



Women's Health in Family Medicine

Dr Layth Delaimy
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Map

- **Gynaecology**
 - **Emergencies**
 - **Common Presentations**



Map

- **Obstetrics**
 - Preconceptual counselling
 - Bleeding early in Pregnancy
 - Bleeding Late in Pregnancy
 - Abdominal Pain in Pregnancy
 - Pre-eclampsia and Eclampsia
 - Post natal Care



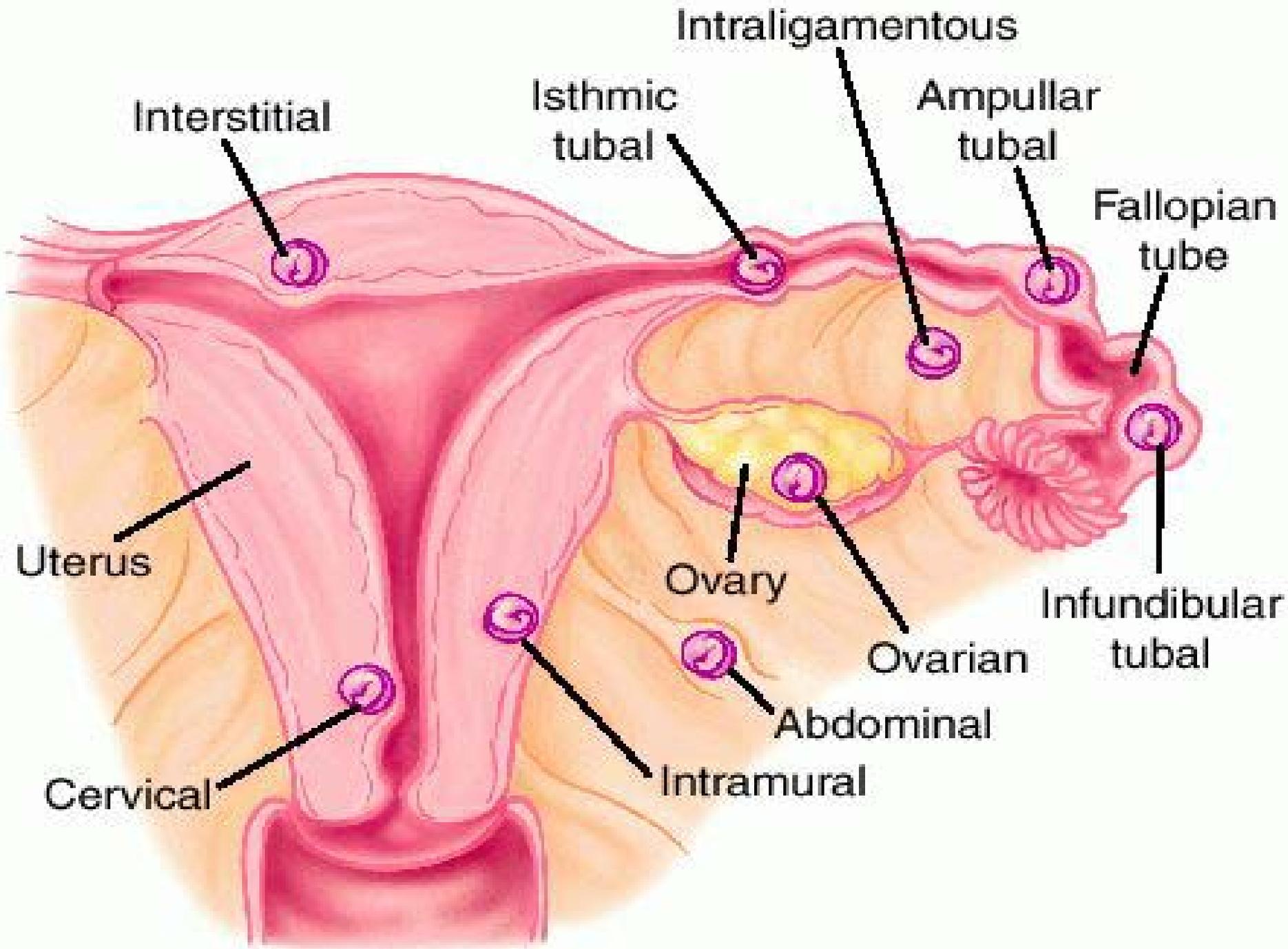
Managing Ambiguous Terms

- What is a regular period
- What is the normal blood flow, when is the period considered heavy
- Menorrhagia
- Oligomenorrhoea & Amenorrhoea



