

**LSU School of Medicine
Department of Obstetrics & Gynecology**



**Resident Research Day
Friday May 10, 2024**

**Center for Advanced Learning & Simulation
2021 Perdido Street
New Orleans, LA**

Keynote Speaker:

Ronald D. Alvarez, MD, MBA
Professor and Chairman, Obstetrics and Gynecology
Betty and Lonnie S. Burnett Endowed Chair of Obstetrics and Gynecology
Vanderbilt University Medical Center



Ronald D. Alvarez, MD, MBA

Ronald D. Alvarez, M.D., M.B.A., is Professor and Chairman of the Department of Obstetrics and Gynecology and holds the Betty and Lonnie S. Burnett Endowed Chair of Obstetrics and Gynecology at Vanderbilt University Medical Center (VUMC). He obtained his B.S. at LSU in 1979 and his M.D. from LSU Health School of Medicine in New Orleans in 1983. He completed his residency in Obstetrics and Gynecology in 1987 and his fellowship in Gynecologic Oncology in 1990, both at the University of Alabama at Birmingham (UAB).

After receiving an M.B.A. in 2013 from Auburn University in 2013, Dr Alvarez remained at UAB after completion of his fellowship and rose to the rank of Professor and Ellen Gregg Shook Culverhouse Chair in the UAB Division of Gynecologic Oncology, for which he served as Director from 2003-2014. He was also Vice-Chair of the UAB Department of Obstetrics and Gynecology until his transition to VUMC in 2016. He was the recipient of several NCI and other industry funded grants in support of his research in gene therapeutics for ovarian cancer and cervical cancer vaccines, including projects funded by the UAB Ovarian Cancer SPORE and the Johns Hopkins/UAB Cervical SPORE.

In 2013, he served as President of the Society of Gynecologic Oncology. He now serves as president of AGOS, treasurer of ABOG, chair of the NRG Oncology Research Strategy Committee, and chair of the OCRA Scientific Advisory Committee. Dr. Alvarez and his wife of 44 years, Denise, have 3 married children and 7 grandchildren.

LSU OBGYN Resident Research Day

Friday, May 10, 2024

- 9:00-9:05am** **Welcome & Introduction of Guest Speaker**
Lisa Peacock, MD, FACOG
Chairperson, Department of Obstetrics and Gynecology
- 9:05-9:50am** **Keynote Address- *Facing the Crisis in Gynecologic Surgery***
Ronald D. Alvarez, MD, MBA
Professor and Betty and Lonnie S. Burnett Endowed Chair of Obstetrics
and Gynecology
Vanderbilt University Medical Center
- 9:50-10:00am** **Break**
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SESSION 1 – GYNECOLOGY

Moderators: Tara Castellano, MD and Christy Hartmann Cycotte, MD

- 10:00-10:15am** ***Enhancing OBGYN Residency Training Through Pudendal Nerve Block Simulation***
Resident: Allison Lazenby, MD, PGY 4, New Orleans
Advisor: Stacey Scheib, MD
- 10:15-10:30am** ***Effects of Race and Socioeconomic Factors on Detection of Gynecological Cancer: State-Wide Analysis***
Resident: Caitlin Witt, MD, PGY 3, Baton Rouge
Advisor: Elizabeth Sutton, PhD
- 10:30-10:45am** ***Pilot Study to Evaluate Effectiveness of Concurrent HPV Vaccination at Time of Treatment for VIN 2+, CIN 2+, VAIN 2+ in Immunocompromised Individuals***
Resident: Sara Lever, MD, PGY 4, New Orleans
Advisor: Amelia Jernigan, MD
- 10:45-11:00am** **Break**
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SESSION 2 – OBSTETRICS

