The Dawning of a New Day: Women's Reproductive Health Update for ADPH Nurse Practitioners

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Age - Based Guide to Comprehensive Well - Woman Care

- Adolescent 13 - 18 years
- Young woman 19 - 39 years
- Mature woman 40 - 64 years
- Older woman 65 + years

Overlap

- CDC definition: Age 10 - 24 due to risks that may start early and persist through early 20s

Defining Adolescence

- Puberty: Process of physical growth and development that transitions children to adults

Defining Adolescence

- Adolescence: Process of cognitive, psychosocial, and moral growth and development that transforms dependent children into independent, self - sufficient members of society

Teen Pregnancy

- Teen pregnancy is not due to contraceptive failure

Teen Pregnancy

- Teen pregnancy is due to lack of contraceptive use

Adolescent at 13 -18 Years

- Screen
- Guide
- Immunize

Screening all Adolescents

- ACOG recommends: 13 - 18 year olds
- Height
- Weight
- Body Mass Index (BMI)

Screening the Adolescent

- Blood Pressure
- Abdominal Exam
- *Pelvic exam (if indicated)

Menses in the Adolescent

- ACOG states that menses is an important “VITAL” sign

Menses in the Adolescent

- Evaluation of the menstrual cycle characteristics includes:
  - When Menarche occurs
  - Pattern of bleeding (timing)
  - Amount (subjective

Adolescent Pelvic Exam

- American College of Physicians (ACP) recently issued new guidelines recommending against screening pelvic examinations in asymptomatic, non - pregnant women

Adolescent Pelvic Exam

- ACOG recommendation of the adolescent pelvic exam:
  - Be done on an individual basis – If clinically indicated

Screening the Adolescent

- Other Screening of the Adolescent may include:
  - Hypertension, hyperlipidemia
  - Obesity and eating disorders
  - Physical, sexual or emotional abuse
  - Learning or school problems

Screening the Adolescent

- Substance abuse
- Depression or risk of suicide
- Risky sexual behavior / potential pregnancy / STIs / sexual assault

Anticipatory Guidance of the Adolescent

- Anticipatory Guidance regarding:
  - Dietary Habits and Regular Exercise
  - Injury Prevention
  - Responsible Sexual Behaviors – Strategies for Sexual Coercion

Anticipatory Guidance of the Adolescent

- Avoidance of Substance Abuse
- Strategies dealing with Bullying
- Negative consequences of vandalism, stealing, and sharing personal information with strangers

Helping the Adolescent with Bullying

- To defeat a bully maintain self - control and preserve sense of self
- Tip # 1 Understand the truth about bullying - Walk away from the bully, protect yourself, report the bully to a trusted adult, repeat steps if needed

Bullying

- Tip # 2 Reframe the problem of bullying – View bullying from a different perspective; look at the big picture, focus on the positive, find the humor, you cannot control the uncontrollable

Bullying

- Tip # 3 Find support from those who don't bully, find others who share common interests and values, share your feelings, boost your confidence, don't beat yourself up

Adolescence

- Period of significant physical, cognitive and psychosocial growth and development
- This is a time of relative good health
- Most morbidity and mortality in this age group is the result of high risk behaviors

Adolescence

- Providing effective medical care to adolescents requires understanding of psychosocial - developmental stages

Clinicians Interactions with Adolescents

- Narcissistic and self - absorbed
- Disrespectful
- Giggly

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  University Of Colorado
  School of Medicine

Clinicians Interactions with Adolescents

- Bravado
- Personal Invulnerability
- Flip - flopping

Clinicians Interactions with Adolescents

- TMI
- Impulsive behavior
- Intensity of behavior

Clinicians Interactions with Adolescents

- Discomfort with Adolescent sexuality
- Difficult to interview

Adolescents Interactions with Providers

- Being Judged
- Disrespectful of her decisions
- Minimization of seriousness of her life

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  University of Colorado
  School of Medicine

Adolescents Interactions with Providers

- Threat to their burgeoning autonomy
- Big divide between our worlds
- Natural alignment with parent

Major Task

- How to deal with and come to terms with new body image

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  School of Medicine

Adolescence

- Engage the adolescent
  - What are the Boundaries?
  - Move from one level of intimacy to another and back again

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  University of Colorado
  School of Medicine

Adolescence

- Guidelines for intimate partner selection:
  - Suggestions – kindness, compassion, real caring "what would your partner do if something serious happened – would he be there for you?"

