COVID-19's impact on women's health is severe and long-lasting

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In March of 2020, the COVID-19 pandemic forced a major shift in OBGYN care. There was a sudden closure of clinical offices, diagnostic and surgery centers. Our patients, who until then received their preventative care on a regular basis, were now anxious to go to the doctor's office for fear of getting COVID-19. Physician practices did the best they could to prevent spread of the virus by requiring masks, asking screening questions, taking temperatures, and allowing patients to wait in their cars. In some states, low-risk patients were still seen by their doctors, but in many states all preventative care abruptly ended.

That meant that screening mammograms, pap smears and colonoscopies were delayed. This particularly affected historically marginalized and low-income populations that already faced significant challenges in accessing the care they needed, and often are behind in their screenings. There is no way to know how many cancers may have been found earlier had the pandemic not caused a lapse in screening. The high-risk patients with comorbidities like obesity, hypertension, and diabetes were left with telemedicine visits but many did not get bloodwork in addition to other necessary monitoring tests.

GYN patients with surgical problems were particularly affected because many who had scheduled surgeries for heavy bleeding, pelvic pain, fibroids, early cancers or other conditions had to have their surgeries cancelled. We had such a back log of cases that many had not even been rescheduled before this latest round of delays cause by the Delta variant.

Our OB patients suffered tremendous anxiety over catching COVID-19 and worried about how the virus may impact their health and their babies' y development. Many of those who contracted COVID-19 had to have telemedicine visits with home BP cuffs, weigh ins with a digital scale, and hand dopplers for fetal heart tones, which could be quite a challenge for patients over video conferencing. In many cases, bloodwork and non-stress tests were deferred. In Florida, only one support person was allowed in the delivery room with no other visitors after the birth. Support persons could not leave the hospital until the patient was discharged, and patients were discharged as quickly as possible. At one point, when mothers were not even allowed one support person for labor and delivery in the state of New York, we started getting requests to transfer care to our practice in Tampa, Florida.

Another major change came when young couples with children who had lost their jobs and could not pay their bills, were forced to move back in with their parents, many of whom were elderly and at high risk for complications from COVID. This occurred both in our GYN and OB populations. The stress on these families was severe and many of them lost health benefits. This led some to seek help from local food banks, churches and other charities. During this time, we saw increases in mental health conditions like depression, anxiety, and addiction. Available mental health counselors worked mainly through telemedicine but access to care was limited from both lack of providers and lack of mental health coverage.

When the vaccines for COVID-19 finally became available, we spent a lot of time referring patients to vaccination sites that were flooded with patients and ran out of doses quickly. Vaccine sites were

constantly changing and the demand for COVID testing was very high. Thankfully, most of our seniors were able to become vaccinated efficiently, and many began to return to the office for visits not amenable to telemedicine.

Our OB patients were resistant to receive COVID vaccine in the first wave, but now that the Delta variant has been shown to be more contagious and so many unvaccinated have been infected, our OB patients have become more receptive to the vaccine. The ACOG and CDC recommendation in favor of vaccination for pregnant women has also been helpful.

Despite the wide availability of vaccines, there are still some patients that sadly refuse to be vaccinated. They site many reasons: personal freedom, beliefs that the vaccine is experimental, that natural immunity will stop COVID, that it causes fertility problems, among many others. I don't doubt that many of these patients will suffer complications from COVID-19 in the future and will require.

In the months and years ahead, we will continue to learn more about COVID and its future variants. We will have to be even more vigilant at reviewing patient histories, dealing with complications from long-term COVID infections, catching up on screening tests, missed procedures and booster shots. The effects of COVID-19 will linger for a long time, but our experience with it has taught us much about preparing for the next pandemic.

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