

# Contents

<b>Foreword: Optimal Women's Health Begins with Preventive Care</b>	<b>xiii</b>
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William F. Rayburn

<b>Preface: Every Woman, Every Time, Every Where</b>	<b>xvii</b>
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Jeanne A. Conry and Maureen G. Phipps

## **Section 1 - Reproductive Age**

<b>Preconception Health: Changing the Paradigm on Well-woman Health</b>	<b>399</b>
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Diana E. Ramos

An investment in assuring the health of women, before pregnancy, can reap improved health for women, children, and their families. A paradigm shift of health must occur if perinatal outcomes are to improve, moving beyond reactive care to preventive or preconception care. Preconception health is centered on an assumption a woman is planning on becoming pregnant. But for many women, pregnancy is unplanned and medical conditions may have a negative impact on the trajectory of pregnancy and health. A new paradigm focusing on prevention and wellness can prepare women for lifelong health and healthy perinatal outcomes.

<b>Reproductive Health: Options, Strategies, and Empowerment of Women</b>	<b>409</b>
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Nichole A. Tyson

Contraception is paramount to the overall health and longevity of women. Most women in the United States use birth control in their reproductive lifetimes. All options should be available and easily accessible to permit individualization and optimization of chosen methods. Current contraceptive methods available in the United States are reviewed. Emergency contraception, contraception in the postpartum period, and strategies to tailor methods to those affected by partner violence are also addressed. Tables and flow charts help providers and patients compare various contraceptive methods, optimize the start of a method, and identify resources for addressing safety in those with underlying medical conditions.

<b>Optimizing Health: Weight, Exercise, and Nutrition in Pregnancy and Beyond</b>	<b>431</b>
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Elizabeth A. Hoover and Judette M. Louis

Pregnancy complications provide insight into women's future health risks and have long term implications for maternal and child health. Obesity has been associated with adverse perinatal outcomes and is a risk factor for chronic disease. Excessive weight gain during pregnancy often translates into postpartum weight retention, increasing women's risk for obesity. Pregnancy and the postpartum period provides a unique opportunity to discuss health beyond pregnancy, emphasize interconception care, and implement appropriate prevention strategies. We aim to review the impact

of obesity, gestational weight gain, postpartum weight retention, and role of nutrition and exercise on pregnancy and lifelong health.

**Menstrual Health as a Part of Preventive Health Care****441****Kristen A. Matteson and Kate M. Zaluski**

Menstrual health assessment facilitates identification of pathologic conditions (eg, abnormal uterine bleeding, endometriosis), offers the opportunity to educate women on what menstrual symptoms may be normal or abnormal, and provides the opportunity to initiate treatment for women who are suffering because of problems with menstrual bleeding or associated symptoms. Heavy bleeding, pain, fatigue, and mood changes significantly affect a woman's physical, social, and emotional quality of life. Promptly identifying and treating these disorders by incorporating their assessment into routine well-woman care has the potential to positively affect the lives of a substantial number of women.

**Environmental Exposures in Reproductive Health****455****Kelly McCue and Nathaniel DeNicola**

Our genetic makeup and environment interact. Evidence has emerged demonstrating preconception and prenatal exposure to toxic agents have a profound effect on reproductive health. We cannot change our genetics, but we can change our environment. Health providers can protect pregnancies from harmful exposures. Pregnancy is the most critical time-window for human development, when any toxic exposure can cause lasting damage to brain development. Reproductive care professionals can provide useful information to patients and refer patients to appropriate specialists when hazardous exposure is identified. Clinical experience and expertise in communicating risks of treatment are transferable to environmental health.

