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pregnancy” agreed+presented, and the majority who responded “no” either declined or no showed. Women who recognized that they need medical care related to HTN also were significantly more likely to agree+present to MY HEART clinic.

CONCLUSION: Our study suggests that knowledge of HTN disease is suboptimal among PP patients and improvement in PP care, especially for these high-risk patients is a priority. Educational campaigns and interventions before patients discharge from postpartum to improve patient recognition of hypertensive disease and its life-long consequences may be the first step to improving participation in postpartum care.

Question	YES, and Show N=70	Yes and No Show N=53	Declined N=54	P-value
How is your health (%)				
Excellent (n=37)	17.4	15.1	31.5	0.5
Good (n=102)	59.4	62.3	51.9	
Fair (n=18)	20.3	8.9	14.8	
Poor (n=5)	2.9	3.8	1.9	
I have HTN outside of pregnancy %				
Yes(n=35)	24.5	17.0	16.7	0.72
No (n=111)	58.0	64.2	68.5	
Not sure (30)	17.4	8.9	14.8	
I had complications from HTN in this pregnancy (%)				
Yes (n=86)	62.9	39.6	38.9	0.02
No (n=68)	28.6	49.1	40.7	
Not sure (n=25)	8.6	11.3	20.4	
I know what my BP Goals are (%)				
Yes(n=110)	68.6	56.6	59.3	0.02
No (n=29)	11.4	11.3	27.8	
Not sure(n=38)	20.0	32.1	3.0	
If my BP is 160/100 I should: (%)				
Contact my MD (n=152)	85.7	86.8	85.2	0.9
Recheck tomorrow (n=10)	7.1	3.8	5.6	
Nothing (n=0)	0	0	0	
Not sure (n=15)	7.1	9.4	9.3	
HTN during or after pregnancy increases the risk for heart disease later in my life (%)				
Yes(n=114)	72.9	56.6	61.1	0.12
No (n=6)	0	7.6	3.7	
Not sure (n=57)	27.1	35.9	35.2	
I think I need medical care for HTN (%)				
Yes (n=87)	68.1	35.9	38.9	<0.01
No (n=52)	15.9	32.1	44.4	
Not Sure (n=37)	15.9	32.1	16.7	
Now that my pregnancy is over my HTN will not be a problem(%)				
Yes (n=69)	30.4	40.4	51.9	0.17
No (n=38)	23.2	25.0	17.3	
Not sure (n=66)	46.4	34.6	30.8	

Table 1. Survey responses to patients' perception about their health and HTN disease compared between patients invited to a multidisciplinary postpartum hypertension clinic.

477 Impact of the COVID-19 pandemic on outpatient postpartum care utilization

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OBJECTIVE: The Coronavirus Disease 2019 (COVID-19) pandemic resulted in the restructuring of outpatient pregnancy care with a shift towards more telehealth visits at our institution. We compared postpartum (PP) appointment show-rates before and during the pandemic.

STUDY DESIGN: This is a retrospective cohort study of women delivered by MFM at our institution and scheduled for 2- and 6-week PP visits. The primary outcome was patient show-rate at 2- and 6-weeks PP. Secondary outcomes were PP complications (readmission, Edinburgh Depression Scale [EPDS] >10, PP triage/

ED visits), and contraception use. These outcomes were compared between two epochs: pre-pandemic (March -December 2019) and pandemic (March-December 2020). Bivariate analyses were used to compare patient demographics. Multivariable logistic regression was used to adjust for potential confounders. We also performed a secondary analysis comparing show rates between scheduled telehealth vs in person visits during the pandemic.

RESULTS: 385 patients were scheduled for PP visits over the two epochs. There were more telehealth visits during the pandemic compared to pre pandemic (23.6% v 0.6%, $P < 0.001$). Patient demographics were similar except for more women reporting alcohol use and less women with chronic hypertension during the pandemic. PP show rates at 2 and 6 weeks were similar in both epochs (Figure 1). During the pandemic, the 6 week show rate was significantly higher among telehealth visits compared to in person visits (Figure 2). There were no differences in contraception use or PP complications between epochs except for a higher odd of EPDS score >10 during the pandemic (aOR 1.56; 95% CI 1.01-2.41).

CONCLUSION: PP show rates were similar before and during the pandemic. However, during the pandemic, patients were more likely to show up for telehealth visits than in person visits. Switching to a partial telehealth model does not come at the cost of more PP complications, although mood assessment in this model is a top priority given the higher incidence of EPDS >10 during the pandemic.

Figure 1: Patient show rates for 2- and 6-week postpartum visits before and during pandemic

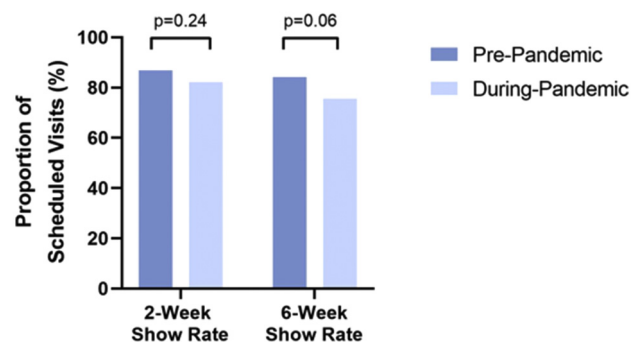


Figure 2: Patient show rates during the pandemic for 2- and 6-week postpartum visits based on appointment type

