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Commentary

For the life after COVID-19 pandemic – A gynecologist’s call to action

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‘Man proposes, God disposes’ is a popular Medieval Latin proverb which aptly describes the present day global situation. Natural calamities and disasters are the regulatory systems of the nature. Novel COVID-19, a contagious respiratory illness caused by the Severe Acute Respiratory Syndrome- Corona virus (SARS-CoV) has proven itself as one of those deadly pandemics [1]. The World Health Organization confirms the virus spread in 213 countries affecting around 9,296,202 people with 479,133 documented deaths as of 25 June, 2020 [2] and it is still rising.

With the non-availability of an effective pharmacological antiviral agent and still ongoing vaccine trials for the SARS-CoV, the only effective intervention is by preventing community transmission [3]. People are advised to stay at home and avoid community gatherings including hospital and health center visits for ailments other than emergency and COVID-19 [4]. Anticipating decline in the transmission of virus with this strategy, there is an yet another whole aspect of the fall in global economy and possible worsening of the pre-existing diseases and disorders with added morbidity owing to non-availability of health care services and loss of wages [5].

Many developing countries and for that instance even developed countries wounded by the COVID-19 impact will not be in a situation to allocate resources or health workers and hospital beds to treat these backlogs. Hence, we need to express our commitment as their clinicians and hopefully alleviate the condition. The solution for this problem is to take steps appropriately from the present day itself while the pandemic is still on.

We intend to propose a model inclusive of the patient, health administrators and gynecologists to strategize effectively and stagger the upcoming possible adversities. The proposed actions and intentions might seem already functional in certain parts of the world but, emphasis and proper streamline of the actions intended is still required in majority of the countries which are at the peak of virus transmission and simultaneous economy and productive population loss. Women of reproductive age are most vital in the support of a family and the society as well. Losing their health and wellbeing owing to the inaccessibility of health services would incapacitate in recovering the lost work and livelihood after the end of pandemic.

It is imperative that the obstetric services worldwide are not disturbed in view of its serious associated maternal and perinatal mortalities. The American College of Obstetricians and Gynecologists and other societies have issued joint statements and practicing guidelines for midwives and obstetricians to tackle the obstetric emergencies and antepartum care amidst the pandemic [6]. There are also suggestions to either postpone or prioritize elective gynecological surgeries and treatments [7].

Owing to these postponements and relative prioritizations, certain benign gynecological conditions tend to be unaddressed and worsened with subsequent complications such as,

1. Continued abnormal uterine bleeding may lead to chronic blood loss, anemia, financial burden of extra sanitary tampons, pads and its difficult availability resorting to cheaper unhygienic methods.
2. Chronic pelvic pain secondary to endometriosis and pelvic inflammatory diseases may give rise to drug and alcohol abuse other than over the counter analgesic prescriptions.

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3 Menopausal hot flashes, bone demineralization effects, failure to continue hormonal replacement therapies. Emotional liability and rebound symptoms of hormone withdrawal may be hard to tackle than physical effects.

4 Inaccessibility to continue contraceptive services and unplanned pregnancies.

5 Gynecological malignancies would also further aggravate in view of delay in the diagnosis, surgical treatments, initiation of neo-adjuvant or adjuvant chemotherapy and immunotherapy. Rapid dissemination of aggressive tumors and upstaged disease with added debilitated conditions and infectious morbidities pose a real threat [8].

The problems that we encounter because of this pandemic can be effectively mitigated by the active participation of patients, health administrators and their physicians.

The population who might suffer needs to be educated and bring up a positive attitude towards the global issue and a hope of winning the struggle is vital in the journey. Other aspects of maintaining good health with a balanced nutrition, physical exercise and activity, weight reduction must be stressed upon and be cautious not to aggravate their other comorbid chronic illness like diabetes, hypertension, dyslipidemias etc. Role of family medicine is paramount in this pandemic. Health administrators and patient welfare committees if existent forms the liaison between the patient and doctor tier. Apart from allocation of resources and hours of work, this domain has important functions to be served during the pandemic to avoid future mishaps. Certain examples are

i Organize health education and communication portals to address minor gynecologic ailments through online applications, telemedicine facilities and webinars.

ii There could be a provision to identify genuine complaints of the follow-up patients on treatment and arrange their hospital visit in a bare minimum number.

iii In par with the obstetric emergency care, gynecological emergency services need to be strengthened with man power to manage acute emergencies like uncontrolled menorrhagia, severe dysmenorrhea and allied symptoms, pelvic abscess, torsion ovarian cyst and many others.

iv An option of continuation of medical or hormonal management with proper scrutiny instead of abrupt withdrawal until surgical management would be feasible for abnormal uterine bleeding.

v Menstrual hygiene, infection control practices and alternate contraceptive services need to be stressed upon.

vi Develop hospital software to book online appointments or telephonically so as to avoid post pandemic overcrowding and resurgence of the infection.

vii Gynaecological cancer should be managed as per guidelines [8,9].

The most salient role is to be played by the clinicians in the crisis. Few institutions do provide on call doctor facilities but the prevailing emergency and quarantine measures for the exposed doctors themselves, it would be a hard task to ensure that the purpose would be served. The health administrators need to frame a periodical schedule to ensure that this facility be functional.

To conclude, this is only a general overview to shine light on the darker side of the COVID-19 pandemic that is untouched. Even though the actions are proposed in concurrence to the pandemic, there might arise a situation where we would not have anticipated the plethora of adversities. Clinicians can implement these guidelines and also customize as per the local economic and health limitations. These are not exclusive and mandatory. Individual organizations and health sectors can implement these suggestions as per the needs and national policies. Planning is just to begin but, execution requires a lot of effort.

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PK Saha conceptualized the idea and edited the manuscript. D HOSAPATNA BASAVARAJAPPA wrote the manuscript.

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