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?