unknown. The objective of the present study is to assess the impact of COVID-19 during pregnancy in terms of adverse perinatal outcomes, intrauterine growth restriction, fetal cardiac or neurosonographic abnormalities, and identify the association with maternal severity of COVID-19 disease or with gestational age at infection.

Methods: Multicentric prospective cohort study including singleton pregnant women with diagnosis of SARS-CoV2 infection in 5 hospitals in Spain, starting from April 2020. Inclusion will continue until the end of the pandemic, with a minimum estimated sample size of 100 women. Maternal infection will be confirmed by nasopharyngeal PCR in the acute phase, or by further serologic test, and COVID-19 clinical presentation parameters will be collected. Once the patient has overcome the disease, ultrasound follow-up will be performed, including fetal growth assessment every 4 weeks, fetal neurosonography and echocardiographic evaluation in the third trimester, at least 4 weeks after maternal infection. All patients will be followed-up until delivery and perinatal outcome will be assessed. Analysis of associated factors related with echographic findings will be performed.

Results: We hypothesised that patients with severe COVID-19 disease have a higher risk of adverse perinatal outcome, fetal growth restriction, neurodevelopmental impairment and/or fetal cardiac function remodelling. To date a total of 52 patients have been included and results will be available by the end of September.

Conclusions: This study will provide relevant information of fetal consequences of COVID-19 during pregnancy depending on maternal severity or trimester of infection.

VP45.24
Health anxiety of pregnant women and its related factors during the pandemic of coronavirus

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Objectives: The pandemic of COVID-19 affected many countries as well as Iran. The aim of this study was to evaluate the health anxiety of the Iranian pregnant women in time of the pandemic of the coronavirus.

Methods: In this cross-sectional study 300 pregnant women in different trimesters (n = 100 in each trimester) were recruited. A demographic questionnaire and the Health Anxiety questionnaire were used to collect data. Because of quarantine data were collected through social media groups. The chi-square, ANOVA and multiple linear regression were used to analyse data.

Results: The total score of anxiety was 22.3 ± 9.5, 24.6 ± 9.3 and 24.6 ± 10.6 in the first, second and third trimester of pregnancy respectively. Totally 9%, 13% and 21% of the woman had severe anxiety scores (equal or more than 35 in the first, second and third trimester of pregnancy respectively. Pregnant woman in the third trimester significantly had more health anxiety score than the first trimester ones. Pregnant women in the third trimester had significantly higher scores of "total health anxiety" in comparison with that of the first trimester ones (p = 0.045).

Conclusions: At the time of the pandemic of COVID-19, women in the second and third trimester of pregnancy were more worry about consequences of disease, but the total score of health anxiety was significantly more in the women in the third trimester of pregnancy. Health care providers should pay more attention to the mental health of pregnant women in times of crises such as Corona pandemic.

VP45.25
Management of COVID-19 associated with ultrasound use in obstetrics and gynecology/maternal-fetal medicine

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Objectives: As a cornerstone of obstetrics and gynecological care, ultrasound equipment needs to be properly cleaned and disinfected for safe patient use. We sought to determine the impacts of SARS-CoV2 on ultrasound infection prevention practices in maternal and fetal care. The objectives were to review the reported risks of SARS-CoV2 infection for pregnant women and in addition to the ISUOG guidelines, identify and analyse ultrasound infection prevention recommendations from global professional societies.

Methods: A systematic review of studies assessing pregnancy outcomes in SARS-CoV2 infected patients was conducted. Global ultrasound infection prevention guidelines from professional societies involved with maternal and fetal care were identified and analysed for notable COVID-19 risks and infection prevention recommendations.

Results: The literature reported negative outcomes for COVID-19 during pregnancy demonstrating that pregnant women may be a high risk population during the pandemic. Disinfection of all medical equipment as well as their surrounding environment is an important consideration in minimising transmission-based precautions as recommended by guidelines identified. The same ultrasound guidelines also provide guidance around medical equipment use and reprocessing including ultrasound. The application of the Spaulding classification to determine appropriate disinfection level based on risk associated with intended use remains the recommended approach.

