birth defects and decreases newborn birth weight. Therefore, the use of TNFi during pregnancy in URM patients should be cautious. However, further investigations with large, well-designed trials are warranted.

P13.34 | THE OBSTETRIC AND GYNECOLOGICAL SERVICE PROVIDERS' AND RECIPIENTS' PERCEPTION AND EXPERIENCE OF THE QUALITY OF OBSTETRIC TRIAGE SERVICES DURING THE COVID-19 PANDEMIC IN IRAN

CATEGORY: PREGNANCY

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Objective: The purpose of this study was to explore the obstetric and gynecological service providers' and recipients' perception and experience of the quality of obstetric triage services during the COVID-19 pandemic.

Method: This research was a qualitative study carried out using conventional content analysis. Participants were selected through purposive sampling, and data collection was conducted using in-depth semi-structured interviews. Data were analyzed using MAXQDA software and conventional content analysis. Validity of the data was approved based on four criteria: credibility, dependability, conformability and transferability.

Results: Five themes emerged through analysis: "unpreparedness to deal with the COVID-19 resulting in disorganized triage", "threat to the physical and mental health of personnel during the COVID-19 pandemic", "degradation of the quality of services due to improper triage structure during the COVID-19 pandemic", "communicating with patients which is neglected during the COVID-19 pandemic" and finally "accountability required to improve the provision of services during the COVID-19 pandemic".

Conclusion: Service providers and recipients faced formidable challenges in the triage during this pandemic caused by the complex and ambiguous nature of the Coronavirus. Identifying the problems, barriers and challenges in providing services to patients in this situation especially in triage, can lead to an improvement in the outcome of services.

P13.35 | IMPACT OF THE PREGNANCY ON THE SEXUALITY OF PREGNANT WOMEN

CATEGORY: PREGNANCY

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Objective: Pregnancy induces many physiological and psychological changes in women. One of the less talked about changes (but not the least important one) is sexuality. The objectives of our study are to evaluate the impact of pregnancy on sexuality in pregnant women.

Method: This is a retrospective study about 37 pregnant women hospitalized in our departement. Most of our patients (23) are aged between 30 and 40 years old. All our patients had at least primary school education and 10 of which went to university. 3 of our patients had chronic diseases (2 had crohn disease and one had high blood pressure). Data collection was done via a 30 question questionnaire.

Results: Before pregnancy, 25 patients had sex more than 8 times/month versus 7 patients during pregnancy. 75.7% of women stopped having sex during pregnancy because of: difficulties of positions (28.6%), nausea (17.9%); threatened preterm labor (17.9%), placenta previa (10.7%), active fetal movements (10.7%), body changes (7.1%), metrorrhagia (7.1%) and pain (10.7%). 35 patients feared having complications secondary to sex: premature delivery (62.9%), pain (40%), premature rupture of membranes (11.4%), infections (5.7%) and fetal malformations (5.7%). 27 women had a decrease in desire. 16 women had a deterioration in self-image and 11 had an improvement.

Conclusion: Our study illustrates that desire, self-image, the course of pregnancy are all factors influencing sexuality. Most women stop having sex because they are afraid of complications which is why sex education is very important to allow the woman to have a fulfilling sex life during pregnancy.

P13.36 | CHORIOAMNIOTITIS: DIAGNOSIS AND MANAGEMENT IN LOW-INCOME COUNTRIES

CATEGORY: PREGNANCY

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Objective: Chorioamniotitis is a serious infection of the peri-partum period that leads to very high maternal and especially neonatal morbidity and mortality. Premature rupture of the membranes is the most known predisposing factor. In absences of an international consensus on the diagnostic criteria, management is currently codified.

Method: This is a prospective descriptive study conducted in ward D of the Tunis Maternity and Neonatology Centre which is a level 3 maternity ward. We included all cases of chorioamniotitis managed in this service during the period from January 2018 to December 2021. We looked for complications and evaluated the management of this Pathology.

Results: We collected 104 cases of chorioamniotitis. The mean age of the pregnant women was 34.5 years. We noted in the history 8 cases of diabetes and 2 cases of hypothyroidism. Fever was noted in 46% of cases. We noted that a biological inflammatory syndrome was present in 84% of cases. Fetal tachycardia was present in 41% of cases. Delivery was by cesarean section in 74% of cases. 86% of newborns were admitted to neonatology.

Conclusion: Chorioamniotitis is a general pathology specific to pregnancy which can be the cause of several serious complications threatening the vital prognosis of the mother. It is one of the most common cause of maternal mortality in our country. Adequate treatment is the only way to guarantee a favourable outcome.

P13.37 | IMMEDIATE POSTPARTUM HEMORRHAGE: SOCIO-DEMOGRAPHIC ASPECT, MANAGEMENT AND MATERNAL PROGNOSIS IN THE MATERNITY DEPARTMENT OF THE IGNACE DEEN NATIONAL HOSPITAL
CATEGORY: PREGNANCY

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Objective: Determine the frequency of immediate postpartum hemorrhage, describe the sociodemographic characteristics of patients, identify the etiological factors, describe the management and assess the prognosis of patients presenting with immediate postpartum hemorrhage in the maternity ward of the hospital, Ignace Deen National Hospital (Conakry University Hospital).

Method: This was a prospective, descriptive and analytical case-control study carried out at the maternity ward of the Ignace Deen National Hospital, over a period from September 1, 2020 to August 31, 2021, involving all women who gave birth in the department or who were evacuated for the management of an immediate postpartum hemorrhage. Data analysis was performed using SPSS version 21.0 software. Pearson's χ^2 test was used with $P < 0.05$.

Results: The frequency of immediate postpartum hemorrhage was 3.12% with an average patient age of 26.37 ± 6.13 years. The evacuees (68.89%) versus (22.22%) with $P = 0.001$. In both groups vaginal delivery was identical (63.33%). Uterine atony was the most common cause (66.67%). Management was medical with oxytocin (100%) and misoprostol (59.44%) and obstetrical with 83.33% revision uterine. B-lynch type uterine compression (2.22%) and hysterectomy for hemostasis (1.11%) were the surgical procedures performed. Maternal lethality was 8.89%.

Conclusion: Immediate postpartum hemorrhage is the first cause of maternal morbidity and mortality in sub-Saharan Africa. Particular emphasis should be placed on the availability at all levels of the health pyramid of competent personnel in emergency obstetric and neonatal care capable of early diagnosis and implementing rapid and adequate care.

P13.38 | EVOLUTION OF PERINATAL MORTALITY AND RISK FACTORS AT GABRIEL TOURE TEACHING HOSPITAL, BAMAKO (MALI)

CATEGORY: PREGNANCY

F. Tounkara¹; I. Teguate²

¹Social and Preventive Medicine, Laval University, Québec, Canada;

²Chef of Gynecology Unit Gabriel Touré Teaching Hospital, Department of Obstetrics and Gynecology, Av. Van Vollenhoven, Bamako, Mali

Objective: The objectives of this study were to: (1) determine the perinatal mortality rate at the Gabriel Toure Teaching Hospital; (2)

identify the risk factors of perinatal mortality and its components; and (3) describe the causes of perinatal mortality.

Method: We carried out a cross-sectional study using obstetrical data from the Gabriel Toure, Bamako (Mali) from January 2013–December 2015. We included all births with a gestational age of at least 22 weeks of amenorrhea. Descriptive statistics were used to analyze sociodemographic and clinical data. Perinatal death risk factors were identified by using logistic regression to estimate adjusted odd ratios (AOR) and 95% confidence interval (95% CI).

Results: During our study period, we recorded 7439 perinatal deaths, with a stillbirth rate of 144.0‰, a neonatal mortality rate of 47.3‰, and a perinatal mortality rate of 189.2‰. The main risk factors were advanced maternal age ≥ 35 years (AOR = 1.27; 95% CI: 1.13–1.43), sickle cell disease (AOR = 1.34; 95% CI: 1.25–1.44). Furthermore, the main causes of perinatal death according to ICD10 were in antepartum: retroplacental hematoma (15.6%) and growth disorders (5.2%).

Conclusion: Our study reports high rates of perinatal deaths at Gabriel Toure. Intrapartum care and hypertension management remain priority areas for reducing perinatal mortality in low-income. This requires education of women, families, and communities and policy decisions to improve care in health facilities.

P13.39 | UMBILICAL CORD HEMANGIOMA AND PSEUDOCYST WITH FAVORABLE FETAL OUTCOME

CATEGORY: PREGNANCY

F. Nyagaka

Aga Khan University Hospital, Nairobi, Kenya

Objective: To illustrate a rare co-occurrence of an umbilical cord hemangioma with a pseudocyst managed conservatively, with favorable fetal outcome despite the interval increase in size, decreased caliber of the umbilical arteries and fetal chest compression.

Method: A case report from a tertiary teaching and referral hospital. A 33-year-old gravida 2, one previous scar, with well-controlled gestation hypertension, presented at 20 weeks for an anomaly scan. Antenatal profile and aneuploidy screening were unremarkable. Anomaly scan noted an umbilical cord mass. Serial scans done every fortnight demonstrated interval increase in lesion size with compressive effect. In view of this, maternal hypertension and uncertainty on the outcome, ceserian delivery was done at 38 weeks.

Results: Anomaly scan showed a complex multi-cystic mass, proximal to cord insertion measuring 10.91 cm by 8.22 cm. Both umbilical arteries had thickened tunica, positive end diastolic flow, but with discordance in velocity of blood flow. The cord was oedematous with increased Wharton's jelly Positive EDF in the vessels persisted until delivery. A large for gestation, live male infant was delivered, birthweight 3480g, Apgar score 10 at 5 min. Histology and immuno-histochemistry confirmed cord hemangioma with pseudo-cyst.

Conclusion: Hemangiomas are rare vascular neoplasms. The outcome of cord hemangiomas is not well understood, and neither is their pathophysiology elaborated. However, despite its high association with fetal mortality, a favorable outcome is possible with close monitoring of the umbilical artery Doppler flows and timely delivery, the size of the lesion notwithstanding.

P13.40 | PLACENTAL ALTERATIONS IN PREGNANT WOMEN WITH SEVERE PREECLAMPSIA: ASSOCIATION WITH MATERNAL AND NEONATAL OUTCOMES

CATEGORY: PREGNANCY

F. Baptista

Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo, Brazil

Objective: To evaluate the relation between placental alterations and maternal and perinatal adverse outcomes in patients with severe preeclampsia diagnosed before 34 weeks of pregnancy.

Method: Retrospective cohort from October 2009 to October 2014, including 127 pregnant women with severe preeclampsia diagnosis, prior to 34 weeks of gestational age, excluding twin pregnancies, fetal malformations and some specific comorbidities (cardiopathy, nephropathy, preexisting diabetes and trophoblastic disease) or using acetylsalicylic acid or heparin. The project has been approved by the hospital's ethics committee (number 372/13-1.037.589) under exemption of a free consent form assuring anonymity of data obtained from medical chart.

Results: There was no statistically significant difference between the presence of thrombophilia, intrauterine growth restriction, oligohydramnios, gestational age at birth and the outcome placental alterations (Fisher's exact test). There was association statistically significant between the Fenton weight classification at birth with placental alterations ($P=0.04$, Chi-squared). Among the small for gestational age newborns, 95.3% showed placental alterations in comparison with those appropriate for gestational age newborns (77.4%).

Conclusion: Placental alterations were not more often observed in the patients with thrombophilia, intrauterine growth restriction or oligohydramnios, but were more present in small for gestational age newborns.

P13.41 | SURVIVAL OF PRENATALLY DIAGNOSED FETUSES WITH NEURAL TUBE DEFECTS, AT THREE TEACHING HOSPITALS IN ADDIS ABABA

CATEGORY: PREGNANCY

F. Gondere

Addis Ababa University, Ethiopia

Objective: To assess survival of babies who were diagnosed with NTD during fetal ultrasound scan and its associated factors.

Method: The study followed a cohort of sonographically diagnosed babies with NTDs at three teaching hospitals in Addis Ababa. A total of 258 fetuses diagnosed with NTDs were included in the study. Babies were followed up from the date of intrauterine ultrasonographic diagnosis through infancy. Survival rates were calculated using the Kaplan–Meier method. The log-rank test examined factors potentially associated with survival. The Cox proportional hazards model assessed the independent effects of risk factors.

Results: Half of NTD cases included in the study (48.8%, $N=126$) had combined defects. The lumbar vertebra was the most common site involved with the lesion followed by the sacrum. Of the total 258 mothers, 118 (45.7%) continued pregnancy and hence, were included in to the survival analysis. Of these, 56.8% survived intrauterine life, 26.3% neonatal period and 11.7% infancy. Requirement of cephalocentesis, upper NTDs and presence of associated congenital anomalies were independent predictors of death.

Conclusion: These findings illustrate the devastating consequences of NTDs and underline the importance of effective prevention intervention programs in Ethiopia, where national fortification of foods with folic acid is not yet approved. The data will be useful for health workers involved in the management and counseling of parents pre and postnatal.

P13.42 | MATERNAL AND NEONATAL OUTCOMES OF FAILED OPERATIVE VAGINAL DELIVERIES IN A PORTUGUESE TERTIARY HOSPITAL.

CATEGORY: PREGNANCY

F. Ribeiro; J. Farhat; M. Salgado Simões; A. Galvão; J. Braga
Centro Materno Infantil do Norte—CHUdSA, Portugal

Objective: Describe the maternal and neonatal outcomes after cesarian deliveries due to failed operative vaginal deliveries in a Portuguese tertiary hospital.

Method: We performed a retrospective study of 54 failed operative vaginal deliveries occurred between January 2020 and December 2022 in Centro Materno Infantil do Norte, Porto, Portugal. The studied parameters were the mother's age, parity, gestational age, and the labor, maternal and neonatal outcomes.

Results: The percentage of failed operative deliveries was 2.9%. The mean age was 31 years-old, the average gestational age was 39.8 weeks, and 85% were primiparous. The average newborn's weight and APGAR score at 1 min was 3396g, and 7.8, respectively. Regarding the outcomes, 16.7% of the mothers had a puerperal infection, 13% had post-partum hemorrhage, and 11% had an episiotomy; 35.5% of the newborns had head trauma, and 26% received phototherapy.

Conclusion: According to the literature, failed operative vaginal delivery rate in our hospital was low, however the outcomes were similar. To improve the outcomes, careful evaluation of both maternal and fetal factors before proceeding with an instrumental delivery, alternative approaches, and effective communication must be established.

P13.43 | CLINICAL DECISION MAKING WHEN FETAL DISTRESS OCCURS: DIRECT OBSERVATIONS AT A LOW-RESOURCE DISTRICT HOSPITAL IN TANZANIA
CATEGORY: PREGNANCY

F. Gooren

VU Athena Institute Amsterdam, Netherlands

Objective: Most fresh stillbirths and early neonatal deaths in LIMC's generally result from preventable complications during birth. This study assessed the clinical decision-making process related to fetal heart rate monitoring (FHRM) after the combined implementation of MOYO continuous FHR monitor and context-tailored locally co-created Clinical Practical Guidelines (the PartoMa intervention).

Method: Between September and November 2022, 6 months after introducing the PartoMa-MOYO combination, a non-participatory, direct observation study was conducted at Sengerema Hospital, Tanzania. Quality of care was monitored by directly observing active labouring women, focusing on three primary outcomes: FHRM (including use of MOYO), management in case of abnormal FHR and in case of fetal distress. Descriptive analysis was done using a poisson-regression analysis for comparing quality scores and a Chi-square test for comparing proportions.

Results: 327 women in labour were observed. Coherence to the CPGs was suboptimal in first and second stage. FHR was monitored in first stage of labour with an median interval of 103 (IQR 50–118) min. Intrapartum risk events increased the likelihood of using the MOYO continuous FHR monitor. In 21.7% of the observed births MOYO was used continuously for monitoring FHR. All abnormal FHR events were recognised as such and actions were taken.

Conclusion: The PartoMa-MOYO combination increased the identification of abnormal FHR's and supported clinical decision making when fetal distress occurred. However, routine FHR monitoring was still suboptimal. This shows that a new FHR monitoring device does not take away existing barriers to basic quality of care, amongst which sufficient human resources.

P13.44 | EFFECTIVENESS AND COSTS OF MOLECULAR SCREENING AND TREATMENT FOR BACTERIAL VAGINOSIS TO PREVENT PRETERM BIRTH A RANDOMIZED CLINICAL TRIAL
CATEGORY: PREGNANCY

F. Bretelle

Aix Marseille University, France

Objective: Bacterial vaginosis (BV) is a risk factor for preterm birth. Molecular diagnosis of BV is available. Its impact in the screening and treatment (S&T) of BV during pregnancy is unknown. To evaluate the clinical and economic effects of point-of-care qPCR S&T for BV in low-risk pregnant women on preterm birth.

Method: Autop trial was a prospective, multicenter, parallel, individually randomized, open-label, superiority trial setting in 19

French perinatal centers. Participants: low-risk pregnant women before 20 weeks' gestation without previous preterm births or late miscarriages. BV was defined as Atopobium (*Fannyhessea vaginalis*) load ≥ 10.8 copies/mL and/or Gardnerella vaginalis load ≥ 10.9 copies/mL, using point-of-care qPCR. The control group received usual care with no BV screening. Vaginal sample were self collected.

Results: Among 6671 women, the ITT analysis of the primary clinical and economic outcomes showed no evidence of a reduction in the rate of preterm birth and total costs. The rate of preterm birth was 3.8% (events = 127) in the S&T group and 4.6% (events = 153) in the control group (RR, 0.83, 95% CI, 0.66 to 1.05; $P=0.118$). In the subgroup of nulliparous ($n=3.438$), S&T was more effective than usual care (RR 0.62, 95% CI 0.45 to 0.84; Pinteraction = 0.003).

Conclusion: In pregnant women at low risk of preterm birth, molecular screening and treatment for BV based on A.vaginae (*F.vaginae*) and/or G.vaginae quantification did not significantly reduce preterm birth rates. Post-hoc analysis suggests a benefit of S&T in low-risk nulliparous women, warranting further evaluation in this group.

P13.45 | DETERMINANTS OF NON-COMPLETION OF THE THIRD DOSE OF TETANUS TOXOID VACCINE IN PREGNANT WOMEN IN DSCHANG HEALTH DISTRICT, CAMEROON
CATEGORY: PREGNANCY

F. Fouelifack

Yaounde Central Hospital-Cameroon, Cameroon

Objective: To determine the non-completion rate of the third dose of tetanus toxoid vaccine (TTV) and to analyze the associated factors in pregnant women.

Method: It was a cross sectional study conducted in 2 hospitals of Dschang Health District and targeting all women at least in their second gestation coming for antenatal consultation. Data collected were analysed using SPSS v22.0 with results presented in means and proportions. Logistic regression was used at 2 levels to identify independently associated factors to non-completion of the third dose of TTV with significance set at 5%.

Results: A total of 380 pregnant women were recruited. It was noted that 172 (45.26%) of these women had not received the third dose of TTV. The analysis of the adjusted effects showed that, not going to postnatal consultation (aOR = 6.75; 3.98–11.49, $P < 0.001$), not accompanying her baby to vaccination (aOR = 3.78; 1.80–7.94, $P < 0.001$) and being single (aOR = 1.87; 1.05–3.3, $P = 0.034$) were independently associated with the above non-completion rate.

Conclusion: There is need to put in place strategies that will provide social support to single mothers as well as encourage women to attend postnatal consultation and to accompany their own children for vaccination. Furthermore, community based vaccination could capture some of the lost women thus optimizing the overall vaccination coverage.

P13.46 | COMPLICATIONS OF TWIN DELIVERY AND ASSOCIATED FACTORS: A HOSPITAL-BASED CROSS-SECTIONAL AND ANALYTICAL STUDY IN YAOUNDÉ-CAMEROON

CATEGORY: PREGNANCY

F. Jeanne Hortence
University of Dschang, Cameroon

Objective: The objective of our study was to identify the complications of twin birth and the factors associated with them.

Method: We carried out a cross-sectional analytical study. Data collection was prospective, over a period of 4 months (January 1, 2022 to April 30, 2022), at the maternity units of the Gyneco-Obstetric and Pediatric Hospital of Yaoundé and the Central Hospital of Yaoundé. We included all pregnant women who gave birth to twins during our study period at these hospitals. Data analysis was done using the SPSS software (Statistical Package for the Social Sciences) version 23.0.

Results: In total, we recorded 37 complicated twin deliveries out of a total of 66 twin deliveries. Factors associated with complications of twin births were: maternal age ≤ 30 years ($P=0.03$), primary level of education ($P=0.00$), having less than four prenatal contacts ($P=0.02$), lack of morphological assessments ($P=0.04$), diagnosis of twinning at labor ($P=0, 0.3$), admission for preeclampsia ($P=0.04$), delivery time greater than 15 min for second twin ($P=0.019$).

Conclusion: Twin birth remains associated with high maternal and neonatal morbidity in our environment. Post-partum hemorrhage, soft tissue injury and early neonatal infections are the main complications. These are closely linked to a number of factors whose control would improve the prognosis of twin birth.

P13.47 | USING VIRTUAL REALITY FROM YOUR SMARTPHONE TO VISUALIZE THE EXPERT SONOGRAPHER WHEN THE FETAL POSITION IS UNFAVORABLE?

CATEGORY: PREGNANCY

F. Glicenstein
AGOF, France

Objective: Creation of a free simulation tool in virtual reality on smartphone for all trainees without limitation of place or time for the learning of gesture of mobilization of the ultrasound probe to adapt to an unfavorable fetal position.

Method: Use of a dual positional camera attached to the expert's head to allow a three-dimensional view combining a 180° first person view. Representation of the patient and additional video data within a virtual space parameterized by chapter.

Results: Unlimited use via associative networks with satisfaction from interns, seniors, midwives, and emergency physicians. Sharing with the extended French-speaking population with a satisfaction

found in Vietnam, in the Maghreb, as well as during European trainees' events.

Conclusion: Virtual reality is a support of choice for learning two-handed gestures, by allowing a memory associated with the lived experience. The associative and collaborative sharing of this type of support on smartphones allows for the perpetuation of virtuous exchanges of training between trainees around the world.

P13.48 | PROFILE OF THE WOMEN AND RISK FACTORS FOR FETAL DEATHS: A CASE-CONTROL STUDY

CATEGORY: PREGNANCY

G. Demarque¹; M. Furquim²; Z. Pereira²; L. Marques³; R. Francisco⁴; H. Novaes⁵; G. Figueiredo⁶; O. Viana⁷; R. Buralli⁶; L. Pastro⁶; M. Hoshida⁸; N. Gouveia⁶; G. Alencar²

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Objective: To identify the profile of women and evaluate the risk for fetal loss based on socioeconomic, psychosocial, habits, obstetric history and prenatal care in a case-control study.

Method: This study is part of the FetRisks research, which is a hospital-based population-based case-control study with an estimated number of 415 fetal deaths (cases) and 415 live births (controls) that occurred in 14 public hospitals in the city of Sao Paulo, Brazil. The data source is the interviews with the parturients. Crude odds ratios (OR) were estimated using the unconditional maximum-likelihood estimation (Wald) with 95% confidence intervals (95% CI). **Results:** The factors for 311 cases and 318 controls were: age >35 OR=1.8 (95% CI:1.0–3.4); >9 years of schooling OR=1.2 (0.6–2.2); stable union OR=1.7 (1.1–2.8), precarious housing OR=2.7 (1.3–5.8), household overcrowding (>3/room) OR=3.2 (1.0–10.0), smoking OR=2.0 (1.2–3.2), previous low-birth-weight OR=1.8 (1.1–3.0), previous preterm birth OR=2.6 (1.3–3.9). For prenatal care, Takeda index inadequate OR=3.9 (2.5–6.1). Never measured fundal height OR=11.9 (1.5–93.2), not always auscultating the fetus's heart OR=2.4 (1.3–4.6), never checked for swelling areas OR=2.8 (1.8–4.3), absence information on: development of pregnancy OR=2.1 (1.3–3.2); warning signs OR=2.5 (1.6–3.9); fetus movements OR=3.7 (2.2–6.0).

Conclusion: Despite of the homogeneity between schooling and age in cases and controls, the household crowding indicated socioeconomic vulnerability. Expected risk factors included smoking, previous low birth weight and previous preterm birth. The importance of prenatal care is evidenced by the association between the absence of basic procedures and fetal loss.

P13.49 | RESEARCH PROCEDURE ACCEPTABILITY THROUGH WOMEN DURING PREGNANCY AND POSTPARTUM: A PILOT STUDY

CATEGORY: PREGNANCY

G. Ambroise

IADI Inserm, university of Lorraine, France

Objective: Involvement in a clinical trial arises out of intrinsic factors (related to individuals) and extrinsic factors (related to terms and characteristics of research). We aimed to assess the feasibility and relevancy of a systematic data collection process in characterizing factors influencing research acceptability through women during pregnancy and early postpartum.

Method: A pilot prospective observational crossover unicentric study was conducted in Est France academic maternity ward and birth center. All the women (except language barrier and intensive care transfer) were called upon to complete a survey (33 questions). The primary endpoints were the participation rate and the completeness of the information. The secondary endpoint was the participants' socio-demographic background and preferences regarding research (bivariate analysis, P -value < 0.20).

Results: Within the research period (February 23th March 8th 2022, 114 childbirths), 105 women fitting the criteria were recruited. The participation rate (93%) and completeness were high. Involvement appeared higher for older (P -value 0.12) and highly educated women (P -value 0.18). A sufficient cooling-off period, the commitment of women's health providers and the possibility to accede research results, might favour women's involvement. Acceptability decreased when the protocol implied fetal or neonatal data collection (compared to maternal data).

Conclusion: The data collection process is highly feasible and provides consistent data. Larger-scale output obtention should enhance the conception and rollout of projects, first by calculating sample size based on potentials for recruitments adjusted to populations' characteristics and second by fitting the experimental design to women's expectations.

P13.50 | A PHASE II RANDOMIZED PILOT CLINICAL TRIAL OF EFFICACY AND SAFETY OF MOJEAGA REMEDY IN COMBINATION WITH CONVENTIONAL ORAL IRON THERAPY FOR CORRECTING ANEMIA IN OBSTETRIC PRACTICE

CATEGORY: PREGNANCY

G. Eleje¹; I. Ezebialu²; J. Enebe³; N. Ezeora³; E. Ugwu⁴; I. Ake⁵; U. Nwankwo⁶; C. Oguejiofor¹; C. Okafor⁷

¹Nnamdi Azikiwe University, Awka, Nigeria; ²Chukwuemeka Odumegwu Ojukwu University Teaching Hospital, Awka, Nigeria;

³ESUT Teaching Hospital, Parklane, Enugu, Nigeria; ⁴College of Medicine, University of Nigeria Ituku-Ozalla, Enugu, Nigeria; ⁵Clinical Trial Division, Drug Evaluation and Research Directorate, NAFDAC, Lagos, Nigeria; ⁶Rural Community Clinical School, School of Medicine, Deakin University, Victoria, Australia, Australian Antarctic Territory;

⁷Nnamdi Azikiwe University Teaching Hospital Nnewi, Anambra State, Nigeria

Objective: There is no prior randomized trial of effectiveness of Mojeaga remedy (a special blend of Alchornea, Pennisetum, and Sorghum extracts) and standard-of-care for correction of anemia. This study determined efficacy, safety and tolerability of Mojeaga as adjunct to conventional oral iron therapy for correction of anemia during pregnancy and puerperium.

Method: A pilot open-label randomized clinical trial of obstetrics participants with confirmed anemia in Nigeria were randomized 1:1 to either Mojeaga syrups 50mL (200mg/50mL) administered three times daily and conventional iron therapy (Mojeaga group) for 2 weeks or conventional iron therapy alone (standard-of-care group) for 2 weeks. Primary outcomes were changes in hematocrit level and mean hematocrit level at post therapy. Maternal adverse events and neonatal outcomes were safety outcome measures. Analysis was by intention-to-treat.

Results: Ninety five participants were enrolled and randomly assigned to the Mojeaga group ($n=48$) or standard-of-care group ($n=47$). The baseline socio-demographic and clinical characteristics of the study participants were similar. At two weeks follow-up the mean rise in hematocrit values from baseline ($10.42 \pm 4.13\%$ vs $6.36 \pm 3.69\%$; $P < 0.001$) and mean hematocrit values ($31.21 \pm 2.52\%$ vs $27.7 \pm 3.49\%$; $P < 0.001$) were significantly higher in the Mojeaga group. There were no treatment-related serious adverse events, congenital anomalies or deaths in the Mojeaga group and incidence of other neonatal outcomes were similar ($P > 0.05$).

Conclusion: Mojeaga represents a new adjuvants for standard-of-care option for patients with anemia. Mojeaga remedy is safe for treating anemia during pregnancy and puerperium without increasing the incidence of congenital anomalies, or adverse neonatal outcomes.

P13.51 | SERO-CONVERSION, SERO-CLEARANCE AND MOTHER-TO-CHILD TRANSMISSION OF HEPATITIS B VIRUS INFECTION AMONG PREGNANT WOMEN IN NNEWI, SOUTH-EAST NIGERIA

CATEGORY: PREGNANCY

G. Eleje; I. Mbachu; C. Onubogu; S. Kalu
Nnamdi Azikiwe University, Awka, Nigeria

Objective: Hepatitis B virus (HBV) infection and its mother-to-child transmission (MTCT) is an international public health issue. Identification of sero-conversion and sero-clearance rates and MTCT rates are essential steps in plummeting the universal problem. This study determined the sero-conversion, sero-clearance and MTCT rates of HBV among pregnant women in Nnewi, Nigeria.

Method: This was a prospective cohort study of consenting booked pregnant women within 20 weeks of gestation. Participants were tested at enrollment for HBV infection. Retesting was conducted at labour/delivery using a 'rapid diagnostic test'. Women positive for HBV were followed for 6 weeks post-delivery. Mother-newborn-pairs care were according to hospital protocol. All exposed newborns were tested for HBV infection at birth and 6 weeks using PCR technique. Data were managed with SPSS for windows version-23.

Results: Out of the 458 women studied, 22 (4.8%; 95% CI: 3.0% to 7.3%) were HBsAg seropositive. Of the 414 (not having HBV infection at enrolment), two participants were seropositive at repeat testing (sero-conversion rate of 0.5%). Repeat HBsAg testing of 19 of 22 participants that were HBV seropositive at enrolment revealed none being seronegative for HBV (sero-clearance rate = 0.0%). MTCT rate for HBV was 8.7% at birth but 0.0% at 6 weeks of life.

Conclusion: In NAUTH, Nnewi antenatal population, the prevalence of HBV was 4.8% and a sero-conversion rate was 0.5%. There was no sero-clearance of the HBV infection or MTCT of HBV at 6 weeks of life. Pregnant women with HIV coinfection was the significant risk-factor for MTCT of HBV at birth.

P13.52 | MATERNAL INFECTION AND STILLBIRTHS IN SÃO PAULO, BRAZIL – FETRISKS STUDY PRELIMINARY FINDINGS
CATEGORY: PREGNANCY

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Objective: To understand maternal infections and its relationship with stillbirths in Sao Paulo municipality, Brazil.

Method: We are conducting a prospective case control study with 415 stillbirths and 415 controls in hospitals of São Paulo. Mothers are being interviewed to obtain information on socioeconomic, health care access and pregnancy conditions. Placenta, maternal blood and umbilical cord blood are being collected for investigation of infections. Tests performed were commercial kits ELISA and VDRL and RT-PCR. Etiological agents are *Treponema pallidum*, *Chlamydia trachomatis*, parvovirus B19, CMV, HHV6, zika and dengue virus.

Results: We included 512 women (December 2019–February 2023): 253 cases and 259 controls. Most frequent infection was CMV: 46.00% stillbirth and 56.28% controls by IgG and 3.13% and 2.14% by IgM; followed by toxoplasmosis: 16.35% (IgG), 19.17% (IgG), 6.76% (IgM) and 3.28% (IgM). Syphilis frequency: 8.64% and 5.64% (IgG) and 4.70% and 3.38% for VDRL. OR for acute *Toxoplasma gondii* (IgM): 2.21 (CI 1.22–4.00) and for previous syphilis infection (IgG): 1.69 (CI) 1.03–2.27.

Conclusion: Among the infections mentioned above, prenatal care in Brazil include syphilis and toxoplasmosis serologies, for which there are preventive measures. Our results point to the need for improvements in the care for pregnant women in the city of Sao Paulo.

P13.53 | INFLUENCIA DEL TRATAMIENTO HIPOTENSOR PREVIO AL INGRESO; SOBRE LA PRESIÓN ARTERIAL MEDIA Y LA EVOLUCIÓN INTRAHOSPITALARIA, EN PACIENTES CON TRASTORNOS HIPERTENSIVOS DURANTE EL TERCER TRIMESTRE DE LA GESTACIÓN Y PUERPERIO

CATEGORY: PREGNANCY

G. Ruiz Carrillo
IAHULA, Colombia

Objective: Describir las diferencias en la presión arterial media (PAM) y la evolución intrahospitalaria en pacientes con trastornos hipertensivos (THE) durante el tercer trimestre de la gestación y puerperio, que iniciaron tratamiento hipotensor previo, en comparación a quienes lo iniciaron al ingreso de la hospitalización, IAHULA, Mérida–Venezuela.

Method: Se realizó un estudio analítico, observacional, y retrospectivo, con 190 gestantes en el tercer trimestre y puerperio, con THE que ingresaron en un hospital de IV Nivel, se analizó la presencia o no de tratamiento hipotensor previo y la PAM al inicio de su hospitalización, relacionándolos con el esquema de tratamiento inicial, la necesidad de ajuste de dosis y los días de hospitalización. Análisis inferencial mediante estrategias estadísticas: T-Student, Anova, ROC e Índice de Youden.

Results: El 74% de las pacientes ingresaron con tratamiento previo, obteniendo valores de PAM menores; derivando en menos ajustes de tratamiento; ninguna se relacionó a eclampsia, ni mortalidad materna. Pacientes con mayor PAM al ingreso ameritaron más ajustes, valores superiores a 108mmHg predijeron el reajuste de tratamiento con una S:70%; valores menores a 105mmHg se relacionaron con menores requerimientos de ajuste. El promedio de hospitalización fue 4.6 días \pm 3.2, siendo mayor en pacientes no medicadas previamente.

Conclusion: El manejo de la presión arterial en pacientes con THE, conlleva a menos complicaciones maternas; la PAM demuestra ser un parámetro útil. Las pacientes medicadas previo a la hospitalización, mostraron mejor evolución, menos días de hospitalización y hubo una relación entre la PAM y la necesidad de ajustar el tratamiento.

P13.54 | ENVIRONMENTAL EXPOSURE AND THE VAGINAL MICROBIOME: SECONDARY ANALYSIS OF THE MICROBEMOM RANDOMISED CONTROLLED TRIAL

CATEGORY: PREGNANCY

G. Corbett
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Objective: The vaginal microbiome is a key player in reproductive health. High quality environmental data describing associations between demographics, obstetric history, lifestyle and dietary pattern and vaginal microbiota is currently lacking. This study aimed to identify significant environmental factors that influence vaginal microbial health.

Method: This is a secondary analysis of the MicrobeMOM randomised controlled trial (RCT, Sept 2016–July 2019, ISRCTN53023014) including all women who had vaginal samples collected at randomization ($n = 119$). Microbial composition was assessed using shotgun sequencing, heatmapping and calculation of Shannon Index. Demographics, obstetric information, dietary data, wellness and exercise was captured. Covariates were examined using envfit analysis to show effect size on microbial composition, and was then examined against alpha diversity and vaginal community state type (CST).

Results: Vaginal delivery and breastfeeding impact vaginal species (Adjusted- $R^2 = 0.070$, $P = 0.001$; Adjusted- $R^2 = 0.053$, $P = 0.005$, respectively), association with non-CST-I assignment ($P = 0.003$, $P = 0.005$, respectively), but do not impact alpha-diversity (Mann-Whitney- $U = 1553.0$ and 488.0 , $P = 0.942$, $P = 0.874$, respectively). Dietary carbohydrate, maltose and glycaemic load significantly impact vaginal species (Adjusted- $R^2 = 0.057$, $P = 0.038$, Adjusted- $R^2 = 0.061$, $P = 0.033$, Adjusted- $R^2 = 0.065$, $P = 0.022$, respectively). Carbohydrates, starch and maltose correlate with alpha diversity. CST IV had highest intakes of carbohydrates, starch and glycaemic load. Dietary intake of Short-Chain-Fatty-Acid-Precursor Amino Acids (lysine, leucine, valine and alanine) have significant impact on vaginal species (Adjusted- $R^2 = 0.077$, $P = 0.023$, Adjusted- $R^2 = 0.051$, $P = 0.048$, Adjusted- $R^2 = 0.057$, $P = 0.028$, Adjusted- $R^2 = 0.064$, $P = 0.018$).

Conclusion: This secondary analysis of the MicrobeMOM-RCT reveals that previous vaginal birth, breastfeeding, glycaemic load and dietary starch and Short-Chain-Fatty-Acid-Precursor Amino Acids have the most significant environmental impact upon vaginal microbial composition. These data are a novel and intriguing snapshot into the complex interactions between diet, human gut and vaginal microbiome.

P13.55 | EFFICACY OF DEXAMETHASONE IN ACCELERATING POSTPARTUM RECOVERY AMONG WOMEN WITH HELLP (HEMOLYSIS, ELEVATED LIVER ENZYMES, LOW PLATELET) SYNDROME AND ITS MATERNAL COMPLICATIONS IN BICOL MEDICAL CENTER

CATEGORY: PREGNANCY

G. Cojo
Bicol Medical Center, Philippines

Objective: To determine the efficacy of dexamethasone in accelerating postpartum recovery among women with HELLP Syndrome and its complications in Bicol Medical Center.

Method: Randomized Controlled Trial; including postpartum women with complete or partial HELLP Syndrome in Bicol Medical Center. After fulfilling the inclusion criteria, thirty patients were analyzed and divided into study and control groups by simple randomization technique. Postpartum women in the study group received 12mg Dexamethasone intravenously every 12h for two doses. Baseline

parameters, 36th and 48th hour post-treatment parameters were compared using Repeated measures ANOVA and Bonferroni post-hoc test.

Results: Dexamethasone showed efficacy in accelerating postpartum recovery among women with HELLP Syndrome in the study group. Significant changes from baseline to 36th and 48th post-treatment were seen in the mean platelet count, alanine transaminase, aspartate aminotransferase, and lactate dehydrogenase. There were no postpartum complications and the length of hospital stay decreased in the study group.

Conclusion: Dexamethasone use in postpartum HELLP Syndrome provided efficacy in improving disease markers, clinical outcomes and reducing hospital stays.

P13.56 | UNIVERSAL AND SELECTIVE SCREENING FOR DETECTION OF HYPERGLYCEMIA IN PREGNANCY IN LOW INCOME COUNTRY; AN APPRAISAL OF FIGO'S RECOMMENDATION ON UNIVERSAL SCREENING
CATEGORY: PREGNANCY

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Objective: To compare universal and selective screening methods for determination of hyperglycemia in pregnancy (HIP) including gestational diabetes mellitus (GDM) and diabetes in pregnancy (DIP) in a low resource setting.

Method: A cross-sectional analytical study of pregnant women in Enugu, southeast Nigeria. The eligible women in each group were consecutively recruited between 24 and 28 weeks gestational age and their fasting blood sugar (FBS) and 2h post 75g glucose load levels were tested. All data were analyzed using statistical package for social sciences version 24 at 95% confidence level.

Results: The overall prevalence of HIP, GDM and DIP were 7.1% (36/508), 5.6% (28/508) and 1.4% (7/508) respectively. There was no significant difference in the prevalence of HIP, GDM and DIP between the two groups ($P > 0.05$). However, 42.9% of cases of GDM and 66.7% of cases of DIP recorded in the universal group were from participants without any risk factor for HIP.

Conclusion: Detection of HIP, GDM and DIP are similar using the two screening methods. However, about half of the cases of HIP would be missed with selective screening. Obstetricians in low income countries are encouraged to adopt the universal screening method as selective screening is associated with missed diagnosis of HIP.

P13.57 | COMPARISON OF THE EFFECTIVENESS OF MONTHLY AND TWO-DOSE REGIMEN OF SULPHADOXINE PYRIMETHAMINE FOR MALARIA PREVENTION IN PREGNANCY
CATEGORY: PREGNANCY

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Objective: To compare the effectiveness of monthly and two-dose regimen of sulphadoxine-pyrimethamine for intermittent preventive treatment of malaria in pregnancy (IPT-SP) in Enugu, Nigeria.

Method: A randomized controlled trial involving antenatal attendees at Enugu, Nigeria. Participants at gestational ages of 13–24 weeks were randomized into two groups; A and B to receive monthly and two-dose regimen of IPT-SP respectively. Peripheral and placental malaria parasitaemia and other outcome measures were compared between the two groups. Statistical analysis was descriptive and inferential using the statistical package for social sciences (SPSS) version 22.0. P -value of < 0.05 was considered statistically significant.

Results: The prevalence of peripheral malaria parasitaemia was 10.0% and 31.7% while the prevalence of placental parasitaemia was 18.0% and 40.6% in group A and group B respectively. Maternal anaemia (39.0% vs 57.4%), neonatal malaria parasitaemia (5.0% vs 16.8%) and neonatal anaemia (10.0% vs 23.8%) were all lower in the intervention group compared to the control group. The incidence of low birth weight was the same between the two groups.

Conclusion: Monthly IPT-SP is more effective in reducing malaria parasitaemia in pregnancy than the standard two-dose regimen.

P13.58 | TUBEROSCLEROSIS CASE REPORT
CATEGORY: PREGNANCY

G. Gökkaya

Ankara Atatürk Sanatoryum Training and Research Hospital, Turkey

Objective: An uncommon neurocutaneous autosomal dominant illness is tuberous sclerosis complex (TSC). TSC has phenotypic characteristics. Tumors in the brain, skin, eyes, kidneys, and heart are signs of the illness. With the advancement of imaging techniques, several cardiac rhabdomyomas can be identified in fetal echocardiography for prenatal diagnosis of TSC.

Method: In this case report, we'll discuss a case with you that we identified as a prenatal TSC. A case report. AG1 patient applied to our institution for prenatal monitoring. When she was 20 weeks, she submitted an application to our perinatology outpatient clinic for an abnormality screening. The patient was referred for fetal echocardiography after a detailed ultrasound revealed only one umbilical

artery. Apart for the solitary umbilical artery, his left and right lateral ventricles were each 9.7 and 9.1 mm in size when he was at 25 weeks.

Results: The right frontoparietal area showed characteristics consistent with a tuber. At this appointment, the patient was made aware of tuberous sclerosis. The patient was admitted to the delivery room because she had contractions during the 40 weeks. Because of this defect, a male infant weighing 3560g and measuring 50cm was delivered through cesarean section. The infant was transported to the intensive care unit for further evaluation. There are subcortical tubercles that are localized in the frontal and parietal lobes of both cerebral cortexes.

Conclusion: The results were said to be consistent with TSC. Knowing that the TSC1 and TSC2 genes have mutations in suspected instances allows researchers to study the relevant genes and validate the results. As a result, the family should get genetic counseling.

P13.59 | MEDICAL TERMINATION OF PREGNANCY IN PATIENTS WITH A UTERINE SCAR

CATEGORY: PREGNANCY

G. Zholdoshibekova

Kyrgyz State Medical Academy, Paraguay

Objective: Termination of pregnancy with antenatal fetal death (AFD) and a scar on the uterus becomes a greater problem. Aim is to evaluate the efficacy and safety of medical termination of pregnancy in patients with antenatal fetal death in the second trimester and a uterine scar after a previous caesarean section.

Method: A prospective cohort study included 15 patients with AFD at 27–28 weeks and uterine scar. Inclusion criteria: informed consent given, singleton pregnancy, cephalic and breech presentation, 27–28 weeks of gestation according to ultrasound records in 10–13+6 weeks, one uterine scar after c-section, no septic complications, no scar insufficiency. Was used Mifepristone 200mg, p/os, once; Misoprostol 100mg buccally 36 h later, if necessary, misoprostol 100mg buccally, repeated after 4 h.

Results: The mean interval between the start of stimulation and the onset of labor was 6.6 ± 2.2 h. The interval increased with increasing gestational age ($P=0.0001$) and was significantly larger in pregnant women who did not give vaginal birth ($P=0.0001$). The duration of labor was 8 ± 1.7 h. The weight of the fetus was in the range of 850–930 g. The average amount of blood loss was 280 ± 56 mL. A positive effect was achieved in 100% of cases.

Conclusion: This approach will reduce the number of unnecessary caesarean sections and complications associated with them, which will undoubtedly improve the reproductive health of women.

P13.60 | CHARACTERISTICS OF PRO- AND ANTI-INFLAMMATORY CYTOKINES IN DISORDERS IN THE MOTHER-PLACENTA-FETUS SYSTEM

CATEGORY: PREGNANCY

G. Eshimbetova

Woman, Uzbekistan

Objective: The development of placental dysfunction is accompanied by fetal distress, being one of the main causes of perinatal mortality. It has been shown that the pathogenesis of placental dysfunction fits into the systemic inflammatory response syndrome with disorders in the immune system and an imbalance in cytokine regulation.

Method: 69 pregnant women with placental dysfunction aged 24 to 36 years were examined. Of these, there were 47 women with 1b degree and 22 women with 2nd degree. 23 women with physiologically proceeding pregnancy made up the control group. The levels of cytokines in the blood serum were studied by ELISA using the test systems of LLC "Cytokin" (St. Petersburg, RF).

Results: In pregnant women with PD 1b group, an increase in the level of IL-1 β by 1.3 times was revealed, and the level of IL-8 was 6.5 times higher than the control values. While the level of IL-4 was 2 times lower than the values of women with physiological pregnancy. In women with stage 2 PD, these changes in cytokine synthesis were of the same direction, but more pronounced.

Conclusion: The results of the conducted studies allow to conclude that maintaining a dynamic balance in the cytokine system plays an important role in the normal development of pregnancy. The process of changing the level of cytokines during uncomplicated pregnancy is an important link in the adaptive response of female body.

P13.61 | A CASE OF CERVICAL INSUFFICIENCY USING A CERVICAL PESSARY FOR PREVENTING PRETERM BIRTH IN A SINGLETON PREGNANCY

CATEGORY: PREGNANCY

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Objective: Cervical insufficiency is one of the major causes of second-trimester miscarriage. It is the inability of the cervix to retain a pregnancy in the absence of clinical contractions in the second trimester that often repeats in future pregnancies. Management is often difficult as there is no specific effective treatment.

Method: Cervical cerclage placement at 16–23 weeks of gestation has become the recommended treatment for women with a history of cervical insufficiency and a short cervix. However, if surgical cerclage is no longer possible, a pessary insertion is an adjunct and safe treatment for the prevention of preterm birth. This case presents a 29-year-old gravida 3 para 2 with a history of cervical insufficiency and had cervical shortening and funneling at 28 weeks.

Results: An off-labeled cervical pessary was inserted using a cup pessary and she delivered to a live 35-week baby with no maternal and fetal complications. **DISCLAIMER** This case is not meant to replace the Arabin pessary in the treatment of preterm labor in women with a short cervix and a history of cervical insufficiency.

Conclusion: The use of the off-labeled cup pessary is an adjunct or solution for the treatment of this group of women while the Arabin pessary is not yet FDA-approved and available for sale in our country.

P13.62 | MAGNITUDE AND DETERMINANT FACTORS OF ADVERSE PERINATAL OUTCOMES OF PREECLAMPSIA-ECLAMPSIA SYNDROME AT A TEACHING HOSPITAL IN NORTHERN ETHIOPIA: RETROSPECTIVE CROSS-SECTIONAL STUDY

CATEGORY: PREGNANCY

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Objective: To assess the magnitude and determinant factors of adverse perinatal outcomes among women who suffered from preeclampsia-eclampsia syndrome at Ayder comprehensive specialized hospital, in the Tigray region of Northern Ethiopia from January 1, 2015-December 31, 2021.

Method: A retrospective cross-sectional study was conducted that included 934 women who had PE-E syndrome at Ayder comprehensive specialized hospital, from January 1, 2015 to December 31, 2021. The composite adverse perinatal outcome for IUGR, preterm birth, poor AGAR score at the 5th minute, stillbirth, and neonatal death was used for analysis. To identify the determinant factors, an adjusted odds ratio (AOR). A *P*-value less than 0.05 was used to declare a statistically significant difference.

Results: The prevalence of adverse perinatal outcomes among the study participants was 65.1% (95% CI: 61.2, 68.1). The overall perinatal mortality rate was 166 per 1000 live births. Carrying twin gestation (AOR=10.6, 95% CI:4.38.25.69), being primigravid (AOR=1.74.95% CI:1.01, 3.00), preeclampsia-eclampsia syndrome onset before 34 weeks (AOR=29.75.95% CI:12.8, 68.7), and having severity features (AOR=2.66.95% CI:1.92, 3.66) were significant determinants of adverse perinatal outcomes.

Conclusion: The overall prevalence of adverse perinatal outcomes was consistent with studies from low-resource settings. Early-onset preeclampsia, preeclampsia with severity features, twin pregnancy, and being primigravid negatively affected perinatal outcome. Taking these clinical profiles during decision-making and optimizing context and gestational age-specific interventions might improve perinatal outcomes in low-resource settings.

P14.01 | AN EXAMPLE OF TOO MUCH TOO SOON? A REVIEW OF CAESAREAN SECTIONS PERFORMED IN THE FIRST STAGE OF LABOUR IN KENYA

CATEGORY: CHILDBIRTH

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Objective: Caesarean Section (CS) has potential short and long-term complications and is associated with excess maternal death. Decisions to perform (CS) are frequently made by inexperienced and unsupported non-specialist doctors, sometimes resulting in inappropriate decision-making and surgery. Our study assesses decision-making for CS in the first stage of labour in Kenya.

Method: A panel of one UK and six Kenyan expert obstetricians reviewed clinical data extracted from 87 case-notes, that were randomly selected from a series obtained from seven referral hospitals in five Kenyan counties over six months in 2020. Following a preliminary review of the data and email discussion, an online panel was convened to discuss outstanding cases where consensus was yet to be reached. Agreement was reached by the panel in all but 5 cases.

Results: In 41.3% cases, CS was considered appropriate, including 8% where CS was performed too late. The decision to delivery interval exceeded 2h in 58.6% cases, including 16 cases of non-reassuring fetal status. In 10.3% it was considered that due to delay, further reassessment should have occurred. In 9.1% the CS was done too soon. There was insufficient information available to make a full assessment in 21.8% of cases. In 11.5% the CS was inappropriate.

Conclusion: This review demonstrates that unnecessary caesarean sections are being performed, while some with appropriate indications are subject to delays. There is need for improved support for decision-making, coupled with improved record-keeping, improved quality of fetal monitoring during labour and more timely surgery when necessary.

P14.02 | AN ELECTRONIC BEHAVIOUR CHANGE DIARY: MONITORING THE EFFECTS OF ADVANCED OBSTETRIC SURGICAL SKILLS TRAINING

CATEGORY: CHILDBIRTH

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Objective: Training should lead to improvements in the quality of clinical care delivery. It is essential to follow up participants after a training intervention to monitor changes in behaviour associated with adoption of lessons learned into clinical practice. We introduced

an electronic diary to facilitate monitoring whilst minimising effort for participants.

Method: An electronic diary was created using a freely available on-line platform. Following a training intervention on advanced obstetric surgical skills, obstetric residents from Kenya were invited to pilot completing the diary after their labour ward shifts. Entries were anonymised. Participants were asked to enumerate the times they utilised specific skills, or to state why they had been unable to do so, using tick box options. Reflections on skills used were entered using free comments.

Results: All participants reported changed behaviours, for example, improved surgical knot-tying, safer needle handling, separate closure of uterine incision angles and techniques for delivery of the impacted fetal head. 6 reported conducting vaginal breech birth and 6 performed vacuum-assisted birth. All reported improvements in use of the safe surgical checklist, obtaining consent and respectful maternity care. 7 had participated in newborn resuscitation. Reflections suggested participants experienced improved levels of confidence and satisfaction when implementing new skills.

Conclusion: This pilot study has demonstrated the feasibility of monitoring clinical behaviour change following training using an electronic platform. Monitoring the effect of training is essential to prove that training results in improvements to clinical practice. We plan to roll out this intervention following future training interventions.

P14.03 | THE EFFECT OF THE COVID-19 PANDEMIC ON OBESITY IN INFANTS

CATEGORY: CHILDBIRTH

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Objective: To evaluate the effect of the COVID-19 pandemic on obesity in infants.

Method: Women with singleton pregnancy were identified from the Korea National Health Insurance database and then datasets on a National Health Screening Program for Infants and Children were merged to evaluate the obesity in their infants. The weight of infants at 4–6 months of age were analyzed. Infant's obesity was defined as weight ≥ 90 th percentiles.

Results: 197 580 women and their infants were included. Infants born during pandemic period had significantly higher weight, head circumference, and obesity rates compared to infants born during pre-pandemic period. After adjustment for other variables. Infants born during the pandemic period had a higher risk of obesity (OR 1.542, [95% CI 1.51–1.574]) compared to infants during the pre-pandemic period.

Conclusion: In this study, we found that obesity in infants increased during COVID-19 pandemic. Further studies are needed to evaluate the long-term effect of COVID-19 on offspring health.

P14.04 | MONITORING QUALITY OF MATERNAL AND NEWBORN HEALTH SERVICES IN BAUCHI STATE, NIGERIA: AN EVALUATION OF AN ONSITE LOW DOSE HIGH FREQUENCY CAPACITY BUILDING APPROACH

CATEGORY: CHILDBIRTH

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Objective: Maternal mortality ratio and neonatal mortality rate in Bauchi State, Nigeria are among the highest in the country (2018 NDHS). We assessed changes in utilization and quality of maternal and newborn health services and outcomes with introduction of onsite Low Dose High Frequency (LDHF) training approach in Bauchi State, Nigeria.

Method: The USAID-funded Integrated Health Program (IHP) supported Bauchi State to institutionalize the use of Onsite LDHF training approach to build capacity of 1328 Primary healthcare workers from 323 public Primary Health Centers and 42 private health facilities between January and October, 2021. We examined trends during implementation and 1 year after the implementation of the training in: (1) the use of evidence based Maternal and Newborn Health service delivery practices, and (2) related MNH outcomes.

Results: Total number of deliveries increased by 18.9%, deliveries by skilled birth attendants increased from 85.0% to 95.5%, use of Partograph increased from 75.4% to 90.0%, early initiation breastfeeding increased from 91.0% to 97.4%, use of chlorhexidine gel for cord care increased from 80.1% to 97.0%, postnatal care within 2 days of childbirth increased by 51.8%. Institutional neonatal mortality rate decreased from 30 to 23/1000 and maternal mortality ratio dropped from 224 to 190/100 000 live births.

Conclusion: Introduction of low dose high frequency onsite training has resulted in an increase in uptake and quality maternal and newborn services and outcomes and is recommended for scale up.

P14.05 | EXPERIENCE OF MATERNAL AND NEWBORN CARE AROUND THE TIME OF CHILDBIRTH IN LUXEMBOURG DURING THE COVID-19 PANDEMIC: RESULTS OF THE IMAGINE EURO STUDY

CATEGORY: CHILDBIRTH

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Objective: To investigate the quality of maternal and newborn care (QMNC) during childbirth in Luxembourg from women participating to the IMAGINE EURO Study (Clinical trials.gov NCT04847336).

Method: Women giving birth in facilities in Luxembourg between March 1, 2020, and July 1, 2021, answered a validated anonymous online WHO standards-based questionnaire as part of the multi-country IMAGINE EURO study. For this study WHO experience of care and reorganizational changes due to COVID-19 domains were analysed. Descriptive and multivariate quantile regression analyses were performed comparing women born in Luxembourg versus women born outside.

Results: A total of 493 women were included. Most quality measures suggested high QMNC, although specific gaps were observed in experience of care: no consent was requested to 18.6% women for vaginal examination before prelabor cesarean and to 42.9% women before instrumental vaginal birth. Overall, 39.4% of women reported a reduction in QMNC due to COVID-19 with significant differences between migrant and non-migrant women ($P=0.001$).

Conclusion: Despite maternal reports suggesting a high experience of care in Luxembourg, this study suggest some specific gaps. Improvements are needed in specific aspects of QMNC, such as consent request.

P14.06 | INTEGRATION OF CLINICAL VARIABLES IN A COMPUTERIZED CARDIOTOCOGRAPHY SYSTEM TO PREDICT FETAL HYPOXIA

CATEGORY: CHILDBIRTH

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Objective: To assess if adding clinical variables improves the performance of a computerized cardiotocography system to predict fetal hypoxia (blood cord pH below 7.1).

Method: A retrospective multicentric database of 28.297 births in four centers (open source CTU-UHB database and 3 university hospitals), including 847 cases of fetal hypoxia was established. Four features were extracted from the fetal heart rate signal (minimum and maximum value of the baseline, area covered by the accelerations and decelerations), and 13 clinical variables (maternal, fetal and obstetrical) were selected. Uni-multivariate logistic regressions were performed to predict fetal hypoxia using area under the curve (AUC).

Results: In univariate analysis the 4 cardiotocography features and 8 of the 13 clinical variables were significantly associated with fetal hypoxia. The deceleration area was the most predictive feature (AUC=0.72), the AUC for the clinical variables were between 0.52 and 0.58. In multivariate analysis, using cardiotocography features only (AUC=0.77) led to a better performance than using clinical variables only (AUC=0.59). Using both cardiotocography features and clinical variables did not improve the performance of the model (AUC=0.77).

Conclusion: The cardiotocography features have good predictive power for fetal hypoxia, confirming existing literature. Although clinical variables also show predictive power, incorporating them with cardiotocography features into a simple logistic regression model doesn't enhance accuracy. Future research will explore advanced machine learning models for optimal integration of clinical and cardiotocography features.

P14.07 | POSTPARTUM HAEMORRHAGE (PPH) SUMMIT

CATEGORY: CHILDBIRTH

I. Gallos¹; F. Oladapo²; M. Widmer³

¹World Health Organization, Geneva, Switzerland, Greece; ²World Health Organization, Nigeria; ³World Health Organization, Switzerland

Objective: The main objective of the Summit is to bring together stakeholders—from researchers to policy makers to implementers—to define comprehensive priority research, normative, implementation, and advocacy agendas for improving PPH care and outcomes globally, with special emphasis on low- and middle-income countries.

Method: WHO/HRP will convene a Pt to bring together all relevant stakeholders to review and prioritize the most urgent PPH priorities

to fast-track progress towards SDG 3.1 target in terms of research, guidelines, advocacy, and country-level implementation. The Summit will provide a forum for researchers, industry, policymakers, funders, intergovernmental organizations, non-governmental organizations, and international organizations to engage in discussions on PPH care, and agree on concrete steps that will shape PPH future.

Results: The main deliverable will be a road map that presents comprehensive priority research, normative, and implementation agendas for improving PPH care and outcomes at global and country levels between 2023 and 2030. The road map will be highly detailed for the key gaps to be addressed proving clarity to all stakeholders on how to take them forward. The Summit will take place in Dubai 7–10 March 2023 and the Roadmap will be launched soon after.

Conclusion: The Summit will serve as the launching pad for a focused global initiative that could substantially alleviate the suffering of women from PPH and move the world closer to achieving 2030 SDG 3.1 target and promote coalitions across organizations to reduce the burden of PPH and its consequences in LMICs.

P14.08 | THE UTILITY AND ACCEPTABILITY OF A BRASS V-DRAPE VERSUS A BLOOD LOSS MONITORING DEVICE FOR THE COLLECTION OF POSTPARTUM BLOOD LOSS IN LOW-RISK TERM VAGINAL DELIVERIES; A PROSPECTIVE PARALLEL RANDOMISED TRIAL

CATEGORY: CHILDBIRTH

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¹Stellenbosch University, South Africa; ²Khayelitsha District Hospital, South Africa

Objective: Visual estimation of blood loss assessment often underestimates haemorrhage, objective estimation is imperative for diagnosis of postpartum haemorrhage. This study aims to assess the perceived usefulness and ease of use of a Brass V- drape versus a blood loss monitoring device for the collection of postpartum blood loss.

Method: This prospective randomised trial was conducted at Site-B Midwife and Obstetric Unit, Khayelitsha, Cape Town, South Africa. The study was approved by the Health Research and Ethics committee of Stellenbosch University (S21/10/191). Informed consent was obtained, and participants were randomised to either the blood monitoring device (tray) or Brass-V drape (drape), the birth attendant placed these after the delivery of the baby. The birth attendant and participant completed a questionnaire and clinical data was collected.

Results: There were 63 participants, 33 assigned to the tray and 30 to the drape. The mean delivery gestation was 39 (37–43) weeks. Birth attendants were keen to use the tray 28/31 (90%) or drape 24/28 (86%) for future deliveries. The participants 31/31 (100%) delivering with the tray and 26/28 (92%) drape would be keen to use it in future. There were five (8%) cases of postpartum haemorrhage, two with the tray and three with the drape, one required hospital transfer.

Conclusion: The response to the blood monitoring device and the drape were positive and accepted by the birth attendants and participants. With the option of reuse and lower cost, the blood monitoring device appears to be an acceptable alternative, and could provide a solution for early recognition of postpartum haemorrhage.

P14.09 | DETERMINATION OF INDICATIONS AND POST-OPERATIVE SHORT TERM MATERNAL COMPLICATIONS OF CESAREAN SECTION AT KIGALI UNIVERSITY TEACHING HOSPITAL

CATEGORY: CHILDBIRTH

J. Bucyebucye

Resident in OBY Gyn, Rwanda

Objective: To determine the indications and post operative short term maternal complications of cesarean section at Kigali university teaching Hospital.

Method: Retrospective descriptive study conducted Kigali University Teaching hospital, from 1 April 2016 to 30 June 2016. We included all women who gave birth at Kigali University Teaching Hospital during a study period whose files were complete and available. The data were recorded in excel designed data collection sheets, then imported in SPSS version 21 for analysis.

Results: 229 cases were analyzed, the most common indication for cesarean section at University teaching hospital, Kigali was caesarian section on more than one time prior uterine scar with 32.7% (*P* value 0.01), followed with Non re assuring fetal heart rate with 19.6% (*P* value 0.005). Caesarean section on maternal request was with no prior uterine scar was 5.2%. Concerning caesarian section related complications, 2.6% had peritonitis, 3.9% with surgical site infection, 0.8% with pelvic organ injury.

Conclusion: Caesarean section on the previous uterine scars was the leading reason for cesarean section 32.7%. Some caesarian section cases can be prevented if women are explained and understood risks and benefits of preventing primary caesarian section. Vaginal birth after caesarian section can decrease in rate of repeat caesarian section cases.

P14.10 | ETUDE APPROFONDIE DES MUSCLES MATERNELS INTERVENANTS DANS LA MÉCANIQUE OBSTÉTRICALE

CATEGORY: CHILDBIRTH

J. Renner

Teaching Assistant at the University of Versailles St Quentin en Yveline (UVSQ), France

Objective: Dans l'espèce humaine, les conséquences de la bipède sur la grossesse et l'accouchement ont été étudiées presque exclusivement sur le bassin osseux. Des observations cliniques montrent l'intervention de modifications musculaires dans l'adaptation

posturale au développement de la grossesse et des études complémentaires sont nécessaires pour étudier leur impact obstétrical.

Method: Une étude d'imagerie TDM utilisant la reconstruction 3D, a permis d'étudier sur le volume abdominal thoraco-pelvien complet d'une vingtaine de patientes, les conséquences obstétricales (en particulier, le niveau de la descente de la présentation) des diversités de l'adaptation posturale maternelle au développement volumique utero-fœtal, en identifiant, les acteurs musculaires abdominaux impliqués dans ces attitudes.

Results: En rapport avec l'attitude de portage, une répartition différente du développement des surfaces musculaires abdominales antérieures, sus et sous ombilicales est en relation avec le niveau de la présentation. L'image de l'utérus porte la trace des empreintes des muscles psoas en arrière et de la sangle abdominale antérieure sous ombilicale, en avant. Ces deux groupes musculaires constituent ainsi un « détroit » musculaire retenant la présentation fœtale à distance du détroit supérieur ou lui permettant de s'y engager.

Conclusion: L'imagerie in vivo a permis d'identifier des acteurs musculaires, (les psoas en arrière et les muscles de la sangle abdominale, sus et sous ombilicales, en avant), qui interviennent activement dans la mécanique obstétricale. Il existe donc dans cette mécanique, une part psychomotrice permettant d'y inclure l'étude des actions maternelles.

P14.11 | ESTIMATING THE BLOOD LOSS IN POST PARTUM HAEMORRHAGE—IS IT WORTH THE WEIGHT? ONE MATERNITY SERVICE'S EXPERIENCE WITH INCORPORATING FORMAL BLOOD LOSS MEASUREMENT AT CHILDBIRTH INTO ROUTINE INTRAPARTUM CARE
CATEGORY: CHILDBIRTH

J. Bisland
NHS England, UK

Objective: Post-partum haemorrhage (PPH) remains one of the leading cases of maternal death worldwide. Early recognition of PPH is vital. A quality improvement project was initiated to implement routine accurate measurement of post-partum blood loss by weighing any soiled birthing materials and use of under-buttock drape with attached measuring bag.

Method: Maternity and theatre staff underwent formal training on measuring, and simulation sessions held to demonstrate the common inaccuracies between clinicians visually estimating the estimated blood loss versus weighing swabs/sheets etc, and subtracting their known dry weight. 1g equalling 1 mL. The under-buttock drape was used where an instrumental delivery and/or perineal repair was being performed, to give timely EBL. At Caesarean Section, liquor volume was measured in the suction cannister, and subtracted from total volume.

Results: Both the PPH rate and average blood loss volume was increased following the implementation of this measured approach.

However, maternity and theatre staff feedback demonstrated that PPH was often identified earlier than previously, escalated where relevant and treated earlier. As a result, there was also a review of antenatal anaemia, and active management plans for the third stage of labour for individuals with PPH risk factors and/or antenatal anaemia of <100g/L.

Conclusion: Implementing this quick and cost-effective measure into routine intrapartum care is worthwhile. Providing accurate EBL in real-time, often to task-focused clinicians, has been useful in aiding staff to initiate treatment in a timely fashion. However, one may question whether PPH definition for Caesarean Section and vaginal delivery can remain equivocal.

P14.12 | THIRD STAGE CARE: EVIDENCE-BASED INTERVENTIONS AND PRACTICES FOR PREVENTION OF POSTPARTUM HEMORRHAGE AND IMPROVEMENT IN MATERNAL NEONATAL OUTCOMES, A NEW STRATEGY FOR GLOBAL IMPLEMENTATION
CATEGORY: CHILDBIRTH

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Objective: Review evidence-based (EB) interventions during the third stage of labor (TSL) to prevent postpartum hemorrhage (PPH) and improve maternal/neonatal outcomes.

Method: Review of interventions included in "Active Management of the TSL" (AMTSL) and other common interventions utilized during the TSL. Search of Pubmed for meta-analyses, systematic reviews, randomized controlled trials including the E-MOTIVE trial for vaginal deliveries in Africa (Gallos I et al) and an RCT in women who underwent Cesarean Section in the USA (Pacheco LD et al); other studies included if no high-quality trials found. No restriction by year or location of studies.

Results: Evidence to support use of AMTSL to reduce PPH is of very low quality. AMTSL is associated with side effects/adverse outcomes; is recommended by most national guidelines. Evidence supports use of effective pharmacologic PPH prophylaxis, delayed cord clamping, early skin-to-skin contact, controlled cord traction. Uterotonic regimens for preventing PPH vary for cesarean/vaginal deliveries. Unclear if Tranexamic acid in addition to a uterotonic is more effective than a uterotonic alone for PPH prevention.

Conclusion: There are EB interventions and practices that prevent or reduce PPH, which are safe/effective and result in improved maternal/neonatal outcomes. AMTSL should not be used and recommended. Instead, a new strategy, third stage care should be implemented globally. Decisions to utilize specific prevention strategies depend on local patient/system-level factors.

P14.13 | UTERINE NECROSIS AFTER UTERINE COMPRESSION SUTURE FOR POSTPARTUM HEMORRHAGE: A CASE-CONTROL STUDY

CATEGORY: CHILDBIRTH

J. Liao; J. Shih

National Taiwan University Hospital, Taiwan

Objective: Uterine necrosis is one of the rarest but most fatal late complications after uterine compression sutures (UCSs). However, the incidence and the predisposing factors of uterine necrosis remained unknown. Therefore, we aimed to assess the incidence and the risk factors of uterine necrosis after UCS for PPH.

Method: This was a prospective case-control study in Taiwan during a 8-year-period (2015–2022). Our study included women who received Nausicaa suture, a novel UCS that is effective for uterine preservation in patients with placenta accreta spectrum (PAS) disorders. Cases were women with uterine necrosis after receiving UCS for PPH, and controls were those received UCS during the same period. The clinical characteristics and perioperative outcomes were compared between groups.

Results: In our study, of 143 women receiving Nausicaa suture, 105 (79%) women had PAS disorder, and 10 (7%) developed partial uterine necrosis. The risk factors of uterine necrosis included the operation time, the numbers of stitches applied for hemostasis, the presence of bladder injury during operation, the utility of temporary aorta occlusion balloon catheter, and the application of uterine artery embolization. Most cases (80%) with necrosis were treated conservatively with antibiotics, curettage, and drainage.

Conclusion: Nausicaa suture is an effective uterine preservation method for patients with PAS. Clinicians should be aware of the possibility of uterine necrosis after UCS, especially for those with identified risk factors. Despite the high incidence of hysterectomy after uterine necrosis in literature, we found most cases can be treated conservatively.

P14.14 | LENGTH OF STAY AND DETERMINANTS OF EARLY DISCHARGE AFTER FACILITY-BASED CHILDBIRTH IN CAMEROON: ANALYSIS OF THE 2018 DEMOGRAPHIC AND HEALTH SURVEY

CATEGORY: CHILDBIRTH

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Objective: To determine the length of stay (LOS) after facility-based childbirth in Cameroon and identify the determinants of early discharge (ED).

Method: We analyzed the dataset of the Cameroon 2018 Demographic and Health Survey. We included 4567 women who had a facility-based live childbirth between 2013 and 2018. Median LOS and proportion of ED were calculated. We measured the association between several exposures (sociodemographic, context-related, facility-related, obstetrical and need-related factors) and ED (defined as LOS <24h after vaginal birth and <5 days after cesarean section) using bivariate and multivariable logistic regression.

Results: Median LOS (IQR) was 36 (9–84)h for vaginal birth (VB) and 252 (132–300)h for caesarean section (CS). ED accounted for: 29.7% of VBs, 15.1% of CSs and 28.8% overall. Predictors were: age <20 years (aOR: 1.44; 95% CI 1.13–1.82), unemployment (aOR: 0.78; 95% CI: 0.63–0.96), non-Christian religions (aOR: 1.65; 95% CI: 1.21–2.24) and residence in northern (aOR: 9.95; 95% CI:6.53–15.17) and forest regions (aOR: 2.51; 95% CI:1.79–3.53).

Conclusion: More than a quarter of women were discharged too early following child birth in Cameroon. Predictors identified in this study could serve as a starting point to address this misalignment between guidelines and practice.

P14.15 | MATERNAL OXYGEN SUPPLEMENTATION: DID CHANGING THE NATIONAL RECOMMENDATIONS CHANGE PRACTICE?

CATEGORY: CHILDBIRTH

J. Burd

Washington University in St. Louis, Missouri, USA

Objective: The American College of Obstetricians and Gynecologists (ACOG) released a practice advisory in January 2022 recommending

against routine maternal oxygen (O₂) supplementation for intrauterine resuscitation. We assessed the prevalence of O₂ use following release of the ACOG advisory and healthcare professional reported motivators for continued use.

Method: We conducted a cross-sectional web-based survey from February-March 2022 that was disseminated via email and social media to US-based Labor & Delivery (L&D) care providers. The survey included questions related to the use of O₂ for category II and III fetal heart tracings and barriers and motivators for continued/reduced use. We compared O₂ use and qualitative themes in responses between types of professionals (nurse, midwife, attending physician, resident physician) and hospital settings (academic, community, both).

Results: Of the 574 respondents, 48.6% reported continued O₂ use. Attending physicians, nurses, and community employees reported the highest rates of continued use. Reasons cited for stopping O₂ supplementation included COVID-19 (31.2%), lack of evidence (27.7%), and ACOG recommendations (15.9%). Motivations for continued use for nurses included beliefs that O₂ is effective and should be used when no other interventions work, whereas residents were most likely to give O₂ due to external influences, including hospital policies.

Conclusion: Despite ACOG's recommendation, nearly half of L&D healthcare professionals continue to use O₂ for fetal resuscitation. Formal de-implementation strategies targeting motivations and barriers cited by nurses, attending physicians, and community hospitals are needed.

P14.16 | COMPARING APPLES AND ORANGES? VARIATION IN CHOICE AND REPORTING OF SHORT-TERM PERINATAL OUTCOMES OF TERM LABOR: A SYSTEMATIC REVIEW OF COCHRANE REVIEWS

CATEGORY: CHILDBIRTH

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¹Stockholm South General Hospital, Sweden; ²Danderyd Hospital, Stockholm, Sweden

Objective: Obstetric research is often criticized for using surrogate or combined outcomes with a disproportionately heavy weight of less relevant components. The objective of this methodological review was to assess the choice and reporting of short-term perinatal outcomes for term labor management and evaluate if and how they should be harmonized.

Method: A systematic methodological review of Cochrane reviews was performed. Cochrane reviews focused on management of labor at or near term, including timing, type of labor onset, mode of delivery and intrapartum care were included. Prespecified and reported non-prespecified perinatal outcomes were collected, grouped into domains and classified regarding their anticipated importance for patients. Outcomes reflecting how a patient feels, functions, and survives were deemed patient-important. We also evaluated whether any of the outcomes were salutogenic.

Results: Our search resulted in 806 Cochrane Systematic Reviews, of which we included 141 published between 1996 and 2020. We identified 348 unique outcomes, of which 15 (4.3%) were prespecified and 13 (3.7%) were reported in at least 10% of the reviews. Only half of the prespecified outcomes were reported. In total, 88 (25.3%) of the 348 outcomes were classified as patient important, reflecting how a patient feels, functions, and survives. Salutogenic outcomes were rare (3.4%).

Conclusion: To conclude, variation in the choice of outcomes for management of term labor as well as the discrepancy between chosen and reported outcomes were large. Harmonization of perinatal outcome measures, based on consensus between researchers, clinicians, and families, is needed.

P14.17 | MEASURING CHILDBIRTH CARE: DEVELOPMENT AND IMPLEMENTATION OF PERINATAL CORE OUTCOME SET FOR LABOR AND DELIVERY AT OR NEAR TERM

CATEGORY: CHILDBIRTH

J. Savchenko

Stockholm South General Hospital/Karolinska Institutet, Sweden

Objective: The aim of this project was to develop a robust consensus for short-term perinatal (fetal and neonatal) Core Outcome Set (COS) to be used in research and quality assurance of management of labor and delivery at or near term, as well as implementation strategy to facilitate its uptake.

Method: A list of currently used perinatal outcomes was created based on a systematic review of studies on peripartum management at or near term (≥34 weeks of gestation), including timing and type of onset of labor, intrapartum care, and mode of delivery, and entered into a two-round Delphi survey with predefined consensus criteria. Participants included clinicians, researchers and other stakeholders. The final agreement was reached at a consensus meeting. Patient representatives participated extensively throughout the process.

Results: Response rates were 82.1% and 92.7% for the first and second Delphi rounds, respectively. In total, 17 outcomes were included in the final COS, reflecting mortality, health or morbidity, including asphyxia, central nervous system status, infection, neonatal resuscitation and admission, breastfeeding and mother-infant interaction, operative delivery due to fetal distress, as well as birthweight and gestational age. Two of these outcomes were suggested by patient representatives. The implementation strategy has been developed to facilitate uptake.

Conclusion: A perinatal COS was developed to be reported in future studies on management of term labor and delivery, regardless of the population or condition studied. This could improve obstetric research, audit, and comparisons in childbirth care. Implementation and evaluation of COS uptake is important and we welcome collaboration around it.

P14.18 | A RARE FINDING OF PLACENTA SUCCENTURIATA: CASE REPORT AND LITERATURE REVIEW
CATEGORY: CHILDBIRTH

J. Ngatia
 Kenyatta University, Kenya

Objective: Placenta succenturiata is bi-lobbed placenta, of different sizes and both connected with membranous vessels. Potential complications include antepartum hemorrhage (APH) or postpartum haemorrhage (PPH). Antenatal suspicion/diagnosis remains a challenge. A case of incidental finding of placenta succenturiata is described. A healthy infant weighing 4.6 kg was delivered.

Method: A 33-year old para 1+0, with one previous scar, was admitted in labour at term. Her antenatal profile was normal. Obstetric ultrasound done at 32 weeks was normal. She had emergency cesarean section in Kiambu Hospital, Kenya. The placenta was bi-lobbed and weighed 720g. Patient had intramuscular oxytocin 10 units, developed uterine atony, and was added carbetocin 100mg. Post-operatively, intravenous oxytocin 30 units in drip was administered to prevent PPH.

Results: The placenta is vital for fetal nutrition, excretion, endocrine and immunological functions. A succenturiate lobe is connected to the primary lobe by blood vessels. During development, villous atrophy results in the isolation (trophotropism). In our case, previous scar was potentially a predisposition. The condition potentially causes APH, PPH and infections. Ultrasound demonstrates absence of placental tissue bridging the two placental components. Confirmation of complete placental delivery is vital. Both mother and infant did well.

Conclusion: There's need to enhance radiological screening for placental pathologies.

P14.19 | DEVELOPING AN OPERATOR TRAINING PACKAGE FOR THE ODONASSISTTM, A NOVEL DEVICE FOR ASSISTED VAGINAL BIRTH
CATEGORY: CHILDBIRTH

K. Lattey¹; E. Hotton¹; C. Winter²; T. Draycott¹
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Objective: The OdonAssistTM is a new method for assisted vaginal birth, working by applying a circumferential positive pressure air cuff around the fetal head to facilitate birth. Two large feasibility studies in Bristol, UK and Besançon, France have closed to recruitment. To allow further research, an operator training package is required.

Method: When developing the training package we liaised with stakeholders including the device manufacturer, researchers from the feasibility studies and previous patient and public involvement work. Summit meetings were held with OdonAssist operators to discuss nuances of the technique and possible variations in its use. A small training programme study tested learning methods of operators and whether there was an improvement in knowledge, skill and confidence in device use.

Results: The result of our work is an Operator's and Trainer's manual for the OdonAssist. This includes detailed breakdown of the device's requirements for safe use, each step of how to use the device and non-technical skills required. Following feedback from clinicians we have developed a step by step video to inform visual learning and a brief overview video to remind operators of key steps. For women and their family, we have developed an illustrated animation.

Conclusion: As the OdonAssist uses a different mechanism to other instruments, detailed operator training is required. In summary, through an iterative process we have developed a mixed media training package for a new method of AVB with a patient-centred approach. Further work is needed to evaluate the training packages effectiveness.

P14.20 | HOW TO REDUCE CESARIAN SECTION RATE IN TUNISIA? RESULTS OF PILOTE STUDY IN REFERRAL TUNISIAN MATERNITY
CATEGORY: CHILDBIRTH

K. Neji
 Centre de Maternité et de Neonatologie de Tunis, Tunisia

Objective: The caesarean section rate (CSR) became too high in Tunisia since 10 years. To fight against the increase of CSR, we adopted the Robson classification as a reference tool to assess, monitor and compare the CSR within healthcare establishments.

Method: Descriptive retrospective study carried out over the period of one year from July 1, 2019 to June 30, 2020 in the obstetrics gynecology department B of the maternity and neonatology reference center of Tunis (CMNT).

Results: The CSR was 42.84%, 22.29% were performed in primiparous at term with fetus in cephalic presentation and 30.46% were performed in parturients having at least a uterine scar. We authorized labour in 33.60% of parturients with a scarred uterus, success rate of 64% of cases. The main contributor to the CSR was group 5 (19.85%), followed by group 2 (6.38%). Group 10 was the 3rd contributor to the overall cesarean rate (5.63%).

Conclusion: Controlling the caesarean section rate involves daily discussion of obstetric records, more open acceptance of vaginal route and ongoing evaluation of practices. Every caesarean section in primiparous should be discussed within a collegial medical staff.

P14.21 | RELATIONSHIP OF AGE AT MENARCHE, COITARCHE AND FIRST GESTATION: A RETROSPECTIVE COHORT ANALYSIS
CATEGORY: CHILDBIRTH

K. Morales Palomino
 Tecnológico de Monterrey, Mexico

Objective: This study aims to compare and determine the relationship between the incidence of teenage pregnancy with early menarche and coitarche in a low income setting. An early menarche can

lead to an early coitarche, possibly linking an early menarche with a higher incidence of teenage pregnancy.

Method: A cross sectional review of electronic records of women admitted for delivery in a second level center in northeastern Mexico, being a low-income setting, where 814 teenage and 1474 adult mothers were included. Results are expressed as odds ratios (OR) and 95% confidence intervals (CI). We used an alpha of 5% as the threshold for statistical significance. Data was analyzed using SPSS v25.

Results: Primigravid teenagers had earlier menarche and coitarche than adult counterparts and opted for postpartum contraception more frequently. Linear regression analysis revealed significant unadjusted beta coefficients between age at first pregnancy and coitarche (0.839) and menarche (0.362). Menarche and coitarche had a significant linear regression association of 0.395 with a *P* value of 0.001.

Conclusion: In our retrospective cohort analysis, notable trends amongst primigravid patients showed teenagers had earlier menarche and coitarche, which was correlated to their age at their first pregnancy.

P14.22 | BREASTFEEDING AND HOMEOSTASIS OF THE DIGESTIVE SYSTEM IN THE NEWBORN

CATEGORY: CHILDBIRTH

K. Matos Rosario

Servicio Nacional de Salud, Dominican Republic

Objective: Establish the effects of breastfeeding on the health and development of the newborn's digestive system. Identify the chemical composition of breast milk at different stages of breastfeeding. Process by which breast milk is produced. Future physical benefits of breastfeeding in the different stages of the baby.

Method: The present research is of mixed methodology, starting from the descriptive with an explanatory design subcategorized as exploration, in which information is collected through bibliographic sources in its different forms.

Results: It was identified that breastfeeding greatly favors the development of the immune system of babies, contributing to the assimilation of fats, proteins, vitamins and minerals that they absorb through milk. Similarly, it was identified that breastfeeding favors the formation of the microbiota and antibodies that protect the baby's system, with the understanding that it is in a stage of maturation.

Conclusion: It is determined that certainly breastfeeding as a fundamental element and the most important within the feeding and nutrition of the baby, contributes to the integral development of the immune system of the creature, favoring it in more than one area as far as its health is concerned.

P14.23 | CAESAREAN SECTION: ONE PROCEDURE, VARIED TECHNIQUES – A DETAILED OBSERVATIONAL AUDIT OF PRIMARY CAESAREAN SECTION TECHNIQUES IN A TERTIARY HOSPITAL IN GHANA

CATEGORY: CHILDBIRTH

K. Asah-opoku

University of Ghana Medical School, Ghana

Objective: Studies including the CORONIS trial, provide evidence to support techniques used during Caesarean section (CS). There is little documentation on the steps actually taken during CS in many hospitals in lower- middle- income countries. We set out to audit the steps used during primary CS at Ghana's leading referral hospital.

Method: This was a descriptive cross-sectional audit conducted from 1 January, 2018 to 14 January, 2020. It included 1013 primary CS conducted at the Korle-Bu Teaching Hospital, Accra, Ghana. A questionnaire and an abstraction form were used to collect data on observed CS. Data were analyzed using STATA version 16.

Results: Mean age of the women was 30.3 ± 5.9 years. The mean gestational age at which CS was done was 38.4 ± 3 weeks. Of all the primary CS, 950/1013 (93.8%) were singleton pregnancies, 806/1013 (79.6%) were conducted at term, 819/1013 (80.8%) were emergencies. There were varied techniques for patient positioning, abdominal entry, uterine incisions, placental delivery, uterine closure and abdominal wall closure at CS. There were 493 different combinations of techniques for carrying out a complete primary CS.

Conclusion: There is a wide variety of the methods used for primary CS in Ghana's largest referral health Centre. There is the need for formulation of and adherence to guidelines based on the evidence available to enhance safe CS and enable women who undergo CS have a more positive pregnancy.

P14.24 | RISK ASSESSMENT OF UNBOOKED MOTHERS IN LABOUR

CATEGORY: CHILDBIRTH

L. Banu

Prof of Obs & Gynae, Bangladesh

Objective: Unbooked mothers are those who have no antenatal care who delivered within 3 days of initial booking visit. Booked mothers are those who had regular antenatal check up according to WHO criteria or regional criteria (2–8 visits).

Method: One study done in Harare showed that fetomaternal complications are more in booked patients because those patients are already with some obstetric complications, so the pregnancy outcome is worse than unbooked patients. But in most studies, the obstetric condition of unbooked patients is unknown to labor staffs and they ended up with emergency caesarean section, laparotomy due to rupture uterus, worse perinatal outcome and neonatal complications.

Results: To achieve SDG-30, most countries implement various programs to improve maternal and neonatal health and reduce mortality. These are mainly Government programs in collaboration with NGOs, development partners, professional bodies etc. The number of unbooked mothers vary from 2% to 38% and are a great burden for the labor room. Usually unbooked mothers are young, need more emergency caesarean section, operative delivery, sometimes laparotomy for rupture uterus increasing the maternal and neonatal mortality and morbidity.

Conclusion: So to reduce the maternal and neonatal mortality-number of unbooked patient should be decreased by awareness, providing quality and organized antenatal check up proper referral, sometimes by giving some incentives for antenatal care.

P14.25 | ASSOCIATION OF MATERNAL AGE 35 YEARS AND OVER AND PRENATAL CARE UTILIZATION, PRETERM BIRTH, AND LOW BIRTH WEIGHT, IN MEXICO 2008–2019: A HISTORICAL COHORT STUDY

CATEGORY: CHILDBIRTH

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Objective: We compared prenatal care utilization, preterm birth, and low birth weight neonates among women 35 years and older compared to women 20–34 years old in Mexico, 2008–2019.

Method: We used birth certificate data and conducted a historical cohort study of all singleton live births in Mexico from 2008 to 2019. Study outcomes were inadequate prenatal care (timing of initiation of care and number of visits), preterm birth, and low birth weight. We compared outcomes among women 35–39, 40–44, and 45–49 with births to women 20–34. We used logistic regression to account for individual and contextual confounders.

Results: We included a total of $N=19\,526.922$ births; 11.9% ($n=2.325\,725$) were to women 35 and older. The odds of inadequate prenatal care (aOR 1.12 95% CI 1.09–1.15 $P<0.01$), preterm birth (aOR 2.05 95% CI 1.97–2.13 $P<0.01$), and low birth weight (2.03 95% CI 1.95–2.12 $P<0.01$) were highest for women 45–49, compared to 20–34. Patterns were similar among women 35–39 and 40–44 with the exception of lower odds of inadequate prenatal care for 35–39 compared to 20–34.

Conclusion: Women who deliver at 35 years old and over are a heterogeneous group in Mexico. Being 35 years old and older is associated with increases in preterm birth and low birth weight neonates. Women who give birth between 45 and 49 may be especially vulnerable.

P14.26 | UNE ASTUCE POUR "PRÉSERVER" LE SANG EN CÉSARIENNE AVEC CHIRURGIE HÉMORRAGIQUE À HAUT RISQUE

CATEGORY: CHILDBIRTH

L. Moser

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Objective: Au cours d'une procédure à haut risque d'hémorragie, la perte de sang, par le vagin, peut être importante au moment de la chirurgie. Elle est souvent mal visualisée car cachée sous des draps stériles. Jusqu'à présent, aucune technique n'a été décrite pour limiter les pertes de sang par le vagin.

Method: A travers cette vidéo, nous décrivons une nouvelle méthode pour limiter les pertes sanguines vaginales lors d'une intervention chirurgicale à haut risque hémorragique: la césarienne pour placenta percreta.

Results: Cet article présente une technique consistant à mettre en place un ballon de Bakri par voie intra-vaginale avec mise en place d'une poche de recueil et cell-saver relié à la poche.

Conclusion: Le but de cette procédure simple d'utilisation est de permettre aux chirurgiens et anesthésistes de limiter au maximum les pertes de sang et de stabiliser au mieux l'hémodynamique du patient.

P14.27 | SAFETY AND EFFICACY OF ABBREVIATED (12 HOURS) MAGNESIUM SULFATE (MgSO₄) THERAPY VS. TRADITIONAL 24 HOURS THERAPY AFTER DELIVERY IN PREECLAMPSIA WITH SEVERE FEATURES: A RANDOMIZED CONTROLLED TRIAL

CATEGORY: CHILDBIRTH

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Objective: To determine the safety and efficacy of 12h versus 24h postpartum magnesium sulphate (MgSO₄) therapy for prevention of convulsion in preeclampsia with severe features.

Method: It was a prospective randomized active controlled trial conducted in department of Obstetrics and Gynecology, Postgraduate Institute of medical education and research (PGIMER), Chandigarh India. Out of 116 patients, 57 were assigned in 12h group and 59 in 24h group. One group received MgSO₄ for 24h other group received MgSO₄ for 12h after delivery. Safety and efficacy along with other factors like recurrence of convulsion, drowsiness were studied.

Results: Base line characteristics were same in both the groups. The occurrence of convulsions were not significantly different in both the group ($P < 0.62$). One woman in 12h group and two women in 24h group developed convulsion. More women were drowsy in 24h group as compared to 12h group and had a problem in breast feeding. There were more patients in 24h group experienced a loss of knee jerk and required dose deferral.

Conclusion: The shorter duration MgSo4 regimen is an effective and safe alternative to the 24h regimen for prevention of convulsion in preeclampsia with severe features. Adherence to breast feeding is more with 12h regimen.

P14.29 | STEPS TOWARDS A SAFE CAESAREAN BIRTH, A SOUTH AFRICAN DELPHI STUDY

CATEGORY: CHILDBIRTH

L. De Waard

Stellenbosch University, South Africa

Objective: The study aimed to determine which steps are recommended as essential when performing a caesarean section, according to South African Obstetric experts. Defining these steps will assist in creating a training program for safe caesarean births and can be used in future research on the topic.

Method: A modified-Delphi technique was used for this three-round survey regarding the essential steps in performing a safe caesarean section. The steps were divided into pre-operative, intra-operative and post-operative phases. Email invitations were sent to a panel of South African obstetrics. The aimed sample size was 15, and consensus defined according to the confidence intervals. The Health Research and Ethics Committee of Stellenbosch University approved this study. Participation was anonymous and voluntary; informed consent was sought.

Results: The email invitations were sent to 44 experts, 27 (61%) completed round 1, 20 (45%) round two and 16 (36%) round three. Twenty-five (92%) experts had more than 11 years of experience, and 22 (82%) had performed more than 1000 caesarean sections. There were a total number of 45 steps deemed essential after all three rounds, with 18 in the preoperative phase, 18 in the intra-operative phase and 9 in the post-operative phase, with an additional 30 substeps.

Conclusion: This panel suggested 45 essential steps in performing a safe caesarean birth. This highlights the complexity of this common procedure. A defined task list can standardise the procedure, especially in low and middle-income settings where junior doctors often perform these without supervision. Further research on the application of this is planned.

P14.30 | KNOWLEDGE, ATTITUDES AND PRACTICES OF OBSTETRICS AND GYNECOLOGY RESIDENTS ON MODE OF DELIVERY: A MULTI-COUNTRY STUDY

CATEGORY: CHILDBIRTH

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Objective: Obstetricians-Gynecologists (ObGyns) likely contribute to rising cesarean section (CS) rates. The knowledge, attitudes, and practices (KAP) of ObGyn residents have not been extensively studied. We aimed to assess KAP towards mode of delivery and CS-sparing procedures amongst ObGyn trainees in seven countries with varying national CS rates.

Method: A questionnaire on KAP towards mode of delivery was developed, piloted, translated, adapted and administered to ObGyn trainees in Brazil, Egypt, Ghana, Sweden, Thailand, Uganda, and the United States (US). Questions assessed knowledge regarding safety of CS and vaginal delivery (VD), attitudes towards mode of delivery and perceived competency performing CS-sparing procedures (forceps and vacuum-assisted VD, external cephalic version [ECV], and singleton breech). We summarized results descriptively and compared KAP by country of training.

Results: Of 744 responses, residents perceive VD as safer than CS for the mother (67%) and baby (55%). More trainees in Sweden (92%) and the US (73%) agree breeches should have an ECV, compared with Ghana, Egypt and Uganda (8%–10%), and only in Sweden do most trainees feel comfortable with ECV (62%). Trainees in Ghana (86%) and Uganda (78%) feel comfortable with singleton breech deliveries while few do in Sweden (7%), Thailand (5%), and the US (2%).

Conclusion: Most trainees agreed on the comparative risks of CS versus VD for mother and baby but there is marked variation in self-perceived competency around CS-sparing procedures, particularly ECV and breech delivery. These findings can provide useful insights

into focus areas for OB/GYN training to optimize competency in CS-sparing procedures.

P14.31 | EXPLORING WOMEN'S PERSPECTIVES: UNVEILING THE JOURNEY OF RESPECTFUL MATERNITY CARE, AUTONOMY, AND DECISION-MAKING AT LADY WILLINGDON HOSPITAL, LAHORE

CATEGORY: CHILDBIRTH

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¹King Edward Medical University Lahore, Pakistan; ²Lady Willingdon hospital, Pakistan

Objective: To assess the women's experience on respectful maternity care, autonomy and decision-making at Lady Willingdon Hospital, Lahore.

Method: A cross-sectional descriptive study was carried out on postnatal patients. The sample size for this study was 381, taking into account a margin of error of 0.05, a confidence interval of 95%, and an anticipated prevalence of 55% for respectful care based on previous research. This study utilized a pre-validated "Mothers on Respect Index" scale. The scale has been translated into the regional language. SPSS version 21 was used to analyze data.

Results: The analysis indicated a low level of respect experienced by mothers. The participants had an average age of 28.9 years. A significant portion of participants 63%, reported experiencing a low level of respect when it came to making decisions about their pregnancy or birth care. 32.2% expressed feeling poorly treated by their doctors. Furthermore, during their pregnancy, 47% of the participants felt hesitant to ask questions or discuss their concerns.

Conclusion: The analysis revealed low levels of respect experienced, highlighting the need for improved quality of care. It emphasizes the importance of prioritizing respectful maternity care, empowering mothers and promoting a culture of dignity. These findings urge action to enhance standards and improve the overall experience for families.

P14.32 | EFFICACITÉ ET INNOCUITÉ DU DÉCLENCHEMENT ARTIFICIEL DU TRAVAIL SUR UTÉRUS CICATRICIEL

CATEGORY: CHILDBIRTH

M. Ndiaye

African Society of Gynecology and Obstetric (SAGO), Senegal

Objective: Evaluer l'efficacité et l'innocuité du déclenchement artificiel du travail sur utérus cicatriciel.

Method: Il s'agit d'une étude rétrospective, transversale menée dans une maternité de niveau L'étude couvrait la période du 1er Janvier 2012 au 31 Décembre 2022. Etaient exclues les patientes avec antécédent de myomectomie, deux cicatrices ou plus, grossesse multiple

ou césarienne programmée. Les variables quantitatives continues étaient décrites par leurs paramètres de dispersion. Les variables qualitatives étaient décrites par des proportions. Les tests utilisés étaient le khi 2 ou non paramétriques.

Results: Etaient notées 75 inductions artificielles du travail sur utérus cicatriciel. Le taux de succès était de 93.3%. Le moyen utilisé était le misoprostol, l'ocytocine et la sonde de Foley dans respectivement 21, 16 et 38 cas. L'entrée en travail était effective respectivement dans 95.2%, 87.5% et 94.7% et un accouchement par voie basse dans 76.2%, 43.8% et 65.8%. Nous notions 1 cas de rupture utérine avec le Syntocinon, 2 cas avec la sonde de Foley.

Conclusion: Les méthodes de déclenchement artificiel du travail sont efficaces sur un utérus cicatriciel et permet d'obtenir un taux important d'accouchement par voie basse dans cette situation. Le risque de rupture utérine est une réalité à considérer quel que soit la méthode de déclenchement. Une surveillance accrue s'impose.

P14.33 | EVOLUTION OF OXYTOCIN ADMINISTRATION DURING SPONTANEOUS LABOR IN A PERINATAL HEALTH NETWORK

CATEGORY: CHILDBIRTH

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Objective: Our principal objective was to improve appropriateness of the administration of oxytocin during the first stage of labor, according to 2016 French clinical guidelines.

Method: This historical before-after cohort study took place in all 10 French maternity units of a perinatal network. We selected deliveries in January (if $n \geq 50$) or at minimum the first 50 deliveries in 2016 and 2019. Were eligible: accepted vaginal deliveries with a singleton pregnancy, a fetus in cephalic presentation, and at term. Scarred uterus, SGA fetus (<10 th P), and labor induction were excluded. The principal outcome was the percentage of compliance to French clinical guidelines.

Results: 681 women had been included in 2016 and 650 in 2019. The use of oxytocin decreased during labor between the 2 periods (47.4% vs 30.8%, $P < 0.0001$), as well as its systematic use during the first stage (29.0% to 13.2%, $P < 0.0001$). These improvements were also statistically significant for each maternity level (I, II, and III). We, also, found an improvement in the appropriateness of oxytocin administration in case of labor dystocia (10.7% vs 23.9%, $P = 0.009$).

Conclusion: Despite a better appropriateness of the use of oxytocin in case of labor dystocia, significant improvements are still possible during the first stage of labor. Targeted measures have been implemented and others are in progress.

P14.34 | IS A CAESAREAN SECTION A TRULY INDICATED PROCEDURE? A LOOK BACK AT ITS RELEVANCE AFTER APPLYING THE OMS'S PROPOSED CLASSIFICATION AT A FOURTH-HIGHEST LEVEL OF COMPLEXITY HOSPITAL WITH OVER A THREE-YEAR PERIOD

CATEGORY: CHILDBIRTH

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Objective: Our main goal was to critically examine the number of cesarean sections performed over a three-year period, as well as the clinical and obstetric characteristics when applying the Robson classification, in a fourth-level institution like the Hospital Universitario San Ignacio in Bogotá, Colombia.

Method: The medical records of patients who underwent cesarean sections at the San Ignacio University Hospital between January 1, 2018, and December 31, 2020, were retrospectively reviewed using the criteria required to categorize newborns into the 10 Robson categories. Include mothers who were brought for delivery care for fetuses weighing more than 500g when a cesarean section was required. Individuals who required out-of-hospital delivery care and/or lacked the necessary information for classification were excluded.

Results: 2812 cesarean sections occurred. 49.8% of pregnancies. 95.6% (2690) of those were single births, and 4.3% (122) multiple births. A cephalic fetus was present when 91.7% (2579) of them were hospitalized. Compared to gestational age, 20% (535) were preterm births, whereas 80.9% (2277) full-term. Regarding 901 patients, group 5 of Robson's classification predominated (32%) while group 9 was the least common (0.9%). Despite Covid-19, there were no differences in classification findings examined throughout three years.

Conclusion: By examining the obstetric characteristics of groups of pregnant women who underwent cesarean sections over time in a particular population, we discovered the potential for improvement. Reducing the frequency of unnecessary procedures, by preventing their performance if it is not indicated, and lowering perinatal maternal morbidity and mortality.

P14.35 | CESAREAN SECTION RATES IN A TERTIARY MATERNITY HOSPITAL: TEMPORAL TRENDS AND ROBSON TEN GROUP CLASSIFICATION SYSTEM ANALYSIS

CATEGORY: CHILDBIRTH

M. Alves de Melo Silva; J. De Siqueira Guida; G. Jesus Lajos;

M. Costa; A. Gomes Luz

University of Campinas, Brazil

Objective: Obstetric evaluation of women admitted for childbirth from 2009 to 2022 in a reference maternity hospital, describing

overall distribution in different Robson groups and cesarean section rates (CSR) among years.

Method: A retrospective cross-sectional study was conducted analyzing medical charts (2009–2022) to classify cases among Robson Ten Group Classification System (RTGCS) based on their characteristics (parity, previous cesarean section, onset of labor, fetal presentation, gestational age, and number of fetuses). The study obtained data on overall size, frequency, and CSR per group, as well as overall CSR each year using RTGCS and compared the distribution by Robson group, using EpiInfo 7.2 software.

Results: The study analyzed 30258 births and found an increase in cesarean section rate from 46.2% in 2009 to 62.9% in 2022. The majority of the sample belonged to groups 1–4 (57.34%) and 5 (18.94%), which accounted for the highest contribution to CSR. Groups 6–9 (10.75%) and 10 (12.97%) had lower proportions and relative contributions to CSR. The highest contribution to CSR occurred within groups 1–4 and 5.

Conclusion: Temporal trend of persistent increase in CSR over time emphasizes the importance of evaluating obstetric outcomes through RTGCS. Special attention considering groups 1–4 and group 5 will help plan future interventions. CSR monitoring and intervention helps to prevent further escalation of CSR and optimize obstetric care.

P14.36 | COVID-19 PANDEMIC IMPACT IN CESAREAN SECTION RATES AMONG GROUPS 5 AND 10 FROM ROBSON CLASSIFICATION SYSTEM

CATEGORY: CHILDBIRTH

M. Alves de Melo Silva; J. De Siqueira Guida; G. Jesus Lajos;

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University of Campinas, Brazil

Objective: Comparison of cesarean section rates (CSR) between pre-pandemic (01/2009 to 02/2020) and pandemic (03/2020 to 08/2022) periods using Robson Classification (RC).

Method: This was a retrospective cross-sectional study that analyzed data on childbirth from 01/2009 to 08/2022 using RC. Our study evaluated the overall size of each group and divided group 10 into late (above 34 weeks) and early (below 34 weeks) preterm. Size, frequency, and CSR was compared per group between pre-pandemic and pandemic periods using EpiInfo 7.2 software. Results analyzed prevalence ratio (PR), confidence interval (CI) and Chi-Square test (*P*-value less than 0.05).

Results: 28266 births were pre-pandemic and 1991 were pandemic. Overall CSR increased from 47.3% to 58.6%. Parturients' population changed: decrease in groups 1–4 (58.1% to 46.4%), and increase in other groups, notably group 10. The greatest CSR increase was in group 5 (71.5% to 82.5%), groups 1–4 (31.3% to 37.4%), and late preterm infants in group 10 (47.3% to 58.7%), all compared with statistical significance (*P*-value less than 0.01).

Conclusion: During the pandemic there was an increase in CSR in the considered reference maternity hospital. RC identified an increase,

particularly in groups 5 (previous CS) and 10 (preterm), demonstrating the impact of higher preterm influx.

P14.37 | CONTINUITÉ DES SERVICES DE SANTÉ DE LA REPRODUCTION, SANTÉ MATERNELLE ET NÉONATALE AU COURS DES CINQ DERNIÈRES ANNÉES (2018–2022) DANS LE DISTRICT SANITAIRE CENTRE DE LA RÉGION DE DAKAR AU SÉNÉGAL

CATEGORY: CHILDBIRTH

M. Gueye Ba

University Cheikh Anta Diop of SENEGAL, Senegal

Objective: Ce travail a pour objectifs d'étudier les tendances de la continuité des services et d'identifier l'impact de la COVID 19 sur l'utilisation et l'offre de services.

Method: Le district sanitaire centre polarise 14 structures sanitaires, 7 disposent d'une maternité dont 3 équipées d'un bloc opératoire. Les statistiques sanitaires sont recueillies des postes et centres de santé, compilées au niveau du district et acheminées au niveau central dans la base de données District Health Information Software (DHIS2).

Results: Globalement, les accouchements avaient légèrement régressé avec une montée du choix d'accouchement style libre; un taux de césarienne en légère hausse. Pour les accouchements à domicile, le taux le plus élevé était noté en 2021. La couverture en consultations post-natales avait diminué pour ensuite croître; la proportion des nouvelles clientes en planification familiale en baisse. Par contre, les taux d'achèvement en consultations prénatales et de vaccination du nouveau-né étaient plus élevés en 2020.

Conclusion: Dans le district sanitaire, une résilience a été notée dans la capacité des structures à maintenir la continuité des services.

P14.38 | FAILURE TO SEEK MATERNAL CONSENT FOR EPISIOTOMY: FREQUENCY AND DETERMINANTS FROM THE 2021 FRENCH PERINATAL SURVEY

CATEGORY: CHILDBIRTH

M. Jacques; A. Chantry; N. Lelong; C. Le Ray

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Objective: Although decreasing, episiotomy during childbirth remains a frequent obstetric surgical procedure within the framework of legal requirements, including the request for patient consent. Our aim was to assess the proportion of women who had an episiotomy without prior consent being sought, and its associations with maternal, obstetrical, and organizational characteristics.

Method: We used data from the 2021 French Perinatal Survey, a national population-based survey including all women who gave birth in all maternity units in metropolitan France and who were followed-up at 2 months ($n = 7.394$). For this analysis we included women with an episiotomy who answered the question: "Did the midwife or doctor ask for your consent to perform it?". We performed univariate analyses and multilevel logistic regressions including maternal, obstetrical and organizational characteristics.

Results: In the French Perinatal Survey, the rate of episiotomy was 8.3%. Among analysed women ($n = 448$), 56.9% (95% CI, 52.3–61.5) declared that clinicians did not seek their consent for episiotomy. Women of French nationality (aOR 1.92, 1.02–3.63), those who had an instrumental delivery (2.50, 1.59–3.94) or an obstetrician-assisted spontaneous vaginal delivery (2.58, 1.22–5.47), and women who delivered in maternity units with <1000 deliveries/year (2.11, 1.17–3.79) were the most concerns by failure to seek their consent.

Conclusion: The failure to seek the mother's consent to perform an episiotomy is common in France and is particularly found in specific mode of delivery and health care facilities. Education to respectful maternity care should be implemented in healthcare providers training and regularly assessed in facilities.

P14.39 | FAILURE TO SEEK MATERNAL CONSENT FOR EMERGENCY CAESAREAN SECTION: FREQUENCY AND DETERMINANTS FROM THE FRENCH ENP 2021

CATEGORY: CHILDBIRTH

M. Jacques; C. Le Ray; A. Chantry; N. Lelong

Université Paris Cité, Inserm, Centre for Research in Epidemiology and StatisticS (CRESS), Obstetrical Perinatal and Pediatric Epidemiology Research Team (EPOPé), Paris, France

Objective: Caesarean section is the worldwide most common surgical procedure, however, seeking the mother's explicit consent for this intervention remains inconsistent. Our aim was to assess the rate of women who had an emergency caesarean section (ECS) without prior consent being sought, and its associations with individual and organizational characteristics.

Method: We used data from the ENP 2021, a national population-based survey including all women who delivered during one week in France and who were followed-up at 2 months. The women with an ECS answering the question: "Did the doctor ask for your consent to perform it?" were analysed. Rate and 95% confidence interval were weighted to manage 2-month attrition. We performed univariate analyses and multilevel logistic regressions including maternal, obstetrical and facilities characteristics.

Results: Among women with ECS who completed the 2-month follow-up ($n = 946$), 36.6% (95% CI [33.3–40.0]) reported their consent was not sought. Lack of consent was less frequent in multiparous without history of vaginal birth (0.48 [0.27–0.84]) than with previous vaginal birth. Lack of consent was more frequent in case of fetal

or maternal indications for ECS in comparison with obstetrics (2.01 [1.43–2.82] and 2.07 [1.06–4.03], respectively), and when the newborns have poor outcome (1.49 [1.02–2.18]).

Conclusion: The failure to seek the mother's consent to perform an ECS concerned 1 woman in 3 in France and linked to a specific context of concern for foetal or maternal health. Emergency does not remove the need to obtain informed consent and anticipation would be possible in most situations.

P14.40 | PERCEPTION OF THE QUALITY OF THE PERINATAL CARE BY ROMANIAN MOTHERS DURING COVID-19 PANDEMIC: RESULTS OF THE IMAGINE EURO STUDY
CATEGORY: CHILDBIRTH

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Objective: To evaluate the perception of the Romanian mothers about the quality of maternal and newborn care during the COVID-19 pandemic compared to mothers of other 11 countries of the WHO European Region, participating to the IMAGINE EURO study. The study utilizes 40 WHO Quality Measures.

Method: An online anonymous survey, based on the WHO quality standards, was answered by women who gave birth in a WHO European country during the pandemic (March 1, 2020–March 15, 2021). Quality measures from provision of care and experience of care domains were compared between Romanian mothers and other participating women, divided by mode of birth (women who experienced labour [MEL] and those who had a prelabour cesarean).

Results: 21027 mothers participated, 571 from Romania. Romanian mothers with a prelabour cesarean reported a significantly lower rate of skin-to-skin (Romania: 25.1% vs other participants: 79.5% $P < 0.001$). Among many other significant differences, key one included: episiotomy (66.0% vs 28.9% $P < 0.001$), early breastfeeding (MEL group: 21.9% vs 70.3%; prelabour cesarean: 16.4% vs 44.47% $P < 0.001$ for all comparisons); lack of a companion of choice (MEL: 94.6% vs 62.0%; prelabour cesarean: 91.0% vs 71.5%).

Conclusion: Romanian mothers reported severe gaps in the quality of the perinatal care in Romania, when compared to other countries. These results can guide local decision makers on priorities for quality improvements in maternal and newborn care in Romania.

P14.41 | RETROSPECTIVE EVALUATION OF LABOR INDUCTION PRACTICE IN WOMEN WITH SCAR UTERUS OVER THE PERIOD FROM JANUARY 1, 2016 TO APRIL 30, 2020 AT THE UNIVERSITY HOSPITAL OF RENNES
CATEGORY: CHILDBIRTH

M. Mercier
CHU Rennes, France

Objective: The aim of study was a retrospective evaluation of labor induction in women with one previous cesarean. The primary outcome was the mode of delivery. We also studied the severe maternal and neonatal morbidity and tried to find prediction factors of success of labor induction after one previous cesarean section.

Method: Retrospective observational monocentric study performed over the period from 2016 to 2020 at the hospital of Rennes, which included women with scar uterus (one previous cesarean section) with a singleton fetus in cephalic presentation, and an induction of labor for medical reason. Multivariate logistic regression analysis was used to analyse prediction of success of labor after previous cesarean. We used a stepwise multivariate logistic regression model to select variables for multivariate analysis.

Results: Study enrolled 353 women with scar uterus: 121 women were induced by balloon catheter, 57 osmotic cervical dilators, 91 oxytocin, 84 amniotomy. Vaginal delivery rate was 47.9%, 45% of vaginal delivery in the group Bishop < 6 before induction, versus 62% in the group with Bishop > 6 . We highlighted a uterine rupture rate of 3.8% ($N = 7$). Two variables were statistically associated with vaginal delivery after labor induction in women with scar uterus: Bishop score > 6 and/or previous vaginal delivery after cesarean section.

Conclusion: With 47.9% of vaginal delivery after labor induction in women with scar uterus, no difference for neonatal and maternal severe morbidities, labor induction after one previous cesarean section seems to be worthwhile for all women even if the Bishop score is unfavorable.

P14.42 | EXPLORING THE RELATIONSHIP BETWEEN CAESAREAN SECTION AND AGE AT FIRST BIRTH: EVIDENCE FROM THE BANGLADESH DEMOGRAPHIC HEALTH SURVEY 2017-18
CATEGORY: CHILDBIRTH

M. Parvez
ICDDR, B, Bangladesh

Objective: The general objective of this study was to explore the relationship between caesarean sections and age at first birth among women in Bangladesh. Moreover, to provide evidence that can be used to develop effective interventions for reducing the rate of caesarean sections among advanced-aged primiparous women in Bangladesh.

Method: This study is a secondary analysis of the 2017–18 Bangladesh Demographic Health Survey. The sample consists of 5304 women aged 15–49 who gave birth to their first child within the 5 years preceding the survey. Frequency analysis, bivariate, and multivariate logistic regression analyses were used to explore the relationship between caesarean section and age at first birth, adjusting relevant factors including respondent's education, occupation, BMI, access to media, wealth index, residence, area, and husband's education.

Results: Increasing age of primiparous mothers increases the likelihood of caesarean birth. In comparison to primigravida below 19 years, the likelihood of a caesarean section was found to be 1.4 times higher (95% CI: R1.183, 1.568) in women whose age at first birth was between 19 and 29 years and 5.8 times higher (95% CI: R2.356, 14.165) in those whose age at first birth was more than 29 years, adjusting for other factors affecting caesarian section.

Conclusion: This study provides evidence of the relationship between caesarean sections and the mothers' age at first birth in Bangladesh. Age at first birth and its determinants can be considered and further studied for reducing the excessive rate and risks associated with caesarian delivery in Bangladesh.

P14.43 | ÉVALUATION DE LA SATISFACTION DES PARTURIENTES TUNISIENNES CONCERNANT LA GESTION DE LA DOULEUR, AVEC OU SANS UTILISATION DE L'ANALGÉSIE PÉRIDURALE

CATEGORY: CHILDBIRTH

M. Letifi

Université de sousse, Tunisia

Objective: Donner naissance est considéré comme l'un des événements les plus douloureux dans la vie d'une femme. Le taux d'analgésie péridurale (APD) durant l'accouchement en Tunisie reste inférieur par rapport aux normes internationales. L'objectif de notre étude est de comparer la satisfaction des parturientes en terme de gestion de la douleur.

Method: Nous avons réalisé une étude prospective monocentrique dans la maternité du CHU de Sousse, sur les primipares qui ont accouché entre le 01 juillet 2022 et le 31 décembre 2022 à terme et hors césarienne programmée afin de comparer la satisfaction des femmes qui ont accouché avec APD par rapport à celles qui n'ont pas bénéficié d'une APD. Les patientes éligibles ont rempli un questionnaire de satisfaction dans un délai maximum d'un mois après l'accouchement.

Results: Parmi les 1060 femmes primipares, 89 (8.4%) ont bénéficié d'une analgésie péridurale (APD), tandis que 971 (91.6%) ont accouché sans. Parmi celles avec APD ($n = 83$), 93.3% étaient satisfaites de la prise en charge de la douleur, contre 21.1% sans APD ($n = 205$). Une différence significative a été constatée (P inférieur à 10^{-3}). Parmi les patientes sans APD, 57.17% ($n = 555$) ignoraient la possibilité d'une

péridurale, 22.26% ($n = 216$) ont choisi un accouchement naturel, et 20.6% ($n = 200$) ont connu une dilatation rapide.

Conclusion: La satisfaction maternelle est largement récompensée par la prise en compte des souhaits des patients et leur participation aux décisions concernant l'analgésie. Il est essentiel d'améliorer l'utilisation de l'analgésie péridurale dans les pays les moins développés afin d'assurer une gestion efficace de la douleur.

P14.44 | EXAMINING THE QUALITY OF INFORMED CONSENT IN INTRAPARTUM CLINICAL TRIALS: A PROSPECTIVE STUDY IN UGANDA

CATEGORY: CHILDBIRTH

M. Zaigham¹; P. Cueto²; L. Bebell³; K. James⁴; R. Dutta⁵; B. Gelaye³; H. Lugobe⁶; G. Mugenyi⁶; J. Haberer³; F. Bajunirwe⁶; J. Ngonzi⁶; A. Boatin³

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Objective: There is limited empirical data on factors influencing the quality of informed consent during intrapartum trials. We aimed to determine how pain and anxiety affect the quality of informed consent in participants recruited to an intrapartum trial of wireless vital sign monitoring after emergency Cesarean section in Uganda.

Method: Eligible participants were recruited between May 2021 and February 2022. Prior to informed consent for the parent trial, we assessed pain with the validated Facies-Pain-Scale (0–10) and anxiety with the Spielberger-State-Anxiety-Scale (–18.8 to 20.5) with higher scores indicating higher levels of pain and anxiety. After completing parent trial procedures, participants completed the Quality-of-Informed-Consent (QuIC) survey to assess objective (QuIC-A) and subjective (QuIC-B) understanding of the trial (scored 0–100). Scores were compared using Spearman rho with adjustment for socio-demographic factors.

Results: Data was available on 561 participants. Mean pain and anxiety scores were 6.8 (SD ± 2.7) and –2.1 (SD ± 10.4), respectively. Mean QuIC-A and QuIC-B scores were 59.8 (SD ± 12.5) and 37.6 (SD ± 26.1), respectively. Increased pain was associated with lower QuIC-A scores (Beta –0.39; 95% CI –0.78, –0.004; $P = 0.05$) but not QuIC-B scores. Anxiety was associated with both lower QuIC-A scores (Beta –0.21; 95% CI –0.31, –0.10; $P < 0.001$) and QuIC-B scores (Beta –0.43; 95% CI –0.64, –0.23; $P < 0.001$).

Conclusion: Pain and anxiety have a negative effect on objective and subjective understanding of informed consent. Innovative approaches are needed to improve consent processes in the intrapartum setting.

P14.45 | A BIT OF MEDICAL PATERNALISM? A QUALITATIVE STUDY ON POWER RELATIONS BETWEEN WOMEN AND HEALTHCARE PROVIDERS WHEN DECIDING ON MODE OF BIRTH IN FIVE PUBLIC MATERNITY WARDS OF ARGENTINA
 CATEGORY: CHILDBIRTH

M. Vila Ortiz
 Karolinska Institutet, Argentina

Objective: This study aims at understanding the power relations between healthcare providers, pregnant women, and labour companions regarding decision-making on mode of birth in five healthcare facilities of Argentina, a country in which women are legally allowed to choose mode of birth.

Method: This study uses a qualitative design. Twenty-six semi-structured interviews with healthcare providers were conducted in five maternity wards in different regions of Argentina. Participants were purposively selected using heterogeneity sampling and included obstetrician/gynaecologists (heads of department, specialists working in 24-hour shifts, and residents) and midwives where available. Reflexive thematic analysis was used to inductively develop themes and categories. Central concepts of power theory were used for the analysis.

Results: Three themes were developed: (1) Healthcare providers reconceptualize decision-making processes of mode of birth to make women's voices matter; (2) Healthcare providers feel powerless against women's request to choose mode of birth; (3) Healthcare providers struggle to redirect women's decision regarding mode of birth. An overarching theme was built to explain the power relations between healthcare providers, women and labour companions: Healthcare providers' loss of beneficial power in decision-making on mode of birth.

Conclusion: Even though providers claim to welcome women being an active part of the decision-making processes, they feel powerless when women make autonomous decisions. They perceive to be losing beneficial power. At the same time, providers perform more cesarean section without medical indication when it is convenient for them.

P14.46 | EXTENDED BALLOON CATHETER' LABOUR INDUCTION; A SINGLE ARM PILOT TRIAL
 CATEGORY: CHILDBIRTH

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 University of Botswana, Faculty of Medicine, Department of Obstetrics and Gynaecology, Private bag 00713, Gaborone, Uganda

Objective: To assess effectiveness, safety and patient satisfaction with the novel 'extended Foley catheter balloon' labor induction.

