

Reproductive Health

**Satellite Conference and Live Webcast
Wednesday, May 16, 2012
2:00 – 4:00 p.m. Central Time**

**Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division**

Faculty

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Reproductive Health Objectives

- **Discuss health screenings in women**
- **Discuss reproductive health issues in women of child bearing age**
- **Explain behavioral risk factors that can impact pregnancy outcomes**
- **Describe how “GAL” can apply to women across the life span**

Well-Woman Care

- **Assessments recommended annually**
- **Provides opportunity to counsel patients about preventive care and preconception care**
- **ACOG recommends that the first visit to an ob-gyn take place between the ages of 13-15 years**

Well-Woman Care

- **History**
 - **Reason for visit**
 - **Health status:**
 - **Medical/surgical, menstrual, reproductive health**
 - **Family medical history**
 - **Dietary/nutrition assessment**

Well-Woman Care

- **Physical activity**
- **Use of medications**
 - **Including complementary and alternative medicine**

Well-Woman Care

- History
 - Tobacco, alcohol, and other drug use
 - Emotional, physical, and sexual abuse

Well-Woman Care

- Sexual practices
 - Vaginal, anal, and oral sex
 - Sexual orientation
 - Number of partners
 - Contraceptive use
 - Exchange sex for drugs or money

Well-Woman Care

- Immunization update
 - Tdap/Td
 - HPV Vaccine
 - Ages 10-26 y/o
 - Gardasil or Cervarix

Well-Woman Care

- Varicella
 - Need to have had at least one before age 19 or history of chicken pox
- MCV4 (meningococcal) 13-19 y/o
- Influenza and pneumococcal (seasonally)

Well-Woman Care

- Physical examination

– Height	– Hgb
– Weight	– Breast exam
– BMI	– Pelvic exam (when indicated)
– Blood pressure	

Well-Woman Care

- The American College of Obstetricians and Gynecologists
 - <http://www.acog.org>
 - Go to “Resources and Publications”
 - Well-Woman Care: Assessments and Recommendations

Family Planning

- **Per ADPH protocol**
 - Patients obtain a complete physical exam with special emphasis on the breast, pelvic, and recto-vaginal exam

Family Planning

- **Clinical breast exams are done annually and as needed**
- **Screening mammograms are recommended beginning at age 40 and then annually**

Family Planning/ Cancer Detection

- **If a woman has a 1st degree relative with a history of breast cancer:**
 - Screening is recommended 10 years prior to the age that breast cancer was diagnosed
 - In this case, the woman should be in a high risk surveillance program under the care of a breast surgeon

Family Planning

- **Our patients are taught to perform breast-self exams on a monthly basis**
- **Become aware of any changes in their breasts and report concerns (possible breast masses) to their health care provider**

Family Planning

- **ADPH Protocol**
 - Pap smears are initiated at age 21
 - Ages 21-29
 - Every two years
 - Ages 30 and older
 - Every three years

Family Planning

- **Speculum exam and pelvic exam should be done every year, even if pap smear is not done**
- **GC/CT done at least annually for patients under age 26 y/o and at any age if clinically indicated**

STD Risk

- **Adolescents have the highest rate of STDs when compared with other age groups**
- **Among females:**
 - **The highest GC and CT rates are among 15 to 19 year olds**
 - **Followed by 20 to 24 year olds**

STD Risk

- **HIV and Syphilis testing**
 - **Offered to all women of child bearing age**

Family Planning: Birth Control Options

What Method to Choose?

