

education forums, updating guidelines, better understanding of using warm bundle tool, encouraging fresh eyes/buddy system for CTG interpretation, identifying CTG clinical leads, auditing sepsis risk calculator, offering counselling regarding birth choices, improving documentation, and making risk assessments more robust.

The multi-disciplinary focus groups are set up to promote education, learning and implementation of these recommendations. Helping hand and support is received from divisional directorate, trust board level and regional networks. "Every new beginning comes from some other beginning's end."

## SEXUAL HEALTH AND CONTRACEPTION

### OP.0046 | Kisspeptin modulates sexual brain processing in women with low sexual desire

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**Objective:** Hypoactive sexual desire disorder (HSDD) is a persistent lack of sexual desire, causing marked interpersonal distress. It is the most common female sexual health problem, although the precise pathophysiology remains uncertain. Existing treatment options are limited by their efficacy and side effects. Kisspeptin is known to play a key role in regulating the hypothalamic-pituitary-gonadal axis and recently, evidence for a role in sexual behaviour has emerged. The objective of this study was to investigate the effect of kisspeptin in women with HSDD, to determine a possible therapeutic role of this neuropeptide.

**Design:** Using a combination of psychometric, neuroimaging and hormonal analyses, the role of kisspeptin in sexual brain processing in 32 premenopausal women with HSDD was investigated in a randomised, double-blind, placebo-controlled crossover trial. This allowed for a multidimensional analysis of sexual behaviour and allowed for women to act as their own control, reducing inter-participant variability.

**Method:** Thirty-two women were recruited using the Diagnostic and Statistical Manual of Mental Disorders IV criteria for diagnosis of HSDD. Psychometric data was collected using the Sexual Arousal and Desire Inventory (SADI) and functional MRI was performed to assess the effect of kisspeptin on brain activity in response to erotic videos and facial attraction. Blood was also collected for hormonal analysis.

**Results:** Peripheral kisspeptin increased self-reported scores of feeling 'sexy', compared with placebo, measured using the SADI ( $t[32] = 2.27, p = 0.03$ ). Neuroimaging demonstrated deactivation of the left inferior frontal gyrus and activation of the postcentral and supramarginal gyrus in response to erotic videos ( $Z = 2.3, p < 0.05$ ). This modulation of brain activity may serve to diminish negative internal monologue and emotion, and decrease response inhibition. In the facial attractiveness task, kisspeptin caused deactivation of the secondary somatosensory cortex ( $Z = 2.3, P < 0.05$ ) in response to male faces, which may be linked to a reduction in self-consciousness and self-focus. Increased activation in the posterior cingulate cortex with kisspeptin was associated with reduced sexual aversion ( $r = 0.476, p = 0.005$ ), which may be explained by increased feelings of romantic love. Kisspeptin led to a mean increase in LH of 2.75iU/L ( $F(1, 62) = 6.084, p = 0.02$ ) and FSH of 0.37iU/L ( $F(1, 62) = 4.030, p = 0.05$ ), with no effect observed on downstream circulating oestradiol, progesterone or testosterone levels.

**Conclusion:** The observed changes in brain activity provide mechanistic insight for the increase in sexual desire seen with kisspeptin. This research has exciting potential therapeutic implications for kisspeptin in the treatment of psychosexual disorders.

### OP.0047 | Perceptions about benefits and risks associated with estroprogestins contraceptive in BRCA-mutated women

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**Objective:** The belief that combined hormonal contraceptive (CHC) use might influence the risk of some diseases and cancers for BRCA1 and BRCA2 mutation carriers is particularly critical to address. There are currently limited published studies evaluating the awareness of the effects of CHCs in women at high-risk of developing breast and/or ovarian cancer, such as BRCA mutation carriers. This study aimed to evaluate the actual perceptions about CHC use in BRCA mutation carriers in comparison to women from the general population.

**Methods:** This was a cross-sectional, observational study performed from January 2020 to April 2021 involving two

Italian referral centers for hereditary cancers. Healthy premenopausal women with a BRCA pathogenetic germline mutation and control healthy group of age-matched women were recruited. A questionnaire investigating how CHC use could affect the risk of developing some types of cancer, specific diseases and symptoms was administered to both study groups. Women's perceptions were evaluated using specific questions and Likert scales (-5 to +5). The study was approved by the Ethics Committee Area Vasta Emilia Nord (Reference No. 515, 2019).

