



## “UNDRESSING” TO “DRESS”; PROBLEMS AND SOLUTIONS IN OBSTETRICS AND GYNAECOLOGY

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### COMMENTARY

Many scholars will be lost concerning the caption of this commentary. To “undress” in my opinion is to remove your wears to gain access to the persons bare body; whereas to “dress” someone is to put on a covering.<sup>1,2</sup> However, in this discussion to “dress” will be seen as to address or offer “solutions” to the “problems” in obstetrics and gynaecology.<sup>3,4</sup> In doing justice to the problems in obstetrics and gynecology, one will focus on key areas.<sup>5</sup> All these scenarios will be discussed based on the first principles across board in the field of medicine which are history taking, physical examination, investigations which require undressing.<sup>6</sup> However, in some instances treatment modalities will be incorporated because there may be need for undressing or exposure in some pathologies in the field of obstetrics and gynaecology.<sup>1,2</sup> Due to how vast we may go in discussing this topic, selected disease conditions will be discussed especially as it relates to emergencies and preventive obstetrics and gynaecology.<sup>5</sup> The discussion can either go two ways either emergencies and preventive or systematic.<sup>7</sup> However, I have chosen to follow the former especially in the tropics. This is because morbidities and mortalities may occur if not properly handled in situations of emergencies.<sup>8</sup>

For the purpose of our discussions the “undressing” and “to dress”; “problems” and “solutions” in obstetrics and gynecology will incorporate maternal mortality, ectopic pregnancy, sexual assault and cervical cancer.<sup>9-17</sup> It will be worthwhile to x-ray the major causes of maternal mortality in the developing countries of the world, using Nigeria as a case study.<sup>7</sup> These are post-partum hemorrhage, hypertensive disorders of pregnancy, puerperal sepsis, complications of unsafe abortion and obstructed labour.<sup>6,7</sup> We shall use post-partum hemorrhage (PPH) which is an obstetric emergency to exemplify ‘undressing’ and ‘dressing’ in the field of obstetrics. PPH is bleeding from the genital tract of 500 milliliter and above or of any quantity that may compromise the cardiovascular status of the woman.<sup>7</sup> This is further classified into primary PPH or secondary PPH, if the bleeding per vaginam is within the first 24 hours then it is the former whereas if bleeding occurs after 24 hours then it is the latter.<sup>7</sup> All the causes of PPH will not be discussed in details as not to digress from the topic of the commentary “undressing” to “dress”; “problems” and “solutions” in obstetrics and gynaecology.

A patient presenting with post-partum hemorrhage needs to be evaluated with the view in mind to make a prompt cause of the bleeding, stabilizing the patient, replacing blood as the case scenario presents.<sup>6,7</sup> Furthermore, stopping or arresting the bleeding should be paramount.<sup>5,6</sup> The first step in “undressing” the patient with PPH is carrying out a physical examination including systemic examination.<sup>8</sup> This entails checking for pallour, jaundice, temperature, pedal edema and dehydration. The systems to be examined systematically are the cardiovascular- inspection of the precordium, pulse and blood pressure should be measured, abdomen- inspection of the abdomen, palpation of the uterine size, ascertaining for areas of tenderness, organomegaly and eliciting for ascites.<sup>9</sup> Pelvic examination also follows the principle of inspecting for lacerations in the genital tracts or bleeding with sterile speculum and digital examination.<sup>8,9</sup> Some clinicians have classified causes of PPH into two (2) – these are a-traumatic and traumatic.<sup>10</sup> For the a-traumatic cause of PPH uterine atony is a common cause while for the traumatic cause genital tract lacerations of various degrees are implicated.<sup>9,10</sup> In addressing these causes of PPH, “undressing” the patient is paramount as uterine contractions is rubbed off with the use of oxytocics after evacuation of blood clots from the uterine cavity in the situation of uterine atony.<sup>7,9</sup> In addressing the cases of PPH from traumatic causes such as repair of episiotomy, genital tract lacerations or in the extreme obstetric hysterectomy may be required.<sup>9,10</sup> All of these treatment modalities requires “undressing” the patients in the labor ward suit or theatre.<sup>6-8</sup> There may be need for the replacement of blood in myriads of patients presenting with PPH.<sup>7,8</sup> The above scenario is a typical example of an obstetric emergency requiring “undressing” of the patient.<sup>8</sup> To capture another scenario of “undressing” of patient who presents as an emergency in gynecology is a case of “ectopic pregnancy”.<sup>10</sup> An ectopic pregnancy is pregnancy occurring outside the normal uterine cavity.<sup>11</sup> It is also a cause of maternal mortality if prompt intervention is not given as when due.<sup>7,8,10</sup> This discussion is not focused on the etiological factors of ectopic pregnancy rather the issues of the “undressing” with respect to the cause, intervention and treatment.<sup>10</sup> For a woman to carry a pregnancy there will be “undressing” both by her and her partner, after coitus then conception and implantation in the abnormal position.<sup>10,11</sup> The commonest site of ectopic pregnancy is the ampullary region of the fallopian tube, which may be ruptured or unruptured.<sup>10</sup> For proper evaluation of patient presenting with ectopic pregnancy after taking a history, there may be need for the patient to “undress” for a

