Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

MATERIALS AND METHODS: This is a retrospective cohort study, in a university-based fertility clinic. All new patients seen via telemedicine between March 11, 2020, and March 10, 2021, were compared with all new patients seen in person between March 11, 2019, and March 10, 2020. Statistical analysis included t-test, Fisher exact test and Pearson chi square. The primary outcome was clinical pregnancy rate. Secondary outcomes included protocol type, dosage of Gonadotropins, duration of stimulation, type of trigger medication (HCG vs. GnRH- agonist), number of oocytes retrieved, fresh embryo transfer rate, "freeze all" rate due to OHSS reduction and implantation rate.

RESULTS: The study included 715 new patient in the fertility clinic; 365 patients seen in person (March 11, 2019 - March 10, 2020), and 350 patients seen via telemedicine (March 11, 2020 - March 10, 2021).

The following were similar between the Covid year and the previous year: Female age (35.9±5.06 vs. 36.4±4.9, P=0.21), number of oocytes retrieved at the first IVF cycle (12.8±9.0 vs. 12.77±8.5, P=0.92), and stage of embryo transferred (cleavage stage 66 (41.3%) Vs. 86 (47.3%) and Blastocyts 94 (58.7%) vs. 96 (52.7%) P=0.27). There were more cases of male factor infertility and less cases of unexplained infertility in Covid year compared to the previous year (29% vs. 19%, P=0.001 and 9% vs. 16%, P=0.003 respectively), however, there was no difference in other diagnoses made at new-patient visit. There were no differences between the groups in the following outcomes: type of protocol (P=0.41), FSH dosage (P=0.25), number of days of stimulation (P=0.10), maximal estradiol value (P=0.97) type of trigger medication (Hcg 227 (72.8%) vs. 266 (74.9%), P=0.38 Agonist 86 (27.2%) vs. 89 (25.1%), P=0.3), and fresh embryo transfer rate (47.7% vs. 51.2%, P=0.36). There were less cases of "freeze all" to reduce OHSS risk in the Covid year (3.1% vs. 13.4%, P<0.0001).

There was no difference between the groups in the clinical pregnancy rates (35.3% vs. 36.3%, P=0.91) and implantation rates (29.2% vs. 32.7%, P=0.42).

CONCLUSIONS: New patients seen in person and those evaluated via telemedicine are likely to receive similar treatment protocols, medication doses and are likely to have similar duration of stimulation. IVF outcomes are not affected by telemedicine consultation, either.

IMPACT STATEMENT: Telemedicine consultation for new-patient visits is feasible in an academic fertility practice for IVF treatment and may be particularly useful during the pandemic.

P-455 6:30 AM Wednesday, October 20, 2021

READY (OR NOT): CHANGES IN CONCEPTION ATTEMPTS DURING THE COVID-19 PANDEMIC. Shannon M. Malloy, BS,[1] Danielle E. Bradley, MS, MPH[2] [1]Research & Data Associate, Boston, MA; [2]Director of Clinical Services & Evidence, Boston, MA.

OBJECTIVE: Over the course of the first 12 months of the COVID-19 pandemic in the United States and around the globe, reproductive and obstetric research began to reveal the potentially detrimental impacts of COVID-19 on pregnant people and fetuses, and more importantly how society and healthcare facilities can protect these vulnerable individuals. However, for millions of people planning to start or grow their families during 2020, these effects and steps to minimize risk to both parent and child were still largely unknown. This investigation captures changes in attitudes and behavior surrounding conception efforts during the height of the COVID-19 pandemic.

MATERIALS AND METHODS: A survey was administered to users of Ovia Health's Fertility mobile application in the United States from March 2020 to April 2021 to assess conception effort behavior and geographic location. A Chi-squared test was performed to determine if geographical region impacted conception efforts. A p-value of < 0.05 was considered statistically significant.

RESULTS: A total of 20,046 respondents qualified for inclusion in analyses. Of the 16,527 respondents actively trying to get pregnant or attempted pregnancy in the last six months, one in ten reported altering their conception plans during the last year. Most respondents decided to temporarily pause TTC efforts specifically due to the pandemic (70%), and 6% delayed conception attempts indefinitely until the conclusion of the pandemic. Main contributors to these decisions included the potential impact of COVID-19 on pregnant people or fetuses (39%), lack of support people during pregnancy and labor (25%), and concern about finances or job security (23%). Rates of temporary TTC pause were comparable across the United States, ranging from a high of 31% in the Northeast and a low of 21% in the Southeast ($p > 0.05$). Rates of prolonged TTC abandonment were lower and also comparable across regions, ranging from 9% in the Pacific to 4% in the Southeast ($p > 0.05$). People of any age were equally likely to temporarily pause or abandon conception efforts indefinitely ($p > 0.05$).

