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respectively). The highest risk of APO was in AGA neonates with AGV 26.74%, followed by LGA with AGV 18.18%. The lowest risk of APO was among LGA neonates 16.37%. **Conclusions:** The role of accelerated growth velocity needs further assessment. The highest risk of APO is among AGA neonates with AGV. This could be explained by the disproportion between fetal and placental size resulting in placental insufficiency.

<http://dx.doi.org/10.1016/j.ejogrb.2021.11.354>

#### 418 Anxiety among polish pregnant women during the COVID-19 pandemic - preliminary results of a cross-sectional study

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**Introduction and aims of the study:** The global COVID-19 pandemic makes people susceptible to severe anxiety. Anxiety in pregnant women can adversely affect both mother and child. The aim of the study was to assess anxiety experienced by pregnant women in the time of the pandemic. **Methods:** This is a cross-sectional web-based survey study that included 701 women that were pregnant and during the pandemic in Poland. The level of anxiety was examined using a standardized screening tool for generalised anxiety disorder (GAD-7). These results are part of a “Risk factors for anxiety and depression among pregnant women during the COVID-19 pandemic” study registered at [clinicaltrials.gov](https://clinicaltrials.gov). **Results:** The total mean GAD-7 score was 5.54, indicating normal anxiety levels. However 32% of pregnant women had a score of more than 6, which signals severe anxiety. Respondents felt the most anxiety in relation to childbirth, especially the presence of a partner in the delivery room. Concerns about being infected with SARS-CoV-2 were not high. More often, women feared the adverse effects of the COVID-19 for family members and the safety of the unborn child. Pregnant women were felt to be most burdened by the constraints associated with recommended or implemented social distancing, and restrictions of leisure activities. Risk factors for increased anxiety were: complications related to pregnancy, previous mental problems, as well as feeling of burdened due to social distancing and by restrictions imposed on labour and delivery. Protective factors were lower age, being a pregnant for the first time, having social support (partner or family), and being financially well-off. **Conclusions:** Anxiety in pregnant women is related, not to the presence of the epidemic, but to the restrictions associated with it, particularly concerning childbirth. During an outbreak, pregnant women especially need social support to reduce their levels of anxiety.

<http://dx.doi.org/10.1016/j.ejogrb.2021.11.355>

#### 420 Three-dimensional color power imaging in prenatal diagnosis of abnormal umbilical vessels: Sua/pruv. demographic and perinatal outcome data

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**Introduction:** In early embryo development, there are 4 umbilical vessels. Then the right vein regresses and the cord contains two arteries and the left vein. A single umbilical artery (SUA) is the most common defect. It may be accompanied by other malformations and intrauterine growth retardation (IUGR). The anomalies of the umbilical vessels may also involve abnormal insertion, course, and additional vessels. In Persistent Right Umbilical Vein (PRUV) the left vein regresses and the right persists open. Ultrasonography (US) is the basic tool for identifying abnormalities of the umbilical cord. The development of US techniques increased the detectability of SUA and PRUV. **Aims of the study:** This study aimed to evaluate the role of Color/3D US in prenatal diagnosis of SUA and PRUV, their incidence among patients from Easter Poland, and discuss our results with the data from the literature. **Methods:** Studies were carried out at the tertiary care center in Lublin, Poland. 2880 low-risk women were included in the study. A detailed evaluation was performed by two certified sonographers. **Results:** Obstetric characteristics: mean maternal age (years): 31, gestational age (weeks): 25, gravidity: 1.9. SUA was diagnosed in 18 women (0.62%), which is consistent with other studies. Maternal age 31. 6/18 (33.3%) had other malformations: two cardiac, two omphalocele, one kidney agenesis, and one multiple abnormalities-TOF/SUA/PRUV. In 4 cases (22.2%) IUGR was diagnosed. PRUV was diagnosed in 13 women (0.45%). Maternal age was 31. 3/13 (23.1%) had other malformations - two omphalocele, one-TOF/SUA/PRUV. **Conclusions:** PRUV incidence may be higher than traditionally thought. It may be easily overlooked, however, the combination of 2D/3D US allows precise identification. The diagnosis of SUA/PRUV should be associated with deepened diagnostics and monitoring of the fetus.

<http://dx.doi.org/10.1016/j.ejogrb.2021.11.356>

#### 422 Predicting factors of cesarean hysterectomy in cases of placenta previa

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**Objective:** The incidence of placenta previa has increased probably due to the increased rates of cesarean sections. The aim of this study was to identify possible predicting factors for cesarean hysterectomy in cases of placenta previa. **Materials and methods:** This was a retrospective study on singleton pregnancies undergoing cesarean delivery due to placenta previa. The study took place at the Third Department of Obstetrics and Gynecology, School of Medicine, Faculty of Health Sciences, Aristotle University of Thessaloniki, Greece between 2017 and 2020. All the demographics were recorded, as well as the pregnancy outcomes. Moreover, correlations between obstetric/demographic parameters and cesarean hysterectomy were employed. **Results:** In total, 51 singleton pregnancies were included in the sample population. The median maternal age was 35 years (range: 18-46), the median body mass index was 24kg/m<sup>2</sup> (range: 15-31), the median gestational age at delivery was 34 weeks (range: 30-37) and the median birthweight was 2.620g (range: 820-4.410). 58.8% of the women were multiparous, 37.3% had a previous history of >1 cesarean delivery and 39.2% had a history of dilation and curettage. Multiparity (OR: 1.765; 95% CI: 1.291-2.413) and previous history of cesarean section (OR: