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make a diagnosis. The median sensitivity and specificity were 0.83 and 0.69 respectively, when analyzing using a binary classification ("definite SSI" and "suspected SSI" image diagnoses designated as positive for SSI). Sensitivity increased to 0.96 when classifying "definite SSI", "suspected SSI", and "suspected no SSI" as positive for SSI. The overall Gwet's AC1 estimate for this analysis was 0.46 for binary classification.

CONCLUSIONS: We demonstrate reasonable sensitivity and specificity for photo-based SSI diagnosis. Sensitivity was particularly high when categorizing "definite SSI", "suspected SSI", and "suspected no SSI" as positive for SSI. Strategies to improve overall agreement could include providing clinical information to accompany photos, providing a baseline photo for comparison, and implementing photo-taking processes aimed at improving image quality.

12 Expanded Risk-Based Strategy for Postpartum Antibiotic Prophylaxis in Deliveries Complicated by Intraamniotic Infection: Results of a Pre- and Post-Intervention Study

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OBJECTIVES: Intraamniotic infection (IAI) during labor is a risk factor for postpartum endometritis. Current practice guidelines for IAI support a single dose of prophylactic antibiotics in the postpartum period following cesarean but not vaginal deliveries. This study aimed to determine whether a standardized risk-based strategy of extended antibiotic prophylaxis was associated with a reduced rate of endometritis.

METHODS: This was a retrospective single-center cohort study of pregnancies complicated by IAI before and after introduction of a standardized protocol for postpartum antibiotic prophylaxis. We included singleton pregnancies delivered $\geq$37 weeks 0 days, complicated by an intrapartum diagnosis of IAI. In the pre-implementation cohort, there was considerable variation in the use of postpartum antibiotics. The intervention standardized both diagnostic criteria and postpartum antibiotic use, with 24 hours of antibiotic prophylaxis after cesarean delivery (ampicillin, gentamicin, clindamycin), and a single dose of antibiotics (ampicillin and gentamicin) after vaginal delivery in high risk criteria pregnancies (BMI $\geq$ 30, pre-gestational diabetes, immunocompromised state, ruptured membranes $\geq$ 18 hours, foul-smelling amniotic fluid, meconium, second stage $\geq$ 4 hours, suspected sepsis, postpartum hemorrhage >1000ml, GBS colonization, or manual placental removal). The primary outcome was postpartum endometritis. Secondary outcomes were length of stay after delivery and readmission. Chi-squared tests were performed for binomial variables and t-tests were performed for continuous variables.

RESULTS: There were 5378 term singleton deliveries, 2693 in 2018 and 2685 in 2019. IAI was diagnosed in 17.1% of the 2018 cohort and 14.4% of the 2019 cohort. There were no statistically significant differences in postpartum endometritis rates in the 2019 compared to the 2018 cohort (0.44% vs 1.80%, p=0.05) nor postpartum readmissions within 30 days after delivery (0.26% in 2019 vs 0.43% in 2018, p=0.66). Mean length of hospital stay was lower in 2019 (51.1 hours vs 54.6 hours in the 2018 cohort, p<0.05). There were no significant differences between the 2018 and 2019 groups in demographic or labor characteristics.

