



Healthy Living

A Guide for Women



THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER



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This resource is for informational purposes only. Talk to your healthcare provider if you have any questions about your care. For more education, contact the Library for Health Information at 614-293-3707 or health-info@osu.edu.

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For a digital copy of this book, please visit go.osu.edu/pted3719.

Welcome

About this book

The Ohio State University Wexner Medical Center is committed to providing specialized care for your needs. Our staff is here to give you the highest level of care with the most advanced technology.

Use this book to talk with your healthcare providers. It will help you to understand:

- How your body works
- What health screenings are recommended
- Common medical conditions and concerns that are unique to women
- Healthy behaviors

Please ask questions and share your concerns, so your providers can give you the best support.

Why see a women's health specialist?

These healthcare providers specialize in medical conditions and diseases that affect women and can help you understand your body and how to take care of it as you age. You may see a range of healthcare providers through the different stages of your life – from puberty, to child-bearing age, menopause, and beyond.

The care you receive may include:

- An annual health assessment and exam
- Help if you develop problems with your reproductive organs
- Care if you become or wish to become pregnant

Examples of healthcare providers a woman may see include:

- Primary care provider (PCP): a doctor who coordinates your overall care, treats minor illnesses, manages chronic disease and provides preventive care, such as screening tests and immunizations.
- Gynecologist: a doctor specializing in the female reproductive organs.
- Obstetrician: a doctor specializing in pregnancy and childbirth.
- Nurse practitioner (NP): a registered nurse with advanced training. These nurses are able to prescribe medicine, and they usually work with doctors.
- Certified nurse midwife: a registered nurse with advanced training. These nurses are able to prescribe medicine and deliver babies.

Find a doctor

Go to wexnermedical.osu.edu/find-a-doctor. Use search terms such as “Obstetrics and Gynecology” and “Women’s Health” to help you find a doctor.

Making the Most of Your Visits

Before your visits

When you arrive for an appointment, it can be hard to remember everything you wanted to ask. Organize your information and write down your questions ahead of time to make the most of each visit.

Personal health information

You may want to keep a notebook of your health history to help you remember dates, health problems, or treatments you have had. This makes it easier to share your health history with your providers.

Record dates and notes about:

- Past and present health problems, including mental health issues
- Type of birth control you or your partner uses
- Surgeries or procedures
- Medical tests and results
- Vaccines
- List of past pregnancies, including miscarriages and abortions
- Date of last menstrual cycle (if you are still having periods)
- Any medical devices you use, such as a walker, nebulizer, or CPAP machine
- Family medical history, including cancer (type and age it started)
- Allergies you have and your reactions

You may also want to keep a list of your:

- Doctors and other providers with phone numbers and addresses
- Pharmacy phone number and location, including mail order pharmacies



Each visit

- Bring your health insurance card(s) and a photo ID.
- Write down any questions you have and mark the important ones to ask first.
- Write down any symptoms or problems, especially new ones since your last visit.
- Ask a friend or family member to come with you to listen and take notes while you are talking with your provider.
- Ask about anything you don't understand.
- Ask for written instructions or make your own notes about your care.

Medicine list

Keep a list of all of the medicines you take with you. Include prescriptions, over the counter medicines, and any vitamin or herbal products you take. Include eye drops, inhalers, shots, and creams.

Your list should include:

- The name of the medicine
- How much you take
- When you take it
- What you take the medicine for

Exams and Screenings

Learning about health and wellness exams

Most health and wellness exams include:

- A review of your medical history and a physical exam.
- Other services, such as vaccines, lab testing, breast exams, and screenings may be done based on your age and your risk of developing certain conditions.
- A pelvic exam. This is NOT a Pap smear (or Pap test). During a Pap smear, cells on the cervix are collected and sent to the lab for testing. Not every everyone who has a pelvic exam will have a Pap smear done at that time.

Tests and services

The tests and services you receive will vary by age. Recommendations from your healthcare provider may differ based on your medical history or risk factors.

Ages 13 to 18

- Physical exam that may include a pelvic exam and testing for sexually transmitted infections (STIs) if you are sexually active.
- Education about safe sex to prevent STIs, birth control, tobacco and alcohol use, fitness, hygiene, and injury prevention.
- Vaccines: You may need a Tdap vaccine to prevent tetanus, diphtheria, and pertussis (whooping cough); an HPV vaccine to prevent cervical cancer; and an annual flu vaccine.

Ages 19 to 39

- Physical exam that includes a pelvic and breast exam. STI testing if needed.
- Education about safe sex to prevent STIs, birth control, planning for pregnancy, breast care, tobacco and alcohol use, fitness, hygiene, and injury prevention.
- Cervical cancer screening can be started as early as age 21. Talk to your provider about when cervical cancer screening should start and how often you should be tested. There are a variety of test options available.
- Vaccines: You may need a T-dap vaccine to prevent tetanus, diphtheria and pertussis (whooping cough); an HPV vaccine to prevent cervical cancer (if you have not had it); and an annual flu vaccine.

Ages 40 to 64

- Physical exam that includes a pelvic, rectal, and breast exam. STI testing if needed.
- Cervical cancer screening should continue until at least age 65. Testing may be stopped after this age, if you have no risk factors or no history of abnormal test results.
- Mammograms starting at age 40 and then every year. You may need this earlier depending on your risk factors.
- Colon cancer screening starting at age 45 to 50 and how often is based on your risk factors. Earlier colon cancer screening may be recommended based on your risk.
- Starting at age 50, talk to your provider about your risk for osteoporosis.
- Education about safe sex practices to prevent STIs, birth control, menopausal issues, breast care, tobacco and alcohol use, fitness, hygiene, and injury prevention.
- Annual flu vaccine.
- HPV vaccine up to age 45.

Age 65 and Older

- Physical exam that includes a pelvic, rectal, and breast exam.
- Cervical cancer screening should continue until at least age 65. Testing may be stopped after this age if you have no risk factors or no history of abnormal test results.
- Mammogram yearly.
- Bone density screening for osteoporosis at least once. Talk to your provider about repeat testing.
- Education about sexual function, STIs, menopausal issues, breast care, tobacco and alcohol use, fitness, hygiene, and injury prevention.
- Annual flu vaccine.

Other Screenings

Your provider may recommend or refer you for other screenings based on your age and risk factors, such as screenings for colorectal cancer, diabetes, breast cancer, and high cholesterol.

Pelvic Exam

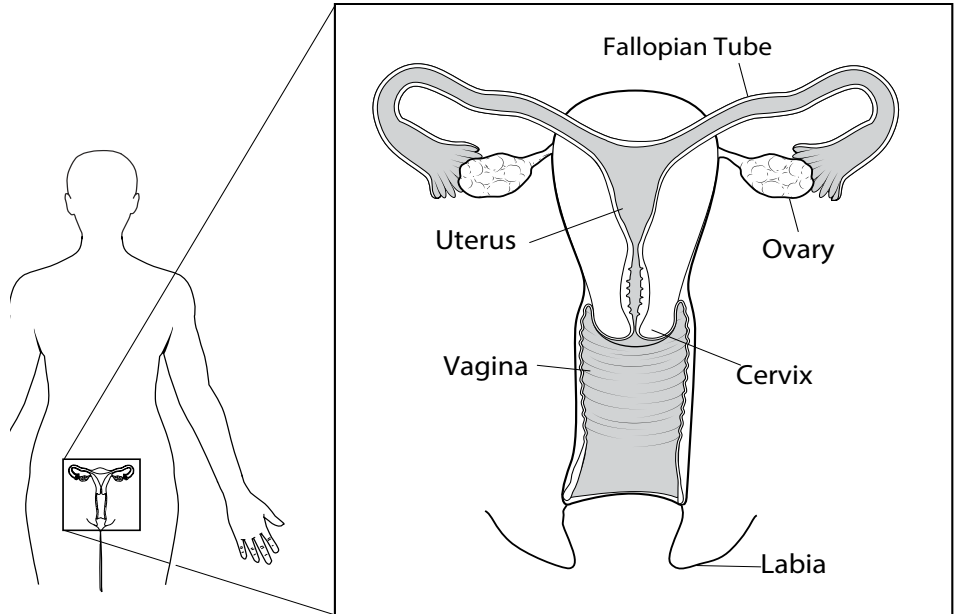
About the exam

This exam is done to check your:

- Vagina
- Cervix
- Uterus (womb)
- Ovaries

Various tests may be done during this exam, such as a Pap smear or testing for infection.

Reschedule your annual exam if you are having your period.



Day before the exam

For 24 hours before you have this exam, you need to **avoid**:

- Having sex
- Vaginal douches or rinsing your vagina
- Use of any perfumed sprays or powders around your vagina

Having the exam

- Go to the bathroom and empty your bladder before this test.
- You will be asked to undress from your waist down and will have a paper sheet to cover you.
- You will be asked to lie down on the exam table and place your feet in holders at the end of the table, called stirrups. Let your knees fall to the sides. Take slow, deep breaths to relax the muscles around your vagina during the exam.
- Your provider will touch you and look at the skin around your vagina, called the labia, for signs of infection or other problems.
- A duck-bill shaped tool, called a speculum, will be placed into your vagina to allow the provider to see inside your vagina. If other testing is needed, such as a Pap smear, it will be done while the speculum is in place. The speculum is then removed.
- Using gloves, your provider will place 2 fingers into your vagina and the other hand will be placed on your lower abdomen to feel the size and shape of your uterus and ovaries.
- When the exam is done, your provider will remove the gloves and ask you to get dressed.