- **Each patient is different**
 - **Lifestyle**
 - **Age**
 - **May depend on tobacco use**
 - **Weight**
 - **Medical risk factors**

Family Planning

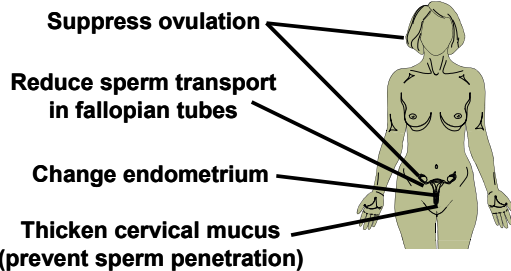
- **Contraceptive history (asked by interviewer nurse/NP)**
 - **Methods used in the past**
 - **Did pregnancy occur while using method?**
 - **Why did method fail?**
 - **Currently breastfeeding?**

Family Planning

- **Currently on a method?**
- **Any problems with it?**
- **Date method last used**
- **Method most desired**

Hormonal: Mechanisms of Action

Oral Contraceptives, ECPs, Depo-Provera, Mirena (IUD), Implanon, Ring, and Patch



Oral Contraceptives

- Taken daily
- Two types:
 - Combined
 - Progestin-only

Extended-cycle Pills Three Month Pill Pack:

- Pill is taken continuously for 84 days, followed by 7 days off to allow for a menstrual period
 - This reduces the number of yearly menstrual periods from 13 down to 4

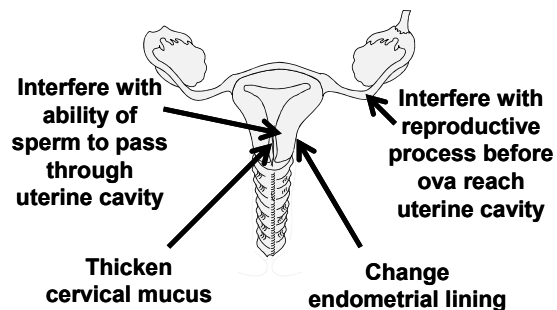
Injectables

- Depo-Provera:
 - Administered IM every 3 months
- Long-term method
 - Fertility may be delayed for 10 months or longer

Intrauterine Devices (IUDs)

- Types
 - Copper releasing
 - Paragard
 - Effective for 10 years
 - Hormone releasing
 - Mirena
 - Effective for 5 years

Copper IUD: Mechanisms of Action



Vaginal Ring – NuvaRing

- Ring placed in the vagina for 3 weeks
 - Removed for menses, then new one inserted
- Hormone releasing method similar to pill
- Side effects similar to pill
- Rings should be refrigerated or only have a shelf life of 4 months

Contraceptive Patch: Ortho Evra

- Patient applies one patch each week for 3 weeks
 - Removed for menses
- Hormone releasing method similar to combined pill
- Side effects similar to combined pill

Contraceptive Patch: Ortho Evra

- Rotate site with each new patch
 - Do not place on the breasts

Implant: Implanon

- Single rod implant similar to Norplant
- Progestin containing method that lasts up to three years
- Insertion much quicker and easier than Norplant

Implant: Implanon

- Bleeding is irregular but less frequent and less heavy than with Norplant
- Performed by NPs in ADPH health department clinics

Barrier Methods: Male Condom

- Thin sheaths of rubber, vinyl or natural products which may be treated with a spermicide for added protection

Barrier Methods: Female Condom

- Polyurethane sheath with a flexible ring at each end
 - It is inserted into the vagina prior to sexual intercourse
 - The inner ring aids insertion and secures the device in place during intercourse while the softer outer ring remains outside the vagina

Barrier Methods: Diaphragm

- A dome-shaped latex (rubber) cup that is inserted into the vagina before intercourse and covers the cervix
- Generally used with spermicidal jelly

Spermicides

- Chemicals (usually nonoxynol-9) that inactivate or kill sperm
 - Aerosols (foams)
 - Vaginal tablets, suppositories, or dissolvable film
 - Creams

Natural Family Planning

- For contraception:
 - Avoid intercourse during the fertile phase of the menstrual cycle when conception is most likely
- For conception:
 - Plan intercourse near mid-cycle (usually days 10-15) when conception is most likely

