



Included in the print edition
number 8 September



ISSN: (Print) (Online) Journal homepage: <https://www.tandfonline.com/loi/wwah20>

Women's health during the COVID-19 pandemic: new roles and views in health care

Márcia Mendonça Carneiro

To cite this article: Márcia Mendonça Carneiro (2020) Women's health during the COVID-19 pandemic: new roles and views in health care, *Women & Health*, 60:8, 849-850, DOI: 10.1080/03630242.2020.1789263

To link to this article: <https://doi.org/10.1080/03630242.2020.1789263>



Published online: 03 Aug 2020.



Submit your article to this journal [↗](#)



Article views: 1535



View related articles [↗](#)



View Crossmark data [↗](#)



Citing articles: 1 View citing articles [↗](#)

EDITORIAL



Women's health during the COVID-19 pandemic: new roles and views in health care

In the past few weeks, the world as we knew it was shaken by an unprecedented pandemic. On January 20, the World Health Organization (WHO) published situation report 1 communicating to the world for the first time about cases of pneumonia of unknown etiology detected in Wuhan City in China. Later in January, the Chinese reported the identification of a novel coronavirus named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and shared its genetic sequence with the world. As the disease called coronavirus disease (COVID-19) spread in a globalized world, the WHO classified the outbreak pandemic on March 11.

From then on, the world has watched in disbelief as images from Italy, Spain, France and New York invaded our living rooms showing crowded hospitals and tireless health-care professionals in an infinite war against COVID-19. As I write (July 3) the COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU) shows data from 188 countries with 10,896,029 confirmed cases with 521,862 deaths and 5,777,584 recoveries (<https://coronavirus.jhu.edu/map.html>). Numbers may not be accurate due to lack of diagnosis in many areas as well as the criteria used to include deaths that did not occur in hospitals. Age and the presence of serious underlying medical problems such as diabetes and heart disease may increase COVID-19 infection severity.

Initial symptoms include fever, cough, fatigue and a small number of patients display gastrointestinal infection symptoms. Age and the presence of serious underlying medical problems such as diabetes and heart disease may increase COVID-19 infection severity with the development of acute respiratory distress syndrome (ARDS) together with cytokine storm and with high mortality (Huang et al. 2020).

Scientists and governments all over the world have joined efforts in an insane battle against a relentless enemy. Unfortunately, no treatment has surfaced despite an intense search and use of a combination of a variety of drugs including antiviral and anti-inflammatory agents. (Stebbing et al. 2020). Suddenly epidemic curves are of utmost importance and social isolation the major weapon to “flatten the curve.” The aim to reduce the amount of people needing medical attention as no health system in the world seems prepared to take so many casualties simultaneously. Italy, Spain and France sadly gave a living proof of such collapse.

In addition to the ever-growing death toll, economic fallout is expected to be huge. The International Monetary Fund foresees economic recession worse than in 1929. It goes without saying that such crisis will have profound effects on health care as data from WHO shows that women in a high-income country are expected to live 24 years more than those in a low-income country. Another point that should be kept in mind is that people continue to get sick and other health-care needs must be met. The challenge is to battle COVID-19 while providing health care for conditions such as diabetes, hypertension and cancer to name a few. Outpatient care is expected to suffer as people avoid or postpone office visits for fear of being infected and health-care facilities are closed following the recommendation to cancel elective appointments and procedures (Mehrotra et al. 2020). Telemedicine presents a solution to some extent but cannot solve the problem by itself as it lacks the adequate framework and regulation in many countries (Ohannessian, Duong, and Odone 2020).

If one considers women's health alone, there is an urgent need for effective contraception, prenatal care, sexually transmitted diseases prevention and cancer screening only to mention a few. According to the WHO reports, 1000 women die every day of the consequences of pregnancy and childbirth and cardiovascular disease and stroke will kill almost one-third of women. The American Cancer Society estimates 912,930 new cancer cases in women in 2020 with 285,360 estimated deaths (Siegel, Miller, and Jemal 2020). Oncological care has also been affected worldwide as patients face difficulties getting

to their appointments or obtaining adequate treatment (The Lancet Oncology 2020). Adverse effects on mental health and increase on intimate partner violence have also been reported.