CONCLUSIONS: Implementation of a risk-based strategy of judicious postpartum antibiotic prophylaxis for patients with IAI resulted in a shorter hospital length of stay. Fewer cases of postpartum endometritis were diagnosed, although not statistically significant. Further investigation in a larger cohort would be prudent prior to broad scale implementation, considering our concurrent goal of antibiotic stewardship.
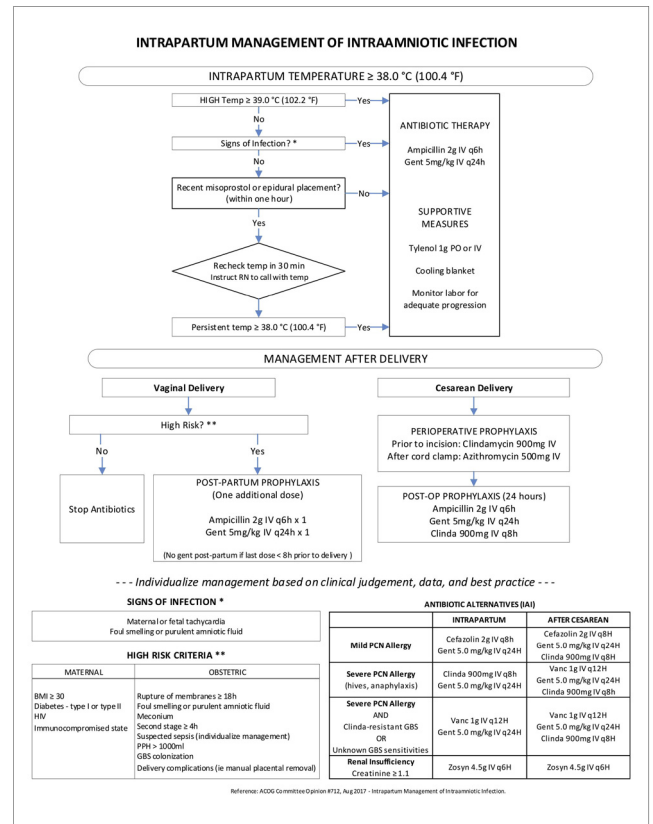
13 Factors Increasing COVID-19 Vaccine Hesitancy Among Pregnant Women during a Global Pandemic

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OBJECTIVES: To determine the prevalence of COVID-19 vaccine hesitancy among pregnant women during the pandemic and to identify patient characteristics, attitudes and experiences that increase hesitancy.

METHODS: Study participants were recruited between November 2020 and March 2021 at an outpatient high-risk obstetrics clinic in Durham, North Carolina. Participants voluntarily completed a brief survey assessing whether they wanted to receive the COVID-19 vaccine if it were to become available to them during their pregnancy, as well as their experiences with and attitudes towards the healthcare system. Incomplete surveys were discarded. The survey collected data on patient demographics and attitudes through true or false, multiple choice, short response, and Likert scale questions. Continuous variables were analyzed using independent t tests; categorical variables were analyzed by chi-square tests or logistic regression. Demographic characteristics and patient attitudes and beliefs were compared between those who did/did not want to receive the COVID-19 vaccine during this pregnancy.

RESULTS: 89 completed surveys were included. 32.6% of women reported they would receive the COVID-19 vaccine during this pregnancy if it were to become available to them. There is a statistically significant relationship between pregnant women who wanted to receive the influenza vaccine and those who wanted to receive the COVID-19 vaccine (p=.005). 41.8% of women who wanted the influenza vaccine during this pregnancy also wanted the COVID-19 vaccine, whereas only 4.8% of women who did not want the influenza vaccine wanted the COVID-19 vaccine. Women who wanted the COVID-19 vaccine were more likely to be White, on Medicaid or with employer-sponsored insurance, and currently married (p<.05 for all). Women who did not want the COVID-19 vaccine were more likely to be Black or African American (p<.05) and single (p<.05). Medical mistrust in healthcare organizations (a=.727, 9 items, M=2.31, SD=0.47), perceived racism from healthcare providers and staff (a=.878, 4 items, M=2.51, SD=0.74), barriers to healthcare utilization (a=.827, 6 items, M=2.16, SD=0.88), salary, and education level were not found to be significant factors in COVID-19 vaccine hesitancy (Table).

CONCLUSIONS: Less than one-third of women in our cohort wanted to receive the COVID-19 vaccine during their pregnancy. Pregnant women who received the influenza vaccine were more likely to want the COVID-19 vaccine. Future studies should evaluate knowledge, attitudes, and beliefs of pregnant women towards the COVID-19 vaccine to understand the reasons for low uptake of the vaccine in this unique patient population.