Cervical Cancer Screening

Why get screened

Cervical cancer screening looks for precancerous changes in cervical cells (not yet cancer), when treatment can prevent cervical cancer from developing. Sometimes, cancer is found during cervical screening. Cervical cancer found at an early stage is usually easier to treat.

Human papillomavirus (HPV) is the main cause of cervical cancer. HPV is a common virus that is passed from one person to another during sex. HPV is so common that nearly everyone who is sexually active will get it at some point in their lives. Most of the time, the virus is cleared from the body and cancer does not develop. However, sometimes the body is unable to clear the virus and cancer of the cervix may develop. The HPV vaccine can help prevent cervical cancer and screening tests can detect those at risk for developing cervical cancer.

When to get screened

Cervical cancer screening can be started as early as age 21. Talk to your healthcare provider about when screening should start and how often you should be tested. There are a variety of test options available. Testing should continue until at least age 65. Testing may be stopped after this age, if you have no risk factors or no history of abnormal test results.

Screening tests for cancer of the cervix

Two screening tests can help find cervical cancer:

- The **Pap test** (or Pap smear) looks for cell changes on the cervix that might become cervical cancer if they are not treated.
- The **HPV test** looks for the virus that can cause these cell changes.

Sometimes your provider may do both tests when screening for cervical cancer. This depends on your age and medical history.

Both tests are collected the same way and can be done in your provider's office or clinic. During the exam, your provider will use a plastic or metal instrument, called a speculum, to open the vagina. This helps your provider examine the vagina and cervix. A small brush is then used to gently collect cells from the cervix. The cells are sent to a laboratory.

- If you are getting a Pap test, the cells will be checked to see if they look normal.
- If you are getting an HPV test, the cells will be tested for HPV.

Test results

It can take many weeks to receive your test results. If your test shows that something might not be normal, your provider will contact you and figure out how best to follow up.

If your test results are normal, your chance of getting cervical cancer in the next few years is very low. Your provider may tell you that you can wait several years for your next cervical cancer screening test. But you should still go to your provider regularly for a checkup.

Understanding Pap test results

Result	What it means	Follow-up
Within normal limits	No abnormal cells found.	Routine screening as recommended by your provider.
Atypical	Some cells show changes that may be due to a vaginal infection or an infection with the HPV virus.	If due to infection, medicine is used to treat the infection. If due to HPV, more testing will be done. Either a repeat Pap test and/or HPV test may be done, or your provider may use a magnifying device to look at your cervix. This procedure is called a colposcopy. During a colposcopy, a sample of tissue (biopsy) may be taken and sent to the laboratory.
LGSIL (low grade squamous intraepithelial lesion)	Changes in the cells are mildly abnormal and likely due to an HPV infection.	Either a repeat Pap test and/or HPV test may be done, or your provider may use a magnifying device to look at your cervix. This procedure is called a colposcopy. During a colposcopy, a sample of tissue (biopsy) may be taken and sent to the laboratory.
HGSIL (high grade squamous intraepithelial lesion)	Cells are very abnormal and may become cancer if not treated.	Your provider will use a magnifying device to look at your cervix. This procedure is called a colposcopy. During a colposcopy, a sample of tissue (biopsy) may be taken and sent to the laboratory. Surgery may be done to remove the abnormal cells.

Understanding HPV test results

Result	What it means	Follow-up
Negative	You do not have any of the types of HPV that cause cervical cancer.	Routine screening as recommended by your provider.
Positive HPV other	You have a type of HPV that may cause cervical cancer.	Either a repeat Pap test and/or HPV test may be done, or your provider may use a magnifying device to look at your cervix. This procedure is called a colposcopy. During a colposcopy, a sample of tissue (biopsy) may be taken and sent to the laboratory.
Positive HPV 16 or 18	You have a type of HPV that is known to significantly increase the risk of cervical cancer.	You will likely have a colposcopy procedure where your provider will use a magnifying glass to look at your cervix. During a colposcopy, a sample of tissue (biopsy) may be taken and sent to the lab.

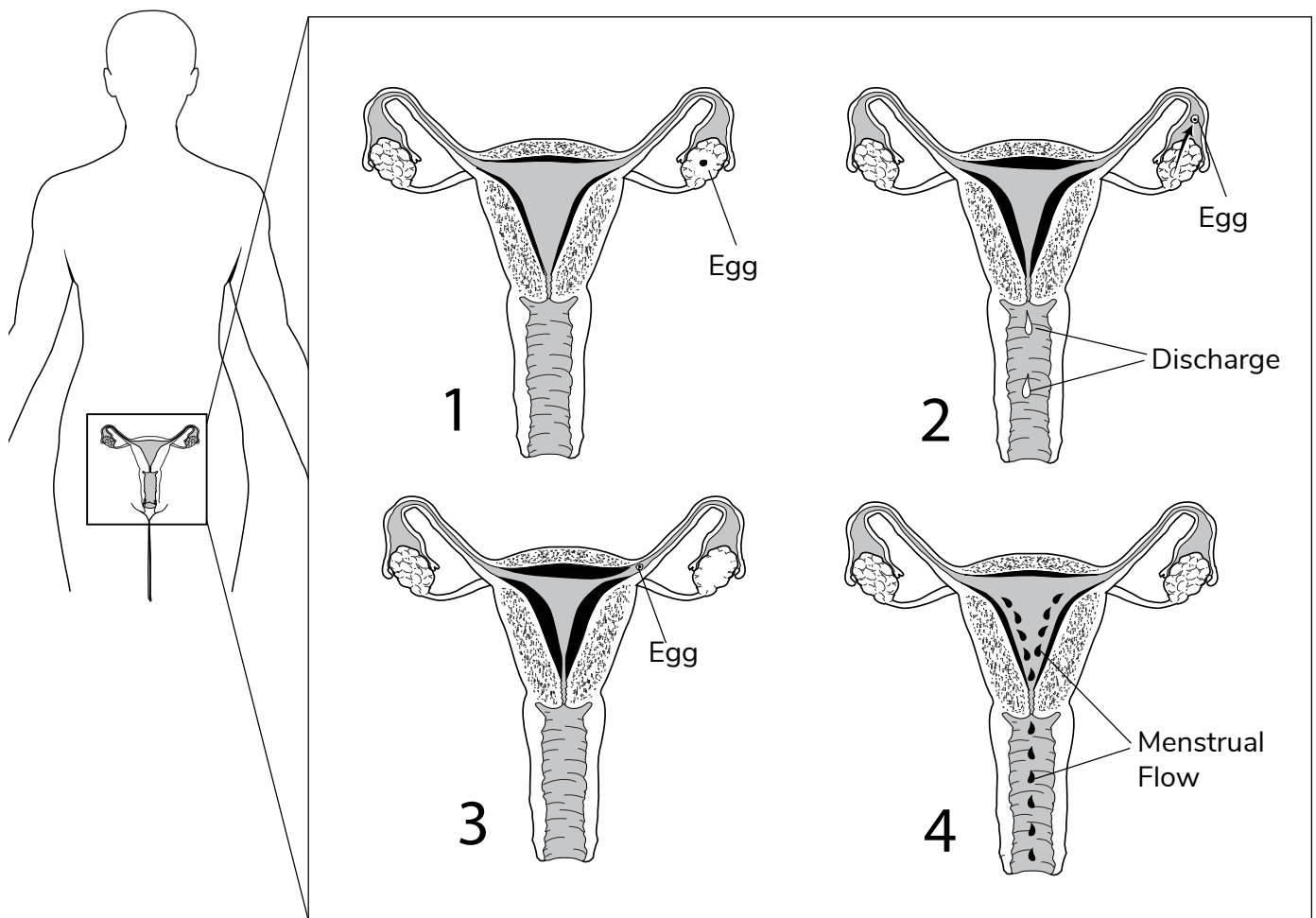
Menstrual Cycle

What happens during my cycle?

The menstrual cycle is the series of changes the body goes through to prepare for a possible pregnancy.

1. About once a month, the lining of the uterus (endometrium) starts to thicken. Then an ovary releases an egg.
2. At mid-cycle, the egg leaves the ovary and goes into the fallopian tube. You may have discharge at this time.
3. The egg travels through the fallopian tube to the uterine lining. If the egg and sperm meet, conception can take place. If the egg is fertilized by sperm and attaches to the lining of the uterus (implants), pregnancy begins.
4. If the egg isn't fertilized or a fertilized egg doesn't implant, the uterus sheds its lining. This is the monthly menstrual bleeding, or period. Periods happen from the preteen years until menopause, around age 50.

A normal cycle lasts about 21 to 35 days. Count from the first day of one menstrual period until the first day of your next period to find the number of days in your cycle.



What can affect my cycle?

A change in hormone levels can affect your cycle. Other things can also change your cycle. They include birth control pills, low body fat, losing a lot of weight, being overweight, stress, and very hard exercise training. Pregnancy is the most common cause of a missed period.

What symptoms are linked to the menstrual cycle?

- For about a week before a period, some people may have premenstrual symptoms:
 - You may feel irritable.
 - You may gain water weight and feel bloated.
 - Your breasts may feel tender.
 - You may get acne.
 - You may have less energy than usual.
 - A day or two before your period, you may start to have pain (cramps) in your belly, back, or legs.
- During your period:
 - You may have cramps, which can range from mild to severe. These symptoms often go away during the first days of a period.
 - Some people have no symptoms.

