


The National Minor Illness Centre

Women's Health Update

Women's Health


- Vaginal discharge
- Emergency contraception
- Mastitis



© National Minor Illness Centre

Vaginal discharge - history


- Duration
- Colour and odour
- Itch
- Postcoital or intermenstrual bleeding
- Pelvic pain or dyspareunia
- Sexual history
- Possibility of pregnancy
- Recent gynaecological procedure or childbirth



© National Minor Illness Centre

Vaginal discharge


- Examination unnecessary if recurrent confirmed thrush
- Speculum - retained tampon, appearance of discharge
- Tests - HVS, maybe cervical swabs for bacteria and chlamydia
- Cautions:
 - Genital herpes
 - Pelvic inflammatory disease
 - Chlamydia



© National Minor Illness Centre

Vaginal thrush (candida)

- Itching, white yeasty discharge, inflammation
- Consider diabetes and iron deficiency if recurrent
- Self care:
 - Avoid irritating the area with soap, shower gel, or bath additives
 - Avoid tight-fitting synthetic fabrics
- Not sexually transmitted, no need to treat sexual partner unless symptomatic
- Asymptomatic carriage of candida is common, especially in pregnancy



© National Minor Illness Centre

Vaginal thrush – treatment

- Clotrimazole 500mg single pessary (faster-acting) *or*
- Fluconazole 150mg single oral capsule, if preferred
- **Plus** clotrimazole cream for vulval soreness
- Clotrimazole affects latex condoms

Treatment	Cost OTC
Clotrimazole pessary 500g	£5- 7
Oral fluconazole 150mg	£5 -7
Clotrimazole cream 15g	£3 - 4
Clotrimazole combi (500g pessary plus 10g cream)	£7-8 (or 2x Rx charge)

© National Minor Illness Centre

Complicated vaginal thrush

- If treatment failure, first try other alternative above. If both have failed:
 - itraconazole 200 mg capsules, two twice daily for 1 day (POM)
- If severe or persistent symptoms, diabetes or immunosuppressed:
 - fluconazole 50mg capsule, two daily for 7 days (POM) *or*
 - clotrimazole 200mg pessaries, one at night for 6 – 12 days
- If pregnant, give:
 - clotrimazole 200mg pessary, one at night for 7 days.
 - The patient may prefer to insert the pessary manually

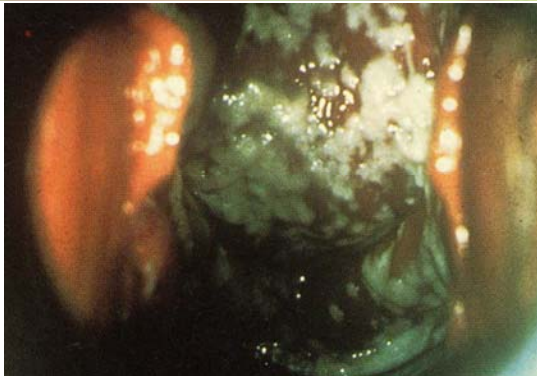
© National Minor Illness Centre

Bacterial vaginosis

- Thin, white, fishy discharge
 - Caused by an imbalance in normal vaginal flora
 - Not sexually transmitted
 - HVS may say 'clue cells seen'
 - Vaginal acidity reduced (pH >4.5)
 - Avoid douching
 - Treatment:
 - Metronidazole tabs 400mg bd for seven days - 41p
 - Metronidazole gel 0.75% 40g for 5 nights - £4.31
 - Clindamycin cream 40g for seven nights - £10.86
- (Caution – latex condoms)**

© National Minor Illness Centre

Candida



© National Minor Illness Centre

Genital herpes and warts



© National Minor Illness Centre

Genital warts



© National Minor Illness Centre

Contraception for under 16s


- Fraser competence
- Abusive relationship?
- 'How old is your boyfriend? Does he have a car?'
- Remember the repeat prescription slip



© National Minor Illness Centre

Emergency contraception (EC)


- History - LMP, time since unprotected sexual intercourse (UPSI)
- Previous UPSI or EC in this cycle?
- On enzyme inducing drugs, e.g. Tegretol, phenytoin, rifampicin, terbinafine, St John's wort?
- Relative effectiveness:
 - If 1000 women have UPSI, 80 will conceive
 - After taking levonorgestrel or ulipristal, 10 women will conceive
 - After emergency copper IUD insertion, only one will conceive



© National Minor Illness Centre

Emergency contraception


- IUD – best option but not often acceptable
- Usual prescription, if within 72hr of UPSI - levonorgestrel 1.5mg tablet. Contraindications: liver disease, warfarin
- May be available free from pharmacy
- Two levonorgestrel tablets together if on enzyme-inducing drugs



© National Minor Illness Centre

Ulipristal


- Use if 3-5 days after UPSI
- More expensive than levonorgestrel
- Interacts with PPIs, and other contraceptives
- Contraindicated in severe asthma



© National Minor Illness Centre

Emergency Contraception


- Seek help if vomiting within two hours of taking levonorgestrel (three hours for ulipristal)
- Use condoms until next period, which may be early or late
- For pregnancy test if period over one week late
- No known teratogenic risk
- Increased risk of ectopic pregnancy
- Discuss long-term methods (LARCS)
- Consider STI risk



© National Minor Illness Centre

Mastitis


- Commonest in a lactating woman
- May occur if not lactating, especially if smoker or diabetes
- May just present with flu-like symptoms
- An area of one breast is red, hot, tender and indurated
- Fever does not necessarily mean infection
 - See breastfeeding advisor
 - Feed baby from affected breast first
 - Express any remaining milk afterwards
- Culture breast milk if severe, recurrent, or no response to 48hr of antibiotics



© National Minor Illness Centre

Mastitis

- Give antibiotics if:
 - Severe symptoms
 - Immunosuppressed or diabetes
 - Yellow discharge from nipple
 - Not improving after 12–24 hr despite effective milk removal
- Prescription for 14 days (lactating):
 - Flucloxacillin
 - Erythromycin if allergic to penicillin)
- Refer to doctor if abscess suspected (red fluctuant lump) or not responding to antibiotics



© National Minor Illness Centre

Lactational abscess



Dixon J M , Khan L R BMJ 2011;342:bmj.d396

© National Minor Illness Centre

BMJ