



2007 Women's
Health Daybook

It's Your Time!

12 Months to a Healthier You

Brought to you by the National Women's
Health Information Center



*U.S. Department of Health
and Human Services,
Office on Women's Health*

womenshealth.gov

1-800-994-9662

TDD: 1-888-220-5446

A Message from Secretary Mike Leavitt

U.S. Department of Health and Human Services



It is my great pleasure to present the *2007 Women's Health Daybook*. Use this *Daybook* as the first step in taking an active role in your health. It provides information on simple ways you can reduce your risk for many serious health problems. It will help you learn how to prevent or manage diseases, including heart disease, stroke, cancer, and diabetes, and protect your mental health.

Besides the important information in this *Daybook*, womenshealth.gov, a project of the Office on Women's Health, provides reliable women's health information. Free health information is available toll-free via 1-800-994-9662 and TDD: 1-888-220-5446 for those without Internet access.

Other valuable resources found in this *Daybook* by the Department range from childhood immunization schedules to information on how to prepare your family for emergencies or sudden disasters to prescription drug coverage under Medicare.

I encourage you to read all the information in this *Daybook* to learn how to live a longer, healthier, and happier life. Best wishes for a healthier 2007!

It's Your Time

12 Months to a Healthier You

On an average day, so many things seem more urgent than taking care of your health. Your job, your family, your relationships. Shopping for groceries, paying bills, attending school recitals, running errands, staying in touch with friends and relatives, doing chores, taking care of pets. The list can seem endless. The same is true for women in every profession, in every part of the country, of every race and ethnicity, of every faith, in every family structure.

All of those activities are important. But so are you! Beyond all your responsibilities to others is your responsibility to yourself. You must take an active role in your health. You are important. You matter. You are worthy of your own care.

If you haven't yet taken that first step to better health, or are uncertain where to



start, why not begin your journey now?

This 2007 Women's Health Daybook is a resource guide for women of all ages. Use it to help you learn more about common health problems, how to prevent

some diseases, and ideas for managing these conditions. You'll find charts that describe the screenings and immunizations that you and your loved ones should get. You'll find tips on how to get a second opinion from a doctor, how to read a drug label, and more. You'll be referred to the government's National Women's Health Information Center (NWHIC), with its toll-free telephone numbers and two web sites. NWHIC serves as your link to credible, pre-screened organizations; government hotlines; other trustworthy web sites; and publications.

Read this guide, share it with friends, write notes in it. Make it yours.

**“Let's dare to be ourselves,
for we do that better than anyone else can.”**

Shirley Briggs, in Sue Patton Thoele's *The Courage to Be Yourself* (1988)

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About Us

What is the U.S. Department of Health and Human Services?

The U.S. Department of Health and Human Services (HHS) is the federal agency responsible for protecting the health of all Americans. Its headquarters are based in Washington, DC. HHS is the publisher of the 2007 Women's Health Daybook.

What is the Office on Women's Health?

The Office on Women's Health (OWH) was established in 1991 as a division of the Office of Public Health and Science within HHS. Our mission is to improve the health and well-being of all U.S. women and girls. OWH leads and coordinates the efforts of all the HHS agencies and offices involved in women's health. We create and sponsor innovative programs that focus on the health of women and girls. We educate health professionals, such as physicians, dentists, researchers, therapists, and nurses. Our publications, web sites, and special events reach out to you, the public. We work to educate and motivate people to live healthier

lives by giving them trustworthy, accurate health information. As part of our work, we produced this resource guide.

What is the National Women's Health Information Center?

The National Women's Health Information Center (NWHIC) is a free service of the U.S. Department of Health and Human Services. NWHIC provides reliable, accurate, commercial-free information on the health of women and girls. It covers more than 800 topics, on issues ranging from adolescent health to reproductive health to older women's health.

You can access the resources of NWHIC in two ways: through a toll-free telephone call or through the Internet. NWHIC has an information referral center with trained Information Specialists answering your calls in either English or Spanish. Call 1-800-994-9662. For individuals who are hearing impaired, call TDD at 1-888-220-5446. NWHIC also has two comprehensive web sites that focus on women's and girls' health. Visit them online at www.womenshealth.gov and www.girlshealth.gov.

Whichever way you use NWHIC's services, you'll get

- ◆ clear answers to frequently asked questions
- ◆ links to thousands of health publications
- ◆ statistics on women's health
- ◆ online journals and dictionaries
- ◆ daily news on women's health
- ◆ a calendar of events
- ◆ a National Breastfeeding Helpline with trained peer counselors
- ◆ health information in Spanish

Breastfeeding

Best for baby. Best for mom.



www.womenshealth.gov/breastfeeding

How is NWHIC different from other web sites on women's health?

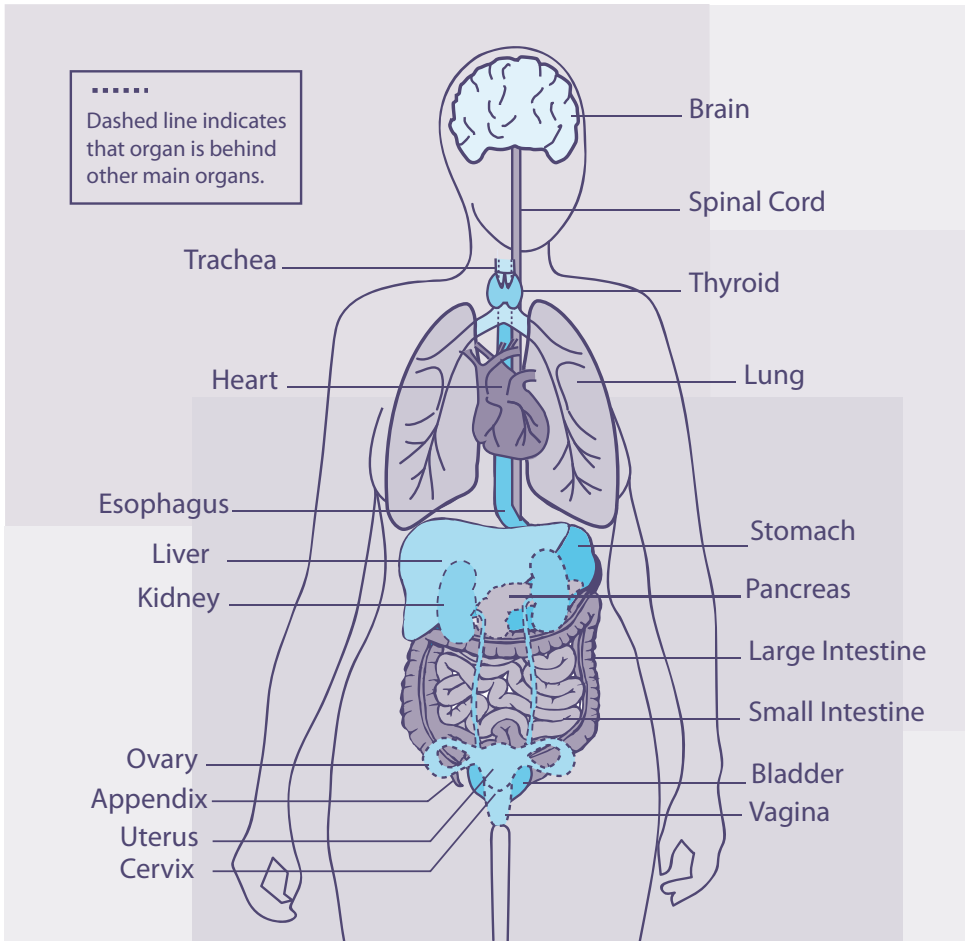
NWHIC is sponsored by the federal government with your tax dollars. We don't represent any special commercial interests. We don't allow advertisements on our site. We don't try to sell you products, magazines, or anything else. We screen all health information for accuracy before it ever appears on our web sites or in our publications. Our Information Specialists are trained to help you, whether it's referring you to the right organization, mailing you free information, or even coaching new moms on how to breastfeed their infants.

NWHIC exists to help you and your loved ones get the reliable and accurate health information you need to get, or stay, healthy.



Visit the National Women's Health Information Center web site www.womenshealth.gov

Know Your Body



Women's Body Systems

Cardiovascular and Circulatory—heart, lungs, arteries, veins

Digestive (gastrointestinal)—esophagus, liver, stomach, pancreas, large intestine (colon), small intestine, appendix, rectum, anus

Endocrine—thyroid, ovaries, pancreas

Nervous (neurological) and Skeletal—brain, nerves, spinal cord, bones, joints

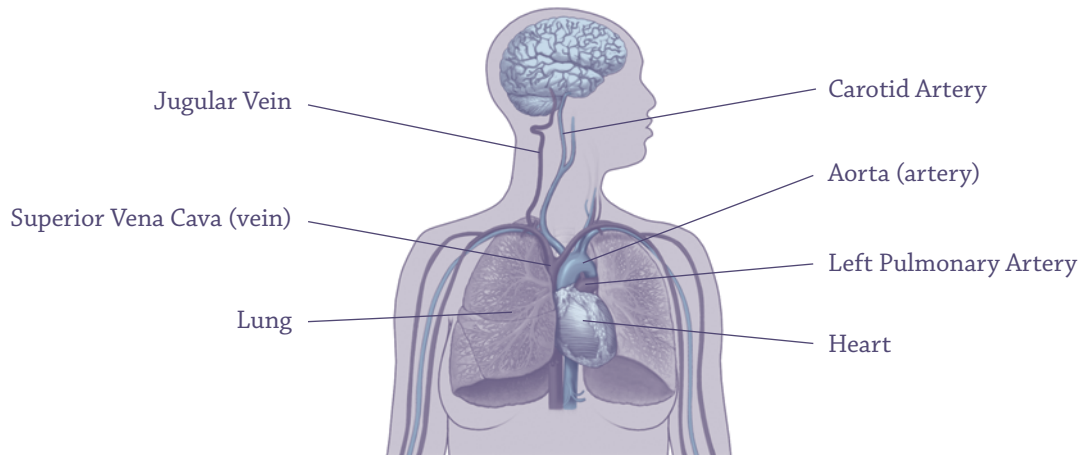
Reproductive—ovaries, fallopian tubes, uterus, cervix, vagina, breasts

Respiratory—lungs, nose, trachea (windpipe)

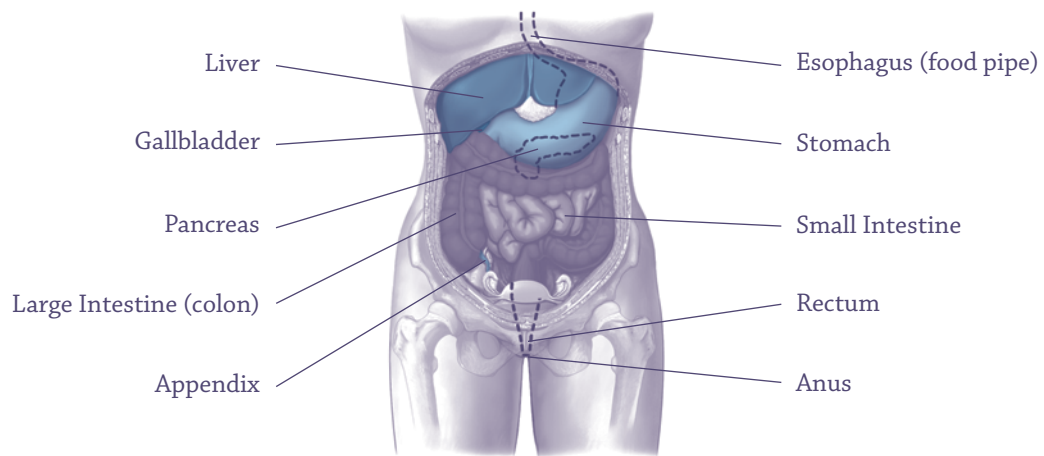
Urinary—urinary tract, bladder, kidneys

Know Your Body

Cardiovascular and Circulatory System

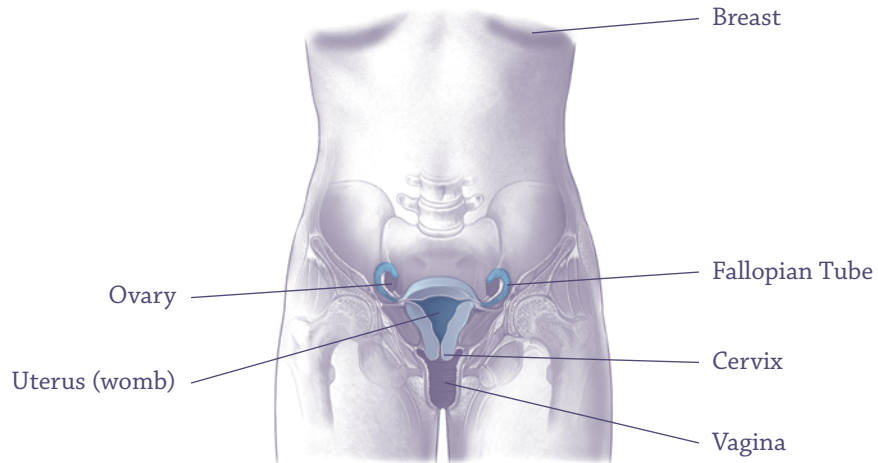


Digestive System

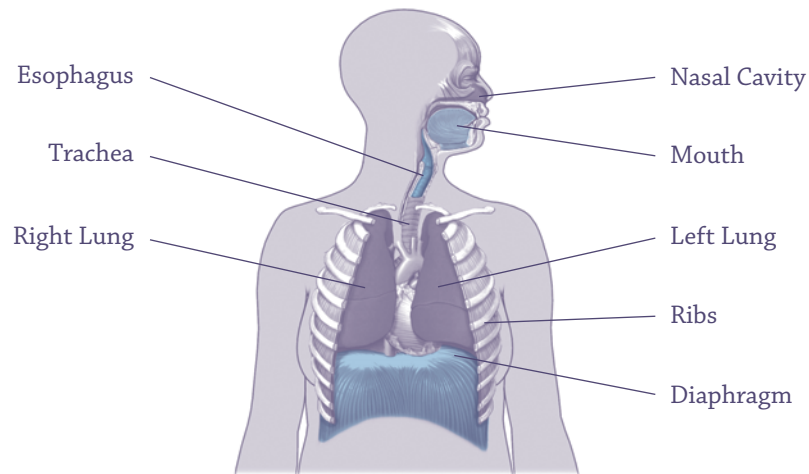


Know Your Body

Reproductive System

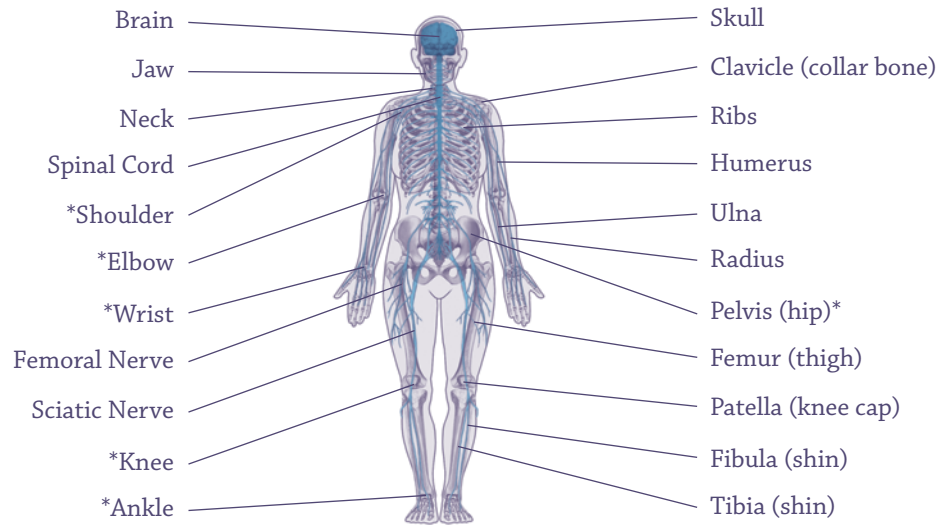


Respiratory System



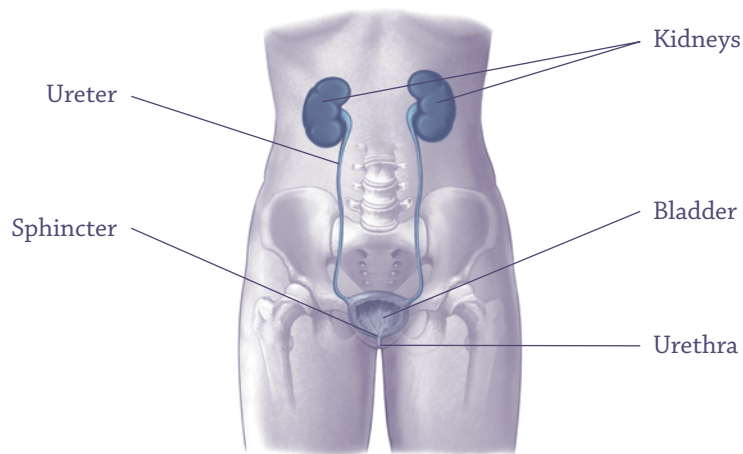
Know Your Body

Skeletal and Nervous System



*Major joints where arthritis or joint disease can occur.

Urinary System



Pay Attention: Symptoms of Serious Health Conditions

This chapter shows some symptoms that could be signs of serious health conditions, which should be checked by a doctor or nurse. It is important to note that you might feel symptoms in one part of your body that could actually mean a problem in another part. Even if the symptoms don't seem related, they could be. Keep track of your symptoms. If you have any of these symptoms, make an appointment to see your doctor. Listen to what your body is telling you, and be sure to describe every symptom in detail to your provider.

Note: A chart of diagnostic tests that your provider might order are found later in this guide.

Signs of a heart attack

Some symptoms of a heart attack can happen a month or so before the heart attack. **Before** a heart attack, women may have had one or more of these symptoms:

- ◆ unusual tiredness
- ◆ trouble sleeping
- ◆ problems breathing
- ◆ indigestion
- ◆ anxiety

During a heart attack, women may have one or more of these symptoms:

- ◆ pain or discomfort in the center of the chest
- ◆ pain or discomfort in other areas of the upper body, including the arms, back, neck, jaw, or stomach
- ◆ other symptoms, such as shortness of breath, breaking out in a cold sweat, nausea, or light-headedness

If you have any of these symptoms, go to an emergency room right away or call 911.



Signs of a stroke

Signs of a stroke happen suddenly and are different from signs of a heart attack:

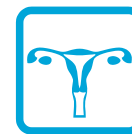
- ◆ sudden or developing problems with speaking or understanding
- ◆ sudden or developing problems with sight
- ◆ sudden or developing problems with balance, coordination, walking, and dizziness
- ◆ sudden numbness or weakness in the face, arms, or legs
- ◆ sudden severe headache with no known cause

If you have any of these symptoms, go to an emergency room right away or call 911.



Symptoms of reproductive health problems

- ◆ bleeding or spotting between periods
- ◆ itching, burning, or irritation (including bumps, blisters, or sores) of the vagina or genital area



- ◆ pain or discomfort during sex
- ◆ severe or painful bleeding with periods
- ◆ moderate to severe pelvic pain
- ◆ unusual (for you) vaginal discharge of any type or color or with strong odor

Symptoms of breast problems



- ◆ nipple discharge
- ◆ unusual breast tenderness or pain
- ◆ breast or nipple skin changes: ridges, dimpling, pitting, swelling, redness, or scaling
- ◆ lump or thickening in or near breast or in underarm area, or tenderness

Symptoms of lung problems



- ◆ coughing up blood
- ◆ persistent cough that gets worse over time
- ◆ repeated bouts of bronchitis or pneumonia
- ◆ shortness of breath
- ◆ wheezing

Symptoms of stomach or digestive problems



- ◆ bleeding from the rectum
- ◆ blood or mucus in the stool (including diarrhea) or black stools
- ◆ change in bowel habits or not being able to control bowels

- ◆ constipation, diarrhea, or both
- ◆ heartburn or acid reflux (feels like burning in throat or mouth)
- ◆ pain or feeling of fullness in stomach
- ◆ unusual abdominal swelling, bloating, or general discomfort
- ◆ vomiting blood

Symptoms of bladder problems



- ◆ difficult or painful urination
- ◆ frequent urination or loss of bladder control
- ◆ blood in urine
- ◆ feeling the urge to urinate when bladder is empty

Symptoms of skin problems



- ◆ changes in the skin, such as changes in existing moles or new growths
- ◆ moles that are no longer round or have irregular borders
- ◆ moles that change colors or change in size (usually get bigger)
- ◆ frequent flushing (a sudden feeling of heat)
- ◆ jaundice (when the skin and whites of the eyes turn yellow)
- ◆ painful, crusting, scaling, or oozing sores that don't heal
- ◆ sensitivity to sun

Symptoms of muscle or joint problems



- ◆ muscle pains and body aches that are persistent, or that come and go often
- ◆ numbness, tingling (pins and needles sensation), or discomfort in hands, feet, or limbs
- ◆ pain, stiffness, swelling, or redness in or around joints

Symptoms of emotional problems



Note: These symptoms can have a physical cause and are usually treatable.

- ◆ anxiety and constant worry
- ◆ depression: feeling empty, sad all the time, or worthless
- ◆ extreme fatigue, even when rested
- ◆ extreme tension that can't be explained
- ◆ flashbacks and nightmares about traumatic events
- ◆ no interest in getting out of bed or doing regular activities, including eating or sex
- ◆ thoughts about suicide and death
- ◆ seeing or hearing things that aren't there (hallucinations)
- ◆ seeing things differently from what they are (delusions)

- ◆ “baby blues” that haven't gone away two weeks after giving birth and seem to get worse over time
- ◆ thoughts about harming yourself or your baby after giving birth

Symptoms of headache problems



- ◆ headaches between the eyes
- ◆ headaches that come on suddenly
- ◆ headaches that last longer than a couple of days
- ◆ seeing flashing lights or zigzag lines and temporary vision loss before a headache starts
- ◆ spreading pain in face that starts in one eye
- ◆ severe pain on one or both sides of head with upset stomach, nausea, or vision problems

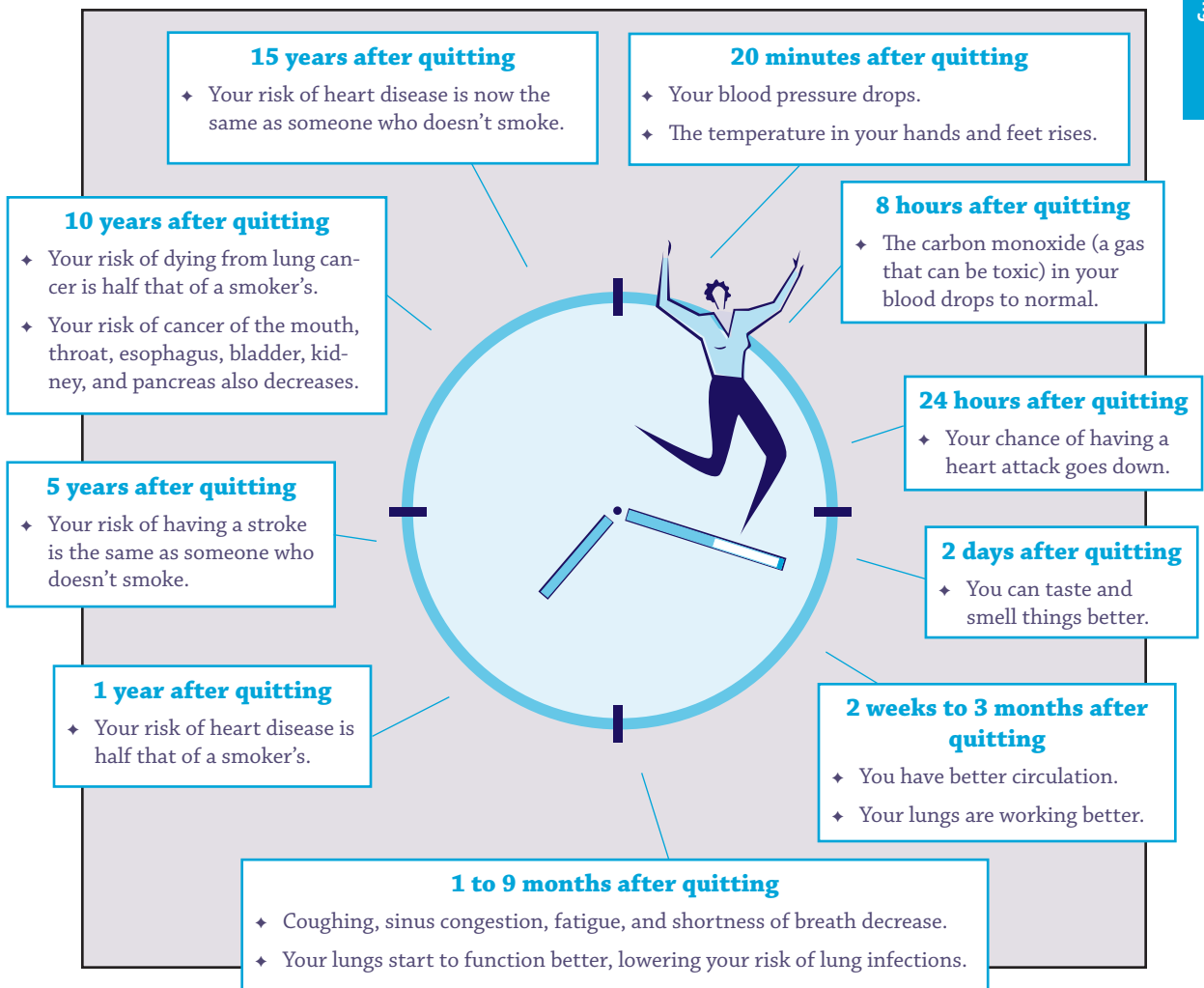
Symptoms of eating or weight problems



- ◆ extreme thirst or hunger
- ◆ losing weight without trying
- ◆ desire to binge on food excessively
- ◆ desire to vomit on purpose
- ◆ desire to starve (not eat at all)

Feel Great: Quit Smoking

New information shows that smoking causes diseases in nearly every organ of the body. Smoking is linked to diseases such as leukemia, cataracts, pneumonia, and cancers of the cervix, lung, kidney, pancreas, and stomach. Lung cancer alone claims the lives of more women than any other cancer. Stop smoking to lower your chances of getting these diseases!