Caring for yourself during your period

To relieve menstrual cramps

- Put a warm water bottle or a warm cloth on your belly. Or use a heating pad set on low. Heat improves blood flow and may relieve pain.
- To relieve back pressure, lie down and put a pillow under your knees. Or lie on your side and bring your knees up to your chest.
- Get regular exercise. It improves blood flow, which may decrease pain.
- Ask your doctor if you can take anti-inflammatory medicines to reduce pain. These include ibuprofen (Advil, Motrin) and naproxen (Aleve).

To manage menstrual bleeding

- Tampons range from small to large, for light to heavy flow. Change the tampon at least every 4 to 8 hours. This helps prevent leakage and infection.
- Pads range from thin and light to thick and super absorbent. They protect your clothing, with or without using a tampon.
- Menstrual cups are inserted in the vagina to collect menstrual flow. You remove the menstrual cup to empty it. Some are disposable and some can be washed and used again.

You may have to try different products to find out what is right for you.

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Menopause

Menopause is the time when your period stops because your ovaries stop producing the hormones estrogen and progesterone. You will have reached menopause when you have not had a period for one year.

The average age of menopause is 51, but it can happen as early as 40 or as late as 55. Menopause can also happen due to a surgery, medicine, or treatments, such as radiation or chemotherapy.

Signs and symptoms

Changes and symptoms of menopause can occur for several years leading up to your last period. This time of transition is called perimenopause. Symptoms may include:

- Changes in periods or menstrual cycles
- Hot flashes or warm flush feeling and sweating
- Problems sleeping
- Mood changes
- Headaches
- Feeling anxious
- Vaginal dryness
- Lack of sex drive or painful intercourse
- Dryness of the skin or hair
- Having trouble holding in your urine, called urinary incontinence

Treatment

Menopause usually occurs naturally, and you do not need treatment unless your symptoms bother you. Talk to your healthcare provider about how to best manage your symptoms of menopause.

There are medicines that can help. Talk to your healthcare provider about their benefits and risks. Be sure to share your medical history and your family medical history. This includes whether you are at risk for heart disease, osteoporosis, or breast cancer.

Some women try herbs or other products that come from plants to help relieve hot flashes. Discuss any natural or herbal products with your healthcare provider before taking them.

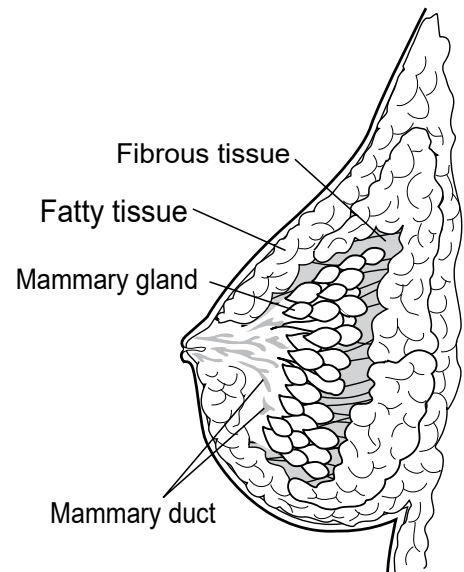
Getting exercise also helps in many areas, including improving your mood and helping with sleep.

Breast Health

About your breasts

Breasts are made up of ducts, lobules, fibrous tissue, and fat. Under the breasts are muscles and ribs. These tissues may make your breasts feel lumpy or uneven.

Changes in breast tissue are common over a lifetime due to aging and hormone changes. You may have swelling, one or more lumps, and tenderness or pain in the breast before and during your period or menstrual cycle.



Breast self-awareness

Know how your breasts normally look and feel, so you are able to detect any changes. It's important to learn what is normal for your breasts.

Many experts now say that you should focus on breast self-awareness instead of doing a breast self-exam. Breast self-awareness is about knowing what's normal for your breasts. If you notice any changes, let your provider know right away.

Call your provider if:

- If you see or feel a change in either of your breasts, or if you are not sure what you are feeling.
- Your nipples have discharge (other than breast milk), are painful, or more red than normal.
- Your nipples are itchy, scaly, or have a rash.
- You have signs of infection in your breasts, called mastitis, such as swelling, pain, redness, or warmth.
- There are changes to your breast from your last exam such as new lumps in your breast or under your armpit.
- Change in size or shape of one of the breasts.
- You notice skin irritation such as redness, thickening, or dimpling of skin or nipple.
- Darkening of the breast.

Changes in breast tissue are common. Most changes are not cancer, but you should always have your breast checked by your healthcare provider if you see or feel any change.

Breast screening

In addition to practicing self-breast awareness, you should have:

- Yearly breast exams by your healthcare provider. Your provider may instruct you on self-breast exam.
- Routine mammograms are recommended annually starting at age 40.

Mammogram

A mammogram is an X-ray of your breasts. It is used to check for signs of breast cancer. To do the mammogram, the technologist will compress or squeeze each of your breasts between 2 flat plates and take X-ray pictures from different angles. You will be told to hold your breath and not move while the pictures are taken. It may feel a little uncomfortable, but should not hurt.

The report of the mammogram will be sent to your healthcare provider and then shared with you. If there are any areas that are not clear, you may need to have the mammogram repeated.



About breast cancer

One in 8 women will develop breast cancer in their lifetime. Risk factors for breast cancer include:

- Being female
- Aging
- Family and personal history of breast or ovarian cancer
- Periods (menses) starting before age 12 or stopping after age 55
- History of abnormal breast changes or dense breast tissue
- Being inactive or overweight after menopause
- Drinking 1 or more alcoholic drinks a day
- Hormone therapy or birth control pills after menopause

Mammograms are the best way to find breast cancer early, when it is easier to treat and before it is big enough to feel or cause symptoms. Having regular mammograms can lower the risk of dying from breast cancer.

Heart Health for Women

Heart disease is the leading cause of death for women in the United States, killing 1 in every 4 women. Some conditions and lifestyle choices increase a person's chance for heart disease. You may still be at risk for heart disease even if you have no symptoms.

Your risk factors

There are risk factors that you cannot control, such as your age and family history. Risk factors that you CAN control include:

- High blood pressure
- High cholesterol
- High triglycerides
- Smoking
- Being overweight
- Not being active
- Not controlling diabetes
- Poor diet
- Excessive alcohol use
- Stress and tension

Heart disease symptoms

Some women have no symptoms of heart disease. Others may feel a sharp chest pain or discomfort, pain in the neck/jaw/throat, or pain in the upper abdomen or back.

Heart disease may cause different symptoms based on the heart problem, such as:

- **Heart Attack:** Chest pain or discomfort, upper back pain, indigestion, heartburn, nausea, being very tired, upper body discomfort, and trouble breathing.
- **Arrhythmia:** Fluttering feelings in the chest.
- **Heart Failure:** Shortness of breath, being tired, and swelling of the feet, ankles, legs, or abdomen.
- **Stroke:** Sudden weakness, being unable to move, or numbness of the face, arms, or legs. These symptoms may occur on one side of the body. Other symptoms can be confusion, trouble speaking or understanding speech, trouble seeing, shortness of breath, dizziness, loss of balance or coordination, loss of consciousness, or sudden and severe headache.

Lowering your heart disease risk

- **Eat a healthy diet** with fruits, vegetables, whole grains, and fat-free or low-fat milk products. Choose foods low in saturated fats, cholesterol, salt, and added sugars.
- **Exercise regularly.** Adults need 2 hours and 30 minutes (or 150 minutes total) of exercise each week.
- **Be tobacco free** and avoid being around other people who are smoking.
- **Limit alcohol use.** If you do choose to drink, limit to 1 drink a day and none if you are pregnant.
- **Manage medical conditions** that may put you at more risk, such as diabetes.

High blood pressure

Blood pressure is the force put on blood vessel walls when your heart pumps and relaxes with each heartbeat.

High blood pressure (hypertension) is caused by the narrowing of arteries from plaque and cholesterol deposits, sometimes called hardening of the arteries.

Having high blood pressure puts you at risk for heart disease, kidney disease, and stroke. Most people have no symptoms. The only way to know is to have it checked.

Your Blood Pressure Reading

Blood pressure is one number over a second number. You may hear your doctor say 110 over 72 (110/72), for example.

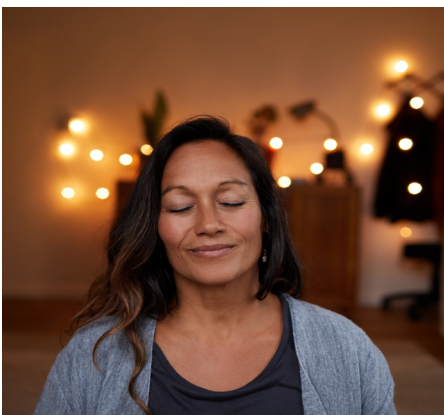
- The top number is higher and is called the **systolic** reading. It is the pressure in the blood vessels when the heart pumps.
- The bottom number is lower and is called the **diastolic** reading. It is the pressure in the blood vessels when the heart rests between beats.

Blood Pressure Reading Ranges

- **Normal blood pressure** is a top number less than 120 (systolic) and a bottom number less than 80 (diastolic).
- **Elevated blood pressure:** systolic 120 to 129 and diastolic less than 80.
- **High blood pressure (hypertension) stage 1:** systolic 130 to 139 or diastolic 80 to 89.
- **High blood pressure (hypertension) stage 2:** systolic 140 or higher or diastolic 90 or higher.
- **Hypertensive crisis (go to nearest emergency department):** systolic higher than 180 and/or diastolic higher than 120.

Lowering Your Blood Pressure

- Take your blood pressure medicine as prescribed, and see your healthcare provider for checkups.
- Lose weight if you are overweight.
- Limit salt in your food and drinks.
- Stop tobacco use and avoid alcohol.
- Aim to be active 30 minutes a day.
- Do relaxation exercises to lower stress.



