



A Guide to Cervical Health



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in Collaboration
with the
Foundation for Female Health Awareness

Celebrating Cervical Health Month

Dedicated to
Nyina wa Wambui,
MaTata,
Cucu and Maitu

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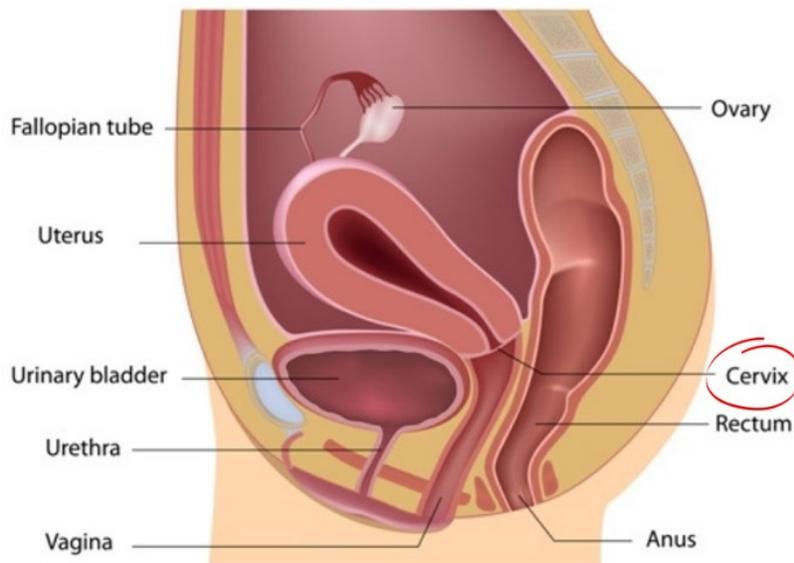
THE ANATOMY OF THE CERVIX

What is the cervix?

The cervix is a firm tube-like structure at the base of the uterus. It connects the uterus to the vagina. It is about 4 centimeters long with two closed ends.

The end that can be seen on speculum exam is called the **external**

cervical os and the one that opens into the uterus is called the **internal cervical os**. The external cervical os is the surface from which cells are collected during a pap smear.



THE FUNCTION OF THE CERVIX

The cervix has many important roles in the body. First, it plays a major role in protecting the uterus and upper reproductive tract from infection and injury. Second, during menstruation, it acts as a passageway for blood from the uterus to the vaginal canal. It also serves as the resting place for holding IUD strings. Devices like the female condom, cervical cap, and diaphragm work by covering the cervix to prevent pregnancy. Menstrual discs or cups sit below the cervix to collect menstrual blood.

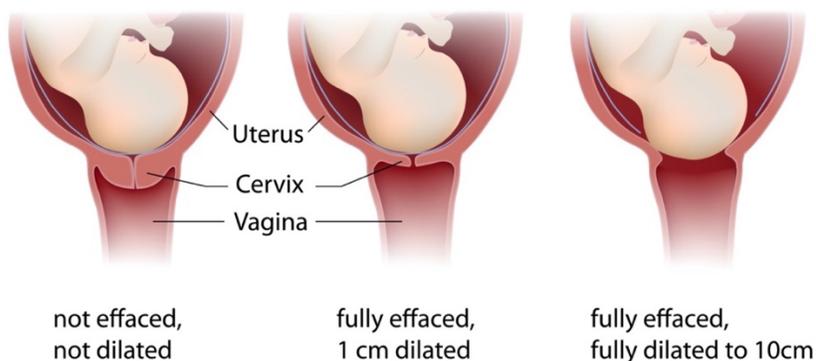


The cervix also plays a role in fertility. Cervical mucus is sometimes used as a marker of ovulation. Changes in the quality and quantity of the mucus provide information about the menstrual cycle. Furthermore, some conditions of the cervix may interfere with a person's ability to become pregnant.

THE CERVIX AND PREGNANCY

In pregnancy, the closed cervix helps to keep the pregnancy inside the uterus (womb). During labor and with the help of contractions, the cervix thins and gradually opens. Once it is completely thinned out (which is called complete cervical effacement) and has expanded to 10 centimeters (complete dilation) it allows the baby to pass through the vaginal canal for delivery.

Cervical Effacement and Dilatation



While cervical thinning should begin close to 39 weeks of pregnancy, it may happen earlier. This early thinning of the cervix can lead to preterm birth. If this happens near the end of the first trimester or in the early second trimester, an OB-GYN or a maternal-fetal medicine (MFM) specialist may place a cerclage. A **cerclage** is a stitch placed around the cervix to prevent further dilation, to try to keep the person pregnant.

CERVICAL INFECTIONS AND DISEASES

Like any body part, the cervix could become infected or injured. The cervix may also develop abnormal or cancerous cells. In this section, we'll discuss benign conditions that are not cancer. Then you'll learn about types of cervical cancer and pre-cancer.

