

## EDITORIAL

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# The COVID-19 pandemic and research in Gynecology and Obstetrics

## La pandemia del COVID-19 y la investigación en ginecología y obstetricia

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For many years, research centers for viral disease surveillance have been alerting us about the possibility of a pandemic<sup>(1,2)</sup>. Reasons sustaining this hypothesis are the confluence of factors related to climate change, environmental pollution and demographic shifts. Important warnings since the end of the 20<sup>th</sup> century and the beginning of this one include the emergence of AIDS (1981), Ebola (2013-2015), Zika (2015-2016), H1N1 influenza (2009), SARS (2002-2003) and MERS (2012); the last two are caused by coronaviruses belonging to the same family as the causal agent of the current COVID-19 pandemic. All these are zoonoses that acquired the capacity to spread between humans and, depending on different factors, spread throughout the population of various countries. Other diseases also linked to these factors, such as dengue, syphilis and tuberculosis, have reemerged, and problems with a major impact on health, like antimicrobial resistance, have been exacerbated.

This COVID-19 pandemic, produced by the new coronavirus SARS-CoV-2, which will not be the last of this century, according to the best estimates, compels us to reflect about the urgent need to stay alert and ready to prevent catastrophic consequences for the livelihood, health and economy of our country. Unlike former opportunities, once the emergency is over, we must not return to our routine assuming that nothing else will happen in the future. Politicians and scientists from all around the world agree that many changes should ensue in the economy, social relationships, education and scientific research.

Regarding the latter topic, proposals of scholars from numerous research centers about new ways to approach and organize the study of health problems are gaining strength. Translational research has been promoted for some time<sup>(4)</sup>, as well as the "One Health" approach<sup>(5)</sup>; both seek to connect science with the needs of populations and multidisciplinary research. Precisely, the "One Health" approach proposes to integrate several disciplines at the local, national and global levels, with the goal of dealing with the problems in the environment and in human and animal health. We are obliged to reflect seriously on ways to improve individual and collective health.

Pregnant women are not free of these infections. Although the incidence of COVID-19 is, until now, lower in women than in men, and childbearing age is not the most affected, there are concerns about the level of vulnerability of pregnant women due to both their physiological and their social condition, especially in countries with insufficient health services. It has also been warned that lockdown conditions could have negative consequences for them through an increase in domestic violence and less access to prenatal and newborn care, as well as a negative effect on their mental health in the postpartum period<sup>(6)</sup>.



The consequences of this infection, which continues to spread into other segments of the population, remain unknown. Every day, new facts are observed and new hypotheses proposed about its causal agent, pathophysiology, treatment and prevention. How it affects the newborn is also unclear. Therefore, it is essential that we sharpen our clinical observation, systematize our clinical experience, document cases and publish them. This is a must, despite the heavily criticized recent outburst of publications containing several errors, particularly in preprints<sup>(7)</sup>. Under the current circumstances, science needs evidence and information on which to build and refine hypotheses. While the criticism is valid, we can respond that, at this moment, it is necessary to evaluate all the available evidence. We must not forget that the first studies that warned us about the possibility of an epidemic by a new virus were case-control studies<sup>(8,9)</sup>; without them, theories about its origin, transmission and viral nature could not have been formulated. These hypotheses were later tested with carefully designed epidemiological, clinical and molecular studies. For this reason, we encourage our specialists to sharpen their awareness, systematize their experience, study their cases meticulously and abandon the belief that only controlled clinical trials hold the answer to the numerous questions this pandemic raises.

In this light, we are satisfied to present in this issue of *The Peruvian Journal of Gynecology and Obstetrics* some observations about the Peruvian clinical experience in pregnant women with COVID-19, especially the clinical characteristics of compromised patients, and the management of eutocic delivery. This issue also includes two reviews about the behavior of this disease in

pregnant women. We hope to share more contributions by Peruvian specialists in the following issues.

## REFERENCES

1. Jiang S, Shi ZL. The first disease X is Caused by a highly transmissible acute respiratory syndrome coronavirus. *Virology*. 2020;12250:5-7. doi:10.1007/s12250-020-00206-5
2. Gao GF. From "A"TV to "Z"TKV: Attacks from emerging and re-emerging pathogens. *Cell*. 2018;172(6):1157-1159. doi:10.1016/j.cell.2018.02.025
3. Balkhy HH, Zowawi HM, Alshamari MM, Allegranzi B, Srinivasan A, Al-Abdely HM, et al. Antimicrobial resistance: A round table discussion on the "One Health" concept from the Gulf Cooperation Council Countries. Part two: A focus on human health. *J Infect Public Health*. 2018;11(6):778-783. doi:10.1016/j.jiph.2018.05.008
4. Rubio DMG, Schoenbaum EE, Lee LS, Scheingart DE, Marantz PR, Anderson KE, et al. Defining translational research. *Acad Med J Assoc Am Med Coll*. 2010;85(3):470. doi:10.1097/ACM.0b013e3181cc618
5. Kelly TR, Machalaba C, Karesh WB, Crook PZ, Gilardi K, et al. Implementing One Health approaches to confront emerging and re-emerging zoonotic disease threats: lessons from PREDICT. *One Health Outlook*. 2020;2(1):1-7. doi:10.1186/s42522-019-0007-9
6. Buekens P, Alger J, Bréart G, Cafferata ML, Harville E, Tomasso G. A call for action for COVID-19 surveillance and research during pregnancy. *Lancet Glob Heal*. 2020;(20):2019-2020. doi:10.1016/S2214-109X(20)30206-0
7. Glasziou PP, Sanders S, Hoffmann T. Waste in covid-19 research. *BMJ*. 2020;369(May):m1847 doi:10.1136/bmj.m1847
8. The 2019-nCoV Outbreak Joint Field Epidemiology Investigation Team, Li Q. An outbreak of NCIP (2019-nCoV) infection in China — Wuhan , Hubei Province , 2019 – 2020. *China CDC Wkly*. 2020;110(5):79-80.
9. Huang C, Wang Y, Li X, Ren L, Zhao J, Hu Y, et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. *Lancet*. 2020;395(February 15):497-506. doi:10.1016/S0140-6736(20)30183-5