Natural Family Planning

- Calendar method
- Basal Body Temperature (BBT)
- Cervical Mucus Method
- Symptothermal (BBT + cervical mucus)

Natural Family Planning: Standard Days Method

- Cyclebeads
 - Color-coded string of beads that represent a woman's menstrual cycle
 - Each bead represents a day of the cycle and the color helps a woman to determine if she is likely to be fertile that day

Emergency Contraception Pills

- Prevent pregnancy after intercourse
- Inhibit ovulation, fertilization, or implantation
- Do not cause abortion
- Will not interrupt or harm an established pregnancy

Emergency Contraception Pills

- Are not the same as Mifepristone (RU486)
- Certain birth control pills can be used for ECP
- Plan B and One-step are progestin-only

Emergency Contraception Pills

- Emergency contraception pills taken within 72 to 120 hours after unprotected sex reduce the risk of pregnancy by 75 - 89%
- Return within 3 weeks if no period
- All FP patients should be informed about ECPs and offered a pack to have available if needed

Sterilization

- Bilateral Tubal Ligation
 - Must be 21 years of age
 - Must be mentally competent
 - Considered permanent although not 100% guaranteed effective
 - No longer eligible for Plan First following procedure

Essure

- Spring-like coils (micro-inserts) are inserted by a trained provider into the fallopian tubes to cause occlusion

Essure

- Patient must have a follow-up test in 3 months to confirm that occlusion has taken place in the tubes
 - Patient needs alternative method during that time

What's the Result of Family Planning?

- Patients making informed choices
- Planned families
- Healthy moms and babies

Family Planning

- Preconception planning
- Preconception health
- Preconceptional counseling

Preconception Health

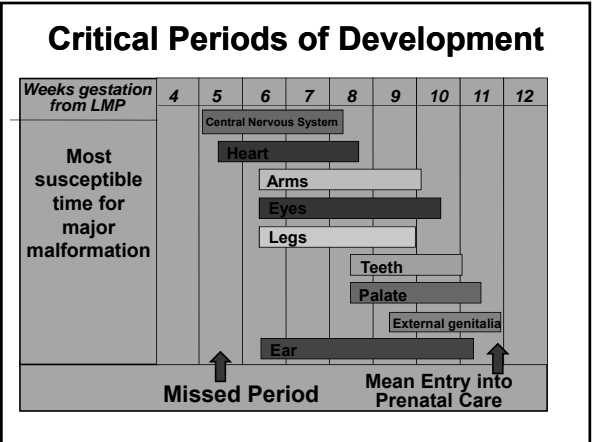
- Focuses on a woman's health before she becomes pregnant
- Addresses risk factors that could affect a woman or her unborn if she becomes pregnant

Family Planning

- Preconception health
 - Encourage women to plan their pregnancies
 - Reduce risk factors by promotion of simple steps toward healthy life style choices

Preconception Health

- Important facts
 - More than half of all pregnancies in the U.S. are unintended
 - The first prenatal visit is not early enough to begin interventions



Why the Concern?

- 1 in 8 babies born premature
- 11% low birth weight
- 3% major birth defects
- 31% pregnancy complications
- Infant mortality
- <http://www.cdc.gov/ncbddd/preconception/whyconception.htm>

Get a Healthy Life



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Five Messages

1. Avoid alcohol, tobacco, and drugs
2. Manage medical conditions
3. Wait between pregnancies
4. Be fit
5. Have a plan

Alcohol

- No safe amount
- Can cause:
 - Miscarriage
 - Stillbirth
 - Low-birth weight
 - FAS (Fetal Alcohol Syndrome)

Misuse of Drugs

- Miscarriage and preterm birth
- IUGR
- Increased risk for SIDS
- Withdrawal symptoms in the newborn
- Incarceration

Smoking

- Miscarriage
- Prematurity
- Low birth weight
- Sudden unexplained infant death
- Childhood asthma

