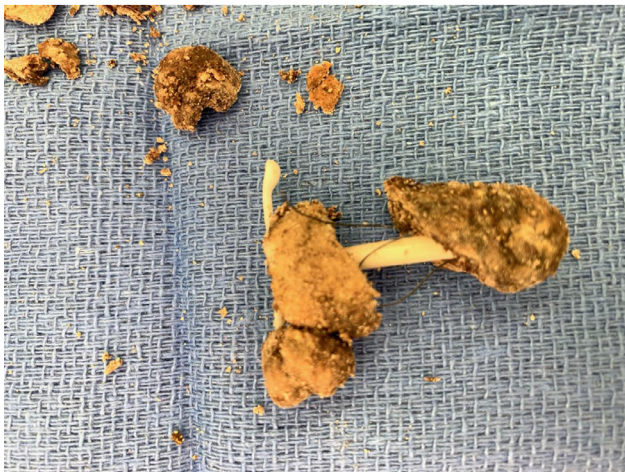


IUD displacement can be more challenging in patients with developmental disabilities for many reasons. In this case, resumption of heavier menstrual bleeding after initial benefit following IUD placement should have prompted an exam. The IUD was likely rendered ineffective by displacement from the endometrial cavity and possibly by encapsulation within the cast.

Supporting Figures or Tables



11. Use of the Levonorgestrel Intrauterine System in an Adolescent with Type IV Vascular Ehlers-Danlos Syndrome and Heavy Menstrual Bleeding

Melyssa Wilde, MD, Patricia Huguélet, MD, Genevieve Moyer, MD, MSc

University of Colorado School of Medicine

Background: Ehlers-Danlos Syndrome (EDS) is a connective tissue disorder resulting in altered collagen synthesis. Heavy menstrual bleeding (HMB) and dysmenorrhea are common among adolescents with EDS. The levonorgestrel intrauterine system (LNG-IUS) is an effective treatment option for HMB in the general population, however its use in patients with vascular EDS has historically been avoided due to the perceived risk of spontaneous uterine rupture with IUD use in these patients.

Case: A 16-year-old female with vascular EDS presented with concerns for HMB. She reported menarche at age 13, with cycles every 4–6 weeks, lasting seven days in duration. She reported changing soaked pads every 3–4 hours and regularly passing dime-sized clots, with a total pictorial blood loss assessment chart score of 254. She was known to have a glycine substitution in her COL3A1 gene—a vascular EDS subtype, associated with aortic and viscus rupture, particularly with surgical interven-

tions. After thorough discussion, she desired to have a LNG-IUS placed for menstrual management. The procedure was recommended under ultrasound guidance and with sedation to optimize the chance of successful and safe placement, given concerns the family had regarding uterine rupture with IUS placement, as reported to them by previous providers. Intraoperatively, she was noted to have an anteverted, anteverted uterus which sounded to 7 cm. A tenaculum was used to grasp the cervix and the LNG-IUS was deployed at the fundus under transabdominal ultrasound guidance. Hemostasis of the cervix was achieved after applying brief pressure and no complications occurred. At six-week follow-up, she reported moderate vaginal bleeding and cramping for one week following LNG-IUS placement. She noted two days of light bleeding without cramping with her subsequent menstrual cycle and was overall very satisfied with the LNG-IUS. At six-month follow up, she reported only occasional spotting with her IUD and significant improvement in her energy.

Comments: Many individuals with EDS experience heavy menstrual bleeding and dysmenorrhea. The LNG-IUS has been underutilized in this population, especially for those with vascular EDS, due to theorized concerns for uterine perforation and significant bleeding. Previous publications have recommended using extreme caution with LNG-IUSs in patients with vascular EDS given a lack of evidence supporting their use. Our case demonstrates use of the LNG-IUS can be a safe and effective option for HMB in this population. Furthermore, risk of complications may be mitigated by optimizing successful placement with adequate pain control and ultrasound guidance.

