

**P051/69 Poster Sessions - Posterausstellung / Expositions
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**Evaluation of an Occupational Health Intervention
for Maternity Protection at Work: a users'
perspective about the specialized medicine
consultation of Unisanté**

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Introduction: Aiming to protect the health of pregnant workers from hazardous workplace exposures, the Swiss' Maternity Protection Ordinance (OProMa), advocates safe working conditions so that pregnant employees can continue their work without risk to their health and that of their future child. Since 2015, the Occupational Health and Environment Department at Unisanté has provided a specialized occupational health consultation for pregnant workers in order to support the stakeholders involved in the OProMa (pregnant workers, obstetricians-gynecologists (OB-GYNs), companies). This study investigates both the experience and the satisfaction among consultation users' i.e. pregnant workers, employers and OB-GYN, in order to improve care and counselling provisions. **Materials and Methods:** Between January and December 2021, data were collected from telephone surveys with pregnant women, and their employers. OB-GYNs, who referred their patients to the consultation, answered a paper questionnaire. The questionnaires included structured questions and open-ended questions. **Results:** Among the 38 pregnant workers who came to the consultation in 2021, 22 women (58%) and 24 employers (63%) responded to the telephone survey, and 32 OB-GYNs (84%) filled in the paper questionnaire. All stakeholders reported that the consultation was of great value. They particularly appreciated the provision of specialist information and advice, and the role of the occupational physician as a neutral intermediary between the pregnant worker and the company. OB-GYNs reported that this mediating role could help workers to reduce potential tensions with their employer. Finally, while some employers felt that the legislation was too restrictive, many workers and OB-GYNs regretted the lack of monitoring in the company to assess the implementation of the required protective measures. **Conclusion:** A previous study had already shown that the consultation contributed favorably to the safe return to work of pregnant workers. This study showed that the consultation is perceived as satisfactory and useful by the parties concerned. The consultation

should therefore be extended to other Swiss cantons. In this respect, it is essential to take into account the needs expressed by stakeholders in order to improve the care and advice provided within the framework of the consultation. In addition, continuous monitoring of activity and satisfaction indicators would make it possible to adapt and update care and counselling services over time. **Conflict of Interest:** No

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**Obstructed Hemi-Vagina With Ipsilateral Renal
Agenesis (OHVIRA) Syndrome: A Rare Urogenital
Malformation**

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Obstructed Hemi-Vagina With Ipsilateral Renal Agenesis (OHVIRA) Syndrome: A Rare Urogenital Malformation. **Introduction:** OHVIRA is an acronym for "obstructed hemivagina with ipsilateral renal agenesis" and describes a rare urogenital malformation syndrome consisting of a triad of anatomic variants: didelphys uterus, low genital obstruction by a longitudinal vaginal septum and unilateral renal agenesis. Patients with OHVIRA syndrome usually present at puberty with increasing pelvic pain, dysmenorrhea and a pelvic mass. Due to the rarity of this syndrome, the diagnosis is often delayed or patients are mismanaged. **Case Report:** A 17-year-old virgin presented with intermittent convulsive pain in the vagina and known renal agenesis on the right side. Due to dysmenorrhea, the patient had already been treated with a combined oral contraceptive. On admission a transabdominal sonography raised suspicion of a blood-filled mass in the lower abdomen. Magnetic resonance imaging revealed a suspected diagnosis of OHVIRA syndrome. A surgical intervention confirmed the diagnosis. Incision of the longitudinal vaginal septum, drainage of the mucocolpos on the right side, and partial removal of the septum provided the patient with relief from her symptoms. The vagina was endoscopically examined on both sides of the vaginal septum, showing a cervix on either side. An intraoperative transvaginal sonography showed two complete uteri. According to the ESHRE classification, this corresponds to a genital malformation of U3b C2 V2. Removal of the entire septum was considered but due to severe signs of inflammation on the right side, a two-stage procedure was chosen with the removal of the septum after three months. **Conclusion:** Adolescent female patients with nonspecific abdominal or pelvic pain and renal agenesis should be strongly suspected of having OHVIRA syndrome. Early MRI diagnosis leads to prompt and accurate diagnosis and allows minimally invasive surgical therapy and relief of symptoms, prevention of complications and preservation of fertility. Vice versa, if a genital malformation is diagnosed, a urological malformation should be considered and actively looked for. **Conflict of Interest:** No