Benign Conditions

Sexually Transmitted Infections (STIs)

Sexually transmitted infections (STIs) are contracted during sexual intercourse by all genders. They may cause a foul smelling odor and increased or abnormal vaginal discharge that may be white, grey or clear in color. They may also cause vaginal irritation or itching, or some pelvic pain. To check for an STI, a healthcare provider will collect a sample of the discharge and send it for testing. Results are typically received within 3-5 days. STIs are treated with antibiotics. It is important that both partners get treated and abstain from sex until they complete treatment.

Chlamydia

Chlamydia is the most common bacterial STI in the United States. It is caused by the bacteria *Chlamydia trachomatis* and is contracted via oral, vaginal and anal sex. This infection is easily transmissible, in part because many people don't recognize the symptoms or have no symptoms at all.

Symptoms include:

- ❏ vaginal discharge that resembles mucus
- ❏ bloody discharge because of irritation to the cervix (cervicitis) or vagina
- ❏ pelvic or upper vaginal pain
- ❏ urinary symptoms like burning and irritation

If the infection is not treated, it may travel up the reproductive tract and cause infection of the uterus and tubes. This widespread infection is referred to as **pelvic inflammatory disease (PID)**. PID can cause nausea, vomiting, pelvic and abdominal pain, fever and chills. This infection can have long-term effects, such as increasing the risk of infertility and ectopic pregnancies.

Pregnant people and infants are also able to get chlamydial infections, so there is routine screening during pregnancy. If the infection is diagnosed during pregnancy, the pregnant person is treated and is generally tested after treatment to make sure the infection is gone. Newborn babies are at risk of exposure and infection with chlamydia and may develop eye and lung infections. It is therefore important that pregnant people notify their healthcare provider of any infections or risk of exposure with STIs.

Risk factors for chlamydia include:

- ❏ having unprotected sex
- ❏ young age
- ❏ multiple sex partners
- ❏ infection with other STIs and HIV

The best way to prevent chlamydia is to engage in safe sex practices including the use of barrier methods such as condoms and dental dams during vaginal, anal and oral sex. Additionally, annual screening is recommended for sexually

active individuals below the age of 25. Individuals who think they have been exposed to chlamydia should see their healthcare provider and ask for testing.

Chlamydia is treated with a combination of antibiotics, and both the person and any partners should be treated. It is important to complete all treatment regimens as well as practice abstinence from sex during treatment. If symptoms persist after treatment, or if there's a concern for re-exposure, it's important to follow up with a healthcare provider as repeat testing and treatment may be required.

Chlamydia is a reportable disease, meaning the Department of Health in your area needs to be notified (which is normally done by the healthcare provider). Some individuals might become aware of their potential exposure to STIs from the Department of Health and are strongly encouraged to seek medical attention for screening and treatment.

Gonorrhea

Gonorrhea is caused by *N. gonorrhoeae* and is the second most common STI after chlamydia. It is common to have gonorrhea and chlamydia at the same time, so screening, diagnosis and treatment tend to occur at the same time as that of chlamydia. Similar to chlamydia, some people do not have symptoms and may go untreated, which may increase the spread of the disease.

Gonorrhea shares similar risk factors, diagnosis and management as chlamydia.

Herpes

Herpes is caused by the herpes simplex virus. It is a very common virus and there are two types:

- HSV-1, which commonly causes oral sores (more commonly known as a cold sore)
- HSV- 2, which is the most common cause of genital sores

The increase in non-vaginal sexual practices, such as anal and oral sex, has led to an increase in cases of HSV-1 on genitalia and HSV-2 on the lips and mouth. The HSV virus causes ulcers at the areas of infection and is highly infectious and transmissible. Symptoms may include:

- pain, burning or tingling at the site
- watery clear discharge from the lesion

Symptoms last anywhere from 7-10 days, though the lesions may take longer to heal. Diagnosis is made via lab test or cultures. Treatment is with antiviral medications.

Herpes is a chronic condition marked by recurrent episodes or outbreaks. While it might seem that the infection is gone and the person no longer shows any symptoms, the virus actually lays dormant in the nerves and may periodically recur, especially in times of stress. The individual may continue to shed the virus even when they have no symptoms. This is a reason why the infection is easily transmitted between people. Moreover, because many people with genital herpes have no or very mild signs or symptoms, they may be unaware of any active or past infections, thereby easily infecting others. Some individuals only

learn of their diagnosis when being screened for other STIs or after other medical tests.

For those who are symptomatic during their first episode, symptoms tend to be more severe and may last up to 10 days. Usually, recurrent episodes have milder symptoms lasting just a few days. For those people who experience frequent outbreaks, suppressive medication will help to decrease the frequency of outbreaks.