**Results:** Accordingly, 170 patients were included in our analysis (85 BRCA mutation carriers and 85 controls). The mean age ( $36.5 \pm 8.3$  years, range 20–49 years) of the study groups was similar ( $p = 0.15$ ). Present CHC users were more frequent in the control group (35.3% vs. 15.3%;  $p = 0.01$ ), with a longer time of use ( $62.5 \pm 66.4$  vs.  $48.1 \pm 54.0$  months;  $p = 0.03$ ). Perceptions about the effects of CHC use on developing specific diseases and symptoms did not differ between BRCA mutation carriers and controls. Conversely, the protective effects of CHC use on colorectal ( $p = 0.02$ ), uterine body ( $p = 0.01$ ) and ovarian ( $p = 0.01$ ) cancers were not known by BRCA mutation carriers. Moreover, BRCA mutation carriers overestimated the association between CHC use and a higher risk of breast ( $p = 0.0008$ ) and uterine cervix cancers ( $p = 0.007$ ). The actual CHC use in these women was significantly linked to their awareness of the protective effect of CHCs against ovarian cancer (HR 1.20; 95%CI 1.01–1.43,  $p = 0.03$ ).

**Conclusions:** Investing time and effort in transmitting the correct key messages about oncological risk related to CHC use could potentially increase their use in BRCA mutation carriers. Detailed oncological counseling could be essential to facilitate a shared decision about possible CHC use in BRCA mutation carriers.

#### OP.0048 | Assessing unmet demands for postpartum Tubal Ligation: Scenario from the developing world

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**Objective:** Unmet demands for postpartum Tubal Ligation (TL) is estimated to be far greater than the actual number of TL done, especially in low-resource settings. Through this study, we tried to assess the barriers to postpartum TL in the developing world.

**Design:** This is a prospective cohort study

**Method:** Recruited patients were given survey questionnaires during their antenatal and postpartum period which evaluated the patient-related, healthcare facility-related and social factors which were determining factors for the unfulfillment of their desire for permanent sterilization.

**Results:** Out of 3671 multigravidae recruited in the study, 1576 women wished to undergo TL. Following attrition, a total of 1024 were followed up prospectively. Of them, sterilization was successfully done only in 309 (30.18%) participants. A large proportion of mothers had their demand unmet (715 mothers; 69.82%). Out of them, 505 (70.63%) women stated that TL was not done because they did not deliver through the Caesarean route. Insufficient counseling regarding TL was quoted by 325 (45.45%) mothers. Maximum participants denied TL as they were not given enough information about the procedure (589 participants; 82.38%). While 568 (79.44%) mothers had changed their mind after delivery, 257 (35.94%) thought that their health was not fit to undergo the procedure and 213 (29.79%) mothers wanted more children in the future. We found that there was strong opposition from their male partners (56.78%).

**Conclusions:** Postpartum TL is of paramount importance in women with completed families, especially in developing countries. Addressing the barriers to this issue would help combat the future unintended pregnancies and hence the population crisis.

#### PP.0198 | Female sexuality after vaginal hysterectomy

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**Aims:** Researchers indicates that hysterectomy might adversely affect pelvic anatomy and therefore female sexuality. The objective of this study was to evaluate female sexual function after vaginal hysterectomy.

**Design:** Monocentric prospective 5 years study.

**Methods:** This study was conducted in the gynecology-obstetrics department of Ben Arous regional hospital over a period of 5 years [January 2016-December 2020]. We included all patients who underwent vaginal hysterectomy. We did not include patients operated on for malignant tumors or by abdominal or laparoscopic route. We excluded women with urogenital prolapsed or having no sexual activity following the surgery. Selected women received a preoperative evaluation of their sexual function using the Female sexual function index (FSFI). They were invited for two follow-ups at 12 and 24 months after surgery. The main outcomes measured were frequency of sexual intercourse, dyspareunia, orgasm, vaginal dryness, sexual desire and FSFI scores.

