

# NPWH 2014 conference abstracts

This issue of *Women's Healthcare: A Clinical Journal for NPs* features abstracts presented at the 17th Annual NPWH Premier Women's Healthcare Conference in Savannah, Georgia, in October 2014. Please join us in congratulating the first- and second-place poster award winners and the four podium presenters, all of whom received cash scholarships supported through a grant from Teva Women's Health.

The second-place poster award winner, Ilana Moshe, RN, DNP, WHNP-BC, ANP-BC, wrote an abstract entitled "Postpartum Depression Screening in a Pediatric Clinic Setting" that will be converted into the first entry in our new department, Capstone Corner; please look for it in the August 2015 issue of *Women's Healthcare*. Abstracts submitted by the four podium presenters and the first-place poster winning-authors appear here in the May 2015 issue.

We are proud of the high-quality work done by our colleagues in women's healthcare. We look forward to receiving abstracts on other important women's health research and innovative clinical projects for consideration at future NPWH conferences.

Aimee Chism Holland, DNP, WHNP-BC, NP-C, RD  
NPWH Research Committee Chair

## Postpartum services redesigned

By Suzanne F. Foley, PhD, WHNP-BC, RN

### Objectives:

1. To re-examine the 6-week follow-up visit for the postpartum woman.
2. To name two areas of content in which postpartum follow-up is lacking.
3. To advocate for professional community-based postpartum follow-up services for new mothers.

**Purpose/aim:** Services provided to postpartum women after hospital discharge must be tailored to meet the specific needs of the women themselves. Needs of the current generation of new mothers in relation to postpartum follow-up services have not been explored. A qualitative descriptive study was conducted on a sample of postpartum women to ascertain their perceived needs for postpartum follow-up care and services.

**Methodology:** The participants were 24 low-risk postpartum women who were recruited by snowball sampling and who were from the mid-Atlantic region of the United States. Digitally recorded, semi-structured, in-depth interviews were conducted. Data were transcribed and content was analyzed. Multiple strategies were used to ensure trustworthiness of the study's findings, including member checks, bracketing, and an audit trail.

**Results and implications for women's health:** Five themes were identified from the content relating to redesign of postpartum services. Themes included (1) feeling cut loose and abandoned; (2) 6-week check-ups—too little too late; (3) wanting human connection; (4) needing services that take into account the constraints

of being a new mother; and (5) providing suggestions for postpartum follow-up. Results were shared with the participants. The need for professional support through community-based interventions after hospital discharge was the prominent need identified. Professional postpartum follow-up—primarily related to women's postpartum mental health and breastfeeding support needs—was found lacking. Multiple implications for redesign of postpartum follow-up are discussed, as are suggestions for future research endeavors in this field.



# NPs' and CNMs' cultural competence and contraceptive recommendations to women of varying race/ethnicity and socioeconomic status

By Carrie C. Murray, PhD, NP

**Purpose:** This survey-based, randomized factorial experiment explored (1) whether NPs'/CNMs' contraceptive recommendations vary depending on a patient's race/ethnicity or socioeconomic status (SES); (2) whether NPs'/CNMs' cultural competence explains differences in their contraceptive recommendations; and (3) provider characteristics relative to study variables.

**Methodology:** After viewing one of six videos depicting white, black, or Hispanic patients of high/low SES, participants ranked their likelihood of recommending eight different contraceptive methods; estimated the likelihood of patient method continuation; and completed the Cultural Competence Assessment (CCA), which has two subscales, the Cultural Awareness and Sensitivity (CAS) scale and the Culturally Competent Behaviors (CCB) scale; the Marlowe-Crowne Social Desirability Scale – Form C (MCSDS-Form C); and a demographic questionnaire.

**Results and implications for women's health:** Participants (N = 213) were most likely to recommend intrauterine contraceptives, were least likely to recommend sterilization, and

were confident in patient method continuation. Participants were highly culturally competent, with excellent CCA, CAS, and CCB scores. High MCSDS-Form C scores indicated social desirability response bias. Patient race/ethnicity and provider cultural competence did not explain any differences in contraceptive recommendations, but oral contraceptive pills were more likely to be recommended to high SES women ( $P = .005$ ). There was no interaction effect of race/ethnicity with SES on contraceptive recommendations. Participant geographic location was significantly associated with higher CCA ( $P = .007$ ) and CCB scores ( $P = .002$ ). Northern providers scored higher on the CCA and the CAS subscales than did Western providers ( $P = .013$  and  $P = .003$ , respectively). Providers with bachelor's degrees were significantly more likely to recommend against an intrauterine contraceptive, whereas older providers were neutral. Younger providers were more likely to recommend against the implant and less

confident in method continuation ( $P = .032$ ). Participants were highly culturally competent, and patient race/ethnicity did not affect contraceptive recommendations. The finding that SES may influence provider contraceptive recommendations is significant, particularly because insurance coverage often eludes U.S. women most in need. ●