Herpes in Pregnancy

Herpes in pregnancy requires special mention. Pregnant people get many different tests during the first prenatal visit. During that visit the healthcare provider will ask questions about sexual history, including history of STIs. It is crucial that people with a history of herpes share this with their provider, even if it happened a long time ago. This is because the caregiver will need to continue to monitor the pregnant person for symptoms and possible outbreaks during the pregnancy.

Additionally, closer to delivery and at 36 weeks of pregnancy, the person might need antiviral medication to prevent herpes outbreaks at the time of delivery. Given the changes associated with pregnancy as well as the natural course of herpes, there is always a concern for the presence of herpetic sores in the vulvar area. When a person begins labor, a thorough pelvic and vulvar exam is needed to assess for the presence of any herpetic lesions. If lesions are present in the vagina, on the cervix or labia, delivery via cesarean is recommended.

The exposure of a newborn child to herpes is serious and possibly life-threatening. It may lead to pneumonia, seizures, blindness, rash and even

death. Thus, it is important that both the labor and delivery care team and the pediatric team attending to the baby know about any history of herpes.

Trichomonas

Trichomonas is caused by the protozoa *T. vaginalis*. It causes a watery foul smelling vaginal discharge that is yellow or green in color. Most people with trichomonas experience a foul, odorous smell and vaginal irritation, but some may not have symptoms. Testing can be done in a doctor's office. Cultures may need to be sent to the lab for evaluation. Trichomonas infections require antibiotics for treatment and treatment of all sexual partners.

Cervical Conditions

Cervicitis

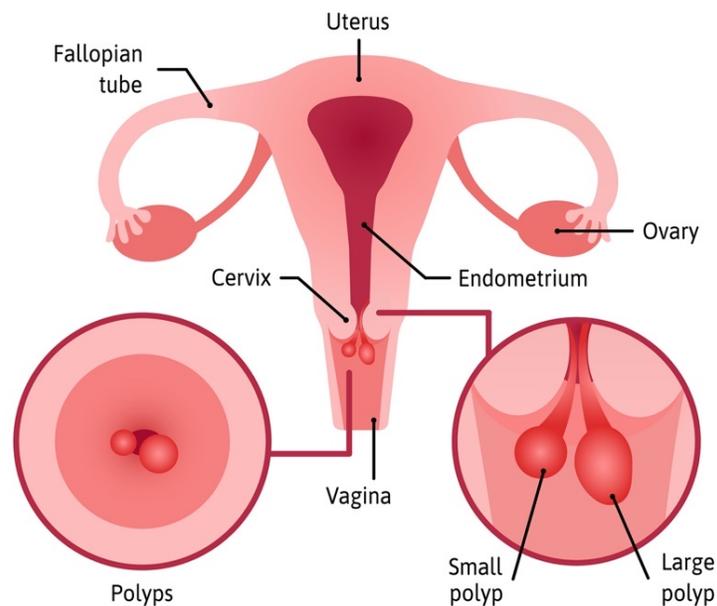
Cervicitis is infection of the cervix. While STIs may cause cervicitis, it may also be caused by:

- ❏ douching
- ❏ chemical irritants, such as body wash or soaps
- ❏ physical irritants, such as sex toys or other foreign objects
- ❏ poor hygiene habits
- ❏ bacterial vaginosis (vaginal) infection

Treatment for cervicitis will depend on the cause.

Cervical polyps

Polyps are common and can be seen during speculum exam. They are finger-like projections that are a result of overgrowth of cervical tissue. Polyps are generally benign (not cancer). Symptoms include spotting after intercourse and pain during intercourse, but most people don't have any symptoms. The polyp might be on the surface of the cervix or the tip of the polyp might protrude through the cervical canal. These can be easily removed in the office or in the operating room.



Nabothian cysts

Nabothian cysts are benign. These are cysts caused by the accumulation of mucus within cells. They can be seen during exam with a speculum and generally appear white or clear. They usually do not cause any pain or discomfort and more often than not the person is not even aware of their presence.

