Chapter 11

The Nurse’s Role in Women’s Health Care
Objectives

• Explain aspects of preventive health care for women.
• Describe each menstrual disorder and its care.
• Explain each gynecological infection in terms of cause, transmission, treatment, and care.
• Describe the various methods of birth control, including side effects and contraindications for each method.
Objectives (cont.)

• Describe how to use natural family planning methods for contraception or infertility management.
• Describe possible causes and treatment of infertility.
• Explain the changes that occur during the perimenopausal period and after menopause.
Objectives (cont.)

- Explain the medical and nursing care of women who are nearing or have completed menopause.
- Discuss the medical and nursing care of women with pelvic floor dysfunction or problems related to benign growths in the reproductive tract.
- Describe the nursing care and treatment of a woman with leiomyoma.
Goals of *Healthy People 2020*

- Culturally competent communication key to empowering women to feel confident about her ability to care for herself and her family.
- Increasing the number of women who engage in preventive health care, thereby reducing breast and cervical cancer, vertebral fractures, sexually transmitted infections.
- Achieving these goals requires preventive care, screening, and increased accessibility to health care.
Preventive Health Care for Women

- Teaching how to perform breast self-examination (BSE)
- Mammography
- Vulvar self-examination (VSE)
- Pap test for all women 18 years or older (or whenever they become sexually active [whichever comes first])
  - Includes pelvic examination
Menstrual Disorders

- Common nursing roles include
  - Explaining any recommended treatments
  - Caring for the woman before and after procedures
  - Provide emotional support
Amenorrhea

- The absence of menstruation
- Normal before menarche, during pregnancy, and after menopause
  - Primary
  - Secondary
- Treatment depends on cause identified
Abnormal Uterine Bleeding

- Three types
  - Too frequent
  - Too long in duration
  - Excessive in amount

- Common causes
  - Pregnancy complications
  - Lesions of the vagina, cervix, or uterus
  - Breakthrough bleeding when on contraceptives
  - Endocrine disorders
  - Failure to ovulate
Menstrual Cycle Pain

- **Mittelschmerz** is pain that many women experience around ovulation, near the middle of their menstrual cycle.
- **Dysmenorrhea**, painful menses or cramps
  - **Primary**—no evidence of pelvic abnormality
  - **Secondary**—a pathologic condition is identified
    - Vasopressins and prostaglandins from the endometrium contribute
    - Potent stimulants of painful uterine contractions
Endometriosis

• The presence of tissue that resembles the endometrium outside of the uterus
  - Can cause pain, pressure, and inflammation
    • More constant than spasmodic
  - Can cause dyspareunia (painful sexual intercourse)
Premenstrual Dysphoric Disorder (PMDD)

- Formerly called *premenstrual syndrome*
- Associated with abnormal serotonin response to normal changes in estrogen levels
- Symptoms occur between ovulation and the onset of menstruation
- Are not present the week after menstruation has occurred
Symptoms/Diagnosis of PMDD

• Five or more must occur regularly
  – Depressed mood
  – Anxiety, tension, feeling “on edge”
  – Increased sensitivity to rejection
  – Irritability
  – Decreased interest in usual activities
  – Difficulty in concentrating
  – Lethargy
  – Change in appetite
  – Change in sleep habits
  – Feeling overwhelmed
  – Physical symptoms; i.e., breast tenderness, bloating, weight gain, headaches
Gynecological Infections

• Nurse’s role
  – Educating women concerning vaginal health
  – Prevention of STIs
  – Identifying high-risk behaviors
    • Safe sex practices
    • Reducing number of sexual partners
    • Avoiding exchange of bodily fluids
  – Provide nonjudgmental, sensitive counseling
Preventing Vaginal Infections

- Teach the woman to
  - Wear cotton underwear
  - Avoid tight nylon or Spandex pants
  - Wipe front to back after toileting
  - Frequent hand hygiene
  - High-fiber, low-fat diet
  - Exercise
  - Avoid douching or using internal feminine hygiene products
Toxic Shock Syndrome (TSS)

- Usually caused by strains of *Staphylococcus aureus* toxins that can produce shock, coagulation defects, and tissue damage if they enter the bloodstream
  - Usually results from the trapping of bacteria in the reproductive tract for a prolonged period of time
  - Use of high-absorbency tampons
  - Use of a diaphragm or cervical cap for contraception
Signs and Symptoms of TSS

