THE INFLUENCE OF SARS-COV-2 ON SEXUAL & REPRODUCTIVE HEALTH SERVICES AT UW MEDICINE

The SARS-CoV-2 (COVID-19) pandemic, subsequent “Stay Home, Stay Healthy” order in Washington State, and restrictions on non-urgent medical procedures in the early months of the pandemic had a significant impact on service offerings within UW Medicine. In order to assess the impact on sexual and reproductive health (SRH) services, we conducted a retrospective review of electronic health records comparing services in April 2019 vs. April 2020. Findings indicate that SRH services were underutilized as efforts were made to manage community transmission and COVID-related health issues. However, these services remain essential to short- and long-term health and wellbeing and indicate an opportunity to improve accessibility to these services now and in the future.

WHAT HAS HAPPENED?

In total, there was a 71% reduction in SRH services provided from April 2019 to April 2020. These services include abortion, contraception management (initial prescriptions, counseling, etc.), STI screening, HPV screening, HPV vaccination, spontaneous abortion (SAB), and sexual violence services (i.e., observation after rape).

In this figure (corresponding data can be found here), it can be seen that this reduction was not uniform across all services. While contraception management was 51% lower in 2020, HPV vaccination was 88% lower. Abortion services remained stable, while general STI screenings were reduced by 77%. These differences both in overall number of services provided, and disparate reductions by service, have substantial individual and public health implications. Short-term implications include unplanned pregnancy, unreported sexual assault, and adverse pregnancy outcomes. The potential long-term consequences of these extreme reductions in HPV vaccinations and HPV/HIV/STI screenings are severe. These include, but are not limited to, increased incidence and severity of various infectious and chronic diseases such as HIV and cervical cancer.

WHO IS IMPACTED?

Patients seen for SRH services in April 2020 had overall similar sociodemographic characteristics to those seen in April of 2019.

Of note, however, there was:

- A considerable increase in the ratio of females to males in April 2020
- A change in age distribution: adolescents constituted 5% of all April 2019 patients but only 2% of April 2020 patients
- A decrease in non-native English-speaking patients: 93% of April 2019 patients were native English speakers, while 96% of April 2020 patients were native English speakers
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Although these sociodemographic differences may seem acceptable given emergency circumstances, long-term impacts of health disparities on SRH outcomes must be considered. As strategies for expanding SRH service access to all those who want them are designed, interventions that specifically target communities that remain underserved are necessary to prevent health disparities on the population level. These communities include adolescents, non-native English-speaking communities, and Black, Latinx, and American Indian/Alaskan Native individuals.

WHAT ARE FUTURE DIRECTIONS?

These statistics are concerning, but they inform the evidence-based interventions that are necessary to prevent poor SRH outcomes. As a new era of medicine and public health in the wake of the pandemic begins, SRH services must be prioritized in addition to the direct SARS-CoV-2-related work that continues to be the most urgent focus of public health.

Creating new points of access and strengthening existing infrastructure that supports service provision outside of traditional medical settings is essential. This can and should have several faces, including but not limited to:

- Increasing availability and accessibility of HPV/HIV/STI self-testing kits
- Designing and implementing ‘catch-up campaigns’ for HPV vaccination; disseminating and promoting educational materials on immunization schedules and services
- Expanding contraception accessibility by making it available over the counter or as prescribed directly by a pharmacist
- Investing in telemedicine infrastructure to increase access to SRH counseling and services such as medication abortion
- Promoting availability and accessibility of school-based health programs that provide SRH services to children/adolescents even when classes are remote
- Advocating for legislation and health policy that maximizes and prioritizes the availability and accessibility of SRH knowledge, resources, and services

Telemedicine is a specific practice that is key in continuing to provide safe and comprehensive SRH services. UW Medicine already has the infrastructure needed to continue offering services remotely such as contraception counseling, medication abortion prescription/counseling, and early pregnancy loss counseling.

Beyond creating new points of access and strengthening existing infrastructure, the next step is implementing and advocating for evidence-based interventions and health legislation that further prioritize SRH. New health policies will continue to be necessary in order to allocate the necessary resources to maintain and improve positive SRH outcomes. This must include policies to expand insurance-covered services such as prescription of contraception directly by a pharmacist, as well as incorporation of medical interpretation into telemedicine. UW Medicine must further identify other points of leverage to increase accessibility of contraception, vaccination, and screening services.

This pandemic has undoubtedly changed the future of medicine. We must adapt in order to continue serving our communities and ensure the basic right to SRH. We can do so, and now is the time.