Method: A single-arm pilot study was conducted at Princess Marina Hospital, Gaborone, February-July 2022. Twenty women, admitted for non-urgent inductions at term, with a favorable cervix, no prior

cesarean delivery and no prior induction method, were recruited. Three trans-cervical Foley catheters (Fr 20) firmly taped symmetrically side by side were inserted, each inflated with 60 mL and gentle traction applied with 250 mL water. Demographics, birth outcomes, participant's comfort and satisfaction were analysed using SPSS 24.

Results: Majority were multiparous 17/20. Mean age and gestation were 32.6 years and 38 weeks respectively. The leading indication was late term pregnancy (70%). Normal delivery occurred among 17/20. Mean induction-vaginal delivery-interval was 15.8 h. Only 6/20 required Oxytocin; including 4 catheter removals on request. Spontaneous expulsions (16/20) occurred at a mean dilatation of 8 cm. There were no adverse outcomes. Discomfort at insertion was acceptable for 9/20, painful but bearable for 10/20 and unbearable for 1.

Conclusion: Extended balloon induction is effective and feasible, offering a potential alternative in low-resource settings with limited continuous labour monitoring and for women where pharmacological options aren't suitable. Larger randomized trials are recommended.

P14.47 | IMPROVING POSTPARTUM HEMORRHAGE PREVENTION AND MANAGEMENT; KEY FINDINGS FROM 40 HEALTH FACILITIES SUPPORTED UNDER THE SMILES FOR MOTHERS (SFM) PROJECT IN KENYA
 CATEGORY: CHILDBIRTH

M. Muthamia
 Jhpiego-Kenya, Kenya

Objective: PPH is the leading direct cause of maternal deaths. Smiles for Mothers Project with funding from MSD for Mothers is implementing an intervention package in 40 health facilities in 10 counties to improve PPH prevention and management in line with WHO recommendations. This abstract summarizes key findings from this project.

Method: A baseline assessment targeting 80 HCPs and 732 clients was conducted. A facility-based training was employed to train 442 HCPs. Assessments were conducted to measure change in knowledge and confidence. SFM introduced client literacy materials. In September 2022, Heat Stable Carbetocin (HSC) was introduced in all facilities. SFM advocated for national adoption of WHO recommendations on uterotonic and tranexamic acid (TXA). Data sources included project reports, Kenya Health Information System and supplementary data from July 2020.

Results: There was a 59% increase in participants who reported that they were either extremely or very confident after training. Utilization of tranexamic acid for PPH management increased from 35% ($n=930$) in 2020 to 82% ($n=730$) 2022. PPH case fatality rate decreased from 2.3% ($n=842$) in 2021 to 1.2% ($n=730$) 2022. Of 4840 doses of HSC administered so far, no adverse event reported. Clients reporting knowing bleeding as danger sign increased from 71.4% ($n=732$) to 77% ($n=542$).

Conclusion: The facility-based training was associated with increased confidence levels. Wider implementation of WHO recommendations is expected to improve PPH prevention and management. HSC and

TXA can be easily introduced to the public sector with appropriate use. Intervention package was associated with decrease in case fatality.

P14.48 | A PRACTICE OF ROUTINE POSTPARTUM VAGINAL SWEEPS IN SUB-SAHARAN AFRICA

CATEGORY: CHILDBIRTH

M. Lisonek¹; M. Vidler¹; L. Magee²; P. Von Dadelszen²; J. Bone³; H. Jah⁴; K. Pickerill¹; R. Craik⁵; H. Blencowe⁶; A. Koech Etyang⁷; V. Filippi⁸; E. Sevene⁹; S. Macuacua⁹; A. Rerimoi⁸

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Objective: Data from the PRECISE Network in Mozambique, Kenya and The Gambia demonstrate an unexpectedly high number of nurses reporting routine “manual removal of placenta or retained products of conception”. This review explored the prevalence of routine “vaginal sweeps” during active management of the third stage of labour in sub-Saharan Africa.

Method: Ovid MEDLINE and PubMed databases were searched, and articles written in English from all years were considered. References of relevant papers were reviewed for additional articles. Primary, secondary, and tertiary sources, as well as grey literature, were considered.

Results: To our knowledge, there is no literature describing this practice in sub-Saharan Africa. In Nigeria, 14.5% women reported the birth attendant “scooping” out blood within 24h of delivery. Madagascar and Nigeria employ traditional practices to cleanse “dirty” blood after delivery to prevent complications (e.g. pain, infection). Two Nigerian studies also found rates of manual removal of placenta above the expected global incidence (11.7%, 13.1%), possibly indicating practices related to routine vaginal evacuation after childbirth.

Conclusion: The practice of “vaginal sweeps” is not considered standard of care, however, some evidence indicates it may be regular practice in some sub-Saharan African settings. More evidence is needed to characterize this practice and its potential impact on maternal and neonatal outcomes.

P14.49 | PEANUT BALL VS BIRTH BALL IN LABOR AND DELIVERY: A SYSTEMATIC REVIEW

CATEGORY: CHILDBIRTH

M. Taheri

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Objective: This systematic review aims to compare the effectiveness of peanut ball and birth ball usage during labor and delivery. Both

peanut ball and birth ball have been utilized as non-pharmacological interventions to facilitate labor progress, optimize fetal positioning, and improve maternal comfort.

Method: A comprehensive search was conducted in major electronic databases, including PubMed, Embase, and Cochrane Library, to identify relevant studies published between January 2000 and September 2022. Studies comparing the use of peanut ball and birth ball during labor and delivery were included. Data extraction and analysis were performed to evaluate the outcomes related to labor progression, fetal positioning, maternal satisfaction, and pain management.

Results: The systematic review findings indicate that both peanut ball and birth ball usage during labor and delivery have shown positive outcomes. Peanut ball usage is associated with improved labor progress, decreased duration of labor, and increased likelihood of vaginal delivery. Birth ball usage provides pain relief, enhances maternal comfort, and improves satisfaction during labor. Both interventions show potential in optimizing fetal positioning. However, further research is needed to explore the optimal utilization protocols and long-term effects of these interventions.

Conclusion: Peanut ball and birth ball usage during labor and delivery offer valuable benefits in terms of labor progress, pain management, and maternal satisfaction. These non-pharmacological interventions can be considered as effective adjuncts to standard care. Future research should focus on refining protocols, addressing barriers to implementation, and evaluating the impact on long-term maternal and neonatal outcomes.

P14.50 | JADA SYSTEM: A NEW ERA IN POSTPARTUM HEMORRHAGE MANAGEMENT

CATEGORY: CHILDBIRTH

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Objective: Postpartum hemorrhage (PPH) remains a leading cause of maternal morbidity and mortality worldwide. This abstract aims to introduce the innovative Jada System as a novel approach to PPH management, potentially revolutionizing current practices.

Method: A comprehensive literature review was conducted to gather information on the Jada System and its application in PPH management. Relevant studies, case reports, and expert opinions were examined to assess the efficacy, safety, and feasibility of this new technology.

Results: The Jada System, a non-invasive, automated intrauterine balloon tamponade device, has demonstrated promising outcomes in the management of PPH. Studies have reported successful control of hemorrhage, reduction in blood loss, and avoidance of more invasive interventions. The system's unique features, including real-time monitoring of uterine pressure and volume, contribute to improved

efficacy and patient safety. Additionally, its ease of use and quick setup facilitate rapid deployment during critical situations.

Conclusion: The Jada System is a groundbreaking advancement in postpartum hemorrhage management, providing a non-invasive and effective solution. With real-time monitoring, ease of use, and rapid deployment potential, it has the potential to significantly reduce maternal morbidity and mortality. The Jada System represents a transformative approach in obstetrics, revolutionizing the management of postpartum hemorrhage.

P14.51 | CONTRIBUTION OF LATENT CLASS MODELS TO IDENTIFY PROFILES OF MATERNAL AND PERINATAL COMPLICATIONS OF DELIVERY IN A THIRD LEVEL MATERNITY OF COTONOU (BENIN)

CATEGORY: CHILDBIRTH

M. Dakin

APEMAC, Team MICS, Université de Lorraine, 54505 Vandoeuvre-lès-Nancy, France, Benin

Objective: Interdependence of maternal and perinatal complications of delivery requires simultaneous consideration in studies to define homogeneous profiles with relevant clinical significance. This study aimed to identify profiles of maternal and perinatal complications of delivery and their associated factors in a third level maternity in Cotonou over 10 years.

Method: This study included women who delivered at the National University Hospital of Cotonou (Benin) and their newborns from 2012 to 2022. Maternal complications (hemorrhagic, infectious, neurological, cardiopulmonary, kidney failure, dystocia) and perinatal complications (fetal hypoxia, fetal heart rate abnormality, umbilical cord prolapse, intrauterine infection, fetal death) were used as binary variables to identify profiles of complication with latent class models. Multinomial logistic regression models were performed to identify factors associated to the profiles.

Results: We included 21710 women (mean age = 28.16 ± 6.07) and their newborns. The following profiles were identified: Profile 1 (no complication; $n = 18279$; 84.20%); profile 2 (hemorrhage complications; $n = 2176$; 10.02%); Profile 3 (neurological and cardiopulmonary complications with fetal death; $n = 373$; 01.72%) and Profile 4 (dystocia and fetal hypoxia; $n = 882$; 4.06%). Referral from peripheral hospitals, complications during pregnancy and the quality of healthcare providers were associated with the identified profiles.

Conclusion: This study identified 4 profiles of maternal and perinatal complications of delivery. Knowledge of the factors that influence the occurrence of these complications is essential to implement preventive actions.

P14.52 | THE TEMPORALITIES OF OXYTOCIN USE: A MIXED-METHODS STUDY OF TIME FACTORS SHAPING LABOUR PRACTICES IN A BUSY MATERNITY UNIT IN TANZANIA
CATEGORY: CHILDBIRTH

M. Kujabi

University of Copenhagen, Denmark

Objective: A systematic review from low- and lower-middle income countries found high oxytocin augmentation rates, causing potential harm. Understanding the reasons for untimely oxytocin for labour augmentation is critical. Our objective was to explore factors that shape practices around oxytocin for labour augmentation in a high-volume labour ward in Tanzania.

Method: Mixed-methods field work was conducted in the spring of 2021 and included structured observations of 237 consecutive births, 220h of unstructured observations in the labour ward and 13 individual in-depth semi-structured interviews with skilled birth attendants. Qualitative data was thematically interrogated using NVivo, whilst data from structured observations were analysed descriptively using SPSS. We used the lens of time to understand frequency and timing of practices in resource-strapped high-volume labour wards.

Results: Oxytocin augmentation was given to 65.0% (145/237) of women, 46.9% did not meet criteria for dystocia. High and liberal use appeared to be a result of congestion of the labour ward, perceptions that faster labour is safer, and low alertness towards oxytocin. Universal guidelines surrounding oxytocin appeared to be unrealistic in the time-constrained labour ward. Therefore, contractions and fetal heart rate were rarely monitored (3.5% and 5.7%) and oxytocin rarely titrated more than once (55.0%).

Conclusion: Congestion of the labour ward and perceptions of fast labour being safer were the strongest factors driving up unsafe oxytocin augmentation. We urge alertness towards oxytocin, while congestion in high-volume low-resource labour wards must be solved, to avoid birth attendants resorting to use oxytocin as a form of "crowd"-control.

P14.53 | BIRTH PLANS: DEVELOPING A SHARED MEDICAL DECISION AID TOOL
CATEGORY: CHILDBIRTH

M. Goetz-fu

Hospices Civils de Lyon, France

Objective: Birth plans appeared in the 21st century, to help patients express their expectations towards childbirth. They tell the growing need for patients to be more active concerning their medical care. This study aimed at building with patients a medical decision aid tool to prepare them to the events surrounding childbirth.

Method: Five topics were chosen both by perinatal care professionals and patients associations: analgesia, medications during labour,

course of labour, first neonatal care and perineal tears prevention. Workgroups of experts wrote items they found useful to help patients create their birthplans. A Delphi consensus method was used in three rounds including health care professionals then patients, to select the most consensual items.

Results: Items that were rated on 3 (good value) to 4 (excellent value) on a 4-range scale by more of 75% of the participants were selected as consensual. Experts in perinatal care were 23 participants for the first round, which selected 57.4% of the items submitted. Then, non-consensual items were screened during a second round of consensus that allowed to select 37.7% of the remaining items. In total, 91 among 124 propositions (73.3%) were selected.

Conclusion: We were able to create a medical decision aid tool using a modified Delphi consensus method. Further perspectives would be to develop this decision aid tool into an online app that could be used by both health care professionals and patients.

P14.54 | EVALUATION DE LA BIEN TRAITANCE OBSTETRICALE A LA MATERNITE DE L'HOPITAL INSTITUT D'HYGIENE SOCIALE (IHS) DE DAKAR, SENEGAL TITLE: ASSESSMENT OF OBSTETRIC WELL-TREATMENT IN THE MATERNITY UNIT OF THE INSTITUT D'HYGIENE SOCIALE (IHS) HOSPITAL IN DAKAR, SENEGAL
CATEGORY: CHILDBIRTH

M. Niang; S. Diop; F. Samb; C. Cisse
Senegal

Objective: Préciser le profil épidémiologique des parturientes enquêtées, le vécu de la grossesse, de l'accouchement et de l'hospitalisation dans le post-partum ainsi que les facteurs qui les influencent.

Method: Nous avons mené une étude transversale à visée descriptive et analytique. Elle a concerné les femmes ayant accouché à la Maternité de l'hôpital Institut d'Hygiène Sociale de Dakar entre le 1er Mai et le 31 Juillet 2021. Les données étaient saisies avec le logiciel Epi info 7.2 et analysées par les logiciels Excel 2010 et Epi info 7.2. Le seuil de significativité était de 5%.

Results: Les patientes étaient âgées en moyenne de 27.5 ans. 86% d'entre elles avaient bien vécu la grossesse. 94% des accouchements étaient réalisés sans accompagnant. Les parturientes étaient examinées par 3 prestataires en moyenne souvent sans consentement (90%). Nous avons enregistré 35% d'expression abdominale et 41.2% d'épisiotomie réalisées sans explications. 76.5% des accouchées n'étaient pas informées sur l'état du nouveau-né. L'indication de césarienne était souvent méconnue des patientes (89.8%). 82% des patientes avaient bien vécu l'hospitalisation.

Conclusion: Les violences obstétricales constituent une réalité dans notre pratique. Notre enquête montre qu'il existe un défaut de communication entre les soignants et les patientes avec un impact négatif sur le vécu de la grossesse, de l'accouchement et du post-partum. Mots clés: Grossesse—Accouchement—Violences—Bien-traitance.

P14.55 | CO-CREATION WITH HEALTHCARE PROVIDERS OF CLINICAL GUIDELINES FOR MATERNITY CARE IN DAR ES SALAAM, TANZANIA (THE PARTOMA PROJECT)
CATEGORY: CHILDBIRTH

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Objective: Universal clinical practice guidelines (CPGs) are often unachievable particular in low-resources settings. Despite this, adaptation of CPGs to local settings rarely happens. We aimed to co-adapt and implement clinical practice guidelines (CPGs) for childbirth care with healthcare providers of five busy maternity units in Dar es Salaam, Tanzania.

Method: The co-creation used a participatory approach and took place between June-December 2021. It was based on a prototype CPGs developed during the PartoMa pilot phase in Zanzibar and involved: (1) a multi-stakeholder team of co-creators; (2) review of emerging global evidence and assessment of contextual realities; (3) iterative cycles of feedback from 11 focus groups discussions (FGDs) with co-creators followed by modifications of the CPGs. Input from women obtained from exit interviews was also incorporated.

Results: 100 local and international co-creators participated in co-adaptation of the CPGs which resulted in a simple 24-page infographic pocketbook and associated training. The content spans routine intrapartum and postpartum care as well as emergency obstetric and newborn care, aligned with best possible practices. Unique features include reduced routine assessment frequencies and information load; coloured codes for triaging; clearer guidance on management of prolonged labour; new content on respectful maternity care and decision-support for caesarean section.

Conclusion: Context-adapted CPGs are warranted to assist skilled birth attendants provide best possible evidence-based and respectful care in resource-constrained settings. The process of guidelines adaptation is time and resource consuming, however, early continuous engagement of end-users and other stakeholders appeared crucial for intervention acceptability, ownership, and sustainability.

P15.01 | EVALUATES INFERTILE WOMEN WITH UNEXPLAINABLE PELVIC FLUID AND ITS RELATIONSHIP TO FMF AND RESPONSE TO THE COLCHICINE
CATEGORY: REPRODUCTIVE MEDICINE

L. Nazeri

Urmia University of Medical Science, Urmia, Iran

Objective: Considering that, there are only a few studies on the concordance between causeless fluid in the pelvis of infertile women and FMF, the present study aimed to determine infertile women with unexplainable pelvic fluid and its relationship to FMF and response to the colchicine.

Method: This retrospective observational study was performed from the March 2019 to March 2021 in Motahhari Hospital, Urmia, Iran. The nature of the study is longitudinal. Our inclusion criteria were all infertile women referred with pelvic fluid to infertility clinic.

Results: 31 infertile women referred to our clinic with unexplained pelvic fluid. Twenty-one of them agreed on genetic testing for FMF. From 21 cases, this test was positive in 19. In at least 68.4% of cases, colchicine consumption was able to eliminate fluid in the pelvis as one of the possible causes of infertility in patients. Follow-up also showed that a total of 5 (26.3%) cases became pregnant after treatment with colchicine and fluid absorption.

Conclusion: All in all, colchicine could be used to fluid reduction in the pelvis in patients who suffer from FMF and could be considered as one of treatments of infertility in this group of patients.

P15.02 | RECURRENT OVARIAN HYPERESTIMULE SYNDROME IN A SINGLE AND SPONTANEOUS PREGNANCY: A CASE REPORT

CATEGORY: REPRODUCTIVE MEDICINE

L. Wohlers; J. Chiste; S. Maria Parizotto Furlan; C. Patussi;

L. Rodrigo Guimarães Ferreira

Universidade Federal do Paraná, Brazil

Objective: Ovarian hyperstimulation syndrome (OHSS) is a complication of concern during assisted reproduction. The development of OHSS in patients with a single and spontaneous pregnancy is a rare phenomenon and the pathophysiology are not yet fully established. This is a case report of a recurrent OHSS in a single spontaneous pregnancy.

Method: This is a descriptive study, information was obtained from the patient's chart. A 32 year old multiparous woman, without previous comorbidities, referred for prenatal care due to increased ovarian volume on ultrasound. The patient had 2 previous episodes of ovarian hyperstimulation syndrome. Each time she was diagnosed at the 8th week of gestation. On the third episode she was asymptomatic and reported spontaneous pregnancy, without use of ovulation inducers.

Results: In the first episode patient had ascites, pleural effusion and acute abdomen due to intestinal obstruction. Intraoperatively, more than 12L of exsudate were removed. The second OHSS didn't require a surgical approach, but presented a painful pelvic mass (2100 cm³) with dyspnea. In the third pregnancy, she was asymptomatic. On ultrasound, the right ovary measured 183×121×176mm and the left one 150×110×144mm with multiple hyperstimulated follicles. Laboratory tests showed HCG 96.268 mIU/mL, CA-125 1513 IU/mL and normal TSH.

Conclusion: She followed an observational treatment and had a spontaneous vaginal delivery at term, in all 3 episodes of OHSS. This is a spontaneous and recurrent OHSS, probably due to a mutation in the FSH receptor, having normal levels of HCG and TSH, classified as type I by DeLeener.

P15.03 | ENDOMETRIAL MICROBIOME BALANCE IS RELATED TO ASSISTED REPRODUCTIVE OUTCOMES
CATEGORY: REPRODUCTIVE MEDICINE

M. Miyagi; K. Mekar; K. Akamine; R. Nakamura; S. Oishi

Department of Obstetrics and Gynecology Graduate School of Medicine University of the Ryukyus, Japan

Objective: The role of Lactobacillus-dominant microbiota in the endometrium in reproductive function is unclear. We therefore aimed to explore the impact of the balance of Lactobacillus and pathological bacteria in the endometrial and vaginal microbiomes on the pregnancy outcomes of women treated with assisted reproductive technology (ART).

Method: This study included 35 women with infertility submitted to good-quality embryo transfers. Women with Lactobacillus spp. and pathological bacteria abundance above the cutoff values that we calculated were categorized in the high-abundance group, whereas those with abundance below cutoff values were categorized in the low abundance group. We divided the patients into four groups based on the combination of high/low abundance of Lactobacillus spp. and pathological bacteria.

Results: The 35 cases of good-quality embryo transfer resulted in 21 pregnancies. Pregnant women were present in significantly higher proportions in the high Lactobacillus spp. abundance and low pathological bacteria abundance group, whereas the opposite combination (i.e. low Lactobacillus spp. abundance and high pathological bacteria abundance) saw a significantly higher proportion of non-pregnant women ($P=0.022$).

Conclusion: The balance between Lactobacillus and pathological bacterial abundance in the endometrial and vaginal microbiomes is associated with pregnancy from ART.

P15.04 | SEASONAL AND CLIMATE CHANGES MIGHT AFFECT THE SUCCESS OF INTRAUTERINE INSEMINATION—AN EFFECT NOT MEDIATED BY THE SIZE OF THE DOMINANT FOLLICLE, A PILOT STUDY

CATEGORY: REPRODUCTIVE MEDICINE

M. Macura

Clinic for Gynecology and Obstetrics of the University Clinical Center of Serbia, Serbia

Objective: The aim of this research was to determine whether there is a correlation between the month in which IUI was performed and its outcome, and whether it is mediated by the size of the DF, as well as to establish a comparison base for investigating climate change effects on IUI.

Method: This is a retrospective cohort study in infertile couples treated with IUI from June 2018 to January 2019 at the Clinic for Gynecology and Obstetrics of the University Clinical Center of Serbia. Demographic, hormonal and ultrasonographic data were collected from patients' files. Patients were divided into month and age groups.

Results: In the study period, a total of 135 IUIs were performed, and the overall success rate of IUI was 11.11%, and is consistent with data from the literature. There was no statistically significant difference between IUI success between different age categories, average age of patients undergoing the procedure in different months and success of IUI during different months ($P > 0.05$). The average number of DF > 18 mm during different months differed between groups ($P = 0.03$).

Conclusion: As changes in larger DF number were observed during different months, the results of our study don't support the hypothesis that changes in DF number and size are responsible for seasonal changes in IUI success. Next steps will focus on monitoring the impact of global climate change on ART outcomes.

P15.05 | DISSEMINATED INTRAVASCULAR COAGULATION IN OBSTETRIC PATIENTS AT COMBINE MILITARY HOSPITAL QUETTA AND EXPERIENCE APPLIED TO COVID 19 PATIENTS

CATEGORY: REPRODUCTIVE MEDICINE

M. Mushtaq

Obs Gynae, Pakistan

Objective: To describe the frequency of disseminated intravascular coagulation (DIC) as a complication in obstetrical population. With onset of COVID 19 this past study was taken as reference and past experience during active COVID 19. 20 cases at different stages of pregnancy. We followed them at NMH Rawalpindi. Multidisciplinary approach was adopted.

Method: 20 cases at different stages of pregnancy. We followed them at NMH Rawalpindi. Multidisciplinary approach was adopted. Old study was carried out between April 2006 to August 2007: Women at CMH Quetta for delivery complaints were considered for inclusion into the study. After exclusions, total of 1939 patients were

consented, and evaluated for the presence of DIC. DIC screening was fibrinogen levels, prothrombin time, partial thromboplastin time, platelet and fibrin degradation products, followed until discharge.

Results: Out of 1939 subjects 15 (0.77%) developed disseminated intravascular coagulation. Out 15 subjects, 10 (66.7%) subjects were non booked obstetrical. 10 (66.7%) subjects developing DIC were multi-gravida, while 5 (33.3%) were primary gravida. The major complications leading to DIC in our subjects were abruption 4 (26.7%), intrauterine death 4 (26.7%) and sepsis 4 (26.7%). 13 (86.7%) ladies were finally discharged without complications, while 1 (6.7%) subject developed acute renal failure and 1 (6.7%) subjects died.

Conclusion: Disseminated intravascular coagulation is a grave complication of obstetrical population, which increases the maternal mortality and morbidity. Coagulopathies with COVID 19 were much more serious and so were the adverse outcome, with maternal and perinatal morbidity. Admission time was longer, Respiratory assistance and Vent requirement compelled for shifting to ICU facility.

P15.06 | A TELEMEDICINE MODEL FOR ABORTION IN SOUTH AFRICA: A RANDOMISED CONTROLLED NON-INFERIORITY TRIAL

CATEGORY: REPRODUCTIVE MEDICINE

M. Endler

Department of Women and Children's Health, Karolinska Institutet, Sweden

Objective: Telemedicine for medical abortion increases access but its use has not been described in a controlled trial. We aimed to determine the effectiveness, adherence, safety, and acceptability of a telemedicine protocol for abortion compared to standard care in a low-resource setting.

Method: A randomized controlled non-inferiority trial among medical abortion clients at public health clinics in South Africa, ≤ 9 gestational weeks. Participants were randomized to asynchronous online screening, counseling and instruction with uterine palpation and no ultrasound (TM), or to standard care (SC) with in-clinic consultation, ultrasound and abortion initiation. Our main outcome was complete abortion after initial treatment, our non-inferiority margin was 4%. Analysis was performed by intention to treat (ITT) and Per Protocol (PP).

Results: We enrolled 900 women; 153 were discontinued before the abortion. By ITT 355/372 (95.4%) participants in the TM arm had a complete abortion compared to 338/350 (96.6%) in the SC arm (OR 0.74, 95% CI 0.35–1.57). The risk difference was -1.1% (95% CI -4.0% to 1.7%). Per protocol, rates of complete abortion were 95.6% (327/342) for TM and 96.6% (338/350) for SC (OR 0.77, 95% CI 0.36–1.68) with a risk difference of -1.0% (95% CI -3.8% to 1.9%).

Conclusion: Asynchronous online consultation and instruction for medical abortion and home self-medication, with uterine palpation as the only in-person component, is non-inferior to standard care with respect to rate of complete abortion, and does not affect safety, adherence, or satisfaction.

P15.07 | ENDOMETRIAL BONE METAPLASIA: MORE THAN AN INTRAUTERINE FOREIGN BODY CASE REPORT AND ALGORITHM PROPOSE

CATEGORY: REPRODUCTIVE MEDICINE

M. Montoya Rubiano¹; M. Mesa Espinel²; Y. Martinez²; M. Ortiz Torres²; A. Acosta³

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Objective: Endometrial bone metaplasia (EOM), a rare pathology of a benign nature. In Colombia, there is only a report of three cases of EOM, the following report is presented of a patient in which the presence of EOM, and an algorithm is proposed diagnosis for the approach of this pathology.

Method: A case report of a 35-year-old patient with a history of abortion and symptoms of vaginal bleeding and chronic pain, with evidence of hyperrefringent imaging in uterus by ultrasonography with suspicion of an intracavitary foreign body, in whom an endometrial bone metaplasia was diagnosed. in Sogamoso, Boyacá Colombia. The patient's agreement was obtained in writing, and the report was completed with strict confidentiality about her personal information. The authors say they have no competing interests.

Results: The presence of an intrauterine device, a mixed Müllerian tumor, endometrial tuberculosis, leiomyomas, and the retention of embryonic tissue are among the differential diagnoses of ovarian metaplasia. The main clinical manifestations are clear, the diagnosis is usually established incidentally with a hyper-refringent ultrasound image and subsequent hysteroscopy that reveals intracavitary bone material. An algorithm is proposed diagnosis for the approach of this pathology. With tissue resection, subsequent resolution of symptoms and return to fertility.

Conclusion: The sum of clinical manifestations, ultrasonography and hysteroscopy images as a diagnostic and therapeutic method, and finally the histopathological findings, is essential. However, there are delays and difficulties in identification due to its low incidence and lack of protocols, so a structured algorithm proposed that allows timely diagnosis and treatment.

P15.08 | HYPOPLASTIC BICORPOREAL BICOLLIS UTERUS AND VAGINAL AGENESIS, WITH CONCOMITANT HORSESHOE KIDNEY, POLYDACTYLY, MITRAL VALVE PROLAPSE AND HYPERTHYROIDISM—CASE REPORT OF AN ATYPICAL MÜLLERIAN ANOMALY

CATEGORY: REPRODUCTIVE MEDICINE

M. Vergel de Dios-ty¹; E. Pelosi²

¹Ateneo School of Medicine & Public Health/ Victor R. Potenciano Medical Center, Philippines; ²University of Queensland Centre for Clinical Research, Australia

Objective: Present an atypical case not classified in the 2021 American Society for Reproductive Medicine classification of

Müllerian Anomalies (MA). Emphasize the importance of thorough investigation to better understand and manage patients with MA. Propose a genetic testing to define the molecular factors regulating Müllerian duct development.

Method: This case study presents a 31-year-old nulligravida with painful, unsuccessful vaginal penetration. She had well-developed secondary sexual characteristics but with primary amenorrhea, short blind pouch vagina, polydactyly, and tachycardia. Detailed family history, imaging and blood work-ups were performed to properly classify the patient and give appropriate management. Proper counselling and education followed by non-invasive vaginal self-dilation and dilation by intercourse was performed as recommended first-line therapy. Genetic testing was recommended and chosen by the family.

Results: Patient has seven siblings (4 girls, 3 boys) with no anomalies related to Müllerian duct defect. Imaging revealed a hypoplastic bicorporeal bicollis uterus and vaginal agenesis with concomitant horseshoe kidney. Further work-up showed hyperthyroidism, cardiomegaly, mitral valve prolapse and pulmonary hypertension. Cardiac and thyroid medications were given. After 4 weeks of regular vaginal self dilation and intercourse, there was an increase in vaginal length from 3 to 5 cm.

Conclusion: Patients with MA should be thoroughly investigated for associated abnormalities as management is largely dependent on the correct classification. Genetic research is being conducted to better understand etiology, improve diagnosis and management. Whole genome/exome sequencing and functional genomics will be instrumental in defining the molecular factors regulating Müllerian duct development.

P15.09 | SEXUAL HEALTH AND CONTRACEPTIVES IN THE YOUNG PEOPLE OF THE XXI CENTURY

CATEGORY: REPRODUCTIVE MEDICINE

M. Mazheika Mazheika; M. García Lamela

University of Granada, Spain

Objective: Youth is a key period of life to ensure future well-being, especially in relation to sexuality. The general objective is to analyze the sexual education of young people today regarding sexual practices and to study the use of contraceptive methods.

Method: It is a cross-sectional, observational study of cases. Designed a digital questionnaire made with Google consisting of 26 items and 3 blocks: social-demographic data, female sexuality and sexual health. Data analysis the statistical program SPSS 25.0.

Results: The 1320 women, 15 and 29 years, 58.3% had a partner. Female sexuality: 77% heterosexual, 63.9% sex is important, 43.3% consider attractive. The 4.7% do not require to use a condom; 9.7% do not request wanted sexual practices; 6.2% do not avoid practice even annoying. During the Covid-19, the frequency of sex decreases 49% and via online increase. Regarding sexual education: provided by friends, poor quality education (58%). The contraceptive methods are condoms and oral contraceptives.

Conclusion: Currently, young women perceive sexuality more and more naturally, talking about it without fear or censorship. Sex educators are mostly not qualified personnel. The SARS-CoV2 (Covid-19) situation increases the number of sexual practices online, decreasing it. The contraceptive methods most used by women are condoms and oral contraceptives.

P15.10 | UTERUS TRANSPLANTATION: A SCOPING REVIEW FROM 2000 THROUGH 2023

CATEGORY: REPRODUCTIVE MEDICINE

M. Barragan-wolff¹; M. Lumbreras-marquez¹; M. Rodriguez-sibaja²; S. Acevedo-gallegos²; M. Damian-perez¹; M. Ito-esparza¹

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Objective: Uterus transplantation (UTx) proposes an innovative treatment for infertility; however, there is a lack of standardized protocols to guide clinical management. The objective of this scoping review was to describe the profile of donors and recipients, and obstetric outcomes after UTx.

Method: A search was performed in MEDLINE (PubMed) using MESH terms, including "uterus transplantation," from 2000 to 2023 to retrieve available scientific articles (i.e. observational studies and clinical trials) on this topic. The advantages and disadvantages of the techniques used, complications, patient characteristics, obstetric complications, functional duration of the organ, and neonatal outcomes were assessed in this review.

Results: A total of 35 articles, and 53 patients from eight countries were analyzed. In-vivo donations and older donors had higher surgical risks. Living donors required a comprehensive preoperative workup, decreasing organ rejection, infection and vascular complications. We found 32 successful live births following UTx, and a higher success rate for in vivo uterine donations. Open surgery was the surgical technique of choice. Common obstetric complications included preterm delivery, hypertensive disorders of pregnancy, and placenta previa.

Conclusion: Further studies are needed to standardize the procedure and improve obstetric, fetal, and neonatal outcomes. Likewise, further understanding of which recipient and donor characteristics minimize organ rejection will significantly decrease the risk of adverse outcomes.

P15.11 | RATE OF COMPLICATIONS OF CONTROLLED OVARIAN STIMULATION AND INVITRO FERTILIZATION IN RESOURCE LIMITED SETTING

CATEGORY: REPRODUCTIVE MEDICINE

M. Giweta

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Objective: Infertility is a major problem in Ethiopia accounting for 15%–20% of couples. Infertility treatment was not available in Ethiopia until recently and the only public IVF center was established just 4 years back. There is no single study conducted on complications of controlled ovarian stimulation and IVF in such setups.

Method: The study is conducted in the first and only public IVF center in Ethiopia. Cross sectional study design was employed to review the charts of couples who received simple sampling technique was used to select cases from the logbook IVF registration book.

Results: A total of 428 questionnaires were collected for analysis. Majority (57%) of the couples had IVF for female factor infertility followed by male factor IVF treatment. The rate of ovarian hyperstimulation syndrome (OHSS) was 4.4% and there was significant association between PCOC and rate of OHSS. The rate of multiple gestations was found to be 20%, twins 19%, triplets 1%. Strong association was found between day five embryo transfer and the rate of multiple gestations.

Conclusion: The overall rate of major complications of controlled ovarian stimulation and IVF is higher in our IVF population. We recommend the center should adopt Selective single blastocyst transfer to reduce the rate of multiple gestations. Women with PCOS should be given special attention during the course of stimulation regarding complications.

P15.12 | TUBERCULOSIS IN THE TUBE: A CASE REPORT

CATEGORY: REPRODUCTIVE MEDICINE

M. El Moctar

Interne au Service de Gynécologique Obstétrique au Chu Hassan II Fès Maroc, Mali

Objective: Tuberculosis is a real public health problem both in developing countries such as Morocco and in industrialized countries. Pelvic tuberculosis represents 6%–10% of all localizations.

Method: We report the observation of a tubal tuberculosis in a 37 year old female patient, without any particular pathological history.

Results: We report the observation of a 37 year old patient, mother of one child, who presented a secondary infertility, with in the hysterosalpingography a bilateral distal tubal obstruction, she benefited from a laparoscopy with a salpingectomy whose histology came back in favor of a tuberculous salpingitis.

Conclusion: Pelvic tuberculosis has a polymorphic and not very specific symptomatology. The gynecological sequelae are infertility. In view of these increased sequelae, it is essential in our countries to reinforce prevention by vaccination and to look for a genital location in case of pulmonary tuberculosis.

P15.13 | ETHNOPHARMACOLOGICAL AND ETHNOBOTANICAL ANALYSIS OF MEDICINAL PLANTS USED IN THE MANAGEMENT OF COUPLE INFERTILITY IN SOUTHERN BENIN

CATEGORY: REPRODUCTIVE MEDICINE

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Objective: In low-income countries like Benin, because of the high cost and limited geographical assessment of exploration and management of couple infertility, phytotherapy is an alternative used. We aimed to perform ethnopharmacological and ethnobotanical analysis of medicinal plants used in the treatment of couple infertility in southern Benin.

Method: An ethnomedicinal investigation has been conducted in southern Benin by questioning traditional healers and market herbalists using the method of semi-structured interview. The following ethnobotanical indices were determined: use value, intraspecific use value, Relative Frequency of Citation (RFC), Fidelity Level (FL). Plants with RFC > 0.1 or FL > 0.5 were significant. Toxicity was assessed by lethal concentration (LC50 < 0.1).

Results: A total of 28 market herbalists and 08 traditional healers were included. This study identified 65 species used in the management of female infertility and 31 for male infertility. The significant plants (19 in male infertility and 8 in female infertility) were in the following phytochemical groups: Alkaloids, Tannins, Flavonoids, Saponins, Terpenes, Terpenoids and Sterols. They have antioxidant, antibiotic, anti-inflammatory, aphrodisiac and hormone regulating properties. They were non-toxic, except 7.4% of them (nephrotoxic and hepatotoxic).

Conclusion: The use of the listed species would be justified in the management of couple infertility in low-income countries. Nevertheless, clinical trials should be carried out to ensure the efficacy and safety of these plants.

P15.14 | EFFICACY AND SAFETY OF MULTI-DOSE INJECTIONS OF GONADOTROPHIN-RELEASING HORMONE (GNRH) AGONIST AS LUTEAL PHASE SUPPORT IN PCOS WOMEN UNDERGOING IVF/ICSI ANTAGONIST CYCLES TRIGGERED BY GNRH AGONIST

CATEGORY: REPRODUCTIVE MEDICINE

M. Rajput¹; R. Mahey²; R. Cheluvvaraju²; M. Saini³; N. Bhatla²

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Objective: Due to inadequate luteal phase support with GnRH agonist trigger, current practice is to perform segmented IVF cycles in

PCOS women. The present pilot study evaluated the efficacy and safety of multi-dose sub-cutaneous injections of gonadotrophin-releasing hormone agonist (GnRHa) as luteal phase support in IVF/ICSI antagonist cycles triggered by GnRH agonist.

Method: The pilot study included 26 PCOS women undergoing IVF/ICSI antagonist cycles and GnRHa trigger (2mg) at a tertiary care centre. All subjects underwent fresh embryo transfer on day 3 or 5. Luteal support was given with multi-dose GnRHa (0.5mg) alternate days from day 3 of oocyte retrieval (OCR) along with progesterone supplementation. Primary outcome was clinical pregnancy rate and secondary outcomes were ongoing pregnancy rate, and adverse events and incidence of ovarian hyperstimulation syndrome (OHSS).

Results: All the embryo transfers were done on day 5 except one case where day 2 transfer was planned in view of non-availability of freezable embryos. Clinical pregnancy rate was 38.46% (10/26); with one ectopic and two missed abortions. Ongoing pregnancy rate was 26.9% (7/26). There were no adverse events. None of the patients presented with early and/or late onset OHSS.

Conclusion: Modified luteal phase support with multiple GnRHa injections may be considered as an effective alternative to segmented IVF cycles in hyper-responders and PCOS women. It may give an opportunity to decrease time to conception and may be the only option where freezable number/good-quality embryos are not available.

P15.15 | REPRODUCTIVE OUTCOME AND SAFETY OF UTERINE COMPRESSION SUTURES

CATEGORY: REPRODUCTIVE MEDICINE

M. Subbaiah

JIPMER, India

Objective: Uterine compression sutures (UCS) are commonly used to manage postpartum haemorrhage (PPH). However, there is a lack of studies on the reproductive outcomes after UCS application. The purpose of this study was to evaluate the reproductive outcomes of patients who had received UCS earlier.

Method: All the women who had delivered at a tertiary care hospital in India from January 2009 to December 2018 and had UCS application for PPH were identified using the labour room registry and inpatient database in this retrospective cohort study. Hospital records of these women were reviewed to study the reproductive outcomes and complications of UCS. Telephone interview was conducted to collect additional data on fertility outcome.

Results: A total of 277 women received UCS in the study period. Two women developed pyometra after UCS application. One of them had ileo uterine fistula and asherman syndrome. The majority of the women (n = 259, 94.1%) did not experience any change in menstrual pattern after UCS application. After excluding the women who had undergone sterilization (n = 28) or were using contraceptives (n = 87), 162 women were assessed for fertility outcome. There were 62 pregnancies in these women.

Conclusion: UCS application for the management of PPH has no significant effect on subsequent menstrual and fertility outcomes. However, pyometra development after UCS application may have extremely deleterious effect on future fertility.

P15.16 | EFFICACY OF SAFFRON (*CROCUS SATIVUS*) IN THE TREATMENT OF PREMENSTRUAL SYNDROME: A SYSTEMATIC REVIEW AND META-ANALYSIS

CATEGORY: REPRODUCTIVE MEDICINE

N. Maleki

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Objective: Premenstrual Syndrome is one of the most well-known issues among women of reproductive age. The utilization of complementary medicine has grown in recent years, especially among women. This study aimed to determine the efficacy of saffron in treatment of PMS.

Method: In this systematic review and meta-analysis, databases of PubMed, ISI Web of science, Cochrane, Scopus, Google Scholar, SID and Magiran were searched for both Persian and English, randomized clinical trials from 2000 to April 2023 using following keywords: "(Saffron OR *Crocus sativus*) AND (Premenstrual Syndrome)" and their Persian equivalent. Quality of five included trials was evaluated using Oxford Center for Evidence Based Medicine checklist. Data were analyzed by STATA software with the random effects models.

Results: In total 245 participants were assigned to the intervention group and 244 participants were assigned to the placebo group. Quantitative analysis based on standardized mean differences showed that saffron had a significant effect in reducing the symptoms and severity of PMS (MD: -0.63, 95% CI 1.18, -0.07; $P=0.03$). Also, according qualitative analysis, saffron might cause fewer side effects than chemical medicines.

Conclusion: Although saffron has a beneficial effect on PMS but interpretation of results is restricted because of methodological flaws, limited number and large heterogeneity among included studies. So further trials are still needed to confirm the current findings.

P15.17 | KNOWLEDGE AND ATTITUDE OF TERTIARY STUDENTS TOWARD FERTILITY PRESEVATION

CATEGORY: REPRODUCTIVE MEDICINE

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¹*Korle Bu Teaching Hospital, Ghana;* ²*University of Ghana Medical School, Ghana;* ³*University of Ghana Medical School, Sierra Leone*

Objective: To assess the level of awareness and attitude on fertility preservation among female tertiary students and healthcare professionals in Ghana.

Method: An online cross-sectional survey was conducted among female tertiary students in randomly selected universities and healthcare professionals in Ghana working in non-fertility units and consented. The data were analyzed using SPSS software version 22 and a test of associations was done using a student t-test with a $P < 0.05$ considered significant.

Results: Overall, there were 345 participants. The gender, institution of study, the course studied, and the participants' religion were significantly associated with the level of awareness of fertility preservation (P -values: 0.032, 0.032, 0.001, and <0.001 respectively). Females were 1.2 times more likely to have little knowledge of fertility preservation than males.

Conclusion: Males had better awareness of fertility preservation than females. A participant's course of study and religion played roles in the knowledge of fertility preservation.

P15.18 | HOW MUCH THE PEOPLE WITH INFERTILITY TRUST TO THE HEALTH POLICY DURING COVID-19 PANDEMIC?

CATEGORY: REPRODUCTIVE MEDICINE

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Objective: Covid-19 has affected the outcome of non-urgent medical treatments and clients potentially suffer from limitations. Considering the age limit in fertility for women and the nature of Covid-19 in the rapid spread of the disease, the aim of this study was to find how infertile people react to the pandemic.

Method: We conducted a cross-sectional study on couples with infertility for treatment with ARTs referred to Royan infertility clinic from December 2021 to December 2022. Three hundred eighty-four clients were studied voluntarily and anonymously in this study. A standard questionnaire developed by WHO was used to monitor the knowledge, risk perceptions, and preventive behavioral insights on Covid-19 towards infertility treatment. A P -value of <0.05 was considered statistically significant.

Results: The sentence "I think that the restrictions currently being implemented are greatly exaggerated" showed positive associations with fairness, the most common sign of Covid-19, educational level, ensuring physical distancing in public, and never accepting the Covid-19 vaccine. Negative associations showed with getting a

Covid-19 vaccine, risk of getting infected with Covid-19, perceptions related to possible/real government policies (quarantine), lifting restrictions as economic consequences of the pandemic in the future, and Covid-19 related to feeling media-hyped.

Conclusion: Although the health system's duty is to divert maximum medical power to curtail the contagious pandemic rather than focusing on non-urgent treatment services, it needs the clients' trust in health policies. It should be believed that it is ultimately for their benefit.

P15.19 | PERCEPTIONS DES PRESTAIRES DE SOINS ET DES PATIENTES SUR LES VIOLENCES GYNÉCOLOGIQUES ET OBSTÉTRICALES: ÉTUDES EXPLORATOIRES DANS LA RÉGION DE DAKAR, 2021

CATEGORY: REPRODUCTIVE MEDICINE

N. Babou

Equipop, Senegal

Objective: Qualifié d'épidémie mondiale, peu d'études renseignent sur les violences gynéco-obstétricales (VGO) en Afrique francophone, encore moins au Sénégal. Cette étude, est la première à explorer les perceptions des patientes et des prestataires de soins sur les VGO, leurs déterminants sous le prisme de violences sexistes et sexuelles (VSS).

Method: Etude qualitative exploratoire descriptive, elle impliquait une observation directe dans les différents services offerts par deux maternités de Dakar pendant trois semaines. Un échantillonnage par choix raisonné avec des critères de diversifications ont permis de faire des entretiens semi-directifs. A saturation, nous avons quatorze prestataires de soins et treize patientes. Une analyse de contenu thématique a permis de traiter les informations en triangulant les données (entretiens et observation) pour avoir une photographie des VGO.

Results: Toutes les formes de VGO (définition OMS), particulièrement la réification, les violences verbales, physiques et psychologiques sont retrouvées. En réponse, les femmes ont eu des stratégies de non-confrontation, d'infantilisation. Les prestataires aussi victimes, décrivent les contraintes du système de soins. Les croyances concernant la grossesse, un phénomène douloureux, les violences structurelles et individuelles sur le corps des femmes vécues comme une norme et les rapports de pouvoir déséquilibrés entre patientes et prestataires favorisent leur survenue.

Conclusion: Certaines VGO sont peu identifiées et reconnues. D'autres enquêtes permettraient de compléter leur cartographie entamée par ce travail. Des politiques de soins gynécologiques et obstétricaux respectueux voudraient aussi dire: développement de la conscience critique des femmes, empouvoirement individuel et collectif et mise à disposition d'évidences pour faire du plaidoyer.

P15.20 | ASSESSMENT OF ABSORPTION BAND PEAKS IN SPECTRAL ANALYSIS OF UTERINE MYOMA

CATEGORY: REPRODUCTIVE MEDICINE

N. Kamilova; K. Mirzoyeva; Y. Aliyeva

Azerbaijan Medical University, Kazakhstan

Objective: The aim of the present study is to determine the level of characteristic absorption band peaks of a serum infrared spectrometry sample for myomatous nodules.

Method: We followed up 65 female patients of reproductive age (18–44 years) with the characteristic changes in hormonal, metabolic background. The presumptive diagnosis was dysfunctional uterine bleeding, endometriosis, uterine myoma. For differential diagnosis we used molecular infrared Fourier spectroscopy (MIFS). A standard dual-beam SPECORD-75 IR spectrometer was used in the frequency range of 4000–400 cm^{-1} . Blood serum was the material used for examination. Blood was taken from the ulnar vein in 1 mL, centrifuged.

Results: Myoma uteri was diagnosed in 56.9% patients. Amplitude of myoma peaks at 806, 941, 1044, 1453, 1737 cm^{-1} are greater than those healthy subjects, but 1312, 1398, 2856, 2928, 3280, 3453 cm^{-1} have smaller amplitudes. No change in peak amplitudes was observed at wave numbers 1082, 1169, 1249, 1552, 1644, 2876, 2955, 3061 cm^{-1} .

Conclusion: Molecular Fourier Transform Infrared (FTIR) spectroscopy can be used for rapid and efficient analysis of uterine myoma. Absorption band peak amplitudes allow the risk of uterine myoma development and recurrence to be assessed in women of reproductive age.

P15.21 | LES DYSGONOSOMIES DU CHROMOSOME X EN MOSAÏQUE ET REPRODUCTION FÉMININE

CATEGORY: REPRODUCTIVE MEDICINE

N. Bouayed Abdelmoula; B. Abdelmoula

Génomique des Signalopathies au Service de la Médecine, Faculté de Médecine de Sfax, Tunisie, Tunisia

Objective: Dans cette étude, notre objectif était de déterminer l'incidence des mosaïques X chez les femmes ayant bénéficié d'une procréation médicalement assistée, toute indication confondue.

Method: Il s'agit d'une étude rétrospective, où nous avons analysé les résultats cytogénétiques des femmes qui ont été adressés à notre consultation de conseil génétique à la Faculté de Médecine de Sfax (Tunisie) dans le cadre d'un bilan pré ou post PMA, et ce durant huit ans. L'analyse cytogénétique a été réalisée sur sang périphérique et un marquage RHG. Lorsque des cellules dysgonosomiques ont été détectées, le nombre de métaphases a été porté à 50.

Results: Au total, 418 femmes ont été incluses dans l'étude. La majorité ont été caryotypées dans le cadre d'un bilan systématique

pré-PMA et 20% après échec de PMA. L'indication de la PMA était pour une infertilité masculine dans 85% des cas. Les dysgonosomies X représentaient 1.43%. Ce taux augmentait à 2.5% pour les femmes explorées après échec de la PMA. Le taux de mosaïcisme variait entre 4%–6% avec par ordre décroissant 45, X/46, XX, 45, X/46, XX/47, XXX et 46, XX/47, XXX.

Conclusion: Des études plus larges avec des techniques plus abordables, notamment par séquençage de troisième génération, des faibles aneuploïdies gonosomiques aussi bien chez les femmes que les hommes subissant des cycles de PMA pourraient être très utiles en pratique quotidienne.

P15.22 | THE FUNCTIONAL STATE OF OVARIES IN WOMEN WITH INFERTILITY AFTER A CORONAVIRUS INFECTION CATEGORY: REPRODUCTIVE MEDICINE

O. Boichuk

Ivano-Frankivsk National Medical University, Ukraine

Objective: The purpose of the study was to study the functional state of the ovaries in women with infertility after suffering from COVID-19.

Method: The research was conducted on the basis of the Precarpathian Human Reproduction Center of the Ministry of Health of Ukraine. An analysis of outpatient data (the main group—80 women) who were sick with Covid-19 (mild course) and patients who were not sick and were not vaccinated (control group—50 women) was carried out.

Results: The significant increase in cortisol in women who had Covid-19 is noteworthy, which emphasizes the role of this stress hormone in reproduction and corresponds to the increased level of stress we found in patients of the main group. Changes in hormonal homeostasis in women with infertility who have suffered a coronavirus disease should be considered as a result of stress: nervous tension that promotes the synthesis of the stress hormone.

Conclusion: Changes in hormonal homeostasis were more often observed in patients of childbearing age with a history of infertility after suffering from the COVID-19 disease.

P15.23 | SWYER SYNDROME (46,XY COMPLETE GONADAL DYSGENESIS): A RARE CASE OF PRIMARY AMENORRHEA CATEGORY: REPRODUCTIVE MEDICINE

P. Mallari

St Luke's Medical Center, Quezon City, Philippines

Objective: Sexual determination is genetically and hormonally controlled. Swyer syndrome is a type of gonadal dysgenesis wherein a 46,XY karyotype presents with a female phenotype. Our goal is to ensure hormonal replacement, fertility preservation, psychosexual and emotional stress reduction, and overall patient survival.

Method: Case of a 23-year-old phenotypically female with primary amenorrhea. Ultrasound revealed an infantile cervix and uterus with streak left ovarian tissue and a cystic mass on the right pelvic area. Gonadotropin levels were elevated, and karyotype showed a normal male 46,XY. She underwent laparoscopic bilateral gonadectomy with salpingectomy. The adnexal masses measured 2×2×1.5 on the left and 3.5×3×2 on the right. The final histopathology result was dysgerminoma.

Results: Despite having a Y chromosome, phenotype presents as female because the dysgenetic gonads fail to produce AMH and androgens. The streak gonads cannot produce estrogen and androgens at normal levels. The management of patients with disorders in sexual development, is complex and involves a multidisciplinary approach. Endpoint is to give the patient, reassurance as this case is a manageable condition, and though associated with a gonadal malignancy, a long, disease-free, and productive life is achievable.

Conclusion: A thorough investigation of primary amenorrhea is crucial for early diagnosis to identify individuals with a Y chromosome who will require timely prophylactic gonadectomy to avert degeneration to malignancy. This will ensure the preservation of fertility, reduction of psychosexual and emotional trauma, and improvement in overall patient survival.

P15.24 | FACTORS ASSOCIATED WITH WILLINGNESS TO DONATE OOCYTES AMONG FEMALE STUDENTS IN A TERTIARY INSTITUTION CATEGORY: REPRODUCTIVE MEDICINE

P. Adomako Mensah

Korle Bu Teaching Hospital, Ghana

Objective: There is increasing demand for oocyte donation in infertility treatment globally. However, local research is limited and tends to neglect female university students who constitute a large group for oocyte donation. This research sought to investigate the knowledge and attitude of female university students towards oocyte donation in assisted reproduction.

Method: A questionnaire-based, cross sectional study was conducted among 295 female undergraduate students of the University of Ghana from April 2019 to June 2019. Factors investigated were socio-demographic characteristics, knowledge and attitude towards oocyte donation. Knowledge items were measured on a binary scale and was rated as either high (score >3) or low (score <3). Attitude items were measured on a 5-point Likert scale and rated as positive (score >24) or negative (score <24). Descriptive and inferential statistics were computed with STATA version 15, assuming statistical significance at $P < 0.05$.

Results: Majority of the students, had a low level of knowledge about oocyte donation (61%). Fifty-two percent of the students showed a positive attitude towards oocyte donation while 44% were willing to donate. Being a Christian (AOR=0.24, 95% CI: 0.07–0.92), spending between GhC 500–1000 a month (AOR=2.47, 95%

CI: 1.48–4.11) and having a positive attitude towards oocyte donation (AOR = 2.12, 95% CI: 1.30–3.34) were associated with willingness to donate oocytes.

Conclusion: The low levels of knowledge among the female university students highlights the need for information regarding oocyte donation in assisted reproduction. Existing barriers can be addressed through further research and public education. Encouraging dialogue between health authorities, academia and religious leaders could help address the plight of infertile couples.

P15.25 | THE ROLE OF THREE DIMENSIONAL POWER DOPPLER ANGIOGRAPHY IN PATIENTS UNDERGOING IVF
CATEGORY: REPRODUCTIVE MEDICINE

P. Roy
Roy's Clinic Siliguri, India

Objective: Single centre prospective study, with aim to investigate co-relation between 3D PDA parameters and success of IVF cycles.

Method: Ovulation induction was done using long protocol with gonadotrophins and GnRH agonist in 94 infertile women with the help of 3D PDA, on the day of HCG administration, ovarian volume (OV), number of follicles (NF), vascularization index (VI), flow index (FI) and vascularization flow index (VFI). The success of IVF outcome in these patients were noted.

Results: The OV, VI, FI, VFI and NF were significantly higher in women who conceived following IVF. IVF outcome can be presumed by NF and VI. NF was the only independent parameter predicting number of retrieved oocytes, mature oocytes, fertilized oocytes, mature oocytes and number of grade 4 embryos transferred.

Conclusion: 3D USG and PDA is an easy and quick modality for ovarian blood flow assessment and prediction of success of IVF cycle. Positive co-relation was identified between 3D PDA parameters and IVF laboratory parameters along with subsequent IVF success.

P15.26 | RISK FACTORS ASSOCIATED WITH PLACENTA ACCRETA SPECWwTRUM AMONG WOMEN DELIVERING AT THE KNH
CATEGORY: REPRODUCTIVE MEDICINE

R. Bunu
WATOG, Kenya

Objective: Determine the risk factors of PAS among women who delivered at the Kenyatta National Hospital, Nairobi Kenya.

Method: A retrospective case-control study.

Results: Out of the 55, 6 (10.9%) had ante-nata diagnosis while 49 (89.1%) was diagnosed intraoperatively. Women with the age >35 years had odds of 5.7, surgical evacuation odds of 10.9, and previous CS odds of 3.7 times. PAS was associated with poor maternal and neonatal outcomes with almost all mothers developing PPH and

18 (32.7%) admitted to CCU. Neonate born were associated with stillbirth, RDS, low birthweight and NICU admissions at 23.6% (13), 20.9% (9), 21.8% (12) and 29.1% (16) respectively.

Conclusion: Women with advanced age >35 years, prior surgical evacuation, and previous caesarean delivery have a high risk PAS, associated with poor maternal and neonatal outcome. There is a need to maintain a high index of suspicion of PAS in such women and preparations for delivery should be made accordingly.

P15.27 | PREVALENCE OF PRIMARY DYSMENORRHEA AND ASSOCIATED FACTORS AMONG SCHOOL ADOLESCENTS IN ADDIS ABABA, ETHIOPIA
CATEGORY: REPRODUCTIVE MEDICINE

R. Regassa
Addis Continental Institute of Public Health, Ethiopia

Objective: To assess the prevalence and associated factors of primary dysmenorrhea among students in Addis Ababa, Ethiopia.

Method: A school based cross sectional study was conducted among 227 school adolescents in 2021. A simple random sampling method was used to select students from each grade after allocation proportional to the size of students in each grade. Data were collected using a self-administered structured questionnaire. Bivariate and Multivariable regression was applied to determine factors associated with primary dysmenorrhea.

Results: The prevalence of primary dysmenorrhea was 168 (74%). The pain was moderate in 45.2% ($n=76$) and severe in 3.6% ($n=6$) of the students. The most common symptoms associated with dysmenorrhea were Abdominal pain (63%, $n=143$), back pain (44%, $n=74$), headache (38.7%, $n=650$) and fatigue (31%, $n=52$). Increased menstrual flow for greater than 7 days (AOR 5.505, 95% CI: 1.140–26.576) and irregular menstrual period (AOR 4.51, 95% CI: 2.238–9.103) were risk factors associated with primary dysmenorrhea.

Conclusion: The prevalence of primary dysmenorrhea was very high in this study. School girls need to get proper education and appropriate services to alleviate their sufferings.

P15.28 | EVALUATION OF FSH RECEPTOR GENE POLYMORPHISMS IN INFERTILE AND FERTILE INDIAN WOMEN AND CORRELATION WITH OVARIAN RESPONSE – A PROSPECTIVE STUDY
CATEGORY: REPRODUCTIVE MEDICINE

R. Mahey; R. Dada; M. Rajput; R. Cheluvvaraju; M. Saini;
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Objective: Unexpected poor response during controlled ovarian hyperstimulation (COH) is a management dilemma for physicians and causes psychological and financial burden to patients. Single

nucleotide polymorphisms (SNPs) in FSH receptor gene; especially SNP680 (rs6166) and SNP 307 (rs6165) have been linked to unpredictable poor response in women with normal ovarian reserve parameters. **Method:** It was a prospective cohort study in 804 sub-fertile women attending infertility clinic and 209 fertile controls (October 2018–March 2022). Of these, 423 cases underwent IVF and 46 were fertile oocyte donors. FSHR genotyping at positions Ser680Asp and Ala307Thr were performed in all participants. Polymorphisms were reported as homozygous AA and GG and heterozygous AG and prevalence was reported in infertile and fertile groups. Correlation of specific genotype was done with ovarian stimulation outcomes.

Results: Most common genotype among infertile and fertile women was heterozygous (AG) both at 680 and 307 positions except GG being most common at SNP 680 in fertile controls. Patients having GG allele at both 680 and 307 position required higher doses of gonadotropins in both infertile and fertile population. Total no of oocytes retrieved and FOI (Follicle Oocyte Index), fertilisation and cleavage rate were comparable in all genotypes at both positions.

Conclusion: This is the first largest prospective study from India-Asian population evaluating prevalence of FSH receptor polymorphism. Polymorphism analysis may have little significance in routine practice but pharmacogenomic approach may help clinicians to individualize the treatment on the basis of patient's genotype profile in unexpected poor responders.

P15.29 | EMBRYO DONATION CAN BE A THREAT FOR RECIPIENT FAMILIES: ETHICAL AND LEGAL ISSUES CATEGORY: REPRODUCTIVE MEDICINE

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Department of Medical Ethics and Law, Royan Institute, Tehran, Iran

Objective: Third-party reproduction is forbidden in all Islamic countries except Iran. Although they are permitted by clergy scholars, the lineage of the resulting children is still controversial. Here in this abstract a court case of taking back a three-year-old child resulting from embryo donation is presented with discussion.

Method: Court case is taken from primitive and supreme courts in Iran. Discussion is upon books, papers, laws, legislations, and international declarations.

Results: Lineage is very important in some countries including Iran. In these countries, the anonymity of the donor and recipients is very important to prevent legal problems. The right to know the genetic parents can not be saved with anonymity. In Iran, there is no registration system for donors and recipients, but paper files are kept. Anonymity cannot be kept properly, especially in small cities so, there can be a threat to families.

Conclusion: Although third-party reproduction procedures are practiced here by decrees of clergy scholars, decrees also can be used as law in the courts. The genetic link is considered lineage in our courts so every claim for taking back the donation resulting child can be a threat to recipient families.

P15.30 | IMPACT OF NEWLY RECOMMENDED ANTRAL FOLLICLE COUNT THRESHOLD AMONG INDIAN PCOS WOMEN IN TERMS OF CLINICAL, ENDOCRINOLOGICAL AND METABOLIC PARAMETERS

CATEGORY: REPRODUCTIVE MEDICINE

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Objective: The new threshold for polycystic ovarian morphology is follicle number per ovary ≥ 20 to diagnose PCOS. But this cut-off may exclude a significant number of PCOS women which may impact their management. This study investigated low AFC and high AFC groups in terms of clinical, endocrinological and metabolic parameters.

Method: This was a prospective cohort study conducted in a tertiary care centre outpatient department (April 2021–March 2023). All infertile women aged 21–38 years were screened for the study. PCOS was diagnosed as per Rotterdam criteria and those with tubal or male factor infertility were taken as controls. Transvaginal scan was done by a single observer in 8MHz transducer probe. Clinical, endocrinological and metabolic parameters were compared in low AFC and high AFC groups.

Results: Among the total screened population ($n=500$), 318 were PCOS diagnosed by Rotterdam criteria among which 98 (30.8%) belonged to low AFC group which would be excluded as per new cut off of ≥ 20 . However, these women had higher BMI and serum AMH compared to control population. Notably, they were comparable with high AFC group in terms of oligomenorrhea, free androgen index, HOMA-IR and lipid profile and need further evaluation.

Conclusion: This is the first study evaluating the clinical and metabolic profiles of low and high AFC from Asian Indian PCOS women. As both the groups are indistinguishable in terms of clinical and metabolic profiles, there is further need to revisit the cut-off of FNPO-20 in different ethnic populations.

P15.31 | DO BISPHENOL A (BPA) LEVELS IN SEMINAL FLUID AFFECT EMBRYO QUALITY AND INTRACYTOPLASMIC SPERM INJECTION (ICSI) CYCLE OUTCOMES CATEGORY: REPRODUCTIVE MEDICINE

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Objective: The aim of the present study was to evaluate whether BPA levels in male seminal plasma and blood serum could affect sperm parameters and intracytoplasmic injection (ICSI) cycle outcomes.

Method: Seventy five couple were enrolled the study. The study cohort consisted of patients who received IVF-ICSI treatment due to

male factor other than azoospermia (study group) and male patients with normal spermiogram (control group) who underwent IVF treatment due to tubal factor-induced female infertility. Consumption of drinking water from plastic carboys or bottles at home were considered as chronic BPA exposure. Demographic features and IVF outcomes of the patients were collected.

Results: The patients who consumed tap water had statistically significantly lower BPA values in blood serum compared with patients who consumed plastic bottled water ($P=0.017$). There was no statistically significant difference in terms of ejaculate BPA values between groups ($P=0.421$). The patients who have implantation failure and failed to get pregnant have statistically significantly higher serum BPA levels (20.8 ± 12.8 vs 30.5 ± 33.9 , $P=0.048$ and 20.8 ± 12.4 vs 32.3 ± 36.6 , $P=0.045$).

Conclusion: Although high BPA levels in the ejaculate negatively affected sperm parameters, semen BPA levels did not show any difference in patients who achieved clinical pregnancy or not on the other hand, the serum BPA values were found to be significantly lower in patients who achieved implantation and clinical pregnancy.

P15.32 | CHRONIC INTERVILLOSITIS OF UNKNOWN ETIOLOGY REPRODUCTIVE OUTCOMES AND TREATMENT: A META-ANALYSIS

CATEGORY: REPRODUCTIVE MEDICINE

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University of British Columbia, Canada

Objective: Assess the reproductive outcomes and treatment response in pregnant patients with Chronic Intervillositis of Unknown Etiology (CIUE), or previous history of CIUE, compared to pregnancies not complicated by CIUE.

Method: A systematic review was performed of Medline, Embase, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Evidence Based Medical Reviews, and Scopus databases. All studies with CIUE confirmed by histopathology were included regardless of publication date. Exclusion criteria to minimize bias were applied. Studies were synthesized based on outcome measures as proportions or odds ratios, where applicable.

Results: CIUE is rare and has a low proportion of livebirths (0.53 [95% confidence interval (CI) 0.37–0.68]). Perinatal outcomes are negatively affected, including a high proportion of fetal loss >22 weeks gestational age 0.25 (95% CI 0.21–0.30), preterm birth 0.43 (95% CI 0.35–0.51), and intrauterine growth restriction 0.45 (95% CI 0.27–0.65). Overall recurrence in future pregnancy proportion was 0.30 (95% CI 0.17–0.48). Amongst the treatments examined, none were found to significantly improve proportion of live births.

Conclusion: CIUE is associated with a low proportion of live births, poor perinatal outcomes, and high recurrence in future pregnancies. Currently examined treatments do not significantly alter live birth rates.

P15.33 | RISK OF MATERNAL COMPLICATIONS IN PREGNANCIES ACHIEVED WITH IN VITRO FERTILIZATION: A POPULATION-BASED STUDY OF KOREA

CATEGORY: REPRODUCTIVE MEDICINE

S. Choe
Korea University, South Korea

Objective: To assess the association between in vitro fertilization and maternal complications.

Method: Using the database of the National Health Insurance (NHI) Service of Korea, we identified pregnant women with diagnostic codes of pregnancy (ICD-10 codes starting with 'O'). We then ascertained clinical pregnancy after in vitro fertilization (IVF) based on pregnancy within 8 weeks of embryo transfer (ET) in 2018–2019. A 1:1 matched cohort of spontaneous pregnancy was constructed to compute the adjusted odds ratio (aOR) of preeclampsia (PE) and gestational diabetes (GDM) in IVF cycles.

Results: Among 10072 IVF and spontaneous pregnancies, majority was ≥ 35 years (64.9%), higher income (65.3%) and nulliparous (92.0%). PE was more frequent in IVF (3.2%) than in spontaneous pregnancies (1.4%), while GDM occurred similarly between the two groups (0.9% vs 1.0%). In the multivariable model, IVF pregnancies showed lower aOR of PE than spontaneous pregnancies (0.49, 95% confidence interval [CI]: 0.37–0.65). For GDM, aOR for IVF was close to null (1.20, 95% CI: 0.78–1.86).

Conclusion: We observed lower adjusted risk of PE in IVF pregnancies than in spontaneous pregnancies among contemporary Korean women. Further studies are needed to elucidate the mechanism of this finding.

P15.34 | SEXUAL AND REPRODUCTIVE HEALTH EXPERIENCES AND MATERNAL HEALTH SERVICES TO WOMEN WITH DWARFISM IN RWANDA

CATEGORY: REPRODUCTIVE MEDICINE

S. Leon
Moh, Rwanda

Objective: Determine awareness and use of sexual and reproductive health services among women with short stature before intervention. Measure the use of sexual and reproductive health services among women with short stature disability. Elaborate challenges meet by women with short stature disability regarding SRH services.

Method: This is a prospective descriptive research, exploring the status of sexual and reproductive health for women with short stature disability in Rwanda. It will use both quantitative and qualitative approach to meet the research goals. Quantitative data will be collected on a pre-tested questionnaire and qualitative data will be collected through key informants interview with study participants.

Results: Thirty-eight percent of respondents had a history of pregnancy with average of two children per woman; 32% had at least four antenatal care. Difficulty in reaching hospital bed was reported by 90% of respondents and 94% deliveries took place at health facilities, the prevalence of postnatal care was 94% and the prevalence of caesarean section was 71%, 29% reported an experience of forced sexual intercourse, the prevalence of use contraception was 18%.

Conclusion: Challenges towards SRH included difficulty in reaching gynecological bed, sexual violence, exclusion from SRH programs in the community, negative perceptions of healthcare providers, high prevalence of caesarean section and poor informed decision making towards healthcare. This minority group like other types of disability deserves specific interventions to promote their SRH.

P15.35 | A CASE OF CATAMENIAL PNEUMOTHORAX WITH PELVIC ENDOMETRIOSIS MANAGED WITH ETONOGESTREL IMPLANT

CATEGORY: REPRODUCTIVE MEDICINE

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Objective: Catamenial pneumothorax is the recurrent occurrence of spontaneous pneumothorax in the perimenstrual period. We present a case of a nulligravid who in her late 20s consulted for cyclic pleuritic symptoms coinciding with dysmenorrhea. Symptoms persisted and worsened, prompting emergency admission for right-sided pneumothorax for which she underwent chest tube thoracostomy.

Method: Hormonal suppression with depot medroxyprogesterone acetate was done in the immediate post-operative period.

Results: She was re-admitted after 15 months for another episode of spontaneous pneumothorax when her menses returned. Surgical interventions were done by the thoracovascular surgery service. Several hormonal treatments were offered to the patient in the post-operative period. At present, she is on etonogestrel implant, with which she has remained apparently well with no recurrence of cyclic pelvic pain or spontaneous pneumothorax for the past 9 years.

Conclusion: This is the first case report documenting the use of this form of hormonal suppression to address the symptoms of catamenial pneumothorax with concurrent pelvic endometriosis. **Keywords:** catamenial pneumothorax, endometriosis, etonogestrel implant.

P15.36 | SURGICALLY RETRIEVED SPERMS IN AZOOSPERMIA AND ICSI OUTCOME

CATEGORY: REPRODUCTIVE MEDICINE

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Safal Hospital, Nagpur, Maharashtra, India

Objective: The present study was conducted to evaluate the sperm retrieval rate in patients of obstructive (OA) and non-obstructive Azoospermia (NOA); to evaluate the technique of sperm retrieval in obstructive and non-obstructive Azoospermia; and to assess the ICSI outcomes of surgically retrieved sperm in obstructive and non-obstructive Azoospermia.

Method: A retrospective observational study was performed at Safal Hospital, Central India's IVF centre on 28 subjects of azoospermia over 2 years from March 2021 to February 2023. Subjects were diagnosed with azoospermia, based on the WHO criteria. The subjects were divided into OA and NOA groups on the basis of history, examination, hormonal assessment, karyotyping, and histopathology from previous biopsies. The outcome of the ICSI cycles included fertilization, cleavage, biochemical and clinical pregnancy.

Results: In present study of 28 subjects, sperms were retrieved in 21 (75%) subjects. Out of these 21 subjects, 9 (42.85%) had Obstructive Azoospermia and 12 (57.14%) had Non-Obstructive Azoospermia. Out of nine subjects of OA, 2/8 (25%) subjects had clinical pregnancy while 1 (11.11%) subject each had livebirth and abortion. Out of 12 subjects of NOA, 6/10 (60%) subjects had clinical pregnancy, 4/12 (33.3%) subjects had live birth and 2 (16.7%) had abortion.

Conclusion: Various sperm retrieval techniques can provide new hope for azoospermia and successful ICSI outcome. In present study, TESA was the choice of technique for sperm retrieval. TESA yielded sperm retrieval rate of 75%. In non-obstructive azoospermia, percentage of biochemical pregnancy, clinical pregnancy and live birth was better than obstructive azoospermia.

P15.37 | OUTCOMES FROM A 4-YEAR SAFE ABORTION ADVOCACY PROJECT IN UGANDA: TRENDS AND LESSONS LEARNT

CATEGORY: REPRODUCTIVE MEDICINE

S. Kayondo

The Association of Obstetricians and Gynaecologists of Uganda (AOGU), Uganda

Objective: Measuring success of advocacy-based projects is often difficult. The FIGO Advocating for Safe Abortion project implemented by The Association of Obstetricians and Gynaecologists of Uganda (AOGU), used an innovative monitoring and evaluation methodology, outcome harvesting, throughout the project (2019–2023). The objective is to present trends and lessons learnt.

Method: The innovative monitoring and evaluation methodology, Outcome harvesting, enabled tracking of outcomes, analysis of

contribution to success by the project and AOGU, through various key strategies, using a collaborative approach. The strategies were; strengthening an advocacy network of likeminded stakeholders, training of various stakeholders to increase knowledge and reduce abortion stigma, and increased generation and use of data for advocacy to decision makers. Data was collected over 4 years, analyzed, observations made and lessons drawn.

Results: Twenty-three outcomes were harvested from the three strategies. Joint coalition advocacy resulting in increased access to services and policy reforms. It is easier to win as a coalition. AOGU's leadership enabled changes in curricula, scopes of practice and guidelines. Transformed attitudes saw an increase in service delivery. Sensitisation and attitude change is key. Published research on attitudes, data gaps, and project interventions' impact resulted in progressive resolutions to change training. Local data moves policy makers.

Conclusion: Outcome harvesting is an effective method in monitoring and evaluating the success of advocacy projects. Health worker-led advocacy is impactful in changing policy and service delivery environments for abortion care, although it needs to be continuous to have lasting results.

P15.38 | EFFECT OF INJECTING SLOWLY MOTILE SPERMS IN INTRA-CYTOPLASMIC SPERM INJECTION (ICSI) CASES WITH SEX SELECTION

CATEGORY: REPRODUCTIVE MEDICINE

S. Elsharkawy

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Objective: Motivations for attempting sex selection can be broadly divided into two categories: medical and non-medical. We aimed to compare the effect of injecting slowly motile sperms versus rapidly motile ones in Pre-implantation Genetic Diagnosis (PGD) cases requesting sex selection for non-medical family balancing.

Method: A prospective randomized controlled clinical trial was done from January to July 2022. 132 patients seeking ICSI for sex selection were included in the study. Spermatozoa with normal morphology and slowly progressive motility were selected and used for ICSI (group A=94), and Spermatozoa with normal morphology and rapidly progressive motility were selected and used for ICSI (group B=38). Day 3 after fertilization, PGD regarding gender of the resulted embryos were performed, recorded and compared.

Results: The percentage of male embryos to the total embryos were calculated and compared, but there were no statistical differences between groups (% Mean±SD=36.29±20.82 for group A, 33.99±15.30 for group B, $P=0.442$). There was a statistical significant difference when female embryo percentages were compared between groups, in favor to group B (% Mean±SD=22.78±22.73 for group A, 30.25±20.45, $P=0.031$).

Conclusion: Using slowly motile sperms in ICSI cases requiring sex selection, yielded more male embryos, but did not reach

statistical significance. On the contrary, using rapidly motile sperms yielded more female embryos and achieved a statistical significant difference.

P15.39 | ASSESSMENT OF THE ROLE OF DIAGNOSTIC HYSTEROSCOPY IN RECURRENT IMPLANTATION FAILURE

CATEGORY: REPRODUCTIVE MEDICINE

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Objective: This study aimed to evaluate the role of diagnostic hysteroscopy in identifying uterine cavity abnormalities contributing to recurrent implantation failure (RIF).

Method: A longitudinal retrospective descriptive study was conducted at an assisted procreation center over a 4-year and 6-month period from January 2018 to June 2022. A total of 215 patients were included. Diagnostic hysteroscopy was performed to assess the uterine cavities, and the findings were recorded.

Results: Among the 215 patients, diagnostic hysteroscopy revealed 116 abnormal uterine cavities. The most common abnormalities included polyps (10.23%), submucosal fibroids (5.11%), adhesions (6.04%), and signs of chronic endometritis (29.30%). Surgical interventions were performed for 107 patients, including polyp resections, fibroid removals, septum resections, and adhesiolysis. A successful clinical pregnancy rate after hysteroscopy was at 40%.

Conclusion: Diagnostic hysteroscopy plays a crucial role in identifying and treating uterine cavity abnormalities associated with recurrent implantation failure. It allows for targeted interventions, such as polyp resections and adhesiolysis, improving the chances of successful implantation. The findings highlight the importance of hysteroscopy in the management of recurrent implantation failure cases.

P15.40 | PREVALENCE OF RECURRENT IMPLANTATION FAILURE: A RETROSPECTIVE STUDY AT A PROCREATION CENTER

CATEGORY: REPRODUCTIVE MEDICINE

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Objective: The objective of this study was to determine the prevalence of recurrent implantation failure (RIF) among patients undergoing assisted medical procreation.

Method: A longitudinal retrospective descriptive study was conducted in a clinic over a period of 4 years and 6 months, from January 2018 to June 2022. All patients who underwent assisted medical procreation at the center were included. RIF was defined as the failure to achieve a clinical pregnancy after two or more previous implantation attempts. The eligibility of patients was assessed, and the prevalence of RIF was determined.

Results: Among the 2030 patients who received medical care at the clinic 215 met the inclusion criteria. Among these, 130 patients (60.46%) had a history of recurrent implantation failure, while 85 patients (39.35%) did not. For the RIF population, the maximum number of attempts and failed attempts was 10. These findings highlight the significant prevalence of RIF among patients undergoing assisted medical procreation.

Conclusion: Recurrent implantation failure is a significant concern in assisted medical procreation. This study reveals a notable prevalence of RIF among patients in our center. Further research and interventions are warranted to improve outcomes and provide effective treatment strategies for patients experiencing RIF.

P15.41 | EVALUATION OF THE CAUSES OF THERAPEUTIC ABORTION REGISTERED IN IRAN (KHORASAN RAZAVI) DEPARTMENT OF FORENSIC MEDICINE FROM 2012 TO 2019
CATEGORY: REPRODUCTIVE MEDICINE

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Objective: Therapeutic abortion is a complicated issue in Islamic countries. Regarding the new population growth policies in Iran, and the change in the indications of therapeutic abortion in the recent years, this study was performed to evaluate the causes of therapeutic abortion in Eastern-north of Iran from 2012 to 2019.

Method: This longitudinal study was performed on all recorded documents of permitted therapeutic abortions. The study population was all the documents with approved therapeutic abortion permits archived in the Khorasan Razavi from 2012 to 2019. Exclusion criteria were incomplete records and no access to the mother based on the recorded contact number. A total of 2729 documents were included in the study. Data was collected based on a researcher made checklist.

Results: A total of 2729 therapeutic abortion permits. The mean maternal and gestational age at the time of abortion were 30.30±6.78 years and 16 weeks, respectively. The main source for

referral was obstetrics and gynecologist (76.2%). Fetal causes were the most common causes of therapeutic abortion (96.4%). The most common fetal and maternal causes were trisomy 21 and cardiac disorders, respectively.

Conclusion: The findings of this study showed that the most common cause of therapeutic abortion was fetal causes. Maternal cardiac disorders should be identified and prevented by better pregnancy care.

P15.42 | ABORTION STIGMA: LIVED EXPERIENCES OF HEALTHCARE PROVIDERS IN RWANDA – A QUALITATIVE STUDY

CATEGORY: REPRODUCTIVE MEDICINE

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Objective: Following the 2019 Ministerial Order No.002/MoH/2019 sought to increase access to safe abortion care in Rwanda, our research aimed to understand and explore the impact of these changes on abortion stigma and the degree to which stigma continues to impact healthcare providers (HCPs) working in abortion care.

Method: This is a qualitative research from 10 in-depth interviews and 5 focus group discussions among abortion care providers and 6 focus group discussions with community members. Ten HCPs were recruited through purposive sampling to represent providers from Eastern, Southern and Kigali provinces. Focus-group discussions (FGDs) were subsequently held with a network of 30 self-selecting professionals working in abortion care in each of the five provinces and 24 self-selecting community members from Eastern and Southern provinces.

Results: Results indicated stigma experienced by providers within healthcare facilities is a more immediate issue than the stigma they experience within the community. HCPs reported feeling viewed as being “not good doctors” or as murderers and felt others questioned their personal religiosity and morals. Participants felt religion/culture and a lack of accurate information were main drivers behind abortion related stigma and created a barrier to access. Second trimester provision was seen as carrying greatest stigma.

Conclusion: Stigma towards abortion care providers poses a significant risk to the wellbeing of the abortion care workforce in Rwanda. Stigma experienced within the workplace could be addressed through the wide adoption of interventions such as values-clarification workshops that address stigma with staff who are not directly engaged in abortion care.

P15.43 | PREOVULATORY UTERINE FLUSHING WITH SALINE AS A TREATMENT FOR UNEXPLAINED INFERTILITY: A PILOT RANDOMIZED CONTROLLED TRIAL

CATEGORY: REPRODUCTIVE MEDICINE

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Objective: Our objective is to evaluate the safety and tolerability of preovulatory uterine flushing with saline as well as feasibility of a larger randomized controlled trial to assess efficacy of the intervention.

Method: Fifty women suffering from primary or secondary unexplained infertility for ≥ 12 months including normal tubal patency were randomly assigned to either the uterine flushing (intervention) or the vaginal flushing (sham) on the day of the luteinizing hormone surge using physiological saline. Participants were recruited in two fertility clinics, blinded from the intervention, and asked to have sexual intercourse < 24 h after the intervention with no use of other fertility treatment.

Results: In the intervention group, mild and moderate pain was observed in 11/30 (39%) and 4/30 (14%), and 1 reported dizziness (3%). Only one participant experienced pain in the sham group (1/20, 5%). No severe pain or infection were observed. A majority (41/50, 82%) of participants were willing to receive the intervention in a subsequent cycle. 48% of participants correctly identified their allocated group of randomization. All had intercourse < 24 h and one resorted to ovarian stimulation.

Conclusion: Preovulatory uterine flushing seems to be a well-tolerated and safe procedure for women with unexplained infertility. A larger randomized controlled trial to assess efficacy on live birth rates, with appropriate blinding and compliance of participants, is feasible.

P15.44 | PREGNANCY AND DELIVERY OUTCOMES IN WOMEN WITH SPONTANEOUS PREGNANCIES AFTER SURGICAL TREATMENT OF OVARIAN ENDOMETRIOMAS

CATEGORY: REPRODUCTIVE MEDICINE

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Objective: To analyze course of pregnancy and delivery in women with spontaneous pregnancies after ovarian endometriomas surgical treatment and to find out if any differences exist comparing to those women who did undergo such surgery.

Method: Retrospective analysis of pregnancy outcomes was conducted in 112 women, which previously underwent surgery for ovarian endometrioma. After surgery 76 patients (Group 1) did

receive GnRH analogues for 3 months, as anti-relapse treatment. Other 36 (Group 2) didn't receive such treatment. All pregnancies in both groups were spontaneous and occurred 5–18 months after surgery. Control group consisted of 150 women with spontaneous pregnancy without endometriosis. Assessments included: parity, age, concomitant pathology, course of pregnancy, delivery and postpartum.

Results: Threatened miscarriage was more frequent in women of 2 main groups (34.2%—Gr1, 30.52%—Gr2, 22%—control Gr). Difference in frequency of miscarriage itself was not statistically significant. Pre-term delivery incidence was higher in main groups. Pre-eclampsia developed more frequently in Gr1 (9.21% vs 5.5% Gr2 and 3.33% control). Main groups had also higher incidence of anemia and intrauterine hypoxia. C-section incidence was significantly higher in main groups (26.3%—Gr1, 27.7%—Gr2 and 18%—control). Neonates status was similar in three groups.

Conclusion: Spontaneous pregnancy occurred in all women, which allows to conclude that surgical treatment of endometrioma is an effective treatment of endometriosis-induced infertility. Pregnant women after surgery have higher incidence of threatened miscarriage, pre-eclampsia and intrauterine hypoxia, requiring respective treatment. Frequency of CS in women after endometrioma surgery—higher than average.

P15.45 | LH MAXIMUM LEVEL (LH MAX) IS A BETTER DETERMINANT FACTOR FOR OPTIMAL OOCYTE YIELD FROM GNRH AGONIST TRIGGERING IN GNRH ANTAGONIST OR PROGESTIN-PRIMED OVARIAN STIMULATION (PPOS) CYCLES AND REDUCING OHSS RISK

CATEGORY: REPRODUCTIVE MEDICINE

W. Lee; S. Chen; L. Ting

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Objective: The LH levels may fluctuate during controlled ovarian stimulation (COS) for IVF treatment. Is the LH value during COS plays a role for optimal oocyte yield from GnRH agonist triggering in GnRH antagonist or progestin-primed ovarian stimulation (PPOS) cycles?

Method: Retrospective cohort study from May 2012 to June 2022. The hyper-responders with GnRH antagonist or PPOS protocols who received GnRH agonist trigger (Triptoreline 0.2 mg) ($n = 949$) or dual trigger (Triptoreline 0.2 mg plus hCG 3000 IU) ($n = 484$) for final maturation in our center were included. Outcome measures of the study were oocyte yield rate, OHSS incidence and pregnancy rate.

Results: The basal characteristics between the two groups were not significantly difference. The mean oocyte yield was significantly higher in agonist trigger group (89.1% vs 86.2%, $P < 0.05$). One OHSS case occurred in the GnRH agonist trigger group (1/949, 0.2%) and 17 OHSS cases in the dual trigger group (17/484, 3.5%), $P < 0.05$. In hyper-responder with lower baseline LH level (< 2.27) and higher LH max level (> 2.27), there were no significant

difference in oocyte yield rate between two groups (88.28%, 86.49%). No OHSS case in the GnRH agonist trigger group and three OHSS cases (3/50, 6%) in the dual trigger group, $P < 0.05$. The cumulative ongoing pregnancy rate was not significantly different between the two subgroups.

Conclusion: Most previous studies focus on the value of basal LH levels and trigger day LH value. The LH values deserve to be measured during the COS. In hyper-responder with lower basal LH levels but higher LH max levels, GnRH agonist trigger only is enough and avoid OHSS.

P15.46 | TO DETERMINE WHETHER DIFFERENT FOLLICLE FLUSHING METHOD DURING OOCYTE RETRIEVAL IMPROVES LIVE BIRTH OR SECONDARY OUTCOMES IN ASSISTED REPRODUCTIVE TECHNOLOGY
CATEGORY: REPRODUCTIVE MEDICINE

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Objective: Sono-guided transvaginal OPU is a widely performed procedure. Two follicular flushing methods have been introduced, closed flushing and open flushing for those with ≤ 6 follicles. With a great many of publications debating whether or not to flush, there has been very limited research about different flushing methods.

Method: Retrospective study including 501 women who were randomized for either open method flushing or closed method flushing from November, 2021 to June, 2022. Infertile and oocyte donor women 27–49 years of age with an indication for IVF treatment at a university-based infertility unit. Women undergoing IVF or oocyte freezing were randomized to either open method flushing or closed method flushing. The intervention was done under general anaesthesia, using a gauge 19 single-lumen needle.

Results: 243 cases of TVOR were performed via open method and 258 to closed flushing. Primary analysis was based on the fertilization rate (2p), clinical pregnancy and ongoing pregnancy rate, fertilization rate, the clinical pregnancy rate and live birth rate were not significantly different between the open flushing and the close flushing group. The median duration of the intervention was significantly longer with open method flushing versus closed method.

Conclusion: Closed flushing method significantly decreased operation time, and no difference was found over fertilization rate, clinical and ongoing pregnancy rate. In a busy ART center performing a high volume of oocyte retrievals, closed flushing method is more efficient without disadvantages to patients.

P15.47 | EFFECT OF EXTRA-LOW DOSE LEVOTHYROXINE SUPPLEMENTATION ON PREGNANCY OUTCOMES IN WOMEN WITH SUBCLINICAL HYPOTHYROIDISM UNDERGOING IN VITRO FERTILIZATION AND EMBRYO TRANSFER
CATEGORY: REPRODUCTIVE MEDICINE

Y. Chen; Y. Tsai; C. Ho; J. Wen; Y. Lin; T. Hsiao
Chi Mei Medical Center, Taiwan

Objective: Subclinical hypothyroidism increases the risk of adverse pregnancy outcomes, while levothyroxine supplementation can improve clinical results. The optimal dosage is still under debate. We recommend administration of 25 mcg/day to treat infertile women. This study aimed to review the pregnancy outcomes of women with SCH treated with extra-low dose levothyroxine.

Method: This retrospective study reviewed women undergoing first IVF cycle between January 2018 and December 2020. We excluded patients aged >42 years, with known thyroid dysfunction, overt hypothyroidism, hyperthyroidism, thyroid autoimmunity, donor eggs, or missing data. SCH is defined as normal serum thyroxine level and an elevated serum thyrotropin (TSH) level >4 mIU/L. The pregnancy outcomes (miscarriage, live birth, preterm birth, and small for gestational age baby) were compared between euthyroid and SCH women.

Results: 589 women were screened and 317 cases were identified. Among them, 167 women were clinically pregnant; 155 had euthyroid, while 12 were newly diagnosed with SCH. The average age of the participants was 35 years. There were no significant differences in age, BMI, or anti-müllerian hormone (AMH) between the two groups. The live birth, miscarriage, and preterm birth, small for gestational age babies in women with SCH supplemented with LT4 were non-inferior to euthyroid patients.

Conclusion: Subclinical hypothyroidism has been proven to be associated with adverse pregnancy outcomes. Supplementation with extra-low dose levothyroxine at 25 mcg/day for SCH mothers can reach the same clinical outcome as that in euthyroid mothers. Accordingly, we suggest an extra-low dose for SCH mothers to prevent the rare unexpected iatrogenic hyperthyroidism.

P15.48 | INFERTILITÉ ET AMP: QUEL IMPACT SUR LE COUPLE ET LA SEXUALITÉ?
CATEGORY: REPRODUCTIVE MEDICINE

Z. Olfa
CMNM, Tunisia

Objective: Etudier l'impact de l'infertilité et des procédés de PMA sur la sexualité du couple.

Method: Méta-analyse sur l'impact de l'infertilité et des procédés de PMA sur la sexualité du couple en incluant des essais tunisiens et utilisant des scores de mesures fiables tel que les scores internationaux de l'anxiété score de Beck, de la dépression, et de la qualité de la

sexualité RSS (relationship and sexuality score), et score de l'estime et image de soi: BESAA sur des couples en parcours de PMA à l'unité de médecine reproductive.

Results: L'infertilité peut être en partie due dans certains cas aux troubles sexuels préexistant, mais souvent partant d'une qualité de vie sexuelle satisfaisante, l'infertilité ainsi que les procédés de procréation médicalement assistée altèrent la sexualité du couple, l'estime de soi et génère dans 20 à 30% des cas des syndromes dépressifs secondaires (33% dans les séries Tunisiennes) et jusqu'à 80% d'anxiété dans plusieurs études.

Conclusion: Une évaluation de la qualité de vie sexuelle des couples en PMA est nécessaire, tout trouble détecté doit être pris en charge précocement afin d'éviter la détérioration de la sexualité du couple, sa dissolution ou l'installation de syndrome anxieux et dépressifs secondaires.

P16.01 | RWANDA HEALTH CARE EXPERIENCE IN ELIMINATION OF CERVICAL CANCER BY PRIMARY, SECONDARY AND TERTIARY CARE
CATEGORY: WOMEN'S CANCER

K. Espoir
Yes, Rwanda

Objective: To show the best practice of health care in Rwanda on elimination of cervical cancer; promote the vaccination rate and screening experience; share experience of tumor board management and coordination; and involvement of government on health care in general, community health engagement.

Method: Used health care community in vaccination and screening; cross-sectional study; and data analysis by SPSS.

Results: Screening rate of cervical cancer in Rwanda is 93% which is higher than the target of WHO; vaccination rate is higher.

Conclusion: When primary, secondary and tertiary care are well done, it is possible to eliminate cervical cancer in the world and specially in Africa.

P16.02 | LÉSIONS PRÉCANCÉREUSES DU COL DE L'UTÉRUS CHEZ DES PATIENTES INFECTÉES PAR LE VIH1 ET SOUS ARV À L'HÔPITAL DU JOUR DE BOBO DIOULASSO: ASPECTS ÉPIDÉMIOLOGIQUES, THÉRAPEUTIQUES ET PRONOSTIQUES
CATEGORY: WOMEN'S CANCER

K. Semon
Gynecology, Burkina Faso

Objective: Étudier les aspects épidémiologiques, thérapeutiques et pronostiques des lésions précancéreuses du col de l'utérus chez des patientes infectées par le VIH1 et sous ARV à l'hôpital du jour de Bobo Dioulasso du 1er janvier 2020 au 15 novembre 2021.

Method: Il s'est agi d'une étude transversale associée à une cohorte observationnelle de 384 femmes VIH1 positives ayant eu des

lésions pré-cancéreuses du col utérin traitées par ablation thermique à l'hôpital de jour de Bobo-Dioulasso. Elle était à visée descriptive avec une collecte prospective des données menée du 1er janvier 2020 au 15 novembre 2021.

Results: L'âge moyen était de 42 ans, les patientes qui avaient plusieurs partenaires sexuels représentaient 82.82%. La prévalence des HPV-HR était de 31.51% et la fréquence des lésions précancéreuses du col utérin était de 15.10%. Tous les patientes HPV-HR positives ont été traitées par ablation thermique et aucune n'avait présenté une complication majeure.

Conclusion: La prévalence du HPV-HR était élevée chez les femmes VIH1 positives, avec une faible prévalence du HPV16/18 dans cette étude. Du fait du traitement antirétroviral, la fréquence des lésions précancéreuses est proche de celle de la population générale. L'ablation thermique qui avait été utilisée, avait permis d'obtenir une bonne cicatrisation.

P16.03 | SCREENING AND PREVENTION OF CERVICAL CANCER IN DSCHANG HEALTH DISTRICT, CAMEROON: A GLANCE ON THE FIRST THREE YEARS' ACHIEVEMENT OF THE "3T PROJECT"
CATEGORY: WOMEN'S CANCER

K. Bruno
University of Dschang, Cameroon

Objective: Cervical cancer is the second leading gynaecological cancer worldwide, occurring mostly in low- and middle-income (LMIC) countries. However, when diagnosed early, it is one of the most treatable forms of cancer. The "3T (test-triage-and-treat) project" aims to screen women using HPV test, do a triage to select and treat eligible cases.

Method: This is an ongoing 5-years prospective cohort study in the Dschang Health District Cameroon, targeting women aged between 30 and 49 years. Data presented concern the first 2623 women screened from September 2018 to August 2021. The SecuTrial platform was used to enter data. The analyses were done using descriptive methods. The main indicators were the prevalence of HPV infection, the prevalence of precancerous lesions, the treatment options used and side effects.

Results: Out of the 2623 women screened, 482 were HPV-positive (18.4%), with 45 (9.3%) positive for HPV 16, 71 (14.7%) positive for HPV18/45, and 397 (82.4%) positive for other high-risk HPV. Triage done using visual inspection with acetic acid (VIA) was positive for 273/482 women (56.7%) who were subsequently treated. Thermal ablation was the main treatment method used: 264 cases (96.7%). The most common side effect of treatment was watery discharge (77.8%).

Conclusion: HPV infection is relatively common in the Dschang Health District. Screen-triage-and-treat strategy is feasible, and treatment side effects are minor.

P16.04 | A LARGE RUPTURED JUVENILE GRANULOSA CELL TUMOR WITH A SUCCESSFUL OUTCOME - A CASE REPORT
CATEGORY: WOMEN'S CANCER

K. Sonigra

University of Nairobi, Kenya

Objective: Juvenile Granulosa Cell Tumor (JGCT) are rare sex cord stromal tumors diagnosed mainly in premenarchal girls and women younger than 30 years of age. The aim is to report a case of a large ruptured juvenile granulosa cell tumor in a 19-year-old female at 36 weeks of gestation.

Method: A retrospective analysis of the clinical characteristics, laboratory findings, imaging, histopathology, and follow-up findings of a case of a ruptured JGCT discovered during pregnancy. The case study and presentation were conducted with the patient's permission.

Results: The patient presented with abdominal pain and reduced fetal movements. Ultrasound revealed a right cystic mass with ascites. An emergency exploratory laparotomy revealed a massive torsed right ovary with a ruptured ovarian mass with edematous and necrosed fallopian tubes. Following delivery of the baby, a right salpingo-oophorectomy was performed. Histopathology confirmed diagnosis of JGCT FIGO stage IC2. Post-operatively, chemotherapy was given and a post chemotherapy MRI showed normal abdominopelvic viscera with reduced Inhibin B levels.

Conclusion: JGCT is a rare pregnancy tumor and aggressive treatment is necessary for advanced stage tumors like this one to prevent recurrence or even death. We present a successful surgically and medically treated case that is presently on a 5 year follow up with repeated tumor marker testing and CT scans.

P16.05 | THE EFFECT OF COLD COAGULATION TREATMENT IN REPRODUCTIVE AGE WOMEN WITH HIGH GRADE CERVICAL INTRAEPITHELIAL NEOPLASIA
CATEGORY: WOMEN'S CANCER

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²*Department of Obstetrics and Gynecology, Institute of Women's Life Medical Science, Yonsei University College of Medicine, Seoul, Korea, South Korea*

Objective: To analyze the efficacy of cold coagulation as a treatment method for high grade cervical intraepithelial neoplasia (CIN) in reproductive age women.

Method: We retrospectively analyzed the medical records of 152 high grade CIN patients of reproductive age who received cold coagulation at Yonsei Cancer Center from January 2010 to April 2022. To evaluate the efficacy of the treatment, consecutive follow-up liquid-based cytology and Human papilloma virus (HPV) test were analyzed for 3 months to 3 years after the treatment.

Results: In initial evaluation, 107 (70.4%) and 45 (29.6%) were diagnosed with CIN 2 and 3. In addition, HPV infection was detected in 138 (97.2%) patients, mostly high-risk HPV. The negative result of cytology was found in 70.4% and 76.7% of the patients at 6-, and 24-month follow-up. Similarly, HPV was not detected in 51.9% and 68.3% of the patients at 6-, and 24-month follow-up. During the follow-up period, 21 (13.8%) patients received additional treatment for persistent or recurred disease.

Conclusion: In both cytological and virological follow-up tests, the proportion of negative results generally tended to increase. As our study demonstrated high efficacy of cold coagulation treatment, it should be considered as an effective treatment option for high grade CIN patient in reproductive age.

P16.06 | PERFORMANCE OF THE FAST-TRACK (FT) TRIAGE AND FASTER DIAGNOSIS STANDARD (FDS) PATHWAY IN GYNAECOLOGICAL CANCERS IN A DISTRICT GENERAL HOSPITAL IN ENGLAND
CATEGORY: WOMEN'S CANCER

K. V. Senthil Kumar

Calderdale Royal Hospital, UK

Objective: Gynaecological cancers are England's sixth most common cancer and the seventh most common cause of cancer mortality. In 2015, the NHS cancer task force recommended replacing the standard 2-week-wait (2WW) pathway with a 28-day Faster Diagnosis Standard (FDS) which is operational since November 2021 with an initial target of 75%.

Method: A retrospective audit was proposed to assess the performance status of FDS from November 2021 to April 2023 (18-month period). A pilot report was generated for a 6-month period between May 2022 and October 2022. The targets included triaging within the third day from referral, 2 weeks to see a specialist and 28 days to diagnose/exclude cancer. Along the pathway, the suitable patients were downgraded as per local protocol and reviewed in routine clinics.

Results: A total of 1091 women were referred, out of which 40 (3.6%) were diagnosed with cancer. Endometrial cancer accounted for more than two-thirds of referrals and 99% were triaged within 3 days. The average time to see a specialist was 14.4 days with 80% of patients seen within a 2-week wait. Furthermore, 77.1% of patients were aware of the results within 28 days. Two cases of endometrial cancer were missed due to down-grading protocol.

Conclusion: The trust was performing well in achieving the national target. Efforts will be made to further improve the waiting time and communication to the patients and to analyse the financial impact. The recommendations will be dissipated across the trust and to the primary care practitioners.

**P16.07 | BORDERLINE OVARIAN SEROUS TUMOR
DIAGNOSED DURING PREGNANCY: CASE REPORT**
CATEGORY: WOMEN'S CANCER

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E. Schunemann Junior
Universidade Federal do Paraná, Brazil

Objective: To report a clinical case of a patient diagnosed with a borderline ovarian serous tumor during pregnancy.

Method: This is a retrospective, descriptive, observational study. The information was taken by reviewing the medical record and patient's chart. A 27 years old woman was diagnosed during pregnancy with a right adnexal cyst, anechoic, measuring 130×90×79 mm, with thick septations, exophytic papillary projections, doppler flow and a solid component. The CA 125 was 289 U/mL, tumor markers were negative and the International Ovarian Tumor Analysis was 73.8% chance of malignancy.

Results: The patient presented a livedo reticularis on the leg suspected of a paraneoplastic manifestation. Due the high risk of malignancy, laparotomy was done in the 27th week of pregnancy with an right adnexectomy and extra-ovarian biopsies. Histologically, the tumor was described as serous papillary cystic tumor of borderline malignancy. All sampled tissues as well as peritoneal wash fluid were negative for malignancy.

Conclusion: Regular follow-up is essential for the early detection of recurrence in the form of an invasive disease. In our patient, conservative surgery was chosen because she was young and pregnant. After 6 months, she was asymptomatic, CA 125 was negative and transvaginal ultrasound was normal.

**P16.08 | THE IMPORTANCE OF HYSTEROSCOPY IN THE
DIAGNOSIS OF CANCER IN PATIENTS WITH ENDOMETRIAL
THICKENING AND UTERINE BLEEDING IN POSTMENOPAUSE**
CATEGORY: WOMEN'S CANCER

L. Cerutti Girardi; M. Penteadro Rocha Correa; I. Teixeira Nunes de Miranda; L. Lobato Vieira de Moraes; L. Gabriela Amantea Cerqueira de Souza; L. Carlos Sakamoto; L. Gibran
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Objective: Endometrial thickening (ET) is an important finding associated with malignancy in postmenopausal women, which can be associated with bleeding. The aim was determine causes of isolated ET and associated with postmenopausal bleeding (PMB) using hysteroscopy and its ability to detect malignancies.

Method: A retrospective study with comparative analysis between the description of hysteroscopic findings and histopathological results of female patients from a tertiary hospital in São Paulo, Brazil. 291 patients with PMB and 160 with ET without PMB were found, in the period between July 2018 and March 2023. 335 specimens were sent for histopathological examination and subsequent statistical analysis. The other 116 patients were excluded from the study.

Results: PMB: 37 (12.71%) malignant findings: 3 (8.1%) squamous cell carcinomas (SCC), 3 (8.1%) non-endometrioid adenocarcinomas, 2 (5.4%) metastases, 25 (65.67%) endometrioid adenocarcinomas, 2 (5.4%) poorly differentiated carcinomas, 2 (5.4%) uterine sarcomas. Isolated ET: 4 malignant findings: 3 (75%) endometrioid adenocarcinomas, 1 (25%) SCC. Among malignancies: mean age 68 (PMB), 56 (isolated ET). Endometrioid adenocarcinomas: grade 1 (3.57%), 23 grade 2 (82.14%), 4 grade 3 (14.28%).

Conclusion: Hysteroscopy-directed endometrial biopsy allowed the diagnosis of premalignant and malignant lesions, showing high accuracy for histology and tumor grade. Endometrioid adenocarcinoma was the most represented cancer, mainly intermediate stage (grade 2). The mean age associated with malignancy cases was 67 years.

P16.09 | DIAGNOSTIC TARDIF DU CANCER DU SEIN
CATEGORY: WOMEN'S CANCER

L. Meguenni
Faculté de Médecine d'Oran Algérie, Algeria

Objective: Le cancer du sein est le plus fréquent des cancers féminins. Le stade de diagnostic est en relation directe au pronostic et de la qualité de survie. L'objectif de ce travail est d'identification des principales causes qui mènent les femmes à se présenter à un stade avancé de la maladie.

Method: Etude perspective réalisée au niveau du service de gynécologie obstétrique du CHU d'Oran, Algérie, incluant toutes les patientes admises pour cancer du sein localement évolué T3 et plus. Un questionnaire, regroupant les causes ayant abouties au retard du diagnostic et ou thérapeutique, leur a été donné.

Results: Les malades interrogées présentent un cancer du sein localement évolué T3 ou T4 ou métastatique au moment du diagnostic. Ce sont surtout des femmes jeunes (âge moyen de 47±2.4 ans), mariées (64%). Les mauvaises conditions socio-économiques sont à l'origine de 20% des consultations tardives.

Conclusion: La méconnaissance et le manque d'informations sur la maladie ainsi que le retard de leur prise en charge pour le diagnostic et le traitement, la négligence et la sous-estimation de certains praticiens de l'affection, constituent les causes principales de cette situation.

**P16.10 | DETERMINANTS OF GESTATIONAL TROPHOBLASTIC
NEOPLASIA IN RWANDA RETROSPECTIVE COHORT STUDY**
CATEGORY: WOMEN'S CANCER

M. Irakoze
University of Rwanda, Rwanda

Objective: Gestational trophoblastic neoplasia (GTN) is a disease affecting reproductive-age women. It is due to the abnormal development of trophoblastic tissues of the placenta. This study aimed to

determine the disease characteristics of the women with GTN who were followed at a major university hospital in Kigali.

Method: This is a retrospective study retrospective cohort study of women diagnosed with GTN between July 2015 and 2020. Data were extracted from the Rwandan GTN Database, a disease registry, with additional data retrieved from patient files. Information collected included demographics, gestational-events leading to GTN, pathologic diagnosis. If available, FIGO stage and WHO score, number of chemotherapy cycles completed, and clinical outcome. Descriptive, association statistics were calculated for all variables, *P*-value was considered significant at 0.005.

Results: Low-risk GTN was predominant (78.4%) commonest subtype was post-molar GTN (86.5%) and 67.6% of women had disease confined to the uterus. Hysterectomy was performed for 40 (54%) as part of their management. Patients who underwent hysterectomy had shorter treatment duration (45 days vs 115 days) and received fewer chemotherapy cycles (median 2 vs 4.5 cycles) compared with those with a preserved uterus. The cure rate was 84.8%, 9.1% failed single-agent chemotherapy, and 6.1% died.

Conclusion: The majority of GTN patients treated successfully achieved remission at the rate of 84.8%. However, one-third of all patients with GTN in this study had an undocumented outcome; there is an opportunity to improve documentation and patient surveillance, follow-up plan, could be improved especially post-hysterectomy.

P16.11 | TUMEURS DE LA VULVE: ASPECTS CLINIQUES ET ÉVOLUTIVES SUR UNE SÉRIE DE QUINZE PATIENTES

CATEGORY: WOMEN'S CANCER

M. Zemhari

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Objective: L'objectif de notre étude est d'analyser les aspects cliniques et évolutives des tumeurs de la vulve.

Method: Il s'agissait d'une étude descriptive et rétrospective étendue sur cinq ans. Nous avons inclus toutes les patientes admises pour une tumeur vulvaire. Nous avons collecté et analysé les données médicaux, la prise en charge avec une attention particulière sur les facteurs pronostics comme la récurrence et la survie.

Results: Quinze femmes répondaient à nos critères. L'âge moyen était de 64 ans. Le délai moyen de consultation était de 4 mois. La taille tumorale clinique était supérieure à un centimètre dans tous les cas. Toutes les patientes ont bénéficié d'une vulvectomie partielle ou totale associée à un curage ganglionnaire dans dix cas. Il s'agissait d'un carcinome épidermoïde dans treize cas, un carcinome verruqueux et un mélanome. Cinq patientes ont évolué vers une récurrence.

Conclusion: Les tumeurs de la vulve sont rares et surviennent à un âge tardif, le carcinome épidermoïde est la tumeur principale. Malgré les qualités de la prise en charge, le risque de récurrence est non négligeable. Une surveillance rapprochée et multidisciplinaire est primordiale.

P16.12 | THE MIMICS AND PITFALLS IN THE DIAGNOSIS OF GESTATIONAL TROPHOBLASTIC NEOPLASIA: A CASE SERIES AND LITERATURE REVIEW

CATEGORY: WOMEN'S CANCER

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Objective: Gestational trophoblastic neoplasia (GTN) is a highly treatable malignant tumor diagnosed through a combination of clinical presentation, ultrasonographic findings, and elevated serum bhCG. The purpose is to describe similar case presentations that may mimic GTN among patients with an anterior lower uterine segment (LUS) mass and elevated bhCG values.

Method: Three cases of anterior LUS mass with previous cesarean sections were referred to a trophoblastic disease center due to the diagnosis of GTN. Each case had a similar initial presentation but had different management due to variation of the clinical courses and the results of the work-up. Sociodemographic profile of the patients and literature search of similar cases were reviewed.

Results: The first two cases had an ultrasound showing 6–7 cm vascular LUS mass and bhCG of 280 and 7781 mIU/mL, respectively. The first was given methotrexate and histopathology of hysterectomy specimen showed no abnormal placentation. The second showed decreasing trend of bhCG with spontaneous resolution of the mass before chemotherapy hence observed. The third showed a 1.5 cm mass and bhCG of 858 mIU/mL in a GTN low-risk with recurrence. Patient was given chemotherapy and hysterectomy revealed choriocarcinoma.

Conclusion: Post-abort accreta, retained products of conception, and GTN have similar clinical presentations manifesting as a vascular mass with elevated serum bhCG. Thorough clinical correlation with the imaging studies and the trend of serum bhCG levels is imperative since histopathologic confirmation is not mandatory prior to starting chemotherapy with GTN.

P16.13 | MICROBIOTA AND BREAST CANCER: SYSTEMATIC REVIEW AND META-ANALYSIS

CATEGORY: WOMEN'S CANCER

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Objective: To evaluate the occurrence of alterations in the intestinal microbiota in patients with breast cancer.

Method: A systematic review was carried out. The search was conducted in Medline, Embase, Web of Science, Google Scholar, and Cochrane Library databases. The search strategy used standardized keywords: "Microbiota", "Gastrointestinal Microbiome", "Breast

Cancer” and their synonyms. In the selection process, only observational studies that evaluated the composition of the intestinal microbiota of women with breast cancer were included. The meta-analyses were performed using RevMan software (version 5.4).

Results: Nine studies were included, 1730 women. The analysis of alpha diversity shows significant difference between the groups, SMD -0.34 , 95% CI -0.59 , -0.10 ($I^2=68\%$, $P=0.007$, six studies, 1387 participants). According to the BMI, alpha diversity in eutrophic women was SMD -0.49 , with 95% CI -0.94 , -0.04 ($I^2=78\%$, $P=0.03$, 4 studies, 470 participants). In overweight and obese women, it was SMD -0.20 , with 95% CI -0.51 , 0.11 ($I^2=52\%$, $P=0.20$, 3 studies, 917 participants).

Conclusion: The evidence found shows that women with breast cancer have less alpha diversity. According to the BMI classification, women with breast cancer and eutrophy have less diversity than overweight and obese women.

P16.14 | RETROSPECTIVE STUDY OF 17 CASES OF ENDOMETRIAL CARCINOSARCOMA: EXPERIENCE OF THE HASSAN II UNIVERSITY HOSPITAL OF FEZ
CATEGORY: WOMEN'S CANCER

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Objective: Carcinosarcoma is a rare and aggressive cancer that combines a sarcomatous and carcinomatous component. It can occur in various locations in the body, but the gynecological location is the most common. Specifically, carcinosarcoma accounts for 2%–5% of endometrial cancers and 1% of ovarian cancers.

Method: A retrospective study was conducted at our institution between January 1, 2018 and December 1, 2022, to analyze the data of 113 patients who were hospitalized for endometrial cancer management. Out of these patients, 17 patients were diagnosed with uterine carcinosarcoma and included in the study. The average age was 54.7. All patients consulted for metrorrhagia peri-menopausal/post-menopausal. Pelvic-ultrasound showed an intracavitary image in 11 patients and suspicious endometrial thickening in 6.

Results: Preoperative histology diagnosed carcinosarcoma in only 10 cases. Pelvic-MRI classified 2 tumors as stage Ia, 4 as Ib, 3 as Ic, 1 as II, 5 as IIIa, 2 as IIIc. Two patients had metastases on CT-scans. Surgical treatment was the first-line approach, two patients had neoadjuvant-chemotherapy. Adjuvant-chemotherapy/radiotherapy were administered to 8/3 patients. Four patients refused any additional-treatment. The median survival was 13 months, five patients are still undergoing chemotherapy/radiotherapy, four are lost to follow-up.

Conclusion: Uterine carcinosarcomas are rare and aggressive tumors that require prompt attention. Surgical intervention is the recommended first-line treatment, and adjuvant chemotherapy has shown promising results. The role of radiotherapy in the management of carcinosarcoma remains to be further explored.

P16.15 | RADIO-HISTOLOGICAL CORRELATIONS OF BIRADS 4 BREAST LESIONS (ABOUT 105 CASES): EXPERIENCE OF THE HASSAN II UNIVERSITY HOSPITAL OF FEZ
CATEGORY: WOMEN'S CANCER

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Objective: The Breast Imaging Reporting and Data System-BIRADS categorizes mammographic findings into six categories, with BIRADS-4 indicating a suspicious lesion. Correlation between radiological and histological findings is important to determine the best management approach. This study aimed to evaluate the radio-histological correlations of BIRADS-4 breast lesions at Hassan-II University-Hospital of Fez.

Method: This retrospective study included 105 cases of women who had undergone mammography and biopsy between January 2021 and December 2022. The radiological features of BIRADS 4 lesions were assessed, including size, shape, margin, and density. Histological findings were categorized according to the World Health Organization's breast tumor classification. The radio-histological correlations were analyzed, and statistical analysis was performed using SPSS software.

Results: Of the 105 cases, 68 (64.8%) were found to be malignant, and 37 (35.2%) were benign. The majority of the malignant lesions were invasive ductal carcinoma (IDC) (79.4%), followed by invasive lobular carcinoma (ILC) (10.3%). The most common radiological features of malignant lesions were irregular shape (73.5%), spiculated margin (73.5%), and high density (77.9%). There was a significant correlation between radiological and histological findings ($P < 0.001$).

Conclusion: This study highlights the importance of radio-histological correlations in the management of BIRADS-4 lesions. The majority of lesions were malignant, with IDC being the most common histological type. Irregular shape, spiculated margin, and high density were strongly associated with malignancy. These findings can guide clinical decision-making and improve patient outcomes.

P16.16 | SPECTRUM OF ABNORMAL CERVICAL LESIONS AND ITS CYTOHISTOLOGICAL CORRELATION: A STUDY FROM AN INSTITUTE OF NATIONAL IMPORTANCE OF WESTERN RAJASTHAN
CATEGORY: WOMEN'S CANCER

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Objective: The study aims to find out the pattern of cervical cytology on Papanicolaou smear (Pap smear) and its correlation with histopathological findings in the tertiary care referral centre of Western Rajasthan.

Method: This is a prospective study carried out over 2 years, in which all cervical cytology smears were reported as per the 2014

Bethesda system and abnormal cytology was correlated with histopathological findings in cases where cervical biopsy or total hysterectomy specimens were available.

Results: A total of 2291 cervical cytology smears were studied. 181 smear were unsatisfactory for evaluation. 86.51% smears were NILM. Out of 61 abnormal smears, ASC-US seen in 42.62% cases, ASC-H in 14.75%, LSIL in 6.56%, and 14.75% were positive for HSIL. Invasive squamous cell carcinoma was seen in 11.48% and 3.28% cases were positive for adenocarcinoma. AGUS diagnosed in 6.56%. In our institutional study, specificity was 81.58% and sensitivity 83.33%. The cytohistopathological correlation was 68.18%, with HSIL (88.89%) having the highest correlation.

Conclusion: In the present scenario, Pap smear test is considered the best screening method for cervical carcinoma. Biopsy is considered to be the gold standard for carcinoma cervix provided taken from representative areas.

P16.17 | EVALUATION OF 30-DAY HOSPITAL READMISSION AFTER SURGICAL CYTOREDUCTION OF PATIENTS WITH EPITHELIAL OVARIAN CARCINOMA

CATEGORY: WOMEN'S CANCER

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Objective: In this study, it was aimed to determine the rate of re-admission to the hospital in the first 30 days after primary debulking surgery (PDS) or neoadjuvant chemotherapy followed by interval cytoreduction (NACT+ICS) in patients with epithelial ovarian cancer and factors associated with 30-day readmission after epithelial ovarian cancer surgery.

Method: 442 patients who underwent surgical cytoreduction due to epithelial ovarian cancer in the University of Health Sciences Etilik Zübeyde Hanım Gynecology Training and Research Hospital between January 2006 and 2021 were retrospectively analyzed. Data of the patients, it was determined that they were re-admitted to the hospital within the first 30 days after the treatment or not. Reasons for their readmissions, the relationship between re-admissions and demographic data, characteristics of tumors, and surgeries were examined.

Results: 115 patients (26%) had Stage I, 26 (5.8%) had Stage II, 265 (59.9%) had Stage III and 36 (8.1%) had Stage IV tumors. Performed NACT+ICS in 36 (8.1%) patients, and PDS in 406 (91.9%). 71 (16.1%) patients had re-admissions within the first 30 days. Surgical site infections were the most common reasons. The rate of re-admission was 16.7% in NACT+ICS, and 16% in PDS ($P=0.918$). Re-admission rates was 14.2% in early stage tumors (stage I-II), 16.9% in advanced stage (stage III-IV) tumors ($P=0.477$).

Conclusion: The readmission rate was 16.1%. Although re-admissions are not a serious cause of mortality, they cause delays in treatment due to morbidity and delay in starting chemotherapy. In this context,

prediction and preventing re-admissions will reduce morbidity, help to the treatment of the patient and reduce health care costs.

P16.18 | THE DIFFERENCE BETWEEN ESTROGEN RECEPTOR AND PROGESTERONE RECEPTOR POSITIVITY IN TYPE I AND TYPE II ENDOMETRIAL CANCER

CATEGORY: WOMEN'S CANCER

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Objective: Endometrial cancer is a major gynecological cancer in women and can be classified into two types: type I and type II. This study aims to investigate the differences in ER and PR positivity between Type I and Type II endometrial cancer.

Method: A retrospective analysis was performed on medical records of 170 endometrial cancer patients who underwent molecular analysis between 2010 and 2022 at a single-center. Immunohistochemistry was used to assess ER and PR expression in tumor samples, and the results were compared between the two groups.

Results: The study found that ER or PR positivity was significantly higher in Type I endometrial cancer compared to Type II endometrial cancer (Type I—84.21% vs Type II—65.45%). Specifically, ER positivity was observed in 78.79% of Type I compared to 55.93% of Type II. And PR positivity was 80.36% of Type I compared to 50.91% of Type II endometrial cancer.

Conclusion: In conclusion, the results of this study highlight the importance of distinguishing between Type I and Type II endometrial cancer and tailoring treatment strategies accordingly based on the expression of ER and PR.