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physical as well as systemic examination after obtaining an informed consent from her.<sup>6-8</sup> Investigation such as a pelvic ultra sound scan or a trans-vaginal scan often requires “undressing”.<sup>7,10</sup> Treatment modalities for ectopic pregnancy which is either medical or surgical requires a level of “undressing” or exposure.<sup>10,11</sup> However, traditionally majority of patients presenting with ruptured ectopic pregnancy undergo surgery and requires “undressing”.<sup>1-3</sup> Many clinicians have preference for open surgery and options include salpingostomy or salpingectomy (partial or total).<sup>10,11</sup>

“Undressing” the female patient/victim that was sexually assaulted is an important and sensitive component of the treatment of sexually assaulted girl child or woman.<sup>17</sup> This is due to the fact that before the act of sexual assault was carried out, the victim was forcefully “undressed” by assailants or group of assailants.<sup>17,18</sup> Though the management of sexual assault is multidisciplinary, the gynecologist is at the centre stage of the management.<sup>17</sup> The first “undressing” was done by an assailant without consent whereas the second “undressing” was done by a gynecologist or physician to confirm penetration, torn hymen and for collection of samples for laboratory investigations.<sup>17,18</sup> There has been an increase in cases of malignancies globally.<sup>15</sup> When citing “undressing” as concerning gynecological cancers, cervical cancer is a reference to this discussion.<sup>9</sup> In the developing countries of the world, with Nigeria as a case study, cervical cancer is the leading cause of mortality from genital tract malignancies.<sup>9,15</sup> Research has shown in line with the world Health Organization that cervical cancer is a sexually transmitted disease.<sup>16</sup> This means that the prime etiological factor, the human papilloma virus is transmitted through sexual intercourse.<sup>9,16</sup> Commercial sex workers and those who engage in unprotected sexual intercourse are at risk of contacting the human papilloma virus, hence cervical cancer.<sup>9</sup> This justify the fact that for women to contact this disease conditions they often “undress” during coitus.<sup>16</sup> Haven discussed the “undressing” or “problems” encountered in obstetrics and gynecology using the four (4) typical examples of maternal mortality, ectopic pregnancy, sexual assault/rape and cervical cancer, we can now proffer solutions or rather “dress” or “address” these problems as a model to tackling the challenges in the field of obstetrics and gynecology.

### Advocacy

Government, non-governmental organizations, religious bodies have to be involved in the crusade against maternal deaths especially in Sub-Saharan Africa and Asia. Legislations and policies in favor of safe motherhood should be passed. The issue of unwanted pregnancies and family planning should be re-defined in the world’s poorest countries with huge population. Stiffer penalties should be meted on assailants on sexual assault, which is on the increase in the developing countries of the world. Concerning preventive measures of cervical cancer as a reference point to breast and prostate cancers, modalities should be put into place involving policy makers concerning organized screening modalities which is superior to opportunistic screening adopted by majority of developing countries. Ante natal care should be encouraged, accessible and affordable by pregnant women. This will help early detection and treatment of complications that may occur during the course of pregnancy, hence preventing maternal mortality.

The public and private sector should join hands to establish efficient blood banks in cities and local government areas. This will help reduce the maternal mortalities from post-partum hemorrhage which is the leading cause of maternal mortality in the developing countries of the world. In addition, developing countries of the world should adopt the Rwanda model of the use of drones to convey blood to remote areas in need of blood in the emergency situations such as post-partum hemorrhage. Boys and men should be involved in reproductive health. They can do this by encouraging their girl child and spouse to access family planning and to practice child spacing/family planning.

### Conclusion

Government and International agencies should be ready to sponsor and release grants to individuals, non-governmental organizations in the area of research, advocacy, innovations, ideas as regards the prevention of maternal deaths, unwanted pregnancies, sexual assault and cancer prevention. In addition, corona virus (covid-19) prevention which cuts across all the disease condition discussed. Through this act we are “dressing” the “undressed” girls and women in obstetrics and gynecology.

This is a dream/lecture that we were students.

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