

critically appraise the content, quality, and readability of online health information on adolescent dysmenorrhea.

Methods: A search was conducted on 3 Canadian search engines using keywords relevant to the disease (dysmenorrhea, period pain, menstrual pain) and population (adolescent, teen, youth). Included websites were patient- or parent-facing and focused on the topic of primary or secondary dysmenorrhea. Two clinical experts assessed website content comprehensiveness and validity. Quality was evaluated using the DISCERN and QUEST validated tools. Reading level was assessed using the Simplified Measure of Gobbledygook.

Results: Seven-hundred websites were screened, and 55 websites were included in analyses. Overall, information on management of dysmenorrhea was accurate, with 46 (83.6%) websites agreeing with current guidelines on treatment. Incorrect information was reported in 42 (76.4%) of the websites. Content on etiology, evaluation of dysmenorrhea, and diagnostic investigations contained the most misinformation. Mean quality tool scores were in the poor-to-fair range and only 4 (7.3%) websites had recognized quality certifications. Fifty-two (94.5%) websites scored above the recommended reading level for patient education materials.

Conclusions: Websites on adolescent dysmenorrhea feature poor-to-fair quality information, advanced reading levels, and variability in comprehensiveness and validity of content. There is an identified need to develop age-appropriate evidence-based resources. Clinicians may consider assessing Internet health information-seeking behaviours and counsel patients about the potential inaccuracies of dysmenorrhea online content.

Keywords: dysmenorrhea; endometriosis; adolescent; eHealth; internet; consumer health information

■ O-OBS-JM-021

Identification of Latent Safety Threats in an Interprofessional Training Involving On-Site Simulation in a Birthing Unit in Response to the COVID-19 Pandemic

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Objectives: We aimed to detect different types of latent safety threats (LSTs) in the setting of suspected or positive COVID-19 pregnant patients in the Birthing Unit using a training program involving on-site simulations. We hypothesized that providing simulation-based training in the actual care areas would greatly help identify high risk events that could affect staff and patient safety.

Methods: We conducted a prospective observational study between April 15 and May 06 2020 involving 65 interprofessional health care workers (eg. obstetricians, residents, nurses, midwives) over the course of 8 training sessions. Training scenarios involved presentation of suspected COVID-19 patient to the Birthing Unit, donning & doffing with observer and lastly, transportation of a suspected COVID-19 patient to the operating room for non-urgent cesarean section. LSTs were recorded by two facilitators and further subcategorized into themes; Gaps in Knowledge & Training, Maintenance & Equipment and System & Processes. Areas of improvement and proposed solutions were documented after each simulation and post-simulation surveys were sent to participants.

Results: The number of participants involved in on-site simulations was 65. Eighty-one LSTs were observed across all the 3 scenarios

amongst any theme: scenario 1 (n = 42, 51.8%), scenario 2 (n = 14, 17.2%) and scenario 3 (n = 25, 30.9%). Amongst the different themes of LSTs, Gaps in Training & Knowledge comprised (n = 29, 35.8%), Maintenance & Equipment comprised (n = 46, 56.8%) and Systems & Processes comprised (n = 6, 7.4%) of total LSTs. There were 80 Areas of Improvement and Proposed Solutions drawn from these recorded LSTs. Fifty participants completed post-simulation surveys. Pre-simulation surveys revealed only 10% of participants felt very prepared to care for a suspected or positive COVID-19 patient in the birthing unit, while 92% responded in the same way post-simulation.

Conclusions: Pregnant women with suspected or confirmed COVID-19 presenting to birthing units pose numerous infection control issues. Simulation-based exercises may greatly help units prepare by identifying LSTs. Post-simulation surveys further allowed us to see the benefits.

Keywords: COVID-19; simulation; latent safety threats

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Pregnancy, Delivery, and Neonatal Outcomes Among Women with Incarcerated Uterus: A Population-Based Study

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Objectives: Incarcerated uterus (IU) occurs at a rate of 1:3000 pregnancies. Previous studies have focused on risk factors and management options, providing limited information about pregnancy outcomes. We aimed to evaluate the effect of IU on pregnancy, delivery, and neonatal outcomes using a large population-based database.

Methods: Retrospective cohort study using the Healthcare Cost and Utilization Project Nationwide Inpatient Sample from 2004 to 2014. Incarcerated uterus was identified using ICD-9 code 654.3X. Multivariate logistic regression analysis was used to compare maternal and neonatal outcomes among women with IU and women without IU, while adjusting for confounders.

Results: Incarcerated uterus was identified in 370 pregnancies, and 9 096 418 pregnancies were control cases. Compared to controls, women with IU were more likely to be Caucasian, have had a previous cesarean section (CS), have smoked during pregnancy, have thyroid disease, endometriosis, fibroids, pelvic inflammatory disease and adhesion, and an ovarian cyst ($P < 0.05$ all). Women with IU were more likely to have a placenta previa (aOR 3.05, 95% CI 1.26–7.40), deliver by CS (aOR 2.37, 95% CI 1.81–3.10), have a postpartum hemorrhage (aOR 2.79, 95% CI 1.78–4.35), require blood transfusion (aOR 5.23, 95% CI 3.10–8.82). Moreover, they were more likely to have infants with congenital anomalies (aOR 3.96, 95% CI 1.47–10.63). Rates of preeclampsia, preterm birth, and small for gestational age were similar between the 2 groups ($P > 0.05$ all).

Conclusions: Women with IU were more likely to encounter delivery and neonatal adverse outcomes compared to the general population. These findings may help guide prenatal counseling and surveillance.

Keywords: incarcerated uterus; placenta previa; postpartum hemorrhage; blood transfusion; congenital anomalies; pregnancy outcomes