P16.19 | CORRELATION BETWEEN MISMATCH REPAIR STATUS AND LYMPH NODE METASTASIS IN ENDOMETRIAL CANCER

CATEGORY: WOMEN'S CANCER

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Objective: Mismatch repair (MMR) deficiency is known to play a critical role in the development of endometrial cancer, but its association with lymph node metastasis and recurrence remains unclear. In this study, we aimed to investigate the correlation between MMR status and lymph node metastasis/recurrence rate in endometrial cancer.

Method: We retrospectively analyzed 59 patients with endometrial cancer who underwent surgery and received MMR testing at our institution between 2010 and 2022. Immunohistochemistry was performed to assess the expression of MMR, including MLH1, PMS2, MSH2, and MSH6.

Results: Of these patients, 14 (23.7%) had MMR deficiency. The MMR deficient group had a higher proportion of early stage (stage I and II) compared to the MMR proficient group (78.6% vs 64.4%). However, lymph node metastasis was more common in the MMR deficient group (21.4%) compared to the MMR proficient group (13.3%) ($P=0.038$). Furthermore, the recurrence rate was higher in the MMR deficient group (21.4% vs 15.6%).

Conclusion: MMR status may serve as a useful biomarker to predict the risk of lymph node metastasis and recurrence in patients with endometrial cancer. Knowing the MMR status before surgery may help in determining an appropriate surgical plan, which could potentially improve the prognosis and quality of life of the patients.

P16.20 | DIAGNOSTIC ACCURACY OF HAND-HELD COLPOSCOPE IN COMPARISON WITH STANDARD COLPOSCOPE IN PATIENTS WITH ABNORMAL CERVICAL CYTOLOGY OR VISUAL INSPECTION WITH ACETIC ACID (VIA) POSITIVITY

CATEGORY: WOMEN'S CANCER

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Objective: To compare the diagnostic accuracy of hand-held colposcope (Gynocular) versus standard colposcope, in women with abnormal cervical cytology or Visual Inspection with Acetic acid (VIA) positivity.

Method: This crossover, randomized clinical trial was conducted in Pondicherry, India, and included 230 women referred for colposcopy. Swede scores were calculated using both the colposcopes and cervical biopsy was taken from the most abnormal looking area. The Swede scores were compared with the histopathological diagnosis which was used as reference standard. The level of agreement between the two colposcopes was calculated using Kappa (κ) statistics.

Results: The level of agreement of Swede score between standard colposcope and Gynocular and was 62.56%, and the κ statistic was 0.43 ($P<0.001$). Cervical intraepithelial neoplasia (CIN) 2+ (CIN 2, CIN 3, CIN 3+) was diagnosed in 40 (17.4%) women. There were no significant differences between the two colposcopes in sensitivity, specificity and predictive values in detecting CIN 2+ lesions.

Conclusion: Gynocular colposcope has a good level of agreement with standard colposcope in diagnosing CIN.

P16.21 | COMPARISON OF THE GENERAL SURVIVAL AND MORBIDITY OF THE PATIENTS DIAGNOSED WITH FIGO STAGE 3 AND 4 EPITHELIAL OVARIAN/TUBA/PERITONEUM CANCERS, WHO UNDERWENT STANDARD (RADICAL) AND ULTRA-RADICAL SURGERY ACCORDING TO NICE CLASSIFICATION IN A THIRD-STAGE CENTER

CATEGORY: WOMEN'S CANCER

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Objective: Comparison of the overall survival and morbidity of patients with advanced epithelial ovarian/tubal/peritoneal cancer who underwent standard (radical) and ultra-radical surgical procedures according to NICE classification in the gynecological oncology service of our hospital, where many patients diagnosed with advanced ovarian cancer were referred and followed up.

Method: In this study, the overall survival, progression-free survival, and morbidity of 282 patients with 2014 FIGO stage III-IV epithelial ovarian cancer who underwent standard (radical) and ultra-radical surgery according to NICE classification in the Gynecological Oncology Clinic between January 2006 and January 2019 were compared retrospectively. The effects of parameters such as pre-operative, postoperative, and post-adjuvant chemotherapy CA-125 values, type of surgical procedures, residual tumor, and FIGO surgical stage on overall survival were investigated.

Results: In the ultra-radical group, intraoperative drain placement rate ($P<0.001$), number of drains placed ($P<0.001$), postoperative complication ($P<0.001$), postoperative histopathological grade ($P=0.023$), FIGO stage ($P<0.001$), death rates at 3 years, mortality rates ($P=0.003$) and patients' mortality rates ($P=0.035$) were statistically significantly higher. FIGO stage and the total number of metastatic lymph nodes were found to be prognostic factors independent of other variables in terms of overall survival and progression-free survival.

Conclusion: In the treatment of epithelial ovarian cancer, evaluating the extent of the tumor before the surgery and showing maximal effort to minimize the residual tumor volume instead of applying ultra-radical procedures as the first choice seems to be the most important factor that can affect survival.

P16.22 | COST-EFFECTIVENESS ANALYSIS OF CERVICAL CANCER SCREENING STRATEGIES AMONG WOMEN IN NIGERIA: A MARKOV MODEL-BASED STUDY

CATEGORY: WOMEN'S CANCER

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Objective: Cervical cancer is the second most common cancer among women in Nigeria, causing a significant number of deaths.

With an increasing number of new cases annually, effective prevention strategies are crucial. This study assesses the cost-effectiveness of various screening strategies compared to non-screening from a societal perspective.

Method: A nine-cycle Markov model simulated 10000 women for a cost-effectiveness analysis. Transition probabilities between four health states (Healthy, Early Stage, Late Stage and Death), QALYs, and costs were incorporated using data from various sources to generate Life years, QALY gained, and respective ICERs. We compared regular screening (interval: 3.5–5.5 years) and irregular screening (interval: 3.5–7.5 years) strategies to non-screening from a societal perspective at a 6% discount rate. Sensitivity analyses ensured result robustness.

Results: Both regular and irregular screening for cervical cancer prevention demonstrated a significant increase in life years gained compared to non-screening (51.9 vs 46.1 years). Both strategies incurred higher costs (\$ 2, 288.4 vs \$757.5) compared to non-screening strategy. The Incremental Cost-Effectiveness Ratio (ICER) was estimated at (\$44.1 vs \$16.4) per additional life year gained for both strategies compared to non-screening.

Conclusion: Regular and irregular screening strategies prove cost-effective, with a significant increase in life years gained compared to non-screening. Decision-makers should prioritize its implementation to reduce the burden of cervical cancer and improve patient outcomes. Further research is warranted for long-term evaluation and optimization of screening strategies.

P16.23 | ADJUVANT TREATMENT AFTER RADICAL SURGERY FOR FIGO 2018 STAGE IB2 CERVICAL CANCER - WHICH ARE THE RISK FACTORS?

CATEGORY: WOMEN'S CANCER

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Objective: Patients who undergo radical hysterectomy may require postoperative adjuvant radiotherapy. The recommendations for the management of early cervical cancer are that adjuvant radiotherapy should be considered in the presence of risk factors. The aim of this study is to outline the risk factors used for the adjuvant therapy option.

Method: We retrospectively reviewed the records of 43 patients with FIGO 2018 stage IB2 cervical cancer who underwent primary surgery either with ($n = 16$) or without ($n = 27$) adjuvant radiotherapy from January 2013 to December 2020. The inclusion criteria were: women diagnosed with stage IB2 cervical cancer; primary radical surgery with pelvic lymph node dissection with or without para-aortic lymph node dissection; and patients treated with or without postoperative adjuvant radiation therapy, concurrent chemoradiation therapy, or chemotherapy.

Results: There were 16 and 27 patients treated with or without adjuvant therapy, respectively, after radical hysterectomy. Age, operation method, histologic type, and pelvic and para-aortic lymph node sampling/dissection status were similar. The decision for adjuvant treatment after radical hysterectomy in patients with stage IB2 cervical cancer was influenced by: lymphovascular space invasion, 4.27% vs 73.3%, $P < 0.001$; deep stromal invasion, 37.5% vs 62.5%, $P = 0.002$. The involvement of parametrium and lymph node metastasis were not significantly different.

Conclusion: Adjuvant therapy should continue to be individualized in the intermediate risk clinical setting, such as lymphovascular space invasion and depth of stromal invasion.

P16.24 | DECISION CURVE ANALYSIS FOR SCREENING AND TREATMENT OF PRECANCEROUS CERVICAL LESIONS: RESULTS FROM THE ANRS 12375 STUDY

CATEGORY: WOMEN'S CANCER

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Objective: Using data from women living with HIV (WLWH) of Ivory Coast, Burkina Faso and Cambodia, we conducted a decision curve analysis to assess the value of different triage strategies for treatment decision after primary HPV test for cervical cancer screening.

Method: Between 2019 and 2021, 778 HPV+ participants had a visual assessment (VIA), and a histopathology result. The strategies assessed were to treat (1) all (HPV+) women, (2) women HPV16+, (3) women HPV16/18/45+, (4) women with positive extended partial genotyping (i.e. HPV16/18/45/31/33/35/52/58+), (5) women VIA+, (6) women VIA+ and/or HPV16/18/45+, (7) women VIA+ and/or with positive extended partial genotyping. A model-based decision curve including participant age, nadir CD4, HIV duration and tests results was also considered.

Results: Sensitivities of HPV16, HPV16/18/45 or extended partial genotyping were 36%, 52% and 87% while it was 90% for VIA. For threshold probabilities between 0.05 and 0.15 (i.e. 20 to 7 patients treated for 1 CIN2+), the strategies with VIA alone or VIA AND HPV16/18/45 showed the highest benefit. For thresholds ≥ 0.15 (i.e., ≤ 7 patients treated for 1 CIN2+), partial genotyping HPV16 alone provides the greatest benefit. The model-based approach was superior to all other strategies.

Conclusion: This analysis provides information to determine which HPV+ women should be treated in resource-limited settings where colposcopy and histopathology are not widely available. Including information on HIV history and age could significantly help treatment decision making for WLHIV undergoing HPV-based screening. These results should be replicated for validation.

P16.25 | INCIDENCE AND TREATMENT TRENDS OF CERVICAL PRECANCER LESIONS IN VIETNAM IN THE DURATION OF 18 YEARS, FROM 2002 TO 2020

CATEGORY: WOMEN'S CANCER

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Objective: To evaluate the trends of cervical precancerous diseases and the treatment progress of this disease at the leading large obstetrics and gynecology hospital in the South of Vietnam.

Method: We conducted a synthesis of cervical pre-cancer treatment data at Tu Du Hospital—Vietnam for 18 years, from 2002 to 2020. Data were collated on the high-risk HPV status, cervical cytology, histological findings from loop excisions, and results of completion procedures.

Results: The percentage of AIS/all dysplasia (i.e. CIN1+ CIN2+ CIN3+ AIS) stays the same, even after the increase in HPV testing. Nine of 55 patients (16.4%) with AIS were high-risk HPV negative. A median follow-up of 23.7 months in 72/74 AIS patients showed that there was no case of recurrent glandular or squamous abnormality of the vagina after LLETZ and subsequent hysterectomy, were performed.

Conclusion: Clinicians need to be aware of HPV negative glandular lesions when assessing symptomatic and asymptomatic patients.

P16.26 | PREGNANCY OUTCOMES IN FERTILITY-SPARING MANAGEMENT OF ENDOMETRIAL CANCER AND ATYPICAL HYPERPLASIA: A MULTICENTER COHORT STUDY

CATEGORY: WOMEN'S CANCER

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Objective: Endometrial cancer (EC) and atypical hyperplasia (AH) can occur in women of childbearing age. Fertility-sparing treatment may be considered after careful selection and counseling about the realistic chances and the possible risks of pregnancy. This study aimed to evaluate pregnancy outcomes in women with AH or early-stage EC managed conservatively.

Method: The French national cohort for Fertility preservation for AH/EC database was used to assess pregnancy outcomes from January 2010 to October 2022. When conception was reported, data on the fertility and pregnancy course was retrieved through medical records, and a descriptive analysis was conducted. Each pregnancy was considered as separate case. The primary endpoint was live birth rate. Secondary endpoints concerned maternal complications and fetal outcomes.

Results: Of 269 eligible patients, 95 pregnancies in 77 women were identified. Mean age was 33 years and BMI—30 kg/m², with 85%

having pre-existing infertility. Pregnancies were mainly obtained through ART (70%), mean time from diagnosis to conception was 24 months. The live birth rate was 61% (n = 58), while preterm delivery, early and late miscarriage rates were 26%, 5% and 6% respectively. Vaginal delivery was possible in 62%. Normal birth weight (mean = 3079 g) and no birth defects were observed.

Conclusion: Our findings suggest that the birth rate after conservative treatment in patients with EC or AH is acceptable, and pregnancies can have favourable outcome. Further studies are needed to confirm these observations and compare the results to the general population.

P16.27 | MICRORNAS AS A BIOMARKER FOR THE PROGNOSIS OF OVARIAN CANCER PATIENTS RECEIVING FIRST-LINE CHEMOTHERAPY

CATEGORY: WOMEN'S CANCER

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Objective: The present study aimed to investigate the clinical importance of a panel of six microRNAs (miRs) that includes miR-22, miR-27a, miR-141, miR-143, miR-205, and miR-429 to monitor the prognosis of ovarian cancer (OC) patients after each cycle of first-line chemotherapy.

Method: 77 newly diagnosed epithelial OC patients, who received either adjuvant/neoadjuvant chemotherapy with Paclitaxel and Carboplatin, were recruited from Chittaranjan National Cancer Institute. miRNA was isolated from serum and cDNA was synthesized, then their expression was detected before and after each cycle of chemotherapy using Real-Time PCR. The miRNAs of interest were validated and correlated with the clinical outcomes according to the RECIST criteria comparing different patient groups using two-way ANOVA in SPSS-16 software.

Results: The majority of patients were of Stages III (80.52%) and IV (15.58%) with serous subtype (81.81%). Expression of miR-27a, miR-141, miR-205, and miR-429 was elevated. Whereas, miR-22 and miR-143 expressions were demoted in higher-grade OC patients. After chemotherapy miR-27a, miR-141, and miR-429 levels were significantly decreased but miR-143 expression was upregulated among patients who achieved complete or partial response compared to those who achieved no response ($P \leq 0.05$). However, no notable difference was found in miR-22 and miR-205 ($P \geq 0.05$) after the chemotherapeutic treatment.

Conclusion: Collectively, our results suggest that serum miR-27a, miR-141, miR-143, and miR-429 levels are related to the prognosis of OC patients. The expression levels of these miRs may be an independent predictor for the prognosis of OC. However, further investigation is needed to confirm the findings in a larger sample size.

P16.28 | CONCURRENT CHEMORADIOTHERAPY IN OLDER PATIENTS WITH CERVICAL CANCER: IMPACT OF RELATIVE DOSE INTENSITY AND OVERALL TREATMENT TIME
CATEGORY: WOMEN'S CANCER

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Objective: To investigate the relative dose intensity (RDI) of chemotherapy and the overall treatment time (OTT) of radiotherapy for older patients aged 65 years or older treated with concurrent chemoradiotherapy (CCRT).

Method: We analyzed cervical cancer patients treated with CCRT in our hospital from 2009 to 2019. The radiotherapy completion rate, RDI, OTT, adverse events, progression-free survival (PFS), and overall survival (OS) were retrospectively investigated. A total of 181 patients were eligible for this study and were divided into two age groups: ≥ 65 years ($n = 30$) and < 65 years ($n = 151$).

Results: Stage III/IV cancer was significantly more common in the older group, but there was no significant difference in OTT and radiotherapy completion rate. The median RDI was 0.62 in the older group, and 1.00 in the younger group ($P = 0.023$). However, there was no significant difference in the 5-year PFS/OS. In terms of late adverse events, there were significantly more fractures in the older group four patients (13.3%) compared to the younger group four patients (2.7%).

Conclusion: Although a low RDI was observed in the older group, it did not affect prognosis. However, attention should be paid to late adverse events in older patients.

P16.29 | PRÉDICTION DE MALIGNITÉ SELON LES CRITÈRES ÉCHOGRAPHIQUE D'IETA SUR L'ENDOMÈTRE DES FEMMES MÉNOPAUSÉES
CATEGORY: WOMEN'S CANCER

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Objective: Evaluer la sensibilité et la spécificité de l'échographie endovaginale selon les critères de "The International Endometrial Tumor Analysis Group (IETA)" dans l'orientation et le diagnostic des néoplasies endométriales.

Method: Il s'agit d'une étude prospective, observationnelle, bicentrique colligée dans les services de gynécologie obstétrique A du CHU Charles Nicolle et CHU Mongi Slim la Marsa—Tunisie entre le 1er janvier et le 30 décembre 2022 et qui a inclus 50 patientes prises en charge pour un saignement utérin anormal post ménopausique.

En fonction des critères d'IETA, l'opérateur a estimé le risque de malignité endométriale. L'analyse statistique a été réalisée par le test t de student.

Results: Nous avons diagnostiqué histologiquement six adénocarcinomes endométrioïde et un carcinome épidermoïde. Dans 60.6% des cas, l'épaisseur échographique de l'endomètre était supérieure à 4 mm ($P = 0.13$). Le score de vascularisation au doppler couleur chez les patientes porteuses de néoplasie endométriale était entre 3 et 4 ($P = 0.0002$). 27.3% des patientes avaient un endomètre d'aspect hétérogène ($P = 0.0001$). La sensibilité, la spécificité, VPP, VPN de l'échographie endovaginale selon les critères d'IETA dans la prédiction de malignité étaient respectivement de 100%, 63%, 33.3%, 100%.

Conclusion: L'échographie endovaginale selon les critères d'IETA permet d'estimer le risque de malignité avec une sensibilité de 100% et optimiser la prise en charge initiale, mais l'examen anatomopathologique reste le gold standard pour le diagnostic de certitude des pathologies malignes de l'endomètre.

P16.30 | KRUKENBERG TUMOR ORIGINATING FROM APPENDICEAL CARCINOMA MIMICKING OVARIAN ENDOMETRIOMA: A CASE REPORT
CATEGORY: WOMEN'S CANCER

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Objective: Krukenberg tumors (KT) are rare metastatic signet ring cell tumors of the ovaries, which typically exhibit bilateral lobulated solid masses on magnetic resonance imaging (MRI). This report shares a case of KT with a MRI image similar to endometrioma.

Method: This case was observed in Kushiro Red Cross Hospital, Japan in 2021. A 40-year-old primiparous woman without medical or family history presented to the hospital with an ovarian mass.

Results: MRI showed a cystic lesion in the right ovary, and high-intensity fluid content was found on T1 and T2-weighted image. Part of the cyst had a high-intensity nodule on diffusion-weighted imaging, suggesting a possibility of malignancy. We performed a laparoscopic right salpingo-oophorectomy, which led to a diagnosis of KT. Postoperative positron emission tomography-CT (PET-CT) revealed only a slight thickening of the appendix. A second laparoscopic surgery found out an appendiceal cancer as the primary lesion.

Conclusion: KT may present with images similar to endometrioma, so even when a primary ovarian tumor is suspected, metastatic tumors must also be considered. Appendiceal tumors are often too small to diagnose in preoperative tests. It is important to examine the abdominal cavity thoroughly, including the appendix, during initial surgery.

P16.31 | ETUDE DE LA SURVIE À 5 ANS DES FEMMES ATTEINTES DU CANCER DU SEIN AU NIVEAU DU CENTRE RÉGIONAL D'ONCOLOGIE D'AGADIR AU MAROC
CATEGORY: WOMEN'S CANCER

S. Mahlaq

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Objective: Le cancer du sein est actuellement le premier cancer chez la femme sur le plan mondial. L'objectif de la présente étude était l'analyse de la survie chez les femmes atteintes du cancer du sein au niveau du Centre Régional d'Oncologie d'Agadir (CRO) au Maroc et d'identifier les facteurs y associés.

Method: A cet effet, une étude épidémiologique rétrospective a été menée au niveau du CRO d'Agadir sur les dossiers des patientes enregistrées durant l'année 2017, et pour répondre aux questions de recherche, une fiche d'exploitation était confectionnée, la collecte des données a été réalisée via l'exploitation des dossiers qui répondent aux critères d'inclusion et d'exclusion, L'analyse de la survie (test Kaplan Meier et le test Log Rank) était faite à l'aide du logiciel Jamovi 2.2.3.

Results: 163 cas de cancer du sein ont été inclus. L'âge moyen était de 50.52 ans, 74% non scolarisées, 36% ont un grade SBR III, et 77% ont subi une mastectomie. L'analyse des données a permis de dégager que le taux de survie chez les femmes atteintes du cancer du sein est de 59% à 5 ans, et qu'il y a une relation statistiquement significative ($P < 0.05$) entre la survie et des facteurs sociodémographiques et cliniques.

Conclusion: La mise en évidence l'importance de dépistage précoce pour éviter les stades avancés et métastatiques. ainsi qu'un suivi clinique et social des cas diagnostiquées restent les points focaux pour réduire la mortalité et allonger la survie des femmes atteintes du cancer du sein dans notre contexte de l'étude.

P16.32 | COMPARING THE POWER OF IOTA SIMPLE RULES AND RMI INN PREDECTING OVARIAN CANCER IN POSTMENOPAUSAL WOMEN
CATEGORY: WOMEN'S CANCER

S. Bouguerra

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Objective: Our study was conducted to optimize the management of ovarian cysts in postmenopausal women by improving the preoperative assesment and therefore minimizing the rate of surgical interventions.

Method: The study included 40 menopausal women who all had a primary evaluation using respectively IOTA simple rules and RMI. An ultrasound exam along with a Cancer Antigen125 (CA125) blood test were used to calcuate RMI. All te selected patients had surgery

after their first exam. The specificity, sensitivity and accuracy of IOTA and RMI were evaluated.

Results: The specificity of IOTA simple rules was 85.71%, the sensitivity 96.3%, the accuracy was 87%. RMI had a specificity of 60%, a sensitivity of 93.3% and an accuracy of 67%.

Conclusion: The simple rules of IOTA had a superior power in predicting the risk of ovarian cancer in post menopausal women with an ovarian cyst.

P16.33 | SUCCESSFUL PREGNANCY OUTCOME FOLLOWING WHIPPLE PROCEDURE FOR DUODENAL ADENOCARCINOMA AND ITS COMPLICATIONS - A CASE REPORT AND REVIEW OF LITERATURE
CATEGORY: WOMEN'S CANCER

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Objective: Reports of successful pregnancy following Whipple procedure are exceedingly rare with less than 10 cases reported in literature. We report a case of successful pregnancy outcome following Whipple operation and chemotherapy. The aim is to highlight the scenario, associated complications and direct attention towards such complicated cases for better management.

Method: We hereby have reviewed the literature for similar procedure and outcomes.

Results: The pregnancy was managed well with ongoing complications due to post-gut surgery and immunocompromised state that lead to tuberculosis and thrombosis in postpartum period.

Conclusion: A multidisciplinary approach with specific vigilance towards complications and superior antenatal care remains the key to successful outcome. A management guideline can be proposed for such cases when encountered for better treatment protocol.

P16.34 | PRIMARY OVARIAN LEIOMYOSARCOMA IN A 72-YEAR-OLD NULLIGRAVID AND THE 2022 PROVISIONAL DIAGNOSTIC CRITERIA FOR PRIMARY OVARIAN LEIOMYOSARCOMA
CATEGORY: WOMEN'S CANCER

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Objective: This report aims to propose diagnostic criteria for Primary Ovarian Leiomyosarcoma (POLMS) that encompass the clinical, surgical, histopathologic, and immunohistochemical aspects of the disease, derived from the most recent published papers on POLMS.

Method: A case study on 72-year-old nulligravid with transrectal ultrasound showing right ovarian new growth with malignant features with unremarkable uterus. She underwent primary cytoreductive surgery. Histopathologic diagnosis was ovarian leiomyosarcoma,

positive immunohistochemical staining for desmin, S-100 protein, SMA, and EMA. She refused adjuvant chemotherapy postoperatively. Review of literature for the past 10 years has shown that POLMS is difficult to detect pre-operatively and there are no existing definite criteria that will lead to its diagnosis.

Results: Patient's gross and microscopic examinations of the tumor along with strong positivity for SMA and desmin supports the diagnosis of leiomyosarcoma. Clinical presentation of hypogastric pain, a palpable unilateral abdominal mass, ultrasonographic evidence of an ovarian new growth, intraoperative findings of partially cystic mass with solid areas densely adherent to the right ovary, and absence of direct connection to and pathology in the uterus and other adjacent organs validate that the leiomyosarcoma is primarily ovarian.

Conclusion: Review of literature for the past 10 years has shown that POLMS is difficult to detect pre-operatively and there are no existing definite criteria that will lead to its diagnosis. Provisional diagnostic criteria for POLMS encompassing the clinical, sonographic, gross, microscopic, and immunohistochemical aspects of the disease is hereby proposed.

P16.35 | STUDY OF PREVALENCE OF ENDOMETRIAL PATHOLOGY IN WOMEN WITH POST MENOPAUSAL BLEEDING USING ENDOMETRIAL THICKNESS AND HISTOPATHOLOGY
CATEGORY: WOMEN'S CANCER

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Objective: To determine the association between the endometrial thickness measured by ultrasound and the histopathology obtained by endometrial biopsy in women with post menopausal bleeding.

Method: Study design: Cross-sectional study. Study place: Our multi-specialty hospital. Study population: women with post menopausal bleeding attending our gynae clinic. Inclusion criteria: age more than 40 years and amenorrhoea for a period of at least 1 year. Absence of other pelvic pathology and bleeding disorders. Women not on any hormonal treatment. Exclusion criteria: women on hormonal replacement therapy. Women with blood dyscrasias. Women on anticoagulants.

Results: Mean age: 61. As the duration of menopause increases the incidence of post menopausal bleeding decreases. The mean duration of menopause was 10–11 years. Majority of women having high parity more predisposed. Nulliparous women were least. Women with co morbid condition showed more incidence than those without. USG—Mean endometrial thickness was 10.69 mm. More homogenous than heterogenous. More with regular margins. HPE—commonest atrophic endometrium.

Conclusion: PMB is symptom of various endometrial pathology, thorough diagnostic evaluation mandatory. ET and morphological features together aid diagnosis. TVUS cannot replace the gold standard diagnostic techniques, hysteroscopy and biopsy. But can be used as first investigation in PMB sensitivity, specificity of TVUS diagnosing endometrial pathology was 58.7%, 98.2% respectively.

P16.36 | DOES THE NEED FOR INTRAVENOUS ANTIBIOTICS DURING ADJUVANT CHEMOTHERAPY AFFECT OUTCOME IN TRIPLE NEGATIVE BREAST CANCER?

CATEGORY: WOMEN'S CANCER

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Objective: The anti-tumor response of the immune system during chemotherapy is crucial for effective treatment especially in triple negative breast cancer (TNBC), where targeted therapies are limited. A common side effect of chemotherapy is a myelosuppression clinically presented as neutropenia with or without fever requiring antibiotic treatment.

Method: Data from 1224 Patients with early TNBC that participated in the SUCCESS A, B or C study were evaluated. Each patient underwent primary surgery followed by 6 cycles adjuvant chemotherapy according to the study protocol (anthracycline-taxan-based or anthracycline-free) and radiotherapy if indicated. We investigated the associations between application of granulocytes stimulating factors (GCSF), oral (OA) or intravenous (IA) antibiotics and outcome in terms of overall-survival (OS), progression-free-survival (PFS), breast-cancer-specific-survival (BCSS), and distant disease-free survival (DDFS).

Results: GCSF or OA treatment during chemotherapy was not associated with any of the survival parameters. However, patients who received IA during adjuvant chemotherapy had worse BCSS ($P=0.013$), OS ($P=0.027$), and DDFS ($P=0.042$) than patients without IA treatment, while there were no significant differences in PFS ($P=0.109$). Multivariable Cox regressions adjusted for other prognostic factors revealed a significant effect of IA treatment only for BCSS ($P=0.032$), but not for OS ($P=0.055$), PFS ($P=0.281$) and DDFS ($P=0.120$).

Conclusion: To sum up, GCSF and OA treatments during adjuvant chemotherapy do not negatively affect survival of patients with TNBC. In contrast, IA treatment seems to be a risk factor for inferior BCSS. Primary depression of immune system versus secondary effects due to delayed chemotherapy cycles could be possible mechanisms.

P16.37 | INCOME DISPARITY IN THE STAGE AT PRESENTATION AMONG NEW OVARIAN CANCER PATIENTS: A NATIONAL POPULATION STUDY OF SOUTH KOREA

CATEGORY: WOMEN'S CANCER

S. Choe

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Objective: This study was to assess the socioeconomic gradient in the 5-year survival among ovarian cancer (OC) patients in South Korea.

Method: Demographic and clinical data of all new OC patients nationwide in 2007–2017 were extracted from the Korea Central

Cancer Registry (KOCR) databases. We assessed the adjusted odds ratio (aOR) of distant metastasis at presentation and adjusted hazard ratio (aHR) of death within 5 years of diagnosis per level of income.

Results: Among a total of 31 391 new OC cases, 8.6% showed distant metastasis and 8.2% were stage unknown at presentation. Risk for distant stage was higher when the relative level of income is lower (aOR = 1.43, 95% confidence intervals [CI]: 1.25, 1.64, for the lowest compared to the highest). All-cause mortality within 5 years of diagnosis was higher when income was lower (aHR 1.22, 95% CI: 1.12–1.32, when comparing the lowest and the highest).

Conclusion: The stage at presentation is more likely to be advanced and mortality after OC diagnosis was higher when the income is lower. More focused approach would be necessary to rectify the income-based disparity in the risk of delayed diagnosis and mortality of OC.

P16.38 | COLLABORATIVE PARTNERSHIPS FOR ENHANCING COMMUNITY CANCER SCREENING INITIATIVE FOR WOMEN - NATIONAL CALL FOR ACTION

CATEGORY: WOMEN'S CANCER

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Objective: Community cancer screening is an essential tool for reducing cancer related mortality in women. Despite availability of effective screening tools, uptake of screening is dismal. The Federation of Obstetrics & Gynecological Societies of India (FOGSI), gave a National Call for community-based cancer screening and was implemented by affiliated local societies.

Method: A 7 days observational study was carried out in 62 local gynecological societies affiliated to FOGSI during the world cancer screening week of February 2023, after due ethical approval. Free community-based screening camps were arranged, with facilities for Pap smear, Visual inspection with acetic acid (VIA) and clinical breast examination. A structured format was used for reporting the demographics and the findings of screening tests. Results were presented as percentages and proportions.

Results: 4267 women were screened, 51% were from rural area. Serosanguinous discharge was found in 21.1%. Marriage prior to 18 years was seen in 13.8%; 22.7% were Para 3 and above; 54.2% were not using contraception. Previous pap smear uptake was 9%, HPV testing was 2%, HPV vaccination was 2.4% and self-breast examination was 12.6%. Breast cancer screen positive were 1.2%; 9% were VIA positive and were referred for treatment.

Conclusion: Screening for cancers is not popular in Indian women. A focused effort from FOGSI could create a visible impact and help improve detection rates in the community. Consistent efforts need to be made to increase use of existing screening tools. There is an urgent need to push HPV vaccination initiatives.

P16.39 | THE LATISSIMUS DORSI MUSCLE FLAP AND IMPLANT DELAYED BREAST RECONSTRUCTION IN POST-CANCER: A TECHNIQUE THAT IS STILL CURRENT?

CATEGORY: WOMEN'S CANCER

S. Mazellier

Service de Gynécologie Obstétrique CHU de Besançon France, France

Objective: The objective of our study was to evaluate the characteristics and complications of patients who undergo mixed BR and to analyze the functional, aesthetic and satisfaction results of these patients in the long term.

Method: We retrospectively evaluated the characteristics and satisfaction of patients after delayed and mixed BR combining Latissimus dorsi muscle flap (LDMF) and implant in a university plastic surgery department. Satisfaction was quantified by three questionnaires: the "DASH", the postoperative "BREAST-Q" and a questionnaire developed by our department including body mass index, smoking, patient satisfaction, donor site scar pain, upper extremity and back pain and Latissimus dorsi muscle contraction.

Results: From 2003 to 2015, 132 patients underwent surgery, a total of 135 BR, a mean age of 50.9 a mean follow-up of 11.5. Of these, 72.6% had axillary curage and 67.4% had radiotherapy. The rate of postoperative complications according to Clavien-Dindo from grade I to III at the recipient and donor sites was 66%. The participation rate for the questionnaires was 67.2%. The average DASH score was 18.95 and the factors significantly influencing this score were axillary curage, embarrassing and/or painful scarring.

Conclusion: This mixed technique has been supplanted by the rise of free flaps, muscle-sparing flaps and fat transfer. It still has its place, especially in thin women, or women with poor quality chest skin, without the need for more frequent changes of prosthesis when wearing an implant.

P16.40 | IATROGENIC SPINAL CORD ISCHEMIA DURING GYNECOLOGIC SURGERY

CATEGORY: WOMEN'S CANCER

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Objective: We herein report iatrogenic spinal cord ischemia during primary debulking surgery for ovarian cancer. Iatrogenic spinal cord ischemia is occasionally observed during endovascular surgery. However, it is rarely reported in case of gynecologic surgery.

Method: This is a case report of a 48-year-old woman. She was originally planned for total laparoscopic hysterectomy, right salpingo-oophorectomy and left salpingectomy for right ovarian cyst. However, the ovarian cyst was diagnosed malignant during surgery. After abdominal total hysterectomy, she complained numbness in lower extremity. Spinal cord ischemia was diagnosed. This case was observed in the department of obstetrics and gynecology in Teine Keijinkai hospital in 2022.

Results: After right ovarian cyst was diagnosed malignant during surgery, we performed total abdominal hysterectomy, bilateral salpingo-oophorectomy and low anterior resection of the rectum. She was diagnosed with endometrioid ovarian cancer, stage IIB. The patient complained lower extremity numbness and paresthesia. MRI showed hyperintensity on T2 weighted images in the spinal cord at the level of T3–T8, and spinal cord ischemia was diagnosed. She is in rehabilitation. **Conclusion:** Iatrogenic spinal cord ischemia is a rare complication during surgery. Non-aortic surgery has the poor outcomes. In this case, it was assumed changes in blood pressure during surgery or fat embolism caused spinal cord ischemia. In case of long gynecologic surgery, spinal cord ischemia should be noted.

P16.41 | EXPLORING AND EXAMINING THE AI-BASED SMART SCOPE® TECHNOLOGY FOR SAVING THE LIVES OF WOMEN AND GIRLS FROM CERVICAL CANCER (CC) BY EARLY DETECTION AND MANAGEMENT IN THE OUTREACH RESOURCE CONSTRAINT SETTINGS IN INDIA – A MIXED METHOD STUDY IN TWO REMOTE LOCATIONS IN INDIA
CATEGORY: WOMEN'S CANCER

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Objective: Globally in 2018, estimated 570000 cervical cancer cases were diagnosed, and 3.11000 (55%) women died from this disease. A study was conducted in 2021, to examine the feasibility of cervical cancer screening by CHWs using Smart Scope® in the outreach-settings for timely diagnosis and management among underprivileged and vulnerable population.

Method: A pilot study was conducted on AI-based technology Smart Scope® device for early detection and management of CC in two clinic's outreach areas of Family Planning Association of India (FPAI). It used mixed method with semi-structured survey tools. 403 eligible walk-in women were screened assuming 32%, women as positive with 5% absolute precision, 95% CL. IRB approval was sought on the methods and tools. Descriptive and multivariate analysis was carried out to present the results.

Results: Smart Scope® device gives better visualization of cervix and produces results quickly. Per-client cost ranges from INR200/- (VIA) to INR400/- (PapSmear). Mean age of women screened for cervical cancer was 36 years and 94% women were currently married. 37% of women were diagnosed with abnormal findings/images, showing images in 'Red' color. 63% of them were timely referred to the facilities for further treatment. 87% women rated 'score-8' on satisfaction and 98% agreed for recommending this service.

Conclusion: Smart Scope CC screening model was proved as feasible and cost-effective model. With minimal literacy of outreach workers, maximum number of women were screened quickly in the community. The outreach model could save the cost and reduce the

burden of health system, averting CC-related female mortality to a large extent.

P16.42 | INCIDENTAL FINDING OF ENDOMETRIAL CARCINOMA IN A SUSPECTED MOLAR PREGNANCY: A CASE REPORT
CATEGORY: WOMEN'S CANCER

Y. Tang

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Objective: Endometrium cancer is the most common gynecological cancer in developed countries. However, it is rarely seen during pregnancy. In literature, there are 29 cases reported since 1996 and majority were detected in the first trimester. We present a case of endometrial carcinoma in the background of suspected molar pregnancy. **Method:** The case report is based on a 39-year-old G4P1 lady who presented to urgent O&G center at 5+3 weeks amenorrhea for PV bleeding in Dec 2022. Serum hCG was 14634 iu/L and US pelvis showed echogenic material in the endometrial cavity with no gestational sac. The diagnosis of PUL was made and she had hCG trending which showed suboptimal rise to 22546 iu/L. Repeat scan was done and findings were suspicious of a molar pregnancy.

Results: She underwent evacuation of uterus and histology showed focal well differentiated endometrioid adenocarcinoma with background CAH and complex hyperplasia without atypia. Product of conception was also confirmed. Staging scans were done which confirmed radiological stage 1 disease. She was reviewed in oncology clinic and decided to proceed with definitive surgery. She underwent TLHBS with SLNB and final histology showed CAH with no residual endometrial adenocarcinoma. Patient recovered well and is on regular follow up.

Conclusion: Suspicious radiological findings in early pregnancy should prompt meticulous historical evaluation to rule out malignancy although endometrial cancer is rare in pregnancy.

P16.43 | EXOSOMAL MIR-148A-3P SERVES AS TUMOR SUPPRESSOR FOR OVARIAN CANCER
CATEGORY: WOMEN'S CANCER

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Objective: Cisplatin-based chemotherapy is the first-line treatment for ovarian cancer (OVCA), nevertheless, OVCA cells develop cisplatin-resistance during treatment, causing poor prognosis. Exosome is associated with chemoresistance in various cancers, whereas such a role in OVCA is not yet clear. This study focused on the mechanism of exosomes regulating cisplatin-resistance in OVCA.

Method: High-Throughput-Sequencing was used to measure miRNA levels in exosomes isolated by A2780 and cisplatin-resistant A2780-DDP. Exosomal miRNAs associated with cisplatin-resistance, prognosis were identified using computational studies. The crucial miR-148a-3p were selected for further investigation based on bioinformatics approaches. Gain- or loss-functional assays were performed to define the function of miR-148a-3p, including PCR, WB, CCK8, colony formation, transwell, wound healing, and flow cytometry. The plasma exosomes and surgical tissues were collected to detect the expression level.

Results: The prognostic exosomal miRNAs-related cluster and signature were established. Bioinformatics approaches demonstrated crucial role of miR-148a-3p. Low expression of miR-148a-3p was observed in cell and tissues, especially cisplatin-resistant samples, while overexpressed in plasma and cisplatin-resistant exosomes. We confirmed the findings in both publicly available samples and the samples we collected. We found miR-148a-3p served as tumor suppressor. The inhibition of exosome release induced miR-148a-3p intracellular accumulation, the opposite was observed in the stimulative of exosome.

Conclusion: Our data elucidated an unappreciated mechanism of miR-148a-3p in tumor suppressing and cisplatin resistance for OVCA, indicating the potential of exosome exclusion of tumor suppressor miR-148a-3p to promotes malignancy and cisplatin resistance of OVCA. Detection of miR-148a-3p in body fluid could be used as the diagnostic marker for OVCA.

P16.44 | TUMOR INTRAVASCULAR PLATELET AGGREGATION IS ASSOCIATED WITH POOR PROGNOSIS AND ADVANCED STAGES IN PATIENTS WITH OVARIAN CARCINOMA
CATEGORY: WOMEN'S CANCER

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Objective: The purpose of this study was to investigate the association between tumor intravascular platelet aggregation and the prognosis of ovarian carcinoma patients.

Method: A total of 144 patients with ovarian carcinoma were enrolled in the current study. A retrospective review of medical records was conducted for each patient. Immunohistochemical staining for CD42b was performed using tissue microarray made with paraffin embedded tissue block to identify intravascular platelet aggregation in ovarian carcinoma. The staining was graded on a grade of 1–3 based on presence of platelet aggregation or microthrombus.

Results: Among the enrolled patients, 25 (17.4%) patients showed grade-1 staining (no platelet aggregation), 85 (59.0%) patients showed grade-2 (platelet aggregation), and 34 (23.6%) patients showed grade-3 (microthrombus). Platelet aggregation or microthrombus was more commonly observed in tissues of patients with advanced stage ovarian cancer ($P=0.002$). Survival analysis showed

that patients with intravascular platelet aggregation or microthrombus had a poorer prognosis than those without platelet aggregation (5-year OS: grade-1, 72.0%; grade-2, 55.3%; grade-3, 41.2%; $P=0.037$).

Conclusion: Tumor intravascular platelet aggregation is associated with poor prognosis in patients with ovarian carcinoma. This result appears to be due to the association of tumor intravascular platelet aggregation with advanced stages.

P16.45 | ELEVATED VAMP8 EXPRESSION REGULATES THE PROGRESSION OF HPV16-INFECTED CERVICAL LESIONS BY PROMOTING CELLULAR AUTOPHAGY
CATEGORY: WOMEN'S CANCER

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Objective: HPV16 is a central carcinogenic factor in cervical cancer. VAMP8 is a membrane-bound protein involved in intracellular vesicle transport and fusion processes, regulating various biological activities. This study aims to investigate the expression and biological function of VAMP8 in cervical disease progression.

Method: Proteomics analysis was employed to the relative expression of VAMP8. Lentiviral transduction was used to construct VAMP8 stably knocked down or overexpressed cervical cell lines. CCK-8, Transwell, and flow cytometry techniques were employed to the effects of VAMP8 on cell proliferation, migration, invasion, cell cycle distribution, and apoptosis. Transmission electron microscopy, immunofluorescence, and WB experiments were conducted to detect autophagy levels. Tumor growth and metastasis in vivo was evaluated using a nude mouse subcutaneous xenograft model.

Results: Proteomics analysis revealed that VAMP8 expression in HPV16-positive cervical tissues was significantly higher. In vitro experiments demonstrated that relative overexpression of VAMP8 in HPV16-positive cells resulted in increased autophagic flux, decreased cell proliferation, migration, invasion, increased apoptosis, and an increased proportion of cells in the G1 phase. In cervical cancer cell lines, high VAMP8 expression promotes autophagy and tumor cell growth. In vivo experiments confirmed that overexpression of VAMP8 promotes cervical cancer growth and metastasis.

Conclusion: VAMP8 promotes autophagy, inhibiting cellular function and maintaining homeostasis in early stages of persistent HPV16 infection. However, VAMP8 promotes tumor cell growth and metastasis which may due to the roles of autophagy at various stages of tumor development. VAMP8 may be a prognostic biomarker and therapeutic target for cervical cancer.

P16.46 | RECURRENT OVARIAN CANCER PRESENTED AS AN INTRAILEAL MASS: A REPORT

CATEGORY: WOMEN'S CANCER

Y. Ting; T. Chen; W. Chang

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Objective: We present a case of a platinum-sensitive ovarian cancer, which recurred in the ileal lumen after more than 1 year complete remission.

Method: Medical records including surgical finding, laboratory data and clinical image survey of the 49-years-old woman with recurrent ovarian endometrioid carcinoma were reviewed.

Results: The patient had received debulking surgery in 2020, with the pathology report of ovarian endometrioid carcinoma, right pelvic lymph node metastasis, FIGO stage IIIC. Complete remission was achieved after chemotherapy. Frequent dyspepsia and black stool presented however, without elevation of tumor marker. Image finding showed mass over the right pelvic region. Second look laparotomy found one 8 cm intraluminal tumor in the ileum. The pathology showed endometrioid carcinoma, metastatic.

Conclusion: We reported a case of recurrent ovarian cancer presented as an intra-ileal mass. Classic signs of small bowel tumor related to obstruction and bleeding were presented. Since the special pattern on this patient, a less common metastatic site, such as intestine, should be considered when patients presented unexplained gastrointestinal symptoms.

P16.47 | IDENTIFICATION OF POLQ AS A KEY GENE IN CERVICAL CANCER PROGRESSION USING INTEGRATED BIOINFORMATICS ANALYSIS AND EXPERIMENTAL VALIDATION

CATEGORY: WOMEN'S CANCER

Y. Zang

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Objective: As the most common gynecologic malignancy worldwide, cervical cancer (CC) is a serious hazard to women's health. Therefore, the present study aimed to identify the key genes in CC progression using integrated bioinformatics analysis and experimental validation.

Method: The mRNA microarray GSE63514 and miRNA microarray GSE86100 were obtained from the Gene Expression Omnibus database, and the differentially expressed genes (DEGs) and differentially expressed miRNAs (DEMs) in the progression of CC were identified. Thereafter, functional enrichment analysis, protein-protein interaction (PPI) network and miRNA-target regulatory network construction were performed. Then, experiments in vitro were performed to validate the role of the key gene in CC progression identified based on the results of integrated bioinformatics analysis.

Results: According to the bioinformatics analysis results, SMC4, ATAD2 and POLQ were identified as hub DEGs in the PPI network and were predicted to be regulated by the same DEMs. Of

note, SMC4 and ATAD2 are proved to be tumor-promoters in CC by previous studies. And the present study revealed that the down-regulation of POLQ restrained CC cell proliferation, migration and invasion, and promoted apoptosis and the arrest of the cell cycle in the G2 phase.

Conclusion: POLQ, which may have a close interaction with SMC4 and ATAD2, may serve a vital role in the progression of CC.

P16.48 | ANALYSIS OF THE VAGINAL MICROBIOME SPECIFIC TO HUMAN PAPILOMAVIRUS INFECTION AND CERVICAL CANCER DEVELOPMENT IN OKINAWA, JAPAN

CATEGORY: WOMEN'S CANCER

Y. Taira

University of the Ryukyus, Japan

Objective: This study aims to identify and compare the vaginal microbiome and human papillomavirus (HPV) for each cervical lesion in Okinawan women with a high incidence of cervical cancer.

Method: Between December 2017 and December 2021, vaginal secretions were collected from NILM, LSIL, HSIL, and cervical cancer (CC) cases histopathologically diagnosed at our hospital. Using 16S rRNA gene amplicon sequencing, vaginal secretions were analyzed for microbiome, and HPV typing tests were performed. HPV was divided into three groups: high risk (types 16 and 18), medium risk (types 31, 33, 35, 45, 52, and 58), and low risk (other HPV or undetectable).

Results: The analysis included 180 patients. *Lactobacillus iners* was the most common *Lactobacillus* spp. In all groups, with significant differences among all groups in the beta diversity analysis ($P=0.001$) and higher diversity in the CC group in the alpha diversity analysis. The vaginal microbiome of the high-risk group was more diverse than the other HPV groups ($P=0.003$), and this was also observed in the study limited to premenopausal women ($P=0.003$).

Conclusion: The vaginal microbiome of Okinawan women has a low number and high diversity of beneficial *Lactobacillus* spp., which may cause persistent HPV infection and contribute to the development of CC.

P16.49 | ETUDE DE LA QUALITÉ DE VIE ET DE VÉCU DES FEMMES ATTEINTES DE CANCER DU SEIN APRÈS LE TRAITEMENT: EXPÉRIENCE DU CMNM

CATEGORY: WOMEN'S CANCER

Z. Olfa

CMNM, Tunisia

Objective: Evaluer la qualité de vie, d'un échantillon de patientes atteintes de cancer du sein et d'étudier l'interaction de la qualité de vie avec les paramètres sociodémographiques, cliniques et thérapeutiques.

Method: Etude de type transversale descriptive étendue sur 24 mois 197 dossiers des patientes atteintes de cancer du sein.

Results: Une corrélation faiblement négative a été observée entre le score QLQ-C30 et l'âge des patients ($P=0.048$, $r=-0.192$). Plus l'âge était avancé, plus le score QLQ C30 était faible. Plus l'âge était avancé, plus le score QLQ C30 était faible. Le score QLQ-BR45 variait significativement en fonction du stade TNM ($P=0.003$). Le score QLQ-BR45 variait significativement en fonction du degré de tolérance de la chimiothérapie ($P=0.044$). Ce score était significativement plus élevé dans les cas d'hormonothérapie ($P=0.026$).

Conclusion: Le challenge de la qualité de vie doit être au cœur de notre prise en charge. Il faut renforcer nos collaborations avec les professionnels de santé pour concourir au bien être des patientes en considération les problèmes spécifiques de ces patientes atteintes de cancer du sein.

P17.01 | IMPLEMENTATION OF PROTEIN-TO-CREATININE DIPSTICK TEST FOR PROTEINURIA DETECTION IN GHANA: USER PERSPECTIVES, CHALLENGES, AND OPPORTUNITIES
CATEGORY: PREGNANCY

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Objective: To assess the appropriateness, acceptability, and feasibility of implementing the Test-It™ PrCr Urinalysis Dipstick Test (LifeAssay Diagnostics, South Africa) at three referral hospitals in Ghana.

Method: One hundred (100) healthcare professionals were trained on the PrCr test, which was integrated into protocols alongside standard-of-care tests between November 2021–April 2022. Test users completed questionnaires post-training, three focus group discussions and seven key informant interviews were conducted to evaluate test procedure comprehension, insights into training effectiveness, usability/user confidence, perceptions, attitudes toward the test, and barriers and facilitators of use of the PrCr test.

Results: High product usability, user confidence, and satisfaction were reported. Staff perceived the test as easy-to-use (19/20) and its use similar to current products in use. On the Systems Usability Scale (SUS), the test's score was 75. Facilitators of use included

effective trainings, product sensitization, and key stakeholder endorsement. Feasibility challenges included short shelf life of test strips (3 months) once opened, complexity of the ratiometric result interpretation, and the test's lack of other parameters.

Conclusion: Although the Test-It PrCr test is easy-to-use and well accepted, key product attributes limit its implementation feasibility. Future research and product development efforts should continue to explore innovations that can improve proteinuria identification and address limitations of this and other urine dipstick tests.

P17.02 | PREGNANCY OUTCOME IN WOMEN WITH GESTATIONAL DIABETES MELLITUS DIAGNOSED WITH ABNORMAL FASTING BLOOD GLUCOSE ALONE COMPARED WITH NORMAL FASTING BLOOD GLUCOSE ON 75 GRAMS ORAL GLUCOSE TOLERANCE TEST - A PROSPECTIVE COHORT STUDY

CATEGORY: PREGNANCY

H. Sagili; D. Nayak
JIPMER, India

Objective: To assess the pregnancy outcome in women with Gestational Diabetes Mellitus (GDM) diagnosed with Abnormal fasting blood glucose alone compared to those with Normal fasting blood glucose on 75g Oral Glucose Tolerance Test (OGTT).

Method: This prospective cohort study was conducted in Pondicherry, India. Maternal and perinatal outcomes were compared between 113 GDM women with Abnormal fasting blood glucose alone and 112 GDM women with Normal fasting blood glucose on 75g OGTT using the International Association of Diabetes and Pregnancy Study Groups criteria. Chi-square and Student t-test were used for the comparison of categorical and continuous variables respectively. $P < 0.05$ was taken as statistically significant.

Results: Congenital anomalies (3.1%), Extremely Low Birth Weight babies (0.4%), Stillbirth (0.4%), Need for intubation (1.3%), and Neonatal death (1.3%) were seen only in GDM with Abnormal fasting blood glucose alone. GDM with Normal fasting blood glucose when compared to Abnormal fasting blood glucose alone had a significantly increased need for Insulin (85.71 vs 14.29%, $P < 0.001$)/ Metformin (71.79% vs 28.21%, $P < 0.001$), more preterm labour (76.92% vs 23.08%, $P = 0.05$) and lesser Gestational Hypertension (27.78% vs 72.22%, $P = 0.08$).

Conclusion: GDM diagnosed with Abnormal fasting blood glucose alone appears to have predominantly adverse perinatal outcomes whereas the need for hypoglycaemic agents was significantly higher with Normal fasting blood glucose on 75g OGTT.

P17.03 | WEIGHT DEVELOPMENT FROM CHILDHOOD TO MOTHERHOOD: EMBODIED EXPERIENCES IN WOMEN WITH PRE-PREGNANCY OBESITY
CATEGORY: PREGNANCY

H. Sandsæter

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Objective: Pre-pregnancy obesity increases the risk of perinatal complications and lifestyle advice in antenatal care is therefore recommended. However, behavioral changes are difficult to achieve, and a better understanding of pregnant women's perspectives and experiences of pre-pregnancy weight development is crucial.

Method: Semi-structured interviews were conducted in 14 women with pre-pregnancy obesity from Norway 3–12 months postpartum. Data were analyzed using thematic analysis.

Results: Four themes were developed: (1) Unmet essential needs, (2) Genetic disposition, challenging life course transitions and turning points, (3) Subject to a critical eye- an ever-present bodily awareness, and (4) Wrestling with food. Parents' inability to meet children's essential needs contributed to weight gain through an unbalanced diet, increased stress, and emotional eating patterns. Body criticism and a feeling of not belonging led to a negative body awareness influencing behavioral patterns and relationships.

Conclusion: Healthcare providers should pay attention to the insider perspectives of pre-pregnancy weight development. An open and shared understanding of the root causes of these women's weight development can serve as a starting point for a more successful lifestyle guidance.

P17.04 | LEVOTHYROXINE TREATMENT FOR SUBCLINICAL HYPOTHYROIDISM DURING PREGNANCY: A SYSTEMATIC REVIEW AND META-ANALYSIS OF 71 RCTS
CATEGORY: PREGNANCY

H. Provinciatio¹; L. De Freitas²

¹Barao de Maua University Center, Brazil; ²Federal University of Juiz de Fora, Brazil

Objective: The management of subclinical hypothyroidism (SCH) remains controversial as many of prior meta-analyses have adopted different diagnostic criteria and included limited high-quality evidence. Thus, we aimed to investigate the efficacy of levothyroxine therapy in pregnant women with SCH in light of most recent evidence and improved methodology.

Method: We performed a systematic review and updated meta-analysis of randomized controlled trials (RCTs) to evaluate the efficacy of levothyroxine treatment in preventing adverse outcomes in pregnant women with SCH. We searched PubMed, Embase, Cochrane Central, Wanfang Database, VIP Database, China National Knowledge Infrastructure, and ClinicalTrials.gov for studies

published up to February 1, 2023. Our analysis focused on maternal-reproductive, neonatal and childhood outcomes.

Results: We included 71 RCTs comprising 12784 pregnant women with SCH. Patients treated with levothyroxine ($n=6393$) had significantly lower risk in all outcomes and expressively in miscarriage (risk ratio [RR] 0.35; 95% confidence interval [CI] 0.29–0.42; $P<0.001$; $I(2)=38\%$), fetal malformation (RR 0.25; 95% CI 0.15–0.43; $P<0.001$) and preterm birth (RR 0.40; 95% CI 0.35–0.47; $P<0.001$; $I(2)=79\%$).

Conclusion: Levothyroxine significantly reduced the risk of major adverse outcomes associated with SCH during pregnancy. These findings provide strong evidence supporting the treatment of SCH in pregnant women.

P17.05 | MORTALITÉ MATERNELLE: TENDANCES ÉVOLUTIVES DE 2011 À 2020 DANS LE DÉPARTEMENT DE GYNÉCOLOGIE OBSTÉTRIQUE DU CENTRE HOSPITALIER UNIVERSITAIRE YALGADO OUÉDRAOGO DE OUAGADOUGOU
CATEGORY: PREGNANCY

H. Zamane¹; S. Kiemtore²

¹CHU Yalgado Ouédraogo, Burkina Faso; ²Université Joseph Ki Zerbo de Ouagadougou, Burkina Faso

Objective: Etudier les tendances évolutives de la mortalité maternelle au Centre Hospitalier Universitaire Yalgado Ouédraogo de 2011 à 2020.

Method: Il s'est agi d'une étude transversale descriptive à collecte rétrospective des données sur période de 10 ans allant du 1er Janvier 2011 au 31 Décembre 2020. La définition du décès maternel selon l'OMS a été considérée.

Results: Il a été enregistré dans le service 1423 décès maternels pendant la période. Le ratio intra hospitalier de la mortalité maternelle était fluctuant passant de 1515/100000 NV en 2011 à 3255/100000 NV en 2020. Huit cent cinquante-quatre décès (60.01%) étaient survenus dans le postpartum. Les causes obstétricales directes étaient prédominantes (68.66%) et l'hémorragie en était la première (24.95%). La létalité des complications obstétricales était de 3.71% en 2011 et de 2.9% en 2020.

Conclusion: Dans le contexte actuel de gratuité des soins, la réduction de ce fléau passera par une meilleure organisation des soins, un équipement adéquat en matériel médico-technique et la formation continue du personnel.

P17.06 | SUCCESSFUL RECOVERY AFTER AMNIOTIC FLUID EMBOLISM: 2 CASES
CATEGORY: PREGNANCY

H. Kang; M. Kim

Jeju National University Hospital, South Korea

Objective: Amniotic fluid embolism (AFE) is a rare and unexpected but life-threatening complication of pregnancy, which is

characterized by a sudden cardiovascular collapse, acute respiratory distress, and DIC.

Method: Case report of patients with amniotic fluid embolization who recovered with various treatment.

Results: Case 1: A 37-year-old woman developed hypotension and dyspnea during UAE due to postpartum bleeding. CPR, transfusion, mechanical ventilation, and CRRT were tried, and then she recovered. Case 2: A 32-year-old woman at 39 weeks, before delivery, a sudden seizure developed and then followed dyspnea. Immediate vaginal delivery was performed. Despite endotracheal intubation and CPR, she experienced a recurrent cardiovascular collapse. After ECMO she became stable.

Conclusion: Amniotic fluid embolism can be seen in a variety of forms, in multiorgan failure, not only mechanical ventilation, and transfusion but also CRRT, ECMO can be a valuable treatment option. For proper and prompt management, cooperation physicians of various disciplines are required.

P17.07 | ARTERIAL WALL FEATURES, CARDIAC FUNCTION AND FUTURE CARDIOVASCULAR OUTCOMES AFTER PREECLAMPSIA OF 16793059 PATIENTS: A SYSTEMATIC REVIEW AND META-ANALYSIS

CATEGORY: PREGNANCY

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Objective: Hypertension has been proven increase risk of cardiovascular disease due to chronic changes in cardiovascular structure and function. However, impact of preeclampsia which hypertension only occurs during pregnancy to that changes remains unclear. Aim of study was to determine changes in cardiovascular structure and function after preeclampsia and cardiovascular outcomes.

Method: We performed systematic search in databases (PubMed, ScienceDirect, Proquest and Cochrane Library) for studies examining impact of previous preeclampsia on arterial stiffness carotid-femoral pulse wave velocity (cfPWV), augmentation index (Aix), flow-mediated dilatation (FMD), and carotid intima-media thickness (cIMT), echocardiography features, and cardiovascular outcomes that consist of major adverse cardiac event (MACE), cardiovascular death (CVD), coronary artery disease (CAD), heart failure (HF), and current hypertension. Review Manager 5.4 was utilized to compute summary of risk ratios, mean differences, and 95% confidence intervals (95% CI) for outcomes.

Results: We identified 63 observational studies involving 16793059 patients. Women with history of preeclampsia had worse arterial stiffness with higher cfPWV [MD 0.53 (95% CI 0.37–0.88; $P < 0.00001$; $I^2 = 78\%$)], cIMT [MD 0.02 (95% CI 0.00–0.04; $P = 0.03$; $I^2 = 82\%$)], Aix [MD 6.69 (95% CI 3.02–10.36; $P = 0.0004$; $I^2 = 93\%$)] and lower FMD [MD -3.79 (95% CI -5.84–(-1.74); $P < 0.0003$; $I^2 = 96\%$)]. Women after

preeclampsia had significantly higher LVMI [MD 3.19 (95% CI 0.36–6.03; $P = 0.03$; $I^2 = 73\%$)], RWT [MD 0.03 (95% CI 0.00–0.06; $P = 0.03$; $I^2 = 89\%$)], E/E' [MD 0.65 (95% CI 0.12–1.17; $P = 0.02$; $I^2 = 0\%$)] and a lower E/A [MD -0.12 (95% CI -0.21–(-0.03); $P = 0.01$; $I^2 = 76\%$)]. After follow-up (mean follow-up 4.5 years) we found the incidence of MACE [RR 2.41 (95% CI 1.35–4.31; $P = 0.003$; $I^2 = 100\%$)], CAD [RR 1.75 (95% CI 1.32–2.33; $P = 0.0001$; $I^2 = 94\%$)], HF [RR 2.87 (95% CI 1.76–4.70; $P < 0.0001$; $I^2 = 94\%$)], and Hypertension [RR 2.02 (95% CI 1.57–2.61; $P < 0.00001$; $I^2 = 83\%$)], which higher in women after preeclampsia.

Conclusion: History of preeclampsia increase the risk of subclinical large vessel atherosclerosis, increase arterial wall stiffness, and dysfunction in several parameters of cardiac function. And this may be the cause of worse cardiovascular outcomes in women with a history of preeclampsia.

P17.08 | PREGNANCY CARE AMONG FRENCH PHYSICIANS: A NATIONAL SURVEY

CATEGORY: PREGNANCY

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¹Assistance Publique Hôpitaux de Paris, France; ²APHP, France

Objective: There is limited data on physicians' pregnancies, and most of it concentrates on the risk of obstetrical complications related to their profession. In this study, we wanted to explore the differences in pregnancy follow-up care between physicians and the general population.

Method: A qualitative online survey was shared to female French physicians between April 2021 and September 2021. We compared several factors reflecting the quality of pregnancy care in the physician's cohort with the data from the National French Perinatal Survey from years 2016 and 2021 (Enquête nationale périnatale, ENP 2016 and ENP 2021) and we defined risk factors for an irregular follow-up in our physician cohort.

Results: 799 physicians were included. 85.5% of the physicians had their pregnancies monitored regularly, but there was a significant difference with the ENP ($P < 0.001$). 32.2% of female physicians worked more than 48h per week. 62.5% of physicians started their maternity leave after 33 weeks of gestation compared to the general population (27.9% $P < 0.001$). Before the pandemic the main reasons for sick leave were contractions and tiredness. These were partly replaced by Covid infection or preventive sick leave.

Conclusion: Physicians in France have less regular pregnancy follow-up during pregnancy compared to women in general. As politics of maternity care vary from one country to another, an international cohort dedicated to pregnancy and childbearing among female physicians would help us evaluate their working conditions, pregnancy follow-up and the obstetrical risks.

P17.09 | TO STUDY THE BIOMARKER GLYCOSYLATED FIBRONECTIN AS A PREDICTOR OF GESTATIONAL DIABETES IN FIRST TRIMESTER OF PREGNANCY IN NORTH INDIAN POPULATION: A PILOT STUDY
CATEGORY: PREGNANCY

I. Lata

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Objective: Gestational diabetes mellitus increases the maternal and fetal risks including macrosomia, premature delivery, preeclampsia, shoulder dystocia or birth injuries. GDM complication can be reduced if it diagnosed at early gestation. This study was done to evaluate the potential clinical utility of serum biomarkers glycosylated fibronectin for first-trimester prediction of GDM.

Method: This is a prospective, single center, cohort study conducted on 120 pregnant women. Women are screened for pre-existing diabetes mellitus in early trimester at 6–13 weeks of gestation. Sample for glycosylated fibronectin collected and stored at -180° for further analysis. We used screening strategies as recommended by the International Association of Diabetes and Pregnancy Study Groups for detection of GDM by an OGTT 75 g at 24–28 weeks of gestation.

Results: Diagnosis of GDM, if fasting, 1 or 2-h glucose values exceeded ≥ 92 , ≥ 180 and ≥ 153 mg/dL respectively. By Western blot method maternal serum fibronectin levels were insignificantly lower in GDM group [1.75 a.u. interquartile range (IQR) 0.07–8.41 a.u.] than control women (1.80 a.u., IQR 0.10–12.62 a.u., $P > 0.05$). By ELISA method maternal serum fibronectin levels were significantly lower in GDM group (0.60 $\mu\text{g}/\mu\text{L}$, IQR 0.54–0.64 $\mu\text{g}/\mu\text{L}$), compared to the control group (0.78 $\mu\text{g}/\mu\text{L}$, IQR 0.67–0.94 $\mu\text{g}/\mu\text{L}$, $P < 0.05$).

Conclusion: There was a significant association between first trimester maternal serum glycosylated fibronectin and GDM. Both Western Blot and ELISA methods can be used to detect the serum fibronectin level to diagnose the GDM.

P17.10 | TEN YEARS OF TWIN-TO-TWIN TRANSFUSION SYNDROME: WHAT CAN WE LEARN?
CATEGORY: PREGNANCY

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Objective: Analyze obstetric and neonatal outcomes of a series of cases with diagnosis of twin-to-twin transfusion syndrome (TTTS) followed in a tertiary hospital.

Method: Retrospective analysis of all monochorionic diamniotic (MCDA) pregnancies whose delivery occurred in a period of 10 years (Jan 1st, 2012–December 31st, 2021). Of the 167 pregnancies identified we selected 23 cases of TTTS. We use the Quintero staging system to describe TTTS severity. Primary outcomes: fetal or neonatal death, TTTS recurrence, twin anemia-polycythemia sequence

occurrence, placental abruption, chorioamnionitis, preterm premature rupture of membranes and normal neurodevelopment. Outcomes were compared according to group of treatment.

Results: TTTS was reported in 13.8% of all MCDA pregnancies. Mean gestational age at diagnosis was 21.2 weeks and at treatment 22.4 weeks. LASER ablation was performed in 39.1% of cases and amniodrainage in 21.7%. There were no statistically significant differences between LASER ablation and other treatments in survival rates of both twins or normal neurodevelopment. The treatment group had moderate correlation with survival of at least one twin. There were 17 cases of perinatal death.

Conclusion: TTTS is a rare complication and even though the study period is long the number of subjects is low, limiting the statistic power and conclusions.

P17.11 | MATERNAL NUTRITION FROM PRECONCEPTION TO LACTATION: A MODIFIED DELPHI ANALYSIS
CATEGORY: PREGNANCY

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Objective: At present, maternal nutrition is often debated. We therefore aimed to evaluate the level of expert consensus on key areas of uncertainty, including guidelines, educational needs and supplement use from preconception to lactation. Here, we report the consensus findings of a Delphi analysis following the first of three online surveys.

Method: Lead authors of articles identified in a comprehensive literature review on maternal nutrition were invited to participate as expert panellists. Thirty-five participated, including 11 researchers, 10 healthcare professionals (HCPs) and 14 HCP-researchers. Topics included the importance of supplementing with folic acid, choline, iodine, magnesium, calcium, iron, selenium, docosahexaenoic acid (DHA), and vitamins B1, B2, B6, B12, D and K. Consensus was defined a priori as $\geq 75\%$ of panellists selecting $\pm 1-3$ on 7-point Likert questions.

Results: The results of the first survey revealed consensus agreement on the need for education among the public and HCPs, and consensus disagreement that current guidelines are clear/consistent. There was also consensus agreement on the importance of supplementing some micronutrients across different stages of pregnancy, including preconception (folic acid) and the first (vitamin D, folic

acid, iodine, DHA), second (vitamin D, iodine, iron, DHA) and third (vitamin D, iron, DHA) trimesters and lactation (vitamin D, DHA).

Conclusion: There was consensus agreement on the importance of some key micronutrients from preconception to lactation. The next survey will focus on panellists' perceptions of the strength of evidence for the examined micronutrients. Future initiatives may be required to support the education of the medical and scientific communities and public.

P17.12 | QUELS GROUPES DE PATIENTES CONTRIBUENT LE PLUS À L'AUGMENTATION DU TAUX DE DÉCLENCHEMENT DANS UNE MATERNITÉ DE TYPE 3 ENTRE 2014 ET 2021?

CATEGORY: PREGNANCY

I. Attali

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Objective: Comparer la répartition des taux de déclenchement selon la classification de Grenoble de 2014 à 2021 dans une maternité de type 3. Nos objectifs secondaires ont été de décrire l'évolution des taux de césariennes, étudier les techniques de déclenchement et évaluer la faisabilité de l'utilisation de la classification de Grenoble.

Method: Etude observationnelle rétrospective dans une maternité de type 3 incluant les femmes ayant eu un déclenchement du travail entre 2014 et 2021 à plus de 24 semaines d'aménorrhée et ayant accouché d'un enfant vivant de plus de 500g. Nous avons utilisé la classification de Grenoble pour comparer la répartition des déclenchements et césariennes selon 8 groupes entre 2 périodes d'étude puis avons comparé les méthodes de déclenchements et la faisabilité de l'utilisation de cette classification.

Results: 9523 patientes ont été déclenchées avec une augmentation du taux de déclenchement de 19.3% à 27.4%. Les principaux groupes contribuant au déclenchement étaient les grossesses singleton avec accouchement après 41 SA, celui des ruptures prématurées des membranes après 37 SA et celui des déclenchements pour pathologie maternelle. Nous avons observé une augmentation du taux de déclenchements pour les sièges et pour les pathologies fœtales avec une diminution des taux de césariennes.

Conclusion: Malgré une augmentation de plus de 40% du taux de déclenchement dans notre maternité entre 2014 et 2021, notamment pour les présentations du siège et en cas de pathologies fœtales, nous n'avons pas observé d'augmentation du taux de césariennes.

P17.13 | OBSTETRIC OUTCOMES FOR RACIALLY MINORITISED WOMEN IN SCOTLAND

CATEGORY: PREGNANCY

I. Okolo

NHS Lothian, Scotland, Nigeria

Objective: Across the United Kingdom (UK), racially minoritised (RM) pregnant people experience relatively poorer obstetric outcomes.

Few studies have described obstetric outcomes for RM pregnant people who give birth in Scotland. We aim to describe trends in obstetric outcomes for RM pregnant people who gave birth in Scotland between 2011 and 2021.

Method: We conducted a cross-sectional review of live singleton births in Scotland between 2011 and 2021 using publicly available data from Scottish Health and Social Care, Public Health Scotland databases. Our primary outcomes were the mode of birth and induction of labour (IOL) rates. We compared the changes in the rates of spontaneous, assisted (forceps, vacuum and breech) and caesarean section (CS) births across the different race & ethnicity groups. Statistical analysis was completed using STATA.

Results: We analyzed 514 900 live singleton births to White (71%), Asian (3.4%), African (1%), Caribbean/Black (0.3%), and Mixed Ethnicity (0.4%) individuals. Spontaneous vaginal births decreased by 7.5%, while IOL rates increased by 9.1%. Assisted births declined by 0.9%. Elective and emergency CS rates increased by 5.5% and 2.8%, respectively. African and Caribbean/Black ethnicities had the highest annual CS rates and lowest rates of assisted birth. Whilst Asian individuals had the highest increase in IOL rates (10.4%).

Conclusion: Racially minoritised pregnant people experience relatively higher rates of medicalised birth in Scotland. Further research is required to investigate patient, facility and provider characteristics that contribute towards trends in various modalities of birth and the impact on maternal and perinatal outcomes against the backdrop of UK maternal health racial inequities.

P17.14 | MINDFUL DIGITAL PROGRAM-BASED INTERVENTIONS AND THEIR ROLE IN PREGNANCY AND FETAL OUTCOMES

CATEGORY: PREGNANCY

J. Malhotra

ART Rainbow IVF, India

Objective: Highlight the potential of iMumz pregnancy in improving maternal well-being and reducing stress in pregnancy. Share study insights on how it improved pregnancy outcomes. Emphasise the need for digital programs to support pregnant women during limited medical and family support, such as the COVID pandemic.

Method: This study followed 512 first-time pregnant women, with 255 opting for a digital holistic health program called "Baby Care Program" (BCP) and 257 in the control group receiving no intervention. The BCP included mindfulness meditation, yoga, music, baby bonding activities, and personalised diet and pregnancy education. Data was collected at 15 and 35 weeks of pregnancy and from 1 to 6 months post-delivery.

Results: The BCP ladies delivered at a mean of 38.5 weeks compared to 36 weeks of the control group, their babies weighing in at an average of 3.1 kg as against the control group's 2.4 kg. 87% of BCP users reported an improvement in their sleep patterns and lower fear of labour (24% vs 80%). 80% of the control group reported postpartum blues as compared to 19% of the BCP users.

Conclusion: The BCP activities, such as meditation, yoga and breathing exercise, harmonising music, baby bonding activities and personalised diet, and pregnancy education, have helped pregnant women to reduce their stress levels with improvement in sleep quality, increased a sense of control over diet and nutrition, and educated about MFA.

P17.15 | VALIDATING THE RATIO OF INSULIN-LIKE GROWTH FACTOR BINDING PROTEIN 4 (IBP4) TO SEX HORMONE BINDING GLOBULIN (SHBG) AS A PROGNOSTIC PREDICTOR OF PRETERM BIRTH (PTB) IN VIET NAM: A CASE-COHORT STUDY
CATEGORY: PREGNANCY

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Objective: Early prediction of PTB, the leading cause of neonatal mortality, could aid prevention; however, few predictive models are validated beyond their original study populations. We aimed to validate in Viet Nam a serum biomarker developed in the U.S.A. for PTB risk stratification.

Method: 5000 women with singleton pregnancies were recruited between 19 and 23 weeks' gestation at Tu Du Hospital, Ho Chi Minh City. Maternal serum was collected and participants followed to neonatal discharge. Relative IBP4 and SHBG abundances were simultaneously measured by mass spectrometry and their ratio compared between PTB cases and term controls. Discrimination (area under the receiver operating curve, AUC) and calibration for PTB <37 and <34 weeks' gestation were tested, with model tuning using clinical factors.

Results: 4984 (99.7%) participants provided complete data (cohort PTB rate=6.7%, $n=335$). We observed an inverse association between the IBP4/SHBG ratio and gestational age at birth ($P=0.017$); AUC 0.60 (95% CI 0.53–0.68) without tuning. Including previous PTB (multiparous women) or prior miscarriage (primiparous women) improved performance (AUC 0.65 and 0.70 respectively for PTB <37 and <34). Optimal performance (AUC 0.74) was observed between 19 and 20 weeks' gestation, for BMI > 21 kg/m² and age 20–35 years, comparable to performance in the U.S. population.

Conclusion: We have validated a novel serum biomarker for PTB risk stratification in a very different setting to the original study. Further research is required to determine appropriate IBP4/SHBG ratio thresholds based on the prevalence of risk factors and the availability of resources.

P17.16 | COMPARISON OF MATERNAL AND FETAL OUTCOMES BETWEEN COVID-19 AND NON-COVID PATIENTS IN A TERTIARY GOVERNMENT HOSPITAL: A RETROSPECTIVE COHORT STUDY
CATEGORY: PREGNANCY

J. Pulido

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Objective: This study aims to compare maternal outcomes (morbidity, mortality, ICU admissions, and Cesarean section rate) and fetal outcomes (prematurity, APGAR score, NICU admission, and mortality) between COVID-19 and non-COVID cases. It also aims to determine the effects of investigational drugs in the maternal and fetal outcomes.

Method: This is a retrospective cohort study where a chart review was conducted. A list was generated from the hospital admissions from March 1, 2020 to December 31, 2021. The subjects were classified and further divided according to disease severity. The study population consisted of 240 pregnant patients, each group comprising of 120 patients. The demographics were analysed by means of descriptive statistics. Analysis of variance (ANOVA) was used to determine statistical differences in the outcomes.

Results: Mortality was increased by 10% while morbidities were increased by 35%. ICU admission for COVID-19 patients was 10.8% higher, and the emergency Cesarean section rate was also increased by 10% in the COVID group. A 10.8% increase in neonates being born prematurely, 11.67% increase in low APGAR score, 9.16% increase in mortality, and 10% increase in NICU admission was noted. The use of investigational drugs did not have any significant benefits to the outcomes.

Conclusion: COVID-19 infection significantly increases both maternal and fetal outcomes, and these adverse effects correspond to the severity of the disease. The use of investigational drugs in severe and critical COVID-19 cases has no significant benefit to maternal and fetal outcomes.

P17.17 | NEONATAL OUTCOMES OF PREVAILABLE PRETERM BIRTHS ACCORDING TO THE DELIVERY INDICATIONS
CATEGORY: PREGNANCY

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Objective: To compare the neonatal outcomes of previable preterm births according to the delivery indication and to determine the obstetric risk factors affecting adverse outcomes. A retrospective study was performed in pregnancies delivered between 22+0 to 26+6 weeks from April 2013 to September 2021.

Method: Stillbirths and elective termination of pregnancy were excluded. Patients were classified into two groups according to the

delivery indication: (1) spontaneous preterm birth (sPTB) due to premature rupture of membranes (PPROM), preterm labor, or acute cervical insufficiency and (2) indicated preterm birth (IPTB). Obstetric and neonatal outcomes were reviewed and compared between two groups. Among 162 live births, the rate of sPTB was 72% (116/162). In neonatal outcomes, bronchopulmonary dysplasia (BPD) was significantly higher in the sPTB group than the IPTB group (53% vs 26%, $P=0.003$). The proportions of transfusion, retinopathy of prematurity (ROP), and home oxygen demand at discharge were all significantly higher in the sPTB group than the IPTB group, however survival at discharge was significantly lower in the IPTB group (all $P<0.05$). In the multivariate analysis after adjustment of confounding factors, the sPTB group was associated with higher rate of BPD (odds ratio 2.95, 95% confidence interval 1.13–7.71, $P=0.028$).

Results: At the same time, higher rate of survival at discharge (odds ratio 2.98, 95% confidence interval 1.07–8.34, $P=0.037$). One year follow-up showed rates of cerebral palsy and developmental delay were higher in the IPTB group than the sPTB group, however the difference did not reach statistical significance (32% vs 14% and 24% vs 10%, respectively, both $P>0.05$).

Conclusion: In previable preterm births, sPTB was associated with higher incidence of BPD, however had better neonatal survival rate overall.

P17.18 | INDUCTION OF LABOUR OF LARGE-FOR-GESTATIONAL-AGE INFANTS, A TERTIARY CENTRE EXPERIENCE CATEGORY: PREGNANCY

J. Jangam
Queensland Health, Australia

Objective: Consensus is lacking when it comes to obstetric management of large-for-gestational-age infants. By exploring a tertiary centre's experience over the past 2 years of inducing term pregnancies for large-for-gestational-age infants will facilitate better risk stratification and exploration of expected outcomes.

Method: This is a single centre retrospective cohort study that includes delivery method, obstetric complications, neonatal complications as the end outcomes. These results are stratified across various induction methods, induction timing and parity of the mother. The data is derived from registry data compiled as part of routine cares. These findings are then compared and contrasted against a literature review to deduce conclusions that may guide management.

Results: The results broadly align with the experience from literature. It is interesting to note however that multiparous women tend to benefit the most by early induction with optimal timing lying between 38 and 40 weeks gestation. Nulliparous women on the other hand tend to benefit by waiting till 39 weeks gestation, potentially due to the benefit of additional cervical ripening. Lastly, cervical ripening requiring both mechanical and hormonal is least likely to result in a favourable delivery.

Conclusion: Appropriate obstetric management of large-for-gestational-age infants is crucial in facilitating favourable outcomes

for women. Nulliparous women seem to have worse obstetric and neonatal outcomes regardless of the gestation when compared to multiparous women. Finally methods of cervical ripening may provide a clue regarding the chance of a successful labour delivery.

P17.19 | PRE-PREGNANCY OBESITY, THE FREQUENCY OF TWIN BIRTH, AND THE ROLE OF ASSISTED REPRODUCTIVE TECHNOLOGY CATEGORY: PREGNANCY

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Objective: High BMI has been linked to higher rates of twin birth. Women with obesity are also more likely to use assisted reproductive technology (ART), which frequently results in twin pregnancy. We examined the association between BMI and twinning, and the role of ART as a potential mediator in this association.

Method: We conducted a population based study using information on all births in British Columbia, Canada, 2008–2020, with data obtained from the British Columbia Perinatal Database Registry. Logistic regression adjusted for maternal age, height, smoking and parity was used to estimate adjusted odds ratios (aOR) and 95% confidence intervals (CI) by pre-pregnancy BMI. Causal mediation analysis was used to estimate the proportion of the association between pre-pregnancy BMI and twin birth that was mediated by ART.

Results: Among 392046 women, BMI-specific twinning rates (per 1000 pregnancies) were: 11.9 (underweight), 15.1 (normal), 16.6 (overweight) and 16.1 (obese). The aOR for twin birth were 0.85 (95% CI=0.74, 0.96), 1.13 (95% CI=1.06, 1.20), and 1.20 (95% CI=1.11, 1.29), for underweight, overweight, and obese women (vs normal-BMI), respectively. ART use increased with increasing BMI. Mediation analysis showed that 16% of the association between obesity and twinning was explained by increased use of ART.

Conclusion: This large population-based study shows that the rate of twin birth increases with increasing pre-pregnancy BMI. Despite ART use being higher in obese women, only a small proportion of the relationship between obesity and twinning was due to this increased use of ART.

P17.20 | ANTLEY-BIXLER SYNDROME IN YOUNG WOMEN: A RARE CASE REPORT CATEGORY: PREGNANCY

J. Wijaya
Melinda Hospital, Indonesia

Objective: Antley-Bixler Syndrome in Young Women: A Rare Case Report.

Method: Antley-Bixler syndrome (ABS) was first described by Ray Antley and David Bixler in 1975. The syndrome is rare and characterized by abnormalities of bone and cartilage development ("syndrome of multisynostotic osteogenesis"). Craniosynostosis and radiohumeral synostosis are the most consistent findings. The cause of this syndrome is unclear, but genetic mutations are suspected.

Results: A 21-year-old female G2P1A0 was referred to the obstetrics and gynecology outpatient clinic at Melinda Mother and Child Hospital at 32–33 weeks of gestation for antenatal care and further evaluation due to suspected fetal craniosynostosis and ventriculomegaly. At 38 weeks' gestation, the baby was born with craniosynostosis, ocular hypertelorism, and syndactily digiti II-IV pedis dextra and sinistra, suspected Apert syndrome. Further investigation by using radiologic examination directed the diagnosis to Antley-Bixler syndrome.

Conclusion: The aim of this case report is to discuss how to diagnose this syndrome and the management that had been done and further plans.

P17.21 | LEVEL OF AGREEMENT BETWEEN OBSTETRIC CARDIAC SONOGRAPHY AND FETAL ECHOCARDIOGRAPHY IN THE DIAGNOSIS OF CONGENITAL HEART DISEASE AMONG POPULATIONS AT RISK AND CORRELATION WITH POSTNATAL ECHOCARDIOGRAPHY: A RETROSPECTIVE STUDY
CATEGORY: PREGNANCY

J. Cartagena-lim

Antipolo City Hospital Systems Annex III, Rizal, Philippines

Objective: The primary objective is to determine the level of agreement between obstetric cardiac sonography (OCS) and fetal echocardiography (FE) in correlation with neonatal echocardiography findings.

Method: This was a retrospective, observational, cohort study which included patients who underwent congenital anomaly scan, fetal echocardiography, and neonatal echocardiography at our high risk clinic. Neonatal cardiac imaging findings were used for categorization into three groups: A—Total match; B—Concordant but with additional abnormality; and C—Discordant.

Results: Overall ($n = 127$), 62.2% had total match and correct principle diagnosis 73.22 by OCS versus 61.42% and 71.65% for FE. Among subjects with postnatally confirmed heart disease, there was 25.9% total match and 51.85% correct principle diagnosis for OCS, versus 44.4% and 68.52% for FE. For subjects without heart disease postnatally, total match of 89% was screened by OCS versus 74% by FE. There was 26.02% discordant findings for FE compared to only 10.95% for OCS.

Conclusion: Both prenatal cardiac imaging agreed fairly with neonatal echocardiography in the diagnosis of heart disease. Although fetal echocardiography can give a more accurate diagnosis, obstetric sonography may be more reliable in excluding structural heart disease,

since more false positives were encountered among subjects without heart disease postnatally through fetal echocardiography.

P17.22 | EFFECTIVENESS OF INTERVENTIONS FOR THE IDENTIFICATION AND MANAGEMENT OF NON-COMMUNICABLE DISEASES IN PREGNANT AND POSTPARTUM WOMEN: AN OVERVIEW OF SYSTEMATIC REVIEWS AND EVIDENCE GAP MAP
CATEGORY: PREGNANCY

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Objective: World Health Organization (WHO) is developing global guidelines for management of non-communicable diseases (NCDs) during pregnancy. To support evidence-informed decision-making and future research, we aimed to map available evidence from systematic reviews (SRs) on interventions for high-priority NCDs (based on WHO-convened technical meeting in 2021) during pregnancy and postpartum period.

Method: A comprehensive search was conducted of three databases using keywords related to pregnant or postpartum women, and NCDs published in English between 2017 and 2023. AMSTAR-2 criteria were applied to evaluate the quality of included SRs. Characteristics of included studies and a summary of the effectiveness of the interventions identified were analysed. An EGM was developed to provide an overview of the volume, diversity, and quality of evidence associated with adverse maternal and neonatal outcomes.

Results: Of included 268 SRs, most focused on gestational diabetes ($n = 118$), followed by mental and substance use disorders ($n = 116$), overweight/obesity ($n = 40$), pre-existing diabetes ($n = 15$), cardiovascular disease ($n = 9$), haemoglobinopathies ($n = 2$), and asthma ($n = 2$). Few reviews were high-quality (21%) and pharmacotherapy was the most frequently evaluated intervention. In addition to effectiveness outcomes, a range of maternal and neonatal outcomes was assessed including caesarean delivery (57%), hypertensive disorders of pregnancy (37%), pre-eclampsia (34%), preterm birth (42%), and birthweight (35%).

Conclusion: High quality SRs to inform guideline development and clinical practice for a broad range of conditions and existing or emerging interventions remain relatively scarce. We summarised the effectiveness of interventions, for which many interventions remain inconsistent or have limited evidence. We highlight areas of research where high-quality SRs should be conducted.

P17.23 | ADAPTATION AND ENDORSEMENT OF ABORTION CARE AND POST-ABORTION CARE BEST PRACTICE PAPERS (BPPS) IN LOW AND MIDDLE-INCOME COUNTRIES (LMICS) TO SUPPLEMENT LOCAL GUIDELINES

CATEGORY: PREGNANCY

J. Mfitumukiza

Royal College of Obstetrics and Gynecology (RCOG) Sexual and Reproductive Health and Rights (SRHR) Champion, Rwanda

Objective: To increase the dissemination of concise clinical guidance on abortion to improve health worker knowledge and confidence to provide, develop and/or support abortion services.

Method: The BPP is a guidance document that synthesizes the evidence to develop and provide quality abortion services. SRHR Champions adapt the papers by: identifying amendments that need to be made to suit the local context; holding stakeholder meetings to gain consensus and validate a draft; appointing peer reviewers; drafting a final version for presentation to the ministry of health for endorsement; sending the national adaptation to RCOG for endorsement; and disseminating through local stakeholders.

Results: Healthcare professionals have access to a locally relevant and endorsed, concise and practical tool, grounded in latest evidence and best practice to support their implementation of abortion and post-abortion care services.

Conclusion: The BPPs are a useful guiding tool, which can be adapted to support clinicians in LMICs to develop, tailored, locally relevant guidelines. These guidelines can increase healthcare worker knowledge and confidence in providing abortion and post-abortion care and support high-quality abortion education.

P17.24 | PREECLAMPSIA LITERACY ASSESSMENT OF PREGNANT WOMEN PRESENTING FOR ROUTINE ANTENATAL CARE IN UGANDA AND ETHIOPIA

CATEGORY: PREGNANCY

J. George¹; D. Bekele²; S. Ononge³; D. Sori⁴; B. Kebede⁵; M. Adroma³; E. Nelson¹; J. Durocher⁶; M. Maru⁶; G. Goba¹; I. Buhimschi¹

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Objective: Preeclampsia/eclampsia is a leading cause of maternal morbidity and mortality worldwide, disproportionately affecting pregnant people in resource-limited settings. Delay in seeking care and lack of understanding contribute to 80% of patient related factors resulting in preventable death. This study investigates patient health literacy and baseline knowledge of preeclampsia.

Method: This was a multisite case-control study enrolling pregnant patients seeking antenatal care (ANC) across 36 health facilities in

Ethiopia and Uganda. Interview instruments were validated, translated to local languages, and verbally administered to participants. The study protocol and data collection instruments were reviewed by national review boards as well as local authorities. Results were recorded in REDCap and analyzed with SPSS using descriptive statistics, Chi squared, and logistic regression. Data collection and analysis is ongoing.

Results: 571 pregnant patients were interviewed. The mean age was 28.2 years (SD 5.5), 23.1% were nulliparous, 91.2% were Ethiopian and 8.8% Ugandan. Most (88.8%) reported basic literacy; few attended university (24.3%). The mean number of ANC visits was 4.63 (SD 2.43). 68.1% report hearing about potential complications of pregnancy, yet only 48.4% of participants knew about preeclampsia. Participants who knew about preeclampsia described elevated blood pressure and headache as symptoms. Few could describe other symptoms of preeclampsia.

Conclusion: Preliminary results demonstrate limited understanding of preeclampsia despite frequent ANC and prenatal education suggesting room for intervention. Encouraging providers to discuss preeclampsia with patients or creating alternate patient education interventions at the time of ANC may result in improved patient understanding.

P17.25 | EXPLORING SUB-PHENOTYPES IN PATIENTS WITH SEVERE PREECLAMPSIA: A LATENT CLASS ANALYSIS

CATEGORY: PREGNANCY

J. Miranda¹; J. Rojas²; W. Anichiarico²; R. Burwick³; J. Santacruz²; C. Valencia⁴; J. Velasquez⁵; A. Cardona⁶; C. Bello⁶; M. Escobar⁷; N. Alfieri⁸; A. Lopez Pautt⁹; P. Velásquez¹⁰; J. Tolosa¹¹

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Objective: Preeclampsia one of the leading causes of maternal deaths worldwide. By improving our understanding of the condition, we can increase the recognition of severe forms of the disease. Our aim was to describe new phenotypes of severe preeclampsia by combining clinical and hemodynamic parameters and biomarkers in maternal blood.

Method: This prospective, observational, single-center study included pregnancies admitted due to clinical signs of severe

preeclampsia in a tertiary reference center in Cartagena, Colombia. At admission, clinical and laboratory parameters were recorded. Hemodynamic parameters were obtained using a noninvasive monitoring (NICOM) based on chest bio-reactance. We employed multinomial logistic regression within the latent class analysis to identify the sub-phenotypes of severe pre-eclampsia (latent classes) by detecting patterns in a set of variables.

Results: 88 patients were included. Among them, 37 (42.1%) were classified as hypodynamic, and 51 (58.9%) as hyperdynamic phenotypes. Most marked differences were observed in terms of cardiac output: (8.3 [7.6–9.1] vs 6.1 [5.7–6.5] L/min, $P < 0.01$), stroke volume: (96 [87–107] vs 68 [60–83] mL, $P < 0.01$), and TPR: (1014 [887–1150] vs 1441 [1325–1619] dyns/cm⁵, $P < 0.001$). Patients with a hypodynamic profile had a more severe presentation with a higher rate of ICU admission (0% vs 8.82%, $P = 0.034$).

Conclusion: Combining clinical and hemodynamic characteristics, we identified two sub-phenotypes in patients with severe preeclampsia using latent class analysis. The hypodynamic sub-phenotype was associated with a higher maternal and neonatal ICU admission. The use of this approach would enable stricter monitoring and interventions to reduce adverse maternal and perinatal outcomes.

P17.26 | LAPAROTOMY-ASSISTED FETOSCOPIC REPAIR OF FETAL SPINA BIFIDA IN LATIN AMERICA: CAN WE OBTAIN SIMILAR RESULTS FROM THE MOMS TRIAL?

CATEGORY: PREGNANCY

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Objective: There is limited data in middle-income countries on implementing laparotomy-assisted fetoscopic repair of fetal spina bifida. The aim was to report obstetrical, perinatal, and neurosurgical

outcomes in cases of fetoscopic repair in two centers in Latinoamerica and to compare it with the open fetal surgery group in the MOMs trial.

Method: Prospective cohort study including 32 cases (18 from Colombia and 14 from Mexico) performed between 2019 and 2023. Both centers were performing laparotomy-assisted fetoscopic repair of spina bifida following the same protocol. Patients were followed postnatally, and the results from this group were compared against the open fetal repair group in the MOMs ($N = 78$). Between-group comparisons were performed using the student's t-test or Mann-Whitney U tests, and Pearson's chi-square test was used to compare proportions.

Results: The gestational age at surgery was significantly higher in fetoscopic repair centers ($P < 0.001$), while the GA at delivery was significantly lower in the group of the MoMs trial, with a higher rate of preterm births and PPRM in this group. Moreover, the cesarean rate was lower in the fetoscopic group ($P < 0.001$). At 12 months of age, there was no difference in the dehiscence rate at the spinal repair or treatment for hydrocephalus between groups.

Conclusion: Laparotomy-assisted fetoscopic spina bifida repair is a feasible surgical option in middle-income countries, with postnatal outcomes equivalent to those reported by open fetal surgery repair. Importantly, this approach can reduce prematurity and allows for vaginal delivery.

P17.27 | MATERNAL AND PERINATAL OUTCOMES OF A FETAL SURGERY PROGRAM IN THE COLOMBIAN CARIBBEAN REGION CATEGORY: PREGNANCY

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Objective: Fetal anomalies are a significant cause of perinatal mortality. Unfortunately, there is limited data on the perinatal outcomes of fetal surgery programs in middle-income countries. Therefore, we aimed to describe perinatal outcomes following fetal interventions in two centers in Colombia and assess the influence of sociodemographic factors on those outcomes.

Method: Prospective cohort study, including cases of fetal therapy in two cities (Cartagena and Barranquilla) from Colombia (2019–2023). Demographic characteristics, maternal and perinatal outcomes were evaluated. Among the procedures evaluated, we included fetoscopic laser surgery, spina bifida repair, tumor ablation, shunt placements, intrauterine transfusion, and fetoscopic tracheal occlusion. Between-group comparisons were performed using the student's

t-test or Mann–Whitney *U* tests to examine the differences. In addition, Pearson's chi-square test was used to determine differences in proportions.

Results: 122 patients were included. The maternal age was 29.6±6.3 years; 78.1% had a low education level, and only 33.7% were employed. The mean GA at surgery was 24±4 weeks, and the median GA at delivery was 32.6 (28–37) weeks, with a rate of PTD <32 weeks of 42.9%. There were no cases of severe maternal morbidity or maternal deaths. Adverse perinatal outcomes were not influenced by social or demographic characteristics.

Conclusion: The intersection of social inequalities and limited access to care results in a unique profile of congenital anomalies and perinatal outcomes in LMIC. Implementing a fetal surgery program is challenging in LMIC where neonatal care resources could impact perinatal outcomes and guide the surgical procedure's decision.

P17.28 | MATERNAL HEMODYNAMICS IN SEVERE PREECLAMPSIA WITH FETAL GROWTH RESTRICTION DEMONSTRATED AN HYPODYNAMIC PROFILE CATEGORY: PREGNANCY

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Objective: Maternal hemodynamics can be evaluated with simple-to-use, noninvasive devices, that are affordable in low resource settings. The aim was to assess maternal hemodynamics in patients with severe preeclampsia with and without fetal growth restriction (FGR).

Method: A multicenter prospective cohort study was conducted in Colombia, a middle-income country, including patients with severe preeclampsia admitted to the emergency department. Bioreactance was used to assess maternal hemodynamics variables, and fetoplacental Doppler evaluation was performed in all cases upon admission. FGR was defined as a birthweight <10centile. Between-group comparisons were performed using the student's t-test or Mann–Whitney *U* tests to assess differences. In addition, Pearson's chi-square test was used to determine differences in proportions.

Results: One hundred ten patients with clinical criteria of severe preeclampsia were included, 60 (55%) without FGR and 50 (45%) with FGR. Women with severe preeclampsia and FGR had significantly lower cardiac output and higher peripheral vascular resistance than those with normally grown fetuses: 6.41 (±1.65) vs 7.1 (±1.69) lt/min, (*P*=0.032) and 1277 (1068–1457) vs 1102 (944–1383) dyns/cm⁵, (*P*=0.04), respectively. There were no differences in the delivery oxygen index between the groups (*P*=0.828).

Conclusion: Patients with severe preeclampsia and fetal growth restriction present with hemodynamic characteristics that suggest a hypodynamic profile. Future studies could explore whether aiding these evaluations might be useful in the identification of patients with a more severe clinical phenotype.

P17.29 | SIMILARITY NETWORK FUSION TO IDENTIFY PHENOTYPES OF SMALL FOR GESTATIONAL AGE FETUSES CATEGORY: PREGNANCY

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Objective: Machine learning (ML) has the potential to revolutionize clinical decision-making in fetal growth restriction—the largest contributor to stillbirth worldwide—by identifying new phenotypes based on multi-omics data. Our aim was to characterize the phenotypic variability of FGR based on a combination of molecular and clinical characteristics using ML.

Method: This was a prospective cohort study. An unsupervised machine learning method—similarity network fusion (SNF)—was used to analyze 546 pregnancies with estimated fetal weight and

posteriorly birthweight, below the 10th centile, by integrating clinical characteristics, angiogenic factors, ultrasound, and $^1\text{H-NMR}$ based metabolomics. Data integration, cluster determination, and biological grouping were performed. Finally, ROC curves were used to evaluate the diagnostic accuracy of SNF clustering compared to the current clinical classifications.

Results: Two molecular subtypes of small fetuses were identified: a high-risk cluster (A: 37.6%) and a low-risk group (B: 62.4%). Compared to cluster B, fetuses in cluster A debuted earlier, had a shorter gestational length and a specific metabolic signature, and presented higher rates of preeclampsia (55.1% vs 8.9%, $P < 0.001$), perinatal deaths (6.94% vs 0%, $P < 0.001$), and suboptimal neurodevelopment. Clusters generated by SNF significantly outperformed the current clinical classification in the prediction of adverse outcomes.

Conclusion: Similarity network fusion analysis identified two major phenotypes of fetal growth restriction, supporting the current clinical distinction between early- and late-onset FGR. Our approach can aid in the refinement of clinical classification systems for FGR supported by molecular and clinical signatures.

P17.30 | FETOPLOACENTAL DOPPLER AND THE PREDICTION OF LOW APGAR LEVELS IN FETAL GROWTH RESTRICTION CATEGORY: PREGNANCY

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Objective: Pregnancies complicated by fetal growth restriction (FGR) have increased risk of morbidities. However, the identification of cases at higher risk of adverse perinatal outcome can be difficult. The aim of this study was to analyze if there is an association between fetoplacental Doppler indices and low Apgar levels in FGR.

Method: A retrospective study was performed to analyze singleton pregnancies above 34 weeks of gestation complicated by FGR hospitalized between January 2018 and December 2022 at Maternal Fetal Medicine Unit of Centro Hospitalar Universitário de Santo António. FGR was defined as Estimation of Fetal Weight below 10th percentile. Umbilical artery PI (UA-PI), fetal middle cerebral artery PI and cerebroplacental ratio (CPR) were measured in the last assessment before labor. A linear regression with Apgar was established.

Results: About 250 pregnancies met the inclusion criteria. UA-PI above percentil-95th demonstrated a weak correlation with Apgar in first minute, explaining 2.5% of its variability ($r = -0.158$; P value = 0.014). CPR under percentil-fifth showed a weak correlation with Apgar in first and fifth minute, contributing to 2% of its variability (respectively $r = 0.14$, $P = 0.033$ and $r = 0.145$, $P = 0.027$).

Conclusion: Variations in fetoplacental Doppler have a weak linear relation with Apgar levels in pregnancies with FGR above 34 weeks of gestation. More studies are needed to identify predictive factors of adverse perinatal outcome in FGR.

P17.31 | MAGNESIUM SULFATE DOWNREGULATES NLRP3 INFLAMMASOME BY DECREASING INTRACELLULAR CALCIUM IN HUMAN MONOCYTES ACTIVATED WITH MONOSODIUM URATE

CATEGORY: PREGNANCY

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Objective: Magnesium sulfate (MgSO_4) is considered the medication of choice for preventing and treating eclampsia, with little known about its mechanism of action. This study evaluated the modulating effect of MgSO_4 on NLRP3 inflammasome and inflammatory cytokines expression by human monocytes from healthy non-pregnant women stimulated with monosodium urate (MSU).

Method: Peripheral blood monocytes from 16 healthy, non-pregnant women were cultured in vitro for 4h in the presence or absence of MSU and MgSO_4 , and NLRP3 inflammasome and pro-inflammatory cytokines gene expression was determined by RT-qPCR. Intracellular calcium concentration in these cells was employed to assess whether the magnesium effect on the NLRP3 inflammasome involves an intracellular calcium-dependent mechanism. The results were analyzed by parametric and non-parametric tests, with a significance level of 5%.

Results: Monocytes obtained from healthy women stimulated with MSU showed increased gene expression of NLRP3, caspase-1, and tumor necrosis factor-alpha (TNF α) compared to unstimulated control cultures. Treatment of cells with MgSO_4 significantly decreased transcription of NLRP3, caspase-1, and TNF- α , even when monocytes were stimulated with MSU. The activation of monocytes with MSU induced an increase in intracellular calcium, while the addition of MSU + MgSO_4 significantly decreased the calcium concentration in these cells.

Conclusion: MgSO_4 showed an immunomodulatory effect on NLRP3 inflammasome activation as well as on inflammatory cytokines production by human monocytes activated by MSU through a mechanism dependent on the intracellular calcium mobilization, suggesting the possible use of MgSO_4 to treat the exacerbated inflammation state of preeclampsia.

P17.32 | CASE REPORT: CONSERVATIVE TREATMENT IN PLACENTA ACCRETA SPECTRUM

CATEGORY: PREGNANCY

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Objective: This case report aims to present expectant management as an alternative for preserving the uterus in cases of invasive placenta accreta spectrum when the patient has no living offspring and is clinically stable.

Method: As conservative treatment in placenta accreta spectrum is rare, a case report is being presented. Patient was surveilled at a tertiary health care facility. Data were retrospectively obtained from patient's files and medical records. Patient authorized and consented the publication of her medical history and imaging exams.

Results: Primigravida, 36 years old, 18 weeks-pregnancy, with adenomyosis, admitted in advanced labour. After fetus expulsion, placenta kept retained without important bleeding. Manual removal, uterine aspiration, curettage and hysteroscopy were performed and didn't succeed. Patient remained stable without infection, discharged with mild transvaginal bleeding. MRI confirmed placenta accreta spectrum (3cm area of placental material, invading the myometrium, without serosa invasion) and HCG level negative 8 weeks post-miscarriage. Histopathologic signs of acute ascending placentitis. Six-month expectant management and MRI confirmed placental reabsorption.

Conclusion: Placenta accreta spectrum refers to the range of pathological placental adherence, which increases rates of maternal death. This case highlights the possibility to perform successful conservative management of placenta accreta spectrum for patients who have no clinical contraindications, preserving their fertility, at appropriate centers with experienced staff and close surveillance.

P17.33 | PERINATAL HEALTH AND CARE OUTCOMES IN ASYLUM MIGRANTS COMPARED TO THE DUTCH NON-MIGRANT AND MIGRANT POPULATION IN 2014–2019: A NATIONAL REGISTRY-BASED STUDY

CATEGORY: PREGNANCY

J. Tankink

Erasmus University Medical Center, Netherlands

Objective: Given the global surge of forced displacement and the shortage of data on perinatal health of forced migrants in destination countries, this study aimed to compare perinatal and care outcomes of asylum migrants (AM) to non-migrants (NM) as well as all other migrants (OM) in the Netherlands (NL).

Method: This was a national registry-based study in which birth records from the Dutch perinatal registry were linked to the asylum migration registry managed by Statistics Netherlands. All births

with a pregnancy duration of at least 22 weeks were considered. AM were compared to NM and to all migrants other than AM (OM). We reported characteristics, perinatal and care outcomes descriptively as population proportions with confidence intervals, which were assessed for overlap.

Results: We compared 16476 births among AM to 669205 among NM and 178670 births among OM. Results included higher rates of perinatal mortality, post-term birth, low Apgar score, SGA infants, late antenatal care, elective CS and general anaesthesia in AM compared to NM and OM. However, preterm birth was less prevalent in AM compared to NM and OM. Rates of low birthweight and emergency CS were higher among AM compared to NM, but not OM.

Conclusion: This first nationwide registry study demonstrated higher rates of most adverse perinatal care outcomes in AM compared to NM and OM in NL. Tailored birth care, registration of migration indicators and identification of specific risk factors in AM are needed to disentangle and mitigate migration-related perinatal health inequities.

P17.34 | INVESTIGATION OF OPTIMAL WEIGHT GAIN DURING PREGNANCY: A RETROSPECTIVE ANALYSIS OF JAPANESE PERINATAL REGISTRY DATABASE

CATEGORY: PREGNANCY

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Objective: To determine the weight gain during pregnancy that minimizes the predicted probability of various perinatal adverse events according to pre-pregnancy body mass index (BMI), and make recommendations for optimal weight gain in Japan.

Method: The Japan Society of Obstetrics and Gynecology database during 2015–2017 was used. From the 719 723 deliveries included

in this database, we excluded parturient with underlying diseases or missing data, and 419 114 deliveries were analyzed. The questionnaire survey was also conducted to weight each perinatal adverse event. For each or the nine outcomes we conducted a restricted cubic spline model to estimate the association between “expected gestational weight gain at 40 weeks” and risk of outcome.

Results: Weights were assigned according to the mean of the questionnaires rather than by class of the facility. For each pre-pregnancy BMI, the weight gain during pregnancy that minimized the predicted probability of various adverse perinatal events was 12–15 kg for underweight women, 10–13 kg for standard weight women, 7–10 kg for obese 1 women, and an upper limit of 5 kg for obese 2 degrees or more women degrees or more women.

Conclusion: The weight gain during pregnancy that minimizes the predicted probability of various perinatal adverse events according to pre-pregnancy BMI was established.

P17.35 | PREGNANCY OUTCOMES IN SYSTEMIC LUPUS ERYTHEMATOSUS (SLE): A MATCHED OBSERVATIONAL STUDY CATEGORY: PREGNANCY

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Objective: The objective was to compare the pregnancy outcome, maternal and perinatal complications in women with SLE as compared to low risk pregnant women without SLE.

Method: A matched observational study in Obstetrics and Gynecology department in a tertiary care hospital in south India from July 2017 to July 2020. Cases fulfilling inclusion criteria were collected both retrospectively and prospectively from January 2011 to July 2020. Age matched control (Low risk women without SLE) was enrolled for each case. Maternal outcomes-maternal mortality, disease flare and fetal outcomes-FGR, SGA, neonatal lupus, preterm birth, congenital heart block and fetal demise were studied in 140 cases and 140 controls.

Results: Median age at SLE diagnosis was 22 years with 85.7% women diagnosed pre pregnancy. 16.3% had active disease during conception. After excluding 20 pregnancies diagnosed with SLE during pregnancy, 15.6% women among 120 pregnancies had flare. Hypertensive disorders developed in 24.6% cases. Significantly higher proportion of infants among cases (15.6%) versus controls (3.3%) delivered at less than 34 weeks ($P=0.001$). Neonatal lupus was observed in 2.7% neonates. Congenital heart block and cytopenia respectively were found in 1.8% and 0.9% neonates.

Conclusion: The overall incidence of adverse pregnancy outcomes like pre-eclampsia, FGR, preterm birth, caesarean section rate, still birth rate, NICU admission were higher among women with SLE. This study can help us in better planning of definitive treatment strategies to optimize pregnancy outcomes in women with SLE.

P17.36 | VÉCU DE L'ANNONCE DE LA PRESCRIPTION DU DÉPISTAGE NON INVASIF DE LA TRISOMIE 21 PAR LES PATIENTES APRÈS LE RÉSULTATS DES MARQUEURS CATEGORY: PREGNANCY

K. Abdessamia

Tunis Maternity and Neonatology Center, Tunisia

Objective: Le dépistage non invasif de la trisomie 21 (DPNI) fait actuellement partie des recommandations de l'HAS. Nous nous sommes intéressés au vécu de la grossesse des femmes à qui il a été proposé un DPNI à la suite d'un dépistage de la trisomie 21 en zone intermédiaire.

Method: Les objectifs principaux de cette étude sont de mieux comprendre les étapes que les patientes ont traversées lors de l'annonce de cet examen, de savoir comment l'annonce et l'information préalable à la prescription a été perçue, d'analyser le vécu de l'attente des résultats et la poursuite de la grossesse. L'objectif secondaire étant d'améliorer la prise en charge de nos patientes. Les consentements ont été recueillis lors du remplissage du questionnaire.

Results: 150 questionnaires ont été adressés aux patientes. Nous avons eu 60 réponses. Dans 84% des cas l'information préalable à la prescription était de qualité suffisante, rassurante pour 48% d'entre elles. Seulement 51% savaient ce qu'était le DPNI. L'indication rapportée par les patientes n'était concordante avec l'indication réelle de la prescription que pour 58% et inconnue pour 16% d'entre elles. Le vécu sur une échelle numérique d'anxiété a été proposé: 61% avaient une EVA >7.

Conclusion: La littérature s'intéresse plus aux aspects techniques et à la sensibilité du DPNI plutôt qu'à la façon dont les femmes l'appréhendent. Bien que conscients du faible nombre de réponses, cette étude montre que la majorité des patientes comprend l'intérêt et le bénéfice de cette outil diagnostic.

P17.37 | MORBIDITY AND MORTALITY AUDIT ON UNSAFE ABORTION CLIENTS ADMITTED FROM 2021 TO 2023 AT CHUK TEACHING HOSPITAL IN KIGALI CITY/RWANDA CATEGORY: PREGNANCY

K. Espoir

Medical Doctor, Congo (Democratic Republic of the)

Objective: Share with you morbidity and mortality result of unsafe abortion clients; show the gravity of this condition; cost of this critical condition and impact in family, community and health system; and take measures to reduce this M&M.

Method: Data analysis of clients admitted for unsafe abortion conditions at chuk from 2021 to 2023; cross-sectional analysis.

Results: 97% clients admitted for unsafe abortion, reached in septic shock died. 90% are immediately admitted in ICU after primary care. 96% are young with age between 15 and 30, majority are around 21 years old. Majority are single or not married but have kids, and

87% had previous abortions. Education level are majority secondary school. 67% are coming in Kigali City.

Conclusion: Unsafe abortion is serious problem and killer. The issue to recognize the clandestine abortion who not attend health care. The cost for care when arrived in critical condition is very expensive and have impact in family resource. Majority come in DIC condition.

P17.38 | MATERNAL-FETAL OUTCOMES OF INDUCTION OF LABOR AMONG OVERWEIGHT AND OBESE WOMEN IN RWANDA

CATEGORY: PREGNANCY

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University of Rwanda, Rwanda

Objective: Based on the current global rise of burden of overweight and obesity, this study aimed at investigating whether maternal obesity adversely affected maternal and fetal outcomes following induction of labor (IOL) in Rwanda.

Method: The study was designed as a prospective cohort study. Data analysis was done using IBM SPSS version 25. Chi-square test for trend and logistic regression were used to study the differences in management and outcomes among the BMI groups. ANOVA and Kruskal-Wallis tests were used to compare the continuous data among the BMI groups.

Results: Obese women were 2.1 times more likely to deliver by cesarean section as compared to overweight women compared with women with normal BMI (OR=2.13; 95% CI: 1.37–3.29; $P=0.001$), while overweight and obese women were 3.1 times more likely to deliver by cesarean section as those with normal BMI. Babies born to obese women were 2.14 times more likely to be admitted in NICU compared to those born from overweight and normal weight combined women combined.

Conclusion: Obese and overweight women were more than twice as likely to deliver by cesarean section when induced, and they likewise required higher doses of misoprostol and oxytocin during IOL. Infants who were born to obese women were also more likely to be admitted to the neonatal intensive care unit (NICU).

P17.39 | DECREASED FETAL MOVEMENT: MATERNAL CHARACTERISTICS AND PREGNANCY OUTCOME

CATEGORY: PREGNANCY

K. Magdoud
Maternity and Neonatology Center of Tunis, Tunisia

Objective: Decreased fetal movement is a common reason for consultation. It can reveal an intrauterine death or fetal distress. The aim of this study was to evaluate the epidemiological profile of decreased fetal movement and to identify the predictive factors of poor pregnancy outcome.

Method: We performed a retrospective and descriptive study in the department "C" of Maternity and neonatology center of Tunis between January 2015 and December 2019 including patients hospitalized for decreased fetal movements.

Results: The study included 150 patients with a mean age of 30.7 ± 5.8 years. The mean term of pregnancy was 37.17 ± 2.97 weeks. The delivery rate during the hospitalization was 87.3%. Poor pregnancy outcome was noted in 22.1% of cases. The identified predictive factors of poor pregnancy outcome were: insufficient prenatal care, delayed maternal reporting of decreased fetal movement, pathological cardiotocography, fetal growth restriction, abnormal Umbilical Artery Doppler.

Conclusion: Decreased fetal movement can be a false alarm but it is important to identify predictive factors of poor pregnancy outcome to recognize patients at increased risk and optimize their management.

P17.40 | EPIDEMIOLOGY, MATERNAL AND PERINATAL COMPLICATIONS OF EARLY-ONSET GESTATIONAL DIABETES MELLITUS

CATEGORY: PREGNANCY

K. Kongwattanakul; R. Komwilaisak; P. Saksiriwuttho;
S. Chaiyarach; C. Duangkam
Khon Kaen University, Thailand

Objective: To determine the prevalence and compare the pregnancy outcomes between women with gestational diabetes mellitus (GDM) diagnosed early- and late-onset in pregnancy.

Method: A retrospective cohort study was conducted at Khon Kaen University's Srinagarind Hospital, a tertiary care facility in northeast Thailand. The pregnant women who had been diagnosed with gestational diabetes mellitus (GDM) according to National Diabetes Data Group criteria from January 1, 2015, to December 31, 2019, were identified and their medical records were reviewed. Various characteristics were examined to compare maternal complications and perinatal outcomes between the groups.

Results: There were 11 167 deliveries during the study period and 977 GDM pregnant women were identified (87.5 per 1000 deliveries). Three hundred and fifty-five women (31.8 per 1000 deliveries) were diagnosed with early-onset GDM. Preterm birth and preeclampsia were significantly higher in the early-onset group (40.8% vs 29.1%, $P < 0.001$; 9.3% vs 2.3%, $P < 0.001$, respectively). In-vitro fertilization, diabetes in first-degree relatives and underlying medical conditions were important risk factors for early-onset GDM.

Conclusion: The prevalence of early-onset GDM was 31.8 per 1000 deliveries. Maternal and perinatal complications were significantly higher than late-onset gestational diabetes mellitus.

P17.41 | COMPARISON OF MATERNAL AND PERINATAL ADVERSE OUTCOMES FROM PRIMARY CAESAREAN DELIVERY DURING THE SECOND COMPARED TO FIRST STAGE OF LABOUR: AN INSTITUTION BASED COHORT STUDY
CATEGORY: PREGNANCY

K. Omwodo
Moi University, Kenya

Objective: To compare maternal and perinatal adverse outcomes when primary caesarean delivery is performed in the second stage of labor compared with the first stage.

Method: From August 1, 2021, to July 31, 2022, a longitudinal cohort study was conducted at the second-largest tertiary hospital in Kenya. It included 222 (74 in the second stage vs 148 in the first stage of labour), women, with singleton pregnancies at term gestation who had undergone caesarean delivery in labour. The primary outcome was a maternal composite and the secondary outcome was a neonatal composite. The relative risk of morbidity was estimated and compared.

Results: Compared to the first-stage of labour, women undergoing second-stage caesarean delivery were 3.3 times more likely to experience maternal intraoperative complications (95% CI 2.45–4.50, $P < 0.001$). Neonates with perinatal morbidity were 2.7 times more likely to have undergone caesarean delivery in the second-stage of labour (95% CI 1.97–3.84, $P < 0.001$). Caesarean delivery resulting in neonatal death was more likely to occur in second-stage labour delivery (RR 2.05, 95% CI 1.29–3.27).

Conclusion: Caesarean delivery in the second-stage of labour is associated with increased maternal and neonatal morbidity. Strategies for improvement of care should address delays in referral, gaps in documentation, and ongoing training of obstetric staff on second-stage caesarean delivery technique.

P17.42 | NEW INSIGHT ON THE ASSOCIATION BETWEEN MATERNAL SOCIAL VULNERABILITY AND CESAREAN DELIVERY
CATEGORY: PREGNANCY

K. Chatzistergiou
Hôpital André Grégoire, Greece

Objective: Although social vulnerability has been correlated to adverse obstetrical outcomes, its definition as well as its correlation to mode of delivery vary between different studies. The aim of this study is to evaluate the effect of maternal social vulnerabilities on mode of delivery.

Method: Retrospective single center cohort, study between January 2020 and December 2021. All women who delivered after 24 gestational weeks (GW) in a tertiary care maternity unit were included. Multiple component analysis (MCA) was used to assess the associations among social vulnerabilities, segregating

them in the administrative, the psychological and the dependency axis. Associations between the axes and cesarean section (CS) (before labor and during labor) were tested using multiple logistic regression.

Results: In total, 7707 patients were identified. After adjustment for medical, obstetrical factors, and the Robson classification, a statistically significant association was shown between administrative vulnerability index and CS before or during labor respectively (aOR 1.48 [1.23–1.78], aOR 1.46 [OR 1.23–1.73]). No correlation was found for the psychological vulnerability index (aOR 1.09 [0.86–1.38], aOR 0.99 [0.78–1.25]) or the dependency vulnerability index (aOR 0.98 [0.76–1.26], aOR 0.85 [0.64–1.12]).

Conclusion: The current study provides new insight in the correlation between social vulnerabilities and CS risk and suggests that administrative vulnerability is an independent risk factor of cesarean delivery. These patients should be identified and offered an adapted pregnancy monitoring to reduce CS rates.

P17.43 | GESTATIONAL DIABETES IN TEENAGE PREGNANCY: 5-YEAR RETROSPECTIVE COHORT STUDY
CATEGORY: PREGNANCY

K. Ibon
Jose R. Reyes Memorial Medical Center, Philippines

Objective: This study determined the incidence, demographic characteristics of maternal complications and neonatal outcomes of teenage women who developed gestational diabetes mellitus (GDM).

Method: Retrospective cohort study included teenage pregnancies ($n = 464$) who had prenatal checkup and delivery at Jose Reyes Memorial Medical Center from January 1, 2017 to December 31, 2021. Done on the 24–28th weeks AOG utilizing the 75g OGTT. Diagnosis of GDM was based on the POGS criteria which requires FBS of >92 mg/dL or a 2-h post-glucose load of >140 mg/dL. Outcomes examined were preeclampsia, stillbirth, postpartum hemorrhage, delivery mode, neonatal birthweight, APGAR score and congenital anomaly.

Results: The incidence of teenage patients who developed GDM with an age-specific mean of 17.72. The teenage GDM group were mostly primigravid and was associated with higher preterm births (15.04% vs 5.41%, $P = 0.002$, postpartum hemorrhage [15.04% vs 1.79%, $P = 0.05$] and caesarean sections [27.78% vs 6.73%, $P = 0.0006$]). More teenage patients with GDM had birth weights of 2500–4000g (66.67%) and more than 4000g (16.67%). Teenage GDM patients was compared with teenage non-GDM patients.