Cholesterol and triglycerides

Cholesterol and triglycerides are different types of fats found in your blood. Too much cholesterol or triglycerides in your blood can be harmful.

There are 3 main types of fats in your blood:

- **High Density Lipoproteins (HDL):** The “good” cholesterol that lowers risk of heart disease. A healthy level is 60 and above.
- **Low Density Lipoproteins (LDL):** The “bad” cholesterol that builds up in your blood vessels, causing them to narrow and making it hard for blood to flow. A healthy level is less than 100.
- Your total cholesterol (sum of HDL and LDL) should be less than 200.
- **Triglycerides:** A healthy level is less than 150.

Most people do not have signs of high cholesterol. Discuss checking your cholesterol and triglyceride levels with your provider.

Lowering LDL

Ways to lower your levels include:

- Taking cholesterol lowering medicine as directed.
- Talking to your doctor, nurse, or dietitian about a heart healthy diet.
- Stopping tobacco use.
- Exercising.
- Losing weight if needed.

Raising HDL

Higher numbers are better for your HDL, or “good” cholesterol. A high HDL level can lower your risk for coronary artery disease and stroke.

To raise your HDL, you would do many of the same things as you would do to lower your blood pressure or cholesterol. These include:

- **Eating better fats:** Choose healthy fats like those in nuts, avocados, and olive oil. Try to avoid fried foods, butter, bacon, and full-fat dairy.
- **Eating more fiber:** Foods like oatmeal, beans, and fruits help your body handle cholesterol better.
- **Moving your body:** Try to get at least 30 minutes of exercise most days. Walking, biking, or dancing are great options.
- **Losing extra weight:** If you have extra weight, especially around your belly, losing some can help raise your HDL.
- **Not smoking:** Smoking lowers your HDL. If you smoke, talk to us about ways to quit.
- **Drinking less alcohol:** Too much alcohol can lower your HDL and make you gain weight.
- **Medicine (sometimes):** If your HDL is low and your “bad” cholesterol (LDL) is high, your healthcare provider may discuss medicine to help.

Your Reproductive Life Plan

Think about your life goals and how having children fits in with your goals. This can help you and your partner to be ready to have a baby or a plan to prevent pregnancy. Think about the questions below.



If you want children

Questions to think about to start your plan:

- How old do I want to be when I have children?
- How many children do I want to have?
- How am I going to prevent pregnancy until I am ready to have children?
- What do I need to do to be as healthy as I can be to get ready to have a child?
- Do I have any medical problems that I need to talk to my healthcare provider about before I consider getting pregnant?

If you do not want children

Questions to think about to start your plan:

- How am I going to prevent pregnancy?
- What will I do if I become pregnant by accident?
- What do I need to do or change to help me be as healthy as I can be?
- Is it possible that I may change my mind and want to have a child some day?

Make your plan

Some people find it helpful to write their plan down. You can start with your goals for the next 12 months for things like school, career, family, and other important things in your life. Include steps that have to do with getting birth control, getting ready for pregnancy, or getting healthier, depending on what your personal goals are. If you have a partner, talk to them about what steps they may need to take to help you meet your goals.

Take action

Once you have a plan, take action. If you have decided to use condoms, for example, make sure that you use them every time you have sex. If you have decided to quit smoking, follow through and get the help you need to be successful.

Review your plan each year. Your goals may change over time and you will want to update your plan. Talk with your healthcare provider about your plan as your goals change.

Choosing a Birth Control Method

Many birth control methods are available. This guide lists the major types that are not permanent in order of the most effective to the least effective. **Only condoms protect against sexually transmitted infections (STIs), including HIV.**

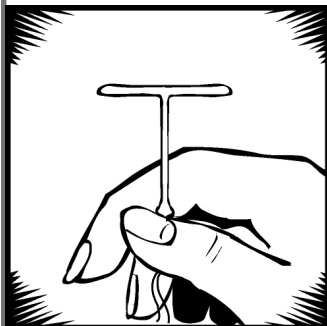
These methods of birth control result in less than 1 pregnancy per 100 people in a year



The **birth control implant** is a very small, flexible implant placed in the inner, upper arm by your healthcare provider. It protects against pregnancy for up to 3 years.

Advantage: You do not need to take anything every day or do anything before, during, or after sex. Your periods may be lighter and less painful, or you may have no period.

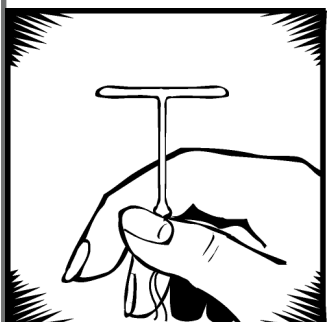
Disadvantage: You may have irregular bleeding or spotting.



The **hormonal IUD** is a small, T-shaped piece of plastic that is placed in the uterus (womb) by your healthcare provider. It protects against pregnancy for up to 3 to 8 years, depending on the brand.

Advantage: You do not need to take anything every day or do anything before, during, or after sex. You should check now and then that the string from the IUD is still in place. You will be instructed how to do this. Your period may be lighter and less painful, or you may have no period.

Disadvantage: You may have irregular bleeding or spotting. This often improves after a few months.



The **copper IUD** is a small, T-shaped piece of plastic that is placed in the uterus (womb) by your healthcare provider. It protects against pregnancy for up to 10 years.

Advantage: You do not need to take anything every day or do anything before, during, or after sex. You should check now and then that the string from the IUD is still in place. You will be instructed how to do this.

Disadvantage: You may have heavier bleeding or cramping. This sometimes improves after a few months.

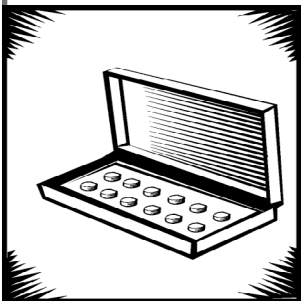
These methods of birth control result in 6 to 12 pregnancies per 100 people in a year



The **birth control shot (Depo-Provera)** is given in the arm or buttocks by a healthcare provider every 3 months.

Advantage: You do not need to take anything every day or do anything before, during, or after sex. You may have no period.

Disadvantage: You may have irregular bleeding or spotting. This often improves after a few months.



Oral contraceptives (birth control pills) contain hormones that prevent pregnancy. You need to swallow a pill at about the same time every day.

Advantage: Your period may be lighter and less painful.

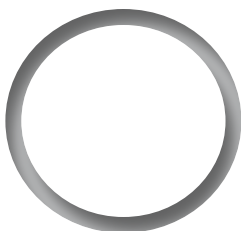
Disadvantage: It can be hard to remember to take a pill every day and get prescription refills on time.

	M		
Week 1 - Patch	X	X	X
Week 2 - Patch	X	X	X
Week 3 - Patch	X	X	X
Week 4 - NO Patch	22	23	24

The **patch (Ortho Evra)** is applied to the skin like a square bandage each week for 3 weeks and then removed for 1 week to allow for a period.

Advantage: Your period may be lighter and less painful.

Disadvantage: It may be hard to keep the patch in place or to change it on time.



The **vaginal ring (NuvaRing)** is a small, flexible ring that is inserted into the vagina to stay in place for 3 weeks. It is then removed for 1 week to allow for a period.

Advantage: Your period may be lighter and less painful.

Disadvantage: It may be hard to keep the ring in place or to change it on time.

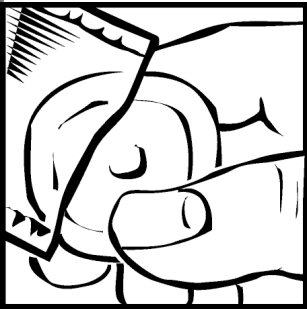


The **diaphragm** is a dome-shaped silicone device that is inserted into the vagina before sex and removed 8 hours after sex. A spermicide foam, gel, or cream needs to be used with the diaphragm each time you have sex.

Advantage: The diaphragm is easy to use and you can reuse it many times.

Disadvantage: You need to have diaphragm and spermicide available and use it correctly each time you have sex.

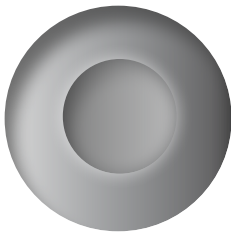
These methods of birth control result in 18 or more pregnancies per 100 people in a year



A **male or female condom** is placed over the penis (male condom) or inserted into the vagina (female condom). The condom blocks the sperms' movement into the uterus (womb).

Advantage: Both the male and female condom are easy to use and you can buy them over the counter. It is the only birth control method that can protect you against sexually transmitted infections (STIs).

Disadvantage: The condom may leak, break, or have holes. You need to have a condom available and use it correctly each time you have sex.



The **sponge** is a dome-shaped sponge that gets inserted into the vagina before sex and removed 6 hours after sex.

Advantage: The sponge is easy to use and you can buy it over the counter.

Disadvantage: You need to have a sponge available and use it correctly each time you have sex.

Emergency contraception pills

These pills can prevent pregnancy when taken up to 5 days after unprotected intercourse. The pills delay ovulation or the release of an egg during the menstrual cycle. Emergency contraception does not affect a pregnancy that has already started and does not cause an abortion. It only prevents pregnancy.

The pills are available in pharmacies and other stores without a prescription. They are not recommended as a regular method of birth control. Talk to your healthcare provider for more information.