Moderators: Sarah Buzhardt, MD & Jay Davis, MD

- 11:00-11:15am** ***Trends in Postpartum Birth Control Uptake Following Dobbs Decision***
Resident: Deanna Dawson, MD, PGY 4, New Orleans
Advisor: Stacey Holman, MD
- 11:15-11:30am** ***Effect of Residential Geographic Location on Adverse Pregnancy Outcomes in South-Central Louisiana***
Resident: Aaliyah Keels, MD, PGY 3, Baton Rouge
Advisor: Pamela Simmons, DO

11:30-11:45am ***Genetic Testing after Abnormal Prenatal Ultrasound***
Resident: Eleanor Germano, MD, PGY 4, New Orleans
Advisor: Asha Heard, MD

11:45-12:00pm **Break**

SESSION 3 - OFFICE

Moderators: Neelima Sukhavasi, MD, MPH and La’Nasha Tanner, MD

12:00-12:15pm ***Use of Clomiphene Citrate as an Inhibitor of Ovulation in an Oocyte Cryopreservation Cycle***
Resident: Shelby Howard, MD, PGY 3, Baton Rouge
Advisor: Neil Chappell MD, MSCI

12:15-12:30pm ***Postoperative Telemedicine Use: Safety and Satisfaction after Benign Gynecologic Surgery***
Resident: Chloe Smith, MD, PGY 2, New Orleans
Advisor: Holly Provost, MD

12:30-12:45pm ***Long Acting Reversible Contraceptive Removal after Immediate Postpartum Insertion***
Resident: Andrea Dousdebes, MD, PGY 4, Baton Rouge
Advisor: Elizabeth Sutton, PhD

12:45-1:15pm **Lunch**

1:15pm **Group Picture**

1:30pm-2:30pm **POSTER SESSION**

2:30pm **Awards and Final Remarks**

Judges

Ronald Alvarez, MD, MBA – Vanderbilt University Medical Center, Department of OB/GYN
Jay Mussel, PhD - LSU School of Medicine, Department of Cell Biology and Anatomy
Lisa Peacock, MD, FACOG – LSU School of Medicine, Department of OB/GYN
Amy Vaughn, MD, MS – Tulane School of Medicine, Department of OB/GYN
Dovile Vilda, PhD, MSC – Tulane School of Public Health

Full abstracts and a list of posters are provided on the following pages.

Enhancing OBGYN Residency Training Through Pudendal Nerve Block Simulation

Allison Lazenby MD, Stacey Scheib MD

Objective: Pudendal nerve blocks (PNBs) are extremely valuable tool in OBGYN for managing pain during childbirth and various gynecological procedures. However, mastering this skill may be challenging during residency training due to the limited opportunities for hands-on practice. Simulation-based training has emerged as a promising method to address this gap by providing a safe and controlled environment for skill acquisition. This study aims to evaluate the effectiveness of pudendal nerve block simulation in enhancing the competency of OBGYN residents.

Methods: A simulation session to obtain descriptive data was conducted among OBGYN residents at an academic medical center. The structured simulation curriculum consisted of one didactic session including hands-on training with a novel low fidelity simulation model. Pre- and post-intervention surveys were administered to assess self-perceived confidence and competence in performing PNBs. Surveys were de-identified and matched using anonymous code selected by residents at the start of the simulation.

Results: Fourteen OBGYN residents participated in the simulation-based training program. Pre-intervention surveys revealed a lack of confidence and perceived competence in performing PNBs among residents. Notably, 64% of residents reported that they have never received training in PNB technique prior to our simulation. Following the simulation curriculum, there was a significant improvement in resident knowledge, with an average increase in objective scores of median amount of 9 (95% CI = 7, 10.5, $p=0.02$). Post-intervention surveys also demonstrated a notable enhancement in residents' self-perceived confidence in PNBs, with scores increasing across all PGY levels, and the majority feeling adequately prepared to perform the procedure.

