Table 1: Demographic data

	Normal (n=50)	Previa (n=31)	Accreta (n=45)	p-value
Age (yr)	33.36 (4.05)	33.94 (5.35)	34.31 (5.04)	0.619
Multiparity	29 (58%)	19 (61%)	43 (95%)	< 0.001
Race				< 0.001
White	29 (58%)	11 (36%)	10 (22%)	
Hispanic	8 (16%)	7 (23%)	27 (60%)	
Asian	8 (16%)	8 (26%)	3 (7%)	
Black	2 (4%)	2 (7%)	2 (4%)	
Other	3 (6%)	3 (10%)	3 (7%)	
BMI	25.68 (6.08)	25.08 (4.83)	32.07 (7.06)	< 0.001
Twin gestation	1 (2%)	0	1	0.72
Male fetal sex	29 (58%)	16 (52%)	26 (58%)	0.829
Placenta Laterality				
Anterior	28 (56%)	14 (45%)	34 (75%)	0.003
Lateral	0	0	3 (7%)	
Posterior	22 (44%)	17 (55%)	8 (18%)	
EGA at lab draw	27w5d (43.78)	32w6d (26.09)	31w0d (37.30)	< 0.001
Chronic HTN	5	3	6	0.839
Pregestational Diabetes	6	2	5	0.710

Continuous variables: mean (standard deviation), Pearson's chi-square
Categorical variables: n (%), one-way ANOVA
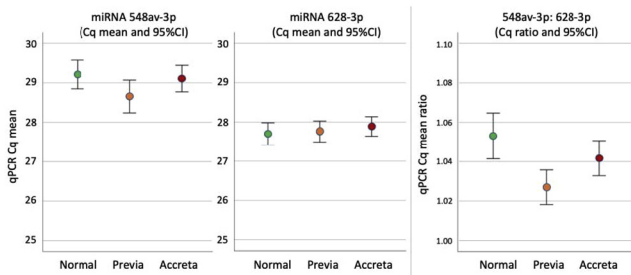
694 Vaccination uptake in pregnancy: before and after the start of the COVID-19 pandemic

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OBJECTIVE: To investigate determinants of vaccine uptake among pregnant patients before and during the COVID-19 pandemic.
STUDY DESIGN: A retrospective observational cohort study of vaccination acceptance at UC San Diego Health before (10/1/19 − 2/29/20, Pre-COVID) and after (10/1/20 − 2/28/21, Post-COVID) the start of the pandemic. We hypothesized vaccine uptake in pregnancy would increase during a global pandemic. To mitigate reporting bias associated with vaccination outside our healthcare system, patients who initiated care after 24 weeks or after August 1st were excluded. Bivariate analysis was performed with independent Student's T test and Pearson's chi-square, and odds ratio calculated with binary logistic regression.
RESULTS: A decrease in Tetanus, Diphtheria, Pertussis (Tdap) vaccination rates was noted between Pre-COVID (879/984, 89.3%) and Post-COVID (907/1049, 86.5%) (OR 0.76, p=0.049). Flu vaccination rates showed a nonsignificant decrease between Pre-COVID (779/984, 79.2%) and Post-COVID (796/1049, 79.5%) (OR 0.82, p=0.08). Factors significantly associated with flu vaccination were nulliparity (46.9% vs 38.2%, p=0.004), early entry to care (9.7 vs 10.5 weeks, p< 0.001), Asian race (15.2% vs 7.2%, p< 0.001) and Tdap vaccination (97.5% vs 54.6%, p< 0.001). These factors did not statistically differ between the study periods. After controlling for parity, entry to care, and race, the COVID time-period was still

associated with a decrease in Tdap vaccination (aOR 0.759, p = 0.045) and a trend towards decreased flu vaccine uptake (aOR 0.83, p=0.08). Telemedicine was newly adopted Post-COVID (8.5% of visits) and appointment cancelation rates increased (34.9% vs. 36.6%, p < 0.001).
CONCLUSION: The threat of a global pandemic did not improve vaccination uptake in this population. On the contrary, this data suggests a decline in vaccination rates. An increase in non-face-to-face encounters and hesitancy to seek medical care may have played a role. Understanding determinants of vaccination may help target education and public health interventions.

Figure 1: Study Design
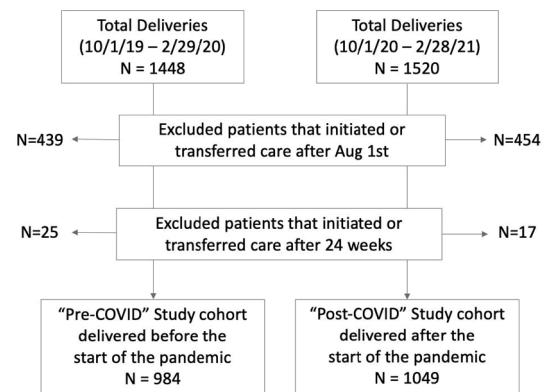
Table 1: Determinants of Flu vaccination in total cohort

	Accepted n=1575	Declined Flu n=458	P-Value
Age (yr)	32.62 (5.11)	32.16 (5.07)	0.091
Nulliparous	723 (45.9%)	175 (38.2%)	0.004
BMI	31.06 (6.40)	30.74 (6.27)	0.361
Entry into care (EGA in weeks)	9.74 (3.70)	10.52 (3.86)	< 0.001
Race/Eth			< 0.001
Hispanic	450 (28.6%)	130 (28.4%)	0.953
White	692 (43.9%)	217 (47.4%)	0.200
Asian	240 (15.2%)	33 (7.2%)	< 0.001
Black	70 (4.4%)	33 (7.2%)	0.021
American Indian	5 (0.3%)	1 (0.2%)	1.0
Mixed/unknown	118 (7.5%)	44 (9.6%)	0.142
Single marital status	308 (19.6%)	107 (23.4%)	0.076
Cesarean	409 (26.0%)	114 (24.9%)	0.671
Accepted TDap	1536 (97.5%)	250 (54.6%)	< 0.001

Continuous: mean (SD), T-test
Categorical: n (%), Pearson's chi-square

695 Noise During Cesarean Deliveries (CD): an Occupational Exposure Study

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OBJECTIVE: Operative room (OR) noise exposure has been associated with stress, communication errors and risks for postoperative complications. Cesarean delivery room environments have unique features potentially increasing the risk for noise exposure; we sought to examine the unique noise environment of the Obstetric OR.
STUDY DESIGN: We measured volume (decibel level, dB), peaks in sound pressure to annoyance levels (>70dB; vacuum cleaner), and