

The Current Challenges of Global Health are Directly Tied to the Practice of the Art and Science of Gynecology and Obstetrics

Luis Fernando Renteria Cabrera*

Boyaca University, Colombia

*Corresponding Author: Luis Fernando Renteria Cabrera, Boyaca University, Colombia.

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It is important to reflect on the impact and significance of our work on women's health quality in modern life.

At the extremes of life-reproductive age and old age-lie the major health challenges for women.

We will focus on the two most critical: safe pregnancy and the new longevity.

"The new longevity" is an interesting concept defined and grounded in two key aspects:

- 1. "Increased life expectancy worldwide", where we have effectively gained 15-20 additional years of life. This is the result of improvements in all health determinants, primarily environmental factors, basic sanitation conditions, and access to modern healthcare.
- 2. "Quality of life"-while we may live longer, the question is: under what conditions? Here, too, progress has been made in elderly care globally, as evidenced by indicators in this field.

This new longevity has clearly identified determinants: occupational health, economic stability, social engagement, and health/well-being status.

Within health and well-being, we are directly involved in addressing "the climacteric phase".

Due to these "bonus years", women now spend up to a third of their lives in menopause (as women have always had a longer life expectancy).

Thus, proactive management of menopause is crucial for improving quality of life. In this regard, it is essential to ensure "safe, effective, and universally accessible hormonal replacement therapy (HRT)".

One major barrier in this area is the "natural approach", where menopause is viewed merely as a phase to be accepted, assimilated, and tolerated simply because it has arrived.

While holistic adaptation-through diet, exercise, occupational health, resilience toward the "empty nest" phase, and economic stability-is important, menopause is fundamentally an endocrinopathy linked to deficiencies in one or more hormones, and it must be treated.

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Without safe and effective HRT, the immediate and long-term consequences of this hormonal deficit cannot be controlled.

It is vital to promote "personalized, scientifically backed HRT" for eligible patients. Expanding access to this therapy is critical, as it alleviates symptoms and prevents menopause-related complications-particularly pelvic floor disorders, sexual health issues, cardiovascular diseases, and osteoporosis.

This is what tangibly enhances our patients' quality of life.

"In the context of safe pregnancy", we must continue advancing:

- "Contraception as a fundamental right" in sexual and reproductive health. Emphasis should be placed on leveraging patient interactions, prioritizing adolescent-friendly healthcare services that respect their rights, promoting modern methods like IUDs and hormonal contraceptives, and ensuring access to immediate postpartum and emergency contraception.
- "Access to safe abortion and the right to guided pharmacological pregnancy termination" is essential to uphold women's autonomy
 in decision-making.
- "Protocolized prenatal care", including basic prenatal diagnostics, first-trimester genetic testing (to empower informed decisions by couples), and fetal growth monitoring, is key to ensuring healthy neonates.
- Dynamic pregnancy risk classification and differential monitoring of high obstetric risk.
- "Safe childbirth", supervised by skilled professionals, and healthcare facility readiness to prevent/treat severe maternal morbidity-specifically postpartum hemorrhage, pregnancy-related hypertensive disorders, and maternal sepsis-are critical to further reducing maternal mortality rates.

In this framework, the exercise of women's sexual and reproductive rights is undeniably linked to the practice of gynecology and obstetrics. Regardless of our political, social, or religious beliefs, it is our responsibility to support these life stages with scientific rigor, safety and friendly support.

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