HOW TO

Talk to Your Doctor or Nurse

Waiting in your doctor's office can make you feel nervous, impatient, or even scared. You might worry about what's wrong with you. You might feel annoyed because you're not getting other things done. Then when you see your doctor or nurse, the visit seems to be so short. You might have only a few minutes to explain your symptoms and concerns. Later that day, you might remember something you forgot to ask. You wonder if your question and its answer matters. Knowing how to talk to your doctor, nurse, or other members of your health care team will help you get the information you need.

Tips: What To Do

◆ **List your questions and concerns.**

Before your appointment, make a list of what you want to ask. When you're in the waiting room, review your list and organize your thoughts. You can share the list with your doctor or nurse.

◆ **Describe your symptoms.** Say when these problems started. Say how they make you feel. If you know, say what sets them off or triggers them. Say what you've done to feel better.

◆ **Give your doctor a list of your medications.** Tell what prescription drugs and over-the-counter medicines, vitamins,

herbal products, and other supplements you're taking.

◆ **Be honest about your diet, physical activity, smoking, alcohol or drug use, and sexual history.**

Not sharing information with your doctor or nurse can be harmful!

◆ **Describe any allergies to drugs, foods, pollen, or other things.**

Don't forget to mention if you are being treated by other doctors, including mental health professionals.

◆ **Talk about sensitive topics.** Your doctor or nurse has probably heard it before! Don't leave something out because you're worried about taking up too much time. Be sure to talk about all of your concerns before you leave. If you don't understand the answers your doctor gives you, ask again.





- ◆ **Ask questions about any tests and your test results.** Get instructions on what you need to do to get ready for the test(s). Ask if there are any dangers or side effects. Ask how you can learn the test results. Ask how long it will take to get the results.
- ◆ **Ask questions about your condition or illness.** If you are diagnosed with a condition, ask your doctor how you can learn more about it. What caused it? Is it permanent? What can you do to help yourself feel better? How can it be treated?
- ◆ **Tell your doctor or nurse if you are pregnant or intend to become pregnant.** Some medicines may not be suitable for you. Other medicines should be used with caution if you are pregnant or about to become pregnant.
- ◆ **Ask your doctor about any treatments he or she recommends.** Be sure to ask about all of your options for treatment. Ask how long the treatment will last. Ask if it has any side effects. Ask how much it will cost. Ask if it is covered by your health insurance.
- ◆ **Ask your doctor about any medicines he or she prescribes for you.** Make sure you understand how to take your medicine. What should you do if you miss a dose? Are there any foods, drugs, or activities you should avoid when taking the medicine? Is there a generic brand of the drug you can use? You can also ask your pharmacist if a generic drug is available for your medication.
- ◆ **Ask more questions if you don't understand something.** If you're not clear about what your doctor or nurse is asking you to do or why, ask to have it explained again.
- ◆ **Bring a family member or trusted friend with you.** That person can take notes, offer moral support, and help you remember what was discussed. You can have that person ask questions, too!
- ◆ **Call before your visit to tell them if you have special needs.** If you don't speak or understand English well, the office may need to find an interpreter. If you have a disability, ask if they can accommodate you.

HOW TO

Get a Second Opinion

Even though doctors may get similar medical training, they can have their own opinions and thoughts about how to practice medicine. They can have different ideas about how to diagnose and treat conditions or diseases. Some doctors take a more conservative, or traditional, approach to treating their patients. Other doctors are more aggressive and use the newest tests and therapies. It seems like we learn about new advances in medicine almost every day.

Many doctors specialize in one area of medicine, such as cardiology or obstetrics or psychiatry. Not every doctor can be skilled in using all the latest technology. Getting a second opinion from a different doctor might give you a fresh perspective and new information. It could provide you with new options for treating your condition. Then you can make more informed choices. If you get similar opinions from two doctors, you can also talk with a third doctor.

Tips: What To Do

♦ **Ask your doctor for a recommendation.** Ask for the name of another doctor or specialist, so you can get a second opinion. Don't worry about hurting your doctor's feelings. Most doctors welcome a



second opinion, especially when surgery or long-term treatment is involved.

♦ **Ask someone you trust for a recommendation.** If you don't feel comfortable asking your doctor for a referral, then call another doctor you trust. You can also call university teaching hospitals and medical societies in your area for the names of doctors. Some of this information is also available on the Internet.

◆ **Check with your health insurance provider.** Call your insurance company before you get a second opinion. Ask if they will pay for this office visit. Many health insurance providers do. Ask if there are any special procedures you or your primary care doctor need to follow.



- ◆ **Ask to have medical records sent to the second doctor.** Ask your primary care doctor to send your medical records to the new doctor. You need to give written permission to your current doctor to send any records or test results to a new doctor. You can also ask for a copy of your own medical records for your files. Your new doctor can then examine these records before your office visit.
- ◆ **Learn as much as you can.** Ask your doctor for information you can read. Go to a local library. Search the Internet. Find a teaching hospital or university that

has medical libraries open to the public. The information you find can be hard to understand, or just confusing. Make a list of your questions, and bring it with you when you see your new doctor.

- ◆ **Do not rely on the Internet or a telephone conversation.** When you get a second opinion, you need to be seen by a doctor. That doctor will perform a physical examination and perhaps other tests. The doctor will also thoroughly review your medical records, ask you questions, and address your concerns.

HOW TO

Read Drug Labels



Medicines, or drugs, come as either prescription or over the counter. Prescription drugs are used under a doctor's care. Over-the-counter drugs can be bought and used without a doctor's prescription, and you buy them at a drug store or grocery store. When using any kind of drug, it's really important to read the drug label for instructions. Not following the instructions can hurt your health. Read the label each time you use a drug, just in case there have been changes to it since the last time you used it. See the drug label below and on the next page to know what to look for. If you read the label and still have questions, call your doctor, nurse, or pharmacist for help.

Prescription Drug Label

Pharmacy name and address

Number used by the drug store to identify this drug for your refills

Person who gets this drug

Instructions about how often and when to take

Name of drug and strength of drug

Number of refills

Doctor's name

Drug store phone number

Today's date

Don't use this drug past this date

Local Pharmacy
123 MAIN STREET
ANYTOWN, USA 11111 (800) 555-5555

DR. C. JONES

NO 0060023-08291 DATE 06/23/07

JANE SMITH
456 MAIN STREET ANYTOWN, US 11111

TAKE ONE CAPSULE BY MOUTH THREE TIMES DAILY FOR 10 DAYS UNTIL ALL TAKEN

AMOXICILLIN 500MG CAPSULES

QTY _____ MRG _____

NO REFILLS - DR. AUTHORIZATION REQUIRED

USE BEFORE 06/23/08

SLF/SLF

Rx ONLY

Over-the-Counter (OTC) Medicine Label

Drug Facts							
Therapeutic substance in drug	<p>Active ingredient (in each tablet) Purpose Chlorpheniramine maleate 2 mg Antihistamine</p>						
	<p>Uses temporarily relieves these symptoms due to hay fever or other upper respiratory allergies: ■ sneezing ■ runny nose ■ itchy, watery eyes ■ itchy throat</p>						
When not to use this drug, when to stop taking it, when to see a doctor, and possible side effects	<p>Warnings Ask a doctor before use if you have ■ glaucoma ■ a breathing problem such as emphysema or chronic bronchitis ■ trouble urinating due to an enlarged prostate gland</p>						
	<p>Ask a doctor or pharmacist before use if you are taking tranquilizers or sedatives</p>						
	<p>When using this product ■ You may get drowsy ■ Avoid alcoholic drinks ■ Alcohol, sedatives, and tranquilizers may increase drowsiness ■ Be careful when driving a motor vehicle or operating machinery ■ Excitability may occur, especially in children</p>						
	<p>If pregnant or breastfeeding, ask a health professional before use. Keep out of reach of children. In case of overdose, get medical help or contact a Poison Control Center right away.</p>						
	<p>Directions</p> <table border="1"> <tr> <td>Adults and children 12 years and over</td> <td>Take 2 tablets every 4 to 6 hours; not more than 12 tablets in 24 hours</td> </tr> <tr> <td>Children 6 years to under 12 years</td> <td>Take 1 tablet every 4 to 6 hours; not more than 6 tablets in 24 hours</td> </tr> <tr> <td>Children under 6 years</td> <td>Ask a doctor</td> </tr> </table>	Adults and children 12 years and over	Take 2 tablets every 4 to 6 hours; not more than 12 tablets in 24 hours	Children 6 years to under 12 years	Take 1 tablet every 4 to 6 hours; not more than 6 tablets in 24 hours	Children under 6 years	Ask a doctor
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Children 6 years to under 12 years	Take 1 tablet every 4 to 6 hours; not more than 6 tablets in 24 hours						
Children under 6 years	Ask a doctor						
More information on how to store the drug	<p>Other information Store at 20-25° C (68-77° F) ■ Protect from excessive moisture</p>						
	<p>Inactive ingredients D&C yellow no. 10, lactose, magnesium stearate, microcrystalline cellulose, pregelatinized starch</p>						

Product type

Symptoms or diseases the drug treats

Read carefully: how much to take, how to take it, and how long to take it

Other things in the drug, such as colors or flavorings

HOW TO

Be Prepared for Emergencies

When disaster strikes, you may not have much time to act. To help protect loved ones, take simple steps now to prepare your family for sudden emergencies or other disasters.

Three Basic Steps for Disaster or Emergency Preparedness

- 1. KNOW** what natural or other disasters could occur in your area and how to prepare for them. Learn about local evacuation routes, so that you know how to leave an area quickly. The Federal Emergency Management Agency offers information on preparedness at www.fema.gov.
- 2. PLAN** out on paper the steps you should take during an emergency and give family members a copy. Talk about potential disasters or emergencies and how to respond to each. Choose a meeting place, other than your home, for family members to gather in case you can't go home. Make sure you choose an "emergency check-in" contact person and teach your children the phone number for this person.
- 3. PACK** emergency supplies in your home to meet your needs for three days. Always keep all of your important documentation together, in one place, in case you have to "grab and go" during an evacuation.



Need to Evacuate? Have a Kit Ready that Includes

- ◆ identification for yourself and your children, such as birth certificates and social security cards
- ◆ important personal papers, such as health insurance identification cards, immigration papers, and children's school records
- ◆ funds in the form of cash, traveler's checks, credit cards, and checkbook
- ◆ keys to the house, car, and safety deposit box or post office box
- ◆ ways to communicate, including a calling card, cell phone and extra battery, and the emergency check-in number for family members to call
- ◆ prescription medications, including written prescription orders, and supplies

such as contact lens cleaner and feminine hygiene products

Essential Items for Disaster Preparedness

Relief workers will most likely be on the scene after a disaster, but they cannot reach everyone immediately. Gather the supplies below in case you have to stay where you are.

Water. Keep at least a 3-day supply of water for each person, stored in plastic containers. Each person needs 1 gallon of water each day.

Food. Store at least a 3-day supply of non-perishable food such as canned meat, beans, vegetables, fruit and juices; peanut butter or other high-energy food; and unsalted crackers. Keep a non-electric can opener handy. If you have pets, stock up on canned pet food.

Infant care. Store baby formula and water to prepare it if a child is not breastfed. If you need to evacuate quickly, bring towels or sheets to carry a baby instead of a bulky stroller.

Other supplies. Make sure you have large plastic bags that seal for waterproofing important papers, a battery-powered flashlight and radio with extra batteries, and a first aid kit.

Breastfeeding During an Emergency

When an emergency occurs, breastfeeding saves lives.

- ◆ Breastfeeding protects babies from the risks of a contaminated water supply.
- ◆ Breastfeeding helps protect against respiratory illnesses and diarrhea — diseases that can be fatal in populations displaced by disaster.

The basics of breastfeeding during an emergency are much the same as they are in normal times. Continuing to breastfeed whenever the baby seems hungry maintains a mother's milk supply and is calming to both mother and baby. Visit www.lalecheleague.org for information on how to breastfeed in an emergency, even if you have been giving your baby formula.

Food and Water Safety During an Emergency

Food may not be safe to eat during and after an emergency. Water may not be safe to drink, clean with, or bathe in after an emergency such as a hurricane or flood because it can become contaminated with bacteria, sewage, agricultural or industrial waste, chemicals, and other substances that can cause illness or death. The Centers for Disease Control and Prevention has information about keeping your food and water safe at www.cdc.gov.

Staying Safe from Violence During an Emergency

After disasters, women are at greater risk of sexual assault or other violence. Visit www.womenshealth.gov for safety tips.

Understanding Avian and Pandemic Flu

Avian influenza (flu) is not the same as pandemic flu. A flu pandemic is a global outbreak of a flu. A pandemic can happen when a new virus appears that people have little or no immunity against and for which there is no vaccine. (Having an immunity means you are resistant to, or protected against, a disease.) A new virus can spread quickly from person to person around the world, causing severe illness and even death. Although it is hard to know when the next flu pandemic will happen or how dangerous it will be, you can be informed and take steps to prepare your family. Avian flu has received a lot of attention in recent years, raising many questions about the dangers of a flu pandemic.

Q: What is avian influenza (flu)?

A: Avian or “bird flu” is caused by influenza viruses that naturally affect birds. Wild birds carry these highly contagious viruses, but they generally do not become sick. Domesticated birds, though, are at great risk. Avian flu can cause very serious illness and death for infected chickens, ducks, and turkeys.

Q: Why are health officials concerned about avian flu for humans?

A: Although people are not usually at risk of getting avian flu viruses, a virus called H5N1 is one of the few strains that has crossed



over to infect people. The H5N1 virus is very powerful, having caused the deaths of more than half of the people infected. Experts think most of these cases have been caused by contact with infected birds. To date, there has been very limited spread of the virus from person to person. The concern is that H5N1 will change into a virus that can pass from person to person more easily and more quickly. An increasing number of human cases have been found in Asian, European, and African countries. Health officials are watching the situation very closely to prepare for the possibility that the virus may spread to other parts of the world.

Q: Will getting a seasonal flu shot prevent me from getting avian flu?

A: No. The flu shot can only help protect you from seasonal flu. No vaccine is available to protect against the H5N1 virus that has

been found in people, but researchers are working on making one.

Q: What are the symptoms of avian flu?

A: Symptoms can include regular flu symptoms such as fever, cough, sore throat, and muscle aches. Other symptoms may include eye infections, pneumonia, and severe respiratory problems. There may be other symptoms that we do not yet know about.

Q: Are there treatments available for avian flu?

A: The H5N1 virus is resistant to two medicines used to treat the flu: amantadine and rimantadine. Two other flu medicines called oseltamavir and zanamavir may work to treat the flu caused by H5N1. More research is needed to test these medicines. Health researchers are also working on improving flu testing, to better detect which flu strain you have and where it came from. This will help government officials track dangerous flu viruses and help keep the public informed.

Q: What can I do to help keep my family healthy?

A: You and members of your family can take steps to help limit the spread of germs.

- ◆ Wash your hands with soap and warm water often.

- ◆ Use an alcohol-based hand cleanser if you don't have soap handy.
- ◆ When coughing or sneezing, cover your mouth and nose with a tissue (or your upper sleeve if you don't have a tissue), throw used tissue away, and wash your hands afterward.
- ◆ If you are sick, stay home.

It is also important to eat a balanced diet, drink plenty of water, exercise regularly, and get enough rest.

Q: What should I do to help my family prepare for a flu pandemic?

A: Visit www.pandemicflu.gov to learn how to prepare your family. This web site provides preparation checklists for families and businesses, information for people who deal with poultry, and the latest information on how avian flu is affecting people around the world. If H5N1 does cause a pandemic flu, this web site will offer important safety information. You can also call the Centers for Disease Control and Prevention Hotline at 1-800-CDC-INFO (1-800-232-4636) or 1-888-232-6348 (TDD) 24 hours a day, seven days a week.

**www.pandemicflu.gov
1-800-CDC-INFO or
1-888-232-6348 (TDD)**

Common Screening and Diagnostic Tests Explained

Test Name	Definition
Angiogram	Exam of your blood vessels using x-rays. The doctor inserts a small tube into the blood vessel and injects dye to see the vessels on the x-ray.
Barium enema	A lubricated enema tube is gently inserted into your rectum. Barium flows into your colon. An x-ray is taken of the large intestine.
Biopsy	A test that removes cells or tissues for examination by a pathologist to diagnose for disease. The tissue is examined under a microscope for cancer or other diseases.
Blood test	Blood is taken from a vein in the inside elbow or back of the hand to test for a health problem.
Bone mineral density (BMD) test	Special x-rays of your bones are used to test if you have osteoporosis, or a weakening of the bones.
Bronchoscopy	Exam of the lungs. A bronchoscope, or flexible tube, is put through the nose or mouth and into your windpipe (trachea).
Clinical breast exam (CBE)	A doctor, nurse, or other health professional uses his or her hands to examine your breasts and under-arm areas to find lumps or other problems.
Chest x-ray	An x-ray of the chest, lungs, heart, large arteries, ribs, and diaphragm.
Colonoscopy	An examination of the inside of the colon using a colonoscope, inserted into the rectum. A colonoscope is a thin, tube-like instrument with a light and lens for viewing. It may also have a tool to remove tissue to be checked under a microscope for disease.
Computed tomographic (CT or CAT) scan	The patient lies on a table and x-rays of the body are taken from different angles. Sometimes, a fluid is used to highlight parts of the body in the scan.
Echocardiogram	An instrument (that looks like a microphone) is placed on the chest. It uses sound waves to create a moving picture of the heart. A picture appears on a TV monitor, and the heart can be seen in different ways.
Electroencephalogram (EEG)	Measures the electrical activity of the brain, using electrodes that are put on the patient's scalp. Sometimes patients sleep during the test.
Electrocardiogram (EKG or ECG)	Records the electrical activity of the heart, using electrodes placed on the arms, legs, and chest.
Exercise stress test	Electrodes are placed on the chest, arms, and legs to record the heart's activity. A blood pressure cuff is placed around the arm and is inflated every few minutes. Heart rate and blood pressure are taken before exercise starts. The patient walks on a treadmill or pedals a stationary bicycle. The pace of the treadmill is increased. The response of the heart is monitored. The test continues until target heart rate is reached. Monitoring continues after exercise for 10 to 15 minutes or until the heart rate returns to normal.
Fecal occult blood test (FOBT)	Detects hidden blood in a bowel movement. There are two types: the smear test and flushable reagent pads.

Common Screening and Diagnostic Tests Explained

Test Name	Definition
Laparoscopy	A small tube with a camera is inserted into the abdomen through a small cut in or just below the belly button to see inside the abdomen and pelvis. Other instruments can be inserted in the small cut as well. It is used for both diagnosing and treating problems inside the abdomen.
Magnetic resonance imaging (MRI)	A test that uses powerful magnets and radio waves to create a picture of the inside of your body without surgery. The patient lies on a table that slides onto a large tunnel-like tube, which is surrounded by a scanner. Small coils may be placed around your head, arm, leg, or other areas.
Mammogram	X-rays of the breast taken by resting one breast at a time on a flat surface that contains an x-ray plate. A device presses firmly against the breast. An x-ray is taken to show a picture of the breast. Mammography is used to screen healthy women for signs of breast cancer. It can also be used to evaluate a woman who has symptoms of disease. It can, in some cases, detect breast cancers before you can feel them with your fingers.
Medical history	The doctor or nurse talks to the patient about current and past illnesses, surgeries, pregnancies, medications, allergies, use of alternative therapies, vitamins and supplements, diet, alcohol and drug use, physical activity, and family history of diseases.
Pap test	The nurse or doctor uses a small brush to take cells from the cervix (opening of the uterus) to look at under a microscope in a lab.
Pelvic exam	A doctor or nurse asks about the patient's health and looks at the vaginal area. The doctor or nurse checks the fallopian tubes, ovaries, and uterus by putting two gloved fingers inside the vagina. With the other hand, the doctor or nurse will feel from the outside for any lumps or tenderness.
Physical exam	The doctor or nurse will test for diseases, assess your risk of future medical problems, encourage a healthy lifestyle, and update your vaccinations.
Positron emission tomography (PET) scan	The patient is injected with a radioactive substance, such as glucose. A scanner detects any cancerous areas in the body. Cancerous tissue absorbs more of the substance and looks brighter in images than normal tissue.
Sigmoidoscopy	The sigmoidoscope is a small camera attached to a flexible tube. This tube, about 20 inches long, is gently inserted into the colon. As the tube is slowly removed, the lining of the bowel is examined.
Spirometry	The patient breathes into a mouthpiece that is connected to an instrument called a spirometer. The spirometer records the amount and the rate of air that is breathed in and out over a specified time. It measures how well the lungs exhale.
Ultrasound	A clear gel is put onto the skin over the area being examined. An instrument is then moved over that area. The machine sends out sound waves, which reflect off the body. A computer receives these waves and uses them to create pictures of the body.

Note: Anesthesia (medicine to block pain or sedate you) is given during some of these tests to keep you comfortable. Be sure to talk with your doctor or nurse about what to expect during and after tests, and how to prepare for tests.

Taking Charge of Your Health

Your role in prevention

Getting regular check ups, preventive screening tests, and immunizations are among the most important things you can do for yourself. Use these charts to figure out when to see your doctor or nurse based on your health profile. Then, become a partner with your doctor or nurse to choose when you need your screenings and immunizations. Share your family history, voice your concerns, and always ask questions about what you can do to prevent certain diseases. For instance, if your doctor or nurse asks you to exercise more, ask which types of exercises are best for you. If you don't know how to do a monthly breast self-exam, ask how and practice until you feel at ease doing it. If you don't know if you need certain screenings, ask your doctor or nurse.