Managing Gynaecological Emergencies

- Ectopic
- Miscarriage
- Eclampsia
- Bleeding – APH (inc Abruptio), PPH
- Ovarian Cyst





Ectopic

- Red flag: Hypovolaemic Shock
- Bleeding or non bleeding ectopic
- Rough guide: pain before bleeding
- Do we need to do a VE?
- Answer: No
- Dx TVUSS + beta HCG Titre & Laparoscopy



Spontaneous Abortion

- Threatened: Bleeding then little or no pain, Inevitable: Clots & Pain ++
- Complete, Incomplete & Missed
- Septic abortion & Hydatiform mole
- Habitual Abortion, 3 or more consecutive

pre · e · clamp · si · a

[pree-i-klamp-see-uh]

high blood pressure
protein in the urine
20th week of pregnancy
risk includes...
mothers over age 40
mothers under 20
first pregnancy
mothers carrying
multiple babies
toxemia
preeclampsia
high blood pressure
protein in the urine
20th week of pregnancy





PET & Eclampsia

- HELLP syndrome: H (haemolysis) EL (elevated liver enzymes) LP (low platelets), DIC & RF
- Headache, papilloedema
- New HTN 160/100 refer now 140/90 in 2d. Any other sign or symptom or proteinuria → Now



Abnormal Bleeding

- Pre or post menopausal
- Period or no period, ie menorrhagia vs PCB or IMB
- Pregnant or non pregnant
- Remember blood discrasias & drugs