12. Needs Assessment: Knowledge and Confidence of ObGyn Residents in the Evaluation and Management of Heavy Menstrual Bleeding due to Bleeding Disorders

Neeraja Swaminathan, MD¹, Irmel Ayala, MD²,
Christina Bemrich-Stolz, MD³, Nefertiti Durant, MD³,
Claudia Borzutzky, MD⁴, Tazim Dowlut-McElroy, MD, MS⁵,
Sweta Gupta, MD, MS⁶, Corinna Schultz⁷, Patricia Huguélet, MD⁸,
Maria Velez, MD⁹

¹ Vanderbilt University Medical Center

² Johns Hopkins

³ University of Alabama

⁴ Children's Hospital Los Angeles

⁵ Children's Mercy Hospital, Kansas City, MO

⁶ Indiana Hemophilia and Thrombosis Center, Inc

⁷ Nemours Children's Hospital

⁸ University of Colorado School of Medicine

⁹ Louisiana State University Health Sciences Center

Background: Heavy menstrual bleeding (HMB) after menarche is common in adolescents. While an immature hypothalamic-pituitary-ovarian axis accounts for most cases, 20–30% of affected adolescents will be diagnosed with an inherited bleeding disorder (IBD). The Council for Resident Education in Obstetrics and Gynecology establishes learning objectives for ObGyn residents to master during training. Despite the high prevalence of HMB and IBDs in adolescents and adults, specific learning objectives on the topic of IBDs is lacking. We therefore sought to determine ObGyn resident exposure to lectures and clinical training, and their overall confidence in the evaluation and management of HMB due to IBDs.

Methods: We conducted an IRB-approved prospective survey of ObGyn residents in the U.S. We sent an email invitation to program directors, inviting residents to complete an anonymous 26-item survey. Five-point Likert scales queried residents' confidence in the evaluation and management of HMB and iron deficiency anemia, in patients with and without suspected IBDs. Additional items surveyed exposure to lectures or other structured education on these topics, year of post-graduate training, gender, and type of training program. Descriptive statistics were used for continuous variables using means and ranges. For tests of association with residency year, we used linear ANOVA, and for all other tests of association, we used independent sample t-tests.

Results: 239 U.S. ObGyn residency programs were invited to participate; 83 surveys were collected (34.7% response). Respondents represented aca-

demic (54.2%) and community (45.8%) programs with 25.3% PGY-1, 32.5% PGY-2, 31.3% PGY-3 and 10.8% PGY-4. Majority were female (95.2%). Majority reported didactics on the evaluation (n=71, 85.5%) and treatment (n=77, 92.8%) of HMB, but for causes specifically due to an IBD, only 35 residents (42.4%) reported didactics on evaluation and 28 (33.7%) reported didactics on treatment. Confidence in evaluation and management of HMB was high but decreased significantly in the setting of a bleeding disorder (Table 1). Residents who received didactics in both the evaluation and treatment of patients with HMB due to IBDs reported more confidence in their evaluation of those patients than those who did not receive didactics (Table 2, $p < 0.001$). Increasing level of residency training was associated with more confidence in management of these patients and did not differ based on type of training program.

Conclusions: Exposure to and confidence in evaluation and management of HMB due to bleeding disorders is lacking. Resident confidence increases with didactics and training. Residents would benefit from specific curricula designed to address this deficit in training.

Supporting Figures or Tables

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13. Assessing Clinical Care Experiences of Patients with Congenital Uterine Anomalies: a Pilot Study

Farrah L. Saleh, MD¹, Alla Vash-Margita, MD¹, Miranda Margetts, PhD², Emanuele Pelosi, PhD³

¹ Yale School of Medicine

² Montana State University

³ University of Queensland

Background: Congenital uterine anomalies (CUAs) affect 5.5% of females and occur at higher rates in those with infertility or adverse pregnancy outcomes. Despite the high prevalence of CUAs, little is known about patients' narrative and satisfaction. This study seeks to evaluate the patient experiences of clinical care in biologic females with CUAs at a tertiary healthcare system.

Methods: Biologic females ages 13 years or older with CUAs who received care at a tertiary healthcare system were contacted by the hospital's Joint Data Analytics Team via the electronic medical system to participate. Subjects who opted-in were contacted by our team and sent a 52-question survey (Figure 1) of optional, multiple choice and open-ended questions. Survey questions were created by the research team via Likert scale to measure response. Descriptive statistics were utilized. This study was approved by the IRB.

