improvement. Describing anchoring milestones and evaluating fellows in accordance to stage in fellowship (i.e. early first year fellow) can help standardize responses. Further exploration on improving the evaluation process is warranted.

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1139. Adherence to Zika virus-related Pediatric Follow-up Care in Puerto Rico

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Session: P-51. Maternal-child Infections

Background. Over three thousand children in Puerto Rico were potentially exposed to Zika virus infection during pregnancy during the 2016 Zika virus epidemic. This congenital exposure is an established risk factor for birth defects and neurodevelopmental abnormalities, which may appear after birth. Puerto Rico guidelines require consistent pediatric monitoring for early identification and intervention of children up to age five.

Methods. Our objective was to assess factors that influence caregiver adherence to Zika-related follow-up pediatric services in Puerto Rico. We conducted qualitative semi-structured focus groups and individual interviews with 57 individuals, including 35 caregivers (aged ≥18 years and a primary caregiver for a child with laboratory evidence of confirmed or possible Zika virus infection during pregnancy) and 22 healthcare providers or service coordinators. We explored participants' views on barriers to Zika-related pediatric services and suggestions for improving appointment attendance. Interviews were recorded, transcribed, and translated. We developed and applied a coding scheme based on barriers and facilitators from the Andersen Model of Health Care Utilization and Katz Model for Adolescent Vaccine Adherence (a multi-step process influenced by adolescent and caregiver factors). Data were analyzed using thematic analysis.

Results. Three themes influencing adherence to Zika-related pediatric follow-up care were consistently reported throughout the interviews and focus groups discussions: (1) logistics of getting child to appointments based on clinic location, availability and costs associated with transportation, and physical requirements to transport child or multiple children; (2) complexity of requirements for follow-up appointments; and (3) caregiver burden including emotional, social, and time.

Conclusion. Barriers to Zika-related pediatric follow-up care in Puerto Rico are complex and multi-level. Core intervention targets should include caregiver burden, health system navigation, and coaching caregivers in communication with pediatric providers. Use of a caregiver-delivered manualized intervention led by community health workers seems appropriate to achieve these goals.

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1140. Awareness of Cytomegalovirus (CMV) Among Postpartum Mothers: Education Needed!

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Session: P-51. Maternal-child Infections

Background. Congenital cytomegalovirus (cCMV) infection is the leading cause of non-genetic sensorineural hearing loss and affects approximately 0.5%-1% of all live births in the United States. Despite its substantial burden, maternal awareness of congenital CMV disease is limited. In addition, there is no information on CMV awareness among postpartum women who ultimately would consent for CMV newborn screening. Thus our objective of this study was to determine the proportion and characteristics of postpartum women who had knowledge of CMV in an academic medical center in Columbus, OH.

Methods. From May - December 2019, 276 postpartum women who delivered a newborn at the Ohio State University Wexner Medical Center, Columbus, OH were asked if they had prior knowledge of CMV. Eligible mothers had delivered an infant who was admitted to the Newborn Nursery, were ≥ 35 weeks' gestational age, and had no signs of congenital CMV infection. These mothers had consented for enrollment of their newborn into the University of Alabama's Collaborative Antiviral Study Group multicenter study on CMV screening (saliva) of asymptomatic infants. Pertinent demographic and clinical data were collected and subsequently managed using REDCap electronic data capture tools hosted at Nationwide Children's Hospital, Columbus, OH. Statistical analyses were performed using GraphPad Prism.

Results. 505 eligible infants were born during the study period and 276 (55%) of the mothers were asked about their awareness of CMV infection. Of the 276 mothers (62%, white; 24%, Black; 3%, Asian; 0.4%, Native Hawaiian or Pacific Islander; 3%, biracial; 8%, not known), 30 (10%) had prior knowledge of CMV. Mothers who were aware of CMV did not differ from mothers who did not know about CMV in primigravida status (12/30 [40%] vs. 84/246 [34%], P=.55) or age (median, IQR; 33 years [29-35] vs. 31 years [26-34], P=.11). All infants had a normal physical examination, and none had congenital CMV infection.

Conclusion. Among postpartum mothers who consented to saliva screening of their newborns for congenital CMV infection, only 10% were previously aware of CMV. Such a knowledge gap should be addressed to better inform both universal and targeted newborn CMV screening among postpartum mothers.

