record. Characteristics including race, age, prenatal care variables, and other sexually transmitted infections were examined. We used multivariable Poisson regression to analyze factors associated with trichomoniasis.

RESULTS: Among 1,576 women who received Nucleic Acid Amplification Testing, 245 (16%) were positive for trichomonas. Non-Hispanic black race/ethnicity, tobacco use during pregnancy, co-infection with chlamydia during pregnancy, and more frequent triage visits during prenatal care were associated with an increased risk of trichomoniasis.

CONCLUSION: While routine testing and treatment of asymptomatic trichomoniasis during pregnancy remains controversial, the high burden of infection among pregnant women and increased risk of preterm birth seen in some studies suggests a critical need for the improvement in prevention. More information is needed to elucidate the complicated relationships between trichomoniasis, treatment and subsequent birth outcomes.

LEARNING OBJECTIVES: Learners will be able to identify the prevalence and predictors associated with trichomoniasis in pregnancy

14 Peripartum clostridium difficile infection: a 10-year experience at a single obstetric hospital, 2008-2018

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OBJECTIVES: To determine the incidence, clinical presentation, risk factors, complications and recurrence rates of peripartum Clostridium difficile infection (CDI) at our institution over 10 years.

METHODS: A retrospective review of all women ages 15-50 years testing positive for CDI infection at our institution during pregnancy or within 6 months postpartum between 2008 and 2018. Demographic, clinical and pregnancy characteristics were collected, and antibiotic use, antibiotic indications, treatment regimens and recurrence rates were reviewed. Descriptive statistics were utilized.

RESULTS: Forty-two cases of CDI among 96,024 deliveries were identified between 2008 and 2018, yielding a peripartum CDI rate of 0.04%. Fifty-two percent of cases were diagnosed antepartum with at a mean gestational age of 25+6 weeks, and 47% (20/42) were diagnosed postpartum. Among all cases, 85.7% (36/42) had prior antibiotic use and 54.8% (23/42) had been hospitalized prior to CDI. Delivery hospitalizations accounted for 78.3% of all admissions prior to CDI diagnosis. The most common indications for antibiotics were chorioamnionitis/endometritis (31%; 11/36), cesarean section prophylaxis against surgical site infection (25%; 9/36), skin/soft tissue infections (17%; 6/36), pyelonephritis or UTI (14%; 5/36) and dental infections (8%; 3/36). The most common antibiotic associated with CDI was clindamycin (31%; 13/36). Diarrhea was a presenting symptom for CDI in 90.5% (38/42); other presenting symptoms were fever (23.8%; 10/42) and abdominal pain (35.7%; 15/42). One patient was transferred to an acute medical service; there were no maternal ICU admissions. Among women diagnosed antepartum, one delivered preterm, two were subsequently diagnosed with fetal growth restriction at term, and one neonate was admitted to the NICU at delivery. There were no neonatal deaths or other pregnancy complications. Only 4.8% (2/42) had a recurrence of CDI.

CONCLUSION: Peripartum women are at risk for CDI despite their relatively younger age and low incidence of comorbidities. Antibiotic exposure is the most common risk factor among patients with peripartum CDI, and disease was relatively mild with few recurrences in this cohort. Clinicians should consider CDI as a potential diagnosis in pregnant or postpartum women who present with diarrhea, with or without fever, especially after prior antibiotic exposure and even without prior health care facility exposure.

LEARNING OBJECTIVES: Learners will be able to identify risk factors and complication rates for CDI infection in the peripartum period.

15 Disparities in group b streptococcus screening during pregnancy in Latin America

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OBJECTIVES: To determine the rates of maternal GBS screening during pregnancy and to identify demographic characteristics associated with maternal GBS screening in Latin America.

METHODS: We conducted a retrospective cohort study using de-identified records of pregnant women living in one of twelve Latin American countries, who received prenatal care at a participating facility from January 1, 2009 through December 31, 2012. Screening rates for GBS were determined. Chi-Square tests were used for comparison of four demographic variables: ethnicity, age, education level attained, and civil status. Binomial logistic regression was performed and odds ratios were calculated to examine the effects of four demographic variables (ethnicity, schooling, civil status, and mother's age group) on the likelihood of maternal screening for GBS. Given that Uruguay had the highest rate of screening and contributed the most records to the database from 2009-2012, we stratified our analysis to determine if Uruguay was an effect modifier. We then calculated prevalence of GBS among Uruguayan women and used Chi-Square tests to compare association of GBS positivity with ethnicity, age, education level, and civil status.

RESULTS: From 2009 to 2015, 712,061 records were collected in the database, of which 498,363 records with data for GBS screening from 5 countries (Uruguay, Bolivia, Nicaragua, Honduras, and El Salvador) were analyzed. GBS screening among pregnant women in Latin American was less than 15% for every country except, Uruguay which routinely screened greater than 65% of women. The final regression model, with Uruguay, included ethnicity, maternal age group, education level and civil status. Uruguay was an effect modifier; the model accounted for 64.1% of the total variance when including Uruguay and 1% of the total variance when excluding Uruguay. Non-white women and younger women were less likely to be screened then white and older women respectively. In Uruguay, the average GBS prevalence over the study period was 18.5%. Black women, older women and women without a primary education had higher rates of GBS colonization (21.3%, 20.4% and 21.9% respectively).

CONCLUSION: Our study results highlight the need for national policy as well as investments in regional training and support for Latin American countries to in order to increase GBS screening rates and develop a more complete understanding of the prevalence of maternal GBS colonization in the region.

LEARNING OBJECTIVES: Identify demographic characteristics associated with a decreased likelihood of GBS screening among pregnant women in Latin America.