for Family Planning and Reproduction of the Moscow Department of Health, Maternity Hospital №3, Moscow, Russian Federation. The main group included 80 patients diagnosed with "Habitual miscarriage due to the development of antiphospholipid syndrome", who underwent a course of plasmapheresis of 7 procedures. The control group consisted of 70 patients with antiphospholipid syndrome who did not undergo plasmapheresis courses. During pregnancy planning, all patients were prescribed complex therapy aimed at preventing venous thromboembolic complications.

Plasmapheresis was performed using an intermittent technique. Premedication included hormonal drugs and antihistamines. During one procedure, 968.5 ±102.1 ml of blood was extracted, followed by replenishment of at least 80% of the volume with freshly frozen donor plasma and blood substitutes. The extracted blood was centrifuged at a speed of 1500 rpm for 20 minutes in an OS-6M centrifuge, then plasma was removed and erythrocytes were washed three times with isotonic sodium chloride solution in a ratio of 1:1.5. The resulting erythrocyte mass was irradiated with a helium-neon laser on an ALOK-1 apparatus at a dose of (3-3.5)× 0.1 J/ml for 18-22 minutes.

The level of antibodies to phospholipids, cardiolipin, β2-glycoprotein-1 and β-subunit of human chorionic gonadotropin was determined by enzyme immunoassay using a MultiScan EX analyzer. The level of lupus anticoagulant was determined using an ACL-200 coagulometer (Instrumental Laboratory, Spain).

Results: After plasmapheresis, the detection rate of lupus anticoagulant decreased in the main group by 72.16% (p=0.0001). Before therapy, it was detected in the main group in 25 patients (31.25%), and after that – only in 7 (8.75%), in the control group – in 18 (25.71%).

The detection rate of total antibodies to phospholipids decreased by 62.26% in the main group (p=0.001). Before therapy, total antibodies to phospholipids in the main group were detected in 53 (66.25%) patients, and after that – in 20 (25%), in the control group – in 45 (64.28%) patients.

Antibodies to cardiolipin were detected before treatment in 28 patients (35%) of the main group and 24 patients (34.28%) of the control group, after the course of treatment – in 23 (28.75%). Thus, the frequency of detection of these antibodies decreased in the main group by 17.8% (p=0.47).

Antibodies to β2-glycoprotein-1 were detected before treatment in 55 patients (68.75%) of the main group and in 50 (711.42%) of the control group. After the course of treatment, antibodies were detected in 17 (21.25%) patients. In general, the detection rate of these antibodies decreased by 69.09% in the main group (p=0.001).

Antibodies to the β-subunit of human chorionic gonadotropin were determined in the main group before treatment in 15 patients (18.75%), after – in 9 (11.25%), in the control group – in 16 (22.85%). During therapy, the frequency of antibody detection decreased by 40% in the main group (p=0.49). These antibodies were verified after treatment only in combination with other markers of antiphospholipid syndrome.

Conclusion: The results of our study demonstrate a statistically significant decrease in the level of antiphospholipid antibodies in the blood of women after plasmapheresis procedures. The greatest effect was observed in relation to antibodies to β2-glycoprotein-1 and lupus anticoagulant, the least in relation to antibodies to cardiolipin. This method of efferent therapy has immunocorrective, detoxifying effects, improves the rheological properties of blood, which makes it possible to recommend its implementation at the stage of pre-gravidar preparation for women with antiphospholipid syndrome.

Keywords: Antiphospholipid syndrome, lupus anticoagulant, cardiolipin, plasmapheresis, habitual miscarriage, β2-glycoprotein-1

PP-025 Assessment of knowledge, attidues and practices, on COVID-19 vaccine among high risk pregnant and lactating women: a cross-sectional study

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DOI: 10.59215/prn.24.032supp025

Objective: To assess the knowledge, attitudes, and practicesofCOVID-19 vaccine among high-risk pregnant and lactating women in a tertiary hospital. Specific Objectives: 1. To describe the socio-demographic characteristics of patients seeking high-risk antenatal care 2. To determine the co-morbidities of the study population and their COVID-19 vaccine history 3. To evaluate the knowledge on COVID-19 vaccine of high-risk patients 4. To identify attitude affecting women's decision-making regarding COVID-19vaccine 5. To determine the practices regarding COVID-19 vaccine among high-risk women.