Understanding risk factors

The first chart in this section lists recommended screenings and immunizations for women at average risk for most diseases. How do you know if your risk is higher than average? Check the second set of charts for the recommended screenings and immuni-



zations for women with higher than average risk factors. Risk factors are things in your life that increase your chances of getting a condition or disease. They can include things like family history, exposures to things in the environment, being a certain age or sex, being from a certain ethnic group, or already having a health condition. If you do have high risk factors, your doctor or nurse will most likely want you to be screened or immunized at a younger age or more often than what is recommended. Check with your doctor or nurse to find out if you need to have certain health screenings and how often you will need them.

General Screenings and Immunizations for Women

These charts are guidelines only. Your doctor will personalize the timing of each test and immunization to meet your health care needs. Use the stickers to remind yourself of these exams. Citations are found on pages 231–232.

Screening Tests	Ages 18–39	Ages 40–49	Ages 50–64	Ages 65 and Older
General Health: Full checkup, including weight and height	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.
Thyroid test (TSH) ¹	Start at age 35, then every 5 years	Every 5 years	Every 5 years	Every 5 years
Heart Health: Blood pressure test ²	At least every 2 years	At least every 2 years	At least every 2 years	At least every 2 years
Cholesterol test ³	Start at age 20, discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.
Bone Health: Bone mineral density test ⁴		Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Get a bone mineral density test at least once. Talk to your doctor or nurse about repeat testing.
Diabetes: Blood glucose test ⁵	Discuss with your doctor or nurse.	Start at age 45, then every 3 years	Every 3 years	Every 3 years
Breast Health: Mammogram (x-ray of breast) ⁶		Every 1-2 years. Discuss with your doctor or nurse.	Every 1-2 years. Discuss with your doctor or nurse.	Every 1-2 years. Discuss with your doctor or nurse.
Reproductive Health: Pap test & pelvic exam ⁷	Every 1-3 years if you have been sexually active or are older than 21	Every 1-3 years	Every 1-3 years	Discuss with your doctor or nurse.
Chlamydia test ⁸	Yearly until age 25 if sexually active. Older than age 25, get this test if you have new or multiple partners. All pregnant women should have this test.	Get this test if you have new or multiple partners. All pregnant women should have this test.	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.
Sexually transmitted disease (STD) tests ⁸	Both partners should get tested for STDs, including HIV, before initiating sexual intercourse.	Both partners should get tested for STDs, including HIV, before initiating sexual intercourse.	Both partners should get tested for STDs, including HIV, before initiating sexual intercourse.	Both partners should get tested for STDs, including HIV, before initiating sexual intercourse.
Mental Health Screening ⁹	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.

This chart lists recommended screenings and immunizations for women at average risk for most diseases.

General Screenings and Immunizations for Women

These charts are guidelines only. Your doctor will personalize the timing of each test and immunization to meet your health care needs. Use the stickers to remind yourself of these exams. Citations are found on pages 231–232.

Screening Tests	Ages 18–39	Ages 40–49	Ages 50–64	Ages 65 and Older
Colorectal Health: Fecal occult blood test ^{10,11}			Yearly	Yearly
Flexible sigmoidoscopy (with fecal occult blood test is preferred) ^{10,11}			Every 5 years (if not having a colonoscopy)	Every 5 years (if not having a colonoscopy)
Double Contrast Barium Enema (DCBE) ^{10,11}			Every 5–10 years (if not having a colonoscopy or sigmoidoscopy)	Every 5–10 years (if not having a colonoscopy or sigmoidoscopy)
Colonoscopy ^{10,11}			Every 10 years	Every 10 years
Rectal exam ^{10,11}	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Every 5–10 years with each screening (sigmoidoscopy, colonoscopy, or DCBE)	Every 5–10 years with each screening (sigmoidoscopy, colonoscopy, or DCBE)
Eye and Ear Health: Eye exam ¹²	If you have any visual problems; at least one exam from ages 20–29 and at least two exams from ages 30–39.	Every 2–4 years	Every 2–4 years	Every 1–2 years
Hearing test ¹³	Starting at age 18, then every 10 years	Every 10 years	Every 3 years	Every 3 years
Skin Health: Mole exam ¹⁴	Monthly mole self-exam; by a doctor every 3 years, starting at age 20.	Monthly mole self-exam; by a doctor every year.	Monthly mole self-exam; by a doctor every year.	Monthly mole self-exam; by a doctor every year.
Oral Health: Dental exam ¹⁵	One to two times every year	One to two times every year	One to two times every year	One to two times every year
Immunizations: Influenza vaccine ¹⁶	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Yearly	Yearly
Pneumococcal vaccine ¹⁶				One time only
Tetanus-diphtheria booster vaccine ¹⁶	Every 10 years	Every 10 years	Every 10 years	Every 10 years
Human papillomavirus vaccine (HPV) ¹⁷	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	
Meningococcal vaccine ¹⁸	Discuss with your doctor or nurse if attending college.			

This chart lists recommended screenings and immunizations for women at average risk for most diseases.

Recommended Screenings, Tests, and Immunizations for Women with High-Risk Factors

✓ if it applies	Does your family history include?	Then ask your doctor or nurse if you need the following screenings, tests, exams, or vaccines more often or at a younger age:
	High blood pressure	Blood pressure test
	High cholesterol	Cholesterol test
	Heart disease, premature heart disease, or heart attack	Blood pressure test, cholesterol test, exercise stress test
	Diabetes	Blood glucose test
	Breast cancer	Mammogram, ovarian cancer tests
	Endometrial cancer	Colon screening
	Ovarian cancer	Pelvic exam, ovarian cancer tests, colon screening, clinical breast exam
	Osteoporosis, bone fracture in adulthood	Bone mineral density test
	Thyroid disease or thyroid cancer	Thyroid test and/or genetic counseling
	Gum (periodontal) disease	Oral exam
	Hearing problems, deafness	Hearing test
	Vision problems, eye disease, blindness	Vision exam
	Inflammatory bowel disease; colon polyps; colon, ovarian, or endometrial cancer	Colonoscopy, sigmoidoscopy, DCBE, rectal exam, fecal occult blood test, pap test, pelvic exam, ovarian cancer tests
	Cancer, heart disease, or any illness at an unusually young age (50 or younger)	Genetic counseling, possible early screening tests
	Two relatives with the same kind of cancer	Genetic counseling, possible early screening tests
	Birth defects or genetic disorder (you or your partner)	Genetic counseling, possible early screening tests. If you want to become pregnant, genetic counseling for you and your partner.

This chart lists screenings, tests, or exams you might need more often or earlier because of having high-risk factors or things in your life that increase your chances of developing a condition or disease.

Recommended Screenings, Tests, and Immunizations for Women with High-Risk Factors

✓ if it applies	Are You?	Then ask your doctor or nurse if you need the following screenings, tests, exams, or vaccines more often or at a younger age:
	African American	Blood pressure test, cholesterol test, blood glucose test, vision exam, colonoscopy, genetic counseling for sickle cell anemia
	Latina	Blood pressure test, cholesterol test, blood glucose test, colonoscopy
	Alaska Native or Pacific Islander	Blood glucose test, pneumococcal vaccine
	American Indian	Blood glucose test, pneumococcal vaccine
	Ashkenazi Jewish descent	Genetic counseling for Tay-Sachs disease, if you want to become pregnant
	Ashkenazi Jewish with family history of breast or ovarian cancer	Genetic counseling for possible BRCA1/2 mutation
	Asian American	Blood glucose test
	Age 65 or older	Bone mineral density test, flu vaccine, pneumococcal vaccine
	Between the ages of 60 and 64, weigh fewer than 154 lbs., and not taking estrogen	Bone mineral density test
	College age	MMR vaccine, varicella vaccine, human papillomavirus (HPV) vaccine, meningococcal vaccine
	Postmenopausal	Bone mineral density test
	Pregnant	Blood pressure test, blood glucose test, urine test, HIV test, STD tests, MMR vaccine, hepatitis B antigen test
	A non-pregnant woman of childbearing age	MMR vaccine, varicella vaccine
	A smoker	Blood pressure test, cholesterol test, bone mineral density test, oral exam, vision exam
	Overweight	Blood pressure test, blood glucose test, weight
	Living in prison	Tuberculosis (TB) test; HIV test; STD tests; hepatitis A, B vaccines
	Living in long-term care	TB test, influenza vaccine, pneumococcal vaccine
	A health care worker	TB test, influenza vaccine, pneumococcal vaccine, MMR vaccine, varicella vaccine, HIV test, hepatitis test, hepatitis B vaccine if exposed to blood

This chart lists screenings, tests, or exams you might need more often or earlier because of having high-risk factors or things in your life that increase your chances of developing a condition or disease.

Recommended Screenings, Tests, and Immunizations for Women with High-Risk Factors

✓ if it applies	Do you have or have you had?	Then ask your doctor or nurse if you need the following screenings, tests, exams, or vaccines more often or at a younger age:
	High blood pressure	Blood pressure test, cholesterol test, blood glucose test
	High cholesterol	Blood pressure test, cholesterol test, blood glucose test
	Heart disease	Blood pressure test, cholesterol test, blood glucose test, influenza vaccine, pneumococcal vaccine
	Diabetes	Blood pressure test, cholesterol test, blood glucose test, vision exam, urine test
	Gestational diabetes (diabetes during pregnancy)	Blood glucose test
	A baby weighing more than 9 lbs.	Blood glucose test
	Breast cancer	Mammogram, ovarian cancer tests
	Dense breast	Digital mammogram, clinical breast exam
	Cervical, uterine, endometrial, vaginal cancer	Pap test, pelvic exam, ovarian cancer tests, colon screening
	Ovarian cancer	Pelvic exam, ovarian cancer tests, mammogram, colon screening
	Previous abnormal Pap tests	Pap test, pelvic exam, human papillomavirus (HPV) vaccine
	Early menopause (natural or surgically induced); absent or infrequent menstrual periods; advanced age; a personal history of bone fracture in adulthood; lifelong low calcium intake; lifelong inactive lifestyle or little physical activity; low body weight (fewer than 154 lbs.), or a history of an eating disorder such as anorexia nervosa	Bone mineral density test
	An autoimmune disease (including lupus, rheumatoid arthritis, scleroderma, multiple sclerosis, psoriasis)	Thyroid test, TB test, influenza shot, MMR vaccine, pneumococcal vaccine, autoimmune screening test, bone mineral density test

This chart lists screenings, tests, or exams you might need more often or earlier because of having high-risk factors or things in your life that increase your chances of developing a condition or disease.

Recommended Screenings, Tests, and Immunizations for Women with High-Risk Factors

✓ if it applies	Do you have or have you had?	Then ask your doctor or nurse if you need the following screenings, tests, exams, or vaccines more often or at a younger age:
	Chronic lung disease	Influenza vaccine, pneumococcal vaccine
	Chronic liver disease	Hepatitis A, B vaccines
	Thyroid disease	Thyroid test, influenza vaccine, pneumococcal vaccine, bone mineral density test (if hyperthyroid)
	Gum (periodontal) disease	Oral exam
	Colon polyps; inflammatory bowel disease	Colonoscopy
	Colon cancer	Endometrial cancer screening, colon cancer screening tests
	A developmental delay	Vision exam, hearing test
	Eye injury or disease	Vision exam
	Ear injury or prolonged exposure to loud noise	Hearing test
	HIV/AIDS	Oral exam; vision exam; Pap test; pelvic exam; TB test; thyroid test; STD tests; influenza vaccine; pneumococcal vaccine; hepatitis screening; hepatitis A, B vaccines
	A blood transfusion or solid organ transplant before 1992	Hepatitis C test
	Received clotting factor concentrates made before 1987	Hepatitis C test
	A blood transfusion before 1985	HIV test
	Multiple sex partners (or a partner who has or had multiple sex partners)	STD tests, HIV test, hepatitis B vaccine, Pap test, pelvic exam, human papillomavirus (HPV) vaccine
	Alcoholism	Pneumococcal vaccine, TB test, psychological screening, liver tests
	Injection drug use (IDU) or addiction	Hepatitis A, B vaccines; hepatitis C test; TB test; STD tests; HIV test; psychological screening
	A sexually transmitted disease (STD)	STD tests, HIV test, Pap test, pelvic exam, hepatitis B vaccine, human papillomavirus (HPV) vaccine
	Lived or worked with someone exposed to tuberculosis (TB)	TB test
	A serious injury (cut or laceration)	Tetanus-diphtheria booster vaccine
	A baby recently (within the last few weeks or months)	Postpartum depression screening

This chart lists screenings, tests, or exams you might need more often or earlier because of having high-risk factors or things in your life that increase your chances of developing a condition or disease.

Visit the National Women's Health Information Center web site www.womenshealth.gov

When Do Children and Teens Need Vaccinations?

Vaccinations start at birth and continue throughout life. See page 29 for adult immunizations.

	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	24 months	4–6 years	11–12 years	13–14 years	15 years	16–18 years
Hepatitis B¹	HepB	HepB ¹	HepB ¹	HepB ¹	HepB	HepB	HepB	HepB	HepB	HepB Series	HepB Series	HepB Series	HepB Series	HepB Series
Diphtheria, Tetanus, Pertussis²			DTaP	DTaP	DTaP		DTaP			DTaP	Tdap		Tdap	
Haemophilus influenzae type b³			Hib	Hib	Hib ³	Hib								
Inactivated Poliovirus			IPV	IPV	IPV	IPV	IPV	IPV	IPV	IPV				
Measles, Mumps, Rubella⁴						MMR				MMR		MMR		
Varicella⁵						Varicella					Varicella			
Meningococcal⁶									MPSV4		MCV4		MCV4	MCV4
Pneumococcal⁷			PCV	PCV	PCV	PCV			PCV			PPV		
Influenza⁸						Influenza (Yearly)						Influenza (Yearly)		
Hepatitis A⁹										HepA Series				
Human papillomavirus (HPV)											HPV		HPV	

Range of recommended ages
 Catch-up immunization¹⁰
 11–12 year old assessment

¹ All newborns should get HepB before leaving the hospital. Infants whose mothers are HBsAg-positive should get HepB and hepatitis B immune globulin within 12 hours of birth (these infants will also need to be checked again after the HepB series is finished). Depending on the type of vaccine used, your child may not need a dose at 4 months of age.

² The fourth dose of DTaP can be given as early as 12 months of age, as long as 6 months have gone by since the third dose. Tdap is a vaccine preparation recommended at 11-12 years old for those who have finished DTaP.

³ Your infant may not need a dose at 6 months of age, depending on the type of vaccine your health care provider uses.

⁴ The second MMR dose is recommended at 4-6 years old. MMR can be given at any visit as long as at least 4 weeks have passed since the first dose and both doses are given at or after 12 months of age.

⁵ Varicella vaccine is recommended after 12 months of age for children at risk of getting chicken pox.

⁶ Meningococcal vaccine should be given at the 11-12 year visit and given to unvaccinated adolescents entering high school. All college freshmen living in dormitories should be vaccinated, preferably with MCV4, although meningococcal polysaccharide vaccine (MPSV4) is an acceptable alternative. MPSV4 is recommended starting at age 2 and above for children and adolescents with certain health problems.

⁷ Pneumococcal conjugate vaccine (PCV) is recommended for all children 2-23 months old and for certain children 2-5 years old. PPV is recommended in addition to PCV for certain high risk groups.

⁸ Influenza vaccine is recommended for infants younger than 6 months old with certain risk factors, such as asthma, heart disease, or sickle cell disease. The vaccine is recommended for healthy children ages 6-23 months.

⁹ HepA is recommended at one year of age, and for older high risk children and adolescents.

¹⁰ At these ages, children who have not been vaccinated should get catch-up doses.

Source: Adapted from the Centers for Disease Control and Prevention

 Doctor's Appointment	 Doctor's Appointment	 Doctor's Appointment	 Doctor's Appointment	 Doctor's Appointment	 Doctor's Appointment	 Doctor's Appointment	 Dental Exam	 Dental Exam	 Get a Pap Test	 Bone Density Test
 Mammogram	 Eye Exam	 Mole/Skin Test	 Due Date	 Colonoscopy	 Immunizations	 Flu Shot	 Cholesterol Test	 Blood Glucose Test	 Checkup	 blood pressure test
 Period	 Period	 Period	 Period	 Period	 Period	 Period	 Period	 Period	 Period	 Period
 Period	 Don't Forget!	 Don't Forget!	 Don't Forget!	 Don't Forget!	 Don't Forget!	 Don't Forget!	 Don't Forget!	 Don't Forget!	 Don't Forget!	 Don't Forget!
 Exercise class begins	 Exercise class begins	 Exercise class begins	 Call	 Call	 Call	 Call	 Call	 Call	 Call	 Call
 Appointment	 Appointment	 Appointment	 Appointment	 Appointment	 Appointment	 Appointment	 Appointment	 Appointment	 Quiet Time	 Quiet Time
 Quiet Time	 Quiet Time	 Quiet Time	 Play	 Play	 Play	 Play	 Play	 Play	 Birthday	 Birthday
 Birthday	 Birthday	 Birthday	 Birthday	 Birthday	 Birthday	 Wedding	 Wedding	 Wedding	 Wedding	 Wedding
 Anniversary	 Anniversary	 Anniversary	 Anniversary	 Special Event	 Special Event	 Special Event	 Special Event	 Special Event	 Special Event	 Special Event
 Special Event	 Graduation	 Graduation	 Back to School	 Back to School	 Dinner Party	 Dinner Party	 Dinner Party	 Dinner Party	 Shopping	 Shopping
 Shopping	 Shopping	 Shopping	 Vacation	 Vacation	 Vacation	 Hair Appointment	 Hair Appointment	 Hair Appointment	 Hair Appointment	 Pay Day
 Pay Day	 Pay Day	 Pay Day	 Pay Day	 Pay Day	 Pay Day	 Pay Day	 Pay Day	 Pay Day	 Pay Day	 Pay Day
 Pay Day	 Pay Day	 Pay Day	 Pay Day	 Pay Day	 Pay Day	 Pay Day	 Pay Day	 Pay Day	 Pay Day	 Pay Day

Notes

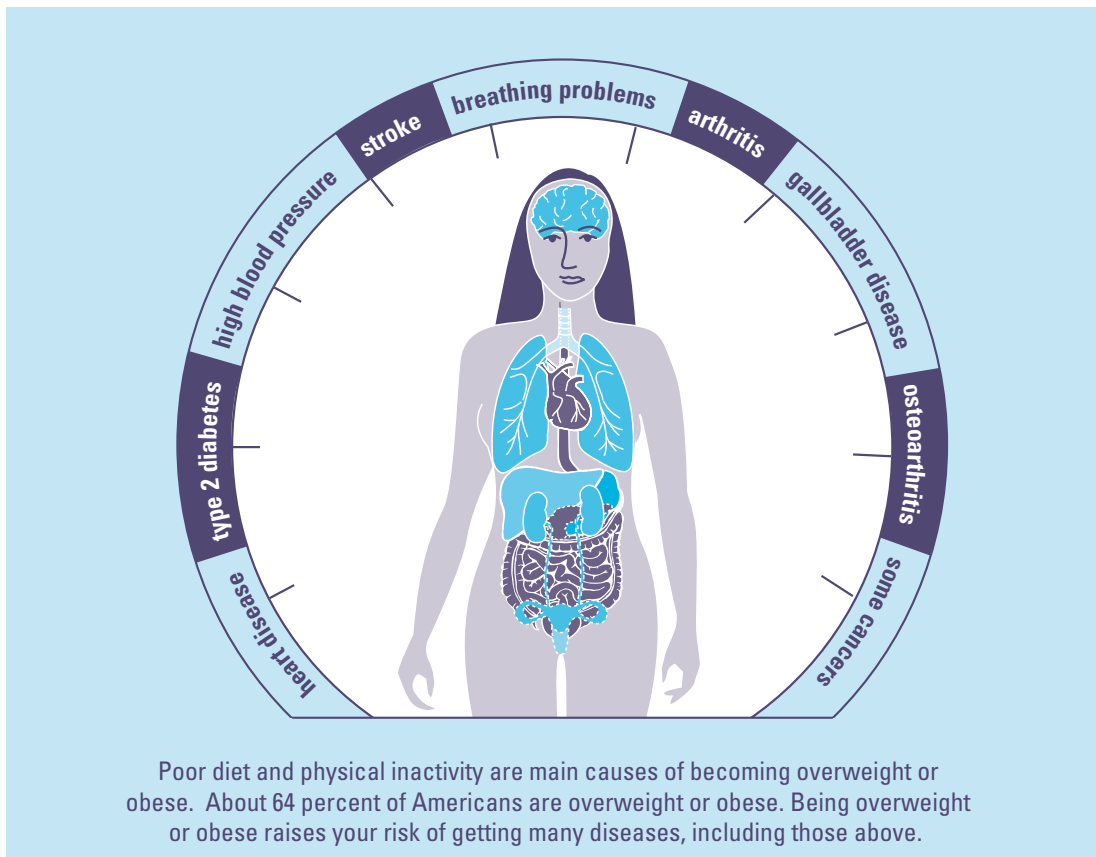
Notes

Eating Healthy and Being Active

Heat disease, cancer, and stroke are the leading causes of death for women in the United States. Did you know that an unhealthy diet and physical inactivity can

increase your chances of getting these and other diseases?

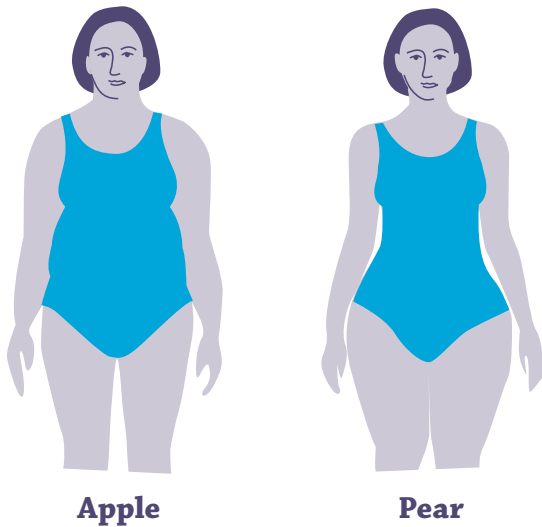
Unhealthy eating habits (your diet) and physical inactivity (not being active enough) are contributing factors to becoming overweight or obese. Overweight and obesity are problems that continue to get worse in the United States. Why? Just a few of the reasons are bigger portion sizes, little time to exercise or cook healthy meals, and relying so much on cars for transportation.



Physical Effects of Being Overweight or Obese

But body weight isn't just the problem. The places where you store your body fat also affect your health. Women with a "pear" shape tend to store fat in their hips and buttocks. Women with an "apple" shape store fat around their waists.

For most women, if they carry extra weight around their waists and their waists are larger than 35 inches, their risk of certain health problems increase. These problems include heart disease, diabetes, and some cancers. Women who carry extra weight around their waists ("apples") are at higher risk than women who carry extra weight around their hips ("pears").



Tips for Healthy Eating

- ◆ **Start your day with breakfast.** Breakfast fills your "empty tank" to get you going after a long night without food. Make an easy breakfast, like whole-grain cereal with fruit and fat-free or low-fat milk, or whole-wheat toast with peanut butter, or fat-free or low-fat yogurt with fruit, or whole-grain waffles. Eating breakfast will give you better strength, endurance, and concentration throughout your day.
- ◆ **Eat a variety of foods.** You don't have to give up foods you enjoy like hamburgers, french fries, and ice cream to eat healthy. You just have to be smart about how often you eat them and how much you eat. Your body needs nutrients such as protein,



carbohydrates, fat, and many different vitamins and minerals from different foods. Balance your food choices to get important nutrients.

- ◆ **Eat whole grains, fruit, and vegetables.** These foods give you energy, plus vitamins, minerals, and fiber. Besides, they taste good! Try foods like brown rice or whole-wheat bread. Bananas, strawberries, and melons are some great tasting fruit. Try vegetables raw, on a sandwich, or in a salad. Be sure to pick a variety of colors and kinds of fruit and vegetables. You can vary the form. Try them fresh, frozen, canned, or dried.

- ◆ **Watch your portion control.** Eating the right amount of food at each meal is just as important as eating a variety of foods. A “portion” is the amount of food you choose to eat for a meal or snack. It can be big or small. A “serving” is a specific amount of food or drink, such as one slice of bread or 1 cup of milk. For example, one cheese sandwich is a portion, probably made up of two servings of bread and one serving of cheese. A serving is probably smaller than you think.



