



# Trending: What Else Is New in Women's Care?



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## WOMEN'S HEALTH: **Beyond the Annual Visit**

## Conflicts of Interest Disclosure

Grants/ Research	Mylan Pharmaceuticals, Myovant Sciences, Organon/Merck & Co., Sagami Rubber Industries, Sebela Pharmaceuticals
Honoraria/ Speakers Bureau	Agile Therapeutics, Bayer HealthCare, Mayne Pharma, Myovant Sciences, Organon/Merck & Co., TherapeuticsMD
Consultant/ Advisory Board	Agile Therapeutics, Bayer HealthCare, Mayne Pharma, Pfizer, TherapeuticsMD

# Learning Objectives

At the conclusion of this presentation, the participant will be better able to:

- Discuss new ways to test and treat women with telemedicine
- Describe some new practice adaptations made to cope with COVID
- List challenges to telemedicine

# COVID Pandemic Impacts on Practitioners

- Accelerated adoption of telemedicine
- Streamlined (even more) access to contraception
- Rapid approval of self-administration of therapies
- Normalization of self-collection of specimens
- But are women ready? Knowledgeable?
- Broaden the categories of providers able to provide services
  - Temporary suspension of need for physician oversight

# Telemedicine

- Really responds to priorities of the young who want immediate answers
  - Younger women value prompt action now more than long-term relationships with clinicians
    - Do not always prefer interaction with a professional
    - Search online (and believe what they read)
- Most problems can be diagnosed on the basis of a careful interview
- Overall, however, patient satisfaction was lower
  - Our unfamiliarity? Too new?

# Prioritization of Services in Obstetrics

- Concerns about contagion made it necessary to review which visits are considered critical
  - How much of prenatal care could be compressed for low-risk women?
  - How could testing be streamlined?
    - Could cell-free DNA testing replace the earlier hormone panel for aneuploidy?
    - Can fetal monitoring be done at home?
- How many family members does it take to welcome a newborn?

# Adaptations in Gynecologic Services

- Can routine testing be delayed or minimized?
  - Can we individualize screening services by risk categories?
    - Low-risk women: mammograms Q 2-3 years
    - Moderate-risk women: mammograms annually
- Can patients collect specimens themselves?
- Self-administered DMPA-SQ, mifepristone
- How about self-removal of IUDs?
- What images of lesions or discharges can women send to clinician electronically?



# Adaptations to Gynecologic Therapies

- Can therapy be prescribed when physical exam/specimens are not available?
  - “Covering the bases” for vaginal discharge
- Can we prescribe bridging therapies until testing can be done?
  - Example: high-dose MPA to stop all nonpregnant, premenopausal excessive vaginal bleeding
- Alternative medical care providers emerged to prescribe and deliver treatment
  - Pharmacists
  - Online services (standing orders/protocol driven)

# Challenges to Telemedicine

- Privacy issues may make it difficult to get accurate history
  - Partner violence
  - Home safety
  - Sexual problems, sexual history
  - Routine GYN issues – bleeding, infection
- Reimbursement rates in long term are in question
- Long-term acceptability (not just as patch in times of crisis)
  - May emerge as hybrid system

# Other Adaptations to COVID Pandemic

- Widening gap between segments in society – financial impacts of pandemic
  - Access to services, response to healthcare differed greatly
- People had less exercise, more weight gain
  - So painful to see among children
- Poorer education of young; controversial topics not covered
  - How do you teach sex ed by Zoom into family homes?
- Temporary dip in vaping and smoking; vaping expected to return as young people mix again with peers

# What's Emerging with HPV?

- 9-valent vaccine approved to reduce risk of oropharyngeal squamous cell cancer
- Could HPV vaccine help reduce risk of recurrence of cervical dysplasia after surgical therapy?<sup>1</sup>
- Immune therapy with DNA vaccine targeting E6 and E7 proteins in combination with vaccine boost and PD-1 antibody
  - Worked in mice

# Preeclampsia Prevention with Low-Dose Aspirin

- Preeclampsia affects only 4% of US pregnancies, but nearly 1 in 5 medically indicated preterm deliveries are due to preeclampsia
- US Preventive Services Task Force recommends use of low-dose aspirin (81 mg/d) as preventive medication for preeclampsia after 12 weeks of gestation in those at high risk for preeclampsia (B recommendation)

# Preeclampsia Prevention with Low-Dose Aspirin (con't)

- High risk (need 1 factor): prior preeclampsia, multifetal gestation, chronic hypertension, pregestational diabetes, kidney disease, autoimmune disease, 2 or more moderate risk factors
- Moderate risk (need 2 factors): nulliparity, obesity, 1° relative with preeclampsia, Black race, lower income, age  $\geq 35$  years, IVF, personal history of other factors



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