



How to Get the Most from Your *Woman's Wellness Visit*

By Mickie Griffith-Autry, PhD, NP-C

When it comes to visits to see your woman's healthcare provider for pre-emptive care and screenings, how often should you go, what should you expect and how can your interaction with your provider impact your care?

Sociocultural studies show that women tend to place their healthcare needs second to the needs of others. To compound this trend, women face seemingly ever-changing guidelines related to insurance coverage for annual screening PAP smears and wellness exams, and further confusion about whether yearly exams are necessary when annual screens are not recommended. It's enough to make you want to pull your hair out.

To clarify, while insurance companies and the American College of Obstetrics and Gynecology have determined that yearly PAP smears are not

necessary (if the previous 3 PAP's have been normal), there is still a need to see your healthcare provider for yearly wellness exams. During these visits your provider will conduct a thorough physical exam to determine if your risk factors and health concerns warrant a screening PAP smear or other diagnostic tests. Your physical exam, as well as the results of any diagnostics, will assist your provider in determining the status of your health. But it's also extremely important that you inform your provider of any issues, concerns, or changes in your health, that have occurred since your previous exam.





You can begin to take charge of the status of your own care by knowing your medical history and being aware of and noting any changes in your body or health. To best evaluate your health status, your provider needs to know:

<p>1 Menstrual cycle: age of onset of menses, cycle length and number of days and character of bleeding volume</p>	<p>2 Obstetric history: number of pregnancies, deliveries, and failed deliveries</p>	<p>3 Sexual history: sexually transmitted diseases, contraception methods, sexual dysfunction and/or sexual assault events</p>
<p>4 Current or history of: pelvic, vaginal, or outer vulvar infection, discharge, lesions, pelvic pain or discomfort, abnormal bleeding or return of bleeding after menopause</p>	<p>5 Contraception methods: past and current</p>	<p>6 PAP smear history: any abnormal results with past intervention required</p>
<p>7 Symptoms of pelvic organ prolapse: pelvic pressure, visualization of protrusion from the vagina, urinary and/or fecal incontinence (involuntary leakage)</p>	<p>8 History of gynecological procedures: endometrial biopsy, laparoscopy, hysterectomy</p>	<p>9 Gynecological problems: past or present: ovarian cysts, uterine fibroids, infertility, endometriosis or polycystic ovarian syndrome</p>
<p>10 Symptoms of pelvic organ prolapse: pelvic pressure, visualization of protrusion from the vagina, urinary and/or fecal incontinence (involuntary leakage)</p>	<p>11 Discussion of intimate partner violence</p>	<p>12 Menopausal symptoms: hot flashes, night sweats, heart palpitations, sleep disturbance, depression, irritability, anxiety, exhaustion, sexual dysfunction, vaginal dryness, joint and muscle pain.</p>

Armed with the information above, your provider will be better prepared to diagnose potential or existing healthcare problems that warrant further assessment or treatment to assure your continued health.

As a daughter, mother, and practicing health care provider, I am focused on quality of life healthcare issues for women. My advice to women – the more information that you are armed with, the better prepared we as providers will be in prescribing positive steps you can take toward a healthier and more fulfilling quality of life. Speak up and become your own best advocate to make sure you are receiving the quality of healthcare that you deserve. When you take care yourself and your own healthcare needs, you'll find peace of mind in knowing that you are doing everything you can to be there to meet the needs and demands of all the roles you play while taking care of everybody else.

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