

## CARE DEFICIT ASSESSMENT SERIES

The AMA asked some of our physician experts how their patients have been impacted by the COVID care deficit. In this series, physicians share insight from the frontlines and the opportunities they see for improvement

It will take all of us, working together, to recover from the care deficit. We hope to generate discussion among physicians, patients and our health system partners to help find a way forward.

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### ISSUE 2 WOMEN'S HEALTH FULL PAPER

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#### The Care Deficit

Women's health has been significantly impacted by pandemic-related delays in care, in both community and hospital settings. There are multiple, complex clinical consequences. As noted in a recent article (entitled *Canada's health-care failings were particularly deadly for women during the pandemic* [National Post, March 18, 2022]), "females across the board suffered from a lack of access to timely and appropriate care." The numerous roles that women play have made them more susceptible to disadvantage and physicians see this as part of addressing the long-term impacts on their physical, mental and emotional health.

#### *Clinical and socio-economic*

In the community, COVID-19 public health protections significantly reduced the volume of patients physicians were able to see in-office, resulting in longer wait times for both initial referrals and follow-up. Due to the urgent nature of pregnancy care, non-pregnancy gynecology issues and reproductive health care were more often delayed. As a result, some women are waiting too long to be seen for issues that can become more serious as time goes on. In hospital settings, the main impact of the care deficit is evident in delays in scheduled surgical care as gynecologists work to create temporary solutions for patients as a stopgap.

The need to wear personal protective equipment to protect health care workers has created a shift in the ability to provide comfort and direct care to patients and families. This has happened at a time when new moms are sometimes unable to bring support people to the hospital for their pregnancy journeys. This has been particularly challenging for some First Nations patients because it is part of their culture and tradition to have several family members present during labor and delivery.

Obstetricians and other health care workers are also experiencing emotional and physical burnout, which often means there is little energy for the compassionate care women in labour and delivery need and deserve. Some physicians report seeing an uptick in patient complaints about maternity hospital care, which is evidence of how different the labour and delivery experience has become for women during the pandemic. These complaints also exacerbate the frustration and burnout experienced by physicians and health care workers, who want to do more for patients but simply don't have the physical or emotional capacity.

In community settings, the focus has been on making sure women do not fall between the cracks as physicians attempt to find ways to treat increasingly severe issues, such as uterine bleeding at advanced stages. Due to the challenges with accessing primary care, often these patients have not been assessed, examined nor given medications to try by the time they see obstetricians and gynecologists (OBGYNs). Without these essential

work-ups, OBGYNs must spend additional time performing assessments that previously would have been completed by family physicians – time they simply do not have.

In hospitals, surgical delays for non-obstetrical issues have been significant. Surgery for conditions such as fibroids that are not oncology cases is being delayed because of operating room capacity, which impacts the quality of life for patients and increases their risk of complications. Some of these surgeries are investigative in nature and delays can mean that reproductive cancers are not being diagnosed and treated as quickly as they were before. OBGYNs feel that many women's lives have been put on hold or shortened because of challenges created by the care deficit.

In some instances, physicians report that cancelled operating room bookings prompted patients to travel to the United States for urgent surgeries. This has always been possible for those able to afford it, but it is not an available option for everyone, particularly given the economic impact of the pandemic for some of the marginalized state or low income of others.

Even prior to the pandemic, there was a troubling lack of health services for transgender patients. Over the past two years, many of these underserved patients have been further isolated and have struggled to access the gender-affirming care they need. This includes having gender-affirming surgeries postponed because of reduced operating room capacity and less access to necessary hormone therapies, sometimes due to job loss and no longer having an employer benefits plan.

Exacerbating the challenges facing women's health is the lack of previously available obstetrical supports and services in smaller communities. Over the past two years, we have seen some communities lose the family physicians who had been providing local obstetrical care, which means patients are now driving to larger centres to receive the care they should be able to receive in their own communities. [Communities such as Whitecourt, Provost and Three Hills](#) have recently been without essential obstetrical services, including anesthesia. Often women from rural Alberta must travel to labour and deliver in places that are far from home and away from the support systems they need. During the height of COVID, many peripheral sites had to completely collapse obstetrics and gynecology services, creating additional pressure for urban providers.

Support for women during the postpartum period was also significantly impacted. Because of the need for COVID safety measures, postpartum visits were often conducted virtually, which made it harder to diagnose postpartum depression and made it difficult for new mothers to participate in organized support groups. This has undoubtedly impacted the mental health of many women, who may be struggling with postpartum depression on their own. At the same time, COVID restrictions made it hard for family members to offer the assistance and supports that would have typically been provided to new mothers.

Despite the limitations of virtual care and the challenges with virtual care codes, some OBGYNs note that their practices would not have survived and the care deficit would have been significantly worse without the availability of virtual care.

