Guidelines for Nurse Practitioners in Gynecologic Settings
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Preface

The 11th edition of *Guidelines for Nurse Practitioners in Gynecologic Settings* is designed to assist nurse practitioners, nurse midwives, clinical nurse specialists, physician assistants, students preparing for these roles, and other health professionals who care for women across the life span and in community health care settings. The issues about which women may seek care range from common gynecologic concerns, including infections and sexually transmitted diseases (STDs), to navigating life transitions such as fertility control and preparing for pregnancy, to menopause and incontinence. Women also seek care and assistance when they encounter abuse or struggle with weight management; osteoporosis; smoking cessation; stress management; mental health issues; changes in their sexuality, including desire and physical responses with aging; and risks for heart disease, osteoporosis, and breast cancer; as well as the changing information on HIV/AIDS. The clinical guidelines, appendices, and bibliographies for this edition have been extensively revised and rewritten to address these concerns, using best-evidence data from the literature when those data are available. Note: “STD” is the most commonly used term for the collection of medical infections that are transmitted through sexual contact. However, since the medical community has begun transitioning from “STD” to “STI” (sexually transmitted infection) in an effort to clarify that not all STIs turn into disease, the authors will be using the term “STI” throughout the book.

The three principal authors of the guidelines are nurse practitioners who have practiced for decades in women’s health care settings. All were actively involved in the publication of the first edition and have continued to be responsible for updating these guidelines for each edition of the book. Several guidelines were developed or updated by nurse practitioner colleagues who have expertise in particular specialty areas within women’s health care or emerging issues.
This 11th edition has several special features to assist you in your practice, including the following:

- A chapter on well-woman annual examinations, covering special issues in examining and caring for older women
- An enhanced mental health chapter that details an approach to discontinuation of selective serotonin reuptake inhibitors/serotonin-norepinephrine reuptake inhibitors (SSRIs/SNRIs)
- A bibliography for each guideline, plus one or more relevant websites at the end of each chapter
- Guidelines for STIs, vaginitis, and vaginosis that reflect the 2014 Centers for Disease Control and Prevention Sexually Transmitted Diseases Treatment Guidelines
- Guidelines for the management of cytological abnormalities and cervical intraepithelial neoplasia that reflect the recommendations of the 2014 American Society for Colposcopy and Cervical Pathology Consensus Conference (www.asccp.org)
- Information on hormone therapy, menopause, and osteoporosis that reflects evidence-based practice generated through analysis of the emerging data from the Women’s Health Initiative and other studies
- Information on contraception based on research articles and on the 2014 adaptation of the World Health Organization’s Medical Eligibility Criteria for Contraceptive Use
- Information on natural family planning, which has changed significantly, and the revised guidelines, prepared by an expert natural family planning educator, which reflect those changes

Two special features are designed to facilitate clinical use in primary care:

- Spiral binding to ensure these clinical guidelines will lay flat for easy reference
- Availability of the Patient Information and Consent Forms (Appendix A) and the Patient Education Handouts (Appendix I) in PDF format

The four-part organization is as follows:

I. General Guidelines for Women’s Health Care presents six chapters that cover the well-woman exam, safe practices for clinicians, complementary and alternative medicine (CAM) therapies, smoking cessation, weight management, and guidelines for assessing victims of abuse and violence.

II. Guidelines for Contraception and Preconception Care presents two chapters that cover methods of contraception and family planning and preconception care.
III. Guidelines for Managing Women’s Health Conditions presents guidelines on discrete disorders that are grouped into 13 chapters. Within each chapter, the disorders are organized alphabetically for ultimate ease of use.

IV. Appendices present nine invaluable clinical resources, such as screening tools, consent forms, and patient education handouts. The Patient Information and Consent Forms (Appendix A) and the Patient Education Handouts (Appendix I) are available in PDF format at www.springerpub.com/hawkins11.

Our extensive revisions reflect new information for all the guidelines, including contraceptive methods, complementary and alternative medicines, medical abortion, HIV/AIDS, human papillomavirus (HPV) screening, and vaccine recommendations.