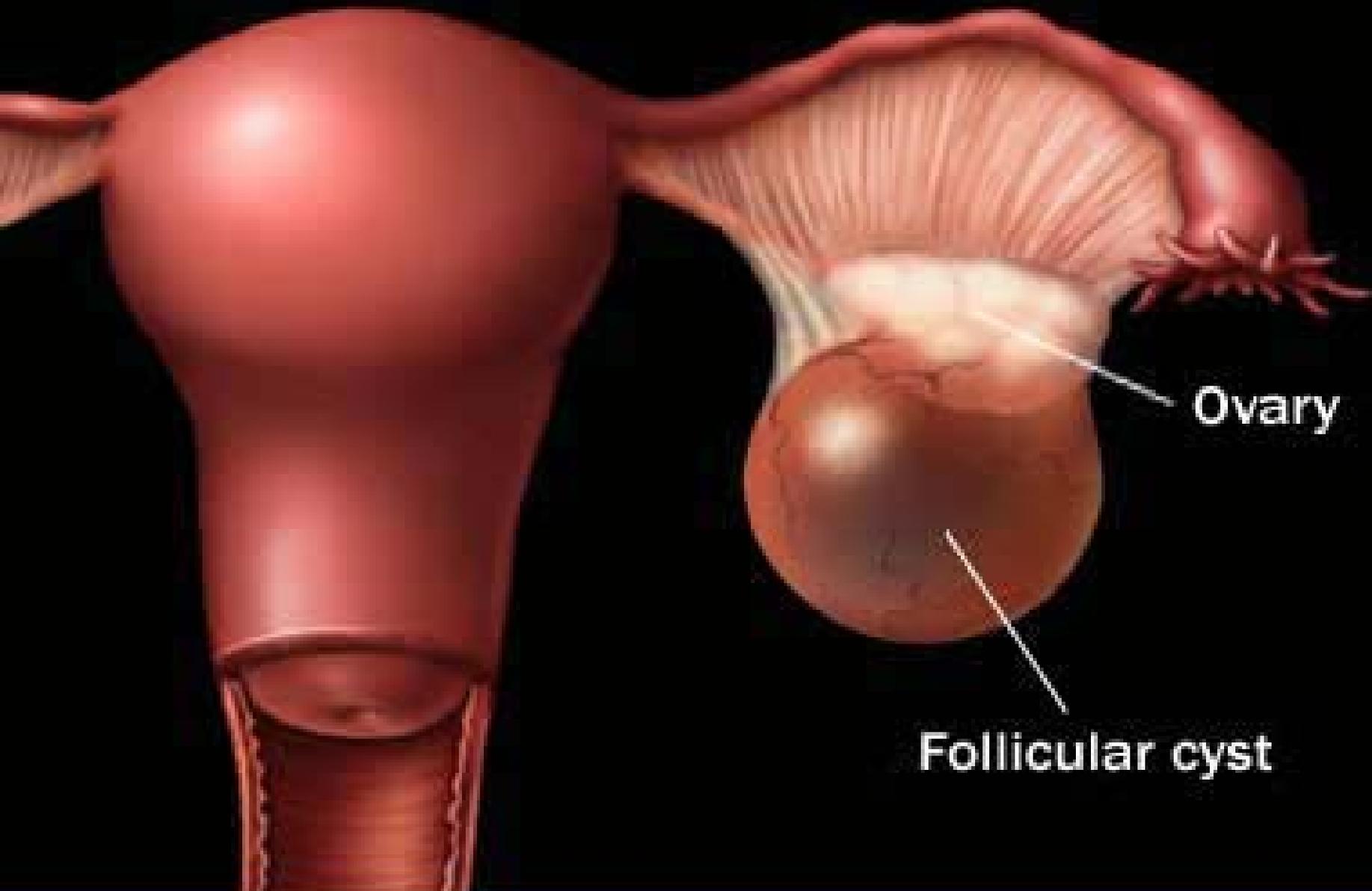


- In an English study, looking at pathological findings from a group of women referred to colposcopy for PCB but with a negative previous cervical smear:
- 7% had CIN (i.e. abnormal histology despite a normal smear)
- 12% had cervical polyps
- 33.% had an ectropion
- 2% had chlamydia
- 50% had *no* pathology
- Nobody had invasive cancer
- Thus, we can reassure patients that there is no serious pathology in the majority of women experiencing PCB.



Investigating Abnormal Bleeding

- FBC, Clotting, TSH, LH & FSH (if climacteric)
- USS (TVS)
- Endometrial biopsy (esp >40)
- Hysteroscopy



Ovary

Follicular cyst



Ovarian Cysts

- Of 20 000 healthy postmenopausal women screened in the Prostate, Lung, Colon and Ovarian Cancer Screening Trial, 21.2% had abnormal ovarian morphology, either simple or complex
- RCOG(2003) Ovarian Cysts in Post Menopausal Women. Green Top Guidelines 34 [online] accessed on 23/10/2009 available from <http://www.rcog.org.uk/files/rcog-corp/uploaded-files/GT34OvarianCysts2003.pdf>



Ovarian Cysts

- Can be functional benign or malignant
- Refer any cyst $> 8\text{cm}$ or *persistent* (> 6 weeks) less than 8 cm
- Refer all cysts $> 2\text{ cm}$ in pre-menarche and all in post-menopause



PCO

- Syndrome: Symptoms + Signs
- Polycystic ovaries can be seen on USS without syndrome
- High LH, normal FSH, high FREE testosterone and insulin resistance



PORTRAITS TAKEN

Chas. Eisenmann,

INSTANTANEOUSLY.

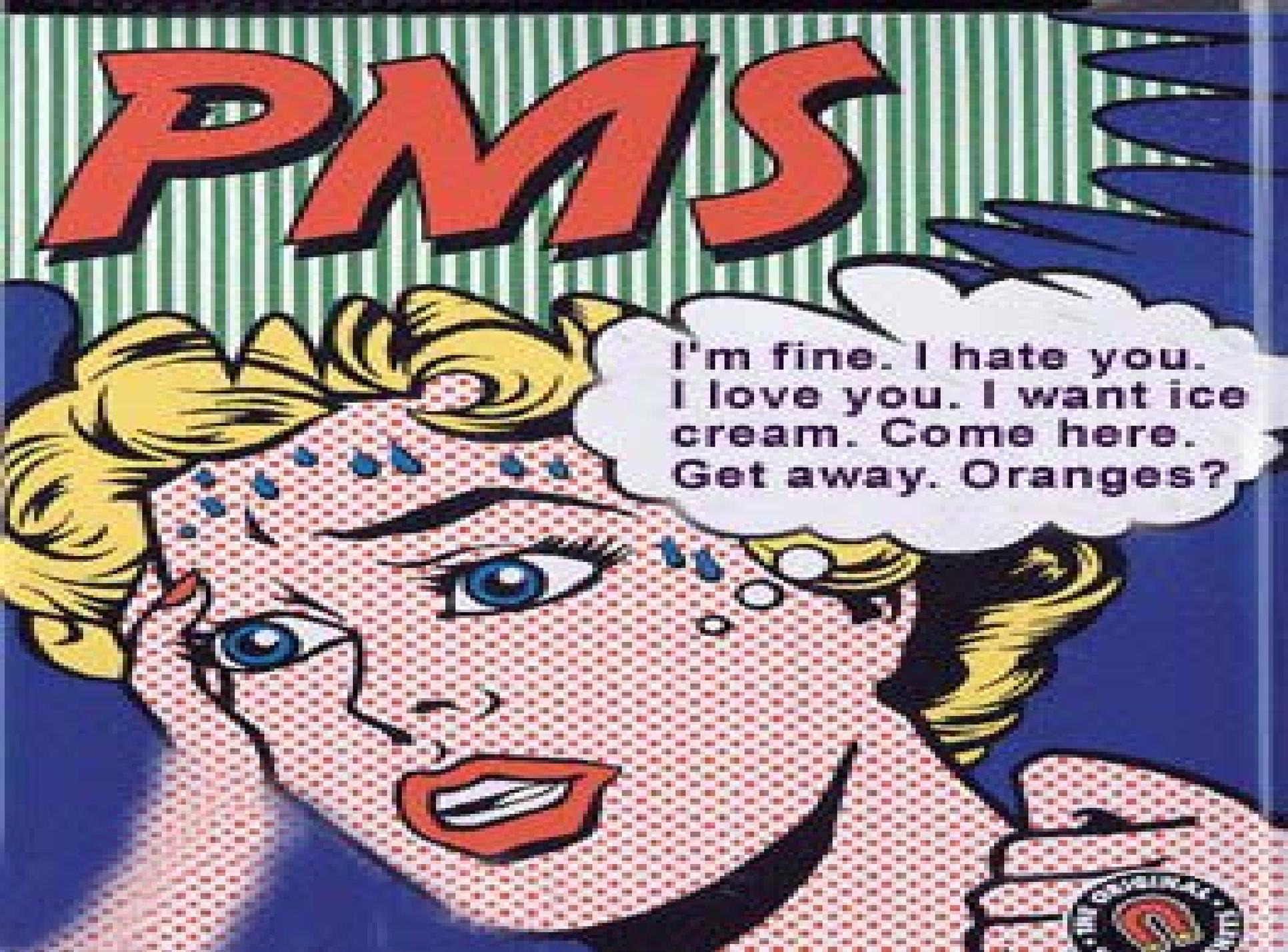
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The Bearded Fat Woman with
Insulin resistance

