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Conclusions: Our data illustrates the perceived benefits that pregnant patients derive from cannabis use and suggests that cessation-focused counseling is likely to fail. Rather, harm-reduction approaches may have greater promise, as they explore patients' rationale for cannabis use and its perceived benefits.

Keywords: cannabis, perinatal, qualitative

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“No one loves my baby more than me:” A qualitative study of patients’ decision-making regarding cannabis use in pregnancy

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Objectives: Since the legalization of cannabis in Canada, there is growing concern about the impact of perinatal cannabis use. Existing efforts to capture patient perspectives have failed to explain why patients may choose to use cannabis in pregnancy. Thus, we sought to explore how patients make decisions about cannabis use in the perinatal and post-partum period, and to determine what experiences, factors, or information they consider to be important in the decision-making process. A clearer understanding of patients’ decision-making processes will enable more effective patient-centered conversations surrounding cannabis use.

Methods: In this constructivist grounded theory study, we conducted individual semi-structured interviews with 15 pregnant or recently post-partum patients across Canada. Interview questions explored the personal, social and health factors that informed their decisions around cannabis use. Data collection and analysis were iterative.

Results: Our participants described how their cannabis use was driven by physical and mental health challenges arising during pregnancy that negatively impacted their lives. Participants felt that cannabis improved their symptoms and thus their ability to function. Decisions around cannabis use were not made lightly; participants carefully weighed the perceived benefits of cannabis against its potential harms. Participants expressed a strong desire to protect their fetus from harm and were eager for expert guidance to support their decision-making process.

Conclusions: Our data illustrates the perceived benefits that pregnant patients derive from cannabis use and suggests that cessation-focused counseling is likely to fail. Rather, harm-reduction approaches may have greater promise, as they explore patients' rationale for cannabis use and its perceived benefits.

Keywords: cannabis, perinatal, qualitative

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Canadian physician perspectives on the inclusion of pregnant women in trials of intervention for COVID-19

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Objectives: Excluding pregnant persons from COVID-19 trials of intervention may lead to unintended harmful consequences. Beliefs and attitudes of clinicians have the potential to shape clinical research involving pregnant women. This study evaluates the current
perspectives of Canadian physicians on the participation of pregnant women in COVID-19 clinical trials.

Methods: An anonymous 22-item online questionnaire was sent to Canadian physicians belonging to four Canadian professional associations. Physicians were surveyed regarding the inclusion of pregnant women in COVID-19 trials using a semi-quantitative approach with multiple choice and open-ended questions. Descriptive statistics were performed. Themes from free-text answers were extracted using a semi-inductive approach.

Results: 202 physicians agreed to participate, 168 of which completed the survey. The majority of respondents expressed support for including pregnant women in COVID-19 trials (191/202; 95%), especially those investigating therapies with a prior safety record in pregnancy (139/164; 85%). In addition, 66% (107/161) of physicians responded that including pregnant women in COVID-19 trials was urgent. The main barriers to including pregnant women in COVID-19 trials were perceived unwillingness of pregnant patients to take part in clinical trials, perceived unwillingness of treating teams to offer participation, burden of regulatory approval, and a general ‘culture of exclusion’ of pregnant women from clinical trials.

Conclusions: Most physicians surveyed were supportive of the inclusion of pregnant women in COVID-19 trials of intervention. Importantly, we describe why some physicians may be reluctant to include pregnant women in clinical research, especially those investigating therapies with a prior safety record in pregnancy.

Keywords: COVID-19, coronavirus, pregnancy, clinical trials, experimental drugs

Bowel complications in laparoscopic gynecologic surgery

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Video abstract summary: Bowel injuries complicate 0.13% of laparoscopic gynecologic surgeries. Intraoperative diagnosis is critical to preventing mortality. A high index of suspicion should be maintained when patients present postoperatively with signs and symptoms suggesting bowel injury, and these patients should be promptly evaluated with imaging. The general approach to bowel injury includes involving consultants early if needed, intraoperative antibiotics if appropriate, thorough evaluation of the injury, surgical repair, and monitoring for possible postoperative complications. The specific approach to repair depends on the type of bowel injury. Veress needle injuries can be managed expectantly. Superficial, small thermal and partial thickness injuries can be oversewn or repaired with a one layer closure. Full thickness injuries should be closed in one or two layers. Large or infected injuries often require bowel resection with re-anastomosis and a possible diverting stoma. Considerations for postoperative care are also reviewed.

Delayed onset of puberty due to 17-alpha-hydroxylase deficiency, an atypical form of congenital adrenal hyperplasia

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Objectives: Delayed onset of puberty is a frequent referral to the paediatric gynaecologist. Although constitutional delay is the most common etiology, rare genetic conditions can be identified beginning with a simple workup.

Methods: We will review the case of a 16yo patient with a rare form for congenital adrenal hyperplasia (CAH).

Results: Our patient’s first contact with paediatric gynaecology was at age 13 when she was seen for delayed puberty. Her medical issues included hypertension, hypokalemia and low cortisol. Workup identified an 46, XY karyotype, elevated follicle-stimulating hormone and luteinizing hormones, and undetectable sex hormones levels. Imaging did not identify any internal female organs. Further investigation through Medical Genetics identified a homozygous pathogenic variant c.1435_1438dupATCC. This mutation presents as 17-alpha-hydroxylase deficiency, an atypical form of CAH. Following diagnosis, the patient’s maternal aunt disclosed a diagnosis of germ cell tumour requiring surgery and ultimately was found to carry the same genetic variant. At age sixteen, our patient chose to proceed with removal of gonads. Final pathology showed grossly abnormal testes, measuring half the normal volume. There was complete absence of Leydig cells in the testicular stroma.

Conclusions: The mutation leading to our patient’s 17-alpha-hydroxylase deficiency has previously been identified within the Canadian Mennonite population. In this case, the patient’s family member had hidden her diagnosis. Disorders of sexual differentiation are uncommon but important to consider when seeing patients for delayed onset of puberty. This case highlights the importance of a thorough family history, especially in the context of a rare condition.

Keywords: disorder of sexual differentiation, congenital adrenal hyperplasia, pediatric and adolescent gynecology

Endometrial thickness among BRCA mutation carriers undergoing prophylactic oophorectomy

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Objectives: It has been suggested that women with BRCA mutation are at a higher risk of developing high-grade endometrial cancer. Endometrial thickness is considered a surrogate marker for endometrial adenocarcinoma risk, and women with a BRCA1/2 mutations have been reported to have significantly higher follicular, but lower luteal, endometrial thickness compared to non-carrier controls. Medications affecting endometrial thickness are often indicated for BRCA mutation carriers, and include tamoxifen, menopausal hormone therapy, and oral contraceptives. The objective of this study is to evaluate endometrial thickness among women with a BRCA1/2 mutation compared to published values for non-carriers.

Methods: Eligible women were those with a deleterious mutation in BRCA1/2, that were referred to the Familial Ovarian Cancer Clinic between 2007 and 2016 and who had an intact uterus. Retrospective chart review was conducted to collect clinical, and transvaginal ultrasound reports with endometrial dating were reviewed to determine endometrial thickness (millimeters; mm).

Results: In total, 161 women were identified, 101 of whom were premenopausal and 60 who were postmenopausal. Among premenopausal women, the median follicular endometrial thickness found was 7.18 mm (n = 37, range 3-13) compared to 6.8 mm (2.4-14) in non-carriers and the median luteal endometrial thickness was 10.85 mm (n = 30, range 5-18), compared to 9.6 mm (3.3-18.2) in non-carriers. Among postmenopausal women, the median