We should beware that although COVID-19 poses a significant threat, women continue to need health care. As the pandemic spreads and social isolation becomes the rule in many countries, health-care resources and personnel are concentrated on the fight against COVID-19. Meanwhile, medical societies including the American College of Obstetrics and Gynecology (ACOG) and the International Federation of Gynecology and Obstetrics (FIGO) issued statements defining the health and well-being of patients and health-care providers as a priority and recognizing the many unknown aspects of COVID-19 infection. The American Association of Gynecologic Laparoscopists (AAGL), the American Society of Reproductive Medicine (ASRM), ACOG and other societies joined the U.S. Surgeon General's recommendation that elective surgeries should be postponed during the COVID-19 pandemic. ASRM also proposed new fertility treatments should not be started and any non-urgent procedures should be delayed (AAGL COVID-19, 2020).

Women & Health is dedicated to promote research and knowledge on the various aspects related to the well-being of women. COVID-19 may be around for some time until an effective vaccine is developed. Therefore, it is of utmost importance that we start thinking about how we are going to deliver effective health care to women. Having this challenge in mind, we will start a series of invited articles to discuss this pressing issue. It is our duty to deliver sound evidence-based information to counteract panic and misinformation which have dire effects on our morale and health.

In Dan Brown's book *Inferno*, Harvard professor Robert Langdon tries to save the world from a virus developed to make a third of mankind infertile and thus avoiding overpopulation and its ominous consequences. Unfortunately, Professor Langdon fails but in the movie version, the world is saved. Our new heroes are doctors, nurses, police officers as the world scientific community comes together in an unparalleled effort to understand how the virus operates and find potential treatments and vaccines, our hopes rise that we will win this war.

References

- COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU). Accessed July 3, 2020 <https://coronavirus.jhu.edu/map.html>
- Huang, C., Y. Wang, X. Li, L. Ren, J. Zhao, Y. Hu, L. Zhang, G. Fan, J. Xu, X. Gu, et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. 2020 February 15. *The Lancet* 395(10223):497–506. Epub 2020 Jan 24. doi:10.1016/S0140-6736(20)30183-5.
- Mehrotra, A., M. Chernen, D. Linetsky, H. Hatch, and D. Cutler. 2020. What impact has COVID-19 had on Outpatient visits? To the point (blog). Commonwealth Fund April 23. 10.26099/ds9e-jm36.
- Ohannessian, R., T. A. Duong, and A. Odone. 2020. Global telemedicine implementation and integration within health systems to fight the COVID-19 pandemic: A call to action. *JMIR Public Health and Surveillance* 6 (2):e18810. doi:10.2196/18810.
- Siegel, R. L., K. D. Miller, and A. Jemal. 2020. Cancer statistics, 2020. *CA: A Cancer Journal for Clinicians* 70:7–30. doi:10.3322/caac.21590.
- Stebbing, J., A. Phelan, I. Griffin, C. Tucker, O. Oechsle, D. Smith, and P. Richardson. 2020 April. COVID-19: Combining antiviral and anti-inflammatory treatments. *The Lancet Infectious Diseases* 20 (4):400–02. Epub 2020 Feb 27. doi: 10.1016/S1473-3099(20)30132-8.
- The American Association of Gynecologic Laparoscopists (AAGL) COVID-19: Joint Statement on Elective Surgeries. 2020. <https://www.aagl.org/covid-19/covid-19-joint-statement-on-elective-surgeries/>
- The Lancet Oncology. 2020. COVID-19: Global consequences for oncology. *The Lancet Oncology* 21 (4):467. doi:10.1016/S1470-2045(20)30175-3.
- World Health Organization. Accessed May 15, 2020. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- World Health Organization. Accessed May 15, 2020. https://www.who.int/gho/women_and_health/mortality/en/

Márcia Mendonça Carneiro, MD, PhD
Editor in Chief, Women and Health Associate Professor, Department of Obstetrics and Gynecology, Federal University of Minas Gerais
 marciamc.ufmg@gmail.com