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**O-OBS/GYN-EDU-033** .................................................................
Exploring the changes in resident perceptions of midwives after viewing video-vignettes of peripartum interprofessional care

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Objectives: To explore obstetric residents' reflections on their learning needs and attitudes regarding midwifery care after viewing a series of video-vignettes as part of a virtual Interprofessional education (IPE) program in intrapartum care.

Methods: Residents in Obstetrics and Gynaecology (OBGYN) at the University of Toronto were provided with a 4-part video-based program that portrayed interprofessional conflict scenarios faced by obstetricians, midwives and other health professionals working interdependently in obstetrics. Participants completed surveys before watching the videos in order to characterize their opinions and values towards the midwife profession. Resident knowledge and attitudes, as well as feedback regarding the utility of the videos as a teaching tool, were evaluated using qualitative and quantitative analyses.

Results: Baseline surveys characterizing resident perceptions of midwifery were completed by 21 OBGYN residents. More than 90% of participants agreed that interprofessional education in maternity care involving midwifery and medical professionals should be a core component of each profession's training. Most residents agreed that working well with midwives is important for professional satisfaction among team members (95% agree) and their professional satisfaction (80% agree). Residents report feeling distrust and lack of knowledge of midwifery. They also identified a lack of interdisciplinary education in their medical curriculum and an associated desire for future learning.

Conclusions: This study underscores the importance of actively teaching IPE in early obstetrics training. A virtual IPE curriculum can be used as an authentic learning tool to support resident skill development for working collaboratively in multi-disciplinary teams.

Keywords: Interprofessional education, virtual, midwifery, labour and delivery, obstetrics, resident education

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**O-OBS/JM-034** .................................................................
Timing of antenatal corticosteroids for optimal neonatal outcomes: a Markov decision analysis model

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Objectives: Antenatal corticosteroids (ACS) are administered to pregnant women at high risk of preterm delivery and are important for reducing neonatal morbidity and mortality. They have a limited time-frame of effectiveness and timing can be difficult due to the uncertainty surrounding a patient’s clinical course and risk of preterm delivery. The objective of the current study was to design a decision analysis model to optimize timing of ACS administration and identify important variables which impact timing.

Methods: We created a Markov decision analysis model with a base case consisting of a patient at 24 weeks gestation with an antepartum hemorrhage. The decision strategies included immediate ACS administration compared to delayed or no administration. Outcomes are from the perspective of the neonate and consist of lifetime quality adjusted life years (QALYs). Model assumptions and data for model inputs were derived from current literature and clinical recommendations.

Results: Our base-case analysis revealed a preferred strategy of delaying ACS for two weeks, which resulted in an expected value of 39.176 lifetime discounted QALYs. This was associated with reduced neonatal morbidity, but also resulted in 0.1% more neonatal deaths compared to immediate ACS. Sensitivity analyses identified a baseline probability of delivery of 6.19% above which immediate steroids were preferred. Other important sensitive variables include gestational age and the relative risk reduction of ACS.

Conclusions: Clinicians should carefully consider these factors prior to ACS administration, with a low threshold for immediate administration if the probability of delivery in the next week is estimated to be greater than 6.19%.

Keywords: Antenatal corticosteroids, premature delivery, maternal-fetal-medicine, decision analysis, decision modeling

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**O-OBS-EDU-MD-037** .................................................................
The psychosocial impact of COVID-19 on pregnant and postpartum individuals: a mixed methods exploration

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Objectives: To explore the psychosocial and behavioural responses of pregnant and postpartum individuals during the COVID-19 pandemic in order to develop strategies for healthcare providers to support patients through a pandemic.
Methods: Mixed-methods study of patients in an urban Toronto multidisciplinary Family Health Team who were between 20 weeks pregnant and 5 months postpartum from June to August 2020. Using a questionnaire and qualitative interviews, we explored psychosocial and behavioral impacts of the COVID-19 pandemic, including access to prenatal care, lifestyle changes, and strategies for mitigating distress.

Results: Forty-seven pregnant (and 62 postpartum individuals responded (response rate 52%)); 12 semi structured interviews were completed. Respondents indicated a loss of freedom (93%), loneliness/lack of support (86%), and nearly/ totally housebound (83%). About half (46-54%) were worried/ very worried for themselves or their baby contracting COVID-19 and 13% scored > 13 on EPDS indicating depression. Helpful strategies included keeping busy (86%), exercise (84%), and talking to their healthcare provider (79%). Qualitatively, participants expressed profound feelings of loss and persistent fear, anxiety, loneliness/isolation, and uncertainty. Adaptive behaviors included seeking mental health services, participating in online support groups, connecting with family/friends, avoiding information fatigue, and exercising. Maladaptive behaviors included overeating, becoming sedentary, and social isolation.