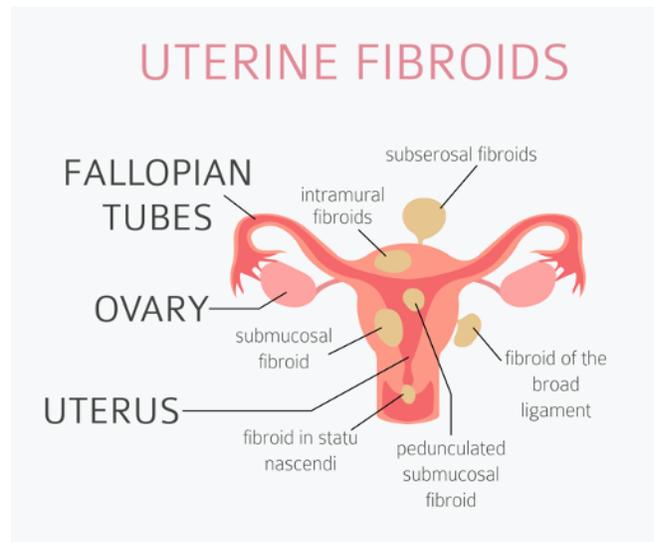
Fibroids

Fibroids are a common finding in people of all ages but are most common in those of reproductive age. Fibroids result from an overgrowth of cells that make up the uterus or cervix. While generally asymptomatic, fibroids may increase in size and number.

This may lead to symptoms such as:

- 🍃 pelvic pressure
- 🍃 pelvic pain
- 🍃 urinary frequency
- 🍃 heavy or irregular bleeding
- 🍃 pain during intercourse

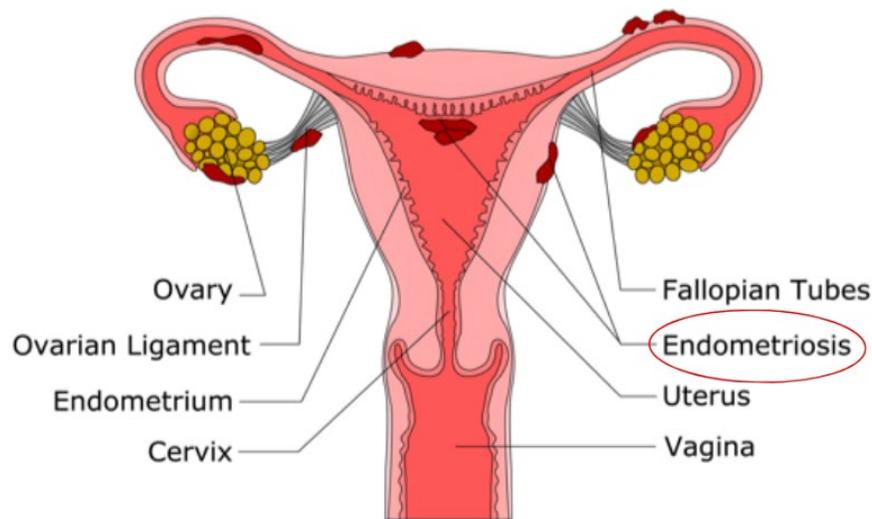
Fibroids are more commonly located in the uterus but they can also be found within the cervix. Fibroids are usually non-cancerous, but there is a small percentage of malignant fibroids. Management of fibroids centers on symptom control with over-the-counter medications and hormones. Some people may require additional treatment with surgery.



Endometriosis

Endometriosis is a condition where endometrial tissue (also called "implants") grows outside the uterine cavity. Endometrial tissue is made up of glands and stroma and can occur in any part of the body. Endometriosis is a common cause of chronic pelvic pain. The number and density of the implants does not always match with the amount or severity of pain. Even a single or a few implants can cause daily severe debilitating pain or severe pain during the menstrual cycle.

Similar to the treatment of fibroids, a person with endometriosis has several treatment options including medications and surgery.



Cervical Stenosis

Cervical stenosis can be caused by decreased estrogen levels, and usually happens after menopause. This hormonal change leads to thinning or atrophy of the lower genital tract. People with cervical stenosis are usually unaware of this condition as they have no symptoms. It only causes discomfort when a provider attempts to put an instrument into the cervical canal or into the uterus during a pap smear, colposcopy, cervical or uterine biopsy. Cervical stenosis may also happen after surgical procedures that cause scarring to the cervix.

Cervical trauma

Trauma during sex or during a vaginal delivery is also a concern. Trauma may cause constant or intermittent pain and minimal to heavy bleeding, depending on the severity of the trauma. A pelvic exam is normally required to assess the trauma. The physician may recommend pelvic rest to decrease risk of infection and allow complete healing of the area.

Pre-malignant and Malignant Conditions

Human Papillomavirus (HPV)

HPV is the most common sexually transmitted virus in the United States. About 80% of the US population has HPV. The virus infects all genders and is easily transmissible. HPV is the number one cause of cervical cancer and oral cancers in the United States. The virus is also responsible for causing vulvar, vaginal and anal cancers.