Adolescence

- Forming healthy sexual behaviors
- Misperceptions that become established concerns

Early Adolescent: Jemma

- Jemma is 13 years old and in the 8th grade at Hollis Middle School
- Her mother found her phone and where Jemma texted naked pictures of herself to a boy she likes

Early Adolescence

- The Parent: Maintain alliance but try to get them out for the exam - Be careful in asking the parent out
- Use open ended Questions – "why did mom bring you in today? Why is mom concerned?"
- "Who do you hang out with? Do you have a boyfriend?"

Anticipatory Guidance

- Acknowledge that things are changing
- Things that used to be gross now are silly, or funny, or embarrassing, or feel good

Anticipatory Guidance

- Build rapport for the future
  - Tell her that thinking ahead shows maturity
  - It is mature and a good time to think about birth control, before you need it

Establishing Rapport

- Most important skill in caring for the adolescent
- Speak directly to the adolescent - ASK "What brings you here today?"
- Ask permission to give information

Establishing Rapport

- Obtain private time with patient
- Empowers the adolescent to be responsible for their own health
- Develop relationship with clinician

Establishing Rapport

- Opportunity to obtain sexual history

How to Obtain a Sexual History

- Dialogue with the patient:
  - "I am going to ask you a few questions about your sexual health and sexual practices…
  - These questions are very personal but important to your overall health"

Dialogue with Patients

- "I ask these questions to all of my patients regardless of who they are or what their sexual preferences are
- This information is like all the information we obtain – strictly confidential
- Do you have any questions before we get started?"

Sexual Health – the 5 Ps

- Partners
- Practices
- Protection from STIs
- Past history of STIs
- Pregnancy Prevention

Partners

- Partners
  - Number and gender (never assume)

Dialogue about Partners

- Have you ever had sex?
  - This includes having sex more than just in the vagina
- How many sex partners have you had in the last 6 months? How many total sexual partners in your lifetime?
- Do you have sex with men, women, or both?

Sexual Practices Dialogue

- "I am going to be more explicit about the kind of sex you have had in the last 12 months to better understand if you are at risk for STIs"
- "What kind of sexual contact do you have or have you had? Genital (penis in the vagina)?, Anal (penis in the anus)?, Oral (mouth on penis, vagina, anus)?"

Protection

- Based on the patient's answers helps to discern which direction to take dialogue
- Individualize for each patient
- Monogamous relationship greater than 12 months – risk reduction counseling may not be needed

Protection

- Depending on the situation, the clinician may need to explore abstinence, monogamy, condom use, patient's perception of their risk, and STI testing

Protection Dialogue

- Do you and your partner(s) use any protection against STIs? If not, tell me the reason.
- If so, what kind of protection do you use? How often do you use this protection?
- If sometimes, in what situations do you use protection?

Protection Dialogue

- Do you have any questions about protection from STIs or any other questions you would like to discuss today?

Past History of STIs

- A past history of STIs may put your patient at increased risk <u>NOW</u>

Dialogue about Past STIs

- Have you ever been diagnosed with an STI? When? How were you treated? When?
- Have you had any recurring symptoms or diagnoses?
- Have you ever been tested for HIV, or other STIs? Would you like to be tested?

Dialogue about Past STIs

- Has your current or past partners ever been diagnosed or treated for an STI? Were you tested for the same STI? Have you been tested since treatment?
- If yes, when were you tested? What was the diagnosis? How was it treated? Have you been with that same partner since you have been treated? Were you both treated at the same time?

Prevention of Pregnancy

- Based on previously obtained information – is the patient at risk of becoming pregnant?
- If so, is a pregnancy desired?

Pregnancy Dialogue

- Are you trying to conceive or become pregnant?
- Are you concerned about getting pregnant?
- Are you using contraception or practicing any form of birth control? What information would you like to have about birth control?

Completing the History Dialogue

- "What other things about your sexual health and sexual practices should we discuss to help ensure your good health?"
- "What other concerns or questions regarding your sexual health or sexual practices would you like to discuss?"