Conclusion: Gestational diabetes in teenage pregnancy resulted in higher preterm births, postpartum hemorrhage, caesarean sections and higher neonatal birthweights.

P17.44 | RETROSPECTIVE STUDY OF CHALLENGES ENCOUNTERED IN ADHERENT PLACENTA IN A TERTIARY CARE CENTRE IN SOUTH INDIA
CATEGORY: PREGNANCY

N. S. Kubera

JIPMER, Puducherry, India

Objective: To assess risk factors and to compare the maternal and fetal outcomes, and complications encountered following intrapartum and antenatal diagnosis of Placenta Accreta Spectrum (PAS).

Method: A retrospective cohort study of women diagnosed with PAS between January 2010 and April 2021 at a tertiary care hospital in India.

Results: Previous surgical history 82.9% and 80% had one or more previous caesarean sections. Placenta previa was found in 70.1% of women. Of the total 70 women with PAS, 54.3% had accreta, 27.1% increta and 18.6% percreta. Women with antenatal diagnosis of PAS were more likely to have hysterectomy (82.1% vs 41.9%) and ICU admission (84.6% vs 54.8%) while the incidence of DIC is more in women with intrapartum diagnosis (12.9% vs 0%).

Conclusion: Majority of PAS cases noted among conceived spontaneously singleton pregnancy, previous two LSCS, placenta previa. Women in whom the PAS was diagnosed antenatally were more likely to have hysterectomy, prolonged hospital stay and ICU admission while the incidence of DIC is more in women with unexpected diagnosis of PAS.

P17.45 | INTERSTITIAL GLUCOSE VARIABILITY IN SUBCUTANEOUS ADIPOSE TISSUE ASSOCIATED WITH THE DEVELOPMENT OF GESTATIONAL DIABETES MELLITUS PREDICTED BY CONTINUOUS GLUCOSE MONITORS DURING THE EARLY 2ND TRIMESTER
CATEGORY: PREGNANCY

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Objective: Continuous glucose monitoring has been proven useful for glycemic control in gestational diabetes mellitus (GDM) late in pregnancy, whereas its utilization for early assessing the risk of GDM has not yet been examined. Professional continuous glucose monitors (CGM) during the early second trimester was investigated in this study.

Method: Total 11 women of singleton pregnancy with age between 27 and 38 years (body mass index [BMI]: 20.5–27.6 kg/m²) were recruited to implant CGM for 1 week in abdominal and gluteal subcutaneous adipose tissues during 15–19 weeks of gestation as visit one.

75 g oral glucose tolerance test (OGTT) was conducted 10 weeks later as visit two for diagnosis of GDM. Anthropometric characteristics, biochemical data, body composition and skinfold measurement were performed in each visit.

Results: Our results showed the concentration of cholesterol, triglyceride, estradiol and progesterone were elevated from visit 1 to visit 2 with increase of body weight and other indicated components. Besides, suprailiac skinfold thickness and CGM (particular the gluteal one) measured glucose highest level, mean and variability in early 2nd trimester presented positive correlations with 2-h OGTT glucose parameters (2-h area under curve, 60 min glucose or 120 min glucose), even after BMI adjustment.

Conclusion: Applying continuous glucose monitoring during the early second trimester might be a useful method for evaluating the risk of GDM in 10 weeks later. Moreover, only CGM measured parameters could distinguish the pregnant women with GDM from healthy individuals.

P17.46 | GENETIC SUSCEPTIBILITY TO GESTATIONAL DIABETES MELLITUS AMONG THE KAZAKH POPULATION
CATEGORY: PREGNANCY

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Research Institute of Cardiology and Internal Medicine, Kazakhstan

Objective: The aim: to conduct a comparative analysis of population frequencies of alleles and genotypes of IGF2BP2 (rs1470579, rs4402960), IRS1 (rs1801278); MTNR1B (rs10830963), CDKAL1 (rs7754840), TCF7L2 (rs7903146), PPARG (rs1801282) and GCK (rs4607517) genes, which are GWAS associated with risk of gestational diabetes mellitus in ethnically homogenous Kazakh population with world populations.

Method: In this scientific study, a genomic database comprising 1800 healthy individuals of Kazakh descent was utilized. The participants underwent whole-genome genotyping using Omni Chip 2.5-8 Illumina chips, which detected 2.5 million single-nucleotide polymorphisms. The genotyping was carried out at the DECODE Iceland Genomics Centre, under the auspices of the Seventh Framework Programme of the European Commission, Grant Agreement No. 282540 and as part scientific program BR 11065383 of Research Institute of Cardiology and Internal Medicine.

Results: Comparative analysis of population minor allele frequency (MAF) of "European" predisposition genes: IGF2BP2 (rs1470579, rs4402960), CDKAL1 (rs7754840) in the studied Kazakh sample has not any reliable differences with similar European indicators and demonstrated its intermediate population frequency between Eastern and South Asian populations. The higher minor G allele frequency of the "Asian" protective polymorphism rs1801282 of PPARG gene in the Kazakh population suggests it a more significant protective effect in reducing the risk of GDM.

Conclusion: The obtained results for the prognostic genetic markers of gestational diabetes mellitus will allow timely (or prompt) identification of high-risk groups before or the early stage of pregnancy,

optimising the correction of carbohydrate metabolism disorders, carrying out the necessary effective preventive measures to avoid adverse perinatal outcomes and long-term complications.

P17.47 | FASTING RAMADAN DURING PREGNANCY: AN EVIDENCE-BASED GUIDE FOR THE OBSTETRIC PROVIDER
CATEGORY: PREGNANCY

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Objective: In most interpretations, fasting the Islamic month of Ramadan is excused for pregnant women. Yet, studies have observed most Muslim women choose to fast during pregnancy, and concerning avoid discussing fasting with providers.

Method: A targeted literature review was performed for published studies on fasting during Ramadan and pregnancy or maternal and fetal benefit and harm using Harvard Hollis and PubMed/MEDLINE. Content analysis framework categorized studies into categories: neonatal birth weight, preterm delivery, mode of delivery, maternal health and symptoms, antenatal parameters and fetal testing, and cognitive and long-term effects on offspring. Quality of evidence was found to be negatively impacted by variation in defining "fasting Ramadan" during pregnancy.

Results: We found no effect of fasting on rates of preterm delivery, no effect except a minor decrease in birth-weight in first-trimester fasting, and a lower cesarean-section rate or no effect on mode of delivery. Fasting is associated with symptoms of maternal fatigue. There is conflicting and insufficient data regarding gestational diabetes mellitus and maternal hypertension. There is likely no effect on most antenatal indices. Long-term cognitive outcome differences are not demonstrated in any high-quality studies.

Conclusion: The literature does not demonstrate significant clear maternal or fetal harm of fasting Ramadan in pregnancy. Obstetricians should demonstrate cultural and religious awareness, and use clinical experience and evidence-review (including study limitations) to offer medical recommendations, closer observation, and support to reduce harm and hardship to fasting and non-fasting patients.

P17.48 | A STUDY TO EVALUATE THE CAUSES OF UNRESPONSIVENESS TO ORAL IRON THERAPY IN PREGNANT WOMEN WITH IRON DEFICIENCY ANEMIA (IDA): HAEMATOLOGICAL, BIOCHEMICAL AND MOLECULAR APPROACH
CATEGORY: PREGNANCY

L. Saha

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Objective: (1) To study the percentage of non responder to oral iron therapy IDA in Pregnancy. (2) To evaluate the causes of non

responsiveness by various biochemical, hematological, and molecular parameters. (3) To document the compliance and adverse effects to oral iron therapy.

Method: It is a prospective and observational study with follow-up (8 weeks). Study population includes pregnant women undergoing routine antenatal assessment in OPD of OBG at PGIMER Chandigarh, INDIA. Serum Hepcidin, Erythropoietin and Erythroferrone were assessed by ELISA. Genetic sequencing was done to assess variations of the Tmprss6 gene associated with Iron Resistant IDA. Compliance and ADRs were also assessed. t-Test, Mann-Whitney test, two-way ANOVA with Sidak's/Tukey's multiple comparisons tests used for comparison.

Results: Out of the total sample population (n=466), 456 individuals (97.85%) were identified as responders while only 10 individuals (2.15%) were non-responders (IRIDA Phenotype). Our results indicate that IRIDA patients have elevated levels of hepcidin and erythropoietin but not erythroferrone compared to controls and 10 IRIDA patients shows mutation in Tmprss6 gene. The incidence of adverse events was slightly higher in the responders group than in the non-responders group and the compliance was more than 80%.

Conclusion: Our preliminary results suggest 2.15% incidence of iron resistant IDA in pregnant women in north Indian population and a possible association of genetic mutation of Tmprss6 with IRIDA and elevated serum hepcidin and erythropoietin level. In future clinical settings, our finding potentially helps in early detection of IRIDA in pregnant women.

P17.49 | PREVALENCE AND ASSOCIATED RISK FACTORS FOR POSTPARTUM DEPRESSION IN MEXICAN WOMEN: MULTICENTER CLINICAL RESEARCH
CATEGORY: PREGNANCY

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Objective: Postpartum depression (PPD) is an underdiagnosed entity that is rarely treated and represents a public health issue worldwide. The aim of this study was to analyze the prevalence of postpartum depression in the Mexican population, as well as the associated risk factors.

Method: An observational, cross-sectional, relational and analytical study was carried out in four hospitals in Mexico; specifically in the states of Puebla, Hidalgo, Mexico City and the State of Mexico. The Edinburgh scale was applied to patients in the postpartum period, taking 10 points as the cut-off point. An adjusted binary logistic regression technique was performed to identify the most important risk factors for the development of PPD. It was approved by Hospital Angeles Lomas Ethics Committee.

Results: A validated survey was performed to 717 patients in four obstetric care centers. A prevalence of 14.9% was obtained for PPD

in the Mexican population. Screening for social, clinical, and obstetric factors was performed. It was observed that family history for psychiatric illness (OR 6.6), history of depression (OR 5.4), economic hardship (OR 4.7) and single mothers (OR 7.6) were the statistically significant factors for developing PPD (CI 95%).

Conclusion: Mental health in pregnancy care is many times forgotten. PPD continues to be an underdiagnosed and untreated entity; in order to provide a better quality of life for the patient and her newborn, screening and treatment for this condition should be included comprehensively during perinatal care.

P17.50 | LONG-TERM MORTALITY AND RECOVERY AFTER PREGNANCY-ASSOCIATED STROKE

CATEGORY: PREGNANCY

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Objective: Pregnancy-associated stroke (PAS) is a rare event with increasing incidence. To our knowledge, there are no studies on long-term prognosis after PAS. We examined long-term mortality, recovery, and socioeconomic status (SES) after PAS.

Method: In this population-based study with chart validation, we included all women with PAS in Finland in 1987–2016 who survived the first year after the event ($n = 236$). Further, three controls matched by delivery year, age, and parity were selected for each woman ($n = 694$). Deaths by 2016 were identified from the Causes-of-Death Register. Recovery was assessed from hospital charts by Modified Ranking Scale (mRS). Data on SES for cases and controls were obtained from Statistics Finland.

Results: The median follow-up time was 11.8 years. Long-term mortality was 3.0% among women with PAS and 1.0% among controls (odds ratio [OR] 3.0, 95% confidence interval [CI] 1.0–8.7). At the end of follow-up, 89.8% of the women with PAS were independent in activities of daily living (mRS ≤ 2). Fewer women with PAS (65.9%) were at paid employment in 2016 compared to controls (79.1%) (OR 0.37–0.72) and being retired was more common in PAS group (18.2% vs 4.9%, OR 2.6–7.1).

Conclusion: In spite of higher mortality, the majority of women with PAS recovered well. Although the prognosis for SES was expectedly worse compared to controls, most women with PAS returned to work by the end of follow-up. These results can be utilized in counselling women after PAS of their long-term prognosis.

P17.51 | FETAL MORTALITY IN A CITY IN SOUTH BRAZIL BETWEEN 2006 AND 2015

CATEGORY: PREGNANCY

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Objective: Describe the fetal mortality rate (FMR) in Itajaí, a city in south Brazil, between 2006 and 2015, and analyze the epidemiological profile of pregnant women in cases of fetal death.

Method: Descriptive and retrospective study. Information was obtained from the database of the national health system in Brazil. Information on gestational age at fetal death, maternal age and scholarly, type of delivery, birth weight as well as antepartum and intrapartum fetal mortality rate were included. Multiple pregnancies and deaths due to congenital malformation were excluded from the analysis.

Results: 171 fetal deaths happened during 2006–2015 in Itajaí, with a FMR of 5.9/1.000 births. 92.4% of fetal deaths occurred antepartum and 74.5% had a vaginal delivery. Prevalent variables of fetal death: mothers under 14 and over 35 years old, gestational age between 22 and 27 weeks. The FMR in fetus under 2500g at birth were 44.8%. 64.9% of fetal deaths were in illiterate mothers, 29% occurred due to placental complications and 15% due to maternal conditions.

Conclusion: Knowing the epidemiology of fetal death is important for promoting good health assistance during the pregnancy and to adopt preventive measures. The fetal mortality rate in Itajaí is high and it is necessary to embrace preventive measures.

P17.52 | THE INFLUENCE OF HIV INFECTION ON PERINATAL OUTCOMES

CATEGORY: PREGNANCY

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¹Гинеколог, Uzbekistan; ²акушер-гинеколог, Uzbekistan

Objective: To analyze data on obstetric and perinatal outcomes in HIV-seropositive women.

Method: A retrospective analysis of 104 birth histories and outpatient records of pregnant women, as well as children's histories of HIV patients delivered in the period from 2018 to 2021 in maternity complexes No. 1, 8, 9 of Tashkent was carried out.

Results: In newborns, the discrepancy between weight and height to the gestation period in 42% of cases. The average height was 47 ± 2 cm, ranging from 41 to 50 cm. Within 48 h after delivery, the frequency of perinatal complications such as cerebral ischemia was observed in 32%, respiratory failure of varying severity—in 39% of cases, signs of intrauterine infection—in 31% of cases.

Conclusion: The analysis shows the need to predict and effectively prevent obstetric and perinatal complications long before the onset of labor.

P17.53 | MATERNAL MORTALITY IN YOGYAKARTA AND THE DISASTROUS EFFECT OF COVID-19 PANDEMIC

CATEGORY: PREGNANCY

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Objective: We aim to describe the effect of Covid-19 pandemic on maternal mortality in Yogyakarta Indonesia, before (2018–2019) and during the Covid-19 pandemic (2020–2021).

Method: A cohort study in Yogyakarta from 2018 to 2021, where data of causes, covid-19 infection status, and delays were collected. All data were retrieved from maternal death and neonatal live birth register which are prospectively registered by provincial health office. Cause of death were distinguished to obstetric and non-obstetric according to ICD-MM by WHO. Three delays concept in maternal death was defined by Maine (1994). Descriptive statistics were used to analyze prevalence and maternal mortality ratio's (MMR).

Results: 245 maternal deaths were reported, 72 cases in 2018–2019 and 173 cases in 2020–2021 revealing respectively an MMR of 84.1 and 217.1 per 100.000 live births. Before and during pandemic respectively the following causes were reported: non-obstetric (37.5%, 59%), hemorrhage (30.6%, 15.6%), and hypertensive (19.4%, 12.1%). During the pandemic, 80 cases (46.2%) positive covid-19 and among them 63 cases died. Before pandemic, type 3 delay was the upmost (23.6%) while type 1 during pandemic (14.5%).

Conclusion: MMR rose tremendously, almost three times higher and many maternal deaths were because of covid-19. Non-obstetric was the major cause of death and the delays shifted from delay in receiving adequate health care to delay in the decision to seek care during the pandemic.

P17.54 | DETERMINATION OF THE IDEAL TIMING OF DELIVERY AMONG GROWTH- RESTRICTED FETUSES AT LESS THAN 32 WEEKS AGE OF GESTATION USING A STAGE-BASED DOPPLER PROTOCOL FOR ADMITTED PATIENTS FROM JANUARY 1, 2010 TO SEPTEMBER 30, 2021 AT PHILIPPINE CHILDREN'S MEDICAL CENTER: A RETROSPECTIVE, COHORT STUDY

CATEGORY: PREGNANCY

M. Acosta Muldong

Philippine Children's Medical Center, Philippines

Objective: The dilemma in EARLY-ONSET FETAL GROWTH RESTRICTION lies on timing the delivery via creating an ideal

balance between minimizing hypoxic injury versus iatrogenic preterm delivery. The objective is to determine the ideal timing of delivery using a stage-based doppler protocol basing on the stage with the least acidosis and mortalities.

Method: A retrospective-cohort study of 67 singleton-pregnant women with early-onset fetal growth restriction who were hospitalized from January 2010 to September 2021 was conducted. Medical records were reviewed and outcomes were extracted. The primary outcomes were arterial pH at birth and mortality, while secondary outcomes included the birthweight, APGAR score, length of stay in the neonatal intensive care unit, surfactant use and neonatal complications. The doppler stage during delivery was identified and correlated with neonatal outcomes.

Results: Fetal growth restriction progressed by an average of three stages (41.79%) within a 2 to 3.5-week period. The prevalence of neonatal mortality was 16.42% and was low at Stages I and II (8.70% vs 18.75%). Acidosis is comparable in Stages II and Stage III (50% vs 50%). However, an increase in neonatal morbidities with a 63% increased risk of fetal death was seen when delivery is prolonged from Stage II to III (18.75% vs 50%).

Conclusion: Stage-based doppler protocol allows for the appropriate timing of delivery cognizant of the neonatal complications and mortalities. The recommended stage for delivery is STAGE II in which fetal acidosis and mortalities were low. Future studies should include a larger sample size to arrive at more statistically powered and conclusive results.

P17.55 | PROFIL ÉPIDÉMIOLOGIQUE ET CLINIQUE DES DÉCÈS MATERNELS À L'HÔPITAL RÉGIONAL DE BAFOUSSAM-CAMEROUN DE JANVIER 2017 À DÉCEMBRE 2021

CATEGORY: PREGNANCY

M. Ngo Dingom

Université de Dschang, Cameroon

Objective: Malgré les efforts consentis par les organismes étatiques pour la réduction de la mortalité maternelle au Cameroun, les données actuelles suscitent de perpétuelles interrogations. Nous décrivons la situation épidémiologique et clinique des décès maternels dans la région de l'Ouest Cameroun.

Method: Nous avons mené une étude transversale descriptive avec collecte rétrospective des données durant une période de 5 ans à l'Hôpital Régional de Bafoussam. Les données ont été enregistrées grâce au logiciel Epi info version 7.2.2.6 et analysées.

Results: Nous avons retrouvés 65 dossiers, seuls 41 dossiers exploitables. La tranche d'âge 20–39ans (80.4%) était la plus représentée, ces patientes avaient un niveau socio-économique bas (87.9%) et des consultations prénatales de mauvaise qualité (78.05%). Les causes directes représentaient 95.2%. L'hémorragie du post partum (34%) était le diagnostic principal. Plus de 50% des patientes étaient prises en charge après un délai minimal de 30min dès l'admission. Près de 70% des patientes étaient décédées 120min après l'admission.

Conclusion: La notion de retard constitue l'un des obstacles majeur dans la prise en charge rapide des patientes. Une capacitation du personnel soignant de la région améliorerait positivement les statistiques de mortalité maternelle.

P17.56 | COVID-19 RISK PERCEPTION, VACCINE UPTAKE, AND VACCINE HESITANCY AMONG PREGNANT PEOPLE WITH AND WITHOUT HIV INFECTION IN LUSAKA, ZAMBIA

CATEGORY: PREGNANCY

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Objective: Pregnant people and people with HIV face increased risk of severe COVID-19 disease and are recommended for COVID-19 vaccination. This study assesses COVID-19 risk perception, vaccine uptake or plans, and vaccine hesitancy among pregnant people with and without HIV receiving antenatal care in Lusaka, Zambia.

Method: From 31 August 2021 to 30 June 2022, this cross-sectional sub-study assessed 422 participants in an antenatal cohort in Lusaka at a planned 24 gestational week visit. We assessed perceived risk of severe COVID-19, vaccine uptake or plans, and barriers to vaccination. Vaccine hesitancy was defined as not planning or being unsure of vaccination. We report characteristics associated with vaccine hesitancy. Logistic regression assessed the association between COVID-19 risk perception and vaccine uptake or plans.

Results: 285/422 (68%) received ($n=101$; 35%) or planned ($n=184$; 44%) vaccination; 137 (32%) expressed hesitancy. 49/422 (12%) perceived high risk of severe COVID-19. Vaccine hesitancy was associated with younger age (26 vs 27 years, $P=0.019$) and HIV-negative status (83% vs 74%; $P=0.04$). Risk perception was not associated with vaccine uptake or plans (OR 1.26, 95% CI 0.65–2.45). Reasons for vaccine hesitancy included concerns for safety (52%), necessity (29%), and effectiveness (19%); findings were similar by HIV status.

Conclusion: Pregnant people in Lusaka perceive a low risk of severe COVID-19. Risk perception was not associated with vaccine hesitancy. Concern for vaccine safety or necessity were primary barriers to vaccination; access was not reported as a primary barrier. Public health messaging for this population should emphasize vaccine safety and necessity.

P17.57 | RELEVANCE OF THROMBOPHILIA ASSESSMENT IN POSTPARTUM IN FETAL GROWTH RESTRICTION BELOW THE THIRD PERCENTILE

CATEGORY: PREGNANCY

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¹Hôpital Bécélère Clamart France, France; ²Hôpital Bicêtre, Le Kremlin Bicêtre, France

Objective: Without prenatal etiology explaining a fetal growth restriction (FGR), a postnatal biological workup may be realized to look for thrombophilia. The literature regarding thrombophilia factors and FGR is discordant. The main objective was to assess the relevance of prescribing a thrombophilia workup for newborns weighing below the third percentile.

Method: This is a single-center retrospective observational cohort study, in patients who were followed at the type III maternity of the Antoine Bécélère Hospital (Clamart, France) and delivered between January 2014 and December, 2018. All patients who delivered a live-born infant with a birth weight below the third percentile were consecutively included. Data from thrombophilia workups were collected and analyzed. The primary endpoint was the prevalence of positive expanded thrombophilia workup (hereditary or acquired).

Results: A total of 733 patients were included in our study, of whom 401 patients (54.7%) underwent a postpartum thrombophilia workup. We did not find an increase in the prevalence of thrombophilia workup abnormalities (hereditary or acquired) compared to those known in studies of the general population.

Conclusion: Systematic workup of postpartum thrombophilia in patients delivering with a newborn weighing below the third percentile is apparently not relevant.

P17.58 | INVESTIGATION OF RELATIONSHIP BETWEEN VIOLENCE IN THE THIRD TRIMESTER OF PREGNANCY AND POSTPARTUM ON GROWTH AND DEVELOPMENT OF 1 AND 4-MONTH OLD INFANT, KERMAN, IRAN

CATEGORY: PREGNANCY

M. Zarshenas

Department of Midwifery, School of Nursing and Midwifery, Shiraz University of Medical Sciences, Shiraz, Iran

Objective: To determine the difference between neonatal outcome in pregnant mothers exposed to violence compared to mothers who were not exposed to domestic violence.

Method: A cross sectional study was performed on 300 pregnant women in the third trimester of pregnancy in Health and Medical centers in Iran. The domestic violence questionnaire was completed in three stages of the third trimester of pregnancy and 1 and 4 months after delivery. At 1 and 4 months of age, the Denver Developmental Questionnaire was completed. We used Peirson

coefficient of correlation and one-way analysis of variation. Statal significance was taken at $P < 0.05$.

Results: The based on the demographic characteristics of the pregnant mother and her spouse, there was a significant difference between the mean score of domestic violence in the third trimester of pregnancy and after delivery. There was also a significant negative relationship between the rate of violence and the rate of weight, height, head circumference and development of a 1- to 4-month-old infant ($P = 0.0001$).

Conclusion: The results showed that domestic violence has a significant negative relationship with the development of one to four old infants. These findings suggest the need for domestic violence screening during pregnancy and postpartum to improve child health.

P17.59 | ENCÉPHALOPATHIE DE GAYET-WERNICKE: COMPLICATION RARE DE L'HYPEREMESIS GRAVIDARUM. A PROPOS D'UNE SÉRIE DE CAS ET REVUE ACTUALISÉE DE LA LITTÉRATURE

CATEGORY: PREGNANCY

M. Zemhari

Gynecology and Obstetric Department, Hassan II Teaching Hospital of Fes, Malawi

Objective: L'objectif de notre travail est de rapporté notre série de cas et de faire une revue actualisée de la littérature.

Method: Il s'agissait d'une étude descriptive et rétrospective sur 10 ans. Nous avons inclus toutes les femmes admises pour une hyperemesis gravidarum compliquée d'une encéphalopathie de Gayet-Wernicke dont le score de Caine était au moins deux critères sur quatre. Nous avons analysé les données cliniques, biologiques, radiologiques et évolutives. Nous avons comparé nos résultats à ceux rapporté dans littérature au cours de cette même décennie 2012 et 2022.

Results: Sur 10 ans, neuf patientes ont présenté une encéphalopathie de Gayet-Wernicke suite à un hyperemesis gravidarum. L'âge moyen était de 28.5 ans. Les vomissements ont débuté tous au premier trimestre [5-12SA]. Le délai moyen de survenue de l'encéphalopathie était de 3.25 semaines après le début des vomissements. Le retentissement hémodynamique et nutritionnel était sévère. La grossesse fut arrêté chez une patiente. Une prise charge multidisciplinaire a permis d'améliorer le pronostic vital.

Conclusion: Hyperemesis gravidarum peut entrainer des complications graves et potentiellement mortelles. Si le pronostic vital est amélioré grace à une prise en charge multidisciplinaire adéquate, les séquelles fonctionnelles restent non négligeables.

P17.60 | EXPECTANT MANAGEMENT OF EARLY ONSET SEVERE PREECLAMPSIA CASES IN AN INDONESIAN LARGE TERTIARY HOSPITAL: 'HOW LOW CAN YOU GO' CATEGORY: PREGNANCY

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Objective: In an effort to improve perinatal outcomes while protecting mothers, it is important to examine maternal and perinatal outcomes and determine the ideal gestational age for cases of early-onset severe preeclampsia.

Method: Using medical records from 282 singletons early-onset severe preeclampsia and expectant care over a 5-year period from Dr. Soetomo Hospital, we conducted a cross-sectional study. In this study, numerical variables were analyzed using Mann-Whitney tests, and logistic regression were used to determine the gestational age cutoff for each analysis. Fifty-two percent of the total 1609 cases of severe preeclampsia were classified as early onset, and 282 cases of expectant care were included in this study.

Results: Pregnancy has successfully been prolonged for 12.1 ± 13.7 days. Sixty-one percent of cases were delivered before 34 weeks with major causes of impending eclampsia (19.6%) and fetal compromise (21.4%). Earlier gestation was associated with maternal complications ($P < 0.01$). There were 4.3% stillbirths, 27% IUGR, and 26.6% perinatal deaths, with only 13.3% survivor in 24-26 weeks, and none in preeclampsia before 24 weeks. A threshold for perinatal death is established at 29 5/7 weeks (RR 5.79x, $P < 0.001$).

Conclusion: In developing nations, expectant management is still crucial for treating early-onset severe preeclampsia because it allows for fetal maturation for almost 2 weeks. No survivors were found at less than 24 weeks of gestation, earlier gestational age was linked to a worse perinatal prognosis.

P17.61 | DOES REMOTE COVID INFECTION IN PREGNANCY AFFECT THE PLACENTA AND PREGNANCY OUTCOMES: RESULTS FROM A PROSPECTIVE COHORT PIC (PLACENTA IN COVID) STUDY

CATEGORY: PREGNANCY

M. Beck

Christian Medical College and Hospital, Vellore, India

Objective: To study the rates of abnormal placentae and associated histopathological findings in pregnant women who had had COVID 19 infection during pregnancy, remote from delivery. To study if these were associated with adverse perinatal outcomes.

Method: A prospective cohort study recruiting pregnant women with singleton gestation, who had COVID-19 infection during their pregnancy, remote from delivery, was carried out, between

August 2021 to July 2022. Ethics approval was obtained by Institutional Review Board. Abnormal placentae were identified as those with weight <10th centile and their histopathological findings were noted. Rates of SGA (small for gestational age) babies and stillbirths were recorded. The data was analyzed using SPSS v25.

Results: In our cohort of 67 women, most had mild COVID infection, half of them in mid-trimester. Abnormal placentae were seen in 40% women. Of these, 22% had intervillous thrombosis and 19% had infarction. Half of these were associated with SGA babies. Distribution of medical comorbidities was comparable among those with/out abnormal placentae. Most, 84%, SGA babies were born to mothers who had COVID at <28 weeks.

Conclusion: There is a small but significant risk of SGA babies being born to women who had COVID 19 at <28 weeks gestation, irrespective of the presence or absence of medical comorbidities. Close monitoring of these pregnancies is warranted.

P17.62 | OBSTETRIC ADMISSIONS TO THE INTENSIVE CARE UNIT IN A PERINATAL CENTRE: A 10-YEAR REVIEW

CATEGORY: PREGNANCY

M. Liz Coelho

Centro Hospitalar do Tâmega e Sousa, Portugal

Objective: Although maternal mortality in Portugal is low (17.2 deaths/100000births), there is no systematic assessment of severe maternal morbidity (SMM). Admission to an Intensive Care Unit (ICU) is considered an indirect marker of SMM, with a considerably higher incidence (2.1–12.6/1000 births). The aim of this study was to review all obstetric ICU admissions.

Method: Retrospective descriptive transversal study of all obstetric ICU admissions (all women admitted during pregnancy, postpartum or up to 42 days after termination of pregnancy) between 2012 and 2021, in a perinatal centre (Centro Hospitalar do Tâmega e Sousa, Penafiel, Portugal).

Results: Of 24012 deliveries, 76 women required obstetric ICU admission (3.1/1000 deliveries). Mean maternal age was 32 years and 80.3% ($n=61$) were nulliparous. Cesarean-section was the most frequent mode of delivery (75%). Most admissions occurred in the postpartum period (94.7%), being hypertensive disorders ($n=35$ [46.1%]) and postpartum hemorrhage (PPH) ($n=22$ [28.9%]) the main indications for ICU admission. 47.4% ($n=36$) required blood transfusion, 26.3% ($n=20$) required mechanical ventilation and 15.8% ($n=12$) required hysterectomy. Mean hospital stay was 10.1 days (2.8 in ICU). There were no maternal deaths.

Conclusion: The main causes of obstetric admission to the ICU are hypertensive disorders and PPH. SMM is not an infrequent occurrence, despite being associated with good outcomes, due to multidisciplinary approach. Characterization of this population is of vital importance, allowing improvement in obstetric care and reduction of SMM.

P18.01 | POST-CAESAREAN SECTION SURGICAL SITE INFECTION PREVENTION AND TREATMENT AT SALLY MUGABE HOSPITAL, HARARE, ZIMBABWE: AN AUDIT

CATEGORY: CHILDBIRTH

O. Mukombwe

University of Zimbabwe, Zimbabwe

Objective: The aim was to determine the characteristics of patients who presented with surgical site infection (SSI) at one of the tertiary hospitals in the country and to assess whether prevention and management was adherent to standards in order to improve delivery services.

Method: Names of candidates were retrieved from ward and theatre register over a 3 month period, 1 November 2021 to 31 January 2022. Patients' notes were recovered from hospital records. Of the 35 names retrieved only 20 notes were found in records. Telephone numbers of the other 15 were retrieved from the register and interviews were done via telephone calls. Only 10 consented to be interviewed.

Results: Thirty cases were studied. The mean age was 26, 36, 14/30 (46.7%) were para 2, only two were unbooked and only three had comorbidities. All cases were done as emergencies with only three referred from outside the hospital. The median time of development of infection was 7 days, 80% (24/30) had superficial infection and 3 died of sepsis.

Conclusion: The audit noted inconsistency in post-operative care and substandard documentation of cases in patients' notes, highlighting the need for quality improvement projects. There was low adherence to standards in antibiotic prophylaxis and skin preparation.

P18.02 | EFFECTIVENESS OF ABDOMINAL AORTA BALLOON OCCLUSION IN PLACENTA PERCRETA 3B CASES

CATEGORY: CHILDBIRTH

O. Golyanovskiy

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Objective: To reduce of intra- and postoperative complications, massive blood loss during abdominal delivery of 27 pregnant women with placenta percreta 3b and partial bladder invasion (grade 3b) at term of 35–37 weeks of gestation on the clinical bases of OBGYN Department No.1 using temporary balloon occlusion of infrarenal abdominal aorta.

Method: Diagnosis was confirmed by ultrasound and MRI without contrast. Main group included 10 women with Placenta percreta 3b, who underwent lower-median laparotomy, fundal caesarean section with infrarenal abdominal aorta balloon occlusion, hysterectomy without appendages and bladder fundus repair. Comparison group included 17 women with a similar diagnosis and treatment without balloon aorta occlusion. All women underwent hysterectomy without appendages and ligation of internal iliac arteries.

Results: Blood loss in the main group averaged 945 ± 70 mL, while almost doubling in comparison group— 1750 ± 110 mL ($P < 0.01$). Average surgery duration was 87.0 ± 9.0 min in group 1 and 124 ± 11.0 min in group 2. Hospital stay in the main group was shorter, 7 ± 1 days to 11 ± 2 days respectively. A multidisciplinary approach in case of diagnosed Pl. percreta with signs of placental tissue invasion into adjacent organs was proven as optimal for avoiding possible complications.

Conclusion: The innovative technology of temporary balloon occlusion of infrarenal abdominal aorta (with vascular surgeons participation) after fundal caesarean section and subsequent hysterectomy without appendages reliably reduces blood loss volume, probability of developing massive bleeding and adjacent organs damage, duration of surgical intervention and stay in a hospital.

P18.03 | EVALUATION OF THE MFMU VBAC CALCULATOR ON THE POLISH COHORT

CATEGORY: CHILDBIRTH

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¹Imid, Poland; ²Medical University of Warsaw, Poland

Objective: In Poland 1/3 of all births ends in cc. The MFMU VBAC calculator is a tool to help to estimate possible vaginal delivery after a previous cs. Aim To examine the usage of the MFMU VBAC calculator on the Polish population in patients after cs who didn't have vaginal delivery.

Method: Retrospective randomized study of 249 patients from two different hospitals in Warsaw, Poland. Group 1—120 patients who gave birth at the Institute of Mother and Child (IMID), Group 2—129 patients—at the Hospital of Saint A. Mazowiecka (Karowa) ($P < 0.05$). All patients were interviewed about their history of life and pregnancies. SPSS 18.0 was used for statistical data analysis.

Results: There were no statistical difference group 1 and 2 in the percentage in MFMU calculator, patients weight and BMI before and during pregnancy, weight gain during pregnancy, gestation at birth. There were no statistical difference between the number of patients with PPH, GDM, PGDM, PIH, anemia in both groups $P > 0.05$. A positive correlation was obtained in group 1 in the percentage obtained in MFMU calculator with gestational week at delivery, weight gain during pregnancy, height $P < 0.05$, negative—with BMI at delivery, BMI before pregnancy, weight during pregnancy and before delivery, GDM PPH and PIH $P < 0.05$. In group 2 negative correlation in the percentage obtained in MFMU calculator was found with the patients' age at delivery, BMI before and during delivery, weight before and during delivery, number of cigarettes smoked during the day, previous arrest labour cs $P < 0.05$, positive—with worse marital status, height, weight gain during pregnancy, week of delivery, pregnant cholestasis $P < 0.05$. A significant difference was found in group 2 between the percentage obtained in MFMU calculator and the method of delivery natural labour $70 \pm 10\%$ versus cs $65 \pm 13\%$ $P = 0.005$, and in group 1 $70 \pm 9\%$ versus $64 \pm 15\%$ $P = 0.003$. In the group 1 second cs was performed

more often due to the labor arrest in the first stage of labour, in group 2—due to the labor arrest in the second stage of labor and intrauterine asphyxia $P < 0.05$. In group 1 more often foley catheter and oxytocine as a method of induction were used, as in group 2—oxytocine $P < 0.05$. There were no significant difference between the percentage of birth ended cs, after the first cs in both groups $P > 0.05$.

Conclusion: In Poland, MFMU calculator cut-off predicting vaginal delivery 70%, below 65%—high risk of cs. Increased risk of repeated cs in higher BMI, PPH, PIH, GDM presence, previous cs due to labour arrest, smoking, not married. Greater possibility of natural labour with higher height, greater gestation at delivery.

P18.04 | IMPACT OF CAPACITY BUILDING ACTIVITIES ON PROVIDER BEHAVIOR IN PUBLIC FACILITIES IN NIGERIA, WHEN INTRODUCING A NEW UTEROTONIC FOR THE PREVENTION OF PPH

CATEGORY: CHILDBIRTH

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¹Clinton Health Access Initiative, Nigeria; ²Solina Centre for International Development and Research, Nigeria; ³MSD for Mothers, USA

Objective: To determine the effects of capacity building on provider behavior and uterotonic utilization rates at public health facilities in Nigeria, when introducing Heat Stable Carbetocin (HSC) as a uterotonic option to prevent postpartum hemorrhage (PPH) events (i.e. PPH cases and PPH-related mortality).

Method: This quasi-experimental study was conducted in 18 health facilities in three Nigerian states: Kano, Niger, and Lagos, from May to November 2022. In addition to other uterotonics, HSC was made available following training on obstetric care and safe and appropriate uterotonic use. Mentoring and supportive supervision were provided to ensure quality services. Quantitative data was abstracted from labor/delivery registers and patient case notes. Trend analysis of uterotonics utilization, PPH incidence, and documentation completeness was conducted.

Results: Overall, there was an 8% increase in uterotonic administration for PPH prevention. Completeness of patient case notes (which also included increased documentation of estimated blood loss volume) improved by 17%. Following the introduction, HSC utilization increased from 20% to 73% at the end of the period. Clinicians found HSC use to be feasible and acceptable. Finally, an 18% (0.9%–0.7%) decrease in PPH incidence was recorded in all deliveries where a uterotonic was administered.

Conclusion: Addressing system issues through capacity-building interventions is imperative to facilitate adherence to uterotonic use for the prevention of PPH as well as to strengthen documentation and the safe introduction of a new maternal health commodity like HSC, and to test its acceptability and feasibility for diffusion into the health system.

P18.05 | CAESAREAN SECTION POSTOPERATIVE REHABILITATION: HOW TO ACCELERATE DIGESTIVE MOTILITY?

CATEGORY: CHILDBIRTH

O. Kaabia; S. Ernez

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Objective: Our study aims to compare the effect of Arabic gum versus coffee versus verbena tea versus warm water on postoperative intestinal function in parturients who have undergone prophylactic cesarean section.

Method: It is a single blind randomized controlled trial, comparing 4 different post-operative feeding regimens. Arm I: gum Arabic chewing (15g of gum Arabic starting 2h after the operative room discharge, for 10min every 2h). Arm II: coffee (15g/200mL warm water). Arm III: verbena officinalis infusion intake (15g/200mL warm water). Arm IV: warm water (15g/200mL warm water). Primary outcome: duration of postoperative hospital stay (hours).

Results: The four arms were statistically comparable in terms of patients' characteristics. The mean gas emission time was earlier in the gum Arabic arm with a statistically significant difference ($P=0.003$). The hospitalization time is also shorter in the gum Arabic group (a significant difference of 10^{-3}). In addition, there is a significant positive correlation with $P \leq 10^{-4}$: the more the gas emission delay increases, the more the hospital stay increases with Spearman's correlation coefficient $r=0.205$.

Conclusion: Gum Arabic early chewing after prophylactic cesarean section is a good option to accelerate digestive motility and shorten postpartum hospital stay.

P18.06 | INCIDENCE, CLINICAL PROFILE AND OUTCOMES OF PREGNANCY-RELATED ACUTE KIDNEY INJURY IN KAMUZU CENTRAL HOSPITAL, LILONGWE

CATEGORY: CHILDBIRTH

O. Kamangira

Kamuzu University of Health Sciences, Malawi

Objective: To determine the incidence, clinical profiles, causes and immediate outcomes of pregnancy-related acute kidney injury (PRAKI) in Kamuzu Central Hospital (KCH) in Lilongwe, Malawi.

Method: This was a 6-month hospital based retrospective audit of all pregnant and puerperal women diagnosed with acute kidney injury at KCH. We audited cases reported between the 1 January and the 30 June 2022. Women diagnosed with AKI were identified from ward registers and their files were then audited using a checklist. Socio-demographic data and documented causes, immediate maternal and perinatal outcomes were reviewed. Simple frequencies, mean and median were used to provide description.

Results: 18 out of 1567 admissions (1056 referral cases) women with a mean age of 29.3 ± 4.8 years were diagnosed with PRAKI. Only three were primiparas. Seven were diagnosed intra/postpartum whereas nine were admitted in high dependency unit (HDU) with a median stay of 4 days. Preeclampsia/eclampsia was the leading cause in 70% of the cases. Five received blood transfusion whereas six received dialysis to a minimum of five sessions. Death occurred in five women.

Conclusion: The results of this audit indicate that PRAKI is common our setting with preeclampsia/eclampsia being the most common cause. We also noted a high mortality especially amongst those who were not dialyzed, as well as poor neonatal outcomes. However, a well-designed prospective study is necessary to obtain more reliable information.

P18.07 | THE FEASIBILITY OF INTERACTIVE VOICE RESPONSE SYSTEMS FOR PATIENT-REPORTED OUTCOMES AFTER CESAREAN DELIVERY IN UGANDA

CATEGORY: CHILDBIRTH

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Objective: Mobile technology provides a scalable opportunity to capture patient-reported outcomes measures (PROMs) after facility-based birth among rural women with low or no literacy. We aimed to assess the feasibility of using automated interactive voice response (IVR) technology to collect PROMs among women delivered by cesarean in southwestern Uganda.

Method: We nested this study in a larger type II effectiveness-implementation trial of wireless vital sign monitoring after emergency cesarean delivery in Mbarara, Uganda. Women were recruited intrapartum between December 2021–February 2022. In our sub-study, all willing participants who used a wireless monitor for at least 12h, and had access to a phone, were asked to respond to three surveys, on functional well-being using IVR at 2, 4, and either 6 or 12 weeks postpartum.

Results: A total of 62 participants were enrolled in the IVR sub-study. Mean age was $28 \pm SD 5$ years and 84% of participants completed primary education or higher. Though all participants had access to a mobile phone, 82% reported owning their own phone, and 26% had smartphone access. Survey completion was 45%.

52% and 55% at the three time points, respectively. Overall, 79% of participants completed at least one survey; only 19% completed all three surveys.

Conclusion: We demonstrate moderate success with IVR for collecting PROMS in Uganda, offering a promising low-cost means of data collection among women with low or no literacy. Further research is needed to identify barriers to IVR for longitudinal follow up and factors that optimize survey responsiveness.

P18.08 | RESPECTFUL MATERNITY CARE AS ASSESSED BY MOBILE APP WHEN COMPARED TO QUESTIONNAIRE

CATEGORY: CHILDBIRTH

P. Dasari

Jawaharlal Institute of Postgraduate Medical Education and Research, India

Objective: To develop and undertake pilot testing of mobile app to report Disrespect and Abuse (D&A), to rate the health care facilities, and to find out the prevalence and type of D&A experienced by women in labour and immediate postpartum.

Method: Phase I of the study recruited 380 postpartum women and 30 birth companions and D&A was assessed by the Questionnaire adopted from USAID-MCHIP which had a binary response of "YES" or "No". Same participants rated D&A they perceived on a 10 point rating scale (0 No D&A and -10 severe D&A). Mobile app was developed in simple terms to assess D&A and to rate the care given by the health care facility during child birth.

Results: D&A was 85% as assessed by the USAID-MCHIP Questionnaire and it was 47% as reported by the newly developed categories of D&A of mobile App. Seventy seven percent reported services during child birth to be excellent. Fifty percent reported pain relief and nutritional support as excellent. Less than 10% reported them as poor. The most common types of D&A were non-dignified care (verbal abuse, not allowing birth companion, no privacy) and non-confidential care.

Conclusion: The reported prevalence of D&A by App was less than that assessed by Questionnaire and more than that perceived by rating scale and the categories of D&A in the App were self explanatory and simple to use. The most common type of D&A was non-dignified care.

P18.09 | MEETING CRITICAL SUPPLY GAPS FOR MIDWIVES IN LMICS: THE DIRECT RELIEF MIDWIFE KIT

CATEGORY: CHILDBIRTH

P. Ospina; A. Lopez-carr

Direct Relief, USA

Objective: An enabling environment is essential to ensure that a midwife can provide maternal and newborn care. Many facilities in LMICs have inadequate physical resources to put midwives full

training to use. The Midwife Kit project is a comprehensive approach to advance health outcomes by meeting critical supply gaps for midwives.

Method: The Kits are introduced into countries via in-country health organizations, who have an in-depth understanding of community needs and supply gaps. The Kits' durable equipment, consumables and pharmaceuticals help support midwives who have been trained in Basic Emergency Obstetric and Newborn Care (BEmONC), put their learning into practice. Recipients of the Kits were asked to complete an online assessment to collect feedback on the Kits, its use, and its content.

Results: One-hundred percent of respondents found the Midwife Kits to be useful in the provision of quality care and 98.4% found the contents of the Midwife Kit to support midwives to the full extent of their training and expertise. Eighty-six percent of respondents found the content of the Midwife Kits useful in managing an obstetric emergency, with the most common obstetric emergencies: Newborn resuscitation (78.4% of recipients); postpartum hemorrhage (70.6%); retained placenta and maternal resuscitation (51%).

Conclusion: Based on case-use feedback, the Direct Relief Midwife Kits provides the essential items needed to support midwives trained to the International Confederation of Midwives' global competency standards and ensure midwives have the adequate tools to perform their jobs.

P18.10 | TRANSVAGINAL CERVICAL LENGTH MEASUREMENT TO PREDICT SUCCESSFUL LABOR INDUCTION

CATEGORY: CHILDBIRTH

P. Li; D. Ding

Hualien Tzu Chi Hospital, Taiwan

Objective: The objective of this study is to determine if the transvaginal sonographic measurement of the cervical length before labor induction can predict successful induction.

Method: This retrospective study recruited 138 pregnant women undergoing labor induction at 37–41 weeks. Cervical length was measured by transvaginal ultrasonography before labor induction. Induction of labor was performed according to hospital protocol. Age, parity, body mass index, Bishop score, hemoglobin, maternal disease, and epidural anesthesia were also recorded. Labor induction outcomes were assessed, including the cesarean section for failed induction, time of induction, and three labor stages.

Results: Among 138 women, 120 (86.9%) of the patients with successful induction with a mean cervical length of 2.84 ± 0.76 cm was significantly shorter than 18 (13.1%) women who failed induction with a mean cervical length of 3.52 ± 0.65 cm ($P < 0.001$). The induction time was longer in failed induction group than in the successful induction group (5194.50 ± 446.18 min vs 1132.23 ± 800.95 min, $P < 0.001$). The Bishop's score was 2.00 ± 2.22 and 2.90 ± 2.21 in the

patients with failed and successful induction, respectively, without statistical significance ($P=0.110$). In multivariate analysis, the short cervical length and multiparity were associated with a higher successful labor induction [adjusted odds ratio (95% confidence interval), 5.61 (1.62–19.44), $P=0.007$, at cervical length ≤ 3.415 cm compared with cervical length >3.415 cm; 11.96 (2.22–64.46), $P=0.004$, in multiparity compared with nulliparity]. The total labor time was significantly longer in women with longer cervical length and nulliparity.

Conclusion: In conclusion, transvaginal measurement of cervical length is a valuable parameter to predict successful labor induction.

P18.11 | A PROSPECTIVE TRIAL OF THE CAESAID™ COMPARED TO FORCEPS FOR DELIVERY OF THE FETAL HEAD AT CAESAREAN SECTION
CATEGORY: CHILDBIRTH

P. De Jong
University of Cape Town, South Africa

Objective: To determine if the specially designed CaesAid™ VAD device is safer and quicker than Wrigley's forceps, requires a smaller skin incision with less blood loss, and has no increased risk for the neonate. Delivery of the fetal head at caesar is usually by fundal pressure or occasionally forceps.

Method: Participants were prospectively assigned to deliver by forceps, or the CaesAid VAD at caesarean section. Data were collected postoperatively, and reviewed at 42 days after delivery.

Results: A total of 471 patients were included. Groups were similar in terms of age, BMI and parity. Fetal head delivery with CaesAid was significantly quicker than with forceps (46 s vs 56 s $P<0.001$), with a shorter total time of operation (17.3 min vs 19.3 min. $P<0.001$). Blood loss was less with the VAD, and the technique was easier than when forceps was used. Neonatal outcomes were similar.

Conclusion: CaesAid VAD cup is as safe as forceps for delivery of the fetal head. It provides an useful alternative when instrumental assistance is required.

P18.12 | HYBRID TRAIN-THE-TRAINER (TTT) MULTIDISCIPLINARY SIMULATION TRAINING DURING THE COVID-19 PANDEMIC PERIOD AT MBALE REGIONAL REFERRAL HOSPITAL: BEFORE AND AFTER STUDY DESIGN
CATEGORY: CHILDBIRTH

P. Ntuyo
Mulago Specialized Women and Neonatal Hospital, Uganda

Objective: To determine the effect of hybrid TTT multidisciplinary simulation training on communication, knowledge, teamwork and

skills transfer among health care providers (HCPs) at Mbale Regional Referral Hospital and Busitema University.

Method: We conducted a three-day hybrid TTT multidisciplinary simulation training of 17 HCPs. Trainees included obstetricians, anesthesiologists, nurses and midwives; using middle fidelity manikins. Trainees' knowledge was assessed with pre and post training tests. The training scenarios were on PPH, eclampsia shoulder dystocia, communication and leadership in medical emergency. First day of training was conducted by master trainer (physical) and three international trainers (virtual using Microsoft Teams). Trainees conducted the second and third day sessions.

Results: Knowledge increased by 23%, and 15 (90%) trainees strongly agreed that multidisciplinary simulation improved communication. All trainees used SBAR perfectly (CTS™: 10). Closed loop communication rate was good (CTS™: 7–9). Skills and team work (CTS™: $>7-10$) were good. Leadership and situation awareness were good (CTS™: 5–7), and 16 (92%) of trainees conducted simulation as per the guideline.

Conclusion: Multidisciplinary hybrid simulation training for in-service HCPs improved communication, knowledge, teamwork, leadership and situation awareness.

P18.13 | HYPOXIC-ISCHEMIC ENCEPHALOPATHY IN TWO UGANDAN HOSPITALS: PREDICTING FACTORS AND HOW THEY INTERACT WITH ONE ANOTHER
CATEGORY: CHILDBIRTH

P. Wanduru
Makerere University, Uganda

Objective: There is a lack of understanding of the complex and multicausal nature of hypoxic ischemic encephalopathy (HIE), particularly in low-income countries, including Uganda. We sought to determine socio-demographic and predicting factors of HIE and specifically how they interact and mediate each other in the pathway to HIE.

Method: This case-control study, carried out in 2022, included two high volume facilities in East-central Uganda. The cases were babies with HIE, diagnosed using a Thompson score and controls healthy babies with no HIE. We used structural equation modeling. Health system interventions like referral and cesarean section were categorized as endogenous factors, and individual risk factors were exogenous.

Results: We included 375 cases and 1111 controls. Among exogenous factors, being a primipara (AOR=1.45 [1.02, 1.95]), baby's sex (AOR=1.90 [1.12, 3.23]), and low birth weight (AOR=1.55 [1.19, 2.02]), directly increased risk for HIE. For endogenous factors, cesarean section was protective (AOR=0.59 [0.46, 0.76]), while mother referred (AOR=1.42 [1.04, 1.94]) increased risk. The most common mediating factor that diminished the protective effect of cesarean

section on HIE and doubled the risk among mothers who were referred was living more than.

Conclusion: The study quantifies the multi-leveled risk factors for HIE at the individual, health system, and larger societal levels. The study demonstrates that identifying and managing individual risk factors is insufficient; we must also focus on health and social systems (such as transportation systems) to help babies survive in low-resource settings.

P18.14 | RUPTURES UTERINES AU COMPLEXE MERE-ENFANT DU CHU PZAGA MAHAJANGA MADAGASCAR

CATEGORY: CHILDBIRTH

P. Randaoharison

Gynecologue Obstetricien, Madagascar

Objective: Déterminer le profil épidémiologique des cas de rupture utérine dans notre centre hospitalier. En effet la rupture utérine est une urgence obstétricale majeure et grave. Son incidence reste encore élevée dans les pays en développement comme Madagascar.

Method: Une étude descriptive portant sur les cas de rupture utérine a été menée, au complexe Mère Enfant du CHU PZaGa Mahajanga pendant une durée de 12 ans (2010–2021). Nous avons inclus les cas de rupture utérine, admis au service.

Results: Nous avons colligé 97 cas soit une fréquence de 0.53% des naissances, 61.9% sur utérus sains, 38.1% sur utérus cicatriciels, Soixante-dix pourcents des patientes ne dépassaient pas le niveau secondaire, 36.1% avec nombre de consultations prénatales inférieur à quatre, 39.2% avec prise de décoction, 75.3% référées, 40.2% abus d'ocytociques, 73.2% de travail prolongé, 80.4% césariennes en urgence, 69.1% rupture complète et 45.4% hystérectomie. Les complications étaient: maternelles, taux de décès de 11.3%, et néonatales de 33%.

Conclusion: La rupture utérine entraîne une morbi-mortalité materno-fœtale importante. Un renforcement des recommandations nationales concernant la prise en charge des femmes à risque sont nécessaires.

P18.15 | SEPARATION OF BLADDER FIRST APPROACH TO REDUCE HEMORRHAGE AND COMPLICATIONS DURING CESAREAN HYSTERECTOMY FOR PLACENTA ACCRETE SPECTRUM

CATEGORY: CHILDBIRTH

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Objective: The purpose of the present study was to develop a surgical approach for performing a caesarean hysterectomy (CH) in women with Placenta accrete spectrum (PAS) in order to reduce hemorrhage and urinary tract injuries, and thereby reducing maternal morbidity and mortality.

Method: This was a prospective observational study performed (September 2015 to December 2022) in a tertiary care hospital in India. The surgical approach described in the present study was performed in 92 women who underwent CH for PAS. In this technique, dissection of the bladder flap upto the cervix was made prior to the delivery of the baby. During dissection of the bladder flap, tissue containing the blood vessels traversing between uterus and bladder were cauterized with bipolar and cut.

Results: Ninety two women underwent CH under general anesthesia, total hysterectomy in 27/92, and sub-total hysterectomy in 65/92. Only two woman had bladder injury and two women required post op ICU admission. All women had histopathological proven adherent placenta. The average blood loss was 1.4 L and the mean number of blood transfusions was 2 units. Average duration of hospital stay was 5 days. There was no maternal death.

Conclusion: This study describes an alternate surgical approach for CH in PAS. Dissection of the bladder flap prior to delivery of the baby followed by CH reduced the hemorrhage and there was no

urinary tract injury. This surgical approach requires no additional resources and may easily be followed in a low-resource setting.

P18.16 | SUCCESSFUL MANAGEMENT OF RARE LIFE-THREATENING COMPLICATIONS IN ELDERLY GRAVIDA WITH HIGH INDEX OF SUSPICION IN A LOW RESOURCE SETTING
CATEGORY: CHILDBIRTH

P. Singh¹; T. Kumari²

¹India; ²Bhagalpur, India

Objective: Pregnancy and child birth at advanced maternal age >35 years are more often associated with adverse maternal and neonatal outcome. The purpose of the study is to highlight the rare complications associated with it and its management in a low resource setups.

Method: A non-experimental descriptive survey was conducted at healing touch hospital India with 50 elderly primigravida over a period of 1 year 2020 (August 2021 to September 2021).

Results: Commonest occurrence of anemia seen in 80%, malpresentation 8%, GDM 12%, DKA 2%, ectopic 10%, preterm labour 12%, pancreatitis 2%, PIH 8%. Rare cases encountered were (1) DKA with normal OGTT test at 12 and 24 week gestational age; (2) Pancreatitis with severe epigastric pain and vomiting in late trimester; (3) Budd Chiari syndrome in pregnancy; (4) Ruptured ectopic (four cases) with hemoperitonium; (5) Exploratory laparotomy with rupture of Bicornuate horn at 18 week gestation; (6) Ruptured uterus with decapitated head following forceful delivery.

Conclusion: Pregnancies above 35 years are high risk group and keeping a high index of suspicion with knowledge about varied medical disorder, obstetric complications; will help us in early identification and management with better outcome.

P18.17 | POSTPARTUM ECLAMPSIA: POSTERIOR REVERSIBLE ENCEPHALOPATHY SYNDROME DIAGNOSED AT POSTPARTUM DAY 11

CATEGORY: CHILDBIRTH

R. Conti-rafael; A. Lopez

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Objective: Posterior reversible encephalopathy syndrome (PRES) has been discovered in a handful of puerperal women with eclampsia. This case report aims to share our experience, highlight the importance of prompt diagnosis and treatment, and establish patient education about the prodromal symptoms of postpartum eclampsia.

Method: We present a 24-year-old G1P1 (1001) postpartum Day 11, admitted for seizures. On her 10th postpartum day, she developed severe occipital headache, nape pain, and diplopia. Within 6h, she experienced a 1-min generalized tonic-clonic seizure and loss

of consciousness. Her blood pressure was 190/110mm Hg. Initial evaluation showed eclampsia, diplopia and proteinuria. Unenhanced cranial CT on Day 2 post-ictal showed confluent, bilateral white matter hypodensities involving the frontal, parietal, and occipital lobes.

Results: All neurological symptoms resolved within 3 days once the blood pressure was controlled. A follow-up unenhanced CT scan was performed on Day 39 post-ictal, and showed non-delineation of the previously reported bilateral parietal and occipital lobe white matter hypodensities.

Conclusion: Posterior reversible encephalopathy syndrome generally has a good prognosis but can be fatal. This case report stresses the attention on this rare complication of eclampsia as management requires early diagnosis and prompt treatment.

P18.18 | MIGRANT WOMEN'S PERCEPTION OF QUALITY OF MATERNAL AND NEWBORN CARE AROUND THE TIME OF CHILDBIRTH: IMAGINE EURO RESULTS
CATEGORY: CHILDBIRTH

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Objective: Describe the maternal perception of quality of maternal and newborn care (QMNC) around the time of childbirth among migrant versus non-migrant women during the COVID-19 pandemic, in 11 countries of the WHO European Region, using a standardized data collection instrument based on the World Health Organization (WHO) standards-based quality measures.

Method: Women giving birth at a health facility in 11 countries of the WHO European Region from March 2020 to July 2021 were invited to answer an online validated questionnaire including demographics and childbirth experience questions. Data were analyzed and compared for 1781 migrant and 20653 non-migrant women.

We described absolute frequencies and percentages for key quality measures attending to migration status, country and separately for women who did versus did not experienced labor.

Results: Migrant women experiencing labor perceived more difficulties in attending routine antenatal visits (41.2% vs 39.4%; $P=0.001$), barriers in accessing facilities (32.9% vs 29.9%; $P=0.001$), lack of timely care (14.7% vs 13.0%; $P=0.025$), inadequate room comfort and equipment (9.2% vs 8.5%; $P=0.004$), inadequate number of women per rooms (9.4% vs 8.6%; $P=0.039$), no able to stay with their baby as wished (7.8% vs 6.9%; $P=0.011$), or suffer abuses (14.5% vs 12.7%; $P=0.022$) compared to non-migrant women.

Conclusion: Gaps in overall QMNC were reported by both migrant and nonmigrant women. It's important to understand how health-care operates for migrants within the WHO European Region, to improve QMNC and to develop migrant-friendly health systems that incorporate the needs of migrants to achieve equity and healthier societies.

P18.19 | AN ALTERNATE SURGICAL APPROACH FOR PLACENTA ACCRETA SPECTRUM, AND A CONTINGENCY PLAN WHEN IT DOES NOT WORK

CATEGORY: CHILDBIRTH

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Objective: We have published an alternate approach for placenta accreta spectrum (PAS) by performing bladder dissection initially to reduce haemorrhage from vasculature traversing the vesicovaginal space. However, this may not be possible when placenta is extruding from the uterus or growing into the broad ligament, and a contingency plan is required.

Method: We describe two cases with PAS. One woman presented at 21 weeks with recurrent bouts of heavy bleeding and placenta percreta extending towards broad ligaments (PAS score 17/20). She underwent uterine artery embolization (UAE) followed by hysterectomy. The other presented at 35 weeks with mild bleeding and placenta percreta extending towards right broad ligament (PAS score 18/20). She underwent partial bladder flap dissection, classical caesarean, retrograde hysterectomy, and ligation of vasculature lateral to right ureter.

Results: They required 5 and 7 units blood, and products, respectively. There was no bladder or ureteric injury. They were extubated and did not require ICU. In the first (21 weeks), pre-operative UAE reduced intra-operative haemorrhage. In the second, initial bladder dissection resulted in haemorrhage due to extruded placental tissue. The neonate was delivered followed by retrograde hysterectomy, internal iliac ligation and right uretric dissection to ligate vasculature lateral to ureter to control broad ligament haemorrhage.

Conclusion: Though we routinely perform bladder dissection initially, it is not possible in unusual situations as described. Hence, we

need to be prepared with altering the surgical plan or sequence of surgical steps as required. All obstetricians performing PAS surgery should be familiar with various modalities to reduce intra-operative haemorrhage.

P18.20 | ULTRASOUND-GUIDED TRANSVERSUS ABDOMENS PLANE BLOCK FOR POST-CESAREAN ANALGESIA: A RANDOMIZED CONTROLLED TRIAL

CATEGORY: CHILDBIRTH

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Objective: To determine the analgesic efficacy of the ultrasound-guided transversus abdomens plane (TAP) block for post-cesarean analgesia versus placebo.

Method: A randomized controlled clinical trial was conducted at a tertiary hospital in the Philippines. 36 pregnant women undergoing primary cesarean section were randomized to either one of the two groups, the TAP block group or the control group. At the end of the surgery, 20cc of levobupivacaine was injected on the experimental group versus 20cc of NSS on the control group. Results were analyzed using Mann-Whitney U test frequency distribution and percentage.

Results: TAP block demonstrated a significantly longer time for the demand of first rescue analgesia ($P=0.0127$) with 80% reduction in 24-h opioid requirement ($P=0.0142$). The pain score at rest and movement were similar in both groups. There were no side effects reported in the TAP block group, no anti-emetic was used, and with higher overall satisfaction rate ($P=0.0119$).

Conclusion: Ultrasound-guided TAP block, as a component of multimodal analgesia, is highly effective in providing analgesia for post-cesarean delivery. This promising technique can be used as an alternative in reducing opioid consumption and it's potential side effects.

P18.21 | THE WOMAN'S POINT OF VIEW: OBSTETRIC VIOLENCE IN THE LABOUR ROOM IN A TERTIARY CARE HOSPITAL IN SRI LANKA

CATEGORY: CHILDBIRTH

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Objective: The obstetric outcome indices of Sri Lanka are the highest among the South-Asian countries and current aim is to improve the quality of care. This has led to more medicalization of childbirth with unpleasant experience for the women. Our study aims to understand about the mistreatment during childbirth in the country.

Method: A descriptive cross-sectional study conducted at a teaching Hospital in Sri Lanka. A self-administered questionnaire was used to collect data after vaginal delivery before discharge from the Hospital.

Results: From the total 350 participants, 96.8% stated that they are happy with the overall care. Obstetric violence perceived in our setting are verbal, discrimination, failure to meet professional standards, poor rapport and due to suboptimal healthcare facilities. The most common obstetric violence was denial of their preferred birth positions (16.3%). Next frequent were painful vaginal examination (15.4%) and lack of labour companion (10.6%). Few patients raised concern on refusal of pain relief (2.6%), poor communication (5.4%) and lack of privacy (1.1%). Our study didn't demonstrate any association between age group, ethnicity, educational status, Parity and any form of the mistreatment.

Conclusion: Although there was overall satisfaction shown by most of the women during childbirth in our setting, in depth analysis shows that there is a need for improvement of quality of care in different aspects of care in labour. An integrated approach needed to improve the standard of care and Healthcare facilities.

P18.22 | THE USE OF OXYTOCIN AUGMENTATION DURING LABOUR FOLLOWING ZHANGS GUIDELINE AND THE WHO PARTOGRAPH IN A CLUSTER RANDOMIZED TRIAL
CATEGORY: CHILDBIRTH

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Objective: There is an escalation in the global rates of labour interventions. Research suggests that some interventions might be performed too soon, according to definitions of normal labour progress. This study aims to investigate the use of oxytocin augmentation during labor in nulliparous women following Zhang's guideline or the WHO partograph.

Method: A cluster randomized controlled trial, conducted 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 (2000 guidelines), for labor progression. Between December 2014 and January 2017, 7277 participants were included. The participants were nulliparous women who had a singleton full-term fetus in a cephalic presentation and spontaneous onset of labor, denoted as Robson group 1.

Results: A total of 3219 women (44%) were augmented with oxytocin during labor. Oxytocin was used in 1658 (42%) women in the Zhang group compared with 1561 (47%) women in the WHO group. The adjusted relative risk for augmentation with oxytocin was 0.98, 95% CI; 0.84 to 1.15. In addition, 19% of the women in the Zhang group and 23% in the WHO group were augmented with oxytocin without being diagnosed with labor dystocia.

Conclusion: Although no significant difference in the proportion of oxytocin augmentation was observed, there were differences in how oxytocin was used. Women in the Zhang group were less likely

to be augmented prior to 6 cm of cervical dilatation, but the duration of augmentation was longer in the Zhang group.

P18.23 | MIFEPRISTONE AND MISOPROSTOL VERSUS MISOPROSTOL ALONE FOR THE INDUCTION OF LABOR IN INTRAUTERINE FETAL DEATH: A COMPARATIVE STUDY
CATEGORY: CHILDBIRTH

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Objective: To compare the efficacy of mifepristone and misoprostol versus misoprostol alone for the induction of labor in women with intrauterine fetal death.

Method: One hundred ten women who experienced intrauterine fetal death of more than 28 weeks' gestation were randomized in two groups after inclusion, exclusion criteria and consent. Group 1 received 200mg oral mifepristone followed 24h later by misoprostol. Group 2 received only misoprostol. Misoprostol was given vaginally 50mcg every 4h for maximum six doses. The main outcomes were successful delivery, induction-delivery interval (from first dose of misoprostol to fetal expulsion).

Results: The mean age was 26.7 years. Majority (83%) were unbooked. Successful delivery occurred significantly in group 1 when compared to group 2 women (84% vs 66%, $P=0.03$). The mean induction-delivery interval was significantly less in mifepristone and misoprostol than using misoprostol alone ($P=0.01$). The mean dose of misoprostol required was significantly less in group 1. Mean preinduction Bishop score was comparable in both groups. Preeclampsia, obstetric cholestasis, gestational diabetes and anemia were the commonest identifiable causes.

Conclusion: Combined regimen of mifepristone and misoprostol significantly improved the successful delivery rates and had shortened induction-delivery intervals in women with intrauterine fetal death compared with the use of misoprostol alone.

P18.24 | SPONTANEOUS POSTPARTUM BLADDER RUPTURE: A RARE CAUSE OF ACUTE BREATHLESSNESS IN POSTNATAL WOMEN
CATEGORY: CHILDBIRTH

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Objective: Compressive forces by the foetal head during course of labour and delivery may weaken the bladder in the area adjacent to the foetal head. It is prudent to highlight the cases that we encountered in order to disseminate information among health care providers about this condition which is often preventable.

Method: The labour and childbirth care unit in a tertiary care hospital in southern India presents three cases of post-partum

bladder rupture following uneventful vaginal delivery among low-risk women. It was an observational study to identify possible etiology, clinical presentation, modes of early diagnosis and intervention. Data was collected by face-to-face interview and hospital records. Reinforcement of preventive measures to reduce severe postpartum morbidity, is presented.

Results: All three cases presented at the end of the first week with symptoms of acute breathlessness, vomiting and grossly reduced urine output and ascites. Catheterisation showed adequate amount of clear urine although ascitic fluid and serum creatinine levels were elevated. Retrograde cystogram done showed no leak even when the bladder was filled up to 1000mL. They underwent laparotomy proceed repair of bladder rent and recovered after prolonged catheterisation and bladder re-training over 6 months.

Conclusion: With a high index of clinical suspicion of post-partum bladder rupture, early laparotomy and repair is essential, even in the absence of radiological evidence. Surgery is followed by adequate post-operative bladder rest. Preventive measures include postnatal close monitoring and education to seek early medical help in case of voiding dysfunction.

P18.25 | FACTORS ASSOCIATED WITH CESAREAN DELIVERY FOLLOWING LABOR INDUCTION WITH VAGINAL MISOPROSTOL AMONG PREGNANT WOMEN AT A LARGE REFERRAL HOSPITAL IN SOUTHWESTERN UGANDA

CATEGORY: CHILDBIRTH

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Objective: To determine factors associated with cesarean delivery among pregnant women following induction of labor with 50µg of vaginal Misoprostol at a large referral hospital in rural southwestern Uganda.

Method: We used prospectively collected secondary data to construct a cross-sectional study. The data comprised of mothers with gestational age ≥28weeks who underwent labor induction with 50µg of vaginal Misoprostol, administered 6h up to a maximum for four doses and followed up until delivery. Data were analyzed in Stata version 15. In the multivariate analysis, we used modified Poisson regression analysis to determine factors independently associated with caesarean delivery, expressed as risk ratio (RR).

Results: Of the 88 participants, 13 (14.8%) had cesarean delivery following labor induction with vaginal misoprostol and this was independently associated with failure to achieve active labor by 12h following labor induction (Adjusted RR [aRR], 5.24; 95% CI, 1.05–26.06) and nulliparity (aRR, 3.81; 95% CI, 1.02, 14.22).

Conclusion: A high proportion of women undergo cesarean delivery following labor induction with vaginal Misoprostol. Nulliparous mothers and those who fail to achieve active labor by 12h after initiating labor induction are at a higher risk. Labor Induction should be conducted in facilities that are well-equipped to perform cesarean section.

P18.26 | CASE REPORT: EFFECTIVE TREATMENT OF A RECURRENT RECTOVAGINAL FISTULA WITH A MARTIUS FLAP PROCEDURE AT GEORGETOWN PUBLIC HOSPITAL CORPORATION (GPHC), GUYANA

CATEGORY: CHILDBIRTH

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Objective: To describe the first case of a recurrent rectovaginal fistula (RVF) at Georgetown Public Hospital Corporation (GPHC) that was repaired ultimately using a Martius flap procedure. To describe the interdisciplinary approach involving physicians from the departments of Obstetrics and Gynaecology and General Surgery.

Method: We report a case of a 19-year-old female patient who had an assisted forceps delivery for foetal distress and suffered a third-degree laceration (Type 3B). She was diagnosed with a rectovaginal fistula three times, and the last repair was successfully done with a Martius flap procedure. At her 15-month follow-up after the repair, she did not have an evidence of recurrence.

Results: Seven months after delivery she was diagnosed with a RVF. One week after repair it became infected and had a dehiscence with recurrence of the fistula. Eight months after, she underwent another repair but the sutures were removed before the scheduled time resulting in a recurrence of the fistula. Six months after this, the RVF was successfully repaired with a Martius flap procedure. At her 15-month follow-up, she did not have any evidence of recurrence.

Conclusion: The Martius flap procedure is a successful treatment option for recurrent rectovaginal fistulas. Because the complications and social impact that can arise from a RVF are so vast, measures to prevent or to capture them early and adequately treat them may avoid the irrelevant agony felt by these patients.

P18.27 | KOOHIE GOTH WOMEN HOSPITAL (KGWH) VACUUM DELIVERY SYSTEM

CATEGORY: CHILDBIRTH

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Objective: Vacuum extraction to assist during complicated labour prevent maternal and newborn morbidity and mortality avoid unnecessary caesarean section. Primary outcome assessed was proportion of attempted KGVDs deliveries which vaginal delivery achieved with no further intervention. Secondary outcomes included maternal and newborn injury, maternal satisfaction with KGVDs and ease of use.

Method: Prospective cohort study with no control group conducted public hospitals in Pakistan. After training staff on applying KGVDS, devices available for use when instrumental delivery indicated. Women coming for vaginal delivery followed from the start of labour until discharge. The primary outcome assessed was the proportion of attempted KGVDS deliveries in which vaginal delivery was achieved with no further intervention. Secondary outcomes included maternal and newborn injury, maternal satisfaction with KGVDS and ease of use.

Results: Of 1160 women on whom complete data was collected, 981 (84%) underwent spontaneous vaginal delivery, 26 (2%) had an emergency c-section and 153 (13%) had an instrumental delivery. Of those that had instrumental deliveries, 137 women had KGVDS applied and 111 (81%; 95% CI = 74–88) had a successful vaginal delivery using KGVDS. There were no serious maternal or neonatal injuries or infections. There was one stillbirth which was not related to KGVDS use.

Conclusion: The KGVDS had an acceptable level of effectiveness, safety and feasibility in this initial evaluation conducted in a low-resource setting. results indicate that this new low cost device have the potential to improve birth outcomes in settings where most mortality and morbidity occurs. Future studies evaluate effectiveness safety of KGVDS.

P18.28 | THE INSTRUMENTAL DELIVERY BY FORCEPS: A 9 YEARS EXPERIENCE IN GYNECOLOGY AND OBSTETRICS DEPARTMENT B G26, TUNIS, TUNISIA
CATEGORY: CHILDBIRTH

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Objective: This study was conducted to evaluate the fetal and maternal morbidity of instrumental delivery.

Method: This is a descriptive single centre retrospective study conducted on 561 patients from 2013 to 2022. All the patients had an indicated instrumental delivery by forceps.

Results: The death rate was 0% for mothers and 0.5% for newborns. 59.3% of patients underwent several complications: 40.6% had vaginal tears, 5% had cervical tears, 8.6% had perineal tears, 5% had post-partum hemorrhage. Only one patient had uterine rupture. 17.2% of newborns underwent several complications: 5, 3% suffered from birth asphyxia, 1.4% had cephalohematoma, 0.6% had brachial plexus injury, 10.2% had facial injuries.

Conclusion: The instrumental delivery by forceps has several risks that could be narrowed when indicated properly and performed by a trained obstetrician.

P18.29 | MIDWIFE PERSPECTIVES ON IMPLEMENTING WIRELESS VITAL SIGN MONITORING AFTER EMERGENCY CESAREAN DELIVERY AT A TERTIARY CARE FACILITY IN UGANDA

CATEGORY: CHILDBIRTH

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Objective: Continuous wireless vital sign monitoring systems have been proposed as a strategy to reduce failure to rescue rates (i.e. failure to recognize and respond to hospitalized patients experiencing complications). We aimed to understand midwife perspectives on the implementation of a wireless vital sign system for monitoring patients after cesarean delivery.

Method: Midwives were recruited to participate in a hybrid effectiveness-implementation trial of wireless vital sign monitoring at a tertiary care facility in Mbarara, Uganda. Study midwives carried a 'responder' smart phone programmed to receive alerts of vital sign abnormalities among enrolled patients wearing the Current Health (TM) wireless monitor. We conducted 8 in-depth interviews ranging from 20 to 40min with all enrolled midwives between March and June 2022. Interviews were analyzed using an iterative, thematic analytic approach.

Results: All enrolled midwives reported both positive aspects and challenges regarding the wireless monitoring system. Midwives reported the wireless monitoring system improved outcomes by deepening patient-provider relationships and trust, optimizing quality and timeliness of care, triaging tasks, streamlining workflow, allowing remote patient assessment, and improving interdisciplinary collaboration. Challenges included technical difficulties and network outages, missed or false alerts, burden of notifications, need to transition responder phones between providers, and fear of losing the phone.

Conclusion: Despite challenges, midwives reported positive uptake with numerous benefits to clinician workflow and environment from the implementation of a wireless vital sign monitoring system.

Reported challenges suggest opportunities for improvement to allow better integration into clinician workflow. These experiences support future studies assessing this innovative intervention's impact on clinical outcomes.

P18.30 | ROLE OF AUTOLOGOUS PRP IN PREVENTION OF INTRA-UTERINE ADHESION FOLLOWING SURGICAL ABORTION

CATEGORY: CHILDBIRTH

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Objective: To estimate the degree of IUAs after surgical abortion following intrauterine infusion of autologous platelet-rich plasma using AFS scoring on hysteroscopy.

Method: All females, aged 18–45 years, with POG <20 weeks undergoing surgical abortion were included in the study. Participants were randomized into two group (33 in each), intervention group received surgical abortion + PRP instillation and control group had surgical abortion. All participant underwent follow-up hysteroscopy at 8 weeks for assessment of IUA. IUA was scored as per AFS scoring.

Results: Demographic and clinical characteristics of study populations were similar among the groups. Incidence of IUAs was 28% versus 10% ($P=0.007$) in control and intervention group respectively. On multivariate analysis of the clinical factors, higher gestational age at termination, >2 abortion, history of suction and evacuation were significantly associated with intrauterine adhesion. A predictive model was constructed, using various risk factors, with good sensitivity (79%) and specificity (88.2%) for identification of women at-risk.

Conclusion: PRP instillation after surgical abortion reduced primary incidence of IUAs. Various risk factors like higher gestational age at termination, >2 abortion, history of suction and evacuation showed significant association with the evolution of intrauterine adhesions.

P18.31 | COVID-19 PANDEMIC AND NEONATAL ABSTINENCE SYNDROME

CATEGORY: CHILDBIRTH

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Objective: Although opioid crisis and mental health worsened during the COVID-19 pandemic in high-income countries, temporal trends in Neonatal Abstinence Syndrome (NAS) have not been studied. We examined pandemic-related changes in NAS, and whether infants in urban/rural areas and those from low socioeconomic status (SES) families were disproportionately affected.

Method: All hospital live births in British Columbia, Canada, were included in the study and NAS rates were compared between

pre-pandemic (April 2010–March 20) and pandemic periods (April 2020–February 2022). NAS cases were identified using a ICD-10 diagnostic code and interrupted time series models were used to assess changes in NAS frequency. We also compared pre-pandemic vs pandemic trends in preterm birth (PTB, <37 weeks), birthweight and length of hospital stay in infants with NAS.

Results: Among 510794 infants, 2149 had NAS (4.2 per 1000 live births). NAS increased from 2.6 to 4.8 per 1000 live births in the pre-pandemic period from 2010 to 2019. Rates spiked in 2020/21, and declined in 2021/22 (5.6 and 4.7 per 1000 live births, respectively). The early pandemic period was associated with a 2.8-fold increase (95% confidence interval 1.1–8.0) in NAS. Non-significant pandemic-related increases were observed in infants from urban areas and low SES families.

Conclusion: Pandemic-related effects include an increased incidence of NAS which may have been transitory. No pandemic-associated changes in temporal trends were observed for PTB, birthweight and length of hospital stay among NAS infants. This information is important for pandemic response planning in the future.

P18.32 | ACCEPTABILITY AND FEASIBILITY OF OPERATIVE VAGINAL DELIVERY AND TRIAL OF LABOR AFTER CESAREAN SECTION IN EGYPT

CATEGORY: CHILDBIRTH

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Objective: This study aims to assess the acceptability and feasibility of operative vaginal deliveries (OVD) and trial of labor after cesarean (TOLAC), two methods of reducing cesarean section (CS) rates, among obstetricians in Egypt, where the national CS rate is among the highest in the world, estimated between 54% and 72%.

Method: A survey was developed assessing the attitudes of Egyptian obstetricians to OVD and TOLAC. A series of hands-on workshops on OVD were held in January–February 2022 in Cairo, Egypt: a pre-workshop survey was distributed to participants of the workshop to assess their comfort with both OVD and TOLAC and a post-workshop survey was distributed afterwards to assess for any changes in their comfort and attitude towards OVD.

Results: Of 40 participants, 64% reported minimal training in OVD. Less than a quarter of participants felt comfortable performing an OVD independently, while after the OVD workshop, 92% reported they would be more likely to perform an OVD. Barriers to performing OVD included inadequate training during residency, limited equipment availability, and malpractice/litigation concerns. Only 37% of

participants felt comfortable overseeing a TOLAC independently. The major barriers to performing TOLAC included patient refusal and malpractice/litigation concerns.

Conclusion: In this pilot study, Egyptian obstetricians reported limited experience and training in OVD and TOLAC. Comfort with OVD improved after the workshop, demonstrating that investing in training efforts in CS-sparing procedures may increase the use of these procedures nationally as part of efforts to reduce the national CS rate.

P18.33 | WOMEN SUGGESTIONS ON HOW TO IMPROVE THE QUALITY OF CARE DURING CHILDBIRTH: QUALITATIVE ANALYSIS OF TWO YEARS OF IMAGINE EURO STUDY IN ITALY
CATEGORY: CHILDBIRTH

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Objective: Users' perspectives are pivotal to implement the quality of maternal and newborn care (QMNC) worldwide. COVID-19 pandemic led to significant reorganizations of health care services. This study aimed at exploring Italian women's suggestions on how to improve QMNC in light of their childbirth experiences during the pandemic.

Method: This was a qualitative analysis of suggestions reported in the open-ended question of the IMAGINE EURO survey involving mothers who gave birth in Italy during the first 2 years of the pandemic (March 2020–March 2022). All comments were thematically analyzed using NVivo, themes and subthemes were identified. Results were synthesized according to the WHO QMNC framework. Priority areas to be urgently address for ensuring a high-quality care were identified.

Results: Out of 7928 Italian women participating in the survey, 2010 provided a comment on how to improve the QMNC. Five priorities were identified: (1) Implementing support during the postnatal period; (2) Better use of resources; (3) Improving the maternity environment/setting;

(4) Organizational aspects; and (5) Abandoning disrespectful practices. A total of 18 sub-themes emerged.

Conclusion: Women's views should be incorporated in policies to improve QMNC. This research offers a new and specific insights on women's recommendations for better QMNC in Italy, in the context of the COVID-19 pandemic, and as such, should be utilized by policy makers.

P18.34 | COEFICIENTE DE GINI COMO DETERMINANTE DE LA VÍA DEL NACIMIENTO: ANÁLISIS DE SUBPOBLACIONES
CATEGORY: CHILDBIRTH

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Objective: La desigualdad social podría afectar indicadores de desempeño en atención obstétrica. Evaluamos la asociación entre el coeficiente de Gini (CG) y características demográficas, vía del nacimiento y otros desenlaces materno-perinatales en un modelo de subpoblaciones geográficas en Bogotá, Colombia.

Method: Estudio de cohortes ambispectivo, del total de nacimientos hospitalarios registrados en Bogotá, 2012–2022. Todos contaban con un estándar de cuidado prenatal y atención obstétrica homogéneos. Se consideró un CG como: nivel bajo, o alto si el valor para 20 subpoblaciones era menor o mayor a la referencia global para Bogotá (0.51). Se evaluaron y analizaron variables sociodemográficas y desenlaces materno-perinatales. Analizamos asociaciones y diferencias a partir de Chi 2 y T Student.

Results: Se incluyeron 352 704 nacimientos. La asociación entre un CG bajo Vs alto y las variables evidenció: edad materna: 26.3 vs 28.2 años ($P < 0.001$), edad gestacional al nacimiento: 38.3 vs 38.1 semanas ($P < 0.001$), nivel educativo: 17.6% (46 504) vs 36.2% (31 944) ($P < 0.001$), embarazos previos: 1.95 vs 1.87 ($P < 0.001$), peso recién nacido: 2.973 vs 2.972 g ($P < 0.934$) y vía del nacimiento: cesárea 40.9% (108 111) Vs 47.2% (41 600) ($P < 0.001$). Sin diferencias en la distribución de la mortalidad materna ($P < 0.065$).

Conclusion: En nuestra población un CG alto estuvo asociado a: mayor tasa de cesárea, mayor edad materna, nivel educativo más alto y mayor disparidad.

P18.35 | FEASIBILITY AND BARRIERS OF USING WHO PARTOGRAPH AMONG HEALTH CARE PROVIDERS IN A TERTIARY CARE HOSPITAL KARACHI PAKISTAN: A QUALITATIVE EXPLORATORY STUDY
CATEGORY: CHILDBIRTH

S. Naz

Aga Khan University Hospital, Karachi, Pakistan

Objective: To explore the views of obstetric health care providers regarding feasibility and barriers to the use of the partograph.

Method: Qualitative descriptive exploratory design was employed to explore the perceptions of health care providers through three focus group discussions (FGDS) involving 6–8 healthcare providers including midwives, nurses, and doctors. These FGDS were conducted in the labour and delivery unit of the Aga Khan University

Hospital Pakistan. Semi structured interview guide was used for data collection and each FGD was of approximately 45–60 min of duration. Data analysis followed Creswell's (2013), steps for qualitative data analysis.

Results: Following themes were derived from data analysis: (a) basic understanding of the partograph which encompassed its benefits and uses, (b) experiences of using the partograph, (c) challenges associated with partograph use, including increased workload, excessive manual documentation, and uneven responsibilities regarding documentation; and (d) suggestions for enhancing the effective utilisation of the partograph, such as providing training and introducing electronic versions of the partograph.

Conclusion: Healthcare providers appraised use of partograph and considered it as an effective tool for early identification and management of obstructed labour. Addressing the identified barriers including increased workload, time consuming nature, inadequate skills, and lack of shared responsibility for documentation, is crucial for maximising the effective utilisation of the partograph.

P18.36 | SCALING-UP A BIRTH COMPANIONSHIP MODEL FOR ADVANCING RESPECTFUL MATERNITY CARE IN KIGOMA AND KATAVI, TANZANIA

CATEGORY: CHILDBIRTH

S. Dominico

Thamini Uhai, Tanzania

Objective: The objective of the Project was to scale-up a birth companionship model in rural Tanzania, to integrate respectful maternity Care for women during Childbirth.

Method: The third phase of Birth companionship project implementation covers 23 public implementing facilities in Kigoma and Katavi regions, 10 facilities increase from previous phase. Components of implementation model are: (1) Labor rooms infrastructure upgrade to ensure visual and audio privacy; (2) Orientation of health care providers; (3) Community sensitization; (4) Recruitment and training of community health workers (CHWs); (5) Conducting community score card to ensure accountability; (6) Distribution of comfort measure tools.

Results: Birth companionship cost-effective model has been scaled up to 10 new implementing facilities and well sustained in 13 existing facilities and a total of 12 councils and 23 facilities, in catchment population of about 2 million people are covered. Two learning visits was done by government entity and partner and Thamini Uhai invited to share experience at the first ever national RMNCAH scientific conference in November 2021.

Conclusion: Birth companionship facilities have been used as learning sites to others including government entities and implementing partners for possible replication as a routine practice during childbirth. Further scale-up is feasible to ensure countrywide practice.

P18.37 | EMERGENCY PERIPARUM HYSTERECTOMY IN MENDEFERA HOSPITAL

CATEGORY: CHILDBIRTH

S. Marzolf¹; D. Sereke²

¹St Luke Medical System, USA; ²Orotta Maternity Hospital, Eritrea

Objective: The aim of this study was to determine the incidence, indication, risk factors and perinatal/maternal outcome related to emergency peripartum hysterectomy (EPH) performed in Mendefera Regional Referral Hospital.

Method: Case-control study was carried out in women, who underwent EPH over a period of almost 8 years. Controls were women, who had spontaneous vaginal delivery or were delivered by Caesarean section, without EPH. The findings were analyzed using Stata 14.

Results: A total of 15 527 deliveries and 31 cases of emergency peripartum hysterectomies were noted. Main indications for EPH were uterine atony (38.7%) and uterine rupture (25.8%). Factors with significant EPH association were: age 40+ years (OR 10.6; 95% CI 1.5–76.1), grand multiparous (OR 8.0; 95% CI 2.1–30.4) and CS on the index pregnancy (OR 16.6; 95% CI 7.80–35.95). Subtotal hysterectomy was performed in 74% of cases. The case fatality rate and stillbirth rate was 13% and 34.4% respectively.

Conclusion: The incidence of EPH in our institution is very high and fetal outcome was poor. The commonest indication for EPH was severe hemorrhages most notably caused by uterine atony or uterine rupture, which are largely preventable.

P18.38 | APPARATUS AND METHOD FOR DETECTING AND NOTIFYING POSTPARTUM HEMORRHAGE

CATEGORY: CHILDBIRTH

T. Fathi Najafi

Department of Midwifery, Faculty of Nursing and Midwifery, Mashhad Medical Sciences, Islamic Azad University, Mashhad, Iran

Objective: Apparatus and method for detecting and notifying postpartum hemorrhage is approved as an US Patent. The objective of this patent is decreasing the maternal mortality rate in developing countries. It includes eight claims. Patent No US 10820809 B2.

Method: An apparatus and method for detecting and notifying occurrence of postpartum hemorrhage in female patients is envisaged. Continuing tracking of the blood discharged a female patient's body during labor as well as postnatal operation procedures is provided for and as soon as the amount of blood discharged from the body female patients exceeds a predetermined threshold value, a light-based alarm and sound based alarm are triggered.

Results: It has a first connector connected the female patient when she is on Labor Recovery Delivery Bed and the second connector woven onto an undergarment to be worn by the female patient. The first and the second connector are connected to single use, disposable blood bags whose weights are measured using weight sensors for an

accurate calculation of the total amount the blood lost during child-birth, operation procedures and postnatal operation procedures.

Conclusion: It is expected that this apparatus will be able to identify the deaths caused by childbirth hemorrhages, which are the most important cause of maternal mortality in developing countries. This congress has created an opportunity to present this apparatus and manufacturing institutions or companies to take steps to produce it.

P18.39 | FATHER'S JOB MATTERS: RISK OF PRETERM BIRTH AND PARENTAL OCCUPATION

CATEGORY: CHILDBIRTH

T. Kim¹; E. Gwak²; S. Choe³; B. Erdenetuya⁴

¹Korea University, South Korea; ²Korea University College of Medicine, South Korea; ³Korea University College of Medicine, South Korea;

⁴Korea University College of Medicine, Mongolia

Objective: The aim of this study was to analyze the association between parental occupation and extremely, very, and moderate to late preterm birth.

Method: We used the birth data of Statistics Korea between 2010 and 2020. Parental occupational groups were divided into five categories according to the 7th Korean Standard Occupational Classification. Excluding multiple gestations, maternal age of <15 or >45 years, and gestational age outside 24–44 weeks, the total study population was 4 159 803 births. Adjusted odds ratios (aOR) were calculated for preterm birth after adjusting for all covariates including parental age and education.

Results: Parents employment was associated with a lower risk of preterm birth than non-employment. Among employed mothers, service/sales work was associated with a higher risk of preterm birth than managers (aOR=1.06, 95% Confidence Interval [CI]: 1.01, 1.10 for moderate-to-late preterm). Among employed fathers, manual and elementary occupation was associated with a higher risk of preterm birth (1.10, 95% CI: 1.03, 1.18 for very preterm; 1.06, 95% CI: 1.03, 1.08 for moderate to late preterm birth).

Conclusion: Manual and elementary occupation of the father was associated with a higher risk of preterm birth even when accounting for maternal occupation. A follow-up study with detailed occupation exposure data is needed to specify the occupational exposure of fathers that increases the risk of preterm birth.

P18.40 | COMPARISON OF EARLY HOSPITAL OUTCOME IN EARLY VERSUS DELAYED (2 VS. 8 HOURS) ORAL FEEDING IN FEMALES AFTER CEASAREAN SECTION UNDER REGIONAL ANESTHESIA

CATEGORY: CHILDBIRTH

T. Kanwal¹; A. Homer²

¹Birmingham Heartlands Hospital, Pakistan; ²University Hospital Birmingham, UK

Objective: This study's objective is to compare early hospital outcomes in early versus delayed (2 vs 8h) oral feeding in females after c-section under regional anaesthesia.

Method: This randomized controlled trial was used which was completed in 6 months. This study included 800 patients after getting informed consent form patients who met inclusion criteria. Data was collected from Department of OBGY, Lady Aitchison Lahore. Females undergoing C-section were randomly divided into two groups using a random number table. In Group-A and Group-B, females were fed early (within 2h) or delayed (after 8h) respectively. Short-term hospital outcome time to bowel movement, time to Passage of flatus, abdominal distension, and hospital stay was measured.

Results: Mean hospital stay in EFG was 31.82±11.01h and in DFG was 37.24±9.34h. Mean time to bowel sound in the EFG was (15.72±4.67 min) and in DFG (16.84±4.58 min). Mean time to Passage of flatus in EFG and DFG was 24.06±5.60min and 29.66±5.36min respectively. Mean hospital stay, time to bowel sound, time to Passage of flatus in EFG was statistically lower than DFG, $P < 0.001.78$ (19.5%) cases had abdominal distension in EFG and 129 (32.2%) cases in DFG.

Conclusion: Through the findings of this study it was found that the frequency of abdominal distension, time to Passage of flatus, time interval to bowel sounds and Hospital stay was less in early feeding group as compared to delayed group.

P18.41 | A COMPARATIVE ANALYSIS OF RATES AND INDICATIONS OF CESAREAN SECTION USING THE ROBSON TEN-GROUP CLASSIFICATION IN PERIPHERAL, SECONDARY AND TERTIARY LEVELS CARE IN CAMEROON

CATEGORY: CHILDBIRTH

T. Robert¹; N. Théophile¹; N. Alphonse Nyong¹; S. André Gaétan¹; T. Yasser¹; I. Mboh Eyong¹; I. Rakya²; E. Félix Adolphe¹; H. Gregory Edie¹

¹Faculty of Health Sciences, University of Buea, Cameroon; ²Faculty of Medicine and Biomedical Sciences Garoua, Cameroon

Objective: The scientific community raised concern about the increasing rates of caesarean section in the world. The Robson classification was adopted in 2015 to assess, monitor and adjust these rates. This study aimed at assessing, analyzing and comparing the rates and indications of caesarean section (CS) in three hospitals in Cameroon.

Method: This was a retrospective cross-sectional carried in three different levels care in Cameroon. Data on the socio-demographic characteristics, the obstetrical parameters of the patients and the caesarean section indications were retrieved from patients' files and fitted in the Robson ten-group classification. Descriptive analysis was done comparing the rates, indications and contribution of each group to the caesarean section rate.

Results: We recorded 1947 CS out of 6718 deliveries. The overall CS rate was 28.98% with the highest rate recorded at the Kumba District Hospital (33.33%). Previous scar (26.25%), obstructed labour (13.25%), and acute foetal distress (12.58%) were the main CS indications. The main contributors to CS rate following the Robson model were group 5, 1, 3, and 10. The hospitals distribution were similar in the district and regional hospitals contrary to the tertiary hospital.

Conclusion: In this study, the overall CS was high. The main indications were the same in the three hospitals. The Robson groups 5, 1, 3 and 10 were the four main contributors to caesarean section rates in Peripheral hospitals while Groups 5, 2, 10 and 7 contributed most in the referral.

P18.42 | USE OF FETAL OCCIPUT – SPINAL ANGLE AT EARLY ACTIVE PHASE OF FIRST STAGE OF LABOUR IN PREDICTING THE LABOUR OUTCOME – A CROSS-SECTIONAL OBSERVATIONAL STUDY
CATEGORY: CHILDBIRTH

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¹Postgraduate Institute of Medicine - University of Colombo, Sri Lanka;

²Colombo North Teaching Hospital, Ragama, Sri Lanka; ³Faculty of Medicine, University of Kelaniya, Sri Lanka; ⁴Colombo North Teaching Hospital Ragama, Sri Lanka

Objective: Fetal head deflexion plays an important role during the labour process and predicts the outcome of labour. Our aim was to evaluate the role of ultrasonographic parameter—fetal occiput-spine angle (OSA) in prediction of labour outcome.

Method: We conducted a cross-sectional observational study on 292 uncomplicated singleton pregnant mothers without occiput posterior position. At early active phase of labour (OS=4–6cm), angle between two tangential lines to the occipital bone and the vertebral body of the first cervical vertebra was measured as OSA. Labour progression and mode of delivery was monitored. Association between OSA and labour outcome along with the inter-observer difference was evaluated.

Results: Mean OSA was significantly less in operative delivery (instrumental and caesarean) due to labour dystocia ($n=37$) as compared to vaginal delivery ($n=251$), ($128 \pm 7.28^\circ$ vs $134.83 \pm 6.97^\circ$, $P < 0.001$). Mean OSA was significantly greater for normal labour progression ($n=32$) as compared to abnormal progression ($n=260$), ($134.67 \pm 7.06^\circ$ vs $127.47 \pm 6.99^\circ$, $P < 0.001$). It was an independent predictor of labour outcome according to multivariate regression analysis. Good inter-observer agreement ($r=0.99$; $P < 0.001$). OSA

$< 127.8^\circ$ had sensitivity of 86.5% and 85% for abnormal labour progression and operative delivery respectively.

Conclusion: Sonographic assessment of fetal head deflexion during early active phase with OSA can be used as a reproducible, feasible screening parameter to predict labour outcome. However negative predictive value for operative delivery was 6.8%, suggesting that multiple clinical parameters should be considered when the decision of caesarean section is made.

P18.43 | INFECTIOUS CAUSES OF STILLBIRTHS AMONG WOMEN IN RAHIMA MOOSA MOTHER AND CHILD HOSPITAL
CATEGORY: CHILDBIRTH

T. Tshivhase

University of the Witwatersrand, South Africa

Objective: This study aims to determine the prevalence of chorioamnionitis in stillbirths and to describe the microbiological and histopathological patterns detected in placental samples of stillbirths born in Rahima Moosa Mother and Child Hospital (RMMCH).

Method: This was a retrospective, descriptive study performed at RMMCH Johannesburg of women who delivered fetuses of at least 24 weeks gestational age or birth weight of atleast 500g from 1 January 2020 to 31 December 2020. Maternal clinical information was abstracted from medical records. Microbiological and histopathological patterns of placentas were evaluated and assisted to identify causes of stillbirth. Data was assessed using statistics and data (STATA). Program and analysed using descriptive statistics. (Ethics clearance number M211102).

Results: There were a total of 164 stillbirths and 103 patient records were available for review. Of the 79 (76.7%) of placentas examined, 31 (39.3%) showed evidence of chorioamnionitis, majority revealing acute chorioamnionitis with fetal inflammatory response present in 11 (35.5%). *Escherichia coli* (24%), *Staphylococcus haemolyticum* (24%), *Enterococcus faecalis* (24%) and Group B *Streptococcus* (12%) were the commonest bacteria found in samples sent for microbiology testing. Most microorganisms were sensitive to Ampicillin, Co-amoxiclav and Cloxacilin.

Conclusion: Infections are a significant and often preventable cause of stillbirths, especially in low to middle income countries. The number of stillbirths in low-income countries can be reduced by additional research that identifies the relationship between infections and stillbirths and develops methods to reduce adverse effects that are often associated with infections.

P18.44 | REDUCING USE OF EPISIOTOMY IS POSSIBLE; RESULTS FROM FRENCH NATIONAL PERINATAL SURVEYS.
CATEGORY: CHILDBIRTH

T. Desplanches

Geneva School of Health Sciences, HES-SO University of Applied Sciences and Arts Western Switzerland, Geneva, Switzerland, France

Objective: French guidelines have recommended a restrictive policy for episiotomies since 2005. We assessed variations in the prevalence of episiotomy and obstetric anal sphincter injuries (OASIs) from the 2010, 2016, and 2021 French National Perinatal Surveys.

Method: A total of 28 143 women who delivered vaginally a live newborn in all maternity units in France were included. Episiotomy and OASIs (third and fourth-degree tears) were identified from medical records. We described the prevalence of outcomes overall and using a classification including seven clinical subgroups. Variations between 2010 (reference) and 2021 were then analyzed by Cochrane-Armitage tests and by Poisson regression models to account for changes in women's characteristics and obstetric practices.

Results: Episiotomy prevalence decreased significantly from 25.8% (2010) to 8.2% (2021) (adjusted risk ratio [aRR] 0.33, 95% confidence interval [CI] 0.30–0.36). This reduction was observed in all subgroups ($P < 0.001$) and ranged from –46% in subgroup 2a (nulliparous single cephalic at term with forceps/spatula delivery) to –94% in subgroup 7 (multiple pregnancy). OASIs prevalence increased significantly from 0.7% (2010) to 1.1% (2021) ($P = 0.016$). This increase was only observed in subgroup 2a (aRR, 2.47 95% CI 1.35–4.51).

Conclusion: The prevalence of episiotomy has strongly decreased in France, in accordance with guidelines and women's requests. Simultaneously, the prevalence of OASIs has increased overall and seems to be explained by an increase in nulliparous women delivering by forceps/spatula extraction.

P18.45 | ESTUDIO COMPARATIVO DE LOS NIVELES DE CORTISOL PLASMÁTICO EN RECIÉN NACIDOS POST PARTO NORMAL SIN Y CON CONTACTO PIEL A PIEL
CATEGORY: CHILDBIRTH

T. Quinde

Si, Peru

Objective: Separar al recién nacido (RN) de su madre es una práctica cotidiana, se decide evaluar los niveles de cortisol plasmático de recién nacidos sanos a término nacidos por parto vaginal espontáneo que no experimentan contacto piel con piel versus recién nacidos sanos que son expuestos al contacto piel con piel.

Method: El contacto piel a piel es colocar al recién nacido desnudo sobre el abdomen y pecho desnudo de la madre inmediatamente después del nacimiento o poco después de ello. El estudio se realizó en Buenos Aires Argentina. Se evaluó 15 RN que nacieron en

servicio de salud privada, donde no se realizaba el contacto piel con piel y 15 RN que nacieron en sistema de salud pública donde el contacto piel a piel era habitual.

Results: El estudio fue transversal prospectivo, observacional y no experimental comparativo de los niveles de cortisol plasmático de los RN a término, por parto normal de inicio y evolución espontánea, con Apgar mayor a 7 y peso fetal adecuado. Constando una media de cortisol en los RN sin contacto piel a piel de 21.4 mcg/dL; en relación a los valores de los RN con contacto piel a piel que fue de 15.5 mcg/dL con $P = 0.0001$.

Conclusion: Los datos indican que el contacto piel a piel inmediato por un tiempo de 3 minutos es necesario y fundamental para disminuir considerablemente los niveles de cortisol, en el recién nacido y frenar el estrés al nacer con lo que se promueve el ajuste adecuado del sistema Hipotálamo-Hipófisis - Adrenal.

P18.46 | THE EFFECT OF INTRAVENOUS BUTYLSOPOLAMINE BROMIDE ON SLOW PROGRESS IN LABOR: A DOUBLE-BLIND RANDOMIZED PLACEBO-CONTROLLED TRIAL
CATEGORY: CHILDBIRTH

T. Michelsen; L. Gaudernack; A. Einarsen; M. Lukasse; N. Gunnes; I. Sørbye

Oslo University Hospital, Norway

Objective: Prolonged labor is a common condition associated with maternal and perinatal complications. Oxytocin for augmentation of labor increases the risk of adverse outcomes. We aimed to assess the effect of butylscopolamine bromide on the duration of the active phase of labor in primiparous women showing early signs of slow labor.

Method: 249 primiparous women at term with one fetus in cephalic presentation and spontaneous start of labor, who crossed the alert line of the WHO partograph were randomized to receive either 1 mL butylscopolamine bromide (20 mg/mL) or 1 mL 0.9% sodium chloride intravenously. The primary outcome was duration of labor from administration of the investigational medicinal product (IMP) to vaginal delivery, analyzed by Weibull regression to estimate the hazard ratio (HR) of vaginal delivery.

Results: Median labor duration from IMP to vaginal delivery was 401.0 min in the butyl scopolamine bromide group versus 432.5 min in the placebo group with no statistically significant association between IMP and duration of labor (HR of 1.00 [95% CI: 0.77–1.29]). We found a decrease in postpartum hemorrhage (difference in medians of –50.00 mL [95% CI: –96.45, –3.55 mL]) and increased maternal heart rate 30 min after IMP administration (3.03 beats/min [95% CI: 0.35.5.71 beats/min]).

Conclusion: One intravenous dose of 20 mg butylscopolamine bromide was not found to be superior to placebo in preventing slow labor progress in a population of first-time mothers at risk of prolonged labor. Further research is needed to answer whether increased and/or repeated doses of butylscopolamine bromide would have an effect.

P18.47 | PLACENTAL HISTOPATHOLOGY IN PRETERM BIRTH WITH CONFIRMED MATERNAL INFECTION IN TUV PROVINCE, MONGOLIA

CATEGORY: CHILDBIRTH

T. Sandag

Maternity Department, Tuv Province Hospital, Mongolia

Objective: We aimed to investigate the relationship between preterm birth, placental insufficiency, and infection in the Maternity Department, Tuv Province area, Mongolia in 2021–2022.

Method: We used a retrospective, cross-sectional study. This study was done at the Maternity Department of Tuv Province General Hospital, Mongolia. The 50 medical records were used to describe the study features, PTB definition, placental histopathology classification system, and range of infective organisms. The study examined pathogen and placenta pathology analysis sample methods for preterm baby born between 2021 and 2022. The research findings and bacteriology results were evaluated and expressed using descriptive statistics.

Results: According to the findings, between 22 and 36 weeks of gestation, preterm births occur. Premature babies have a higher risk of infection as the gestational period shortens. Preterm birth was revealed to be statistically significantly influenced by newborn weight and maternal gestational age ($P < 0.0001$). Placental insufficiency was the cause of 30.6% of preterm births. Histological chorioamnionitis, which was present in 66.7% of PTB with bacterial infection, was the most common placental histopathology abnormality.

Conclusion: Studies on preterm birth need to control for clinical characteristics (maternal, fetal, labor, and placental) that may have an impact on placental histopathological abnormalities. Commitment to using standardized terminology and classification of histopathological abnormalities associated with infections is needed to identify causality and potential treatment of preterm birth.

P18.48 | DIAGNOSTIC CRITERIA FOR PREDICTION OF EARLY POSTPARTUM HEMORRHAGE

CATEGORY: CHILDBIRTH

U. Ashurova

Tashkent Medical Academy, Uzbekistan

Objective: Identification of possible risk factors predisposing to early postpartum hemorrhage (PPH).

Method: An analysis of 192 births in the Republican perinatal center of the Republic of Uzbekistan since 2018 to 2021. Of them, 96 women's deliveries were complicated with PPH in the early postpartum period, 96 labors—without complications. All cases were analyzed on the course of pregnancy with PPH from an early date.

Results: Age of women, anthropometric data, pelvic dimensions, menstrual function, obstetric and gynecological history, weight

gain did not significantly differ between women with PPH incidence and without this complication. In biochemical blood test: the level of total protein was within 66.8 and 69.5 g/L ($P < 0.05$), bilirubin—12.3 and 10.6 g/L ($P < 0.05$), respectively, in PPH and controls. The blood coagulation test revealed significant ($P < 0.05$) increase of prothrombin index and activated partial thromboplastin time in PPH cases.

Conclusion: Some laboratory values can be predictive for PPH in the early postpartum period, and can be used in the development of an individual prognosis for the development of this formidable complication.

P18.49 | FEASIBILITY, ACCEPTABILITY AND IMPACT OF A PROVIDER SIMULATION TRAINING TO PROMOTE NON-STIGMATIZING OBSTETRIC CARE FOR WOMEN LIVING WITH HIV IN TANZANIA

CATEGORY: CHILDBIRTH

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Objective: Women living with HIV (WLHIV) may receive suboptimal, stigmatizing care during labor and delivery (L&D). We evaluated MAMA (Mradi wa Afya ya Mama Mzazi, Project to Support the Health of Women Giving Birth), a provider training intervention to improve the delivery of respectful and non-stigmatizing care for WLHIV.

Method: Sixty L&D providers received the 3-day MAMA training, which included clinical simulations and interactive sessions on respectful maternity care (RMC), HIV stigma, implicit bias, teamwork, and burnout. Participants completed baseline and immediate post surveys, with measures of RMC practices, stigma toward WLHIV and self-efficacy and clinical knowledge in obstetric emergency care. Repeat surveys are planned for 1 and 3 months post-training to assess sustained impact and observe additional changes on RMC, stigma, burnout and self-efficacy.

Results: All providers attended the entire training, and the curriculum was carried out as designed, suggesting high feasibility and fidelity. Paired *t*-tests comparing pre- and post-training survey data showed that the training significantly decreased stigmatizing beliefs towards WLHIV ($t = 5.7$, $P < 0.001$), decreased fear of acquiring HIV while caring for WLHIV during childbirth ($t = 6.5$, $P < 0.001$), and increased self-efficacy in caring for WLHIV during childbirth ($t = -8.2$, $P < 0.001$). Qualitative feedback from providers was overwhelmingly positive.

Conclusion: The MAMA training can be delivered effectively to L&D providers, with impacts on HIV stigma and clinical self-efficacy. The MAMA intervention promotes respectful, non-stigmatizing and evidence-based care for WLHIV during childbirth, which can improve clinical outcomes, long term care engagement and well-being for WLHIV in Tanzania.

P18.50 | MANAGEMENT OF PROLONGED SECOND STAGE OF LABOUR IN A RURAL SETTING IN MALAWI: A RETROSPECTIVE COHORT STUDY

CATEGORY: CHILDBIRTH

W. Bakker

Leiden University Medical Centre, Netherlands

Objective: Prolonged second stage of labour potentially leads to maternal and perinatal complications. Options for clinical management are augmentation with oxytocin, instrumental vaginal birth or second-stage caesarean section. We aimed to describe incidence, management and outcome of prolonged second stage of labour in a low-resource setting in Malawi.

Method: Retrospective analysis of medical records and partographs of all women who gave birth in 2015–2016 in a rural mission hospital in Malawi, comparing labour tracings with management protocols. Primary outcomes were incidence of prolonged second stage, instrumental vaginal birth and caesarean section. Furthermore, management and outcomes were assessed. Women arriving in hospital in the second stage of labour were compared to women arriving in an earlier stage of labour.

Results: Of all 3426 women giving birth in the study period, 307 (9.0%) were diagnosed with prolonged second stage, based on their partographs. Of these women, 22 (7.2%) had labour augmented, 31 (10.1%) gave birth by vacuum extraction and 64 (20.9%) by caesarean section. Spontaneous vaginal birth occurred in 212 (69.0%). In total, 566/3426 (16.5%) women were admitted whilst already in second stage of labour of whom 538/566 (95.1%) had spontaneous vaginal births and 38/566 (6.7%) ended up having prolonged second stage.

Conclusion: Prolonged second stage of labour is common in this hospital. Diagnosis may be hampered by a sizeable proportion of women arriving whilst in second stage, although a large majority gave birth spontaneously. Caesarean section occurred twice as often as vacuum extraction, suggesting a role for additional training.

P18.51 | HIGH-DOSE VS LOW-DOSE OXYTOCIN FOR LABOR AUGMENTATION: A SYSTEMATIC REVIEW AND META-ANALYSIS

CATEGORY: CHILDBIRTH

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¹Washington University in St. Louis, USA; ²University of Pernambuco, Brazil; ³São Caetano do Sul University, Brazil; ⁴Federal University of Acre, Brazil; ⁵Catholic University of Pernambuco, Brazil

Objective: Although oxytocin administration is recommended for delayed labor progress, there is no consensus over the preferred optimal dose of oxytocin. We aimed to perform a meta-analysis of pregnancy outcomes comparing high-dose versus low-dose oxytocin regimens for augmentation of delayed labor.

Method: PubMed, Embase and Cochrane databases were systematically searched for studies comparing high-dose with low-dose oxytocin for labor augmentation from inception up to April 2023. Outcomes assessed were cesarean rate, instrumental delivery rate, postpartum hemorrhage, neonatal death, and uterine tachysystole. Subgroup analysis was performed with randomized controlled trials (RCTs) and propensity-matched studies. Statistical analysis was performed using RevMan 5.4.1. Heterogeneity was assessed with I^2 statistics and random-risk effect was used if $I(2) > 50\%$.

Results: Twenty-one studies met inclusion criteria, eighteen were RCTs. 14834 patients were included, of whom 7921 (53.8%) received high-dose during labor augmentation. No statistical differences were found in cesarean delivery, neonatal mortality, and postpartum hemorrhage. However, vaginal instrumentation rate was significantly lower in high-dose regimen (OR 0.77; 95% CL, 0.63–0.97, $P=0.02$; $I(2)=63\%$). In addition, uterine tachysystole incidence was significantly higher with high-dose oxytocin (OR 1.59; 95% CL, 1.30–1.94, $P=0.00001$; $I(2)=9\%$).

Conclusion: Labor augmentation with high-dose oxytocin is associated with a lower incidence of instrumental vaginal birth and increase uterine tachysystole. Our findings suggest that a high-dose oxytocin regimen may be more effective for labor augmentation, yet it leads to higher rates of uterine tachysystole.

P18.52 | FETAL TO NEWBORN HEART RATE TRANSITION DURING NORMAL VAGINAL BIRTHS: A PROSPECTIVE OBSERVATIONAL STUDY

CATEGORY: CHILDBIRTH

Y. Munyaw

Haydom Lutheran Hospital, Tanzania

Objective: There is limited knowledge regarding baseline heart rate changes that occur during the normal transition at birth. The aim of the study was to investigate how the heart rate changes from 1 h before to 1 h after normal vaginal births.

Method: A prospective observational study in the labor ward of a tertiary hospital in Tanzania from 1 October 2020 to 30 August 2021. The inclusions were normal vaginal births with normal newborn outcomes. Heart rates were continuously recorded from 1 h before to 1 h after birth. The recorded data was extracted into a tablet-based Liveborn app used for live observations during births. The median, 25th, and 75th percentiles were constructed to describe heart rate changes.

Results: Overall, 305 normal vaginal births were included. Median gestational age was 39 (20–30) weeks, birth weight of 3200 (3000–3500) g. Heart rate seems to decrease slightly during the last 30 min before birth from 136 (123 145) to 132 (112 143) beats per min ($P=0.4844$). After birth, the heart rate increased within 1 min to 168 (143 183) beats per minute ($P<0.05$). After 1 min, the heart rate decreased to around 136 (127 149) beats per minute at 60 min after birth ($P<0.05$).

Conclusion: During a normal birth transition, the heart rate undergoes significant changes. The slight drop in fetal heart rate during the second stage may reflect strong uterine contractions and maternal pushing. The rapid increase in initial newborn heart rate may reflect the spontaneous onset of breathing.

P18.53 | VAGINAL DELIVERIES AFTER TWO PREVIOUS CAESAREAN SECTIONS AT A TERTIARY HOSPITAL IN SINGAPORE – A RETROSPECTIVE STUDY

CATEGORY: CHILDBIRTH

Z. Lee; S. Li; C. Mattar

National University Hospital, Singapore

Objective: The trial of labour after two previous caesarean sections [TOLAC-2] is one option to reduce the caesarean section rate, which increased globally over the decades. However, there is a paucity of safety data on TOLAC-2. Therefore, this study examines the maternal and neonatal outcomes among pregnant women undergoing elective TOLAC-2.

Method: This was a retrospective observational study at a tertiary hospital between September 2013 and June 2022. We included the pregnant women who desired TOLAC-2 with singleton, cephalic presentation and two previous caesarean sections at term and excluded those with fetal anomalies and placenta praevia spectrum. The electronic medical records were examined to obtain labour details and maternal and neonatal outcomes. Statistical analyses were performed with the Chi-Square test and Student *t*-tests.

Results: 63 out of 835 women (7.5%) with two previous caesarean sections fulfilled the criteria requested for TOLAC-2. 55.6% [35/63] had a successful TOLAC-2. This cohort had no incidents of uterine rupture, scar dehiscence, APGAR <7 at 5 min, meconium aspiration syndrome, and hypoxic-ischemic encephalopathy. 74.6% [47/63] of women did not have a history of prior vaginal deliveries, and successful vaginal birth was 48.9% [23/47] in this subgroup.

Conclusion: TOLAC is a reasonable mode of delivery after adequate counselling since it appeared to be a safe and favourable outcome in this study, including those women with two previous caesarean

sections and no history of prior vaginal birth. Therefore, counselling on the benefit and risks of TOLAC-2 is important.

P18.54 | GESTATIONAL DIABETES MELLITUS AND LINEAR GROWTH IN OFFSPRING

CATEGORY: CHILDBIRTH

Z. Chen

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Objective: It is unclear whether gestational diabetes mellitus (GDM) affects linear growth in the offspring. We evaluated the impact of GDM on linear growth (length/height) during multiple time windows in the first 4 years of life.

Method: This was a prospective cohort study in the Shanghai Birth Cohort, including 2200 women and (381 GDM, 1819 non-GDM) their children. Length/height was measured at birth, and 42 days, 6 months, 12 months, 24 months and 48 months of postnatal life. Adjusting for maternal (age, BMI and height) and child (sex, gestational age) factors, Multivariate Linear Regression and Generalized Estimating Equation models were employed to assess the impacts of GDM on length/height for age *z*-scores.

Results: The offspring of mothers with GDM were consistently lower mean length/height for age *z*-scores compared to those of non-GDM mothers at 42 days ($\beta: -0.187, P=0.005$), 6 months ($\beta: -0.197, P=0.003$), 12 months ($\beta: -0.138, P=0.020$), 24 months ($\beta: -0.178, P=0.002$) and 48-months ($\beta: -0.119, P=0.031$) follow-ups. The GEE showed that GDM was associated with poorer linear growth from birth to age 4 years ($\beta: -0.187, P<0.001$) accounting for within-subject correlations.

Conclusion: GDM was associated with impaired linear growth from birth to early childhood. More studies are warranted to understand the long-term impact on stature and health.

P18.55 | ANOPHTALMIE BILATÉRALE AU COURS DU SYNDROME DE FRASER: À PROPOS D'UN CAS

CATEGORY: CHILDBIRTH

Z. Olfa

CMNM, Tunisia

Objective: Nous rapportons le cas d'un syndrome de Fraser atypique, se manifestant par une anophtalmie bilatérale associée à une cardiopathie malformative à type de tétralogie de Fallot chez un fœtus issu d'un mariage consanguin.

Method: Nous rapportons le cas d'un diagnostic prénatal de cryptophtalmie bilatérale diagnostiqué au centre de maternité et

néonatalogie de Monastir à l'échographie morphologique faite à 23 semaines d'aménorrhée montrant une anophtalmie bilatérale avec une cardiopathie malformative. Devant la sévérité des malformations et en collaboration avec les généticiens l'interruption thérapeutique de grossesse était indiquée.

Results: Une femme âgée de 34 ans, notion de consanguinité de 2ème degré, sans antécédents pathologiques familiaux notables. C'est une G6P5A0, avec un antécédent d'un enfant décédé à l'âge de 4 mois présentant une anophtalmie bilatérale associée à une tétralogie de Fallot et un enfant vivant âgée de 11 ans atteint d'une anophtalmie bilatérale avec une forme irrégulière de tétralogie de Fallot et une utéro hydronéphrose droite.

Conclusion: Le syndrome de Fraser constitue un syndrome polymalformatif rare et hétérogène dont l'anophtalmie bilatérale constitue un critère majeur de diagnostic. La sévérité de l'atteinte est en rapport avec la gravité des manifestations. Le conseil génétique doit être proposé aux familles à risque.