HPV has many subtypes. Subtypes 6 & 11 are the most common cause of genital warts and subtypes 16 & 18 are the most common cause of cervical cancer. Other cancer-causing subtypes include 21, 31, 33, and 45. HPV infects the cervical cells leading to abnormal cell types. The abnormal cell types caused by HPV are:

- ❑ Cervical Intraepithelial Neoplasia (CIN), which are precancerous cells (also called dysplasia)
- ❑ atypical squamous cells (ASCUS)
- ❑ atypical glandular cells (AGUS)
- ❑ adenocarcinoma in situ
- ❑ invasive cervical cancer

Cervical Intraepithelial Neoplasia (CIN) refers to abnormal cervical cells caused by infection with the HPV virus. There are three types of CIN: CIN 1, CIN 2 and CIN 3. The numbers refer to the degree of abnormality of the cells. CIN 1 is considered a milder abnormality and has a lower risk of developing into cancer than CIN 3. If left unchecked, CIN may progress to cervical cancer.

Other abnormal pap smear findings include **atypical squamous cells (ASCUS)** and **atypical glandular cells (AGUS)**. Atypical cells are commonly found during a pap smear and need additional testing for the presence or absence of the HPV virus. AGUS are less common and require further evaluation by a healthcare provider to make sure it is not pre-cancer.

There are guidelines that healthcare providers use to guide the management of these conditions. Thus, it is important to get regular screenings and follow up in the case of any abnormal pap smear findings.

Cervical Cancer

Cervical cancer is one of the most common causes of cancer for women in the United States. It is usually a slow-growing cancer. Cervical cancer is diagnosed by pap smear or cervical biopsy. There are two major types of cervical cancer: **squamous** and **adenocarcinoma**. Squamous is the most common.

Risk factors for cervical cancer include:

- ❏ history of abnormal pap smears
- ❏ smoking - this at least doubles a person's risk
- ❏ having multiple sex partners
- ❏ history of STIs
- ❏ immunosuppression
- ❏ high risk sexual behavior
- ❏ initiation of sex at an early age
- ❏ family history of DES exposure

There are 4 stages of cervical cancer:

- 🍃 **Stage 1:** tumor/disease confined to the cervix.
- 🍃 **Stage 2:** tumor extends to the uterus and/or upper vagina
- 🍃 **Stage 3:** tumor extends to the pelvic side walls and/or lower vagina
- 🍃 **Stage 4:** tumor extends to distant organs – bladder, rectum, bone, etc.

There are various kinds of treatment options for cervical cancer including surgery, radiation and chemotherapy. The kind of treatment offered is determined by the stage, grade and the type of cancer. The individual's personal health status, age, fertility desires and available resources will also affect the type of treatment that is offered. If you are diagnosed with cervical cancer, your physician will sit down with you to discuss your options, including the benefits and risks of each option. They will also discuss with you the plan for follow-up care for the next several years. It is important that individuals continue with close medical follow-up since it is possible for cancer to come back.

Cervical cancer may occur in pregnancy. As a routine part of prenatal care, pregnant people generally get pap smear screening if they haven't had one recently. If cervical cancer is diagnosed in pregnancy, the person will be referred to a specialist in gynecologic oncology and a maternal fetal medicine physician. This team works together to support the person through decision-making and management of the cervical cancer.

Cervical Cancer Screening in Low-Resource Settings

Many towns and countries throughout the world have limited health resources. This may mean that there aren't that many healthcare providers and/or limited equipment and technology, including pap smear and lab technology. It may mean that there is limited transportation and little access to healthcare. For

people living in these types of areas, the World Health Organization (WHO) and American College of Obstetricians and Gynecologists (ACOG) recommend that individuals be evaluated in a “see and treat” approach. This means screening and treatment is done within the same visit or over a fewer number of visits. The most important thing is to get screened at least once between the ages of 30 and 40. This decreases the risk of cervical cancer by at least 25%. Several screening options are available:

- **Visual inspection with acetic acid (VIA)** with possible **cryotherapy** (freezing the tissue): In this method, a person's cervix and vagina are examined by placing acetic acid on the cervix and looking for any white lesions that develop. These white areas, also known as acetowhite lesions, show abnormal cells. The cells then may be treated with cryotherapy. When cancer is identified, the person is referred for additional care with a specialist.
- **HPV DNA testing:** In this method, cervical and vaginal cell samples are collected and tested. Results come within a few hours. Further evaluation is provided if HPV is found in the test.

Both of these screening options are found to be effective in detecting abnormal cells.

Cervical Cancer Prevention

The best ways to prevent cervical cancer include:

- receiving the HPV vaccine
- using condoms during sex
- obtaining regular screening and follow-up as advised by your physician
- stopping smoking

HPV VACCINES

The goal of the HPV vaccine is to prevent cancers and genital warts caused by HPV. These include cervical, vaginal, vulvar, anal, penile and oral cancers.

There are 3 types of HPV vaccines: bivalent, quadrivalent and nonavalent vaccines. The nonavalent type is the most commonly used type of the vaccine. It is effective against 9 subtypes of the HPV virus.

