they do not present any alteration in the placental volume. In our study, an average of 7 days was observed between the presentation of the clinical manifestations and the confirmation of the polymerase chain reaction (PCR). The macroscopic study of the placenta showed 5 placentas in F+ 90, 2 in P70 and 1 <P3. Microscopically, 8/8 was observed with intercellular fibrin, 2 with intra-villi fibrin, which correlates with the extremely high D-dimer. The other data are related to poor fetal and maternal perfusion of the underlying diseases of the patients, these are chorangiosis (1), thickening of the mean arteries (3), decidualitis (3), deciduous vessel ectasia (1), vellus infarction (1), abscess (1), atherosis (1), intercellular calcifications (1), chorangioc (1), and chorioamniotic (1).

Conclusions: Histopathological study of the placentas of women infected with SARS-CoV2 show recurrent histopathological changes. These will continue to be studied under electron microscopy since the presence of virions in the trophoblast has been demonstrated. Here we illustrate with histochemistry technician the findings of our material.

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

VP45.15
Impact of intensive care considerations on maternal and neonatal complications of COVID-19 in pregnancy
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We present a case of a COVID-19-positive grand multiparous woman at 29 weeks gestation with rapid development of acute respiratory distress syndrome needing direct admission from A&E to intensive care unit. SARS-CoV2 is a new strain of coronavirus causing COVID-19 infection and was declared a global pandemic by WHO in March 2020. Although pregnant women do not appear more susceptible to the infection than the general population, pregnancy alters the immune system and response to viral infections can cause more severe symptoms.

In our case, the woman had no pre-existing medical problems but deteriorated rapidly with ARDS from admission and later developed posterior reversible encephalopathy syndrome (PRES). The case highlights the unique physiological, ethical and intensive care management considerations and dilemmas in the care of the critically ill pregnant women with COVID-19 in the antenatal, intrapartum and postnatal periods. It also underlines the importance of multidisciplinary involvement in managing these cases with emphasis on the physiological maternal adaptations that the obstetricians are more familiar with than the intensive care teams. This is important in deciding the timing of delivery. In this case, the neonate tested negative for COVID-19. Though the neonate had normal antenatal imaging at 20 weeks, the baby developed hydrocephalus with dilation of the lateral and third ventricles and extensive periventricular white matter cavitation in three weeks.

VP45.16
COVID-19 in pregnancy: seroprevalence, clinical spectrum, impact on pregnancy outcomes and influence of microbiota in clinical severity – a population-based study in Spain
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Objectives: There is a paucity of data on COVID-19 in pregnancy. The proposed study is designed to provide critical data on the characteristics of the infection in pregnant women by means of a population-based in pregnant and non-pregnant women. The primary objectives are to describe the seroprevalence, clinical spectrum compared with non-pregnant women and perinatal outcomes of COVID-19 in pregnancy. A secondary objective is to evaluate the clinical presentation of COVID-19 with maternal gut microbiota patterns.

Methods: A multicentric, prospective population-based study starting in April 2020 in Barcelona, Spain, including three cohorts:

1. 1,000 pregnant women consecutively attending first trimester screening in the three hospitals involved;
2. 1,000 pregnant women consecutively admitted to delivery from each hospital’s catchment area (excluding COVID-19 referrals);
3. 1,000 non-pregnant women (18-50ys) workers in two hospitals and in one company.

Results: The sample size was calculated assuming a 15% COVID-19 positive rate. Baseline characteristics, clinical symptoms for COVID-19, obstetrical and perinatal outcome will be collected. In all women, nasopharyngeal (NP) swabs will be obtained for SARS-CoV2 RT-PCR and serum (maternal peripheral blood and cord blood) for SARS-CoV2 IgM and IgG. Neonatal NP swabs and antibodies in cord blood will be evaluated in all SARS-CoV2+ and controls matched 1-to-1 will be used to study the microbiota in relation with clinical presentation.

Conclusions: Final results will be available by the end of June 2020. This study will provide important population-based data on the clinical presentation and impact on perinatal outcomes of COVID-19.

VP45.17
COVI-PREG: an international COVID-19 and pregnancy registry
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Objectives: The COVID-19 pandemic has spread worldwide since the first cases described in Wuhan, China in December 2019. First data on SARS-CoV2 and pregnancy included small case series with a non-quantifiable risk of materno-fetal adverse outcomes. Moreover, the question of vertical transmission of the virus is still not resolved. Large cohorts are required to allow accurate risk estimates. Our aim...
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), 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 efficiency 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 anaesthesia 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.

VP45.20 Pregnancy and coronavirus disease: Chilean experience in one tertiary centre in the middle of the pandemic

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Objectives: Chile became one of the focus of the COVID-19 pandemic in the winter of 2020. The purpose of this study is to evaluate the clinical experience of pregnant patients with a COVID-19 condition in a tertiary centre in the Northern Area of Santiago, Chile.