Dear Colleagues,

As 2021 comes to an end, let us consider the work we have done to foster inclusivity, diversity, and equity in journal content and through our authors and editorial advisory board (EAB). To begin, our journal mission statement now reflects this commitment:

“Women’s Healthcare, the official journal of the National Association of Nurse Practitioners in Women’s Health, delivers timely, relevant, evidence-based information to nurse practitioners and other advanced practice registered nurses who provide women’s and gender-related healthcare. The journal’s focus on clinical practice, professional issues, and policy supports readers in providing the highest quality patient care and enhancing their professional development. The journal fosters inclusivity, diversity, and equity through its content, authors, and editorial advisory board members.”

In December 2020, we put out a call for manuscripts on diversity, inclusion, structural racism, and implicit bias, resulting in these relevant articles in 2021:

“Mental illness stigma: strategies to address a barrier to care” reviews the stigma of mental illness, a major barrier to recovery, discussing tools to measure stigma and intervention strategies to decrease it among healthcare professionals and individuals suffering from mental illness. “Navigating biases against Asian Americans during Covid-19” explores political influences in the rise of anti-Asian rhetoric, shares experiences of the Asian American Pacific Islander community during this time, and offers strategies for reducing anti-Asian discrimination. “We are the solution to our problem: a brief review of the history of racism and nursing” examines historic and current structural racism in the nursing profession, offering a way forward to lead systemic change, advancing health equity and addressing health disparities as their root cause. “Trauma-informed care. Part 2: transgender and gender nonconforming individuals” discusses a blueprint for planning and implementing trauma-informed care for transgender and gender nonconforming individuals to meet the medical and mental health needs of this underserved and vulnerable population. “Examining an implicit bias assessment tool: considerations for faculty and clinicians” focuses on the impact of implicit bias, describes the Implicit Association Test used to examine it and the reliability and validity of this assessment tool, proposes considerations for using the test in an educational setting, and discusses future implications in examining implicit bias. Finally, “What is sexual and reproductive health equity and why does it matter for nurse practitioners?” describes sexual and reproductive health (SRH) equity and how nurse practitioners can apply this framework to improve research, policy, and clinical practice. This includes ensuring that individuals across age, gender, race, and other intersectional identities have what they need to attain their highest level of SRH.

With a robust response to the call for applications, we increased the diversity of our EAB members with new appointments this year. But important work remains ahead to demonstrate our commitment to fostering inclusivity, diversity, and equity.

We will continue our call for manuscripts focused on diversity, inclusion, structural racism, and implicit bias. We are reaching out to leaders from the National Coalition of Minority Ethnic Nurse Associations to explore collaboration.

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In an embryo-fetal development study, oral administration of relugolix to pregnant rats during the period of organogenesis (Days 6 to 17 of gestation) resulted in abortion, total litter loss, or decreased number of live fetuses at a dose of 9 mg/kg/day (about half the human exposure at the maximum recommended human dose (MRHD) of 40 mg daily, based on AUC). No treatment related malformations were observed in surviving fetuses. No treatment related effects were observed at 3 mg/kg/day (about 0.1-fold the MRHD) or lower. The binding affinity of relugolix for rabbit GnRH Receptors is unknown.

In a similar embryo-fetal development study, oral administration of relugolix to pregnant rats during the period of organogenesis (Days 6 to 17 of gestation) did not affect pregnancy status or fetal endpoints at doses up to 1000 mg/kg/day (300 times the MRHD), a dose at which maternal toxicity (decreased body weight gain and food consumption) was observed. A no observed adverse effect level (NOAEL) for maternal toxicity was 200 mg/kg/day (66 times the MRHD). In rats, the binding affinity of relugolix for GnRH receptors is more than 1000-fold lower that in humans, and this study represents an assessment of non-pharmacological targets of relugolix during pregnancy. No treatment related malformations were observed up to 1000 mg/kg/day. In a pre- and postnatal developmental study in pregnant and lactating rats, oral administration of relugolix to rats during late pregnancy and lactation (Day 6 of gestation to Day 20 of lactation) had no effects on pre- and postnatal development at doses up to 1000 mg/kg/day (300 times the MRHD), a dose in which maternal toxicity was observed (effects on body weight gain). A NOAEL for maternal toxicity was 100 mg/kg/day (34 times the MRHD).

In lactating rats administered a single oral dose of 30 mg/kg radiolabeled relugolix on post-partum day 14, relugolix and/or its metabolites were present in milk at concentrations up to 10-fold higher than in plasma at 2 hours post-dose.

Our EAB will meet in early 2022, with a focus on strategies to continue strengthening the presence of diversity in contributing authors, peer reviewers, and in content addressing issues of structural racism and bias, other areas of oppression, and approaches to improve women’s and gender-related health through attention to inclusivity and equity. As the official journal of NPWH, we collaborate with its leadership to increase inclusivity, diversity, and equity in the organization, WHNP profession, women’s and gender-related healthcare field, and beyond.

Beth Kelsey, EdD, APRN, WHNP-BC, FAANP

Web resources
A. npwomenshealthcare.com/mental-illness-stigma-strategies-to-address-a-barrier-to-care/
C. npwomenshealthcare.com/we-are-the-solution-to-our-problem-a-brief-review-%e2%80%a8of-the-history-of-racism-%e2%80%a8and-nursing/
E. npwomenshealthcare.com/?p=299005
F. npwomenshealthcare.com/?p=299007