

# The COVID-19 pandemic: A first-year review through the lens of IJGO

## 1 | INTRODUCTION

On March 11, 2020, the World Health Organization (WHO) declared the outbreak of COVID-19 a pandemic. Over the months that have followed, this global health emergency has produced an unprecedented loss of life, as well as having far-reaching economic consequences. According to Johns Hopkins University data, the global death toll has passed 2.3 million as of February 8, 2021.<sup>1</sup>

While mainland Europe bore heavy losses during the first wave of COVID-19 in the spring of 2020, and the UK continues to see its death toll rise (with over 112 000 dead as of February 8, 2021),<sup>2</sup> when we consider the global picture in terms of mortality, Latin America has borne the brunt of the virus. Mexico, Peru, Colombia, Argentina, and Brazil find themselves in the top 10 of the statistics released by Johns Hopkins University, with the most deaths proportionally to the number of cases of COVID-19, though not necessarily the most deaths overall.<sup>3</sup>

A policy brief for UN Women on the impact of COVID-19 on women has noted that, across the board, the impacts of COVID-19 are exacerbated for women and girls. The health of women in general has been adversely affected, with resources being reallocated in the emergency response to COVID-19 and frequently leading to the suspension or limitation of reproductive, maternal, neonatal, and child health (RMNCH) services.<sup>4,5</sup> The UN Women brief also paints a stark picture in terms of gender-based violence, noting that as the pandemic deepens both social and economic stress, coupled with restricted movement and social isolation measures, many women have been forced to isolate with their abusers, a situation which has coincided with disruption or lack of access to the support services which they so desperately need.<sup>5</sup> The UNFPA have predicted that the pandemic is also likely to cause significant delays to programs dedicated to preventing child marriage and female genital mutilation; the estimated projections are stark, with over 2 million more cases of FGM and 13 million more child marriages over the next 10 years than would otherwise have occurred.<sup>6</sup>

## 2 | THE ROLE OF IJGO

As the official journal of the International Federation for Gynecology and Obstetrics (FIGO), IJGO is a major source for global cutting-edge

research and reports on issues affecting women's health, as well as addressing economic, social, and human rights issues. As the pandemic evolved, it soon became apparent that the wealth of new research and guidance emerging would not focus solely on virology or pulmonary issues, but that most areas of our lives would be affected—including women's health. Indeed, IJGO saw a 35% increase in submissions in 2020 compared to 2019—the bulk of these arriving between April and December.

Between February 25, 2020 and February 10, 2021, we received over 230 submissions relating to COVID-19, of which 100 have been published at the time of writing. The editors and staff of IJGO were united in feeling that it was paramount to fast-track the rapidly evolving health and social reports that were being submitted to the journal in order to share new insights and best practices for use by clinicians around the world as swiftly as possible. This necessitated some rapid changes to our processes and turnaround times and a strong shared commitment by the whole team to meet this challenge, all while adapting to a remote way of working during the various stages of international lockdowns. Our Editorial Manager submission site was monitored daily by the in-house team for any new COVID-19 submissions, and these were referred immediately for peer review. We identified a small team of highly dedicated reviewers and editors who were able to commit to rapid peer review turnaround while maintaining rigorous standards, and we were delighted to achieve a turnaround of under one week from submission to first decision on average, and under 24 days to final decision. The IJGO editorial team worked closely with our freelance copyeditors and Wiley's production department to fast-track the copyediting and typesetting of accepted papers, averaging under 5 days between acceptance and online publication. Authors showed remarkable dedication to ensuring that their research was disseminated swiftly, on average submitting their reworked and revised articles just 5 days after receiving initial peer review feedback.

