associated slightly more prenatal visits (11.00 vs 10.55; p<0.001). Similarly, QHP enrollment was also associated with earlier access to prenatal care (81.89 days vs 90.81 days; p<0.001). **CONCLUSIONS:** QHP enrollment was associated with small improvements in access to prenatal care. Additional research is warranted to determine if these small gains in access confer better maternal and infant outcomes.

PIH43

MALNUTRITION AND VACCINATION IN CHILDREN: CASE OF POST-CONFLICT ZONE IN COLOMBIAN CARIBEAN

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OBJECTIVES: To establish the association between malnutrition and vaccination and its socioeconomic determinants in children from a post-conflict zone. **METHODS:** a sample of 2,183 households with 2,682 children of 0-4 years was extracted from a survey of more than 15,000 persons. Indicators as weight-for-height, height-for-age and weight-for-age were calculated according to the World Health Organization standards. Vaccination status was checked by comparing the report of the vaccination card with the scheme of the Expanded Immunization Plan for the Pentavalent vaccine (Hepatitis B, Haemophilus Influenzae type B and Diphtheria - Whooping cough - Tetanus) for children 2-59 months and the scheme of BCG Tuberculosis and Hepatitis B for children <2 months. A logistic model with clusters per community was estimated to identify factors associated with malnutrition and vaccination. **RESULTS:** The prevalence of low weight, acute and chronic malnutrition was 2.4%, 5.5%, and 8.6% respectively. 96.3% of the children had their vaccines at the right age. Timely vaccination protects against global and acute malnutrition (OR: 0.244 and 0.357 p <0.001). Children with an incomplete vaccination scheme have a 4.6% probability of being underweight, and 12.1% of having acute malnutrition. The education of the mother (OR: 0.543 and 2.269 p <0.001), the socioeconomic level of the household (OR: and 0.811, and 2.631 p <0.001) and the dependency rate of the child under 5 years (OR: 1.22 and 0,546 p <0.001) are common determinants between acute malnutrition and child vaccination status, respectively. **CONCLUSIONS:** This article provides evidence of timely vaccination at age as a protective factor for global and acute malnutrition. In addition, it shows the double effect of the socioeconomic conditions of households in the determination of vaccination and the nutritional status of children.

PIH44

NUTRITIONAL SITUATION IN UNDER – 5 IN "MONTES DE MARIA", POST-CONFLICT ZONE IN COLOMBIA- 2017

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OBJECTIVES: To estimate the nutritional status in children under 5 in "Montes de María", a post-conflict zone in Colombia- 2017. **METHODS:** Cross sectional observational study that use data from a survey of 15,230 households with subsidized health care insurance. From these, 2,682 children between 0-4 years with anthropometric information from 2,183 households were included. Based on the World Health Organization standards, weight and height information were used to calculate the Z-score indicator = weight-for-height (W/H), height-for-age (H/A) and weight-for-age (W/A). Z-score categories were defined as: well fed (±2), malnourished (<-2), severely malnourished (<-3). Prevalence of nutritional states were estimated and association among children characteristics, households and nutritional status were validated through Chi-X2 test. **RESULTS:** Prevalence of low weight, acute and chronic malnutrition was 2.4%, 5.5% and 8.6% respectively. Group of 0-1 years was the most prevalent in acute (6.7%) and chronic (9.6%) malnutrition. There were significant differences in prevalence between children ages (Pr<0.001) in all of three indicators, except in the prevalence of low weight for sex (Pr<0.05). Age of the head of household (Pr=0.027), education of the head of household (Pr=0.001), education of mother (Pr=0.001), number of people in household (Pr=0.001) were significantly associated with growth retardation of children. **CONCLUSIONS:** In this study, acute malnutrition is higher than national level (0.9%), being children of <1 year those who presented higher malnutrition compared with the national level. Health policies related with early childhood in vulnerable population must be improved in order to reduce these figures.

PIH45

TRENDS AND RISK FACTORS ASSOCIATED WITH SEVERE MATERNAL MORBIDITY IN TEXAS WOMEN

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OBJECTIVES: The rate of maternal mortality has been increasing in Texas since 2010 resulting in a need to understand its cause. Severe maternal morbidity (SMM) refers to undesirable outcomes during labor and delivery that can affect a woman's health or lead to maternal death. Therefore, the objectives of this study are to examine the trend of SMM in Texas from 2008 through 2015 and to determine the demographic and clinical factors related to increased risk of SMM among Texas women of reproductive age. **METHODS:** About 3 million deliveries in Texas between 2008-2015 were identified in inpatient discharge files from the Texas Department of Health and Human Services. Approximately 56,000 of these deliveries experienced an SMM condition identified by ICD and procedure codes. The study assessed the trend of SMM rates in Texas and performed multivariate logistic regression analysis to identify risk factors (e.g., age, payer type, race/ethnicity, the presence of other chronic conditions, residential location) that were associated with a higher likelihood of SMM events. **RESULTS:** The SMM rate for Texas increased by 15% from 2008 (171.4 /10,000 deliveries) to 2015 (197.4/10,000 deliveries). Teenagers, women over the age of 40, black women, and women with multiple comorbidities (e.g., hypertension, diabetes, and depression) were more likely to experience an SMM condition during their delivery. Women with cesarean births and deliveries covered by Medicaid were also associated with a higher likelihood of an SMM event. **CONCLUSIONS:** SMM rates in Texas have increased over recent years with multiple factors are contributing to it. There is a great need for longitudinal data-driven analysis to better understand barriers to accessing prenatal and postnatal care and to allow the design of effective interventions for reducing SMM risk among women in Texas.

