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.

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

**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 asymptomatic: 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.

**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 efficacy 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.
Methods: A prospective registry has been made since March 2020, for all pregnant patients admitted a tertiary hospital in Santiago, Chile.

Results: A total of 303 patients were enrolled since the first positive PCR for SARS-COVID-2 on April 9 2020. One hundred and three patients were hospitalised, two hundred (mild presentation) remained outpatients. Preterm delivery was significantly higher in outpatients (20 vs. 7%), as well as pneumonia (23%). Patients over 24 weeks have more incidence of interruption of pregnancy, pneumonia (21 cases), admission to ICU (14 cases), premature delivery <37 sem (18) and <34 sem (8) and perinatal mortality (2). The percentage of pretermacy was 19% (19/98) under 37 weeks and 9% under 34 weeks and three fetal death. 13 cases of positive SARS-COVID-2 in neonates.

Conclusions: No maternal deaths were reported, but 18 patients evolved to a critical condition (5 of them remained in intensive care units with life-threatening complications). Co-morbidities, immigrant status and a presentation after 24 weeks were associated to a poor maternal and perinatal outcome.

VP45.21
Clinical correlation of severe and non-severe infection by SARS-CoV2 in pregnant women
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Objectives: To correlate the characteristics and clinical course in pregnant women with severe and non-severe infection by SARS-CoV2 in General Hospital of Mexico.

Methods: Observational and descriptive study of clinical features, laboratory and cabinet studies of pregnant with SARS-CoV2 who requested obstetric care at the General Hospital of Mexico, from April to May 2020. It was used to graph graphpad prism 8.

Results: In General Hospital of Mexico April-May 2020, 16 patients confirmed for SARS-CoV2 by hr-PCR. Symptoms: cough 13/16 (81.2%), fever, myalgia or arthralgia and dyspneal 9/16 (56.2%), pharyngodynia 7/16 (43.7%), fatigue 6/16 (37.5%). Morbidities: obesity 6/16 (37.5%), gestational diabetes 4/16 (25%), no morbidty 4/16 (25%), gestational hypertension 2/16 (12.5%). Chest x-ray: polished glass 9/16 (56.2%), parenchymal consolidation and polished glass. Severe infection 2/16 (12.5%) and non-severe infection 9/16 (56.2%), and a subgroup of patients who required ambulatory management in 5/16 (31.2%). 2/16 required invasive mechanical ventilation (12.5%), presented sepsis, admission to the intensive care unit. 9/16 (56.2%) without oxygen, 4/16 (25%) nasal tips, 2/16 (12.5%) with invasive mechanical ventilation and 1/16 (6.2%) with a reservoir mask. 3/16 showed clinical improvement during hospitalisation and fetal well-being corroborated by Doppler flowmetry, with hospital discharge and telephone follow-up. Caesarean section 6/8 (75%), 2/8 vaginal delivery (25%). In 6/7 Caesarean sections was oligohydramnios.

Neonates 8/16 (100 %) of newborns with rt-PCR negative for SARS-VOC-2 and without reported neonatal mortality.

Conclusions: Pregnant women are among vulnerable groups to complicate before a respiratory infection, therefore it is important to identify clinical characteristics and morbidities that complicate the SARS-CoV2 infection, which will allow timely diagnosis and multidisciplinary treatment balancing the clinical course of COVID-19 disease with perinatal results.

VP45.22
Lung ultrasound is not a useful screening tool for SARS-CoV2 in pregnant women
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Objectives: Pneumonia caused by the 2019 novel coronavirus disease (COVID-19) is a highly infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV2). As high as 20% of pregnant women admitted to hospitals may test positive for SARS-CoV2, most of them will be asymptomatic. Asymptomatic carriers represent a risk both for other women and for healthcare workers. Lung ultrasound (LUS) is a safe and reliable tool for lung imaging in patients with COVID-19, especially in pregnancy. The aim of the present study was to assess the role of LUS as a screening tool for SARS-CoV2 in pregnancy.

Methods: This was a prospective cohort pilot study on asymptomatic pregnant women undergoing oropharyngeal swab for SARS-CoV2 by quantitative RT-PCR (qRT-PCR). On the same day of the swab and before the result is ready, women were recruited for the aim of the study. For all recruited women, we performed LUS. Each hemithorax was divided into 6 regions. Each region was and given a score (normal = 0, well-separated B-lines = 1, coalesce B-lines = 2, and consolidation = 3). LUS score is the sum of the score in all regions. All LUS examinations were performed by Voluson P8 machine (GE Healthcare; Zipf, Austria) equipped with 2D convex transducer.

Results: Overall, 50 asymptomatic pregnant women were recruited for the aim of the study. Median age was 34 years (range 24 to 48) and median gestational age was 38 weeks (range 25 to 40). qRT-PCR resulted positive in 2 (4%) and negative in 48 women. LUS was normal with LUS score 0 in all cases. Women were followed up for a median of 7 days (range 3 to 9). None were symptomatic for COVID-19 at the time of the swab or at follow-up.

Conclusions: In this pilot study, despite the relatively small population, the use of lung ultrasound did not seem to be useful in the screening for COVID-19 in pregnant women.

VP45.23
Fetal sonographic follow-up after maternal COVID-19 infection: is there a matter of concern?
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Objectives: Although there is no evidence of vertical transmission of COVID-19, fetal consequences of maternal COVID-19 remain