Conclusions: Notwithstanding the “normal” stresses of pregnancy and parenthood, the added burden of pandemic-related stresses may impact parental mental health and relationships, parent-infant bonding, and infant development. Understanding psychosocial and behavioral responses to pregnancy during COVID-19 will enable healthcare providers to mitigate these impacts by providing appropriate supports.

Keywords: COVID-19, Pregnancy, Qualitative, Mixed Methods, Post partum

The role of hysteroscopy in management of retained products of conception
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Video abstract summary: This video reviews the role of hysteroscopy in management of retained products of conception. We begin with reviewing standard methods for management of retained products and further discuss indications for hysteroscopic management. We visually present three cases that demonstrate different hysteroscopic techniques including intrauterine tissue extraction and hysteroscopic resection with and without use of electroscopy. The first case reviews retained products in the setting of uterine anomaly and prior intrauterine adhesions. We then review a case of chronic and invasive retained products requiring deep resection. Finally, we review a case of retained placenta following term delivery removed by cold loop resectoscope. During these cases, we review key points and tips for a successful hysteroscopy.

Maternal and fetal outcomes of pregnancies complicated with urolithiasis: a retrospective cohort study
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Objectives: Although urolithiasis is common in the general population, information on its impact on pregnancy is scarce. The objectives of this study are to identify the incidence of urolithiasis in pregnancy, as well as to compare maternal and fetal outcomes of kidney stones with pregnancies not affected by kidney stones.

Methods: A population-based cohort study consisting of pregnant women was carried out using the United States’ Healthcare Cost and Utilization Project-Nationwide Inpatient Sample from 1999-2015. Exposure was classified by the presence or absence of the ICD-9-CM code 592.X which identified those women diagnosed in admission with calculi of the kidney and/or ureter. Logistic regression was used to evaluate the effect of urolithiasis on maternal and newborn outcomes.

Results: A cohort of 13,792,544 pregnant patients was identified, of which 11,528 had urolithiasis during pregnancy, resulting in an overall incidence of urolithiasis in pregnancy was 8.3/10,000 pregnancies. Women with urolithiasis were more likely to have preeclampsia/eclampsia (OR 1.35, CI 1.24-1.47), gestational diabetes (1.29, 1.20-1.30), abruptio placenta (1.41, 1.22-1.64), placenta previa (1.55, 1.27-1.90), and to deliver by cesarean (1.20, 1.15-1.25). Postpartum pyelonephritis (88.87, 81.69-96.69) and maternal death (2.85, 1.07-7.60) were more common. Pregnancies complicated by urolithiasis had greater risk of congenital anomalies (2.84, 2.43-3.31) and preterm birth (1.92, 1.82-2.03), with lower risk of intrauterine fetal death (0.60, 0.45-0.81).

Conclusions: After observing higher rates of obstetrical complications and poor neonatal outcomes among women with kidney stones, we hypothesize that these women experience a more challenging pregnancy compared with women whom did not have renal calculi during pregnancy.

Keywords: urinary calculi, urinary stones, urinary tract, urolithiasis, pregnant, pregnancy, obstetric, maternal, fetal, neonatal, outcomes

Patients’ and providers’ perspectives on elective egg freezing decision-making: a needs assessment
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Objectives: To assess decisional needs of patients undergoing elective egg freezing (EEF); to identify decision support needs of women considering EEF and providers who counsel them.

Methods: This qualitative study involved a needs assessment via individual interviews conducted using a semi-structured guide modified from the Ottawa Decision Support Framework (ODSF). Data analysis was accomplished using grounded theory. Participants included patients considering EEF at one hospital-based fertility clinic and providers from across Canada who counsel patients about EEF. Data saturation was met and analysis performed after the recruitment of 13 providers and 12 patients.

Results: Inherent and modifiable decisional needs, decisional conflict, and potential sources of decisional support were identified. Decisional needs inherent to EEF included difficult decision type, multiple options available to delay childbearing, lack of evidence for outcome success, required judgement amongst personal values, significant financial/emotional burden, and pressure of reproductive aging. Modifiable decisional needs included unrealistic expectations of success, unclear values at time of decision, and inadequate decisional support. Inadequate support/resources were identified including information inadequacy/overload, social pressure, difficult decisional roles, and inadequate perceptions, skill, social support, financial assistance, and health/social services. Suggestions for decisional support included provision of basic information before or