PIH46

CHANGES IN FDA POST-MARKETING COMMITMENTS TO SUPPORT THE PREGNANCY AND LACTATION LABELING RULE

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OBJECTIVES: With implementation of FDA's Pregnancy and Lactation Labeling Rule (PLLR) in June 2015, product labels are required to provide human data on safety of product use during pregnancy or lactation. This study examines trends in post-marketing commitments (PMCs) for new molecular entities and biologic therapies to implement pregnancy and lactation studies pre-and post PLLR implementation. **METHODS:** We searched FDA website to identify approvals of all new molecular entities and biologic therapies from 2013-2017. Approval letters were reviewed to identify PMCs for pregnancy and lactation studies. This study was limited to new molecular entities and biologic therapies; vaccines and devices were not included. **RESULTS:** Of 319 new drugs approved in the last 5 years, 28 (8.8%) PMCs for pregnancy registries and 3 (0.9%) PMCs for lactation studies were identified. The percentage of drugs with a pregnancy registry PMC pre-and post PLLR implementation was 7.0% in 2013, 10% in 2014, 8.9% in 2015, 9.0% in 2016, and 8.8% in 2017. After PLLR implementation, all 3 drugs in 2017 and 1 of 2 in 2016 that required a prospective pregnancy registry also required a retrospective pregnancy study. Regarding lactation study PMCs, only 1 was required post implementation in 2017 versus 2 pre-implementation (1 each in 2013 and 2014). **CONCLUSIONS:** In the 5-year period pre-and post PLLR implementation, there was little variation in the percentage of drugs that required a PMC for pregnancy and lactation studies. It is possible that FDA was issuing pregnancy and lactation PMCs in the 2 years prior to implementation in anticipation of PLLR. A noticeable change in the 2 years after PLLR implementation was the additional requirement for both prospective and retrospective pregnancy monitoring studies.

PIH47

RACIAL TRENDS IN NON-VITAMIN/NON-MINERAL MEDICATION USE DURING PREGNANCY OR PUERPERIUM IN THE AMBULATORY CARE SETTING

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OBJECTIVES: The objective of this study was to evaluate racial trends in the prescribing of non-vitamin/non-mineral medications within office-based ambulatory care visits occurring during pregnancy or puerperium. **METHODS:** A cross-sectional analysis of office-based ambulatory care visits occuring during pregnancy or puerperium was conducted using the National Ambulatory Care Survey (NAMCS) from 2005 to 2011. Descriptive statistics for all study variables by racial subgroups were estimated. Weighted bivariable analyses were used to examine statistical differences in the prescribing of non-vitamin/non-mineral medications by race. Annual trends in use by therapeutic class were also evaluated by racial subgroup. All analyses were performed using SAS 9.3 at an alpha of 0.05. **RESULTS:** A total of 5,850 office-based ambulatory care visits (213.7 million weighted visits) occurring during pregnancy or puerperium were included. Of them, 78.8%, 14.0%, and 7.1% were from pregnant women who were of White, Black and Other race respectively. Medication use findings showed that at least half of all included study visits had a non-vitamin/non-mineral medication prescribed. Racial differences in the prescribing of non-vitamin/non-mineral medications were also observed with visits from Black women having a higher proportion of prescribing (p<0.05). Higher proportions of medications for cardiovascular-related conditions were also reported. **CONCLUSIONS:** Racial differences in non-vitamin/non-mineral prescribing during pregnancy or puerperium overall and for cardiovascular-related conditions were observed.

INFECTION - Clinical Outcomes Studies

PIN1

READMISSION RISK AND ANTIBIOTIC TREATMENT FAILURE ASSOCIATED WITH HOSPITAL ACQUIRED COLOSTRUM DIFFICILE

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OBJECTIVES: The objective of this research is to examine the efficacy of current antibiotic treatment regimens in preventing readmissions after hospital-acquired colostrum difficile (HA-CDIF) infections. **METHODS:** The study cohort included adults hospitalized between January 2012 and January 2016 that developed HA-CDIF.HA-CDIF was defined using diagnosis codes 008.45(ICD-9) and A04.7x (ICD-10) and evidence of antibiotic treatment three or more days after hospital admission. Primary antibiotic treatment included vancomycin, metronidazole, fidaxomicin, and rifaximin as monotherapy or in combination. The effect of days to treatment start and treatment duration were also assessed. Logistic regression models were used to identify the probability of readmission with the specified timeframes. **RESULTS:** The patient population was predominately female (54.1%) with an average age of 66.5 years. Overall one year CDIF related readmission rate was 33.1%. Unadjusted 30 day readmission rates were significantly lower for patients initially treated with fidaxomicin/rifaximin regimens (10.3%) compared to vancomycin (18.1%) or metronidazole (17.5%) monotherapy and concomitant therapy