P19.01 | PERINATAL OUTCOMES IN MONOCHORIONIC TWIN PREGNANCIES BEFORE AND DURING COVID-19 PANDEMIC IN AN INSTITUTE OF 3RD LEVEL IN MEXICO CITY

CATEGORY: PREGNANCY

A. Zuñiga¹; M. Favela¹; M. Saavedra¹; J. Lopez¹; V. Ramirez²; L. Sousa²

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Objective: This study aimed to assess the clinical impact of the COVID-19 pandemic on monochorionic specific complications in an Institute of third level in Mexico City.

Method: A retrospective, comparative, cross-sectional study analyzing perinatal outcomes in monochorionic pregnancies delivered before (March 2019–March 2020) and during COVID-19 pandemic (April 2020–March 2021) in a maternal hospital in Mexico City. We analyzed the variables: type of twin pregnancy (monochorionic or dichorionic), fetal complications (intrauterine growth restriction, twin-twin transfusion syndrome, twin anemia-polycythemia sequence and twin reversed arterial perfusion sequence). Continuous variables were analyzed as means, while categorical variables were analyzed as percentages. Differences with a *P* value of less than 005 were regarded as statistically significant.

Results: Overall, 126 monochorionic pregnancies cases were evaluated during the 3-year study period, 66 during the COVID-19 pandemic (March 2019–March 2020) and 60 in the next year (April 2020–March 2021). We did not found statistical differences between both groups in twin-twin transfusion syndrome (*P* 0.12), selective intrauterine growth restriction (*P* 0.061), twin anemias-polycythemia sequence (*P* 0.28) and twin reversed arterial perfusion sequence (*P* 0.18).

Conclusion: In monochorionic twin pregnancies, the COVID-19 pandemic did not demonstrate an adverse impact in the specific monochorionic specific complications in a in an Institute of third level in Mexico City.

P19.02 | INCIDENCE OF SELECTIVE FETAL GROWTH RESTRICTION AND PERINATAL OUTCOMES IN MONOCHORIONIC DIAMNIOTIC TWIN PREGNANCIES IN AN INSTITUTE OF 3RD LEVEL IN MEXICO CITY

CATEGORY: PREGNANCY

M. Favela¹; D. Moscoso¹; A. Nuñez¹; R. Tobon²; J. Lopez¹; V. Ramirez²; L. Gomez²

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Objective: This study aimed to assess the incidence and perinatal outcomes of selective fetal growth restriction in monochorionic diamniotic twin pregnancies in "Instituto Nacional de Perinatología" in Mexico City.

Method: A retrospective, observational, descriptive study, was carried out in a maternal hospital in Mexico City between January 2017 and April 2021. We include all monochorionic diamniotic twin pregnancies attended during this period. We analyzed the following variables: Gestational age at delivery, frequency and type of perinatal outcomes. Continuous variables were analyzed as means, while categorical variables were analyzed as percentages.

Results: Overall, 121 monochorionic diamniotic pregnancies cases were evaluated regarding perinatal complications, 32 had selective IUGR (26.4%), of which were type I, 23 (71.8%) with 95.6% survival and birth at 34 weeks, with 11 (47.8%) Respiratory Distress Syndrome (SDR) and 6 (26%) low birth weight (LBW). Type II 6 (18.75%) with a 83.3% survival and birth around 31 weeks with 3 (50%) SDR and 6 (100%) LBW. Type III, 3 (9.37%), with a 100% survival and birth at 32 weeks, with 1 (33.3%) SDR and 2 (66.6%) LBW.

Conclusion: The selective fetal growth restriction, Type I was the most common, however, type 2 was with the highest complications and mortality.

P19.03 | PREGNANCY IN A PREVIOUS UTERINE SCAR ASSOCIATED WITH A HIGHLY INVASIVE PLACENTA DIAGNOSED IN THE FIRST TRIMESTER, A CASE OF SUCCESS: A CASE REPORT AND REVIEW OF THE LITERATURE

CATEGORY: PREGNANCY

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Objective: Describe the case of a pregnant woman with a previous uterine scar associated with a highly invasive placenta diagnosed in the first trimester, a case of success.

Method: A cross-sectional study, based on the medical record of a patient attended in Mexico City, Mexico, at the National Institute of Perinatology in 2023.

Results: We present the case of a 36-year-old patient, undergoing her fifth pregnancy of 12.4 weeks of gestation, diagnosed with cesarean scar pregnancy, with a highly invasive placenta. The patient

decided to continue with the pregnancy despite knowing the risks and perinatal outcomes, she was offered a multidisciplinary approach with close follow-up, achieving a normal evolutionary pregnancy. An approach with conservative management of placenta accreta is performed in two surgical procedures, achieving a successful maternal-fetal outcome.

Conclusion: More studies are required of women with previous cesarean sections, evaluated from the first trimester, to determine the real incidence and evolution of cesarean scar pregnancies. With the objective of advising and providing evidence-based counseling on risks, outcomes and prognosis of pregnancy, although the outcomes can be fatal, there are success stories like this one.

P19.04 | DE LA EVIDENCIA CIENTÍFICA A LA PRÁCTICA CLÍNICA EN LATINOAMÉRICA: ESTADO DEL ARTE EN EL USO DE ESTRATEGIAS DE TAMIZAJE Y PREVENCIÓN DE PREECLAMPSIA(PE) EN PRIMER TRIMESTRE
CATEGORY: PREGNANCY

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Objective: (1) Conocer las estrategias de tamizaje de PE en primer trimestre utilizadas en Latinoamérica. (2) Identificar las estrategias de prevención de PE utilizadas en Latinoamérica.

Method: Estudio descriptivo de corte transversal. Se realizó búsqueda sobre Guías de Práctica Clínica (GPC) en vigencia en los países de América Latina en las bases de datos de la Biblioteca Virtual en Salud (BVS), la Biblioteca Científica Electrónica en Línea (SciELO) y la Biblioteca Nacional de Medicina (PubMed). Se consultó la pagina de los ministerios de salud de cada país. En los lugares donde no se obtenía información se envió un correo electrónico solicitando información.

Results: Las estrategias de tamizaje de PE en primer trimestre utilizadas en Latinoamérica se basan mayoritariamente en la utilización de Factores de Riesgo (FR), en algunos casos Índice de Pulsatilidad de Arterias Uterinas (IPAU) y excepcionalmente biomarcadores. Las GPC vigentes en Latinoamérica estratifican riesgo, pero la administración de Acidos Acetil Salicilico 150 mg y calcio se realiza de manera poco efectiva, alcanzando a menos de la mitad de las gestantes expuestas.

Conclusion: La mayor parte de las muertes maternas por PE podrían evitarse, a través de estrategias que incluyan: implementación de cuidados maternos de calidad, con tamizaje y prevención en primer trimestre, acceso universal a los métodos anticonceptivos y esfuerzos para abordar las inequidades en el acceso a los servicios de salud.

P19.05 | INVOLVEMENT OF TNF-A RECEPTORS IN TH17/TREG BALANCE IN PREGNANT WOMEN WITH PREECLAMPSIA
CATEGORY: PREGNANCY

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Objective: Pregnant women with pre-eclampsia (PE) show an exacerbated immune response associated with increased production of the inflammatory cytokine tumor necrosis factor-alpha (TNF- α). This study aimed to assess the involvement of TNF- α receptors in the Th17/Treg balance in pregnant women with preeclampsia (PE) and normotensive (NT) pregnant women.

Method: Thirty pregnant women were studied, 15 with PE and 15 NT paired by gestational age. The determination of TNF- α receptors, TNFR1 and TNFR2 in the surface of T cell subsets, the expression of intracytoplasmic transcription factors ROR γ t (Th17) and Foxp3 (Treg) as well as the intracytoplasmic cytokines TNF- α , IL-10 and IL-17 were evaluated by flow cytometry. The results were analyzed using non-parametric tests with a significance level of 5%.

Results: Compared with the NT group preeclamptic women showed significantly higher expression of TNFR1 and ROR γ t in TCD4+ cells, while TNFR2 and FoxP3 were decreased. Similarly, Th17 cells from PE women showed increased TNFR1 and diminished TNFR2 expression than in the NT group. TNFR2 expression was significantly lower in Treg cells from PE women than in the NT group. These results were associated with higher intracytoplasmic expression of TNF- α and IL-17 by Th17 cells expressing TNFR1.

Conclusion: The results demonstrate that PE women showed CD4+ lymphocytes skewed towards an inflammatory profile, due to the higher expression of TNFR1 by Th17/ROR γ t+. The TNFR2 downregulation might be involved in the impaired Treg/FoxP3 differentiation and in the balance of Th17/Treg detected in preeclampsia.

P19.06 | HYALURONAN DOWN REGULATES THE ANTI-INFLAMMATORY PROFILE OF ADAPTATIVE IMMUNE RESPONSE IN PREECLAMPTIC WOMEN
CATEGORY: PREGNANCY

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Objective: Preeclampsia (PE) is characterized by an exacerbated inflammatory state associated with higher plasma levels of alarmins, such as hyaluronan (HA). This study aimed to evaluate the

involvement of HA in TCD4+ cells subsets activation and cytokines production by peripheral blood mononuclear cells (PBMCs) from pregnant women with PE.

Method: Eight pregnant women with PE and 8 normotensives (NT) pregnant women were studied. TCD4+ cell subsets were assessed by the presence of transcription factors ROR γ t (Th17) and FoxP3 (Treg) by flow cytometry after culture with or without HA for 30 min. The supernatant obtained after 72 h incubation with or without HA was used to determine the cytokines TNF- α , IL-17, IL-10, and TGF- β by ELISA. The results were analyzed using non-parametric tests at 5% significance level.

Results: Compared with NT group ROR- γ t (Th17) and IL-17 were higher, while FoxP3 (Treg) and IL-10 were lower in PE group. Furthermore, HA stimuli decreased percentage of cells expressing FoxP3 in PE women. Increased levels of TNF- α and IL-17 was detected in the supernatant of PE group, while IL-10 and TGF- β 1 were lower than in NT group. HA induced higher production of TNF- α and TGF- β 1 in PE group, and IL-17 and IL-10 in NT women.

Conclusion: The results suggest that HA plays a role in the down-regulation of the anti-inflammatory profile in PE by decreasing the expression of Treg cells and increasing inflammatory cytokines production, therefore, contributing to the pathogenesis of this important pregnancy syndrome.

P19.07 | ASSOCIATION BETWEEN LANGUAGE BARRIER AND INADEQUATE PRENATAL CARE UTILIZATION AMONG MIGRANT WOMEN IN THE FRENCH PRECARE COHORT CATEGORY: PREGNANCY

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Objective: Language barriers may limit access to care and thus be associated with increased risk of adverse maternal and perinatal outcomes. Our objective is to assess the association between this language barrier and inadequate prenatal care utilization among migrant women.

Method: The analysis took place in the French multicentre prospective PreCARE cohort, conducted in four university hospital maternity units in the northern Paris area, having a professional interpreting service. This cohort included 4803 migrant women registered and giving birth between 2010 and 2012. Migrants' language barrier was categorized in three groups: no, partial or total. Inadequate prenatal care utilization was assessed according to the modified Adequacy of Prenatal Care Utilization Index through multivariable logistic regression models.

Results: Migrants with language barrier had resided less time in France, experienced social deprivation and undocumented status more frequently than those with no language barrier. Compared to migrants with no language barrier, those with partial (RR 1.23, 95% CI 1.13–1.33) and total (RR 1.28, 95% CI 1.10–1.50) language barrier were at higher risk of inadequate PCU. Adjustment for maternal age, parity, and region of birth did not modify these association, which were noted particularly among socially deprived women.

Conclusion: Migrant women with language barrier have a higher risk of inadequate prenatal care utilization than those without. These findings underscore the importance of targeted efforts to bring women with language barrier to prenatal care.

P19.08 | MIGRATION AND SEVERE MATERNAL OUTCOMES IN HIGH INCOME COUNTRIES: A SYSTEMATIC REVIEW AND META-ANALYSIS CATEGORY: PREGNANCY

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Objective: Literature focusing on migration and maternal health inequalities is inconclusive. This is potentially explained by heterogeneous definitions and settings. Our objective was to assess migrants' risk of severe maternal outcomes compared to native women in high income countries overall, according to host country, and by the migrant's region of birth.

Method: Systematic literature review and meta-analysis using MEDLINE/Pubmed and EMBASE databases between 1990 and 25 March, 2022. Observational studies comparing the risk of maternal mortality or all-cause or cause-specific severe maternal morbidity in high income countries between migrant, defined by birth outside the host country, and native women, were included. Case-control and case studies were excluded. We performed random-effects meta-analyses when possible. Subgroup analyses were planned by host country and migrant's region of birth.

Results: In Europe, migrants had a higher risk of maternal mortality than native women (RR 1.4;95% CI 1.1–1.6), but not in USA and Australia. Migrants born in sub-Saharan Africa (RR 3.3;95% CI 2.5–4.4), Latin America and the Caribbean (RR 2.8;95% CI 1.2–6.9), and Asia (RR 1.8;95% CI 1.3–2.4) were at higher risk of maternal mortality than natives, but not those born in Europe or the Middle East and North Africa. Patterns were similar for all-cause severe maternal morbidity.

Conclusion: The differential risk of severe maternal outcomes in migrant versus native women in high income countries varies by host country and by women's region of origin. Our findings provide insight into the mechanisms of these inequalities.

P19.09 | RED CELL ALLOIMMUNIZATION IN PREGNANCY: A STUDY FROM A PREMIER TERTIARY CARE CENTRE OF WESTERN INDIA

CATEGORY: PREGNANCY

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Objective: The study was conducted to determine the frequency of alloimmunization to various blood group antibodies in pregnant women, and the risk of hemolytic disease in the fetus and newborn.

Method: All antenatal women, irrespective of the period of gestation or obstetric history, were included, whereas those taking anti-D immune-prophylaxis or with a history of blood transfusion were excluded. Antibody screening and identification were performed using a Bio-Rad ID micro typing system.

Results: Of 2084 antenatal females, 1765 were D-antigen positive and 319 D-antigen negative. Sixty-five (3.119%) women alloimmunized. Out of 54 (2.591%) who had sensitized to D-antigen, 11 (0.527%) also sensitized to other antibodies. These 11 alloantibodies identified included: anti-M ($n=6$;9.23%), anti-c ($n=1$;3.076%), anti-E ($n=1$; 1.538%), anti-e ($n=1$;1.538%), anti-Lewis (a) ($n=1$;1.538%), and unspecified antibodies ($n=1$; 1.538%). Multiple antibodies were seen in four patients that combined: anti-D and anti-C ($n=2$;3.076%), anti-e and anti-c ($n=1$;1.538%), and anti-D and anti-G ($n=1$;1.538%).

Conclusion: The rate of alloimmunization in D-antigen-negative women was high. Apart from this, alloimmunization rate in women with BOH was very high, at 8.1%. In developing countries such as India, universal antenatal antibody screening, though desirable, may not be justified at present, as cost and infrastructure required would be immense because of lower alloimmunization rates in RhD antigen-positive women.

P19.10 | EFFECTIVENESS, SAFETY AND ACCEPTABILITY OF SECOND TRIMESTER ABORTION BY NON-PHYSICIAN PROVIDERS: A SYSTEMATIC REVIEW

CATEGORY: PREGNANCY

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Objective: Despite the World Health Organization's recommendation to provide abortion care across various health worker cadres, access to abortion remains limited. Evidence on the effectiveness and safety of first-trimester abortion by midlevel providers has been established. This study expands to evaluate evidence for second-trimester abortion by non-physician providers compared to physicians.

Method: A systematic review was conducted to assess the effectiveness, safety and acceptability of second-trimester abortion managed by non-physician providers compared to physicians. We used PubMed, EMBASE, CINAHL, and Web of Science databases, to search for comparative studies. Randomized controlled trials, prospective cohort studies, and case-control studies that compared the acceptability, safety or effectiveness (or both) of any type of second-trimester abortion procedure, administered by any type of non-physician provider or doctors, were eligible for inclusion.

Results: We found no published study which met our eligibility criteria despite a search with no language restriction. We found one trial registered on ClinicalTrials.gov that met our inclusion criteria and this trial has completed enrolment with preliminary findings from 171 pregnant women enrolled, 90 being randomized to receive medical abortion care in the second trimester by nurses or midwives. The preliminary report didn't indicate a difference in expulsion time and adverse events between the groups.

Conclusion: Evidence on the effectiveness, safety, and acceptability of second-trimester abortion by non-physician providers remains limited. Thus far, the preliminary data from existing evidence show the feasibility of second-trimester abortion provision by non-physicians. More research establishing such evidence is necessary to inform policy and practice.

P19.11 | PLACENTAL 11B-HYDROXYSTEROID DEHYDROGENASES IN GESTATIONAL DIABETES MELLITUS AND CORRELATIONS WITH NEONATAL METABOLIC HEALTH BIOMARKERS

CATEGORY: PREGNANCY

M. Yang

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Objective: Placental 11 β -hydroxysteroid dehydrogenases (11 β -HSD1, 11 β -HSD2) modulate fetus' exposure to maternal

glucocorticoids. Excessive glucocorticoids impair fetal growth. Gestational diabetes mellitus (GDM) enhances fetal growth and “programs” an elevated risk of obesity-related disorders. We sought to determine whether placental 11 β -HSDs are altered in GDM and the associations with neonatal metabolic health biomarkers.

Method: In a nested case–control study of 153 pairs of GDM and euglycemic pregnancies in the Shanghai Birth Cohort, we measured placental 11 β -HSD1 and 11 β -HSD2, cord blood cortisol, cortisone, insulin, proinsulin, insulin-like growth factor-I (IGF-I), IGF-II, leptin and total and high-molecular-weight (HMW) adiponectin concentrations.

Results: Comparing GDM versus control, placental 11 β -HSD2 (0.56 \pm 0.29 vs 0.47 \pm 0.22, $P=0.009$) were higher, while placental 11 β -HSD1 were similar. 11 β -HSD2 was negatively correlated with cord leptin in males ($r=-0.26$, $P<0.001$), but not in females. 11 β -HSD1 was negatively correlated with cord HMW adiponectin in females ($r=-0.17$, $P<0.05$) only. Similar sex differential associations were observed after adjusting for maternal and neonatal characteristics. Cord IGF-I could partly explain the negative associations of cortisol and cortisone with birth weight.

Conclusion: This largest study suggests elevated placental 11 β -HSD2 in GDM which may be involved in promoting fetal growth. The novel observation in sex-specific associations of 11 β -HSDs with leptin and adiponectin suggest a sex-dimorphic early life impact of 11 β -HSDs on metabolic health. Excessive glucocorticoids may impair fetal growth through repressing IGF-I secretion.

P19.12 | REDUCING PAIN DURING INTRAMUSCULAR ADMINISTRATION OF MAGNESIUM SULPHATE; A PILOT RANDOMIZED CONTROL TRIAL

CATEGORY: PREGNANCY

M. Nassali

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Objective: To determine whether administration of a local anesthetic as a separate injection 5 min before the intramuscular Magnesium Sulphate injection would be less painful than administering the two as a mixed injection.

Method: This was a pilot randomized-controlled study conducted at Princess Marina tertiary Hospital, Gaborone. Forty-one participants were recruited. Each received two administration modalities; (1) injection of local anesthetic 5 min before Magnesium Sulphate (separate injection), and (2) injection of local anesthetic mixed with Magnesium Sulphate (mixed injection). Participants were randomized as to which injection they received first. They rated their pain experience with either injection and reported their preferred method. Descriptive statistics were used to report findings.

Results: Severe pain was experienced in 7% (3/41) doses given as separate injection versus 22% (9/41) of doses of the mixed injection method. Comparing the two methods, 32% (13/41) of women rated the separate injection method more painful whereas 54% (22/41)

of women rated the mixed injection method more painful. In future, 52% (21/41) would prefer the separate injection method versus 34% (14/41) the mixed injection method. No differences between the groups were statistically significant.

Conclusion: There was consistently less pain and greater patient satisfaction with the separate injection method, though not statistically significant; likely due to the small sample size. Findings are sufficiently positive to justify a larger trial to determine with greater certainty whether administering local anaesthetic prior to magnesium sulphate injection reduces pain.

P19.13 | MACROSOMIE FŒTALE (A PROPOS DE 200 CAS)

CATEGORY: PREGNANCY

M. Alami Merrouni

Docteur, Algeria

Objective: La macrosomie se définit par un poids de naissance supérieur au 90^e percentile pour l'âge gestationnel. Le gynécologue-obstétricien se place devant deux difficultés: la recherche de l'étiologie et la conduite à tenir lors de l'accouchement.

Method: Il s'agit d'une étude rétrospective de 3 ans du 2019 au 2023. Nous avons étudié l'accouchement de 200 macrosomes, dans le Service Gynécologie Obstétrique I du CHU Hassan II FES.

Results: 200 nouveau-nés avaient un poids supérieur ou égal à 4000 g. L'âge maternel a varié entre 16 ans et 45 ans. L'antécédant de diabète et le diabète gestationnel avec un taux de 9.87%, Le maximum de fréquence était observé chez les multipares avec un taux de 60.98%. Les nouveau-nés qui ont présenté des complications traumatiques étaient au nombre de 49 cas dominées par la bosse sérosanguine, Paralysie du plexus brachial (1%).

Conclusion: Le pronostic materno-foetal de la macrosomie dépend essentiellement de la prise en charge durant la grossesse, et surtout pendant l'accouchement qui reste une préoccupation de l'obstétricien en particulier, quand il se déroule par voie basse.

P19.14 | CERCLAGE PESSARY FOR PREVENTING PRETERM BIRTH IN PARTURIENTS WITH A SHORT CERVIX: TUNISIAN EXPERIENCE

CATEGORY: PREGNANCY

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Objective: Preterm birth is a major health problem. It is the leading cause of perinatal mortality and morbidity. This study aimed to describe the outcomes of the cerclage pessary use in asymptomatic parturients with a short cervix in managing preterm birth.

Method: This is a retrospective descriptive multicentric study conducted jointly between two obstetric gynecology departments,

between April 1 2016 and December 27 2022, involving 84 pregnancies. We included all asymptomatic woman with a short cervix of 30mm or less on routine trans-vaginal ultrasound. Demographic Data and clinical characteristics were described. Primary outcome was birth at 37 weeks of gestation or more.

Results: Mean age and pre-pregnancy weight were 32.8 ± 6.7 years and 70.98 ± 12.5 kg, respectively. 78.26% of singletons were delivered at term versus 34.21% for twins/triplets. Women had the pessary inserted at a mean cervical length of 21.55 ± 6.12 mm at median gestation of 26.5 weeks. All were managed as outpatient. 58% of births occurred at term, with 92.86% being live births weighting over 2000 g (92.3%). Nine out of 17 women with funnelling delivered at term.

Conclusion: The Cerclage pessary can prevent spontaneous preterm birth and improve perinatal outcomes in asymptomatic women with short cervixes in singleton or twin gestations, who undergo cervical length assessment during mid-pregnancy.

P19.15 | WHAT IF ONE OF THE BIGGEST KILLERS WAS EVEN BIGGER? HYPERTENSIVE DISORDERS OF PREGNANCY UNDERLYING MATERNAL DEATH SECONDARY TO OTHER DIRECT AND INDIRECT CAUSES

CATEGORY: PREGNANCY

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Objective: Hypertensive disorders of pregnancy (HDP) are the second cause of maternal death worldwide and a risk factor for potentially fatal complications including obstetric hemorrhage, embolism, neurological, renal, and cardiac impairment. Therefore, a better understanding of their impact on maternal deaths due to other primary causes is needed.

Method: By analyzing the reason of admission of cases included in the Maternal Death Surveillance and Response (MDSR) national registry of Sierra Leone from 2016 to 2019, we investigated the impact of HDP among maternal deaths due to other primary causes. Patients who died of HDP or first trimester complications will be excluded from the analysis, as will cases for which the cause of death or hospitalization was not reported.

Results: 2428 maternal deaths were reported, of which 1382 (56.9%) were included in the analysis. A total of 33 patients (2.4%) were admitted for HDP and died for other causes, increasing the impact of HDP by 9% (33/384). Among these patients, 54.5% died for obstetric hemorrhage (18/711, 4.7%), 12.1% for sepsis (4/190, 2.1%), 9.1% for pulmonary embolism (3/22, 13.6%), 6.1% for severe anemia (2/80, 1.8%) and 18.2% for other causes (6/379, 1.6%).

Conclusion: HDP significantly impact on maternal deaths due to other primary causes, particularly pulmonary embolism, obstetric hemorrhage and sepsis. If prospective studies will confirm these findings, HDP may be considered as a proxy to reduce maternal mortality.

P19.16 | SECOND TRIMESTER ABNORMAL UTERINE ARTERY DOPPLERS AND ADVERSE OBSTETRIC AND NEONATAL OUTCOMES WHEN PAPP-A IS NORMAL

CATEGORY: PREGNANCY

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Objective: To explore the association between abnormal uterine artery Dopplers (combined PI > 2.5)—with normal PAPP-A—and adverse obstetric/neonatal outcomes.

Method: This was a retrospective case-control study of 800 patients (1/3/19–23/11/21) in a tertiary UK hospital, where it is routine to measure uterine artery Dopplers of all women during their anomaly scans. 400 nulliparous women were included. 400 nulliparous controls with normal PAPP-A and uterine artery Dopplers were matched for age and BMI. Outcomes included: mode of birth, postpartum complications, birth weight/centile, gestational age, neonatal unit admission and neonatal hypoglycaemia. Multivariable analysis was used.

Results: Women with abnormal uterine artery Dopplers (normal PAPP-A) were at increased risk of induction ($P=0.042$), emergency caesarean ($P=0.009$), and pre-eclampsia ($P=0.021$). Their babies were more likely to be admitted to the neonatal unit—mostly for prematurity (15.3% vs 6.3%, $P=0.0004$), hypoglycaemia ($P=0.007$), be SGA ($P=0.0001$), had IUGR ($P=0.0001$), and be premature ($P=0.002$). Routine measurement of uterine artery Dopplers increased the detection of SGA by 15.1%. >50% admitted with neonatal hypoglycaemia had an unexplained cause.

Conclusion: Women with abnormal UtA Doppler are at increased risk of pre-eclampsia, SGA/IUGR, but are also of emergency CS, adverse neonatal outcomes. The increased incidence of neonatal hypoglycaemia is likely driven by prematurity, placental complications and undiagnosed glucose dysmetabolism. This may warrant routine measurement of UtA Dopplers in all women.

P19.17 | PREVALENCE OF PUERPERAL INFECTIONS AND ASSOCIATED MATERNAL OUTCOMES AT THE UNIVERSITY TEACHING HOSPITAL OF KIGALI: A RETROSPECTIVE ANALYSIS FROM 2019 TO 2021

CATEGORY: PREGNANCY

M. Uwitonze; A. Cyizere; V. Umutesi; S. Gahongayire Uwamahoro; P. Ntihinyurwa

University of Rwanda, Rwanda

Objective: To evaluate the characteristics of puerperal infection among women treated at the University Teaching Hospital of Kigali (CHUK) and the associated morbidities and mortality.

Method: We performed a descriptive retrospective cross-sectional study among 283 patients treated for puerperal infection from January 2019 to December 2021 at CHUK. We included all women treated for puerperal infection and they were identified from the hospital admission and discharge registries. The data were collected from patients' files extracted from the hospital archive. Statistical analysis was performed using SPSS software. Ethical approval was obtained from the University of Rwanda and CHUK.

Results: The mean age was 27 ± 7 years, and 53.0% were primigravida. Participants presented with peritonitis (62.6%), endometritis (22.1%), surgical site infection (21.0%), sepsis (2.1%), and necrotizing fasciitis (1.8%). The median hospital stay was 24 days (0–776 days), 70.6% required surgical management and 11.1% underwent hysterectomy. Maternal death occurred among 12% and was associated with sepsis (75.05 vs 8.9%, $P < 0.001$, OR: 30.875, 95% CI: 7.828–121.771) and need for intensive care admission (66.7% vs 5.5%, $P < 0.001$, OR: 32.133, 95% CI: 12.364–83.515).

Conclusion: Puerperal infections remain a clinical burden hindering maternal health outcomes at CHUK. Emphasizing on global obstetrical practices and hospital preparedness for early transfer and advanced maternal care are guaranteed. Promotional campaigns to sensitize on the utilization of family planning will prevent unintended pregnancies and their resulting complications including maternal death.

P19.18 | PESSARY PLUS PROGESTERONE TO PREVENT PRETERM BIRTH IN WOMEN WITH PREVIOUS SPONTANEOUS PRETERM BIRTH AND SHORT CERVIX IN A LOW-INCOME COUNTRY

CATEGORY: PREGNANCY

M. Parra Saavedra

Universidad Simon Bolivar, Colombia

Objective: To describe the results of the use of a combination therapy with progesterone and pessary in a single gestation with a history of preterm delivery and a short cervix (< 25 mm) in the second trimester.

Method: Prospective cohort study that includes patients who consulted our institution between February 1, 2019, to December 31,

2022 with singleton gestations, a history of spontaneous preterm birth (SPB), and a short cervix. Combined treatment with vaginal progesterone (VP) was continued until 34 weeks (200 mg/day) and cervical pessary (CP) until 36 weeks or at the onset of labor. The primary outcomes were spontaneous preterm birth before 35 weeks and perinatal mortality.

Results: 52 patients who met the inclusion criteria were managed with cervical pessary and vaginal progesterone according to the study protocol. The mean gestational age at study enrollment was 20.1 weeks and the mean cervical length was 20.5 mm. The mean gestational age at delivery was 36.3 weeks and the birth weight was 2814 g. The percentage of preterm deliveries under 35 weeks was 11.5% (6/52) and perinatal mortality was 5.7% (3/52).

Conclusion: Combined treatment with CP and VP in patients with previous SPB and short cervixes in mid trimester in low-income country, shows better obstetric results in this series of cases than those reported in the literature of patients with these characteristics, when treated with vaginal progesterone or cervical stitch cerclage.

P19.19 | NOVEL GENE SIGNATURES FOR PREDICTION OF PREECLAMPSIA IN SECOND-TRIMESTER AMNIOTIC FLUID

CATEGORY: PREGNANCY

M. Kim

Yonsei University, South Korea

Objective: Preeclampsia is a major disease in 5%–10% of all pregnancies that increases maternal and fetal mortality and morbidity during pregnancy. In this study, we compared gene expression levels using RNA sequencing that can predict future preeclampsia in the amniotic fluid of asymptomatic mothers in 15–20 weeks of pregnancy.

Method: Amniotic fluid is collected from 16 asymptomatic mothers in the second trimester, and total RNA is extracted after confirming the occurrence of preeclampsia. Libraries were prepared from total RNA using the NEBNext Ultra II Directional RNA-Seq Kit. High-throughput sequencing was performed as paired-end 100 sequencing using NovaSeq 6000. A quality control of raw sequencing data was performed using FastQC and the Read Count data were processed based on FPKM+Geometric normalization method using EdgeR within R.

Results: As a result of RNA sequencing, there were 39 differentially expressed genes (DEGs) between normal mothers and preeclampsia mothers. The number of down-regulated genes was 18. The up-regulated genes with more than two fold were ABCG1, KRT24, SPRR2F, and BOLA1, and expression decreased by 0.5 fold or less were SNORA27 and FAM193. By Gene Category Chart analysis, these genes were confirmed to be related to oxidative stress, estrogen receptor signaling, and hypoxia signaling pathway.

Conclusion: We have discovered 39 differentially expressed genes, and it is necessary to confirm the role of these genes as predictive markers of preeclampsia.

P19.20 | THE IMPACT OF COVID-19 ON ABORTION CARE: A SYSTEMATIC REVIEW

CATEGORY: PREGNANCY

M. Taheri

School of Nursing & Midwifery, Shiraz University of Medical Sciences, Iran

Objective: The COVID-19 pandemic has had far-reaching consequences for healthcare systems worldwide. This systematic review aims to assess the impact of the pandemic on abortion care, including access to services, changes in service delivery, and the experiences of individuals seeking abortions.

Method: A systematic search was conducted across multiple databases, including PubMed, Embase, and Scopus, to identify relevant studies published between January 2020 and September 2022. Studies that examined the impact of COVID-19 on abortion care were included. Data extraction and synthesis were performed to summarize the key findings.

Results: Fifteen studies met the inclusion criteria and focused on various aspects of abortion care during the COVID-19 pandemic. Findings revealed significant impacts, including reduced access due to clinic closures and travel restrictions. Telemedicine emerged as crucial for maintaining access, but regulatory restrictions and limited infrastructure posed challenges. The need for in-person interventions for certain abortion methods was identified.

Conclusion: The COVID-19 pandemic has profoundly affected abortion care, limiting access and necessitating adaptations like telemedicine. Policymakers and healthcare providers must prioritize strategies that protect abortion access during emergencies. Addressing barriers to telemedicine adoption and investigating the long-term consequences of the pandemic on abortion care are critical for comprehensive reproductive healthcare.

P19.21 | PREVALENCE AND RISK FACTORS OF STILLBIRTH: STUDY ON PREGNANT WOMEN IN INDONESIA

CATEGORY: PREGNANCY

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Objective: To assess the prevalence and the risk of stillbirth from maternal and other biophysical factors such as: mean arterial pressure (MAP), uterine artery pulsatility index (UtA-PI), peak ratio (PR) of the maternal ophthalmic artery, and placental growth factor (PIGF) serum at 11–13 weeks of gestation in an Indonesian setting.

Method: This was a retrospective cohort study of women attending our hospital's first-trimester screening at 11–13 weeks of gestation. We collected maternal characteristics and history, MAP measurement, UtA-PI ultrasound, maternal ophthalmic PR doppler, and serum PIGF during the visit. We classify stillbirth into placental dysfunction-related, including preeclampsia or birth weight <10th percentile, and non-placental dysfunction-related due to other causes. Bivariate and multivariate logistic regression analyses were employed to determine the risk factors associated with stillbirth.

Results: Of 1643 eligible participants, 13 (0.79%) stillbirth cases were reported. More than half of the stillbirths (7) were placental dysfunction-related. After adjusting maternal age, obesity, and parity status, factors associated with stillbirths were: chronic hypertension (AOR [adjusted odd ratio] 24.41, 95% CI [95% confidence interval] [5.93–100.43]), previous pregnancy with preeclampsia (AOR 15.79, 95% CI [4.42–56.41]), MAP > 101.85 (AOR 26.67, 95% CI [8.26–86.06]), UtA-PI > 1.90 (AOR 10.68, 95% CI [2.34–48.58]), and PIGF < 28.77 pg/mL (AOR 18.60, 95% CI [5.59–61.92]).

Conclusion: The prevalence of stillbirth in the Indonesian population is comparable to studies conducted in developed countries. The combined first-trimester screening is required to predict the risk of stillbirth.

P19.22 | PREGNANCY WITH WILSON DISEASE

CATEGORY: PREGNANCY

M. Khurshid

Multan Medical and Dental College, Pakistan

Objective: To diagnose a patient with wilson disease and successful management of pregnancy.

Method: Case report: one of patient at age of 7 years diagnosed and treated as case of wilson disease and followed up after she get pregnant in 2022. She delivered a healthy baby boy and pregnancy remain uneventful.

Results: My patient was diagnosed as case of wilson disease at age of 7. Since then she was treated at multan medical and dental college in a joint clinic with our physician. She got married in 2021 and then she got pregnant we again monitored and followed up in joint clinic with physician. As a result she became mother of healthy baby boy in 2022.

Conclusion: Wilson disease a rare disorder of copper metabolism inherited as autosomal recessive disorder. Once inherited it has serious impact on liver causing liver cirrhosis followed by menstrual irregularities and infertility in unmarried life. In pregnancy lead to preeclampsia but if diagnosed and treated properly result in good maternal and fetal outcome.

P19.23 | RETROSPECTIVE ANALYSIS OF COMPARATIVE EFFICACY OF TLE AND TLD IN PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV

CATEGORY: PREGNANCY

M. Gupta¹; M. Kashyap²

¹King George's Medical University, Lucknow, India; ²LLRM, Medical College, Meerut, India

Objective: To evaluate and compare the efficacy and safety of TLE and TLD in prevention of mother to child transmission of HIV.

Method: In this retrospective observational study, total 120 HIV positive pregnant females delivered at our centre were divided into two groups A and B, group A and group B received TLE and TLD respectively. After delivery infants of study subjects were tested with PCR and Rapid test for HIV at 6 weeks, 6 months, 12 months and 18 months and results were compared between two groups regarding mother to child transmission and viral load suppression.

Results: The incidence of HIV in delivered patients was 0.91% at our centre. In group A, two infants were found to be HIV positive during follow up (transmission rate was 4.65% and efficacy of TLE 95.35%), while none of the infants were found positive in Group B. Viral suppression by 12 months was 84.0% [95% confidence interval (95% CI) 83.7–84.2] with TLE (Group A) and 90.5% (95% CI 90.0–91.0) with TLD (Group B).

Conclusion: The risk of transmission of HIV from mother-to-child has been found to be significantly reduced with the use of newer TLD regimen, and the emergence of drug resistance is reduced. The TLD regimen used during pregnancy appears to be well tolerated and safe.

P19.24 | A CASE OF A PRENATALLY DIAGNOSED RARE ISOLATED AGNATHIA-OTOCEPHALY COMPLEX FOR EX-UTERO INTRAPARTUM TREATMENT(EXIT)

CATEGORY: PREGNANCY

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¹Kameda Medical Center, Japan; ²Showa University Koto Toyosu Hospital, Japan

Objective: Agnathia-otocephaly complex is rare congenital malformation due to first branch arch disorder and has been considered lethal if it's with holoprosencephaly. However, non-lethal cases are reported for isolated agnathia-otocephaly complex. Therefore, EXIT procedure is performed until the airway is evaluated and secured while on placental support. It would achieve better prognosis.

Method: A 37-year-old woman was referred for fetal craniofacial anomalies and polyhydramnios at 27 weeks of gestation. Our fetal ultrasounds showed agnathia, microstomia, and synotia, but not holoprosencephaly; afterward, isolated agnathia-otocephaly was diagnosed prenatally. Microbubble testing and MRI detected the delayed, yet incomplete, fetal lung maturation. Emergency cesarean

section with EXIT were performed due to clinical chorioamnionitis at 35 weeks of gestation, after obtaining the patient's express consent. **Results:** Tracheostomy was almost completed during the EXIT for 16 min and accomplished for 4 min after delivery. Nevertheless, neonatal death occurred 12 h after delivery due to acute respiratory distress syndrome and tension pneumothorax due to pulmonary hypoplasia. Even though spending little time with her baby, the patient could feel what being a mother feels like.

Conclusion: Prognosis of the isolated agnathia-otocephaly complex is challenging; long surviving cases have recently been reported. Therefore, the EXIT procedure may be considered for airway management, expecting a better prognosis in isolated cases. Moreover, accurately evaluating fetal lung maturation is very challenging; thus, careful consideration is required to indicate cases for EXIT.

P19.25 | POSSIBLE BENEFICIAL EFFECT OF PLAS-INDEX AND PULSED DOPPLER WAVEFORM OF THE PULMONARY VEIN FOR THE SCREENING OF THE ISOLATED TOTAL ANOMALOUS PULMONARY VENOUS CONNECTION; A CASE REPORT FROM PRIMARY MEDICAL INSTITUTION

CATEGORY: PREGNANCY

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¹Sun Clinic, Japan; ²Department of Obstetrics and Gynecology, National Hospital Organization, Okayama Medical Center

Objective: The objective is to describe the possible beneficial effect of post LA space index (PLAS index) and the pulsed Doppler waveform of the pulmonary vein for the screening of the isolated total anomalous pulmonary venous connection (TAPVC).

Method: We report an isolated TAPVC diagnosed postnatally. A case report was studied by analysis of medical records. The echocardiographic findings of the fetus in utero are reported herein. The fetal heart screening at 30 weeks gestation showed a high PLAS index value and abnormal pulsed Doppler waveform of the pulmonary vein. The pulmonary vein in a two-dimensional image appeared to be connected to the left atrium but was unclear in a color Doppler image.

Results: The male infant was born spontaneously at 37 weeks gestation, with an Apgar score of 7/6. The postnatal condition and prenatal fetal echocardiographic findings led to a suspected diagnosis of TAPVC. The neonate was then referred to the tertiary center and was diagnosed with isolated supracardiac TAPVC with pulmonary venous obstruction. Surgical repair of the TAPVC was performed on day 3 after birth and the neonate was discharged on day 22 with no complications.

Conclusion: Echocardiographic screening of the fetus at primary medical institutions should include TAPVC as a targeted CHD to improve the prognosis of neonates with TAPVC. Short, routine screening of TAPVC should be possible via PLAS index and the pulsed Doppler waveform of the pulmonary vein.

P19.26 | WHY MOTHERS DIE IN EASTERN ETHIOPIA: A SEARCH FOR DETERMINANTS

CATEGORY: PREGNANCY

M. Yuya

Haramaya University, Ethiopia

Objective: Given Ethiopia has one of the highest maternal deaths, identifying the major determinants is essential for designing tailored interventions. This study was conducted to identify determinants of maternal mortality among a cohort of women admitted to 13 public hospitals in Eastern Ethiopia.

Method: A hospital-based nested case-control study was employed to a cohort of women admitted from April 01, 2021 to March 31, 2022. Cases refer to all maternal deaths while women who developed obstetric complications but survived were considered controls. Data on their sociodemographic, referral status, obstetric care, and status at discharge were collected through review of medical records and analysed using Stata 16. Multivariable logistic regression was computed to identify determinants of maternal mortality at $P < 0.05$.

Results: A total of 280 (70 cases and 210 controls) were included. The majority of cases (71.4%) and controls (73.9%) were 20–34 years old. In the final model, birth by caesarean section (AOR = 3.64; 95% CI 1.67–7.89), referral from lower level facilities (AOR = 2.26; 95% CI 1.06–4.83), postpartum haemorrhage (AOR = 6.24; 95% CI 2.59–15.04), and pre-existing medical conditions (AOR = 6.56; 95% CI 1.45–29.59) were found to be determinants of maternal mortality.

Conclusion: Congruent with the literature, birth by caesarean section, referral from lower facilities, postpartum haemorrhage, and pre-existing medical conditions were the major determinants of maternal mortality. Improving maternal survival requires addressing these challenges, including through early identification and/or prompt management.

P19.27 | FETO-MATERNAL OUTCOMES IN FACTOR VII DEFICIENCY

CATEGORY: PREGNANCY

M. Sachdeva

PGIMER, Chandigarh, India

Objective: To study antepartum and postpartum bleeding manifestations of patients with factor VII deficiency, their management and fetomaternal outcome, to establish at risk signs, diagnostic and management protocols.

Method: Retrospective analysis of nine pregnancies in four patients with factor VII deficiency diagnosed at a tertiary care referral center in India between 2012 and 2023.

Results: Out of nine pregnancies, six had caesarean deliveries, two vaginal deliveries and one dilatation and curettage. One out of nine pregnancies, diagnosed with factor VII deficiency retrospectively, had

ante-partum hemorrhage (abruption) necessitating multiple transfusions, ICU stay and neonatal loss (prematurity related). No hemorrhage related complications were reported in other eight pregnancies. Three patients with no prior history of obstetric hemorrhage, were diagnosed with severe deficiencies and received prophylactic recombinant factor VII preoperatively, averting potential haemorrhage.

Conclusion: High index of suspicion for patients with deranged coagulation profile and an established diagnostic algorithm can lead to early diagnosis and preparedness for peripartum hemorrhage improving fetomaternal outcomes. Obstetric history and exploring any derangements in routine blood-work are essential steps towards safeguarding a pregnancy from hemorrhagic sequelae.

P19.28 | IMPACT OF MAXIMUM, MEAN TOTAL AND DELTA SOFA SCORE IN PREDICTING MATERNAL MORTALITY IN AN OBSTETRIC ICU OF LOW RESOURCE COUNTRY

CATEGORY: PREGNANCY

M. Agrawal

King George's Medical University, Lucknow, Uttar Pradesh, India

Objective: Assessment of maximum, mean total and delta SOFA score in patients admitted to obstetric ICU as predictors of maternal mortality, length of ICU stay, ventilator and vasopressor free days. To determine discriminatory power of individual organ systems. To determine critical earliest time and Delta SOFA which best predicts mortality.

Method: Prospective observational cohort study. Obstetric ICU, KGMU, Lucknow, India. 1 year. 125 consecutive ICU admissions fulfilling the inclusion criteria were enrolled. SOFA score calculated on admission and then daily until discharge or mortality, which ever was earlier. Days of mechanical ventilation, treatment given, vasoactive drugs recorded. Maximum, mean total and SOFA D1–3 and D1–5 were calculated. Two groups: Non-survivor, Survivor. Statistics: Chi square, paired t, ANOVA, ROC curve.

Results: In our study maternal mortality rate was 25.6%, sepsis being major etiology (40.62%). SOFA D1–5 with cut-off of $> (+1.5)$ had maximum AUC 0.999 ($P < 0.001$), maximum sensitivity (100%) and specificity (98.9%) and hence was best predictor of maternal mortality. Mean total SOFA Score with cut-off > 10.4 has AUC 0.994 ($P < 0.001$), maximum sensitivity (100%) and specificity (97.8%), and hence was second best predictor. Maximum SOFA Score with cut-off > 12.50 has good sensitivity (100%) but least specificity (77.4%) and AUC 0.952. Median length of vasopressor and ventilator free days amongst non-survivors was significant ($P < 0.001$). Cardiovascular system (AUC 0.875) had the best discriminatory power followed by hepatic system (AUC 0.808).

Conclusion: Delta and mean total SOFA scores are the most accurate prognostic scores. They provide means of evaluating effectiveness of treatment and should be used by all obstetricians and intensivists as component of routine ICU care. Use of these scores may contribute towards new auditing strategies to reduce maternal mortality worldwide.

P19.29 | THE REQUIRED VOLUME OF BALLOON INFLATION IN INTRAUTERINE BALLOON TAMPONADE FOR ABNORMAL POSTPARTUM HEMORRHAGE

CATEGORY: PREGNANCY

M. Tanaka; Y. Maruyama; D. Ogishima

Obstetrics and Gynecology, Japan

Objective: Intrauterine balloon tamponade (IBT) is one of the methods for abnormal postpartum hemorrhage (PPH). There are few reports describing the amount of inflation volume for IBT. We retrospectively analyzed cases of IBT that was performed for PPH in our hospital and discussed about the amount of inflation volume.

Method: From July 2018 to June 2022, 3091 deliveries in our hospital were eligible for the study. The cases using IBT were 132 cases (4.3%), and the balloon inflation volume of IBT was analyzed retrospectively from medical records. For cesarean section cases performed IBT during operation, the initial volume was defined as the amount of intraoperative inflation volume.

Results: The initial inflation volume was 50–350 mL (median 150 mL, average 170.9 mL) and 45 cases need additional inflation because of insufficient hemostasis after IBT performing. Of the 45 cases, initial inflation volume was 50–280 mL (median: 100 mL, average: 137.9 mL), additional inflation volume was 70–350 mL (median: 100 mL, average: 114.7 mL). The initial volume of 87 cases not requiring additional inflation was 70–350 mL (median 200 mL, mean 186.0 mL), and significantly greater than that of those requiring additional inflation ($P < 0.001$).

Conclusion: We experienced the cases which need additional inflation because of insufficient hemostasis after IBT performing, and sufficient inflation at the initial balloon insertion would be important for PPH.

P19.30 | DIFFERENCES IN THE AVERAGE OF DHA AND EPA LEVELS IN PREGNANT WOMEN TOWARD PREMATURE AND MATURE BIRTH AT DR. HASAN SADIKIN BANDUNG

CATEGORY: PREGNANCY

M. Aziz

Universitas Padjajaran, Indonesia

Objective: Premature birth is the highest cause of death in newborns, Indonesia is one of ten countries with the largest number of premature births in the world, namely 675 700 cases with ratio of 15.5 per 100 live births. Docosahexaenoic acid (DHA) and eicosapentaenoic acid (EPA) can prevent it.

Method: This study was conducted on 88 respondents (44 term births; 44 premature births) at Hasan Sadikin General Hospital with a cross sectional method. This study used primary data of patients who came and gave birth prematurely at Hasan Sadikin Hospital, Bandung. The research sample was in the form of blood taken then the process of examining EPA and DHA-levels was carried out in the Clinical Pathology Laboratory of Hasan Sadikin Hospital, Bandung.

Results: The average levels of EPA and DHA in preterm births lower than the average EPA-levels in term births. Based the statistical test results, there is a significant difference with a P value of 0.000. DHA-levels ≤ 5.70 and EPA-levels ≤ 3971.54 increase the risk of preterm labor.

Conclusion: There is a significant result the EPA and DHA levels in premature births are lower than EPA levels in term births, so they have the potential become good biomarkers for predicting preterm birth.

P19.31 | SUPRAVENTRICULAR TACHYCARDIA AT 37 WEEKS WITH ELECTROCARDIOVERSION THERAPY – A CASE REPORT

CATEGORY: PREGNANCY

M. Adhar Lubis; D. Suhaimi

Riau University, Indonesia

Objective: Term pregnant patient with supraventricular tachycardia.

Method: Effects of electric cardioversion in pregnancy, and its effects on the fetus.

Results: Pregnant patient with supraventricular tachycardia with HR 186 bpm and ECG appearance consistent with supraventricular tachycardia, underwent electrocardioversion by a cardiologist. After HR 110 with sinus rhythm, but FHR looked fetal distress and a cesarean section was performed.

Conclusion: Provided that a multidisciplinary approach, continuous fetal heart rate monitoring and the possibility to perform a caesarean section are applied, it can be concluded that cardioversion is a safe and effective treatment for maternal tachycardia in pregnancy.

P19.32 | COMPARISON OF NATURAL SALICYLIC ACID LEVELS IN SERUM IN EARLY-ONSET AND LATE-ONSET PREECLAMPSIA

CATEGORY: PREGNANCY

M. Mutmainah

University of Indonesia, Indonesia

Objective: The prevalence of preeclampsia in Indonesia is 7%–10%. Aspirin contains salicylic acid and is known can prevent preeclampsia. In addition, the body has natural salicylic acid obtained from consuming vegetables—the study aims to assess whether the levels of natural salicylic acid in serum influence the incidence of preeclampsia.

Method: A case-control study was carried out on 74 pregnant women in Ciptomangunkusumo General Hospital Jakarta, Indonesia, who were classified into two groups: early-onset preeclampsia (EOP) and late-onset preeclampsia (LOP). Total Salicylic Acid (SA) and Salicylic Acid (SUA) concentrations in serum were determined using High-Performance Liquid Chromatography (HPLC). All subjects were interviewed using the FFQ (Food Frequent Questionnaire). The Mann-Whitney test was utilized in the statistical analysis.

Results: Serum Salicylic acid levels in EOP were significantly different from LOP with a median of 0.13 $\mu\text{mol/L}$ (0.001–2.31) versus 0.05 $\mu\text{mol/L}$

(0.001–2.32) P 0.012, serum salicylic acid in EOP significantly difference from LOP with median 1.43 $\mu\text{mol/L}$ (min–max 0.001–9.32) versus 0.28 $\mu\text{mol/L}$ (0.002–17.43) P 0.001. In addition, albumin levels in EOP were significantly lower than in LOP ($P < 0.001$), Dietary Fiber in EOP is lower than LOP 8.0g (2.9–13.4) versus 8.7 (5.2–22.2) P 0.04.

Conclusion: The concentration of natural salicylic acid and salicylic acid in the serum of EOP is significantly higher than in LOP. The salicylic acid concentration in the body was determined by the dietary fiber and protein intake that can bind the salicylic acid to the target organ hence it works effectively.

P19.33 | PRISE EN CHARGE DES ANÉMIES FŒTALES PAR INCOMPATIBILITÉ SANGUINE ÉRYTHROCYTAIRE FŒTO-MATERNELLE À LA MATERNITÉ DU CHU MUSTAPHA ALGER: ETUDE RETROSPECTIVE SUR 5 ANS

CATEGORY: PREGNANCY

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¹CHU Mustapha Gynecology Obstetrics Alger, Algeria; ²CHU Mutapha Alger Centre d'hémobiologie et Transfusion Sanguine, Algeria; ³CHU Mutapha Alger Gynecology Obstetrics, Algeria; ⁴CHU Gynecology Obstetrics Alger, Algeria; ⁵CHU Mustapha Alger Centre d'hémobiologie et Transfusion Sanguine, Algeria; ⁶CHU Mutapha Alger Gynecology Obstetrics, Algeria

Objective: L'allo-immunisation foeto-maternelle anti-D, représente l'étiologie la plus fréquente des anémies fœtales immunologiques. Dans les formes sévères, le diagnostic, l'indication d'une thérapeutique anté ou péri-natale, sont posés exclusivement par la mesure de la vitesse du pic systolique de l'artère cérébrale moyenne (PSV-ACM) par échographie doppler dans notre maternité CHU Mustapha Alger. **Method:** Nous rapportons notre expérience de la prise en charge des anémies fœtales par incompatibilité sanguine érythrocytaire fœto-maternelle (IFM) dans une étude rétrospective de 2017 à 2021, portant sur 59 gestantes présentant une IFM avec anémie fœtale sévère, ayant nécessité une transfusion in utero (TIU). Une fois le diagnostic posé, l'indication d'un abord vasculaire ou d'une naissance programmée est porté sur les éléments de surveillance non invasifs, s'appuyant sur les données de la PSV-ACM.

Results: L'alloimmunisation était de type RhD+C (53.57%), et RhD seul dans 35.7% des cas. 106 TIU (1–4 par fœtus) avaient été nécessaires. L'indication était posée sur un PSV-ACM ≥ 1.50 MoM avec 27.58% d'anasarque fœto-placentaire. Le taux d'HbF moyen initial était à 4.78 g/dL (1.90–10.6 g/dL) au terme de 25+6j SA (17+2 SA–32+5 SA) et une HbF finale moyenne de 15.37 g/dL. 81.66% naissances vivantes, au terme moyen de 34+3j SA.

Conclusion: Les alloimmunisations rhésus restent d'actualité, malgré la prévention instaurée à l'échelle nationale. D'autres antigènes émergent. La maîtrise de ce problème de santé publique nécessite une organisation des structures d'hémobiologie, d'obstétrique et de néonatalogie en plateau collaboratif, multidisciplinaire.

P19.34 | CHALLENGES DIAGNOSING AND MANAGING PREECLAMPSIA IN A LOW-RESOURCE SETTING: A QUALITATIVE STUDY OF OBSTETRIC PROVIDER PERSPECTIVES FROM GHANA

CATEGORY: PREGNANCY

N. Atluri¹; T. Beyuo²; S. Oppong²; C. Moyer¹; E. Lawrence¹

¹University of Michigan, USA; ²University of Ghana Medical School, Ghana

Objective: Preeclampsia is a leading cause of global maternal morbidity and mortality. The greatest burden is in low- and middle-income countries where healthcare providers face significant, but understudied, challenges. This qualitative study explored the challenges of diagnosing and managing preeclampsia from the perspectives of obstetric doctors in Ghana.

Method: Participants were doctors providing obstetric care at the Korle Bu Teaching Hospital, a tertiary hospital in Ghana. Purposive sampling identified doctors with meaningful experience managing preeclampsia. Semi-structured interviews were conducted with 22 participants, consisting of 4 house officers, 6 junior and 8 senior obstetrics/gynecology residents, and 4 obstetrics/gynecology consultants. Thematic saturation of data was used to determine sample size. Interviews were audio recorded, transcribed verbatim, coded using an iteratively-developed codebook, and thematically analyzed.

Results: Participants identified critical challenges faced at the patient, provider, and systems levels in detecting and managing preeclampsia. Each challenge mediates the health outcomes of a pregnancy complicated by preeclampsia. Challenges centered around three overarching global themes: (1) low education levels and health literacy among women, (2) insufficient number of healthcare providers highly trained in obstetric care, and (3) inadequate health infrastructure to support critically ill patients with preeclampsia.

Conclusion: Recognizing and addressing root challenges to providing preeclampsia care has great potential to improve outcomes in pregnancies complicated by preeclampsia in low-resource settings.

P19.35 | A NOVEL METHOD OF TREATMENT IN PATIENTS AT RISK OF SPONTANEOUS PRETERM BIRTH IN SINGLETON PREGNANCY - INDIAN TRIAL OF ARABIN PESSARY

CATEGORY: PREGNANCY

N. Malhotra

Managing Director - Ujala Cygnus Rainbow Hospital, India

Objective: The purpose was to determine the efficacy and safety of vaginal Arabin pessary for the first time in India in patients at risk for spontaneous preterm birth (SPB).

Method: 100 Cases were evaluated by TVS cervical length and history for risk of Preterm Labor. These were Randomly divided into McDonald Stitch group and Pessary Group.

Results: Study involved pregnant women with an average age of 27.6 years, average BMI of 27.3 kg/m², and average gestational age of 25 weeks. Risk factors included asymptomatic bacteria (18%) and bacterial vaginosis (8%). Pessary used in 14% pre-insertion and continued with micronized progesterone, resulting in a mean pregnancy prolongation of 12.3 weeks, with 66% delivering after 37 weeks. Complications were minimal, with only 2% experiencing chorioamnionitis and one neonatal death due to prematurity and pneumonitis.

Conclusion: Vaginal Arabin Pessary has shown equal preventive results as McDonald stitch. Using a vaginal Arabin pessary could be a simple and low-risk way to prevent preterm birth in high-risk patients. However, more extensive studies are required to approve this method as an effective treatment in India.

P19.36 | MATERNAL AND FETAL OUTCOMES OF COVID-19 INFECTION: A RETROSPECTIVE STUDY IN İSTANBUL, TURKEY
CATEGORY: PREGNANCY

N. Rol¹; B. Çakmak²

¹Health and Science University Şişli Hamidiye Etfal Research and Training Hospital, Turkey; ²Sarıyer Hamidiye Etfal Research and Training Hospital, İstanbul, Turkey

Objective: The COVID-19 pandemic caused by the SARS-CoV-2 virus has affected millions of people including pregnant women worldwide, starting on 2020 January and its' effects on pregnancy outcomes is still unclear. By this study, we wanted to contribute to the impacts of COVID-19 on pregnancy.

Method: This retrospective study included 632 pregnant women who gave birth between January 2020 and December 2022 at a single tertiary care center. Pregnant patients who had COVID-19 infection during their pregnancy with confirmed positive PCR test results, were included in our study as a patient group. 365 pregnant patients that did not have COVID-19 infection during pregnancy were included as the control group. Statistical analysis was completed using SPSS 15.0 for Windows program.

Results: Results suggest that women who had COVID-19 infection during pregnancy had not increased risk of low birth weight and height, preterm birth, cesarean section delivery, and low APGAR scores compared to women who had not been diagnosed with COVID-19 disease during their pregnancy period. In contrast, results also showed that neonates born to women with COVID-19 infection during the second trimester are at more risk of decreased birth height.

Conclusion: COVID-19 pandemic has affected millions of pregnant women worldwide. Further research is needed to fully understand the impact of COVID-19 on maternal and fetal health during pregnancy. But still, pregnant women should be vaccinated against COVID-19 when possible, wear masks, practice social distancing, and wash their hands frequently.

P19.37 | THE IMPACT OF OBESITY ON INDUCTION OF LABOUR AND MODE OF DELIVERY IN CORNICHE HOSPITAL
CATEGORY: PREGNANCY

N. Alghuzi¹; H. Alyammahi²; R. Alawadi²; S. Alkaabi²; E. Eramsi²; F. Alharmi²

¹UAE, Saudi Arabia; ²UAE, Saudi Arabia

Objective: Obesity is one of the challenges that face the doctors who work in field of obstetrics as it has been found to be associated with adverse obstetric and neonatal outcomes. To evaluate the effect of obesity on Induction of labor and mode of delivery in primigravida women in Corniche Hospital.

Method: A retrospective study performed at Corniche Hospital. It consists of 100 primiparous women with singleton pregnancies and varying BMI groups who had induction of labour. The data was retrieved from HIM department and includes women who gave birth from 2018 to 2020. The sample was divided into two major groups. The two groups were subdivided into different BMI categories based on WHO BMI category, normal weight, overweight, obesity class 1, 2 and obesity class 3.

Results: Group 2 (BMI > 30) had a higher rate of failed induction of labour and emergency cesarean section compared to Group 1 (BMI < 30). In addition gestational diabetes and postpartum hemorrhage was higher in group 2 compared to group 1. Obesity is associated with adverse obstetric outcomes in relation to induction of labour leading to an increase in emergency cesarean section and postpartum hemorrhage. Additionally it increased the risk of acquiring gestational diabetes.

Conclusion: Based on our study, we recommend women with obesity to lose weight and to achieve BMI less than 30 to avoid the risk of gestational diabetes, failed induction of labour, emergency caesarean section and postpartum hemorrhage.

P19.38 | A RARE CASE REPORT: OVARIAN TORSION IN SECOND TRIMESTER PREGNANCY - DIAGNOSIS AND MANAGEMENT

CATEGORY: PREGNANCY

N. Alghuzi¹; G. Botros²; H. Alyammahi³; F. Alharami⁴; S. Alkaabi³; N. Aloghani³

¹UAE, Saudi Arabia; ²UAE, SEHA, UK; ³UAE, SEHA, Saudi Arabia; ⁴UAE, SEHA, Saudi Arabia

Objective: The objective of this article is to present a case of Ovarian torsion in second trimester pregnancy and to review its diagnosis, and treatment. Case report: a 21-year-old woman primigravida at 20 weeks gestational presented to the Emergency with 2h duration of abdominal pain, multiple episode of vomiting.

Method: On ED ultrasound showed a simple cyst anechoic, size—15.6 × 11.6 × 17.48 cm. unilocular with no fluid was seen in the pelvis.

Immediate obstetric consultation was initiated. Eventual radiology ultrasound showed a live 20 weeks intrauterine pregnancy was seen. The left ovary was enlarged containing a large simple cyst with no suspicious features. The patient underwent emergent laparoscopic surgery, Laparoscopy+Left ovarian cystectomy and correction of ovarian torsion.

Results: Laparoscopic finding: left ovarian Dermoid cyst 17–20cm, torsion with tube five times, other ovary normal, Uterus looked under umbilicus. Cyst wall dissected off, hair and caseous material drained. Ovarian cyst wall removed and sent to histology. Fetal heart check at end of procedure by USS, NAD histopathologic confirm—Mature cystic teratoma. She follow up with antenatal care regularly and anomaly scan after 2 week postop normal.

Conclusion: It is necessary to properly evaluate the case of ovarian masses during pregnancy, to decide the appropriate line of management. Large ovarian masses are uncommon during pregnancy. A high clinical suspicion and early laparoscopic management correlate with favorable maternal and fetal outcomes.

P19.39 | EFFICACY AND SAFETY OF FCM IN THE MANAGEMENT OF SEVERE IRON DEFICIENCY ANEMIA IN PREGNANCY: RETROSPECTIVE, MULTICENTER, OBSERVATIONAL, REAL-WORLD STUDY
CATEGORY: PREGNANCY

N. Malhotra
MBBS, MD, India

Objective: Evaluation of efficacy and safety of FCM (Ferric Carboxymaltose) in the management of severe iron deficiency anemia (IDA) in Indian Pregnant Women.

Method: A retrospective, observational and real-world study was conducted to assess the efficacy and safety of FCM (500 or 1000 mg) in iron deficiency anemia across 269 centers in India. This is subgroup analysis of previously published study (Registration number CTRI/2021/12/039065). This subgroup includes severely anaemic pregnant women (Hb 5–6.9 g/dL) who received FCM infusion.

Results: In 103 severely anaemic pregnant women with IDA, there was significant increase in haemoglobin of 3.6 g/dL, and serum ferritin of 16.96 µg/L were observed after 4±1 week ($P < 0.001$) as compared to baseline after giving FCM infusion. Similarly, there was a significant rise in RBC count, haematocrit, MCV, MCH, MCHC ($P < 0.001$) were observed after 4±1 week of FCM infusion. No serious adverse events were observed.

Conclusion: Rapid and significant improvement in haemoglobin and other haematological parameters were observed in severely anaemic pregnant women with IDA after giving FCM.

P19.40 | A NEW CONSERVATIVE SURGICAL APPROACH FOR MANAGEMENT OF PLACENTA ACCRETA SPECTRUM WITHOUT SUSPECTED SIGNS OF PERCRETA: A PROSPECTIVE STUDY
CATEGORY: PREGNANCY

N. Ha
Hanoi Obstetrics and Gynecology Hospital, Viet Nam

Objective: Aims to evaluate the efficacy and safety of the new conservative surgical approach for the management of placenta accreta spectrum (PAS) without suspected signs of percreta.

Method: A prospective study, 54 pregnant women from 35 +0/7 to 35 +6/7 weeks with diagnosed PAS and no suspected signs of percreta were recruited. All patients underwent a conservative surgery combined one-step and stepwise approach: bladder flap and new-formed vessels disconnection, transverse “high” uterine incision, fetal delivery, temporary hemostasis uterine incision, exteriorization uterus then bilateral uterine artery ligation, active placental extraction and resection of invaded myometrial tissue; identification of lower uterine segment, uterine closure.

Results: Among 54 patients, 2 non-PAS patients on histopathology were exclusive. 45 patients (86.54%) were successful in controlling postpartum hemorrhage and preserving the uterus. The operative duration was 98.3±23.76 min. Mean of blood loss was 1148±724 mL. 21 patients (46.67%) had no postpartum hemorrhage. Two patients (3.85%) had urinary bladder injuries and two patients (3.85%) had postpartum infection. Four infants (8.89%) had Apgar scores less than 7 at first but recovered at 5 min.

Conclusion: The combined one-step and stepwise approach can be applied to the conservative management of placenta accrete spectrum without suspected signs of percreta to avoid unnecessary cesarean hysterectomy.

P19.41 | SOBREPESO Y OBESIDAD Y SU ASOCIACIÓN CON LOS RESULTADOS MATERNO-PERINATALES EN UNA POBLACIÓN HOSPITALARIA DE LATINOAMÉRICA
CATEGORY: PREGNANCY

N. Martino; G. Vitoreira Liard; C. Sosa Fuertes
Centro Hospitalario Pereira Rossell, Uruguay

Objective: Determinar la asociación entre sobrepeso y obesidad maternos al inicio del embarazo y determinados resultados maternos-perinatales.

Method: Se realizó un estudio de cohorte retrospectivo, incluyendo los nacimiento ocurridos en el Centro Hospitalario Pereira Rossell de Montevideo, Uruguay, entre los años 1995 y 2022. Según el índice de masa corporal (IMC) al inicio del embarazo, se dividió a la población en 5 grupos: Bajo peso (<18.5), Normopeso (18.5–24.9), Sobrepeso (25–29.9), Obesidad grados 1 y 2 (30–39.9) y Obesidad grado 3 (≥40). Los datos fueron analizados con el paquete estadístico Stata 13.0.

Results: Durante el período analizado ocurrieron 215 362 nacimientos. 122 849 contaban con dato de IMC (57%), observándose un aumento progresivo significativo de los grupos sobrepeso/obesidad. Las variables analizadas muestran una relación directamente proporcional con el IMC. En referencia al grupo "Normopeso", el grupo "Obesidad grado 3" presenta aumento en tasas de: preeclampsia (OR 6.47 [IC 95% 5.55–7.54]); diabetes gestacional (OR 10.66 [IC 95% 9.31–12.21]); inducción del parto (OR 2.29 [IC 95% 1.99–2.62]); cesárea (OR 2.68 [IC 95% 2.40–2.99]); macrosomía (OR 2.46 [IC 95% 2.05–2.95]); muerte fetal (OR 1.63 [IC 95% 1.20–2.62]); parto pretérmino (OR 1.32 [IC 95% 1.14–1.53]).

Conclusion: El sobrepeso y la obesidad constituyen factores de riesgo para el desarrollo de complicaciones maternas y perinatales, llevando a un mayor intervencionismo obstétrico. Es trascendental evaluar el IMC previo al embarazo y estimular la reducción de peso cuando corresponda, disminuyendo así los riesgos de la futura gestación.

P19.42 | POSTERIOR REVERSIBLE ENCEPHALOPATHY SYNDROME (PRES) IN LATE ECLAMPSIA: A CASE REPORT CATEGORY: PREGNANCY

N. Araujo¹; P. Rosenblat²

¹Hospital e Maternidade Amador Aguiar, Brazil; ²Brazil

Objective: Report a case of reversible encephalopathy syndrome after a late eclampsia in a patient with 20years-old in a first pregnancy, its clinical and obstetric management in a public Maternity of Osasco, São Paulo, Brazil.

Method: Clinical-obstetric case report of a patient admitted at Hospital and Maternity Amador Aguiar (HMAA) in April 2021. Case study performed with direct contact with the patient, medical record review, associated with laboratory tests, CT and MR angiography, as well as critical review of the literature in Pubmed in the last 10 years.

Results: 20years-old, pregnant, without chronic diseases, developed seizures and hypertension in third trimester of pregnancy. At immediate postpartum showed high levels of blood pressure, visual disturbance and edema in parietal white matter on computed tomography imaging. Following a differential diagnosis, ischemic stroke was excluded due a normal magnetic resonance imaging and Posterior Reversible Encephalopathy Syndrome (PRES) became the main diagnosis. After adequate pressure control and use of corticoid, patient had a improve on visual symptoms.

Conclusion: Posterior reversible encephalopathy is a complication of eclampsia and can be avoided with good medical care, early detection, careful prophylactic-therapeutic use of magnesium sulfate and resolution of pregnancy in appropriate time. Early diagnosis prevents some of its devastating sequelae, such as permanent vision loss, central nervous system complications and death.

P19.43 | ECTOPIC PREGNANCY IN CESAREAN SECTION: A CASE REPORT CATEGORY: PREGNANCY

N. Araujo; P. Rosenblat

Brazil

Objective: Report a case of ectopic pregnancy in a previous cesarean scar, as well as its clinical-obstetric management.

Method: Clinical-obstetric case report of a patient admitted to the Municipal Hospital and Maternity Amador Aguiar (HMMAA) in October 2021 with a pregnancy in a previous cesarean scar. Case study conducted with medical record review, direct contact with the patient, laboratory test results, and radiological study including ultrasound and magnetic resonance imaging.

Results: Female, 27 years old, with ectopic pregnancy in a previous uterine scar, admitted for clinical-obstetric management due to high risk of mortality. During the hospitalization, an attempt was made for conservative management with methotrexate, but without success. After an episode of abdominal pain, a surgical approach with Exploratory Laparotomy was chosen. Excision of amorphous material consistent with placental tissue within the uterine cavity in the area of the previous cesarean section was performed without complications. **Conclusion:** Pregnancy in a cesarean scar is the rarest form of ectopic pregnancy, often displaying aggressive behavior. Early diagnosis is crucial. There is no consensus in the literature regarding the treatment; however, it is common in medical practice to recommend termination of the pregnancy due to high rates of maternal morbidity.

P19.44 | SUCCESSFUL OUTCOME OF MONOCHORIONIC TRIAMNIOTIC SPONTANEOUS TRIPLETS PREGNANCY CATEGORY: PREGNANCY

N. Papanikolaou

Greece

Objective: Optimal management of Monochorionic Triamniotic (MCTA) triplet pregnancies is yet not absolutely clear. We present a case of successful management and positive perinatal outcome of a spontaneous MCTA pregnancy of a 27-year old primigravida woman.

Method: Folic acid, iron and vitamin D supplements were prescribed. She declined early-stage embryo reduction. We monitored the pregnancy closely with scans at 10, 12, 14, 16, 18, 20, 22, 24, 26, 28 and 30weeks. Nuchal Translucency (NT) and detailed anomaly scan were normal. Twin to Twin Transfusion Syndrome did not occur, Glucose Tolerance Test was normal and the intrauterine growth of the three embryos followed steadily the 50th centile for each one, with normal dopplers.

Results: At 31 + 3 week patient developed abdominal pain. Examination revealed cervical dilatation 3cm. Betamethasone been given. Five days later patient developed contractions and delivered by

caesarean section at 32+1 weeks. Three liveborn female infants were delivered weighting 1760, 1680 and 1810g having cord PH of 7.319, 7.371 and 7.303 accordingly. Triplets were admitted to NICU only for feeding support. Three weeks later all of them were discharged home, in excellent condition.

Conclusion: MCTA spontaneous triplet is inherently a high risk pregnancy with unpredictable outcome and various complications. Optimal management of MCTA pregnancies is yet not absolutely clear. To the best of our knowledge this is one of the few published cases of MCTA pregnancies with successful outcome for all three babies.

P19.45 | THE EFFECT OF ULTRASOUND SCANNING ON THE ANTENATAL ANXIETY AND PREDICTORS OF ANTENATAL ANXIETY AMONG EXPECTANT MOTHERS IN THEIR FIRST TRIMESTER

CATEGORY: PREGNANCY

O. De Silva¹; N. Rodrigo²; N. Weerasinghe³

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Objective: There is evidence that undergoing antenatal screening reduce maternal antenatal anxiety. Present study aimed to explore the effect of first trimester Ultrasound Scanning (USS) towards the antenatal anxiety and identifying its predictors in Sri Lankan expectant mothers.

Method: A repeated measure design study was conducted in maternity clinics of University Hospital KDU, Ninewells Hospital and Navy General Hospital over 4 months with 115 ($n=115$) expectant mothers. Participants were given information sheet, consent form and general information sheet to be completed. Following completion of a general information sheet, State Trait Anxiety Inventory (STAI) (Spielberger et al., 1970) was administered immediately before and after undergoing USS.

Results: Mean age of the participants was 28.84 ± 3.68 . Wilcoxon Signed Rank test showed a significant reduction of antenatal anxiety following the USS $z = -5.658$, $P < 0.001$, with an effect size of $r = 0.37$. Hierarchical multiple regression revealed partner's support as a significant predictor of antenatal anxiety (Beta = -0.23 , $P < 0.05$).

Conclusion: This study was the first in the South-East Asia to examine the psychological relevance of USS in pregnancy. Findings suggest that undergoing the first trimester USS significantly reduces the antenatal state anxiety and partner's support as the single most important factor in reducing the maternal anxiety.

P19.46 | ASSESSING IMPACT OF AUDIOVISUAL TRAINING FOR HOME BLOOD PRESSURE MONITORING IN PREGNANT GHANAIAN WOMEN

CATEGORY: PREGNANCY

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⁸University of Michigan Department of Obstetrics and Gynaecology, Ann Arbor, Michigan, USA

Objective: Our objective was to develop, implement, and assess a multilingual audiovisual training aid to enhance pregnant women's knowledge of, and comfort and confidence with a standardized, evidence-based approach to home blood pressure (BP) monitoring.

Method: Participants were 52 adult pregnant women presenting for antenatal care at Korle Bu Teaching Hospital in Accra, Ghana (150 participants anticipated by January 2023). Participants viewed a training video with three language options. Verbally-administered surveys consisted of pre-and-post assessments of participant knowledge, comfort, and confidence in self-monitoring. Likert scales were used (not at all, not really, mostly, definitely). Using standardized nine-step checklists to correctly use a BP machine, participants' self-monitoring was observed and objectively evaluated.

Results: The majority agreed (mostly + definitely) that the training video was easy to understand (96.2%), increased their knowledge (98.1%), and perceived capability (98.1%). After training, improvement was measured in the self-reported proportion of participants who felt knowledgeable (98.1% vs 21.2%), comfortable (98.1% vs 65.4%), and confident (98.1% vs 61.5%) checking their own BP. On objective observation, 59.6% demonstrated all steps to correctly measure BP on their first attempt, and 100% on their second attempt.

Conclusion: An audiovisual training aid improved pregnant women's self-reported knowledge, comfort, and confidence in monitoring their BP. Post-training ability to correctly self-monitor was high. Video training can help overcome literacy barriers and time constraints of healthcare providers to expand home BP monitoring to low- and middle-income pregnant populations.

P19.47 | TERAPIA INTRAUTERINA PARA BOCIO FETAL: REPORTE DE CASO

CATEGORY: PREGNANCY

L. Guzman Ochoa¹; G. Villagomez Martinez¹; M. Ramirez Montes²; A. Guzman Lopez²; P. Ploneda Espinosa de Los Monteros¹
¹Hospital Universitario Dr. Jose Eleuterio Gonzalez, Mexico; ²Hospital Universitario Dr. José Eleuterio Gonzalez, Mexico

Objective: Describir la efectividad del tratamiento intrauterino con Levotiroxina en hipotiroidismo y bocio fetal.

Method: Primigesta con hipotiroidismo diagnosticado a las 8 sdg con anticuerpos antitiroideos positivos, en ultrasonido estructural se detectó bocio fetal con vascularidad periférica. Se realizó cordocentesis diagnosticando hipotiroidismo fetal. Se inició tratamiento con Levotiroxina intraamniótica con una dosis total de 400mcg. Se obtuvo un recién nacido a las 35 semanas mediante parto eutócico. Los análisis hormonales revelaron hipotiroidismo congénito primario y la ecografía confirmó bocio congénito. Se inició levotiroxina y actualmente tiene 6 meses con crecimiento y desarrollo psicomotor normal.

Results: La amnioinfusión con L-tiroxina es un tratamiento eficaz para normalizar los niveles de hormonas tiroideas fetales y evitar el crecimiento del bocio. En nuestro caso el tratamiento con levotiroxina intrauterina disminuyó en un 99.31% (de 29.2mUI/L inicial a 2mUI/L postnatal) los valores de TSH.

Conclusion: El manejo prenatal de bocio fetal requiere un diagnóstico y tratamiento oportuno; con el objetivo de mejorar el pronóstico del neurodesarrollo fetal y neonatal, además de evitar el crecimiento del bocio, disminuyendo el riesgo de obstrucción de vía aérea y de requerir técnica EXIT al momento de nacimiento.

P19.48 | PREDICTIVE SCORE FOR MATERNAL MORBIDITY AND ADVERSE FETAL OUTCOME IN WOMEN WITH EARLY ONSET GESTATIONAL HYPERTENSION

CATEGORY: PREGNANCY

P. Dasari

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Objective: To develop a simple scoring system for predicting adverse maternal and perinatal outcomes based on clinical and laboratory parameters in women with early onset gestational hypertension.

Method: Prospective observational cohort study was undertaken among 102 pregnant women with early onset hypertension between 20 and 32 weeks of gestation. A score of 0–3 was given to each of the parameters such as age, Parity, BMI, symptoms of imminent eclampsia, deranged lab parameters, requirement of anti-hypertensives, fetal Doppler parameters. Cutoff value of the score to predict maternal morbidity and perinatal outcome was determined using ROC and association by logistic regression.

Results: The score cut-off was 11.5 for predicting adverse maternal outcome with area under the curve 0.824 (95% CI 0.74–0.90) with sensitivity 89.7% and specificity 57.1%. In multivariate analysis, variables such as blurring of vision, brisk deep tendon reflexes, SpO₂ less than 95%, pathological NST, serum creatinine >0.9mg/dL, platelet count <1.5lakh/mm³ were significantly associated with adverse maternal outcome. The score cut-off of adverse fetal outcomes was 9.5 with sensitivity of 78% and specificity 54.5%.

Conclusion: This score is easy to calculate and can be used for risk assessment and plan termination to prevent severe morbidity, mortality or expectant management to gain time for fetal survival. The fetal adverse outcomes were observed in 69% and maternal adverse outcomes were present in 36%.

P19.49 | EFFECT OF PROGESTERONE ON JURKAT CELLS STIMULATED WITH PLASMA OF PREGNANT WOMEN WITH PREECLAMPSIA

CATEGORY: PREGNANCY

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Objective: Preeclamptic women develop exacerbated systemic inflammation with the production of high concentrations of pro-inflammatory cytokines. This study evaluated the effect of progesterone on the expression of tumor necrosis factor receptors (TNFR1 and TNFR2) by Jurkat cells stimulated with plasmas from preeclamptic women (PE) or normotensive pregnant women (NT).

Method: Jurkat cells were cultured with or without progesterone in a medium containing 20% (v/v) plasma from PE or NT pregnant women, and the expression of TNFR1 and TNFR2 receptors was evaluated by flow cytometry. The concentrations of TNF- α , TNFR1, and TNFR2 soluble forms in pregnant women's plasma and in the culture supernatant of Jurkat cells were determined by ELISA. The results were analyzed using non-parametric tests with a significance level of 5%.

Results: Compared with the NT group sTNFR1 and TNF- α concentrations were elevated in the plasma of the PE group, while sTNFR2 was decreased. Jurkat cells cultured with PE plasma showed higher expression of TNFR1 and lower expression of TNFR2 than cells cultured with NT plasma. Progesterone addition to Jurkat cultures decreased TNFR1 and increased TNFR2 expression by these cells cultured with PE plasma, and induced higher concentration of sTNFR2 in the supernatant of Jurkat cells.

Conclusion: The results demonstrate that preeclamptic women show a systemic inflammation with an increase in inflammatory molecules and that progesterone plays a modulating effect on the expression of TNF receptors by Jurkat cells, shifting them towards an

anti-inflammatory profile with greater expression of TNFR2, similar to that presented by NT women.

P19.50 | OBSTETRIC OUTCOMES OF PREGNANT AND POSTPARTUM WOMEN WITH COVID-19 IN AMAZONAS, BRAZIL

CATEGORY: PREGNANCY

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Objective: To identify the changes caused by the Covid-19 infection in the population of pregnant and postpartum women in the state of Amazonas/Brazil, during the pandemic and its outcomes. Correlate with disease severity, mortality rate and neonatal prematurity.

Method: This is a descriptive, retrospective and quantitative study, carried out in a reference maternity hospital in the care of Covid-19 in the city of Manaus, from March 2020 to December 2021. The participating patients tested positive for Covid-19 and were hospitalized in the reference maternity hospital for treatment of the disease and/or resolution of childbirth. The work was approved by the Research Ethics Committee (CEP) of the Federal University of Amazonas, CAAE 44487521.5.0000.5020.

Results: The sample consisted of 516 women diagnosed with Covid-19, among which 160 (31.1%) were pregnant, 330 (63.9%) were parturient and 26 (5%) were postpartum. 68.2% tinham between 20 and 34 years. The length of hospital stay was up to 7 days (86.2%), with 304 (58.9%) of the women remaining asymptomatic and among the 212 (41.1%) symptomatic, 180 (34.9%) manifested mild symptoms, 17 (3.3%) moderate and 15 (2.9%) required intensive care and 10 died.

Conclusion: The Covid-19 pandemic had a major negative impact on the study population, increasing the length of hospital stay, the need for intensive care unit (ICU) beds, a high rate of cesarean section and prematurity.

P19.51 | OBESITY: A HEAVY WEIGHT IN PREGNANCY OUTCOMES

CATEGORY: PREGNANCY

P. Barbosa; R. Rodrigues; D. Azevedo; R. Martins; C. Marques; L. Cardoso

Hospital de Braga, Portugal

Objective: The prevalence of obesity, defined as body mass index (BMI) $\geq 30 \text{ kg/m}^2$, has increased worldwide. Patients with pre-pregnancy obesity have higher risks of pregnancy complications, such as gestational hypertension, preeclampsia, gestational diabetes, fetal macrosomia (>4000g) or delivery by C-section. Explore if pre-pregnancy obesity is a risk factor for macrosomia and if it influences the delivery type.

Method: This is a retrospective, descriptive and analytical study. Data regarding BMI pre pregnancy, fetal weight and delivery type of all singleton pregnancies occurred between 01/01/2020 and 31/12/2022 at Hospital de Braga were collected. The different outcomes between obese pre-pregnancy women (OPW) and non-obese pre-pregnancy women (NOPW) were compared. Statistical analysis was performed using SPSS IBM statistics.

Results: 8632 singleton pregnancies were included. An increase in overweight women (22.5% in 2020 to 26.5% in 2022) across the years was found. The prevalence of OPW was similar between 2020, 2021 and 2022 (12.2%, 14%, and 12.3%, respectively). There is a significant difference in the mean birth weight of newborns of OPW and NOPW (3314 vs 3238 g, $P=0.029$). Macrosomic fetuses were more prevalent in the OPW group (4.9% vs 8.1%, $P<0.001$). The frequency of delivery types differs significantly between groups, the cesarean section rate in OPW was 31.2%, compared to 21.9% in NOPW ($P<0.001$).

Conclusion: We observed that obesity in pre-pregnancy is associated with pregnancy complications, like macrosomic fetuses and higher rates of cesarian delivery. Obstetric providers should be aware of these risks and modify patient care by promoting healthy lifestyle choices, early intervention, and close monitoring before and during pregnancy to improve maternal/fetal outcomes.

P19.52 | EXTRALOBAR INTRATHORACIC BRONCHOPULMONARY SEQUESTRATION IN MONOCHORIONIC TWIN PREGNANCY: A CASE REPORT

CATEGORY: PREGNANCY

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Hospital das Clínicas da Universidade Federal do Paraná, Brazil

Objective: The incidence of multiple pregnancies, with their maternal and fetal complications, has been increasing due to numerous factors. Chorionicity is the main prognostic factor in twin pregnancies, with monochorionic pregnancies having the worst prognosis. Bronchopulmonary sequestration is a rare finding, with different repercussions and severity, requiring ante- and postnatal care.

Method: G2A1, 30 years old, high risk, and diagnosed with HIV. The first-trimester morphology scan identified monochorionic-diamniotic gemelarity. A second-trimester scan identified an image suggestive of pulmonary airway malformation (CPAM) in the left hemithorax of fetus-B, IVC in fetus-A, and fetal growth restriction. At follow-up, associated pleural effusion was detected and bronchopulmonary sequestration or hybrid lesion was hypothesized. Due to progressive worsening of the pleural effusion and mediastinal shift, termination of pregnancy at 29 weeks 6 days was chosen. **Results:** Newborn born alive, weighing 1505g, APGAR 2/9. The newborn was stable in the neonatal ICU and underwent pulmonary

lobectomy nineteen days after birth. In macroscopic visualization of the specimen, the hypotheses of bronchopulmonary sequestration and hybrid lesion were reinforced. The anatomopathological report indicated alterations compatible with type II congenital cystic airway malformation. The patient was discharged from hospital at 83 days of life, on a full oral diet, home oxygen therapy, and multidisciplinary care.

Conclusion: The scarcity of reports on CPAM, and bronchopulmonary sequestration in a monochorionic fetus, highlights the rarity and difficulty in its management, the risks of prematurity, questions in decision-making regarding twin pregnancies with the involvement of a fetus, as well as the existence of changes in only one fetus despite monozygosity.

P19.53 | COMPRESSIVE SUTURES ASSOCIATED TO LESS REDUCTION OF HEMOGLOBIN IN POSTPARTUM HEMORRHAGE DUE TO UTERINE ATONIA IN A TERTIARY HOSPITAL

CATEGORY: PREGNANCY

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Objective: To determine the association of the use of compressive sutures and the decrease in hemoglobin at 24 h (Hb 24h) in patients diagnosed with postpartum hemorrhage due uterine atony.

Method: Analytical retrospective cohort study in postoperative patients with a diagnosis of postpartum hemorrhage due to uterine atony at the National Maternal Perinatal Institute from July to December 2020. The crude association was evaluated using t-student for independent samples and multiple linear regression evaluating the adjusted association using confounding variables, preoperative or intraoperative red cell transfusion, postoperative red cell transfusion, age, body mass index (BMI), surgical time and adequate antenatal care (ANCa).

Results: 157 medical records were analyzed, the mean age was 29.1 ± 6.6 years. No adverse events were reported to the use of compressive sutures. The use of compressive sutures is associated on average with a lower decrease Hb 24h by 0.37 mg/dL (IC 95% -0.73; <0.01, $P=0.045$) controlled by preoperative or intraoperative red cell transfusion, postoperative red cell transfusion, age, body mass index (BMI), surgical time and adequate antenatal care (ANCa).

Conclusion: Compression suture is an effective surgical procedure on management of hemorrhage postpartum, no reported adverse events in the study population. The use of compressive suture has a lower average decrease in hemoglobin at 24h than those who do not undergo compressive suture.

P19.54 | MATERNAL AND NEONATAL SHORT-TERM OUTCOMES AND CESAREAN SECTION DURING LABOUR IN SINGLETON PRIMIPAROUS WOMEN AT TERM: A RETROSPECTIVE MULTICENTER STUDY

CATEGORY: PREGNANCY

P. Chieppa

Sant'Anna Hospital, Turin, Italy

Objective: Appropriate cesarean section rate has always been a matter of debate. The objective of this retrospective study is to assess the correlation between emergency cesarean section rate and maternal-neonatal short-term outcomes in nulliparous women at term, comparing different modes of delivery.

Method: In this retrospective multicenter study the relationship between emergency cesarean section rate and maternal-neonatal morbidity and mortality was assessed. The study population included 645 women with singleton, low risk, term pregnancies from Catania (San Marco), Turin (Sant'Anna), Milan (San Raffaele), Padua (Azienda Ospedale-Università) and Messina (Gaetano Martino) who delivered between November 2021 and February 2022. Maternal and neonatal outcomes about spontaneous and instrumental vaginal delivery, planned and emergency caesarean section were analyzed.

Results: The analyses revealed different emergency cesarean section rates: Catania (23%), Turin (22%), Messina (26%), Milan (12%) and Padua (17%). No cases of uterine rupture, disseminated intravascular coagulation, intensive care unit admission and maternal and neonatal mortality were reported. Complications such as uterine atony, wound dehiscence, hysterectomy, maternal infection, puerperal pyrexia, postpartum blood transfusion and neonatal intensive care unit admission were observed with different rates: Catania (7%), Turin (1%), Messina (5%), Milan (10%) and Padua (13%).

Conclusion: Interestingly, centers with higher emergency cesarean section rates exhibited lower rates of maternal and perinatal morbidity. This might represent an important plot twist and opens new scenarios for better obstetrical management of primiparous women at term.

P19.55 | SARS-CoV-2 INFECTION DURING PREGNANCY AND PERINATAL OUTCOMES: REGISTRY-BASED STUDY IN ESTONIA, 2020–2021

CATEGORY: PREGNANCY

P. Veerus

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Objective: To analyse the impact of a positive SARS-CoV-2 test at any time during pregnancy on stillbirth, perinatal mortality, Apgar score at 5 min, induction of labour, Cesarean Section (CS) rates, rates of preterm birth and pre-eclampsia.

Method: All newborns ($n=26211$) in Estonia in 2020 and 2021 were included. Data on newborns and their mothers was obtained from the Estonian Medical Birth Registry, data on SARS-CoV-2 testing

dates, test results and vaccination dates against SARS-CoV-2 for mothers from the Estonian Health Information System. Odds ratios with 95% confidence intervals were calculated. Outcomes were adjusted for place of residence, body mass index, age of mother and hypertension, and 2021 outcomes in addition for vaccination.

Results: In 2020, 0.4% and in 2021, 11.6% of babies were born after mother's positive SARS-CoV-2 test during pregnancy. A positive SARS-CoV-2 test increased the risk of stillbirth (aOR 2.81; 95% CI:1.37–5.74) and perinatal mortality (aOR 2.34;1.20–4.56), but had no impact on Apgar score at 5 min, total CS rate, pre-eclampsia, or preterm birth. In 2020, 0% and in 2021, 14.2% of babies were born from vaccinated mothers. Vaccination decreased the aOR for stillbirth to 2.10.

Conclusion: Countries report different impact of Covid-19 on pregnancy outcomes. In Estonia, SARS-CoV-2 infection during pregnancy increased the risk of stillbirth and perinatal mortality. Worldwide continued data collection is desirable.

P19.56 | COMPARISON OF ADVERSE OBSTETRIC AND PERINATAL OUTCOMES AMONG IVF AND NON-IVF PREGNANCIES: EXPERIENCE FROM A TERTIARY CENTRE IN A MIDDLE-INCOME COUNTRY

CATEGORY: PREGNANCY

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Objective: In-vitro fertilisation (IVF) is known to be associated with increased adverse outcomes in the mother and their babies. The aim of this study was to estimate the adverse obstetric and perinatal outcomes following IVF conception in singleton and twin pregnancies in comparison with non-IVF conception.

Method: Records of 72 261 pregnant women who delivered between 2015 and 2020 in a tertiary hospital, India were retrospectively analysed. Pregnancy was grouped into IVF and non IVF conception and sub grouped as singleton and twin pregnancy. Outcomes including gestational diabetes, hypertension, placental complications, caesarean section, prematurity, birth weight, APGAR score, growth restriction and stillbirth were collected. Outcomes were compared using chi-square test and Fisher's exact test. Adjusted odds ratio was calculated using logistic regression models.

Results: In the IVF group, 624 had singleton (IVF-S) and 466 had twins (IVF-T). Among the non-IVF, 68 669 had singleton (nIVF-S) and 2502 had twins (nIVF-T). Gestational-diabetes remained high among IVF pregnancies after adjusting for confounders [aOR 2.06 (1.75–2.43 CI) in IVF-S and 2.24 (1.77–2.82 CI) in IVF-T]. Mal-presentation, prematurity, birth weight <1.5kg were higher in the IVF-S group. Odds ratio for caesarean section was 5.20 (4.18–6.48) and 4.76 (3.36–6.75) in the IVF-S and IVF-T, respectively.

Conclusion: In addition to the increased obstetric risk to the mother, IVF pregnancies have increased adverse perinatal outcomes such as prematurity and low birth weight. It is important for the clinicians to be aware of the possible adverse outcomes with IVF pregnancy for better management and counselling of these women.

P19.57 | WORKING WITH THE WHO TO ENSURE ADEQUATE FOLATE LEVELS DURING PREGNANCY THROUGH GLOBAL MANDATORY FOLIC ACID FORTIFICATION

CATEGORY: PREGNANCY

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Objective: Global mandatory folic acid fortification is the most effective public health strategy to ensure adequate maternal folate levels and prevent spina bifida. The Global Alliance for Prevention of Spina Bifida F (GAPSBi-F) is partnering with the World Health Organization (WHO) to establish global standards for mandatory fortification with micronutrients.

Method: GAPSBi-F is promoting a mandatory micronutrient fortification resolution at the WHO 76th World Health Assembly (WHA) in 2023, but advocacy for it began this year at WHA 75. At the WHO's 150th Executive Board Meeting in January 2022 and at WHA 75 in May 2022, GAPSBiF presented constituency statements on the importance of mandatory folic acid fortification and a call to action to countries to support the upcoming 2023 WHA folic acid fortification resolution.

Results: After the introduction of this resolution at the WHA in May 2022, the Colombian government sponsored the resolution and other countries have offered their support. GAPSBi-F is actively engaging with key stakeholders, diplomats, and government officials. GAPSBiF will continue to work with the WHO to pass this resolution that will prevent thousands of children from being born with devastating but preventable conditions.

Conclusion: Many countries utilize WHO recommendations to shape and direct public health policy priorities. Successful passage of this resolution will enable the WHO, as the major international health organization, to officially recommend mandatory folic acid fortification and establish fortification standards for staple foods with micronutrients, ensuring adequate folate levels throughout pregnancy.

P19.58 | PREGNANCY OUTCOMES AFFECTED BY COVID-19, LARGE OBSTETRICS AND GYNECOLOGY COHORT IN SOUTHERN VIETNAM
CATEGORY: PREGNANCY

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¹Tu Du Hospital, Viet Nam; ²Karolinska Institutet, Sweden

Objective: We compared outcomes between infected and non-infected COVID-19 pregnant at the largest obstetrics and gynecology hospital in southern Vietnam.

Method: A retrospective study was conducted at gestational age (GA) 28–42 weeks, who terminated pregnancy and had a real-time PCR test for SARS-CoV-2 at Tu Du Hospital. Demographic, clinical, laboratory, and epidemiological data were collected from hospital electronic-medical records. Diagnosis and screening of SARS-CoV-2 used Real-time-PCR.

Results: From July to October 2021, 9246 pregnant with GA of 28–42 weeks were delivered, including 664 infected with COVID-19 and 8582 non-infected. The cesarean section (CS) rates of pregnant with and without COVID-19 were 47.3% and 46.0%. At GA 32–34 weeks, the rate of CS with COVID-19 was 5.07 times higher than without. The rate of postpartum hemorrhage (PPH) and the Apgar score between these two groups were similar.

Conclusion: COVID-19 infection increased the CS rate in the group of preterm pregnancies from 32 to less than 34 weeks. COVID-19 did not increase the risk of complications related to adverse pregnancy outcomes such as PPH, Apgar scores, the ratio of stillbirths, deaths due to malformation, and fetal deaths in labor.

P19.59 | WHAT DID PREGNANT WOMEN WITH COVID-19 INFECTION BEFORE VACCINATION EXPERIENCE? NARRATIVES OF A MULTICENTRE QUALITATIVE STUDY
CATEGORY: PREGNANCY

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State University of Campinas, Brazil

Objective: Pregnant women infected by COVID-19 are at increased risk of adverse outcomes. Brazilian maternal mortality rate due to COVID-19 is 2.5 times higher than overall mortality rates. This study aimed to understand how pregnant women experienced COVID-19 infection in different Brazilian cities and the pandemic consequences in their lives.

Method: A qualitative study, part of a multicenter study among 15 maternity hospitals in Brazil, before the COVID-19 vaccine was available. 27 in-depth interviews by telephone calls with women who had experienced COVID-19 infection during pregnancy were performed. The interviews were considered through thematic analysis.

Results: Five major themes emerged from the interview: (1) assistance received by the woman and baby in the medical services, (2)

COVID-19 pandemic impact, (3) support network, (4) problems related to antenatal visits and exams, (5) lessons learned. Almost half of the women ($n = 12$) were hospitalized in the ICU. "... on the third day that I was intubated, they delivered the baby [...] when I woke up it was a shock! [...] where is my baby?"

Conclusion: The COVID-19 pandemic still impacts the lives of pregnant women. Before the COVID-19 vaccine was available, these impacts were even greater due to fear of death, hospitalizations, quarantine, loss of family members, and financial impact causing physical, psychological, and socioeconomic repercussions on these women's lives.

P19.60 | DIAGNOSTIC UTILITY OF FETAL ADRENAL GLAND MEASUREMENTS TO PREDICT ONSET OF PRETERM LABOUR
CATEGORY: PREGNANCY

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Objective: Fetal adrenal gland measurements previously have shown much promise in predicting preterm labour. Aim of the study was to assess diagnostic utility of fetal adrenal gland measurements as assessed by ultrasonography done between 26 and 34 weeks of pregnancy in predicting preterm birth by determining "cut-off values" using ROC curves.

Method: We conducted a prospective cohort study in 81 antenatal women with singleton pregnancies. Routine antenatal ultrasonography done between 26 and 34 weeks of pregnancy was used to measure fetal adrenal gland measurements. Estimated and corrected Fetal adrenal gland volume (eFAGV/cFAGV) and Fetal adrenal gland FZ volume (eFZV/cFZV) were calculated. Preterm labour was defined as delivery before 37 weeks (≤ 258 days) of pregnancy.

Results: Mean cFAGV was $404.1 \pm 56.7 \text{ mm}^3$ and mean cFZV was $113.2 \pm 20.1 \text{ mm}^3$. Increased AD depth, FZ width, FZ depth, both estimated and corrected volumes (eFAGV, eFZV and cFAGV, cFZV) and cFZV/cFAGV (v/v) had significant correlations with preterm labour. ROC curves and Overall model quality analysis showed that cFAGV, cFZV, AG Depth, FZ Depth and cFAGV/cFZV ratio were good models for prediction of preterm labour with $\text{cZV} \geq 124.5 \text{ mm}^3/\text{kg}$ being the best predictor of preterm birth with sensitivity of 80% and specificity of 82%.

Conclusion: cFAGV, cFZV and FZ depth have a definite diagnostic utility in patients at risk of preterm deliveries. Specific cutoff values of these foetal adrenal gland measurement can be used to determine the risk of preterm pregnancy in ultrasound scan done between 26 and 34 weeks of pregnancy.

P19.61 | POSTPARTUM PREECLAMPSIA: EARLY VS LATE ONSET - COMPARISON OF DEMOGRAPHICS, CLINICAL FEATURES, PREGNANCY COMPLICATIONS AND NEONATAL OUTCOMES

CATEGORY: PREGNANCY

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¹Rabin Medical Center, Israel; ²Helen Schneider Hospital for Woman, Rabin Medical Center, Petah-Tikva, Israel

Objective: To explore differences in clinical features, complications, and perinatal outcomes between early (up to 48 h) and late (>48 h to 6 weeks) postpartum preeclampsia (PP-PE).

Method: A retrospective cohort study of all women diagnosed with PP-PE between January 2010 and April, 2022, subjects were identified by ICD code. Records were reviewed for demographics, medical and perinatal history and outcomes and for laboratory tests. Women with an antenatal diagnosis of PE were excluded. Features and outcomes were compared between early and late PP-PE. Further analysis compared both groups with women without a diagnosis of preeclampsia prior to or following labor.

Results: Data included 147 women who developed PP-PE. Women with late onset PP-PE ($n=26$) had twice as often chronic hypertension (CHTN) ($P<0.05$), while women with early PP-PE ($n=121$) delivered prematurely ($P=0.09$) and significantly more often by cesarean ($P<0.05$). In the regression analysis, CHTN and gestational hypertension were significant and independent risk factors for early PP-PE and late onset PP-PE ($P<0.05$). Cesarean delivery was a significant risk factor for early PP-PE (aOR 9.29, $P<0.05$).

Conclusion: PP-PE appears to include two distinct clinical entities in terms of clinical characteristics, perinatal course and outcomes. Early PP-PE appears to carry similar pathogenesis as antepartum PE (placental) while the late onset resembles CHTN (endothelial). Further studies focusing on long term cardiovascular health of these parturients may substantiate this hypothesis.

P19.62 | IS IT JUST OBESITY THAT MATTERS? ASSOCIATION BETWEEN GESTATIONAL WEIGHT GAIN ABOVE THE TARGET AND FETAL MACROSOMIA

CATEGORY: PREGNANCY

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Hospital de Braga, Portugal

Objective: Gestational weight gain (GWG) above the target range has been associated with an increased risk of fetal macrosomia (>4000g), cesarean birth and postpartum weight retention. Objective: compare the incidence of macrosomia and cesarean birth in pregnant women who had excessive weight gain (EWG) and who had recommended weight gain (RWG).

Method: Retrospective, descriptive and analytical study, which assessed the data of all pregnancies in the last 3 years (2020–2022), at Hospital de Braga. We selected singleton pregnancies with normal pre-pregnancy BMI (18.5–24.9 kg/m²) and excluded those who lost weight during pregnancy and who had weight gain below target (<11.5 kg). We included 3115 women and separated into two groups: those who had EWG (>16 kg) and those who had RWG (11–16 kg). Statistical analysis was performed using SPSS IBM statistics.

Results: 48.8% of women who gave birth in our hospital in the last 3 years had normal pre-pregnancy BMI and those with RWG were twice as high of the women with EWG. There is a significant difference in the mean birth weights between newborns of woman's with RWG and EWG (3191 vs 3280g, $P<0.001$). 4.3% of newborns were macrosomic. Macrosomia wasn't statistically significant in EWG group (4.5% vs 3.9%) and type of delivery didn't differ significantly between groups.

Conclusion: No relationship was found between EWG and macrosomia or cesarean birth, probably because there is good weight control in this group of women, with only 9% gaining more than 20kg. It's important to continue to narrow down EWG, in order to minimize pregnancy complications.

P20.01 | PRIMA (PRIMING AT HOME): MEDICAL TERMINATION OF PREGNANCY FROM DAY 85 TO DAY 153 OF GESTATION. A RANDOMIZED COMPARISON BETWEEN ADMINISTRATION OF THE INITIAL DOSE OF MISOPROSTOL AT HOME OR AT THE HOSPITAL

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

J. Rydelius

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Objective: To explore the possibility to increase the ratio of day-care procedures and to shorten the duration of in-patient stay in second trimester medical abortion.

Method: PRIMA was a multicenter, randomized, controlled, open-label study enrolling women at six hospitals in Sweden. Pregnant women (85–153 days of gestation) aged above 18 years and opting for medical abortion were invited to participate. They were randomized to administering the first dose of misoprostol at home (intervention) or after arrival to the in-patient unit (control). The primary outcome was the proportion of women completing the medical abortion as day-care patients.

Results: During 2019–2022 430 women, with a median gestational age of 103 days, were included. In the intervention-group 71% of the women were treated as day-care patients compared to 46.9% in the control group (mean difference 24.1, CI 14.6; 33.7, $P<0.0001$, Fisher's Exact test). Time spent in hospital was significantly shorter in the intervention group with 7 (2.6; 78.3) compared to 9.2 (4.3; 100) h. Nine women, whereof 2 in the intervention group aborted before admission.

Conclusion: Self-administering the first dose of misoprostol at home increases the ratio of women performing a second trimester abortion as a day-care procedure. This option may increase access to safe second trimester abortion globally.

P20.02 | IMPLEMENTATION OF BRIDGING CONTRACEPTION AT PHARMACIES IN SCOTLAND FOLLOWING EMERGENCY HORMONAL CONTRACEPTION

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: The Bridge-IT study demonstrated 20% increased use of effective contraception when a 3-month supply of desogestrel progestogen-only-pills (POP) is dispensed with emergency hormonal contraception (EHC) from pharmacies, compared to EHC dispensing alone. We evaluated the implementation and uptake of 'POP-with-EHC' following addition of this model to national service specifications for Scottish pharmacies.

Method: EHC and POP-with-EHC are provided free of charge to patients in Scotland when requested via a pharmacy. POP-with-EHC at pharmacies was introduced in September 2021. Public Health Scotland extracted data from the Scottish Universal Claim Framework for pharmacy remuneration and reported drug dispensing quarterly by Scottish health board between October 2021 and December 2022. To maximise confidentiality, three island health boards were reported collectively, and data were suppressed when fewer than ten prescriptions were dispensed.

Results: EHC prescriptions remained consistent around 23000 per quarter Scotland-wide. In October–December 2021, 0.7% (158/23 146) of EHC prescriptions were issued with POP. This rose to 1.3% (300/22 609) Jan-Mar 2022 and remained steady throughout 2022, with 1.2% (1122/90 772) of EHC prescriptions being issued with POP over the year. In 2022, of the health boards with calculable rates, NHS Tayside had the highest proportion of EHC prescriptions issued with POP (1.8%) and NHS Lothian had the lowest (0.6%).

Conclusion: Provision of bridging POP with EHC remains low across Scotland despite mechanisms for reimbursement to pharmacists and no cost to patients. Further research is needed to identify barriers and facilitators to support implementation across Scotland.

P20.03 | USING TELEMEDICINE TO ENSURE ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES IN GHANA: FINDINGS FROM A PILOT EVALUATION

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: Updated in June 2021, the National Comprehensive Abortion Care Services Guidelines, referenced Telemedicine as a recognised option for Early Medical Abortion (EMA). Subsequently, Marie Stopes Ghana (MSIG) launched the project to evaluate the

feasibility, safety and acceptability of providing EMA and other Sexual and reproductive health (SRH) services through Telemedicine. **Method:** A mixed-methods approach was used to evaluate the pilot, combining existing routine data sources, pilot-specific monitoring data and in-depth qualitative interviews with a range of key stakeholders, including telemedicine and In-person clients, healthcare managers and service providers.

Results: Telemedicine for EMA is feasible, safe, and likely to expand access to safe abortion. 36% of the total 939 clients reported that they had no other option for accessing an abortion. 97% of clients had a successful EMA at home. The majority of Clients described the services as highly acceptable and appealing. 84% stated they would opt for the telemedicine service again, and 83% were very likely to recommend the service.

Conclusion: There is potential for telemedicine to expand and improve access to critical SRH services. EMA via Telemedicine can be delivered effectively in a low-resource setting, providing access to clients who feel they have no other safe service options and meeting specific client needs for discretion, convenience, and timing.

P20.04 | SAFETY EVALUATION OF ETONOGESTREL IMPLANT RADIOPAQUE IN ADULT CHINESE WOMEN: 3-YEAR RESULTS FROM A MULTICENTER, OBSERVATIONAL STUDY IN REAL-WORLD CLINICAL PRACTICE

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: We aimed to evaluate the safety profile of etonogestrel implant radiopaque among adult Chinese women in real-world clinical practice. Contraceptive effectiveness and implant satisfaction by the subject and the physician were also investigated.

Method: Women ≥18 years of age requesting etonogestrel implant radiopaque for contraception were eligible for this multicenter (31 sites), open-label, single-cohort, observational study (EUPAS11131).

The investigator inserted a single-rod implant and followed up with the subject in routine practice for 36 months until implant removal. The investigator collected primary safety endpoints via telephone or onsite. A questionnaire was used to document subject and investigator satisfaction. Pregnancy was observed to evaluate contraceptive effectiveness. Statistical analyses were descriptive.

Results: Of 1901 subjects, 911 (47.9%) reported drug-related adverse events (AEs) over 3 years; 1 (0.05%) reported pregnancy with the implant. Vaginal bleeding (15.6%) was the most frequent AE. Rates of bleeding irregularities leading to discontinuation were 14.5%, 25.5%, and 30.0% up to 1, 2, and 3 years. Most AEs were mild (744/911, 81.7%) or moderate (155/911, 17.0%). Twenty (1.1%) subjects had serious AEs. General satisfaction was reported in 86.8% of subjects and 100% of investigators.

Conclusion: Safety findings from this real-world study in China were consistent with those reported in the clinical development program. No unexpected safety signals emerged from using etonogestrel implant radiopaque in clinical practice. High contraceptive effectiveness and general satisfaction rates from subjects and investigators support its wider use among Chinese women.

P20.05 | QUALITATIVE SCOPING REVIEW OF REPRODUCTIVE HEALTH KNOWLEDGE, ATTITUDES, AND PRACTICES AMONG MEN AND WOMEN ACROSS RWANDA

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: Rwanda is committed to improving sexual and reproductive health and rights (SRHR). However, comprehensive scientific literature reviews on SRHR topics are limited, leaving a knowledge gap. Recognizing that individual, community, and societal factors influence SRHR, we examined factors shaping knowledge, attitudes, and practices in the domain of SRHR in Rwanda.

Method: This was a qualitative scoping review guided by Bronfenbrenner's Ecological Systems Theory. Eight scholarly databases were searched, and 379 unique citations were initially screened. We included studies conducted in Rwanda by Rwandans and articles published in any language within the last 20 years. Studies reporting views of only healthcare or other professionals were excluded.

Results: The final sample included 36 studies. The majority addressed individual and contextual considerations at socio-ecological levels. At the interpersonal level, the support and attitudes of men and community members for adolescent SRHR were investigated. Several studies explored healthcare organization, maternal health practices, increased access to family planning programs, and the need for expanded sexually transmitted infection programs. At the social and cultural level, researchers investigated cultural beliefs and traditional gender roles.

Conclusion: Summarized findings of the scoping review can be used to inform future SRHR research programs, public health campaigns, and policy advances in Rwanda.

P20.06 | KNOWLEDGE, ATTITUDE, PRACTICE AND DETERMINANT FACTORS OF EMERGENCY CONTRACEPTION AMONG WOMEN WHO SEEK SAFE ABORTION CARE AT KACYIRU DISTRICT HOSPITAL AND CHUK TEACHING HOSPITAL

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

K. Espoir
Yes, Rwanda

Objective: The aim of this study is to assess the level of knowledge, attitude and practice and determinants of the use of emergency contraception among women seeking abortion service at kacyiru and chuk, central kigali city, 2021.

Method: Study area: Those hospitals based cross-sectional study and will be undertaken at kacyiru DH and CHUK hospital in kigali. Those hospital with highest delivery rate and gives care to most of patients in city and other parts of the country. Study period from 2021 to 2023. Study design: descriptive cross-sectional study. Population: All clients coming for safe pregnancy termination to kacyiru DH and CHUK and admitted to gynecology ward.

Results: The final result of this paper will be submitted to chuk and kacyiru department of obgyn and public health department. there will be presentation of the research outputs to the college community and concerned stakeholders. Manuscripts will also be prepared and sent for publication to reliable journals.

Conclusion: From the literature review, Emergency contraception is largely underutilized worldwide and has been referred to as one of the best kept secrets in Reproductive health. the major factor limiting the use of EC was inadequate information about effectiveness, its available and unfavorable opinions about its safety.

P20.07 | RWANDA HORMONAL IUD MARKET ANALYSIS: EXPLORING WOMEN'S, MEN'S AND PROVIDERS' PERCEPTIONS AND MOTIVATORS FOR INTENTION TO USE, RECOMMEND OR PROVIDE INTRAUTERINE CONTRACEPTION INCLUDING HORMONAL-IUD

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

K. Ray Azades
Clinton Health Access Initiative (CHAI), Rwanda

Objective: The objective of this study was to uncover insights into key market segments based on reproductive goals to determine and develop effective ways to engage and communicate with them as the demand discloses.

Method: This study used a qualitative approach to explore the experiences, perceptions, and motivators of men and women aged

18–49 years in the intention to use family planning, especially the Hormonal IUD and how Hormonal IUD can help them to achieve their life goals. Data were collected using focus group discussion and key informant interviews with men, women, health providers and policymakers while thematic analysis was used to synthesize the data to generate themes and sub-themes.

Results: This study established several demand and supply related enablers and barriers to the uptake of family planning in Rwanda. Key supply-related facilitators of family planning use in Rwanda include the availability of family planning commodities and various modes of accessing family planning services. Key demand-related barriers include lack of support for use of family planning by men, lack of autonomy in decision-making on family planning use among women, Side effects and misconceptions about family planning.

Conclusion: Study findings recommended increase on FP investments, revising national FP policies, strategies and implementation plans to incorporate new LARC methods into national FP guidelines and training curriculum, developing IEC materials and ensure evidence based planning and implementation, conducting health facility readiness assessments and strengthen the involvement of males in FP.

P20.08 | EARLY ABORTIONS: CURRENT TENDENCIES IN SAFE MANAGEMENT

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: Analyze the newest literature data about the main directions of peri-abortion tactics and evaluate modern approaches to improving methods for preserving reproductive health. According to current data, the expansion and availability of post-abortion care has led to a significant increase in the voluntary use of contraceptives among post-abortion patients.

Method: Data analysis of Pubmed and Scopus scientific publications was carried out and data systematization on the problem of post-abortion rehabilitation of women was performed.

Results: The approach to post-abortion contraception choice should be individual and acceptable. Nowadays main method is combined oral contraceptives. The selection of oral contraception is based on the anamnesis, age, somatic and gynecological pathology, the expected therapeutic effect and especially on the progestogen component action. The method of choice for reproductive aged women with no pregnancies in anamnesis and no gynecological pathology is ultra-low-dose contraceptives. Additionally psychological assistance should be combined with individual post-abortion program.

Conclusion: Data analysis indicates the requirement of improving the peri-abortion management program. Post-abortion contraception remains an important issue. Further research of this problem is relevant for the development and improvement of the patient's management program after early abortions.

P20.09 | JAPANESE ATTITUDES TOWARDS SPOUSAL CONSENT FOR ABORTION

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: An abortion pill was approved in Japan on April 21, 2023. Artificial abortion has been legal in Japan since 1946, but requires the consent of the partner. This study examines Japanese peoples' thought toward partner's consent to abortion.

Method: Internet survey was conducted in July 2023. Respondents were assigned by gender, region, and age. We asked whether they thought partner's consent was necessary for artificial abortion and why. After simple statistics, thematic analysis was conducted on the reasons.

Results: Finally, 2836 participants were included in the analysis. 46% respondents thought partner's consent was necessary for abortion, 20% answered it was unnecessary, 29% were undecided, and 4% were unsure, with no gender difference. Reason for needing consent was mainly "it is a responsibility for both of the couple", the reason for not needing consent was mainly "protection of the woman's body under the burden of pregnancy is a priority".

Conclusion: The respondents were divided between those who thought that partner's consent was necessary for abortion and those who don't think so or undecided. Most of those who thought partner's consent was necessary did not mention a case in which the woman could not talk with her partner.

P20.10 | FACTORS ASSOCIATED WITH TEENAGE PREGNANCY

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: To determine the factors associated with teenage pregnancy among sexually active girls in Malindi Subcounty, Kenya.

Method: A mixed method, with quantitative arm through a case-control approach used a questionnaires. Eligible participants who assented were included in the study and were given questionnaires until the desired sample size was reached. The qualitative arm used a FDG with sexually active teenage girls, key informants' interviews from parents/guardians, chief and religious leaders. An in-depth interview was conducted with a pregnant teenage girl. The tape recorded data was transcribed fully, cleaned and thematic analysis done.

Results: Factors significantly associated with teenage pregnancy were older age of teenage respondents, living in rural areas and being out of school. Low socio-economic factors predicted by low level of education of parents and being casual laborers. Early sexual debut, poor knowledge on teen pregnancy, not communicating with parents on sexual issues, non-use of contraceptives due to poor

knowledge and lack of awareness on adolescent sexual and reproductive health rights were major contributor to teenage pregnancy. **Conclusion:** The information will aid in promoting reproductive health education and behavior towards safe sex practices among adolescents with an aim to reducing the incidence of teenage pregnancy, HIV, STIs and unsafe teenage abortions. Findings would also inform local policies and guidelines geared to addressing issues of teenage pregnancy.

P20.11 | A GLOBAL SCOPING REVIEW OF THE CIRCUMSTANCES OF CARE SEEKING FOR ABORTION LATER IN PREGNANCY

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: To describe current literature that reports the proportion of abortions that occur after 12 weeks of gestation globally and to describe the context and reasons why people seek a "later abortion."

Method: We used a scoping review methodology to provide a comprehensive synthesis of available literature on later abortion. We conducted a systematic search for peer-reviewed research in PubMed, Embase, Scopus, and SocIndex. We included studies from 2008 to 2022 that reported a population-based or facility-based proportion estimate of abortion >12 weeks of gestation and/or described the context or reason for seeking later abortion care.

Results: The search returned 1681 studies; 118 studies were included from 31 countries. Nineteen studies provided a population-based estimate, 37 provided a facility-based estimates; and 36 included context and reasons. Analyses are pending; however, estimates of population-based proportions are anticipated to be <10%; facility-based estimates were variable as data are based on complicated abortions. Preliminary themes describing context and reasons for a later abortion included late pregnancy recognition, logistics that extended delays, and changes in circumstances.

Conclusion: Abortions occur after 12 weeks although population-level estimates are limited. The reasons include late pregnancy recognition and care delays. While some later abortions may be prevented with improved access to services and education, policies should facilitate access to safe abortion care as early as possible and as late as necessary.

P20.12 | AMÉLIORATION DE L'ACCÈS DES SERVICES DE PLANIFICATION FAMILIALE DU POST PARTUM (PFPP) AUX ACCOUCHEES AVANT LEUR SORTIE DANS DEUX HÔPITAUX DE RÉFÉRENCE À OUAGADOUGOU, BURKINA FASO: CHU YALGADO OUÉDRAOGO ET CHU BOGODOGO

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: Redynamiser la provision des services de PFPP de qualité aux accouchées des Centres Hospitaliers Universitaires de Yalgado Ouédraogo et Bogodogo avant leur sortie.

Method: Dans chaque hôpital l'intervention a consisté à: Former tous les prestataires sur la PFPP; Fournir des équipements et des consommables; Rendre disponibles les produits contraceptifs dans les salles d'accouchement; Réorganiser les services de maternité avec de façon rotative un prestataire responsable de l'offre de PF dans chaque équipe de garde; Assurer la supervision/coaching régulière des prestataires; Les données ont été collectées à travers les registres de maternité des 2 hôpitaux.