Serving Sizes	
For Grains: 1 serving equals	1 cup of cereal flakes (the size of your fist) ½ cup of cooked rice, pasta, or potato (the size of ½ baseball)
For Vegetables and Fruit: 1 serving equals	1 cup of salad greens (the size of a baseball) 1 medium fruit (the size of a baseball)
For Dairy and Cheese: 1 serving equals	½ cup of ice cream (the size of ½ baseball) 1½ ounces of cheese (2 cheese slices or 4 cubes the size of dice)
Meat and Alternatives	3 ounces of meat, fish, poultry (the size of a deck of cards) 3 ounces of grilled or baked fish (the size of a checkbook)

Small Steps to Improve Your Eating Habits	
If You Usually...	Then...
Use whole or 2% milk	Use low-fat (1% or less fat) milk or fat-free milk.
Drink regular soda	Drink water or other calorie-free drinks.
Have second helpings	Put the food away after you serve it. Or put the food in the kitchen instead of placing serving bowls on the table.
Eat big portions	Eat the appropriate portion sizes off a smaller plate.
Eat a lot of white bread or pasta	Eat a variety of whole-grain foods, like whole-wheat bread, low-fat popcorn, and brown rice.
Use butter	Use butter-flavored cooking spray.
Eat fast food on the road	Pack sandwiches, yogurt, string cheese, and low-fat crackers for the trip. Cut up vegetables and fruit for snacks.
Eat meats high in fat	Eat lean cuts of beef or pork, skinless chicken or turkey, or fish.
Eat snacks high in fat, salt, and sugar	Keep graham crackers, peanut butter, light popcorn, dry unsweetened cereals, low-fat cheese, along with fruit and veggies readily available.
Skip breakfast	Try eating a healthy breakfast each day.
Fry your food	Grill, bake, or roast your food instead.

Get Moving!

An active lifestyle can help every woman. You don't have to be as fit as a professional athlete to benefit from physical activity. In fact, 30 minutes of moderate-intensity physical activity on most days of the week can greatly improve your health. Examples include walking, biking, water aerobics, weight training, dancing, softball, and yoga.

Some benefits

- ◆ Reduces your risk of dying from heart disease or stroke
- ◆ Lowers your risk of getting heart disease, stroke, high blood pressure, colon cancer, and diabetes

- ◆ Helps control blood pressure by lowering high blood pressure and helps keep blood pressure from rising in the first place





- ◆ Helps keep your bones, muscles, and joints healthy
- ◆ Can reduce anxiety and depression and improve your mood
- ◆ Helps you handle stress
- ◆ Helps control your weight
- ◆ Reduces your risk of falling and breaking bones in older adults
- ◆ May help protect against breast cancer
- ◆ Helps control joint swelling and pain from arthritis
- ◆ Helps you feel more energetic
- ◆ Helps you sleep better

Small Steps to Increase Your Physical Activity

If you usually...	Then...
Park as close as possible to the store	Park farther away and walk.
Let your dog out the back door	Take your dog for a walk.
Take the elevator	Take the stairs, but make sure the stairwells are well lit.
Have lunch delivered	Walk to pick up lunch.
Relax while the kids play	Get involved in their activity.

Keep Your Children Healthy

The habits and behaviors that kids learn when they're young become more difficult to change as they get older. This is true for their eating habits and their levels of physical activity. Many children today have a poor diet with little physical activity. They eat foods high in calories and saturated fat.

They don't eat enough fruit and vegetables. They watch TV, play video games, or use the computer instead of being active. More and more kids are becoming overweight or obese. And these kids have a higher chance of becoming obese adults. They are at higher risk of developing diabetes, high blood pressure, and heart disease than children who are not overweight or obese.



Help your child become more active

- ◆ Set limits on the amount of time the family watches TV, plays video games, and uses the computer.
- ◆ Encourage your children to get at least one hour of physical activity every day.
- ◆ Find out about activity programs in your community.
- ◆ Ask your children what they like to do and what they'd like to try, like playing baseball, basketball, soccer, or swimming.
- ◆ Create family activities that involve physical activity, like hiking, walking, or playing ball.
- ◆ Plan vacations where the whole family can enjoy being active together.

Help your children eat right

- ◆ Have your children plan and cook healthy meals with you.
- ◆ Make meal time your family time. Turn off the TV, and remove other distractions.
- ◆ Give your kids healthy snacks, like fruit, whole-grain crackers, and vegetables.
- ◆ Limit the amount of fast food and takeout you and your kids eat.
- ◆ Involve the whole family in healthy eating. Don't single out your children by their weight.

We know children do what they see, not always what they are told. Set a good example for your children. Your kids will learn to eat right and be active by watching you. Setting a good example can mean a lifetime of good habits for you and your kids.

Then and Now

Over the past 20 years, the portions of food we're served and eat have gotten much bigger. It's hard to find a small portion in a restaurant these days. Your plate arrives, often with enough food on it for two or even three people. Because of this "portion distortion," we often don't recognize what a "normal" portion is. For example, two decades ago, a regular soda was 6.5 ounces and 65 calories. Today a typical, non-diet soda is 20 ounces and has 250 calories. Cutting back on portion size is a great way to help keep calories in check.

Getting Strong Bones: From Youth to Old Age



Women don't have to worry about frail bones until they get older, right?
WRONG!

Preventing bone disease should begin at birth and continue throughout your life. By being physically active, following a bone-healthy diet, and avoiding smoking, women can improve their bone health from youth to old age.

Women of Caucasian and Asian ancestry are at the highest risk for developing osteoporosis. African American and Hispanic women have a lower risk, but still a significant one. All women need to pay attention to getting, or keeping, healthy bones.

Women of all ages need to keep their bones strong. Unfortunately, millions of women already have osteoporosis [oss-tee-oh-puh-

ro-sis]. If they don't yet have the disease, then they may be at risk for it. Osteoporosis means that your bones get weak, and you're more likely to break a bone. Because it has no symptoms, you might not know your bones are getting weaker until you break a bone. The disease can just get worse until a bone breaks.

A broken bone can make your life much more difficult. It can cause disability, pain, or loss of independence. It can make it harder for you to do your daily activities without help, such as walking. It can make it hard to participate in social activities. It can also cause severe back pain and deformity.

You can develop osteoporosis in any of your bones. It is most common in the hip, wrist, and spine (also called vertebrae [ver-tuh-bray]). Vertebrae are important because these small bones support your body, so you can stand and sit upright. *See Signs of Osteoporosis in Your Spine on the opposite page.*

Building Strong Bones

Building strong bones during childhood and adolescence is the best defense against getting osteoporosis later. Building strong bones at a young age will help you when you start to lose bone around the age of 30.

But no matter how old you are, it is never too late to start! As you get older, your bones don't make new bone quickly enough to keep up with the bone loss. And after menopause, bone loss increases faster. Here are some steps you can take to stop your bones from becoming weak and brittle.

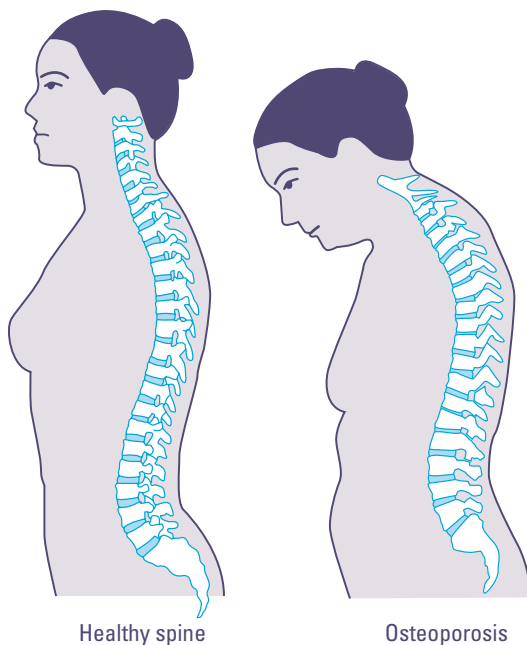
Get your bones tested

More than one kind of test is available. These tests find out the strength of your bones, or your bone density. Talk to your doctor or nurse to find out which type of test is best for you. One test is a dual-energy x-ray absorptiometry (DEXA). A DEXA takes special x-rays of your bones.

- ◆ If you are 65 years old or older, get a bone density test.
- ◆ If you are between 60 and 64 years old, weigh fewer than 154 pounds, and don't take estrogen, get a bone density test. Don't wait until you're 65. You have a higher chance for your bones to break.



Signs of Osteoporosis in Your Spine



Osteoporosis in the vertebrae can cause serious problems for women. A fracture in this area occurs from day-to-day activities like climbing stairs, lifting objects, or bending forward.

- Sloping shoulders
- Curve in the back
- Height loss
- Back pain
- Hunched posture
- Protruding abdomen



Get enough calcium each day

Bones are made of calcium. The best way to prevent osteoporosis is to get enough calcium in your diet. You need enough calcium each day for strong bones throughout life. You can get it through foods or calcium pills or both. You can get calcium pills at the drug store. Talk with your doctor or nurse before taking calcium pills to see which kind is best for you.

Amounts of Calcium You Need Each Day

Ages	Milligrams per day
9-18	1300
19-50	1000
51 and older	1200

Pregnant or nursing women need the same amount of calcium as other women of the same age.

Get enough vitamin D each day

It is also important to get enough vitamin D, which helps your body take in calcium. You can get vitamin D through sunlight and foods like milk. You need 10 to 15 minutes of sunlight to the hands, arms, and face, two to three times a week to get enough vitamin D. The amount of time depends on how sensitive your skin is to light, use of sunscreen, skin color, and pollution. You can also get vitamin D by eating foods rich in vitamin D or in your vitamin pills. It's measured in international units (IU).

Some Foods with Calcium

Food	Portion	Milligrams	% Daily Value*
Plain, nonfat (or low-fat) yogurt	1 cup	450	45
American cheese	2 ounces	348	35
Milk (fat-free or low-fat)	1 cup	300	30
Orange juice with added calcium	1 cup	300	30
Broccoli, cooked or fresh	1 cup	90	10

Note: Check the food labels for more information.

*The % daily value tells you how much of the recommended daily amount of that nutrient is in that portion of food. For example, eating 2 ounces of American cheese and 2 cups of milk would be 95% of your daily calcium needs.

Some Foods with Vitamin D

Food	Portion	IU	% Daily Value
Milk: fat-free, low-fat, reduced-fat, & whole, vitamin D-fortified	1 cup	98	25
Egg (vitamin D is in the yolk)	1 whole	25	6
Pudding (made from mix & vitamin D-fortified milk)	½ cup	50	13

Note: Check the food labels for more information.

Amounts of Vitamin D You Need Each Day

Ages	IU per day
19-50	200
51-70	400
71 and older	600

Get moving

Being active really helps your bones by

- ◆ slowing bone loss
- ◆ improving muscle strength
- ◆ helping your balance

Do weight-bearing physical activity. Any activity in which your body works against gravity is a weight-bearing activity. It means that your feet, legs, or arms are supporting or carrying your body’s weight. Jogging, walking, stair climbing, dancing, and playing soccer are examples of weight-bearing physical activities. Other weight-bearing activities are running, working in your garden, doing yoga or tai chi, hiking, playing tennis, or lifting weights.

Recommendations for physical activity

- ◆ Infants, toddlers, pre-schoolers, and older children need 60 minutes of physical activity each day. Thirty to sixty minutes of activity broken into 10 or 15 minutes throughout the day can improve their health. Because children spend most of their time in school, the type and amount of physical activity encouraged in schools is important.



- ◆ Teenagers need to exercise for about 60 minutes every day. You can mix up your activities. Participate in moderate activities like fast walking or riding a bike. Then switch to more intense or vigorous activities such as jogging or fast dancing. The exercise you get in gym class is probably not enough to meet the total amount of exercise you need each week. Make physical activity a regular part of your lifestyle.
- ◆ Adults 18 and older need 30 minutes of physical activity on five or more days a week to be healthy. You can improve your health by including a moderate amount of physical activity. Examples include 30 minutes of brisk walking or raking leaves, 15 minutes of running, or 45 minutes of playing volleyball. You get more health benefits if you do more physical activity.
- ◆ Older adults should also strive for 30 minutes of physical activity on five or more days a week. Physical activity is one of the most important steps older adults can take to improve their physical and mental health. Being active can also improve your quality of life because it can increase your strength, stamina, and flexibility. Exercise also helps older adults to maintain bone mass, improve balance, and increase endurance. Walking groups, senior swim clubs, and water aerobic classes are examples of good activities.

Eat a healthy diet

Other nutrients, like vitamin A, vitamin C, magnesium, and zinc, as well as protein,

help build strong bones too. Milk provides many of these nutrients. But you can also get these nutrients by eating a healthy diet, including foods that have these nutrients. Some examples are lean meats, fish, green leafy vegetables, and oranges.

Don't smoke

Smoking raises a woman's risk of getting osteoporosis. It damages your bones and lowers the amount of estrogen in your body. Estrogen is a hormone made by your body that can help slow bone loss.

Drink alcohol moderately

If you drink alcohol, limit it to no more than one drink per day. "One drink" is defined as one 12-ounce bottle of beer or wine cooler, one 5-ounce glass of wine, or 1.5 ounces of 80-proof distilled spirits. Alcohol can make it harder for your body to use the calcium you take in.

Make your home safe

Reduce your chances of falling by making your home safer. For example, use a rubber bathmat in the shower or tub. Keep a light on at night. Keep your floors free of clutter. Remove throw rugs that cause you to trip. Make sure you have grab bars in the bath or shower.

Think about taking medicines to prevent or treat bone loss

Talk with your doctor or nurse about the risks and benefits of medicines for bone loss.



Teach your daughter early

Making good choices for healthy bones should start in childhood and become habits that last. Help your daughter build healthy bones. *Powerful Bones. Powerful Girls.*[™] is a national education effort to help girls increase the calcium in their diets. The campaign has a user-friendly web site at www.cdc.gov/powerfulbones as well as a web site for parents at www.cdc.gov/powerfulbones/parents. This site provides parents with the information they need to help their daughters build strong bones during the critical window of bone growth—ages 9 to 12.

Get Sick from Dairy?

If you are lactose intolerant, it can be hard to get enough calcium. Lactose intolerance means the body is not able to easily digest foods that contain lactose, or the sugar that is found in dairy products like milk. Gas, bloating, stomach cramps, diarrhea, and nausea are symptoms you might have. It can start at any age but often begins as we grow older.

People who are lactose intolerant have different responses to the amounts and types of foods they can handle. For example, one person may have symptoms after drinking a small glass of milk. Another person may be able to drink an entire glass of milk but not two. Others may be able to eat ice cream and aged cheeses, such as cheddar and Swiss, but not other dairy products. People learn through trial and error about how much lactose they can handle. Soy-based or rice-based products can be alternative sources of calcium.

Lactose-reduced and lactose-free products are sold in food stores. They include milk, cheese, and ice cream. You also can take special pills or liquids before eating to help you digest dairy foods.

You can also eat foods that have calcium added (fortified), like some cereals and orange juice. Also think about taking calcium pills. Talk to your doctor or nurse first to see which one is best for you. Please note: If you have symptoms of lactose intolerance, talk to your doctor or nurse. These symptoms could also be signs of a different, or more serious, illness.

Then and Now

Before the 1990s, we used to think only women got osteoporosis. Now we know that men also have to worry about weak bones. In fact, one in four men older than age 50 will have a fracture caused by osteoporosis.

Loving Your Heart and Understanding Stroke

Heat disease is the #1 killer of women. It doesn't matter how young or old you are. Whatever your age, you need to take action to protect your heart. Stroke is the #3

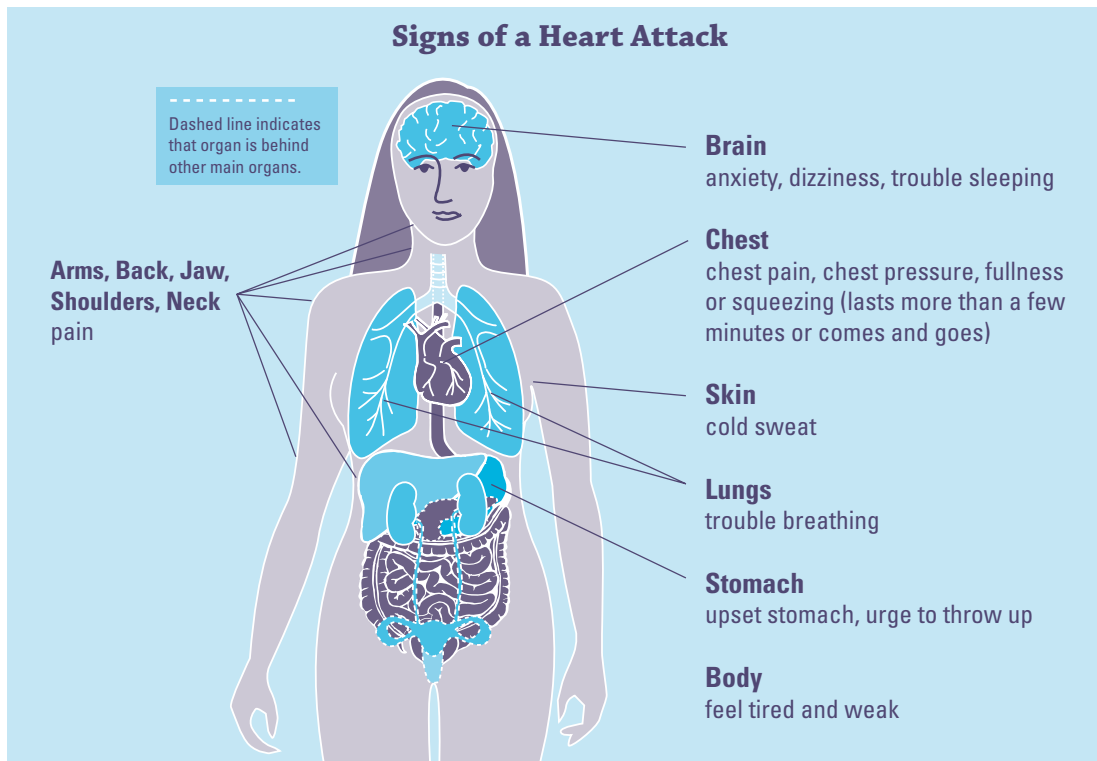
killer of women. Stroke is also a major cause of serious, long-term disability for women.

The Basics of Heart Disease

People can have different kinds of heart disease. The most common kind of heart disease is **coronary artery disease** (CAD). You can get this disease when your heart doesn't get enough blood. If your heart doesn't get enough blood, you can have a heart attack.

Know the Signs of a Heart Attack

Women and men don't respond to a heart attack in the same ways. Women are less likely



to believe they're having a heart attack than men. Women are more likely to put off seeking treatment for a heart attack than men.

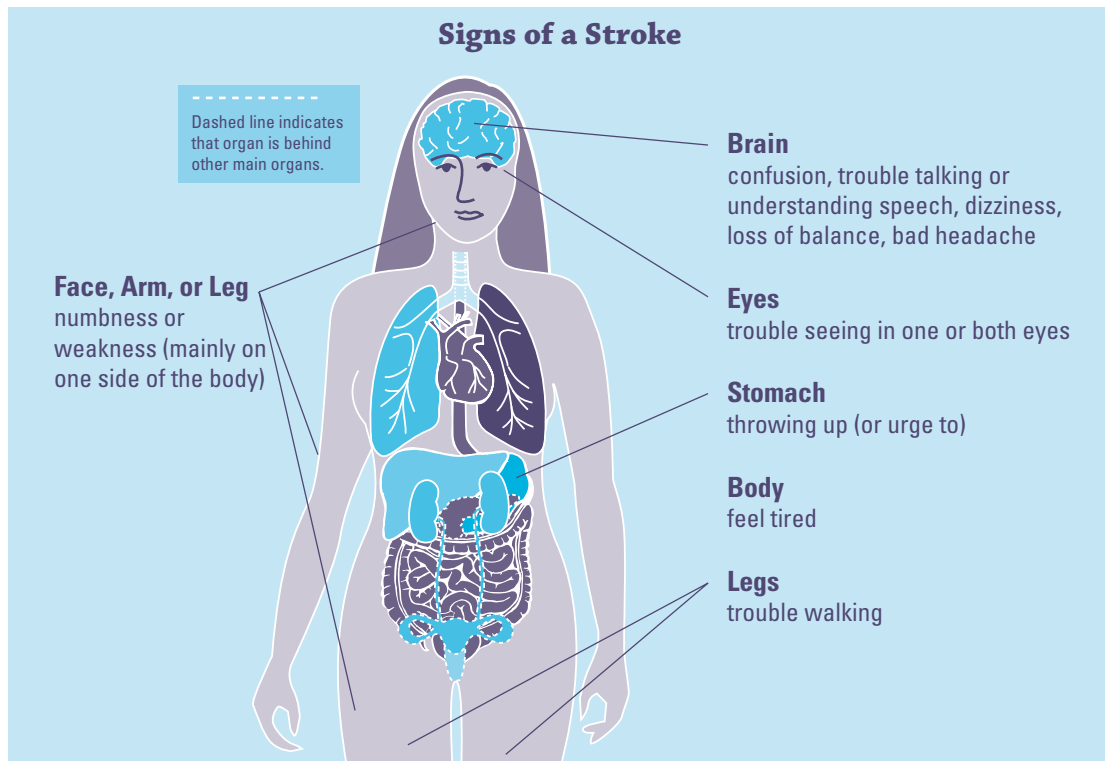
Women and men can have different symptoms, too, when they're having a heart attack. For women, chest pain may not be the first sign that your heart is in trouble. Before a heart attack, women have said that they have unusual tiredness, trouble sleeping, problems breathing, indigestion, and anxiety. These symptoms can happen a month or so before the heart attack.

During a heart attack, women often have one or more of these symptoms:

- ◆ pain or discomfort in the center of the chest
- ◆ pain or discomfort in other areas of the upper body, including the arms, back, neck, jaw, or stomach
- ◆ other symptoms, such as shortness of breath, breaking out in a cold sweat, nausea, or dizziness

The Basics of Stroke

A stroke occurs when the blood supply to the brain is cut off. When that happens, the brain doesn't get the oxygen and nutrients it needs. Then certain brain cells are injured





Get help right away

If you have signs of a heart attack or stroke, call 911. Call right away—in 5 minutes or less.

or die. People can suffer from two primary types of stroke. One type, the ischemic stroke, is caused by clots that block the flow of blood to the brain. The other type, the hemorrhagic stroke, is caused by bleeding in or around the brain.

People can also suffer from a “mini-stroke,” or a transient ischemic attack (TIA). It is considered to be a stroke, and it is serious. For a short time, the brain doesn’t get the blood it needs. The symptoms of a TIA are the same as a full stroke, but typically they don’t last as long. However, it is an important sign that a major stroke could occur. Many people don’t even know when they are having a stroke. It is important for bystanders to learn to recognize the symptoms of a stroke. When you see someone showing the signs of a stroke, it’s a medical emergency.

Seek immediate medical treatment. You could save a life and reduce that person’s risk of having a long-term disability.

Know the Signs of a Stroke

The signs of a stroke happen suddenly. The signs of a stroke are different from the signs of a heart attack. You should look for

- ◆ weakness or numbness on one side of your body
- ◆ dizziness
- ◆ loss of balance
- ◆ confusion
- ◆ trouble talking or understanding speech
- ◆ headache
- ◆ nausea
- ◆ trouble walking or seeing.

Many of the same health conditions and lifestyle habits that can increase your risk of heart disease are the same as the ones that can increase your risk of a stroke.