Natural family planning

Birth control without the use of chemicals (vaginal spermicide or oral contraceptives) or barriers (condoms or diaphragms) is called natural family planning. You need to have regular menstrual cycles (periods) to use natural family planning. It uses body temperature, vaginal discharge, or a calendar of your menstrual cycle to find out which days of each month you are most likely to ovulate or release an egg and get pregnant. You should not have sex during this time. It requires couples to not have sex for a large number of days each month.

When used correctly, natural family planning is about 75% effective. Talk to your healthcare provider for more information.

There are many fertility tracking apps for your phone or tablet to help you identify the time you are fertile and when contraception is most likely.

Your Health Before Pregnancy

Pre-pregnancy checkup

Making sure you are healthy before you get pregnant is good for both you and your baby. Come prepared to talk about these things at your pre-pregnancy checkup:

- Any health problems you have now so you can get them under control, such as high blood pressure, thyroid problems, asthma, or diabetes.
- Any surgeries or hospital stays you have had in the past.
- Your menstrual history, Pap smear results, birth control use, vaginal infections, or any sexually transmitted infections you have had.
- Family history of health problems.
- Any medicines you are taking, including prescription, over the counter, vitamin, or herbal products.
- Use of alcohol, tobacco, or recreational drugs by you or your partner.
- If where you live or work exposes you to chemicals, cat feces, or other things that can impact pregnancy.
- Caffeine intake each day. You may be told to limit caffeine to no more than 200 milligrams (mg) each day, about 2 (8-ounce) cups of coffee.
- Vaccines you have had to be sure you are protected from chickenpox and rubella.
- Genetic counseling if you are older, or if you have a family history of birth defects or genetic problems.

Your provider will likely do an exam and may order lab tests.



Keep yourself healthy

- Eat a variety of foods that are high in fiber, calcium, and other nutrients. Include fresh or frozen fruits and vegetables.
- Try to be at your ideal body weight before getting pregnant.
- Exercise unless you are instructed to limit your activity. If you have not been exercising, ask if it is safe for you to start.
- Start taking a multivitamin with folic acid 3 to 6 months before trying to conceive.
- If you have any dental work that needs to be done, it is a good idea to do it before you are pregnant. It is best to avoid x-rays when you are pregnant.
- Limit caffeine.
- Avoid using alcohol, tobacco and street drugs.
- Avoid chemicals and other toxic substances at home and work.
- If someone is violent to you or you are violent to others, get help.
- Get help if you have feelings of sadness, anxiety, worry, or stress that interfere with your daily life.

Hygiene to Prevent Vaginal Infections

Self care

Care for your private parts or genital area by following these practices:

- Wipe from front to back, away from the vagina and toward your anus.
- Keep your genital area clean by rinsing with warm water and gently patting dry.
- Do not use perfumed soaps or liquid soap on your genitals. Use a gentle bar soap, like Dove for sensitive skin or Neutrogena.
- Do not use douches, feminine sprays, or talcum powder.
- Do not wear tight fitting pants or underwear. Wear only cotton underwear.
- Do not use pads or tampons that contain a deodorant.
- Do not wear panty hose or tights unless they have a cotton crotch.

If you choose to groom your pubic hair, these are some precautions to take to help prevent cuts or ingrown hairs that could lead to infection:

- Take your time.
- Use soap or shaving cream (gentle or non-scented).
- Do not share razors with other people.
- Use clean razors with no rust.

Vaginal discharge

Vaginal discharge is normal and keeps your vagina clean and moist. Normal discharge is clear, white, or yellow in color and has a mild odor. You may have a few days of heavy, clear, slippery discharge halfway between your periods when your egg is released.

Signs of vaginal infection

Follow self care practices to decrease your chance of vaginal infections and see your provider if you have any signs of infection, including:

- Changes in vaginal discharge
- Itching or burning around the vagina
- Painful sexual intercourse
- Burning when you urinate
- Foul vaginal odor

Common vaginal infections

- **Candidiasis** (yeast infection) is caused by the overgrowth of yeast normally found in the vagina. The overgrowth of yeast in the vagina can cause discharge, itching, or burning. This is not a sexually transmitted infection.
- **Bacterial vaginosis (BV)** is caused by a change in the balance of normal bacteria present in the vagina. The discharge is thin and watery and may look gray, white, or yellow. It has a bad or fishy smell. This infection is more common in women who are sexually active, but it is not sexually transmitted.

Vaginal Dryness

Many women have vaginal dryness. Vaginal dryness is when there is not enough moisture from your body to keep the lining of the vagina moist. This can cause problems such as painful sex or irritation.

Reasons for dryness

Vaginal dryness can happen for many different reasons, including:

- Menopause (stopping your periods)
- Infections
- Breastfeeding
- Pregnancy
- Douching
- Certain medicines
- Birth control pills, shots, or implants
- Removal of your uterus or ovaries
- Chemotherapy
- Radiation therapy

Signs of vaginal dryness

- Burning on urination
- Light bleeding after intercourse
- Painful sexual intercourse
- Slight vaginal discharge
- Vaginal soreness, itching, or burning
- Feeling of pressure

Treatments

Before treating yourself, talk to your healthcare provider about why you have vaginal dryness and possible treatments. Avoid scented soaps, lotions, perfumes, or douches. A water based lubricant can be used to help keep your vagina moist. Do not use a lubricant with a petroleum base because it can cause vaginal infections. Do not use mineral oil, baby oil, or body lotions. Do not use Vaseline internally. Your doctor may prescribe a lubricant or estrogen depending on the cause.

Do not be embarrassed to talk with your doctor or nurse about your vaginal dryness. They are there to help you.

Sexually Transmitted Infections (STIs)

Facts about STIs

Sexually transmitted infections (STIs) are infections most often spread from person to person through intimate sexual contact. Unprotected vaginal, oral, or anal sex or genital touching with an infected person puts you at risk.

There are many types of germs that cause STIs. The germs may live on the skin or in body fluids, such as semen, vaginal fluid and blood. The germs can enter the body through the vagina, mouth, anus, and open sores and cuts. Some germs, like the ones that cause herpes or genital warts, infect a person through the skin of the genitals.

Key Facts

- STIs affect both men and women, but health problems from STIs tend to happen more often and be worse for women than men.
- Unprotected anal sex puts women at even greater risk of getting STIs than unprotected vaginal sex.
- In women, some STIs can spread and cause pelvic inflammatory disease (PID). This can cause infertility and a higher risk of tubal pregnancy.
- Most STIs can be treated. Some can be cured, but others cause lifelong disease.
- STIs can be spread even if there are no signs of infection. It can be hard to tell if someone has an STI.
- Depending on the infection, a pregnant or breastfeeding person could pass the infection on to the baby.
- STIs are not spread through casual contact or by sitting on toilet seats or being in swimming pools.

STI prevention

There are some things you can do to limit your chances of getting a STI, such as:

- Don't have sex.
- Be in a monogamous relationship (with one partner).
- Use condoms correctly each and every time you have intercourse.
- Talk with your partner about STIs before having sex.
- Have a yearly pelvic exam and have STI testing if you are sexually active.
- Avoid alcohol or drug use that could cause you to take greater risks.

Signs of STIs

Signs may develop in a few days or they may not occur for months. Sometimes signs go unnoticed or there are no signs. Often signs in women are the same as a yeast infection or urinary tract infection.

Common signs may include:

- Burning with urination
- Pain with sex
- Vaginal discharge
- Abdominal pain
- Blisters or open sores on genitals
- Warts
- Rash
- Bleeding between periods
- Genital burning, soreness, itching, or change in skin color

Getting tested is the only way to be sure you are treated for the right infection.

Medicine is used to treat most STIs.

Human Papillomavirus (HPV)

HPV is the most common STI

Human papillomavirus or HPV is the most common sexually transmitted infection (STI). HPV is a different virus than HIV and HSV (herpes). HPV is so common that nearly everyone who is sexually active will get it at some point in their lives.

There are many different types of HPV. Some types can cause health problems including genital warts and cancers.

There are vaccines that can help decrease or stop these health problems from happening.

Quick facts

- You can get HPV by having oral, vaginal, or anal sex with someone who has the virus.
- HPV can be passed even when an infected person has no signs or symptoms.
- Anyone who is sexually active can get HPV, even if you have had sex with only 1 person.
- You also can develop symptoms years after you have sex with someone who is infected. This makes it hard to know when you first became infected.
- In most cases, HPV goes away on its own and does not cause any health problems.
- When HPV does not go away, it can cause health problems like genital warts and cancer.
- Cigarette smoking doubles your risk of developing cervical cancer.

Lower your risk

- **Get vaccinated.** HPV vaccines are safe and effective. They can protect against diseases (including cancers) caused by HPV. Ask your healthcare provider if getting the vaccine is right for you.
- **Get screened for cervical cancer.** Discuss with your provider when to start cervical cancer screening and how often these test(s) should be done. Regular screening is key to checking for disease before you have symptoms and to finding cancer early. Early detection gives the best chance to cure or manage disease.
- **If you are sexually active,** use latex condoms the right way every time you have sex. This can lower your chances of getting HPV, but may not give full protection. Have sex only with someone who only has sex with you.

Learn more

Visit Centers for Disease Control and Prevention at: [cdc.gov/hpv/about](https://www.cdc.gov/hpv/about).