**Results:** A total number of 109 women underwent vaginal hysterectomy over the study period. The mean age was 41 years ranging from 31 to 69 years. Only 79 patients completed the required follow-ups in order to evaluate their satisfaction and the impact of surgery on their sexuality. The percentage of women engaging sexual intercourse increased significantly from 70.8% before vaginal hysterectomy (VH) to 77.21% and 75.9% at 12 and 24 months after

respectively. The rate of dyspareunia dropped significantly from 40.5% before surgery to 5% and 3.8% at 12 and 14 months after VH. The rate of women experiencing orgasm increased significantly from 63.2% before VH to 72.1% and 70.8% after 12 and 24 months. Low sexual desire also decreased significantly from 10.1% before VH to 6.3% and 5% respectively at 12 and 24 months. The percentage of women experiencing satisfactory vaginal lubrication increased from 36.7% to 46.8% and 45.5%. Average FSFI significantly increased from 24.58 prior the surgery to 26.82 and 27.55 at the 12 months and the 24 months follow ups respectively.

**Conclusion:** Female sexual function is a major cause of women's concern for scheduled hysterectomy. Our results showed a significant improvement in female sexual function after vaginal hysterectomy. Therefore, vaginal route for hysterectomy should be encouraged among middle aged women as a minimally invasive technique that does not affect female sexual function neither the feminine shape.

### PP.0199 | Prolonged-release hyaluronic acid derivative vaginal gel for BRCA-mutation carriers in surgical menopause

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**Objective:** Women undergoing premature surgical menopause following risk-reducing bilateral salpingo-oophorectomy (RRSO) experience early loss of estrogens. This causes, mainly in the first months after surgical procedure, a relevant worsening of global sexual health. This study aims to assess the efficacy of non-hormonal, prolonged-release hyaluronic acid derivative vaginal gel for improving vulvovaginal estrogen-deprivation symptoms in postmenopausal women with BRCA mutation after RRSO.

**Design:** This was a single-arm, prospective, longitudinal pilot study enrolling postmenopausal women with BRCA 1 and 2 mutations, who had undergone RRSO in the previous six months.

**Methods:** Patients applied prolonged-release Hydeal-D 0.2% vaginal gel (Fidia Farmaceutici, Abano Terme, Italy) every three days for 12 consecutive weeks and underwent visits at three study times: baseline [V0]; 4 weeks [V1]; 12 weeks [V2]. At each visit, sexual function was evaluated by Female Sexual Function Index (FSFI) and by investigating the presence and intensity of superficial and deep dyspareunia at Visual Analogue Scale (VAS); vaginal status was assessed by Vaginal Health Index (VHI) and by evaluating local pH using a vaginal dipstick.

**Results:** Thirty-seven patients were enrolled in this study; the median age of the study population was 43 years (range,

35–57); 83.8% ( $n = 31$ ) of women were partnered and 75.7% ( $n = 28$ ) were sexually active. The VHI total score significantly increased at both follow-up visits ( $+5.6 \pm 2.1$  between V0 and V1;  $+3.5 \pm 1.9$ , between V1 and V2;  $p < 0.001$  and  $p = 0.023$ , respectively). At V2, patients obtained a significantly higher mean FSFI total score in comparison to V0 ( $29.4 \pm 5.3$  vs  $23.4 \pm 5.9$  points,  $p < 0.001$ ); among FSFI subdomains, the highest improvement was observed for lubrication ( $p < 0.001$ ). Additionally vaginal pH significantly decreased between V0 and V1 ( $-1.4 \pm 0.5$ ;  $p < 0.001$ ) and remained stable between V1 and V2 ( $-0.3 \pm 0.2$ ;  $p = 0.13$ ). Both superficial and deep dyspareunia improved at VAS during the study time ( $p = 0.010$  and  $p < 0.001$ , respectively). Only one woman reported mild vaginal burning sensation (2.7%) related to local vaginal gel use; nevertheless, no patient discontinued the treatment.

**Conclusion:** The results of this pilot study demonstrated that hyaluronic acid derivative vaginal gel (Hydeal-D) application is able to improve the sexual function of postmenopausal BRCA mutated women after RRSO.

### PP.0200 | Initiation and evaluation of a Post-Delivery Contraception Service in North-West London

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**Objective:** To scope and evaluate a Post-Delivery Contraception Service (PDCS) in a maternity trust in NW London

**Design:** Prospective audit using; 1. Service-user questionnaire; 2. Paper records; 3. Telephone follow up

**Method:** 1. Service user knowledge of post-delivery contraception. In December 2018, 125 patients on the St Mary's Hospital postnatal ward answered a questionnaire on pregnancy planning, past and future contraception use.

2. Audit of initial phase (1/5/20–30/6/20) of post-delivery contraception uptake and 6-week experience using paper-records and telephone follow-up.