Management varies if she

1. Asks for
contraception
2. Asks for fertility
advice
3. Symptoms
control
4. None of the
above

PMS



I'm fine. I hate you.
I love you. I want ice
cream. Come here.
Get away. Oranges?



Premenstrual Tension Syndrome (PMS, PMT or PMTS)

- **Criteria**

- Crescendo
- > 3 cycles
- The same symptom each time

Treatments range from Lifestyle, CBT, light therapy, Diuretics, B6, SSRIs and Tricycle regime of CHC



Preconceptual Counselling

- Identify those at risk of having congenital defects babies
- Folic acid higher risk eg diabetics, Coeliac & SCC
Rx 5mg od
- Listeriosis risk
- Weight, Exercise, Smoking & Alcohol & Drugs
- Infections: HIV, Vericella, Hep B
- Diseases: switch to same medications prior to pregnancy, diabetes depression, epilepsy & Hypertension



Antenatal Screening

- HIV, Rubella & TP serologies
- Down's Syndrome
 - Normally: combined test (nuchal translucency, β -HCG and pregnancy-associated plasma protein-A PAPPA should be the screening test offered to women between 11 weeks days and 14 weeks.
 - Late booking - triple or quadruple testing: free β -HCG, AFP, inhibin A and Ue_3 (unconjugated Oestriol)



Ante partum Haemorrhage APH

- Placenta Brevia painless bleeding and may lead to to placenta accreta & PPH
- Placenta Abruptio abdominal pain
- Uterine Rupture



General Consideration

- The most common reason for abdominal pain in pregnancy is musculoskeletal
- Any unexplained bleeding at any stage of pregnancy requires an USS



Ante Natal GP Visit

- Shared with MW
- BP, Gestational age, Urine for Glucose & Proteins, Foetal heart sound, SFH, Abdo examination, presentation, lie, engagement
- Sweep at 41/40?
- Address matters arising



What one single thing this GP is looking for?





Post partum Haemorrhage

- Primary (due to labour) ie retained products or cervical or vaginal lacerations
- Secondary (to the above) and usually infection.



Fertility

- Start with the male partner SFA
- Investigate after 2 years trying
- Investigations are USS & BTs
- Follicular BTs: FSH, LH, Prolactin, TSH, SHBG, Testosterone, U&Es & LFTS
- Midluteal BTs: Progesterone
- For Tubal Patency choice between Hysterosalpingogram & hysteroscopy
- If all the above were normal then the couple might be eligible for assisted conception.



Post Menopausal incontinence

- Urge
- Stress
- Genuine



Before referral

- Is there a U-V prolapse you could help with a vaginal ring
- Is there any infection you could treat
- Is there any atrophy in the vagina you could help with HRT