Conclusion: Pudendal nerve block simulation significantly enhances the knowledge and confidence of OBGYN residents in performing this essential procedure. The structured curriculum, incorporating didactic education and hands-on simulation, effectively addresses the challenges associated with PNB training. More studies are needed to evaluate improvement in resident competency with objective data. By improving residents' confidence and competence, simulation-based training ultimately contributes to better patient outcomes and satisfaction in obstetric and gynecological care.

Effects of Race and Socioeconomic Factors on Detection of Gynecological Cancer: State-Wide Analysis

Caitlin Witt MD, Andrew Chapple PhD, Lauren Maniscalco MPH, Young Yi PhD, Elizabeth Sutton PhD

Objective: To examine the impact of race and socioeconomic factors on gynecologic cancer stage at the time of diagnosis over the past decade using a state-wide population-based cancer registry database, the Louisiana Tumor Registry (LTR).

Methods: The setting of this study is a state-wide population-based cancer registry database in Louisiana. The study sample included a contemporary, diverse population in Louisiana diagnosed with gynecologic cancer between 2011-2020. The primary outcome was stage at time of diagnosis analyzed using multivariable logistic regression and Bayesian Variable selection.

Results: Black individuals had a higher rate of advanced cancer compared to other races pre-adjustment (40.5% for Black vs. 31.6% for White and 25.3% for other, $p < 0.001$). Individuals with a private insurance, low poverty census tract, BMI over 30kg/m², relationship status of married and those under 60 years old experienced decreased rates of advanced stage cancer compared to their alternatives after adjustment. Among all sociodemographic factors available, Black and Age greater than 60 was noted to be the highest estimated adjusted changed for advanced stage at diagnosis. Within variables noted to have decreased advanced stage disease (private insurance, marriage, obesity, and age less than 60), increased rate of advanced stage cancer for Black individuals persisted when compared to rates for non-Black individuals.

Conclusion: There is a persistent and disproportionate burden of advanced stage diagnosis of gynecologic cancer for Black individuals. More work is needed to understand and identify the causative mechanisms for this persistent racial disparity, for which there must be geographic and cultural appreciation. Research in this field should then focus on developing effective interventions to combat those causes and improve not only early detection but also improve outcomes from gynecologic cancer.

Pilot Study to Evaluate Effectiveness of Concurrent HPV Vaccination at Time of Treatment for VIN2+, CIN 2+, VAIN 2+ in Immunocompromised Individuals

Sara Lever MD, Nesrin Mohamed Dar Hamed BS, Isabella Hermantin BS, Tara Castellano MD, Amelia Jernigan MD

Objective: Over the past 20 years, HPV vaccine has proven to be an effective primary prevention method in reducing the rates of cervical cancer (95%), vaginal cancer (64-91%) and vulvar cancer (50%) attributable to HPV infection in both immunocompetent and immunocompromised individuals. More recently, studies have demonstrated a 57-88% reduction in the recurrence rate of high grade cervical dysplasia in immunocompetent individuals receiving concurrent HPV vaccination at time of treatment of CIN 2+. These studies however leave the question if concurrent vaccination at time of treatment has a similar secondary prevention benefit in reducing recurrence of CIN 2+, VIN 2+ and VAIN2+ in immunocompromised individuals, those most vulnerable to development and severe morbidity related to lower genital tract dysplasia (LGTD). This study investigates differences in the resolution of grade 2 (or higher) lower genital tract dysplasia (LGTD 2+) in immunocompromised individuals receiving treatment for these pathologies with and without concurrent HPV vaccination.

Methods: This retrospective chart review included individuals seeking treatment for moderate and high grade + lower genital tract dysplasia at an academic medical center in New Orleans from January 1, 2010 - December 31, 2023. Individuals in this study population had at least one immunocompromised condition designated by the American Society for Colposcopy and Cervical Pathology as warranting closer pap smear surveillance due to known increased risk of development of lower genital tract cancer. Immunocompromised women who experienced treatment events, defined as excision or ablation, within the study period were included for analysis. This study further compared the rates of persistence, progression and recurrence rates of CIN2+, VIN2+, VAIN 2+ between those receiving both HPV vaccination within 6 months of treatment of lower genital tract pathologies and those who were not vaccinated within 6 months of their treatment.

