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P04.039 | PSYCHOLOGICAL, MARITAL AND SEXUAL WELL-BEING IN SOUTH ASIAN COUPLES WITH SUBFERTILITY DIAGNOSIS

CATEGORY: REPRODUCTIVE MEDICINE

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Objective: Subfertility is increasingly common in South Asia, where the diagnosis profoundly affects couples' psychological well-being, marital satisfaction, and sexual health, often impacting women more than men due to societal stigma. Women frequently face distress, guilt, and social isolation, which limits their ability to engage socially and leads to depressive symptoms, reduced self-compassion, and diminished psychological resilience. The role of social support, marital satisfaction, and sexual health is key to quality of life (QoL) for both partners, although patriarchal and polygamous traditions can intensify these issues for women. Despite the high cultural value placed on parenthood, there is limited data on the effect of infertility treatment on South Asian couples' QoL.

Method: A systematic literature review was conducted following PRISMA guidelines. Databases PubMed and Google Scholar were searched, yielding 643 articles (2008–2023). Articles were screened, and a quality assessment of eligible studies was performed using the GRADE tool, assessing risk across selection, performance, attrition, and detection domains.

Results: Twenty-five studies met the inclusion criteria. Nine highlighted greater psychological distress in women due to stigma and lack of support, impairing QoL. Fourteen studies explored factors supporting marital satisfaction, though only 33% of women reported sexual satisfaction. Misconceptions and limited education worsened psychological distress, while positive coping strategies enhanced women's QoL.

Conclusion: Counseling, fertility education, and supportive coping strategies, particularly spiritual approaches, are essential to improving QoL and treatment outcomes. Fourteen recommendations were identified to address this critical issue in the region.

P04.040 | DEVELOPING NATIONAL ONCOFERTILITY GUIDELINES FOR YOUTH: BUILDING CAPACITY IN HEALTHCARE PROFESSIONALS

CATEGORY: REPRODUCTIVE MEDICINE

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Objective: Infertility is a significant concern for youth cancer survivors. However, there is a lack of national guidance, specifically targeting the needs of youth providers. The World Health Organisation recognises infertility as a disease – underscoring the need to address this issue.

Aim: To report the development of the first Australian and New Zealand Children's Haematology/Oncology Group (ANZCHOG) fertility preservation guidelines for national implementation.

Method: Participants were members of the Australia and New Zealand Consortium in Oncofertility (ANZCO). A two-round Delphi consensus and focus groups were undertaken to define guideline priorities. Multidisciplinary experts were invited as team leaders. Members received training/mentorship in search strategies, Covidence, Prospero, data extraction, risk of bias tools, GRADE and AGREEII frameworks.

Results: The total proportion of ANZCO members who participated in any round was 60.9% ($n=39/64$). Priority topics included the impact of gonadotoxic and novel therapies, fertility preservation techniques, models of care, regulations and culturally sensitive care. Initially, 10 working groups of 37 multidisciplinary members were established which later expanded to 76 members including 13 early career clinician/scientist. The Medline, Embase and PubMed search returned 43,182 articles; all working groups undergoing data extraction. Training improved health provider proficiency with guideline development tools.

Conclusion: ANZCHOG guidelines development has been crucial in capacity-building for the oncofertility workforce and leadership. Collaboration with experts in the field was crucial in providing critical insights and enhancing depth across the topics. Future evaluation of guideline implementation will be essential in demonstrating its effectiveness.

P04.041 | ASSISTED REPRODUCTIVE TECHNOLOGIES AND MULTIPLE PREGNANCIES

CATEGORY: REPRODUCTIVE MEDICINE

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Objective: Regardless of the method of conception, twin pregnancies have a higher risk of maternal and neonatal complications compared to singleton pregnancies. The aim of the study was to compare the outcomes of multiple pregnancies in in vitro fertilization (IVF) and spontaneously conceived pregnancies.

Method: Group 1 consisted of 26 pregnant women with multiple pregnancies after IVF and group 2 consisted of 89 women with spontaneous pregnancies. We determined the type of placentation

and chorionicity by ultrasonography at 11–13⁶ weeks of gestation, in group 1 and group 2 twin pregnancies were dichorionic diamniotic.

Results: The mean age in group 1 was 34±1.1 years and in group 2 was 26.8±0.4 years. As complications of the course of pregnancy, hypertensive disorders were observed in 38.4% of group 1 and 29.2% of group 2 patients, and gestational diabetes mellitus in 15.3% and 3.4% of women. Every second pregnant woman had anemia of varying severity regardless of the type of conception.

