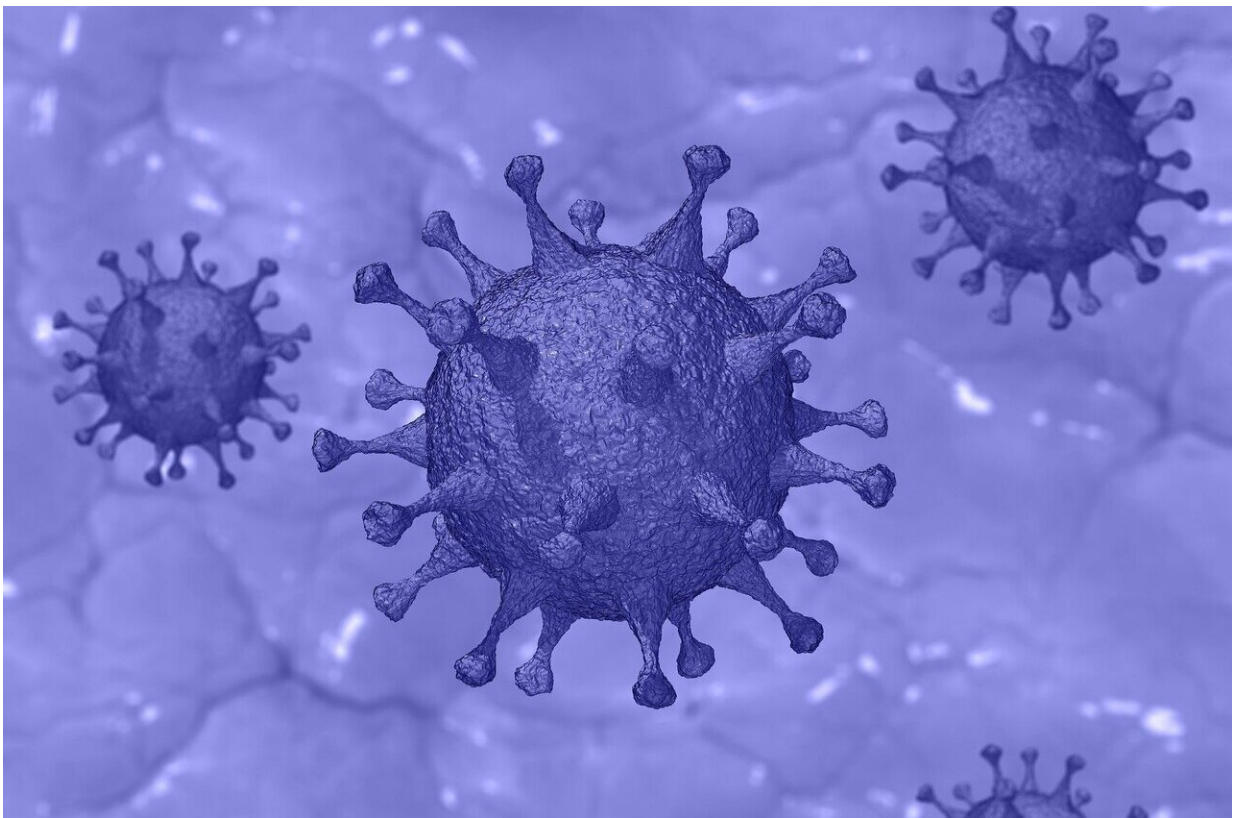


Women's health services adapting well to COVID-19, but concerns remain for long-term

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The majority of women's healthcare units in the UK, including services such as maternity and gynaecological cancers, have adapted well to the

initial COVID-19 outbreak, according to a new survey by University of Warwick researchers.

However, there are concerns that without greater planning for the long-term they could be storing up problems that could adversely affect women's health in the future.

The results of the survey, conducted by Warwick Medical School and the University of Edinburgh, are reported in the *BJOG: an International Journal of Obstetrics & Gynaecology* today. They suggest that the rapid implementation of evidence-guidance and re-allocation of NHS resources have been key in adapting to the challenges of COVID-19.

Women's healthcare units provide services such as maternity, antenatal, postnatal and gynaecology, including treatment for women with gynaecological cancers.

95% of women's healthcare units in the UK responded to the survey between 28 March and 7 of April 2020, which aimed to ascertain whether women's healthcare units had adopted guidance from the World Health Organisation and Royal College of Obstetricians and Gynaecologists (RCOG) on the safe management of women with COVID-19.

60.1% of units responded that they had completed specific training drills for obstetric and gynaecological emergencies in women with COVID-19, and 64.9% had provided training in two-persons donning and doffing of Personal Protective Equipment (PPE).

87.8% of units had departmental protocols specific to COVID-19 in pregnancy and 70.8% operated COVID-19 dedicated theatres for obstetrics emergencies. 91.2% of respondents felt that adequate PPE was offered to [health professionals](#).

The majority of units (79.1%) had also reduced face-to-face antenatal clinics and 88.5% had completely stopped elective gynaecology services such as planned caesarean sections and induction of labour among steps to limit the presence of inpatients.

Lead author Dr. Bassel Wattar of Warwick Medical School said: "Women require sustainable access to predictable yet essential healthcare services including maternity, contraception and family planning. Our study aimed to provide a rapid snapshot assessment on the current status in providing these [service](#) in the NHS within few weeks of implementing the national guidelines in response to COVID-19.

"The majority of NHS hospitals seem to be following established evidence-based guidelines from the Royal College of Obstetricians and Gynaecologists as well as the WHO to provide safe service to women in need. In the acute response phase, many elective gynaecological services were suspended and this could affect women's health on the long-term if these services are not restored rapidly, such as those with chronic pelvic pain and menstrual problems. Additionally, there seems to be an impact on the provision of gynaecological cancer treatment services, but a more detailed assessment is needed to draw an accurate picture."

The survey also highlights concerns about long-term planning for these services as social distancing continues into the next stage of the pandemic.

Dr. Wattar adds: "Many units within women's healthcare are starting to use telemedicine technology to provide safe care while upholding the rule of social distancing. These elements need to be explored further and implemented properly into NHS maternity services as we prepare for the 'new normal'. Additionally, there is a need to restore elective gynaecology care rapidly to avoid long-term adverse health outcomes. An example could be to move surgical operation sites into 'clean stand-

alone units' which is being trialled by many NHS trusts in collaboration with the [private sector](#).

"In times of major health pandemics, a high level of morbidity is often linked to poor access to healthcare services and depletion of available resources. COVID-19 is presenting an unrepresented challenge to medical community worldwide, disrupting access to health services and increasing the strain and demand on medical staff. As we re-allocate resources to deal with the pandemic many groups requiring continuous care, for example maternity, cancer, and trauma care, will be adversely impacted."

More information: MP Rimmer et al, Provision of obstetrics and gynaecology services during the COVID-19 pandemic: a survey of junior doctors in the UK National Health Service, *BJOG: An International Journal of Obstetrics & Gynaecology* (2020). [DOI: 10.1111/1471-0528.16313](#)

Provided by University of Warwick

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