blood pressure, and proteinuria. Overall, there were no differences in the rates of HD, IUGR, PTD, VTE, or death (Table). Women on HQ had increased rates of disease-related hospitalizations (43% vs. 7%, p <0.01) and inpatient rheumatologic consultation (38% vs.10%, p <0.01) - even after multivariable adjustments for age and parity (aOR 8.09, 95% CI: 1.08 - 40.9; aOR 4.50, 95% CI: 1.08-18.6 respectively). There was no difference in neonatal morbidity between groups.

CONCLUSION: While pregnant women treated with HQ are more likely to require inpatient care and rheumatologic consultation than women treated without HQ, there is no difference in major maternal or neonatal outcomes in women with SLE managed with HQ.

Comparison of maternal and neonatal outcomes between pregnant women with SLE managed with or without hydroxychloroquine (HQ) [data presented as n(%) unless noted]

	HQ (n=47)	No HQ (n=30)	P
MATERNAL MORBIDITIES			
Hypertensive Disorders in Pregnancy Severe Hypertensive Disorders in Pregnancy Pregnancy Related Hypertension (PIH) Preeclampsia	14 (30%) 9 (19%) 13 (28%) 9 (19%)	8 (27%) 7 (23%) 8 (27%) 7 (23%)	0.77 0.66 0.85 0.66
IUGR	1 (2%)	3 (10%)	0.29
Gestational weeks at delivery, mean ± SD, range	35.5 ± 4.9 19 - 39.7	35.6 ± 4.2 26 - 40.1	0.88
Preterm Birth <37 weeks <!--37--> <!--37--> <!--37--> <!--37--> <!--37--> <!--37--> <!--37--> <!--37--> <!--37--> <!--37--> <!--37--> <!--37--> <!--37--> <!--37--> <!--37--> <!--37--> <!--37--> <!--37--> <!--37--> <!--37--> <!--37--> <!--37--> <!--37--> <!--37--> <!--37--> <!--37-->	19 (40%)	16 (53%)	0.27
Infectious Complications Chorioamnionitis Endometritis	8 (17%) 5 (11%) 4 (9%)	5 (17%) 2 (7%) 3 (10%)	0.97 0.70 >0.99
Inpatient Consultation for Rheumatology	18 (38%)	3 (10%)	0.007
Disease related hospitalization in pregnancy	20 (43%)	2 (7%)	<0.001 <!--0--> <!--0--> <!--0--> <!--0--> <!--0--> <!--0--> <!--0--> <!--0--> <!--0--> <!--0--> <!--0--> <!--0--> <!--0--> <!--0--> <!--0--> <!--0--> <!--0--> <!--0--> <!--0--> <!--0--> <!--0--> <!--0--> <!--0--> <!--0--> <!--0--> <!--0-->
Venous thromboembolism	2 (4%)	0 (0%)	0.52
Maternal Death	2 (4%)	1 (3%)	>0.99
NEONATAL MORBIDITIES			
Neonatal morbidity composite*	18 (38%)	15 (50%)	0.31
Neonatal Birthweight (g), mean ± SD	2469 ± 899	2495 ± 1138	0.91

Adjusted for age and parity

*Includes: Fetal death, NICU admission > 72 hours, mechanical ventilation > 24 hours, suspected sepsis, culture proven early-onset sepsis, neonatal death, Grade III/IV intraventricular hemorrhage, hypoxic ischemic encephalopathy, respiratory distress syndrome, seizures, requirement of CPR, necrotizing enterocolitis

549 Medical students learn & evaluate teamwork in a labor and delivery setting

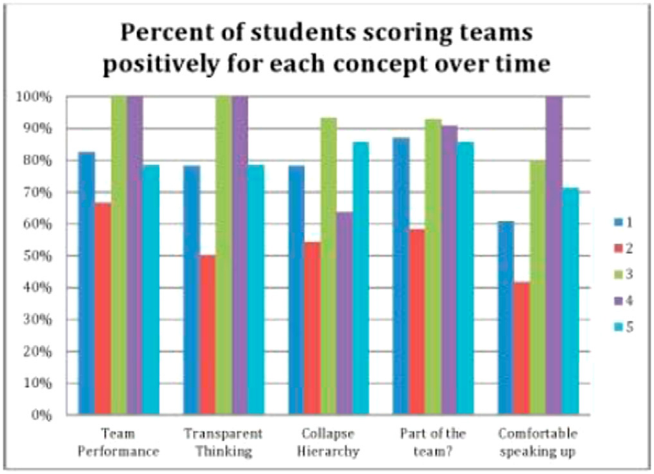
Solange Eloundou[1], Amy Kesselman[1], Laura Reimers[1], Dena Goffman[1], Peter Bernstein[1]
[1]Albert Einstein College of Medicine, Department of Obstetrics and Gynecology and Women's Health, Bronx, NY

OBJECTIVE: Medical students play an integral and unique role within the health care team. They are intimately involved in the team but are not typically central to the patient care delivered. Thus, they are uniquely positioned to be observers to help track the impact of quality improvement activities on the labor floor. Our objectives were: to incorporate patient safety awareness into the 3rd year clerkship curriculum by allowing medical students to observe for safety related behaviors in the clinical environment and to evaluate patient safety on labor and delivery over time.

STUDY DESIGN: At the start of their clerkship, students received patient safety and team training education with the goal being to introduce and enable them to recognize optimal medical team performance. Students were given anonymous evaluation cards to complete voluntarily after observing events such as cesarean and operative vaginal deliveries, postpartum hemorrhage and shoulder dystocia. Teams were scored on overall performance, transparent thinking, effectiveness at collapsing the hierarchy and whether the student would feel comfortable speaking up. Data is presented of results from the initial 16 months of the program. We conducted Cochran-Armitage test for trend to examine if scores improved over time.

RESULTS: Eight-seven cards were collected over the period of observation. Positive trends were noted in the students' perception of team performance in collapsing the hierarchy from 78.3% in block 1 to 85.7% by block 5 (see graph). We also found that students in later blocks were significantly more likely to agree that they felt comfortable to speak up during major events on the labor floor (p=0.03). Agreement increased from 60.9% to 71.4% between block 1 and block 5.

CONCLUSION: Involving students in the evaluation of obstetric team performance may help hospital leadership track and improve patient safety, while helping students to learn patient safety concepts and feel more actively involved in the health care team.



550 An analysis of population-based prenatal screening for overt hypothyroidism

Stefanie Bryant[1], David Nelson[1], Donald McIntire[1], Brian Casey[1], F. Gary Cunningham[1]
[1]University of Texas Southwestern Medical Center, Obstetrics and Gynecology, Dallas, TX

OBJECTIVE: To evaluate pregnancy outcomes in hypothyroidism identified in a population-based prenatal screening program.

STUDY DESIGN: This is a secondary analysis of a prospective prenatal population-based study in which serum thyroid analytes were obtained from November 2000 to April 2003. Initial screening was completed in a research laboratory with subsequent confirmatory testing in our hospital laboratory. Screening thresholds were intentionally inclusive (TSH >3.0mU/L and fT4 <0.9ng/dL), and those who screened positive were referred for confirmatory testing. Hypothyroidism was identified and treated if TSH >4.5mU/L and fT4