We agreed with our partner publisher, Wiley, that all articles should be made free to access so that the latest research and knowledge could be disseminated to as wide an audience as possible, and we grouped these together in our COVID-19 Virtual Issue, which is free for all to access here<sup>7</sup>: [https://obgyn.onlinelibrary.wiley.com/doi/toc/10.1002/\(ISSN\)1879-3479.covid-19VI](https://obgyn.onlinelibrary.wiley.com/doi/toc/10.1002/(ISSN)1879-3479.covid-19VI).

In keeping with the international focus of IJGO and FIGO's overarching global mission, papers were accepted and published from

all over the world, covering an enormous breadth of issues in women's health including sexual violence, abortion, contraception, and the psychological impacts of COVID-19 on patients and providers. Figure 1 shows a pie chart of accepted papers by country.

IJGO published two very early consensus management reports; the first by Chen et al., 'Expert consensus for managing pregnant women and neonates born to mothers with suspected or confirmed novel coronavirus (COVID-19) infection', was published online on March 20, 2020 and was very well received by the scientific community. The paper outlined ten key recommendations for the management of COVID-19 infection in pregnant patients, which were the product of discussions between medical experts from China and the USA in a multidisciplinary teleconference held on February 5, 2020.<sup>8</sup> The second by Poon et al., first published on April 4, 2020, was a global interim guidance paper on COVID-19 during pregnancy and puerperium from FIGO and allied partners.<sup>9</sup> The guidance was published in response to WHO statements on the COVID-19 outbreak, and outlined recommendations for the management of pregnant women at the four main settings of pregnancy, as well as for treatment of pregnant women with COVID-19, to be used in conjunction with relevant advice from other organizations such as the WHO, CDC, RCOG, and RANZCOG.

Recognizing the important role of review articles in informing policy and clinical practice, a review of maternal and fetal outcomes from Salem et al. synthesized evidence from relevant articles published in English from January to August 2020. Their paper revealed that pregnant women who became COVID-19-positive were usually either asymptomatic or mild-to-moderately symptomatic, similar to non-pregnant women.<sup>10</sup> A systematic scoping review from a team at Ain Shams University, including IJGO Associate Editor Ashraf Nabhan, similarly concluded that COVID-19 infection during pregnancy is likely to have a clinical presentation and severity resembling that in non-pregnant adults.<sup>11</sup>

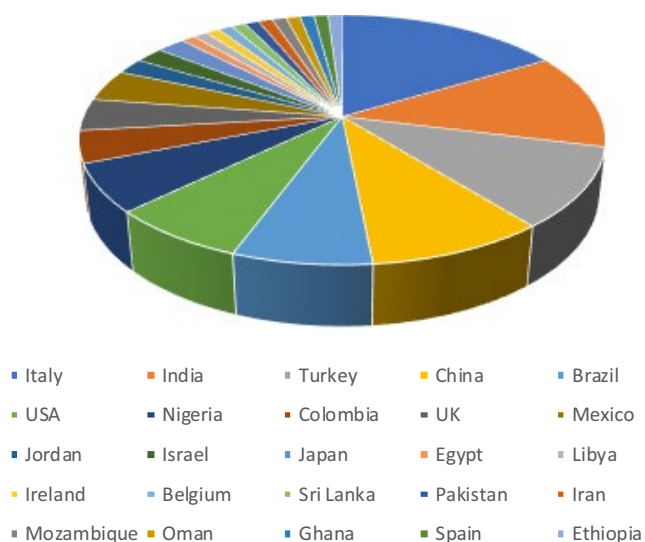


FIGURE 1 COVID-19 accepted papers by country distribution, Jan 2021 (n = 97)

