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06. CANCER SCREENING FOR IMMIGRANTS AND REFUGEES- A CULTURAL AND LINGUISTIC APPROACH

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Background: The historical aggregation of Asian American (AA) subgroups has led to a paucity of data on cancer and screening rates among the AA subgroups. Asian Americans and Latinas have the lowest rates of Pap smear and cancer screening rates compared to other ethnic groups in the U.S.

Objective(s): The primary aim was to examine the rates of cervical and breast cancer, cancer screening, knowledge, and health services among low-income minority women in Virginia.

Material/Methods: Using cross-sectional data from 2014–2016 from the Breast and Cervical Care Program, we examined access to and knowledge of cancer screening, acculturation, nativity, insurance, and barriers to cancer screening. Minority and financially disadvantaged women (n=3,460) were recruited from community organizations and referrals. Logistic regression models were used to examine the association between Pap tests, breast self-exams, and risks, severity, and rates of cervical and breast cancers. Face-to-face surveys were available in five Asian languages, Spanish, and English.

Results: Demographics include 67% AA (Koreans, Vietnamese, Chinese, Filipinos, and other Asians), 16% Latinas, 7% white, 5% African American, and 5% Other. Findings showed over 78% below 200% of the poverty level. Findings demonstrated cross-group variations, with Korean Americans having reported the highest levels of mammogram and cervical cancer screening. The rate of those who had ever undergone cervical cancer screening and mammogram was 37% and 61%, respectively; and 58% reported that they did not know about cancer risks and screening. Results also show high rates of cancer diagnosis at a later stage.

Conclusions: The present study reveals AA and Latinas who have family obligations, balance different cultures and lack knowledge about cancer screening face deterrents to cancer screening. Future research should explore factors deterring cervical and breast cancer screening in Latinas and Asian American women and in particular, cultural and mental health barriers.

07. PERINEAL PAIN MEASUREMENT AFTER EPISIOTOMY AND EVALUATION OF ITS IMPACT ON ACTIVITIES

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Background: Spontaneous or surgical trauma in the perineal region is common after normal delivery and may trigger relevant maternal morbidities. Although the World Health Organization

recommends the use of episiotomy in a limited way, in about 10% of normal deliveries, rates still vary considerably. In Brazil, in the last decade, the episiotomy was performed in 70% of normal deliveries.

Objective(s): To measure and characterize perineal pain after normal delivery with episiotomy and to evaluate the impact of procedural pain on daily activities performed by the patient.

Material/Methods: This is a descriptive, cross-sectional study performed with fifty women in the postpartum period after normal vaginal delivery with episiotomy. Episiotomy pain was assessed within 24 hours after vaginal delivery and pain characterization was performed using the McGill Questionnaire, as well as a form to analyze the limitation of activities.

Results: There was a painful sensation to sit (54%) and to walk (40%). The main sensation reported by the patients was local colic and pain, and the pain index averaged 20.66 out of 78 possible and was not considered then severe pain. In addition to this, the descriptors of greater intensity of pain were not chosen by any patient, among them: terrifying, cursed, mortal, miserable, maddening and torturous. The mean number of descriptors reported was 10.38 (± 5.93) among the 20 possible groups.

Conclusions: Although post-episiotomy perineal pain has not generated many limitations in this study, its knowledge is important in improving the approach of other patients who present pain of greater intensity. Often doctors and nurses neglect this complaint, which when present decreases the quality of life of the puerpera and that could be approached many times with the use of simple and non-pharmacological treatments.

08. PAIN IN THE POST-OPERATIVE OF CESAREAN: CLASSICAL TECHNIQUE VERSUS MINIMALLY INVASIVE TECHNIQUE

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Background: Cesarean section is the most common abdominal surgery in women in developed countries and also in underdeveloped ones. The ideal cesarean section rate suggested by the World Health Organization is 15%, but this rate reaches 88% of calving's in private maternities. There is no consensus in the literature on which would be the ideal technique to perform this medical procedure.

Objective(s): To compare the postoperative pain of two cesarean techniques: classical and minimally invasive.

Material/Methods: It was conducted clinical trial with randomization, double-blind, testing use two parallel groups to compare the postoperative pain in patients submitted to first cesarean section by the classical technique (n=15) or minimally-invasive technique (n= 15). Candidate patients to the first cesarean section, who were not in labor, were included. All patients were submitted to standardized spinal block anesthesia and they only received supplemental analgesic if requested. The pain was evaluated after 6, 12 and 24 hours using the Visual Numeric Scale and McGill Pain Questionnaire.

Results: There was no statistical difference between the groups in relations to age, body mass index, weight of newborns and time of surgery. There was no difference in pain scores between the two groups, but patients who were submitted to minimally-invasive technique, used fewer doses of analgesic medication in the first 24 hours ($p \leq 0.04$).