### ***Other aspects of women's health***

Along with the immediate and long-term consequences of these delays in medical care, it's relevant to note that women also found their economic and social well-being negatively impacted during the global pandemic. This is a function of the multiple roles that women continue to fill. With schools and child-care centres closed, many women had to leave the workforce to care for children or balance working from home with supervising online learning. Others needed to care for aging parents or medically vulnerable loved ones, while some

women found themselves facing pandemic-related job losses that created untold financial pressures – including the loss of employer health benefits. The resulting economic pressures have worsened struggles with stress and depression, which will need to be addressed as part of the care deficit along with the clinical impact. In April 2022 The Premier’s Council on Charities and Civil Society released a report entitled [Supporting Women’s Economic Recovery](#) that explored the specific challenges women have faced during the pandemic. Among its many findings were that women in Alberta faced greater burdens in relation to caregiving, women’s employment and career tracks were disproportionately impacted early in the pandemic, and there are rising concerns around mental health and addictions. As we look at women’s health and the COVID-driven care deficit, it will be important to understand the complexities of the issues women face.

### ***Work-Arounds/Temporary Fixes and Solutions***

Patient access remains one of the biggest challenges impacting women’s health. From a systems perspective, the need for more resources is becoming increasingly evident to assist in patient navigation in the community. To address this need, some physicians have attempted to create their own triage process to streamline the burden of patient navigation. Often, by the time patients arrive at OBGYN offices, some have been referred to and seen by multiple providers while others wait in long lineups for care. Physicians are doing what they can to work around this access challenge but need support to reduce backlogs and improve processes as the current situation is unsustainable.

The lack of available primary care providers continues to affect the care women receive. Right now, there are areas of the province where people are living without a family physician. Without a family physician to provide a history and prepare the necessary work-ups, when patients do make their way to OBGYN practitioners they require more time for investigation, something that is increasingly difficult for consulting physicians to provide. Recruitment of both family physicians and OBGYNs must be a priority. Given that Canada is experiencing [a national health human resources crisis](#), this may be especially challenging.

It is also important to find ways to maximize the allotted surgical days so that more surgeries can be completed and waitlists can be addressed. Physicians have insight and expertise that could help improve operational or clinical efficiencies and help the health system better utilize existing resources.

### **What’s Needed in the Long Run**

Looking ahead, it will be important to address some of the learnings that have emerged during the pandemic, including improving centralized decision-making to avoid sub-optimal use of local hospital resources. Operating rooms need to be used more effectively, allowing physicians to maximize strained resources. As with other areas of surgical care, many reproductive-related surgeries were further delayed at a time when COVID had already reduced surgical access.

In addition, there needs to be an improvement in communications with physicians, as there were instances where surgeries were cancelled with just 12 hours’ notice. These decisions were disruptive for physicians and devastating for those patients who had to wait longer for much-needed surgeries. It created unnecessary stress and uncertainty for people who are already facing stressful health issues.

There is also a need to improve physician recruitment and retention efforts for OBGYNs. This applies not only to our capacity to serve patients today, but also to train the OBGYNs of the future. The ability of the medical schools to maintain resident training programs is dependent on having a certain level of 24/7 coverage available. This has proven challenging in an unstable physician resource environment.

Alberta must recruit and retain more primary care physicians in order to be able to address both the current care deficit and provide sustainable, safe, quality care. Family physicians know their patients and understand when health concerns require more investigation and referral to specialty care. Without those primary care providers, health concerns may go unnoticed until they have progressed to a point where care options are more limited. OBGYNs are worried about the supply of family doctors and what kind of repercussions that will create five, 10 and 15 years down the road.

Virtual care provided a literal lifeline during the pandemic, and we know many patients want to retain virtual care as an option going forward. It will be important to address short- and long-term policy and practice issues for virtual care so that it remains both a viable and sustainable option where appropriate.

### **Resources for Patients**

[The Society of Obstetricians and Gynaecologists of Canada](#) – has a number of public resources that may be of interest.

[Women’s Health Coalition of Alberta](#) – works to encourage people to speak openly, learn and engage with purpose to address menstrual, reproductive and sexual health for life.

[Calgary’s Skipping Stone](#) – provides affirming care to trans and gender-diverse youth, adults and families.

[Alberta Trans Health Network](#) – a collaborative group of health care providers, researchers and community-based organizations interested and actively working in trans, nonbinary and Two-Spirit health in Alberta.

Alberta Health Services – [Prenatal Services](#) offers information on resources available across the province to have the healthiest pregnancy possible.

AHS – Women’s Health Resources – [Calgary Zone](#)

[AHS Women’s Health Clinic – north Edmonton](#)

[Lois Hole Hospital for Women](#)

My Health Alberta – [Women’s Health](#)

My Health Alberta - <https://myhealth.alberta.ca/Health/Pages/conditions.aspx?hwid=tn7415>

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**Thank you for your interest in this issue!**

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