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Table 2: Hierarchical multivariable analysis for the outcome of preterm birth

	aOR <sup>1</sup>	95% CI
Quartiles of ADI <sup>2</sup>		
1 (lowest)	ref	ref
2	0.89	0.58-1.34
3	1.29	0.86-1.94
4 (highest)	1.89	1.22-2.91
Maternal age (years)	1.03	1.00-1.06
Public Insurance	1.76	1.22-2.91
Self-reported Black race	0.66	0.34-1.27
Self-reported Latinx ethnicity	0.78	0.54-1.12
Married	1.06	0.75-1.48
Ever used tobacco	1.40	1.02-1.92
Any chronic medical problem <sup>3</sup>	1.88	1.43-2.48
Nulliparous	0.96	0.73-1.28
BMI >30 kg/m <sup>2</sup> at delivery	0.84	0.63-1.11

aOR= adjusted odds ratio; CI= confidence interval; BMI= body mass index; ADI= area of deprivation index

<sup>1</sup> Adjusted for the variables listed

<sup>2</sup> Defined using the national area of deprivation index

<sup>3</sup> Defined as present if any of the following were present: diabetes, hypertension, epilepsy, inflammatory bowel disease, or any diagnosed kidney, pulmonary, cardiac, thrombotic, autoimmune, or hematologic disorder

**1049 COVID-19 vaccine information sources utilized by female healthcare workers**



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**OBJECTIVE:** Clinical trials of the mRNA COVID-19 vaccines excluded individuals trying to conceive, currently pregnant, or breastfeeding. Healthcare workers were among the first to receive the vaccine and professional and government organizations encouraged shared decision-making and access to vaccination among those who were pregnant or lactating. We characterized the use and perceived value of different information sources among pregnancy-capable healthcare workers when deciding whether to receive the vaccine.

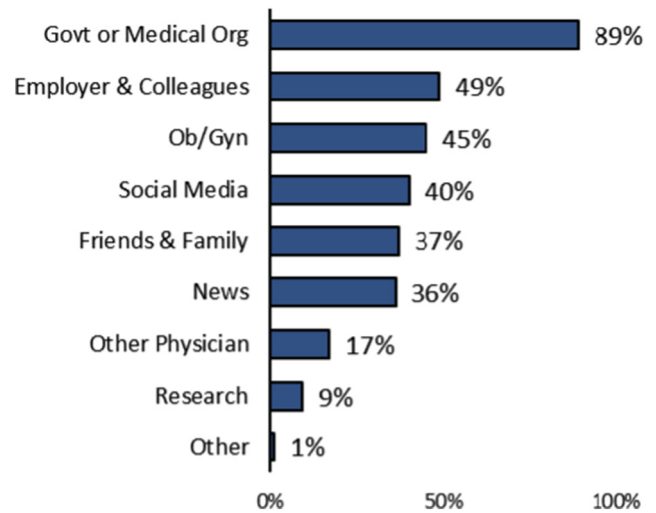
**STUDY DESIGN:** This was a web-based survey of female, US-based healthcare workers in January 2021 utilizing snowball sampling with initial link share via institution social media accounts. Respondents were classified into two groups: 1) preventing pregnancy or 2) attempting pregnancy, currently pregnant, or currently lactating. We asked respondents which information sources they used for vaccine information and to identify their most important source. The utilization of each information source was characterized using descriptive statistics. We assessed for differences in the use of OB-GYN and social media between reproductive groups using chi-square.

**RESULTS:** Our survey had 11,405 unique respondents. Half were preventing pregnancy (51.3%) and 48.7% were either attempting pregnancy (18.4%), currently pregnant (41.1%), or lactating (43.3%). Respondents endorsed getting information from a variety of sources (Figure 1). Compared to those preventing pregnancy, respondents attempting pregnancy/pregnant/lactating were more likely to use social media as an information source (36.6% vs 42.9%,  $p < 0.001$ ) and were more likely to endorse their OB-GYN as the most important information source (5.8% vs 34.6%,  $p < 0.001$ ) (Figure 2).

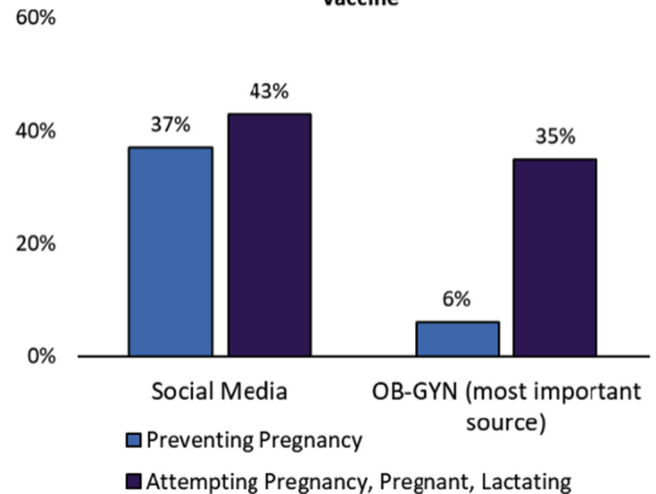
**CONCLUSION:** Healthcare workers use government and professional medical organizations for information. Those attempting pregnancy, pregnant, and lactating are more likely to use social media and their OB-GYN as information sources for vaccine decision-making. This

data can inform public health messaging and individual provider clinical counseling.

**Figure 1: Sources used for information about the COVID-19 vaccine among pregnancy-capable healthcare workers (check all that apply)**



**Figure 2: Differences in use of social media and OB-GYN as information sources for the COVID-19 vaccine**



**1050 Postpartum depression in cohorts before and after the start of the COVID-19 pandemic**



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**OBJECTIVE:** The start of quarantine for the COVID-19 pandemic in March 2020 began a prolonged period of isolation from family and crucial social support for many pregnant and postpartum patients throughout the country. The objective of this study was to compare the score of the Edinburgh Postnatal Depression Scale (EPDS), breastfeeding, and compliance with postpartum gestational diabetes