

FOURTH EDITION

GYNECOLOGIC HEALTH CARE

WITH AN INTRODUCTION TO PRENATAL AND
POSTPARTUM CARE

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Dedication

To:

The innumerable individuals and communities who are marginalized, we hope this book will give readers a deeper understanding of the importance of inclusivity and health equity;

The indomitable Kitty Ernst, thank you for encouraging us to always look for ways to improve health care; and

Our colleagues, friends, and family members who have been encouraging and patient throughout the labor of this edition. There are too many to mention each of you by name, but you know that we know who you are. We truly appreciate the support you provided.

—*Kerri and Francie*

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—*Kerri*

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—*Francie*

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PREFACE

Historically, gynecologic health was framed within a biomedical model by clinicians. A biomedical model is disease oriented and focuses on curing illness—an approach that risks pathologizing normal aspects of physiology. When a biomedical lens is used to assess people’s health, there is a risk of essentializing individuals and reducing them to their biologic parts. This reductionism transfers to practice when an individual’s body parts become the focus of diagnosis and treatment. The meaning of the diagnosis to the individual, and the impact that the diagnosis has on them, their significant others, and their life, is not addressed in this approach.

In contrast to the biomedical model, a holistic model assesses health within the context of each individual’s life. A holistic approach is grounded in caring for the whole person within their lived experience. Each person is recognized as an expert knower whose agency should be supported. As experienced clinicians, we use this holistic practice philosophy as an overarching framework for this text. A related core principle of the text is our use of the health-oriented perspective that is vital to the philosophy of care espoused by nursing and midwifery, in which we both strongly believe.

We initially embarked on creating a book that presented gynecologic health from a woman-centered, holistic, and feminist viewpoint. Our goal was to produce a book that emphasized the importance of respecting normal physiology; provided evidence-based clinical content appropriate for assessment, diagnosis, and treatment; and promoted the value of collaboration among clinicians. Some aspects of this holistic, feminist approach will be obvious to readers, whereas others may be more subtle. For example, we use illustrations of whole individuals, rather than pictures of only breasts or genitalia, when possible. We refer to a person who has a specific condition rather than referring to the person by their condition. For example, we speak of the individual who has HIV, as opposed to the HIV-positive individual. We use the term “birth” as opposed to “delivery” because it situates the power within the person giving birth versus transferring it to the clinician. And for the first three editions of this text, we purposefully used “women’s” rather than “gynecologic” as the first word of the book’s title. Our intention in making these deliberate choices was to encourage readers to keep first in their mind that they are treating a whole person, not just body parts or a condition. We hope that this approach emphasizes the importance of treating all individuals holistically within their lived experiences.

As we began work on the fourth edition of this text, we recognized the need for our book to better support gender-inclusive health care. Transgender and nonbinary people deserve compassionate clinicians who understand their unique healthcare needs. One of our goals for this edition is to maintain the core philosophical beliefs from the previous editions while broadening them to incorporate gender inclusiveness. A gender-inclusive approach is consistent with the book’s person-centered, holistic, feminist foundation. Although this edition does not remove all gendered language, we address the need for gender-inclusive care throughout the text and changed the title to the gender-inclusive *Gynecologic Health Care*. Our decision to keep some gendered language, which is discussed later, is not meant to exclude people who do not identify as women and seek gynecologic care or become pregnant.

The shift in gender language in this new edition has been challenging. It can be difficult to balance the desire to be gender inclusive and holistic with the need to provide clear information and accurate presentation of original sources. The language of health care and previous editions of this book is gendered. Historically, health care and health-related research have been based on a gender binary in which there are only two genders, female and male, and gender is determined by sex assigned at birth. While it is now recognized that gender is not binary and does not always align with sex assigned at birth, one cannot ignore the long-standing use of a gender binary. For example, most studies to date report the gender of participants based on their sex assigned at birth. Changing the original language of a source, such as using only gender-neutral language for a study reported to have “women” as its participants, does not accurately portray the information that was published. In addition, it is impossible to simply change every gendered word to gender-neutral alternatives, such as “individual” or “they,” because everyone does not have the same anatomy. The sex individuals are assigned at birth affects their health. For example, the assessment and management of sexually transmitted infections differs depending on whether one has a vagina or a penis, so it can become confusing to use only gender-neutral language when discussing this topic. As an alternative to gendered language, some have proposed language such as “people with vaginas.” However, identifying people by their genitals is counter to our strongly held principle of avoiding reductionism. Last, but certainly not least, the prominent use of the word “women” in the first three editions of this text was very intentional, and we struggled with where to retain and remove it. We do not want to reverse the great progress that has been made in positioning women, not just their body parts or conditions, as the focus of their health care. We also do not want to lose sight of how sexism profoundly affects women’s lives, including their health.

