

Kellie Oliver

**Facility:** 80 hours at the Seminole County Health Department

**Preceptor:** Dr. Meena Joseph, Medical Director & Sandra Redcliff ARNP

**Term:** Mid-term Women's Health Clinical Objectives

1. Use evidence-based guidelines in the provision of reproductive health related primary health care to men and women by use of CDC guidelines for those having had sexual contact with gonorrhea infected person must be evaluated and treated for chlamydia and gonorrhea as well.
2. Synthesize knowledge from epidemiology, pharmacology, physiology, psychology, sociology, and nursing to deliver reproductive health related primary health care services by implementing correct medication suitable for pregnancy class treatment such as in the case of a 1<sup>st</sup> trimester pregnancy with diagnosed BV that was prescribed metronidazole cream instead of PO due to potential cleft palate risk in 1s trimester.
3. Apply concepts of family dynamics in reproductive health related health care by way of encouraging partner to attend OB visits. Involving mother, if there and willing, to be a part of the females COC planning during the teen clinic on Wednesdays.
4. Apply principles of health promotion, disease prevention, and health maintenance to reproductive health care by educating sexually active females that birth control, other than condom use, protects against STI's. Education provided that condoms should always be used unless specifically in a monogamous relationship that either partner is free of STI
5. Develop plans of care to address preconception, pregnancy and post-delivery care of the pregnant woman and family. In the aspect of preconception, uses of birth control methods were discussed for when preconception would be though acceptable and in this case the Mirena was thought to be the best choice. During pregnancy, dental appointments were to be made, prenatal vitamins prescriptions were given and US were ordered. Post-delivery care was given by checking the cervix, addressing nutritional needs of having 100 extra calories daily during breast feeding and taking time to rest.
6. Adapt care based on health and developmental assessment, age and health/ illness and sociocultural beliefs of the individual and family by decision of which type of birth control would be the most beneficial for whom. A woman in her forties who states being done having children may be a candidate for a Mirena or Paraguard due to the length of time of insertion. A teenage girl may not be developmentally responsible for taking pills every day so the Depo Provera shot may work for her.
7. Address nutritional needs in the management of individuals across the lifespan to promote reproductive health in the needs of prenatal nutritional development by education of the mother to increase fiber intake and daily consumption of prenatal with folic acid. Also by educating teens and early adults on the importance of a balance diet that includes calcium.

8. Use evidence based guidelines in the selection and evaluation of reproductive health related diagnostic testing and care by use of ASKIS and LSIL results for Pap smear testing and when to be retested in conjunction to what age and when to refer to colposcopy.

9. Identify the roles of the advanced practice nurse in reproductive health related health settings. The APN provides pelvic, pap and breast exams. STI care and treatment including diagnosing of, writing prescriptions for and counseling regarding STI specifics. The APN is responsible for the care and diagnosis of pregnant female until the 35 weeks as long as she is having uncomplicated normal pregnancy.

10. Integrate effective interdisciplinary approaches in the delivery of reproductive health related primary health care by knowing when to refer to cases of private GYN or specialist. This may be done in the case of a private GN when finding that the female has, for example, her parents insurance and would be able to receive more overall care at one visit. At the SCHD only one item may be addressed per visit due to billing and funding constraints. Another interdisciplinary approach would be to know when to refer a female to oncology for management of diagnosed breast, ovarian or cervical cancer.

11. Describe principles of gender related health care in emergency situations. This occurs by offering women the plan B pill. The woman is not held to any certain criteria other than that of having unprotected sex within 72 hours. There is no pressure placed on the woman to explain circumstances. However if she were a victim of sexual violence then the woman is urged to go to a referred counseling center to seek help.

12. Analyze the impact of health care policy on reproductive health related health care, by women that are receiving Medicaid are not held responsible for paying a co-pay for their contraceptive. No woman is turned away from receiving reproductive health care due to their sexual orientation or religious beliefs.

13. Explore ethical issues related to the provision of reproductive related health care by being unable to prescribe contraceptive to a 24 year old single female who has 4 children currently due to a LSIL result. She would not be able to return for repeat pap in 6 weeks and by guidelines we are unable to give her birth control due to the previous pap results.