The vaccine is meant for 11-12 year old girls and boys, but the vaccine may now be administered to women and men up to the age of 45 years. The vaccine is 99% effective in disease prevention when given correctly. The CDC reports that by giving the vaccine to 80% of 11-12 year olds in the United States, 53,000 cases of cervical cancer may be prevented! The recommendation to start vaccination in early adolescence is based on the fact that sexual activity generally starts after this age. Plus, the immune response to the vaccination is stronger for younger teens so that they only need two doses as opposed to the three course regimen.

It is therefore recommended that:

- Teens who are vaccinated by age 15 receive the 2 doses 6 months apart.
- Individuals between the ages of 16 and 45 should receive the 3-dose regimen. The 2nd dose is 2 months after the first. The 3rd dose is 6 months after the first.

Most people do well with the vaccine. Some feel soreness at the injection site. Individuals who are allergic to yeast or who have had previous negative reactions after receiving the vaccine should not receive subsequent doses. Teens should be monitored for about 15 minutes after receiving the injection for concern for fainting spells.

Vaccine Do's and Don'ts

- In the event that an individual misses a dose, they should continue the regimen, not start over.
- The vaccine should not be given in pregnancy.
- The vaccine may be given to breastfeeding parents.
- In cases of incest or rape, the vaccine should be given as soon as possible if the person is less than 26 years old and has not previously been vaccinated.
- If you are between the ages of 27 to 45, discuss the benefits of the vaccine with your doctor.
- People between the ages of 26 and 45 who are in monogamous relationships generally do not need the vaccine.

- People with cervixes who are immunocompromised (such as those who have HIV or cancer) should also get the vaccine though they may not mount a complete immune response.
- People who are at increased risk of contracting HPV, including those who have a history of STDs and/or have multiple sex partners, should be vaccinated.

CERVICAL PROCEDURES AND SURGERIES

Pap Smear

A pap smear is the screening test for cervical cancer and pre-cancer. It is designed to collect cells from the surface of the cervix as well as from the cervical canal. There are two screening options:

1. Cytology only: collected cells are analyzed for abnormalities.
2. Cytology and HPV testing: in addition to cytology, the sample is tested for HPV DNA.

ACOG and the ASCCP (the organization that makes pap guidelines) recommend pap screening evaluations of people between the ages of 21 to 65. The frequency of screening is dependent upon a person's age, previous pap history, the type of pap test that was completed and the current pap smear results. Currently,

- ❖ women ages 21 to 29 should be screened with cytology every 3 years
- ❖ women ages 30 to 65 should have co-testing (cytology and HPV testing) performed every 5 years
- ❖ these recommendations apply to anyone with a cervix, regardless of gender identity and sexuality (see LGBTQ Care section for more information)

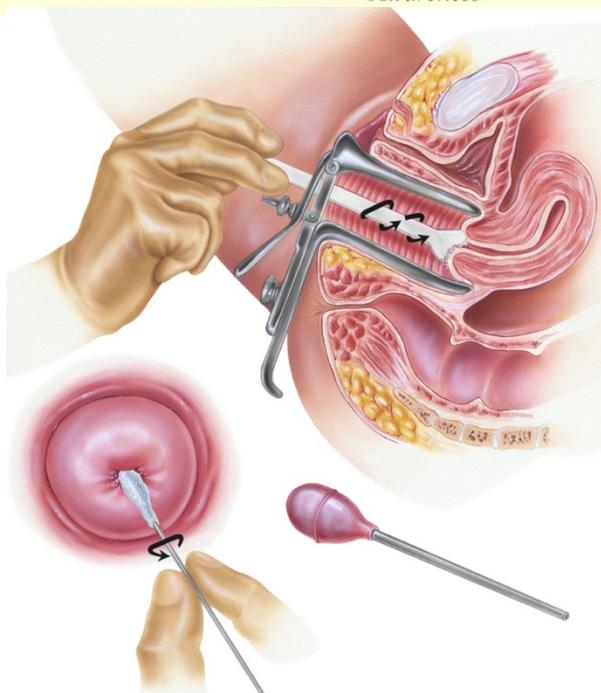
The above recommendations differ for those individuals with:

- ❖ a history of HIV or other immunosuppressive conditions
- ❖ a history of cervical cancer or pre-cancer
- ❖ a mother who reports a history of DES exposure



Pap screening is usually done at the time of the annual gynecologic exam or at the first pregnancy visit. Some people report being uncomfortable during the process and the discomfort is usually associated with insertion of the speculum. The **speculum** is the

plastic or metal device inserted into the vagina to separate the vaginal walls so the provider can see the cervix.



During the exam, the provider will have you lay down on your back close to the edge of the exam table. The provider will then gently insert a speculum and open it to locate the cervix. After visually examining the cervix and vagina, they will use a brush and/or small spatula to gently scrape the cervix and cervical canal, making sure to get cells from both surfaces. STI cultures may also be collected at this time. The provider will then remove the brush and speculum and may perform a manual exam. The entire procedure usually takes less than five minutes to complete.