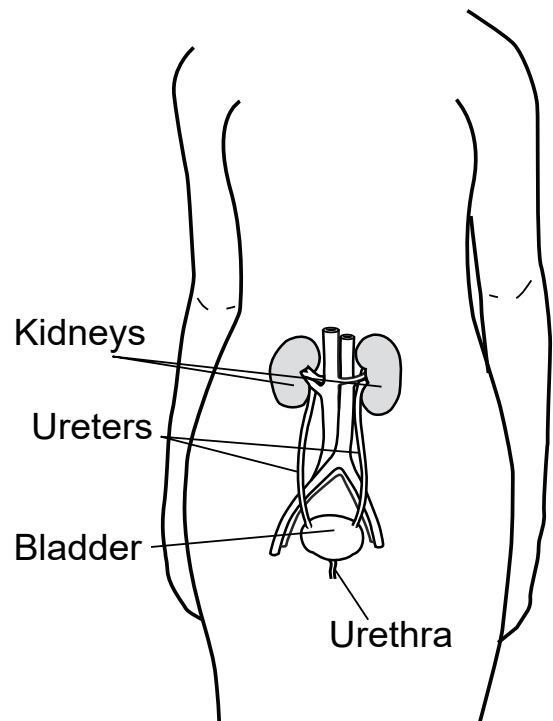
Urinary Tract Infections (UTI)

Urinary tract infections or UTIs are caused by bacteria (germs) that grow in the urinary tract. These germs typically come from outside the body and travel into the urethra, bladder, and sometimes the kidneys. Female anatomy makes you more prone to UTIs because the urethra is short and close to the rectum.

Causes of UTIs

UTIs can have various causes, including:

- Injury to the urethra, the tube that comes from the bladder to the urinary opening
- Personal hygiene, such as how you wash or wipe after going to the bathroom
- Irritation caused by sexual intercourse
- Not being able to pass your urine caused by drugs, illness, or injury
- Wearing tight clothing that traps moisture, such as nylon underwear
- Having a weakened immune system that increases a chance for infections
- Kidney stones



Signs of an infection

- Burning with urination (most common sign)
- Having to urinate often
- Having an intense urge to urinate, but not urinating much
- Lower abdominal pain
- Foul smelling urine
- Cloudy urine
- Blood in the urine
- Back pain and fever or chills (a sign infection may have reached your kidneys)
- Nausea or vomiting (a sign infection may have reached your kidneys)

The only way to know for sure if you have a UTI is to contact your doctor, who will review your symptoms and test your urine.

Treatment for a UTI

Most UTIs can be easily treated with antibiotics, which kill the bacteria. It is important to take the full course of antibiotics and not to stop as soon as you feel better. If you do not take all the medicine, your infection may not be cured.

Drink at least 8 glasses of fluid every day. Extra fluid helps to rinse the bacteria out of the urinary tract. Water and fruit juices, especially cranberry juice, are helpful. Avoid coffee, tea, and soda with caffeine. Foods and fluids that have caffeine can make your symptoms worse.

If bacteria makes its way to the kidneys, it can become a kidney infection. This can be serious and damage your kidneys. In more serious cases, you may need to be treated in the hospital.

Taking antibiotics to treat a UTI can put some people at risk for developing a yeast infection. Taking a probiotic, such as yogurt or a supplement, may help to prevent one. If you think you may have a yeast infection, talk to your doctor. There are also yeast infection treatments available at grocery or drug stores without a prescription.

Preventing UTIs

- Wipe from front to back after using the toilet.
- Drink plenty of water.
- Shower instead of taking a bath.
- Do not douche or use feminine hygiene products.
- Do not wear tight pants and nylon underwear that can trap moisture and make it easier for bacteria to grow. Wear cotton underwear instead.
- Keep your genital area clean, but do not scrub too hard with harsh soaps.
- Wash your genital area before and after sex.
- Urinate after sex to flush away bacteria that may have entered your urethra.
- Use condoms during sex.
- Urinate before you go to sleep.
- Take a daily cranberry supplement, as directed.

When to call your doctor

Call your doctor right away if you have any of these signs, or if the signs get worse:

- Fever greater than 101 degrees Fahrenheit (38 degrees C)
- Nausea, vomiting, or chills
- Back pain
- Problems with your medicines

Staying at a Healthy Weight

Getting to and staying at a healthy weight is important for overall health. It can help you to prevent or control many diseases and conditions, such as heart disease, high blood pressure, type 2 diabetes, gallstones, breathing problems, and certain cancers. It also helps you to feel good about yourself and gives your body energy.



Am I at a healthy weight?

Body Mass Index (BMI) is an estimate of body fat based on your height and weight. It helps you and your healthcare team find your ideal weight and create a goal for weight loss, if needed. Ask your team for help to determine your BMI.

My height: _____

My current weight: _____

My current BMI: _____

My goal weight: _____

Aim for a BMI between 19 and 25.

If you need to lose weight, losing just 5 to 10 percent of your current weight over 6 months will lower your risk for heart disease and other conditions.

About energy balance

Reaching and maintaining a healthy weight involves **a balance between the calories you eat (energy IN) and the energy you burn (energy OUT).** **To lose weight, you will need to make lifestyle changes that burn more calories than you eat.**

How to reach and maintain a healthy weight

- **Set realistic health goals**, such as losing 1 to 2 pounds per week or walking for 30 minutes, 6 days a week. **Be willing to adapt your plans.** For example, if you can only walk 4 days this week, add 15 minutes to your walk each day to meet your weekly walking goal of 180 minutes.
- **Get moving.** Increase your physical activity and get moderate exercise most days of the week. Start slowly, such as walking briskly for 15 minutes twice a day, and keep the activity challenging. Do any activity that you enjoy, such as swimming and biking. Work towards exercising 180 minutes or 3 hours a week.

- **Keep a food journal or use an app to track.** Studies show that food journals help people to lose more weight. Writing in a journal will increase your awareness of the calories in the amount of food you eat.
- **Eat 3 meals and 1 or 2 snacks a day.** Eating at regular intervals boosts your metabolism and keeps you from overeating the rest of the day. Try to eat about every 3 or 4 hours during the day.
 - Choose whole grains, vegetables, fruit, beans, lean meats and proteins, and fat free or low fat milk products over fried and processed foods. Limit the amount of oil, butter and mayonnaise you add to foods as they are high in calories.
- **Eat more whole foods and limit processed foods.** Processed foods are changed from their natural forms. For example, choose grilled chicken over breaded and fried chicken nuggets or choose a plain baked potato over fried French fries and potato chips. Eating foods closer to their natural form provides more nutrients and fewer calories.
- **Eat at least 5 servings of fruits and vegetables each day.** These foods are lower in calories and full of nutrients like vitamins and minerals, fiber and compounds (phytochemicals) that help to prevent diseases. One serving is ½ cup fruit or cooked vegetables or 1 cup raw vegetables. Work up to eating 9 to 11 servings a day for more weight loss (fiber fills you up) and cancer prevention benefits.
- **Drink water and other no or low-calorie drinks,** such as unsweetened tea and coffee, instead of juices, sodas (regular or diet) and energy drinks.
- **All foods can fit in a healthy diet.** You do not have to give up your favorite foods to lose weight. Eat foods with low nutrients and high calories less often and in smaller quantities. For example, instead of drinking a 20-ounce soda every day, drink a 12-ounce soda. Over time, decrease this to 3 or 4 days a week.
- **Listen to your hunger levels.** On a scale from 1 to 10, eat when you feel slightly hungry (level 4) and stop when you are satisfied (level 6). Become aware of eating for reasons other than hunger, such as stress.
- **Sleep 7 to 8 hours a day.** Not getting enough sleep can lead to overeating or eating high calorie foods. Respect your body and give it the rest it needs.

Talk to your healthcare team for resources and support.



Being Active

You need 2 types of physical activity each week to improve and keep good health: aerobic and muscle strengthening. The total goal for adults is to be active 250 minutes each week (2 hours and 30 minutes). It may sound like a lot, but you can break it up into small amounts, like 10 minutes at a time.



Types of activity

Aerobic activities: These activities move large muscles in your arms, legs, and hips over and over again. Examples include walking, jogging, bicycling, swimming, and tennis.

Strength-training activities: These activities increase the strength and endurance of your muscles. Examples of strength-training activities include working out with weight machines, free weights, and resistance bands.

Stretching also helps you move more easily and helps prevent injury. Do stretching activities after your muscles are warmed up. Stretching before muscles are warm may cause injury.

How much you need

Moderate activity increases in your heart rate, but you should still be able to talk easily. Examples include walking briskly on a flat road, biking slowly, or cleaning.

Vigorous activity increases your heart rate a lot more and you are breathing hard enough that it is hard to carry on a conversation. Examples include jogging or bicycling uphill.

For adults, aim for the following each week

2 hours and 30 minutes of moderate-intensity aerobic activity	or	1 hour and 15 minutes of vigorous-intensity aerobic activity	or	A combination of moderate and vigorous-intensity aerobic activity	and	Muscle-strengthening on 2 or more days
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Ideas to get you moving

- Join a hiking or running club.
- When it is cold outside, join an indoor fitness class or get a workout video.
- If you can't set aside one block of time, do short activities throughout the day, such as 10-minute walks at 3 different times.
- Find ways to add movement during the day. Try parking your car farther away from where you are headed or use stairs instead of the elevator.

Quitting Tobacco Use

Smoking or any tobacco use is dangerous to your health. Quitting will reduce your risk of dying from heart disease, blood vessel disease, lung problems, cancer, and stroke.

Benefits of quitting

If you quit smoking right now...

- **Within 20 minutes**, your heart rate and blood pressure drops.
- **After 8 hours**, the oxygen levels in your blood return to normal.
- **Within 3 months**, your circulation and lung function improves.
- **Within 9 months**, you will cough less and breathe easier.
- **After 1 year**, your risk of heart disease is cut in half.
- **After 5 years**, your risk of having a stroke will be the same as a nonsmoker's. Your risk of cervical cancer and stroke return to normal.
- **By 10 years**, you will have decreased your risk of developing cancer.



