

# Important Concerns Include Severity of the Disease, Morbidity in Pregnant and Postpartum Women

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## Description

Patients are in a unique position to identify issues and offer creative solutions to those issues that affect their care. However, research into patient involvement in health care governance and Quality Improvement (QI) is still limited. Women's Health Managers (WHMs) in the Veterans Health Administration are responsible for involving women veterans, a numerical minority with particular health care requirements, in QI. Our objective was to comprehend the extent to which WHMs engage women veterans across a continuum, to highlight obstacles to engagement, and to identify potential approaches to facilitate multilevel patient engagement. In comparison to Indigenous men, Indigenous women are less likely to describe their health as good or excellent and have higher rates of cardiovascular disease and/or stroke. Indigenous women's relationships with their healthcare providers and approaches to self-management of cardiovascular disease and stroke may be influenced by their cultural values and lived experiences. The cultural and subjective aspects of health and well-being are frequently ignored by health research. To find out what research has been done on Indigenous women's perspectives on heart health, a scoping review was done. The following was the research question for this scoping review: How do Native ladies who are in danger of or potentially living with cardiovascular illness and stroke see their heart wellbeing and prosperity?"4757 results were obtained from database searches, with 37 additional articles identified from grey literature depositories.

## Emotional Health

Indigenous women's perspectives on heart health are influenced by lifestyle, gender roles, relationships, mental and emotional health, health literature, culture, ceremony and healing, and experiences in the healthcare system, according to the available literature. Indigenous women's perspectives on cardiovascular health and well-being continue to be underrepresented in the existing literature, despite this population's high risk for heart-related illnesses. As a result, culturally appropriate health policies based on Indigenous women's actual experiences are necessary. In the context of COVID-19, challenges to women's health are based on their

unique experience that is shaped by sex and gender. Key COVID-19 pandemic factors affecting women's sexual/reproductive health and access to care, particularly in the context of pregnancy, childbirth, sexual/gender variations, and concurrent chronic conditions, are discussed in this paper in terms of clinical practice, research, and policy. Women are less likely than men to suffer severe COVID-19-related consequences, but some subgroups are more at risk than others. However, very few studies in the United States have disaggregated the data in this way. More research on COVID-19 vulnerability/risk factors and outcomes for groups of women based on age, race, and socioeconomic and cultural determinants is required as a foundation for well-informed policymaking. During the pandemic, women's access to SRH-related clinical services has decreased, making it a priority to restore or maintain inclusive SRH care, such as family planning, healthy pregnancies, age-related disease screening and treatment, and health and wellness promotion.

The disease's severity, morbidity in pregnant and postpartum women, increased risk to the fetus, virus transmission to the fetus or newborn, and impact of lack of access to care is significant concerns. Lack of sex-specific data is strongly related to current knowledge uncertainty. Especially for women, childhood abuse poses health risks that last a lifetime. Although such abuse has been linked to reproductive health, little research has been done on its connection to Poly-Cystic Ovary Syndrome (PCOS).The effects of climate change are not felt equally everywhere; Populations that are geographically vulnerable, such as those in small island states and coastal areas with a high density of people, children, and women, are particularly affected. The purpose of this scoping review is to add to our understanding of the current mitigation and adaptation strategies in South Asia by synthesizing the findings of relevant studies centered on South Asia, identifying research gaps specifically centered on the health of children and women. Throughout their lives, women are particularly at risk for Iron Deficiency Anemia (IDA) and Iron Deficiency (ID) diseases. There are a number of negative health effects that have been linked to iron deficiency, all of which affect women's physical and emotional well-being. The main causes of ID/IDA are heavy menstruation, pregnancy, and the postpartum period.

