Female Health Issues: Part I – Gynecological Difficulties

I. The history of women’s health

II. Current initiatives

III. Gynecology & the annual Exam

IV. Gynecological Difficulties – vaginal infections

I. The state of women’s health in the U.S.

A. The women’s health movement mid 1800’s

- Health education & disease prevention focus
- Target: women as caretakers of the family
- Female Medical College of Pennsylvania
  - Elizabeth Blackwell graduated from medical school in 1848
  - 1850 Medical College established

B. Post Civil War Period
   - Dorothea Dix – recruited women to work with her as nurses,

C. Progressive Era
   - Women’s rights – suffrage, birth control
   - Children’s Bureau established in increased availability of prenatal & child health care
D. 1950s redefining sexuality
   - Kinsey’s Studies [http://www.indiana.edu/~kinsey/data.html]

E. The 60’s & 70’s – Grassroots Movement
   - Challenged the medical establishment in issues of abortion to unnecessary hysterectomies, cesarean sections, and mastectomies
   - National Women’s Health Network (NWHN) formed
   - Congresswoman’s Caucus formed, became the Congressional Caucus for Women’s Issues
     - Public Health Service on Women’s Health at the DHHS
     - Office of Research on Women’s Health at the NIH

F. The 80’s & 90’s
   - Increasing gender equity in biomedical research and establishing guidelines for the inclusion of women and minorities in federally sponsored studies
   - Funding research on areas of concern to women: contraception, fertility, breast & ovarian cancer, osteoporosis, HIV/AIDS

II. Current Women’s Health Initiatives
   - Enhanced funding & national projects for women’s health research, services and education
   - Inclusion of women in clinical research studies
   - Examination of gender differences in cause, treatment and prevention of disease
   - Addressing special access needs of women for health care services
   - Helping ensure that women have access to senior positions in health and science careers
   - Addressing a culturally diverse population

III. Gynecology & the Annual Exam
   - **Gynecology** - branch of medicine that specializes in female health
   - Often combined with **obstetrics** (branch of medicine concerned with the treatment of women during pregnancy, labor, childbirth and post-childbirth)
Routine physical exam

- Questions about individual and family history
- Checks of blood pressure, pulse, height and weight
- Examination of the eyes, nose, throat, skin & nails
- Listening to the heart & lungs w/stethoscope
- Manual breast examination
- Pelvic exam, including a rectal exam
- Pap test
- Tests for STDs
- Blood test
- Urine test

A. The Pelvic Exam

1) Examination of vulva
Internal exam
- Practitioner should put two gloves on the hand that touches the vulva while inserting the speculum, then remove the top glove before doing the internal exam
- Check the cervix for unusual discharge, signs of infection
- Pap (Papanikolaou) smear –
  - Distinguish normal from abnormal cells
  - Cytobrush

Bimanual exam - Practitioner will insert 2 fingers of one hand into the vagina, place the other hand on the lower abdomen and press down, manipulating with the fingers in the vagina in order to locate and determine the size, shape & consistency of the:
  - Uterus
  - Ovaries
  - Tubes

Rectovaginal exam – practitioner inserts 1 finger into the rectum and 1 into the vagina, to check the tone and alignment of the pelvic organs & ovaries, tubes, uterus

Self exam – see p. 249
- Light source that can be directed (strong flashlight)
- Speculum
- Lubricant
- Mirror w/long handle
- Antiseptic soap or alcohol
B. Clinical Breast exam

- Practitioner inspects the breasts carefully for skin changes while the patient is sitting up, as she raises her arms over her head and then lowers them to her sides.
- Using the pads of the fingers, the examiner will apply slight pressure to feel for breast lumps in the outside, middle, and around the nipple of the breast.
- She or he also will examine under the armpit and check for any discharge coming from the nipple.
- A trained health professional can often detect a breast abnormality before a woman feels something irregular through a self breast exam.

IV. Gynecological Difficulties – vaginal infections

**Vaginitis / Vulvitis** - an inflammation of the vagina and the vulva that may cause pain, itching, and discharge.

- **Lactobacillus** sp.

- There are 3 types of infections:
  1. **Candidiasis**
  2. **Trichomonas**
  3. **Bacterial Vaginosis**
- **Vulvodynia**

A. Candidiasis

- Candidiasis, moniliasis, thrush, fungus infection and yeast infection – all names for vaginitis caused by **Candida**. 90% are **C. albicans**.
- Causes 30% of the vaginitis that leads women to see the gynecologist – not sexually transmitted.
- **C. albicans** is found normally in the vagina, but usually remain in a “balanced” state.
- **Causes**
  - Corticosteroid therapy
  - Malnutrition
  - Immuno-compromised condition
Diagnosis & Treatment

- Symptoms =
  - Diagnosis – speculum examination may reveal white plaques, Vaginal pH
    - confirmed via KOH prep, or Gram’s stain
  - Treatment = antifungal cream/suppository
    - Azole agents via topical applications i.e. Monistat-7
    - Prescription or non-prescription forms w/regimens that range from 1-7 days
  - “ping-pong” infections treated by using a condom

B. Bacterial vaginosis – *Gardnerella vaginalis*

- Can also be caused by anything that disrupts the normal balance of *Lactobacillus*
- May be sexually transmitted
- Symptoms – profuse, non-irritating discharge (thinner than in a yeast infection), often with a malodorous “fishy” amine odor
  - Associated with preterm birth
- Diagnosis – wet prep of a vaginal swab that has an elevated
- Treatment – metronidazole or clindamycin orally for 7 days, also available in a topical cream,

C. *Trichomonas vaginalis*

- *T. vaginalis* – unicellular, anaerobic protozoan that can be sexually transmitted

- Symptoms – profuse discharge w/an unpleasant odor, Vaginal pH 5-7; vulvar pruritis & erythema can also be noted
- Diagnosis – wet prep of vaginal swabs
- Treatment – metronidazole, orally, 1 dose (both partners need to be treated)
General rules of thumb when treating vaginitis

- It is important to use the medication exactly as it is prescribed. Do not stop using medication when symptoms disappear as some organisms may survive incomplete treatment.
- Avoid sexual intercourse during the treatment. This will allow irritated vaginal tissue to heal faster.
- If you do have intercourse, use a condom. However, some vaginal medications may weaken the latex in condoms, causing possible breakage.
- After a bowel movement be sure to wipe yourself from front to back, away from the vulva.

● UTIs –
D. Vulvodynia

- Frustrating condition that is frequently misdiagnosed – assumed to be psychosomatic – but often NOT.
- Symptoms – chronic burning or painful itching of the vulva
- Dermatoses of the vulva
- Cyclic candidiasis
- Benign papillomas
- Allergy

E. Preventing Vaginitis

- Cleansing – daily soap & water washing of the vulva and vaginal area
- Wiping from front to back post defecation & urination
- Clean sexual partner
- Limit antibiotic use
- Don’t douche
- Avoid nylon or synthetic underwear, wear loose fitting clothing for ventilation
- Change out of a wet bathing suit or clothing immediately after swimming or exercise
- Avoid perfumed or dyed toilet paper, vaginal sprays
- All possible sources of irritation should be eliminated