# Bioidentical hormone therapy: knowledge, beliefs, and prescribing and monitoring habits of women's health nurse practitioners

By Catherine Nutting, MSMS, DNP, FNP-C, ABAAHP, FAARFM; Elizabeth A. Kostas-Polston, PhD, APRN, WHNP-BC; Versie M. Johnson-Mallard, PhD, MSN, MSMS, ARNP, WHNP; and Ivy M. Alexander, PhD, APRN, ANP-BC, FAAN

## Objectives:

1. To describe women's health nurse practitioners' (WHNPs') knowledge and beliefs regarding bioidentical hormones.
2. To describe WHNPs' bioidentical hormone therapy (BHT) prescribing and monitoring habits.
3. To discuss interventions that WHNPs may implement in their clinical practice to improve the health outcomes for menopausal women on BHT.

**Methodology:** Using a cross-sectional design, the investigators recruited a sample of WHNPs (N = 411) who belonged to professional, advanced practice nursing organizations and who cared for menopausal women. An instrument, the Bioidentical Hormone Therapy Knowledge Questionnaire, was developed, validated, and tested for reliability. Content validity indexes (CVIs) were calculated. CVIs ranged from 0.80 to 0.86, confirming high inter-rater agreement. Study participants were recruited and invited to complete the 15-item questionnaire. The collected data were used to assess providers' knowledge, beliefs, and prescribing and monitoring habits regarding BHT.

**Results:** Descriptive statistics, Chi-square, and ANOVA were used for statistical analyses of the data. Among the sample, 92% were white, 100% were female, and 79% were master's prepared. The WHNPs' BHT Knowledge Questionnaire scores averaged 66%. Analyses of prescribing habits showed that 25% of WHNPs reported not prescribing BHT, 40% reported prescribing both com-

pounded and commercial BHTs, 31% reported prescribing only FDA-approved BHTs, 1% reported prescribing only compounded BHTs, and 3% reported prescribing compounded BHTs only when commercial formulations were not available. Forty-five percent of WHNPs felt comfortable when prescribing BHTs. Safety measures reported by WHNPs included prescribing the lowest dose of BHT for the shortest period of time (89%), avoiding BHT when contraindicated (85%), performing required screening tests prior to BHT use (70%), prescribing transdermal rather than oral BHT in patients with risk for venous thromboembolism (65%), and requesting a certificate of analysis as a measure of quality for compounded BHT formulations (15%). In general, WHNPs reported that compounded BHT had benefits and limitations as compared with non-compounded BHT.

**Implication for women's health:** This project supports the need for focused BHT training for WHNPs, including integration into advanced practice nurse practitioner education and training. ●



**Purpose/aim:** The purpose of the study was to evaluate WHNPs' knowledge, beliefs, and prescribing and monitoring habits regarding menopausal women on BHT.

# Triathlete risk of pelvic floor dysfunction, pelvic girdle pain, and the female athlete triad

By Sandi Tenfelde, PhD, RN, WHNP-BC; Johnny Yi, MD; Dina Tell, PhD; Cynthia Brincat, MD, PhD; and Colleen Fitzgerald, MD, MS

## Objectives:

1. To define pelvic floor disorders commonly experienced by female triathletes.
2. To discuss the relationship between pelvic floor disorders and pelvic girdle pain in elite triathletes.
3. To recognize the symptoms of the female athlete triad in female triathletes.

**Purpose/aim:** Female triathletes are elite athletes who have none of the conventional risk factors for pelvic floor dysfunction (PFD). The purpose of this descriptive study was to estimate the prevalence of pelvic floor disorders in female triathletes and to examine associations between PFDs, pelvic girdle pain (PGP), and symptoms of the female athlete triad.

**Methodology:** Female members of U.S. triathlon groups participated in an online survey that included demographic, physical activity, and reproductive history questions; the Epidemiology of Prolapse and Incontinence Questionnaire (EPIQ); the Pelvic Girdle Pain Questionnaire (PGPQ); and the Female Athlete Triad Screening Questionnaire. Analysis included frequency distributions, Chi-square, Student's t-test, and Spearman correlations using

SPSS version 20.0 (Chicago, IL).

