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OBJECTIVE: Previous research has shown vaginismus to be an independent risk factor for cesarean delivery (CD). CD is associated with increased maternal and neonatal morbidity compared with vaginal deliveries; despite this, the rate of CD continues to rise. The American College of Obstetricians and Gynecologists has proposed strategies to help reduce the rate of CD. Most of which focus on the peripartum and intrapartum periods. Therefore, an opportunity exists for reproductive endocrinology and infertility (REI) providers to identify patients at risk for CD based on a history of pelvic pain disorders (PPDs).

MATERIALS AND METHODS: The study included all nulliparous patients undergoing assisted reproductive technology (ART) treatment at a single-acle fertility center who had a live birth from 2012-2020. Cases included all patients diagnosed with PPDs. A 3:1 ratio propensity score matched population of patients without PPDs was included as a control group. Patients were matched by age, body mass index (BMI), and anti-Müllerian hormone (AMH). Baseline demographics were collected and included age, BMI, marital status, duration of infertility, AMH, history of anxiety disorders, use of anxiolytics, and obstetrical outcomes. Exclusion criteria were pregnancy outside of treatment, fibroids, Müllerian anomalies, and prior uterine surgery. Comparative statistics were performed using chi-square and students t-test where appropriate. A multivariate regression analysis was conducted to evaluate the association between PPDs and mode of delivery. A total sample size of 170 patients per group was calculated in order to detect a 15% difference in CD rates with an 80% power (α=0.05).

RESULTS: 174 patients who reported a history of a PPD were compared to 575 patients who did not. Demographic characteristics were comparable among groups. Significant differences were found in the duration of infertility among groups with PPD patients reporting a longer duration of infertility (18.9±20 vs 14.0±14 vs p=0.003). Patients in the PPD group had significantly higher diagnosis of anxiety disorders (115 vs 81.2% vs p<0.009) and use of anxiolytics (17.3±3.2 vs 12±6.9, p<0.03) as compared to controls. The prevalence of chronic hypertension was significantly higher in patients with PPDs (6.3±4.3 vs 5±1.6, p<0.02). Patients with a history of PPD had a higher rate of CD compared with controls (59.8% vs 49.2% p=0.01). Additionally, after adjusting for age, BMI, AMH, duration of infertility, and fertility diagnosis, there was a significant association between having a diagnosis of PPD and increased odds of having a CD (aOR=1.5, CI 95%; 1.06-2.20).

CONCLUSIONS: Patients with PPDs have significantly greater odds of CD, higher rates of anxiety disorders, and increased use of anxiolytics compared to patients without a history of pelvic pain.

IMPACT STATEMENT: REIs could serve as a point of intervention and referral for patients with PPDs. Pelvic physical therapy, emotional support, and insertion training may be beneficial in improving patient experience and outcomes, and reducing the risk of CD.

REFERENCES:
1. Möller L, Josefsson A, Bladh M, Lilliecruetz C, Sydssjo G. Reproduction and mode of delivery in women with vaginismus or localised provoked vestibulodynia: a Swedish register-based study. BJOG. 2015 Feb;122(3):329-34. https://doi.org/10.1111/1471-0528.12946. Epub 2014 Jul 3. PMID: 24990073.

O-234 12:00 PM Wednesday, October 26, 2022

PATIENT OPINION SURVEY ON POSITIVE AND NEGATIVE ASPECTS OF TELEMEDICINE. Marcela Cullere, PhD1, Marcelo Herran, Sr, BAcc1, Cesar Sanchez Sarmiento, PhD2. NASCENTIS. ESPECIALISTAS EN FERTILIDAD Y GENETICA REPRODUCTIVA, Argentina; NASCENTIS. ESPECIALISTAS EN FERTILIDAD Y GENETICA REPRODUCTIVA, CORDOBA, Argentina.

OBJECTIVE: The COVID-19 pandemic completely changed health care protocols. During the strict quarantine stage, telemedicine became the preferred strategy for doctors and patients to solve routine controls and consultations. Currently the pandemic is ending, some countries have declared COVID-19 endemic, and the time has come to make decisions regarding the continuity of this communication system between doctors and patients. We aimed to determine the assessment made by Argentine patients about telemedicine, to analyze which are the factors that justify their preference and to inquire about their motivation to continue using it.

MATERIALS AND METHODS: A mixed-type questionnaire of 17 questions was designed (segmentation and questions about preferences of use, reasons why they use/do not use the tool, predisposition to continue using it) that was distributed to different sectors of society through social networks. The survey was answered by people of both sexes over 16 years of age from 17 provinces of Argentina. All responses were collected using the SurveyMonkey platform and analyzed using calculation programs and statistical tools (Excel, Statistica 8.0). The results were processed using graphic programs (Excel, Power Point, Sigma Plot).

