



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.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

0.03% (n=6) had all above details filled in. There were 783 admissions during this period. Patient details, which included name & surname, ID card, ward and caring consultant, were incompletely filled in for 42% (n=330) of the admissions. Name was missing 1.3% (n=10), ID missing 12% (n=96), ward missing 7.3 % (n=57) and caring consultant was missing 26% (n=205). Details of management plans were missing in 37% (n=295). The above results may be secondary to having a primitive time-consuming paper-based system which allows one to be selective with which details to fill in. **Conclusion:** Very few days were completely filled in. Consultant was the commonest left out variable followed by ID card. On comparing our audit with those in 2015 and 2016, results revealed that there was a drastic improvement following the audit cycle in 2015 but not so much between 2016 and 2020. The percentages gathered from our 2020 audit revealed that handover quality is poor and there is much space for improvement. Changes to the system such as converting to an online system, which would not permit patient details to be left out, is indicated.

<http://dx.doi.org/10.1016/j.ejogrb.2021.11.166>

396 Can deliveries be predicted? an analysis of antenatal care management in mater dei hospital malta and its implications on bed state management modelling

R. Buhagiar, S. Brincat, V. Cassar, Y. Muscat Baron

Mater Dei Hospital, Malta

Introduction and aims of the study: With today's ever-increasing hospital demands, efficient hospital inpatient bed planning and allocation has become a subject of great importance. The primary aim of the study is to investigate the correlation between elective ultrasonographic appointments and dates of delivery. The secondary objective is to assess the correlation between elective ultrasonographic appointments and induction of labour (IOL) workload and elective caesarean section (LSCS) bookings. This will allow an objective assessment on the possibility of developing a mathematical model that helps bed managers forecast potential problematic months and take the necessary measures for a sustained optimal high-quality healthcare. *Methods:* The number of detailed scans performed at 18-22 weeks gestation at Mater Dei Hospital from June 2018 till November 2018 was assessed and compared them with the number of births, booked IOLs and LSCSs respectively taking place 20-25 weeks later. The data was analysed using pearson correlation. The days during this period that were highlighted by the Head of Department as problematic with the bed-state were also analysed in this context. *Results & Discussion:* Correlating the total number of detailed scans performed on a weekly and monthly basis, a significant correlation was found with the total weekly deliveries taking place 25 weeks (p value= 0.015) later and 5 months later (p value = 0.026). Moreover the majority of problem days indicated by bed management fell on the days when the total delivery rate was more than 1 Standard Deviation away from the mean (> 90 deliveries per week/ >380 deliveries per month). Therefore it may be possible to produce a statistical model which takes into consideration estimated date of delivery taken at booking, detailed scan appointments and bookings for IOL and LSCS as a tool to predict bed-state. *Conclusions:* The significant correlation between detailed scans and deliveries can be used to predict problematic months and plan ahead.

<http://dx.doi.org/10.1016/j.ejogrb.2021.11.167>

413. Psychological well-being and worries among pregnant women during the first phase of the covid-19 pandemic compared to a historical group: A hospital-based cross-sectional study

L. Broberg, A. Rom, M. De Wolff, S. Høgh, N. Nathan, L. Paarlberg, P. Damm, H. Hegaard

Department of Obstetrics, Copenhagen University Hospital - Rigshospitalet, Copenhagen, Denmark

Introduction: A pandemic has the potential to adversely affect psychological well-being in the individual. This study aimed to investigate psychological well-being and worries among pregnant women during the first phase of the COVID-19 pandemic in Denmark. *Methods and material:* This hospital-based cross-sectional study compared psychological well-being and worries among pregnant women during the first phase of the COVID-19 pandemic in Denmark with a historical group of pregnant women from the corresponding period in 2019 (N = 1,472). Psychological well-being was measured by the five-item World Health Organization Well-being Index (WHO-5), comparing mean scores and proportions of women with WHO-5 score ≤ 50 across the two groups. The Cambridge Worry Scale (CWS) consisting of 16 items were used to measure the degree and content of major worries during pregnancy. Further, responders are given the option to describe other worries in free text. *Results:* Adjusted analyses showed no difference in mean WHO-5 score between groups, 0.1, (95% CI: -1.5 to 1.6) nor in in proportion of women with WHO-5 score ≤ 50 , 1.04 (95% CI: 0.83 to 1.29). Similarly, we found no differences in WHO-5 mean score nor in proportion of women with WHO-5 score ≤ 50 across groups in the pre-defined sub-analysis including only women with previous contact with a psychiatrist and/or a self-reported psychiatric condition (n = 127). The most frequently reported major worries in both groups were: *Possibility of miscarriage*, *Possibility that something might be wrong with the baby*, and *Giving birth*. Additionally, the COVID-19 group worried about the possible negative influence of the COVID-19 restrictions on antenatal care. *Conclusions:* We found no difference in psychological well-being between groups. The COVID-19 group worried about a negative impact of the COVID-19 pandemic on antenatal care.

<http://dx.doi.org/10.1016/j.ejogrb.2021.11.168>

419. Hybrid prenatal care during covid-19 - a chance to preserve patient safety

A. Kajdy^a, D. Jakubowski^b, D. Sys^a, S. Kwiatkowski^b, M. Rabijewski^a

^aDepartment of Reproductive Health, Centre of Postgraduate Medical Education, Warsaw, Poland

^bDepartment of Obstetrics and Gynecology, Pomeranian Medical University, Szczecin, Poland

Introduction and aims of the study: One of the challenges during the COVID-19 outbreak is implementing a model of perinatal care that will simultaneously ensure safety for mother and child as well as reduce the risk of infection. The aim of this study was to explore women's access to medical care in pregnancy during the COVID-19 outbreak and the role of telehealth in this process. *Methods:* This was a web-based cross-sectional survey that included 618 women who were pregnant during the COVID-19 pandemic in Poland. An original questionnaire included questions about demography, chronic diseases, access to medical care during the pandemic, exposure to COVID-19 infection, as well as questions about the course of pregnancy, screening tests, ultrasounds, laboratory tests, and antenatal medical appointments with their obstetrician. *Results:* Almost