Effects of Smoking

- **Bad breath**
- **Affects sense of taste and smell**
- **Depression, use alcohol, marijuana and cocaine**
- **Increase risk of heart attacks, cancers of the lung, throat, mouth, bladder, kidney, pancreas, cervix, and stomach**

Effects of Smoking

- **Second hand smoke can affect the health of a child and cause the child to get sick more often, have more ear infections, have bronchitis and pneumonia, cough and wheeze more often**

Smoking Cessation

- **ADPH Quitline**
 - **1 (800) QUIT NOW**
 - **1 (800) 784 - 8669**
- **Website**
 - **www.AlabamaQuitNow.com**

Obesity

- **1 in 3 women**
- **1 in 6 girls**
- **Women of color have a higher incidence**

Obesity Associated Health Risks

- **Overweight and obesity are independent risk factors for several chronic disease conditions**

Obesity Associated Health Risks

- **Compared to a healthy weight person, an overweight individual is 3 times more likely to develop diabetes within 10 years**
 - **The risk rises dramatically to 23 times the risk at the higher BMI levels (BMI \geq 35)**

Problems Linked to Obesity

- Heart disease
- Diabetes
- Stroke
- DVT
- Sleep apnea
- Certain cancers
- Infertility

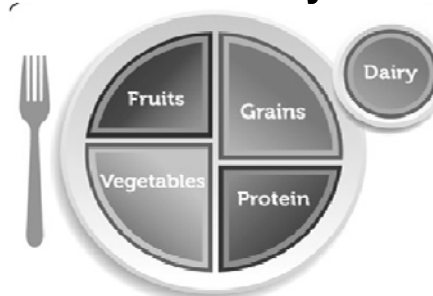
Medical History

- Know family medical history
- Know the medicines they are taking including herbal medicines and supplements
- Know the medical information about themselves
- Immunization status

Manage Medical Conditions

- Diabetes
- Asthma
- Hypertension
- Seizure disorders
- Heart disease
- Depression
- Obesity
- Anxiety

Eat Healthy!



Choose **MyPlate**.gov

Healthy Choices

- Balance calories
- Enjoy your food, but eat less
- Avoid oversized portions
- Make half your plate fruits and vegetables
- Switch to fat-free or low-fat (1%) milk
- Make at least half your grains whole grains

Healthy Choices

- Compare sodium in foods like soup, bread, and frozen meals
 - Choose foods with lower numbers
- Drink water instead of sugary drinks

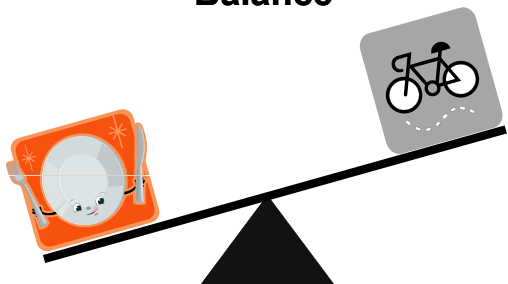
Good Choices

- Choose a variety of food
- Eat breakfast everyday
- Choose whole grains
- Limit salt, fats, and added sugars
- Calcium at least 1,200 daily
- Take a multivitamin that includes folic acid

Protein

- Go lean with protein
- Choose lean meats and poultry
- Bake, grill, broil
- Vary protein sources
 - Fish, beans, peas, nuts, and seeds

Balance



**Balance food calories
with physical activity level**

**Move More!
Get Active!**

Benefits of Increasing Activity

- Look and feel better
- Improves mood and sleep
- Helps in managing stress and reduces anxiety and depression
- Increases energy and endurance

Benefits of Increasing Activity

- Lose weight or help maintain a healthy weight
- Can lower risk of heart disease, high blood pressure, type 2 diabetes, and breast cancer

Benefits of Increasing Activity

- <http://www.cdc.gov/physicalactivity/everyone/getactive/index.html>
- <http://www.cdc.gov/physicalactivity/everyone/guidelines/index.html>
- <http://www.health.gov/paguidelines/pdf/adultguide.pdf>