What happens after an abnormal pap smear depends on many factors. Your healthcare provider uses



recommendations provided by the organizations mentioned above to guide treatment.

Colposcopy

A colposcopy is a procedure to evaluate abnormal physical exam findings or abnormal pap findings. It may also be done to further evaluate a person's symptoms. The exam is similar to a pap smear. The physician applies a vinegar solution (or something similar) to the cervix and waits for a few minutes. They then look at the cervix through a special microscope (called a colposcope) to identify areas with abnormal cells. Samples of these areas will be taken as a biopsy, as well as cell samples from the cervical canal. These samples are sent to pathology for further evaluation.

The person may experience discomfort similar to that felt during a pap smear. Mild vaginal bleeding or spotting is common after the procedure.

LEEP (Loop Electrosurgical Excision Procedure) & Cold Knife Cone (CKC)

These procedures may be performed in the office or in the operating room. The setup is similar to a pap or colposcopy. The physician takes off a portion of the cervix, which includes cells from the cervical canal. The goal of these procedures is to remove abnormal cervical cells. During the LEEP procedure, the physician uses an electrical loop to shave off a thin portion of the cervix.

During a CKC, the surgeon uses a scalpel to remove a slice of the cervix.

Many people report experiencing cramping, vaginal discharge and/or vaginal bleeding after the procedure. Your physician will review with you what signs to watch for and when to notify them in the event of a problem. You will be advised against having sex or using tampons after the procedure to allow the cervix time to heal.

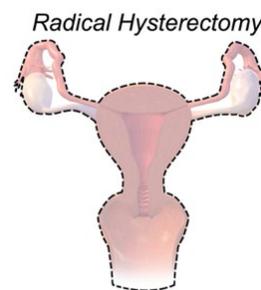
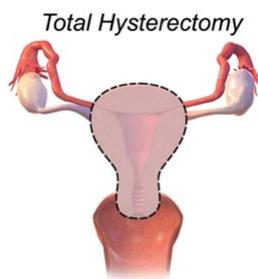
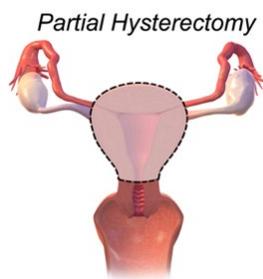
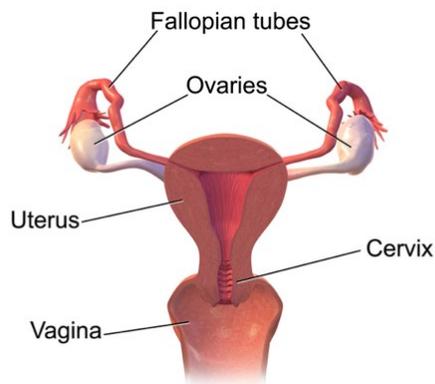
People who have had the above procedures and are planning for pregnancy should notify their OB provider of this surgical history as they may be at increased risk of spontaneous miscarriage and preterm births.

Cryotherapy

Cryotherapy is a procedure used to freeze cells. It is done to eliminate abnormal cervical cells. This procedure was more commonly performed in the past but is still used today in low-resource settings. The setup is much like that explained above. The procedure is mildly uncomfortable and some people may have cramping during it.

Hysterectomy

This surgery is performed for multiple medical conditions, including heavy bleeding, pelvic pain, fibroids and cancer. A complete or total hysterectomy refers to removal of both the cervix and uterus. A partial or subtotal hysterectomy refers to removal of the uterus only. People who have had a partial hysterectomy will continue to need pap smear screening (per current guidelines) as they still have a cervix.



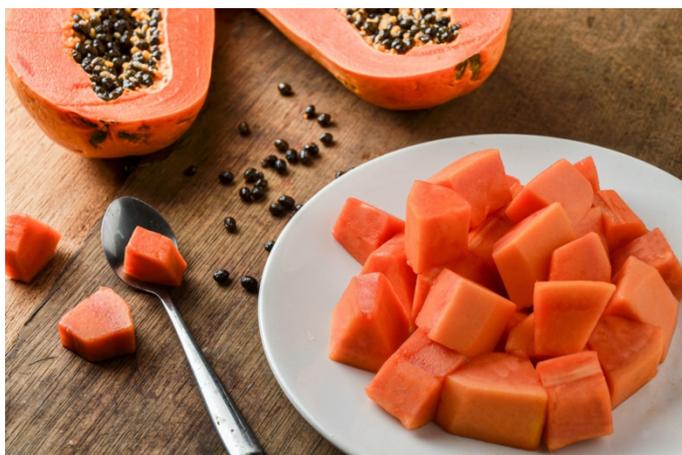
Types of Hysterectomy

What determines the type of hysterectomy a person gets? The choice of procedure depends on:

- 🍃 the reason for the hysterectomy
- 🍃 any existing disease
- 🍃 surgeon preference and skill
- 🍃 the need for concurrent procedures
- 🍃 available resources

Your surgeon will discuss your options and make recommendations, so you can make the decision together.