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1141. Composition of Placental Cultures and Correlation with Maternal and Infant Blood Cultures in Mothers with Suspected Chorioamnionitis

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Session: P-51. Maternal-child Infections

Background. Placental culture is often used in combination with placental pathology in pregnant women with suspected chorioamnionitis. While multiple studies have looked at the correlation of placental cultures with neonatal outcomes, few have looked at the composition of placental cultures in terms of the number of organisms and their identification. Our study aims to describe such characteristics of placental cultures and to compare organisms found in placental cultures with those in maternal and infant blood cultures.

Methods. We performed retrospective chart reviews on mothers and infants for whom a placental pathology and culture was sent at Loyola University Medical Center between January 2017 and December 2019. We separated the mothers based the results of their placental cultures and pathologies and on the number of organisms found in each culture. We then analyzed the identification of organisms of the positive cultures and compared these organisms with positive infant and maternal blood cultures.

Results. A total of 208 placental cultures out of 279 sent (73.84%) were positive. 63 (30.29%) positive cultures were monomicrobial, while 145 (69.71%) cultures were polymicrobial. The most prevalent organisms found in all placental cultures were coagulase negative staphylococcus (26.44%), Streptococcus anginosus (16.83%), Corynebacterium species (14.90%), Lactobacillus species (14.90%), and Gardnerella vaginalis (13.94%). A small fraction of positive placental cultures was associated with positive infant and maternal blood cultures (4.33% and 3.85%, respectively). When comparing the organisms in placental cultures with those in maternal and infant blood cultures, 100% and 71% (respectively) of cases with both positive blood and placental cultures had shared organisms.

Distribution of most common organisms found in monomicrobial and polymicrobial placental cultures.

Monomicrobial Cultures			*Polymicrobial Cultures*			
Organism	**Frequency of Organism**	**Percent Frequency of Monomicrobial Cultures**	**Organism**	**Frequency of Organism**	**Percent Frequency of Total Organisms**	**Percent of Polymicrobial Cultures Containing Organism**
Escherichia coli	7	11.11%	Staphylococcus species (coagulase negative)	50	10.10%	34.48%
Gardnerella vaginalis	6	9.52%	Streptococcus anginosus	34	6.87%	23.45%
Cutibacterium (Propionibacterium) acnes	5	7.94%	Corynebacterium species	31	6.26%	21.38%
Staphylococcus species (coagulase negative)	5	7.94%	Lactobacillus species	28	5.66%	19.31%
Finegoldia (Peptostreptococcus) magnus	4	6.35%	Gardnerella vaginalis	23	4.65%	15.86%
Bacteroides fragilis	3	4.76%	Bacteroides fragilis	22	4.44%	15.17%
Enterococcus species	3	4.76%	Prevotella bivia (Bacteroides bivius)	20	4.04%	13.79%
Lactobacillus species	3	4.76%	Finegoldia (Peptostreptococcus) magnus	18	3.64%	12.41%
Streptococcus agalactiae (Group B)	3	4.76%	Escherichia coli	17	3.43%	11.72%
Streptococcus viridans group	3	4.76%	Enterococcus faecalis	14	2.83%	9.66%

Distribution of placental cultures based on number of organisms.

Number of organisms		*Number of cultures*	*Percent of total positive cultures*
Single		**63**	**30.29%**
Multiple (>1)		**145**	**69.71%**
	2	48	30.29%
	3	34	23.08%
	4	28	16.35%
	5	21	13.46%
	6	11	10.10%
	7	1	5.29%
	8	2	0.48%

Correlation of placental cultures with infant and maternal blood cultures.

Type of blood culture	Number of positive blood cultures	Number of positive blood cultures with positive placental culture	Number of cases with both positive blood and placental cultures with corresponding organisms	Number of placental cultures that identified additional organisms not found in blood cultures
Infant	9 (4.33%)	7 (78%)	5 (71%)	5 (100%)
Maternal	8 (3.85%)	6 (75%)	6 (100%)	4 (66%)

Conclusion. The data collected from this study helps provide a biological profile of organisms found in placental culture for patients with suspected chorioamnionitis.