Completing the History Dialogue

- Thank the patient for being open and honest and praise her for use of protective practices
- If patient at risk for STIs encourage testing, prevention strategies – including abstinence, monogamy, consistent and correct condom use

Completing the History Dialogue

- Address concerns about high - risk practices; counseling may be needed

Middle Adolescence (15 – 17 yrs)

- Approximately 70% will have had sexual intercourse
- Sexual Experimentation is normal

Major Developmental Task

- Developing a personal identity

Major Threat to Health and Safety

- In role experimentation they try to provoke and gauge the responses from others and weigh the merits of each response in development of their identity
- Operationalizing the guidelines they considered during early adolescence into a classification they will use for a lifetime

Middle Adolescence

- Begin to have an understanding of sexual extremism and excessiveness versus abstaining
- Theoretical Role experimentation
- Rely on peers for information and decision making

Middle Adolescent - Maria

- 16 year old Maria is in the clinic today for a "check - up"
- Her parents do not know she is here
- She has had sex since she was 14
- She has had 6 partners, mostly 3 - 4 years older

Middle Adolescent - Maria

- She uses condoms intermittently but does not want to be pregnant
- She broke up with her boyfriend two days ago so she does not see any reason to discuss contraception

Sexual Activity

- Not uncommon in adolescents to practice exploratory same - sex activities
- Societal trends have changed in last decade

Middle Adolescent

- Screen for:
  - Physical, sexual, emotional abuse, or substance use
  - Depression & risk of suicide
  - Sexual assault or behavior that may lead to pregnancy or STDs

Lack of Teen Condom Use

- Teens seek intimacy and trust
- If condoms are used for protection it means you cannot trust your partner and that damages the intimacy
- Many teens who have Sexually Transmitted Infections have sex again and again without condoms

Teens and Condom Use

- For a teen acquiring a sexually transmitted infection they suffer Loss of Trust and Self - Respect
- Middle adolescents are trying to move from narcissism to an area of trust

Adolescents

- As health care providers we must relay to the adolescent that condom use is not about trust but <u>is about HEALTH</u>

Late Adolescence / Early Adulthood: 18 – 24 y/o

- 70 – 90 % will have had sexual intercourse
- Less concerned about their bodies and identities
- Diminished (but not resolved) need for risky, provocative experimentation and inclination for dreaming and thinking

Major Developmental Task

- Planning for the Future

Major Threat to Health

- Misplaced and idealized expectations:
  - Equating emotional health with physical safety

Summer

- 21 years old, lives with her boyfriend of 8 months, both are seniors at the State University
- Summer uses OCPs, but sometimes misses 3 – 4 pills per month
- Summer came into the clinic to be checked for sexually transmitted infection after a "hook - up"

Contraception

- Summer asks about birth control that is easier to remember

What Would You Recommend?

- Recommend ring or patch
- Change to a different pill
- Recommend Depo or Nexplanon, Not an IUD
- Recommend Depo or Nexplanon, or an IUD
- Recommend condom use alone, otherwise she will get a sexually transmitted infection

Oral Contraception and Adolescents

- Continuation
  - At 3 months of use 45%
  - At 12 months of use 33%
- Adherence
  - If free, 30% of users obtained years supply on time
  - Regular use – about 16%

Late Adolescent / Early Adulthood

- Development of more intimate relationships
- Increased comfort with and enjoyment of sexual behaviors, gender role, sexual orientation

Other Factors Influencing Women's Health

Overweight / Obese

- BMI 25 and over is considered "overweight"
- BMI 30 and over "obese"

Overweight / Obese

- BMI (body mass index) predicts future disease
  - Being overweight and obese are risk factors for diabetes, hyperlipidemia, hypertension and various cancers

Overweight / Obese

- Eating disorders are often associated with other mental health disorders including depression

Eating Disorders

- Eating Disorders are common in adolescence
  - Anorexia
  - Bulimia
  - Eating disorders can be related to self - esteem issues

Adolescent / Young Adult

- Sexually active teens and young women need effective contraception
  - Including emergency contraception (Plan B or "morning after pill")

Adolescent / Young Adult

- Prescribing a hormonal contraceptive*
  - Medical history and BP required (not USMEC)
  - Physical Exam is not required to obtain contraception

Immunize

- Tdap
- Tetanus booster every 10 years
- Influenza (annually)
- Meningococcal vaccine at age 11 and booster at age 16 (If 1st dose at age 15 – no booster needed)

Immunize

- HPV (Gardasil or Cervarix) best initiated at age 9, 2nd dose 1 - 2 months later and 3rd dose six months after 1st dose

More About HPV Vaccine

- Tell me what you know about HPV!!

