

# COVID-19: Beware of Potentially Serious Indirect Consequences on Women's Health

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The current coronavirus disease 2019 (COVID-19) pandemic has resulted in many severe illnesses, hospitalizations, and until now more than 100,000 deaths in the USA alone. It will represent one of the major milestones in the lives of most people currently alive to witness it. Prevention of exposure to this highly contagious virus has been the hallmark of efforts to halt its spread. This has required almost universal personal isolation and withdrawal from society of all individuals, but most importantly the elderly and those with chronic medical conditions. It has been variably successful in fighting this pandemic around the world. COVID-19 positivity and mortality are commonly tracked statistics. However, many other costs and consequences on women's health have become apparent, but have not reached a significant degree of public awareness.

In the USA, the American College of Obstetricians and Gynecologists (ACOG) has circulated a number of guidance documents to practicing obstetrician and gynecologist (OB-GYN) clinicians. These have assisted in being able to provide at least basic OBGYN care to women despite the pandemic. Telehealth is also being reimbursed by insurance companies, allowing for distance care on a routine basis. Unfortunately, access to face-to-face care has been limited to situations where telehealth was not appropriate, and in many circumstances limited by patients' fears about leaving the safety of their home.

A number of very important and potentially serious consequences of the pandemic and imposed regulations to avoid viral transmission on women's health have become apparent, but are not receiving sufficient attention from clinicians, professional associations, or the media. Among these are some indirectly related to personal isolation:

1) Domestic abuse due to stress relative to prolonged time spent with people with whom conflict can develop, potentially enhanced by alcohol and drug abuse while in isolation. Fear of reprisal (and lack of access to help or escape) may lead to repetitive abuse. Since women are most prone to this type of abuse, OBGYN clinicians need to be aware of its increased prevalence.

2) Reduced access to needed medical care including cancer screening, abortion care and follow-up, safe delivery and postpartum care, care for acute illness including infections (urinary tract, etc.), abnormal uterine bleeding and other gynecologic conditions. Consequences here can certainly be quite serious due to progression of malignancy, untreated pelvic infections and severe anemia. Patients should be advised that safe medical care can (and should) be provided for many acute clinical situations. Wearing face masks, frequent hand-washing and other recommended precautions should be taken when attending a medical office, hospital or other medical facility.

3) Somatization issues due to the multiplicity of resultant psychological and economic stressors. These effects take on many forms. In urogynecology, we are seeing many patients with pelvic floor muscle hypertonicity and spasm which can lead to urinary retention, obstructed defecation and pelvic pain/dyspareunia. Women can then present with bladder outlet obstruction symptoms and resultant urinary tract infections (UTIs). In elderly women, development of pyelonephritis can lead to sepsis and need for hospitalization. A simple digital pelvic exam with palpation of tense and tender levator muscles can be diagnostic and help explain the patient's symptoms. Unfortunately, patients typically cannot voluntarily relax their pelvic floor muscles and the help of a trained pelvic floor physical therapist (PT) may be needed to help patients be able to relax their levator muscles. If no specialized PT is available, or the patient does not respond to rehabilitative therapy, intravaginal diazepam suppositories or Botox injections may be needed to reduce symptoms.

4) Mental health well-being can be adversely impacted by prolonged periods of isolation, including an increased rate of suicide. Loneliness can be very difficult for many people, especially the elderly and those with pre-existent mental health conditions. In our practice, we follow many widowed elderly women who live alone. They may live in a nursing home that is currently under "shut down" not allowing any visitors in order to isolate their residents. The women may be extremely afraid to leave their home, even if they could, and thus may not reach out to their family, friends, or even their doctors for help when needed. The use of telehealth, either via telephone or video access such as Face Time or Zoom, has proven extremely helpful in both providing timely health care, but more importantly in proactively reaching out to patients identified as being at high risk for depression and its consequences. Frequent telehealth "visits" can be scheduled for brief checks on patients deemed to be at risk. We have not proposed empiric anti-depressants, but notification of the patient's primary care

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clinician of the situation has frequently led to prescription of such medications.

OBGYN clinicians, frequently seen as the primary care specialists for women, are at the fore-front of identifying and treating conditions which may indirectly result from COVID-19 and the many actions taken to prevent its spread. There are numerous unexpected health consequences which can primarily impact women. OBGYNs should be keenly aware of these conditions and be ready to address them, sometimes in a proactive fashion.

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### **Financial Disclosure**

None to declare.

### **Conflict of Interest**

None to declare.

### **Data Availability**

The author declares that data supporting the findings of this study are available within the article.