Conclusions: Patients undergoing first cesarean section, under spinal block anesthesia by the minimally-invasive technique, present less consumption of analgesic medication in the post-operative than patients undergoing caesarean section by the classical technique.

09. TRENDS IN CIGARETTE SMOKING DURING PREGNANCY: 2009–2015

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Background: Cigarette smoking during pregnancy is related to adverse maternal and infant outcomes. Kaiser Permanente Northern California (KPNC) has a well-established prenatal substance abuse screening and treatment program called Early Start (ES) that identifies women who smoked cigarettes before and during pregnancy and provides treatment to assist women in quitting.

Objective(s): (1) To examine trends in cigarette smoking rates during pregnancy in KPNC over time and determine if reaching the Healthy People 2020 goal of 1.4% seems possible. (2) To compare the estimated KPNC rate of cigarette smoking during pregnancy to California and US rates.

Material/Methods: Of 273,516 women who completed ES Screening Questionnaires between 01/01/2009–12/31/2015, 8,882 indicated that they smoked during pregnancy (3.25%). Annual smoking rates with 95% confidence intervals were computed overall and by age and race/ethnicity categories, and were compared within each category using Cochran-Armitage Trend Tests. KPNC rates were compared to estimated California and US rates using chi-squared tests.

Results: In 2013, the estimated cigarette smoking rate during pregnancy in California was 2.5% vs 2.9% in KPNC ($p=0.62$). In 2011, the estimated rate in the US was 10% vs 3.6% in KPNC ($p=0.0001$). Annual cigarette smoking rates during pregnancy in KPNC decreased significantly over time, from 4.6% in 2009 to 2.4% in 2015 (trend test, $p=0.0001$). The rates also decreased significantly over time for all age and race/ethnicity categories examined, although the rates were higher overall among women who were <18 years old, White and Black, but lower overall among Asians and Hispanics.

Conclusions: The cigarette smoking rate during pregnancy in KPNC is significantly lower than the US rate and similar to the California rate. A significant downward trend in cigarette smoking during pregnancy was seen overall and by all age and race/ethnicity categories examined. KPNC has not yet reached the Healthy People 2020 goal, but is moving in that direction.

10. ART COUNSELING: INCLUSION OF WOMEN REQUESTING OOCYTE CRYOPRESERVATION

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Background: As more women delay childbearing for social, financial and personal reasons, elective oocyte cryopreservation is emerging as a means of preserving fertility. Data show that 1) many women are electing to preserve their eggs past the point of peak egg quality and 2) thawing them to pursue pregnancy several years later, placing themselves at advanced maternal age for pregnancy. Women seeking oocyte cryopreservation are usually not given comprehensive counseling at this time, as this may be viewed as simply a 'banking procedure.' Although most women are not actively seeking pregnancy at the time they request oocyte cryopreservation, they could benefit from the same counseling as those women requesting ART for immediate pregnancy options in order to make more informed decisions about whether to carry out this procedure and at what point in their life cycle they should seek pregnancy if they do preserve egg cells.

Objective(s): To assess current counseling recommendations for women undergoing elective oocyte cryopreservation.

Material/Methods: A search of PubMed and Clinical Key as well as individual fertility center and society websites was conducted to assess current counseling practices for elective oocyte cryopreservation.

Results: It is substantiated that uniform counseling guidelines are lacking for this group of ART patients presenting only for saving their oocytes. However, although a woman may be an ideal candidate for pregnancy at the point that she undergoes oocyte cryopreservation, possibly many years later, at the time of oocyte thawing this same woman may have multiple risk factors, which will increase her risk for pregnancy related maternal and fetal morbidity and mortality.

Conclusions: Given the increasing use of oocyte cryopreservation, we suggest that women be extensively counseled at the time they are requesting elective oocyte cryopreservation in the same manner that they are counseled when requesting ART for potential pregnancy.

11. EVALUATION OF ANAL CYTOLOGIES IN PATIENTS WITH HIGH-GRADE CERVICAL INTRAEPITHELIAL NEOPLASIA (CIN 2 AND 3) (PRELIMINARY DATA)

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Background: Cervical cancer is the third most frequent neoplasm in Brazilian women (estimated risk of 15.33 cases per 100,000 women by 2014), behind breast and colorectal cancer. Cervical cancer is closely linked to human papillomavirus (HPV) infection with the respective precursor intraepithelial lesions. Anal cancer accounts for 2 to 4% of all malignant neoplasms of the lower digestive tract. The intraepithelial lesion of low anal grade (LIEBG) has spontaneous resolution in most cases. The high-grade anal squint intraepithelial lesion (anal LIEAG) is considered precursor of the invasive tumor with a clear association with high-risk HPV subtypes. In addition, there is some evidence of the link between anal cancer and genital cancer. The causal relationship between this virus and cancer of