Young Women 19-39

- Reproductive Years
- Best Health
- Cervical Screening

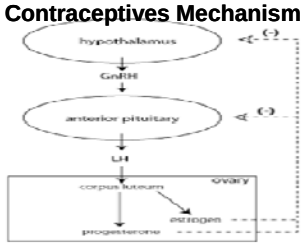
Source: ACOG

Young Women 19-39

- Menstrual Cycle and Birth Control
- Pattern
- Problems
- Plan

Source: Contraceptive Technology

Contraceptives Mechanism



Young Women 19 - 39

- **Top Tier Methods**
- **Contraceptive 'Fit'**
- **Medical Eligibility**

Source: Contraceptive Technology

Young Women 19 - 39

- **In 1966, about half of all pregnancies were unintended, It is the same now!**
- **Albert Einstein's definition of Insanity:**
  - **Doing the same thing over and over and expecting different results**

Source: Managing Contraception

Young Women 19 - 39

- **USMEC: United States Medical Eligibility Criteria**
  - **National Evidence Based Guidelines**

USMEC

- **Category 1 - Use method in any given circumstance**
- **Category 2 - Generally use the method**
- **Category 3 - Use of method not recommended unless more appropriate methods are not available**
- **Category 4 - Method may not be used**

Young Women 19 - 39

- **In Guiding your patient to their BCM:**
  - **Do No Harm**
  - **Try to Do Good / Be Safe**
  - **Goal: Highly Effective Method**
  - **Source: Contraceptive Technology**

Source: Contraceptive Technology

Methods

Sources: ADPH protocol and Ob and GYN:7th Ed

INTRAUTERINE DEVICES (IUDs)

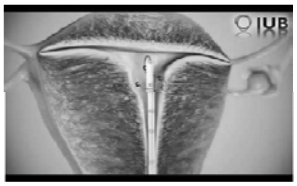
- **Types:**
  - **Copper releasing (Paragard) - 10 year method**
  - **Levonorgestrel releasing (Mirena) - 5 year method**
  - **Levonorgestrel releasing (Skyla) - 3 year method**

Intrauterine Ball (IUB)

- **Copper releasing spherical device**
- **5 year method**

Source: OBG MANAGEMENT

Intrauterine Ball (IUB)



Source: Ocon Med.com

Case Study

- 40 year old G1P1, FPI for exam desiring to start Depo as her birth control method
- Advised by Oncologist to get back on hormonal birth control
- Her vitals are normal with a BMI of 22
- She is a ½ - 1 pack per day smoker
- She reports hx of Breast Cancer in 2008 with Lumpectomy, lymph node dissection, chemo and radiation treatment

Case Study

- She reports remission for 6 years and was taken off Tamoxifen in May 2014
- She is under care of an Oncologist yearly
- Her MMGs are UTD and PE is negative
- Is Depo okay and what should we outline with this patient as a teachable moment?

Implant – Nexplanon

- Single rod implant
- Etonorgestrel releasing method for 3 years
- Insertion quick and easy in ADPH clinics

Case Study

- 18 year old Samantha is G - 0, LMP - 1 week ago, presents for FPA on Depo for 3 years and current
- She is extremely excited about moving out of state for college
- She tells you she had to have a physical with her PMD recently for elevated LDL and decreased HDL and chronic sinusitis

Case Study

- She is exercising daily now and using medrol dose packs intermittent q 2 - 3 months and no other meds at this time
- She will leave in 3 months and not return for at least 1 year
- Her PE today is unremarkable, vitals normal and BMI 26
- What is Samantha's best top tier approach for birth control?