- Sudden spiking fever
- Flu-like symptoms
- Hypotension
- Generalized rash that resembles a sunburn
- Skin peeling from palms of hands and soles of feet after 1 to 2 weeks of the illness
Prevention of TSS

- Hand hygiene
- Change tampons at least every 4 hours
  - Do not use super-absorbent tampons
- Use peripads rather than tampons when sleeping
- Do not use diaphragm or cervical cap during the menstrual period
- Remove diaphragm or cervical cap as recommended by the health care provider
Sexually Transmitted Infections

- Infections that can be spread by sexual contact, although some have other modes of transmission
Types of Sexually Transmitted Infections

- Fungal or bacterial
  - Candidiasis
  - Trichomoniasis
  - Bacterial vaginosis
  - *Chlamydia trachomatis*
  - Gonorrhea/GC
  - Syphilis
  - PID

- Viral
  - Herpes simplex virus II (HSV-II)
  - *Condylomata acuminata*
  - Human papillomavirus (HPV)
  - Hepatitis B
  - HIV/AIDS
The Nurse’s Role

- Answering general questions concerning contraceptive methods
- Explaining different methods available
  - Advantages
  - Disadvantages
- Teaching correct use of contraceptive methods
Factors that Influence Choice of Contraceptive Methods

- Age
- Health status
- Religion or culture
- Impact of unplanned pregnancy on the woman or family
- Desire for future children
- Frequency of sexual intercourse
- Convenience and degree of spontaneity desired
- Expense
- Number of sexual partners
Natural Family Planning

- Also called *fertility awareness*
- Involves learning to identify the signs and symptoms associated with ovulation
- Acceptable to most religions
- Requires no administration of medication or use of devices
- Natural family planning is reversible
- Failure rate of 20%
Types of Natural Family Planning

- Basal body temperature
- Cervical mucus
- Calendar or rhythm method
- Marquette method
Hormonal Contraception

- Is another form of *temporary* birth control
- Types
  - Monthly
  - Extended
  - Delayed menstruation
  - Implants
  - Injections
  - Transdermal patch
  - Vaginal ring
  - IUD

- Prevents ovulation
- Makes cervical mucus thick and resistant to sperm penetration
- Makes uterine endometrium less hospitable if fertilized ovum arrives
- Does not protect either partner from STIs, including HIV
ACHES—Warning Signs to Report when Taking Oral Contraceptives

- Abdominal pain (severe)
- Chest pain, dyspnea, bloody sputum
- Headache (severe), weakness, or numbness of extremities
- Eye problems
- Severe leg pain or swelling, speech disturbance
Medications that Decrease Oral Contraceptive Effectiveness

• Some antimicrobials, such as ampicillin and tetracycline
• Anticonvulsants
• Rifampin
• Barbiturates
Barrier Contraceptives

- Diaphragm
- Cervical cap
- Male condom
- Female condom
- Spermicides
Emergency Contraception

- The “morning after pill” is a method of preventing pregnancy
- Must be taken no later than 72 hours after unprotected sexual intercourse and may need to be repeated 12 hours after the first pill
  - Depends on the type of pill purchased
Unreliable Contraceptive Methods

- Withdrawal
- Douching
- Breastfeeding
  - Providing 10 breast feedings in a 24-hour period can inhibit ovulation due to increased prolactin secretion
Permanent Contraception

- Male sterilization
  - Vasectomy
- Female sterilization
  - Tubal ligation
  - Hysteroscopic sterilization
Infertility occurs when a couple who has regular unprotected sexual intercourse for 1 year cannot conceive.
Social and Psychological Implications Related to Infertility

- Assumption of fertility
- Psychological reactions
  - Guilt
  - Isolation
  - Depression
  - Stress on the relationship
- Cultural and religious considerations
Factors Affecting Fertility

• Male
  – Abnormal
    • Sperm
    • Erections
    • Ejaculation
    • Seminal fluid

• Female
  – Disorders of ovulation
  – Abnormalities of
    • Fallopian tubes
    • Uterus, cervix, or ovaries
    • Hormones
Factors Influencing Fertility

- Coital frequency
- Age
- Cigarette smoking
- Exercise, diet, and weight
- Emotional factors
- Medical problems
- Drugs and chemicals
Evaluation of Infertility