Results: De Janvier 2021 à Septembre 2022 dans les 2 CHU on a recensé 30.400 accouchées dont 83% soit 25.232 ont bénéficié du counseling en PFPP immédiat. Parmi les femmes conseillées 10093 (soit 40%) ont choisi et obtenu une méthode contraceptive de leur choix avant de quitter la maternité dont 1942 DIU, 3609 implants et 4541 ont opté pour la MAMA.

Conclusion: L'offre systématique des services de PFPP aux accouchées tout en respectant leur libre choix est une approche qui a permis d'obtenir des résultats notables dans ces deux hôpitaux. Il est souhaitable de maintenir voire améliorer cette approche et aussi l'étendre à tous les hôpitaux de référence du pays.

P20.13 | LONG ACTING REVERSIBLE CONTRACEPTION: A HIGHLY EFFECTIVE APPROACH TO REDUCE FATAL OUTCOMES AND LOWER ABORTION RATES

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: Long-acting reversible contraceptives (LARCs) have proven to have a much higher efficacy than other contraceptive methods, improving women's quality of life. The aim of this study was to assess trends in postpartum contraceptive use, frequency of counseling, contraceptive election and whether the use of contraception was planned or not.

Method: An multi-center, observational, retrospective, relational, analytic study was conducted in Mexico from May 2022–August

2022. 477 fertile women who were currently in the immediate postpartum period participated in this study. Each participant completed a validated survey, simple statistics and Fisher's exact test were used to assess the progress and analyze the data. Approval was given by the Bioethics Department of Hospital Ángeles México.

Results: Among the 477 active female participants, the average age was 24.9 ± 6.2 , while the onset of active sexual life was 17.33 ± 3.05 . Regarding previous pregnancies, 216 (48.3%) used contraception, while 231 (51.6%) did not use contraceptive methods, out of this last group, the main reason was believing contraception was not necessary. When comparing LARCs use before and after the obstetric event, LARCs desire significantly improved ($P < 0.0001$).

Conclusion: Subdermal implant and intrauterine device (IUD) were the most popular methods among women in this study, but there are still barriers such as insurance, culture and access that lead to low acceptance rates and use of LARCs.

P20.14 | POPULATION CHARACTERISTICS OF INTRAUTERINE DEVICE USERS IN REAL-WORLD CLINICAL PRACTICE ACROSS EUROPE – INSIGHTS FROM THE EURAS-LCS12 STUDY
CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: To characterize the real-world population of intrauterine device (IUD) users in the European Active Surveillance Study of LCS12 (EURAS-LCS12), that monitors effectiveness and safety of IUDs in routine clinical practice.

Method: EURAS-LCS12 is a prospective, non-interventional cohort study in ten European countries, comprising users of Jaydess, Kyleena, Mirena, and copper IUDs. Prescription occurs independently from study enrolment. Information is gathered via questionnaires at study entry with a total follow-up of 3–5 years. Baseline characteristics, unintended pregnancies, ectopic pregnancies, and adverse events are reported. As of August 2022, 88085 users are enrolled in the study.

Results: Most women are first-time IUD users (63.5%) and use IUDs predominantly for contraception (96.4%). Proportions of prescribed IUDs vary throughout Europe: while some central European countries (Germany, Poland, Austria) resemble the study average, the percentage of copper IUDs appears reduced in northern countries (Sweden, Finland). There, as well as in the United Kingdom and Czech Republic, an increased proportion of Mirena IUDs can be observed, while highest proportions of copper IUD users are observed in Spain and France.

Conclusion: EURAS-LCS12 comprises a large population of IUD users and not only provides a robust basis to assess the study objectives, but also gives a valuable and representative insight to IUD use across Europe in general, as the prescription of IUDs is independent of study participation.

P20.15 | CONTRACEPTION UPTAKE AFTER SAFE PREGNANCY TERMINATION IN GOVERNMENT HEALTH INSTITUTIONS OF BAHIR DAR CITY, NORTH-WEST ETHIOPIA
CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Bahir Dar University, Ethiopia

Objective: To assess contraception uptake after safe pregnancy termination in government health institutions of Bahir Dar City.

Method: Facility based cross-sectional study was conducted from May 1, 2019 to August 30, 2019 GC, in Bahir Dar City. A total of 138 clients were included by using systematic random sampling technique. Data were analyzed using SPSS 23 software. Bivariable and multivariable logistic regression models were used to examine the association between independent and dependent variables.

Results: All the participants got counseling on modern contraceptives and 113 (81.9%) accepted to use one of the modern contraceptives. Clients who had gestational age of 9–14 weeks at time of termination had better modern contraceptive acceptance than those with gestational age of less than 9 weeks. During the termination process 21% of clients had perceived stigma.

Conclusion: The post abortion contraceptive acceptance rate was lower compared with other studies done in Ethiopia and other countries. Increasing the availability of contraceptives, advocacy and multipronged activity on the acceptance of post abortion contraceptives should be done.

Conclusion: A positive correlation between burn out and intention to leave was found, and identified work environment factors such as prolonged working hours, work related stress and colleague relationship as significant predictor of both burnout and intention to leave. Addressing them may be effective to mitigate burnout and reduce resignation rate.

P20.16 | PREVALENCE AND DETERMINANTS OF LONG-ACTING REVERSIBLE CONTRACEPTION (LARC) INITIATION AMONG TEENAGE MOTHERS IN A TERTIARY HOSPITAL
CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Mariano Marcos Memorial Hospital and Medical Center, Philippines

Objective: The objectives of the study is to identify the prevalence and determinants of long-acting reversible contraception (LARC) initiation among teenage mothers in MMMH&MC.

Method: Prospective observational study: A self-administered questionnaire is given to respondents wherein they will rank determinants involved in their selection of a contraceptive method on a scale of 1–4 (1 being the most important and 4 the least important).

Results: A total of 162 teenage mothers participated in the study. Majority of the respondents were ages 17–18 years old, enrolled up to high school, single, unemployed and primiparas. 87% of all teenage mothers admitted at MMMH-MC from December 2020 to

December 2021 used long-active reversible contraception. Ranked from most¹ to least⁴ important, the respondents considered (1) Effectivity, (2) Long Duration, (3) Family Influence, (4) Peer Influence as their determinants for initiating LARC method.

Conclusion: The high effectiveness and long duration of LARC were the primary reasons for initiation while the least factors they considered were that of peer and family influence.

P20.17 | PLANIFICACIÓN FAMILIAR EN PERÍODO PANDEMIA COVID19: INSERCIÓN DE IMPLANTES SUBDÉRMICOS EN PUÉRPERAS DE LA MATERNIDAD DEL HOSPITAL REGIONAL DE CONCEPCIÓN 2020-2022

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: Los implantes subdérmicos (IS) son opciones anticonceptivas de larga duración reversibles. En pandemia se limitó el acceso de protección anticonceptiva, presumiendo alza de embarazos no planificados. En nuestro centro implementamos ofrecer IS a puérperas como anticoncepción. **Objetivo:** caracterizar usuarias que optaron por IS, evaluando efectividad, satisfacción y continuidad de uso.

Method: Estudio de cohorte retrospectiva de puérperas de la Maternidad del Hospital Regional de Concepción, que accedieron a la inserción de IS post consejería entre Enero 2020 y Diciembre 2022. Los datos fueron recolectados en una base diseñada para dicha estrategia y seguimiento. Todas otorgaron consentimiento informado. Se utilizó excel para análisis estadístico. Las usuarias fueron contactadas, aplicándose un cuestionario estandarizado. El trabajo cuenta con aprobación del Comité de Ética local.

Results: De 4384 puérperas, 161 (3.7%) optaron por IS de Levonorgestrel en puerperio inmediato. Media de edad 25 años (12-43). 72.4% puérperas de parto vaginal. El seguimiento logrado en 137 pacientes, presentando 15% de pérdida. La continuidad de uso al año fue 97%. El 3% restante, la causa de retiro fue sangrado uterino anormal. No se han registrado embarazos hasta la fecha. Efectos no deseados encontrados fueron sangrado uterino anormal, cefalea, cambios de peso y dismenorrea.

Conclusion: Los IS son una opción anticonceptiva, accesible, con buena adherencia a largo plazo y pocos efectos adversos. La estrategia de iniciar un método anticonceptivo reversible de larga duración parece ser efectiva para prevenir embarazos no planificados a toda edad.

P20.18 | ESTRATEGIA DE PREVENCIÓN DE MULTIPARIDAD EN PUÉRPERAS ADOLESCENTES DE LA MATERNIDAD DEL HOSPITAL CLÍNICO REGIONAL DE CONCEPCIÓN EN PERÍODO DE PANDEMIA

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: El embarazo adolescente afecta directamente al binomio madre-hijo en todas sus esferas biopsicosociales. La hospitalización obstétrica sería una ventana de oportunidad para la toma de acciones preventivas. Así, el objetivo es implementar el uso de Implantes subdérmicos (IS) en adolescentes puérperas para la disminución del embarazo adolescente recurrente.

Method: Estudio de cohorte retrospectiva de puérperas adolescentes de la Maternidad del Hospital Regional de Concepción, que accedieron a la inserción de IS post consejería entre Enero 2020 y Diciembre 2022. Los datos fueron recolectados en una base diseñada para dicha estrategia y seguimiento. Todas otorgaron consentimiento informado. Se utilizó excel para análisis estadístico. Las usuarias fueron contactadas, aplicándose un cuestionario estandarizado. El trabajo cuenta con aprobación del comité de ética local.

Results: De 254 puérperas adolescentes, 35 (13.7%) optaron por IS de Levonorgestrel. La inserción fue en puerperio inmediato. Media de edad fue 15.9 años (12-18 años). 77% fueron puérperas de parto vaginal. El seguimiento se logró en 16 pacientes, presentando 55% de pérdida (19 usuarias). El porcentaje de continuidad al año de uso fue 100%. No se han registrado embarazos hasta la fecha. Efectos no deseados encontrados fueron sangrado uterino anormal, cefalea y cambios de peso.

Conclusion: Los IS son una opción anticonceptiva, accesible, con buena adherencia a largo plazo y pocos efectos adversos. El uso de IS fue aplicable para la prevención de embarazo recurrente en puérperas adolescentes con dificultad en su seguimiento. La estrategia busca disminuir el impacto en las adolescente embarazada y su pareja.

P20.19 | IMPROVING POST-ABORTION CARE IN MALAWI: PERCEPTIONS FROM WOMEN AND HEALTHCARE WORKERS ON INCREASED USE OF MISOPROSTOL AFTER A TRAINING INTERVENTION

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: Our overall objective was to improve post-abortion care in Malawi by increasing the use of misoprostol. Furthermore, we wanted to explore women's and healthcare workers' perceptions and experiences with misoprostol for the treatment of incomplete abortions.

Method: An intervention which included training 81 healthcare workers on the use of misoprostol in post-abortion care was conducted at three public hospitals in Central Malawi in July 2020. Following the intervention, we did a survey with 400 women receiving misoprostol for incomplete abortions. Additionally, in-depth interviews were conducted with 24 women and ten healthcare workers. The use of misoprostol before and after was compared using chi-square, and the qualitative interviews were analysed using content analysis.

Results: The three intervention hospitals had a significant increase in the use of misoprostol from 22.8% to 39.4% ($P < 0.05$). The survey showed that most women were satisfied with misoprostol (376, 94%) and would recommend it to others (361, 91%). Most women preferred misoprostol and found the treatment helpful and effective. The healthcare providers reported many advantages with the increased use of misoprostol, such as reduced workload, less hospitalization, fewer infections, and task-shifting.

Conclusion: Misoprostol in post-abortion care is accepted by Malawian women and healthcare workers, and training interventions are efficient in increasing its use. Further implementation could make post-abortion care safer and more cost-efficient. It should be considered in Malawi and other settings with restrictive abortion laws and high rates of abortion-related complications.

P20.20 | ONE YEAR OF EXPERIENCE IN INTRAUTERINE DEVICE (IUD) USE: A RETROSPECTIVE ANALYSIS OF IUD INSERTION PROCEDURES AT A FAMILY PLANNING SERVICE IN BRAZIL IN 2022

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: In this study, we analyzed IUD insertion procedures at Hospital São Paulo's Family Planning Outpatient Clinic, analyzing clinical factors to understand the contraceptive method's efficacy, adverse events, continuation rate and cost-effectiveness in the Brazil's public healthcare system.

Method: Data from manual patient records and insertion/removal logs were retrospectively analyzed for the year 2022. Information including patient demographics, IUD characteristics, reason for removal, complications, and patient conditions were recorded in a spreadsheet.

Results: In 2022, 290 IUDs were inserted among 428 patients, representing approximately 67.8% of the total patients. Of these, 213 (73.4%) were copper IUDs, and 77 (26.6%) were hormonal IUDs. Out of the 290 insertions, 26 (8.1%) resulted in removals. Expulsion (42.3%) and malpositioning (50%) were the primary reasons for removal. Complications were minimal, with two vasovagal reactions reported and no perforations.

Conclusion: The study demonstrates a high success rate and low complication rate. The IUD utilization rate was one of Brazil's highest ones. It also provides valuable insights into the efficacy and safety of IUDs in a public healthcare setting, serving as a basis for service improvement and informing other healthcare facilities.

P20.21 | GROSSESSE SUR DIU: A PROPOS DE CINQ CAS

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

M. Alami Merrouni

Docteur, Algeria

Objective: Les Dispositifs Intra-Utérins (DIU), sont un des moyens de contraception les plus répandus après la pilule et le plus utilisé au monde. La grossesse sur DIU une forme rare de grossesse. Nous rapportant 5 cas de patientes dont le diagnostic et la prise en charge a été réalisée au CHU.

Method: Ce sont des patientes jeunes, multipares, porteuses d'un DIU. Qui ont consulté au urgence gynécologique obstétrique du CHU Hassan II de Fès pour des douleurs pelviennes associé à des métrorragies sur une grossesse jeune. L'échographie suspubienne et endovaginal à poser le diagnostic de grossesse intra utérine avec un DIU qui était situé près du sac de gestation et a été laissé en place.

Results: Le DIU, corps étranger dans la cavité utérine, entraîne chez celle-ci une réaction inflammatoire de l'endomètre. Grâce aux modifications morphologiques et biochimiques, le DIU empêcherait alors l'implantation de l'oeuf fécondé. L'OMS rapporte un taux de grossesses à 1 an de 0.6% en utilisation préventive optimale du DIU au cuivre. Les grossesses intra-utérines survenues en présence d'un DIU se terminent en général par un avortement spontané.

Conclusion: le DIU n'est pas un facteur de risque de grossesse extra-utérine. A partir du second trimestre, la grossesse semble exposée à un risque accru de métrorragies, de décollement placentaire, de placenta praevia et surtout de rupture prématurée des membranes et de chorioamniotite ou un accouchement prématuré.

P20.22 | KNOWLEDGE AND PRACTICE OF ADOLESCENT SECONDARY SCHOOL GIRLS ON CONTRACEPTIVES IN GULU CITY

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

M. Anguyo

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Objective: To Assess the knowledge of the adolescent secondary school girls in Gulu City about contraceptives. To identify the Practices of the adolescent secondary school girls in Gulu City on contraceptives. To identify factors that contributes non-use of contraceptive among adolescent secondary school girls in Gulu City.

Method: A descriptive, cross-sectional study carried among adolescent secondary school girls in 4 randomly selected secondary schools

in Gulu City with a study population of about 1200 adolescent girls. The sample size was calculated using Slovincs formula: $n = N/1 + Ne^2$, Where N = Study population size, n = sample size, and e = margin on error (1–10%, we used 6%). Therefore $N = 1200$, $e = 0.06$ (6%) and $n = 226$. A systematic sampling was used where every k th person was selected from the study population.

Results: Most respondents have ever heard of contraceptives 91.6%. Most of the respondents have never used one of the modern family planning methods (188/226—83.2%) and 38/226—16.8% have ever used one of the contraceptives. Reasons for non-use of contraceptives were they never had sex 89/226 which was the most common reason. Most participants 73.9% recommended that family contraceptives as a subject be introduced in the curriculum of secondary school education. **Conclusion:** Majority of the respondents 91.6% have ever heard of the contraceptives. Very few respondents 16.8% have ever used any contraceptives with majority of them used condoms—22 respondents. The most common reason for non-use of the contraceptives was that they never had sex (89 respondents).

P20.23 | QUALITY OF FAMILY PLANNING SERVICES AND ASSOCIATED FACTORS AMONG WOMEN IN NORTHERN UGANDA: A FACILITY-BASED CROSS-SECTIONAL STUDY

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

M. Acen Okwir
LIRA UNIVERSITY, Uganda

Objective: High-quality family planning services have been linked to increased utilization of modern contraceptives. However little is known about the quality of family planning services in northern Uganda. We assessed the perceived quality of family planning services and associated factors among women of reproductive age in northern Uganda.

Method: A descriptive cross-sectional survey was conducted among 423 randomly selected women of reproductive age 15–49 years) at public health facilities in northern Uganda. Data were collected using a pre-tested questionnaire that captured the socio-demographic characteristics and perceived quality of family planning services on the Quick Investigation of Quality scale. Data analysis involved descriptive statistics and logistic regression at a 95% confidence interval using STATA 17.

Results: The mean age of the participants was 26.7 (SD 6.3) and the majority 270 (63.8%) were married. More than three-quarters of study participants (79.6%) rated the quality of family planning services received as high. Perceived quality of family planning services received as associated with: Urban residence (PR 0.872, 95% CI: 0.773, 0.983); cleanliness of the facility (PR 1.539, 95% CI; 1.221, 1.940), and receiving contraceptive of choice (PR 2.013, 95% CI; 1.187, 3.414).

Conclusion: Overall, the majority of clients rated the family planning services as high quality. There is a need for the family planning stakeholders to strengthen family planning service delivery in rural areas and the availability of modern contraceptives to increase clients' contraceptive methods choices.

P20.24 | DETERMINANTS OF MODERN CONTRACEPTIVES UPTAKE AMONG TEENAGE GIRLS IN FISHING COMMUNITIES OF RURAL NORTHERN UGANDA: A COMMUNITY-BASED CROSS-SECTIONAL SURVEY

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

M. Owiny
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Objective: Teenage pregnancy rates remain high in Uganda, especially in the fishing communities. However, modern contraceptive practices of teenage girls in the rural fishing communities of Uganda are poorly understood. We aimed to identify the determinants of modern contraceptive uptake among teenage girls in the fishing communities of rural northern Uganda.

Method: We conducted a community-based descriptive cross-sectional study involving 577 randomly selected teenage girls aged 15–19 years from four fishing communities in rural northern Uganda. Data were collected privately from each participant by trained research assistants using interviewer-administered semi-structured questionnaires. Data analysis involved descriptive statistics and logistic regression at a 95% confidence interval using STATA 17. Odds, adjusted odds ratios and p-values were reported.

Results: The majority of the participants 319 (55.4%) were aged 17–19 years, 322 (56%) were out of school, 289 (50.6%) were sexually active with 174 (30%) ever been pregnant and more than a quarter 144 (25.7%) had children. The modern contraceptives uptake was 26.6% ($n = 152$), with 67 (45.6%) as main decision makers for a contraceptive choice. The determinants of modern contraceptive use were: working (AOR 4.65, 95% CI 1.81–11.97, $P < 0.001$) and previous pregnancy (AOR 3.5, 95% CI 1.114–10.999, $P = 0.03$).

Conclusion: The 26.6% modern contraceptive usage observed in our study is low and could negatively impact on the adolescent's health and stagnate the progress toward attaining universal access to contraceptive services. The Ministry of Health should strengthen contraceptive uptake campaigns, especially among non-working and nulliparous adolescents who are sexually active.

P20.25 | PREVALENCE, KNOWLEDGE AND BARRIERS TO FAMILY PLANNING AMONG WOMEN WITH MENTAL DISORDERS ATTENDING NDERA NEURO-PSYCHIATRIC HOSPITAL

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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University of Rwanda, Rwanda

Objective: Rwanda has an increasing number of women with mental health disorders and this population is at increased risk of pregnancy related complications. This study aimed at measuring the prevalence, assess knowledge and factors associated with contraception

use among reproductive age women with mental illnesses: Ndera Neuro- psychiatric Hospital.

Method: A cross sectional study with a quantitative approach was conducted among 387 women aged 18–45 years who were on follow up for at least six months. Data were collected on a structured and pre-tested questionnaire from August to December 2022 and statistical analysis were conducted using STATA.

Results: Average number of children per woman was 2.55, 31% had unintended pregnancy, 16% had forced sexual intercourse by a male partner, 43% got pregnant while on follow up for mental health diseases; 99% knew at least 1 type of contraception, 86% were using contraception, implants were most commonly used method 40%, 31% required family approval to uptake contraception. Contraception use was significantly associated with socioeconomic status, awareness and previous use contraception and planned delayed pregnancy.

Conclusion: Women with mental health illness have higher prevalence of use and awareness about contraception compared to the national average; but they were more likely to get unintended pregnancy and sexual violence which expose them to sexually transmitted diseases.

P20.26 | UNMET NEED FOR CONTRACEPTION AND REASONS FOR NON-USE AMONG ROHINGYA WOMEN: RESULTS FROM A COMMUNITY-BASED SURVEY IN COX'S BAZAR, BANGLADESH
CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: In 2017, almost 750000 Rohingya people were forcibly displaced from Myanmar to Bangladesh. Today, about one million Rohingya live in 34 camps in Cox's Bazar district, Bangladesh. This analysis aims to examine unmet need for contraception and reasons for non-use of contraception among Rohingya women in the camps.

Method: From September to November 2022, this cross-sectional study surveyed a systematic random sample of 1173 ever-married Rohingya women of reproductive age (15–49). Chi-square tests and logistic regression were used to assess the association between unmet need for contraception (defined as non-users who do not want a child or do not want a child in the next two years) and key socio-demographic variables including age, age at first marriage, parity, education, and who makes household decisions.

Results: We found that 42% of respondents were currently using a modern method of contraception, primarily injection (51%). Among non-users, 70% were currently experiencing unmet need. The most commonly reported reason for non-use among these respondents was current breastfeeding (23%); 34% stated that they wished they were using contraception. There is evidence that unmet need is

inversely associated with age at first marriage and coital frequency ($P \leq 0.040$) and positively associated with age and parity ($P \leq 0.020$).

Conclusion: These results show that unmet need among Rohingya women is higher than Bangladeshi women outside the camps (10% among married women according to the 2022 Bangladesh DHS). Determining which factors are associated with reasons for non-use and unmet need may shed light on Rohingya women's reproductive autonomy in the camps.

P20.27 | USE OF AN INTEGRAL PLATFORM TO FOSTER LONG-ACTING REVERSIBLE CONTRACEPTIVE UPTAKE AND ADHERENCE IN YOUNG RESIDENTS IN MEXICO CITY
CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: To evaluate how the implementation of an integral technological platform can help to improve quality of care by promoting uptake of long-acting reversible contraceptives (LARCs) and encouraging method adherence on young users serviced by two primary care clinics that offer sexual and reproductive health services in Mexico City.

Method: An integral technological platform was implemented as part of the operating processes of the clinics to improve quality of care and encourage contraceptive uptake and adherence through close follow-up of LARCs users. Platform included electronic registration of users, their clinical history, and their chosen LARC. The use of a georeferenced system and SMS messaging allowed to contact consented patients for scheduling follow-up consultations for revisions and addressing any issues with their selected contraceptive.

Results: We evaluated 5000 cases attended from January 2021 to April 2023. Most of them were young unmarried women. 62% resided in Mexico City, 29% came from surrounding neighborhoods, and the rest from other states. All of them selected a LARC method after counseling; 48% selected implants, the rest some type of Intrauterine Device (IUD) or hormonal IUD. Since the use of the platform, we experienced an increase in the number of follow-up consultations of 35%.

Conclusion: Analysis of the data after using the platform showed a high impact in timely care of patients and their reproductive needs, a close and customized follow-up of LARC users, a close monitoring of the expiration date of the contraceptives placed and overall, an improved experience for the user.

P20.28 | ULTRASOUND-GUIDED REMOVAL OF NON-PALPABLE SUBDERMAL CONTRACEPTIVE IMPLANTS
CATEGORY: CONTRACEPTION AND FAMILY PLANNING

P. Sefogah

University of Ghana Medical School, Ghana

Objective: There has been increasing number of cases of non-palpable implants and difficult removals, necessitating interventional radiological methods including magnetic resonance imaging to aid removal and serum etonogestrel level measurements. How effectively can ultrasonography be used to locate and remove non-palpable implants in low-resource settings?

Method: We report on assessment and removal of a series of 15 cases of non-palpable subdermal contraceptive implants using ultrasound guidance between January 2015 and August 2018, at the Reproductive Health Center of Korle Bu Teaching Hospital, Ghana. The removals had previously been unsuccessfully attempted by trained midwives or gynaecologist specialists from other hospitals. An experienced provider evaluated all patients and conducted a physical examination before scheduling an ultrasound examination and removal.

Results: The implants were located using a high-resolution linear array ultrasound probe, and the skin area was marked using a permanent marker pen. The removal procedure was conducted aseptically under local anaesthesia, with a longitudinal incision created within the ultrasound skin markings and blunt dissection used to locate and retrieve the implant. All 15 individuals had their subdermal contraceptive implants successfully removed with no significant complications. Only one case required sedation and plastic surgeon's assistance.

Conclusion: Non-palpable contraceptive implants are becoming a common challenge to users and clinicians. Our case series demonstrate that non-palpable implants can be successfully removed using ultrasound scan technology with no significant complications in low-resource settings. This may also be a cost-effective approach in all settings.

P20.29 | UPTAKE AND ASSOCIATED FACTORS OF MALE CONTRACEPTIVE METHOD USE: A COMMUNITY-BASED CROSS-SECTIONAL STUDY IN NORTHERN UGANDA
CATEGORY: CONTRACEPTION AND FAMILY PLANNING

R. Tumwesigye

Lira University, Uganda

Objective: To determine the uptake and associated factors of male contraception use in Lira City, Northern Uganda.

Method: We conducted a community-based cross-sectional study from November 12, 2022, to December 12, 2022, among men aged ≥ 18 years. We used multi-stage sampling to select participants from 12 cells of Lira City divisions of East and West. Data were collected using interviewer-administered structured questionnaires. We defined uptake in males who had used any contraceptive method in the

previous four weeks. We performed modified Poisson regression to identify associated factors of male contraception uptake.

Results: We recruited 401 participants with mean age of 30.4 (± 9.3) years. Male contraceptive uptake was 46.4%, 95% CI: 41.5–51.3%. Ever heard about male contraception (adjusted prevalence ratio [aPR] = 1.73, 95% CI: 1.172–2.539, $P = 0.006$), willingness to use novel methods (aPR = 2.90, 95% CI: 1.337–6.293, $P = 0.007$), both partners being responsible for contraception (aPR: 1.53, 95% CI: 1.113–2.119, $P = 0.009$) were the factors associated with male contraception uptake.

Conclusion: We found that nearly half of the men surveyed had used male contraceptive methods in Lira City. Factors associated with the uptake of male contraception included having heard about male contraception, joint couple decision regarding contraception, and the use of novel methods of male contraception.

P20.30 | TRENDS IN THE PROVISION OF ABORTION CARE THROUGH NON-FACILITY-BASED APPROACHES IN 14 COUNTRIES

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: To assess the uptake of non-facility-based models of abortion care implemented by IPPF Member Associations in 14 countries, between January and September 2022. Models of care include the provision of home-based medical abortion by health workers, provision of medical abortion through mobile clinics, and abortion care through digital health interventions.

Method: A quantitative analysis was undertaken of project-related quarterly service statistics from 14 countries in three regions where non-facility-based models of care were recently implemented. Key indicators assessed were the number of abortion-related services provided via digital health interventions, number of clients provided with home-based medical abortion care, and number of clients provided with mobile clinic-based medical abortion care. Data across these three indicators were analysed to assess trends over 9 months.

Results: From January to September 2022, 4654 clients received home-based or mobile clinic-based abortion care. The number of clients provided with abortion care through these models increased by 117% between quarters 1 and 3, 2022. The proportion of abortion clients served via these models versus facility-based models increased from 7% in quarter 1–11% in quarter 3. 11558 abortion-related services were provided via digital health interventions, with a 134% increase between quarters 1 and 3.

Conclusion: Non-facility-based models can improve access to abortion care, offering a choice of pathways to care that respond to the unique needs, preferences, and circumstances of service users. Additional data and analysis is required to determine the acceptability of these models among clients and their responsiveness to individual needs and preferences.

P20.31 | LONG ACTING CONTRACEPTIVE METHODS FOR WOMEN LIVING WITH HIV IN THE PUBLIC SETTING OF PORTO ALEGRE CITY—SOUTH BRAZIL

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: Long-acting reversible contraceptives (LARCs) are part of the strategy to prevent unplanned pregnancies in women with HIV but most of these methods are not available at the public setting. Porto Alegre has the highest HIV prevalence between pregnant women in Brazil. We evaluated the use of LARCs in this population.

Method: The Project for LARCs use included Etonogestrel containing implant (Implanon NXT) and Levonorgestrel Intrauterine System (Mirena) for women with HIV and is supported by the Health Department of Porto Alegre. These methods were added to what was already offered, including condoms, oral contraceptives, DepoProvera and Cooper IUD. Health professionals were trained to use these methods and the patients were gave their consents. We evaluated retrospectively the data from May 2016 to February 2023 of women living with HIV who inserted contraceptive implant or Mirena for the first time during the project. Local annual pregnancy rates in women living with HIV were evaluated.

Results: 969 women with HIV had their first insertion of LARCs, 850 with implants and 119 with IUD Mirena. Mean of 152 first insertions yearly, 133 implants and 19 Mirena IUD. Those who chose Implants were younger, less educated, and frequently black compared to who chose Mirena IUD. Porto Alegre livebirths data from 2016 to 2022 shows reduction of 4971 births (27%) in the period, a greater reduction of 171 (43%) occurred among women with HIV.

Conclusion: Increase access to LARCs methods for women with HIV is an important strategy to prevent unplanned pregnancies and reduce vertical transmission. Increasing contraceptive methods mix is a necessity to both efforts to end HIV in children and preserve women's health.

P20.32 | THE IMPACT OF THE COVID-19 PANDEMIC ON REPRODUCTIVE INTENTIONS AND CONTRACEPTIVE USE AMONG FEMALES IN JEDDAH, SAUDI ARABIA

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: Pandemics have affected many people's social and emotional lives. Conception planning, contraceptive usage, and

pregnancy intentions are activities with minimal research. Thus, this study is the first to evaluate how the COVID-19 pandemic influenced reproductive plans and contraceptive use among females during the pandemic in Jeddah, Saudi Arabia, in 2022.

Method: A cross-sectional survey was conducted by sending an online questionnaire to married women from Jeddah, Saudi Arabia. A total of 639 women enrolled in the study. The questionnaire included demographics, personal obstetrics information, changes in pregnancy intentions owing to the COVID-19 pandemic, and questions about contraceptive usage. Qualitative data were presented as frequencies, and the chi-square test was performed to determine the relationships among the variables.

Results: Most participants were 25–34 years old, and most indicated they did not change their reproductive intentions during the pandemic (51.3%). Family planning accounted for 25.8% of participants who changed their reproductive intentions. Only 17.5% changed their choices because of fear of the COVID-19 impact. The percentage of women using contraception was significantly reduced during the lockdown to 36.8%. Oral contraceptive pills were the most frequently used method during the curfew period (17.5%).

Conclusion: Although the COVID-19 lockdown did not affect the reproductive intentions of most women in Jeddah, it significantly reduced contraceptive use. This study contributed to understanding the reasons behind these results and can be a recommended baseline for culturally and economically similar communities in future, as there is lack of studies.

P20.33 | MISO-ONLY TELEMEDICINE ABORTION AS AN ADVOCACY STRATEGY TO ADVANCE REPRODUCTIVE RIGHTS IN BRAZIL

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: To report the strategies used to implement telemedicine medical abortion services in Brazil, despite outdated restricting regulations on misoprostol. In Brazil, misoprostol has been regulated since 1998 as a special medicine, with its use being restricted to hospitals. Because of this regulation, misoprostol is not available at pharmacies.

Method: Early on in the COVID-19 pandemic, we designed an innovative protocol in which the “hospital use” requirement of misoprostol should only be interpreted as hospital-supplied with supervised use, allowing women to self-administer it, after taking it from the hospital. After attacks from the Ministry of Health of the right-wing government running Brazil at that time, the Brazilian judiciary has endorsed the original interpretation of our protocol, which favored its replication to other hospitals.

Results: Since August 2020, six services have adhered to the telemedicine medical abortion protocol. Data from one of these services show that, up to now, 73.3% of women requiring an induced abortion were eligible for medical abortion via telemedicine. Of these, 85.7% opted for taking misoprostol home and 8.3% had a continuing pregnancy after taking 3 doses of 800 mcg of misoprostol.

Conclusion: Telemedicine medical abortion is an example of how local strategies can favor innovation and justice in access to health when usual mechanisms for policy review are blocked. Other services may adopt similar strategies to increase access to lawful and safe abortions even in countries with restrictive legislations such as Brazil.

P20.34 | IMPACT OF A TRAINING STRATEGY TO IMPROVE SEXUAL AND REPRODUCTIVE HEALTH KNOWLEDGE AMONG PUBLIC HEALTH MILITARY STUDENTS IN MEXICO
CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: To evaluate the impact of an educational strategy on sexual and reproductive health issues, through a training program including theoretical knowledge and practical skills, on fourth-year bachelor students at Mexico's Military School of Medicine of Health Officers.

Method: A program including a series of theoretical-practical sessions was carefully catered for these students and a non-probabilistic sampling of the personnel who volunteered to participate was carried out. Pre- and post- questionnaires were applied during the training program. The topics included: Uterine Evacuation with Medications, Manual Vacuum Aspiration, Long-Acting Release Contraceptives (LARCs), Subdermal Implant, and Emergency Contraception. Practical hands-on sections were also included, to evaluate the knowledge learned by applying it in clinically simulated scenarios.

Results: Between January and April 2023, we conducted 5 training sessions for 35 students. Only 34% had previously received theoretical training on any topic related to sexual health and not one practical training. At the baseline, just 37% correctly answered the pre- evaluation. Results from the pre/post analysis showed an overall improvement of 57% in the knowledge of the topics covered. Improvement of practical skills was significant, given that they had never practiced with anatomical models.

Conclusion: The results showed a positive impact of theoretical growth associated with current knowledge and update on long-acting contraceptive methods. A growth in effective counseling techniques, useful in the prevention of unwanted pregnancies, and a growing development of practical skills regarding insertion techniques and removal of LARCs was also observed.

P20.35 | PLACEMENT OF AN INTRAUTERINE DEVICE WITHIN 48 HOURS AFTER SECOND TRIMESTER MEDICAL ABORTION – A RANDOMIZED CONTROLLED TRIAL

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: We investigated if placement of an intrauterine device (IUD) within 48h of complete second trimester medical abortion leads to higher IUD user rates after six months compared with placement at 2–4 weeks post abortion. Secondary objectives were placement visit attendance, expulsion rates, subsequent pregnancies, and patient acceptability.

Method: An open-label, randomized, multicenter, superiority trial in Sweden. We randomized 179 patients (90 to intervention; 89 to control) and 164 were analyzed. Differences were analyzed with the Mann-Whitney *U* test and Fisher's exact test as appropriate. A *p*-value of <0.05 was considered statistically significant. In the per protocol group, the rate of IUD expulsion was higher than the pre-specified limit of 20% and the study was prematurely stopped.

Results: Preliminary results show that in the intervention group, 34/66 (51.5%) patients were using an IUD after six months vs 49/68 (72.1%, *P*=0.02) in the control group. A total of 69/77 (89.6%) vs 56/78 (71.8, *P*=0.008) in the intervention and control group respectively, attended the placement visit. Expulsions within six months was 15/49 (30.6%) in the intervention group vs 1/48 (2.1%, *P*<0.001) in the control group. Subsequent pregnancies, abortions, and acceptability did not differ between groups.

Conclusion: The intervention was not superior in terms of IUD use after six months. Expulsion was more common in the intervention group. Although IUD placement immediately after complete abortion is recommended in international guidelines, this practice should be used in second trimester abortions in selected individuals after counseling on expulsion rates.

P20.36 | EARLY VERSUS INTERVAL POSTPARTUM INTRAUTERINE DEVICE PLACEMENT: A RANDOMIZED NON-INFERIORITY TRIAL
 CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: The early postpartum period, 2–4 weeks postpartum, could be a convenient time for intrauterine device (IUD) placement; IUD placement can be co-located with early postpartum or well-baby visits. We sought to estimate expulsion rates for IUDs placed early compared to those placed at the standard interval 6-week visit.

Method: This is a randomized controlled non-inferiority trial conducted at four medical centers in the U.S. People who had a vaginal or cesarean birth were randomly assigned to early (14–28 days) or interval (42–56 days) postpartum IUD placement. We used transvaginal ultrasound to confirm IUD presence and position at 6 months. Between March 2018 and June 2021, 203 participants were randomly assigned to early and 201 to interval IUD placement.

Results: Complete expulsion rates were 2.01% (95% CI, 0.42–5.77) and 0% (0–2.51) in the early and interval groups; a between-group difference of 2.01% (–0.24–4.26). Partial expulsion rates were 9.40% (5.23–15.26) and 7.60% (3.85–13.17) in the early and interval groups; a between-group difference of 1.81% (–4.56–8.18). Non-inferiority for early placement was shown for complete expulsion according to a 6% non-inferiority margin. IUD utilization at 6-months was 69.46% (62.62–75.71) and 67.16% (60.21–73.61) in the early and interval groups.

Conclusion: Non-inferiority for early IUD placement was shown for complete but not partial expulsion according to our pre-defined 6% non-inferiority margin. Complete expulsion rates were low (<5%) when IUDs were inserted in the early postpartum period. IUD utilization at 6-months was similar between groups.

P20.37 | THE LEVEL OF FETOMATERNAL HEMORRHAGE FOLLOWING EARLY ABORTION DOES NOT SUPPORT RH TESTING OR TREATMENT
 CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: To quantify the concentration of fetal red blood cells (RBCs) in maternal circulation before and after first trimester abortion, compared to the calculated threshold for administering Rh immunoglobulin.

Method: This IRB-approved multi-center prospective cohort study of patients undergoing first trimester medication or procedural abortion up to 11w6d, collected one blood sample before and one 24–72 h after abortion. Inclusion criteria were broad, including patients with prior uterine bleeding. We optimized and performed a flow cytometry assay to analyze samples.

Results: A total of 1012 paired samples were analyzed from 506 patients undergoing abortion care up to 11w0d gestation. No participants (0.0%), either pre- or post- abortion, had fetal RBC levels above a pre-defined theoretical threshold of 500 fetal RBCs/10 million total RBCs (95% One-Sided Exact CI = 0.0%–0.6%). Using a more conservative limit of 250 fetal RBCs/10 million total RBCs, 3 subjects (0.6%, 95% CI 0.0–1.5%) exceeded the threshold pre-abortion, including 1 (0.2%, 95% CI 0.0–0.9%) post-abortion.

Conclusion: Fewer than 1% of samples crossed the most conservative threshold published for fetal RBC concentration capable of causing Rh sensitization. No patients had fetal RBC concentrations crossing the threshold following medication or procedural abortion. Therefore, Rh testing and treatment are not necessary for patients accessing abortion care up to 11w0d.

P20.38 | EXPLORING CONTRACEPTIVE ATTITUDES AMONG REFUGEE WOMEN LIVING IN SAN DIEGO, CALIFORNIA
 CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: To examine the contraceptive attitudes of refugee women living in San Diego, Ca, and elicit their feedback on the MyPath contraceptive decision support tool for use in their community.

Method: 8 semi-structured group interviews 2/2019–1/2020 exploring: General women's health. Barriers and facilitators to accessing reproductive healthcare. Prior experiences with healthcare systems and professionals. Attitudes and experience with contraception. Usability of MyPath contraceptive decision tool. Recruited by community leaders, self-identified as refugee women 20–50 years old, and were from: Congo, Somalia, Sudan, Eritrea, Ethiopia, Kenya, Uganda, Iraq and Syria. Participants were compensated with \$50 gift cards. Qualitative data analyzed using grounded theory by three reviewers.

Results: $N=62$, average age 34, parity 4. Themes: "When you give birth, and they're not registered for the process [refugee resettlement], then the process is actually set back." "A lot of families, are not together here. It's hard to raise a lot of children now. How do we survive, it's too expensive." "She believes that taking birth control, you'll bring cancer to her so she doesn't really take it, so every day she's having kids."

Conclusion: Refugee experiences influenced women's contraceptive choices. Limiting family size given economic burdens and lack of family support in the U.S. Side effects, misconceptions about cancer, infertility, and impact on menses were major concerns with utilizing contraception. Receptive to MyPath tool but preferred in person reproductive health education sessions.

P20.39 | IMPACT OF COUNSELING ON UPTAKE OF PPIUCD AMONG POSTPARTUM WOMEN IN PAKISTAN: INVESTIGATING BARRIERS AND REASONS OF DENIAL

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: This study aims to examine whether or not postpartum women at R-FPAP clinics in Pakistan are accepting PPIUCD after receiving proper counselling by trained service providers. In addition, to investigate its acceptance, knowledge, attitudes, and main reasons for denial due to socio-economic barriers.

Method: A total of 357 women delivering at 12 randomly selected clinics were interviewed as research respondents. The systematic random sampling technique was utilised to draw the sample by following the delivery record register at each clinic. The sampling size was calculated statistically by following the Krejcie & Morgan (1970) table for a representative statistical sample. The demographics include age, parity, gestational age at delivery, previous contraceptive use, and medical history.

Results: Overall uptake was 63%, housewives were less likely to prefer PPIUCD as compared to those with jobs. Education of women was significantly impacting its uptake ($P<0.05$). Women giving normal births were more likely to opt for PPIUCD as compared to women who had C/S. Knowledge and attitudes towards it were positively correlated ($r=0.92$). Less knowledge, fear of infertility, pain, desire for a child, side effects, and lack of family support were the main reasons.

Conclusion: Overall, PPIUCD refusal after delivery can be influenced by a range of factors, including knowledge and awareness, fear of

discomfort, religious and cultural beliefs, and availability and access. Healthcare providers should consider these factors and provide adequate counselling to women so they can make informed decisions about their contraceptive options.

P20.40 | POSTPARTUM FAMILY PLANNING (PPFP) SERVICE DELIVERY MODEL TO STRENGTHEN PPFP SERVICES IN BANGLADESH

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

S. Rahman

Contraception and Family Planning, Bangladesh

Objective: Studies in Bangladesh have shown that postpartum women are not using modern Family Planning (FP) methods and unintended pregnancies continue to remain high (26%). PPFP services at the facilities faced challenges. To enhance PPFP services, Jhpiego Bangladesh is proposing an innovative model to strengthen PPFP service delivery.

Method: Jhpiego Bangladesh piloted an innovative, cost-effective PPFP service delivery model to standardize PPFP services at different tiers of health facilities. This pilot covered 20 facilities in four districts. Jhpiego provided support for capacity building with post-training support, instruments and supplies, counseling services, standard record keeping and reporting, mentored and supervision visits, and periodic assessments. Finally, outcomes and lessons learned were discussed with the government to incorporate inputs in November 2022.

Results: Functional integration of PPFP services has been established. Facilities have IEC posters, job aids, designated spaces and providers for PPFP counseling. Providers Follow-up PPFP acceptors through telephone and women's responsive clinical check-ups further supported this integration. Record-keeping and reporting have improved. Key personnel are equipped with standard tools to assess PPFP service delivery periodically and make action plans to address gaps. Finally, evidence-based PPFP model for scale-up is available for the country, funding permitting.

Conclusion: When women have access to model health facilities with spaces and skilled providers for PPFP counseling during the same service delivery (ANC, delivery, PNC, child immunization), they tend to make right decisions. Follow-up of PPFP acceptors up to 1 year will ensure continuity.

P20.41 | ENGAGING LADY HEALTH WORKERS TO INCREASE AWARENESS AND ACCESS TO SAFE-ABORTION AND CONTRACEPTIVE SERVICES IN PAKISTAN

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: In Pakistan, around 2.2 million abortions occur annually, 700000 results in postabortion complications due to unsafe methods. Ipas worked on capacity building of Lady Health Workers

(LHWs) on safe reproductive health pathways, correct knowledge, abortion law and referral linkages to increase access to safe abortion & contraception services for women and girls.

Method: The evaluation was conducted in four districts of Punjab (Chakwal, Jhelum, Multan, and Sahiwal) and comprised of mix methodology based on quantitative and qualitative assessment. The sample size for the evaluation was determined following non-probability (convenience) sampling techniques based on the availability and willingness of the respondent focus for the evaluation were the lady health workers with whom we implemented knowledge, attitude, and practices (KAP) survey including pre- and post-training knowledge assessment.

Results: The improvement in the mean score between pre & post training assessment of Knowledge calculated to be 3.2 ± 1.42 , (CI 3.01–3.39), p value < 0.001 . Knowledge increase was observed across all domains including knowledge on abortion law and knowledge of safe methods, and fertility return after abortion. 95% of the respondents believed that family planning should be a part of pre-marital counselling in addition to age of marriage, nutrition, mutual respect, and provision of sexually transmitted diseases (STDs).

Conclusion: Ipas trained LHWs have enhanced awareness among communities on safe-abortion & strengthened women's agencies. The study recommendations included LHWs training should be expanded across all facilities of district to bring about desired change, their knowledge should be strengthened on safe methods, legal indications, postabortion warning signs and long-acting reversible contraceptive methods.

P20.42 | EFFICACY AND SAFETY OF SUBLINGUAL AND BUCCAL ROUTE MISOPROSTOL FOR FIRST AND SECOND TRIMESTER MISCARRIAGES USING THE INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS (FIGO) 2017 PROTOCOL

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Objective: To evaluate the safety and efficacy of sublingual and buccal route administration of misoprostol according to latest 2017 International Federation of Gynecology and Obstetricians (FIGO) protocol in the management of first and second trimester miscarriages.

Method: A prospective observational study, Ziauddin university hospital karachi Pakistan January to December 2022. 110 patients with first and second trimester miscarriage or undergoing termination of pregnancy < 24 weeks were given misoprostol through sublingual or buccal route only with the dose described by latest guidelines by FIGO. The efficacy of misoprostol was considered to be a complete miscarriage up to 12 h after completing the tablets course as an inpatient confirmed on a pelvic scan.

Results: Total 84 (76.4%) patients given misoprostol for first trimester miscarriage while 26 (23.6%) for second trimester miscarriage. The indications for medical termination in the first trimester was missed miscarriages in 74 (67.5 %) and an embryonic pregnancy in 10 (9.1%) While in the second trimester 16 (14.5%) were missed miscarriage and 10 (9.1 %) were for lethal foetal anomalies. The success defined by complete uterine evacuation on pelvic scan seen in 98% of cases without significant adverse effects.

Conclusion: Misoprostol when given by non vaginal routes was proven safe and effective as well as more favourable and acceptable by patients for treatment of miscarriages.

P20.43 | STRENGTHENING POST-ABORTION FAMILY PLANNING SERVICES IN UTTAR PRADESH, INDIA: EXPANDING CHOICE AND IMPROVING ACCESS BY ENGAGING PRIVATE SECTOR

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Jhpiego, India

Objective: Post-abortion family planning (PAFP) is an essential component of comprehensive abortion care and increasing the availability of choices in the immediate post-abortion period, is likely to improve family planning uptake. The Program aims to improve the capacity of health institutions and systems in providing comprehensive abortion care.

Method: Jhpiego in this grant by BMGF proposes to optimise service delivery of PAFP services at both public & private health facilities by providing technical assistance at state level, strengthening the public sector by engaging pharmacists and non-certified providers, conducting trainings, and using digital technology to address knowledge and behavioural norms among women about initiating and continuing the use of contraception in two model districts of Uttar Pradesh, India.

Results: Program is currently ongoing and will have results to present by October 2023. The results will be demonstrated at: individual level- where XXXX women initiate and continue PAFP when desired with improved awareness on methods; community level- where destructive norms are reduced and women have easy access to PAFP with information also available at pharmacies and private sector; and facility level- where availability of PAFP commodities will be ensured along with unbiased Post-abortion care services.

Conclusion: By strengthening the public and private sectors with adopted strategies, the program aims to open up multiple gateways for the women to access PAFP services and break the cycle of repeated unplanned pregnancies and complications that results in maternal morbidity and mortality.

P20.44 | ONE-YEAR RETENTION RATE OF THE SUBDERMAL CONTRACEPTIVE IMPLANT AMONG GUYANESE WOMEN
CATEGORY: CONTRACEPTION AND FAMILY PLANNING

S. Singh

Georgetown Public Hospital Corporation, Guyana

Objective: To determine the retention rate of the subdermal contraceptive implant among Guyanese women after one year of placement at the Georgetown Public Hospital Corporation between January 2016 to December 2018.

Method: This study is a retrospective cohort study conducted at the Family Planning clinic of The Georgetown Public Hospital Corporation (GPHC). Patients who placed the contraceptive implant between January 2016 to December 2018 were eligible to participate and their contact information was collected. They were then contacted via telephone and an interview was conducted.

Results: 339 clients were eligible to participate. In this study, the overall one-year retention rate of the subdermal contraceptive implant was 84.4% (RR=1.78, 95% CI=1.3703–2.3179, $P<0.0001$). The main reason for removal was heavy uterine bleeding, 58.5% (RR: 2.087, 95% CI=1.4553–2.9935, $P=0.0001$). Jadelle had a higher removal rate due to uterine bleeding when compared to Implanon (66.7% ($n=28$) vs 27.3% ($n=3$)). In the retention group, 44.5% ($n=105$) experienced one or more side effects.

Conclusion: The subdermal contraceptive implant is a safe Long-acting reversible contraceptive device with a one-year retention rate among Guyanese women consistent with other populations worldwide. Clients should be counseled appropriately about the side effects of the implant before placement and be encouraged to seek medical assistance if they experience any.

P20.45 | USE OF ORAL CONTRACEPTIVES IN PSYCHOTROPIC DRUG USERS—PRESCRIPTION PATTERNS ACROSS EUROPE
CATEGORY: CONTRACEPTION AND FAMILY PLANNING

T. Boehnke

ZEG Berlin GmbH, Germany

Objective: To investigate prescription patterns of oral contraceptives (OCs) among psychotropic drug (PD) users compared to non-PD users in routine clinical practice in Europe.

Method: We conducted a pooled analysis of three large, prospective, multinational cohort studies comprising women with a new prescription of combined oral contraceptives (COCs) or progestin-only pills from 12 European countries. We calculated standardized mean differences (SMD) to investigate whether the status of PD use or PD class is associated with the healthcare professionals' (HCP) choice of a specific OC class or type of progestin.

Results: COCs were prescribed to >99% of 146 149 non-PD users and 2188 PD users. Most frequent COC progestins used were levonorgestrel (non-PD: 33.6%; PD: 32.2%), norgestrel/norgestrel acetate (non-PD: 19.0%; PD: 26.2%) and drospirenone (non-PD:

15.8%; PD: 14.7%). SMD indicated no substantial differences in COC use between cohorts. However, differential prescription behavior was observed for St. John's wort users. They more often received a prescription for drospirenone and less frequently for norgestrel/norgestrel acetate compared to non-PD users.

Conclusion: PD user status seems unlikely to affect HCPs' choice for a particular OC. However, as the potential risk for drug interactions differ by progestin type some OCs might be more suitable for PD users than others, and specific guidelines should be conveyed to HCPs to assist the contraceptive counseling process.

P20.46 | EXPERIENCES AND BARRIERS TO ACCESS OF TERMINATION OF PREGNANCY FOR ADOLESCENTS IN TSHWANE, SOUTH AFRICA
CATEGORY: CONTRACEPTION AND FAMILY PLANNING

T. Kgoloko

University of Pretoria—South Africa, South Africa

Objective: To explore the experiences of adolescents and determine the barriers to accessing termination of pregnancy services for adolescents. Their views and experiences were explored from four domains of enquiry and included the ways in which individual, institutional, provider and community contexts impacted on abortion service provision.

Method: The research was undertaken at two abortion clinics in Pretoria, South Africa (one public and one private health facility) from April 2022 to July 2022. We used a mixed qualitative and quantitative method. We assessed the responses of 127 adolescents (age 12–19) using a validated questionnaire developed by The World Health Organization (WHO). Ethical clearance was obtained from the University of Pretoria's Research Ethics Committee (REC).

Results: Knowledge gaps, unavailability of sufficient facilities and lack of family/societal support are significant barriers that society places on access to safe abortion care for adolescents.

Conclusion: Despite the progressive legal framework, access to safe abortion remains a challenge. Adolescents are a vulnerable group and have unique needs. These needs should be catered to through programming and support. Adolescents need information about safe abortion at an early age, support from family/society and an amenable, stigma-free health system.

P20.47 | ANÁLISIS DE 10 AÑOS DE IMPLEMENTACIÓN DE LA LEY DE INTERRUCCIÓN VOLUNTARIA DEL EMBARAZO EN URUGUAY
CATEGORY: CONTRACEPTION AND FAMILY PLANNING

V. Fiol

School of Medicine, University of the Republic, Uruguay, Uruguay

Objective: En el año 2012 se aprueba en Uruguay la Ley de interrupción voluntaria del embarazo (IVE), dentro de las 12 semanas de edad gestacional. Se trata de una prestación incluida en el Sistema

Nacional Integrado de Salud. El objetivo de este estudio es describir los principales resultados de su implementación.

Method: Estudio descriptivo observacional, de tipo retrospectivo. Se realiza un análisis de los datos de IVE provenientes del Sistema Nacional de Información del Ministerio de Salud en el período diciembre de 2012 (inicio de implementación de la Ley) a diciembre de 2021. Se describe la evolución del número de IVE, su distribución geográfica, según subsector de salud y por edades. Se describen los métodos utilizados para la IVE.

Results: En el periodo analizado se realizaron 85265 IVE (promedio 9474 por año). La tasa de IVE en el año 2012 fue de 12.5 estable en los últimos 5 años. Los casos se distribuyen en forma equitativa entre el subsector público y el privado, e igualmente entre Montevideo y el interior del país. En el 96% de los casos el método es farmacológico. Hubo muertes por IVE en el periodo analizado.

Conclusion: La IVE se ha implementado en forma exitosa y equitativa en los diferentes sectores de la población. La tasa de IVE es de las menores en América Latina y el Caribe, y similar a la de Europa y USA. El método de elección es el aborto farmacológico.

P20.48 | MIGRATION OF INTRA-UTERINE DEVICES

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

V. Verstraeten

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Objective: Intra-uterine devices (IUD) are effective contraceptives with increasing use worldwide. Complications such as perforation and migration occur rarely, in 1–2 per 1000 users. A review was conducted to identify presentation and management of affected individuals.

Method: For this review we searched online databases (Medline/Pubmed, Cochrane, Web of Science, and Sciencedirect) for articles in Dutch, French, English, and Spanish published between 2000 and 2022 that described complete or partial migration of an IUD. The review included demographic data, clinical symptoms, type of IUD, time between placement and diagnosis of perforation, location of perforated IUDs, removal method, and complications.

Results: We analyzed 165 cases from 119 case reports or case series. Patients' mean age was 39 years, and 68% were multiparous. Clinical symptoms varied, with pain and urologic complaints being most common. Two-thirds of cases involved copper IUDs, and one-third involved hormonal IUDs. Most common intra-abdominal locations of migrated IUDs were the bladder, bowel, and omentum. Most IUDs were removed via laparoscopic surgery. Complications such as abscess formation and complex adhesions were described.

Conclusion: IUD migration is rare but significant given its increasing use. To avoid perforation, providers should be experience and assess risk factors. Follow-up after placement is crucial, and further imaging should be provided if IUD threads are not visible. Laparoscopic removal is preferred, but other surgical techniques may be necessary.

P20.49 | PLANIFICACIÓN POSTPARTO EN UN HOSPITAL DE ALTA COMPLEJIDAD EN BOGOTÁ—COLOMBIA EN EL AÑO 2022.

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

V. Laverde

Universidad Militar Nueva Granada, Colombia

Objective: Describir la planificación postparto de todos los nacimientos en una clínica de alta complejidad obstétrica (Hospital Universitario Clínica San Rafael—HUCSR) en el año 2022 en Bogotá—Colombia según la normatividad local vigente.

Method: Estudio descriptivo, basado en datos en planificación postparto antes del alta hospitalaria y de Registro Único de Nacido Vivo en el HUCSR, entre enero y diciembre de 2022. Es una institución de referencia de alto nivel de complejidad en Bogotá. Se estableció el número de pacientes con nacimiento en dicho periodo. Se evaluó edad materna, número de nacidos vivos, nivel educativo y método de planificación escogido. Realizamos análisis descriptivo según el tipo de planificación familiar.

Results: Fueron 4842 nacimientos en el 2022. El 80% de las mujeres estaban entre 20 y 34 años, el 38% tenían un nivel de educación superior y el primer hijo fue en el 47%. El principal método de planificación fue el implante subdérmico con 35% de pacientes, seguido de esterilización quirúrgica 33%, Dispositivo Intrauterino 12%, anticonceptivos orales y preservativo 4% y finalmente se presentó un 1% del total de las pacientes que no desearon planificación.

Conclusion: Independientemente de edad materna y número de hijos vivos, las mujeres prefieren métodos de planificación de larga duración o definitivos, disminuyendo la morbimorbilidad materna por embarazos con periodo intergenésico corto. Todas las pacientes cuentan con orientación en planificación familiar y se asegura el método de planificación antes del alta hospitalaria.

P20.50 | PERIPARTUM INFORMED CONSENT FOR BILATERAL TUBAL LIGATION IN A REGIONAL HOSPITAL IN A LOW INCOME COUNTRY, TO DO OR NOT TO DO: A CASE STUDY AND LIMITED LITERATURE SEARCH

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

W. Ochieng

KOGS, Kenya

Objective: This review aimed at seeking for evidence that validates peri-partum consent with a goal of creating a medical-legal framework for peri-partum tubal ligation in the context of low and middle income countries.

Method: This was a case study supplemented with review of the literature using Pubmed search engine.

Results: 40years old G8P7+0 at term, Human Immune-deficiency Virus (HIV) positive, virally suppressed with chorioamnionitis seeking

for tubal occlusion at delivery. We found few reports on Peripartum sterilization in developing countries with lack of consensus in validity of consent at peripartum in the literature. Depressive disorders amongst women who had had sterilization was reported by four different researchers with one citing reduced incidence of mental disorders if the time between obstetric event and sterilization was longer.

Conclusion: Though we had a limited search of the literature, we conclude that validity of consent given at delivery remains controversial with no universal framework in developing countries. For a more informative conclusion relevant to developing countries, we recommend a mixed qualitative prospective study involving both care givers and patients.

P20.51 | INTRODUCTION ET MISE À ÉCHELLE DE L'INSERTION DU DISPOSITIF INTRA-UTÉRIN (DIU) EN POST-PARTUM IMMÉDIAT AU BURKINA FASO

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

Y. Zanre

Burkina Faso, Burkina faso

Objective: Contribuer à l'accroissement de l'utilisation des méthodes contraceptives modernes de longue durée d'action dans le post-partum au Burkina Faso (BF) et à l'intégration des services de l'accouchement et de la planification familiale.

Method: L'insertion du dispositif intra-utérin en post-partum immédiat (DIUPP) fut introduite au BF de 2013 à 2015 dans 26 formations sanitaires (FS), étendue à plus de 300 FS de 2015 à 2018 et mise à échelle en 2020 dans 2.293 FS. Introduction, extension et mise à échelle ont comporté les étapes suivantes: formation des prestataires, dotation d'intrants, formation des clientes, supervision, collecte des données et intégration dans les outils de référence nationale en santé (SNIS).

Results: L'insertion du DIUPP, intégrée dans les politiques-normes et protocoles-2018 et dans les écoles de santé, s'est progressivement étendue de 26 FS à 2.293 FS. Ses indicateurs, dont le nombre d'accouchées ayant adopté le DIUPP avant la sortie de la FS, ont été intégrés dans le système national d'information sanitaire. Selon Endos-BF, annuellement de 2017 à 2021 les accouchées qui ont adopté le DIUPP sont: 6.425; 7.198; 3.441; 4.276 et 3.989.

Conclusion: L'introduction, l'extension et la mise à échelle réussies du DIUPP ont été réalisées au Burkina Faso sous le leadership du ministère de la santé et ses partenaires techniques et financiers. Son intégration dans les écoles de santé, dans les politiques sanitaires et dans le SNIS est une voie de pérennisation.

P20.52 | BARRIERS TO ABORTION IN JAPAN: A CROSS-SECTIONAL SURVEY

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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¹Kyoto University School of Public Health, Japan; ²SRHR Japan, Japan;

³Taisei Gakuin University, Japan

Objective: The abortion pill was approved on April 21, 2023 in Japan. Abortion is legal, but requires the consent of the partner and is fully self-paid. The aim of this study was to analyze what people perceive as barriers to abortion.

Method: Internet survey was conducted in July 2022. Respondents were assigned by gender, region, and age. We asked whether they had opportunities to learn about contraception and abortion, whether they had ever had an abortion, barriers to having an abortion, and whether they think public funding is necessary.

Results: A total of 3005 responded to the survey, and 2836 were analyzed after excluding 169 too speedy respondents. Those who had the opportunity to gain knowledge about contraception and abortion was 1389 (49.0%). Those who experienced abortions were 507 (17.7%). The first barrier to abortion was psychological burden (69.8%), followed by cost (47.0%), lack of knowledge (37.8%), and partner's consent (34.9%). 2065 (72.8%) answered that public funding was necessary.

Conclusion: Many felt that they don't have opportunity to have knowledge of contraception or abortion, and lack of knowledge is one of the barriers to abortion. The cost, which is entirely self-paid, is also a barrier. More than 70% wants public funding for abortion.

P20.53 | SEPTIC AND INDUCED ABORTIONS WITH IATROGENIC UTERINE INJURIES: CASE SERIES

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

Z. Muslim

SOGP, Pakistan

Objective: Background: Unsafe abortion is the termination of an unintended pregnancy before 20weeks gestation carried out in a facility lacking minimal medical standards or by untrained individuals or both. Worldwide, annually 25 million unsafe abortion occur and 7 million women are admitted after with complications of unsafe induced abortion.

Method: Case Series: We present three cases of surgical induced abortions with serious maternal morbidities managed in tertiary care facility in the capital city. All were multiparous, married women, not using contraception with unwanted gestation. One was graduate by education and two women had previous cesarean section scars. They were handled by poorly trained healthcare workers resulting in serious morbidities namely entero-uterine fistula, prolapsed small gut in vagina and uterine scar rupture with broad ligament hematoma.

Results: Discussion: Globally, about 121 million unintended pregnancies occur annually and 60% of these end in abortions with a further 45% ending up in unsafe abortions (97% occur in developing countries). This results in 5–13% of maternal mortality in these countries including Pakistan. The presentation of these three women in the capital city tertiary care facility over only 3–4 months is alarming.

Conclusion: Primary prevention, improving contraceptive availability and demand is extremely urgent. Universal safe postabortion care by stopping the use of uterine curette in surgical evacuations as secondary intervention. Safe Medical termination, appropriate doses by qualified HCW's and ensuring availability of Manual vacuum aspiration with trained providers in all levels of care.

P21.01 | SOUTH KOREA'S INDUSTRIAL ACCIDENT COMPENSATION INSURANCE ACT FOR WOMEN EXPERIENCING ADVERSE PREGNANCY OUTCOMES
CATEGORY: HEALTH SYSTEMS STRENGTHENING

J. Yoon

National medical center, South Korea

Objective: In 2022, the Korean government announced a revision to the Enforcement Decree to include miscarriage, stillbirth, premature birth, and fetal diseases in the scope of industrial accident compensation insurance.

Method: It was the result of continued discussions after the mass miscarriage and serial birth of congenital malformed children among nurses at a local secondary hospital in 2010.

Results: The current revision of the Enforcement Decree of the Industrial Accident Compensation Insurance Act comprehensively included known risk factors for adverse pregnancy outcomes such as physicochemical factors, biological factors, ergonomic factors, and socio-psychological factors.

Conclusion: As a meaningful first step in protecting the reproductive health of working women, it is necessary to expand its compass not only to the workplace but also to the daily living environment. Further studies on the relationship between male occupational factors and adverse pregnancy outcomes are also needed.

P21.02 | A BEHAVIORAL SCIENCE APPROACH TO PROMOTE RUBELLA VACCINE FOR ADULT MALES IN JAPAN
CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: The purpose of this study was to conduct an Internet-based questionnaire survey of men aged 43–60 years who are eligible for the fifth routine vaccination against rubella to determine

their vaccination status and related factors, and to develop policies to promote vaccination.

Method: 2800 men in the target age group were asked to answer questions about their own health status, knowledge about rubella, altruism, and accessibility of the system. A randomized controlled trial (RCT) using seven different nudge messages promoting vaccination was conducted to investigate changes in attitudes due to the messages.

Results: Only about 30% of men were vaccinated by the program. Men who had already been vaccinated had stronger social norms and were more altruistic. Desire to prevent their own infection and low cost were also important factors. An RCT with nudge messages revealed that low-cost/loss aversion, self-interest, and altruism messages may have a facilitative effect on vaccination. The main reasons for not vaccinating were "lack of interest" and "complicated procedures."

Conclusion: The characteristics of men who vaccinate were clarified. In the future, it will be important to approach the unvaccinated, and a behavioral science approach will be effective. Appropriate publicity is needed to increase the interest of the target population by including elements that appeal to loss aversion and self-interest.

P21.03 | OBSTETRIC CARE QUALITY: INTEREST OF "NEAR-MISS" CONCEPT IN TUNISIAN REFERENCE MATERNITY
CATEGORY: HEALTH SYSTEMS STRENGTHENING

K. Samaali

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Objective: Maternal mortality is no longer the best indicator for improving the management and prognosis of pregnancies and deliveries. Therefore, "near-miss" has been suggested as an indicator of obstetric care quality. The aim was to identify and investigate near-miss cases and discuss this concept as an indicator of obstetric care quality.

Method: It was a descriptive retrospective study of medical records over a period of one year starting from January 1st, 2019 to December 31st, 2019 within Maternity and Neonatology Center of Tunis.

Results: We collected 13328 deliveries, 13071 newborns, 9 maternal deaths and 98 near-miss cases. The average age was 32.6 years old. Delivery was caesarean section in 80.6%. The intensive care unit admission rate was 83.6% of near misses caused by PPH in 69.3%. Twenty-seven near misses had an adherent placenta (accreta / increta / percreta). Thirty-four hysterectomies were performed due to severe bleeding. The mortality index was 8.4%.

Conclusion: The Near-miss analysis provided a better understanding of maternal complications and more complete data on severe maternal morbidity. Thus, this approach will establish action strategies to improve obstetric care and can be used as an assessing mean of the obstetric care quality.

P21.04 | APPROACH TO LIFE-THREATENING CONDITIONS AMONG PREGNANT WOMEN IN A TUNISIAN MATERNITY HOSPITAL

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: Identify patients who have experienced potentially life-threatening conditions and present cases of "near miss" according to the criteria of WHO 2009 within the Tunisian university maternity and assess the quality of care.

Method: A retrospective descriptive study conducted in the obstetrics gynecology department of Kairouan during the year 2020. A data collection grid based on the WHO "near miss" classification criteria had been designed.

Results: The age of the "near misses" was >35 years in 55.6% of cases. Bleeding disorders were the most common event (72.2%). Maternal death was related to HELLP Syndrome. The calculation of the "near miss" indicators had revealed a near miss ratio = 2.7%/1000 live births (NV), a severe maternal outcome ratio = 2.9/1000 NV, a near miss/equal mortality ratio at 18 and a mortality index = 5.26%.

Conclusion: Emergency obstetric care requires qualified personnel and an adequate health care infrastructure. These actions should constitute important elements of the reproductive health program in Tunisia.

P21.05 | WOMEN'S PERSPECTIVES OF HEALTH SYSTEM STRENGTHENING FOR ANTENATAL CARE (ANC) IN UGANDA

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: In preparation for implementation of WHO recommended eight ANC contacts (ANC8), we aimed to describe parous Ugandan women's perceptions of ANC. The three components we aim to explore are women's perceived satisfaction and quality of care (QoC) within ANC, pregnancy health-beliefs, and their impact on ANC attendance.

Method: We conducted a systematic review and synthesis of qualitative and quantitative evidence on the barriers to healthcare and women's views towards ANC in Uganda to understand factors impacting fidelity to ANC8. Based on these results, we developed and validated a questionnaire to assess women's perceived satisfaction with ANC, local pregnancy health-beliefs, and inhibitors to care. We collected data from parous women in Mukono District, Uganda within public child immunization clinics.

Results: We identified 47 studies which show that Ugandan women face barriers such as distance, financial constraints, cultural beliefs, and gendered decision-making when accessing ANC. Preliminary analysis of the questionnaire ($n = 188$ women), revealed high levels of overall ANC satisfaction (98%) and importance of QoC. About half of women initiated ANC before 16-weeks gestational age

(56%) and had four visits or more (45%). We plan to analyze how perceived satisfaction, QoC, and specific barriers influence ANC attendance.

Conclusion: Our study reveals the intricate individual, societal and systemic factors influencing ANC attendance in Uganda. Prioritizing maternal satisfaction is crucial to enhance maternal-child health. This work will contribute to supporting the implementation of ANC8 in Uganda as well as other low-middle income countries.

P21.06 | REDUCING MATERNAL MORTALITY RATE -STILL A LONG WAY TO GO!

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: To analyze maternal deaths at tertiary care center. To detect contributory factors for maternal death and analyze them. To propose measures to reduce or prevent maternal mortality.

Method: A retrospective study done at a tertiary care centre at district level in India, from January 2022 to December 2022. Data was obtained from maternal death review forms and case records. Socio demographic parameters, details regarding death and type of delay was noted. Data studied and analyzed and inferences drawn in terms of percentages for the parameters of interest.

Results: Majority of the maternal deaths due to direct obstetric causes like Eclampsia (29.41%), Pre-eclampsia (20.59%), anemia (20.59%), hemorrhage (14.71%) and septicemia (11.76%). Predominantly rural population (82.35%), lower socio-economic group (76.47%) with less than 3 ANC visits (52.95%) and receiving care at peripheral centres. 88.23% were referred, & 55.88% took more than 4h to reach the center. 55.88% of the deaths occurred within 24h of admission, with Type 1 delay being the most common (82.36%).

Conclusion: Majority of the maternal mortality could be avoided. Leading factors were type 1 delay. It is essential to identify high risk cases and refer to higher centers. Reduction in travel time to tertiary care needed. Health care workers at the grass root level, need to be trained and sensitized periodically.

P21.07 | AN EXAMINATION OF PROCESSES AND PATTERNS OF CARE FOR TYPE 2 DIABETIC PREGNANT WOMEN IN TWO TERTIARY HOSPITALS IN INDONESIA

CATEGORY: HEALTH SYSTEMS STRENGTHENING

L. Ryan
The University of Adelaide, Australia

Objective: To understand what care is provided to pregnant women with Type 2 diabetes mellitus (T2DM) in tertiary settings in Kutai Kartanegara District, East Kalimantan, Indonesia.

Method: This study reviewed medical records of 58 women who delivered and/or received antenatal care (ANC) with T2DM in 2018–2019 in two tertiary hospitals in Indonesia.

Results: The findings indicated that consultations with obstetricians, referrals to internists (diabetes specialists) and hospital based births are taking place for most women. The number of consultations with an obstetrician and internist were higher for women who had their first hospital ANC earlier in pregnancy (first/second trimester). Current gaps in the process of care identified included no ANC being conducted at hospital and the full range of recommended examinations/tests not being conducted in hospital settings.

Conclusion: This study highlighted that strengths of current care practices include access to obstetricians and referrals to internists. Several aspects of care that need to be strengthened include ensuring women are engaging earlier with ANC at hospital and completion of all tests and examinations recommended for management of T2DM.

P21.08 | HEALTH PROMOTING LIFESTYLE IN WOMEN WITH POLYCYSTIC OVARIAN SYNDROME

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: The present study was conducted with the objective of determining the status of healthpromoting lifestyles and their socio-demographic predictors among women with PCOS.

Method: This cross-sectional study was conducted on 174 women with PCOS who attended in infertility clinics in Urmia-Iran, 2020. The data were collected through socio-demographic and Health Promoting Lifestyle Profile-2 questionnaires. Multivariate linear regression model was used to estimate the effect rate of the independent variables (socio-demographic characteristics) on the dependent variable (health promoting lifestyle).

Results: The mean (Standard Deviation) of total score of health promoting lifestyle was obtained 2.2 (0.3) out of 4. The highest mean score was in nutrition subscale [2.9 (0.5)] and the lowest mean score was obtained in the subscale of stress control [1.2 (0.5)]. Based on multivariate linear regression model, variables of BMI, ethnicity, spouse's job, adequacy of monthly income for living expenses, first supporter, menstrual cycle intervals and bleeding were predictors of health promoting lifestyle.

Conclusion: In light of the unfavorable status of the total score and the majority of subscales pertaining to health-promoting lifestyle, it's imperative that health providers prioritize the improvement of healthpromoting lifestyles in women with PCOS. This should be done in conjunction with other therapies and take account the effective socio-demographic determinants.

P21.09 | COMPARISON OF MATERNAL AND NEONATAL OUTCOMES OF COVID-19 BEFORE AND AFTER OMICRON EMERGENCE IN MATERNITY FACILITIES IN MALAWI (MATSURVEY): DATA FROM A NATIONAL MATERNAL SURVEILLANCE PLATFORM

CATEGORY: HEALTH SYSTEMS STRENGTHENING

L. Mndala

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Objective: As the COVID-19 pandemic took hold, our pregnant and recently pregnant women presented a gap; we did not know how they were impacted in Malawi. Using a digital real-time national maternal surveillance platform, we compared maternal and neonatal outcomes of COVID-19 during omicron to the preceding beta and delta waves.

Method: All pregnant and recently pregnant patients up to 42 days following delivery, admitted to 33 health-care facilities throughout Malawi with symptomatic, test-proven COVID-19 during the second (beta, Jan-Apr 2021), third (delta, Jun-Oct 2021), and fourth (omicron, Dec 2021–Mar 2022) waves were included. Demographic and clinical features, maternal and neonatal outcomes during maternal hospital stay were compared between waves using Fisher's exact test. Adjusted odds ratios (OR) for maternal outcomes were estimated using mixed-effects logistic regression.

Results: SARS-CoV-2 was confirmed in 261 patients; of whom 76 (29%) had a severe maternal outcome (SMO) and 45 (17%) died. The outcomes were less during the fourth (omicron) wave than the second wave (aOR of SMO: 3.96 [95% CI 1.22–12.83], $P=0.022$; aOR of maternal death: 5.65 [1.54–20.69], $P=0.009$) and the third wave (aOR: 3.18 [1.03–9.80], $P=0.044$; aOR: 3.52 [0.98–12.60], $P=0.053$). During beta and delta waves, 12 (13%) of 92 singleton neonates were stillborn/died, compared with 0 of the 25 born during omicron.

Conclusion: Maternal and neonatal outcomes from COVID-19 were less severe during the omicron wave of SARS-CoV-2 pandemic in Malawi, than during the beta and delta waves. Despite resource challenges, it was possible to rapidly implement a digital national maternal surveillance platform, for timely understanding of the impact of COVID-19 in maternity.

P21.10 | INCIDENCE OF CHLAMYDIA TRACHOMATIS IN PREGNANT WOMEN DIAGNOSED WITH SYPHILIS

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: To identify the presence of Chlamydia trachomatis bacteria in pregnant women diagnosed with syphilis at the public health

system in Brazil, establishing the profile of the pregnant woman based on information regarding possible signs, symptoms, and gestational habits that favored the proliferation of bacteria.

Method: Quantitative, descriptive, bibliographic, laboratory research, with an inductive method. The sample consisted of 56 pregnant women diagnosed with syphilis through the VDRL test. Patients with syphilis underwent the rapid test for *Chlamydia trachomatis* and filled out the research form, in order to establish the patient's profile. The research was approved by the Brazilian Research Ethics Committee.

Results: In the amount of 56 pregnant women with syphilis, 52% of them were diagnosed with *Chlamydia trachomatis*, 67% were asymptomatic. In the amount of patients with positive rapid chlamydia test, 80% of them did not use condoms during sexual intercourse, and 100% of them were unaware of the risks of sexually transmitted infections and the complications of the disease for the mother and child.

Conclusion: The high incidence can be explained by the absence of tests for *Chlamydia trachomatis* diagnosis in the public health system, since none of the patients had been previously screened. Thus, there is a need to incorporate a chlamydia screening program for the target populations.

P21.11 | INCIDENCE OF CHLAMYDIA TRACHOMATIS IN PREGNANT WOMEN DIAGNOSED WITH PREMATURE RUPTURE OF OVULAR MEMBRANES

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: To identify the incidence of CHLAMYDIA TRACHOMATIS bacteria through rapid test in pregnant women diagnosed with premature rupture of ovular membranes, establishing the patient's profile from signs and symptoms during pregnancy, frequency in prenatal care, complications in previous pregnancy and knowledge about disease prevention.

Method: This is a quantitative, descriptive, bibliographic and laboratory research. The research sample consisted of 20 pregnant women diagnosed with premature rupture of ovular membranes seen at the Public health system at Brazil, application of rapid test to identify the bacterium CHLAMYDIA TRACHOMATIS and questionnaire to establish the patient's profile. The research was carried out between October and December 2022, through approval by the Brazilian Research Ethics Committee.

Results: 60% of the pregnant women in the survey had a positive rapid test for CHLAMYDIA TRACHOMATIS, 50% of them were asymptomatic for the disease. 70% of them had had less than 6 prenatal visits or no visits at all. 85% of the pregnant women with positive rapid test said that they did not know any prevention measures for sexually transmitted infections.

Conclusion: The high rates of chlamydia trachomatis infection may be associated with the lack of knowledge about sexually transmitted infections and their forms of prevention. During prenatal care, health professionals should pass on information about preventive measures and encourage condom use during pregnancy.

P21.12 | PROMOTING ACCOUNTABILITY AND COLLABORATION AMONG THE HEALTH WORKFORCE: PERCEPTIONS WITHIN A NETWORK OF CARE APPROACH IN KENYA

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: In low resource settings obstetricians/gynecologists' can better respond when women access timely care. We describe how a Network of Care (NOC) approach which deliberately connects facilities to promote person-centered care, affects provider collaboration and accountability around emergency maternal and neonatal health-care (MNH) referrals in Makueni county, Kenya.

Method: An ongoing mixed methods study assess a NOC providing MNH services between March 2022 and January 2023. Quantitative data draw on facility readiness assessments of 60 purposefully-selected facilities (three time points) and a phone survey with 218 providers (four time points). Qualitative data, collected at two time points, include seven focus group discussions with 64 providers and 23 key informant interviews with county and sub-county officials. Descriptive and thematic analysis were employed.

Results: Improvements in accountability, assessed by facility readiness assessments, found increased review of complicated cases (51%–72%; $P=0.05$). Phone survey demonstrates increased collaboration and communication between facilities through referral calls (71%–83%, $P=0.03$). Qualitative data demonstrate NOC activities support accountability between providers within network facilities. Specifically, monthly facility and quarterly cluster data review meetings, audits, and inter-facility mentorship and feedback on MNH complications management and referrals offer collaborative pathways for shared responsibility and response.

Conclusion: To our knowledge, this is the first study that shows that a NoC approach has the potential to improve quality of care for women and newborns through enhanced accountability and collaboration among the health workforce providing MNH services including between nurses-midwives and specialists.

P21.13 | WHO ENROLLS FOR A MATERNAL HEALTH WALLET BASED ON MOBILE MONEY AND WHO DOESN'T? A MIXED METHODS DOER/NON-DOER ANALYSIS AS PART OF THE 4MOTHERS TRIAL IN THE ANALAMANGA REGION, MADAGASCAR

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: Financial barriers constitute an obstacle for maternal healthcare seeking in many parts of the world. For providing an innovative and transparent way of healthcare financing, a Mobile Maternal Health Wallet based on mobile money was implemented in the Analamanga region of Madagascar including a subsidized saving tool and vouchers.

Method: We aimed to foster understanding of facilitators and barriers for enrollment and underlying decision-making processes using a mixed methods approach. We compared those who knew the tool and registered (doers) with those who knew but did not register (non-doers). We combined qualitative analysis of in-depth interviews ($n = 30$) with doers and non-doers, family members, healthcare providers and implementation team members with the analysis of quantitative household survey data ($n = 689$). Data was collected in 2022.

Results: Qualitatively reported reasons for enrollment included early and comprehensive information from trustworthy sources, financial and medical considerations, and community influences. As reasons against enrollment, respondents described logistical barriers and deficiencies of information or trust, the latter often based on rumors or others' negative experiences. Quantitatively, lower income, preexisting risk factors and a midwife as information source were positively associated with being a doer. Family or friends as information source were associated with being a non-doer.

Conclusion: This study highlights the importance of the evaluation of outreach and sensibilization activities among target populations and aims to inform programs about the intersection of technology and healthcare as well as the complex roles of transparency and trust for designing healthcare implementation strategies.

P21.14 | ESTABLISHING COMMUNITY-BASED MATERNAL AND NEONATAL MORTALITY REPORTING IN ZAMBIA AND UGANDA: LESSONS AND RECOMMENDATIONS IN ACTION
CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: High-quality, routine data on maternal and neonatal mortality is critical to shaping effective interventions, but many countries lack a system for tracking deaths outside of health facilities. Community-based mortality reporting is a priority in Sub-Saharan Africa, but limited examples exist of how systems can be operationalized, scaled, and sustained.

Method: From 2018 to 2021, a system for community mortality reporting was operationalized sub-nationally in Zambia and Uganda with support from the Clinton Health Access Initiative. Processes were established or improved in all phases of reporting: guidelines, forms, and skills for reporting deaths; functional database to house data; and systems and processes for data use. The systems in each country were unique, building off existing structures and policies, encouraging sustainability.

Results: In Zambia, 80000+ births were tracked, with 122 maternal and 1581 neonatal deaths/stillbirths occurring in the community and facilities reported by community volunteers between 2019 and 2021. In Uganda, 98 maternal and 931 neonatal deaths/stillbirths in the community were reported by community volunteers. Practical learnings include considering trade-offs between aggregate or detailed reporting, layered supervisory systems, integrating facility-based reporting, linking reports to death reviews and action, and establishing dashboards to increase data use.

Conclusion: This work offers two examples of how community-based mortality surveillance can be established in low-resource settings to ensure every maternal and neonatal death is reported, regardless of where it occurs. Reporting of community deaths lays the foundation for comprehensive action planning and tracking progress toward health goals.

P21.15 | GROWTH TRAJECTORIES AMONG TODDLERS IN RURAL CAMBODIA; INCREASED RISK FOR SEVERE GROWTH FALTERING IN EARLY CHILDHOOD
CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: The aim of the study was to follow anthropometric and cognitive development in a birth cohort from two rural communities in Cambodia; area I being inland villages, and area II, the so-called floating villages on the waterways between the cities of Battambang and Siem Reap.

Method: A total of 172 newborns were included at birth. The babies from area II had significantly lower birthweight, ponderal index and head circumference compared to area I. At 18 months 152 children were eligible for follow up. In addition to anthropometric measurements, language, social and motor skills were assessed using Ages and Stages Questionnaire adapted to a Cambodian context. Statistical analysis was conducted by Mann-Whitney U test and Chi-square test.

Results: At 18 months of age the antropometric differences had increased. Children from the floating villages had the least favorable growth trajectories. 53% were stunted and 30 % underweight. For the inland area the numbers were 20.7% and 10 %. Head circumference and ponderal index were the same, however, the shortest children scored lower in motor and social skills. Breastfeeding was negatively associated with physical growth and cognitive scores.

Conclusion: Significant differences in anthropometric measurements at birth, increased during the first 18 months of life. High prevalence of growth faltering in early childhood is a strong indicator of unfair distribution of commodities, income and living conditions that needs to be addressed by health authorities and policy-makers.

P21.16 | COLLABORATIVE EDUCATIONAL AND TELEASSISTANCE WORK MODEL FOR OBSTETRIC EMERGENCY CARE: EXPERIENCE FROM A REGION IN A MIDDLE-INCOME COUNTRY
CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: In 2019 a collaborative model using education and telecare strategies was implemented to support emergency obstetric

care. We aim to describe changes in maternal mortality and morbidity indicators in a region after the implementation of the collaborative model between a high complexity hospital and 40 lower complexity hospitals.

Method: We conducted a quasiexperimental study of a retrospective cohort of patients managed before the implementation of the model between 2018 and 2019 and after the obstetric care collaborative educational-teleassistance model was implemented in 40 hospitals from the Valle del Cauca, Colombian region until 2022.

Results: Linkage to official statistics, leading to the identification of 55 maternal deaths prior to the implementation of our model. After the implementation period, a significant reduction of maternal mortality was assessed ($P < 0.05$), represented in only one non-preventable maternal death.

Conclusion: Our experience demonstrates collaborative care model strategies, supported by government entities in charge of developing public policies. Allows overcoming access barriers faced by rural areas in middle and low-income countries, generating positive effects on maternal morbidity and mortality indicators.

P21.17 | EPIDEMIOLOGY OF ENDOMETRIOSIS IN SPAIN
CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: The true incidence of endometriosis in a global and community setting has not yet been determined, and information from epidemiological studies on endometriosis is limited. The objective of this study was to assess the incidence of diagnosed endometriosis in the general population in Spain and in Spanish autonomous communities.

Method: This is a retrospective population-based study of patients discharged from all hospitals in Spain between January 2014 and December 2017. Women aged 15–54 years, diagnosed with endometriosis new cases only, were identified according to International Classification of Diseases diagnostic codes. In the covered the period a population of 12 775 911 women of reproductive age. Data obtained from the national database were transferred to statistic program for all statistical analyses.

Results: The 20 547 patients with endometriosis, and the mean age was 36.8 years. Incidence rates were according to the following types of endometriosis in each year, and average incidence rates: uterine endometriosis 28.4%; tubo-ovarian 35.2%; peritoneal 8.1%; vesical 6.8%; intestinal 3.2%; other type 18.31%. Approximately 5000 women in Spain were diagnosed with endometriosis during each year of the study. The annual incidence of endometriosis in Spain decreased from 4.4 to 3.9 per 10000 women.

Conclusion: This is the first detailed epidemiological study of endometriosis in Spain. The results show that the incidence of endometriosis in Spain is 16.1 per 10000 (ranging from 6.8 to 24 the autonomous communities). This study also provides information on the relative proportions of the different types of endometriosis.

P21.18 | PARTICULARITIES OF SUB SAHARAN AFRICAN PATIENTS IN A GYNECOLOGY DEPARTMENT IN TUNISIA
CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: The number of immigrants from sub-Saharan Africa (SSA) has been increasing in Tunisia. In gynecology departments, we are increasingly confronted with pathologies specific to this population. Given the lack of exhaustive data, we decided to conduct a descriptive study to determine the characteristics of the SSA population treated in Tunisia.

Method: Our study was retrospective, single-centered, descriptive and longitudinal. It was carried out in the obstetrics and gynecology department of the University Hospital of Mongi slim in La Marsa over 4 years. We included all patients of SSA origin who had been hospitalized or consulted our emergency or ambulatory care departments. The collection of the patients' parameters was performed on a previously established template.

Results: A total of 379 sub-Saharan women were admitted to our department. The mean age was 29±5.5 years. Ivory Coast patients represent 50% of the study population. 4% were HIV positive. Anemia rate was 34%. 38% had uterine fibroids. The average hospital stay is 3 days. Parturients did not have regular obstetrical follow-up in 42% of cases. Patients with pre-eclampsia represent 8.3% of parturients. caesarean section rate was 38%.

Conclusion: understanding the epidemiological, clinical and therapeutic characteristics of sub-Saharan African patients in Tunisia is an essential step towards meeting their public health needs and modifying hospital strategies to meet this new challenge.

P21.19 | FIX THE SYSTEM INSTEAD OF DOCTOR! ASSOCIATION OF BURN OUT AND INTENTION TO LEAVE THE PROFESSION IN WORKING ENVIRONMENT AMONG POST GRADUATE RESIDENTS
CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: To determine the prevalence of burn out risk and intention to leave the job among the post graduate residents and to analyze the association between these variables and the working environment.

Method: A cross-sectional online survey of post graduate residents was conducted between 1st sept 2022–28 feb 2023. 375 out of 700 residents of Mayo Hospital and Allied hospitals participated in the study. The Professional Practice Environment Scale was used to measure the work environment, intention-to-leave the job

or profession was assessed. Using the Maslach Burnout Inventory scale, which measures emotional exhaustion, depersonalization, and decreased personal accomplishment, the risk of burn out was evaluated.

Results: Among these 375 doctors 39% were having high burnout while 55% were found to be at high risk of burnout. On the MBI scale 46% had a high score for Emotional exhaustion, 68% scored high in Depersonalization, and 93% scored low in Personal accomplishment. Burnout was reported more among females (73.58%) as compared to males. A median of 31% of residents stated that they intended-to-leave the job and 9% stated an intent-to-leave the profession.

Conclusion: A positive correlation between burn out and intention to leave was found, and identified work environment factors such as prolonged working hours, work related stress and colleague relationship as significant predictor of both burnout and intention to leave. Addressing them may be effective to mitigate burnout and reduce resignation rate.

P21.20 | IMPACT OF COVID-19 PANDEMIC ON OBSTETRICS AND GYNECOLOGY RESIDENCY TRAINING PROGRAM IN INDIA: A NATIONAL ONLINE SURVEY
CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: The goal of this study was to analyze how the COVID-19 pandemic affected the Obstetrics and Gynaecology (OBG) residency program in India.

Method: This was a cross-sectional questionnaire-based online survey aimed to assess the impact of the pandemic on the residency training program in Obstetrics and Gynecology. The questionnaire consisted of five sections: demographic details, information regarding COVID-19 status, clinical workload, teaching and research, and psychological impact.

Results: The questionnaire completed by 280 OBG trainees from different medical colleges in India. Training was reduced during the pandemic, according to 79.6% respondents. According to 13.21% and 5% respondents, reduction in training was due to cancellation of elective operations and reduced patient footfall respectively. In 74.3% cases, trainees reported worry about meeting goals of their speciality training. Logistic regression showed that extent of training reduction was not significantly associated with residents' age ($P=0.806$), gender ($P=0.982$), marital status ($P=0.363$) and status of their duty in COVID-19 dedicated hospitals ($P=0.110$).

Conclusion: The pandemic imposed a significant impact on OBG residency training in India. During pandemic, exposure to learning opportunities, surgeries and teaching was reduced, which may result in a decline in the quality of care offered to women in the future if the training deficit is not overcome.

P21.21 | IMAGING CHARACTERIZATION OF OVARIAN MASSES: CORRELATION BETWEEN ULTRASOUND AND MAGNETIC RESONANCE IMAGING
CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Maternity of Bizerte, Tunisia, Tunisia

Objective: The purpose of the study is to write about the value of ultrasound and MRI combined to tumor markers in the assessment of ovarian tumors.

Method: This analysis was performed on 63 patients in the maternity of Bizerte, Tunisia who got a radiodiagnosis based on transvaginal ultrasound and pelvic MRI followed by a surgical procedure and a pathological examination. Serum CA125 level was measured in 48 cases.

Results: The study group had a mean age of 45.6 years. Based on the histo-pathological exam, lesions were classified into benign and malignant. The sensitivity for the malignant tumors of MRI, US and tumor markers were 94.7%, 83.3% and 94.4%, respectively. The specificity of MRI, US and tumor markers were 76.1%, 73.3% and 83.3%, respectively. The NPV of MRI, US and tumor markers were 97.2%, 91.6% and 96.8%, respectively. The PPV of MRI, US and tumor markers were 60%, 55.5% and 66%, respectively.

Conclusion: Accurate adnexal mass classification can save needless procedures and surgery. Our findings in this study, MRI is more precise and accurate than US examination. RMI combined with tumor markers is a promising technique for evaluating and characterizing ovarian cancer.

P21.22 | EVALUATION OF THE USE OF CPG IN GYNECOLOGICAL EMERGENCY ON MEDINTHEPOCKET® SMARTPHONE APPLICATION
CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: Smartphone applications are becoming common, especially in the healthcare field. Moreover, access to the most recent recommendations through CPG is vital for the good management of patients. The aim of this study is to evaluate the use of CPG in gynecological emergencies at the University Hospital of Rennes on MedInThePocket®.

Method: The 1st questionnaire was a preliminary survey to the online availability of the gynecological emergency protocols on the MedInThePocket® smartphone application. The 2nd questionnaire was a secondary survey to the use of the protocols on the MedInThePocket® smartphone application. Responses were classified according to the 5-point Likert scale.

Results: Participants reported increased use of the medical protocols in gynecological emergencies since they were published on the

MedInThePocket® smartphone application, as these improved their knowledge and adherence to the recommendations. The majority would recommend it to their colleagues.

Conclusion: This study highlights the importance of the existence of a reliable digital support, such as the MedInThePocket® smartphone application, in the use of medical protocols in the gynecological emergencies in the University Hospital of Rennes by physicians.

P21.23 | RECONCILING THE DISCREPANCY IN CARING SERVICES FOR CHILDBIRTH INJURIES: IMPROVING PHYSICIAN-PATIENT RELATIONSHIPS THROUGH A NO-FAULT COMPENSATION SYSTEM
CATEGORY: HEALTH SYSTEMS STRENGTHENING

M. Huang
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Objective: Taiwan's childbirth accident compensation offers timely financial support to those who have suffered childbirth injuries. Under the regulation, hospitals must offer caring services in two days after accident. This study is to analyze the differences between healthcare providers who offer caring services and patients or their families who receive them.

Method: A study conducted between June 2016 and December 2022 sent out 1722 questionnaires to patients, and 713 to medical institutions. The survey included questions about the timing and types of caring services, and satisfaction with the compensation system. The data was analyzed using the Chi-square test for timing and types of caring, and the t-test on a 5-point scale for satisfaction with the compensation system and administrative process, and improvements of physician-patient relationship.

Results: 1722 patient questionnaires and 913 medical institution questionnaires, 47.7% of patients and 78.2% of medical institutions responded. Patients reported receiving care significantly later than healthcare providers offered. Healthcare providers offered explanation and communication services in over 77% of cases, but only 37% of patients felt they received it. Despite high satisfaction for the compensation system and agreement with improvements to the physician-patient relationship (score over 4/5), patients had significantly lower recognition than medical professionals.

Conclusion: No-fault compensation system can improve the physician-patient relationship by providing caring services. However, a discrepancy between offering and receiving caring services is evident, and educating medical staff on how to offer them is crucial. A culture of transparency and no blame is necessary to achieve effective communication.

P21.24 | IS IT POSSIBLE TO REDUCE CESAREAN SECTIONS BY INCREASING ANALGESIA DURING CHILDBIRTH? A BRAZIL-FRENCH COLLABORATION STUDY PROTOCOL
CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: Our aim is to increase the provision of analgesia during labor and to observe the impact of this measure on CS rates and women's satisfaction in 2 public hospitals in Brazil supervised by 2 French centers.

Method: Analgesia will be offered to women in Robson groups 1–4 according to local reality. Information will be collected for all women: pain scale during labor, whether analgesia was offered or given, reasons for refusing analgesia, analgesia techniques used, use of non-pharmacological methods, mode of delivery, maternal and perinatal outcome and maternal satisfaction. Local and virtual meetings with French experts are planned during this first phase to assess the difficulties in implementing the study.

Results: The goal is to have an increase of at least 100% in the analgesia rates of the 2 hospitals in the 6 months following the start of the study. We expect that there will also be a reduction in hospitals CS or in some Robson groups CS rates.

Conclusion: The fear of labor pain has been associated with a greater demand for CS. We expect that increasing the offer of labor analgesia may contribute to decrease of CS rates.

P21.25 | TOCILIZUMAB IN SEVERE COVID-19—A RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED TRIAL

CATEGORY: HEALTH SYSTEMS STRENGTHENING

M. Alfareed

AMC/PGMI/LGH, Pakistan

Objective: To evaluate the efficacy and safety of the outcome as recovery or death of tocilizumab for severe acute respiratory syndrome-coronavirus-2 (SARS-CoV-2).

Method: We conducted a randomized, double-blinded, placebo-controlled phase 2 trial in critically ill COVID-19 adult patients. The patients were randomly assigned in a 4:1 ratio to receive standard medical treatment plus the recommended dose of either tocilizumab or the placebo drug. The primary outcome was the recovery or death after administration of tocilizumab or a placebo drug. The secondary outcomes were clinical recovery or worsening of the patients' symptoms and inflammatory markers and discharge from hospital.

Results: Of 190 patients, 152 received tocilizumab, and 38 received a placebo. The duration of hospital stay of the interventional group was 12.9±9.2, while the placebo group had a hospital stay of 15.6±8.8. The mortality ratio for mortality in the tocilizumab group was 17.8%. The mortality ratio in the placebo group was 76.3%. The

inflammatory markers in the tocilizumab group significantly declined by day 16 compared to the placebo group.

Conclusion: The use of tocilizumab was associated with decreased mortality, earlier improvement of inflammatory markers, and reduced hospital stay in patients with severe COVID-19.

P21.26 | BEHAVIORAL FEATURES IN ADULTS WITH DISORDERS OF SEX DEVELOPMENT
CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: DSD patients are exposed during their long-term follow-up to severe psychological stress. The aim of our study was to determine the behavioural problems of adults with DSD and to identify the major factors that may influence their behaviour.

Method: During the last two decades of our genetic counselling experience implemented at the Medical School of Sfax, we selected all adults assessed for DSD with and without chromosomal and/or molecular genetic abnormalities. We explored, through genetic counselling reports, behavioural features of patients and their needs to person-centered and personalized psychological support.

Results: 46 adult patients (age superior to 18 years) were selected for this study. The analysis of the behavioural features revealed that the major psychological concern in our DSD patients was related to their reproductive capacity. In contrast, they have poor subjective norms of communicating sexual and reproductive issues with their partners. Patients who presented non-corrected ambiguous genitalia were in the majority anxious and depressed with a feeling of social shame.

Conclusion: Sex development plays a fundamental role in determining the physical attributes of the body, behavioral tendencies, and the self-concept. The clinical approaches of DSD conditions in our society need to be improved. Genetic and psychological counselling should thorough a deep medical education regarding reproductive and sexual health in DSD.

P21.27 | OB/GYN AND GLOBAL SURGERY: A CALL TO ACTION
CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: Five billion people lack access to basic surgical care. The 2015 Lancet Commission called for more equitable provision of surgical care. With 99% of maternal mortality in low-resource settings, OB/GYN involvement in global surgery has remained within obstetrics, yet OB/GYNs provide essential reproductive surgical care that has not been addressed.

Method: Engaging trainees early on may increase OB/GYN representation within the global surgery field. In 2017, we developed a national organization called the Global Surgery Student Alliance (GSSA). Starting in Boston, we expanded to medical schools around the U.S. and connected with a larger network of trainees around the world. We instituted multiple educational initiatives, spanning from national conferences to extensive curriculum development to large-scale research projects.

Results: Over 6 years, GSSA chapters developed at over 75 medical schools encompassing 1500 students, and connections were made with similar trainee-oriented organizations in over 35 countries. Students from GSSA chapters have since gone into a variety of specialties, including general surgery, OB/GYN, anesthesiology, and other surgical subspecialties. Increasing attention is now being put towards OB/GYNs as critical surgical providers within global surgery efforts, and more trainees are focusing on health equity work.

Conclusion: There remains a significant need for OB/GYNs within global surgery. By improving exposure to global surgery amongst trainees and current providers in our field, we can increase involvement of OB/GYNs in efforts to improve access to reproductive surgical care globally.

P21.28 | DOES PRACTICE MAKE PERFECT? USING AN AUDIT FRAMEWORK TO ASSESS HEALTH WORKER TRAINING IN A LOW-RESOURCE SETTING

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: PPH is the leading cause of maternal mortality worldwide. Most cases can be prevented through timely and appropriate management. This can be improved through provider training. This study uses a validated audit framework to assess the impact of postpartum hemorrhage (PPH) training on perceived competence at a low-resource teaching hospital.

Method: The validated Joanna Briggs Institute Practical Application of Clinical Evidence System audit framework was used to assess the impact of provider training at La Maternidad Hospital in the Dominican Republic from December 2021 to April 2022. La Maternidad Hospital is a large public teaching hospital with the highest maternal mortality in the country. PPH is the leading cause. Interdisciplinary providers completed a survey assessing their training and self-perceived competence in managing PPH.

Results: 59 providers responded to the survey. The majority (79.7%) were OBGYN residents. Almost all respondents had been involved in a PPH within the last year. 96.6% were trained within the last year. Of those, only half (50.9%) felt that they were adequately trained, and less than half (49.1%) felt comfortable managing PPH. Similarly, more than half (57.1%) reported needing more training. There was

no association between years of experience and self-perceived competence.

Conclusion: An audit can be a useful tool and first step in initiating the process of improving training at a low-resource hospital. The existence of training does not translate to provider self-perceived competence. Implementation of a simulation training program is currently underway.

P21.29 | FACTORS ASSOCIATED WITH POSTPARTUM AND TOTAL DELIVERY LENGTH OF STAY AND DECISION-TO-DELIVERY INTERVALS IN CESAREAN SECTIONS: A STUDY OF FACILITY-BASED DELIVERIES IN TWO STATES OF MEXICO

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: To evaluate factors associated with postpartum length of stays (LoS) by vaginal (VD) and cesarean section (CS) and Decision-to-delivery intervals (IDI), in public maternal and child hospitals in two states of Mexico in 2017 and 2019.

Method: Cross-sectional study, data collection obtained through direct observation, interviews, and clinical records review to estimate postpartum LoS, total LoS, IDI, and associated factors (age, educational level, residence, parity, obstetric risk, fetal position, delivery, episiotomy). Missing data were imputed with a Hot Deck model by predictive matching of means (PMM). A descriptive analysis and a comparison of independent non-parametric means was performed for LoS, total LoS, IDI using the Kruskal-Wallis and Mann-Whitney U test.

Results: 563 VD and 304 CS in 2017 and 230 VD and 159 CS in 2019. Postpartum LoS 2017 (VD=18.2 h, CS=30.0 h), 2019 (VD=21.3 h, CS=30.0h). Total LoS 2017 (VD=24.1 h, CS=40.2 h), 2019 (VD=27.5 h, CS=40.2 h). VD average postpartum shows differences by residence and parity. Total LoS shows differences by FP and parity ($P < 0.05$). Average IDI in CS differs according to residence and type of cesarean section ($P < 0.05$).

Conclusion: LoS and IDI are below recommendations by national and international standards for vaginal delivery and cesarean section. An inadequate LoS prevents from risk factors identification and timely attention of complications. IDI did not meet ACOG recommendation in mostly women. LoS and IDI should be improved and monitoring in healthcare facilities.

P21.30 | ASSESSMENT OF QUALITY OF CARE USING DIRECT OBSERVATION OF CESAREAN SECTION DELIVERIES IN BIHAR, INDIA

CATEGORY: HEALTH SYSTEMS STRENGTHENING

R. Ghosh

University of California, San Francisco, United States

Objective: This study used direct observation of performance of evidence-based practices (EBP) to assess the quality of cesarean sections (CS) conducted at district hospitals (DH) in Bihar from 2020 to 2022. CSs deliveries performed in all (36) DHs were directly observed by trained clinical staff, using a tool consisting of 80 EBPs.

Method: Based on the number of observed EBPs that were performed for each CS, it was assigned a score ranging from 0 to 100, where 100 signifies that all the EBPs were performed. Facility specific CS and readiness to conduct CS (using a distinct set of 140 indicators) scores were also generated. Across all facilities, 968 CSs were directly observed. The overall median EBP score was 43 and the interquartile range (IQR) was 38–50.

Results: Sub-domain medians and IQRs for vital examination, infection control, team co-ordination and human resource management, post-operative assessments and counseling the patient and her family members were 43 (37–53), 67 (67–100), 64 (46–73), 50 (40–63) and 15 (11–22), respectively. The facility-specific medians were between 30 and 63. Results suggest that for every 10 units increase in facility preparedness, 2 additional EBPs were performed. To our knowledge, direct observation of CS to assess quality is seldom reported.

Conclusion: In Bihar, India, less than half of the EBPs were performed for CS deliveries in the DHs. Most practices for infection control and team co-ordination were practiced, while informing the patient and the family, a component of respectful care, is rarely practiced. Across facilities, use of EBPs varied widely.

P21.31 | HEALTH CARE PROVIDERS HAVE THEIR SAY ABOUT THE IMPLEMENTATION OF THE PROJECT MOBILE MATERNAL HEALTH WALLET IN THE HEALTH FACILITY OF ANLAMANGA REGION, MADAGASCAR

CATEGORY: HEALTH SYSTEMS STRENGTHENING

R. Zavanarivo

Researcher, Madagascar

Objective: This study examined the degree of health care providers' involvement in the Mobile Maternal Health Wallet (MMHW) implementation, a project that enables pregnant women to save, receive, and make mobile payments exclusively for maternal healthcare. We assessed the impact of their engagement and responsiveness on the intervention's acceptability and perception.

Method: We conducted qualitative in-depth interviews with 22 healthcare providers including midwives, maternity doctors and

pharmacists from 11 health facilities. Some of these facilities had stopped and some had continued using MMHW. Interview topics included the role healthcare providers have played within the MMHW program, their views on workload and payment processes as well as changes in pregnant women's frequentation of health facilities.

Results: We could find out that, for Ma health care providers, when they are satisfied in the effort that project did for them, and patients, they are motivated to get involved, and encourage patient take part of it. Contrary to this, if they feel ignored or less valued, they become less or not at all involved and they can be the reason why the project ends.

Conclusion: This study highlights the place taken by the health workers in the success or failure of a maternal health project. As, midwives and doctors are seen to be very influential in the maternity service of health facilities, considering their view-points in all project implementation is a must.

P21.32 | CHALLENGES OF DOCUMENTATION IN THE ERA OF ELECTRONIC RECORDS

CATEGORY: HEALTH SYSTEMS STRENGTHENING

R. Gryson

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Objective: To review documentation of fluid administration during initial management of sepsis in a tertiary obstetric centre and identify barriers to timely recording.

Method: Sepsis cases were recorded by the hospital sepsis committee as part of routine clinical governance, 12 cases were prospectively identified. Cases were audited with respect to the Irish Sepsis guideline (National Clinical Guideline No. 26). Time zero was identified as the time the patient fulfilled criteria for systemic inflammatory response (SIRS). Test patients were used to trial optimal fluid documentation by 6 staff members and completion of documentation was timed.

Results: 66% of patients who were managed in theatre had complete records compared to no cases, with complete documentation, who were managed on the ward. A fluid bolus was documented as administered in 1 case. The rate of fluid administration was documented in 5 cases (42%). When test patients were used to demonstrate optimal documentation of fluid administration, time to completion of documentation was 59 seconds. Average number of 20 steps were required for completion.

Conclusion: Electronic patient records (EPR) have revolutionised healthcare documentation. However, this study highlights the difficulties of accurate/real-time documentation in the era of EPR. In patients with sepsis who are potentially critically unwell we believe 59 seconds to document fluid administration may be a barrier to accurate recording of care given.

P21.33 | MENSTRUAL REGULATION AND POST-ABORTION CARE SERVICE PROVISION IN THE ROHINGYA CAMPS OF BANGLADESH, 2022

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: About one million Rohingya currently reside in 34 camps in Cox's Bazar, Bangladesh following forcible displacement from Myanmar in 2017. Various local and international entities provide free health care services inside the camps; this analysis focuses on menstrual regulation (MR) and post-abortion care (PAC) service provision to the Rohingya population.

Method: This descriptive, cross-sectional study used purposive sampling of all health facilities, including hospitals, health centers, women-friendly spaces and girl safe spaces, providing or having capacity to provide MR and/or PAC services inside and around the camps. Knowledgeable staff were interviewed ($n=152$, 99% response rate) about their facilities' MR and PAC provision and their perceived challenges and suggested improvements to providing these services to Rohingya camp residents. Fieldwork took place between July 2022 and March 2023.

Results: Most facilities (78%) offered MR via medication (MRM), 34% offered manual vacuum aspiration (MVA) and 22% did not offer MR services. Half (51%) offered PAC services. Fewer facilities offered MR (65%) and PAC (37%) to unmarried women. About 40% of PAC cases involved moderate or severe complications. Over half of respondents (54%) stated that language and cultural barriers were challenges to serving the Rohingya population and 72% felt training would improve their facilities' MR services.

Conclusion: Despite having capacity, not all facilities in the study provided MR and/or PAC services. Among those offering these services, most respondents reported various challenges in provision to camp residents. These findings highlight that while Rohingya women use abortion-related services, improvements to access and quality, especially for unmarried women, is needed.

P21.34 | ADVOCACY STRATEGIES IN REPRODUCTIVE HEALTHCARE: A CROSS SECTIONAL ANALYSIS OF CANADIAN UNIVERSAL NO-COST CONTRACEPTIVE CAMPAIGNS

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: Analyze the landscape of contraceptive coverage and advocacy strategies utilized by no-cost contraceptive campaigns across Canada, clinician involvement, and effect(s) on public policy.

Method: The landscape of contraceptive coverage was extracted from government websites. Grassroots no-cost contraceptive campaigns across Canada were located through a Google News search utilizing region name and keywords in English and French equivalent, "free contraception campaign", "free birth control campaign", "contraception coverage", and "birth control coverage".

Results: Ten provinces/territories have income-based coverage. Five formalized no-cost contraception campaigns were found: AccessBC, Wellness Within, Universal Access to Contraception Saskatchewan, Birth Control Access for Manitoba, Cover ContraceptiON. Three were clinician-founded and all have clinician-trainee involvement. All conduct research, make statements, consult with government, and engage in public mobilization. Two have letter writing campaigns and six political parties have endorsed the policy. British Columbia was the first to implement universal no-cost contraception on April 1, 2023.

Conclusion: In Canada, the primary approach by advocates is letter writing, statement generation, and lobbying government. Campaigns variably have clinician-in-practice involvement and have driven system level change.

P21.35 | RECONCEPTUALIZING HOW ABORTION COMPLICATIONS ARE MEASURED

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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¹Ibis Reproductive Health, United States; ²Family Planning Association of India, India

Objective: The rise of self-managed medication abortion has led to a decrease in abortion complication severity. Using post-abortion care-seeking as an indicator for abortion complications likely overestimates the true complication rate, particularly in settings where abortions commonly occur outside of formal healthcare systems. A new complications measurement framework is needed.

Method: We conducted a prospective study to validate a self-report instrument to measure abortion complications and abortion outcomes. We recruited 153 medication abortion clients and 162 post-abortion care (PAC) clients from three clinics in India. Via an interviewer-administered questionnaire, we measured experiences

of bleeding, cramping, and other side effects/symptoms, and assessed their association with reasons for seeking care. We analyzed care-seeking reasons among post-abortion care clients and assessed their association with provider-rated categorizations of severity.

Results: Participants who received medication abortion from clinics were more likely to report receiving information about what to expect about their abortion process compared to participants who self-managed their abortion but sought post-abortion care (99% vs 67%, $P < 0.001$). Among PAC-seekers, the majority (73%) sought care to confirm abortion completion; very few (<5%) has symptoms corresponding to complications of moderate or high severity. Findings on associations between self-reported symptoms and complication severity will be presented.

Conclusion: Most PAC-seekers did not have a medical complication and sought care to confirm completion. Interventions should improve the quality of information provided to those who are self-managing to reduce unnecessary care-seeking; providers and health systems should not view PAC-seeking alone as an indicator of abortion safety.

P21.36 | OPTIMIZING THE ANTENATAL CARE PLATFORM: AN INTEGRATION EXPERIENCE FROM BONO-EAST, GHANA CATEGORY: HEALTH SYSTEMS STRENGTHENING

S. Khan

PATH, United States

Objective: To document evidence from a project on the delivery of infection prevention and management interventions through community-based, primary and secondary level care providers to strengthen diagnosis and management of maternal infections, improve service availability via ANC, and strengthen linkages between primary and referral facilities.

Method: Project activities will be carried out over a 24-month period (December 2021-December 2023) in five districts in Bono East and include: 1) Introduction of proven, diagnostic technologies and upgrading provider ANC skills in infectious diseases screening and treatment; 2) Empower and engage communities to increase demand for interventions and services by improving knowledge of maternal infections the risks to newborns, and strategies for prevention.

Results: Activities will cover at least 68 facilities, training ~400 providers, and reaching a catchment population of up to 50000 community members. We expect to reach 15000 pregnancies directly through our work. We will present results from the experience of integrating and scaling up a wider range of diagnostic tests during routine antenatal care in the Bono-East region, and document provider perspectives as well as input from community members.

Conclusion: Results from the project will provide evidence around the acceptability and feasibility of the proposed technology-intervention bundle and identify opportunities, barriers, and gaps in implementation of interventions to help policymakers and program implementers make informed decisions regarding use of these tools to strengthen the ANC platform in Ghana and beyond.

P21.37 | PERSON-CENTERED MATERNAL HEALTHCARE AND SATISFACTION WITH POST-ABORTION CARE IN NORTHERN UGANDA: A FACILITY-BASED CROSS-SECTIONAL SURVEY CATEGORY: HEALTH SYSTEMS STRENGTHENING

S. Udho

Lira University, Lira, Uganda, Uganda

Objective: Person-centered maternal healthcare (PCMHC) is care that is respectful and responsive to individual women's preferences, needs, and values. However, there is limited literature examining the relationship between PCMHC and satisfaction with post-abortion care. We examined the relationship between women's perceived PCMHC and satisfaction with post-abortion care services.

Method: We conducted a cross-sectional survey among 370 randomly selected women (15–49 years) who sought post-abortion care services at public health facilities in northern Uganda. Data were collected using interviewer-administered validated tools. PCMHC was measured using the 13-item PCMHC scale while satisfaction with post-abortion care was measured using the six simple questions scale. Data analysis consisted of descriptive statistics, a one-sample t-test, and linear regression at a 95% level of significance in STATA version 17.

Results: The mean age of participants was 26.1 (± 6.3) years. Overall mean score of perceived PCMHC was 23.76 (SD = 7.85; $P < 0.001$). The mean scores in the PCMHC sub-scale were 7.31 (SD = 2.19; $P < 0.001$) for respect and dignity, 9.31 (SD = 5.46; $P = 0.278$) for communication and autonomy, and 7.15 (SD = 1.99; $P < 0.001$) for supportive care. The mean score with satisfaction with post-abortion care was 25.71 (SD = 5.29). Communication and autonomy score ($\beta = 0.10$; 95% CI: 0.01–0.19; $P < 0.001$) significantly increased satisfaction with post-abortion care score.

Conclusion: Person-centered maternal healthcare, especially the aspect of communication between clients and providers, and the promotion of clients' autonomy increase satisfaction with post-abortion care services. Efforts to increase clients' satisfaction with post-abortion care should focus on strengthening communication between clients and providers and promoting clients' autonomy during care.

P21.38 | ITEMS TO BE CHECKED AND CORRESPONDENCE FOR 'SPECIFIED EXPECTANT MOTHERS' IN JAPAN CATEGORY: HEALTH SYSTEMS STRENGTHENING

S. Suzuki

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Objective: Since 2016, the frequency of pregnant women with social problems, who are recognized as "specific expectant mothers, i.e., pregnant women with at least one social risk factor," have increased significantly year by year. We reviewed appropriate items to prevent postpartum mental problems and/or child-care difficulties in the specific expectant mothers.

Method: We reviewed the correspondence tailored to each characteristic of main specified expectant mothers to build a standard correspondence in Japan.

Results: We reviewed the items those should be dealt with in common for all specified expectant mothers and those to be confirmed for each factor in Japan as follows: mothers with economic problems, unmarried mothers, underage pregnancy, foreigners, mental disorders, multiple pregnancy, no (or few) consultation and/or late first visit and somehow anxious.

Conclusion: We enumerated the specific correspondence for specified expectant mothers. We would be glad if the current review could be a reference for specific support of them.

P21.39 | THE USE OF TECHNOLOGY IN HEALTH CARE AND EDUCATION OF ADOLESCENTS: APPLICATION CREATION "CONTA AÍ, MANA"

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: Introduce the use of the application "Conta aí, mana", as a means of promoting health to adolescents, quickly and free of charge, on relevant topics for this group, such as contraceptive methods and sexually transmitted infections (IST).

Method: This is a report about the creation of the application "Conta aí, mana", developed in 2022, to answer advise on common problems of adolescence. The Figma tool was used for the graphical part of the application. For its functionality, the ANDROID system used the Java language and the Android Studio tool and the iOS used the Javascript language and the React Native system. The Application is for personal use on smartphones for IOS and ANDROID systems.

Results: "Conta aí, mana" arises from the need to minimize the difficulty teenagers have in accessing secure information. The term "mana", a popular expression from the Amazon Region, was thought of as a means of bringing young people together. The application brings videos about IST, such as HPV, Syphilis, Chlamydia, HIV. In addition, there is a Menstrual Cycle and Vaccines agenda for follow-up, as well as tips on various subjects, such as physical activity and healthy eating.

Conclusion: Use of an application is a current reality, offering better adherence of young people to health care. This technology makes it possible to disseminate this knowledge to young people who live in locations with difficult geographic access, such as riverside societies, impacting socially and educationally this portion of the population.

P21.40 | COMPORTAMIENTO DE LA RAZÓN DE MORTALIDAD MATERNA EN BOGOTÁ, COLOMBIA: ANÁLISIS DE UNA DÉCADA

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: Para 2020, cerca de 800 mujeres mueren por causas prevenibles relacionadas con el embarazo y el parto. A 2024, Bogotá espera disminuir en 20% la Razón de Mortalidad Materna (RMM) por 100.000 nacidos vivos. El objetivo de este trabajo es conocer el comportamiento de la RMM en Bogotá, Colombia.

Method: Estudio transversal, en el total de muertes maternas registradas en Bogotá, Colombia entre 2012 a 2022. Definición de caso de mortalidad: gestante actual o 42 días siguientes a la terminación del embarazo, debida a cualquier causa relacionada con o agravada por el embarazo mismo o su atención, pero no por causas accidentales. $RMM = (\text{Número de casos de mortalidad materna temprana en el periodo} / \text{Total de nacidos vivos en el mismo periodo}) * 100.000$.

Results: En la última década se registraron 352.704 nacimientos, la RMM para 2012 fue de 40.8, llegando a su mejor desempeño en el 2019 con un 24.7 por cada 100.000 nacidos vivos. La pandemia generada por el COVID-19 y los efectos migratorios de la población extranjera, quien no contaba con el mismo estándar de cuidado prenatal, género una RMM en 2020 de 31.5 y para 2021 de 61.4.

Conclusion: La ciudad de Bogotá, Colombia presenta un aumento acelerado de su RMM. Se requiere de un abordaje coordinado entre las instituciones hospitalarias y las entidades gubernamentales para mitigar este evento en la salud pública.