Case Study

- 32 year old G1P1, B/P normal, BMI - 21, LMP - 1 month ago
- In for FPA, dyspareunia and bleeding
- Desiring hormonal birth control method
- Meds: Simvastatin and ASA
- Current method: Condoms, recent Hx of CVA x 2 w/i 4 months, hospitalized, with no f/u and residual left side numbness and tingling

Case Study

- Drug abuse for 20 years and currently uses IV Morphine 2 - 3 x/wk
- HA's 2 - 3 x/wk from MVA in 2004 with head injury and crushed ankle
- Smokes1/2 pack per day
- Bipolar - Not u/c, no meds
- No suicidal ideations today

Case Study

- During PE - pt is noted as sluggish and unfocused
- BV on wet prep. R / O for 2 weeks and UCG - negative today
- What is the best method for this patient?

Sterilization

- Bilateral Tubal Ligation:
  - Must be 21 years of age
  - Must be mentally competent
  - Considered permanent although not 100% guaranteed effective

Transcervical Sterilization / Essure

Essure

- The patient must meet one of the following criteria requirements to obtain prior approval for this procedure:
  - Morbid Obesity (BMI 45 or greater)
  - Abdominal mesh that mechanically interfaces with Laparoscopic BTL procedure
  - Permanent colostomy with documented adhesions

Essure

- Multiple abdominal / pelvic surgeries with documented severe adhesions; or
- Artificial heart valve requiring continuous anticoagulation; or
- Other severe medical problems that would be a contraindication to laparoscopic tubal ligation procedures based on medical documentation submitted

Injectable

- Depo - Provera :
  - Administered IM every 3 months
  - BMD precautions and recovery after use

Case Study

- 17 year old G0 presents in for FPA on POP's
- BMI - 27, LMP - 3 weeks ago
- B/P - Normal
- Meds: Trokendi XR daily, OTC - allergy med
- Med Hx: Open Heart Surgery as infant / Heart Murmur, Migraines without Aura

Case Study

- Current on Progestin only pills and desires to continue
- PE - Negative without SOB, Chest pain or Dyspnea
- What is the best top tier birth control options for this patient?

Oral Contraceptives

- Taken daily
- Two types: Combined and Progestin - only
- Progestin - only pills are recommended for breastfeeders and women who can't take estrogen

Three Month Pill Pack Seasonale / Seasonique

- 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 12 down to 4

Contraceptive Ring - NuvaRing

- Nuvaring is a combined hormonal ring with 15 mcg of ethinyl estradiol and 120 mcg of Etonorgestrel

1

Contraceptive Patch – Ortho Evra

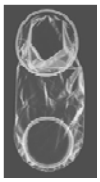
- Combined 20 mcgs of ethinyl estradiol and 0.15 mg of norelgestromin released daily
- Rotate site with each new patch; do not place on the breasts

Barrier Methods Male Condom

- Thin sheaths of latex, polyurethane 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.



Spermicides

- Vaginal tablets, suppositories or dissolvable film
- Cream
- Foam

Fertility - Awareness Based Methods (Natural Family Planning)

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

Fertility - Awareness Method Standard Days Method (Cyclebeads)

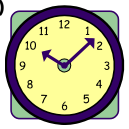
- Color - coded string of beads that represent a woman's menstrual cycle
- Each bead represents a day of the cycle and the color helps a woman to determine if she is likely to be fertile that day

Emergency Contraception

- Prevent pregnancy after intercourse - Inhibit ovulation, fertilization and / or implantation
- Does not cause abortion
- Will not interrupt or harm an established pregnancy
- Are not the same as mifepristone (RU486)

Emergency Contraception

- Yuzpe Method
- ECP: Plan B - one step, Next Choice, After Pill
- Ulipristal Acetate (Ella)
- Copper IUD



Emergency Contraception

- Return to the clinic in 3 weeks for repeat HCG if no menses
- All Family Planning patients should be informed about ECPs and offered a pack to have on hand if needed

Positive Pregnancy Test

- Clients with a positive pregnancy must be offered counseling on all pregnancy options including:
  - Prenatal care and delivery
  - Infant care, foster care, or adoption
  - Pregnancy Termination

Abortion Counseling / Referral Guidelines

- Referral for prenatal care to another provider for further discussion of her options
- May NOT provide pregnancy options counseling which promotes abortion or encourages persons to obtain an abortion
- May provide info regarding an abortion provider, which may include name, address, and telephone number