CERVICAL HEALTH AND NUTRITION



Diet and exercise are key components of overall health and well-being. Key studies investigating the role of diet and HPV-related infections and cancers show that there are diet and behavior changes that can decrease the risk of HPV infections and cancer. Research shows that:

- ❖ Stopping smoking decreasing the risk of cervical dysplasia and cancer.
- ❖ A diet rich in vitamins A, C and E helps decrease HPV infections and cancer.
- ❖ Fruits and vegetables, especially papaya, play a role in counteracting the effects of HPV in cervical cells.
- ❖ Vitamin D may help decrease the risk of CIN 1.
- ❖ Vitamin E and lycopene (red color in fruits) may decrease the risk of CIN 2 & 3.



LGBTQ CARE

LGBTQ individuals face unique healthcare challenges. These range from limited specialized services including gender-affirming surgery, to provider and insurance biases and lacking healthcare systems. While advocacy within and outside these communities has helped to call attention and action to their needs, additional work is needed.



Providing culturally-relevant, compassionate obstetric and gynecologic care to LGBTQ individuals is important and crucial. This care should include annual general health screening (general medical exams, cardiovascular health screening, etc.) as well as close attention to gynecologic care, including breast and cervical cancer screening and STD screening. Some studies have shown that lesbian and bisexual women do not believe they need to get tested for HPV if they don't have sex with men. And trans people may not be offered appropriate tests if their healthcare providers are not well versed in trans-inclusive care.

The most important thing to remember is that regardless of gender and sexuality, anyone with a cervix should receive counseling about appropriate cervical health screening and cancer prevention.

Useful tips and info about cervical health and how to navigate the pap test and cancer screenings as an LGBTQ person can be found in the Additional Resources list at the end of this ebook.



LGBTQ communities are in need of additional resources to meet their unique and specialized health needs related to reproductive, mental health and gender-affirming services. It is important that healthcare providers educate themselves on and create a safe space within their offices and the healthcare system to deliver quality and comprehensive care to LGBTQ communities.

HEALTH DISPARITIES IN GYNECOLOGIC CARE

The availability of healthcare services continues to be a major challenge in the United States and Latin America. While there are many efforts, programs and advocacy surrounding this topic, it is one that continues to require close attention especially during these times of the Covid-19 pandemic.

Health disparity refers to the unequal strain and burden of disease certain groups bear in relation to the larger population. These disparities may be based on sex, gender, race and location. A



person's burden can be made worse by poverty, exposure to racism, barriers to accessing healthcare, and food and housing insecurity, among other factors. In the fields of obstetrics and gynecology, these disparities take many forms. When it comes to cervical health, below are some key facts to be aware of so you can advocate for your own health.

- Hispanic/Latina women and Black/African-American women have higher rates of cervical cancer than other groups.
- In some rural areas in the United States and Latin America, cervical cancer rates are much higher than urban centers.
- Cervical cancer is more prevalent in low- and middle-income countries than in high-income countries.

You can use this information during visits with your healthcare provider, to make sure that they are offering you the screening and services that are best for you. If you have trouble accessing healthcare, check out the Additional Resources section to learn about some screening programs that may be available to you.

ADDITIONAL RESOURCES

Cervical cancer information: <https://www.cancer.gov/types/cervical>

Further information about sexually transmitted infections:
<https://www.cdc.gov/std/>

World Health Organization guidelines for screening and treatment of precancerous lesions for cervical cancer prevention:
http://apps.who.int/iris/bitstream/10665/94830/1/9789241548694_eng.pdf?ua=1

LGBTQ Resources:

LGBTQ Patient Resources and Provider Directory:
<http://www.glma.org/index.cfm?fuseaction=Page.viewPage&pageId=938&parentID=534&nodeID=1>

Guys Need Pap Tests, Too: A Trans Man's Guide to Visiting the Gyno:
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About the Author



Dr. Gichuru is a board certified OBGYN whose mission is to empower women through education, advocacy and by offering obstetric and gynecological services. She is passionate about women`s health issues especially in women in the perimenopausal and postmenopausal age group. Dr. Gichuru obtained her undergraduate degrees in Cellular Molecular Biology & Women's Studies from West Chester University. She obtained her Medical Degree from Philadelphia College of Osteopathic Medicine.