Steps to a Healthy Heart

- ◆ **Don’t smoke.** Smoking hurts your entire body, including your heart, lungs, blood, stomach, and cervix. If you smoke, try to quit. Try until you’re successful!
- ◆ **Get your cholesterol tested.** If it’s high (above 200), talk to your doctor or nurse about losing weight, if you’re overweight. Talk to them about how you can get more active. Ask if there’s medicine that can help. *Look at the chart on page 28 to find out when you should be tested.*

◆ **Know your blood pressure.** Your heart moves blood through your body. If it's difficult for your heart to do this, your heart works harder. Then your blood pressure will rise. Have it checked to make sure you're on track! If it is high, talk to your doctor or nurse about how to lower it. *Look at the chart on page 28 to find out when you should be tested.*

◆ **Get tested for diabetes.** Diabetes can raise your chances of getting heart disease. If you have diabetes, keep your blood glucose levels in check! This is the BEST way for you to take care of yourself and your heart. *Look at the chart on page 28 to find out when you should be tested.*



◆ **Eat heart-healthy foods.** Eat whole-grain foods, vegetables, and fruit. Choose lean meats and low-fat cheese and dairy products. Limit foods that have lots of saturated fat, like butter, whole milk, baked goods, ice cream, fatty meats, and cheese.

◆ **Keep a healthy weight.** Being overweight or obese raises your risk for heart disease and stroke.

◆ **Eat less salt.** Choose foods with less salt. Use spices, herbs, lemon, and lime instead of salt. Making this small change is really important if you have high blood pressure.



◆ **If you drink alcohol, don't have more than one drink per day.** Too much alcohol raises blood pressure and can raise your risk for stroke and other problems.

◆ **Get moving!** Get at least 30 minutes of physical activity on most days, if not all days, of the week.

- ◆ **Take your medicine.** If your doctor has prescribed medicine to lower your blood pressure or cholesterol, take it exactly as you have been told to.
- ◆ **Take steps to treat your sleep problems.** If you snore loudly, have been told you stop breathing at times when you sleep, and are very sleepy during the day, you may have sleep apnea. If you don't treat it, it raises your chances of having a heart attack or stroke. Talk with your doctor or nurse about treating this problem.
- ◆ **Find healthy ways to cope with stress.** Sometimes, people cope with stress by eating, drinking too much alcohol, or smoking. All these ways of coping can hurt your heart. Lower your stress: talk to friends, be physically active, meditate, and try not to take on more than you can handle.



Physical Activity Is for All Ages

When you hear “physical activity,” do you think of exercise? Exercise is just one type of physical activity. You can do many things to be active, at any age. But remember: check with your doctor or nurse first before starting vigorous activities. Here are some ways to get moving:

- ◆ walking
- ◆ swimming
- ◆ biking
- ◆ water aerobics
- ◆ playing with children
- ◆ housework
- ◆ running
- ◆ gardening
- ◆ dancing
- ◆ hiking
- ◆ climbing steps
- ◆ carrying laundry or groceries



- ◆ working in the yard
- ◆ washing the car
- ◆ yoga
- ◆ tai chi
- ◆ lifting weights or cans
- ◆ walking the dog



The Red Dress Is a Red Alert

The Red Dress is the national symbol for women and heart disease awareness. The symbol was introduced by the National Heart, Lung, and Blood Institute as the centerpiece of The Heart Truth campaign. It serves as a red alert for women. Heart disease doesn't care what you wear—it's the #1 killer of women. Visit www.hearttruth.gov to learn more about The Heart Truth and get your Red Dress pin.



Then and Now

We used to think of heart disease as a man's problem. Now, we know it is the #1 killer of women. Stroke is also a major killer of women and can cause serious disabilities.

Balerma's Story



So many of my female relatives had diabetes when I was growing up that I didn't know how dangerous it is. My wake-up call came when my mother had a massive heart attack at a young age. I looked

around and realized how many of my female relatives with diabetes died of heart problems. Diabetes is high among American Indians, but my sisters and I just weren't taught about what could happen if we had it, or that it could be prevented.

I found out I had diabetes three years ago. This was only six months after my mother died from a second heart attack. A lot of Comanche women don't talk about their health, but I'm trying to be open with my kids about diabetes. I teach them how to eat better and get more exercise. I tell them they're doing these things for me, but more importantly for their own health and their own kids' lives as well. I know that if I don't change things in my life, I might not live to see my grandchildren. Every day, I talk myself into doing things for my health, like taking the stairs instead of the elevator and eating more fruits and vegetables. These things haven't become habits for me yet, but I'm working on it.

From *Stories from the Heart*, The Heart Truth Campaign, National Heart, Lung, and Blood Institute.

Knowing Your Breasts and Common Breast Conditions

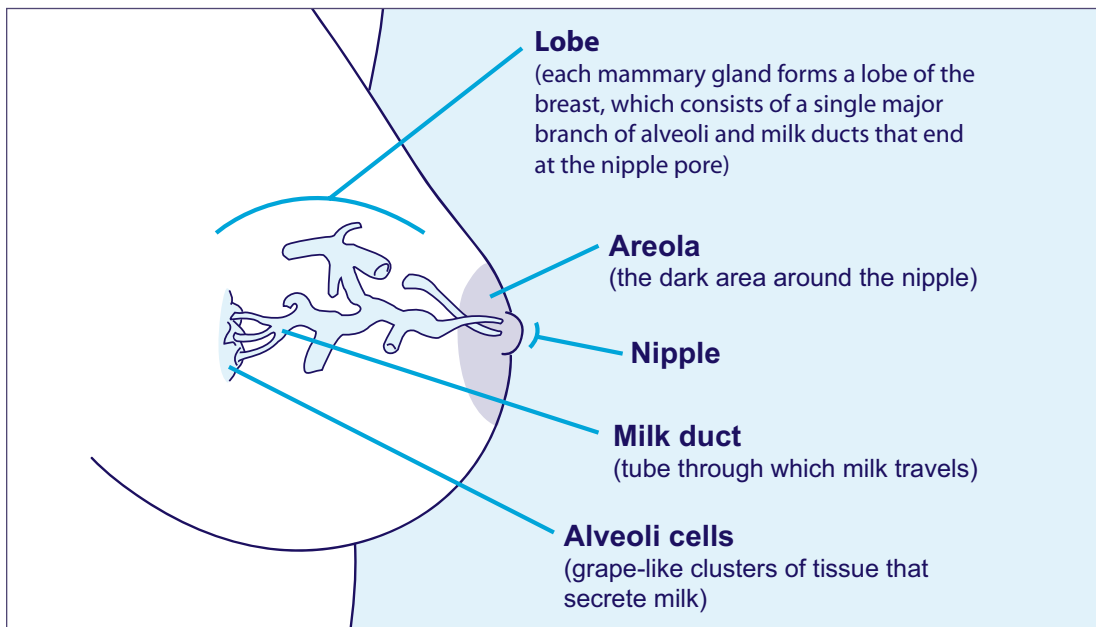
During a woman's life, she has different changes in her breasts. She might have more lumpiness during her period or may have breast problems, like mastitis, while breastfeeding. (Mastitis is explained later in this chapter.) Several breast conditions can

affect women. Learning more about these breast conditions can help you find problems early and have them treated right away.

Conditions in the Breast

General breast lumpiness (fibrocystic changes). This lumpiness happens around the nipple and areola and in the upper-outer part of the breast. Your breast may feel rubbery, firm, or hard to the touch. Changes or infection could cause your breasts to feel painful or full and lumpy. Some women can feel these lumps before and during their periods. The lumps usually go away by the end of their periods. During pregnancy, the milk-producing glands become swollen, and

Anatomy of the Breast



the breasts may feel lumpier than usual. Your breasts also can feel very painful or feel lumpy when you're breastfeeding. You may feel lumpiness in your breasts more as you approach middle age, and the milk-producing tissue of your breasts turns into soft, fatty tissue. Unless you are taking hormone therapy, this type of lumpiness generally goes away after menopause.

Cyst or "fluid-filled lump." A cyst is a sac or capsule in your breast that is filled with fluid. It can get larger right before your period. If it gets large enough, it feels like a lump, moves around when you touch it, and may be painful. Cysts may go away on their own, or your doctor can drain the fluid. They are usually not cancer.

Fibroadenoma. These breast tumors are not cancerous. They are round masses that can be small or large. You may feel them as a moveable, painless, firm, or rubbery lump. They may get bigger during pregnancy and smaller after menopause. Sometimes, they stop growing or shrink on their own. They can also be removed by surgery.

Intraductal papilloma. These growths usually occur in the milk ducts near the nipple. The growths cause bleeding from the nipple. They may also cause pain and breast enlargement. Sometimes, you can feel the lump. It is treated by taking out the growth and the part of the duct where it has grown.

Mastitis. This breast infection causes soreness or a lump in the breast. It can happen when you are breastfeeding or if you get a



Ask your doctor or nurse to explain any changes in your breasts.

crack in the skin around the nipple. It causes a fever and flu-like symptoms, such as feeling run down or very achy. Some women also have nausea and vomiting. It can cause yellowish discharge from the nipple. Your breasts may feel warm or hot to the touch. You also can have redness and swelling on the skin of your breast over the area that is infected. It usually occurs only in one breast. Mastitis is treated with self-care (such as applying warm compresses, getting plenty of rest and fluids) and antibiotics.

Duct ectasia. This condition happens to women nearing menopause. The ducts under the nipple become inflamed and clogged. Symptoms are a thick, green or black, sticky

discharge; pain; or a hard lump. This problem can go away on its own, or you may be treated with warm compresses, antibiotics, or surgery.

Abscess. Severe infections in the breast, like mastitis, can lead to an abscess. An abscess is a build-up of pus. The breast may be tender and swollen in that area. The abscess can be drained and treated with antibiotics.

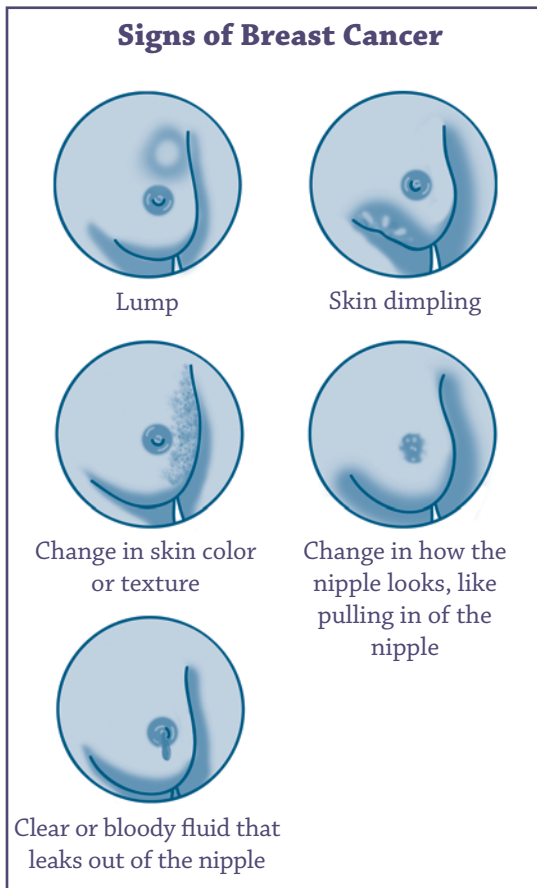
Fat necrosis. When the breast is hurt from an injury, scar tissue can form and cause a lump. The lump may or may not be painful, depending on how long ago you were injured. The skin may be red, bruised, or look dimpled. The lump may go away on its own or may be removed by surgery.

Breast Cancer

Many women are affected by breast cancer at some point in their lives, whether you've had it or had a family member or friend who's battled it. Other than skin cancer, breast cancer is the most common cancer in American women. It is also the disease that many women fear the most. But we need to remember that if breast cancer is found early, it can often be treated successfully. Many women have overcome breast cancer and are living their lives cancer free!

Early breast cancer is usually not painful. However, when the cancer grows, it can cause changes in your breasts. Look for them:

- ◆ a hard lump, thickening, or hard knot in or near the breast or in your underarm
- ◆ a change in the size or shape of the breast
- ◆ nipple discharge, clear or especially if bloody or blood-tinged that leaks out on its own without the nipple being squeezed
- ◆ dimpling or puckering of the skin on the breast
- ◆ itchy, scaly sore or rash on the nipple



- ◆ ridges or pitting of the breast (when your skin looks like the peel of an orange)
- ◆ unusual swelling, warmth, or redness that doesn't go away

Different Ways to Find Breast Changes

- ◆ **Get a mammogram.** It is the best way to find out if you have breast cancer. A mammogram is an x-ray of the breast. It can find breast cancer that is too small for you or your doctor to feel. **All women starting at age 40 should get a mammogram every one to two years.** Discuss how often you need a mammogram with your doctor. If your mother or sister had breast cancer, be especially proactive about getting a mammogram.
- ◆ **Have the mammogram done right after your period because it might be less painful.** It will also be more accurate at that time than when you have your period. If you change mammography facilities or need a second opinion, be sure to get your original mammograms—not copies. Your doctor will need to compare past mammograms with current ones to see if there are any changes.
- **Get a clinical breast exam.** This breast exam is done by your doctor or nurse. He or she will check your breasts and underarms for any lumps, nipple discharge, or other changes. The breast exam should be part of a routine checkup.

A breast self-exam and a clinical breast exam are not substitutes for mammograms.

- ◆ **Get to know your breasts.** Some women check their own breasts for changes. If you find a change, it's important to call your doctor or nurse for an appointment to see him or her. Make sure to watch the change you have found until you see your doctor or nurse.

Treatment Options

Different types of treatment are available for patients who have breast cancer. New types of treatments are also being tested in clinical trials, which are research studies. Some treatments may not be appropriate for all patients, however. Talk to your doctor about what may work best for you. Visit the web site of the National Women's Health Information Center at www.womenshealth.gov to find information on breast cancer and links to reliable resources, or call us at 1-800-994-9662 or TDD 1-888-220-5440.

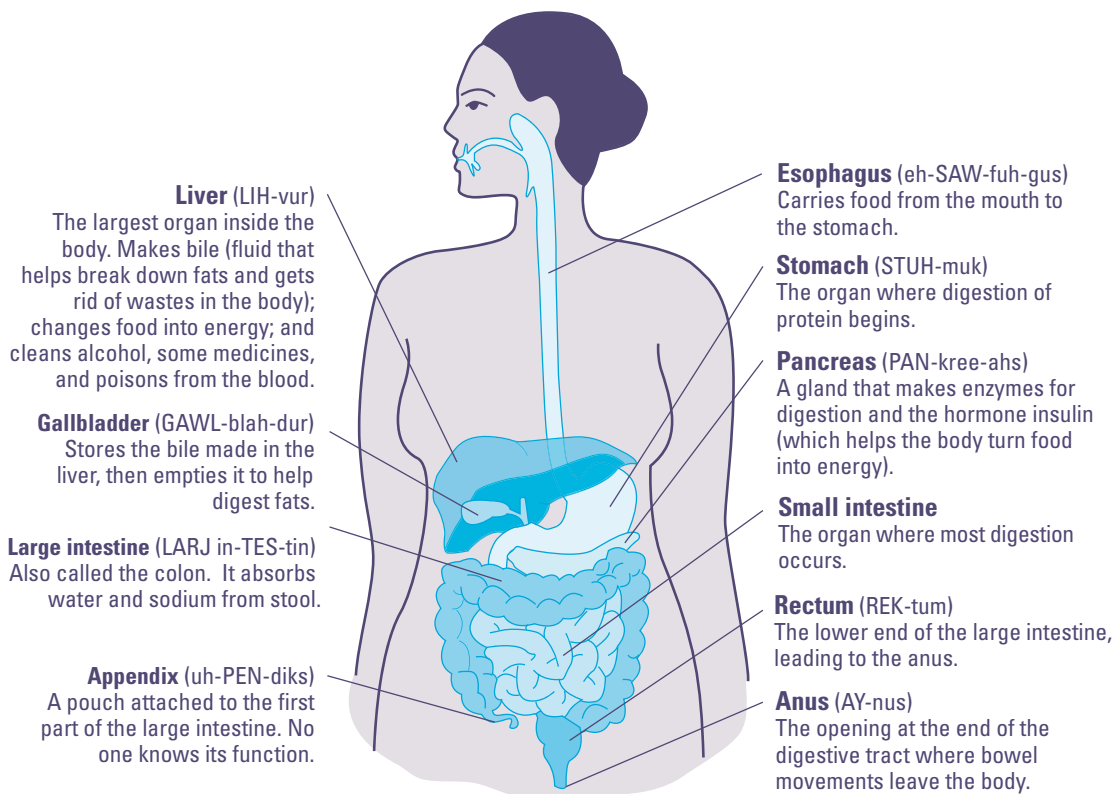
Then and Now

Detecting breast cancer has come a long way. Mammography was invented in 1969. Since then, this technology has advanced. Mammography is now the best way to detect breast cancer.

Maintaining a Healthy Digestive System

Hearthburn, gas, bloating, diarrhea, and constipation. We don't like to tell others we're having these problems! We tend to suffer in silence, hoping that our discomfort will end soon. Although these symptoms could be caused by a stomach "bug," or something we ate, they also could be signs of serious health problems. Some problems in our digestive system have no known cause, but they can usually be treated.

Your Digestive System



Common Digestive Diseases and Syndromes

Inflammatory [in-FLAM-uh-toh-ree] bowel disease (IBD). IBD is a long-term disease that causes a swollen small intestine and colon. When these tissues become inflamed or swollen, sores (ulcers) form and bleed. No one knows for sure what causes IBD, but researchers suspect it may be a bacterium (germ) or virus. A genetic component may also play a role. It most often occurs in young people before age 40.

Common symptoms of IBD are

- ◆ diarrhea that can be bloody
- ◆ bleeding from your rectum
- ◆ mucus (a clear liquid) in your stool
- ◆ nausea (the feeling of wanting to throw up) and vomiting (throwing up)
- ◆ fever
- ◆ weight loss without a certain reason



- ◆ pain and tenderness in the lower right side of your abdomen
- ◆ slowed growth and delayed sexual development (in children)

Two of the Most Common Forms of IBD

- ◆ Ulcerative [UL-sur-ay-tuv] colitis [koh-LY-tis]. It causes inflammation and ulcers in the lining of the large intestine (colon) or rectum.
- ◆ Crohn's [krohnz] disease. It causes irritation deeper within the intestinal wall. It usually occurs in the small intestine. It can also occur in the mouth, esophagus, stomach, duodenum, large intestine, appendix, and anus.

Irritable bowel syndrome (IBS). IBS is not a disease. It describes discomfort and other symptoms in the digestive tract, mainly affecting the colon (large intestine). It is a problem in which the colon does not work as it should. IBS does not hurt the intestines and does not lead to colon cancer. It is not related to Crohn’s disease or ulcerative colitis. IBS doesn’t cause damage to the digestive tract. The cause of IBS is not known, and as yet there is no cure.

Common symptoms of IBS are

- ◆ gas
- ◆ bloating (feeling of fullness in your abdomen)
- ◆ burping
- ◆ abdominal (stomach) pain
- ◆ diarrhea (frequent loose stools)
- ◆ constipation (infrequent stools that may be hard, dry, and painful to pass)
- ◆ alternating constipation and diarrhea
- ◆ feeling like you don’t have complete bowel movements
- ◆ feeling a crampy urge to move the bowels but cannot do so
- ◆ mucus (a clear liquid) in the stool

Gastroesophageal [gastro-eh-saw-fuh-JEE-ul] reflux disease (GERD). This disease occurs when the muscle between the esophagus (food pipe) and the stomach relaxes. This muscle acts like a door to the stomach. The door opens for food from



the esophagus. The door should close after the food goes into the stomach. When the “door” muscle doesn’t work correctly, stomach contents splash back into the esophagus. This action is called reflux.

Heartburn, which feels like a burning deep in the throat or near the mouth, is the most common symptom of GERD. Mild heartburn can often be controlled through diet by not eating certain types of foods or not drinking alcohol. It can often be controlled by eating smaller and more frequent meals throughout the day.

Common symptoms of GERD are

- ◆ heartburn
- ◆ needing to clear your throat a lot more than usual



- ◆ problems swallowing
- ◆ feeling that food is stuck in your throat
- ◆ a burning feeling in your mouth
- ◆ pain in the chest

Long-term heartburn can wear away the lining of the esophagus. If you have this condition, get examined by your doctor or nurse. Anyone who has heartburn twice a week or more may have GERD. But you can have GERD without having heartburn. Having GERD increases your risk of esophageal cancer.

In infants and children, GERD may cause repeated vomiting, coughing, and other respiratory problems. Most babies grow out of GERD by their first birthday. Still, you should talk to your child's doctor if his or her symptoms occur regularly and cause discomfort.

Symptoms That May Be Signs of More Serious Health Problems

Call your doctor right away if you have any of these symptoms.

- Sharp and sudden stomach pain
- Stomach pain that doesn't go away
- Bloody stools (that can be either bright red or very black)
- Bleeding from your rectum or pain in your rectum
- Bloody vomit that looks like coffee grounds
- Unexplained weight loss
- Constant and extreme fatigue
- A change in your normal bowel movements that lasts longer than 10 to 14 days or that does not get back to normal with over-the-counter medicines





Tests and Treatments

Step 1

A physical exam is the first step in finding out if you have a digestive disease. Your doctor will ask you about your symptoms: when they started, when and how often they occur, how long they last. You will also be asked about your bowel habits, diet, and medications you might be taking. The history and tests may rule out other health problems to make sure they aren't the cause of your symptoms.

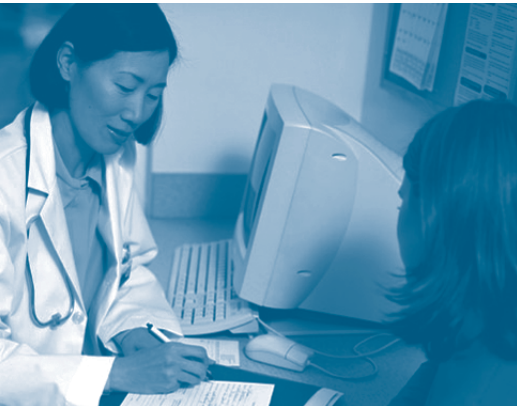


Step 2

In many cases, your doctor will treat your symptoms and then ask you to make lifestyle changes.

What changes might I be asked to make?

- ◆ Change your diet. You may be asked to not eat certain types of foods or to not drink alcohol. You may be advised to eat smaller, more frequent meals throughout the day.
- ◆ Quit smoking.
- ◆ Reduce stress.
- ◆ Get regular physical activity.



Step 3

If your symptoms do not improve, you may need one or more tests, depending on your symptoms. Once your doctor figures out what your health problem is, treatment can begin. Medicines are usually the first treatments. Your doctor might suggest surgery if you have a more severe problem that is not helped by medicines.

Disease/ Syndrome	Tests	Treatment
Inflammatory Bowel Disease (IBD)	<ul style="list-style-type: none"> • Blood and stool samples: Look for blood or infection. • Barium [BAIR-ee-um] enema [EN-uh-muh] x-ray: Looks for problems in the colon. A doctor puts barium into your colon through the anus. Then x-rays are taken. • Colonoscopy [koh-luh-NAW-skuh-pee] or sigmoidoscopy [SIG-moy-DAW-skuh-pee]: Looks for problems in the lining of the colon. A thin, flexible tube is put into the colon through the anus. • Upper gastrointestinal [GAH-stroh-in-TES-tuh-nul] (GI) series: Looks for problems in the small intestine. You drink a liquid, and then x-rays are taken. 	<ul style="list-style-type: none"> • Medicines to control inflammation and relieve symptoms • Surgery to remove the colon or diseased parts of the intestines
Irritable Bowel Syndrome (IBS)	<ul style="list-style-type: none"> • Blood and stool samples: Look for blood or infection. • Barium enema x-ray: Looks for problems in the colon. A doctor puts barium into your colon through the anus. Then x-rays are taken. • Colonoscopy or sigmoidoscopy: Looks for problems in the lining of the colon. A thin, flexible tube is put into the colon through the anus. <p>These tests are performed to help rule out diseases that have symptoms similar to IBS.</p>	<ul style="list-style-type: none"> • Medicines to relieve symptoms

Disease/ Syndrome	Tests	Treatment
Gastroesophageal Reflux Disease (GERD)	<ul style="list-style-type: none"> • Barium swallow radiograph: Looks for problems with how the esophagus is working. You drink a liquid, and then x-rays are taken. • Upper endoscopy: Looks for problems and inflammation of the esophagus. Your throat is numbed. A thin tube that has a tiny camera is then put down your throat. • pH-monitoring exam: Looks at what goes on when stomach acid comes up into your esophagus. A tiny tube is placed into the esophagus for 24 hours. 	<ul style="list-style-type: none"> • Medicines to control your body from making too much acid and to relieve symptoms • Medicines to make the stomach empty faster • In severe cases, surgery to strengthen and repair stomach muscles

Steps You Can Take for a Healthy Digestive System

In addition to working with your doctor and taking medicines to control your symptoms, here are other steps you can take.