Abortion Counseling / Referral Guidelines

- May provide patient with complete factual information of all medical options

Cervical Screening

- News Flash
  - In 2014, FDA approved HPV as a screening test
  - National Institute of Health (NIH) study concludes HPV screening as a better predictor of low cancer risk than a negative Pap test
  - The NIH study demonstrates the superior predictive value if a negative HPV test

Mature Woman: 40 - 64 Years

- ACOG screening guidelines:
  - Height, weight, BMI, BP, neck exam to assess thyroid, CBE, inspect oral cavity, abdominal exam, pelvic exam, skin exam, HIV Testing

Mature Woman: 40 - 64 years

- Pap Smear:
  - Low Risk - Pap every 5 years
  - High Risk pap history and Positive HIV – Pap annually

Mature Woman: 40 - 64 years

- Colorectal Screening with colonoscopy
  - Age 50 and older who are low risk every 10 years with African Americans initiated at age 45

Mature Woman: 40 - 64 years

- Additional Screening:
  - Fasting glucose age 45 + = every 5 years
  - Lipid profile age 45 + = every 5 years
  - Mammography age 40 - 49 every 1 - 2 years / Age 50 + = annually

Mature Woman: 40 - 64 Years

- Average age of menopause is 52
- Per ADPH protocol, can stay on POPs, IUD until age 55
- Age 50 for depo - provera

Mature Woman: 40 - 64 Years

- Perimenopause to postmenopause
  - Vasomotor symptoms (hot flashes)
  - Vaginal dryness
  - Changes in sleep patterns
    - (Insomnia can be associated with poor work performance and mood changes)

Rosa

- 42 years old
- Quit smoking her B & Ms about 4 months ago
- Denies ETOH / Drug use

Rosa

- Diagnosed with Rheumatoid Arthritis at age 35 and takes daily medication (Humira X 10 years) for this
- Take steroids when she has a "flare-up"
- Medication for Depression and Anxiety (Wellbutrin XL and Xanax)

Rosa

- Rosa is 5' 7"
- She weighs 170 lbs with a BMI of 27; BP 130 / 82
- Her HCG is Negative
- She is Gravida 4 Para 3 (1 SAB)

Contraceptive Options

- The BEST contraceptive option for Rosa is:
  - COCs, POPs, IUD, DEPO
  - POPs, DEPO, Mirena IUD
  - COCs, IUD, POP, Nexplanon
  - POPs, IUD, Nexplanon, Condoms, BTL
  - Both 1st and 4th are viable options
  - None of the above

Iris

- 48 years old
- Height is 5' 1"
- Weight is 180 lbs with BMI of 34
- Nonsmoker
- Occasionally uses ETOH on holidays

Iris

- Iris' medical history:
  - Type 2 DM (diagnosed 4 years ago) on Metformin and Januvia
  - Hypertension on Atenolol X 4 years
  - Elevated Cholesterol on Simvastatin
  - Abnormal Thyroid on Synthroid for 15 years

Iris

- Iris has a new "Friend" she met at church about six weeks ago
- LMP November 7 and was heavy as usual and lasted 7 days
- HCG negative
- Iris wants "safe" birth control

Iris

- What additional information would be helpful in choosing contraception for Iris?
  - BP, A1C, Lipid Profile
  - BP, A1C, Lipid Profile, HCG
  - HCG, TFS, A1C
  - BP, A1C, Lipid Profile, TFS, HCG, Last visit with PMD, previous pap smear?
  - None of the above

Mature Woman: 40 - 64 Years

- Hormone therapy
- "Rule of thumb"
- The lowest doses that are effective should be used for the shortest periods of time to achieve symptom relief

Mature Woman: 40 - 64 Years

- Mammograms beginning at age 40
- Fasting glucose and lipid profile starting at age 45: Every 5 years
- Colorectal cancer screen at age 50 (if low risk)
  - African American Woman begin screening at age 45

Mature Woman: 40 - 64 Years

- Colonoscopy every 10 years
  - High risk: Consult colorectal screening guidelines