Talk to your doctor about quitting

You will need support to quit. Smoking is a learned behavior that you must unlearn. It is not easy to stop, but it can be done if you are serious about quitting. Ask about classes and support groups in your area. Get support and encouragement and learn how to deal with stress. Talk with your doctor about medicines and other aids to help you quit.

The 5 steps to quit

1. **Talk to your provider or pharmacist.** There are nicotine replacement products, quit aids, support groups, quality websites and mobile apps to help you quit. If you are pregnant or breastfeeding, ask about other support to quit. For the safety of your baby, nicotine replacement products are not recommended.
2. **Set a quit date.** Pick a date within the next few weeks to quit tobacco. This will give you time to prepare. On your quit day, change your regular routine.
3. **Tell family and friends you plan to quit.** Having support is key to successful quitting. Share with your family and friends how they can help, such as being your “quit buddy” or doing tobacco free activities with you like going to the movies or playing basketball.

4. Prepare for your quit date.

- Cut down on the amount of tobacco products you use now. It will make your quit date easier, such as only smoking half a cigarette at a time.
- Use sugarless gum, carrots, celery, hard candy, toothpicks, or straws to replace tobacco when you have the urge for something in your mouth.
- Throw away all tobacco products, matches, lighters and ashtrays.
- Clean your home, car and clothes to remove tobacco odors.
- Have your dentist clean your teeth to remove tobacco stains.

5. **Plan a reward system for quitting.** Reward yourself for choosing healthy behaviors that replace tobacco use and meet certain milestones. Set reasonable goals, such as milestones of 1 day, 1 week, 1 month, 3 months and 6 months. Think of small and large rewards that will motivate you. Create a money jar for saved tobacco money.

Resources to quit

Ohio State resources

- If you have an Ohio State primary care doctor, talk to your doctor about a referral to the office's pharmacist for smoking cessation counseling.
- Call **614-293-QUIT (7848)** to connect with a pharmacist for one-on-one assessment, counseling, and treatment. For more information about this program, please visit go.osu.edu/smoking-cessation.

Quit lines

- American Cancer Society, 800-227-2345
- American Lung Association, 1-800-LUNGUSA (1-800-586-4872)
- Smokefree.gov
- Ohio Tobacco Quit Line, 1-800-QUIT-NOW (1-800-784-8669)
- Search your mobile device's app store for quit smoking apps, such as QuitGuide and QuitSTART

Tips to Tackle Stress

Stress is a normal part of life, but feeling ongoing stress can impact your health in different ways.

A few ways to help reduce everyday stress

- **Take a walk.** Being active naturally makes your body release hormones that improve your mood.
- **Breathe.** Take 5 minutes to stop what you are doing and breathe deeply, focusing on your breaths.
- **Slow down.** Focus on what you are doing at the moment, not what you need to do later, tomorrow, or next week.
- **Call a friend.** Talking about what is worrying you with another person can help you feel a sense of relief.
- **Laugh.** Watch a funny movie or comic show, or talk to someone who always makes you laugh.
- **Do something you enjoy,** like a favorite hobby or listening to music.
- **Meditate.** This can help you relax by focusing more on the present moment.



Relaxing the mind and body

There are lots of ways to relax. Some, like guided imagery, are designed to relax your mind. Others, like progressive muscle relaxation, help relax your body. But because of the way the mind and body are connected, many relaxation methods work on both the mind and the body.

It is good to practice relaxation techniques often, even when you are not stressed or anxious. We can help you and give you more information to help you practice correctly and safely.

Look for books, music with guided meditation, and mobile apps to support relaxation and stress reduction.

Free tools to try:

- Stress management: Practice mindfulness and meditation at go.osu.edu/less_stress.
- Stress management: Learn tools to relieve stress, including breathing exercises, progressive muscle relaxation, yoga, and other techniques at go.osu.edu/stress_tools.
- Visit Ohio State Integrative Health for free recordings and resources: wexnermedical.osu.edu/integrative-health/resources
 - Guided Imagery Exercises: go.osu.edu/guidedimagerypractices
 - Mindfulness: go.osu.edu/mindfulness
 - Relaxation Response: go.osu.edu/relaxationresponse

Alcohol Use

What's in a drink

A standard drink is one that contains about 14 grams of pure alcohol, which is found in:

- 12 ounces of beer (5% alcohol content)
- 5 ounces of wine (12% alcohol content)
- 1.5 ounces or a “shot” of distilled spirits (40% alcohol content)

One type of drink is not safer than another. One 12-ounce beer has about the same amount of alcohol as one 5-ounce glass of wine, or 1.5-ounce shot of liquor. It is the amount of alcohol a person drinks that affects them, not the type of drink.

Who should not drink at all

You should not drink at all if you:

- Are under age 21
- Cannot restrict drinking to a moderate level
- May become pregnant or are pregnant
- Plan to drive, operate machinery, or do any activity that takes attention, skill, or coordination
- Are taking medicine that can interact with alcohol



How much is too much

People who choose to drink should do it in moderation. For women, this means having up to 1 drink per day. Drinking too much includes binge drinking and heavy drinking. Heavy drinking for women is having 8 drinks or more per week and binge drinking is having 4 or more drinks within about 2 hours.

Drinking alcohol puts you at risk for making risky decisions, like not using birth control, or having many partners.

In terms of your health, alcohol puts you at risk for:

- Certain cancers, stroke, and liver diseases
- Heart disease
- Memory loss and brain damage
- Damage to a developing fetus if pregnant
- Motor-vehicle crashes, violence, and other injuries.
- Coma and death when drinking fast and in large amounts.

When drinking is a problem

Drinking is a problem if it causes trouble in your relationships, in school, in social activities, or in how you think and feel.

If you think either you or someone you know might have a drinking problem, talk to your healthcare provider about getting help.

Help is available with Ohio State Wexner Medical Center. Call 614-257-3760 for an appointment or visit go.osu.edu/alcohol-use-disorder.

Diabetes

Diabetes is a disease in which your blood glucose, or blood sugar, levels are too high. Glucose comes from the foods you eat. Insulin is a hormone that helps the glucose get into your cells to give them energy. Without enough insulin, the glucose stays in your blood. Over time, having too much glucose in your blood can damage your body and cause serious health problems.

Types of diabetes

- **Type 1 diabetes:** The body does not make insulin.
- **Type 2 diabetes:** The body does not make enough insulin or is not able to use the insulin it makes.
- **Prediabetes:** Blood glucose is higher than normal but not high enough to be called diabetes. This puts you at a higher risk of getting type 2 diabetes.
- **Gestational diabetes:** Diabetes in pregnancy. For most women, their blood sugar returns to normal after the baby is born, but they are at higher risk for having type 2 diabetes later in life.

Testing and prevention

Your healthcare provider will test you for diabetes if you have symptoms, are at high risk for developing it, or are pregnant. There are different types of blood tests they may do.

You can take steps to prevent or delay type 2 diabetes, which is the most common type:

- Lose weight. Losing just 5 to 10 percent of your body weight can reduce your diabetes risk.
- Eat a healthy diet that is low in fat and calories.
- Increase your physical activity. Exercise most days of the week, such as walking briskly for 30 minutes, 5 days a week.

Warning signs

Everyone responds differently to diabetes. Some of the common warning signs are:

- Having to go to the bathroom often to pass urine
- Feeling thirsty, even though you are drinking fluids
- Losing weight
- Blurry vision
- Healing is slow for cuts or scrapes on your skin
- Feeling tired
- Feeling hungry
- Being irritable or grumpy

Often people do not notice any signs.

Treating diabetes

Diabetes can be managed. The goal is to keep your glucose level as close to normal as possible. This may include:

- Meal planning
- Testing glucose levels
- Learning the signs of low or high blood sugar levels
- Exercising regularly
- Taking medicine
- Regular visits with your healthcare team
- Attending diabetes classes

Osteoporosis

About osteoporosis

Osteoporosis, or porous bones, is a disease from the loss of bone mass and bone tissue. People may not know that they have osteoporosis until their bones become so weak that a sudden strain, bump, or fall causes a bone fracture. Osteoporosis usually occurs after menopause.

Fractures from osteoporosis may cause back or other bone pain, loss of height, or spinal deformities, such as a hump in the spine and a stooped posture.

If you have 1 or more of the following, you may be at greater risk for osteoporosis:

- Are small and thin
- Have a family history of osteoporosis
- Take certain medicines, like corticosteroids
- Are a Caucasian or Asian woman
- Have osteopenia (low bone density)
- Reached menopause before age 45
- Are a smoker
- Are a heavy alcohol drinker
- Have had an eating disorder, such as anorexia
- Have low calcium in your diet or a vitamin D deficiency
- Are over age 50

Preventing osteoporosis

Building strong bones may be the best defense against developing osteoporosis. A healthy lifestyle is the best way to have strong bones to help prevent osteoporosis.

- Eat a balanced diet rich in calcium.
- Exercise regularly, especially weight-bearing activities. Weight-bearing exercise includes aerobic activities such as walking, jogging, stair climbing, and dancing. Strengthening exercises involve resistance, such as lifting weights or using elastic bands.
- Limit alcohol intake.
- Do not smoke or use tobacco products.
- Talk to your healthcare provider about estrogen replacement therapy if you went through menopause at an early age or have had your ovaries removed.
- Talk to your healthcare provider about taking calcium and vitamin D supplements.