This edition was written at a time when gender language was rapidly evolving and still the source of controversy. Being at the forefront of this evolution with a textbook is risky. Some readers will like the gender inclusivity in this edition, and others will not. Some will think we have moved too far toward inclusivity, and others will think we have not moved far enough. In a few years, it

is likely that the language used in this edition will be dated. All of this uncertainty has weighed heavily on our minds. Yet there are two things we are certain about: gender-inclusive health care is important, and we would rather address that imperfectly than avoid it. Overall, our guiding principles regarding gender language have been to do our best within current language use and limitations; to consider accuracy, clarity, and brevity when making word choices; and to stay true to the core tenets of the book. We believe the gender language changes we have made are a step in the right direction, and we are also well aware they are only a step. We have the best of intentions and hope readers will give us grace for the inevitable imperfection of the changes we have made.

This book encompasses both health promotion and management of health conditions that individuals experience. All of the content is evidence based. The first section introduces the feminist framework that permeates the book and provides readers with a context for evaluating evidence and determining best practice. The second section provides a foundation for assessment and promotion of gynecologic health. The third section addresses the evaluation and management of clinical conditions frequently encountered in gynecologic health care. The fourth section provides an introduction to prenatal and postpartum care.

In this fourth edition of *Gynecologic Health Care*, we have updated, and in many cases extensively revised, all of the chapters from the third edition to ensure comprehensive content that reflects current standards of care. We have also added three new chapters. The content of Chapter 2 provides a foundation to help clinicians address racism and race-associated health disparities. Chapter 8 provides an overview of essential content for providing sexual and reproductive health care for males. Chapter 31 focuses on pre-conception care.

We are fortunate to have many excellent contributors and reviewers for this book. Some are nationally known; others might be new to many readers. The common thread among all of our contributors and reviewers is their expertise in their respective areas and their recognition of the importance of evidence-based practice. Our contributors and reviewers are expert clinicians, educators, and scientists. Frequently, coauthored chapters represent a clinician and researcher team, whose collaboration provides readers with a real-world view that is grounded in evidence.

We are gratified by how well the first three editions of this book were received by clinicians, students, and faculty. This edition builds on the precedents set in the previous editions. We hope it contributes to individuals receiving evidence-based, person-centered, holistic health care within their lived experiences. As before, we welcome feedback from readers that can improve future editions.

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Frances E. Likis, DrPH, NP, CNM, FACNM, FAAN, earned her bachelor's and master's degrees from Vanderbilt University and her doctorate in public health from the University of North Carolina at Chapel Hill. She received her nurse-midwifery education from Frontier Nursing University and earned a certificate in medical writing and editing from the University of Chicago. She is a women's healthcare nurse practitioner, family nurse practitioner, and certified nurse-midwife, and she has been an advanced practice registered nurse for more than 25 years. Francie is nationally recognized for advancing evidence-based best practice in women's health and bringing gynecologic and reproductive health further into mainstream nursing and midwifery practice. She was the only nurse on the Vanderbilt University Evidence-based Practice Center faculty and led interprofessional teams conducting systematic reviews examining critical questions in health care. Under her leadership, the *Journal of Midwifery & Women's Health* has increased to its highest impact factor ever, and the number of submissions continues to rise annually. She has been an educator and mentor for graduate students throughout her career, initially as a clinical preceptor and later as a faculty member at Vanderbilt University and Frontier Nursing University. She has authored numerous journal articles, systematic reviews, and book chapters, and she has given presentations and invited lectures at a variety of national meetings and institutions. Francie's awards and honors include the ACNM Kitty Ernst Award, the Vanderbilt University Alumni Award for Excellence in Nursing, the Frontier Nursing University Distinguished Service to Society Alumni Award, and the Frontier Nursing University Student Choice Award for Teaching Excellence. She is a Fellow of the ACNM and the American Academy of Nursing. Currently she is the Editor-in-Chief of the *Journal of Midwifery & Women's Health*, the official journal of the ACNM, and an Adjunct Assistant Professor of Nursing at Vanderbilt University.

