



## Defense Health Agency (DHA) Clinical Communities Speaker Series

### Feb 2021 CCSS: Emerging Priorities in Women's Health

#### Ethical Challenges Encountered in Women's Health Care during COVID-19

##### Resource List – February 2021

In the United States, policies and practices enacted in response to the coronavirus disease 19 (COVID-19) pandemic such as social distancing, sheltering in place, shifting to telemedicine, and limiting care to “essential” procedures are widening gaps in sexual and reproductive health (SRH) outcomes and access to services. Obstetricians-gynecologists, pediatricians, and adolescent medicine specialists who are frontline providers of SRH services are seeing firsthand the documented decreases in access to SRH education, abortion, and contraceptives (particularly long acting reversible contraceptives, or LARCs), and increases in reports of gender based violence. These trends have disproportionately affected minorities and marginalized groups, including adolescents, people of color, those living in poverty, immigrants and undocumented individuals, and those living in rural areas. In the article, [Clinician perspectives on ethics and COVID-19: Minding the gap in sexual and reproductive health](#) the authors provide a clinician's perspective on the gaps in services and outcomes between minorities and more privileged groups, and make recommendations to narrow these gaps, both now and in the future.

Despite wide diversity and scope, the ethical dimensions relevant to infections in pregnancy remains a topic less explored. Important questions span topics with personal or wider societal and public health impact. The conceptualization of the status and responsibilities of the pregnant woman and the legitimate limits of third-party interests are key determinants of our appreciation of applicable ethical obligations. The article, [Ethical considerations relevant to infections in pregnancy: Application to SARS COVID-19](#) highlights questions of the moral responsibilities of the pregnant woman, the legitimate limits of their autonomous choice, and whether society has a right or duty to interfere in the name of welfare or public good in contentious issues that are relevant to prevention, diagnosis, and management of infections in pregnancy.

The word unprecedented has been used frequently in the context of COVID-19. What is not unprecedented, however, is the way in which a health challenge disproportionately affects people of color. Midwives are in a unique position to support families of color in this global pandemic, yet the policies implemented to do this may have unintended consequences of exacerbating racial disparities. In this editorial, [Ethics of midwifery care during the COVID-19 pandemic](#) the author used racial disparities during the COVID-19 pandemic as a context to demonstrate how one framework of ethical analysis can assist in ensuring that well-meant policies have positive impacts.

After its identification as a human pathogen in 2019, the novel coronavirus, SARS-CoV-2, has spread rapidly around the world. Health care workers worldwide have had the task of preparing and responding to the pandemic with little evolving data or guidelines. Regarding the protocols for labor and delivery units, the authors focus on applying the four pillars of biomedical ethics beneficence, nonmaleficence, autonomy, and justice while considering the women, their fetuses, their significant others and support persons, health care professionals and auxiliary staff, and society as a whole. The article, [Application of the Principles of Biomedical Ethics to the Labor and Delivery Unit during the COVID-19 Pandemic](#) focuses on how these prima facie principles helped guide recommendations in this unprecedented time.



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**References**