Results: We analyzed surveys completed by 12 respondents with CUAs. Participants reported Mayer-Rokitansky-Kuster-Hauser syndrome (n=2), septate (n=3), bicornuate (n=2), unicornuate (n=1), didelphys uterus (n=1). The average age at diagnosis was 22.8 ± 5.8 years old. Diagnosis of CUAs occurred as part of an evaluation for amenorrhea, infertility, or pregnancy loss. Time to diagnosis after the initial presenting symptom was less than 1 month (n=3), 1-3 months (n=2), 3-6 months (n=1) and 1-2 years (n=1). Participants received care from 1 (n=4), 2 (n=4) or 3 (n=1) providers. Patient experience was "excellent" (n=3), "good" (n=3) and "average" (n=1). No participant rated their experience as "poor" or "terrible". Information about CUAs was obtained from the internet in 8 respondents. Environmental exposures of the mothers of respondents with CUAs included diethylstilbestrol (n=1), Bisphenol A (n=2), radiation (n=1), cigarettes (n=3), and alcohol (n=2).

Conclusions: Despite being a congenital anomaly, CUAs are often diagnosed in adulthood and in the setting of poor obstetric or gynecologic outcomes. According to our survey, patients had overall positive experience with care they received. We suspect satisfaction may have been in-

fluenced by the accessibility of sub-specialists in a tertiary care setting. Majority of patients used the Internet to learn more about their conditions, which suggests that vetted websites would be useful to augment counseling. Our survey results provide a reassuring summary of the patients with CUAs experiences and point to potential areas to improve care. Future directions for our study include increased participation within our hospital system and multicenter expansion. Additionally, we plan to utilize this data to facilitate the development of patient-centered outcomes research.

Supporting Figures or Tables

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14. Menstrual Health among Adolescents and Young Adults in Rural Haiti

Emily R. Rupe, BS¹, Jonathan Rodean, MPP², Emily A. Hurley, MPH, PhD³, Melissa K. Miller, MD, MSCE⁴, Abbey Masonbrink, MD, MPH⁴, Marie Daphnee Boncoeur, BS^{5,6}

¹ University of Kansas School of Medicine

² Children's Hospital Association

³ Children's Mercy Research Institute

⁴ Children's Mercy Hospital

⁵ Global Birthing Home Foundation, Leawood, KS

⁶ Maison de Naissance, Larnage, Haiti

Background: Adolescent and young adult (AYA) females in low- and middle-income countries often face disparities in menstrual health (MH). Poor MH and lack of sexual and reproductive health education leads to school absenteeism, increasing risk for adverse psychosocial and educational outcomes. Further, disasters (e.g., earthquakes) are linked with unsafe living environments and sanitation facilities for women. We sought to describe MH perspectives and practices among AYAs in rural Haiti.

Methods: We conducted a cross-sectional survey in two rural communities in Haiti. AYA females aged 14-24 years completed questions on demographics, the Menstrual Practice Needs Scale (36 items; MPNS-36) and the Menstrual Practices Questionnaire (4 items). We performed descriptive statistics and Chi square or Fisher's Exact tests to compare responses among sub-groups.

Results: Among 200 respondents, the median age was 20 years (IQR 17-22). 51% (102/200) were currently attending school at least 3 days/week and 96% (193/200) were not married. According to the MPNS-36, 68% (136/200) of participants had unmet MH needs. Seventy-one (77%) reused some of their menstrual materials during their last menstruation. During their last menstruation, 44% (87/200) reported they often or always skipped school because they had their menses, and 31% (62/200) sometimes skipped. Many (37%) felt always or often worried that someone or something would harm them while they were changing their menstrual materials at home and school.

Conclusions: Among AYAs in rural Haiti, three-quarters reported menses-related school absenteeism and two-thirds had unmet MH needs. AYA females often lacked a safe environment to change their menstrual materials. Given recent disasters in Haiti, (August 2021 earthquake), safe environments for MH are critically needed to offset risk for poor psychosocial and health outcomes. Future efforts to improve MH among AYAs in Haiti are needed to ensure access to MH resources and school attendance.

Supporting Figures or Tables

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