**Integrated Mind/Body Care in Women's Health: A Focus on Well-Being, Mental Health, and Relationships****469****Priya Batra**

Integrated care with mental health clinicians embedded in medical departments remains rare despite evidence of the need and effectiveness of such a model. Comprehensive, efficacious, and meaningful health care requires adequate attention be paid to the physiologic and the psychological symptoms of the patient. In the obstetrics/gynecology setting, myriad psychosocial concerns routinely present and cannot be adequately addressed in the current systems of care. The need is there, providers and patients have shown preference for such a structure, and the outcomes are promising. This article outlines common patient concerns in such settings and discusses possible interventions.

**Cancer Screening in Women****485****Alison Vogell and Megan L. Evans**

Advancements in cancer screening techniques have allowed for earlier detection of cancer at premalignant or early stages of disease. Several

organizations have guidelines for screening strategies for breast, cervical, colon, and lung cancer. Ovarian cancer remains the deadliest cancer of the female reproductive tract; however, guidelines have yet to be shown effective in identifying ovarian cancer at earlier stages. It is important that providers familiarize themselves with up-to-date screening strategies in women at average risk and at increased risk of disease. The provider's role in guiding patients toward screening programs and counseling regarding risk reduction is one of the most important.

## Section 2 - Maturity

### Menopause: Hormones, Lifestyle, and Optimizing Aging

501

Mary Jane Minkin

Although American women spend approximately 30% to 40% of their lives in menopause, a state defined by the cessation of estrogen production by the ovaries, obstetricians and gynecologists in North America receive little formal education about menopausal health. Hormonal therapy has been available for more than 75 years; however, controversies surrounding its use have impacted training of care providers in all specialties. This article offers updates on care for menopausal women, focusing on symptomatology and health issues that arise related to the decline in all reproductive hormones. Lifestyle adaptations and nonmedical approaches, and nonhormonal and hormonal medications are discussed.

### Matters of the Heart: Cardiovascular Health in Women Throughout Their Lifetimes

515

Rachel A. Newman and Afshan B. Hameed

The authors' goal is to review the current recommendations for optimizing cardiovascular health beginning in adolescent years to adulthood, and to expand on the role that pregnancy complications may have as implications for future cardiovascular health. Attention to cardiac health begins in adolescence; however, most young patients are not screened. Pregnancy, with its increased cardiovascular demands and host of antepartum cardiopulmonary complications, may provide a window into future cardiac health. The distinct shift in cardiac risk that occurs once a woman enters menopause is largely ignored in routine screening guidelines.

## Section 3 - Post Maturity

### Pelvic Floor Disorders

527

Meadow Maze Good and Ellen R. Solomon

Pelvic floor disorders commonly affect women and may cause distress and difficulty with daily functions and self-image. Urinary incontinence may present as stress incontinence, urgency incontinence, or in some combination (mixed incontinence). Symptomatic pelvic organ prolapse (POP) occurs when the patient is bothered by the sensation of a herniation of the pelvic organs through the vagina. Although POP is often distressing and embarrassing, it is not considered life-threatening unless the patient cannot urinate or defecate. There are numerous ways to treat these conditions, including conservative (including observation), medical, and surgical management.

**Strong Bones, Strong Body**

**541**

Carolyn J. Crandall

Osteoporosis is a common condition among postmenopausal women. Women 65 years and older should receive bone mineral testing; younger women should undergo risk assessment using a formal risk assessment tool to determine if they should receive bone density testing. Many pharmacologic agents are available to treat women with osteoporosis on bone density testing. Women with previous hip or vertebral fractures should also receive osteoporosis pharmacotherapy.

**Section 4 - Conclusion**

**Challenges in the Era of Coding and Corporatization**

**553**

Mark S. DeFrancesco

The past 40 years have witnessed a major redesign of health care, largely driven by rampantly increasing costs and the perception of lack of better outcomes to justify those costs. Many demographic changes have also challenged the women's health care provider workforce, and evolving new payment systems are likewise a source of angst for these providers. Managed care is seeking to cut costs, and the challenge is to do so without sacrificing quality. Burnout is a new challenge in the present environment. There is now an opportunity to meet these challenges and provide the excellent care our patients deserve.