3. Follow up 6-months and 1-year after initiation of contraception to establish adherence and ongoing use of contraception

**Results:** 1. Service user questionnaires: 41/125 (33%) of pregnancies were unplanned. 15/125 (12%) planned to use long-acting reversible contraception (LARC). 64/125 (51%) had yet to consider using contraception postpartum. 53/125 (42%) indicated that if LARC was provided before discharge they would take it.

2. From 1/5/20–30/6/20 post-delivery contraception was initiated in 28.8% of women (126/473). Satisfaction with the service was reported by 73/75 (97%) of women. Adherence was 100% with LARC at 6 week follow-up. Of women opting for progesterone-only-pill (POP), 43/75 (58%) had not initiated use.

3. The follow up rate at 1 year was 94/126 (75%). Adherence for each method of contraception at one year was: 33/46 (72%) of women using Sub Dermal Implants, 5/5 (100%) using Intra Uterine Contraception, 1/5 (20%) using depo injections, and 11/38 (29%) using Progesterone Only Pill (POP). 12/38 (32%) of those discharged on POP never started it and 15/38 (39%) discontinued it.

**Conclusions:** There is a demand for post delivery contraception services amongst women in maternity care, with good satisfaction rates for those discharged on contraception. There is a high level of adherence at 1 year after delivery for patients discharged with LARCs, compared to the POP or Depo injection. Most of the patients discharged on POP never started it, mostly due to suboptimal counselling on importance of contraception use after delivery.

Future work will embed antenatal contraception counselling in the maternity care pathway. Importance of increased awareness amongst patients particularly in regard to side effects and how to seek help in order to improve long term compliance is vital, alongside liaising with GP and SRH services to support these patients. Staff training for midwives and doctors in LARC fitting is being undertaken to improve contraception provision. We will continue to evaluate the service at our trust and regionally.

#### PP.0201 | Contraception immediately after having a baby: What do women want?

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**Objective:** A short inter-pregnancy interval of less than 18 months increases the risk of subsequent pregnancy and birth-related complications. Our objective was to identify how the use of postnatal contraception can be tailored to individual needs and become a well-integrated component of personalised care in maternity services to reduce this risk.

**Design & method:** A cross-sectional survey was conducted among 103 new mothers on the postnatal ward over a 6-week period between October–November 2020. The participants were selected at random, all within 72 hours of giving birth. They completed a survey on iPads we provided by answering questions on different types of postnatal contraception. More specifically we were interested at establishing the timing during their pregnancy journey and the clinical setting in which postnatal contraception was discussed. We also aimed to identify what additional information they required on the different types of contraception and which clinical setting felt more appropriate for them to access their contraception. We analysed their responses to assess the extent of contraception counselling received during their pregnancy and establish their knowledge and their preferences.

**Results:** Of 103 postnatal women, 10% had not used any method of contraception in the past whilst 40% used long-acting reversible contraception (LARC). Interestingly, 38% had received contraception counselling during their antenatal care with the majority (70%) carried out by a midwife. Only 28% were offered a method of contraception after delivery. Regarding safety of use whilst breastfeeding, 74% believed that all types of oral contraceptives were unsafe, whilst 41% believed that both the implant and the depot injections were unsafe. In terms of timing, 50% wanted to discuss contraception options during antenatal appointments and 44% preferred receiving their contraception of choice before discharge. Finally, 25% of women were likely to accept an intrauterine device as their contraception at the time of their caesarean section.

**Conclusions:** This survey provides evidence that women want to access contraception, including LARC, prior to discharge from maternity services. This should become routine clinical practice. Implementing such a postnatal contraception service has been of greater significance during the COVID-19 pandemic since accessing contraception from GPs or sexual health clinics has become more challenging for new mothers. Therefore, we believe that postnatal contraception counselling should become an integral component of a mother's pregnancy journey, starting at booking and ending with the preferred method of contraception provided prior to discharge.

#### PP.0202 | Increasing interpregnancy intervals: improving postnatal contraception access in a deprived London Borough

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**Objective:** A quality improvement project at North Middlesex University Hospital to improve access to contraception services to postnatal women in a deprived area of London. It is well documented in the literature that a short interpregnancy interval increases risk of low birth weight, preterm birth and even stillbirth and neonatal death. Nationally its estimated that 1 in 13 women presenting for abortion or delivery have given birth within the last year.

