

# Women's Health: Screening and Management of Cervical Health

**Jackie L. Michael, PhD, APRN, WHNP-BC**

*College of Nursing and Health Innovation, University of Texas at Arlington, Arlington, Texas USA*

## Learning Objectives:

- Discuss innovative methods to provide access to healthcare for women of all ages through Community-based Out Patient Clinics (COPC) to ensure positive patient experience
- Compare and contrast national cervical cytological screening guideline revisions and consensus reports for screening and management of Pap smear guidelines
- Critically evaluate the role of protocols to understand interpretation guidelines for Pap smears for consistent management of women's health

## Prevalence:

- Cervical cancer is one of the world's deadliest – and most preventable – cancer for women
- Responsible for more than 270,000 deaths annually (WHO, 2016)
- HPV types 16 and 18 account for 70% of cervical cancers worldwide (CDC, 2016)
- 50.8% of 323,127,513 women in the U.S.A. <https://www.census.gov/quickfacts/fact>

## Background:

- Women of all ages deserve a good quality of life throughout their lifespan
- Access to care in community-based outpatient clinics is the standard of practice
- Women's Health Nurse Practitioners (WHNP) serving as primary care or specialist providers are in the best position to influence health care decisions by providing accurate and evidenced-based information to their clients
- Population demographics, transportation, and cultural brokers are critical variables in planning improvements for access to care and removal of barriers which impact healthcare outcomes

## WHNP FACTS:

Population focus:

- Registered nurse (RN) with advanced education and clinical training
- Services include diagnosis and management of common as well as complex medical conditions
- Autonomous and collaborative practice with other professionals (including physicians) to provide coordinated, comprehensive, and quality health care
- Scope of NP practice is governed by state's nurse practice act
- **Evaluate**
- **Diagnose**
- **Manage** and coordinate health care services
- **Promote** health: screenings, immunizations, teaching and counseling
- **Collaborate** with patients, families, and other health care providers to optimize the health care plan to the individual needs

## Screening Guidelines:

- Start at age 21
- Stop at age 65 or after hysterectomy with benign disease
- Every 3 years age 21- 29
- Every 5 years with HPV co-testing age 30- 64

## References:

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- Bibbins-Domingo K, Whitlock E, Wolff T, Ngo-Metzger Q, Phillips WR, Davidson KW, et al. Developing Recommendations for Evidence-Based Clinical Preventive Services for Diverse Populations: Methods of the U.S. Preventive Services Task Force. Ann Intern Med. 2017;166:565–571. doi: 10.7326/M16-2656



## Access to Care Critical Factors:

- **Understand the demographics of the population**
  - Education
  - Ethnicities
  - Language
  - Location of COPC
- **Patient centered services specific to the population**
  - Cancer screenings: Breast and Cervix
  - Contraception
  - Prenatal Care
- **Role of the stakeholder**
  - Consensus building
  - Education of services provided
  - Social work
  - Healers from the community
- **Buy in of the community**
  - Availability of appointments
  - Cost
  - Language
- **Transportation**
  - Safety
  - Familiarity
- **Hours of service**
  - Before work
  - After work
  - After school

## Contact:

[michaels@uta.edu](mailto:michaels@uta.edu)

