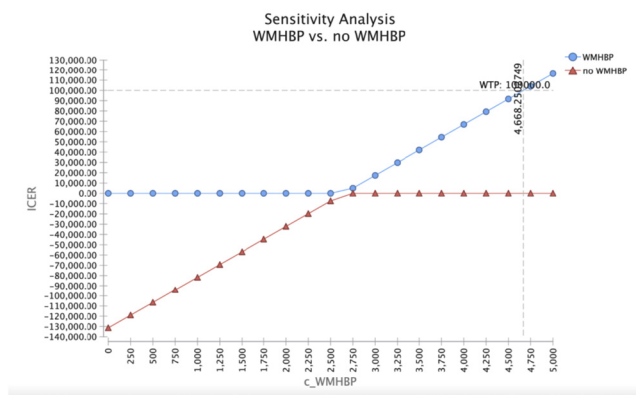


Table 1. Outcomes in a theoretical cohort of 16,000 pregnant incarcerated individuals.

	W&M Healthy Beginnings Program (WMHBP)	Standard of Care (SOC)	Difference (WMHBP-SOC)
Preterm Birth	2128	3008	-880
Neonatal Death	17	22	-5
Neurodevelopmental Delay	36	44	-8
Cost (USD)	\$177,446,867	\$216,509,694	-\$39,062,827
Effectiveness (QALYs)	912,183	911,860	323
Strategy	Dominant	Dominated	

Figure 1. Sensitivity analysis of cost of WMHBP versus standard of care.



1052 Cervical stiffness measurement in cervical insufficiency

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OBJECTIVE: An abnormally soft cervix could contribute to the pathophysiology of cervical shortening and cervical insufficiency (CI). Our objective was to measure cervical stiffness in patients with CI and in normal controls using a novel aspiration-based device. We hypothesized that cervical stiffness is lower in patients with CI.

STUDY DESIGN: This is a cross-sectional study of patients presenting for cerclage at a single academic medical center. Cervical stiffness was measured using a non-invasive probe placed on the cervix during a speculum exam (Pregnolia, Switzerland). The probe measured the aspiration pressure (mbar) required to displace tissue to a predefined deformation level (P_{cl}). Cerclage patients were subdivided into three groups: history-indicated, U/S-indicated and exam-indicated. The control groups included pregnant women between 12w0d and 23w6d without a history of CI and were matched by gestational age (GA) to the patients in the cerclage group; 1T: 12-14 weeks and 2T: 15-23 weeks. Women with a cerclage in place, multiple gestations, active genital infection, or prior cervical excision procedures were excluded.

RESULTS: Data from 128 women were analyzed; 48 patients in the cerclage group (22 history-indicated, 12 U/S-indicated and 14 exam-indicated) and 80 control patients (40 in the 1T and 40 in the 2T groups). Patients who presented for U/S-indicated cerclage had significantly lower cervical stiffness values (median (IQR)) compared to normal second trimester controls (81.5 mbar (75.0-104.0) vs. 62.0

mbar (50.5 to 114.5), $p = 0.039$). The difference in cervical stiffness was not significantly different for the history-indicated and exam-indicated cerclage groups and their respective control groups.

CONCLUSION: Patients presenting for U/S-indicated cerclage had significantly lower cervical stiffness values compared to GA-matched controls, as measured by an aspiration-based probe. Quantitative measurement of cervical stiffness with the aspiration-based probe is a promising technique for objective measurement of cervical stiffness during pregnancy.

1053 Publication Rates and Citations in Practice Guidelines from R01 Grants in Obstetrics

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OBJECTIVE: NIH funding to OBGYN departments represents a core inequity: 1% of the \$14.3 billion in NIH funding is designated to OBGYN (Rice LW et al 2020). Thus, it is important to ascertain the rate of publications from NIH funded Research Project Grants (R01). The purpose of this study was to assess the extent to which R01 grants in obstetrics result in publications and incorporation into ACOG practice bulletins (PB) or committee opinions (CO).

STUDY DESIGN: Data for this analysis was obtained from the NIH RePORTER website. Using “obstetrics,” as search word, R01s awarded in 2000 and 2005 were identified for analysis. Dependent variables were abstracted from the websites. PBs and COs were searched for the principal investigator (PI). If the PI was referenced, the citation was compared to references at the website to ascertain if the publication resulted from the R01 grant. Chi-square and Mann-Whitney U tests were used; $P < 0.05$ was considered significant.

RESULTS: Compared to 2000, in 2005 the total number of R01s awarded increased by 15%. Though from 2000 to 2005, the proportion of R01 in obstetric topics increased by 20%, overall it constituted 0.2% of all R01. The overall funding for all R01s increased by 14% (\$17.9 million in 2000 to \$20.4 million in 2005).

The majority of the recipients of R01s in obstetrics were male and of white ethnicity, and the proportion did not differ significantly between 2000 vs. 2005. The majority of the states in US did not receive R01 grants, and it did not change from 2000 to 2005 ($P=0.367$).

Compared to 2000, the number of publications linked with R01s in obstetrics increased by 67% in 2005. The number of R01 related publications that were referenced in ACOG guidelines decreased significantly (from 2.3% to 0.2%; $P < 0.001$). Of 1,385 publications related to R01s, only 4 (0.2%) were linked with ACOG recommendations (Table 1).

CONCLUSION: Fewer than 0.5% of R01s were on obstetrical topics, and though the number of publications from R01s increased, their incorporation into national guidelines is paltry.