RESULTS: A total of 491 responses were obtained, 77.39% were women, mostly between 21 and 40 years old (49.49%). 59.27% stated that they had used telemedicine during the pandemic, valuing the experience on average 4.5. Those who evaluated the experience as positive, indicated that the main advantage was comfort (78.6%), followed by the greater speed in obtaining the consultation (49.0%) and the low impact on their economy (40.4%). When the experience was negative, the main factors were discomfort during the consultation due to the video call (37.04%), doctor’s lack of punctuality (37.40%) and the general feeling that being present improves the quality of care (27.32%). Of all those surveyed, 83.51% stated that they would like telemedicine to be permanently installed.

CONCLUSIONS: In general, the majority of patients value the telemedicine experience as positive and consider that it would be useful to maintain it over time as a definitive alternative for medical consultations. These results are useful for designing an attention care strategy in health institutions, considering the preferences of patients to achieve better care and communication with them.

IMPACT STATEMENT: Considering the patient experience is important to ensure the highest possible quality of care provided in health institutions.

ORAL ABSTRACT SESSION: PREIMPLANTATION GENETIC TESTING 2

O-235 10:45 AM Wednesday, October 26, 2022

RHESUS (RH) AND KELL ANTIGEN INCOMPATIBILITY – INDICATIONS FOR PREIMPLANTATION GENETIC TESTING. Jessica Adsit, MS, CGC1; Kenzie Wood, BS, Megan Fong, BS, Jeffrey T. Meltzer, MD, MBA, Karine Hovanes, PhD, Nina Wemmer, MS Natera Inc., San Carlos, CA.

OBJECTIVE: Rh or Kell incompatibility occurs when an antigen-negative woman is exposed to antigen-positive blood cells during pregnancy or transfusion. After the initial exposure, antibodies persist and cross the placenta into fetal circulation in subsequent pregnancies, causing destruction of antigen-positive fetal red blood cells1, or suppressing the production of fetal red blood cells.2 Complications can include miscarriage, stillbirth, fetal or neonatal anemia, or hyperbilirubinemia.1,2 If the male partner is heterozygous, preimplantation genetic testing (PGT) for monogenic conditions (PGT-M) is an option to identify embryos that are Rh or Kell-negative, preventing incompatibility and associated complications. Here we report on our experience with Rh and Kell as indications for PGT-M and outcomes of these PGT-M cycles.

MATERIALS AND METHODS: Retrospective analysis of trophodermct (TE) biopsy results from in vitro fertilization (IVF) patients referred for Rh or Kell PGT-M with concurrent PGT for aneuploidy (PGT-A) between January 2011 and December 2021. For each case, documentation of the partner’s heterozygous Rh or Kell-positive status along with samples from the patient, partner, partner’s parents and/or children were used to establish phasing of the negative allele. TE biopsies were genotyped using Illumina Cyto12 SNP-based microarrays with informatics.

RESULTS: Overall, 16 patients underwent PGT-M for Rh or Kell related conditions: Kell (n=7); RhD (n=4); RhE (n=3); RhC (n=1); and RhD, RhC and Kell (n=1). A total of 132 TE samples from 19 IVF cycles were tested (range 2-15 embryos/cycle, range 2-15). Mean maternal age was 34.1 years (range 28-39 years). 15/19 (78.9%) cycles had at least one euploid and antigen-negative embryo. Pregnancy outcome data was provided on 14 transfers: 10/14 (71.4%) resulted in clinical pregnancies, 10/16 (62.5%) transferred gen-negative embryo. Pregnancy outcome data was provided on 14 transfers: 10/14 (71.4%) resulted in clinical pregnancies, 10/16 (62.5%) transferred gen-negative embryo. Pregnancy outcome data was provided on 14 transfers: 10/14 (71.4%) resulted in clinical pregnancies, 10/16 (62.5%) transferred gen-negative embryo. Pregnancy outcome data was provided on 14 transfers: 10/14 (71.4%) resulted in clinical pregnancies, 10/16 (62.5%) transferred gen-negative embryo. Pregnancy outcome data was provided on 14 transfers: 10/14 (71.4%) resulted in clinical pregnancies, 10/16 (62.5%) transferred gen-negative embryo. Pregnancy outcome data was provided on 14 transfers: 10/14 (71.4%) resulted in clinical pregnancies, 10/16 (62.5%) transferred gen-negative embryo.