



# Women's Health

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IN PRIMARY CARE

Jo Ann Rosenfeld

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# WOMEN'S HEALTH IN PRIMARY CARE

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***Special Considerations for Nurse Practitioners  
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# **Women's Health in Primary Care**

This book is dedicated to my parents and my children.  
*Jo Ann Rosenfeld*

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# Preface

*“Why are women the opposite sex? They are more like men than any other creature on earth.”*

—Dorothy Sayers

In an ideal world, this book would not be necessary. Women would not be the “opposite” sex. However, women and their health concerns have often, unfortunately, been considered as certainly different, alternate, and less important imitations of those of men. Over time, women’s health concerns have not always merited the time, concern, involvement, research, and regard that they deserve. Thus, this book has been developed for all primary health care providers—physicians, nurse practitioners, and physician assistants—as a comprehensive guide to the whole life cycle of women’s health. It has been written by primary care providers who work with women daily. It is intended for the primary care provider who plans to take the opportunity to give women and their health the attention they require.

This book has been written with four principles in mind. First, women and their concerns cannot be fit into the pattern of men’s concerns, especially when we truly do not know where that fit is accurate and where it is inadequate, because of the lack of woman-inclusive research. Women’s issues will be examined in light of the available research and with the position that these are important

problems for women. Hopefully, more studies that chronicle women's health over time, like the Nurses' Health Study, will give us answers to many of the questions to which we now have no solid answers.

Secondly, women can only be understood in the context of their particular place in their life, family, culture, and society. The provider must take the time to learn about where every woman fits in her life cycle and in her family. A 60-year-old woman can be at the apex of a career, retired and caring for an older spouse, or raising her toddler-grandchildren.

Thirdly, medicine and health care providers cannot generalize for all women, any more than women can be considered shadows of men. Individuality is the rule. Each woman has different needs and plans. Each woman faces adolescence, widowhood, motherhood, or death differently. Although some women may have some symptoms during menopause, it cannot be generalized that all women will react, or will react similarly, to those symptoms. The provider must learn both how women differ and are similar to men, and how they differ from each other.

Lastly, medicine cannot be "practiced" on women. It is possible for the provider and woman to work together to help her find and maintain good health in a sensitive, noninvasive, individualistic way. This book hopes to support such an application of the medical and psychologic sciences for the health of all women and each woman.

Primary care providers, in their continuing care of women throughout their life, should and do continue to care for women during pregnancy and delivery. Care of the woman in pregnancy and in labor should not be com-

partmentalized; it should be a seamless connection with the care of the whole woman and the whole family. The care of the woman who is pregnant will be found in many chapters in this book. However, this book cannot hope to measure the whole depths of the discussion of pregnancy and delivery, but attempts to consider philosophy, care, and how the pregnant woman is affected by other considerations and problems.

The key to this book is comprehension, both in scope and understanding. We have created a book that spans the widest breadth of considerations of women's concerns and problems. We have dealt with more than women's diseases, including also health promotion and concerns throughout her life. Health promotion is an inclusive and extensive task that takes the cooperation and coordination of the woman, her provider, and often her family and society.

We have sought to examine the totality of women's lives, both the traditional medical and the less customary psychological and social concerns. Women are more than gynecologic organs that need monitoring. The diseases women face are much wider than just those that affect the genitourinary system. We have striven to examine the available research and to observe its validity, in light of a model of a woman until now seldom revealed and recognized, as an individual with particular tendencies and with individual and valid responses. Hopefully, in this way, the provider can come to understand, appreciate, consider, and work with women to promote health.

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