rate near to 0%. The main problem was the pcr processing time. For the sake of convert recovery rooms to ICU beds, Caesarean recoveries were done in labour room. 68 patients were benefited (97%, rest were COVID-19 positive or unknown). None reinterventions or problems with pain management were detected. Also skin-to-skin contact between mother and neonates after caesarean were possible.

As a way of minimising hospital stay and potential virus exposure an early discharge (24 hours postpartum) puerperal pilot program was launched. Strict mother and neonatal conditions must be fulfilled. 10 woman and their neonates could adhere to program. No readmissions were registered. Only one visit to emergencies due to normal uterine bleeding. 14 hospital stay were saved. Creation of a telephonic 24h number for COVID-19 and pregnancy relation doubts with more than 80 phone calls attended. A no on-site medical consultation was implanted. This allowed the attention and follow up of 4 patients COVID-19 and isolated and home in combination with GP, allowing a proper fit of all varying management protocols. Same team were designed to attend pregnancy who were hospitalised.

Conclusions: Pandemic had supposed deep organisation changes, but, this hard moments have serves to learn and they come to stay.

VP45.33
A 41-year-old multigravida pregnancy with COVID-19 infection in third trimester: a case of transient deterioration after Caesarean
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Caesarean section in mothers infected with COVID-19 may linked to clinical deterioration. Physiological changes in the cardiovascular, respiratory, and coagulation systems may lead to increased risk of morbidity. Our case had a transient deterioration after Caesarean.

A 41-year-old multigravida (G6P5), without any underlying medical disease, was referred to our centre at 36 weeks of gestation with complaints of fever, dry cough, shortness of breath and myalgia on 19 March 2020. Her husband's nasopharynx swab test became SARS-COV2 positive and had mild symptoms. He was isolated at home. She was admitted due to suspected COVID-19 pneumonia. She was normotensive, febrile, and tachypneic on admission. Her chest CT on admission had bilateral patchy ground-glass features, nasopharyngeal swab for SARS-COV2 had a positive result. The laboratory investigation showed lymphocytopenia, increased liver function tests and CRP levels. Antepartum monitoring was reassuring. Treatment with diphenhydramin, azithromycin and kaletra was initiated. Within 24h of admission, she developed acute hypoxemia, tachypnea and decreased O2 saturation and non-reassuring fetal heart rate tracing. An emergency Caesarean section was performed, leading to birth of a liveborn girl weighing 3,100g, Apgar score was 8/10 and 9/10 at 1st and 5th minute, section was performed, leading to birth of a liveborn girl weighing 3,100g, Apgar score was 8/10 and 9/10 at 1st and 5th minute, birth of a liveborn girl weighing 3,100g, Apgar score was 8/10 and 9/10 at 1st and 5th minute, birth of a liveborn girl weighing 3,100g, Apgar score was 8/10 and 9/10 at 1st and 5th minute.

Our patient was transferred to ICU after delivery and continued on oxygen support. 24h later, she decompensated and was intubated. Mechanical ventilation was continued for 6 days and then she was extubed and was managed by NIV for 48h, then on Day 11 she was transferred to ward. On Day 13 her general condition improved and was discharged from hospital on outpatient orders. The mother and her neonate remained healthy during follow-up.

VP45.34
Knowledge, attitudes, practices and influencing factors of anxiety among pregnant women in Wuhan during the outbreak of COVID-19
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Objectives: Our study aimed to evaluate the knowledge, attitudes and practices (KAP) of pregnant women in Wuhan, investigate the status of anxiety and assess influencing factors during the outbreak of COVID-19.

Methods: We recruited 817 participants from two maternity hospitals in Wuhan, which are respectively in Jiangan (urban) and Jiangxia (suburban) district. All participants completed a structured questionnaire include sociodemographic and clinical characteristic, KAP, Zung self-rating anxiety scale (SAS).

Results: The mean score of knowledge was 13.15 ± 1.10. The prevalence of prenatal anxiety was 20.81%. Having kids, low score of knowledge, very worried about getting contacted with COVID-19, worried about getting contacted with COVID-19 by ultrasound transducer were risk factors for the prenatal anxiety, trust in official media, postponed antenatal care (ANC) or reduced the visiting times were protective factors.

Conclusions: Prenatal anxiety was relative common among pregnant women in Wuhan during the outbreak of COVID-19, Our findings recognised factors associated with a lower level of prenatal anxiety that can be used to design psychological interventions to improve the mental health of pregnant women during the COVID-19 pandemic.

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

VP46: HOW TO MANAGE CORD AND PLACENTA PROBLEMS

VP46.01
Arteriovenous malformation following uterine scar pregnancy
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A 32-year-old patient (G2, P1) presented with vaginal bleeding two weeks after her last menstrual bleeding. Hemoglobin (Hb) was normal and beta-HCG level was negative. She had been treated by curettage for missed abortion three months before and had a history of elective Caesarean section three years earlier. Abdominal and transvaginal ultrasound demonstrated a retroflected uterus with a hypoechoic mass (42 x 21 x 29 mm) in the anterior wall protruding from the region of the previous Caesarean scar. Colour Doppler revealed massively dilated and tortuous blood vessels with increased blood flow velocities (about 30 cm/second). Due to the typical appearance an arteriovenous malformation was suspected and MRI was scheduled. The MRI confirmed the hypervascularised