- ◆ Try to limit the foods you eat that cause your symptoms to flare up. Before you change your diet, however, keep a journal noting the foods that seem to cause you distress. Then discuss your findings with your doctor. You may also want to consult a registered dietitian (RD), who can help you make changes to your diet. For example, if dairy products cause your symptoms to flare up, try eating less of those foods. Dairy products are an important source of calcium and other nutrients, though. If you need to avoid them, be sure to get enough calcium and nutrients in other foods.
- ◆ Eat smaller, more frequent meals. Large meals can cause cramping and diarrhea in people with irritable bowel syndrome.
- ◆ Eat a diet low in saturated fat.
- ◆ Eat a diet high in fiber. In many cases, fiber helps lessen constipation. But fiber may not help diarrhea or pain. Whole-grain breads and cereals, fruit, and vegetables are good sources of fiber. High-fiber diets may cause gas and bloating at first, but these symptoms often go away within a few weeks as your body adjusts.
- ◆ Try to drink six to eight glasses of plain water each day, especially if you have diarrhea. Carbonated drinks, such as sodas, may cause gas and stomach discomfort. Chewing gum and eating too quickly can lead to swallowing air, which again leads to gas.



- ◆ Ask your doctor if you should take vitamins or supplements.
- ◆ Try to stay at a healthy weight. Talk with your doctor about what a healthy weight is for you.
- ◆ If you drink alcohol, do not have more than one drink per day, or stop drinking altogether.
- ◆ If you smoke, quit.
- ◆ Get regular physical activity. At least 30 minutes on most days of the week can greatly improve your health!
- ◆ Control your stress. Many people think stress alone can cause digestive problems, but that's not true. But sometimes stress and emotions can trigger some symptoms and also make them feel worse. *See the Coping with Stress chapter, starting on page 120, for more information.*

- ◆ Get regular screening tests for colorectal cancer, which is cancer in either the colon or rectum. Colorectal cancer is easy to treat and often curable when found early. The best tool against this disease is screening. Many women fear that the screening tests are embarrassing or painful. But they're not as bad as you might think. *See the Common Screening Tests and Diagnostic Tests Explained on pages 24–25.*
- ◆ If you have GERD, avoid lying down for three hours after a meal. You might also try raising the head of your bed six to eight inches by putting blocks of wood under the bedposts. Just using extra pillows will not help.

Then and Now

In 2000, the U.S. Food and Drug Administration (FDA) approved two new treatments for chronic (long-term) heartburn. One treatment puts stitches in the muscle between the esophagus and the stomach to help strengthen the muscle, so it does not allow the contents of your stomach to go back up into the esophagus. The other treatment creates tiny cuts on that muscle. When the cuts heal, the scar tissue helps toughen the muscle. The long-term effects of these two new treatments are unknown, but they give hope to people who have severe problems with heartburn.

Having a Healthy Pregnancy

Pregnancy can be a thrilling and special part of your life. But it can also be a little scary. If this is your first baby, you might have questions about what to do and what not to do. What do I need to eat? Will I be tired all the time? Will I have stretch marks? These questions are normal. But try to enjoy this journey one step at a time! You can do simple things to keep both you and your baby happy and healthy.

One half of all pregnancies are not planned!

It's important for you to be as healthy as you can be, all the time. Many women don't know they are pregnant during the first few weeks of their pregnancy. Take action now to manage any of your current health problems. Then you can help reduce any health risks to you and your baby.

Before Pregnancy

If you are thinking about getting pregnant, or you are able to get pregnant, you have many ways to take care of your health.

- ◆ Are you planning a baby? Then plan a visit with your doctor! At this visit, you can discuss any health concerns you have. Ask for advice on all the steps listed here! Tell your doctor if you are being treated
- ◆ by other types of doctors, including for mental health issues.
- ◆ Ask your doctor about the new national preconception guidelines. You and your doctor can talk about how you can get, or stay healthy, before you get pregnant or early in your pregnancy. By understanding how your health and behavior before pregnancy can affect you and your baby's health DURING and AFTER pregnancy, you can help prevent future problems for you and your baby. You and your doctor should talk about healthy behaviors such as appropriate weight, nutrition, exercise, oral health, and avoiding alcohol, tobacco, and other toxic substances. Your doctor could also help you and your partner understand genetic risks, mental health issues (such as depression), and intimate partner domestic violence.
- ◆ Ask your partner to stay healthy too! Ask your partner to limit how much alcohol he consumes. If your partner uses illegal drugs or smokes, encourage him to quit. Studies show that men who drink a lot,



smoke, or use drugs can have problems with their sperm. Their health issues might cause you to have problems getting pregnant.

- ◆ Get 400 micrograms (or 0.4 mg) of folic acid daily from foods fortified with folic acid or by taking a vitamin or folic acid pill. Do this **BEFORE** you get pregnant and for at least the first three months of pregnancy. Folic acid (or folate) can help keep your baby from having birth defects. If you don't get enough folic acid, your baby's spine may not form right. This condition is called spina bifida [spy-nuh bif-uh-duh]. If you don't get enough folic acid, your baby's brain may not form or may only partly form. This condition is called anencephaly [an-en-seffelee].
- ◆ Many doctors will prescribe a vitamin for you that has folic acid. But you also can buy vitamins or folic acid pills at the drug



Why Is Taking Folic Acid So Important?

Before 1991 we didn't know that taking folic acid before getting pregnant and in the first three months of pregnancy helps prevent certain kinds of birth defects. Now we know that getting 400 micrograms (or 0.4 mg) of folic acid daily in a vitamin or in a folic acid pill is best for ALL women who might get pregnant. And it helps to eat a healthy diet that has lots of fruit and vegetables and foods that have folic acid added to them.

store or grocery store. Taking folic acid in a pill is the best way to know you are getting enough. You could get your folic acid though food alone, but it is hard to know if you're getting enough. A healthy diet is important for you and your baby. Some foods with folate are leafy green vegetables, kidney beans, orange juice and other citrus fruit, peanuts, broccoli, asparagus, peas, lentils, and whole-grain products. Folic acid is also added to some foods like enriched breads, pastas, rice, and cereals.

- ◆ Start watching what you eat. Eat fruit, vegetables, and whole grains, like whole-wheat breads or crackers. Eat plenty of calcium-rich foods, such as non-fat milk or yogurt, low-fat milk or yogurt, and broccoli, that you and your baby need for strong bones and teeth. If you live in areas where fruit and vegetables aren't in season, frozen vegetables are a good option. Avoid eating a lot of fatty foods, such as



butter and fatty meats, and salt. Choose leaner foods, such as chicken and turkey without the skin and fish.

- ◆ Tell your doctor if you smoke or use alcohol or drugs. Quitting is hard, but you can do it. Ask your doctor for help. It's one of the best things you can do for your baby.
- ◆ Get enough sleep. Try to get seven to nine hours every night.
- ◆ If you can, control the stress in your life. When it comes to work and family, figure out what you can really do. Set limits with yourself and others. Don't be afraid to say NO to requests for your time and energy.
- ◆ Move your body. It is best to start exercise programs before pregnancy. Start now. With your doctor's guidance, continue an exercise program when you are pregnant.
- ◆ Get any health problems under control. Talk to your doctor about how your health problems might affect you and your baby. If you have diabetes, monitor your blood glucose levels. If you have high blood pressure, monitor your blood pressure. If you are overweight, talk to your doctor about what a healthy weight is for you. You and your doctor can work together to help you have a safe pregnancy and a healthy baby.
- ◆ Ask your mother, aunts, grandmother, and sisters about their pregnancies. Did they have morning sickness? Problems with labor? How did they cope with them?
- ◆ Find out what health problems run in your family. Tell your doctor about these issues. You can get tested before getting pregnant for some health problems that run in families, which is called genetic testing.
- ◆ Make sure you have had all of your immunizations (shots), especially for rubella (German measles). If you haven't had chickenpox or rubella, get the shots at least three months before getting pregnant.
- ◆ Get checked for
 - hepatitis [hep-uh-tie-tus] B
 - hepatitis C
 - sexually transmitted diseases (STDs)
 - HIV

These diseases can harm both you and your baby. Tell your doctor if you or your sex partners have ever had an STD or HIV.
- ◆ Talk with your doctor about all of the medicines you take, whether they are prescription medicines, over-the-counter medicines you buy without prescriptions, and herbal supplements. Ask your doctor if they are safe to take while you are trying to get pregnant or are pregnant.

During Pregnancy

If you know you are pregnant, or think you might be, call your doctor and set up a visit. You will need to visit your doctor many times during your pregnancy. Follow your doctor’s schedule for visits and don’t miss them!

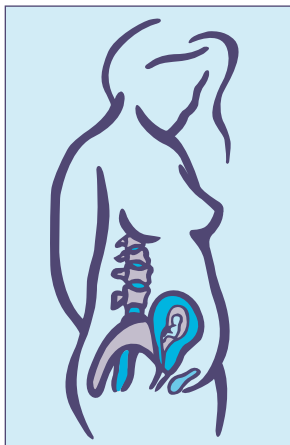
You will notice your body is changing in many ways. These changes may be strange at first, but they are all normal. Try to stay as healthy as you can—for you and your new baby! You can take these actions:

- ◆ Learn about the benefits of breastfeeding your baby. Read the box on breastfeeding on page 73 of this chapter, so you can learn more about how it helps you and your baby.
- ◆ Stop smoking, drinking alcohol, and doing drugs! These behaviors can cause long-term damage to your baby. Ask your doctor for help. You also can talk with someone you trust, such as a member of your faith community, a counselor, or a friend.
- ◆ Keep eating a healthy diet. Eat lots of fruit, vegetables, whole grains, and calcium-rich foods. You need 1000 milligrams (mg) of calcium per day. If you are 18 or younger, you need 1300 mg of calcium each day. Your body is giving a

Stages of Pregnancy

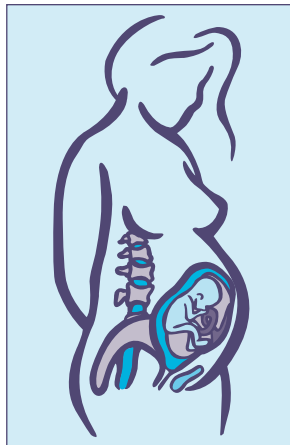
Pregnancy lasts about 40 weeks, counting from the first day of your last menstrual period. The weeks are grouped into three “trimesters.” Your doctor will refer to your pregnancy by the age of your baby in weeks.

First trimester



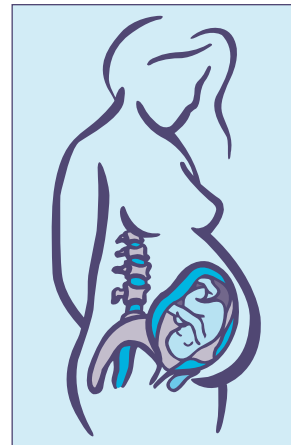
Week 1 to Week 12

Second trimester



Week 13 to Week 26

Third trimester



Week 27 to end of pregnancy

**Limit your fish!
Follow these guidelines.**

Some fish have mercury, which, in high doses, can hurt your baby’s growing brain and nervous system. There are some fish you should avoid eating if you are pregnant.

- Try not to eat shark, swordfish, king mackerel, and tilefish (also called golden or white snapper). These fish have high levels of mercury.
- Many of us enjoy tuna. But, to be safe, don’t eat more than six ounces of “white” or “albacore” tuna or tuna steak each week.
- If you can, buy “light” tuna. But don’t eat more than 12 ounces of light tuna or other cooked fish each week.
- Other fish that are low in mercury are shrimp, salmon, pollock, and catfish.

lot of its calcium to your baby’s growing bones. Drinking at least eight glasses of water a day can help keep you and your baby healthy. Avoid eating a lot of fatty foods such as butter, fatty meats, mayonnaise, and high-fat snack foods. Choose foods lower in fat such as fat-free milk or yogurt, low-fat milk or yogurt, chicken and turkey without the skin, and fish.

- ◆ Don’t eat uncooked or undercooked meats or fish. They can make you sick.
- ◆ Limit caffeine from coffee, tea, sodas, medicines, and chocolates.
- ◆ Take at least 400 micrograms of folic acid daily to help prevent certain types of birth defects. Your doctor may prescribe a daily vitamin that has folic acid. You can also buy folic acid pills at the drug store or grocery store. Keep eating foods high in folic acid like orange juice, other citrus fruit and juices, leafy green vegetables, beans, peanuts, peas, and whole-grain products.

Foods with Calcium

Read the food labels to learn more.

Food	Portion	Calcium (milligrams)
Plain, nonfat yogurt	1 cup	450
Grilled cheese sandwich	1 sandwich	371
American cheese	2 ounces	348
Ricotta cheese, part skim	½ cup	337
Fruit yogurt	1 cup	315

- ◆ Talk to your doctor about all the medicines you take, whether they are prescription medicines, over-the-counter products, and herbal supplements. Ask if they are safe to take while you are pregnant. Most of the time, the medicine a pregnant woman is taking does not affect her baby. But sometimes it can, causing damage or birth defects. Talk with your doctor about which drugs are safe.
 - ◆ Stay active. Being physically active during pregnancy helps you in many ways. It prevents a lot of extra weight gain. It helps you have good posture, which will help you feel better later in your pregnancy. It can help you sleep better and have a shorter, easier labor. If you were physically active before getting pregnant, you should stay active. Continue your low-impact aerobic dance, swimming, or walking.
 - ◆ If you were not physically active before getting pregnant, you still can become active. Start slowly. Try walking at first, then build up to more. Talk to your doctor about which activities are good for you.
 - ◆ Avoid toxic chemicals such as paint, paint thinners, cleaning products, products used to kill bugs, or products that contain lead or mercury. Read the product label to see if it has a pregnancy warning.
 - ◆ Avoid hot tubs, saunas, and x-rays.
 - ◆ Avoid changing cat litter. It can cause an infection that can cause birth defects.
- Wear gloves when gardening in areas that cats may have visited.
- ◆ Get enough sleep. Try to get seven to nine hours every night.
 - ◆ If you can, control the stress in your life. Remember, this is YOUR time. Don't be afraid to say NO to requests for your time and energy.
 - ◆ Learn all you can about pregnancy, childbirth, breastfeeding, and the early years of childhood. Read books, watch videos, go to a childbirth class, and talk with other moms.

You have choices!

Different types of professionals can help you have your baby.

- **OB or OB/GYN (obstetrician/gynecologist):** A medical doctor who is an expert in prenatal care, labor, and in delivering babies.
- **Certified nurse-midwife (CNM):** An expert in prenatal care, labor, and delivery. CNMs can deliver your baby.
- **Doula:** An expert support person who helps give you physical support during labor and birth. A doula offers advice on how to breathe, relax, move, and position yourself. She also gives emotional support and comfort. Doulas and midwives often work together during a woman's labor.



After Your Baby Is Born

After your baby is born, you really need to keep doing all you can to stay strong and healthy. It takes a lot of energy to care for your precious new child!

- ◆ Be patient with yourself! You're going to do a great job!
- ◆ Rest as much as you can. One way is to sleep when your baby sleeps. Spend time getting to know your baby. Let others help you with chores. Don't be afraid to ask for help.

Call Your Doctor NOW If You Have Any of These Symptoms

- Very heavy vaginal bleeding (more than a heavy period)
- A fever of 101° or higher
- Severe pain in your lower stomach
- Severe headaches or problems seeing that do not go away
- Frequent or burning urination
- Very sad or empty feelings or strange or unusual thoughts that do not go away

- ◆ Try drinking eight glasses of water a day to help you recover from labor and to relieve constipation (when it's hard to make a bowel movement).
- ◆ Keep eating plenty of calcium-rich foods, such as fat-free milk or yogurt, low-fat milk and yogurt, low-fat cheese, and broccoli. You still need 1000 mg of calcium per day for strong, healthy bones.

Then and Now

Preconception care takes place before conception or before a woman even knows she's pregnant. It could improve the health of both mother and baby. Talk with your doctor about the new preconception guidelines. You can find information about them on the Internet at www.cdc.gov/ncbddd/preconception/QandA.htm and www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm .

- ◆ Keep taking your daily vitamin. These extra vitamins can keep your body strong. Breastfeeding moms need 500 micrograms of folic acid daily.
- ◆ Get support. Talk to family members, other new moms, and friends about what you are going through. Share stories about your baby.
- ◆ Talk with your doctor about what kinds of activities you can do after giving birth.
- ◆ Ask your doctor about birth control. You can get pregnant at this time, even if you haven't had a period since giving birth, and even if you are breastfeeding.
- ◆ See your doctor four to six weeks after the birth.

Breast Milk Is One of the Best Gifts Only You Can Give Your Baby!

Why breastfeed?

- Breast milk is free, clean and saves you time.
- If you breastfeed for at least six months, your baby won't be sick as often.
- Breast milk has the perfect amount of fat, sugar, water, and protein to help your baby grow just right.
- Most babies find breast milk easier to digest than formula.

What do I need to know?

- Give your baby breast milk only—no formula—for the first six months of life. It is even better for your baby to breastfeed for 12 months or longer. You can also give solid foods when your baby is six months old, while you keep breastfeeding.
- Be patient with yourself! What works for one mom might not work for you. Relax and try to find a routine and positions that work for you and your baby. It will get easier with time.
- If you are having a hard time, don't give up! The National Women's Health Information Center offers a National Breastfeeding Helpline. Our specially trained breastfeeding peer counselors can help with your basic breastfeeding questions and concerns. Call us toll-free at 1-800-994-9662 or TDD at 1-888-220-5446. Or visit us online at www.womenshealth.gov/breastfeeding.



Protecting Your Reproductive System

Did you know that your reproductive system is one of the most fragile systems of your body? It can easily get infected or injured. If it does, you might have long-term health problems. Taking simple steps to prevent getting or spreading HIV/AIDS and other sexually transmitted diseases (STDs) will help protect you and your loved ones. An STD is an infection or disease that you get by having vaginal, anal, or oral sex with someone who already has an STD. *STD definitions and symptoms start on page 81.*

Some STDs can be “silent,” which means you do not show any signs of infection, illness, or disease. Others can have mild to severe symptoms. Get regular checkups for STDs, even if you do not have any symptoms.

Protecting your reproductive system also means having control over if and when you become pregnant. But choosing which type of birth control to use is not easy. Learn what types of birth control are available. Talk with your doctor or nurse to help you choose among the options.

Learn More About Birth Control

Only one method of birth control prevents pregnancy all the time. Abstinence. Abstinence means not having vaginal, anal, or

oral sex at any time. NO other method of birth control prevents pregnancy all the time. But other methods are very effective at preventing pregnancy.

When choosing your birth control method, consider

- ◆ your overall health
- ◆ how often you have sex
- ◆ the number of sexual partners you have
- ◆ if you want to have children
- ◆ how well it prevents pregnancy
- ◆ potential side effects
- ◆ your comfort level with using the method

Learning how to use some forms of birth control can take time and practice.

Know that many forms of birth control do NOT protect you from getting infected with HIV or other STDs, such as gonorrhea, the human papillomavirus (HPV), herpes, and chlamydia. The best way to protect yourself is to be totally abstinent, 100 percent of the time. But using a latex male condom or a female condom correctly every time you have sex helps lower your chances of getting HIV or other STDs. They do not eliminate ALL risk, however.

Types of Birth Control

No single method of birth control is the “best” one. Each has its own advantages and disadvantages. (See pages 75–78 to read about these options.)

Barrier methods (act as a physical block between you and your sexual partner)

◆ **Male condom.** Worn by the man, a male condom keeps sperm from getting into a woman's body. Latex condoms help prevent pregnancy and HIV and other STDs. "Natural" or "lambskin" condoms also help prevent pregnancy, but they do not protect against STDs, including HIV. Male condoms are 85 to 98 percent effective at preventing pregnancy. Condoms can only be used once. You can buy condoms, KY jelly, or water-based lubricants at a drug store. Do not use oil-based lubricants such as massage oils, baby oil, lotions, or petroleum jelly. They will weaken the condom, causing it to tear or break.



◆ **Female condom.** Worn by the woman, this method keeps sperm from getting into her body. It is packaged with a lubricant and is available at drug stores. It helps reduce your chances of getting HIV and other STDs. It can be inserted up to eight hours before sexual intercourse. Female condoms are 79 to 95 percent effective at preventing pregnancy. Only one kind of female condom is available in this country, and its brand name is *Reality*.



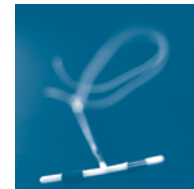
◆ **Diaphragm or cervical cap.** Each of these barrier methods are placed inside

the vagina to cover the cervix to block sperm. The diaphragm is shaped like a shallow cup. The cervical cap is a thimble-shaped cup. Before sexual intercourse, you insert them with spermicide to block or kill sperm. The diaphragm is 84 to 94 percent effective at preventing pregnancy. Visit your doctor for a proper fitting because diaphragms and cervical caps come in different sizes. Using diaphragm or cervical caps does not protect you against STDs.



Intrauterine devices (IUDs)

◆ **Copper T IUD.** An IUD is a small device that is shaped in the form of a "T." Your doctor places it inside the uterus to prevent pregnancy. It can stay in your uterus for up to 10 years. It does not protect you from HIV or other STDs. This IUD is 99 percent effective at preventing pregnancy.



◆ **Mirena intrauterine system (IUS).** The IUS is a small T-shaped device like the IUD. It is placed inside the uterus by a doctor. It releases a small amount of a hormone each day to keep you from getting pregnant. The IUS stays in your uterus for up to five years. It does not protect you from HIV or other STDs. The IUS is 99 percent effective at preventing pregnancy.

Hormonal methods

- ◆ **Oral contraceptives.** Also called “the pill,” it contains the hormones estrogen and progestin. It is prescribed by a doctor. A pill is taken at the same time each day. It does not protect against HIV or other STDs. If you are older than 35 and smoke, or have a history of blood clots, breast cancer, or endometrial cancer, your doctor may advise you not to take the pill. The pill is 92 to 99 percent effective at preventing pregnancy.
- ◆ **Mini-pill.** Unlike the pill, the mini-pill only has one hormone, progestin, instead of both estrogen and progestin. It is prescribed by a doctor. It is taken at the same time each day. Mothers who breastfeed can use the mini-pill because it will not affect their milk supply. It is a good option for women who can’t take estrogen or for women who have a risk of blood clots. The mini-pill does not protect against HIV or other STDs. They are 92 to 99.9 percent effective at preventing pregnancy.
- ◆ **Patch (Ortho Evra).** This skin patch is worn on the lower abdomen, buttocks, or upper body. This method is prescribed by a doctor. It releases the hormones progestin and estrogen into the bloodstream. You put on a new patch once a week for three weeks. During the fourth week, you do not



wear a patch, so you can have a menstrual period. The patch is 92 to 99 percent effective at preventing pregnancy. But it appears to be less effective in women who weigh more than 198 pounds. It does not protect against HIV or other STDs.

- ◆ **Hormonal vaginal contraceptive ring (NuvaRing).** The NuvaRing releases the hormones progestin and estrogen. Your doctor places the ring inside your vagina to go around your cervix (the opening to your womb). You wear the ring for three weeks, take it out for the week that you have your period, and then put in a new ring. It is 92 to 99 percent effective at preventing pregnancy. This method does not protect you from HIV or other STDs.
- ◆ **Depo-Provera.** Women get shots of the hormone progestin in the buttocks or arm every three months from their doctor. It does not protect you from HIV or other STDs. It is 97 to 99 percent effective at preventing pregnancy.
- ◆ **Emergency contraception.** Emergency contraception is NOT a regular method of birth control. It should never be used as one. Emergency contraception should only be used after **no** birth control was used during sex, or if the birth control method failed, such as if a condom broke. Neither of the two methods described here protects you from HIV or other STDs.

