

Chapter 11

The Nurse's Role in Women's Health Care



Preventive Health Care for Women

- Breast care
 - Teaching how to perform breast self-examination (BSE)
 - Mammography
- Vulvar self-examination (VSE)
- 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 and Diagnosis of PMDD

- 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: breast tenderness, bloating, weight gain, headaches



Factors That Change Normal Flora of the Vagina

- Antibiotics—encourage yeast overgrowth
- Douching—changes pH within the vagina
- Sexual intercourse—raises pH to 7 or higher for up to 8 hours after coitus
- Uncontrolled diabetes mellitus—high sugars promote growth of microorganisms



Preventing Vaginal Infections

- Teach the woman to
 - Wear cotton underwear.
 - Avoid tight nylon and Spandex pants.
 - Wipe front to back after toileting.
 - Frequent hand hygiene
 - High-fiber, low-fat diet
 - Exercise.
 - Avoid douching and using internal feminine hygiene products.



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



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
- Flulike 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 peri pads 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.



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 and 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



Temporary Contraception

- Hormonal contraception
 - A form of temporary birth control
 - Prevents ovulation
 - Makes cervical mucus thick and resistant to sperm penetration
 - Makes uterine endometrium less hospitable if fertilized ovum arrives



ACHES—Warning Signs to Report when Taking Oral Contraceptives

- **A**bdominal pain (severe)
- **C**hest pain, dyspnea, bloody sputum
- **H**eadache (severe), weakness, or numbness of extremities
- **E**ye problems
- **S**evere 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 breastfeedings in a 24-hour period can inhibit ovulation because of increased prolactin secretion.



Permanent Contraception

- Male sterilization
 - Vasectomy
- Female sterilization
 - Tubal ligation
 - Hysteroscopic sterilization



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



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 risks and benefits of HRT
 - Teach signs and symptoms to report: vaginal bleeding that recurs after cessation of menses, vaginal irritation, signs of UTI
 - Teach woman how to take prescribed medications correctly and to report specific side effects
 - Teach value of weight-bearing exercises