Mature Woman: 40 - 64 Years

- Immunize
  - Zoster vaccine recommended at age 60 (shingles)
  - Influenza annually

Older Woman: 65 + Years

- Consider discontinuing Pap smears in women with:
  - Evidence of negative history and no CIN 2 or worse
  - Adequate negative prior screening results are defined as 3 consecutive negative cytology results or 2 negative co - test results performed in the past 5 years

Source - ACOG

Older woman: 65 + Years

- Osteoporosis / BMD (bone mineral density) testing:
  - Not more frequently than every 2 years
- 1000 - 1200 mg Calcium (RDA)*
- 600 - 1000 IU Vitamin D (RDA)*
- Weight bearing exercise

Source - NOF

Older woman: 65 + Years

- Heart disease is the leading cause of death
- Higher Risk for Complications from the Flu
- The risk of getting Breast Cancer increases with age

Sources: AHA and CDC

Older woman: 65 + Years

- Medical Home / Primary Medical Doctor
- BP / Blood Glucose / Fasting Lipoprotein Profile Screenings
- Yearly Women's Health Exams / Mammograms
- Colonoscopy every 10 years / FIT Testing

Concerns of All Ages Sexual Coercion

- Coercive situations involve:
  - Threats
  - Humiliation
  - Anger

Concerns of All Ages Sexual Coercion

- The act of persuading or coercing a person, including a minor, to engage in an unwanted sexual activity through physical force, threat of physical force, or emotional manipulation

Concerns of All Ages Sexual Coercion

- It differs from rape in that the coerced individual consents to the sexual activity – they feel it is easier to consent because of an imbalance of power

Concerns of All Ages Sexual Coercion

- Assessment for positive history of abuse / assault or patient reveals information about coercion:
  - "Has anyone ever forced you to have sex when you didn't want to?"
  - "Can you tell me what happened?"
  - "What is the age of your partner?"

Concerns of All Ages Sexual Coercion

- Warning signs of Possible Sexual Assault or other Types Of Nonconsensual Sex:
  - Recurrent sexually transmitted infections
  - Unplanned pregnancy

Concerns of All Ages Sexual Coercion

- Depression
- Self - Destructive behavior
- History of chronic, unexplained physical symptoms

Concerns of All Ages Sexual Coercion

- Be Sensitive and Nonjudgmental

Sexual Abuse

- Counseling
- Social Work consultation / Referrals
- Follow ADPH reporting policies

Reporting Sexual Abuse

- All females less than 12 years of age who are sexually active, should be reported

Pamphlets

- What to say and how to say it - 20 ways to respond to sexual pressure
  - ADPH - FHS - 518
- Sexual Pressure - How to say No
  - ADPH - FHS - 490
- Before you date an older guy
  - ADPH - FHS - 462

Pamphlets

- Is your girlfriend under the age of 16? Having sex with her may put you in prison - about consensual sex and the law in Alabama
  - ADPH - FHS - 519
- Is your child or teenage sexually active? About consensual sex and the law in Alabama
  - ADPH - FHS - 520

Human Trafficking

- Human trafficking is defined as knowingly subjecting a person to labor or sexual servitude through the use of coercion or deception or trafficking a minor(a person under 18 years of age) for sexual servitude

Human Trafficking

- Human trafficker is a person who knowingly subjects a person to labor or sexual servitude through coercion or deception: a person recruiting, enticing, isolating, harboring, or maintaining a minor to engage in sexual servitude (no coercion or deception required)

Reporting

- The National Human Trafficking Resource Center Hotline:
  - 1 - 888 - 373 - 7888
- http://www.acf.hhs.gov/trafficking/

Victim Identification

- Evidence of being controlled
- Evidence of an inability to move or leave job
- Bruises or other signs of battering
- Fear or Depression

Victim Identification

- Non - English speaking
- Recently brought to this country from eastern Europe, Asia, Latin America, Canada, Africa, or India
- Lack of passport, immigration or identification documentation

Victim Interaction

- Provide safe confidential environment
- Provide interpreter or language line or someone who does not have a conflict of interest

Questions or Comments

- Great websites for more info:
  - cdc.gov
  - adph.org
  - ACOG.org
  - NIH.gov
  - NOF.org
  - Heart.org (AHA)

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