**Design:** We firstly reviewed data to establish how big our need was, with a retrospective audit of annual birth data. With an annual delivery rate of around 3800, 10–15 women have a birth-to-birth interval of less than 12 months per annum. We started a quality improvement project to provide a comprehensive service to women on an opportunistic basis before leaving maternity services. We established a Plan-do-study-act cycle for implementation.

**Methods:** North Middlesex Maternity Department had been inserted LNG-IUS and Cu-IUD at section on an ad-hoc basis for many years. We formalised this and created a standard operating procedure for insertion and clinicians were given

training on correct technique. A pathway was created for follow-up, whereby women were scanned at 6 weeks to check for expulsion. A log of other contraceptive prescriptions was created on the postnatal ward with multidisciplinary involvement of pharmacy and midwifery staff.

**Results:** We have inserted 114 coils at caesarean section, 57 (50%) of which we have followed up at 6 weeks. 14% were incorrectly placed and we had an expulsion rate of 7%

536 POP TTA packs were dispensed on the maternity ward and 102 implants have been inserted

**Conclusions:** We are yet to see if that translates into a reduction of women with birth interval of <1 year, this will take further work. Other limitations include failure to capture compliance rates of POP and continuation after the 3 months supply. Next steps for our project are to ensure all women get written information at 36 weeks from our recently published patient information leaflet, and the introduction of our PGDs, which have just been approved for midwives to dispense progesterone contraceptives and improve access further to our population.

#### PP.0203 | Factors affecting womens' sexual function during the first-year after childbirth in Greece

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**Objective:** Sexual dysfunction after childbirth has been related to the number of vaginal births, the mode of delivery, and to the severity of perineal trauma. The present cross-sectional study was designed to identify the factors that affect the quality of sexual function during the first year after delivery in Greek women.

**Design:** We constructed an 81-item questionnaire that was posted online via the social media for the time period of February-April 2021. Women residing in Greece who had delivered more than 4 weeks ago but not more than 12 months ago were considered eligible for the study.

**Method:** Data that was collected included patients' demographics, and data regarding their labour and childbirth. Information on their sexual life before, during and after pregnancy was also collected and the Female Sexual Function Index (FSFI) was used to quantify the sexual function of women during the 4 weeks prior to answering the questionnaire (score range:0–36, with a score of 26 or less indicating sexual dysfunction). After data collection was completed statistical analysis was applied.

**Results:** In total there were 441 women responding to the questionnaire with a mean age of 32.5±4.4 years old. Approximately half of women delivered 6 months ago and

55.2% were first time mothers. The caesarean section rate in the total sample was 47.9%, and only 34.2% had a spontaneous onset vaginal birth. At childbirth, more than 85% of women sustained perineal trauma, of which 39.3% had an episiotomy. During pregnancy 76% of women had sexual intercourse with their partners, with half of them having a frequency of 2–3 times a month. The mean score of the FSFI index in the total sample was 21.8±10.7. There was a significant correlation of sexual dysfunction postpartum with exclusive breastfeeding, with increasing maternal age, with reduced number of sleeping hours, with the limited support from their family environment, and with the presence of incontinence. Conversely, the increased frequency of sexual intercourse before and during pregnancy was correlated with a higher score of sexual function postpartum. Perineal trauma, a high body mass index, smoking, and the mode of delivery did not seem to affect the sexual function after delivery.

**Conclusion:** We have identified factors that seem to modify the sexual function of Greek women postpartum. These factors should be taken in consideration when providing midwifery care to women after birth.

#### PP.0204 | Acceptance of contraception in couples receiving antenatal contraceptive counselling in conservative society

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Pakistan is the fifth most populated country in the world. Family planning is a taboo in conservative society of rural areas of Pakistan. The prevention of unintended pregnancy and closely spaced pregnancies through the first 12 months after child birth are critical. Assisting women in achieving optimal inter-pregnancy intervals has significant impact on improvement of maternal and child health. Short inter-pregnancy intervals are associated with negative effect on perinatal and maternal health. The pregnancies with shorter interval are associated with low birth weight, neonatal, infant and child mortality.

**Objective:** The objective of this study was to determine the influence of antenatal counselling on uptake of contraception in immediate post-partum period in the conservative society of rural areas surrounding Lahore, Pakistan.

**Design:** This is a Non-Randomized Clinical Trial. Patients were divided in two groups. Group one did not receive antenatal counselling and group two received antenatal contraceptive counselling.