Conclusions: There is a need for stringent infection prevention measures in settings providing care for pregnant patients. As the full impacts of COVID-19 on pregnancy emerge, these settings should review and upscale their infection prevention practices to protect maternal and fetal health and the health of healthcare workers. Disinfection of the ultrasound environment and equipment is an important part of infection prevention and facilities should consider stringent reprocessing policies as part of the fight against SARS-CoV2.
in the delivery room is not possible and before this, the SARS-CoV mnemonic was established in the obstetric patient care:

S Suspicious (all patients were considered suspicious)
A Avoid (avoid contact with surgical mask and face shield in all patients and health personnel)
R Respiratory (respiratory triage)
S Saturation (oxygen saturation)
C Critical patient (clinical, biochemical and imaging criteria)
O Obstetric (obstetric condition)
V Viability (fetal viability)

Results: In the General Hospital of Mexico during April-May 2020, 161 patients were hospitalised, 149 as SARS-CoV2 suspects and 12 patients confirmed by rt-PCR, maternal age 27 + 7.5 years, gestational section 36.2 + 2.2 weeks. 83/149 (55.7%) Caesarean section, 66/149 (44.3%) vaginal delivery, so far without maternal or neonatal mortality. With the implementation of the protocol, there is no SARS-CoV2 infection in health personnel.

Conclusions: There are limited data on the impact of the current outbreak of COVID-19 in pregnant women, the important thing is to establish management guidelines according to the tools that each care centre has to reduce maternal-fetal morbidity and mortality as well as protect staff from health to work in it. We intend this protocol to be a useful tool for other obstetric care hospitals, we recommend that delivery care be by obstetric indication and not by the positive SARS-CoV2 test.

VP45.27
Lung ultrasound in pregnant women with COVID-19 as the unique lung imaging modality

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Objectives: To perform a systematic review of available published literature on pregnancies affected by COVID-19 to evaluate the effects of COVID-19 on maternal, perinatal and neonatal outcomes.

Methods: We performed a systematic review to evaluate the effects of COVID-19 on pregnancy, perinatal and neonatal outcomes. We conducted a comprehensive literature search using PubMed, EMBASE, Cochrane library, China National Knowledge Infrastructure Database and Wan Fang Data until 20 April 2020 (studies were identified through PubMed alert after 20 April 2020). Eligibility criteria included COVID-19 diagnosis, patient was pregnant on admission, availability of clinical characteristics, including maternal, perinatal or neonatal outcomes.

Results: 19 studies, including 266 pregnant women with COVID-19, were included. Among the seven case-series, the maternal age ranged from 20 to 41 years and the gestational age (GA) on admission ranged from 5 to 41 weeks. The most common symptoms were fever, cough, dyspnea and fatigue. The rate of severe pneumonia was relatively low, with the majority of the cases requiring ICU admission. Almost all cases from the case-series had positive CT chest findings. There were 6 and 22 cases that had nucleic-acid testing in vaginal mucus and breast milk, respectively, which were negative for SARS-CoV2. 177 cases had delivered, of which the majority by Caesarean section. The GA at delivery ranged from 28 to 41 weeks. Over one-third of neonates were transferred to NICU. There was one case each of neonatal asphyxia and death. There were 113 neonates that had nucleic-acid testing in throat swab, which was negative for SARS-CoV2. From the case reports, there were two maternal deaths reported.

Conclusions: The clinical characteristics of pregnant women with COVID-19 are similar to those of nonpregnant adults with COVID-19. The subject of vertical transmission of SARS-CoV2 remains controversial and more data is needed to investigate this possibility.

VP45.28
Effects of coronavirus disease 2019 (COVID-19) on maternal, perinatal and neonatal outcomes: a systematic review

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Conclusions: The clinical characteristics of pregnant women with COVID-19 are similar to those of nonpregnant adults with COVID-19. The subject of vertical transmission of SARS-CoV2 remains controversial and more data is needed to investigate this possibility.

Supporting information can be found in the online version of this abstract.

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