## Intimate Partner Violence

However, ID/IDA remains underdiagnosed and undertreated among fertile women despite its high prevalence and negative impact on quality of life. The current Views and Reviews provide an overview of IDA in women's health by describing the history of iron metabolism, the pathogenetic mechanisms of heavy menstrual bleeding, and uterine disorders like adenomyosis and uterine fibroids. Treatment options for uterine disorders, blood management for patients, and iron replacement therapies are also looked at. Health systems science examines the intricate interactions that occur during the delivery of healthcare. Health systems science, at its core, describes the intricate details needed to help individual patients navigate the complex and often multifaceted healthcare delivery system in the United States. The modern physician must have a solid working knowledge of health systems science in order to provide patients with effective, low-cost, and high-quality care in light of advancements in technology, informatics, and communication. In addition to the courses in basic science and clinical science that are already taught in medical schools, medical educators are likely to introduce health systems science concepts. On account of the normal cross-over of ladies' medical care topic with wellbeing frameworks science points, for example, interprofessional cooperation, morals, support, and quality improvement, ladies' wellbeing clinical teachers are at the front line of integrating wellbeing frameworks science into the ongoing clinical school instructive model. The idea of health systems science has been explained by the authors, and they have also talked about why and how it should be incorporated into the curriculum for undergraduate medical education. Physicians of the future must be trained by medical educators to be able to not only provide excellent patient care but also actively contribute to the development of the healthcare delivery system. In Bangladesh, women who are victims of Intimate Partner Violence (IPV) are extremely common. Sadly, IPV is frequently justified by women themselves, which leads to negative social and health outcomes for them. In this paper, we looked into the factors that influence women's husbands' acceptance of IPV in Bangladesh. The study's objective is to investigate the connections between disability status, access to and utilization of sexual and reproductive health services for women with disabilities in Nepal, and social determinants. Changes in family functioning and physiological, psychological, and bodily changes can alter women's perceived Quality Of Life (QOL) during the perinatal period. The ability of a pregnant woman to access, comprehend, evaluate, and apply health information to make everyday health-related decisions is referred to as her health literacy.

Poor health literacy raises the likelihood of unfavorable pregnancy and birth outcomes. The purpose of this systematic review was to investigate the existing data regarding women's prenatal health literacy levels. In spite of the huge group of proof for a negative relationship between ethnic variety and financial improvement at the public level, there is motivation to assume that local area level variety might be emphatically connected with improvement results. For instance, personal contact with people from an out-group might make it easier to break old social rules that make it hard to use new ideas that can make life better. We measure the overall relationship between community diversity and several measures of women's empowerment and child health using household survey data from 20 countries in Sub-Saharan Africa. Even when we condition on other household characteristics like education and wealth, we find a positive association for the majority of the measures. According to our findings, the diversity dividend is part of a larger trend rather than just a feature of a select few idiosyncratic locations. Using a global dataset from 162 countries, this study looks at how women's political representation affected children's health outcomes from 1990 to 2020. Rates of infant and neonatal mortality, as well as vaccination coverage for measles, diphtheria, tetanus, and pertussis, are the studied child health outcomes. For the purpose of data analysis, we make use of event study and panel data instrumental-variable fixed-effects regression analysis. To combat the endogeneity bias that is frequently associated with women's political participation, a country's timing of implementing a gender quota is used. All of the studied child health outcomes show that increasing women's representation in national legislatures is beneficial. In particular, our research reveals a previously unknown but significant negative impact of women's political participation on neonatal mortality. Health expenditure, female labor force participation, skilled birth attendance, and the adolescent fertility rate are just a few of the factors that could be linked to women's political representation and child health outcomes, and we discover evidence to support these hypotheses. A heterogeneity analysis that reveals a strong geographic variation in the relationship between reserved seat quota and child health outcomes is another novel aspect of our findings. Due to an increase in women's political representation across all regions, Sub-Saharan Africa and South Asia experienced the greatest improvements in child health outcomes. Our findings emphasize the significance of women's increased political power for child health, an essential development outcome, particularly in regions with low rates of early childhood survival and poor health conditions.