Get Moving

- Reduces risk of:
 - Heart disease
 - Diabetes
 - High blood pressure
 - High cholesterol levels
 - Certain forms of cancer
 - Osteoporosis

Physical Activity

- Place on your calendar
- Activities you enjoy
- Include aerobic, strength-training, and stretching activities
- 2 hours and 30 minutes a week
- Children should be active at least 60 minutes a day

Recommendations for MOST Days of the Week

- Adult recommendations vary by goal:
 - Reduce risk of chronic disease
 - 30 minutes of moderate intensity
 - Manage weight/prevent weight gain
 - 60 minutes of moderate to vigorous activity

Recommendations for MOST Days of the Week

- Sustain a weight loss
 - 60 to 90 minutes of moderate to vigorous activity

How?

- Start at a comfortable level
 - Once you get the hang of it, add a little more activity each time you exercise
 - Then try doing it more often
- Divide activity times into 10-15 minute increments

It's up to You!!!

- Any TYPE of movement counts
 - EVERY MOVE and EVERY STEP!
- Any amount of TIME counts!
- How OFTEN you do it counts!

Walking: Easy and Safe

- Can walk for short time periods that equal up to at least 30 minutes
 - Can walk in place or around an area
- Can use a pedometer to keep up with the number of steps you take

Aim for 10,000 (or more) Steps Daily!

- 100 extra calories/day = 10 pound gain/year*
- 2,000 extra steps (about a mile)/day = burns 100 calories*

* Approximate figures

Have a Plan for Weight Loss

- Make a commitment
- Take stock of where you are
- Set realistic goals
- Identify resources for information and support
- Continually check-in with yourself to monitor your progress

Manage Stress

- Balance work, home, and play
- Stay positive
- Take time to relax
- Get 7-9 hours of sleep each night
 - Make sure kids get more, based on their age
- Get help or counseling if needed

Get a Life Plan

- What are your plans for the future
- Write them down
- Review often

On-line Resources

- www.cdc.gov
 - “Healthy weight”
- www.adph.org
 - Nutrition and Physical Activity Division
 - GAL – Get A (Healthy) Life
 - Pharmacy pages
- www.marchofdimes.org

Family Planning

- Reproductive Life Plan (in English and Spanish)
 - Things to think about:
 - Do you want to have a baby (or more kids?)

Family Planning

– If you became pregnant now, how would that make you feel?

- Happy
- Sad
- Depressed
- Okay
- Worried
- Not sure

Family Planning

- How long do you plan to wait until you (next) become pregnant?
- Would you have someone to help you if you had a baby now?
- Is there anything you want to do in your life before you have a baby such as finish school or have a certain kind of job?

Family Planning

- Are you ready to change your life to take care of a baby?
- Do you think you have a health problem that could harm your health or the health of your baby if you got pregnant?

Family Planning

- Do you think you are doing anything in your life right now that could harm the health of your baby if you got pregnant (like smoking, drinking alcohol, or doing drugs)?

Family Planning

- If you are not ready to have a baby now, would you like to know more about birth control?
 - If yes, what method(s) do you want to talk about today?
- Are you thinking about getting your tubes tied?
- What can we do today to help you reach your goals?

References and Resources

- **Contraceptive Technology. Robert A. Hatcher, et al. 19th Edition, 2007.**
- **www.acog.org American College of Obstetricians and Gynecologists**
- **www.acnm.org American College of Nurse-Midwives**

References and Resources

- **www.awhonn.org Association of Women's Health, Obstetric and Neonatal Nurses**
- **www.cdc.gov/ncbddd Centers for Disease Control and Prevention National Center of Birth Defects and Developmental Disabilities**

References and Resources

- **www.marchofdimes.com March of Dimes**
- **www.acnm.org American Society for Reproductive Medicine**