Your healthcare provider may use several tests to check for osteoporosis, such as a bone density screening, or densitometry, to measure bone mass in places around your body.

Although there is no cure for osteoporosis, there are treatments available to stop further bone loss and fractures. Talk to your healthcare provider about treatment options.

Urinary Incontinence

About urinary incontinence

Urinary incontinence means losing control of urine passing from the bladder. This is common in women and can occur because of problems with the muscles that help to hold or release urine flow. Incontinence can be caused by pregnancy and childbirth, menopause, aging, stroke, or other health problems.

Some women may lose a few drops of urine when they cough or laugh. Others may feel a sudden urge to urinate and cannot control it.

Urinary incontinence can be embarrassing, upsetting, and get in the way of doing activities. Fortunately, it can often be treated.

Treatment choices

There are many treatment options depending on the cause. If you are having problems with urine leakage, talk to your healthcare provider about testing and treatment. Some options include:

- **Kegel exercises:** Also known as pelvic floor exercises, these strengthen the muscles that control urine flow.
- **Behavior modification:** You change behaviors that may make the urine leakage more of a problem.
- **Biofeedback:** You learn to control the muscles of your bladder based on measurements from devices.
- **Electrical stimulation:** A small non-painful electric pulse is used to help calm the nerves and muscles of the bladder.
- **Medicine:** Various medicines are used to treat this. Talk to your provider about their risks and benefits.
- **Pessary:** A ring that is put into the vagina that puts pressure on the opening of the bladder. The pressure helps control urine leaks.
- **Implant:** The tissues around the bladder opening are injected with a substance that surround, the opening to the bladder.
- **Surgery:** If other treatments have not worked, surgery may be an option. The type of surgery can vary.

Types

Stress Incontinence

Urine leaks after a cough, laugh, sneeze, or other physical activity because the muscles that control the flow of urine are weak. This is the most common form.

Urge Incontinence

The bladder contracts and releases urine when it is not supposed to and leaking occurs. This happens when there is a sudden feeling or need to urinate. This can happen during sleep, after drinking water, or when you touch water or hear it running.

Mixed Incontinence

This is when a person has both stress and urge incontinence.

Overflow Incontinence

This happens when you are not able to empty your bladder well. The bladder gets full and overflows to cause urine to leak.

Domestic Violence

Domestic violence is a pattern of threatening or controlling behavior by an intimate partner without regard for your rights, feelings, body, or health. It can happen to anyone regardless of race, age, sexual orientation, gender, religion, education, or income. There are many types, including these examples.

Types of Abuse

Physical Abuse

Using physical force that causes or could cause harm, such as:

- Hitting, slapping, punching, biting, choking, shoving, or other physical harm.
- Holding back or restraining.
- Harming your children.
- Stopping you from getting medical help.
- Not letting you eat or sleep.

Emotional Abuse

Controlling a person through such things as:

- Calling you names, insulting, or criticizing.
- Refusing to trust you or being possessive.
- Isolating you from friends and family.
- Demands to always know where you are.
- Humiliating you in any way.
- Threatening to hurt you, the children, themselves, or family pets.
- Trying to control how you look.
- Saying you will never find anyone better.

Sexual Abuse and Coercion

Using sex as a way to control you, such as:

- Forcing you to dress in a sexual way.
- Forcing you into sex or sexual acts.
- Holding you down during sex.
- Demanding sex when you're sick, tired, or after hurting you.

- Involving other people in sexual activities with you against your will.
- Forcing you to watch pornography.
- Making you feel like you owe them, because of things they have done or provided for you.

Reproductive Coercion

Taking away your ability to control your own reproductive system, such as:

- Refusing to use birth control.
- Forcing you to not use birth control.
- Forcing you to get an abortion or preventing you from getting one.
- Withholding money to buy birth control.

Financial Abuse

Exerting power and control over your money and finances, such as:

- Giving an allowance and closely watching how you spend it.
- Placing your paycheck in their bank account and denying you access to it.
- Maxing out credit cards in your name or not paying the bills to ruin your credit.
- Stealing money from you or your family.

Digital Abuse

Using technology to bully, harass, stalk, or intimidate you, such as:

- Telling you who you can or cannot be friends with on social media.

- Sending you insulting or threatening emails, texts, or other messages online.
- Sending you unwanted, explicit pictures and demanding you send some in return.
- Looking through your phone often to check your texts, photos, and calls.
- Constantly texting you and expecting responses right away.

Effects on your health

Living in an abusive relationship can cause long-term health problems, including:

- Physical problems, such as migraine headaches; arthritis; or long-term neck, back, belly, or pelvic pain.
- Mental health problems, such as depression, post-traumatic stress disorder, and substance use disorder.
- Higher risk of having sexually transmitted infections, unwanted pregnancies, and other problems.
- Violence can get worse during pregnancy. You are more likely to have problems such as low weight gain, anemia, infections, and bleeding during pregnancy. Abuse during this time may increase the baby's risk of low birth weight, premature birth, or death.

Have a safety plan

A safety plan can help you and your children get out of a violent situation quickly. Take these steps ahead of time.

- **Pack a suitcase:** Keep a change of clothing for you and your children, bathroom items, and an extra set of keys to the house and car with a friend or neighbor.
- **Keep special items in a safe place:** Have important items handy so you can take them with you on short notice. These include prescription medicines, ID, extra cash, credit cards, and medical and financial records, such as mortgage documents or rent receipts.

- **Talk to your children:** Let them know that it is not their role to try to stop the fighting. Tell them to call the police or get help from family, a friend, or a neighbor.
- **Know exactly where you will go:** Regardless of the time of day or night, have a friend's or relative's home or domestic violence shelter to go to.
- **If you are hurt:** Call your healthcare provider or go to the nearest emergency department.
- **Be ready to call for help:** Call the police. Domestic violence is a crime.
- **Have a safe way to call for support:** If you don't have a safe way to reach out for support, find a trusted person who will let you use their phone or get a secret phone that your abuser doesn't have access to. There are programs that provide free phones for this reason. Know where community phones are that you can use.

Visit www.thehotline.org for more ideas.

If you think you or someone you know is being abused:

- Talk to your healthcare provider, social worker, counselor, close friend, or family.
- Call a help line:
 - › **National Domestic Violence Hotline** 24-hour, toll free at 800-799-SAFE (7233) or 800-787-3224 (TDD), text "START" to 88788 or visit or thehotline.org.
 - › **National Teen Dating Abuse Hotline**, toll free at 866-331-9474, or 800-787-3224 (TTY), text "LOVEIS" to 22522, or visit loveisrespect.org.
 - › **Center for Family Safety and Healing** at 614-722-8200, or visit familysafetyandhealing.org.
 - › **LSS Help Line and Domestic Violence Shelter**, 24 hours per day, at 614-224-4663 (HOME).

Depression

Depression is a serious medical illness that can cause changes in your mood, thinking, and behavior. It may occur only once, or it may come back again.

Everyone feels “depressed” at times, and this is normal. When depressed feelings occur each day and last for more than 2 weeks, get in the way of your ability to go to school or work, or affect your self-esteem, then it is important to get help.



Signs of depression

Depression does not affect everyone the same, but there are common signs. **Use this list to watch for any signs that you have had for 2 weeks or more:**

- Loss of interest and pleasure in activities you have enjoyed
- Feeling sad, irritable, empty, or down in the dumps
- Excessive social isolation
- Restless, unable to sit still, or feeling slow
- Feeling worthless or guilty
- Feeling pessimistic or hopeless
- Thoughts of death or harming oneself
- Changes in appetite, weight loss, or weight gain
- Change in sleep patterns, such as not sleeping or sleeping too much
- Problems concentrating, thinking, remembering, or making decisions
- Loss of energy or feeling tired all of the time
- Loss of interest in sex

If you have any of these signs for more than 2 weeks, talk to your doctor. If you have had thoughts of suicide or of trying to harm yourself or others, seek help right away.

Treatment

We know more today than ever before about treating depression. If untreated, depression can last 9 to 12 months or longer. Early treatment can:

- Shorten how long it lasts
- Make it less serious
- Reduce the chance it will happen again

Examples of treatment options:

Medicine

There are different types of medicines to treat depression. Some work well for some people and not so well for others. Your doctor may need to try more than one medicine to find the best one for you. For some people, a combination of medicines may be helpful.

One type, called antidepressants, helps depression. It works to balance the chemicals in your brain. These medicines are not habit-forming, but they are strong. They may take 2 to 6 weeks to work fully. Most people need to take antidepressant medicine for 6 to 12 months or longer.

Treatment is often medicine and therapy used together.

Psychotherapy

Psychotherapy is also called counseling or talk therapy. It involves talking to a mental health professional to understand yourself better and learn ways to cope. It helps you to learn about your illness, and better ways to solve problems and manage stress. Psychotherapy is most often done by a psychologist, social worker, nurse specialist in mental health, or a pastoral counselor.

Transcranial Magnetic Stimulation (TMS)

This non-invasive procedure uses magnetic pulses to stimulate nerve cells in the brain to improve signs of depression. TMS is used when other treatments are not effective. During a TMS session, a magnetic coil is placed against your head. The coil delivers a magnetic pulse that stimulates nerve cells in the brain involved in mood control and depression. Why TMS works is not fully understood, but it seems to change how the brain works to ease depression and improve mood.

Getting help

If you think you may be depressed, tell your doctor. Treatment can help you enjoy life again. The sooner you get treatment, the sooner you will feel better.

If you are in crisis, use a suicide hotline:

- **Suicide and Crisis:** 988-Lifeline (call or text)
- **Crisis Text Line:** Text “HOME” to 741741



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