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found a higher rate of miscarriage (14.0%), preeclampsia (31.4%), and intrauterine growth restriction (37.1%) ($p < 0.05$) in pregnancies after KT. The gestational age at delivery was 35.0 ± 2.8 weeks and twenty-four (68.6%) children were born prematurely (< 37 weeks). The cesarean rate was higher in the KT group ($p < 0.05$) and there were significant differences in the birth weights of newborns between the two groups ($p < 0.05$). There were two neonatal deaths in the case group secondary to prematurity complications. The rate of urogenital infections and anemia during pregnancy was higher in the KT group ($p < 0.05$). In three pregnancies there was deterioration during pregnancy. In all pregnancies after KT immunosuppressive therapy was used. **Conclusions:** A higher rate of fetal and maternal adverse outcomes was found in pregnant patients with KT. However, a high live birth rate of 81.4% was achieved. Kidney function remained stable in most pregnancies. An antenatal and postpartum multidisciplinary approach is essential to improve outcomes.

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148. Menstruation in the time of covid-19 or how confinement has affected adolescent girls

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Introduction and Aims of the study: Education and recreational activities have been disrupted since March 2020 as part of policies to reduce Covid-19 transmission. We speculate that some adolescent girls may experience a new onset of menstrual disturbances through changes in weight, exercise, sleeping, and/or eating habits. **Methods:** We created an anonymous electronic survey, that was disseminated to girls 12–18 years old. Girls were recruited through a specialized PAG clinic and advertising among school parents' groups and further accrued through snowball sampling. A parent or guardian consented to the girls' participation. Ethical approval was obtained through our institution's scientific board. We obtained data on eating, exercising, sleeping patterns, anxiety and depression levels, screen and mobile phone exposure, through validated questionnaires, and information on demographics, body weight and menstruation. **Results:** Since January 2021, we have collected 384 responses (mean age 15, SD 1.7). 45% of the responders have noted changes in their menstrual patterns, with 16%, 13%, and 10% having menorrhagia, polymenorrhoea, and oligomenorrhoea, respectively. 50% of the girls noted an increase and 23% a drop in their weight. This coincided with the fact that 59% reported a sedentary lifestyle, whereas 27% reported vigorous exercise, through unsupervised activities, such as outdoor running and generic web-based workouts. 34% of girls reported an increase in junk food, sweet or chocolate consumption, whereas restrictive dieting was noted in 5% of the girls (gluten avoidance, veganism, vegetarianism). 20% of the girls reported disturbed sleeping patterns, associated with increased screen exposure and mobile phone usage at bedtime. **Conclusion:** Confinement and online education have impacted adolescent girls' activities in a way that could be associated with menstrual disturbances through disordered eating, reduced exercise, energy deficit, and sleeping disturbances. It remains to be seen whether these changes will revert once normal daily activities resume.

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155. Antihistamine use in pregnancy and risk of early-onset preeclampsia

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Introduction/aims: Pregestational maternal allergy is an isolated risk factor for early-onset preeclampsia. The aim of this study was to assess the association between maternal use of antihistamines and early-onset preeclampsia. **Methods:** A population-based cohort study with data from the Medical Birth Registry of Norway and the Norwegian Prescription Database 2004–2016. We divided the prescription of antihistamines into pregestational (last six months before conception), first half of pregnancy (from conception to week 20) and second half of pregnancy (from week 20 to 36). We used binomial logistic regression to estimate odds ratios (OR) with 95% confidence intervals (CI) for development of early-onset preeclampsia by use of antihistamines, adjusting for maternal age and stratifying for multiple pregnancy and parity. **Results and discussion:** We registered 762,399 pregnancies, 3239 (0.42%) had early-onset preeclampsia. Women who were prescribed antihistamines 6 months before pregnancy and during the first half of pregnancy did not have an increased risk for developing early-onset preeclampsia compared to women not prescribed antihistamines (OR 1.0, 95% CI 0.8–1.2 and OR 0.9, 95% CI 0.8–1.1, respectively). Antihistamines prescribed in the second half of pregnancy was associated with an increased risk of early-onset preeclampsia with OR 1.7, 95% CI 1.4–2.1. A plausible explanation of our findings is that women prescribed antihistamines in the second half of pregnancy have the increased risk for early-onset preeclampsia known to be associated with allergy; this risk is reduced for women using antihistamines during placentation. **Conclusions:** Antihistamines prescribed the last six months before or during the first 20 weeks of pregnancy was associated with reduced risk of developing early-onset preeclampsia compared to women who were prescribed antihistamines only in the second half of pregnancy.

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171 Efficacy and safety of mesh-augmented transvaginal repair with calistar s in non-fertile women with recurrent or complex anterior pelvic organ prolapse according to the scenihr-recommendations on urogynecological surgical meshes

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Introduction and Aim of the Study: To evaluate transvaginal mesh-augmented repair with the ultra-lightweight mesh Calistar S (Promedon, Argentina) in women with recurrent or complex anterior POP prolapse with or without apical vaginal wall involvement.