Table: Mean Scores of Scale Variables for COVID-19 Vaccine Uptake

	COVID-19 Vaccine Uptake		
	Yes	No	p-value
Medical Mistrust	2.30	2.31	.976
Perceived Racism from Healthcare Providers/Staff	2.63	2.45	.299
Barriers to Healthcare Utilization	2.28	2.10	.393

14 Evaluating Influenza and COVID-19 Vaccine Hesitancy Among Pregnant Women Using the Health Belief Model

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OBJECTIVES: To assess influenza and COVID-19 vaccine hesitancy among pregnant women based on the core constructs of the Health Belief Model (HBM).

METHODS: Study participants were recruited between November 2020 and March 2021 at an outpatient high-risk obstetrics clinic in Durham, North Carolina. Participants voluntarily completed a brief survey assessing whether they wanted to receive the influenza vaccine and/or a COVID-19 vaccine if it were to become available to them during their pregnancy. They were also asked questions about the flu vaccine, specifically, to better assess attitudes and beliefs as outlined by the HBM. Incomplete surveys were discarded. The survey collected data on patient demographics and attitudes through true or false, multiple choice, short response, and Likert scale questions. Scales were created for four HBM constructs: perceived susceptibility (belief that she is at risk of acquiring the illness), perceived benefits (belief the vaccine will reduce the harm of associated illness), perceived barriers (feelings regarding the obstacles in receiving a vaccine), and perceived severity (feelings on the seriousness of becoming ill). Continuous variables were analyzed using independent t tests. Mean scores of HBM construct scales were compared between those who did/did not want to receive the influenza vaccine, as well as those who did/did not want to receive a COVID-19 vaccine during this pregnancy.

RESULTS: 89 completed surveys were included. 75.4% of women reported they wanted the influenza vaccine and 32.6% reported they would receive the COVID-19 vaccine if it were to become available during their pregnancy. Perceived susceptibility (a=.623, 3 items, M=2.72, SD=0.65), perceived benefits (a=.700, 2 items, M=3.04, SD=0.67), perceived barriers (a=.805, 6 items, M=1.75, SD=0.54), and perceived severity (a=.609, 2 items, M=3.28, SD=0.72) were all found to be statistically significant indicators of both influenza and COVID-19 vaccine uptake (p<.05) (Table).

CONCLUSIONS: The four core HBM constructs (susceptibility, benefits, barriers, and severity) used in this study were significant factors in predicting influenza and COVID-19 vaccine hesitancy in pregnant women. Future educational interventions to increase vaccine uptake should use the HBM to increase patient perceived susceptibility, benefits, and severity, and decrease perceived barriers to receiving a vaccine.

Table: Mean Scores of HBM Constructs for Influenza and COVID-19 Vaccine Uptake

	Influenza Vaccine Uptake			COVID-19 Vaccine Uptake		
	Yes	No	p-value	Yes	No	p-value
Perceived Susceptibility	2.85	2.28	<.001	2.95	2.61	.020
Perceived Benefits	3.23	2.39	<.001	3.43	2.85	.020
Perceived Barriers	1.58	2.30	<.001	1.48	1.88	.001
Perceived Severity	3.46	2.66	<.001	3.63	3.10	.001

15 Barriers and Facilitators for Prevention and Treatment of HIV and Sexually Transmitted Diseases Among Individuals Who Exchange Sex.

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OBJECTIVES: Among individuals who exchange sex, describe healthcare perspectives and experiences that are barriers or facilitators to HIV/sexually-transmitted disease (STD) prevention and treatment.

METHODS: Through an iterative community-partnered participatory process, we recruited individuals with a history or current practice of having exchange sex, which was defined as sex in exchange for money, favors, goods or services. We conducted in-depth, semi-structured, one-on-one interviews with participants. We transcribed the interviews verbatim, coded them within Nvivo software, and performed inductive thematic analysis. We edited themes under community guidance.

RESULTS: Twenty-two individuals participated with median age 26.5 years, range from 20 to 66 years, and interquartile range 25-32.5 years. 15 participants identified as Black, 3 as multiracial, 3 as White, and one as Pacific Islander. 4 participants had non-binary gender identities that they described as non-binary transmasculine, human/female, female/nonbinary, and trans male. 9 participants were female and 9 were male. We noted thematic saturation after 18 interviews. Themes identified included, (1) Long-term relationships with non-judgmental providers are powerful facilitators