Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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OBJECTIVE: To assess psychological state of women who experienced postponement of ART care during the first COVID-19 wave in a French public ward of reproductive medicine.

MATERIALS AND METHODS: An online anonymous survey was emailed between July and August 2020 to all women whose infertility care have been delayed at the beginning of the COVID-19 pandemic. Anxiety, depression, and stress were assessed using Hospital Anxiety and Depression Scale (HADS) and Perceived Stress Scale (PSS-10). Feelings about COVID-19 outbreak, lockdown and suspension of fertility care were assessed by multiple-choice Questions and Visual Analog Scales.

RESULTS: 435 women answered to the survey (response rate 34.6%). Mean levels of the HADS-A (anxiety), HADS-D (depression) and PSS10 were respectively 7.58±3.85, 4.51±3.48, and 27.6±6.75. Prevalence of stress was 50.8% and almost half of women presented clear or suggestive anxiety symptoms (respectively 21.6% and 25.7%). Stress and anxiety rates were much higher than those expected in fertile population. Increased stress was observed in women above 35 years and those stopped ‘in cycle’ or during pre-treatment for in-vitro fertilization or frozen embryo transfer. Patient with history of depression or anxiety had a higher prevalence of perceived stress (p=0.0006). Postponement was perceived as ‘unbearable’ for women experiencing stress (p=0.0032). After the first wave of pandemic, pregnancy desire remained the same and 84.3% of women wanted to resume fertility care as soon as possible.

CONCLUSIONS: Stopping fertility care during the COVID-19 pandemic had a significant psychological impact on women with an increase of stress, and anxiety. Psychological counseling should always be offered especially during this difficult period.

IMPACT STATEMENT: This is the first psychological study using systematic scale.

PROFESSIONAL DEVELOPMENT

O-169 10:45 AM Tuesday, October 19, 2021

GENDER AND RACIAL DIVERSITY IN REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY TRAINEES IN THE UNITED STATES: A CROSS-SECTIONAL 3-YEAR ANALYSIS OF OB/GYN FELLOWSHIP PROGRAMS. Alexandra Peyser, M.D., Charlotte McLaughry, BA, Nicole Noyes, M.D. Northwell Health Fertility, Zucker School of Medicine at Hofstra/Northwell, New York, NY.

OBJECTIVE: Diversity and equity in the physician workforce remain pivotal to providing culturally effective, optimal care. However, minority groups still remain underrepresented among medical student matriculants. In fact, in 2021, Black and Hispanic medical students comprised 7.5% and 6.5% of the entire student body, respectively while White students made up 48.5%. Data analysis of sex and racial diversity within Reproductive Endocrinology and Infertility (REI) fellowships across the U.S. is lacking. We sought to characterize demographic patterns among REI fellows who represent the emerging REI workforce, comparing these results to those of general Ob/Gyn (Gen OG) residents and other Ob/Gyn (OG) fellowships.

MATERIALS AND METHODS: We conducted data analysis from the U.S. Accreditation Council on Graduate Medical Education (ACGME)-approved Gen OG residency and OG fellowship training-programs (REI, MFM, Gyn-Onc and FPMTS) for the 3 years from 2017-2020, comparing changes in self-identified gender (SIG) and racial composition over time.

Chi-square analyses were used to compare annual gender trends and ethnicity make-up for the overall Gen OG. For the fellowship comparisons, continuity coefficients were used to compare annual rates of gender and ethnicity parameters among the groups.

RESULTS: Over the study period, the number of female trainees in Gen OG programs increased (p<.002) without a change in male number (p=0.31). In post-OG fellowships, male numbers decreased within MFM and FPMTS (p<.001, respectively) while female number increased within REI (p<.001). In REI programs, the overall number of active fellows increased 4% from 160 (2017-18) to 167 (2019-20) with the female to male ratio ranging from 3.5:1 to 4.6:1; however, a significant change in SIG-related trainee numbers did not occur over time.

For race, Gen OG residencies demonstrated an increase over time in self-identified White (p<.001), Asian (p<.001) and Black (p=.04) trainees. This race increase did not hold for any of the post-OG fellowship programs: White (p=0.65), Hispanic (p=0.36), Asian (p=0.64), or Other (p=0.88). For Black trainees, Gyn-Onc saw a significant decrease (11.8% in 2017-18 vs. 6.2% in 2019-20; p=0.01) while REI had an absolute yet insignificant decrease (8.1% in 2017-18 to 6.5% in 2019-20; p=.08) in Black number; other fellowships showed no change.

CONCLUSIONS: While gains have been made in racial diversity within Gen OG residency, a persistent disparity among post-Gen OG fellowship trainees exists. The demographics of REI training programs reflect both male and racial minority underrepresentation. Further research is needed to elucidate reasons underlying these disparities including efforts to increase diversity within fellowship training programs.

IMPACT STATEMENT: Efforts to increase ethnic/racial diversity in REI fellowships are needed.

O-170 11:00 AM Tuesday, October 19, 2021

TRENDS OVER TIME IN GENDER DIVERSITY AMONG REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY PROGRAM DIRECTORS AND FELLOWSHIP TRAINEES. Alexandra Peyser, M.D., Randi H. Goldman, M.D., Susanna Scarrow, B.A., Nicole Noyes, M.D., Northwell Health Fertility, Zucker School of Medicine at Hofstra/Northwell, New York, NY; Northwell Health Fertility, Zucker School of Medicine at Hofstra/Northwell, Manhasset, NY; Society for Reproductive Endocrinology and Infertility, Birmingham, AL.

OBJECTIVE: To determine recent trends over time in gender diversity of academic Reproductive Endocrinology and Infertility (REI) program directors (PD) and fellowship trainees (FT).

MATERIALS AND METHODS: We obtained self-identified-gender (SIG) data for REI PD and FT as well as General Ob/Gyn residency trainees (OB RT) enrolled in U.S. Accreditation Council on Graduate Medical Education (ACGME)-approved programs. Publicly-available ACGME SIG data was tabulated and analyzed for REI PD and FT as well as for OB RT for the years 2017-2020. Additional SIG data for REI PD was derived from the Society for Reproductive Endocrinology and Infertility (SREI) archives for the years 2014-2016. Chi-square and linear regression were used to compare annual gender trends for REI PD, REI FT and OB RT over the time periods available.

RESULTS: Over the study period, the total number of ACGME-approved fellowship programs increased 11% from 44 (2014) to 49 (2020). Notably, the percentage of female PD also increased significantly, from 20.5% (9/44) in 2014 to 42.8% (21/49) in 2020 (p<.001), with a commensurate decrease in male PD: 79.5% (35/44) in 2014 to 57.2% (28/49) in 2020 (p<.001). For REI FT, our 3-y analysis revealed a 4% increase in the total number of active trainees from 160 in 2017 to 167 in 2020, with the female:male ratio ranging from 3.5:1 to 4.6:1 over time; however, overall REI FT gender representation remained unchanged over the study period with females comprising 78% and males 22% in the years 2017 and 2020 (p=0.5). Similarly, over that same timeframe, female OB RT increased (2017: 81.3% vs. 2020: 83.5%; p=0.002) while the percentage of male OB RT was unchanged (2017: 16.7% vs. 2020: 16.0%; p=.31). Gender was not reported in 1.9% and 0.4% from OB RTs in 2017 and 2020, respectively. A non-binary section was only added in 2020 and composed of 1 response from the OB RTs.