CONCLUSIONS: Instability, isolation, and insufficient information fostered by the COVID-19 pandemic contributed to individuals' decisions to either temporarily pause or abandon their conception attempts indefinitely. Changes in TTC behavior were comparable across all U.S. geographic regions and ages, demonstrating the pandemic's indiscriminate impact on family building behavior in this sample. As individuals revisit or resume their family building journeys, especially those whose fertility opportunities may be narrowing, reproductive medicine specialists should support patients who altered or continue to alter their conception plans during the pandemic.

IMPACT STATEMENT: Reproductive medicine specialists and ancillary clinical team members should be aware of the impact COVID-19 had on family building behavior and prepare to support patients as they revisit their family building plans, particularly those who may struggle with infertility and whose fertility opportunities are becoming increasingly limited.

SUPPORT: None.

P-456 6:30 AM Wednesday, October 20, 2021

OVERALL POSITIVE POSTS AFTER INTRODUCTION OF COVID-19 VACCINE ON FERTILITY-RELATED SOCIAL MEDIA. Nicole D. Yoder, MD,[1] Jillian Pecoriello, BA,[1] Meghan B. Smith, MD,[2] Jennifer K. Blakemore, MD, MSc[3] [1]NYU School of Medicine, New York, NY; [2]Nashville Fertility Center, Nashville, TN; [3]NYU Langone Health, New York, NY.

OBJECTIVE: Social media is a popular way to disseminate new information and opinions, perhaps furthered by the COVID-19 pandemic and quarantine. Our objective was to analyze information and sentiments posted regarding the COVID-19 vaccine (VAX) on fertility-related social media.

MATERIALS AND METHODS: The search function of Instagram (IG) and Twitter (TW) was used to identify the first fifty accounts with the following terms: fertility doctor, fertility, OBGYN, infertility, TTC, and IVF. Accounts not in English, private, no posts in >1 year, or content unrelated to search terms were excluded. Accounts were evaluated for author type and categorized as physician (PH), individual (ID), or fertility center/fertility-related organization (FCO). Account demographics including number of followers and prior baseline post activity (number of likes/number of followers) were recorded. The VAX was approved on 12/11/2020 and posts dated 12/1/2020 - 2/28/2021 were reviewed. Posts mentioning the VAX were analyzed for content: sentiment (positive, negative, or neutral), mention of research studies (RS), national guidelines (NG), personal experience (PE), side effects (SE), reproductive related (RR) content and post activity. Statistical analysis included Chi-Squared and Fisher's exact tests, with significance set to <0.05 (*).

RESULTS: 536 accounts were identified and 276 were included (133 IG and 143 TW). There were 104 PH accounts (45 IG, 59 TW), 91 ID accounts (62 IG, 29 TW), and 81 FCO accounts (26 IG, 55 TW). PH accounts were most associated with mention of COVID (83.7%*) and VAX (68.3%*), followed by FCO (37% COVID*, 30.9% VAX*), and ID (8.8% COVID*, 6.6% VAX*). PH was most associated with >1 VAX posts compared to FCO or ID (51.0% v 11.1% v 1.0%*). Sentiments toward the VAX were largely positive for all groups (PH 90.3%, ID 71.4%, FCO 70%), or neutral (PH 9.7%, ID 28.6%, FCO 30%), with no negative posts identified. Trends in mentions and sentiments were similar on both IG and TW platforms. PH cited NG (24.6%*) and RS (17.5%) more than ID and FCO, with most cited guidelines from ACOG, ASRM, and SMFM. ID posts were mostly PE (87.5%*) and SE (57.1%*). RR posts were most associated with FCO accounts (80%*) which included pregnancy, infertility, and breastfeeding. Sub-group analysis of IG accounts showed an increase in activity on VAX posts compared to baseline by likes (PH 4.86% v 3.76%, ID 7.5% v 6.37%, FCO 2.49% v 0.52%) as well as comments (PH 0.35% v 0.28%, ID 0.90% v 0.69%, FCO 0.10% v 0.02%).

CONCLUSIONS: Overall, the majority of posts expressed positive sentiments toward the VAX with no negative posts identified. PH were most likely to post about COVID-19, the VAX and guidelines. Few ID accounts posted but when present were about personal experiences or side effects and remained positive.

IMPACT STATEMENT: There is an active conversation regarding COVID-19 and VAX information on social media, with the majority of posts expressing positive sentiment. Physicians play a large role in circulating information regarding the VAX on social media platforms, and can be influential in discussions of VAX guidelines and dispelling fertility myths.

SUPPORT: None