**Methods:** This study was conducted in Central Park Teaching Hospital, Lahore, Pakistan over a period of 6 months from July 2021 to December 2021. A pre-designed proforma after written informed consent was filled. The data was analyzed by SPSS 23.

**Results:** Among 400 patients, 200 were controls while 200 received counselling. Before first pregnancy 99% did not use

any contraception. After first pregnancy, 76% used contraception without counselling and 86.75% used contraception after counselling. After second pregnancy, 71% used contraception in group one and 87% used contraception in group two. The most accepted contraceptive was barrier method followed by injections. After third pregnancy, acceptance of contraception was same in both groups. 67% used contraception after fourth pregnancy in group one and 89% in group two. Bilateral Tubal Ligation (BTL) was mostly accepted after fourth pregnancy.

**Conclusion:** Antenatal contraceptive counselling is an effective intervention in increasing contraceptive acceptance and uptake in conservative societies of Pakistan. Health care providers should be trained and motivated for antenatal contraceptive counselling to improve contraceptive prevalence in rural areas of Pakistan.

**Keywords:** Antenatal counselling, contraception, conservative society

## SIMULATION AND TRAINING

### OP.0070 | Evaluation of a game box for laparoscopic training: A randomized study

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**Objective:** Training of laparoscopic skills using box trainers is essential in surgical education in order to improve the outcome of an operation in regards to time, mistakes, and precision. However, the time spent practicing is often insufficient due to overwhelming bureaucracy in clinical work, unstructured exercises or a lack of intrinsic motivation. Gamification of laparoscopy with the aid of physical computing is an attempt to incentivise training and generate data for analysis. Therefore, this study aimed to evaluate a laparoscopic game box using a pelvitrainer model and a validated task from the Gynaecological Endoscopic Surgical Education and Assessment (GESEA) program.

**Design:** In this study, we evaluated a laparoscopic game box by comparing the performance of 60 medical students on the validated Laparoscopic Skills Training and Testing method (LASTT) task from the GESEA program.

**Method:** 60 students with no prior laparoscopic knowledge were randomized into 3 groups with 20 subjects each. All 3 groups performed in total 4 runs of the validated GESEA task LASTT. Additionally, Group A completed 40 runs with the laparoscopic game box, Group B 20 runs and Group C

none. Task completion time and number of errors made were recorded. The Wilcoxon test and mixed-effects models were used to analyze the results. After completing the tasks, students answered questions concerning the game box and their performance.

**Results:** Students were significantly faster performing the GESEA task when using the laparoscopic game box with a median difference of 32.6s ( $p = 0.014$ ) between Group A (171.8s) and Group C (204.4s), and 22.4s ( $P 0.048$ ) between Group B (182s) and Group C (204.4s), respectively. There was no significant difference of mistakes made ( $p < 0.319$ ,  $p < 0.373$ ). Additionally, students were significantly faster ( $p < 0.001$ ) in completing the game box tasks in the second repetition, with fewer mistakes made ( $p < 0.001$ ). 84.6% of the participants rated the game box as intuitive.

**Conclusion:** Participants using the laparoscopic game box achieved better results with the GESEA task. These benefits were also accompanied by subjective advantages noted by the students. The game box is an opportunity to playfully improve laparoscopic performance.

### PP.0208 | A pilot study: Training in female sexual dysfunction

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**Objective:** Sexual problems, commonly presenting in gynaecology clinics, pose a clinical challenge. For example, the majority of patients presenting with dyspareunia, a condition that considerably impairs quality of life, will have no positive findings at laparoscopy. A 2016 survey found that whilst 90% of O&G trainees felt that managing such conditions is important, only 2% felt adequately trained to do so. Training is often rated as unsatisfactory (71%) and delivered by trainers with no special interest (72%). Specialist psychosexual clinics are limited and overwhelmed nationally so it is essential that gynaecologists improve skills to help women. Our objective is to ascertain current trainee knowledge in Psychosexual Medicine (PSM) and to evaluate the introduction of a brief intervention to improve this.

**Design:** We aim to deliver training to each deanery during one of their obligatory virtual teaching sessions. As a pilot, we instigated our first study day in the Health Education Kent, Surrey and Sussex region. This day, available to all grades, was delivered by psychosexual specialists via a combination of didactic teaching and facilitated seminar groups. Sessions included the basics of PSM, painful sex, tocophobia, and the impact of the menopause on sexual function.

**Method:** Pre- and post-training surveys, utilising Likert scales, were completed by attendees. Qualitative data was