

- Chapter 11

- The Nurse's Role in Women's Health Care
- 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
- Family Planning
- 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 Care
- 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?