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Acknowledgment

A very special thank you to Diane for shepherding the creation of this 11th edition. She and Lynn were the catalysts and creators of the original guidelines for our practice in the women’s clinic in Student Health Services at the University of Connecticut, Storrs. Through their immense knowledge and wonderful clinical skills they and nurse practitioner colleagues created what became a model for women’s clinic services in student health centers. Without Diane this 11th edition might never have been completed—she kept us on track and orchestrated the review process among the three of us to ensure the best possible edition. Thank you to Diane for her leadership, patience, and attention to details.

Joellen W. Hawkins
Part I

General Guidelines for Women’s Health Care

Chapter 1. Well-Woman Initial/Annual Gynecological Exam

Chapter 2. Safe Practices for Clinicians
  Chapter 3. Complementary and Alternative Therapies
  Chapter 4. Smoking Cessation
  Chapter 5. Weight Management
  Chapter 6. Guidelines for Assessing Victims of Abuse and Violence
Well-Woman
Initial/Annual
Gynecologic Exam
4 WELL-WOMAN INITIAL/ANNUAL GYNECOLOGIC EXAM

I. DEFINITION
The initial visit to a gynecologic clinician for the purpose of preventive health care that includes discussion of health topics relevant to a woman’s age and risk factors, a full comprehensive health history, an exam, screening tests, and immunizations

Refer to the American College of Obstetricians and Gynecologists (ACOG), Your Annual Health Care Visit, for recommended age-related health topics, exams and screening tests, and immunizations.

II. HISTORY
A. Medical history
   1. General health status
   2. Recent changes in health status
   3. Allergies
   4. Surgeries
   5. Significant injuries
   6. Current medications, including herbs and supplements
   7. Last colonoscopy/mammogram if age appropriate
   8. Vaccination status. Is the woman up to date on age-appropriate vaccines? Refer to the Centers for Disease Control and Prevention (CDC) vaccination guidelines for current recommendations. Federal law requires that each patient receive a Vaccination Information Statement (VIS) prior to being given any immunization. A copy of the VIS can be found on the CDC site (www.cdc.gov/vaccines).
   9. Birth control history, past and present
B. Recent changes in immediate family history
C. Gynecologic history
   1. Menstrual history
      a. Last menstrual period
      b. Menarche
      c. Interval
      d. Duration
      e. Flow
      f. Dysmenorrhea
      g. Recent changes in pattern/flow, others
D. Urinary tract history
   1. History of past infections: how often, treatment, approximate date of last infection
   2. Current problems (discomfort, pressure, incontinence)
   3. History of genitourinary surgery
E. Pap smear history
   1. Date of last Pap smear, human papillomavirus (HPV) vaccine or testing
   2. Age-appropriate abnormal Pap smear history (approximate dates, clinical intervention)
F. Sexual history
   1. Sexual orientation
   2. Age at first sexual experience/intercourse
   3. Number of sexual partners
   4. Length of time with present partner
   5. Issues related to sexual function
      a. Libido
      b. Dyspareunia
      c. Postcoital bleeding

G. Social history
   1. Date of birth
   2. Smoking history
      a. Age at first cigarette
      b. Number of cigarettes/packs smoked each day
      c. Desire for smoking cessation
         i. Prior attempts
         ii. Method(s) used
         iii. Was it successful? If no success, would the patient like to try again?
   3. Alcohol use
      a. Age at first drink
      b. Current use. How many drinks per day per week?
      c. Alcohol type
      d. Has the patient, or any family member/friends, felt or expressed concern? Does alcohol use cause issues/problems in the home or workplace? If so, a referral to a therapist might be considered and discussed.
   4. Recreational drug use
      a. Past use
      b. Present use
      c. Has the use of substances caused difficulties with relationships or in the workplace? If so, a referral might be considered and discussed.
   5. Exercise history
      a. Does the woman exercise? What kind of exercise, for how long, and how often?
      b. Has this pattern changed from a previous pattern? In what way?
   6. Abuse history
      a. Was the woman abused as a child (physical abuse, mental abuse, sexual abuse)?
      b. Is there a history of domestic violence? Does the woman feel safe at home? Does she fear harm for herself or her children?
      c. If abuse is current and the woman agrees, efforts to reach local social services that deal with abuse should be noted and a plan of action developed. If the woman is not ready to act, it would be appropriate to give her the names and numbers of local...
resources and strategize how she can safely keep these numbers where she can find them.

