

p=0.06). Use of insulin was significantly increased in the early group (2.6% vs 0.7%, p=0.02). These findings were consistent when only those with GDM were compared (Table 2); considering only GDM, women in the early group were delivered earlier than the routine.

CONCLUSION: In this RCT, early GDM screening in obese women was not beneficial and may have been harmful. Recommendations for early GDM screening need to be reassessed in light of these findings.

Table 1 Outcomes in Early GDM Screening, Entire Cohort

	Early (n=454)	Routine (n=458)	P	Relative Risk (95% CI)
Primary Composite Outcome	268 (59.0%)	244 (53.3%)	0.08	1.13 (0.98-1.29)
Macrosomia	25 (5.6%)	21 (4.6%)	0.51	1.10 (0.84-1.45)
Shoulder Dystocia	30 (6.6%)	32 (7.0%)	0.83	0.97 (0.74-1.27)
Primary Cesarean	79 (17.4%)	92 (20.1%)	0.30	0.91 (0.77-1.09)
Gestational Hypertension	74 (16.4%)	57 (12.5%)	0.09	1.16 (0.98-1.37)
Preeclampsia	61 (13.5%)	44 (9.6%)	0.07	1.19 (1.0-1.42)
Neonatal Hyperbilirubinemia	129 (29.3%)	108 (23.5%)	0.09	1.14 (0.99-1.31)
Neonatal Hypoglycemia	21 (4.6%)	20 (4.4%)	0.85	1.0 (0.76-1.40)
GDM	69 (15.2%)	56 (12.2%)	0.19	1.13 (0.95-1.34)
Gestational Age at Delivery	38.1 (3.7)	38.5 (3.4)	0.13	-
Any Diabetic Medication	32 (7.1%)	21 (4.6%)	0.11	1.23 (0.98-1.54)
Insulin	12 (2.6%)	3 (0.7%)	0.02	1.62 (1.25-2.11)
Induction of labor	212 (46.7%)	229 (50%)	0.32	0.94 (0.82-1.07)

Table 2 Outcomes in GDM only with Early versus Routine Screening

	Early N=69	Routine N=56	P
Primary Composite Outcome	51 (73.9%)	40 (71.4%)	0.76
Macrosomia	4 (5.9%)	5 (8.9%)	0.73
Shoulder Dystocia	4 (5.8%)	5 (8.9%)	0.50
Primary Cesarean	16 (23.2%)	13 (23.2%)	0.99
Gestational Hypertension	14 (20.3%)	8 (14.3%)	0.38
Preeclampsia	15 (21.7%)	9 (16.1%)	0.42
Hyperbilirubinemia	26 (40%)	17 (30.4%)	0.27
Neonatal Hypoglycemia	7 (10.1%)	9 (16.1%)	0.32
Gestational Age at Delivery	36.7 (4.5)	38.1 (1.7)	<0.01
Any Diabetic Medication	31 (45.0%)	19 (33.9%)	0.21
Insulin	12 (17.4%)	3 (5.4%)	0.04
Induction of labor	37 (53.6%)	36 (64.3%)	0.23

7 Text message remote blood pressure monitoring eliminated racial disparities in postpartum hypertension care

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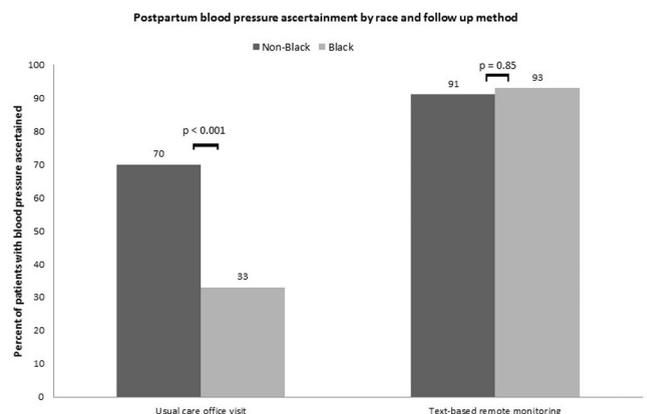
OBJECTIVE: Significant racial disparities are observed in outcomes of women with pregnancy related hypertension (HTN). We evaluated whether text-based remote blood pressure (BP) monitoring could improve this disparity.

STUDY DESIGN: This was a planned secondary analysis of a randomized clinical trial that compared the effectiveness of text-based BP

monitoring to usual care in-person BP visits for women with pregnancy related HTN in the early postpartum (PP) period. Women were randomized to either two weeks of text-based monitoring using an automated platform and home BP cuff (text) or usual care BP check at their prenatal office 4–6 days following discharge (usual care). Ascertainment of BP, defined as either office visit attendance or at least one BP texted, was compared among black and non-black women. Need for an oral antihypertensive and HTN readmission was compared between groups. Chi square was used to compare categorical variables. Poisson regression with a robust variance assumption was used to test for an interaction between BP ascertainment and race by trial arm to evaluate the impact of text on the disparity between black and non-black BP ascertainment.

RESULTS: 206 women participated in the trial (103 per arm). Seventy-three (71%) women in usual care and 68 (66%) in text were black. Non-black women were significantly more likely than black women to present for a BP visit in usual care (70% vs 33%, p<0.001). Text-based monitoring significantly improved BP ascertainment for both black and non-black women compared to usual care (93% vs 33%, p<0.001 and 91% vs 70%, p =0.03 respectively). Remote monitoring was able to eliminate the racial disparity observed in BP ascertainment (p=0.002), with over 90% BP ascertainment in both race groups (p=0.85)(Figure). There were no HTN readmissions in the text arm, whereas 4 readmissions were observed in usual care (3 of the 4 in black women). There was no difference in the percent of black women started on BP medication amongst those who texted or attended their office visit (19% vs 21%, p=0.73).

CONCLUSION: Text-based monitoring eliminated the observed racial disparity in PP HTN care. Text as the standard would have likely led to medication initiation in an additional 20% or more women who missed an office visit. Given most strokes and maternal morbidity from pregnancy related HTN occur within 10 days of delivery, text message remote monitoring is an innovative way to equally engage all women in the PP period and reduce PP morbidity and mortality.



8 Primary cytomegalovirus infection during pregnancy and subsequent congenital infection: maternal antibody screening involving 19,000 women

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