

Reduced Outpatient Obstetrics and Gynecology Visits During COVID-19 Pandemic in a Medium-Sized Regional Hospital, Japan

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ABSTRACT

Background: The COVID-19 pandemic has caused substantial disruption to many healthcare services. The purpose of this brief report was to describe changes in the number of outpatient obstetrics and gynecology visits at the medium-sized regional hospital during the COVID-19 pandemic.

Methods: Outpatient visit data was retrieved from registries of the medical center and the obstetrics and gynecology department. We compared the number of visits from April 2020 to September 2021 (pandemic period) with those from January 2018 to March 2020 (pre-pandemic).

Results: During the pre-pandemic period, approximately 10% of total visits received obstetrics and gynecology care. The number of visits during the initial 3 months of pandemic period was significantly lower than the pre-pandemic period (852 ± 49.1 vs 1136 ± 55.3 , $p < 0.05$). The refrain from consultation for obstetrics and gynecology care remained throughout the pandemic (957 ± 77.7).

Conclusion: The reductions in outpatient visits during the initial 3 months of COVID-19 pandemic appeared to reflect the patient's intention avoiding outpatient visits due to the anxiety of infection.

Introduction

The coronavirus pandemic crippled the healthcare delivery around the world [1,2]. Many countries, including Japan, implemented guidelines to diminish exposure, and individuals were encouraged to stay-at-home orders and self-quarantine to reduce transmission risk of infection, particularly those considered high risk for coronavirus infection (e.g. the elderly and immunocompromised). It brought about unprecedented transformed healthcare services, any form of routine medical care should be avoided and only emergency services may be provided [3,4]. Every country, region and state improved the guidelines according to

their infection status and regional requirements [5]. Therefore, we attempted to critically investigate the changes in the number of the outpatient obstetrics and gynecology visits during the pandemic period compared to that of pre-pandemic period at the mid-sized care hospital in the region of Japan.

Materials and Methods

This prospective study was carried out by retrieving outpatient visit data from registries of Matsunami General Medical Center (Gifu, Japan) and the Department of Obstetrics and Gynecology. The data collected from January 2018 to March 2020 was categorized

into the pre-pandemic period and the data from April 2020 to September 2021 was grouped into the pandemic period. The statistical analysis was performed with Student's t-test, and a P-value of <0.05 was considered significant.

Results

Total number of outpatient visits during the initial 3 months of COVID-19 pandemic decreased by 17.3 % (from 20643 ± 871.1 to 17088 ± 886.0 per month, p<0.05) compared to before COVID-19

pandemic (January 2018 to March 2020) (Figure1). There was no significant gender difference in pre-pandemic and pandemic periods. During the pre-pandemic period, approximately 10% of total visits received obstetrics and gynecologic care (Figure 2). The number during the initial 3 months of COVID-19 pandemic was significantly lower than the pre-pandemic period (852 ± 49.1 vs 1136 ± 55.3, p<0.05). The refrain from consultation for obstetrics and gynecologic consultations had a slight tendency to remain throughout pandemic period (means of 957 ± 77.7).

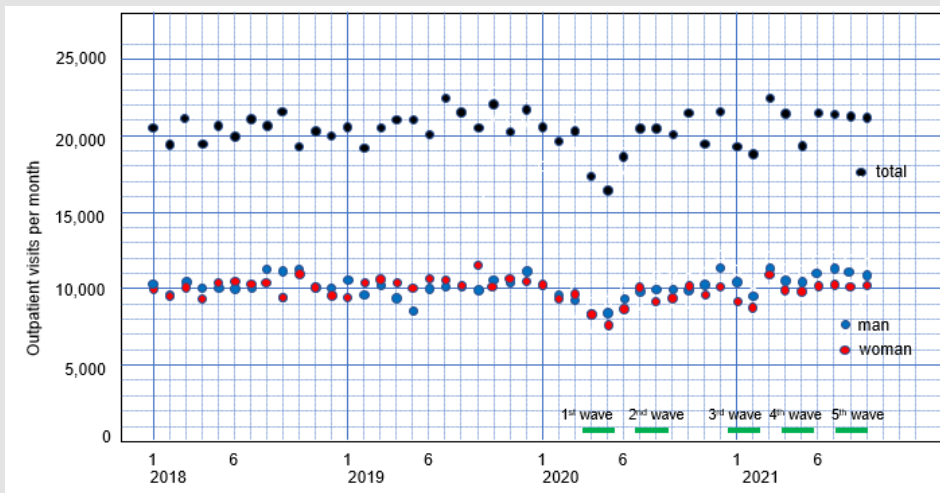


Figure 1: Medical center outpatient visits.