Results: Forty-two individuals with immunocompromised conditions had 89 treatment events for LGTD 2+. Within 89 treatment instances, 40.4% (n=36), 47.2% (n=42) and 12.4% (n=11) were for cervical, vaginal and vulvar pathologies respectively. Furthermore, for 19% of patients (n=8) and 11% of treatment instances (n=10), HPV vaccination occurred within 6 months of treatment. Using a Fischer's exact test, it was determined that in 70% (n=7) of treatment instances with concurrent vaccination, there was resolution of dysplasia while in 58.2% (n=46) of treatment instances without concurrent vaccination there was resolution of dysplasia (p=0.734). Given the small sample size of the study, a power analysis was performed determining that for a population with similar vaccination rates with an assumed 12% difference in resolution would require well over 1000 treatment instances to sufficiently power the study.

Conclusion: While showing a difference in resolution rates in CIN2+, VIN 2+, VAIN 2+ in immunocompromised individuals concurrently vaccinated with the HPV vaccination within proximity to treatment, this study fails to show a statistically significant difference amongst these groups. This is mainly due to the limited population size in this study. To investigate this question further, a larger study populations and drastically higher vaccination rates would be required to show a statistically significant difference. Given the recent change in governing body guidelines, we expect to see higher vaccination rates in the study population which in the future may facilitate further research in this area.

Trends in Postpartum Birth Control Uptake Following Dobbs Decision

Deanna Dawson MD, Breon Wise BS, Kelsey Goines BS, Jade Lemoine BS, Meredith Mentz BS, Tabitha Quebedeaux MD, PhD, Stacey Holman MD

Objective: The Dobbs Decision of 2022 has severely limited access to legal abortions for women residing in Louisiana. It is prudent that providers understand the reproductive health needs of patients in this region particularly regarding contraception. This study seeks to investigate trends in contraception decision making before and after Dobbs and inquire whether there is a difference particularly in uptake of long-acting reversible contraception (LARC) methods.

Methods: A retrospective cohort study was completed to investigate the contraceptive choices of postpartum patients delivered at a community hospital between 5/2022 and 6/2023. Patients were selected based on delivery date, with 10 people selected for each month subgroup. Categorical variables were compared across groups using Fisher exact tests while continuous variables were compared using Wilcoxon rank-sum tests. Multivariable logistic regression was performed to predict LARC use based on Dobbs decision and several confounding variables. An interrupted time-series analysis was also performed using this model, with time from study start, a post-Dobbs indicator, and their interaction in the model. The marginal adjusted probability of LARC pre- and post- Dobbs was plotted from this model by ignoring other covariate effects.

Results: Of the 423 patients delivered, the postpartum contraceptive choices were reviewed for 120 patients. While the uptake of LARC was observed to increase post-Dobbs, the results failed to reach statistical significance (p value) because of the small sample size. Interestingly, the overall rate of LARC selection decreased during the post-Dobbs period.

Conclusion: Little is known about the impact of Dobbs on contraceptive decision making. This pilot study sought to evaluate trends in contraception choices as it relates to the Dobbs decision. This study will be continued to increase the sample size and time window investigated pre- and post-Dobbs. Further study is warranted to better elucidate how Dobbs has impacted not only contraceptive choices or decisions but also what structural barriers in addition to restrictive legislation impact patients' ability to exercise autonomy and freedom in reproductive decision making no matter where they live.

Effect of Residential Geographic Location on Preterm Birth in South-Central Louisiana

*Aaliyah Keels MD, Andrew Chapple PhD, Neelima Sukhavasi MD, MPH,
Pamela Simmons DO, Elizabeth Sutton PhD*

Objective: To describe how Area Deprivation Index (ADI) impacts preterm birth (PTB) risk in Louisiana.