Conclusion: Multiple pregnancies resulting from IVF were associated with an increased incidence of gestational complications (hypertensive disorders, diabetes mellitus, anemia), preterm labor, and cesarean section compared with spontaneous conception. The identified incidence of adverse perinatal outcomes dictates the continuation of the single embryo transfer policy, which will prevent multiple pregnancies and improve the overall outcomes for the mother and newborn after the use of assisted reproductive technologies.

P04.043 | ASSESSMENT OF THYROID AUTOANTIBODIES IN EUTHYROID INFERTILE WOMEN WITH POLYCYSTIC OVARIAN SYNDROME

CATEGORY: REPRODUCTIVE MEDICINE

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Objective: Assessment of thyroid autoantibodies in euthyroid infertile women with Polycystic Ovarian Syndrome (PCOS) and compare the prevalence in infertile women without PCOS.

Method: This study was conducted at the Infertility Clinic in the Department of Obstetrics and Gynaecology, JIPMER. Starting from December 2019 through December 2021. Included 132 infertile women (62 in each group) with and without PCOS (Rotterdam's criteria) features. Thyroid stimulating hormone (TSH) and free T4 (fT4) levels were quantified. Enzyme Linked Immunosorbent Assay (ELISA) was used for the measurement of anti-thyroglobulin antibody (anti-TG Ab) and anti-TPO Ab levels.

Results: Prevalence of anti-TPO antibodies in euthyroid PCOS infertile women was 25.4% and anti-TG antibodies was 23.9%, in comparison to non-PCOS group in which 3% and 1.5% women had anti-TPO and anti-TG antibodies respectively. This difference was statistically significant. Women with anti-thyroid antibodies were associated with increase in age, BMI, increased duration of infertility and elevated levels of testosterone and LH.

Conclusion: Anti-TPO antibodies and anti-TG antibodies were found higher in women with PCOS than in Non-PCOS group with odds ratio of 11.12 for Anti-TPO and 20.8 for Anti-TG antibodies with confidence interval of 95%. This warrants the need for testing for anti-thyroid antibodies even in euthyroid status to prevent reproductive losses.

P04.044 | UPTAKE OF POST ABORTION INTRAUTERINE CONTRACEPTION AFTER MEDICAL MANAGEMENT OF ABORTIONS IN UGANDA

CATEGORY: REPRODUCTIVE MEDICINE

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Objective: We set out to determine the uptake and factors associated with uptake of post abortion IUDs after medical management of first trimester incomplete abortions in central Uganda.

Method: Between February 2023 and September 2023, we conducted a cross-sectional study among women aged 15 to 49 years, who expressed interest in initiating post abortion intrauterine contraception and were managed with Misoprostol for first trimester incomplete abortions at five health facilities in central Uganda. Data from 650 participants were collected using interviewer administered questionnaires. The primary outcome was uptake of post abortion IUDs. The determinants of post abortion IUD uptake were assessed using the modified poisson regression.

Results: The proportion of women who took up IUDs after medical management of first trimester abortion, was 370/650 (56.9%). The mean age of the participants was (27.3 ± SD 1.8) years. A high proportion (56%) of IUD users, opted for the copper IUDs. The post abortion IUD uptake was independently associated with religion- being a Pentecostal (Adjusted PR=2.49, CI=(1.19–5.23), P-value=0.016), monthly earning > one million Ugx (270 USD) (Adjusted PR=1.88, CI=(1.44–2.46), P-value<0.001), and staying < 5 kilometres from the health facility (Adjusted PR=1.34, CI=(1.04–1.72), P-value=0.023). Women who were not cohabiting with their partners, were less likely to choose IUDs (Adjusted PR=0.59, CI=(0.44–0.79), P-value=0.001).

Conclusion: The uptake of IUDs among post abortion women was nearly 60% emphasizing the potential impacts of integrated contraceptive services in Post abortion care. Regardless of sociodemographic status, women seeking post abortion care in Uganda should be provided with high-quality integrated services by trained providers offering a range of contraceptive methods.

P04.048 | TESTICULAR STEM CELL THERAPY; A PANACEA FOR MALE INFERTILITY. EXPERIENCE FROM A LOW-INCOME COUNTRY

CATEGORY: REPRODUCTIVE MEDICINE

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Objective: Male infertility is enigmatic and can result from a variety of causes. A large proportion of male infertility is classified idiopathic, thereby limiting available treatment options. Testicular stem

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