P21.41 | WHAT IS CONSIDERED A 'SKILLED' BIRTH ATTENDANT? LESSONS LEARNED FROM THE NATIONAL MATERNAL, STILLBIRTH AND NEONATAL DEATH REVIEW OF NAMIBIA 2018–2021

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: The aim was to perform the third national review of maternal deaths, stillbirths and neonatal deaths in order to assess the functioning of the maternity care system of Namibia. Through identification of contributing factors to these deaths, recommendations to improve the system could be established.

Method: All reported maternal deaths, stillbirths and neonatal deaths that occurred between 1st April 2018 and 31st March 2021 in Namibia were included. A multidisciplinary team reviewed medical

files at facility, regional and national level. Contributing factors at health system, health worker and patient level were identified. The findings were presented to the Ministry of Health and a national action plan was generated. Feedback was then provided nationally and locally to facilities.

Results: There were 245272 live births of which 98.2% was in a health facility, attended by birth attendants. Reported were 145 maternal deaths, 1066 stillbirths, 1069 neonatal deaths. 82 (57%) Maternal deaths were assessed as being preventable. For the majority of cases in-hospital delays were identified. Commonest contributing factor was 'lack of expertise, training or education' among doctors and nurse-midwives (55%), while patient related factors played a minor role. Staff shortages contributed in 40% of cases.

Conclusion: To improve quality of provided care, an adequate number of appropriately trained staff is needed in all facilities. Key recommendations included therefore a compulsory in-service training for health workers to increase their knowledge and skills and retainment of experienced staff for better on-the-job guidance of junior staff.

P21.42 | FEASIBILITY AND BARRIERS OF USING WHO PARTOGRAPH AMONG HEALTH CARE PROVIDERS IN A TERTIARY CARE HOSPITAL KARACHI PAKISTAN: A QUALITATIVE EXPLORATORY STUDY

CATEGORY: HEALTH SYSTEMS STRENGTHENING

S. Naz

Aga Khan University Hospital Karachi, Pakistan

Objective: To explore the views of obstetric health care providers regarding feasibility and barriers to the use of the partograph.

Method: A qualitative descriptive exploratory design was employed to explore the perceptions of health care providers through three focus group discussions (FGDS) involving 6–8 healthcare providers including midwives, nurses, and doctors. These FGDS were conducted in the labour and delivery unit of the Aga Khan University Hospital, a private tertiary care facility, in Pakistan. Semi structured interview guide was used for data collection and each FGD was of approximately 45–60min of duration. The data analysis followed Creswell's (2013), steps for qualitative data analysis. Ethical approval was obtained from the institutional Ethics Review Committee.

Results: Following themes were derived from data analysis: (a) basic understanding of the partograph which encompassed its benefits and uses, (b) experiences of using the partograph, (c) challenges associated with partograph use, including increased workload, excessive manual documentation, and uneven responsibilities regarding documentation; and (d) suggestions for enhancing the effective utilization of the partograph, such as providing training and introducing electronic versions of the partograph.

Conclusion: The healthcare providers expressed positive appraisals of the partograph and considered it an effective tool for early identification and management of obstructed labour. However, addressing the identified barriers including increased workload, time-consuming

nature, inadequate skills, and lack of shared responsibility for documentation, is crucial for maximizing the effective utilization.

P21.43 | MEDICAL STUDENTS' AND PHYSICIANS' ATTITUDE, BELIEFS AND APPROACH TOWARDS LGBT PATIENTS IN AN LMIC

CATEGORY: HEALTH SYSTEMS STRENGTHENING

S. Sohail

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Objective: Homophobia exists in Pakistan in the form of hostility and discrimination. The LGBT community remain marginalised in our society and our forced into sex work. This study is being conducted to assess the prevalent attitudes and beliefs towards lesbian, gay, bisexual and transgender patients among medical undergraduates and healthcare providers.

Method: This is a currently ongoing cross-sectional study which includes 350 participants, including medical students from third year onwards as they gain clinical exposure, and physicians at a tertiary care teaching hospital. Apart from the socio-demographic characteristics by using a questionnaire, Transgender Attitudes and Beliefs Scale was used as an assessment tool.

Results: Until now, 182 responses have been received, out of which 120 are from medical students (65.9%), while the remainder are from healthcare providers (34.1%). There are 108 females (59.3%) and 74 males (40.7%).

Conclusion: Pakistan's LGBT community faces barriers to accessing healthcare, leading to worse health outcomes. It is crucial to examine prejudiced attitudes within the country and present them internationally. This will enable the development of strategies to tackle discrimination and improve healthcare for LGBT individuals.

P21.44 | INNOVATING JOINT ONLINE NATIONAL MATERNAL DEATHS REVIEWS TO IMPROVE ACCOUNTABILITY AND RESPONSE TO DYSFUNCTIONS LEADING TO MATERNAL DEATHS IN TANZANIA

CATEGORY: HEALTH SYSTEMS STRENGTHENING

S. Dominic

Thamini Uhai, Tanzania

Objective: The objective of the reviews was to improve accountability and readiness of institutions and healthcare delivery systems in responding to dysfunctions leading to maternal deaths and ultimately contribute in reducing similar deaths.

Method: The national joint review session is conducted only if healthcare providers involved in the management of the deceased, Council and Regional Health Management Team members (R/CHMT) are available. The sessions are conducted through online

application and chaired by obstetric, midwifery, and anesthesiology specialist from the Ministry of Health and Professional Associations. Meetings last 3h discussing two to three cases per session. Action plans are developed to address the dysfunctions identified during the reviews.

Results: As of 18th November, 2022; 202 meetings have been conducted discussing 498 maternal deaths. The leading causes of maternal death includes Obstetric Haemorrhage (45%), Pre-eclampsia/Eclampsia (16%), Sepsis (10%), anaesthetic complications (10%), Thromboembolism (5%) and Anaemia (5%). The major dysfunctions include lack of competence (85%, non-adherence to standard routine practices (76%), lack of leadership/accountability (46%), lack of standard anesthesia practices (30%), client factors (20%), weak referral systems (20%) and limited availability of medicines/supplies (15%).

Conclusion: The online reviews have proved to be innovative addition in the current MPDSR practice in Tanzania by improving quality of reviews and systems response to gaps in healthcare systems. The MOH and stakeholders will work to sustain and institutionalise the reviews and timely response of dysfunctions identified during the reviews.

P21.45 | SYNERGIES BETWEEN PRO-CHOICE FEMALE PHYSICIANS AND ACOMPAÑANTES OF SELF-MANAGED MEDICATION ABORTIONS IN MEXICO

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: This study compared the conceptualization of abortion safety and quality of care by acompañantes, feminist activist who accompany self-managed medication abortions, and pro-choice female physicians in Mexico. We further sought to understand if and how these conceptions may influence possible synergies between acompañantes and physicians.

Method: In this qualitative research we used a feminist gender and health approach. We conducted semi-structured interviews and in-person workshops with 21 female pro-choice physicians and 17 acompañantes in three Mexican states with diverse legal, sociocultural, and political settings. We recruited participants within the existing Mexican Network of (female) Pro-choice Physicians and activist networks using the snowball method. We used a-priori themes (e.g., safety and quality of care) and allowed for emergent themes using grounded theory.

Results: The results of this study show that participating pro-choice physicians conceptualized abortion safety and quality of care from a public health perspective, in contrast to the acompañantes who had a feminist perspective and considered abortion to be a deeply political act. Both shared a human rights' perspective, empathy for those who have abortions, and motivation to explore collaborations which improve access to safe abortion. Additionally, participants expressed an interest in mutual support and care.

Conclusion: Physicians and acompañantes conceive abortion safety and quality of care from different perspectives. However, they share a common ground and interests which allow for the creation of strategies that stimulate synergies between out-of-facility abortion models and the formal health sector in diverse Mexican states, thereby improving access to safe abortion.

P21.46 | HULL OVARIAN/ ADNEXAL TORSION (HOAT) ALGORITHM: MINIMIZING OVARIAN LOSS WITH PRUDENT RESOURCE UTILISATION

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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¹*HUTH NHS TRUST, United Kingdom;* ²*HUTH NHS Trust, Nigeria*

Objective: 1. Identify and expedite care for cases of ovarian torsion. 2. Reduce unnecessary theatre utilisation by improving diagnostic specificity.

Method: Prospective snapshot audit -feasibility study of utilisation of the HOAT Algorithm in consecutive reproductive-age women presenting with an acute abdomen over a 2 month period after approval from local ethics committee. This algorithm is a weighted scoring system to identify cases of ovarian torsion for urgent theatre expedition. It comprises the previous adnexal pathology history, GIT symptoms, physical findings, radiology findings and blood work in a weighted scoring system, benchmark set at 12.

Results: Ovarian torsion, an uncommon condition, can result in significant impact on reproductive, cardiovascular and bone health. Early identification minimises poor outcomes, but differentiating from other causes of acute abdomen is notoriously difficult. The HOAT algorithm when applied to the acute abdomen cohort, reduced theatre use by 67%, therefore optimising resource utilisation. There was optimal ovarian tissue conservation as no necrosis was noted intraoperatively whilst conservative management was sufficient for the non-surgical cohort.

Conclusion: The HOAT algorithm has the potential to improve ovarian/ Adnexal torsion diagnosis whilst optimising resource use. The weighted scoring system with visual cues allows for ease of use and reproducibility in different settings. Limitations such as small study size and limited diagnostic tests in low-resource settings may impact benchmark setting.

P21.47 | IMPROVING EMERGENCY OBSTETRIC AND NEWBORN CARE (EMONC) IN MOZAMBIQUE

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: Mozambique is among the many countries with a high maternal mortality rate (452/100.000 newborn alive), facing

challenges planning and operationalizing their national network of maternity facilities. There is new momentum to operationalize a new network and increase the number of women with access to EmONC services within 2 h.

Method: In 2022, Mozambique Ministry of Health (MOH), UNFPA and other partners collaborated with provincial level MOH representatives to design an improved EmONC structure through a geographic exercise using AccessMod. The objective of the exercise was to design an efficient network of facilities that would optimize access to EmONC services to the most women through the fewest facilities while still meeting the global guidance, thus efficiently targeting limited resources to improve quality of EmONC services.

Results: Prioritization exercise is a powerful tool that allows the country to identify a sustainable network for quality implementation and timely access of emergency obstetric and newborn care (EmONC). A prioritized EmONC network reduced the number of facilities required to be providing full EmONC services from 1024 (953 BEmONC and 71 CEmONC) to 324 (263 BEmONC and 61 CEmONC). Following the prioritization exercise, the national population coverage to EmONC services in less than 2 h is 79%.

Conclusion: Prioritization of EmONC services considering population access and coverage can be an effective approach to optimize timely access to EmONC, and ensure quality of EmONC services: The process identifies a more efficient allocation of limited resources, with the potential to increase quality of EmONC services in low- and middle-income countries.

P21.48 | CAPACITACIÓN UNIVERSITARIA DE POSGRADOS DE GINECOLOGÍA EN INTERRUPCIÓN VOLUNTARIA DEL EMBARAZO EN URUGUAY

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: La Ley de Interrupción Voluntaria del Embarazo (IVE) se aprueba en 2012, por lo que se hace necesario ampliar la formación en IVE. El objetivo de este estudio es describir el plan de formación en IVE y valorar su impacto en la formación, actividad profesional y compromiso de conciencia.

Method: Estudio retrospectivo de corte trasversal. Se describe el plan de formación de posgrados en IVE en el periodo 2013–2021. Se realiza una encuesta online anónima a todos los posgrados egresados de la Clínica Ginecológica A de la Facultad de Medicina, en el periodo de vigencia de la Ley.

Results: Se obtuvieron 91 respuestas de un total de 96 egresados en el periodo de estudio. El 91 % rotaron por Servicios de IVE. Al momento de la encuesta, el 83 % realizan actividades de IVE en su práctica habitual, y de estos, el 32 % residen en el interior del país. Sólo 5 de los encuestados no realizan actividades de IVE por presentar objeción de conciencia.

Conclusion: El plan de formación en IVE de la Clínica Ginecológica A incorpora de forma sistemática los contenidos de IVE, objetivándose en un alto porcentaje de profesionales trabajando en IVE, con un bajo número de objeción de conciencia.

P21.49 | CROSS-BORDER REPRODUCTIVE CARE FROM FRANCE: AN INDICATOR OF UNSATISFIED DEMAND? CATEGORY: HEALTH SYSTEMS STRENGTHENING

V. Rozée; E. De La Rochebrochard

INED, France

Objective: Cross-border reproductive care (CBRC) is a growing and multifaceted phenomenon. Studying CBRC is an important challenge to better understand gap between demand and offer in the home country regarding Medically assisted technologies (MAR). To this end, we are conducting a research on CBRC from France.

Method: All French residents, aged 18 and over, who used in the past or are currently using MAR in France or abroad, are invited to fill in an online questionnaire from October 1st, 2021 to September 30th, 2023. The first quantitative and qualitative results will be here presented.

Results: Mid-November 2022, 3951 persons have already completed the questionnaire, including 914 having used CBRC; and 65 interviews were conducted. The majority of the respondents are between 30 and 40 years old and are in a same-sex couple. CBRC mainly concerns sperm donation, IVF and egg donation. We will compare CBRC before and after the application of the 2022 French law that extended access to MAR to single and same-sex couple women.

Conclusion: This comparison will allow to discuss the impact of the new French law on MAR in order to understand if it really covers French unsatisfied demand in MAR.

P21.50 | REDISEÑO E IMPLEMENTACIÓN DE UNA SALA DE SIMULACIÓN EN INTERRUPCIÓN VOLUNTARIA DEL EMBARAZO COMO ESTRATEGIA PEDAGÓGICA CON ESTUDIANTES DE MEDICINA DE LA UNIVERSIDAD DE LOS ANDES.

CATEGORY: HEALTH SYSTEMS STRENGTHENING

Laverde

Universidad Militar Nueva Granada, Colombia

Objective: Implementar una sala simulación de alta fidelidad como estrategia pedagógica para la orientación y consejería en Interrupción Voluntaria del Embarazo (IVE) en la formación de estudiantes de medicina en una Universidad en Bogotá—Colombia.

Method: Se hizo un diseño preprueba-posprueba con un solo grupo con un alcance exploratorio-descriptivo. Se sistematizó el procedimiento para su implementación, que incluyó mediciones pretest y

posttest. Además, con el fin de conocer la percepción de los estudiantes acerca de su participación en el escenario simulado, se realizó un debriefing.

Results: Se evidenció un mejor desempeño en los conocimientos, actitudes y prácticas con la medición posttest luego de implementada la sala de simulación. Adicionalmente se completaron todas las fases de la sala de simulación en alta fidelidad.

Conclusion: Sala de simulación es una estrategia pedagógica idónea para la enseñanza de conocimientos, actitudes y prácticas en orientación en IVE para estudiantes de medicina, en conjunto con el aprendizaje sobre derechos sexuales y reproductivos de la mujer. Mejorando habilidades y confianza de los estudiantes al momento de hacer la orientación.

P21.51 | METRICS FOR MATERNITY UNIT STAFFING IN LOW RESOURCE SETTINGS: SCOPING REVIEW

CATEGORY: HEALTH SYSTEMS STRENGTHENING

Stones

Kamuzu University of Health Sciences, Malawi, United Kingdom

Objective: We aimed to identify potential indicator(s) and benchmarks for EmONC facility staffing that might be applicable in low resource settings.

Method: The Population was women attending health facilities for care around the time of delivery and their newborns. The review Concept included reports of mandated norms or actual staffing levels in health facilities. The Context was studies conducted in healthcare facilities of any type. Searches were limited to material published since 2000 in English or French, using Pubmed and a purposive search of national Ministry of Health and other sites.

Results: Data extraction was undertaken from 59 papers and reports including 29 descriptive journal articles, 17 national Ministry of Health documents, 5 Health Care Professional Association (HCPA) documents, two each of journal policy recommendation and comparative studies, one UN Agency document and 3 systematic reviews. Staffing ratios were based on delivery, admission or inpatient numbers in 34 reports, with 15 using facility designation. Other ratios were based on bed numbers or population metrics.

Conclusion: A definitive evidence based approach to estimating staffing levels and establishing norms was not identified. Taken together, the findings point to a need for staffing norms for delivery and newborn care that reflect numbers and competencies of staff physically present on each shift.

P22.01 | TO STUDY THE OUTCOME OF WOMEN WITH RECURRENT HYADITIFORM MOLAR PREGNANCIES IN THE INDIAN SUB-POPULATION WITH EMPHASIS ON GENETIC ANALYSIS: A PROSPECTIVE OBSERVATIONAL STUDY

CATEGORY: PREGNANCY

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Objective: Recurrent hydatidiform mole (RHM) is a rare entity and is defined as two or more molar pregnancies in the same woman. We present a series of women with RHM who were managed in a tertiary care institute in India and discuss their genetic mutation analysis, reproductive outcome and malignant transformation.

Method: A prospective study among women presenting with two or more molar pregnancies (2006–2023). The reproductive outcome of these women were followed up with respect to further recurrences of H mole, transformation into its malignant form, and pregnancies yielding birth of healthy children. Genetic mutation analysis was carried out for these women and their available parents and siblings (in McGill University, Montreal, Canada). Additionally, the reproductive outcomes of their siblings were noted.

Results: Of the 24 women recruited, 21/24 (87.5%) had genetic mutations and 12/24 (50%) had malignant transformation. Only 1/21 (4.7%) women with genetic mutations had a spontaneous pregnancy and live-birth, and 4/21 (19%) had children by successful donor oocyte IVF. The sisters of two women also had genetic mutations of whom one had RHM and one had infertility. The brothers of four women also had genetic mutations but all had live born children and no H mole.

Conclusion: Our data suggests a high incidence of genetic mutations in women with RHM. They have a higher risk of developing GTN and a very low chance of a spontaneous live birth. Screening of first degree relatives provides important insights, like no reproductive problems among men with similar genetic mutations.

P22.02 | COVID-19 AND PREGNANCY IN FINLAND IN 2020

CATEGORY: PREGNANCY

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¹University of Helsinki, Finland; ²Helsinki University Hospital, Finland; ³Helsinki and Uusimaa district Hospital, Finland; ⁴THL Finnish Institute for Health and Welfare, Finland

Objective: Coronavirus disease (COVID-19) has adverse effects on pregnancy and obstetric outcomes. The objective of this study was to describe the pregnancies in 2020 affected by Covid-19. Identifying risk factors for severe disease and acknowledging the

consequences on the maternal and neonatal outcomes are crucial for guiding future clinical care.

Method: All pregnancies ending in birth in Finland in 2020 among women with COVID-19 were identified by cross-referencing data from the Finnish Medical Birth Register and the National Infectious Diseases Register. Severe infection was defined as hospital admission due to COVID-19 symptoms. Characteristics of the women were compared to identify risk factors for severe infection. Maternal and neonatal outcomes of women with severe and mild infection were compared to each other and to all non-infected pregnancies.

Results: There were 122 cases of maternal COVID-19, 118 during pregnancy and four postpartum. Comparing the severely infected ($n = 16$) to those with a mild infection ($n = 106$), the former group was more likely to be obese or asthmatic. Their newborns were more likely to need neonatal intensive care. The women with severe disease were at risk for cholestasis of pregnancy. No differences were detected in the maternal outcomes between the women with mild symptoms and the non-infected.

Conclusion: Similar outcomes have been described in previous studies, with obesity and asthma being risk factors for severe disease, which in turn increases the risk of prematurity and cesarean delivery. Mild infection did not affect these outcomes. The association between cholestasis of pregnancy and COVID-19 infection is a novel finding.

P22.03 | THE MEASUREMENT OF IN-VIVO LOCAL VAGINAL BIOELECTRICAL IMPEDANCE CAN PREDICT RISK OF PRETERM BIRTH IN MICE

CATEGORY: PREGNANCY

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Objective: To develop a new parameter with accuracy for predicting preterm birth, the measurements of in-vivo local vaginal bioelectrical impedance (VZ) were assessed using two different types of mouse models of preterm birth.

Method: The transvaginal probe was designed to measure VZ in mice using body composition analyser (MLT-550N, SK Medical Electronics Co. Ltd.). The preterm birth was induced in ICR mice by subcutaneous injection of mifepristone (150 µg) or local intrauterine injection of lipopolysaccharide (LPS) from *Escherichia coli* 0111: B4 (2 or 20 µg).

Results: The preterm rates were 100% and 60% after mifepristone (16–20h) or and LPS (12–24h) respectively. The measurement value of VZ (at 15 or 10 hrs after mifepristone or LPS treatment respectively) in the group showed preterm birth was significantly lower

than in the non-preterm group. Receiver operator characteristic (ROC) curve analysis of VZ as a predictor of preterm birth showed an area under the ROC curve (AUC) of 1.00 or and 0.77, respectively. **Conclusion:** VZ could be a useful parameter with high accuracy for predicting preterm birth in mice.

P22.04 | COMPARING THE DIAGNOSTIC PERFORMANCE OF THE OBSTETRIC COMORBIDITY INDEX (OB-CMI) TOOL AND SIMPLE RISK CLASSIFICATION (SRC) METHOD IN PREDICTING SEVERE MATERNAL MORBIDITY (SMM) AMONG PREGNANT WOMEN ADMITTED IN A PRIVATE TERTIARY HOSPITAL IN THE PHILIPPINES

CATEGORY: PREGNANCY

R. Yu

The Medical City, Philippines

Objective: To compare the ability of the Obstetric Comorbidity Index (OB-CMI) Tool and Simple Risk Classification (SRC) method in predicting the occurrence of severe maternal morbidity (SMM) among women who delivered in a private tertiary institution.

Method: This retrospective cross-sectional study included 497 patients chosen via systematic random sampling. Using SRC, patients were risk-classified based on the presence of co-morbidities. Using the OB-CMI tool, obstetric indices were summated and those who scored >5 were classified as high-risk. The occurrence of SMM for these patients were then identified. All quantitative and qualitative variables were computed using descriptive statistics and the prevalence of SMM from each group were assessed using Cramer's V correlation.

Results: Use of SRC identified more women as high risk compared with the OB-CMI tool. The frequencies of low-risk and high-risk patients identified through each method were found to be significantly different. Among those with SMM, the proportions of patients identified as low-risk and high-risk using each method were significantly different. However, the prevalence of SMM was higher with use of the OB-CMI tool compared to SRC. Using Cramer's V coefficient, both methods had weak association.

Conclusion: The OB-CMI may be a better option for clinical use since it provides quantifiable information on maternal morbidity. It also allows for a more standardized clinical assessment in order to detect the need further surveillance and treatment, and enable better allocation of limited healthcare resources especially in developing countries.

P22.05 | ANALYSIS OF MATERNAL NEAR MISS AND MATERNAL DEATHS IN WOMEN WITH MULTIPLE GESTATIONS DURING THE COVID PANDEMIC

CATEGORY: PREGNANCY

R. Singh; S. Tyagi; A. Agarwal; M. Asnani
King George's Medical University, India

Objective: To analyze the causes of maternal near miss (MNM) and maternal deaths in women with multiple gestation during COVID pandemic.

Method: This was an analytical study during the Covid pandemic, from August 2020 to July 2021 in a tertiary hospital. All women with multifetal gestation of >28 weeks who got admitted in our hospital were included. All gave consent and underwent history, examination, investigations to look for any antepartum complications. All were followed till delivery and postpartum. The WHO criteria were used to define the MNM cases. Any Maternal death was reported.

Results: There were 4231 deliveries. Of them, 150 were multiple gestations, 96.6% twins and 3.3% triplets. Majority were nulliparous, unbooked and conceived spontaneously (81.7%). HDP, anemia were the commonest complications. Amongst twins, 46.2% had late preterm delivery, all triplets delivered before 34 weeks. There were 279 live births. 23.3% had PPH. Ten women fulfilled MNM criteria. HDP & anemia were the leading causes. Of six maternal deaths, four had HDP, two had multiorgan dysfunction, severe COVID pneumonia.

Conclusion: Hypertensive Disorder of Pregnancy (HDP), anemia remain the leading causes of MNM and maternal mortality in women with multiple gestation. Covid pandemic added to the burden owing to poor access to health care services.

P22.06 | THE ROLE OF SERUM URIC ACID LEVELS IN THE EVALUATION AND PREDICTION OF ADVERSE OUTCOMES IN HYPERTENSIVE DISORDERS OF PREGNANCY

CATEGORY: PREGNANCY

R. Tirkey
Christian Medical College, Vellore, India, India

Objective: Uric acid is low-cost biomarker with conflicting reports regarding its value in prediction and prognostication of hypertensive disorders in pregnancy. Our objective is to assess its efficacy in predicting adverse outcomes in hypertensive disorders in pregnancy and compare gestational age specific cut off and standard cut off of 5.2mg/dl.

Method: A retrospective cohort study done in a tertiary hospital of south India between January 2015 and December 2016 with new onset hypertension diagnosed during pregnancy. Serum uric acid was interpreted as abnormal if it was above 5.2mg/dl at any period of gestation, standard cut-off (Std-UA) and based on gestational

age-specific cut-off values (Gest-UA). The sample size calculation was based using a two-sided hypothesis test and critical level of significance of 5% was estimated to 600.

Results: There is higher frequency of maternal complications with elevated uric acid level based on both Std-UA and Gest-UA (12 vs 29, $P < 0.001$ for Std-UA; 17 vs 24, $P < 0.001$ for Gest-UA). Preterm births were higher [7 (4.5%) vs 8 (19.0%), $p = 0.004$ for the Std-UA; 7 (4.0%) vs 8 (34.8%), $P < 0.001$ for the Gest-UA]. Sensitivity, specificity, positive and negative predictive values of an abnormal uric acid level based on Std-UA, were 69 %, 56%, 16% and 93% respectively.

Conclusion: Serum uric acid is an inexpensive, commonly available test that can help in predicting prognosis and outcome of new onset hypertension in pregnancy. We believe that it should be part of the routine investigations sent for all new hypertensives in pregnancy, after 20 weeks of gestation.

P22.07 | PRENATAL DIAGNOSIS OF PLACENTA ACCRETA

CATEGORY: PREGNANCY

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Gynécologie obstétrique, Tunisia

Objective: Placenta accreta occurs when all or part of the placenta attaches abnormally to the myometrium. It is associated with an increased risk of heavy bleeding. The diagnosis can be made with sonography or in some cases with magnetic resonance imaging (MRI). Our study will prove that sonography should be the imaging modality of choice for placenta accrete.

Method: It is a retrospective study in obstetrics and gynecology department at Farhat Hached hospital, Sousse involving B patients who the diagnosis of placenta accreta was suspected in the 2D ultrasound second or third trimester of pregnancy.

Results: We collected B patients in whom the diagnosis of placenta accreta was strongly suspected. The average age was 35 years, mean gestational age at diagnosis was 30 weeks' gestation. The main risk factors were previous caesarean section, placental previa and an advanced maternal age. The diagnosis was made by ultrasound; velocimetry study and MRI. Ultrasound showed a placenta previa in 7 cases and multiple vascular lacunae within the placenta in 4 cases. MRI had performed in two cases: in the first case it showed placental heterogeneous signal with intense hypostrips without signs of percreta and in the second case, a heterogeneous signal range T2 sequence involving the right side of the placenta. In 4 cases, the diagnosis of placenta accreta was confirmed during cesarean section. We opted for conservative treatment in 3 cases.

Conclusion: Ultrasound Doppler coupled seems useful in diagnosing placenta accreta if it can be aided by magnetic resonance imaging in doubtful cases.

P22.08 | NOVEL ULTRASOUND SIGNS FOR PLACENTA ACCRETA SPECTRUM: ANTICIPATING TECHNICAL DIFFICULTIES
CATEGORY: PREGNANCY

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Objective: Validate the importance of novel ultrasound signs in surgical management of placenta accreta spectrum, specifically the Dubai criteria, and explore their correlation with surgical duration and blood transfusion requirements.

Method: Placenta accreta spectrum poses significant risks during pregnancy, requiring accurate preoperative assessment. This prospective longitudinal study conducted in Latifa Hospital, we included 50 selected cases of placenta accreta spectrum in 2 years. The Dubai criteria, comprising three specific ultrasound signs, were utilized to assess the presence of placenta accreta spectrum. The surgical technique incorporated the bird picking seed (BPS) technique. Statistical analysis explored the correlation between the Dubai criteria, surgical duration, and blood transfusion requirements.

Results: The presence of Dubai criteria correlated significantly with anticipated technical difficulties during surgery ($P < 0.05$). Surgical duration was prolonged due to the release of adhesions and increased vascularity. Patients meeting Dubai criteria exhibited expected higher blood loss. However, implementation of the BPS technique resulted in reduced intraoperative blood loss and fewer blood transfusions in approximately two-thirds of cases.

Conclusion: Accurate ultrasound assessment using Dubai criteria enables anticipation of technical difficulties in placenta accreta spectrum. Presence of Dubai criteria significantly correlates with increased surgical duration and blood loss. Implementing the BPS technique reduces blood loss and transfusion requirements. Incorporating these ultrasound signs and technique improves patient outcomes and surgical interventions.

P22.09 | INDICATIONS, CLINICAL CHARACTERISTICS, MANAGEMENT AND OUTCOME OF PATIENTS ADMITTED TO A DEDICATED OBSTETRICS ICU: A 1-YEAR RETROSPECTIVE DESCRIPTIVE COHORT STUDY
CATEGORY: PREGNANCY

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 University of Nairobi, Kenya

Objective: To determine the indications, clinical characteristics, management and outcomes of patients admitted to the dedicated

obstetrics ICU at KNH between 1st of March 2020 and 28th of February 2021.

Method: Using a retrospective descriptive cohort study design, data was retrieved from consecutively sampled eligible patients' files. Descriptive statistics were summarized using means and standard deviations for continuous variables or frequencies and percentages for categorical variables. Mortality was calculated as a proportion of deaths among the study population and presented as percentage with corresponding 95% confidence interval. SPSS version 26 was used for analysis.

Results: Total of 214 patient files were screened of which 182 (85%) were eligible. Participants had mean age of 28 (± 6.59 SD) years. Majority were married ($n = 144.79\%$), unemployed ($n = 107.59\%$). Most were multiparous ($n = 134, 74\%$), majority were referred from peripheral facilities ($n = 141.77\%$). Hypertensive disorders of pregnancy ($n = 98, 54\%$) was the most common indication for admission. Central Venous Catheter insertion ($n = 122.67\%$) mechanical ventilation ($n = 107.59\%$) were most common interventions. The average duration of stay was 5 days and mortality was 29%.

Conclusion: Majority of patients admitted to the first dedicated obstetric ICU in Kenya were young, multiparous and referrals from peripheral facilities. Most admissions were due to HDP. Nearly 1 in 3 admissions died.

P22.10 | EFFECT OF E-LEARNING CLINICAL MANAGEMENT OF SUBSTANCE-DEPENDENT PREGNANT WOMEN DURING LABOR AND POST-PARTUM ON KNOWLEDGE AND CLINICAL SKILL PERFORMANCE OF MIDWIVES: RANDOMIZED CONTROLLED TRIAL
CATEGORY: PREGNANCY

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Objective: Healthcare providers caring for substance-dependent women must have sufficient knowledge and clinical skills to manage their pregnancies and post-partum appropriately. This study was conducted to determine the effect of e-learning intervention on midwives' knowledge and clinical skill performance in caring for substance-dependent pregnant women during labor and post-partum.

Method: One hundred midwives were randomly assigned to intervention ($n = 50$) and control groups ($n = 50$) through blocked randomization in Iran. The intervention group underwent e-learning for 4 weeks on clinical considerations during labor and postpartum of substance-dependent mothers. Pretest, posttest, and one-month retention tests included a knowledge assessment and an objective structured clinical examination. Analysis of variance with repeated measures was used to determine and compare the mean data between and within the groups using SPSS 16.

Results: Immediately after and one month after the intervention, both the level of knowledge and clinical skill performance in the intervention group increased compared to the control group ($P < 0.001$). The knowledge of the intervention group in the one-month retention test was significantly reduced compared to immediately after the intervention ($P < 0.001$) but Clinical performance in the intervention group at the time one month after the intervention was not significantly different from the immediate after the intervention ($P = 1.00$).

Conclusion: E-learning about clinical considerations during labor and post-partum in substance-dependent mothers can be an effective way to improve midwives' knowledge and clinical skill performance. Although knowledge decreased one month after training, clinical skill performance remained.

P22.11 | MATERNAL AND PERINATAL OUTCOMES IN SEVERE PREECLAMPTIC WOMEN BETWEEN 24 AND 33 WEEKS' GESTATION IN A TERTIARY LATIN AMERICAN HOSPITAL CATEGORY: PREGNANCY

R. Novoa Reyes; C. Perez Aliaga; L. Quiñones Vásquez; J. Castañeda Apolinario; A. Ramírez Moreno; N. Hizo Mullisaca
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Objective: To determine whether expectant management of severe preeclampsia between 24 and 33 weeks of gestation improve maternal and perinatal outcomes in a tertiary Latin American health center.

Method: Retrospective study performed during January 2018 to March 2020. Women between 24+0 and 33+6 weeks with severe preeclampsia were included. Expectant management (EM) group received steroid prophylaxis and delivered 48h or more after admission. The Immediate Delivery (ID) group delivered before 48h. Primary outcome were adverse perinatal outcome, neonatal mortality and major maternal complications. The statistical analysis was performed by Student, X2 or nonparametric tests with the Stata/MP 14.0 statistical software.

Results: Sixty-two patients were classified to ID ($n = 30$) or EM ($n = 32$). The neonatal mortality was 53.3% in babies up to 28 weeks, 27.8% among 29–31 weeks and no one after 32 weeks ($P = 0.0003$). The latency period to delivery was 0.6 days (ID group) vs 2.6 days (EM group) ($P = 0.0001$). The adverse perinatal outcome (70.0% vs 65.6%; $P = 0.71$) was no improved with EM. Maternal complications were similar among the groups (36.7% vs 40.6%; $P = 0.75$).

Conclusion: EM of severe preeclampsia at 24–33 weeks in a tertiary hospital is not associated with changes in perinatal and maternal outcomes, despite there was a modest prolongation of pregnancy with EM. Neonatal death is associated with the gestational age at delivery.

P22.12 | FUNCTIONAL CHANGES IN HEALTH DURING AND AFTER PREGNANCY IN PATIENTS WITH SPINAL CORD INJURIES (SCI)—AN INTERNATIONAL COHORT STUDY CATEGORY: PREGNANCY

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Objective: To evaluate functional changes in patients with spinal cord injuries during pregnancy, and in the year following pregnancy.

Method: This is part of an international observational questionnaire examining pregnancy outcomes of people with SCI. The analysis included 399 pregnancies beyond 20 weeks' gestation. Parameters assessed included strength, spasticity, fatigue, autonomic dysreflexia, orthostatic hypotension, breathing, pain, edema, falls, sexual dysfunction, bladder changes, bowel changes, and change in use of mobility device. Patients categorized these functions as improved, no change or worsened during pregnancy and in the year following delivery. Descriptive analysis was used.

Results: Thoracic (55.1%) and Cervical (31.3%) level of spinal injuries predominated. During pregnancy, participants with thoracic injury reported worsened fatigue (43.6%), bladder symptoms (43.2%) and edema (30.4%); people with cervical injury had fatigue (54.4%), bladder symptoms (44.8%), bowel symptoms (31.2%) and spasticity (24.8%); worsened bladder symptoms predominated in lumbar (58.3%) and sacral injuries (83.3%). In the post-pregnancy year, majority participants reported recovery, however, worsened bladder function and pain persisted in 18.8% and 12.8% of participants respectively.

Conclusion: Worsening fatigue and bladder function are the most common symptoms during pregnancy. The majority of people experience recovery in the post-partum period, however, 18.8% participants experience worsening bladder function. This study may provide guidance for pre-pregnancy consultation and inform expectations of pregnant people with SCI and their health care providers.

P22.13 | KNOWLEDGE AND ATTITUDE OF PREGNANT WOMEN REGARDING DANGER CLINICAL FEATURES OF PREGNANCY CATEGORY: PREGNANCY

S. El Gelany
Minia university, Egypt

Objective: To assess the knowledge and attitude of pregnant women regarding danger clinical features of pregnancy.

Method: A representative sample from the total number of pregnant women visiting Antenatal care clinics in university hospital monthly which constituted (306) cases. Tools: Tool (I): A structured interview questionnaire consisted of 3 parts (Part I: Socio-Demographic Data,

Part II: Obstetric history, Part III: Antenatal care visits attendance), Tool II: Structured questionnaire on women's knowledge and experience regarding danger clinical features of pregnancy, Tool III: Structured questionnaire on women's attitude toward danger clinical features during pregnancy.

Results: pregnant women had a low level of knowledge regarding dangerous clinical features. The highest percentage regarding pregnant women's knowledge about dangerous clinical features was for items "sudden gush of fluid before labor, loss of fetal movement, vaginal bleeding, oliguria/anuria, premature onset of contraction & severe headache". Pregnant women had a positive attitude toward dangerous clinical features.

Conclusion: There was a highly statistically significant relationship between pregnant women's knowledge level and their attitude toward dangerous clinical features of pregnancy.

P22.14 | EPIDEMIOLOGY OF POSTPARTUM HEMORRHAGE IN EASTERN ETHIOPIA: A MULTICENTER STUDY

CATEGORY: PREGNANCY

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Objective: The aim of this study was to describe the epidemiology of postpartum hemorrhage (PPH), defined as bleeding ≥ 500 mL after vaginal birth or ≥ 1000 mL after cesarean section, among women admitted during pregnancy, childbirth or within 42 days of termination of pregnancy in the 13 public hospitals in eastern Ethiopia.

Method: This study was part of the Ethiopian Obstetric Surveillance System (EthOSS) project—a prospective multicenter surveillance system of women admitted with obstetric hemorrhage, eclampsia, uterine rupture, sepsis or severe anemia from April 1, 2021 to March 31, 2022. We analyzed socioeconomic and obstetric characteristics, management given, and outcomes at discharge among women with PPH by reviewing their medical records and using stata 14. Incidence, case fatality rate (CFR), and major contributors to PPH were described.

Results: Of 2043 women admitted with one of the EthOSS conditions, 306 (15%) were from PPH corresponding with an incidence

of 9 in 1000 live births. Uterine atony was the underlying condition in 52.6%. While blood was requested for 122 (39.9%), only 88 (28.8%) received transfusion. Similarly, oxytocin infusion was given to only 239 (78.1%). Although the overall CFR was 6.2% (19/306) among PPH cases, 27.1% (19/70) of all maternal deaths during the study period were from PPH.

Conclusion: PPH remains a major cause of maternal death and severe maternal morbidity in eastern Ethiopia. Improving the quality of care by increasing access to blood for transfusion and active management of third stage of labor must be prioritized to reduce maternal deaths and complications from PPH.

P22.15 | ENDOTHELIN-1 PRODUCTION VIA PLACENTAL (PRO) RENIN RECEPTOR IN PREECLAMPSIA MODEL MICE

CATEGORY: PREGNANCY

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Objective: The role of the (pro)renin receptor (PRR) in preeclampsia (PE) pathogenesis has received special attention. We examined endothelin-1 (ET-1) production via placental PRR in a preeclampsia mouse model: using a reduced uterine perfusion pressure (RUPP) operation, ligated the uterine artery of pregnant mice.

Method: We performed RUPP operation on ICR mice at 14.5 day-post-coitum (dpc), and infused them with a PRR inhibitor. The blood pressure of the mice was measured using the tail-cuff method. At 18.5 dpc, blood, urine, and placenta were collected. The fetus and placenta were weighed. We evaluated placental hypoxia with hypoxia-inducible factor-1 α (HIF-1 α) as an index. We evaluated PRR, transforming growth factor- β 1 (TGF- β 1), and ET-1 expression in the placenta, and ET-1 concentration in the plasma.

Results: Blood pressure and proteinuria significantly increased, and fetal and placental weights decreased in RUPP mice. Using quantitative polymerase chain reaction (PCR), HIF-1 α expression significantly increased, and according to quantitative PCR and western blotting, PRR, TGF- β 1, and ET-1 expressions significantly increased in RUPP mice placentas. An enzyme-linked immunosorbent assay showed that the ET-1 concentration in the plasma of RUPP mice was significantly increased. The PRR inhibitor suppressed these changes.

Conclusion: In PE model mice that underwent RUPP, placental hypoxia increased PRR expression, suggesting that ET-1 was increased by intracellular PRR signaling. This study may help to elucidate the pathogenesis of PE with a focus on PRR and ET-1.

P22.16 | THE LONG ROAD IN A REDUCTION OF A "REFRACTORY" MATERNAL DEATH IN ZANZIBAR AT MNAZI MMOJA REFERRAL HOSPITAL "A MILESTONE FOR MENTORSHIP SUPPORT"

CATEGORY: PREGNANCY

S. Mahmoud

The State University of Zanzibar, Tanzania

Objective: Maternal death is one of the concerns that need great attention in healthcare issues of Zanzibar. This study assessed the impact of mentorship program on maternal mortality implemented between 2019 and 2021 at Mnazi Mmoja Referral Hospital (MMH).

Method: Monitoring data of the maternal mortality were compared with secondary data on maternal mortality that were obtained through reviewing the maternal death audits records between 2016 and 2018.

Results: The maternal mortality ranged from 48 death in 2016–45 death in 2018, and averaged at a rate of 452 per 100 000 livebirths. Comparatively, the maternal mortality decreased from 42 deaths in 2019–25 deaths in 2021, with an average maternal mortality rate of 280 per 100 000 livebirths. The mentorship program in 2019–2021 had a significant positive impact towards minimizing the Maternal Mortality Rate (MMR) in MMH ($t = -2.27, P = 0.028$).

Conclusion: The improvement in the quality of obstetric care particularly in a problem bases learning from actual scenario made a significant difference in the reduction of maternal deaths in Mnazi Mmoja Referral Hospital.

P22.17 | THE CHALLENGES OF SCHIZOPHRENIA DURING THE PERINATAL PERIOD: A CASE REPORT AND REVIEW OF THE LITERATURE

CATEGORY: PREGNANCY

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Objective: Schizophrenia is a severe psychotic disorder, which profoundly affects women's reproductive health and leads to a higher risk of complications during the perinatal and puerperal period. In this report, we presented the case of a primiparous woman whose schizophrenia diagnosis was unknown during pregnancy and her follow-up after starting treatment.

Method: G1C1, 24years old, diagnosed with schizophrenia at 13years old, but untreated during her antenatal period due to patient's decision to stop treatment after discovering the pregnancy and to not disclose her diagnosis to the obstetrics team. Before that, she had the disease under control with risperidone. However, in her

immediate postpartum, the patient reported some feelings of inferiority, sadness, auditory hallucinations, jealousy, persecutory delusions and a struggle to take care of her child.

Results: The obstetrics team's first hypothesis was puerperal psychosis, but, after investigating about her primary disease, it was decided to start her treatment with haloperidol and promethazine. Almost a month after the child's birth, she returned and reported an improvement on her condition. She was not having delusions or those feelings anymore, and also referred an improvement in her relationship with the newborn. Due to extrapyramidal symptoms, haloperidol was suspended and risperidone was added.

Conclusion: Professional unpreparedness of obstetrics and multidisciplinary teams on this condition, especially during the perinatal period, leads to underdiagnosis and treatment delays, bringing higher risks to the mother and infant. This case shows the importance of treating these patients as high-risk and referring them to perinatal mental health services.

P22.18 | THE STUDY THE EFFICACY OF ULTRASOUND GUIDED BILATERAL ERECTOR SPINAE PLANE BLOCK (ESPB) TO INTRATHECAL FENTANYL (ITF) FOR POST OPERATIVE ANALGESIA AFTER LOWER SEGMENT CAESAREAN SECTION

CATEGORY: PREGNANCY

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Objective: Abdominal facial plane blocks have proven effective for postoperative analgesia in multiple surgical procedures. This study done with aim to compare postoperative analgesic efficacy of USG guided bilateral Erector spinae plane block to Intrathecal fentanyl group in reducing pain, by NRS score after lower segment caesarean section (LSCS).

Method: 60, full term, singleton pregnancy, women undergoing elective LSCS under Spinal Anesthesia were randomly divided into Group: USG guided bilateral Erector spinae plane block was performed at T9 level with Levobupivacaine (0.25%) 30 ml at end of surgery. Group 2 (Intrathecal fentanyl group ITF): given Spinal with fentanyl 25 mcg. Static and dynamic pain scores, total Fentanyl consumption, residual motor blockade, ability to ambulate and breast feed, patient satisfaction were evaluated for 48h.

Results: Mean static and dynamic NRS score was significantly lower among patients of ESPB group compared to ITF group, mean total fentanyl consumption in 48h was insignificantly lower among patients of ESPB group compared to ITF group. Residual motor blockade was seen due to Spinal Anesthesia in both the groups. ESPB groups were early to ambulate with majority of patients were able to Breast feeding in <2h and more satisfied as compared to ITF group.

Conclusion: ESPB proved to be significantly more efficacious in terms of quality of pain relief, leads to less opioid consumption and no side effects related to opioids. Overall pregnant females who were given ESP block were more satisfied, were able to ambulate early, and breastfeed with better care of new born.

P22.19 | FETAL CARDIOTHORACIC RATIO ASSESSED BY 3 DIFFERENT MEASUREMENT TECHNIQUES IN PREDICTION OF BART'S HYDROPS FETALIS AT 17-22 WEEKS OF GESTATIONS
CATEGORY: PREGNANCY

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Siriraj Hospital, Thailand

Objective: To determine cut-offs and diagnostic performance of different 3 cardiothoracic (CT) ratio techniques, including CT diameter, circumference, and area ratios, in predicting hemoglobin (Hb) Bart's disease at 17-22 weeks' gestation, and to create a multivariable scoring system using multiple ultrasound markers.

Method: A total of 151 singleton pregnancies at risk for Hb Bart's disease requiring invasive prenatal testing at Siriraj Hospital, Thailand were included. The incidence of Hb Bart's disease was 29.8% (45 fetuses). The measurements of fetal CT ratio were assessed by 3 different methods. Several sonographic predictors of Hb Bart's disease were determined by logistic regression analysis. Optimum cut-offs for these markers and a multivariable scoring system were derived to differentiate affected and unaffected fetuses.

Results: Among all CT ratio techniques, the CT diameter ratio revealed the best detection rate. Significant predictors identified from multivariate analysis were as follows: CT diameter ratio >0.5 ($P < 0.001$), middle cerebral artery-peak systolic velocity (MCA-PSV) >1.5 multiple of median ($P < 0.001$), and placental thickness >3 centimeters ($P = 0.033$). Amid all parameters studied, MCA-PSV had the highest sensitivity (97.8%) in predicting Hb Bart's disease. A multivariable scoring system identified affected fetuses with excellent sensitivity (100%) and specificity (84.9%).

Conclusion: All 3 fetal CT ratio techniques were highly effective for detection of Hb Bart's disease, although the CT diameter ratio tended to have superior sensitivity. Increased MCA-PSV represented the highest yield for disease detection. The multivariable scoring approach provided greater predictive values than the use of any single parameter alone.

P22.20 | THE ABILITY OF BIFIDOBACTERIUM BREVE 702258 TO TRANSFER FROM MOTHER TO INFANT: THE MICROBEMOM DOUBLE-BLINDED RANDOMISED CONTROLLED TRIAL
CATEGORY: PREGNANCY

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Gallardo³; S. Chandra Nori⁴; F. Shanahan⁵; E. Murphy⁶; D. Van
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Objective: To investigate if maternal supplementation of Bifidobacterium breve 702258 from early pregnancy until three months postpartum could transfer to the infant gut.

Method: This was a double-blind, placebo-controlled, randomised-controlled trial of B. breve 702258 (minimum 1×10^9 colony forming units) taken orally from 16-weeks' gestation until three-months postpartum in healthy pregnant women, recruited between September 2016-July 2019. The primary outcome was detection of the strain in infant stool up to 3 months by at least two of three methods (strain specific PCR, shotgun metagenomic sequencing, or genome sequencing of cultured B. breve). Rates were compared using Fishers exact test.

Results: 160 women had a mean age of 33.6 (3.9) years, mean BMI of 24.3 (22.5, 26.5) kg/m² and 43% ($n = 58$) were nulliparous. Neonatal stool samples were obtained from 135 infants (65 in intervention and 70 in control). The presence of the supplemented strain was detected through at least two methods (PCR and culture) in two infants in the intervention group ($n = 2/65$, 3.1%) and none in the control group ($n = 0$, 0%), $P = 0.230$.

Conclusion: Direct strain transfer from mothers to infants of B. breve 772058 occurred infrequently. This highlights the potential for maternal supplementation to introduce microbial strains into the infant microbiome.

P22.21 | MATERNAL DIETARY INTAKE AND THE MATERNAL GUT MICROBIOME IN EARLY PREGNANCY

CATEGORY: PREGNANCY

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Objective: Diet influences the microbiome, but a paucity of data exists in pregnancy. The aim of this study is to explore the relationship between maternal dietary intakes and the microbiome during early pregnancy through a cross-sectional secondary analysis of pre-intervention data from the MicrobeMom Randomised Controlled trial.

Method: Participants (n=111) were recruited in early pregnancy (16 weeks' gestation) in a tertiary level maternity unit in Dublin, Ireland. Three-day food diaries were collected and analysed using Nutritics Research Edition v4.315. Stool samples were subjected to metagenomic shotgun sequencing, OTUs were devised and relative abundance calculated. The vegan package (v. 2.5-1) was used to calculate alpha diversity. Relationships were explored through pairwise Pearson correlations and Kruskal-Wallis tests, adjusting for multiple comparisons.

Results: Women had a mean age of 35 (SD 3.9) and mean BMI of 24.68 (SD 2.9). 57.7% were nulliparous. Higher intakes of lauric acid (found in coconut milk and oil; $r=0.357$, $P=0.034$) and protein bars ($r=0.343$, $P=0.041$) were associated with higher bacterial alpha diversity. Intakes of malic acid ($r=-0.367$, $P=0.034$) (found in fruit juices, soft drinks), vitamin E ($r=-0.399$, $P=0.018$) and fruit juices ($r=-0.372$, $P=0.022$) were inverse related with alpha diversity.

Conclusion: Dietary intakes are related to the gut microbiome in early pregnancy. More research into the health implications of these finds and longitudinal analysis throughout gestation are warranted.

P22.22 | PRENATAL CARE UTILIZATION AND PERINATAL OUTCOMES AMONG PREGNANT ADOLESCENTS IN MEXICO, 2008–2019

CATEGORY: PREGNANCY

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Objective: We evaluated prenatal care utilization, preterm birth (PTB), and low birth weight (LBW) among births to adolescents compared with 20–24-year olds in Mexico from 2008 to 2019.

Method: Historical cohort study of singleton live births to individuals under 25 years old using birth certificate data (SINAC). Outcomes were inadequate prenatal care, PTB, LBW. We included individual-, clinical-, and municipality-level characteristics and used multivariable logistic regression to estimate the adjusted association of adolescent age (<15, 16–17, 18–19 vs 20–24) with each outcome. We tested for effect modification of the relationship of age and PTB or LBW by adequate prenatal care using an interaction term.

Results: We included a total of 12 107 017 births to women under 25 years old. Adolescents were more likely to reside in marginalized municipalities. All adolescent age groups had higher odds of inadequate prenatal care, PTB, and LBW, compared with individuals 20–24. Adolescents under 15 had the highest adjusted odds of PTB (aOR 1.54) and LBW (aOR 1.47), compared with individuals 20–24. Receipt of adequate prenatal care significantly modified the relationship of age and outcomes.

Conclusion: In Mexico, adolescent pregnancy is associated with inadequate prenatal care and higher odds of PTB and LBW neonates. Very young (<15 years old) adolescents have the highest odds of adverse outcomes, however receipt of adequate prenatal care mitigates disparities in infant outcomes by age group.

P22.23 | UTERINE RUPTURE AND PERINATAL DEATH IN WOMEN WITH MULTIPLE PRIOR CESAREAN DELIVERIES

CATEGORY: PREGNANCY

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University of British Columbia, Canada

Objective: As the rates caesarean delivery (CD) continue to rise globally, concerns about risks to subsequent pregnancies increase. We examined rates of uterine rupture and perinatal mortality in parous women by the number of prior CDs, using large data on all singleton births to parous women in the United States, 2016–2017.

Method: Data were obtained from the US National Center of Health Statistics. Rate of uterine rupture was compared between women with 1, 2, 3 and ≥ 4 CDs and women with prior vaginal births only. Logistic regression was used to estimate the risk of perinatal death, adjusting for potential confounders. We included 4 630 436 parous women, 75.1% had no prior CD, 17.1% had one prior CD, 5.8% had two, 1.6% had three and 0.4% had ≥ 4 prior CDs.

Results: Uterine rupture (per 1000 women) increased from 0.2 in women with no prior CD to 1.0; 1.2; 1.9; and 3.4 in women with one, two, three, and ≥ 4 prior CDs, respectively. Adjusted odd ratios (AORs) for perinatal death were 0.84 (95% CI 0.80–0.89) in women with 1 prior CD, AOR=0.96 (95% CI 0.89–1.04) with 2 CDs, AOR=1.04 (95% CI 0.91–1.19) with 3 CDs and AOR=1.59 (95% CI 1.30–1.94) in women with ≥ 4 prior CDs.

Conclusion: Women with prior CDs have higher rates of uterine rupture, especially those with ≥ 4 prior CDs. Among women who experience uterine rupture, perinatal mortality is lower among women with one prior CD and higher among those with ≥ 4 previous CDs as compared with women who had prior vaginal deliveries.

P22.24 | ASSESSING WOMEN WHO HAVE UNDERGONE BARIATRIC SURGERY AND THEIR ADVERSE PREGNANCY OUTCOMES BETWEEN 2019–2021 IN PUBLIC TERTIARY HOSPITALS IN DUBAI: A RETROSPECTIVE COHORT STUDY
CATEGORY: PREGNANCY

S. Saquib; H. Al Gergawi; H. Al Shafar
 Dubai Hospital, India

Objective: There is high prevalence of reproductive age women undergoing bariatric surgery in the United Arab Emirates. The aim of the study is to compare the maternal and neonatal outcome of pregnant women with and without bariatric surgery in our tertiary hospital.

Method: A retrospective cohort study done in Dubai and Latifa Hospitals starting from 1st of January 2019 up to 31st of December 2021. Cohort consist of women with and without bariatric surgery prior to a pregnancy. Both groups were matched based on age, BMI, and parity. The antenatal complications like maternal anemia, pregnancy-induced hypertension, and gestational diabetes along with neonatal complications were compared between both groups. Data Assessed by Statistical Package for the Social Sciences.

Results: The results shows that there is no difference in the antenatal complications in both groups with p -value > 0.05 . Maternal anemia was observed significantly high in women without bariatric surgery (62% vs 44%). Caesarian section rate was high among women with bariatric surgery (48% vs 38%). Neonatal outcomes were also found to be extremely similar in both groups. There was one still birth in bariatric surgery group.

Conclusion: The study found that there is no difference between the two study groups. However, in this study, there were less cases of maternal anemia in women with bariatric surgery, this could be due to more vigilant antenatal care and nutritional advice given to them pre-pregnancy and during their pregnancy.

P22.25 | LATCH ON: A MULTICENTRE RANDOMISED TRIAL OF MULTICOMPONENT PERINATAL BREASTFEEDING SUPPORT FOR WOMEN WITH A RAISED BODY MASS INDEX
CATEGORY: PREGNANCY

S. O'reilly
 University College Dublin, Ireland

Objective: Women with raised body mass indices (BMIs) are known to have reduced breastfeeding success. We aimed to investigate the effectiveness of a multicomponent breastfeeding intervention on the prevalence of any breastfeeding among women with a BMI > 25 kg/m² at 3 months versus usual care.

Method: 224 primiparous women and their support partners participated in a RCT recruiting from four maternity hospitals in Ireland. The intervention consisted of an antenatal group breastfeeding

education session with support partners; a lactation consultant individual postnatal breastfeeding assessment; and postnatal telephone calls for up to six weeks. Usual care consists of optional antenatal classes, access to lactation consultant and breastfeeding clinics (subject to availability). A Binary logistic regression model tested intervention effect at 3 months.

Results: At 3 months postpartum, the breastfeeding prevalence was 68.7% for intervention ($n = 68$ of 99) and 62.1% for usual care ($n = 59$ of 95) (RR1.16, 95% CI 0.85–1.57, $P = 0.42$). Breastfeeding initiation or rates at any other time did not differ. Motivation to breastfeed ($p = 0.02$) and positivity towards breastfeeding improved following the antenatal education session with support partner present (Intervention 61.7%, $n = 58$; usual care 38.3%, $n = 36$ [RR1.45, 95% CI 1.07–1.96, $P \leq 0.01$]).

Conclusion: The Latch On multicomponent intervention including antenatal group education with support partner present positively impacted breastfeeding attitudes and motivation. No difference was seen in breastfeeding rates at any timepoint. Providing adequate education and support to women who intend to breastfeed remains of paramount importance.

P22.26 | A RETROSPECTIVE STUDY COMPARING THE OBSTETRIC AND PERINATAL OUTCOMES OF REGISTERED AND UNREGISTERED TEENAGE MOTHERS IN A TERTIARY TEACHING HOSPITAL FROM 2012 TO 2016
CATEGORY: PREGNANCY

S. Fajutagana
 Philippine General Hospital, Philippines

Objective: Teenage pregnancy is a worldwide public health challenge leading to maternal and neonatal complications. In a tertiary hospital, there is a specialized clinic, the Teen Mom Clinic, that caters to adolescent mothers. We aim to determine if receiving prenatal care in the Teen Mom Clinic was associated with better outcomes.

Method: This was done using a systematic sample of admissions from 2012 to 2016. Records of sampled patients were retrieved and reviewed. Registered patients were noted have lower proportion of preterm births and abdominal deliveries and higher probability of meeting prenatal check-up targets. Babies of registered mothers had higher birth weights, better Apgar scores, and less probability of nursery admission.

Results: After multivariate analysis, only lower odds of preterm birth and higher odds of achieving prenatal check-up target remained significant.

Conclusion: The Teen Mom Clinic was associated with positive impact mostly through lowering of preterm deliveries.

P22.27 | STAGE IV SCC-ETHAMOID IN PREGNANCY MANAGED BY CHEMOTHERAPY

CATEGORY: PREGNANCY

S. Seth

All India Institute of Medical Sciences, Gorakhpur, UP, India, India

Objective: Chemo-therapeutic management of stage-IV Small cell carcinoma-Ethmoidal sinus diagnosed at 28 weeks of pregnancy: a possibility for safe fetomaternal outcome. Malignancy complicates approximately 1 in 1000–2000 pregnancies. The management of malignancies diagnosed in pregnancy is associated with both ethical and therapeutic issues.

Method: Case report. A 32-year-old G2P1L1 28-week pregnancy case reported with rapidly growing (over one month) swelling on the left paranasal area involving the left eye at AIIMS Gorakhpur Otorhinology outdoor. On work-up diagnosis of aggressive T4N0M0 small-cell carcinoma (SCC) of the sino-nasal cavity was made. In multidisciplinary discussion among oncologist, physician, ENT specialist and obstetricians, it was proposed to give her chemotherapy. Carboplatin-Paclitaxel regimen was given after counselling with regular fetomaternal monitoring.

Results: She received two cycles of Chemo-therapy—Paclitaxel and Carboplatin regimen at 3-week intervals and delivered by a lower segment caesarean section (LSCS) at 37 weeks, in view of previous caesarean with poor Bishop score. One unit Packed cell transfusion was given as she was moderately anaemic at term (Hb-7.8 gm%). Healthy 2.58 kg baby was delivered with uneventful post-operative recovery.

Conclusion: Multi-disciplinary management of such rare & complex malignancy cases can ensure a successful outcome in pregnancy and give insights for future research.

P22.28 | THE BREACH OF UTERINE CAVITY CAUSES PLACENTA ACCRETA SPECTRUM

CATEGORY: PREGNANCY

S. Wada; Y. Fukushi; Y. Ono; H. Ota; H. Yamada

Teine Keijinkai Hospital, Japan

Objective: Perforation of uterine cavity on myomectomy may raise perinatal complications, however, its evidence has been rarely reported. We analyzed the influence of the perforation of uterine cavity to perinatal events.

Method: The subjects were 180 pregnant women undergoing caesarean section (CS) during 2014–2020, who had undergone laparoscopic myomectomy (LM) previously in our hospital. Setting two groups; breach of uterine cavity on LM (Breach), and no breach (non-Breach), the incidence of perinatal events such as placenta accreta spectrum (PAS), uterine rupture, placental malposition, abruptio placenta, premature delivery, threatened premature delivery,

premature rupture of membrane, and massive intrapartum hemorrhage was examined.

Results: One hundred and eighty patients, 25 patients were assigned to “Breach”, 155 were to “non-Breach”. Among perinatal events, PAS occurred in 6 cases (24%) in Breach, 8 cases (5.2%) in non-Breach, with significant difference ($P=0.006$) by Fisher exact test. The other events showed no significant difference. Multivariate analysis by logistic regression analysis also showed significant difference ($P=0.009$).

Conclusion: Perforation of uterine cavity is associated with the occurrence of PAS in the following CS, that is why we need to take care for PAS during CS.

P22.29 | CHALLENGES IN THE MANAGEMENT OF HYPERCALCEMIA IN PREGNANCY – A REPORT OF TWO CASES

CATEGORY: PREGNANCY

S. Lim¹; S. Thain²

¹KK Women's and Children's Hospital, Singapore; ²KK Women's and Children's Hospital, Singapore

Objective: Hypercalcemia in pregnancy and its cause must be recognized and treated early because of its association with significant complications for mother and fetus. We present two cases of hypercalcemia in pregnancy in our centre over 12 months and discuss the challenges and pitfalls one may encounter in diagnosis and management.

Method: Case 1 is a 29-year-old gravida 2 para 1 with a previous intrauterine fetal demise at 27 weeks due to preeclampsia. She was asymptomatic but noted to be hypercalcemic on screening, and parathyroid hormone was raised. Parathyroid adenoma was detected on ultrasound. Case 2 is a 32-year-old gravida 3 para 2 with preexisting hypertension, who was admitted in early pregnancy for raised blood pressure. A young hypertensive work-up noted hypercalcemia and raised parathyroid hormone.

Results: In both cases, genetic testing for hereditary causes to suggest familial hypocalcaemic hypercalcemia (FHH) was negative. Urinary testing for calcium:creatinine clearance ratio was equivocal, and family history for case 1 was positive for an aunt with hypercalcemia. They both failed initial hydration as first-line treatment and underwent neck exploration with parathyroidectomy in the second trimester with marked improvement in calcium levels. Both cases were associated with hypertensive disease in current and previous gestations.

Conclusion: Hypercalcemia in pregnancy requires high index of suspicion as symptoms overlap with physiological pregnancy. Young hypertensive women in early pregnancy should be worked up for secondary causes, and FHH excluded before treating primary hyperparathyroidism (PHPT). Management of PHPT is multidisciplinary, and surgery is the definitive treatment, ideally in second trimester.

P22.30 | USE OF PREGNANCY PERSONALISED FOLLOW-UP IN CASE OF MATERNAL SOCIAL VULNERABILITY TO REDUCE PREMATURITY AND NEONATAL MORBIDITY
CATEGORY: PREGNANCY

S. Crequit

Service de Gynécologie Obstétrique, Centre Hospitalier Intercommunal de Montreuil, France., France

Objective: To compare pregnancy outcomes between patients that received personalized pregnancy follow-up (PPFU) to address social vulnerability versus standard care.

Method: Single center study between 2020 and 2021, 3958 women with social vulnerability that delivered a singleton after 14 gestational weeks were included, within which 686 patients had a PPFU. The associations between poor pregnancy outcomes (premature birth, small for gestational age (SGA)) and PPFU were tested using multivariate logistic regression and propensity score matching.

Results: After adjustment on social deprivation, maternal age, parity, body mass index, maternal origin and both high medical and obstetrical risk level before pregnancy, PPFU was an independent protective factor of premature birth before 37 (GW) (aOR=0.63, 95% CI [0.46–0.86]), and premature birth before 34 GW (aOR=0.53, 95% CI [0.34–0.79]). There was no association between PPFU and SGA (aOR=1.06, 95% CI [0.86–1.30]). Propensity score adjusted OR for PPFU using the same variables unveiled similar results.

Conclusion: This work suggests that PPFU improves pregnancy outcomes and emphasizes that the detection of social vulnerability during pregnancy is a major health issue.

P22.31 | PROPHYLACTIC BALLOON OCCLUSION IN PLACENTA ACCRETA: CONTROVERSIAL OUTCOMES
CATEGORY: PREGNANCY

S. Bayar¹; H. Abouda¹; A. Jallouli¹; H. Aloui²; H. Frikha²; M. Farhati¹; K. Magdoud³; B. Chanoufi¹; A. Karoui¹

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Objective: Placenta accreta is considered a life-threatening condition associated with massive hemorrhage, often necessitating hysterectomy. Internal iliac artery balloon tamponade is a complementary intervention used to reduce blood loss during cesarean hysterectomy. This clinical trial aimed to compare maternal morbidity in women with suspected placenta accreta, with or without prophylactic balloon catheter placement.

Method: In a 2-year study, we compared two groups of 26 patients with suspected antenatal placenta accreta: one group had balloon catheters placed in both internal iliac arteries before surgery, while the other group served as the control without balloon placement.

The balloon catheter was inserted into the anterior branch of the internal iliac artery, and after fetal extraction, the balloons were inflated. Hysterectomy or conservative treatment was performed, followed by verification of hemostasis and removal of the catheters.

Results: The demographic and obstetric characteristics of both groups were similar. All women in both groups had at least one previous cesarean section. Our study shows that using internal iliac artery balloons is linked to lower estimated blood loss and fewer blood transfusions compared to the control group. However, these differences are not statistically significant ($P=0.09$). The procedure duration was similar, possibly due to reduced surgeon stress. No complications were observed, and there have been no reported cases of maternal or fetal mortality.

Conclusion: In summary, prophylactic occlusion of the internal iliac arteries is a controversial procedure that has yielded mixed results in patients with placenta accreta. Some researchers have reported reduced blood loss and transfusion needs, while others report no benefit. It is a costly method not covered in our country.

P22.32 | PREVALENCE OF ASYMPTOMATIC BACTERIURIA IN PREGNANT WOMEN, ISOLATES AND THEIR CULTURE SENSITIVITY PATTERN
CATEGORY: PREGNANCY

S. Sundari

Sundaram Medical Foundation, Chennai, India

Objective: To estimate the prevalence of pregnancy associated asymptomatic bacteriuria in women attending the antenatal clinic. To identify the organisms causing asymptomatic bacteriuria and its sensitivity pattern.

Method: A total of 100 pregnant women attending out patient antenatal clinic in our hospital with pus cells in their urine routine were included in study and urine culture and sensitivity sent. Two groups made. One with culture positive for asymptomatic bacteriuria, who were treated based on their antibiotic sensitivity pattern and the other group culture negative for asymptomatic bacteriuria. They were followed up throughout the pregnancy till delivery and maternal, perinatal outcome noted.

Results: Prevalence of asymptomatic bacteriuria 12%. Highest reported age group 25–30 years and primigravida. The mean period of gestation was 10–11 weeks. Commonest organism was E. Coli and found in 50 % culture positive women followed by Enterococcus in 33.3%. Klebsiella in 8.3%. Proteus Mirabilis in 8.3%. Most isolates susceptible to Augmentin, Nitrofurantoin cefixime. Incidence of abortion, antenatal, fetal complications more in culture positive group than culture negative group.

Conclusion: Screening and treatment of asymptomatic bacteriuria is less cost than managing complications like preterm and IUGR. Prompt and early treatment significantly reduce the adverse pregnancy outcome. Thus all pregnant women are to be screened to

asymptomatic bacteriuria in preconception period or in first trimester. Positives should be aggressively appropriately treated.

P22.33 | ABORDAJE PREVENTIVO DE LA HEMORRAGIA OBSTÉTRICA EN ACRETISMO PLACENTARIO: REPORTE DE CASO CLÍNICO

CATEGORY: PREGNANCY

S. Munoz Madrigal
HDUMNSA, Dominican republic

Objective: Estimular el uso de técnicas adecuadas para el abordaje del acretismo placentario logrando disminuir los riesgos de hemorragia obstétrica, además de reducir las complicaciones quirúrgicas con el fin de obtener resultados materno-fetal óptimos.

Method: Revisión retrospectiva de un caso clínico de paciente de 34 años con antecedentes quirúrgicos de cesárea en 2 ocasiones y hallazgos sonográficos de placenta previa a las 30 semanas, a quien se diagnosticó con acretismo placentario previo a cirugía.

Results: Con el empleo de la técnica de Batista (desarterialización de las uterinas) para realizar la cesárea-histerectomía, se pudo constatar una menor cantidad de sangrado transoperatorio con relación a la técnica tradicional obteniendo una pérdida hemática máxima de 1100 cc, tiempo quirúrgico menor a dos horas y un recién nacido con resultados perinatales favorables disminuyendo el uso de hemoderivados y aminorando la estancia hospitalaria.

Conclusion: Considerando el aumento del espectro acretismo placentario, es oportuno y de suma importancia conocer el manejo quirúrgico con un equipo multidisciplinario capacitado para disminuir los riesgos de sangrado masivo, lesiones a órganos vecinos y a su vez obtener resultados maternos y fetales favorables.

P22.34 | AN OBSERVATIONAL STUDY ON PLACENTA ACCRETA SPECTRUM AT A TERTIARY CARE CENTRE OF NORTH INDIA. AUTHORS-SUJATA DEO, VANDANA SOLANKI

CATEGORY: PREGNANCY

S. Deo
King George's Medical University, Uttar Pradesh, Lucknow, India, India

Objective: To study the etiology, management and outcome of placenta accrete spectrum.

Method: A prospective observational study was conducted in the department of obstetrics and gynaecology, King George Medical University, Lucknow from January 2022 to December 2022. Caesarean hysterectomy was carried out in 100% cases.

Results: A Total 38 cases of placenta accreta spectrum described among whom 28.3% were Grade II followed by Grade I (7%) and Grade III (10%) all were associated with post partum haemorrhage, blood transfusion. Ureteric injury was present in 3 cases. 29 patients required ICU admission, 2 maternal mortalities with antepartum

haemorrhage, 28.4% in labour, 15.78% intrauterine fetal demise, 89% were associated with preterm birth and 34.21% cases was required neonatal ICU admission.

Conclusion: Planned caesarean hysterectomy performed under controlled circumstances, with the availability of adequate blood transfusion and ICU care significantly reduce maternal morbidity and mortality.

P22.35 | PERINATAL CONSEQUENCES IN PREGNANT WOMEN WITH HYPERTENSIVE DISORDERS

CATEGORY: PREGNANCY

S. Posokhova
Odesa National Medical University, Ukraine

Objective: The aim of this study was to investigate the occurrence of fetal growth restriction (FGR) in pregnant women with hypertensive disorders.

Method: A retrospective analysis of the delivery histories of 2735 women with singleton pregnancies in 2020 was conducted. Among these women, 272 (9.95%) had hypertensive disorders during pregnancy. FGR was detected in 130 cases (47.8%) among women with hypertensive disorders, while in normotensive pregnancies, it was 28.2%.

Results: A retrospective analysis of pregnancy course in 42 women with hypertensive disorders and FGR revealed that 30 (71.4%) had preeclampsia, 6 (14.3%) had chronic arterial hypertension, and 6 (14.3%) had gestational hypertension. The degree of prematurity of newborns according to gestational age was also evaluated, with most newborns falling under degree I. Additionally, 66.67% of low birth weight infants were for their gestational age, and 14.29% had grade 1 FGR-syndrome while 19.05% had grade 2.

Conclusion: The findings suggest that women with hypertensive disorders are at high risk of adverse perinatal outcomes and the birth of children with congenital anomalies.

P22.36 | PREGNANCY, MATERNAL AND PERINATAL OUTCOMES OF THE NON-COVID-19 WOMEN DURING THE LOCKDOWN PERIOD OF THE FIRST WAVE OF COVID-19 PANDEMIC: A RETROSPECTIVE STUDY

CATEGORY: PREGNANCY

S. Singh¹; S. Jena²; T. Som³; P. Nanda⁴; G. Mohanty²; P. Rout²
¹All India Institute of Medical Sciences Bhubaneswar, India; ²All India Institute of medical Sciences, Bhubaneswar, India; ³All India Institute of Medical Sciences, Bhubaneswar, India; ⁴All India Institute of medical Sciences, Bhubaneswar, India

Objective: India was under lockdown from 25th March 2020. Essential services like hospitals were kept out of the purview of the lockdown. However, adverse outcomes of the non-COVID patients

were reported. Hence, this study was conducted to determine the maternal and perinatal outcomes of the non-COVID-19 women during the lockdown.

Method: This was a retrospective study conducted in the department of Obstetrics and Gynaecology at a tertiary care hospital in eastern India. Prior ethical approval was obtained. Data of non-COVID-19 pregnant/puerperal/post-abortal women presenting to the department during the lockdown period from 22nd March 2020–30th June 2020 was collected. This was contrasted with the data of the women in control group during the preceding 3.5 months from 11th December 2020–21st March 2020.

Results: There were 378 deliveries during the study period compared to 438 in the control period. This difference was statistically significant. The rate of stillbirth during the study period (21) was slightly increased compared to the control period (22), but was not statistically significant (5.5% versus 5.0%). Maternal mortality rate was higher during the study period (4 versus 1) and was attributed to eclampsia (2 cases), ruptured ectopic pregnancy (1 case) and 1 case of woman being brought dead.

Conclusion: There were fewer institutional deliveries during the lockdown period of the COVID-19 pandemic at our institute. The stillbirth rate was also slightly higher. The higher maternal mortality rate during the lockdown period is a matter of grave concern.

P22.37 | PREGNANCY WITH GLASSY CELL CERVICAL CANCER CATEGORY: PREGNANCY

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¹Specialist gynaecologists and obstetricians, Pakistan; ²Consultant surgical oncologist, Egypt; ³obstetrician and gynecologist, Pakistan;

⁴Specialist gynecologist and obstetrician, Pakistan

Objective: Add an overview of cervical cancer in pregnancy, to review several treatment approaches using available guidelines. Glassy cell cancer cervix is a poorly differentiated subtype of adenosquamous cancer. It accounts for 1% of cervical carcinomas. It has been associated with high-risk human papillomavirus infection (HPV 16, 18 and 32).

Method: Case Report: A 40 years old woman, gravida 4 para 2, one miscarriage, last delivery five years ago, was presented with blood stained vaginal discharge and bleeding at 30 weeks of gestation. Hypertension and diabetes. Clinically: A fleshy growth arising from anterior cervical lip from 11, o'clock and a poloidal growth from 12, o'clock. Ultrasound: 30 weeks single live fetus and a mass on the cervix. A cervical biopsy taken with informed consent.

Results: On microscopy, markedly pleomorphic polygonal cells having prominent nucleoli, glassy eosinophilic cytoplasm, large eosinophilic vesicular nuclei and mitotic figures. Immunohistochemically tumor cells showed positive staining. MRI without contrast was planned and involved oncologist. Caesarean section done after course of steroid at 34 weeks by obstetric team, then oncologist performed Wertheim Radical hysterectomy with resection of parametrium and pelvic / para aortic lymph node dissection, followed by chemo / adjuvant therapy.

Conclusion: Glassy cell Cervical cancer in pregnancy is a rare variant of poorly differentiated adenosquamous carcinoma and has poor prognosis due to high chance of local recurrence, infiltration into adjacent structures and distant metastasis to lungs, liver, or spleen, that requires individual planning for the diagnostic and treatment approaches.

P22.38 | ASSOCIATION OF C677T AND A1298C GENE POLYMORPHISMS OF THE MTHFR GENE WITH MATERNAL RISK FOR DOWN SYNDROME: A META-ANALYSIS OF CASE- CONTROL STUDIES

CATEGORY: PREGNANCY

C. Ginani

UFRN, Brazil

Objective: The objective of this systematic review and meta-analysis is to evaluate the contribution of MTHFR C677T and A1298C polymorphisms, either individually or combined, to the maternal risk for having a child with DS.

Method: We conducted a systematic review and meta-analysis according to Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) to clarify the association of MTHFR C677T and/or A1298C polymorphisms with the maternal risk of DS. Our search strategy selected 41 eligible case control studies for a total of 3918 case mothers and 5232 control mothers. The protocol was registered in PROSPERO (CRD42021165152). The Newcastle–Ottawa Scale was used to assess the methodological quality of the selected studies.

Results: We observed significant associations between the MTHFR C677T polymorphism and maternal risk for DS for each of the genetic models investigated. Subgroup analysis by region revealed significant association in the Asian population for all the genetic models investigated. Significant associations were also found for certain genetic models in North American, South American, and Middle Eastern populations, while no association was observed in Europeans. We found no association between the A1298C polymorphism and maternal risk for DS.

Conclusion: Our results support that the MTHFR C677T polymorphism, but not the A1298C one, is associated with the maternal risk for DS in most regions of the world. Further studies are required to better characterize the contribution of gene-nutrient interactions as well as those of other regional or ethnic factors.

P22.39 | ECTOPIC PREGNANCY MANAGEMENT AND OUTCOMES

CATEGORY: PREGNANCY

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¹Birmingham Heartlands Hospital, Pakistan; ²University Hospital Birmingham, Pakistan; ³University Hospital Birmingham, United Kingdom

Objective: Departmental Audit was conducted to improve management outcomes of ectopic pregnancy. In the UK, the incidence is approximately 11/1000 pregnancies and 2–3% in women presenting in Early pregnancy Assessment Units. Continued education and training is important to improve outcomes.

Method: A retrospective audit was carried out on 64 patients with ectopic pregnancies that were identified from reviewing records. Recommendations were taken from RCOG guidance; Proportion of tubal ectopic pregnancies identified on initial scan (90%), negative laparoscopy rate following an ultrasound diagnosis of tubal ectopic pregnancy (0%), percentage of women suitable for laparoscopic management of ectopic pregnancy managed laparoscopically (100%), number of cases where methotrexate given for a false-positive diagnosis of ectopic pregnancy (0%), Number of nonemergency cases having surgery between 8 pm and 8 am (0%).

Results: 51% patients were labelled as PUL on 1st scan, 28% labelled as PUL on 2nd scan & 5% labelled as PUL on 3rd scan. No negative laparoscopy was carried out after the diagnosis of tubal ectopic pregnancy. All patients who were suitable for laparoscopy had laparoscopy. No cases were identified where methotrexate was given to false positive diagnosis of ectopic pregnancy. No cases were done out of hours that were not an emergency.

Conclusion: There is a strong need for continued education and training to improve the diagnosis of ectopic pregnancy. We need a further audit in 6 months to assess the impact of education and training on improving the diagnosis.

P22.40 | AN AUDIT OF ADHERENCE TO INTERNATIONAL GUIDELINES ON THE DIAGNOSIS AND USE OF ANTENATAL CORTICOSTEROIDS IN THE MANAGEMENT OF PRETERM LABOUR IN A SECONDARY LEVEL HOSPITAL IN SOUTH WEST REGION, CAMEROON

CATEGORY: PREGNANCY

T. Robert¹; I. Rakya²; E. Félix Adolphe¹; N. Ernestine Vialie¹; N. Théophile¹; H. Gregory Edie¹

¹Faculty of Health Sciences, University of Buea, Cameroon; ²Faculty of Medicine and Biomedical Sciences, university of Garoua, Cameroon, Cameroon

Objective: Preterm birth (PTB) is a public health problem in the world. Management of Preterm labour following international guidelines lead to reduced morbidities and mortality associated to PTB. We aimed at assessing the adherence to the recommendations on the diagnosis and use of antenatal corticosteroids.

Method: This was a cross-sectional study at the Limbe Regional hospital from January 2017 to December 2021. Files of women managed for preterm labour (PTL) or PTB were included in the study. Needed information were retrieved from the case files and entered in a preconceived data collection sheet. Coded information were entered in an excel spreadsheet and analyzed using SPSS version 23.0. Only descriptive analysis was done.

Results: 255 files were enrolled in the study. The prevalence of PTL was 5.26%. The diagnosis of PTL was based only on clinical examination, 92% by digital vaginal examination when membranes were intact and speculum examination when there was premature rupture of membranes ($n = 93, 88.57\%$). Two hundred participants out of 255 received ACS, most with Betamethasone ($n = 125, 62.5\%$); 184 (72.15%) had a full course of ACS.

Conclusion: The prevalence of PTB is high in the LRH. The diagnosis of PTL and the use of ACS to reduce adverse foetal and neonatal outcomes compare with other LMICs but there are still some flaws in the standard diagnostic requirements. Efforts to use biophysical markers to predict PTB is mandatory.

P22.41 | A COURSE OF PREGNANCY WITH THE RARE SUBTYPE OF EHLERS-DANLOS SYNDROME

CATEGORY: PREGNANCY

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¹Japan Community Health care Organization Chukyo Hospital, Japan; ²TOYOTA Memorial Hospital, Japan

Objective: The Musculocontractural Ehlers-Danlos syndrome (mcEDS) is a relatively new subtype. It has an autosomal recessive pattern of inheritance and has characteristics as congenital joint contractures, skin hyperextension, joint laxity, and subcutaneous hematoma. About 50 cases of mcEDS have been reported so far. However, there is no case concerning pregnancy or delivery.

Method: A 28-year-old woman visited our hospital because of a natural pregnancy. She had a history of clubfoot surgery. She also had experienced dislocations of shoulder and elbow joints, and subcutaneous hematoma by bruises since childhood. She'd been diagnosed with mcEDS by the genetic testing at age 27. For fear of bleeding within tissue and unpredictable uterine rupture, cesarean section was scheduled around 36 weeks.

Results: As the patient had a premature rupture of membranes at 35 weeks 6 days, the cesarean section was performed at 36 weeks 0 day under general anesthesia. The incision was sutured as usual. The amount of bleeding during the operation was 1663ml, and no blood transfusion was performed. The newborn was female, weighed 2352g, had Apgar score 7 at 1 min and 8 at 5 min, and had no apparent anomalies.

Conclusion: Although pregnancy with mcEDS may be at high risk of premature termination, there would be possibilities of reaching a delivery without serious complications.

P22.42 | KNOWLEDGE, ATTITUDES AND ACCEPTANCE OF COVID-19 VACCINATION IN PREGNANT WOMEN IN THAILAND
CATEGORY: PREGNANCY

T. Suntharasaj

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Objective: To assess knowledge, attitudes and acceptance (KAA) of COVID-19 vaccination in pregnant women and to identify the promoting factors and barriers to vaccination.

Method: Self-administered questionnaires were given to pregnant women aged 18 and above who attended antenatal care at 6 hospitals in Thailand between August 2021 and March 2022. Four hundred and eighty women were recruited. The KAA of COVID-19 vaccination and factors associated with them were analyzed.

Results: Mean age of participants was 31.1±5.9 years. The median knowledge score was 13/18. The items that they answered incorrectly were efficacy of vaccine, vaccine caused fetal anomaly, vaccine increased risk of abortion and preterm labor. Most of the participants had positive attitudes. The vaccination acceptance rate was 72.9%. The reasons for acceptance were social responsibility (94%), health personnel recommendation (93.4%), free of charge (92.3%). Barriers were fear of side effects (92.4%) and fetal effects (81.7%).

Conclusion: About half of pregnant women had good knowledge of vaccine and one-third had good attitudes to vaccination. The acceptance rate was high but barriers were the fear of side effects and fetal effects.

P22.43 | NEWBORN OUTCOMES IN COVID-19 POSITIVE PREGNANCIES—A POPULATION-BASED STUDY
CATEGORY: PREGNANCY

T. Manjavidze

UiT—The Arctic University of Norway, Georgia

Objective: To investigate impact of COVID-19 during pregnancy on perinatal mortality (PM), preterm birth (PB) and admission to neonatal intensive care unit (NICU).

Method: We included all facility-based deliveries (26th February 2021–31st August 2022) in Georgia. Sources of data: the nationwide birth registry, vital registration system, vaccination and laboratory database. Potential confounders (on the causal pathway between Covid-19 and the outcomes) were identified by a directed acyclic graph. Women were stratified into mutually exclusive groups: COVID-19 positive during pregnancy, COVID-19 positive ≤2 weeks prior to delivery and COVID-19 negative women. We performed logistic regression and sensitivity analysis.

Results: 111 490 women gave birth to 113 398 newborns. 15 149 (13.6%) mothers tested positive during pregnancy, 1564

(1.4%) ≤2 weeks prior to delivery. The latter group experienced the highest PM rate (15.5/1000 births) and NICU admission (26.5%), compared to the COVID-19 positive mothers during pregnancy (8.9/1000 births, 9.7%) and COVID-19 negative mothers (9.7/1000 births, 10.5%). After adjustment for confounders, COVID-19 women prior delivery had increased odds of PM by 2.45 (95% CI 1.81–3.31) times and NICU admission by 3.08 (95% CI 2.75–3.45) times, compared to COVID-19 negative women. COVID-19 during pregnancy did not carry higher odds of the selected outcomes.

Conclusion: Women with COVID-19 infection ≤2 weeks prior to delivery carries higher odds for PM and NICU admission compared to COVID-19 negative women, while women tested positive during pregnancy did not have higher odds of selected newborn outcomes. COVID-19 during pregnancy did not increase odds of preterm birth significantly.

P22.44 | PRENATAL DIAGNOSIS AND POSTNATAL OUTCOMES OF CONGENITAL HEART DEFECT IN THE DEVELOPING WORLD: AN INTER-HOSPITAL PROGRAM
CATEGORY: PREGNANCY

D. Thuy Linh¹; T. Quang Vinh²; T. Thi Minh Thu³; N. Tai Duc³; N. Duy Anh⁴

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Objective: In the framework of the collaboration between two tertiary medical settings, the counseling between cardiac surgeons, geneticists, obstetricians, and pregnancies with the prenatal diagnosis of congenital heart defect (CHD) has been weekly held. The study aimed to report the perinatal outcomes of pregnancies with CHD.

Method: An observational study. We retrospectively reviewed all prenatal diagnoses of CHD from Jan 2020 to Dec 2021 at our institution. Primary endpoints were the rate of associated genetic abnormalities, rate of pregnancy continuation, rate of cardiac surgeries, and survival rate postnatally.

Results: 252 pregnancies were included. The median gestational age of CHD detection was 23 weeks (IQR 20–30); Genetic abnormalities were found in 33/88 amniocentesis cases (37.5%). 176 patients (69.8%) continued the pregnancy. Accurate postnatal diagnosis of CHD was in 156 cases (88.6%). 42 patients underwent surgery (26.9%) including 12 newborns (7.7%). 5/42 surgical mortalities (11.9%); 5 mortalities without intervention; 109 others were on regular outpatient check-up programs. Overall survival was 93.6%.

Conclusion: In a developing country, close work-up, counseling, and monitoring among disciplines could improve the postnatal outcomes of CHD.

P22.45 | DETERMINE THE ASSOCIATION BETWEEN CEREBROPLACENTAL RATIO AT TERM AND OBSTETRIC AND NEONATAL OUTCOMES—A COHORT STUDY
CATEGORY: PREGNANCY

U. Kalyanasundaram

Sundaram Medical Foundation, Chennai, Tamilnadu, India, India

Objective: To determine the association between cerebroplacental ratio at term and obstetric and neonatal outcomes with respect to the following parameters: (1) Mode of delivery; (2) Low APGAR; (3) Cord pH and base deficit; (4) Meconium aspiration; (5) Neonatal depression requiring resuscitation; (6) Neonatal encephalopathy; (7) Neonatal ICU admission.

Method: Cohort study in Department of Obstetrics and Gynaecology at Sundaram Medical Foundation, Chennai, India. Study population: Pregnant women with singleton pregnancy between 18 and 45 years of age at term (37–40 weeks). Study period: February 2021–June 2022. Epidemiology method: Hypothesis Testing of the Relative Risk Primary outcome: for abnormal (1) Composite neonatal outcome (acidosis at birth, low APGAR, NICU admission); and (2) Mode of delivery.

Results: No significant differences in age distribution and colour of liquor in normal and abnormal cerebroplacental ratio group. The following was noted in women with abnormal cerebroplacental doppler ratio: Statistically significant rate of cardiotocographic abnormalities; Significant statistical difference in mean gestational age at delivery; Higher rates of caesarean delivery; 1.5 times higher likelihood of low APGAR score; 2.7 times higher likelihood of NICU admission.

Conclusion: Cerebroplacental ratio measurement is an important non-invasive predictive parameter of adverse fetal outcome. It helps in the identification of the at risk fetus and could possibly lead to a reduction in perinatal morbidity and mortality. Pathological cerebroplacental ratio necessitates close monitoring in specialized delivery units with advanced neonatal care facilities.

P22.46 | GREEN PROPOLIS EXTRACT DOWNREGULATES SIGNALING PATHWAYS IN MONOCYTES FROM PREGNANT WOMEN WITH PREECLAMPSIA
CATEGORY: PREGNANCY

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Objective: Preeclampsia (PE) presents an exacerbated inflammatory state that can be reversed with the use of natural products with anti-inflammatory activity. In this context, the present study aimed to

evaluate the immunomodulatory effect of Brazilian green propolis extract on ERK1/2 and p65NF-κB signaling pathways in monocytes from pregnant women with PE.

Method: Monocytes obtained from 06 pregnant women with PE, 06 normotensive pregnant women (NT), and 06 non-pregnant women (NP) were analyzed to assess the endogenous expression of ERK1/2 and p65NF-κB pathways activation by flow cytometry. Furthermore, monocytes from preeclamptic women were treated with two concentrations (5 μg/mL and 50 μg/mL) of green propolis extract for 30 min to observe its immunomodulatory effect on these signaling pathways. Results were analyzed by non-parametric tests at 5% significance level.

Results: Monocytes of preeclamptic women presented a significantly higher endogenous activation of the signaling pathways ERK1/2 and p65NF-κB compared with NT and NP groups. The treatment of monocytes with two concentrations of green propolis extract decreased the percentage of monocytes expressing the inflammatory transcription factors in pregnant women with PE.

Conclusion: Data confirm the activation of inflammatory pathways in monocytes from PE women. In addition, treatment with green propolis extract exerted an immunomodulatory effect, decreasing the activation of inflammatory transcription factors in monocytes, suggesting that propolis extract may be an adjuvant therapy for the treatment of this syndrome.

P22.47 | A RETROSPECTIVE ANALYSIS OF ETIOLOGY AND OUTCOMES OF FETUSES DIAGNOSED PRENATALLY WITH NON-IMMUNE HYDROPS, OVER A HALF A DECADE
CATEGORY: PREGNANCY

N. D. Varunashree

Christian Medical College, India

Objective: To study the etiology of Non-Immune Hydrops Fetalis (NIHF) in a tertiary care perinatal center in a low-middle income country, over half a decade, To analyze the perinatal outcomes of pregnancies with NIHF.

Method: A retrospective chart review of a prospectively maintained database was done for pregnancies diagnosed with NIHF between September 2015 to September 2019. Ethical clearance was obtained from institutional review board. NIHF was defined as abnormal accumulation of fluid in two or more visceral cavities. Pregnant women with positive ICT (Indirect Coombs Test) were excluded from the study. Etiology and outcomes of fetuses diagnosed with NIHF were noted and data analyzed using SPSS v.25.

Results: Of the sixty pregnancies, diagnosis was made in first, second and third trimesters in 20%; 43.3% and 36.6% respectively. There were two cases of recurrent hydrops. The etiology was unknown in 28%. Chromosomal aberrations were seen in 17% cases, most were diagnosed in first trimester. Termination of pregnancy was carried out in half cases. One fifth of babies were liveborn, majority of whom were diagnosed to have hydrops in the third trimester.

Conclusion: In nearly one third of cases, the etiology was unknown. Majority of cases diagnosed in the first trimester had aneuploidies. Both recurrent cases had genetic etiology. Half of pregnancies were terminated following diagnosis. One fifth were liveborns, majority were diagnosed to have NIHF in third trimester.

P22.48 | KNOWLEDGE, ATTITUDES AND PERCEPTIONS ON ENVIRONMENTAL HEALTH EFFECTS ON PREGNANCY AMONG MEMBERS OF THE PHILIPPINE OBSTETRICAL AND GYNECOLOGICAL SOCIETY SOUTHERN MINDANAO CHAPTER (POGS-SMC): A JOINT PROJECT WITH THE PHILIPPINE OBSTETRICAL AND GYNECOLOGICAL SOCIETY (POGS) COMMITTEE ON ENVIRONMENT AND WOMEN'S HEALTH AND THE SUBCOMMITTEE ON REPRODUCTIVE AND DEVELOPMENTAL ENVIRONMENTAL HEALTH
CATEGORY: PREGNANCY

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¹Philippine Obstetrical and Gynecological Society, Philippines;

²Philippine Obstetrical and Gynecological Society- Southern Mindanao Chapter, Philippines

Objective: Emerging evidence linking environmental hazards and women's reproductive health has placed obstetricians at the forefront as advocates or educators despite limited knowledge and information on environmental health. The study aims to determine knowledge, risk perceptions, and attitudes about Environmental Health (EH) among members of the Philippine Obstetrical and Gynecological Society (POGS).

Method: A quantitative survey was conducted with ethics approval. The questionnaire was adapted from the study of Lemery (2016) and pilot tested to 30 non-members practicing obstetricians. The results showed an alpha Chronbach greater than 0.7, ensuring the test items' reliability. The survey tools were electronically delivered as Google Forms to 274 POGS members in Southern Mindanao and were personally delivered to those with requests. Statistical analysis of the Likert scores used mean and standard deviation.

Results: Response rate was 58.4% (154/274). Respondents averaged age 47.27±9.11 years, obstetrical practice 12.75±9.0 years, and ten daily patient visits (43.4%) in private practice (50.4%). High Knowledge of indoor cigarette smoking hazards (4.68±0.77), fetal effects (4.54±0.82), and toxicants persisting after exposure (4.53±0.78). Exposures to Asbestos (4.5±0.83), Lead (4.6±0.62), and Pesticide (4.67±0.63) garnered the highest risk perception scores. Internet (87.4%) and scientific articles (81.1%) were sources of information. Respondents without EH training (144/151; 92.9%) would attend if offered (139/151; 89.7%).

Conclusion: Although respondents were "well-informed" about health outcomes, information about specific environmental contaminants was limited to smoking and alcohol consumption. However, the members' attitudes toward expanding their knowledge on EH

through training will enable them to be advocates or educators. An early start is including EH in the residency training curriculum.

P22.49 | ADOLESCENT PREGNANCY IN AMAZONAS: RELATED FACTORS AND MATERNAL AND NEONATAL REPERCUSSIONS

CATEGORY: PREGNANCY

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¹Universidade Federal do Piauí, Brazil; ²FAMETRO, Brazil;

³Universidade Federal do Amazonas, Brazil

Objective: The study aims to analyze and understand, through the investigation of statistical data, the factors related to the high prevalence of adolescent pregnancy in Amazonas and the maternal and neonatal repercussions arising from this phenomenon.

Method: This study consists of a retrospective, descriptive, and quantitative analysis of the prevalence of adolescent pregnancy in the state of Amazonas. The results were obtained from open secondary data registered in the Live Birth Information System (SINASC) for the year 2022. In addition, the following variables were researched: mother's level of education, birth weight of the newborn, number of prenatal consultations conducted, month of prenatal initiation, gestational age at birth, and type of delivery performed.

Results: The state of Amazonas (21.4%) has a prevalence of adolescent pregnancy about 2.5 times higher than the state of São Paulo (8.4%). In Amazonas, 20% of mothers have only 11 years of education, while in São Paulo, it is only 7.8%. Additionally, approximately 27% of low birth weight newborns are born to adolescent mothers, 15% of them experience preterm birth, and 20% have late prenatal care.

Conclusion: The results demonstrate the relationship between low educational level as a relevant factor for the high prevalence of adolescent pregnancy in Amazonas, as well as the negative neonatal repercussions of this phenomenon, such as low birth weight and a high rate of premature births.

P22.50 | PREDICTIVE VALUE OF THE FETAL PULMONARY ARTERY DOPPLER ECHOCARDIOGRAPHY FOR NEONATAL RESPIRATORY DISTRESS IN PREGNANCY WITH FETAL GROWTH RESTRICTION

CATEGORY: PREGNANCY

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Objective: This study aimed to investigate the fetal pulmonary artery's ratio acceleration time (AT) / ejection time (ET) changes by using Doppler echocardiography and its predictive value for neonatal respiratory distress (NRD) in fetal growth restriction (FGR).

Method: This matched cohort study on singleton pregnancies aged 28–40 weeks of gestation, without congenital malformations included 135 cases of FGR (disease group) and 135 cases of normal fetal growth (control group). The fetal pulmonary AT/ET ratio (FPATET) was recorded at the main pulmonary artery. NRD was assessed from delivery up to 24 h, defined by tachypnea (>60 breaths/min.), nasal flaps and wings, chest indrawing, concave sternum, and cyanosis. Data analysis by using SPSS v.20 software.

Results: The mean value of FPATET in the disease and control group was 0.211 ± 0.04 and 0.234 ± 0.03 , respectively, the difference was statistically significant ($P < 0.001$). FPATET yielded following predictive values for NRD: sensitivity of 64.06% (95% CI: 51.09–75.68); specificity of 94.36% (95% CI: 86–98); AUC of 0.79 (95% CI: 0.71–0.85); LR(+) of 11.3 (95% CI: 4.3–29.9); LR(–) of 0.38 (95% CI: 0.27–0.53); PPV of 91.1% (95% CI: 79.5–96.4%); NPV of 74.4% (95% CI: 67.6–80.2%).

Conclusion: The FPATET in FGR was significantly lower than that in normal fetal growth. The AT/ET ratio helps to predict NRD in FGR with high specificity at acceptable sensitivity.

P22.51 | PREDICTION OF PREGNANCY-ASSOCIATED HYPERTENSION DURING THE FIRST TRIMESTER

CATEGORY: PREGNANCY

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Objective: This study aimed to develop an early pregnancy risk scoring model for pregnancy associated hypertension (PAH) based on maternal pre-pregnancy characteristics with mean arterial pressure (MAP) and pregnancy-associated plasma protein-A (PAPP-A) or without them.

Method: Perinatal databases from seven hospitals were analyzed from January 2009 to December 2020. The total pregnant and restricted population (women not taking aspirin during pregnancy) was randomly divided into a training set and a test set at a 70:30 ratio. Three models (model 1, pre-pregnancy factors only; model 2, adding MAP; model 3, adding MAP and PAPP-A) and the American College of Obstetricians and Gynecologists (ACOG) risk factors model were compared.

Results: In the study, 2840 (8.11%) developed PAH, and 1550 (3.3%) developed preterm PAH. Models 2 and 3 performed well in predicting both PAH and preterm PAH, with areas under the curve (AUC) over 0.82 in both total and restricted populations. Model 1 and the ACOG risk model had lower AUCs. In the test set, the final scoring system based on model 2, showed AUCs of 0.78 and 0.79 in total and restricted population.

Conclusion: The PAH and preterm PAH risk scoring model, which considers pre-pregnancy factors and MAP, displayed moderate to high performance. It has the potential to identify high-risk women in early pregnancy, leading to improved outcomes with early intervention. Further validation studies are necessary, with or without biomarkers and uterine artery Doppler.

P22.52 | TROPHOBLAST AND VASCULAR ORGANOID CULTURES RECAPITULATE INTRAVILLOUS VASCULARIZATION IN HUMAN ECTOPIC PREGNANCIES

CATEGORY: PREGNANCY

Zhao

Shanghai Jiaotong University, China

Objective: Ectopic pregnancy is a critical pregnancy complication and a major cause of pregnancy-related death during the first trimester. We revealed the importance of intravillous vascularization as one of the etiological factors for human ruptured ectopic pregnancy, and demonstrated the WNT2B is, at least, one of important factors for intravillous angiogenesis.

Method: Clinical placental samples obtained from pregnant women at the International Peace Maternity and Child Health Hospital (IPMCH) from October 2019 to November 2021 and divided into intrauterine pregnancy (IP) ($n = 46$), abortive ectopic pregnancy (AEP) ($n = 38$) and ruptured ectopic pregnancy (REP) ($n = 33$) groups for histological analyses, explant culture, RT-qPCR, and ELISA. Maternal-fetal interfaces (IP = 2, AEP = 2, REP = 3) were collected for single-cell RNA sequencing. HUVECs, trophoblast stem cells, trophoblast organoids and vessel organoids were applied to mechanism research.

Results: Compared with AEP, the size of REP placental villi and the depth of trophoblast invasion are correlated with the extent of intravillous vascularization. Single-cell transcriptomic analysis demonstrate that they exhibited fundamental differences in angiogenic and WNT signaling pathways. Organoid models were used to investigate the crosstalk between trophoblast and intravillous vascularization. We identified a key pro-angiogenic factor secreted by human trophoblasts, WNT2B, that promotes villous vasculogenesis, angiogenesis, and vascular network expansion in REP condition.

Conclusion: Our results revealed the important role of WNT-mediated angiogenesis and built an organoid co-culture model for investigating intricate communications between trophoblasts and endothelial/endothelial progenitor cells.

P22.53 | AMÉLIORATION DE LA QUALITÉ DES SOINS PRÉNATALS PAR L'APPROCHE "SOINS PRÉNATALS DE GROUPE" DANS TROIS DISTRICTS SANITAIRES AU BURKINA FASO.
CATEGORY: PREGNANCY

Zanre

BURKINA FASO

Objective: Élever les indicateurs clés des soins prénatals (SPN) (4 visites et plus; prise supervisée du traitement préventif intermittent 3 et plus; dotation de moustiquaire imprégnée d'insecticide; VAT; prise du fer/acide folique; dépistage prééclampsie; choix de méthode contraceptive et accouchement dans la formation sanitaire).

Method: 24 prestataires de SPN provenant de 12 formations sanitaires périphériques (6 urbaines et 6 rurales) ont été formés sur l'approche et ont reçu des matériels nécessaires pour animer les réunions des groupes de 8 à 12 gestantes. Les gestantes ayant 12 à 15 semaines d'aménorrhée (SA) ont été recrutées pour participer aux premières réunions à partir de 16–20 SA. Sept réunions sont prévues par groupe jusqu'à l'accouchement. Les données sont notifiées dans les registres.

Results: Quatre mois après leur formation, les 24 prestataires ont constitué dans les 12 sites leur 4e groupe de gestantes, soit au moins 384 gestantes recrutées. Ils ont tenu la deuxième réunion de chaque groupe avec une autonomisation des gestantes dans la prise des constantes et une offre complète des soins prénatals normatifs. Les 3e et 4e réunions des 12 premiers groupes sont en cours de réalisation. Les gestantes et époux montrent un engouement pour l'approche.

Conclusion: La mise en œuvre de l'approche « soins prénatals de groupe » au Burkina Faso permet de réaliser les 8 contacts de soins prénatals recommandés par l'OMS et améliore l'offre de services prénatals normatifs de qualité aux gestantes. L'approche est positivement appréciée par les femmes, leurs époux et les prestataires.

P22.54 | AUDIT OF VALIDITY FOR 'CRASH' CAESAREAN SECTION INDICATION: A 18 MONTH EXPERIENCE
CATEGORY: PREGNANCY

Y. Ng; A. Wright

KK Women's and Children's Hospital, Singapore

Objective: In this audit of all crash caesarean sections (CCS) performed over a 18 month period in a tertiary maternity hospital the primary outcome was validity of indication as scored by a heterogeneous group of obstetricians. Other peri-operative parameters including decision to delivery interval (DDI) and neonatal outcomes were also studied.

Method: The details of all CCS cases from April 2021 to August 2022 were reviewed at a monthly audit where a group of obstetricians voted on the appropriateness of operative indication – 1

appropriate, 2 with reservations and 3 inappropriate. A score >1.5 triggered further discussion. The DDI was examined to ensure compliance with guidelines (<30 min). The neonatal cord pH and ward admission status were included.

Results: 148 CCS with 154 babies were identified. 20 cases (13.5%) with an overall score of >1.5 were subject to review. All CCS achieved a DDI less than 30min (range: 6–24min) with an overall mean of 10.3min. There were no reported intra-operative complications. Fetal distress (83/148) was the top indication for CCS followed by cord prolapse (15/148) and placental abruption (10/148). 68 babies were admitted to NICU, 36 to SCN and 49 to general ward. There was one stillbirth.

Conclusion: Our audit suggested that the majority (86.5%) of the CCS were performed for appropriate indication with a favourable neonatal outcome. Further review of cases deemed inappropriate allowed recommendations to be made for safer obstetric practice.

P22.55 | PREECLAMPSIA, THE LEADING CAUSE OF MATERNAL NEAR MISS AT HIGH RISK UNIT OF MBARARA REGIONAL REFERRAL HOSPITAL, UGANDA
CATEGORY: PREGNANCY

Y. Fajardo

Mbarara University Science and Techonoly. Uganda, Uganda

Objective: To identify predictors of Maternal Near Miss among women receiving obstetrical care at High Risk Unit (HRU) of Mbarara Regional Referral Hospital (MRRH).

Method: A retrospective unmatched case control study which was carried out at the High Risk Unit of Mbarara Regional Referral Hospital. The sample included pregnant women aged 15–49 years admitted to the HRU between March 2021 and July 2022. Data from patient charts of 63 Maternal Near Miss MNM (cases) and 126 controls was collected using a standard audit/data extraction form. Multivariable logistic regression analysis was used to assess for the factors associated with MNM.

Results: The most frequent cause of Maternal Near Miss was preeclampsia 36 (57.14 %), followed by antepartum hemorrhage 19 (30.15 %) and malaria 5 (7.93%) On multivariable logistic regression analysis, the factors associated with Maternal Near Miss were: primary or no education; no antenatal care attendance; gestational age less than 34 weeks and having been referred from another health facility.

Conclusion: Preeclampsia is the leading cause of Maternal Near Miss at High Risk Unit of Mbarara Regional Referral Hospital. Most Near Miss occur among mothers uneducated and with lack of antenatal care.

P22.56 | ANALYSIS OF THE PERINATAL PROGNOSIS WITH MATERNAL NUTRIENTS DURING PREGNANCY USING BDHQ QUESTIONNAIRE

CATEGORY: PREGNANCY

Y. Maruyama; D. Ogishima

Juntendo university Nerima hospital, Japan

Objective: Maternal nutrition during pregnancy may affect fetal development and postnatal growth as DoHAD hypothesis, however the causal association between each maternal nutrients and perinatal prognosis is unclear. Therefore, the association was examined by the intake of maternal nutrients using the questionnaire.

Method: The BDHQ questionnaires were conducted from August 2018 to October 2019, regarding dietary content during pregnancy of Japanese women. After extracting the nutrients ingested, the relationship between zinc intake and perinatal complications was statistically analyzed.

Results: 309 consented patients who answered. There were 195 normal term deliveries. The average of intake of total calories, Vitamin B1, folic acid, Ca, Fe and Zn were less than recommended intake. Zn intake was classified into two groups: less than 7mg/day (less than group) and more than 7mg/day (or more group). The birth weight (3069.69 ± 31.45 vs 2976.57 ± 31.61 , P value < 0.05) was significantly lower in the lesser group. EPDS (3.95 ± 0.24 vs 4.78 ± 0.31 , P value < 0.05) was significantly higher in the lesser group.

Conclusion: The relationship between postpartum depression and malnutrition is reported. This survey suggests that Zinc content may affect EPDS as well. And Zinc intake may affect birth weight same as in the pediatric field. Checking blood test of zinc in pregnancy and zinc supplementation can be considered in the future.

P22.57 | A MULTICENTER, RETROSPECTIVE COMPARISON OF PREGNANCY OUTCOMES ACCORDING TO PLACENTAL LOCATION IN PLACENTA PREVIA

CATEGORY: PREGNANCY

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Objective: To evaluate pregnancy outcomes according to placental location in women with placenta previa and to evaluate the risk of adverse outcomes in women with anterior placenta previa.

Method: This retrospective cohort study was conducted on cesarean deliveries due to placenta previa at three university hospitals between May 1999 and February 2020. Patients were categorized into the anterior previa (209 women) or posterior previa (572 women)

groups. We analyzed the demographic factors, obstetric outcomes, and neonatal outcomes of the two groups.

Results: High parity was associated with greater occurrence of anterior previa. More pregnant women in the anterior group were hospitalized due to vaginal bleeding. A high percentage of patients in the anterior group had undergone previous cesarean section. Transfusion was higher in anterior group than posterior group, and anterior previa is more likely to accompany placenta accreta. In the anterior group, more cases were born with abnormal fetal presentation as shown by multiple logistic regression analysis.

Conclusion: Anterior previa is more common in higher parity and more fatal than posterior previa due to excessive blood loss, massive transfusion, and placental accreta. It is important to determine the location of main body by ultrasonography and evaluate the risk of bleeding in case of anterior previa.

P22.58 | MATERNAL CHARACTERISTICS AND PERINATAL OUTCOMES IN UNDERWEIGHT PREGNANT WOMEN DIAGNOSED WITH GESTATIONAL DIABETES MELLITUS IN THE JAPAN ENVIRONMENT AND CHILDREN'S STUDY

CATEGORY: PREGNANCY

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Objective: In Japan, the number of pregnant women with underweight [body mass index (BMI) $< 18.5 \text{ kg/m}^2$] is increasing and birth weight is decreasing. Aim of this study is to clarify maternal characteristics and perinatal outcomes of underweight gestational diabetes mellitus (GDM) women categorized by pre-pregnant BMI and gestational weight gain (GWG).

Method: We used data from a national birth cohort, the Japan Environment and Children's Study, collected from 2011 to 2014 ($n=85228$). The diagnostic GDM criteria of the International Association of Diabetes and Pregnancy Study Groups is used in Japan. Participants were stratified by pre-pregnancy BMI and GWG using the Institute of Medicine classification, and logistic regression models were used to calculate odds ratios reference to the non-GDM, normal pre-pregnancy BMI, and GWG appropriate groups.

Results: The prevalence of GDM was 2.6% in this study. GWG was lower in the GDM (7.9 ± 5.1 kg) than in the non-GDM groups (10.5 ± 4.3 kg). Underweight GDM women with any degree of GWG had no increased rate of large gestational age infants or gestational hypertension. However, the odds ratio of small for gestational age (SGA) was 4.24 (95% CI, 2.73–6.58) only when GWG was insufficient in the underweight GDM group.

Conclusion: Underweight and insufficient GWG women with GDM had an increased incidence of SGA infants. GDM women have low GWG and should aim for appropriate weight gain according to the Institute of Medicine classification to avoid SGA infants.

P22.59 | MALFORMACIÓN ADENOMATOIDEA QUÍSTICA PULMONAR (MAQ): EVOLUCIÓN Y MANEJO PRENATAL: CASO CLÍNICO

CATEGORY: PREGNANCY

Y. Perez

Dominican Republic

Objective: El objetivo de este estudio fue describir la evolución y manejo durante el embarazo de un caso con diagnóstico prenatal de malformación adenomatoide quística pulmonar. En cuanto al tratamiento prenatal, una de las alternativas de tratamiento médico es la administración de corticoides sistémicos.

Method: Respecto al tratamiento prenatal, usamos la administración de corticoides sistémicos. El empleo de betametasona podría producir una disminución de la cantidad de líquido intralesional mediante el aumento de su reabsorción. Las malformaciones congénitas broncopulmonares constituyen una entidad que en su mayoría presentan un buen pronóstico y si se manejan en un tiempo adecuado y de la forma correcta suelen presentar una mejoría a lo largo de la gestación, especialmente en el tercer trimestre.

Results: A las 39.5 semanas se desembarazo vía cesárea por cesárea anterior, obteniendo una recién nacida femenina, Apgar 8/9 que pesó 7 libras y 10 onzas, valorada en 39 semanas. Sin complicaciones anatómicas, estructurales o funcionales evidentes. Se continuó control sonográfico de tórax durante seguimiento por consulta de perinatología sin evidenciarse lesiones pulmonares. Actualmente paciente en crecimiento y desarrollo adecuado y sin ninguna secuela pulmonar detectada.

Conclusion: En conclusión, consideramos importante difundir este tipo de casos especialmente en el área de obstetricia y el seguimiento del embarazo de tal forma que se amplifique el conocimiento acerca de esta patología, por la posibilidad de aparición de complicaciones prenatales.

P22.60 | RISK FACTORS OF CONSTIPATION DURING PREGNANCY AND POSTPARTUM: RESULTS OF RETROSPECTIVE OBSERVATIONAL STUDY

CATEGORY: PREGNANCY

Ž. Sabonytė-balšaitienė

Vilnius university, Lithuania

Objective: Constipation is common condition that effects women during pregnancy and after childbirth. The aim of this study was to study demographic profile and identify the risk factors of constipation during pregnancy and after childbirth.

Method: In a retrospective observational study, 531 women between 6 weeks of gestation and up to eight weeks post-partum, who were admitted to three different clinical centers (Vilnius University Hospital Santaros Clinics; Vilnius City Clinical Hospital and Vilnius Maternity Hospital) were studied for the demographic profile and risk factors over nine years, between 2010 and 2019. The inclusion criteria were age between 18 and 45 years and viable pregnancy.

Results: 288 (56.7 proc.) women were diagnosed with constipation. An association was found between lower education, urban origin and monthly income less than 500 eur ($P=0.005$). Increased maternal BMI, weight, I degree perineal tears ($P=0.001$), alcohol consumption (OD 0.775, 95% CI 0.659–0.912, $P=0.001$), hemorrhoids (OR 0.327, 95% CI 0.251–0.426) were associated with higher risk of constipation. Adequate physical activity reduced this risk (OR 1.974, 95% CI 1.513–2.575).

Conclusion: Constipation are common during pregnancy and the first two months after delivery. Lower level of education, monthly income, urban origin, increased maternal weight and BMI, alcohol consumption, personal history of I degree perineal tears and hemorrhoids are associated risk factors. Adequate physical activity is as preventative factor for constipation.

P22.61 | FACTEURS DE RISQUES ET INDICATIONS D'HYSTÉRECTOMIE D'HÉMOSTASE

CATEGORY: PREGNANCY

Z. Olfa

CMNM, Tunisia

Objective: Préciser les facteurs de risque, les indications et les complications de l'hystérectomie d'hémostase.

Method: Il s'agissait d'une étude rétrospective mono-centrique descriptive menée dans le centre maternité et néonatalogie de Monastir Tunisie de 2015 jusqu'à 2021.

Results: Le taux d'hystérectomie d'hémostase était de 0.4 %. Dans 87.5% des cas, la grossesse était mono-fœtale. Les facteurs de risque étaient l'accouchement par césarienne (81.3%), la multiparité (74.9%), et l'utérus cicatriciel (56.2%). 68.8% des patientes était choquées, avec saignement estimé >1L dans 62.5% des cas. L'étiologie principale d'hystérectomie hémostase était le placenta accreta chez 7 patientes

(41%). Un seul cas de décès maternel (5.9%). Le placenta accreta était associé au groupe hystérectomie d'hémostase (OR=1.47).

Conclusion: L'hystérectomie d'hémostase joue un rôle primordiale dans le sauvetage maternel lors de l'hémorragie du postpartum. Le placenta accreta représente la principale indication d'hystérectomie.

P22.62 | A RARE AND UNEXPECTED CASE OF MESOSALPINX ECTOPIC PREGNANCY

CATEGORY: PREGNANCY

S. Siew; S. Goh; J. Liu

KK Women's and Children's Hospital, Singapore

Objective: Ectopic pregnancy occurs when embryo abnormally implants outside the uterine cavity. 1.3% of ectopic pregnancies occur in the abdominal cavity and these have mortality rates 7.7 times higher than tubal pregnancies. Hence it is crucial that we are able to diagnose and provide prompt and appropriate treatment.

Method: We present a case of a 23-year-old lady who presented at approximately 5 weeks amenorrhea with lower abdominal pain,

vomiting, and light vaginal bleeding. Ultrasound imaging showed a heterogenous solid-cystic adnexal structure containing vascularity and hemoperitoneum. She underwent an emergency diagnostic laparoscopy. Intra-operatively, ectopic pregnancy was noted to be sited at left proximal mesosalpinx. The left fallopian tube appeared normal. Ectopic pregnancy was removed through the ruptured point and defect on the mesosalpinx was stitched.

Results: Risk factors and clinical presentation are similar to that of any ectopic pregnancy. It is not unusual for diagnosis to be made only intra-operatively as in our case. Treatment also follow the same principles. However, it is pertinent to take into account higher mortality rate. Our patient was offered diagnostic laparoscopy due to a presumptive diagnosis of tubal pregnancy. As conception was early, resection was achieved and defect stitched to restore anatomy and secure haemostasis.

Conclusion: Abdominal ectopic pregnancy is uncommon and challenging to diagnose, therefore requires a high index of suspicion for its accurate diagnosis. Mortality rates are higher due to its tendency of implanting at highly vascularised sites. Surgery is the mainstay treatment. A multi-disciplinary team should be considered in anticipation of surgical complications.

ABSTRACTS

LATE-BREAKING ABSTRACTS**FC01.7 | POEM-SET (ERASMUS+): AN INTERPROFESSIONAL EUROPEAN SERIOUS GAME ON THE MANAGEMENT OF MISCARRIAGE****CATEGORY: PREGNANCY**

E. Holmström

Université de Paris Cité, France

Objective: Miscarriage is a frequent cause for emergency consultation worldwide, but its management, and especially the soft skills needed in patient interactions, are not formally taught during initial training in nursing, midwifery, and medical studies. The management requires an empathetic attitude and the ability to communicate clearly with the patient.

Method: Following a successful Erasmus+ European project application in 2021, the health departments of Carlos III University of Madrid, University of Navarra, Université Libre de Bruxelles, and Université Paris Cité assembled a group of teachers and educational engineers to create the first serious game for health students (medicine, midwifery, nursing) on the management of spontaneous miscarriage in an emergency ward.

Results: The serious game is currently finalized in three languages (French, English, Spanish). It is being tested by students and will be openly available during the FIGO congress via the displayed QR code.

Conclusion: Despite the different methods for the management of miscarriage in different countries, it is possible to create an internationally relevant serious game that meets the initial health education requirements. The serious game concept could provide a valuable tool also for other educational challenges in health sciences.

FC02.7 | ACCEPTABILITY AND PREFERENCES OF DRY HPV-HR SELF-SAMPLING MAILED KITS AMONG CANADIAN WOMEN: A CROSS-SECTIONAL STUDY**CATEGORY: WOMEN'S CANCER**

J. Ruel-Laliberté; J. Paré

Université de Sherbrooke, Canada

Objective: To evaluate the acceptability of HPV-HR self-sampling by patients, the percentage of correctly collected samples, the return rate of mailed kits and the HPV positivity rate in a population sample based on different cervical cancer risk factors.

Method: We conducted an observational cross-sectional study on HPV primary cervical cancer screening with self-collected cervicovaginal samples throughout mail service.

Results: Four hundred kits were mailed and 310 kits were returned; this therefore makes a return rate of 77.5%. 84.2% of patients were very satisfied with this method and 95.8% (297/310) of patients would choose self-sampling over cytology as their primary screening method. All patients would recommend this screening method to their friend or family member. 94.1% of the samples could be analyzed correctly and the HPV-HR positivity rate was 11.8%.