Methods: We conducted a retrospective cohort study using the Women and Infants Clinical database, an aggregate of deliveries occurring at Woman's Hospital in Baton Rouge, Louisiana. Our study included singleton deliveries between January 1, 2016 and December 31, 2023. ADI from the University of Wisconsin's Neighborhood Atlas was calculated using residential address at time of delivery to stratify birthing individuals based on level of socioeconomic disadvantage (scale 1-10). Additional covariates included race, ethnicity, age at delivery, marital status, education, health insurance, parity, gravidity, maternal body mass index, substance use, history of preterm birth, and adverse pregnancy outcomes. Categorical covariates were compared across groups using Fisher exact tests while continuous covariates were compared using Wilcoxon rank-sum tests and Kruskal-Wallis tests. Multivariable logistic regression analyses were performed to predict very/extremely preterm delivery among preterm deliveries. Average treatment effects (ATE) were computed for each covariate in the regression as the average estimated difference in probability of preterm delivery with and without each factor across all patients. It is interpreted as the average adjusted change in preterm delivery percentage for each factor separately.

Results: 33,209 birthing individuals were included. As ADI increased, the rate of preterm birth increased, ranging from 7.7% in the least disadvantaged group to 15.8% in the most disadvantaged group ($p < 0.001$). Increased ADI was also associated with a significant increase in PTB after multivariable adjustment (adjusted odds ratio [aOR] 1.03, 95% Confidence Interval [CI] 1.02-1.05, $p < 0.001$). ATE showed increasing probability of preterm birth by an estimated 0.3% per ADI decile. Among birthing individuals who delivered preterm, the estimated risk of PTB under 32 weeks increased significantly for ADI of 3-4 (ATE = 4.1% increase, $p < .05$), ADI of 5-6 (ATE = 4.9% increase, $p < .05$) and ADI of 7-8 (ATE=6.2% increase, $p < .05$). There was not a significant increase in <32 week delivery risk for the highest ADI quintile group of 9-10 compared to the lowest quintile group ($p=0.32$).

Conclusion: Birthing individuals living in a more disadvantaged area are more likely to experience preterm birth compared to individuals living in more advantaged area in a dose-dependent manner.

Genetic Testing after Abnormal Prenatal Ultrasound

Eleanor Germano MD, Asha Heard MD, MPH

Objective: Aneuploidy screening is recommended for all pregnant patients regardless of age. There is limited evidence examining factors associated with uptake of diagnostic testing after abnormal prenatal screening. The Area Deprivation Index is a mapping tool that displays the relative socioeconomic conditions of neighborhoods created from publicly available data in the domains of income, education, employment, and housing quality. Neighborhood rankings are created both on a statewide and national scale. Areas of greater socioeconomic disadvantage are ranked higher. The study aims to compare demographic differences between patients who chose to undergo amniocentesis after abnormal screening. In particular, the study aims to identify an association between ADI rank and patients who chose to undergo diagnostic amniocentesis.

Methods: Patients with abnormal ultrasound findings from March 2019-August 2022 were included. Patients with multiple gestations, maternal medical co-morbidities, risk factors for aneuploidy without abnormal ultrasound, patients with one isolated soft marker of aneuploidy without fetal growth restriction were excluded. The demographic characteristics of patients who chose to undergo an amniocentesis were compared with patients who declined amniocentesis. ADI ranks were analyzed in 5 groups (0-20%, 20-40%, 40-60%, 60-80%, and 80-100%). Categorical covariates were compared across amniocentesis groups using Fisher exact tests, while continuous variables were compared using Wilcoxon rank-sum tests. A p-value of <0.05 was considered statistically significant.

