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

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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 influenced 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

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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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