One type of emergency contraception requires you to take two doses of hormonal pills 12 hours apart. You have to take the

pills starting within three days (72 hours) after having unprotected sex. They are sometimes referred to as “morning after” pills, even though they can be used up to three days later. The pills are 75 to 89 percent effective at inhibiting ovulation, fertilization, or implantation of a fertilized egg in the uterine wall, or all three. Plan B is available over the counter for women age 18 and older. Plan B is available by prescription for women age 17 and under. (Plan B is the brand name of one product approved by the Food and Drug Administration for use as emergency contraception.)

Another type of emergency contraception is having your doctor insert the Copper T IUD into your uterus within seven days of unprotected sex. This method is 99.9 percent effective at inhibiting ovulation, fertilization, or implantation of a fertilized egg in the uterine wall, or all three.

Surgical options

- ◆ **Surgical sterilization.** These surgical methods are meant for people who want a permanent method of birth control. In other words, they never want to have a child, or they do not want more children. Both methods listed here are 99 to 99.5 percent effective at preventing pregnancy. These surgical options do not protect you from HIV or other STDs.
- ◆ **Tubal ligation or “tying tubes.”** A woman can have her fallopian tubes tied (or closed) to stop eggs from going down to her uterus where they can be fertilized.

The procedure can be done in a hospital or in an outpatient surgical center. You can go home the same day of the surgery and resume your normal activities within a few days. This method is effective immediately. In the first year after the surgery, your chance of getting pregnant is less than 1 percent. Over time, the ends of your fallopian tubes could fuse back together, and it may be possible to get pregnant. Failure rates have been reported in women who had their tubes tied earlier in their lives. But these failure rates are lower in women who are older when they have tubal ligation.

- ◆ **Vasectomy [va-sec-toe-me].** This operation is done to keep a man’s sperm from going to his penis, so his ejaculate never has any sperm in it that can fertilize an egg. This operation is simpler than tying a woman’s tubes. The procedure is done at an outpatient surgical center. The man can go home the same day. Recovery time is less than one week. After the operation, a man visits his doctor for tests to count his sperm and to make sure the sperm count has dropped to zero. It may take a few weeks for that to happen. Another form of birth control should be used until the man’s sperm count has dropped to zero.

Other methods

- ◆ **Continuous abstinence.** This method means not having vaginal, anal, or oral sex at any time. It is the only 100-percent effective way to prevent pregnancy, HIV, and other STDs.

◆ **Non-surgical sterilization (Essure Permanent Birth Control System).** It is the first non-surgical method of sterilizing women. A thin tube is used to thread a tiny device into each fallopian tube. It irritates the fallopian tubes and causes scar tissue to grow and permanently plug the tubes. It can take about three months for the scar tissue to grow, so use another form of birth control during this time. Return to your doctor for a test to see if scar tissue has fully blocked your fallopian tubes. With blocked tubes, you can't get pregnant. Research studies followed more than 600 women for one year. None had any pregnancies when the devices were implanted correctly. It does not protect you from HIV or other STDs.

◆ **Natural family planning or fertility awareness.** Understanding your monthly fertility pattern can help you plan to get pregnant or to avoid getting pregnant. Your fertility pattern is the number of days in the month when you are fertile (able to get pregnant), days when you are infertile, and days when fertility is unlikely, but possible. If you have a regular menstrual cycle, you have about nine or more fertile days each month. If you do not want to get pregnant, you do not have sex on the days you are fertile, or you use a form of birth control on those days. To learn more about your monthly fertility pattern, go to www.womenshealth.gov. These methods are 75 to 99 percent effective at preventing pregnancy. They do not protect you from HIV or other STDs.

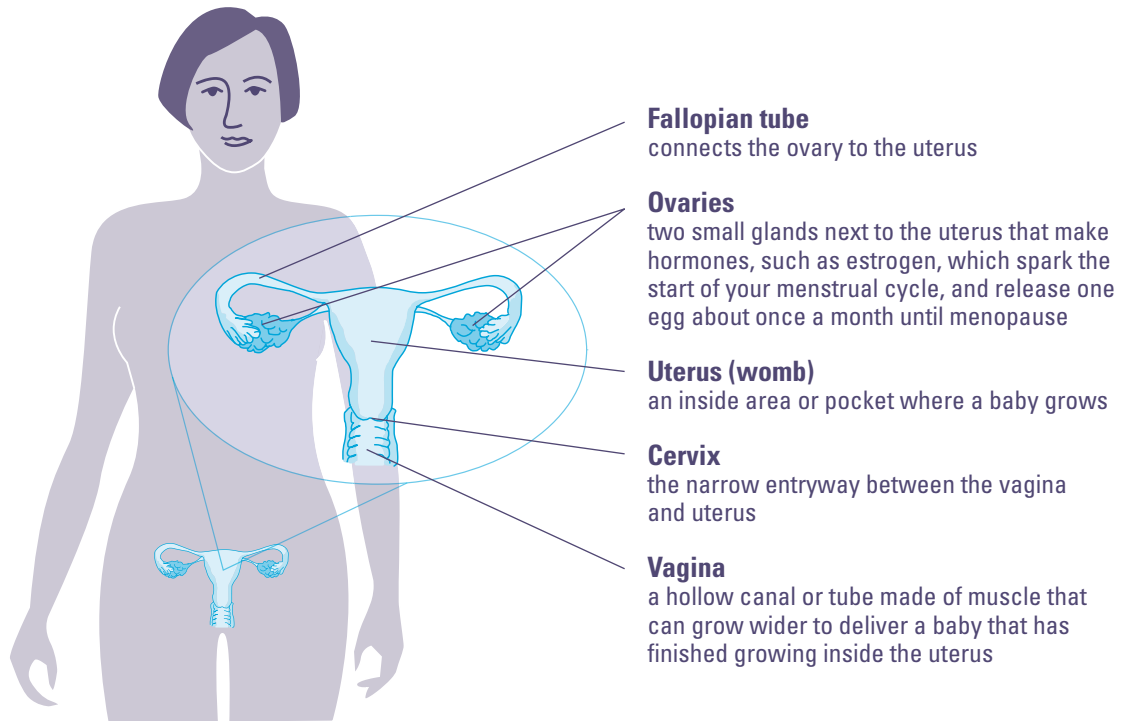
◆ **Spermicides.** These products work by killing sperm and come in several forms—foam, gel, cream, film, suppository, or tablet. They are placed in the vagina no more than one hour before intercourse. You leave them in place at least six to eight hours after intercourse. You can use a spermicide in addition to a male condom, diaphragm, or cervical cap. Spermicides alone are about 71 to 82 percent effective at preventing pregnancy. They can be purchased in drug stores. Vaginal spermicide with Nonoxynol-9 will not protect you from HIV or other STDs, such as gonorrhea or chlamydia.

Learn More About STDs

STDs can be a real threat to your health, especially if they are not treated. STDs can result in life-long problems, including blindness, bone deformities, mental retardation, and death for infants infected by their mothers during pregnancy or birth. In women, STDs can lead to pelvic inflammatory disease (PID), infertility, ectopic pregnancies (pregnancies that occur in the fallopian tubes instead of the uterus), and cancer of the reproductive system.

Early treatment of STDs is important. The quicker you seek treatment, the less likely the STD will cause you severe harm. The sooner you tell your sexual partner(s) that you have an STD, the sooner they can get treated. If you are treated for an STD, and your partner is not treated, and you have unprotected sex, then you can get the STD again. Get regular follow-up visits with your doctor.

The organs of your reproductive system that can be hurt by HIV and other STDs.



Sometimes a person may be too scared or embarrassed to ask for information about STDs or to ask for help. Keep in mind that some STDs are curable, such as chlamydia, gonorrhea, syphilis, and trichomoniasis. Other STDs can only be treated, not cured. These STDs, such as herpes, can be spread to another person, even if they are under control and managed with medicines. A vaccine is available that protects people against the human papillomavirus (HPV) and the hepatitis B virus (HBV).

The HPV vaccine protects against four HPV types, which together cause 70 percent of cervical cancers and 90 percent of genital warts. The HPV vaccine is recommended for 11- to 12-year-old girls as well as 13- to 26-year-old girls and women. It can be given to girls as young as 9. Ideally, females should get the vaccine before they are sexually active. Girls and women who have not been infected with any of those four HPV types will get the full benefits of the vaccine. Females who are sexually active may also benefit from the vaccine. It does not treat existing HPV infections, genital warts, precancers, or cancers.

Know the ABCs of STDs

The best way to protect your body is to know the “ABCs” of STDs. You can feel proud knowing you are doing your best to keep both you and your partner safe and healthy for life. Remember, if you choose not to follow A, B, or C, you could get a sexually transmitted disease (STD), including HIV, the virus that causes AIDS.

A = Abstinence. Not having sex of any kind (vaginal, anal, or oral sex) is the only 100% effective way to avoid getting STDs.

B = Be faithful. Being in a sexual relationship with only one partner who is free of an STD and who is also faithful to you limits the chance of infections.

C = Condoms. If you fail to follow A or B, use a latex condom. Latex condoms have been proven to reduce the risk of getting infected with HIV and many other STDs, if used correctly and consistently every time you have sex.

Once an individual has HPV, the symptoms can be treated but not cured.

When you visit your doctor, tell him or her if you are allergic to any medications. Take all medicines exactly as prescribed. Do not skip taking your medications. Do not share your medications. Ask about any possible side effects of the medicine or dietary supplements BEFORE you take them, especially if you are pregnant or nursing. After treatment, visit your doctor again to make sure you are cured. A few STDs are resistant to certain medicines, so your doctor may need to prescribe a different medicine for you.

HIV is an STD that can be spread through having sex (vaginal, anal, or oral) with a person who has HIV. HIV (the human immunodeficiency virus) causes AIDS, the acquired immunodeficiency syndrome. HIV attacks the body’s immune system, which is its natural defense system against disease.

The virus destroys one type of blood cells (CD4 cells) that helps the body fight off and destroy germs.

HIV can also be passed from one person to another person in other ways, besides having sex. A person can get infected with HIV by sharing needles with a drug user who has HIV or AIDS. The virus can also be passed from a mother who has HIV or AIDS to her baby during pregnancy. AIDS has no cure, but it can be treated to reduce its symptoms and to prolong life. Get tested. Ask your partner to get tested. Know your HIV/AIDS status. Know your partner’s HIV/AIDS status. Knowing helps prevent getting HIV or passing it on to someone else. Treatment is most effective when started early. For detailed information on HIV/AIDS, visit www.womenshealth.gov/HIV and www.cdc.gov/std.

The good news is that STDs can be prevented. Remember ABC.

Sexually Transmitted Diseases (STDs)

Questions	Answers
What are STDs?	An infection or disease that you get by having vaginal, anal, or oral sex with someone who already has an STD. <i>STD symptoms start on page 83.</i>
How could I get STDs?	You can get HIV, gonorrhea, chlamydia, and trichomoniasis if infected semen or vaginal fluids contact your vagina, the tip of the penis, an oral cavity, or the rectum. Condoms do not always protect you from STDs. For genital herpes, syphilis, and human papillomavirus (HPV), skin-to-skin contact with sores or infected skin that looks normal can transfer the disease from person to person. (HPV causes genital warts and cervical cancer.) Condoms are effective in reducing the likelihood of getting any STD. But even if you use a condom, you can get genital herpes, syphilis, and HPV through contact with infected genital areas that aren't covered by a condom.
How do STDs hurt women?	STDs can <ul style="list-style-type: none"> • increase your chances for getting HIV and other STDs • cause pelvic inflammatory disease (PID), which may lead to long-lasting abdominal pain • cause infertility (not being able to have a baby) or ectopic pregnancy, which is a pregnancy in your fallopian tube instead of your womb • increase your chances of getting cervical cancer (Certain types of a sexually transmitted virus, HPV, are the major cause of this cancer.)
What if I am pregnant?	You should be screened for STDs, so treatment can begin right away. Having an untreated STD when you are pregnant can <ul style="list-style-type: none"> • cause you to go into labor early, cause your water to break early, and cause infection in your womb after the birth • hurt your baby by causing him or her to have problems like a low birth weight, eye infection, pneumonia, infection in the blood stream, birth defects, liver disease, or dying in your womb

Questions	Answers
What if I am breastfeeding?	<p>Talk with your doctor, nurse, or a lactation consultant about the risk of passing STDs onto your baby while breastfeeding. If you are being treated for an STD, ask your doctor about the possible effects of the drug on your breastfeeding baby. Most treatments for STDs are safe to use while breastfeeding.</p> <ul style="list-style-type: none"> • If you have HIV, you should not breastfeed because you can pass the virus to your baby.
What if I am breastfeeding? (continued)	<ul style="list-style-type: none"> • If you are positive for hepatitis B or hepatitis C, you can breastfeed. • If you have either chlamydia or gonorrhea, you can keep breastfeeding. • If you have syphilis or herpes, you can keep breastfeeding as long as the sores are covered. Syphilis and herpes are spread through contact with sores and can be dangerous to your newborn. If you have sores on your nipple or areola (the darker skin around the nipple), you should stop breastfeeding on that breast until the sores clear. In the meantime, to keep this breast from getting overly full or engorged, you can pump or hand express your milk from this side. Pumping will also help keep up your milk supply. If parts of your breast pump touch the sore(s), these parts and the milk might become contaminated. Do not give this milk to your infant. Do not store it in a bottle. Throw that milk away, and sterilize or throw away the contaminated breast pump parts.
How can I get tested for STDs?	<p>Talk with your doctor or nurse about getting tested for STDs, especially if you have more than one sex partner. Talk with your doctor or nurse if you have not been using condoms all the time or have had condoms break or come off during vaginal, oral, or anal sex. <i>Also see the screening charts on pages 28–29. See your doctor right away if you have any symptoms of STDs. (See the symptoms chart on pages 83–86.)</i></p> <p>If you are pregnant, or think you might be, ask your doctor about getting tested for STDs. Not all doctors will routinely do these tests without being asked by you. Be proactive and ask! Even if you have been tested in the past for STDs, get re-tested when you get pregnant. Your doctor will examine you and might take some tests that are usually quick and not painful.</p>

STD Symptoms

Some of the most common STDs and their symptoms are shown in this chart. You can get and pass many of these diseases through different forms of sex (vaginal, anal, and oral). It can take some time between getting infected and having symptoms, depending

on the STD. Sometimes you can get infected but not show symptoms. Even if you have **NO** symptoms, you can still pass the disease on to another person if you have been infected. Seek medical help right away if you think you have an STD, or if someone you have been with has an STD.

Common STDs	Symptoms
Chlamydia	<p>Most people have no symptoms. Women with symptoms may have</p> <ul style="list-style-type: none"> • abnormal vaginal discharge • burning when urinating <p>Infections that are not treated, even if there are no symptoms, can lead to</p> <ul style="list-style-type: none"> • lower abdominal pain • low back pain • nausea • fever • pain during sex • bleeding between periods <p>Note: If not treated, chlamydia can lead to serious, long-term problems such as pelvic inflammatory disease (PID) and infertility.</p>
Genital herpes	<p>Many people who have herpes are not aware they have it. But if you are having an “outbreak,” the symptoms are clear. After exposure, the first outbreak is often within two weeks.</p> <p>Symptoms are</p> <ul style="list-style-type: none"> • small red bumps, blisters, or open sores on the penis, vagina, or on areas close by • vaginal discharge • fever • headache • muscle aches • pain when urinating

Common STDs	Symptoms
Genital herpes (continued)	<ul style="list-style-type: none"> • itching, burning, or swollen glands in the genital area • pain in legs, buttocks, or genital area <p>Symptoms may go away and then come back. Sores heal after two to four weeks.</p> <p>Note: Some people may have no symptoms. Most people with this type of herpes infection may never have sores. Sometimes, only very mild sores appear, but they are mistaken for an insect bite or other skin problems.</p>
Gonorrhea	<p>Symptoms are often mild. But most women have no symptoms. Even when women do have symptoms, they can sometimes be mistaken for a bladder infection or other vaginal infection.</p> <ul style="list-style-type: none"> • pain or burning when urinating • yellowish and sometimes bloody vaginal discharge • bleeding between menstrual periods <p>Note: If not treated, gonorrhea can lead to serious, long-term problems.</p>
Hepatitis B (also spread through blood)	<p>Some people have no symptoms. Women with symptoms may have</p> <ul style="list-style-type: none"> • mild fever • headache and muscle aches • tiredness • loss of appetite • nausea or vomiting • diarrhea • dark-colored urine and pale bowel movements • stomach pain • skin and whites of eyes turning yellow

Common STDs	Symptoms
<p>Hepatitis C (mostly spread through blood, but some cases are spread by sex)</p>	<p>Most people have no symptoms. Women with symptoms may have</p> <ul style="list-style-type: none"> • skin and whites of eyes turning yellow • tiredness • dark urine • abdominal pain • loss of appetite • nausea <p>Note: People at risk for hepatitis C infection might also be at risk for infection with hepatitis B or HIV.</p>
<p>HIV/AIDS</p>	<p>Symptoms are</p> <ul style="list-style-type: none"> • extreme fatigue • rapid weight loss • frequent low-grade fevers and night sweats • frequent yeast infections (in the mouth) or vaginal yeast infections and other STDs • pelvic inflammatory disease (PID) • menstrual cycle changes • red, brown, or purplish blotches on or under the skin or inside the mouth, nose, or eyelids <p>Note: Some people may have no symptoms for 10 years or more.</p>
<p>Human papillo-mavirus (HPV)</p>	<p>Many people with HPV, which causes genital warts, don't know they are infected because they may not have symptoms. After sexual contact with an infected person, genital warts may appear within weeks or months, or not at all. Women may get visible warts in the genital area, including the thighs. Warts can be raised or flat, alone or in groups, small or large. Sometimes, the warts are cauliflower-shaped. They might also be hard to see and painless. Or women may have lesions on the cervix and in the vagina.</p> <p>Note: Some types of HPV can cause cervical cancer, so it's important to get regular Pap tests if you're sexually active.</p>

Common STDs	Symptoms
Syphilis	<p>Symptoms in the first, or primary stage, occur about 10 days to 90 days after exposure. (The most common timeframe for symptoms to occur after exposure is 21 days.)</p> <p>Symptoms in the first, or primary stage, are</p> <ul style="list-style-type: none"> • a single, painless sore appears, usually in the genital areas but may appear in the mouth • sometimes you have more than one sore • sores heal on their own <p>Note: If the infection is not treated, it moves to the next stage.</p> <p>Symptoms in the next, or secondary, stage are</p> <ul style="list-style-type: none"> • skin rash on the hands and feet that usually does not itch and clears on its own • fever • swollen lymph glands • sore throat • patchy hair loss • headaches • weight loss • muscle aches • tiredness <p>In the last stage, which is called the latent, or hidden, stage, the symptoms listed above disappear. But the infection remains in the body, where it can damage the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints.</p>
Trichomoniasis	<p>Symptoms usually appear 5 to 28 days after exposure and can include</p> <ul style="list-style-type: none"> • yellow, green, or gray vaginal discharge (often foamy) with a strong odor • discomfort during sex and when urinating • irritation and itching of the genital area • lower abdominal pain in rare cases

What You Should Know to Protect Yourself

- Know that some methods of birth control, such as birth control pills, shots, implants, or diaphragms, will not protect you from HIV or other STDs. If you use one of these methods, be sure to also use a latex condom or dental dam (used for oral sex) correctly every time you have sex.
- Don't share needles or IV (intravenous) drug equipment for illegal drugs such as heroin and cocaine, or for legal drugs such as insulin. If you get a tattoo or body piercing, make sure the needles are sterile.
- Talk with your sex partner(s) about STDs, HIV, and using condoms. It's up to you to make sure you are protected. Remember, it's YOUR body! For more information, call the National STD hotline at 1-800-227-8922.
- Talk frankly with your doctor or nurse and your sex partner(s) about any STDs you or your partner have or have had. Talk about any sores or discharge in the genital area. Try not to be embarrassed. Being honest could save your life. If you are living with HIV, be sure to tell your partner and your doctor.
- Have regular pelvic exams. Talk with your doctor about how often you need them. Many tests for STDs can be done during an exam. Ask your doctor to test you for STDs. The sooner an STD is found, the easier it is to treat. *See the screening charts on pages 28–29 to see how often you need a Pap test or tests for HPV, HIV, and other STDs.*
- If you are pregnant, get screened for chlamydia, gonorrhea, hepatitis B and C, HIV, and syphilis. Get screened as soon as you think you may be pregnant. The longer you wait, the more harm you may be doing to your baby.
- If you have HIV and are pregnant, you can lower the chances of giving HIV to your baby by taking medicine. Talk with your doctor about your options.
- Don't douche. Douching removes some of the normal bacteria in the vagina that protects you from infection. It can raise your risk of getting HIV and some other STDs.

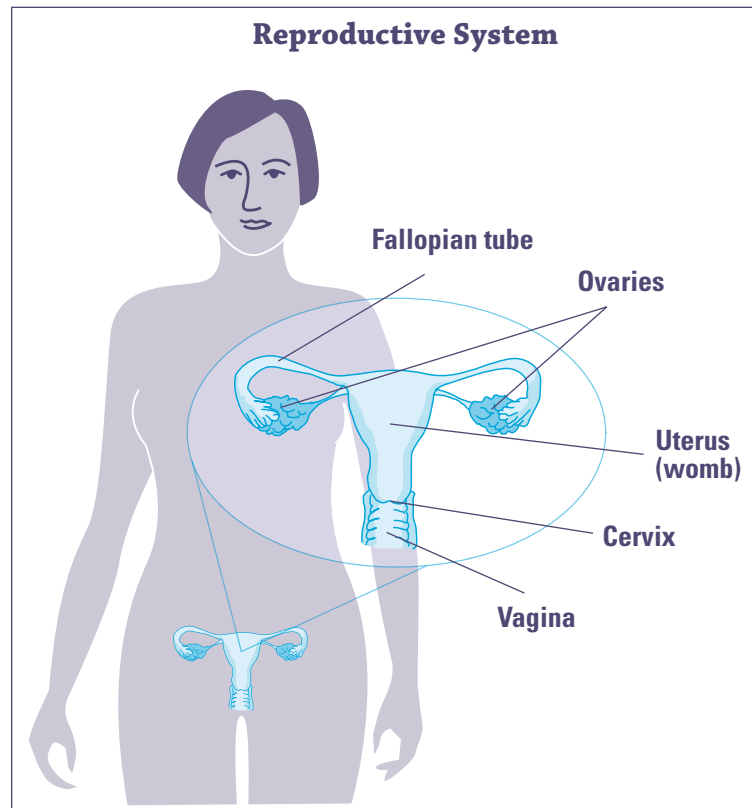
Then and Now

The birth control pill was first introduced in the United States in 1960. It was not available for use until then. Today, women are able to use a number of forms of birth control, including the pill, to space children and to prevent pregnancy.

Recognizing Problems in Your Uterus

The uterus is the hollow, pear-shaped organ in a woman's body where a baby grows. Menstruation—getting your period—also begins here each month. The lower end of the uterus, or cervix, extends into the vagina. The upper part is the “body” of the uterus. The body of the uterus has two layers: an inner and an outer layer. The endometrium is the inner layer. During the menstrual cycle, or “period,” this layer builds up extra blood and tissue to get ready for pregnancy. If a pregnancy doesn't happen, the extra blood and tissue leave the body through the vagina. You then have a period. The myometrium is the outer layer of the body of the uterus. This layer has the muscle that pushes the baby out during delivery.

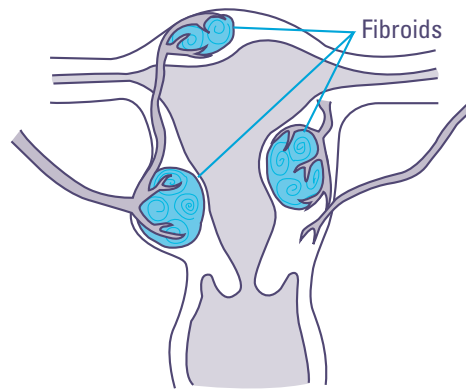
You may have had times in your life when you've had pain in your lower abdomen or bleeding that was different from your normal period. These symptoms can make you nervous and wonder if something is wrong. Knowing about the different health problems that can affect your uterus and knowing their symptoms can help you figure out when you should see your doctor. Be sure to see your doctor if you think you have any problems.