Results: Of the 175 patients who met inclusion criteria, 32 (18%) underwent diagnostic amniocentesis. 22.7% of those in the most advantaged ADI rank underwent amniocentesis compared to 30% in the most disadvantaged rank ($p=0.684$). Patients without any living children were more likely to undergo diagnostic amniocentesis ($p = 0.045$). Patients were more likely to undergo amniocentesis if they had abnormal genetic screening prior to receiving abnormal ultrasound results ($p = 0.047$). When stratified for abnormal NIPT prior to ultrasound, patients in ADI groups 20-40% and 40-60% had significantly higher amniocentesis rates with high-risk NIPT (66.7% vs 5.3%, $p=0.038$ and 66.7% vs 5%, $p=0.034$).

Conclusion: Study findings suggest an association between ADI scores and diagnostic testing decision making, however not statistically significant. Future studies are needed to further delineate reasons for declining both prenatal aneuploidy screening and diagnostic amniocentesis.

Use of Clomiphene Citrate as an Inhibitor of Ovulation in an Oocyte Cryopreservation Cycle

*Shelby Howard MD, Elizabeth Sutton PhD, Briasha Jones MPH,
Neil Chappell MD, MSCI*

Objective: To determine if Clomiphene Citrate (CC) is an effective option for inhibiting ovulation during controlled ovarian hyperstimulation for elective oocyte cryopreservation (OC).

Design: We conducted a prospective, observational study in eight individuals undergoing ovarian stimulation wherein CC was substituted in place of standard of care to prevent premature ovulation.

Subjects: Females 18-42 years old and undergoing elective OC were eligible to participate. Individuals using tobacco or illicit drugs, with a history of infertility, undergoing cancer treatment, previous failed IVF or OC cycle, drug allergy to CC, hypertension, or history of migraines with aura were excluded.

Main outcome measures: The primary outcome was incidence of premature ovulation determined by significant elevation in LH or progesterone, loss of follicles, or significant free fluid on transvaginal ultrasound. Secondary outcomes include the number of oocytes retrieved, number of mature oocytes, and study-related adverse events. The study was registered as a clinical trial (Reference ID: NCT05866068)

Results: Eight individuals undergoing OC were enrolled in the study. Average age was 35.75 ± 5.04 (range 26-41). Six of the participants were White, and the other two were Asian. The average body mass index (BMI) was 24.4 ± 4.5 kg/m² (range 20.1-31.3), and the average AMH was 3.78 ± 1.74 ng/mL (range 1.78-6.58). CC was administered from stimulation day 1 until day of trigger for preventing ovulation. CC was well tolerated with no documented adverse effects. There was no evidence of early ovulation in any participants. The total gonadotropin dose ranged from 1775 to 4950. The peak LH ranged from 7.64 to 28.4, and the peak progesterone ranged from 0.71 to 4.11. The number of oocytes retrieved ranged from 7 to 24 with an average maturity rate of approximately 87%.

Conclusion: Clomiphene citrate appears to prohibit ovulation during oocyte stimulation cycles given the oocyte yields with a high maturity rate; however, the rare and transient higher LH noted in a few of the cycles may predispose a cohort to premature luteinization, or even ovulation, resulting in a canceled cycle. With further research, the appropriate candidate for CC or alternative SERMs could result in a cost-effective alternative to standard ovulation inhibitors.

Postoperative Telemedicine Use: Safety and Satisfaction After Benign Gynecologic Surgery

Chloe Smith MD, Vanessa Norris MD, Sydni Barras BS, Allison Willard BS, Joselyn Knowing MS, Holly Provost MD.

Objective: Popularized during the COVID pandemic, telemedicine has emerged as a valuable tool. However, few studies have examined this tool's use in delivering postoperative gynecological care. In this randomized controlled trial conducted at a rural safety net hospital in Louisiana, researchers investigated whether virtual care could maintain patient satisfaction while avoiding an increase in complications or readmissions within the six-week postoperative period.