**Results:** Two hundred fifty-nine triathletes (age range, 35-44 years) responded to the survey. The majority of participants were Caucasian (88.4%), nonsmokers (99.4%), and premenopausal (80%); mean body mass index was 22.41. Almost half of the participants (46%) were parous, with 95% of this group experiencing vaginal deliveries. Most participants (82%) were training for a triathlon. Mean weekly training included running  $3.7 \pm 1.2$  days, biking  $2.9 \pm 1.1$  days, and swimming  $2.5 \pm 1.2$  days. Among respondents with PFD symptoms by EPIQ, 25% had overactive bladder (OAB), 39% had stress urinary incontinence (SUI), and 28% had anal incontinence. Fewer women (5%) reported pelvic organ prolapse. Training mileage and intensity were not associated with PFD symptoms. PGP was less frequent (18%) and not disabling (mean score, 26.7). Participants with OAB and SUI symptoms had a greater level of PGP (OAB,  $P = .04$ ; SUI,  $P = .05$ ). Most participants (80%) completed the triad questionnaire, with 21% screening positive for disordered eating, 24% screen-

ing positive for menstrual irregularities, and 32% screening positive for impaired bone strength. No significant associations were found between EPIQ or disability on the PGPQ and the triad questionnaire.

**Implications for women's health:** Clinicians caring for female triathletes may underestimate the impact of training on the pelvic floor function of these elite women. The relationship between cross-training and PFD has not been well described. Early identification and treatment of PFD can help improve the health and quality of life for female triathletes. ●



# Focused education and support toward a goal of self-care among women with polycystic ovary syndrome

By Terrie Platt, DNP, WHNP-BC, CRNP; George B. Inge, MD, FACOG; and George Koulianos, MD, FACOG

## Objectives:

1. To identify reproductive-aged women living with polycystic ovary syndrome (PCOS).
2. To provide education through use of an interactive educational tool and implement a plan for follow-up with a healthcare provider (HCP).
3. To promote self-care among reproductive-aged women diagnosed with PCOS.

**Purpose/aim:** PCOS is the most common endocrine disorder among women of reproductive age and the leading cause of female infertility. Young women with PCOS present with symptoms such as menstrual dysfunction, infertility, hirsutism or male-pattern hair growth, alopecia, and acne. Women diagnosed with PCOS are at increased risk for developing diabetes and cardiovascular disease. Medications are available to control symptoms and improve fertility, but lifestyle modifications are considered first-line treatment. A review of the literature revealed evidence of increased compliance with HCP-recommended treatment in women with PCOS when focused patient education and continued HCP support are utilized. Unfortunately,

HCP time constraints and static patient education tools reduce the likelihood of appropriate and effective patient education and follow-up. The purpose of this project was to promote self-care among women diagnosed with PCOS through the introduction of a designed interactive education tool and outlined follow-up plan to assess education effectiveness and initial behavior modification. The synthesis of Orem's Self-Care Deficit theory and Bandura's Self-Efficacy theory provided the theoretical framework for this project.

**Summary of the innovative project:** An educational video was created with an integrated post-education quiz. A plan for follow-up with an HCP was outlined. Eligible participants—reproductive-aged women diagnosed with PCOS—were recruited from a reproductive medicine clinic. Informed consent was obtained and participants completed a pre-education quiz. A link to the interactive, computer-based educational video was emailed to participants. Completion of the educational video and post-education quiz was followed by weekly contact with an HCP. Participants completed a 1-month post-education quiz and survey.

**Outcomes:** Statistical analysis of pre- versus post-education quiz results indicated a significant improvement in quiz scores post-education. Analysis of pre-and post-education quiz scores and 1-month post-education quiz scores indicated knowledge retention. Results of a 1-month post-education survey showed that participants were confident in their knowledge of PCOS and recognized the long-term risks of this chronic disease.

**Implications for women's health:** Reproductive-aged women with PCOS are at risk for anxiety, depression, infertility, diabetes, and cardiovascular disease. Adequate education will improve risk perception, and continued support by an HCP will improve compliance with treatment recommendations, including lifestyle modifications. This project lends itself to implementation in family planning, OB-GYN, reproductive medicine, and primary care clinics providing services to reproductive-aged women. The next step is to evaluate the effectiveness of this PCOS education and support project among women newly diagnosed with PCOS. ●