IJGO has published three papers to date from the NGO Physicians for Human Rights, which focused on important social and ethical issues that the pandemic has brought to light. A special communication by Johnson et al. examined the impact of COVID-19 on services for people affected by sexual and gender-based violence, with a focus on the UK and Kenya,<sup>12</sup> while a second by Reingold et al. raises important issues around the human rights perspectives on respectful maternity care in the context of COVID-19.<sup>13</sup> At the beginning of the pandemic there were widespread restrictions in place against women having a companion present during labor and delivery, with hospitals adopting policies aimed at reducing the risk of disease spread. However, this meant that women were deprived of an option which has been demonstrated to not only improve the experience and outcomes of childbirth, but also to help prevent other forms of mistreatment during childbirth.<sup>13</sup> Green et al. note the significant personal and professional challenges faced by health-care workers during COVID-19 in an editorial which offers recommendations for how best to overcome these.<sup>14</sup>

To return to the particular challenges faced in Latin America, a clinical article from the Brazilian Group for Studies of COVID-19 and Pregnancy concluded that barriers to healthcare, along with clinical and social risk factors, were strongly associated with adverse outcomes among maternal cases of COVID-19 in Brazil.<sup>15</sup>

As part of our regular series on Ethical and Legal Issues in Reproductive Health, a paper by Romanis and Parsons addressed existing and COVID-specific barriers to abortion care, and considers the potential solutions to these issues both during the pandemic and beyond.<sup>16</sup> Finally, a paper from Anita Makins and Sabaratnam Arulkumaran for the FIGO Contraception and Family Planning Committee addressed the negative impacts of the pandemic on contraception and sexual and reproductive health, and raised important questions about the measures needed to ensure that "the legacy of this disease is only its direct deaths rather than all the other additional deaths associated with the increased burden on our health systems."<sup>17</sup>

### 3 | CONCLUSIONS

The spread and impact of COVID-19 worldwide has been both devastating and unprecedented, and many key questions remain, especially in the context of women's health. It is not yet clear whether the justifications for exclusion of pregnant and lactating women from the early COVID-19 vaccine trials were sufficient, and the WHO, the Task Force on Research Specific to Pregnant Women and Lactating Women (PRGLAC), and others have raised the issue of the "the long-standing disadvantage experienced by women in relation to the development of vaccines and medicines."<sup>18</sup> Appropriate and professional counselling of obstetric and gynecologic patients will be vital as we go forward, in order to "prevent widening health inequities, to build trust in the health benefits of vaccination, and to encourage COVID-19 vaccine and treatment uptake."<sup>19</sup> Barriers to women's access to antenatal and reproductive healthcare during the pandemic will also need to be addressed, in order to ensure

that women are still able to receive quality care that is tailored to their specific needs.<sup>20</sup> As the situation continues to evolve it will be critical for policy responses to COVID-19 to account for the unique needs of women and girls all over the world, both in terms of social and economic wellbeing as well as from a healthcare perspective, to ensure that no women and girls are left behind.

We are now nearly 12 months on from the pandemic first being declared, but the role of IJGO and of FIGO as a whole remains as vital as ever. Research continues to evolve rapidly, and our duty is to ensure that clinicians and healthcare providers are able to stay up to date with the latest research and recommendations. The editors of IJGO, in partnership with the editorial office and publisher, have demonstrated that they can respond rapidly and effectively to unanticipated international catastrophes that differentially impact women and children, such as the COVID-19 pandemic. The free-access COVID-19 virtual issue is an innovative way to use new technology to bundle timely and important publications on a rapidly developing topic in near real-time, providing vital access to international data and practice and policy recommendations to improve the care of women worldwide.

In optimizing our processes and taking advantage of new technologies during the pandemic, the IJGO team has learned important lessons for improving our regular processes. We have demonstrated that we can be agile during a critical period—despite receiving over 50% more submissions in 2020 than in 2019, we managed to reduce average peer review turnaround times by over 30% and to substantially improve time to publication. Now that new submissions have started to slow marginally, it is time to consolidate and ensure that we are streamlined and ready for the next phase.

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Sophie Maprayil

Amy Goggins

Francis Harris

Timothy R. B. Johnson

Richard Adanu

Michael Geary

FIGO, London, UK

Email: [ijgo@figo.org](mailto:ijgo@figo.org)

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