Methods: Patients were randomized to receive a telemedicine visit or a standard in-person visit two weeks after surgery. Eligible participants included patients ages 18+yo who have undergone elective, minimally invasive gynecologic surgery performed at a teaching hospital in South Louisiana. The Patient Satisfaction Questionnaire Short Form (PSQ-18) was administered to all participants at least 6 weeks after surgery. Chart review was performed to assess frequency of postoperative adverse events. The Wilcoxon rank sum and Fisher exact test were used in data analysis.

Results: A total of 152 of the 202 enrolled participants completed the satisfaction survey. Of these 152 patients, 91 (59.9%) attended standard, in-person visits and 61 (40.1%) were randomized to telehealth visits. The completed survey study groups' characteristics were similar in average age, BMI, race, distance lived from hospital, surgery length, and medical comorbidities. Rates of postoperative complications between groups were not significantly different, with 16.5% of patients with complication in the in-person group and 13.1% of patients with complication in the telemedicine group. The most common postoperative complication was UTI, which affected 12 patients. Rates of readmission between groups were also not significantly different, with 3.3% of patients in both groups. Average number of postoperative phone calls from patients was statistically significant, with the telemedicine group contacting the Gynecology team fewer times (0.26 vs 0.58, $p=.036$). Regarding patient satisfaction, there were no significant differences between groups on any answers on the PSQ-18 survey, with answers indicating an overall high satisfaction in patient care.

Conclusion: Given the absence of any significant variance in complication rates between the two groups, telemedicine emerges as a viable and safe alternative for postoperative follow-up in minimally invasive gynecologic surgery. Moreover, the patient satisfaction survey revealed minimal notable disparities between the standard and intervention groups, indicating a consistently high level of satisfaction across both arms. The availability of telemedicine without additional safety concerns may signify improved access to care, particularly for individuals residing in rural communities.

Long Acting Reversible Contraceptive Removal After Immediate Postpartum Insertion

Andrea Dousdebes MD, Melissa Goldin Evans PhD, Emily Harville PhD, Elizabeth Sutton PhD

Objectives: To describe patterns in postpartum long active reversible contraceptive (LARC) removal and assess effectiveness of insertion timing to prevent short interpregnancy intervals.

Study design: We conducted a retrospective cohort study with Louisiana Department of Health Medicaid Database and Vital Records data for births between January 1, 2015 and December 31, 2021 for women who received a LARC within 61 days of delivery. The primary outcome was LARC removal within one year, compared between two groups: “immediate” and “delayed” insertion (LARC inserted within 3 days vs. 4-61 days postpartum respectively). The secondary outcome was a short interpregnancy interval. Bivariate analyses using chi-square and t-tests were performed to determine which variables were associated with exposure and outcomes.

Results: Out of 33,904 women, 29.6% (n=10,037) underwent immediate LARC insertion (within 3 days) and 70.4% (n=23,867) underwent delayed insertion (4-61 days postpartum). Individuals who had an immediate postpartum LARC insertion were 51% less likely to have the LARC removed within one year, compared to those with a delayed LARC insertion (OR 0.49, 95% CI: 0.44-0.55, $p < 0.0001$). Women who had an immediate postpartum LARC insertion, and then went on to have a removal, were 29% less likely to have a pregnancy within 1 year compared to those who had a delayed LARC insertion (OR 0.71, 95% CI: 0.62-0.82, $p < 0.0001$).

Conclusion: Medicaid insured women who had a LARC inserted immediately postpartum were less likely to have their LARC removed within one year, and less likely to have a short interpregnancy interval, compared to those who underwent delayed insertion.