- **Male**
  - Semen analysis
  - Endocrine test
  - Ultrasonography
  - Testicular biopsy

- **Female**
  - Ultrasonography
  - Postcoital test
  - Endocrine test
  - Hysterosalpingogram
  - Endometrial biopsy
  - Hysteroscopy
Therapy for Infertility

- Medications
- Surgical procedures
- Therapeutic insemination
- Surrogate parenting
- Advanced reproductive techniques
  - IVF
  - GIFT
  - TET
  - ZIFT
- Microsurgical techniques
Infertility Therapy

- Outcomes
  - Achievement of pregnancy to viability
  - Unsuccessful
  - Pregnancy loss after treatment
- Legal and ethical issues
  - Surrogates
  - Parental rights
  - Cloning
  - Sale of frozen embryos
- Nursing care related to infertility treatment
  - Supporting the couple
  - Teaching coping skills
Menopause

- Cessation of menstrual periods for a 12-month period because of decreased estrogen production
- Climacteric—change of life—is also known as the perimenopausal period (which is 2 to 8 years before menstruation ceases)
- Pregnancy can still occur during the climacteric
Physical Changes in Menopause

- Usually caused by a decrease in estrogen
- Changes in the menstrual cycle
- Vasomotor instability, known as *hot flashes*
- Decreased elasticity and moisture of the vagina
- Dyspareunia
- Some may notice change in libido (sexual desire)
- Breast atrophy
- Loss of protective effect of estrogen on the cardiovascular and skeletal systems
Psychological and Cultural Variations

- Can threaten the woman’s feelings of health and self-worth
- Liberation from monthly periods
- Ends fear of unwanted pregnancy
Treatment Options

- Exercise
- Increase in calcium, magnesium, and high-fiber diet
- Hormone replacement therapy (HRT), which may increase risk of heart attack and stroke, is based on the individual patient and discussions with her health care provider
- Complementary and alternative therapies
- Prevention of osteoporosis
Nursing Care of the Menopausal Woman

- Determine woman’s understanding of risk/benefits of HRT
  - Teach signs and symptoms to report; i.e., vaginal bleeding that recurs after cessation of menses, vaginal irritation, signs of UTI
  - Teach woman how to take prescribed medications correctly and side effects to report
  - Teach value of weight-bearing exercises
Pelvic Floor Dysfunction

• Occurs when the muscles, ligaments, and fascia that support the pelvic organs are damaged or weakened

• Can result in
  – Vaginal wall prolapse
    • Cystocele
    • Rectocele
  – Uterine prolapse
    • Kegel exercises
    • Treated with surgery or pessary
  – Urinary incontinence
Nursing Care for Pelvic Floor Dysfunction

- Instructing the woman on
  - The use of exercises
  - Diet
  - Prevention of constipation
  - Adequate fluid intake
Other Female Reproductive Tract Disorders

- Uterine fibroids, also known as *leiomyomas*
  - Benign growth of uterine muscle cells
  - Grow under influence of estrogen
  - Result in irregular bleeding, pelvic pressure, dysmenorrhea, menorrhagia
Treatment of Fibroids

• If asymptomatic, observed and periodically reevaluated by health care provider

• Hormones

• Surgical interventions
  – Myomectomy
  – Myolysis
  – Embolization
  – Hysterectomy
Ovarian Cysts

• Follicular ovarian cysts develop if follicle fails to rupture and release its ovum during the menstrual cycle
• Lutein cyst occurs after ovulation, the corpus luteum fails to regress
• Ovarian cyst that ruptures or becomes twisted, cutting off blood supply, causes pelvic pain and tenderness
• Diagnosed by transvaginal ultrasound
• Laparotomy is the treatment of choice
Cultural Aspects of Pain Control

- Pain is the fifth vital sign
- Culture can influence the expression of pain
- Ethnicity can affect drug metabolism
- Diet can affect drug absorption
- CAM can affect action of prescribed drugs
- Pain clinics are available
- Some cultural groups will not report embarrassing side effects of drugs
- Nurses must understand the cultural influences on pain expression
Question for Review

• What contraceptive method provides protection from pregnancy as well as sexually transmitted infections?
Review

- Objectives
- Key Terms
- Key Points
- Online Resources
- Critical Thinking Question
- Review Questions