Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

significantly higher in the group with peloid therapy: 40.0% vs 15.0% in controls (OR=4.32; 95% CI 1.46-12.77). We did not observe a significant difference in the live birth rate among women from groups of comparison. *Conclusion*: Intravaginal peloid therapy for preconception care in infertility women with tubal infertility improves IVF results and offers a chance of spontaneous pregnancy.

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112 Are there different forms of dystocia? should they be treated differently in clinical practice?

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The study's introduction and aims: Studies have shown that the uterine muscle will become more alkalized days before onset of labor. The physiological reason is probably to meet the metabolic changes of the uterus that occur during childbirth. The uterus is a lactate producer, and the production increases during hypoxia. The lactate levels are mirrored in the amniotic fluid (AFL), and high levels are related to labor complications. This present study aims to estimate whether different uterine lactate levels shown in the amniotic fluid at delivery are associated with varying complications of labor. The question is whether we should treat groups of dystocia differently in our clinical obstetrical praxis? Material & Method: A prospective observational study was performed. One thousand two hundred ninety-nine healthy primiparous women with full-term, singleton pregnancies in a cephalic presentation with a spontaneous onset of labor were included. Samples of amniotic fluid were collected when the woman attended the labor ward, when oxytocin was started, and just before the baby was born. All samples were analyzed at the bedside. The AFL levels at delivery was then grouped in a low (<5mmol/l), median (5-10mmol/l), or high (>10mmol/l) level and the different levels were correlated with labor outcomes. Results: In this analyze the sample of AF collected just before labor was used. 7.5% of deliveries had a low level of lactate (<5 mmol/l), 16.5% had a high level (>10 mmol/l), and the rest, 76.1%, had what was considered as a median (normal) level of lactate at delivery. The highest frequency of spontaneous vaginal deliveries was found in the median group (93.9%). 82% of labors with a high AFL level (>10mmol/l) were considered as dystocic according to the partogram, but the frequency of labor dystocia was equal in the low and median group (73%). Oxytocin was used significantly more in the high group than the two others (80.8 % vs. 61.8 and 54.6%). The cesarean section rate was highest in the high group (>10.0 mmol/l, 20%), but in the low group (<5 mmol/l) 12% had a cesarean, most of them due to dystocia. The cesareans section rate was 6% in the median group. *Conclusion*: Previous studies have shown that high AFL levels at delivery strongly correlate to operative intervention, primarily due to labor dystocia. What is new in this analysis is that we also found a significant difference in the groups with low levels of the AFL. A low value (<5mmol/l) does not seem to be protective, and question is whether there are different (unknown) reasons for dystocia in an alkalized uterus, and if the use of oxytocin should be adapted to this?

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116 COVID-19: What do pregnant women know now? A cross sectional study

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Introduction/Aims: Pregnancy predisposes women to increased risk of severe COVID-19. The UKOSS has shown pregnant women with BAME background, age >35 years and pre-existing medical conditions may be at even further risk. The aim of this study was to assess if months into the pandemic we are mitigating risk appropriately by ensuring our varied population is informed. The objective was to ascertain levels of COVID-19 knowledge among pregnant patients. *Methods*: We conducted a survey between October-December 2020 of women attending antenatal clinics at North Middlesex University Hospital, London. The survey captured social demographics; clinical information; fundamental COVID-19 knowledge; COVID-19 in pregnancy knowledge and knowledge of COVID-19 during labour / postnatally. Analysis was performed to examine women's knowledge across four variables affecting their risk profiles - age, ethnicity, pre-existing conditions and trimester. *Results*: A total of 203 responses were obtained during the second UK pandemic wave. 91.8% of women correctly answered fundamental COVID-19 knowledge questions. Only 42.7% of BAME respondents identified they were at greater risk of severe COVID-19. The impact of COVID-19 in pregnancy was poorly understood with >70% of women providing incorrect answers surrounding risks of stillbirth / altered foetal development. Women with pre-existing medical conditions had higher than average levels of COVID-19 in pregnancy knowledge (51.9%). Questions regarding COVID-19 in labour / postnatally were answered correctly by 36.7% of the cohort; those in the third trimester and with pre-existing conditions scored higher at 40.9% and 41.4% respectively. *Conclusion*: Women's knowledge of the effects of COVID-19 in pregnancy and the postnatal period is limited. Appropriate counselling may result in improved preventative practices and reduced levels of anxiety. Tailored communication to improve knowledge of at risk groups is required if we are to champion equality and mitigate risks.

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124 A cross-country comparison of the impact of covid-19 on socioeconomical, psychological, and relational well-being of pregnant and non-pregnant women in latvia and portugal

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Introduction and aims of the study: Since March 2020, the entire world has been experiencing the COVID-19 pandemic, which has exerted influence on the lives of populations worldwide, pregnant women included. This study examined the impact of COVID-19 and related restrictions on socioeconomical, psychological, and relational indices of well-being of pregnant and non-pregnant reproductive-age women in two European countries. *Methods*: As a part of the international multi-country study I-SHARE, a cross-sectional online