Health Literacy Assessment: Pelvic Exam Guidelines

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Guideline Changes

Pelvic exams are used as part of a woman's well exam in order to check the pelvic organs. The exam enables doctors to check the size and position of the vagina, cervix, uterus, and ovaries (Marshall & Romito, 2015). These exams are commonly used to find signs of infection and causes of pain or discomfort. As of 2016, the U.S. Preventive Services Task Force (USPSTF) has drafted new recommendations for the target population of asymptomatic women age 18 and older who are not at increased risk for gynecologic conditions. It is found that the benefit of performing pelvic exams annually is ***unclear***, especially for gynecologic conditions other than cervical cancer, gonorrhea, and chlamydia (US Preventive Services Task Force [USPSTF], 2016). The USPSTF concludes there is ***inadequate evidence*** on the harms and benefits of screening using a pelvic examination, with a Grading of *I* (USPSTF, 2016). The USPSTF suggests further research studies to determine the effectiveness, potential risks associated, and the overall impact on women from routine pelvic screenings (USPSTF, 2016).

The president of the American College of Obstetricians and Gynecologists (ACOG) created a statement in opposition to the USPSTF drafted recommendation. He stated that they believe women should "see their Ob-Gyns at least once a year" (American College of Obstetricians and Gynecologists [ACOG], 2016). ACOG recommends annual pelvic exams for patients 21 years and older. The decision to have a pelvic exam is between the patient and her doctor when she attends her annual well-woman visit. In conclusion, the "ACOG is reviewing the USPSTF draft recommendation statement and the evidence upon which it is based to assess whether there is a need to update its guidance on the routine pelvic examination" (ACOG, 2016).

Interview Findings

Our interview participants consisted of 12 women. [Description Blind]. The consensus was that pelvic exams should be conducted annually, beginning at age 21 or onset of sexual activity. Some of the women reported that pelvic exams should be conducted more frequently based on family history, symptoms or additional risk factors.

The participants had some basic knowledge of what the pelvic exam entailed. They stated that during the pelvic exam the doctor checks the vaginal canal and cervix for abnormalities. Some of the women expressed that pelvic exams were uncomfortable and they did not like the procedure.

The primary source of information was the provider recommendation (primary care or OB/GYN). Other sources of information were the Mayo Clinic, WebMD, Centers for Disease Control and Prevention, National Institutes of Health, Planned Parenthood, and American College of Obstetricians and Gynecologists. Sources were determined to be credible if they were endorsed by physicians, health experts, or government agencies. Most of the participants discussed pelvic exam recommendations with their physicians and close, female family members, or friends. A few of the participants stated that they did not feel comfortable discussing such private matters with family members or friends.

All of our interview participants had appropriate access to health information, but there was an apparent lack of understanding of this health issue. Because the pelvic exam and Pap Smear are usually conducted during the same visit, most women could not differentiate between the two procedures. The participants stated that pelvic exams were used to test for STIs or check for signs of cervical cancer annually. This was a deeply ingrained belief, in regards to primary preventive care.

Implications of Interview Findings

Based on the themes gathered from the semi structured interviews, we were able to conclude that our population had issues with understanding differences in the clinical procedures (Pelvic exams vs Pap smears), appraising recommendations and literature, and applying the new guidelines for themselves as consumers. As referenced in the article "Health Literacy and Public Health: A Systematic Review and Integration of Definitions and Models," the four competencies in the health literacy framework are: Access, Understand, Appraise, and Apply (Sørensen et al., 2012). While our population understood how and where to access information on pelvic exams through their physicians or other sources, their key issues focused on not fully understanding the process of a pelvic exam, the inability to judge when to have an exam done, and ultimately, applying gained knowledge to make informed decisions outside of physician prompting.

An assumption could be made that this gap in health literacy will most likely impact future clinical practice. In general, the women that were interviewed typically followed their physician's recommendations for screenings. One of our participants mentioned, "*I believe the most credible source is always your doctor, but there is nothing wrong with doing your own research and then going back and discussing your concerns with your doctor*." With conflicting statements released from the USPSTF and ACOG's response, we felt that physicians may also remain confused on what to recommend to their patients. If a physician decides to continue to perform pelvic exams annually on asymptomatic women, he/she will utilize screenings more often than necessary. Conversely, insufficient evidence can neither prove nor deny the benefits afforded to each woman (USPSTF, 2016). But, by performing the exam less often, physicians would practice more efficiently and would not perform unnecessary exams on people outside the target population. This contrast will obviously create general confusion for our interviewed population. Women are being provided conflicting ages to start receiving their exams, as well as

how often to have a return visit. Since our population was very trusting of their clinicians' recommendations, it would be best if each practitioner collaborated with patient preferences.

This general confusion in clinical practice will ultimately impact women's compliance with the guideline changes. With women who are asymptomatic and without a history of gynecological conditions, there is concern regarding the recommendation of them receiving a pelvic exam every three to five years (US Preventive Services Task Force, 2016). From our interview findings, many women suggested that they would be likely to continue receiving their exam annually because it was a common practice for them, unless a major issue was presented. This may lead to harmful practices for women because they may forget if they are beyond the three to five year recommended period. We would not want our population to only return for a pelvic exam when pain, or other recognizable symptoms occur. However, we would need to gather qualitative data from a more representative sample before we can begin to generalize predictive behaviors.

Conclusion

Throughout the interview process and in the analysis of those gathered themes, we concluded that our population had a general lack of understanding, appraising and applying new health guidelines for practice after being accustomed to having annual pelvic exams. These gaps in health literacy could be linked to future issues in clinical practice and women's compliance with the change in recommendation. While some women may be quick to adopt the new change, other asymptomatic females may use this as an opportunity to not see their clinician as often and wait until a serious issue arises before returning for a screening. With our interview findings, our population was more likely to request that pelvic exams be included in their annual well-woman exams.

References

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