d. Women at risk should be encouraged to develop a plan for a quick departure from their residence. This plan should include, but not be limited to, bringing cash, birth certificates/passports for self and children, a spare set of car keys, copies of prescriptions for self and children, and a safe haven thought out in advance (see abuse and violence guidelines in Chapter 6).

7. Nutritional/dietary history
   a. Is the woman happy with her current weight?
   b. Does she consider her diet well balanced?
   c. Has she actively attempted to lose weight?
   d. If so, what plans or methods has she used? Has she taken any weight-loss medication (prescription or over the counter)? Has this been successful?
   e. Nutritional counseling may be appropriate.

8. Safe sex practices
   a. Use of condom (past and present)
   b. Avoidance of unsafe situations involving use of alcohol, drugs, and casual, unprotected sex
   c. Annual Women’s Health Care

III. PHYSICAL EXAM (AGE APPROPRIATE)
   A. Vital signs
   B. Weight/height/body mass index (BMI)
   C. General exam
      1. Skin
      2. Head/eyes, ears, nose, throat (EENT)
      3. Thyroid
      4. Lymph nodes
      5. Heart
      6. Lungs
      7. Abdomen
      8. Extremities
      9. Breasts
   D. Gynecologic exam with accommodations for the woman’s ability to assume the traditional position for the examination due to limitations posed by musculoskeletal conditions such as arthritis, paralysis, amputation, joint replacements, and aging joints and muscles that are less flexible. Consider side-lying position versus on her back with feet in stirrups.
      1. External genitalia
      2. Vagina
      3. Cervix
E. Internal pelvic exam if indicated
   1. Uterus
   2. Adnexa
   3. Rectum

IV. LABORATORY EXAMINATION
   A. Urine dipstick/culture as indicated
   B. Pap smear as indicated (refer to Pap smear guidelines in Chapter 10)
   C. Sexually transmitted infection (STI) testing as indicated by age and history
   D. Vaginal cultures if indicated
   E. General hematologic screening as indicated by age, health history, and access to other routine health care. Example: If the woman has no primary care provider and has not had a baseline lipid level, fasting blood sugar, and any other laboratory tests that seem to be indicated, then it would seem appropriate to do the laboratory tests and refer the patient as indicated.

V. TREATMENT/INTERVENTION
   A. Order mammogram/bone density testing as indicated by age and history
   B. Teach and/or reinforce breast self-examination
   C. Order laboratory tests as indicated
   D. Administer/refer for vaccines as appropriate to setting
   E. Teach as appropriate to history and physical findings, including, but not limited to, changes in Pap smear guidelines, diet, exercise, vaccines, smoking cessation, alcohol use, safe sex, STI testing, and general safety
   F. Prescribe for birth control method chosen or any other treatment indicated by findings
   G. Allow time for questions and concerns; make future appointment(s) for discussion or evaluation of specific problems or concerns raised during the visit
   H. Refer to other care providers as appropriate

Website: www.acog.org/About-ACOG/ACOG-Departments/Annual-Womens-Health-Care/Well Woman-Recommendations

NOTE

This chapter is an ideal and comprehensive guideline created to encourage the most thorough and ideal initial well-woman exam. Clearly, this guideline is meant to be adapted to your setting and time constraints. Follow-up exam should include review and update of initial information. For a comprehensive treatise on health assessment of women, see the companion book: Helen A. Carcio and Mimi Clarke Secor, Advanced Health Assessment of Women (Springer Publishing, 2015). As this edition was being revised, conflicting opinions existed regarding the benefit of a bimanual exam for the well-woman exam, although the ACOG remains firm with its recommendations.