

Sustainability of telemedicine beyond COVID-19 movement control orders (MCO): HSNZKT experience

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ABSTRACT

Introduction: The movement control orders (MCO) during the COVID-19 pandemic had disrupted the IVF service. This adds to the psychological burden of the already anxious couples. Implementation of virtual consultation clinics could reduce their anxieties through counselling and advice. We aimed to provide virtual IVF counselling sessions at least 50% of patients on the IVF waiting list. **Methods:** A quality improvement (QI) approach was applied. Training and education to the staff on how to conduct a virtual clinic (VC). Various media platforms were explored ranging from voice to videoconference. Simulations (dry runs) were conducted to test and select suitable models. The team screened, offered, and educated selected patients on the VC setup. VC was conducted as scheduled. Face-to-face clinics (FTFC) resumed after MCO ended. Feedback was obtained from both patients and providers. **Results:** Following the target of 50% VC being set initially, 57% of IVF counselling consultations were done virtually during this project period and 43% were FTFC. Zoom application on iPad was used the most. The mean VC time was 83 minutes. 10% encountered VC interruption and 17% experienced delays in VC sessions. Satisfaction scores were higher among patients (9/10) than the VC team (8/10). A majority felt VC is a useful means to engage patients. However, both groups preferred FTFC over VC. **Conclusion:** Virtual consultation is sustainable to both patients and healthcare providers. Virtualisation of medical care runs risks of diminishing the quality of clinical care due to the lack of physical human touch. Hence, its current use is limited to treatment-counselling purposes.

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Low level of fertility knowledge and infertility awareness among female healthcare workers (HCW): Audit of O&G HCW

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ABSTRACT

Introduction: It has been observed that delayed childbearing has led to an increasing incidence of infertility. Although there has been increasing public awareness to seek treatment, there is limited data on the level of knowledge in fertility awareness and affecting factors among healthcare workers (HCW). We seek to measure the quality of fertility knowledge and infertility awareness. **Methods:** A cross-sectional study of a cohort of HCWs in our department. Self-administered questionnaires were used. Information on age and fertility, lifestyle factors influencing fertility, and knowledge of infertility and treatments were recorded from 200 female HCWs. **Results:** Half (51.4%) of them agreed that increasing age negatively affects fertility. 40% overestimated the fertile age range and 80% underestimated the age of onset of fertility decline. Two-thirds (66.7%) of HCWs studied were aware of lifestyle factors influencing fertility. More than two-thirds (66%) demonstrated knowledge about infertility and its treatment. Less than half (44%) were aware of timely fertility assessment may be initiated. 71.5% of HCWs were overly positive about IVF success rates. **Conclusion:** There is an overall misconception of the effect of aging on fertility despite good knowledge of fertility awareness. Further knowledge update and capacity building among healthcare providers is essential to further equip them to provide quality fertility care in creating parenthood.