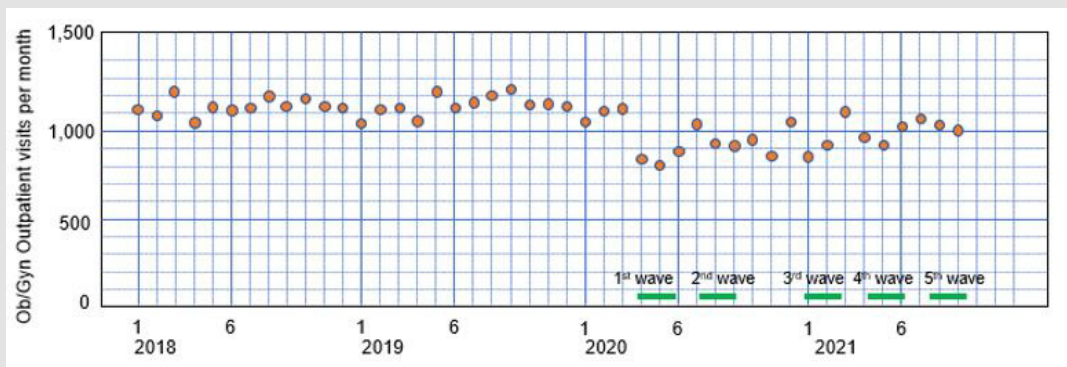


Figure 2: Obstetrics and gynecology outpatient visit.

Discussion

This retrospective study was designed to investigate the effect of the pandemic on the changing trends of obstetrics and gynecology outpatient. The analysis of patients in the pre-pandemic would reflect the usual pattern of cases attending our regional center and the drops in outpatient visits during the initial 3 months of COVID-19 pandemic seemed to more prominent than that of total institutional visits (17.3% vs 25.0%). This was followed by gradual relaxations that led to resumption of healthcare visits even under pandemic.

Restriction of movement during the initial 3 months of pandemic period prevented the patients from seeking prompt obstetrics and gynecology-related care and inability to receive the required treatment. Similar changing trend were also noticed in emergency or cancer cares [6-9]. In addition, patient may also intentionally avoid visiting hospitals due to scary infections. Awareness about the restriction of obstetrics and gynecology services during the initial pandemic period may lead to resumption of healthcare visits even under pandemic. Limitations of this study include that we did not categorize emergency, urgent and elective and that we did not

observe the attendance age and clinical diagnosis. Further research is needed to understand how decreased outpatient visits during the pandemic may affect attendance outcomes.

Conflict of Interest

The authors declare that they have no conflict of interest.

References

1. Baloch S, Baloch MA, Zheng T, Pei X (2020) The coronavirus disease 2019 (COVID-19) pandemic. *Tohoku J Exp Med* 250(4): 271-278.
2. Wu D, Wu T, Liu Q, Yang Z (2020) The SARS-Cov-2 outbreak: what we know. *Int J Infect Dis* 94: 44-48.
3. Hasöksüz M, Kiliç S, Saraç F (2020) Coronaviruses and SARS-COV-2. *Turk J Med Sci* 21 50(SI-1): 549-556.
4. Ali I, Alharbi OML (2020) COVID-19 disease. management, treatment and social impact. *Sci Total Environ* 728: 138861.
5. Chams N, Chams S, Badran R, Shams A, Araj A, et al. (2020) COVID-19: a multidisciplinary review. *Front Public Health* 8: 383.
6. Walker DM, Tolentino VR (2020) COVID-19: the impact on pediatric emergency care. *Pediatr Emerg Med Pract* 17(Suppl 6-1): 1-27.
7. Fusi Schmidhauser T, Preston NJ, Keller N, Gamondi C (2020) Conservative management of COVID-19 patient: emergency palliative care in action. *J Pain Symptom Manage* 60(1): e27-e30.
8. Patt D, Gordan L, Diaz M, Okon T, Grady L, et al. (2020) Impact of COVID-19 on Cancer Care: How the Pandemic Is Delaying Cancer Diagnosis and Treatment for American Seniors. *JCO Clin Cancer Inform* 4: 1059-1071.
9. Liu C, Zhao Y, Okwan Duodu D, Basho R, Cui X (2020) COVID-19 in cancer patients: risk, clinical features, and management. *Cancer Biol Med* 17(3): 519-527.

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