POSTERS

OBSTETRICS

Opioid Use in Third Trimester of Pregnancy and Neonatal Morbidity and Mortality

Aleysh Alejandro MD, Neelima Sukhavasi MD

Fetal Growth Restriction and Oligohydramnios: Optimizing the Time of Delivery

Rachel Denny MD, Chaya Karunasiri MD, Heather Duplessis BS, Sidney John BS, Mary Landry BS, Emily Dubuisson BS, Asha Heard MD, MPH, Tabitha Quebedeaux MD, PhD

Maternal Obesity and its Impact on Induction of Labor: Investigating Early Amniotomy

Jonte Ellison MD, Emily Dubuisson BS, Mallory Brignac BS, Tabitha Quebedeaux MD, PhD, Nicole Freehill, MD

Evaluating the Effectiveness of Dual Therapy with Furosemide and Labetalol in the Management of Pre-eclampsia with Severe Features in the Postpartum Period

Cameron Holmes MD, Julia Barnes BS, Gabrielle Stone BS, Akshay Goswami MD, Tabitha Quebedeaux MD, PHD

The Placenta is an End Organ: The Temporal Relationship Between FGR, Preeclampsia, and Adverse Pregnancy Outcomes

Chaya Karunasiri MD, Rachel Denny MD, Heather Duplessis BS, Sidney John BS, Mary Landry BS, Carlee Myers BS, Emily Dubuisson BS, Tabitha Quebedeaux MD, PhD, Asha Heard MD, MPH

Association Between Adverse Birth Outcomes and Non-English Speaking Patients

Megan Molina MD, Elizabeth Florence MD

In-House vs Out-of-House Management of Labor and NTSV rates

Katie Oliver MD, Elizabeth Florence MD

Outcomes of Intraoperative Liposomal Bupivacaine (Exparel) Injection for a Transversus Abdominis Plane block after Cesarean Delivery

Madelyn Roberson MD, Edward Schwartzenburg MD

Characterizing the Change in Anxiety and Depression with Long Term Hospital Admission in the Antepartum Period

Jasmine Rogers MD, Sarah Buzhardt MD

A Retrospective Study on the Maternal and Fetal Outcomes of Fetal Growth Restriction Diagnosis Based on AC <10%

Catherine Shield MD, Neelima Sukhavasi MD, MPH, Pamela Simmons DO

GYNECOLOGY

Rate of Cervical Cancer Screening is Performed Following Appropriate Guidelines within the LCMC Health System in Immunocompromised Patients Without HIV Infection

Saskya Etienne MD, Amelia Jernigan MD

Optimizing Success Rates and Patient Outcomes for Frozen Embryo Transfer (FET): A Comparative Retrospective Analysis of Endometrial Preparation Protocols

Juan C. Naranjo MD, Anamika Tandon BS, Warren J. Huber III MD, PhD

Outcomes of Expectant, Medical, and Surgical Management of Early Pregnancy Loss

Sylvia Lobo MD, Anamika Tandon BS, Danielle Despanie BS, Elizabeth Sutton PhD, Tabitha Quebedeaux MD, PhD, Jaime Alleyn MD

Association of Other-High Risk HPV and Incidence of Cervical Dysplasia

Viktoria Taskov DO, Holly Provost MD

OFFICE

Effects of Remote Blood Pressure Monitoring on Postpartum Readmission Rates

Julia Hernandez MD, Stacey Holman MD, Tabitha Quebedeaux MD, PhD, Angela Bradley-Byers MN/FNP-C, Asha Heard MD, MPH

The Use of Aspirin in Pregnant Patients with Stage 1 Hypertension

Keiko Leong MD, MPH, Julia Kulakowski BS, Anne Lindberg BS, Antonia Traina MD, Tabitha Quebedeaux MD, PhD

Effect of Etonogestrel Implant Insertion in the Immediate Postpartum Period on Length of Breastfeeding

Kayla Schwartzenburg MD, Sarah Buzhardt MD

Evaluation of the Association Between Maternal Anemia Treatment and Small for Gestational Age Neonates

Aleah Singleton MD, Malory Brignac BS, Breyanah Graham BS, Tabitha Quebedeaux MD, PhD, La'Nasha Tanner MD

Integrated Care for Perinatal Mental Health Disorders

Alexandra Thomas MD, Mary Jordan MD, Hannah Doran MD, Stacey Holman MD, Tabitha Quebedeaux MD, PhD