Editor-in-chief's message

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"[A] 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"**[B] 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"**[C] 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"**[D] 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"**[E] 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?"**[F] 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 collab-

(continued on page 10)

Data

Animal Data

In an embryo-fetal development study, oral administration of relugolix to pregnant rabbits during the period of organogenesis (Days 6 to 18 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 (86 times the MRHD). In rats, the binding affinity of relugolix for GnRH receptors is more than 1000-fold lower than 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).

8.2 Lactation

Risk Summary

There are no data on the presence of relugolix or its metabolites in human milk, the effects on the breastfed child, or the effects on milk production. Relugolix was detected in milk in lactating rats *[see Data]*. When a drug is present in animal milk, it is likely that the drug will be present in human milk.

Detectable amounts of estrogen and progestin have been identified in the breast milk of women receiving estrogen plus progestin therapy and can reduce milk production in breast-feeding women. This reduction can occur at any time but is less likely to occur once breast-feeding is well established.

The developmental and health benefits of breast-feeding should be considered along with the mother's clinical need for MYFEMBREE and any potential adverse effects on the breastfed child from MYFEMBREE or from the underlying maternal condition.

Data

Animal Data

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.

8.3 Females and Males of Reproductive Potential

Based on animal data and the mechanism of action, MYFEMBREE can cause early pregnancy loss if MYFEMBREE is administered to pregnant women.

Pregnancy Testing

MYFEMBREE may delay the ability to recognize pregnancy because it may reduce the intensity, duration, and amount of menstrual bleeding. Exclude pregnancy before initiating treatment with MYFEMBREE. Perform pregnancy testing if pregnancy is suspected during treatment with MYFEMBREE and discontinue treatment if pregnancy is confirmed.

Contraception

Advise women of reproductive potential to use effective non-hormonal contraception during treatment with MYFEMBREE and for 1 week following discontinuation. Avoid concomitant use of hormonal contraceptives with MYFEMBREE. The use of estrogen-containing hormonal contraceptives may increase the risk of estrogen-associated adverse events and is expected to decrease the efficacy of MYFEMBREE.

8.4 Pediatric Use

Safety and effectiveness of MYFEMBREE in pediatric patients have not been established.

8.7 Hepatic Impairment

MYFEMBREE is contraindicated in women with hepatic impairment or disease. The use of E2 (a component of MYFEMBREE) in patients with hepatic impairment is expected to increase the exposure to E2 and increase the risk of E2-associated adverse reactions.

10. OVERDOSAGE

Overdosage of estrogen plus progestin may cause nausea, vomiting, breast tenderness, abdominal pain, drowsiness, fatigue, and withdrawal bleeding.

Supportive care is recommended if an overdose occurs. The amount of relugolix, estradiol, or norethindrone removed by hemodialysis is unknown.

Please see full Prescribing Information for Patient Counseling Information

This Brief Summary is based on MYFEMBREE Prescribing Information dated May 2021, which can be found at MYFEMBREE.com.

Manufactured by Patheon Inc., 2100 Syntex Court, Mississauga, Ontario L5N 7K9, Canada

Manufactured for Myovant Sciences, Inc., Brisbane, CA 94005

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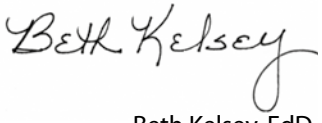
(continued from page 5)

orations that will encourage their members who are women's health nurse practitioners or advanced practice registered nurses with a focus on women's and gender-related healthcare to submit manuscripts, apply to be peer reviewers and for consideration as EAB members, and join NPWH if they have not done so already.

Our commitment to continuing to increase diversity in our EAB members is reflected in our call for applications for 2022 that has brought an abundance of them. When we have new members in place, we will share with you their qualifications and those of our continuing EAB members.

We recognize a need to be able to identify current peer reviewers and recruit additional ones who represent diversity. The goal is to have specific peer reviewers able to identify bias and/or lack of attention to racism and other forms of oppression particularly when there is a focus on health disparities or inequities and to provide constructive guidance to authors for related revision of their work. Current peer reviewers have been asked to voluntarily share any diversity they represent that can help us with this goal. Given this information, we will send out a call for peer reviewer applications to expand our diversity in areas of identified need.

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/

B. npwomenshealthcare.com/covid-19-update-navigating-biases-against-asian-americans-during-covid-19/

C. npwomenshealthcare.com/we-are-the-solution-to-our-problem-a-brief-review-%e2%80%a8of-the-history-of-racism-%e2%80%a8and-nursing/

D. npwomenshealthcare.com/trauma-informed-care-part-2-transgender-and-gender-nonconforming-individuals/

E. npwomenshealthcare.com/?p=289005

F. npwomenshealthcare.com/?p=289007