Conclusion: In this large and random sample, there was a strong interest in self-testing. Offering HPV-HR self-sampling could increase access to cervical cancer screening and also help reaching under-screened populations, in particular those who do not have a family doctor or avoid gynecologic exams for pain or anxiety.

FC04.7 | DIPSI (DIABETES IN PREGNANCY STUDIES IN INDIA) SCREENING FOR GESTATIONAL DIABETES MELLITUS (GDM): REALITY BYTES**CATEGORY: WELL WOMAN HEALTH CARE**

N. Datta

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Jharkhand, India*

Objective: GDM accounts for 10–14% of pregnancies in India and is associated with adverse Maternal and neonatal events, unfortunately remains largely under diagnosed. Identify gaps in screening by DIPSI guidelines for diagnosis of GDM. Prepare innovative and replicable training modalities, for capacity building of providers.

Method: 34 private sector facilities (227 Health Care Workers and 34 Doctors) were enrolled voluntarily (with informed consent). A Knowledge Assessment Survey Questionnaire (Pretraining survey), based on the key knowledge assessment Questionnaire tool was followed by training (on-line) with standardised, evidence based modules, facilitated with mentorship, providing IEC materials, ensuring compliance by log-book entries and record maintenance. Post training improvement was evaluated by the same Knowledge based survey. Comparative analysis of pre and post training survey was done.

Results: Vistrit was a collaborative pilot project of Safe Motherhood Committee FOGSI, USAID, and IPE Global for overcoming gaps in detection of GDM, in private sector facilities of seven aspirational districts of Jharkhand, India. Marked improvement in maintaining records of GDM (52%–100%), Single step (DIPSI) Blood sugar testing (20%–100%), time interval from collection to testing (6–24 h to

immediately), perception of IEC material (37%–100%), provider shift in testing (0–100%) and counselling at the facilities (20%–97%) was obtained.

Conclusion: Vistrit was instrumental in identifying and bridging gaps in detection of GDM, enhancing skill and knowledge of the participants & showing the path to create innovative and replicable training modalities, leading increased detection of GDM during antenatal period, aiding to improve maternal and neonatal outcome.

FC11.7 | CORRELATION OF LEPTIN LEVEL AND ITS GENETIC VARIANTS (LEPR) WITH OBESITY IN UNEXPLAINED OBESE INFERTILE NORTHERN INDIAN POPULATION
CATEGORY: REPRODUCTIVE MEDICINE

S. Pyari Jaiswar

Department of Obstetrics and Gynecology, King George's Medical University, Lucknow, U.P, India

Objective: The aim of this study is to evaluate the correlation of the LEPR genetic variant with obesity and leptin level in the obese and control groups in the northern Indian population.

Method: (120) infertile females having a history of unexplained infertility as cases and (109) healthy females having at least one conception as controls were recruited who were willing to participate after signing a consent form were enrolled. Institutional ethical approval was taken. Serum leptin level was measured by active human ELISA kit by using an Elisa reader. Leptin receptor gene polymorphisms A668G, A326G, and G1968C were analyzed by PCR followed by restriction fragment length polymorphism (RFLP).

Results: The anthropometric parameters were slightly higher in obese cases ($p > 0.005$), waist circumference and hip circumference show a significant ($p < 0.005$) in cases. Serum leptin level is found to increase in obese cases. There was a higher frequency of the GG genotype (Gln223Arg) variant in obese cases with significant $p < 0.001$. GG and CC genotypes of (Lys109Arg) and (Lys656Asn) respectively found higher frequency with significant $p < 0.001$ in the obese group.

Conclusion: This present study showed that the Genetic variants (Gln223Arg), (Lys109Arg), and (Lys656Asn) in the LEPR gene significantly correlate with anthropometric parameters, obesity, and leptin level. LEPR gene variants with obesity and higher leptin level could be a risk factor for unexplained infertility. In the future, we can manage the patients.

FC12.7 | FETO-MATERNAL OUTCOME IN WOMEN WITH PREVIOUS ONE LOWER SEGMENT CAESAREAN SECTION UNDERGOING INDUCTION OF LABOR USING INTRA-CERVICAL FOLEY'S CATHETER

CATEGORY: CHILDBIRTH

S. Marwah

VMMC and Safdarjung Hospital, India

Objective: To study the fetomaternal outcomes in women with previous one lower segment caesarean section (LSCS) undergoing induction of labor using intra-cervical Foley's catheter.

Method: In this prospective study over one year, 448 eligible women undergoing TOLAC in the, were recruited. After Pre-induction Bishop's scoring, pelvic assessment and non-stress test, mechanical induction was performed using intra-cervical Foley's catheter with 30ml saline. Catheter was kept in place for 24h or until spontaneously expelled. This was followed by low dose oxytocin augmentation under supervision until 12h. If women failed to deliver after further 12h, change in bishop's scoring was noted and delivered abdominally. All women were followed until discharge and fetomaternal outcomes noted. Data obtained was recorded in a predesigned case proforma and analysed using SPSS version 27 after application of appropriate statistical tests, considering p value of < 0.05 as significant.

Results: Vaginal birth occurred in 35% and 68 % women within 12 and 24h of expulsion/removal of catheter ($p = 0.329$), with mean Induction-Delivery interval being 13.80 ± 5.83 h ($p = 0.020$). Mean Bishop's score was 10.06 ± 2.469 ($p = 0.080$). Most common indication of LSCS was failed induction of labour. Mean APGAR scores at one and 5 min were 9.27 ± 0.931 and 9.81 ± 0.505 , respectively. No cases of uterine rupture were observed.

Conclusion: Mechanical induction by foleys catheter in women with one previous LSCS appears a safe option with a good success rate and few fetomaternal complications, especially in low resource countries.

FC14.7 | REGIONAL RESOURCE TRAINING CENTRE (RRTC): DOCTORS MENTORING PROGRAM
CATEGORY: HEALTH SYSTEMS STRENGTHENING

S. Tandon

Uttar Pradesh Technical Support Unit, Indian Health Action Trust, India

Objective: Uttar Pradesh (U.P.), India's most populous state has a maternal mortality ratio of 167 and accounts for 35% of maternal deaths occurring in the country. We have established a RRTC network of medical colleges to enhance the competencies of District Hospital teams to provide Comprehensive Emergency Obstetric and New-born Care.

Method: Sixteen Medical College faculty teams of obstetricians and pediatricians, offer periodic on-site mentorship and facilitate

continuing medical education (CME) for doctors covering public sector hospitals in 75 districts in U.P. Skills and drills, simulation on mannequins techniques are used during training, mentoring and CME sessions. WhatsApp groups were created between mentors and mentees to enhance communication. We use technical (Objective Structured Clinical Examination-OSCE) and facility (checklist) scores to evaluate the impact of our intervention.

Results: Post-mentoring, doctors mean OSCE scores increased from 49% to 73% and the proportion scoring <50% reduced from 19% to 4%. Among pregnant women with complications, proportions of out-referrals decreased, women received pre-referral care and delays were reduced. National Surveys indicate increase in Caesarean-section rates from 10% to 17% of all deliveries and a 29-point reduction, between 2015–16 and 2019–21.

Conclusion: The RRTC model is a unique example of sustainable collaboration at scale between departments of medical education and public health to improve maternal and new-born health outcomes in India.

FC17.7 | TRIAGE OF HRHPV POSITIVE RESULTS IN A HIGH HIV-PREVALENCE SETTING: COMPARISON OF VISUAL TRIAGE METHODS AND POOLED HPV GENOTYPING

CATEGORY: NON-SURGICAL GYNAECOLOGY

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Objective: Effective triage of primary high-risk human papillomavirus (hrHPV) screening in low- and middle-income countries with high HIV-prevalence is unclear. We evaluated the performance of triage methods for positive hrHPV results in women with HIV (HIV+) and without HIV (HIV-) in Botswana.

Method: This cross-sectional study performed primary HPV screening using Atila AmpFire HPV assay, which detects 15 hrHPV genotypes. Those with hrHPV+ results underwent visual inspection with acetic acid (VIA), colposcopy, and biopsy. Both visual triage methods were compared with triage by pooled HPV genotypes (16/18/31/33/35/45/52/58). Histopathological tissue diagnosis was the gold standard in diagnosing high-grade intraepithelial lesion or worse (HSIL+).

Results: 1408 of 2876 women recruited were hrHPV+; 1136 had histopathology data for analysis. HIV+ were virologically suppressed (99.1%) and on antiretroviral therapy for median 8 years [4–13]. The prevalence of HSIL+ among hrHPV+ was 15.7% (178/1136). Pooled HPV genotyping was more sensitive in detecting HSIL+ (86%HIV+,

85%HIV-) compared to VIA (61%HIV+, 45%HIV-) and colposcopy (69%HIV+, 46%HIV-), however, pooled HPV genotyping had low specificity (30%) and PPV (22%). Visual triage methods performed better in HIV+, though sensitivity was low.

Conclusion: Triage of primary hrHPV screening with available triage methods is problematic; pooled HPV genotyping leads to high-volume overtreatment and both visual triage methods reduce sensitivity and essentially eliminate the benefit of primary hrHPV screening. To implement effective cervical cancer screening programs, alternative hrHPV triage strategies are needed.

FC21.7 | PERINATAL ASPHYXIA AND THE RELATIONSHIP OF UMBILICAL CORD BLOOD PH TO MORTALITY AND MORBIDITY TO 20 YEARS OF AGE

CATEGORY: CHILDBIRTH

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¹Harvard Medical School, Sweden, ²Lund university, Sweden

Objective: Perinatal asphyxia, or impaired oxygen exchange across the placenta during birth, is responsible for four million newborn deaths each year. We aimed to gain a unique and comprehensive understanding of the true burden of perinatal asphyxia by investigating the long-term mortality/morbidity associated with the condition up to 20 years of age.

Method: Umbilical cord arterial pH (UApH) values from 102,621 singleton births at Skåne University Hospital, Sweden from 1997 to 2012 were cross-linked to data from the National Patient Register, National Prescribed Drug Register and Cause of Death Register. Adjusted hazard ratios examined the risk of all diagnose codes (International Classification of Diseases, 10th Revision) to UApH < 7.05.

Results: After validation, the final study cohort consisted of 98,521 infants of which $n = 976$ had UApH < 7.05 at birth. UApH < 7.05 was associated with an increased risk of childhood mortality ($p < 0.001$) from 0 to 4.9 years, 5–9.9 years and 10+ years of age. Of all diseases, UApH < 7.05 was associated with an increased risk of Cerebral Palsy (Crude HR: 3.72, CI: 1.88–7.37). After adjustment for maternal age, parity, smoking, BMI, and gestational age, the increased risk remained significant (Adjusted HR: 3.77, CI: 1.89–7.50).

Conclusion: Perinatal asphyxia, with low cord arterial pH < 7.05 was associated with increased childhood mortality and an increased risk of Cerebral Palsy. Determination of umbilical cord pH at birth forms the cornerstone in predicting perinatal asphyxia and umbilical cord blood sampling is recommended in all cases where fetal compromise may be suspected.

P01.58 | ARE WE ABLE TO DISTINGUISH WITH SERUM MARKERS ENDOMETRIOTIC OVARIAN CYSTS FROM OTHER BENIGN OR MALIGNANT OVARIAN TUMORS?
CATEGORY: NON-SURGICAL GYNAECOLOGY

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Objective: We should avoid operative treatment of small endometriotic ovarian cysts to save fertility. However, their features are often similar to teratomas or mucinous cysts. There is a need to discriminate them from other benign cysts or borderline/malignant ovarian tumors. We estimated serum CA125, HE-4 and selected cytokines for this purpose.

Method: We investigated 27 women with endometriotic ovarian cysts (EndoOvC) vs 24 benign teratomas and 34 other benign epithelial and vs 35 with epithelial ovarian cancer (EOC) and 8 borderline tumors. We measured in sera obtained preoperatively the level of CA125, HE-4 and the panel of 6 cytokines: interleukin (IL) 1β, 6, 8, 10, 12, tumour necrosis factor (TNF) using cytometric bead array (CBA) and one chemokine CXCL1/GRO-α by ELISA method.

Results: CA125 levels in EndoOvC (90U/ml) were higher than in teratomas (20), other epithelial (21) and lower than in borderline (206) and EOC (960). CA125 in EndoOvC ranged from 23 to 250U/ml; only 3/27 were below 35 and 2/27 were above 200. HE-4 in EndoOvC was similar to other benign. IL-8 in EndoOvC (53pg/ml) were higher than in teratomas (31), other epithelial (32), similar to borderline (45) and lower than in EOC (208).

Conclusion: Serum CA125 is the best from investigated serum markers for distinguishing endometriotic ovarian cysts from other benign or borderline/malignant ovarian tumors. Adding serum IL-8 to the protocol may increase the accuracy of the diagnosis.

P01.59 | COMPOSITION OF CERVICOVAGINAL MICROBIOTA (CVM) IN MEXICAN WOMEN WITH NEGATIVE CERVICAL CYTOLOGY FOR INTRAEPITHELIAL LESION OR MALIGNANCY
CATEGORY: NON-SURGICAL GYNAECOLOGY

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Tecnologico de Monterrey, Mexico

Objective: To characterize the composition of the CVM in asymptomatic Mexican women with negative cervical cytology for intraepithelial lesions or malignancy by microbiome arrays.

Method: We conducted an observational, cross-sectional, and descriptive study to evaluate the composition of the cervicovaginal microbiota in women (ranging from 19 to 66 y.o.) attending their

annual routine check-ups in Monterrey, Nuevo Leon. DNA isolation was performed on 142 residual cervical samples collected for Pap tests using Qiagen's DNeasy Blood and Tissue Kit. Microbiome identification was performed with Axiom 96 plate ThermoFisher's microbiome array and Axiom microbiome assay software algorithm for descriptive analytics.

Results: Pap smear reported no pathologic findings in 103 (71.03%) samples, 34 (23.94%) with bacterial vaginosis (BV), and 5 (3.52%) with Candidiasis. Microbial detection by microarray technique was successful in 111 (78.17%) samples. The most frequently detected microorganisms were Gardnerella Vaginalis (GV), Lactobacillus Crispatus (L. Crispatus), L. Amylovorus, and L. Maltophilia. GV was positive in 45 samples, with the highest incidence (48.89%) between ages 36 to 55 y.o. Furthermore, 27.93% presented only Non-pathogenic Strains.

Conclusion: From 34(24%) BV-positive by Pap Smear, GV was detected in 22 samples. Presence of high-risk HPV oncogenic strains was detected in 15 samples (8 samples in 18–35 y.o. group). The use of microbiome arrays allows a more comprehensive analysis of CVM. This might improve opportune diagnosis and management of high-risk patients.

P02.55 | KNOWLEDGE OF CONTRACEPTIVE METHODS AMONG DEAF WOMEN: A QUALITATIVE STUDY
CATEGORY: CONTRACEPTION AND FAMILY PLANNING

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Universidade de São Paulo, Brazil

Objective: To describe deaf women's knowledge of contraceptive methods.

Method: Qualitative descriptive study conducted in two major centers in São Paulo/Brazil. Deaf women over the age of 18 were interviewed using Brazilian Sign Language (LIBRAS) to communicate. Semi-structured questionnaires with sociodemographic data and clinical and contraceptive methods questions were applied. Face-to-face and video call interviews were conducted in LIBRAS. Content analyses were made using NVIVO software and descriptive statistics.

Results: 28 deaf women, 36.5 ± 5.5. 12/28 reported knowing the injectable route of administration and 13/28 the oral contraception. For barrier methods, 13/28 claimed to know the condom and 8/28 the diaphragm. For long-acting reversible contraceptive methods 10/28 reported knowing intrauterine devices and 3/28 know about the subdermal contraceptive implant. For surgical methods 12/28 knew tubal ligation and 11/28 vasectomy. The unplanned gestation rate was 59%.

Conclusion: Contraceptive methods such as condoms and oral contraceptives were better known among deaf women, which evidences this population's reproductive vulnerability due to the ignorance of contraceptive methods of greater effectiveness.

P02.56 | PRELIMINARY UTILIZATION REPORT OF NEXPLANON AT AN OBGYN ACADEMIC PROGRAM IN RURAL TEXAS USA

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

G. Ventolini; M. Galloway

Texas Tech University, Permian Basin, United States

Objective: Nexplanon (etonogestrel) is a three-year, reversible contraceptive plastic flexible rod implant: 4 cm by 2 mm, placed subcutaneously (inner side of upper arm). To report our 3-year data: 2019 to 2021 regarding the use of Nexplanon in rural Texas.

Method: Medical record review of patients identified by CPT codes 11981 (insertion), 11982 (removal) and 11983 (removal and reinsertion). The study was Institutional Review Board approved. GraphPad Prism Software was utilized for statistical analysis.

Results: We identified 932 insertions, and 737 removals (12 at one/year, 45 at two/years and 681 at three/years ($p=0.731$; 95% CI 0.701–0.759). Reasons for early removal: menstrual irregularities: 25, desired pregnancy: 18, switching method: 10, other: 4. 351 patients had removed/reinserted in one procedure. Complications: 3 insertion/21 removal. Oldest patient removed/reinserted 51, youngest 22 y/o. Oldest inserted: 48, youngest 15 y/o. Median age: 23.7 y/o. Only 2 pregnancies ($p=0.002$; 95% CI 0.000–0.008) during study.

Conclusion: Nexplanon is an effective long-term contraceptive, well tolerated, with a safety profile and personally preferred by the youngest GYN population at our rural academic program in Texas, USA.

P03.52 | MALE INVOLVEMENT IN THE UTILIZATION OF MATERNAL HEALTH SERVICES AMONG CHILD-BEARING WOMEN IN TERTIARY HEALTHCARE OUTSTATIONS IN SOUTH-EAST NIGERIA

CATEGORY: HEALTH SYSTEMS STRENGTHENING

S. Ezemenahi

Nnamdi Azikiwe University, Awka, Nigeria

Objective: In Africa communities, where men are the key decision-makers and providers, it has become necessary for maternal and child survival to involve men in the healthcare utilization. This study sought to determine male involvement in utilization of maternal health services amongst child bearing women in Nnamdi Azikiwe University Teaching Hospital.

Method: After obtaining approval from the ethics and research committees in Nnamdi Azikiwe University Teaching Hospital. A cross-sectional survey of 200 Males whose spouses consented and met the eligibility criteria were selected to participate in the study from September 2021 to October 2021 using cluster sampling method. Data was collected with a semi-structured, interviewer administered

questionnaire and analysed using Statistical Package for Social Sciences (SPSS) version 24.0. The level of significance set at $p < 0.05$. **Results:** The mean age of the respondents was 41.15 ± 5.98 years. Only 35% and 29% of respondents ever accompanied their spouses to antenatal and postnatal visits respectively. Majority accompanied their spouses to the hospital for delivery but only 22% were present in the delivery room. Busy work schedules and healthcare associated factors were identified as major reasons for low level of involvement.

Conclusion: The positive attitude shown by the participants is an indication that if proper awareness campaigns is organized, men can improve their rate of involvement in utilization of maternal health services. Key words: Male involvement, Women, Child, Utilization, Tertiary, Cross-sectional study.

P03.53 | CEMONC TRAINING TO MEDICAL GRADUATES TO OVERCOME THE SHORTAGE OF SPECIALISTS IN PUBLIC HEALTH SYSTEM: A STEP TO REDUCE MMR

CATEGORY: HEALTH SYSTEMS STRENGTHENING

U. Singh

India Health Action Trust, India

Objective: Shortage of trained obstetric specialists in first referral hospitals of public health system is a major challenge in decreasing maternal mortality. To overcome this, a Comprehensive Emergency Obstetric and Newborn Care (CEmONC) training was started for medical graduates to upscale their knowledge and skills in intrapartum and immediate postpartum care.

Method: A 24 weeks structured, competency-based training was given to graduate medical officers, who were willing to work in semi-urban and rural CEmONC level First Referral Units (FRUs). This training comprised of 12 weeks in selected 6 Medical Colleges (in Obstetrics and Gynecology department) and then 12 weeks in District Hospitals. Course end certification was done by a theory and practical evaluation. Subsequently they were posted in FRUs. Supportive supervision was continued as per need.

Results: Between 2019 and 2022, 5 rounds of training were conducted in 6 selected Medical colleges and district hospitals. In total 106 medical graduates, in batches of up to 4 were trained. After the training they were evaluated, certified, and then posted in FRUs. This resulted in activation of 70 FRUs ie the centers started working as CEmONC centers where delivery including caesarian section, complication management, newborn care and referral to higher centers was ensured.

Conclusion: The shortage in specialists can be overcome by giving competency-based short- duration training to medical graduates. With good quality training followed by supportive supervision, knowledge and skill of these doctors can be upscaled and comprehensive obstetric and newborn care can be established in public health setups of semi-urban and rural areas.

P03.54 | DEVELOPING AN ECOSYSTEM OF PARTNERSHIPS TO IMPROVE MATERNAL AND NEWBORN HEALTH CARE IN MIXED HEALTH SYSTEMS

CATEGORY: HEALTH SYSTEMS STRENGTHENING

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Objective: Madhya Pradesh has second highest MMR in India with urban areas with mixed health systems catering to higher burden due to availability of tertiary care facilities. Hence, partnerships are important to leverage the comparative advantage of each sector which is possible only through positive environment to engage partners.

Method: A scoping review was done to analyze approaches for sustainable partnerships. A detailed stakeholder mapping was done to network key partners from 11 FOGSI societies, private nursing homes and medical colleges. A three pronged strategy was adopted to develop ecosystems to improve quality of care. Stakeholder consultation meetings including working groups, development of financing solutions with sustainable business models and platforms for participation in policy spaces were adopted as key strategies.

Results: A series of consultation workshops developed trust and narrowed down areas for collaboration. Working groups to develop clinical standards for quality care institutionalized these efforts. Involvement of FOGSI and private nursing homes in policy spaces for strategies to reduce MMR and confidential reviews further boosted confidence in these partnerships. Innovative financing solutions like initiation of center for skill enhancements and setting up effective communication platforms for schemes to reduce out of pocket expenditure guaranteed sustainability.

Conclusion: Global experiences have showed that the wider perspectives amongst stakeholders can act as hurdles for effective implementation of strategies. Hence, consistent efforts with a comprehensive approach though set of interventions to create an enabling environment for empowered participation will help develop sustainable partnerships as opposed to vertical approach.

P04.57 | RISK FACTORS OF PRETERM BIRTH IN OKINAWA PREFECTURE IN JAPAN

CATEGORY: CHILDBIRTH

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Objective: A high rate of preterm birth has been reported in Okinawa Prefecture, the southernmost island prefecture of Japan. Hence, this study aimed to identify the risk factors for preterm birth in this prefecture.

Method: This retrospective study included data from January 2013 to December 2019 from three facilities in Okinawa Prefecture. 11,868 were included in this study. We compared the overall preterm and full-term birth groups by categorizing the background, obstetric, and fetal risk factors. Further, we categorized preterm births into three groups (22–27, 28–33, and 34–36 weeks of gestation) and examined patient background factors to identify potential risk factors for the occurrence of preterm birth in each group.

Results: The present study specifically focused on patient background characteristics. Preterm birth rates of 2.6%, 6.7%, and 11.8% at 22–27, 28–33, and 34–36 weeks of gestation. The risk factors for preterm birth at 22–27 weeks of gestation were previous preterm birth and lower age at 28–33 weeks of gestation, the risk factors were previous preterm birth and history of cervical conization and at 34–36 weeks of gestation, only previous preterm birth was a risk factor.

Conclusion: Previous preterm birth, younger age, and history of cervical conization were risk factors for Preterm birth in Okinawa. To reduce premature births in Okinawa Prefecture, it is important to pick up women with these risk factors and provide them with appropriate guidance and education on an ongoing basis.

P04.58 | PROMOTING UPRIGHT POSITION FOR BIRTHING: CHALLENGES AND OUTCOME AT A TERTIARY CARE INDIAN HOSPITAL

CATEGORY: CHILDBIRTH

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Objective: In India, supine position for birthing is universally practiced in all institutional deliveries, which is against the physiological principles of progress and mechanism of normal labour. Study was conducted to assess the challenges in implementing alternate birthing positions and to compare the maternal and fetal outcome in various birthing positions.

Method: It was a Descriptive Cross-sectional study. The data was collected through personal interview and through document analysis. One thousand and two hundred women, who delivered vaginally spontaneously in either supine or upright birthing position were studied to analyze the maternal and fetal outcome. Women with upright delivery position with history of previous vaginal delivery in supine position were interviewed about their birthing experience at Pravara Institute of Medical Sciences in India over one year period.

Results: Study revealed that the rate of instrumental deliveries, episiotomy and caesarean section was significantly lower when deliveries were conducted in either sitting, squatting positions as compared to traditional supine position. Feedback from postnatal women revealed that there was greater satisfaction and better birthing experience in upright position as compared to supine/lying down position. There was early ambulation, better breast

feeding practices and short hospital stay when women deliver in upright position.

Conclusion: Women choose upright position for birthing when choices of various positions are offered. Rate of un-necessary obstetric interventions get reduced when deliveries are conducted in upright position, especially by trained and skilled midwives. All health care personnel must be trained in delivering women in non-lying down positions.

P05.43 | IMPORTANT FACTORS FOR AN OBSTETRIC FISTULA CLASSIFICATION

CATEGORY: BENIGN SURGERY

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Objective: There is currently no unified classification scheme for accurately describing vesico- vaginal fistulas. Several classification systems (Frajzyngier, Goh, Waaldijk) have explored various factors related to surgical failure and success. This study's objective is to determine which factors are the most important to include in a future obstetric fistula classification scheme.

Method: Members of the International Society of Obstetric Fistula Surgeons were solicited to participate in a non-validated questionnaire. First, surgeons reported an estimate of how many fistula surgeries they have performed. Experts were defined as those who performed over 2000 fistula repairs. Then, surgeons reported whether several factors were important for a future obstetric fistula classification scheme. Additionally, participants rated these factors on a scale of 0 (not at all important) to 10 (of vital importance).

Results: Eighteen surgeons completed the questionnaire. Stratification of results by expert and non-expert fistula surgeons yielded minimal differences. The most important factors that surgeons found necessary to include were bladder size (88.9%, 8.53), vaginal fibrosis (83.3%, 8.12), urethral damage (88.9%, 9.34), fistula location (100%, 9.22), urethral length (94.4%, 9.06), and circumferential defect (94.4%, 9.18). The least important factors were how long the patient has had a fistula (11.1%, 2.28), and presence of intraoperative complications (22.2%, 4.59).

Conclusion: An updated obstetric fistula classification scheme should include bladder size, vaginal fibrosis, urethral damage, location of the fistula, urethral length, and circumferential and non-circumferential defect. This classification scheme will allow future clinicians and researchers to develop and compare targeted techniques for the operative and post-operative management of obstetric fistula.

P05.44 | SUCCESSFUL TREATMENT OF ROBOT-ASSISTED LAPAROSCOPIC PARTIAL BLADDER RESECTION AND TOTAL HYSTERECTOMY FOR TWO CASES OF UTERINE ADENOMYOSIS COMPLICATED BY BLADDER ENDOMETRIOSIS

Category: Benign surgery

Y. Fukushi

Teine Keijinkai Hospital, Japan

Objective: To evaluate and report whether robot-assisted laparoscopic partial bladder resection and total hysterectomy are safe and useful for patients with uterine adenomyosis associated with bladder endometriosis.

Method: Robot-assisted laparoscopic partial bladder resection and total hysterectomy were performed using the da Vinci Xi system, and the operative time, estimated blood loss, presence of complications, and length of hospital stay were examined.

Results: The operative time was 5 h 01 min in Case 1, 3 h 47 min in Case 2, and the estimated blood loss was 50 mL in Case 1 and 100 mL in Case 2, and no intraoperative complications were observed in both cases, and the length of hospital stay was 3 days in Case 1 and 7 days in Case 2.

Conclusion: Robot-assisted laparoscopic partial bladder resection and total hysterectomy is safe and useful for uterine adenomyosis complicated by bladder endometriosis.

P05.45 | UNPLANNED RETURN TO OPERATION THEATRE IN OBSTETRICS: AN INSTITUTIONAL ANALYSIS TO IDENTIFY AREAS OF QUALITY IMPROVEMENT

CATEGORY: BENIGN SURGERY

A. Kumari

Rajendra Institute of Medical Sciences, Ranchi, India

Objective: Unplanned return to operation theatre (UROT) has been used as an indicator of surgical care quality. Relaparotomy and UROT in obstetrics is considered a maternal near-miss event. The purpose of this study was to determine reasons for UROT after major obstetric surgeries to identify opportunities for patient care quality improvement.

Method: This is a single-center retrospective study over a period of 4 years from April 2019 to March 2023 in a tertiary care teaching institution of Jharkhand, India. An unplanned return to the operation theatre in obstetrics was defined as return within 6 weeks of the first operation (cesarean section or laparotomy for ruptured uterus or ectopic pregnancy) because of a complication or an untoward outcome of the primary surgery.

Results: Overall 35 cases (14 in-house and 21 referred cases) had UROT. The incidence of in-house UROT was 0.13% (14/10,263). Intraoperative hemorrhage 11(31.42%) was commonest reason followed by broad ligament hematoma 9 (25.71%) and PPH 7 (20%). In the majority (88.5%), primary surgery was an emergency procedure.

Previous cesarean 12 (34.28%), and obstructed labor 5 (14.28%) were the commonest indications of primary surgery. Hysterectomy was needed in 13 (37.14%). Most (68.75%) returns occurred within 24 h. Four cases had maternal mortality.

Conclusion: Repeat surgeries in obstetrics often result from problems during or around primary surgery with substantial implications in terms of morbidity and cost. Tracking the rates of UROT may be useful in improving the quality of institutional care. The rates of reoperation may be reduced by following standard protocols and checklists.

P05.46 | ACUTE SEVERE CHEMICAL PERITONITIS WITH UNUSUAL ASCITES OF UNKNOWN ETIOLOGY: A RARE POSTOPERATIVE COMPLICATION
 CATEGORY: BENIGN SURGERY

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Objective: The goal of this case report is to bring attention to a rare postoperative complication of chemical peritonitis (CP) and to emphasize that it can happen after any laparoscopic surgery despite all prevention strategies. Awareness of this diagnosis and promptness in treatment is key to managing its sequelae.

Method: A young unmarried girl underwent an uncomplicated laparoscopic right ovarian dermoid cystectomy within an endo-bag followed by a thorough peritoneal lavage several times. The 5 cm cyst was removed in toto with intact capsule. Immediately after surgery she developed severe acute pain abdomen which was relentless, progressive, intractable and not amenable to strong analgesics and steroids. A relook laparoscopy had to be undertaken within hours when an urgent MRI revealed moderate amount of peritoneal fluid.

Results: At relook laparoscopy, all the viscera including bowel were examined for injury or perforation and found to be unremarkable and there was no bleeding from anywhere. Approximately 300 mL serous fluid was aspirated from peritoneal cavity and a repeat thorough lavage of peritoneal cavity was done. The biochemistry and cytology of the fluid was reported to be unremarkable. Patient had immediate and sustained pain relief after this second procedure until her discharge after three days.

Conclusion: Various spillage preventive strategies are employed while performing ovarian dermoid cystectomy lest it causes CP. In our case despite employing all these strategies peritonitis still occurred, it was acute and severe in presentation, and idiopathic in nature. CP is a rare diagnosis and can be a potentially life-threatening postoperative complication.

P05.47 | LEVONORGESTREL INTRA UTERINE SYSTEM: A SUCCESS STORY IN THE MANAGEMENT OF ABNORMAL UTERINE BLEEDING
 CATEGORY: BENIGN SURGERY

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Objective: Abnormal uterine bleeding (AUB) is a common gynaecological complaint affecting around 10–30% women during reproductive years. It affects woman's life adversely, leading to psychological, medical, social and sexual problems. We aim to study the efficacy of a Levonorgestrel Intra Uterine System (LNG-IUS) in 125 women suffering from abnormal uterine bleeding.

Method: A retrospective study was undertaken at 2 private centres in Mumbai over a period of 4 years. 125 patients aged 30–50 years who underwent LNG-IUS insertion for abnormal uterine bleeding were studied. Cases were evaluated according to clinical findings, hemogram and transvaginal sonography. The women were called for follow up at 1 week, 1 month, 6 months, 1 year and 2 years to analyse type and amount of bleeding and development of amenorrhoea.

Results: Based on sonographic findings, 60% patients demonstrated a bulky uterus with or without Adenomyosis, 16% had fibroids, 11.2% polyps and 12% demonstrated thickened endometrium. At 6 months, 84% patients had experienced a decrease in menstrual blood loss. 5 patients underwent removal of the LNG-IUS at the time as they experienced no relief of symptoms. By the end of 2 years, 96% patients had developed amenorrhoea and were fully satisfied with the LNG-IUS insertion.

Conclusion: A Levonorgestrel Intra-Uterine System significantly reduces bleeding in menorrhagia due to benign causes and is found to be highly effective in the management of various gynaecological pathologies such as endometrial polyps, adenomyosis and endometrial hyperplasia. It has proven to be superior to various surgical and non surgical treatment modalities.

P05.48 | MYOMECTOMY DURING CESAREAN SECTION (CS): IS IT SAFE AND WHEN IS IT REQUIRED?
 CATEGORY:

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Objective: Today there is no consensus on whether myomectomy during CS is required, as a result also indications for such type of surgery during CS are not clearly defined. Objective of this study was to assess the safety of such surgeries as well as clarification of indications for myomectomy during CS.

Method: 52 myomectomy cases during CS were retrospectively analyzed. Assessments included: CS type/duration, gestational age,

parity, BMI, blood loss, level of blood parameters, postoperative period course. Control group – 50 women with CS without myomectomy. During 4 years 2516 CS were performed, myomectomy was completed in 52 (2.07%) cases. Predominantly those women were primiparous (78,8%). In 14 cases (26.9%) pregnancy was a result of IVF, 50 pregnancies (96.2%) were singleton. Removed fibroids were 5–23 cm in size.

Results: In 76,9% of cases one fibroid was removed. Removed myomas were as follows: type 5(36,5%), type 6 (30.8%), type 2–5 – 26.9% and type 1 and 2 (5.8%) Surgery duration in women with myomectomy was only 13% more comparing to control group. Intra-surgical blood loss in case of CS with myomectomy was increased by not >10%. Difference in Hb decrease level in both group was not statistically significant. Hospitalization duration was also similar in both groups.

Conclusion: Myomectomy during CS, if performed by experienced OB/GYN is safe. It only slightly increases surgery duration and intra-surgical blood loss, having almost no impact on postoperative period duration/course. In conclusion subserosal/intramural myomas >5 cm in diameter regardless of location, and all submucosal myomas regardless of size should be removed during CS.

P06.50 | PATHOLOGICAL COMPLETE RESPONSE IN BREAST CANCER PATIENTS FOLLOWING NEOADJUVANT THERAPY CATEGORY: WOMEN'S CANCER

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Objective: The main goal of this study was to evaluate the complete pathological response pCR rate achieved by breast cancer patients undergoing neoadjuvant therapy, as well as to correlate this response with clinical, molecular, and prognostic factors.

Method: A longitudinal study among patients with biopsy-confirmed breast cancer treated with neoadjuvant therapy and surgery compared the clinical staging data of the tumors before treatment with the pathologic staging post-surgery. The primary outcome was the pCR rate and correlations between pCR and pre-established variables. The secondary outcomes were Overall Survival (OS), Disease-Free Survival (DFS), mortality, and disease recurrence analyzed during a mean follow-up of 42.8 months.

Results: 292 met the selection criteria. pCR was achieved in 63(21.6%) patients. After logistic regression, it was observed an OR of 3.8 (95% CI 1.95–7.37, $p < 0.001$) between AC-TH/AC-T regimens and an OR of 3.27 (95% CI 1.64–7.15, $p = 0.001$) between patients with positive and negative HER-2 tumors. Clinical-stage II presented a greater chance of pCR when compared to stage III[OR of 1.83 (95% CI 1.04–3.26, $p = 0.038$)]. Disease progression was associated with worse clinical prognosis(OS: HR 5.25, 95% CI 1.54–18.0, $p = 0.008$; DFS: HR 6.02, 95% CI 2.33–15.6, $p < 0.001$).

Conclusion: Neoadjuvant treatment could achieve expressive results in pathological response. A strong association was observed

between the AC-TH regimen, the HER2-positive patients, and the complete pathological response.

P06.51 | DESCRIPTIVE STUDY OF VULVAR CANCERS ACCORDING TO THE VULNERABILITY OF PATIENTS RELATED TO AGE: MULTICENTER STUDY CATEGORY: WOMEN'S CANCER

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Objective: The purpose of this study is to assess the impact of age on tumor size in vulvar cancer.

Method: This is a multicenter retrospective observational study incorporating 447 cases of vulva cancer. A limit age of 65 years was chosen to define the 2 groups of patients to compare.

Results: Patients of <65 years more often had an induced HPV cancer history (16.1% ($n = 27$) versus 3.9% ($n = 11$), $p < 0.001$), mainly history of uterus cervical cancer. The location of tumors was also different between the 2 groups. The median clinical and post-operative size of the tumors was 20 mm (1–120) and 26 mm (1–65) in the group of patients under 65 and 30 mm (1–100) and 35 mm (1–66) in patients of >65 years ($p = 0.07$ and $p = 0.001$, respectively). There was no difference concerning the in sano excision between the 2 groups. Multivariate analysis found that age > 65 years ($p = 0.02$) and a history of cervical cancer ($p = 0.01$) was greater post-operative risk factors of tumor.

Conclusion: Age is a larger tumor size risk factor. In elderly and vulnerable women this can cause post-operative complications altering the quality of life of patients. It is therefore necessary to take into account the vulnerability linked to the age of patients in the overall management of vulvar cancers.

P06.52 | CHALLENGES IN ACCEPTANCE OF HPV VACCINATION AMONG WOMEN: AN INDIAN EXPERIENCE CATEGORY: WOMEN'S CANCER

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Objective: Cervical cancer is the leading cancer in Indian women with highest mortality and increasing prevalence. Human Papillomavirus (HPV) vaccination is available with low uptake. Cervical cancer screening and prevention remains major healthcare challenge. Hence this study was conducted to document the real challenges in HPV vaccination in India.

Method: A prospective study was conducted in the department of OBGY at Surya hospital, Jaipur over 8 months. 152 eligible women attending OPD between age of 17–45 years were included in the

study. A semi-structured questionnaire was used to assess hurdles in acceptance for HPV vaccination followed by providing required information and their acceptance for vaccination was recorded. Study population was divided into 3 groups, the variables were analyzed by SPSS statistic version 22.

Results: 92.4% of responders were willing to accept vaccination if available at lower cost. 60.3% had social stigma against vaccination. 47% had major concern over encouragement of early sexual activity. 13.5% had doubts about safety profile of vaccine. 29% participants found 3 dose regime time consuming. Acceptance for vaccination after providing the right information and counselling was highest among post-partum mothers followed by adolescent girls. Overall vaccine acceptance in our study population was 13.8%.

Conclusion: To overcome the challenges it is essential to create awareness of vaccination and provide appropriate training of health-care providers. Vaccination and promotion of screening is a reasonable approach. Public-private partnership may help curtail the cost of vaccination. Above mentioned efforts will help achieving the goal of 90-70-90 by 2030.

P06.53 | STUDY OF 110 CASES OF COLPOSCOPY IN HOLY FAMILY RED CRESCENT MEDICAL COLLEGE AND HOSPITAL, DHAKA BANGLADESH

CATEGORY: WOMEN'S CANCER

U. Parveen

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Objective: Every year 17,686 woman in Bangladesh are diagnosed with cervical cancer and 10,364 women die from this disease. This is a preventable disease as the different screening, diagnostic and therapeutic procedure are effective. Screening procedures are VIA, Pap Smear and HPV DNA test. Colposcopy is the triage in screening procedure.

Method: This was a retrospective study conducted in the department of obs. and gynae of Holy Family Red Crescent Medical College and Hospital. Inclusion criteria: Woman with symptoms like vaginal discharge, post coital bleeding; Woman with unhealthy cervix or cervical erosion; Abnormal pap smear; VIA (+ve). Exclusion criteria: Pregnancy; Prior hysterectomy; Woman with clinical evidence of acute pelvic infection; Patients previously treated for CIN or Ca. Cx.

Results: In this study majority of patient's were in between 31 and 40 years of age. 68% women got married at 15–20 years of age. Criteria for referral to colposcopy was based on white discharge, unhealthy cervix, cervical erosion, post coital bleeding, abnormal Pap Smear, VIA (+ve), HPV DNA (+ve). Colposcopy findings were normal 25%, unsatisfactory 3%, Ectropion 35%, CIN1 (0–2) 30%, CIN I-II (3–4) 7%. Biopsy taken from 32%, LLETZ 6%, EC 18%.

Conclusion: Colposcopy offers an excellent tool in evaluating cervical lesions. Earlier detection of CIN in adult woman is a desirable goal. Invasive cancer of cervix is considered to be preventable since

it is associated with a preinvasive stage making it amenable to screening and treatment.

P07.42 | RECTOVAGINAL FISTULA: A SOCIAL DILEMMA

CATEGORY: WOMEN FACING CRISIS

S. Khurshid

Fatima Memorial Hospital Lahore, Pakistan

Objective: To highlight that rectovaginal fistula is a treatable condition, timely management can save the patient's medical, social, and sexual life.

Method: The case is reported and managed in Fatima Memorial Hospital Lahore.

Results: 29 years P1 (Prev SVD) history of passage of fecal matter and flatus through vagina 1 week after normal delivery 1 1/2 back. After puerperium, she visited her primary consultant with complaints of the passage of fecal matter and flatus through the vagina but she remained undiagnosed and was sent home. She was emotionally and mentally disturbed as her sexual and social life was severely affected. She was divorced after 6 months of delivery.

Conclusion: All perineal surgeries including SVDs should be done or supervised by trained medical personnel. Any patient complaints regarding abnormal vaginal discharge or perineal trauma should be thoroughly examined. Perineal fistulas can lead to social and psychological impacts on a patient's life so they should be taken seriously and treated effectively.

P07.43 | CHOLERA ASSOCIATED MATERNAL AND NEONATAL OUTCOMES DURING A CHOLERA OUTBREAK IN MALAWI: DATA FROM A NATIONAL MATERNAL SURVEILLANCE PLATFORM (MATSURVEY)

CATEGORY: WOMEN FACING CRISIS

Y. Chimwaza

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Objective: Malawi is experiencing the deadliest outbreak in its history, with approximately 37,000 cases and 1200 deaths reported. We used a national maternal surveillance platform (MATSurvey) to characterise maternal and neonatal cholera outcomes and audit data for cholera-related maternal deaths in Malawi.

Method: All pregnant and recently pregnant (42 days) patients admitted to 18 healthcare facilities with symptomatic cholera were included in the study. Data reported between October 2022 to May 2022 for maternal and neonatal outcomes were described. Audit data from eight reported cholera maternal deaths were analysed qualitatively.

Results: 180 cholera cases in maternal patients were reported. Most (67.2%) occurred antenatally compared to postnatally (32.8%). The case fatality rate was 5.0%, with 9 cholera-related maternal deaths.

75 deliveries and 6 (8.0%) miscarriages occurred. The perinatal mortality rate was 0.3 deaths per 1000 live births (15 stillbirths and 5 neonatal deaths). Inadequate assessment and monitoring of maternal conditions (ruptured ectopic pregnancy, peritonitis, incomplete miscarriage), inadequate intravenous fluid resuscitation, incorrect cholera over-diagnosis contributed to maternal deaths.

Conclusion: During the current cholera outbreak in Malawi, serious maternal and neonatal outcomes have occurred. Improved cholera case identification and management, as well as comprehensive obstetric care and management, are critical for maternal patients with cholera.

P07.44 | A STUDY OF COMPLICATION IN CASE OF UNICORNUATE UTERUS WITH RUDIMENTARY HORN
CATEGORY: WOMEN FACING CRISIS

S. Kamal

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Objective: To analyse gynecological and reproductive morbidities associated with unicornuate uterus with non-communicating rudimentary horn.

Method: This is a retrospective study of 20 cases of unicornuate uterus with non-communicating rudimentary horn found on laparotomy in a duration of 5 years.

Results: Out of 20 patients, two teenagers presented with dysmenorrhoea and pain abdomen and had haematometra in the non-communicating rudimentary horn which was excised. Eight had pregnancy in the non-communicating rudimentary horn of which all presented after rupture and five were admitted in a state of shock. Ten patients had pregnancy in the hemiuterus with complications inherent to the condition.

Conclusion: Unicornuate uterus with non-communicating rudimentary horn is associated with poorest outcomes among all uterine anomalies and a high index of suspicion is needed to diagnose this condition and thus to save the woman from catastrophic complications.

P08.38 | POLYCYSTIC OVARIAN SYNDROME AND THE RISK OF CARDIOVASCULAR DISEASE
CATEGORY: WELL WOMAN HEALTH CARE

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Objective: Polycystic ovarian syndrome affects 5 to 10% of reproductive-age women in worldwide. These women have an increased risk of CVD including systemic low-grade inflammation and

T2DM. The aim of the present study was to evaluate hormonal, metabolic, and hemostatic profile in patients with and without polycystic ovary syndrome (PCOS).

Method: Material and methods. 46 patients were diagnosed with PCOS and 30 age and body mass index (BMI) matched control. Diagnosis of PCOS was established based on Rotterdam criteria and presence of at least two criteria defined as PCOS. Hirsutism scores, hormonal, metabolic, and hemostatic profile evaluated in each subject.

Results: In women with PCOS insulin, glucose, HOMA-index, fibrinogen, triglyceride were significantly higher ($p < 0.001$), and sex binding globulin was lower than in controls ($p < 0.005$). There was no difference in the level of D-dimer ($p = 0.65$).

Conclusion: PCOS is characterized by a prothrombotic state, as reflected by increased fibrinogen, with dyslipidemia and hyperinsulinemia.

P08.39 | REVIEW OF CHORIONIC VILLUS SAMPLING (CVS) IN A TERTIARY CARE CENTER
CATEGORY: WELL WOMAN HEALTH CARE

S. Swain

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Objective: Chorionic villus sampling (CVS) is an invasive diagnostic procedure done in early pregnancy for prenatal diagnosis of chromosomal and genetic diseases. This study was undertaken to analyse the results of CVS and outcome of pregnancies in women prone to have fetus with Sickle Cell Disease (SCD) or Thalassemia Major.

Method: This prospective observational study was conducted in the department of O&G, SCBMCH, Odisha, India from dt-1.6.2021 to 10.5.2023. CVS was done in women with history of previous child suffering from SCD or Thalassemia major, or when both parents were found to be carrier of the disease. The procedure was done by USG guided trans abdominal route and the retrieved chorionic tissue was sent for genetic study.

Results: 36 women had undergone CVS during study period. Tissue retrieval successful in 35 cases. Repeat CVS done in 3 cases. Most procedures done between 13 and 18 weeks gestation. 15 patients have already delivered (5 vaginal and 10 LSCS). In 3 cases termination was done as fetus was homozygous for thalassemia major. There was 1 missed abortion at 24 weeks for that hysterotomy done due to failed induction. 1 case came with rupture membrane at 24 weeks and expelled vaginally.

Conclusion: Though invasive, CVS is a safe and reliable procedure for prenatal diagnosis in early pregnancy and should be considered as the procedure of choice. By terminating the affected fetus we can curb the dreaded disease like SCD and Thalassemia.

P08.40 | QUANTITATIVE AND QUALITATIVE ANALYSIS IN THE KNOWLEDGE ATTITUDE AND PRACTICE IN MANAGEMENT OF ANEMIA BY HEALTH CARE PROVIDERS IN THE ASPIRATIONAL DISTRICTS IN STATE OF JHARKHAND INDIA: UNDER PROJECT VISTRIT

CATEGORY: WELL WOMAN HEALTH CARE

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Objective: To assess knowledge gaps among Health care providers in management of iron deficiency anemia in antenatal women. To innovate, individualize and standardize management practices.

Method: The Project conducted under SMC FOGSI with global partners USAID IPE Global Project VRIDDHI. 34 Private facilities, 39 Doctors and 227 HCWs participated. During December 01 2020-April 30 2021. Pre and post questionnaire, Training modules, 4- HCWs and 3- Doctors were developed by Safe motherhood committee based on the GOI guidelines. Anemia had 4 "standards" and total score of 20. Online and Onsite cross mentoring and FGDs done for trainings. Pre and Post data were compared.

Results: Comparative knowledge gaps among HCWs and Doctors were 17.2% and 5.9% in diagnosis, 26.4 % and 15.4 % in practice 34.2 % and 14.8% in recognizing the complications, 59% and 28% in practice of iron intake .

Conclusion: Project VISTRIT had favourable outcomes. Similar modules and trainings can be replicated to achieve "Anemia Mukh Bharat" which is a goal of India. Abbreviations - FGD - Focused Group Discussion, GOI - Government Of India, HCW- Health care worker, SMC - Safe Motherhood Committee.

P08.41 | STRUCTURED TRAININGS TO IMPROVE LIFE SAVING SKILLS IN MANAGEMENT OF PPH IN NEPAL

CATEGORY: WELL WOMAN HEALTH CARE

S. Arya

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Objective: Postpartum haemorrhage is a well-known major preventable cause of maternal mortality, still contributes highest mortalities in developing countries. Knowing the knowledge gaps of doctors and health care workers and rectifying them by capacity building, attitude and practices enhancement and strengthening referral linkages can help in improving maternal outcomes after PPH.

Method: The Quasi-experimental study was conducted by imparting a training on life saving skills to service providers in management of post-partum haemorrhage at tertiary center, Paropakar Maternity and Women's Hospital, Kathmandu Nepal based on 'PPH Bundle Approach'. Knowledge gap was assessed using a pre-designed, pre-tested standardised questionnaire. Subsequently on-site training cum mentoring by Safe Motherhood committee FOGSI and Nepal

ObGyn Society NESOG team was conducted and supported by South Asian Federation of Obs and Gynae.

Results: A total of 43 doctors and 20 health care providers participated from Paropakar Maternity and Women's Hospital, Kathmandu Nepal. Pre-training data analysis showed remarkable knowledge gaps in awareness in PPH management, facility preparedness, Use of Standardized protocols, non pneumatic anti shock garment and referring protocols. At the same time, statistically significant change in the knowledge of the participants was observed after imparting the training on PPH management through post training survey.

Conclusion: Significant knowledge gaps exist among the doctors and health care workers of South Asian region which need to be addressed time to time by online and on-site mentoring and assessment with good audit to provide quality care in the management of PPH.

P08.42 | IDENTIFYING GAPS IN KNOWLEDGE AND PRACTICES OF POSTPARTUM HEMORRHAGE IN RURAL AREAS OF UTTAR PRADESH INDIA: PROJECT JEEVANDHARA PHASE 2

CATEGORY: WELL WOMAN HEALTH CARE

U. Jaiswal

Consultant Obgyn, Shakuntala Hospital Prayagraj Uttar Pradesh, India

Objective: To know the gaps in the awareness and practice of life saving skills in management of PPH.

Method: Pre and post training questionnaire tool was used to assess the gaps in knowledge and practice of life saving skills among obstetric health workers. Comparative analysis was done at the end of training sessions. Data was also collected to identify facility readiness, record keeping and transport protocols. Separate online modules were used for with HCW's and doctors. Onsite hands-on training and mentoring was done for recruited centers.

Results: For HCWs Average Pretest and post training was 71% and 93%, for doctors - 63% and 83%. HCWs knowledge gaps observed- 19% in identification of PPH, 15 % in usage of oxytocin, 67% AMTSL, 28% - in facility readiness. 40% in correct usage of UBT. Doctors - knowledge gap of 12% AMTSL, 6 % for Concept of Golden Hour and 5% in UBT usage, 10 % in reference protocol, 3% - in building Obstetrics Rapid Response Team.

Conclusion: Project Jeevandhara made a significant impact in upgrading the skills of all obstetric care providers, Facility readiness was greatly increased and reference protocol were defined. Correct and rapid management of PPH can greatly reduce Maternal Mortality Rate.

P08.43 | IMPACT OF ONSITE TRAINING ON NON-PNEUMATIC ANTI SHOCK GARMENT IN MANAGEMENT OF POSTPARTUM HEMORRHAGE IN PUBLIC HEALTH FACILITIES IN UTTAR PRADESH INDIA

CATEGORY: WELL WOMAN HEALTH CARE

A. Madhab Agrahari

Consultant Obgyn, Phoenix Hospital Prayagraj Uttar Pradesh, India

Objective: Government of India promotes institutional deliveries to reduce maternal morbidity and mortality, rural area births contribute a major part to number of deliveries. Making health care workers aware of new techniques like using non-pneumatic anti shock garment (NASG) in management of postpartum hemorrhage can fulfil the goals of improved Maternal Outcome.

Method: 3 public health facilities of district Sonbhadra Uttar Pradesh state with high MMR were chosen under the project Jeevandhara-2 supported by Government of Uttar Pradesh. Pre Training survey was conducted on standard questionnaire to identify knowledge practice gaps in use of NASG. Blended Online/ Onsite training and mentoring conducted by Safe Motherhood Committee FOGSI on application, removal and storage of NASG. Every facility was provided NASG. Post training impact assessed through survey and simulations.

Results: Blended online and onsite trainings and mentoring showed improvement in skills of application and removal of NASG in 40% in healthcare workers and 60% in doctors. Health care workers showed more interest in learning uses of non-pneumatic anti shock garment. The government of India has not included NASG in the management of PPH in their guidelines. Use of NASG in rural public health facilities can be a life saving measure during referral to tertiary centers.

Conclusion: Imparting tailored trainings to Public health facilities from primary health centers, community health centers to district hospitals can significantly improve the maternal outcomes in states like Uttar Pradesh with high maternal mortality rates of 167 per hundred thousand live births. Projects like Jeevandhara-2 can bring revolutionary in health systems.

P08.44 | AN OVERVIEW OF CAPACITY BUILDING OF MIDWIVES AND NURSING STAFF IN MEDICAL MANAGEMENT OF PPH IN SRI LANKA

CATEGORY: WELL WOMAN HEALTH CARE

A. Pathak

Consultant Obgyn, MDLM Hospital Ranchi Jharkhand, India

Objective: The objective of training of midwives and nursing staffs was to assess the practice gaps and provide tailored approach in capacity building in medical management of Postpartum Hemorrhage in existing frame work of health system in Sri Lanka.

Method: The trainings were conducted by Safe Motherhood Committee FOGSI and was supported by Sri Lanka Society of Obs

and Gynae. 202 midwives and nursing staffs from public facilities were enrolled for training. The questionnaire-based survey was conducted among health care providers. The Knowledge and practice gaps were identified and focused trainings were conducted on PPH response Bundle and impact was assessed through questionnaire and various simulations. The data was collected and analyzed in frequency and percentage.

Results: The trainings showed remarkable improvement in first response bundle, specifically use of tranexamic acid (66%), Standardized use of Uterotonics (40%), Every second matters Uterine Balloon Tamponade/ other UBTs (70%). Non clinical components - obstetrics rapid response team, communication skills, referral protocols improved. The most correct responses were recorded for Debrief. There was significant improvement in Application removal and storage of Non Pneumatic anti shock garments (70%). The data analysis was conducted by trainers of Sri Lanka Obgyn society.

Conclusion: The study highlights the existing variable practices in obstetric health care providers of Sri Lanka in the management of postpartum hemorrhage and focused trainings will help in bridging the existing knowledge gaps and correct the practices. Standardized protocols can make a significant difference in improving maternal care in PPH management.

P09.50 | ROLE OF COLPOSCOPY IN UNEXPLAINED INFERTILITY

CATEGORY: REPRODUCTIVE MEDICINE

I. Dutta

IQ City Medical College, Durgapur, West Bengal, India

Objective: To know about the role of colposcopy in diagnosing cervical lesions which maybe responsible for unexplained infertility.

Method: 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.

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. Pregnancy outcome (N -870) = after counselling = 220, after hydrotubation = 65, induction of ovulation = 335, AIH = 68, AID = 32, pregnancy = 720 (82.6%).

Conclusion: 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 and safe sex. Additionally it will help to diagnose, exclude cervical cancer in elderly women opted for ART.

P09.51 | MAYER-ROKITANSKY-KÜSTER-HAUSER SYNDROME PATIENTS' INTEREST, EXPECTATIONS AND DEMANDS CONCERNING UTERUS TRANSPLANTATION: A FRENCH SURVEY

CATEGORY: REPRODUCTIVE MEDICINE

C. Sousa

Service de Gynécologie, Hôpital Sud CHU Rennes, France

Objective: To better understand the patients' conditions and expectations before starting a uterus transplantation (UTx) program for women suffering from Mayer-Rokitansky-Küster-Hauser syndrome (MRKH syndrome) within the Rennes University Hospital, France.

Method: A web-based survey was conducted among MRKH patients via the French national association "Syndrome de MRKH" from March to August 2020. The questionnaire comprised twenty-eight questions about their desire for parenthood, their condition's characteristics and previous reconstructive procedures, opinions and knowledge about UTx.

Results: Among the 148 participants, 88% reported a desire for parenthood, and 61% opted for UTx as their first choice to reach this aim. The possibility of bearing a child and having the same genetic heritage were the main motivations. Once informed about the usual course of a UTx protocol, only 13% of the participants changed their mind, and 3 out of 4 of them opted for UTx.

Conclusion: Uterus transplantation seems to be the first option to reach motherhood in French patients suffering from MRKH syndrome. The development of UTx programs in France could meet the demands of this already well informed population.

P09.52 | ASSISTED REPRODUCTIVE TECHNIQUES VERSUS SPONTANEOUS CONCEPTION AND THEIR MATERNAL AND FETAL OUTCOME

CATEGORY: REPRODUCTIVE MEDICINE

V. Medarametla

Professor and HOD, India

Objective: ART accounts upto 4%, which is used to treat infertility & has increased incidence of multiple pregnancies, ectopic, OHSS, LBW babies. So, this study was done. To compare the Assisted reproductive techniques (IUI,IVF/ICSI) with spontaneous conception in relation to their Maternal and Fetal outcome.

Method: This cross sectional comparative study was done in mamata medical college over a period of five years with a sample size of 100 antenatal women. They were divided into two groups, GROUP A: 50 Women conceived either with IUI, IVF/ICSI procedures and GROUP B: 50 Women conceived spontaneously. The Demographic data and relevant history was noted. General, Systematic and Obstetrical examination was performed. Basic investigations done for all women. The results were analysed using appropriate statistical methods.

Results: ART group (72%) were > 30years, 60% vs 6% were obese in Group A and B respectively. PCOS (68%) was common cause of ART followed by endometriosis (14%) and PID (8%). Multiple pregnancies among ART group was 64% and 2% in Group B. ART group had increased miscarriages compared to spontaneous conception (16% vs. 2%), cervical insufficiency, PE, GDM, PROM / PTL, CS, LBW and NICU admissions were more in ART group.

Conclusion: ART conceptions are associated with higher incidence of multiple pregnancies, miscarriage, prematurity, increased caesarean section rates. Since Conception after ART is a high risk pregnancy which cause significant morbidity and mortality to the mother and fetus their is a need to revisit our indications for ART in the present day scenario.

P10.43 | LACTATING ADENOMA: A CASE REPORT

CATEGORY: BENIGN SURGERY

M. A. El Moctar; K. Laouini

Interne au service de gynécologie obstétrique au CHU HASSAN II Fâs Maroc, Mali

Objective: Lactating adenoma is a benign pathology of pregnancy and lactation. Ultrasound remains the primary diagnostic tool. The confirmation is histological. The surgery, preceded or not by medical treatment, is reserved for aesthetic problems aesthetic problems related to the size of the adenoma.

Method: We report the observation of a lactating adenoma in a 34-year-old breastfeeding patient.

Results: Our patient was 34 years old with no particular pathological history, multiparous, breastfeeding for 3 months, who presented a tumor of the right breast, whose breast ultrasound came back in favor of a breast abscess, drained with a biopsy which came back in favor of a lactating adenoma, the evolution was favorable.

Conclusion: Lactating adenoma is a benign pathology of pregnancy and lactation. Ultrasound remains the primary diagnostic tool. The confirmation is histological. The surgery, preceded or not by a medical treatment, is reserved for aesthetic problems aesthetic problems related to the size.

P10.44 | SCLEROSING STROMAL TUMOR OF THE OVARY: A CASE REPORT AND REVIEW OF THE LITERATURE

CATEGORY: BENIGN SURGERY

M. A. El Moctar

Interne au service de gynécologie obstétrique au CHU HASSAN II Fâs Maroc, Mali

Objective: Sclerosing stromal tumor of the ovary is a rare benign tumor of the stroma and sex cords. It represents 2 to 6% of

all ovarian stromal tumors and occurs most often in young women under 30 years old.

Method: We report the observation of a sclerosing stromal tumor of the ovary in a 23-year-old single female patient with no previous pathological history.

Results: Our patient was 23 years old and single and had chronic pelvic pain with an unremarkable physical examination. An AP scan was performed which showed a voluminous ovarian mass containing a few microcalcifications and enhanced in the periphery after contrast, measuring 10×08 cm, our patient underwent a right adnexectomy with multiple biopsies. The histological study was in favour of a sclerosing stromal tumour of the ovary, and the postoperative course was simple.

Conclusion: Sclerosing stromal tumor of the ovary is a distinct entity of the fibrothelial group of ovarian tumors. It mainly affects young women. MRI would help in the preoperative diagnosis and guide towards conservative treatment. However, histopathological examination, sometimes aided by immunohistochemical study, can confirm its benign nature.

P10.45 | PARIETAL ENDOMETRIOSIS: A CASE REPORT AND REVIEW OF THE LITERATURE

CATEGORY: BENIGN SURGERY

M. A. El Moctar

Interne au service de gynécologie obstétrique au CHU HASSAN II Fâs Maroc, Mali

Objective: Parietal endometriosis is defined by an ectopy of the endometrium (glandular tissue and stroma) in the abdominal wall. It represents 1–1.5 cases of endometriosis, most often occurring after a surgical operation.

Method: We report a case of endometriosis of the abdominal wall following a caesarean section in a 32-year-old patient.

Results: Our patient was 32 years old with a history of a caesarean section who consulted for a nodule at the level of the caesarean section scar with cyclic pain, with a hard nodule of 02 cm on examination, with a homogeneous hypoechoic image of 02 cm on ultrasound that did not take the color Doppler. She underwent an MRI and a biopsy that came back in favor of a parietal endometriosis.

Conclusion: The reference treatment according to the recommendations of the CNGOF remains wide surgical resection with margins of 1 cm. In case of large resection, a prosthetic plate is necessary. Ding et al, in a series of 227 cases, reported a low rate of effectiveness of hormonal treatment on pain.

P10.46 | ANOMALOUS UTERINE ARTERY WITH VERTEBROBASILAR CONNECTION: A CASE REPORT

Category: Benign surgery

C. Ribeiro Bastos¹; D. Godoy Defavari²

¹*Clinics Hospital University of São Paulo (USP-SP), Brazil,* ²*São paulo University School of Medicine - USP, Brazil*

Objective: To report a rare case of anomalous uterine artery with vertebrobasilar connection. SCMS, female, 47, presenting abnormal uterus bleeding and anemia, candidate to an uterine artery embolization as an alternative to surgery due to comorbidities. The pelvic ultrasound showed two uterine masses consistent with uterine fibroids (maximum size of 4,0cm).

Method: Literature review at scientific Database, anatomy books and medical record analysis. To contextualize, considering usual anatomy, the uterine artery originates from the medial branch of the internal iliac artery. The main anatomical variations are: origin as the first branch of the inferior gluteal artery or along with the inferior and superior gluteal arteries in a trifurcation of the internal iliac artery.

Results: The patient in question was submitted to an ultrasound guided puncture of the right common femoral artery and the right iliac arteriography showed anastomosis of the uterine artery with the inferior and superior epigastric artery, reaching up to the vertebrobasilar system and intracranial vascularization. She was successfully submitted to the uterine artery embolization (UAE), with distal devascularization of the uterine artery responsible for the irrigation of the fibroids and resolution of the abnormal uterus bleeding.

Conclusion: This case describes a rare type of anastomosis between the uterine artery and the epigastric artery, leading to an anomalous connection with the vertebrobasilar system and atypical circulation of the blood. These anatomical distortions bring difficulties to interventional procedures, not to mention the increased risk of related complications.

P10.47 | IMPACT OF SEPTUM RESECTION ON PREGNANCY OUTCOMES

CATEGORY: BENIGN SURGERY

M. Carbonnel; C. De Carvalho

Foch Hospital, UVSQ Paris Saclay University, France

Objective: The uterine septum, the most common uterine malformation, is associated with a high rate of early miscarriages, preterm births and breech presentations. The benefit of their surgical resection is not clearly demonstrated. Our objective was to compare the rate of evolutive pregnancies and their outcomes before and after septum resection.

Method: We conducted a monocentric retrospective study from 2001 to 2021 (France). Patients of childbearing age with a septate

uterus who underwent surgery were included. Evolution of the pregnancies before and after surgery were analyzed.

Results: We identified 101 patients who had a uterus septum resection. Among them, 48 had an associated infertility. We observed a decrease in early miscarriage (15 vs. 36, $p < 0.05$), recurrence pregnancy loss (RPL) (4 vs. 7, $p < 0.05$) and an increase in evolutive pregnancies (39 vs. 21, $p < 0.05$). We didn't find any significant difference in the outcomes of evolutive pregnancies, delivery and neonates.

Conclusion: In our population, resection of the septum improved pregnancy outcomes.

P11.64 | FETOMATERNAL OUTCOME OF PLACENTA ACCRETE SPECTRUM (PAS) DISORDER MANAGED BY PLANNED VS. EMERGENCY MANAGEMENT MODALITY AMONG CASES ADMITTED IN A SELECTIVE TERTIARY LEVEL HOSPITAL OF BANGLADESH

CATEGORY: PREGNANCY

S. Askary

Obstetric and Gynae, Bangladesh

Objective: To study and compare the fetomaternal outcomes between planned and emergency management of placenta accreta spectrum (PAS) disorder patients in tertiary care hospital.

Method: This cross sectional comparative study was carried out in the Dept. of Obstetrics and Gynecology, Dhaka Medical College Hospital, from January 2020 to July 2020. Total 74 subjects were selected and designated into two groups, group A, $n = 50$, group B, $n = 24$. Group-A (planned management of PAS disorder patient) and Group-B (emergency management of PAS disorder patient). Pretested semi-structured questionnaire was used for data collection. Student's-t test and Chi-Square test were performed for comparative analyses.

Results: Maximum patients were managed by peripartum hysterectomy [e.g., 41 (82.0%) vs. 20 (83.3%) in group A & B. Massive blood transfusion was needed in 14 & 3 patients Group B & A. PPH, bladder injury, Sepsis, Re-exploration, DIC & ICU admission were the significant complication in Group-B, reported 83.3%, 41% 8.3%, 16.7%, 20.8 50.0% but 30%, 16% 0%, 0%, 2%, 10% in Group -A. Mortality rate was 8.3% & 0% in Group B & A. Asphyxiated newborn babies were in 6 (12.0%) & 8 (33.3%) in Group A & B.

Conclusion: Present study concluded that planned management with a multidisciplinary team approach has better outcomes in respect to morbidity and no mortality as compared to emergency management of PAS disorder patients. Emphasis should be given regarding early antenatal registration, early diagnosis with aid of ultrasound and elective, correct planned management.

P11.65 | DOES PHYSICAL ACTIVITY DURING PREGNANCY HAVE AN IMPACT ON PERINATAL OUTCOMES?

CATEGORY: PREGNANCY

M. Muniesa

Barcelona, Spain

Objective: To study whether physical activity in pregnancy can affect perinatal outcomes and pregnancy complications.

Method: In Barcelona, between 2018 and 2021, the BISC cohort was recruited with a total of 1088 pregnant women. The physical activity of these participants was measured in the 1st and 3rd trimester using the actigraph, a validated accelerometer for determining physical activity. Perinatal outcomes such as the type of delivery, prematurity, NICU admissions and pregnancy complications were compared of the 140 participants with the greatest and the 140 participants with the lowest physical activity rates.

Results: Regarding the type of delivery, no statistically significant differences were found, but there is a tendency to a higher rate of cesarean sections and instrumentation in participants with greater physical activity. Evidence of an increase rate in complications during pregnancy in participants with low physical activity was found being this statistically significant ($p = 0.0104$), with an increase in the prevalence of gestational diabetes and hypertensive disorders of pregnancy in these participants.

Conclusion: As previous studies already reflect, physical activity during pregnancy can reduce the prevalence of complications such as hypertensive disorders and gestational diabetes.

P12.37 | DYSBIOSIS CAN OCCUR IN THE VAGINAL AND ENDOMETRIAL MICROBIOME IN WOMEN WITH ENDOMETRIOSIS

CATEGORY: WELL WOMAN HEALTH CARE

S. Oishi

Department of Obstetrics and Gynecology Graduate School of Medical Science University of the Ryukyus, Japan

Objective: To investigate the relationship between the microbiome of the female genital tract and endometriosis.

Method: This prospective cohort study included 36 women who underwent laparoscopic surgery for ovarian tumor from July 2019 to April 2020. Of them, 18 had endometriosis, and 18 did not have endometriosis. Vaginal secretions, endometrial fluid, peritoneal fluid, and ovarian cystic fluid were collected during surgery. Next-generation sequencing of bacterial 16S rRNA was performed to characterize the microbiome.

Results: Specific microbiomes were not detected in either peritoneal fluid or ovarian cystic fluid regardless of the presence or absence of endometriosis and the type of cyst. When the cutoff value of infectious bacterial abundance in the vagina and the endometrium were set as

64.3% and 18.6% respectively, there were many cases more than a cut-off value in the endometriosis group significantly ($p=0.01$ and 0.02).

Conclusion: Peritoneal fluid and ovarian cystic fluid are almost sterile, although dysbiosis may occur in the vaginal and endometrial microbiome in women with endometriosis.

P12.38 | DISRUPTION OF THE INTESTINAL MICROBIOME IN WOMEN WITH CHRONIC VAGINAL DYSBIOSIS

CATEGORY: WELL WOMAN HEALTH CARE

H. Vetokh¹; N. Koseii¹; T. Tatarchuk²; L. Vasilchenko¹; V. Solskiy¹

¹Center for Innovative Medical Technologies, Academy of Sciences of Ukraine, Ukraine, ²Institute of Pediatrics, Obstetrics and Gynecology of the Academy of Medical Sciences of Ukraine, Ukraine

Objective: Recent research suggests a potential link between certain gut bacteria and dysbiotic vaginal conditions. The gut microbiota influences the intestinal environment, which affects other organs and pathways. Study of intestinal and vaginal microbiota in women reproductive age with chronic vaginal dysbiosis.

Method: 35 women with vaginal dysbiosis who had 2 or more verifications of this clinical condition per year were included in the study. Patients were divided into groups: I – 12 with bacterial vaginosis, II – 10 with candidal vaginitis, III – 13 with mixed infection. The control group (IV) consisted of 30 healthy women. We conducted a study of the intestinal microbiome, bacterioscopic analysis, determination of unconditional pathogenic microorganisms and viruses, and florocenosis.

Results: During the analysis of the gut microbiota, it was found that first-degree dysbiosis was present in 16.6% and 13.3% of women in groups I and IV, respectively. Second-degree dysbiosis with predominance of opportunistic microorganisms was found in 41.6%, 50% and 23% of patients in groups I, II and III, respectively. Dysbiosis with predominance of aerobic microflora fungi - third degree was observed in 33.3%, 30% and 76% of women in groups I, II and III.

Conclusion: Our study showed that 94.28% of patients with chronic dysbiosis of the vagina have disorders of the intestinal flora. Therefore, the study and understanding of the mechanisms of these interrelationships of intestinal and vaginal microflora can become the basis of new methods of correction of dysbiotic disorders.

P12.39 | POST-PARTUM ANEMIA IS STILL A CHALLENGE IN INDIA

CATEGORY: WELL WOMAN HEALTH CARE

N. Johri

Consultant Obgyn, Lucknow City Hospital, Uttar Pradesh, India

Objective: To assess knowledge and Practice gaps in detection and management of Postpartum Anemia. According to Ministry of health and Family Welfare, Government of India, 53% women in their

reproductive age, 50% of pregnant women and 58% of breast feeding mothers suffer from anemia (NHFS 5).

Method: Prospective, cross sectional, observational and questionnaire based survey was conducted among 1974 members of FOGSI. 4 MCQ on practical aspects of diagnosis and management of postpartum anemia were developed by Safe Motherhood Committee FOGSI. Questions were specific to Postpartum Haemoglobin estimation, cutoff for diagnosing Anemia, Dosage and duration of Iron Prophylaxis and use of IV iron in postpartum anemia. The data collected was analyzed in frequency and percentage.

Results: The analyses depicted huge knowledge and practice gaps in postpartum anemia. Only 43% respondents performed routine hemoglobin estimation in post-partum period, 40.5% were aware of the correct cut off point of hemoglobin for diagnosing post-partum anemia. 42.8% knew about the dose and duration of iron prophylaxis in postpartum period as per the government of India guidelines. 90% respondents reserved IV Iron for severe cases.

Conclusion: This KAP survey highlights the significance of identifying and treating post-partum Anemia, which is a mammoth problem in India. There is a need for robust trainings among qualified Obgyns also regarding the diagnosis and management of postpartum anemia which is an opportunity to contribute to reduce MMR in India.

P12.40 | JEEWAN DHARA 1: WAY FORWARD IN PPH MANAGEMENT

CATEGORY: WELL WOMAN HEALTH CARE

N. Mohan

Consultant Obgyn, Renu Maternity Center Patna, Bihar, India

Objective: Hemorrhage is the largest contributor (40%) to maternal mortality in India. Majority deaths are due to Post-Partum hemorrhage. HCWs play an important role in managing such emergency. Aim of this study was to enhance their knowledge and skill in management of PPH and to improve maternal mortality due to PPH.

Method: Jeevandhara 1 project was by FOGSI Safe motherhood committee with UNICEF, JHPIEGO MGH, Pathfinder International and NHSRC. Study was done in 3 states of India- UP, Bihar and Jharkhand in July 2021. 5 medical colleges and 40 private facilities were included. 250 HCWs participated. It was based on survey tools, online E- discussion and onsite hands on training. Pre training survey on different important aspects of PPH management was done followed by online teaching.

Results: There was marked improvement in all topics covered with HCWs. Biggest difference was in—most important component of AMTSL(08%–97%). Good improvement in Definition of PPH (70%–89%), Identification (42%–89%), Causes (80%–97%), Prevention (66%–91%), Oxytocin storage (85%–100%), Call for help (83%–100%), Clinical features of shock (73%–95%), Dose of Misopristol (70%–97%), NASG full form (61%–97%), UBT full form (70%–99%) Monitoring (79%–95%) was found.

Conclusion: Jeevandhara 1 project improved knowledge and skills of HCWs in prevention and management of PPH. Risk assessment, AMTSL, PPH first response bundle, refractory response Bundle—compression manoeuvres, Uterine Ballon Temponade, Non-pneumatic anti shock garment, blood and blood products, referral protocols and surgical interventions improved maternal outcome, thereby reducing maternal mortality.

P12.41 | “SCREEN AND TREAT” APPROACH FOR CERVICAL CANCER SCREENING IN INDIAN WOMEN WITH VISUAL INSPECTION WITH ACETIC ACID (VIA) AND TREATMENT USING THERMOCOAGULATION: IMPACT ON LOW RESOURCE SETTING

CATEGORY: WELL WOMAN HEALTH CARE

V Kishore

Mathura India, India

Objective: To assess the prevalence of precancerous cervical lesion in the community with VIA and treatment of the VIA positive cases with thermocoagulation. To assess the feasibility and Impact of screen and treat approach in low resource setting to eliminate cervical cancer.

Method: Descriptive Study was conducted in 250 women of age group of 30–60years in city Mathura, Uttar Pradesh India. Women were enrolled in study by consecutive sampling technique according to inclusion and exclusion criteria. General information Performa was filled, and consent was taken prior to screening and treatment. Visual inspection of cervix after application of 5%acetic acid was done. Women with acetowhite lesions were identified and thermo-coagulation was done in eligible women.

Results: Out of 250 women screened, acetowhite lesions were identified in 18 women (7.2%), out of which 14 (5.6%) underwent thermocoagulation. Remaining 4 women wanted further evaluation. 6 out of 18 women with acetowhite lesion had no complaints. 8 (3.2%) women had undergone previous screening by PAP'S smear, rest 242 women had never undergone any kind of screening for cervical cancer. None amongst them was vaccinated against cervical cancer.

Conclusion: Screen and treat approach for elimination of cervical cancer is well accepted by women in low resource settings. Thermal ablation of VIA positive cases in same sitting reduces follow up visits and have an impact on cervical cancer control to meet the WHO target of 90-70-90 by 2030.

P12.42 | TO ASSESS IMPROVEMENT IN KNOWLEDGE AND MANAGEMENT SKILL OF GESTATIONAL DIABETES MELLITUS BY STRUCTURED CAPACITY BUILDING PROGRAM AMONGST SERVICE PROVIDERS IN PRIVATE SECTOR IN INDIA

CATEGORY: WELL WOMAN HEALTH CARE

M. Sharma

Consultant Obygn Dharamdutt City Hospital Bareilly, India

Objective: To assess improvement in knowledge and management skill of Gestational Diabetes Mellitus (GDM) by structured capacity building program amongst service- providers in private sector in India. Specific objectives were to identify the existing level of knowledge and skill of screening for GDM and to assess the impact of structured interventions to update knowledge.

Method: This prospective analytical study was conducted over a period of three months amongst 227 HCWs and 34 doctors in 34 private hospitals in seven districts of Jharkhand in India. A mix method approach utilized predesigned semi- structured questionnaire for quantitative and Focused Group Discussions (FGDs) for qualitative data for assessing Knowledge and Skills and structured intervention educational tools were introduced. After three months, knowledge and skills were reassessed and rescored. Result was calculated in percentage method.

Results: Only 84.6% had a clear understanding of MNT and 66.7% were retesting after 14 days of MNT. Around 89.7% managed GDM with exercise, MNT, drugs and Insulin. After intervention understanding of the test and retesting increased to 100%. Initially, 34% HCWs lacked knowledge insulin and its subcutaneous route. After intervention 100% HCWs were aware of insulin, the intake of food with insulin and the importance of postpartum counselling. Child centric advice worked better and are followed.

Conclusion: This pilot study indicates that structured training intervention for capacity building and knowledge enhancement, active participation of stakeholders, regular post training and supervisory visits, are highly efficient to build the competencies of Private Sector Healthcare providers on GDM management. Appreciations and recognitions are always encouraging. Keywords: GDM, MNT.

P12.43 | MENSTRUAL HYGIENE

CATEGORY: WELL WOMAN HEALTH CARE

S. Jaiswal

Patna, India

Objective: This study aimed to assess the menstrual hygiene practices and associated factors among adolescent girls in rural areas of a low-income country.

Method: A cross-sectional study was conducted among 500 adolescent girls aged 10–19 years in rural areas of a low-income country. Data were collected using a structured questionnaire, which included questions on menstrual hygiene practices, knowledge, and

access to menstrual hygiene products. Descriptive statistics and binary logistic regression were used for data analysis.

Results: The study found that a significant proportion of adolescent girls in rural areas of the low-income country had inadequate menstrual hygiene practices. Approximately 40% of girls reported using unhygienic materials such as old cloth, and only 30% reported using commercial sanitary pads. The study also found that a lack of knowledge about menstruation and inadequate access to menstrual hygiene products were significant factors associated with poor menstrual hygiene practices.

Conclusion: The study highlights the need for improved menstrual hygiene education and access to menstrual hygiene products among adolescent girls in rural areas of low-income countries. Interventions should focus on increasing knowledge and awareness of menstrual hygiene practices and providing access to affordable and safe menstrual hygiene products.

P13.63 | POST HYSTERECTOMY ECTOPIC PREGNANCY: CASE REPORT

CATEGORY: PREGNANCY

D. Patil; H. Bhomaj

Veeranand Charitable Trust's Somashekhar Hospital, India

Objective: It is a rare case. We need as much as studies possible to come to the diagnosis. The rates of hysterectomy at early age is rising thus chances of ectopic pregnancies.

Method: The case details were followed up and detailed evaluation from first visit until discharge was meticulously noted.

Results: This is a rare case. The diagnosis of this patient was very challenging. Due to the post hysterectomy status it was unlikely to be a pregnancy leading to hematoma formation in pelvis. Fortunately after ruling out all the differential diagnosis we thought of doing a urine pregnancy test and to our surprise it was positive. The patient underwent laparotomy which was a success. The patient is doing well now.

Conclusion: We need to have correct guidelines on preserving ovaries and fallopian tubes during hysterectomy. Standardisation of technique is important. Hysterectomy has to be the last resort only after medical management has failed. A proper paperwork mentioning the status of ovaries and fallopian tubes post any form of surgery.

P13.64 | 25-HYDROXY VITAMIN D STATUS IN PREGNANT WOMEN WITH AND WITHOUT GESTATIONAL DIABETES MELLITUS (GDM)

CATEGORY: PREGNANCY

G. Dinesh Kamath

Fortis Hospital, Bangalore, India

Objective: To compare 25-Hydroxyvitamin D status in pregnant women with and without GDM. To relate the glycemic status with 25-Hydroxyvitamin D levels with insulin secretion and insulin

resistance in women with and without GDM using Homeostatic assessment model (HOMA).

Method: 25 pregnant women in the 24th week of pregnancy, 7 with GDM and 18 normal were recruited for the study. Lab parameters such as serum creatinine, albumin, calcium, phosphorous, alkaline phosphatase, 25 OHD concentrations, insulin and C-peptide were performed at the 24th week of pregnancy and results were statistically correlated. Using paired fasting plasma glucose and insulin with the homeostasis model assessment (HOMA) 2 calculator insulin and C-peptide sensitivity and resistance were computed.

Results: In the GDM group, 25 OHD levels positively correlated with C-peptide levels ($r=0.9$; $p<0.015$), C-peptide resistance ($r=0.9$; $p<0.037$) and negatively with C-peptide sensitivity ($r=0.9$; $p<0.037$). Vitamin D deficiency prevailed in both the groups. Though the basal insulin and C-Peptide levels between the normal and GDM group were different, it did not attain any statistical significance. In the normal group, there was a linear correlation between fasting insulin and C-peptide levels ($r=0.61$; $p<0.009$). The other parameters did not show statistical significance.

Conclusion: Our study was carried out to check for Vitamin D status in pregnant women with and without GDM. It also gave us a clue that vitamin D deficiency could indeed cause impaired glucose metabolism. However conclusive proof is as yet lacking as study results are limited due to the small sample size.

P13.65 | A STUDY OF OUTCOME OF SEVERE PRE-ECLAMPSIA IN PREGNANCY AT A TERTIARY CARE CENTER

CATEGORY: PREGNANCY

V. Thobbi

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Alameen Medical College Vijayapur Karnataka India, India*

Objective: Preeclampsia is a multisystem disorder during pregnancy whose etiology is not known. It is an important cause of morbidity as well as mortality in both the mother and fetus. To study maternal outcome of severe pre-eclampsia in pregnancy. To study fetal/neonatal outcome of severe pre-eclampsia in pregnancy.

Method: Study type/design: Prospective observational study. Study settings: All the patients with features of severe pre-eclampsia admitted and monitored in the department of OBGY in a tertiary care institute. Duration of study: August 21 to December 2022. Selection of patients: Inclusion criteria - All patients presenting to OPD/Casualty with features of severe pre-eclampsia; Exclusion criteria - Chronic hypertension/ essential hypertension; Chronic renal disease; Diabetes in pregnancy (TYPE I); Vascular and connective tissue disorders.

Results: Majority belonged to the age group of 21 to 30 and primigravida belonged to lower socioeconomic status. Most had early onset severe pre-eclampsia (51.33%) delivered by Cesarean section. Antepartum maternal complications like placental Abruption. HELLP syndrome (complete/partial) acute kidney injury, Antepartum

eclampsia postpartum maternal complications HELLP syndrome (complete/partial), pulmonary edema, PRES postpartum eclampsia. Prematurity stillbirths intrauterine fetal deaths Fetal distress FGR was observed among the fetal and neonatal outcome.

Conclusion: Severe preeclampsia is associated with significant maternal and fetal complications and a multi-disciplinary approach is needed for its management. Early booking and screening, gestosis score is essential for better maternal and fetal outcome. In selected cases expectant management to attain fetal maturity helps to minimise neonatal complications.

P14.56 | ASSOCIATION OF MODE OF DELIVERY WITH MATERNAL AND PERINATAL OUTCOME IN SARS COV-2 PREGNANCIES: A RETROSPECTIVE OBSERVATIONAL STUDY
CATEGORY: CHILDBIRTH

K. Ghosh

Silchar Medical College, India

Objective: The novel coronavirus pandemic is a significant health problem faced by the world. Pregnant women and newborns are not spared of the infection. The present study was taken up to evaluate the association of the mode of delivery with maternal and perinatal outcomes in SARS CoV2 pregnancies.

Method: Total 191 pregnant women who tested COVID Positive (RTPCR) and who delivered at Silchar Medical College, Assam, India were included in the study, from July to December 2020 by convenience sampling method. Maternal and perinatal outcomes in vaginal delivery and caesarean delivery groups were compared.

Results: More women delivered by C-section (51.3%). Cesarean delivery was significantly associated with clinical deterioration of mother ($p=0.03$). 19.8% babies in our study were born preterm. Newborns born by C-section more likely had low birth weight and birth asphyxia but results were not statistically significant (LBW $p=0.28$) (birth asphyxia $p=0.31$). The rate of positive tests for Covid19 in newborns was more in case of vaginal deliveries than C-section but it was not statistically significant ($p=0.33$).

Conclusion: There is increased rate of clinical deterioration of mothers after C-section but there is no association with increased need of NICU admissions. Also, we found no association of mode of delivery with Covid-19 infection on newborns.

P14.57 | ROLE OF PARTOGRAPH IN RMC
CATEGORY: CHILDBIRTH

S. Lal

Dr Lals Hospital, India

Objective: Institutional delivery is key component in reducing MMR. Studies show that women experience Dis-Respect and Abuse in institutions. Respectful maternity care (RMC) is based on respect for

human rights promoting women's preferences. The objective is to ascertain role of partograph in RMC, counselling the patient and making them feel cared for.

Method: We did analysis on 900women in labour. Half were monitored with clinical notes and Partograph not made. The remaining 450 had labour charted on the Partograph. Data was entered in MS excel sheet and analysed by SPSS version 16 software. Frequency distribution and percentage were calculated for categorical variables and mean and standard deviation were calculated for continuous and discrete variables. Chi square test was used to find any association between two qualitative variables.

Results: Women in the partograph group were statistically found to have their experience of birth as more respectful and dignified than the non-partograph group. The birth companion felt significantly more involved in decision making in the partograph than the no partograph group. The easy graphical representation made the patients birth experience more respectful making the partograph a good tool for implementing RMC.

Conclusion: Partograph monitoring is not only a cheap easily accessible tool for labour monitoring but also a good tool for implementation of RMC. We advocate the use of Partograph for RMC and the initiative to "deliver with dignity".

P14.58 | IMPACT OF INTER PREGNANCY INTERVAL ON PREGNANCY OUTCOME
CATEGORY: CHILDBIRTH

C. Velleettickal Kunjukunju Pappen

KMCT Medical College Kozhikode Kerala, India

Objective: A short inter pregnancy interval is a risk factor for adverse pregnancy outcome especially in developing countries. Therefore need to determine the impact of Inter Pregnancy Interval (IPI) Short (<18 months), Long IPI (>60 months) versus with normal IPI (18–36 months) on pregnancy outcome and their knowledge about contraception.

Method: Study design: A Prospective Observational study. Study setting: Conducted in the Department of OBG, KMCT Medical College Kozhikode Kerala, India. Study duration: Period of 12 months, from June 2021 to May 2022. Study population: Total of 535 Multi gravidas were included for the study. Statistical analysis: Statistical procedures performed using Statistical Package for Social Sciences (SPSS) 20.0. Statistical significance will be p value <0.05.

Results: 66% with IPI of 18–36 months. 6.7% in <18 months interval. Maternal complications were high with either short <18 months or long IPI than with 18–36 months IPI. This was statistically significant. Diabetes and anemia more with <18 months of IPI and pre-eclampsia with >60 months group. Obstetric complications like preterm delivery, abruption and PPRM more with IPI of <18 months. 72.2% among the short IPI (<18 months) had incidence of low birth weight and lower in other groups. This finding had a significant statistical association ($p<0.05$). Neonatal complications low birth weight,

neonatal jaundice and RDS more with IPI of <18 months. Stillbirth and neonatal deaths more in 18–36 months group. 50% of the participants belonging <18 months group had undergone either NICU admission or resuscitation. This had a significant statistical association. ($p < 0.05$). >95% aware of contraception.

Conclusion: The study shows significant impact of shorter (<18 months) and longer IPI (>60 months) on various maternal and perinatal outcomes. Both adverse obstetric and neonatal outcomes were significant in extreme spectrum of IPI. We recommend women to adopt ideal IPI for better pregnancy outcomes. Knowledge and awareness of appropriate methods of contraception is essential.

P15.49 | COMPARISON OF FOUR STIMULATION PROTOCOLS RESPONSES AND REPRODUCTIVE OUTCOMES AMONG POOR RESPONDERS

CATEGORY: REPRODUCTIVE MEDICINE

D. Al-Jaroudi

King Fahad Medical City, Saudi Arabia

Objective: To compare the effectiveness of four different protocols for improving ovarian response and pregnancy rates in poor responders undergoing controlled ovarian hyperstimulation (COH) for IVF/ICSI in the Gonadotropin-releasing Hormone (GnRH) antagonist cycles.

Method: A total of 157 patients were included in the study. A retrospective cohort study was conducted on poor responder female patients from the Reproductive Endocrine and Infertility Medicine Department, King Fahad Medical City, Riyadh, Saudi Arabia. We compared the reproductive outcomes in the four treatment protocols (all had in excess of 300 IU given): (1) High-dose rFSH with LH, (2) Follicle-stimulating hormone (FSH) preparation of recombinant FSH (3) hMG alone, (4) hMG with rFSH.

Results: There was no difference between the four treatment groups in age, BMI, infertility duration, basal E2, PRL, and TSH levels. There was no difference between the four treatment groups in all baseline characteristics except in the basal follicle stimulating hormone (FSH), and LH with rFSH+HMG and rFSH+L-alfa (p -value, 0.007). There was a significant difference in total amount of doses between the four treatment groups with rFSH + L alfa (p -value, 0.001), but not for reproductive outcomes.

Conclusion: The total gonadotropin units/cycle were significantly varied amongst the four treatment groups. However, raising the doses over 300 International Units (IU) did not demonstrate a statistically significant difference in reproductive outcomes, leaving us to consider whether it is advisable or not to subject our patients to these high doses of gonadotropins.

P15.50 | EXPANDING ACCESS TO COMPREHENSIVE ABORTION CARE THROUGH NETWORKS OF PRIVATE MATERNITY HOSPITALS IN ETHIOPIA

CATEGORY: REPRODUCTIVE MEDICINE

M. Roemer

MSI Reproductive Choices, Switzerland

Objective: Ethiopia has one of the most liberal abortion environments in the region, however, six in ten abortions in Ethiopia are unsafe. Access to second-trimester abortions is even more limited; 10% of facilities perform this service. Maternity hospitals are uniquely positioned to expand access due to the availability of surgical infrastructure.

Method: Routine Electronic Health Record (EHR) client data from Marie Stopes Ethiopia's (MSIE) maternity hospitals and core centres was analysed from January 2019 through September 2022. Annual Client Exit Interview survey data from 2018 to 2020 was also analysed to understand client experience and quality of care among clients who received an abortion or post-abortion care service. For both datasets, descriptive statistics and frequency tests were run using StataSE version 15.

Results: In 2022, there have been over 1.5x as many comprehensive abortion care client visits in MSIE's maternity hospitals compared to non-maternity centres. Among the maternity hospital clients, 23% of them accessed a 2nd tri abortion. About two out of three (65%) of MSIE's centre clients report no other option for accessing this service.

Conclusion: The data demonstrates that maternity hospitals can expand access to comprehensive abortion care and reach clients without any other option for the service, while filling a major gap in access to surgical 2nd trimester abortions.

P15.51 | SUCCESSFUL EXPECTANT MANAGEMENT OF A DICHORIONIC QUADRUPLET PREGNANCY TO 38 WEEKS 1 DAY GESTATION WITHOUT COMPLICATION

CATEGORY: REPRODUCTIVE MEDICINE

M. Nwankwo

Nnamdi Azikiwe University Awka, Nigeria

Objective: Quadruplet Pregnancy, a higher order multifetal pregnancy, is a very high-risk pregnancy because of its associated complications. Expectant management to 38weeks is very rare and our literature search revealed none. This is to report a case of successful expectant management to 38weeks 1 day gestation of a Dichorionic Quadruplet.

Method: A 26years old G3P2 2Alive student was booked at the antenatal clinic of the Specialist Hospital, on 10/3/2015 following a 16weeks amenorrhea. She had normal term singleton deliveries in 2010 and 2013. She later had a perceived one-year period of secondary infertility, and got pregnant after a course of Clomifen Citrate. A booking ultrasound done on 24/3/2015 revealed an 18week Dichorionic Quadruplet with compatible fetal parameters. There was no family history of multifetal pregnancies.

Results: She had an elective caesarean section on 12/08/2015, at a gestational age of 38wks and 1day. Findings at delivery include, 3boys 1girl with excellent Apgar scores, and birth weight range of 2.6–2.2kg. She recovered well from surgery, and was discharged home on the 5th post-operative day. She came for postnatal clinic on 24/09/2015, and had counseling for family planning.

Conclusion: Quadruplet pregnancies can be expectantly managed successfully to 38weeks gestation as reported. Interventions like prophylactic “Cervical Circlage” and pre-term delivery are not “sine qua non” to the management of Quadruplet pregnancies.

P16.50 | GYNECOLOGICAL MALIGNANCIES THEY REJECT BLOOD TRANSFUSION IN JAPAN

CATEGORY: WOMEN'S CANCER

Y. Onishi

Fukuoka Tokushukai Hospital, Japan

Objective: Most Jehovah's Witnesses patients (JWP) reject blood cell transfusions. In gynecological malignancies, patients have the risk of severe anemia with genital bleeding from the lesion. In Japan, unfortunately, institutes or hospitals that accept JWP are very few. We reviewed JWP with gynecological malignancies in our hospital.

Method: We reviewed the medical chart of JWP with gynecological cancer from 2017 to 2022 and reviewed the clinical and social background. All patients signed the ‘Blood transfusion rejection form’.

Results: We had 33 JWP (5 cervical, 15 endometrial, 11 ovarian, 1 vaginal, and 1 peritoneal cancer). Eleven patients died of cancer (1 stage IV cervical, 2 ovarian clear cell, 5 advanced or recurrent ovarian, 6 stage III, IV recurrent endometrial, and 1 stage IV peritoneal cancer). The distance from their home to our hospital, 10 of them are more than 100km (101–1094km) or need a ferryboat (one patient from Tokyo). Some patients are still under treatment.

Conclusion: Their prognosis was poor because of their advanced disease. Most patients visited nearby hospitals and were not accepted because of JWP. And then they were referred to our hospital far from their home. We have to treat each cancer patient according to their social, economic, familial, and also religious needs.

P16.51 | IMPROVING EFFECTIVENESS OF CERVICAL CANCER SCREENING OUTREACHES THROUGH A WOMEN CENTERED APPROACH

CATEGORY: WOMEN'S CANCER

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Objective: Poor health seeking behavior has been advanced as one of the factors leading to late presentation of cervical cancer in low

resource settings. Provision of women centered care that eliminates time, distance and cost barrier could be solution to late presentation by improving screening uptake.

Method: We planned a women-centered breast and cervical cancer screening outreach as part of activities during the 2023 Zumuntan Mata (Women Fellowship) convention of the Catholic province of Kaduna Nigeria. We adopted an action research model in the implementation of the outreach. We reviewed the implementation process with the aim of highlighting best practices given the very high acceptance amongst the participants.

Results: An estimated 250 women attending the convention were educated on cancer prevention strategies, 181 (70.2%) of them indicated interest to be screened, 168 (92.8%) of those that indicated interest were screened for breast and cervical cancer using CBE and VIA. There was no breast abnormality detected but 5(3%) were positive for VIA out of which 3 had biopsy, 1 treated with LEEP and 1 referred because of logistics.

Conclusion: Our findings suggest that women will present for screening if service is women centered and the message is structured to convey hope. A prospectively designed implementation research will further highlight the importance of women centered screening services to increasing uptake of cervical cancer screening services.

P16.52 | PSYCHOSOCIAL IMPACT OF HUMAN PAPILLOMAVIRUS (HPV) SCREENING AMONG WOMEN IN THE WEST REGION OF CAMEROON: A PROSPECTIVE COHORT STUDY

CATEGORY: WOMEN'S CANCER

J. Sormani

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Objective: This prospective cohort study aimed to assess the impact of HPV-based screening on sexual function, anxiety, quality of life, and their evolution within a year following screening, among women in Cameroon.

Method: The study was conducted from 2020 to 2022 at Dschang Regional Hospital Annex, Cameroon. Women enrolled were participants of a larger cervical cancer screening trial who underwent HPV primary screening, triage by visual inspection of HPV-positive women, and same-day treatment if needed. Participants completed three questionnaires with a medical anthropologist assessing their sexual function, anxiety, and quality of life at 1, 6, and 12 months post-screening. Results were stratified by HPV status.

Results: Among 273 women included, 24.5% were HPV-positive, among which 46.3% were treated. Sexual dysfunction was significantly more prevalent among HPV-positive than HPV-negative women (1-month: 54.6% vs. 24.6%, $p=0.004$; 6-months: 46.3% vs 29.3%, $p=0.040$; 12-months: 41.3% vs 24.2%, $p=0.024$). Overall, the proportion of reported anxiety did not differ according to HPV results. Quality of life (mental health dimension) tended to increase

overtime among HPV-positive women (20.4% high-quality at 12 months vs. 18.9% at 1 month, p 0.387).

Conclusion: Having a positive HPV test increased sexual dysfunction following screening in West Cameroon. However, levels of anxiety and quality of life were not significantly impacted by HPV results. Factors influencing sexual function should be evaluated in this population to propose context-sensitive solutions to improve women's well-being without affecting screening coverage.

P17.63 | MANAGEMENT OF PATIENTS WITH PLACENTA ACCRETA SPECTRUM(PAS): A CASE SERIES

CATEGORY: PREGNANCY

F. Oindi

Aga Khan University Hospital, Nairobi, Kenya

Objective: The case series is aimed at: Sharing experience in management of patients with PAS through evaluation of risk factors, clinical presentation and diagnosis at admission, clinical course and outcome of patients managed. To illustrate the significant morbidity and mortality posed by PAS and need for multidisciplinary approach to care.

Method: This is a retrospective, single center case series of seven patients of African descent, with placenta accreta spectrum managed at a tertiary teaching and referral hospital in Kenya between January and November 2022. We highlight and discuss their antenatal presentation, intra-operative events, management and the post-operative course. They all ranged between ages 31 and 38 years and presented for various reasons.

Results: Of the 7, 6 had prior uterine surgery and 5 had antenatal diagnosis of PAS with 2 being diagnosed incidentally during cesarean section. Two of the patients presented with antepartum haemorrhage while 3 underwent emergency cesarean hysterectomy. One patient had partial wedge resection of the involved uterine segment while one received methotrexate and placenta left intact. All the 7 patients had post-partum haemorrhage with 3 requiring massive blood transfusion and admission to critical care unit.

Conclusion: Early diagnosis, involvement of multidisciplinary team and good pre-operative planning are key to achieve a good outcome. Patients with PAS should be managed in facilities with sufficient resources and skilled personnel to manage complications arising from treatment such as haemorrhage with need for massive transfusion, multi-organ failure, and intensive care.

P17.64 | RETAINED MUMMIFIED TWIN COMPLICATING A VAGINAL DELIVERY

CATEGORY: PREGNANCY

M. Mwangi; S. Mutiso

Aga Khan University Hospital, Kenya

Objective: Fetal papyraceous is a rare complication that happens with multiple gestation. It can be without or with complications which can range from risk of fetal demise to surviving twin, labor dystocia, preterm delivery, post-partum hemorrhage and infection. The definite diagnosis of a mummified twin is made at delivery.

Method: We present a case report of a patient who was followed up at a private tertiary facility with multiple gestation. She had serial scanning and during the anomaly scan at 21 weeks 2 days gestation, fetal demise was noted on twin B. The surviving twin remained unaffected during the serial scans delivered at term with a normal APGAR score. The mummified twin was retained and patient was taken to theatre for evacuation of the uterus.

Results: The invention of high-resolution ultrasound machines has allowed multiple gestations to be diagnosed as early as 4 weeks gestation. Previously, fetal papyraceous was mostly discovered as an incidental finding after delivery or following complications. In this case, the healthcare providers were aware that the patient had suffered demise of one of the twins and were on the lookout for the mummified twin.

Conclusion: In conclusion, this is a case report of fetal papyraceous, which complicated with retained twin after term delivery and had to be taken to theatre. There were no antenatal maternal or fetal complications suffered by the surviving twin.

P18.56 | COMPARING 50MLS VERSUS 80MLS FOLEY CATHETER BALLOON VOLUME FOR CERVICAL RIPENING IN LATE GESTATION: A DOUBLE BLIND RANDOMIZED CONTROLLED TRIAL

CATEGORY: CHILDBIRTH

F. Okumu; K. Omwodo

Moi University, Kenya

Objective: The study aimed to compare the effectiveness of transcervical 50mL versus 80mL inflated balloon Foley catheter (FC) for pre-induction cervical ripening, among nulliparous women in late gestation pregnancy with an unfavourable cervix.

Method: Institution based, randomised control trial, conducted at the second largest tertiary facility in Kenya. Study population; nulliparous women with singleton cephalic pregnancies in late gestation. Intervention group received cervical ripening with 80mLs inflated FC balloon volume and control received 50mLs inflation volume. Primary outcome was achieving Bishop score of ≥ 6 at 24h from insertion of catheter. Secondary outcome was the number of vaginal deliveries and neonatal complications. Comparisons were by chi square tests.

Results: One hundred and twenty women were included in the analysis (60 per group). Ripening of the cervix with the larger balloon volume (80 mLs) was associated with a greater proportion of Bishop score ≥ 6 at 24 h after insertion (90% versus 73.3%; $p=0.023$). The study found no difference in the number of vaginal deliveries between groups (49.5% vs. 50.5%; $p=0.769$). Neonatal complications were seen in 8.3% of control group and none in the intervention group ($p=0.02$).

Conclusion: These findings suggest the 80 mL balloon Foley catheter is more effective than the 50 mL balloon Foley catheter for pre-induction cervical ripening i.e. improving Bishop score without increasing neonatal complications, among nulliparous women.

P18.57 | ANALYSIS OF CAESAREAN SECTIONS IN A TERTIARY CARE HOSPITAL AT CHENNAI

CATEGORY: CHILDBIRTH

S. Subramanian
Medical College, India

Objective: To analyse trends of Caesarean section in tertiary care hospital and evaluating them according to Robson's 10 Group Classification System. To analyse the indications for caesarean section in our hospital. To analyse the caesarean section rate in our hospital.

Method: It is a Retrospective cross-sectional study conducted from records of Postnatal mothers who delivered at Sri Muthukumar medical college hospital and research institute during 1 year period, January-December 2022 in the department of obstetrics and gynecology.

Results: 272 out of 520 deliveries were normal vaginal deliveries and 248 were by caesarean section. The overall caesarean section rate in our hospital is 47%. In our study the most contributing groups were Group-2 and Group-5, contributing 13% & 26.2% respectively.

Conclusion: Group 2 requires in-depth analysis to identify modifiable factors to apply specific interventions to reduce cs due to induction failure. Per Robson 10 group classification while auditing the cases & evaluation of existing protocols, efforts can be made to improve outcomes by designing newer strategies to reduce cs rate.

P19.63 | THE MYSTERY OF SPONTANEOUS HETEROTOPIC PREGNANCY IN A PRIMIGRAVIDA: CAN PCOS BE THE CULPRIT? CATEGORY: PREGNANCY

N. Agarwal; A. Matai
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Objective: Spontaneous heterotopic pregnancy (SHP) is seen in 1 in 30,000 natural conceptions. Its occurrence can be even rarer in the absence of known risk factors which can cause

ectopic pregnancy. This case report highlights Polycystic Ovarian Syndrome (PCOS) as the only risk factor identified in a primigravida developing SHP.

Method: A 25-year-old primigravida with six weeks spontaneous conception presented in emergency with pain abdomen. Ultrasonography revealed twin pregnancies at intrauterine and right tubal locations. Her past history was negative apart from PCOS since age 20, which was managed with metformin and weight reduction one year before achieving this pregnancy. As she was hemodynamically stable, expectant management was opted for by shared decision making. Meticulous ultrasound surveillance was done to monitor her extrauterine and intrauterine pregnancies.

Results: The spontaneous resolution of tubal pregnancy was documented by weekly ultrasound scans until its complete resorption and disappearance by 12 weeks gestation. The development and growth of intrauterine fetus was monitored by serial ultrasound scans throughout. After an uneventful second and third trimester, a live baby girl weighing 2215 grams was delivered by LSCS (lower segment caesarean section) after 36 weeks gestation. No complications occurred in mother or fetus in antepartum, intrapartum and postpartum period.

Conclusion: In SHP without any risk factors, PCOS should be considered as contributory. The probable mechanism of ectopic implantation in PCOS can be malfunction in tubal motility causing slow ovum transfer due to low progesterone levels and alterations in tubal morphology, functional integrity and ciliary movement due to hyperphysiological estrogen levels.

P19.64 | ANALYSIS OF OBSTETRIC RISK FACTORS ASSOCIATED WITH FETAL ACIDOSIS AT BIRTH BY UMBILICAL CORD ARTERIAL BLOOD PH CATEGORY: PREGNANCY

P. Ramachandran
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Objective: To identify obstetric risk factors associated with neonatal acidosis by umbilical cord artery pH. Correlation of umbilical cord artery pH with Apgar score.

Method: This was a retrospective, observational study done at private hospital Chennai India, on 133 women with a singleton, non-anomalous cephalic fetus of all gestational age. After delivery, the umbilical cord blood gas analysis was done. Neonatal acidosis as pH < 7.2 . Data of maternal demographic factors, chronic maternal disease, current pregnancy complications, induction and augmentation of labour, meconium stained AF, epidural analgesia and operative deliveries were analysed in relation to the umbilical cord artery pH.

Results: Of the 133 samples, 99 had pH > 7.2 and 34 had pH < 7.2 . The data showed that fetal acidemia was associated with obstetric risk factors such as GDM on OHA and Insulin, meconium stained

liquor, abnormal fetal heart rate patterns and use of epidural analgesia. Of the 34 babies with pH <7.2, 6 had Apgar score <7 at 1 min which was statistically significant.

Conclusion: Although this study was done in a small group, we could identify certain risk factors associated with fetal acidosis. Systematic examination of the prenatal risk factors and giving timely interventions for the newborns especially those with the above significant risk factors or with multiple risk factors can prevent perinatal asphyxia.

P19.65 | COVID-19 IN PREGNANT WOMEN AND VENOUS THROMBOEMBOLISM: A SYSTEMATIC REVIEW AND META-ANALYSIS

CATEGORY: PREGNANCY

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Objective: Given the prothrombotic milieu of pregnancy, COVID-19 infection complicating pregnancy may increase the risk of thromboembolic complications. However, data on hypercoagulability in COVID-19-infected pregnant patients is currently limited. This systematic review and meta-analysis aimed to evaluate the incidence of thromboembolic events in pregnant and postpartum women with COVID-19 infection.

Method: Pubmed, Cochrane, and Embase were searched for cohort studies reporting the incidence of thrombotic events in pregnant women with COVID-19. The following thromboembolic endpoints were considered: venous thromboembolism (VTE), disseminated intravascular coagulation (DIC), and arterial thrombosis. We used OpenMeta Analyst to calculate the pooled incidence of the reported outcomes and their corresponding 95% confidence intervals (95% CI).

Results: Among 1,127 initially identified articles, after removal of duplicates and screening of results, four cohort studies met the inclusion criteria. A total of 2,758 pregnant women diagnosed with COVID-19 infection were included. Of those, 15 (0.69%) developed venous thromboembolism (95% CI 0.1%–1.3%). However, in the general population of pregnant women in the United States who are not infected with COVID-19, the incidence of venous thromboembolism has been reported at 0.1%.

Conclusion: In this meta-analysis of 2,758 pregnant women with COVID-19 infection, the pooled incidence of VTE was 0.69%, which is greater than the reported incidence of VTE in non-COVID19-infected patients. Larger and controlled cohorts are needed to

determine the difference in the incidence of VTE between COVID-19-infected and non-infected pregnant women.

P20.54 | STUDY ON KNOWLEDGE, ATTITUDE AND PRACTICE OF EMERGENCY CONTRACEPTION AMONGST HEALTHCARE PROVIDERS IN A PRIVATE HOSPITAL, INDIA

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

R. Joshi

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Objective: Emergency contraception has been a single most important intervention to reduce burden of unintended pregnancy and maternal mortality. Hence, this study was conducted to assess the knowledge, attitude and practice regarding emergency contraception (EC) among healthcare providers in private hospital, Jaipur, capital of state of Rajasthan, India.

Method: A multi-centric prospective study was conducted amongst healthcare providers (doctors and nursing staff) from January 2022 to November 2022. Total of 367 personnel were given a predesigned pretested 37 item questioner in English for this study. This self-administered questioner containing two parts; socio-demographic details of healthcare providers and knowledge, attitude and practice survey about the EC use. Data was analysed using SPSS statistic version 22.

Results: Of 367 participants, 32.15% were male, 67.84% were female, mean age being 23.6+/- 3years. 73.5% had rural background and majority were Hindus (63.48%). 76.03% were married. 94% responders had heard of EC mainly from teachers (50.95%) and doctors (32.97%). 89% responders cited LNG tablets and combined OCP as method of EC. 78% feared side-effects of EC. Only 11.2% were aware of EC used up to 120h. 43% respondents wanted to know more about EC.

Conclusion: Most responders had limited knowledge about EC, and were willing for further awareness training. There is vast scope for intensive information and education addressing issues in safety and reliability of EC methods. Healthcare providers should have adequate knowledge and positive attitude towards use of EC for spreading awareness.

P20.55 | INTEGRATED CONTRACEPTIVE APPROACH ACROSS REPRODUCTIVE AGE: I-CARE CLINIC

CATEGORY: CONTRACEPTION AND FAMILY PLANNING

S. N. Gudi

St. Philomenas Hospital Bengaluru, Karnataka, India

Objective: This study was undertaken to highlight value of integrating counseling services and offering choice of contraceptives to all women across reproductive age. All women presenting to

outpatient department, were checked for the unmet need and provided structured counseling. It aims at improving FP services in rural Maharashtra.

Method: All women in reproductive age attending the OPD at Dept OBG, MGIMS Wardha, India, were checked for unmet need for contraception. This included pregnant, other reproductive health problems, adolescents, peri-menopausal, abortion care seekers. After consultant's visit, they go to dedicated cubicle on the OPD floor where skilled counsellors dedicated for contraception will interact in a simple, culturally sensitive manner, offer basket of choices with GATHER approach and other tools.

Results: The number of clients reporting for Counseling improved by nearly 40% with I-CARE clinics. The number of women counseled improved significantly and also seen was increased uptake of methods by nearly 45%. Awareness amongst clients, PPIUCD acceptance, and uptake of other contraceptives significantly improved. Chhaya (Ormeloxifene: Oral non-hormonal contraceptive) was procured and its utility significantly improved. Antara (Depot Medroxy progesterone acetate) was made available in the hospital by the district centre.

Conclusion: Clinicians are unable to dedicate adequate time for counseling. Therefore the best way is for a trained counselor to be available in a dedicated cubicle with all IEC materials. The client has an opportunity to look at the methods, device, pills, injections, this improves acceptance.

P21.53 | IMPACT OF QUALITY CARE CERTIFICATION ON KNOWLEDGE RETENTION AMONGST NURSES FROM PRIVATE HOSPITALS IN INDIA

CATEGORY: HEALTH SYSTEMS STRENGTHENING

P. Kumar

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Objective: To assess the existing knowledge levels of nursing staff from facilities that are pursuing quality accreditation recertification and pinpoint deficiencies and opportunities for improvement in labor room practices.

Method: Nationally recognized FOGSI Manyata certified Private Maternity Hospitals, due for recertification were identified in state of Uttar Pradesh. A knowledge assessment was conducted amongst Manyata Trained nursing staff applying for recertification on 16 Clinical standards approved by Manyata. The Study enrolled 276 participants from private facilities via convenience sampling and assessed knowledge using a 33-question form, analyzing data with MS Excel.

Results: The average score for an individual was 17.6 out of 33, 36% scored below 50%, 60% scored between 50–75%, and 4% scored more than 75%. The accurate performance when answering questions related to gestational diabetes mellitus, pregnancy-induced

hypertension, and postnatal care practices was 80%, where nurses play a dominant role. However, only 20% of nurses answered accurately to questions related to anaemia treatment, postpartum haemorrhage, and newborn resuscitation.

Conclusion: Quality certification is crucial, it doesn't guarantee that nursing staff will always perform at their best. Sessions should be personalized according to individual needs, provide opportunities to reinforce key concepts and best practices. Structured, tailored training and mentoring, after certification ensures staff receive necessary support to provide excellent care.

P21.54 | THE AETIOLOGY AND ANTIMICROBIAL RESISTANCE OF BACTERIAL MATERNAL INFECTIONS IN SUB-SAHARAN AFRICA: A SYSTEMATIC REVIEW AND META-ANALYSIS

CATEGORY: HEALTH SYSTEMS STRENGTHENING

C. Chapuma

Malawi Liverpool Wellcome Program, Malawi

Objective: To systematically review the microbiology of maternal infections and the prevalence of antimicrobial resistance (AMR) in Sub-Saharan Africa (SSA).

Method: We used the WHO's definition of maternal sepsis and included data for microbiologically confirmed maternal infection. We searched PUBMED, Embase and African Journals online databases with a search strategy that combined terms relating to laboratory-confirmed-bacterial-infection, pregnancy, postnatal period, observational studies, and SSA. We excluded studies reporting colonization, asymptomatic infection, and screening studies. We calculated pooled proportions for reported bacterial isolates and AMR. We also assessed the quality and completeness of reporting using the appropriate checklists.

Results: We included 14 papers comprising data from 2,575 women from four infection sources. Mixed growth was from commonly reported 17% (95% CI: 12%–23%) samples, *E. coli* from 11% (CI: 10%–12%), *S. aureus* from 5% (CI: 5%–6%), *Klebsiella* spp. at 5% (CI: 4%–5%) and *Streptococcus* spp. at 2% (CI: 1%–2%). We observed intra-sample and inter-sample heterogeneity in all meta-analyses, ranging from 88 to 92%. The highest AMR rates were observed for first-line beta-lactam antibiotics.

Conclusion: We provide a comprehensive summary of microbial aetiology of maternal infections in SSA and demonstrate the paucity of data available. We flag the need to review the current local and international empirical treatment guidelines for maternal bacterial infections because of the high prevalence of AMR among common causative bacteria.

P22.63 | EFFECT OF COVID SEVERITY ON MATERNAL, PERINATAL, AND NEONATAL OUTCOMES IN PREGNANT WOMEN INFECTED WITH SARS-COV-2 AT SULTAN QABOOS UNIVERSITY HOSPITAL

CATEGORY: PREGNANCY

I. Alghaithi
Oman, Oman

Objective: To evaluate the effect of coronavirus disease 2019 (COVID-19) severity on maternal, perinatal, and neonatal outcomes in pregnant women infected with SARS-CoV-2 at Sultan Qaboos University Hospital. In addition, to assess the effect of medical comorbidities on the severity of COVID-19 infection.

Method: A retrospective cohort study was conducted on pregnant women who were infected with SARS-CoV-2 and delivered at Sultan Qaboos University Hospital from 1st March 2020 to 31st December 2021. Coronavirus infection severity categorized into three levels: Mild: mild symptoms, no hospital admission. Moderate: symptomatic needing inpatient care in the obstetric wards. Severe: symptoms with Intensive care unit (ICU) or HDU admission. Categorical variables were compared with severity using chi-square test.

Results: A total of 118 pregnant women with COVID-19 infection were included in the study. Majority of those had mild symptoms. Eleven women had moderate infection needing inpatient care, and six women had severe infection needing intensive care unit. 20.6% of women delivering by cesarean section. The most common complications affected by COVID severity were preterm labor, preeclampsia and intrauterine fetal death. One patient had fetal death and three had miscarriage. No specific findings on placental histopathology.

Conclusion: Most pregnant women with COVID-19 infection had mild symptoms. Majority of women with moderate to severe infection were admitted for COVID pneumonia. There was no direct effect of COVID severity in neonatal outcomes or placental histopathology changes.

P22.64 | A COMPARATIVE STUDY ON MATERNAL AND PERINATAL OUTCOME IN EARLY VERSUS LATE ONSET PREECLAMPSIA IN A MEDICAL COLLEGE HOSPITAL
CATEGORY: PREGNANCY

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Objective: To study maternal and perinatal outcomes in women with early onset preeclampsia and late onset preeclampsia with reference to severity of preeclampsia, HELLP syndrome, abruption placentae, intensive care unit (ICU) admission, pulmonary edema, acute kidney injury, cesarean section rate, fetal growth restriction, birth asphyxia, neonatal ICU admission and neonatal death.

Method: A prospective cohort study was conducted in S.C.B. Medical College & Hospital, Cuttack over a period of one year on 120 women with preeclampsia who were divided into 2 groups each 60 as early onset (between 20 and 34 weeks of gestation) and late onset preeclampsia (between 34 and 40 weeks of gestation). Maternal and perinatal outcomes were compared. Data analysis done using SPSS. Values expressed as Mean \pm SD, number and percentage. *p* value <0.05 considered statistically significant.

Results: Compared to late onset group, women with early onset preeclampsia had higher ICU admission, HELLP syndrome, eclampsia, pulmonary edema, acute kidney injury, cesarean section rate, fetal growth restriction, birth asphyxia, neonatal ICU admission and neonatal death i.e. 63.33% vs 10%, 8.33% vs 0%, 45% vs 5%, 41.67% vs 5%, 26.67% vs 5%, 83.33% vs 21.67%, 53.33% vs 13.33%, 78.33% vs 21.67%, 60% vs 11.67% and 40% vs 6.67% respectively which are statistically significant.

Conclusion: Compared to late onset preeclampsia, women with early onset preeclampsia have more adverse maternal and perinatal outcome. Regular antenatal checkup, prediction and early detection of hypertensive disorder of pregnancy with timely intervention key for successful fetomaternal outcome in both early onset and late onset preeclampsia.