

# Did COVID-19 Have a Positive Impact on Any Aspects of Women's Health Care?

G. Willy Davila

The current coronavirus disease 2019 (COVID-19) pandemic has posed enormous and unpredictable challenges to the provision of health care to people (arguably especially women), and may end up being considered one of the ultimate equalizers in what has been considered healthcare inequality around the world. Regardless of whether you live in central New York City or London, in a favela in Rio de Janeiro or a slum in Mumbai, you were told to quarantine in place, which means isolating yourself from all those who provided you services, whether they be food, entertainment or health care services. Food can be delivered, entertainment achieved through television, but health care services required you to leave the safety of your home possibly exposing you to the virus you were told to avoid at all cost.

Of course human ingenuity has no boundaries, and systems were promptly developed to attempt to provide health care to those in need while allowing them to remain in quarantine.

## Telehealth

Accessing health care providers via telephone, video-conferencing, email, short message service (SMS) or other means became a critical necessity and services were promptly developed and fine-tuned. In most communities, a woman could reach a health care provider virtually within a few days of the onset of the quarantine. Access by telephone was available to health care centers and eventually to a patient's own doctor, if the doctor continued to provide clinical care. Technology was already available for teleconferencing, and was readily adapted to the patient-doctor relationship in many parts of the world. Patients were directed to a "Zoom waiting room" for a "Zoom telehealth appointment". A computer was not necessary, as access was possible via a telephone app.

Provision of obstetrical care has been particularly challenging as women are typically seen multiple times, and with increasing frequency as pregnancy progresses. Interaction with clinicians via telehealth allowed for monitoring of fetal growth,

maternal weight, and even blood pressure in many cases. With the wide spread availability of cell phones, even in rural areas in developing countries, app-based education and monitoring of maternal well-being complemented direct telehealth visits, even when those were not feasible. NGOs such as ARMMAN in India were critical in reaching women in rural areas via their app, thus providing guidance on monitoring of their obstetrical care. App-based interaction facilitated two-way interaction between patient and care provider, including counseling and identification of any worrisome problems such that a community health aide could reach to the patient as needed.

These aspects of health care will likely remain a standard part of healthcare in a post-COVID world.

## Diagnostic Skills and Clinical Expertise

Access to advanced diagnostic testing and therapeutic modalities became extremely limited as hospitals shut down in order to limit care for those afflicted by COVID-19. Most community-based diagnostic centers were closed and elective surgery was prohibited. Without magnetic resonance imaging (MRI), stress echocardiograms and other sophisticated diagnostic equipment, doctors had to rely on their basic diagnostic skills in order to provide needed clinical care. Empiric therapy became mainstream. Since patients were home-bound, motivated patients were able to follow behavioral modification recommendations. Unfortunately, many women ended up gaining weight as increased snacking and cooking/baking challenged any dietary restrictions.

In our practice, we implemented empiric therapy protocols for urinary tract infections (UTIs), pelvic pain and other pelvic floor problems. Many pharmacies delivered medications to patients' homes; but when needed, we delivered antibiotics to home-bound high-risk elderly patients.

Time will tell whether many of these clinically-sound, cost-effective practices will persist in a post-COVID world.

## Benefits of Staying Home

For many women, being home meant improved access to a bathroom, less anxiety relative to in-office stressors and commute, easier ability to care for loved ones, and reduced exposure to many other aspects of life that may lead to increased stress in a woman's life. We have certainly seen less recur-

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Holy Cross Medical Group, Fort Lauderdale, FL, USA.  
Email: GWilly.Davila@holy-cross.com

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rent UTIs, improved chronic pelvic pain due to levator muscle overactivity, and overall, reduced anxiety and stress-related health conditions.

Lessons learned from the COVID-19 experience may assist us in caring for patients shown to have health benefits from a work-at-home setting.

Many aspects of women's health have suffered. Preventive care services suffered greatly, which means preventative and disease screening services were severely challenged by the COVID-19 pandemic. How many colonoscopies, pap smears and mammograms were missed? The impact will not be known for some time.

We are living through terribly challenging times due to the COVID-19 pandemic. Nevertheless, we should make some lemonade out of the many lemons we have been handed. We should learn from the various adaptations to health care that have allowed us to continue to care for our patients and carry forward to a post-COVID world those that have uniquely had a positive impact on our ability to provide effective care to our patients.

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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.