is to collect international data on COVID-19 and pregnancies, to present an accurate analysis of the maternal, fetal and neonatal risks in case of SARS-CoV2 infection.

**Methods:** We created a global network in order to collect worldwide data on SARS-CoV2 infection during pregnancy. Any pregnant women with a suspected or confirmed SARS-CoV2 infection is eligible. A REDCAP secure web platform was developed to give access to a turnkey tool to collect data. Sociodemographic, medical history and baseline characteristics of the patient are collected at enrollment, as well as exposure information. Maternal, fetal and neonatal monitoring and outcomes are collected in a follow-up form.

**Results:** Our network includes 198 centres in 23 countries. As of 12 May 2020, we have collected data about 261 patients.

**Conclusions:** The COVI-PREG initiative aims to bring to international researchers a friendly-user platform to collect similar data worldwide. This partnership will allow researchers and healthcare professionals to better characterise the disease course and spectrum, to estimate associated risks and to identify specific risk factors that could be used to define screening strategies in pregnant women and adequate monitoring of their pregnancies.

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**VP45.18 COVID-19 qPCR testing in women admitted for delivery in Spain**

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**Objectives:** To describe the characteristics and symptomatology of pregnant women admitted for delivery with a positive quantitative polymerase-chain-reaction (qPCR) testing during the COVID-19 pandemic. To assess on this basis whether performing universal qPCR upon admission is worthwhile.

**Methods:** A descriptive, prospective study, from March to June 2020. All pregnant women admitted for delivery were tested for COVID-19 using nasopharyngeal swabs and a qPCR for COVID-19. Patients were tested in three healthcare points: the emergency department, primary healthcare attention and obstetrics department. qPCR testing was performed on all patients admitted both for delivery and to the obstetrics ward.

**Results:** There were 366 deliveries: 25 patients (15%) tested positive for the virus. 12 of them were detected by qPCR on admission for delivery being all of them asymptomatic. The reasons for admission in these patients were all obstetric: six admitted in labour, two presented premature rupture of membranes at term (PROM), two had preterm premature rupture of membranes (PPROM), one post-term pregnancy admitted for induction and one with severe pre-eclampsia. Another nine were detected through the primary healthcare attention program, six of them being asymptomatic whilst three presented mild symptoms. One patient in this group, who was positive at week 31 and whose qPCR was negative at 33 weeks, was admitted with an intrauterine fetal death and required an emergency Caesarean section due to severe pre-eclampsia and disseminated intravascular coagulation. Four patients were tested by the hospital emergency department being all symptomatic: two of them had mild symptoms and were discharged under home isolation and contact tracing recommendation. The other two presented severe pneumonia being admitted to the internal medicine ward.

**Conclusions:** Most of the patient tested were asymptomatic (n = 18, 72%) or had mild symptoms (n = 5, 20%), undetectable according to clinical COVID-19 criteria alone. Universal qPCR is a key tool to detect asymptomatic patients and slow down the spread of the pandemic.

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**VP45.19 Impact of the COVID-19 pandemic on management of miscarriage and ectopic pregnancy**

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**Objectives:** The current coronavirus (COVID-19) pandemic has become an unprecedented global public health emergency. This has had an impact on early pregnancy care provision with the rationalisation of services to maintain a safe clinical environment for patients and healthcare professionals. Our aim is to assess the treatment and outcomes for miscarriage and ectopic pregnancy during COVID-19 compared to the same time period before the pandemic.

**Methods:** Data from a single site dedicated maternity hospital in the UK was collected retrospectively. All women with a final diagnosis of miscarriage and ectopic pregnancy were identified. The data collection period was during the UK “lockdown” period from 23.03.20 to 07.06.20. This will be compared to data collected from 2019.

**Results:** In this study, we compare the efficiency and safety of early pregnancy protocols implemented during COVID-19 on the treatment and outcomes for women diagnosed with miscarriage and ectopic pregnancy. We use a number of different criteria to measure efficiency and safety including primary and subsequent treatment, number of post-diagnosis visits to hospital and unscheduled or emergency admissions. The evolving pandemic and recent easing of lockdown restrictions means the 30-day outcome data is still awaited before analysis can be completed.

**Conclusions:** In line with RCOG and ISUOG guidance, adaptations were made to early pregnancy protocols with a more conservative approach adopted. The aim was to streamline patient visits while ensuring women were safely being cared for. This included the increased use of telephone triage, remote follow-up, increased outpatient medical management of miscarriage as well as the use of manual vacuum aspiration under local anesthesia where appropriate. For ectopic pregnancy, we followed the joint RCOG/BSGE guidance to reserve laparoscopy if the alternate conservative or medical management options were not viable due to the initial concerns around laparoscopy being aerosol-generating. This pandemic has given us an opportunity to reflect on the safety and efficacy of practice.