Methods: A prospective cross-sectional study was conducted on high-risk pregnant and lactating women who sought antenatal consults at the High Risk Clinic in a tertiary training hospital. Participants were asked to answer a validated questionnaire assessing their knowledge, attitudes, and practices on COVID-19 vaccine. They were also asked about their socio-demographic characteristics, co-morbidities, history of COVID-19 infection and vaccination status as well as the source of the information regarding the vaccine. Descriptive statistics was used to summarize in this study. In addition, frequency and proportion were used for nominal variables, median and range for ordinal variables, and mean and standard deviation for interval or ratio variables.

Results: A total of 323 high-risk pregnant and lactating women were enrolled in the study with an average age of 29 years old. Sociodemographic characteristics of the participants showed that they were high-school graduate, single, mostly financially disadvantaged and resides in CALABARZON area. Majority have diabetes mellitus as their co-morbidity, were not infected with COVID-19 and had already been vaccinated. The significant source of information of vaccine information was mainly from social media. The study presented that more than 90% were aware that COVID-19 vaccine was recommended by professional organizations however only 55-59% only agree that it is safe during pregnancy and breastfeeding. The result also conveyed a positive attitude towards vaccination as the pregnancy progresses as well as during lactation. As to practices, 80% of the participants were told by their healthcare providers to get vaccinated and 72% of them reported vaccine side effects. Furthermore, 58% of the participants would recommend vaccination during pregnancy while only 54% will recommend it while breastfeeding.

Conclusion: Assessment of knowledge, attitudes, and practices of COVID-19 vaccine among high-risk pregnant and lactating women gave an understanding on how a vulnerable population perceive vaccination. In general, this research study presented high percentage COVID-19 vaccine awareness and acceptance however it can also be seen that there is a mixed perception regarding vaccine safety during pregnancy and lactation. Strategies to improve health literacy which are evidenced based that can be carried out by a health care provider could be established to achieve maximum vaccination coverage among high-risk group of patients.

Keywords: COVID-19 vaccine, high-risk pregnant and lactating women

PP-026 Obstetrical and neonatal outcome of premature rupture of amniotic membranes before 28 weeks of gestatio

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DOI: 10.59215/prn.24.032supp026

Objective: Premature rupture of the membranes (PRM) is defined as a proven rupture of the amnion and chorion, including fissures.The frequency of PRM before 28 weeks' gestation (WG) varies between 0.1% and 0.7% of all deliveries, depending on the author. It affects between 7% and 51% of premature deliveries (30% on average). It can result in serious maternal and neonatal morbidity and mortality.

The objectives of this study were to describe the outcome of pregnancies after isolated preterm delivery before 28 weeks' gestation and to assess neonatal mortality and morbidity.

Methods: It was a prospective observational study including all pregnancies complicated by a PRM before 28 WG completed, of at least 24 hours, between January 2022 and March 2024 and admitted to the maternity unit of Farhat Hached Hospital Sousse, Tunisia.

Results: We enrolled 28 pregnancies, with an average maternal age of 31 years [21-44 years]. Therapeutic interruption of pregnancy was indicated in 9 cases, due to severe anamnios (5), chorioamniotitis (2) and early PRM at 17 WG (2). Armed expectative management was indicated in 19 cases, with weekly clinical, biological (infectious work-up) and ultrasound monitoring. The onset of PRM was at an average of 25 days [18-28 days]. Chorioamniotitis was noted in 3 cases, a urinary tract infection in 4 cases and a positive vaginal swab in 2 cases. Pulmonary maturation and antibiotic therapy were instituted in all patients. The average duration of PRM was 30 days [1-80 days]. Delivery was vaginal in 8 cases. All neonates were hospitalized in the NICU for neonatal respiratory distress, of variable severity, and suspected early onset neonatal sepsis, which was confirmed in 4 cases. The subsequent outcome was fatal in 4cases secondary to refractory septic shock. Survivors had an average hospital stay of 35 days, with only one patient being followed for bronchopulmonary dysplasia.

Conclusion: Early PRM is a serious complication of pregnancy, which can lead to serious complications for