Fast Facts on Fibroids

What they are Benign (non-cancerous) growths within the wall of the uterus (or womb). They are also called uterine leiomyomas.

Uterine Fibroids



What they look like Fibroids can grow as a single growth or in groups. Their size can vary from small, like an apple seed, to even larger than a grapefruit.

Cause No one knows exactly what causes fibroids. Fibroids often run in families.

Symptoms Most fibroids do not cause any symptoms. If they do cause symptoms, they are

- heavy bleeding or painful periods
- spotting or bleeding between periods
- feeling of fullness in the pelvic area (lower abdomen)
- urinating often
- pain during sex
- lower back pain
- reproductive problems like not being able to get pregnant, having more than one miscarriage, or having early onset of labor during pregnancy

Fast Facts on Fibroids (continued)

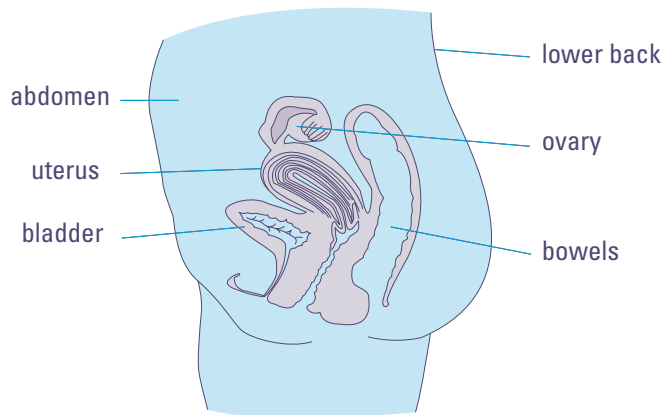
Tests	<ul style="list-style-type: none"> • Regular pelvic exam • Tests that create a “picture” of the inside of your body to see if you have fibroids (ultrasound) • Laparoscopy—surgery when your doctor places a small tube with a light inside your abdomen to see any fibroids • Hysteroscopy—surgery when your doctor inserts a long tube with a camera into the vagina and directly into the uterus to see any fibroids
Treatment	<ul style="list-style-type: none"> • Pain medicine • Drugs that decrease the size of the fibroids or that stop or slow the growth of fibroids • Surgery • Shrinking the fibroids by placing a freezing agent on them • Cutting off the blood supply to the uterus and the fibroids so they shrink (uterine artery embolization)
Are they cancer or could they become cancerous?	Although fibroids are sometimes called tumors, they are benign and do not cause cancer.

Fast Facts on Endometriosis

What it is	Each month, the endometrial tissue normally builds up in the uterus. This tissue and blood is shed as your monthly period. Endometriosis occurs when this tissue grows outside of the uterus.
What it looks like	Bumps, scars, or fluid-filled sacs called cysts.
Cause	No one knows exactly what causes endometriosis.

Fast Facts on Endometriosis (continued)

Where it grows It mostly grows in the abdomen, lower back, and pelvic areas: on or under the ovaries, on the bowels or bladder, behind the uterus, on the tissues that hold the uterus in place. When endometrial tissue is *outside* your uterus, this tissue is still shed monthly. But because this tissue is not where it is supposed to be, it can't leave a woman's body the way a woman's period normally does. These areas may hurt nearby tissues and can damage your organs.



Symptoms

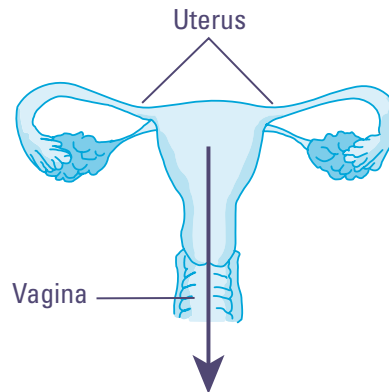
- Very painful cramps or periods
 - Heavy periods
 - Chronic pelvic pain
 - Spotting or bleeding between periods
 - Lower back pain
 - Intestinal pain
 - Pain during or after sex
 - Can't get pregnant
 - Painful bowel movements (BM) or pain passing urine during your period
 - Tiredness
 - Stomach problems
-

Fast Facts on Endometriosis (continued)

Tests	<ul style="list-style-type: none"> • Medical history • Pelvic exam • Physical exam • Tests that create a “picture” of the inside of your body (ultrasound) • Laparoscopy—surgery when your doctor places a small tube with a light inside your abdomen to see if you have endometriosis
Treatment	<ul style="list-style-type: none"> • Pain medicine • Hormone therapy • Surgery

Fast Facts on Uterine Prolapse

What it is The uterus slips from its normal position into the vaginal canal.



Causes The tissues and muscles that hold up the uterus weaken. It can happen

- after one or more vaginal births
- after delivery of a large baby (more than 9 pounds)
- after hard labor and delivery
- with normal aging
- with reduction in estrogen

Obesity and chronic coughing or straining can also weaken the muscles and raise a woman’s chances of having this condition.

Fast Facts on Uterine Prolapse (continued)

Symptoms	<ul style="list-style-type: none"> • A feeling of heaviness or pulling in the pelvis • A feeling like you're sitting on a small ball • Painful sex • Low back pain • Feeling an urgent need to urinate • Leaking urine • Painful bowel movements (BM) • Constipation
Test	<ul style="list-style-type: none"> • Pelvic exam
Treatment	<ul style="list-style-type: none"> • Inserting an object into the vagina to hold the uterus in place • Surgery • Kegel exercises (squeezing your pelvic muscles as if you're trying to stop the flow of urine) • Estrogen therapy

Fast Facts on Cancer of the Uterus

What it is	There are two kinds of cancer of the uterus: <i>endometrial cancer</i> (cancer that begins in the lining of the uterus) and <i>uterine sarcoma</i> (a rare cancer that begins in the muscle or other tissues of the uterus).
Risk Factors	<p>We don't know what causes endometrial cancer. Women have a higher chance of getting it if they</p> <ul style="list-style-type: none"> • have been treated with tamoxifen for breast cancer • started their periods before age 12 • start menopause after age 50 • have heavy bleeding during perimenopause, the time leading up to menopause • are obese

Fast Facts on Cancer of the Uterus (continued)

Risk Factors (continued)	<ul style="list-style-type: none"> • have a family history of colon cancer • have never been pregnant • have taken estrogen, without progestin, for menopausal symptoms • have polycystic ovarian syndrome (PCOS) • have a high-fat diet • have diabetes • are age 40 or older • had breast cancer or ovarian cancer • had prior radiation therapy to the pelvic area
Symptoms for endometrial cancer	<ul style="list-style-type: none"> • Abnormal bleeding or discharge not related to your periods • Difficulty or pain passing urine • Pain during sex • Pain in your pelvis • Weight loss
Tests for endometrial cancer	<ul style="list-style-type: none"> • Medical history • Physical exam • Pelvic exam • Biopsy—removal of tissue from the endometrium (the inner lining of the uterus) • D&C (dilation and curettage) or removal of tissue • X-ray • Tests that create a “picture” of the inside of your body (ultrasound) • Blood tests
Treatment for endometrial cancer	<ul style="list-style-type: none"> • Surgery • Chemotherapy • Radiation therapy • Hormone therapy

Hysterectomy

A hysterectomy is a surgical procedure to remove a woman's uterus. Sometimes, other organs are removed, too. A hysterectomy will stop a woman's periods if she hasn't reached menopause yet. If the ovaries are removed before a woman reaches menopause, she will suddenly enter menopause.

The different types of hysterectomies are listed below.

- ◆ A *complete* or *total hysterectomy* removes the cervix and uterus. It is the most common type of hysterectomy.
- ◆ A *partial* or *subtotal hysterectomy* removes the upper part of the uterus but leaves the cervix.
- ◆ A *radical hysterectomy* removes the uterus, cervix, upper part of the vagina, and supporting tissues.
- ◆ A *bilateral salpingo-oophorectomy* removes both ovaries and fallopian tubes during a hysterectomy.

Do What You Can to Prevent Problems in Your Uterus

- ◆ Prevent sexually transmitted diseases (STDs), including HIV, by practicing safer sex. *See the Protecting Your Reproductive System chapter, starting on page 74, for more information about STDs and safer sex.*

- ◆ See your doctor if you have abnormal bleeding or discharge, pain during sex, pain in your pelvic area, or pain during urination.

Then and Now

Uterine fibroids are one of the most common medical conditions for women of childbearing age. These benign tumors can cause prolonged, heavy bleeding. In the past, doctors often recommended a hysterectomy, a major surgery that removed the uterus and made the woman unable to have children. Now, women have other options that might be right for them and that preserve their fertility. If you have uterine fibroids, but don't have any other problems, you may not need any treatment. If you have many symptoms or often feel pain, you may benefit from medical therapy, which means using certain medications rather than having surgery. If you have moderate to severe symptoms of fibroids, surgery may be the best form of treatment. Surgery can be a major or minor procedure. Talk to your doctor about the different types of treatments for uterine fibroids. Also talk about the possible risks and the side effects of the treatments. Researchers continue to look for other methods of treating uterine fibroids.

Treating Urinary Incontinence

Urinary [YOOR-in-air-ee] incontinence [in-KAHN-tih-nens] is when urine leaks out before you can get to a bathroom. If you have urinary incontinence, you're not alone. Millions of women have this problem. More than 13 million Americans—men and women, young and old— have incontinence. Women are more likely to leak urine than men.

Older women have more bladder control problems than younger women. It does not have to be a normal part of aging. Many medical conditions can cause incontinence problems. Loss of bladder control is a symptom of an underlying disorder, a sign that something is wrong. The worst thing you can do is to ignore it. The best thing you can do is to talk to your doctor. Acknowledge the problem. Tell your doctor. Get treatment. Learn how to manage incontinence. Most cases of poor bladder control can be improved greatly, and some even cured.

Some Causes of Urinary Incontinence

Many possible reasons cause women to leak urine. Sometimes it's caused by an illness, and bladder control returns when the illness goes away. For example, bladder infections and infections in the vagina can cause incontinence for a short time. Being unable

to have a bowel movement or taking certain medicines also may make it hard to control your bladder.

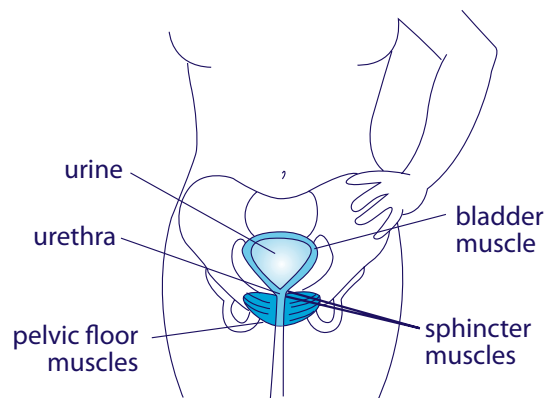
Sometimes, women find urinary incontinence to be an ongoing problem. In this case, the reason may be that

- ◆ the bladder cannot empty completely
- ◆ the muscles that help to hold or release urine are weakened
- ◆ a urinary passage is blocked
- ◆ the nerves that control the bladder are damaged

Leaking can also result from some medical conditions, including neurologic injury, birth defects, strokes, multiple sclerosis, and physical problems associated with aging.

Sometimes, diseases such as arthritis and Alzheimer's disease can make it hard to get to the bathroom in time. They can make it even harder to control urine leakage.

Bladder Control System



Pregnancy, Delivery, and Urinary Incontinence

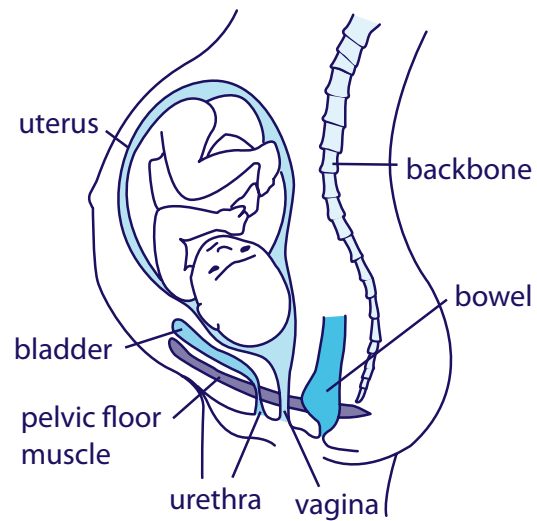
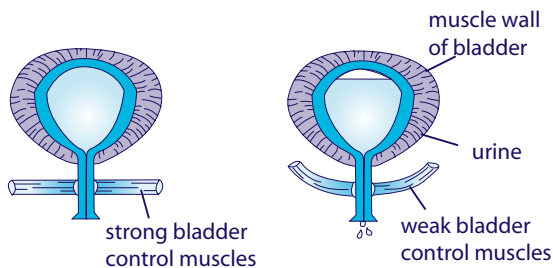
Being pregnant can cause urine leakage, but don't panic! Unborn babies push down on the bladder, urethra (the tube that you urinate from), and the pelvic muscles. If you lose bladder control after having a baby, the problem often goes away by itself. Your muscles may just need time to recover.

Being pregnant can also cause leakage due to

- ◆ the extra pressure of the baby on the bladder and pelvic muscles
- ◆ a vaginal delivery
- ◆ an episiotomy, where the doctor makes a cut in the muscle that makes it easier for the baby to come out
- ◆ damage to the nerves that control the bladder

If you still have bladder problems six weeks after having your baby, talk to your doctor. Without treatment, the loss of bladder control can become a long-term problem.

Sometimes bladder control problems show up years after you've had your baby. Some women do not have problems until later, often in their 40s.



Menopause, Aging, and Incontinence

Some women do have bladder control problems after they stop having periods, which is called menopause or the change of life. After your periods end, your body stops making the female hormone estrogen [ES-truh-jun]. Some experts think this loss of estrogen weakens the vaginal tissue.

Incontinence is more common among adults 60 years of age or older. It is one of the most common reasons for adults to be admitted to a nursing home. Urinary incontinence is NOT a normal part of the aging process. It doesn't HAVE to happen in later life. You do not have to live with it in silence or shame. It is almost always treatable, and sometimes it can be cured.

Different Types of Urinary Incontinence

- ◆ **Stress incontinence.** Leakage happens when you cough, sneeze, exercise, laugh, lift heavy things, and perform other movements that put pressure on the bladder. It is the most common type of incontinence. It can be treated and sometimes cured.
- ◆ **Urge incontinence.** This type of incontinence is sometimes called “overactive bladder.” Leakage usually happens after a strong, sudden urge to urinate. This sudden urge may occur when you don’t expect it, such as during sleep, after drinking water, or when you hear or touch running water.
- ◆ **Functional incontinence.** Leaking occurs because you can’t get to a toilet in time. People with this type of incontinence may have problems thinking, moving, or speaking that keep them from reaching a toilet. For example, a person with Alzheimer’s disease may not plan a trip to the bathroom in time to urinate. A person in a wheelchair may be unable to get to a toilet in time.
- ◆ **Overflow incontinence.** Urine leaks because the bladder doesn’t empty completely. Overflow incontinence is less common in women.
- ◆ **Mixed incontinence.** Some women have two or more types of incontinence together, most often stress and urge incontinence.

- ◆ **Transient incontinence.** Urine leaks because of an illness such as a bladder infection. The urine leakage stops when the illness is treated.

How to Talk to Your Doctor

Most people don’t want to talk to their doctor about such a personal topic. But keep in mind that urinary incontinence is a common medical problem. Millions of women have the same problem, so your doctor has probably heard many stories like yours.

Even if you feel shy, you have to be the one to take that first step. Some doctors don’t treat bladder control problems, so they may not think to ask about it. Others might expect you to bring up the subject. If your doctor doesn’t treat bladder problems, ask for help finding a doctor who does.

It may help you to write down when you leak urine. Be sure to note what you were doing at the time. Were you sneezing, coughing, laughing, or sleeping? Take this log with you when you visit your doctor.

Some Questions You Should Ask Your Doctor

- ◆ Could what I eat or drink cause bladder problems?
- ◆ Could my medicines (prescription or over-the-counter) cause bladder control problems?
- ◆ Could other medical conditions cause loss of bladder control?

- ◆ What are the treatments to regain bladder control? Which one is best for me?
- ◆ What can I do about the odor and rash caused by urine?

Tests for Urinary Incontinence

Step 1

See your doctor. Again, if your primary doctor doesn't treat bladder problems, get a referral for someone who does.

Step 2

Your doctor will do a physical exam of you to look for signs of health problems that can cause incontinence. He or she will ask you the following questions:

- ◆ What are your symptoms?
- ◆ What is your medical history?
- ◆ How often do you empty your bladder?
- ◆ How and when do you leak urine?
- ◆ How much urine do you leak?

Step 3

Your doctor will perform tests. One test is done to figure out how well your bladder works and how much urine it can hold. For this test, you will drink water and urinate into a measuring pan. Then your doctor will measure any urine still remaining in your bladder.

One or more of the these tests might be ordered:

- ◆ **Stress test.** While you cough or bear down, the doctor watches for loss of urine.
- ◆ **Urinanalysis.** You give a urine sample to your doctor or nurse. The sample is then tested for signs of infection and other causes of incontinence.
- ◆ **Blood test.** You give a blood sample, which is sent to a lab where it is tested for signs of other causes of incontinence.
- ◆ **Ultrasound.** Sound waves are used to take a picture of the kidneys, bladder, and urethra. Your doctor will look to see if any problems in these areas could cause incontinence.
- ◆ **Cystoscopy.** A thin tube with a tiny camera is placed in the urethra to view the inside of the urethra and bladder.
- ◆ **Urodynamics.** A thin tube is placed into your bladder, and your bladder is filled with water. Your doctor measures the pressure in the bladder.

Your doctor may ask you to write down when you empty your bladder and how much urine you produce for a day or a week.

One Way to Help Prevent Urinary Incontinence

Not all types of urinary incontinence can be prevented. But exercising your pelvic floor muscles regularly can help prevent some bladder problems. These exercises are called Kegels. They are also used as a treatment for urinary incontinence.

How To Do Kegel Exercises

1. It may be easier to begin practicing these exercises while lying down.
2. Squeeze the muscles in your genital areas as if you were trying to stop from passing gas. Try not to squeeze the muscles in your belly or legs at the same time.
3. Relax. Squeeze the muscles again and hold for 3 seconds. Then relax for 3 seconds. Do this 8 more times. Work up to 5 sets of 10.
4. When your muscles get stronger, do your exercises sitting or standing. You can do these exercises any time, while sitting at your desk, in the car, waiting in line, doing the dishes, etc.

Be patient. It may take 3 to 6 weeks before you see results.

If you're not sure you're doing Kegel exercises right, ask your doctor or nurse to check you while you try to do them. If you aren't squeezing the right muscles, your doctor or nurse can teach you the right way to do the exercises. A pelvic floor physical therapist may be available in your area to help teach you how to strengthen these muscles or help you with other treatments listed below.

Treatments for Urinary Incontinence

Many treatments are available to you. Your doctor will work with you to find the best treatment for you. Treatments may include

- ◆ **Pelvic Muscle Exercises (Kegel exercises).** These easy exercises help make your pelvic muscles stronger. Doing these exercises every day can help reduce or cure stress leakage.
- ◆ **Electrical Stimulation.** Electrodes are placed in the vagina or rectum for a short time to stimulate nearby muscles and make them stronger. This treatment can reduce both stress incontinence and urge incontinence.
- ◆ **Biofeedback.** Biofeedback helps you learn how your body works. A therapist puts an electrical patch over your bladder and urethral muscles. A wire connected to the patch is linked to a TV screen. You and your therapist watch the screen to see when these muscles contract, so you can learn to control these muscles. Biofeedback can be used with pelvic muscle exercises and electrical stimulation to help control stress incontinence and urge incontinence.
- ◆ **Timed Voiding or Bladder Retraining.** In timed voiding, you urinate at set times instead of waiting for a strong urge. To do bladder retraining, you slowly increase the time between your scheduled voiding times to train your bladder to hold urine better. These treatments can reduce urge incontinence and overflow incontinence. A doctor can tell you if they may help you.
- ◆ **Weight Loss.** Extra weight puts more pressure on your bladder and nearby muscles, which can cause bladder control

problems. If you're overweight, work with your doctor to plan a diet and exercise program that works for you.

- ◆ **Dietary Changes.** Certain foods and drinks can cause incontinence, such as alcohol and caffeine, which is found in coffee, some sodas, chocolate, and tea. Limiting these foods and drinks can reduce incontinence.
- ◆ **Medications.** Medications can reduce some types of leakage. Certain drugs can tighten or strengthen urethral and pelvic floor muscles. Other medicines can calm overactive bladder muscles and nerves. Talk to your doctor to see if medication is right for you.
- ◆ **Pessary.** A pessary is a small device that fits in your vagina and helps hold it up. A pessary can help reduce leakage. Your doctor or nurse will decide which type and size of pessary are right for you. He or she will check the pessary regularly.
- ◆ **Implants.** Your doctor may suggest injecting a material into the space around the urethra with a needle. This material thickens the area around the urethra, so you can control your urine flow better.
- ◆ **Surgery.** Surgery can fix problems such as blocked areas. It can also support the bladder or the urethra to prevent loss of urine. A surgeon can also put a small device in the body that acts on nerves to control bladder activity.
- ◆ **Urethral Inserts.** A urethral insert is a thin tube that you place inside the urethra that blocks urine from coming out. You take the tube out when you need to urinate, and then put it back in again until you need to urinate again.
- ◆ **External Urethral Barrier.** This device is a small foam or gel disposable pad that you place over the opening of the urethra. The pad seals itself against your body, keeping you from leaking. When you go to the bathroom, you take it off. After urinating, you place a new pad over the urethra.
- ◆ **Catheters.** If nothing else helps, your doctor may suggest catheters, which are thin tubes placed in the bladder by a doctor or by you. A catheter drains the bladder for you, sometimes into an attached bag.

Then and Now

Women who lose control of their bladder often restrict their outings, avoid their friends, and drop out of some social activities. Even going to the grocery store might have to be planned around how to get to a bathroom quickly enough. Many of these women do not seek professional help. Others deny that they have a problem. But treatment for incontinence is now highly successful. Tell your doctor. Restore your quality of life.

Living with Autoimmune Diseases

Our bodies have an immune system that protects us from disease and infection. But if you have an autoimmune disease, your immune system attacks itself by mistake, and you can get sick. Autoimmune diseases can affect connective tissue in your body. (Connective tissue binds together body tissues and organs.) Autoimmune disease can affect many parts of your body, such as your kidneys, nerves, muscles, endocrine system, and digestive system. (Your endocrine system directs your body's hormones and other chemicals.)



Most autoimmune diseases occur in women, and most often during their childbearing years. Some of these diseases occur more in African American, American Indian, and Latina women than in White women. Some common autoimmune diseases are Hashimoto's thyroiditis, Graves' disease, lupus, multiple sclerosis, and rheumatoid arthritis.

These diseases tend to run in families. Your genes, along with the way your immune system responds to certain triggers or things in the environment, affect your chances of getting one of these diseases. If you think you may have an autoimmune disease, ask your family members if they have had symptoms like yours. Although we don't have a cure for autoimmune diseases, you can treat your symptoms and feel better.

Common Autoimmune Diseases

More than 80 types of autoimmune diseases have been recognized. If you learn the symptoms of some of the more common ones, you can help yourself recognize the signs. But some autoimmune diseases share similar symptoms. These similarities make

diagnosing this group of diseases difficult, even for doctors. The delay in naming your problem can make your visits to doctors long and stressful. But if you are having symptoms that bother you, you need to talk with your doctor or nurse to learn how you can get some relief.

Common Autoimmune Diseases

Disease	Symptoms	Tests
Hashimoto's Thyroiditis (underactive thyroid)	<ul style="list-style-type: none"> • Tiredness • Depression • Sensitivity to cold • Weight gain • Muscle weakness and cramps • Dry hair • Tough skin • Constipation <p>You may have no symptoms.</p>	<ul style="list-style-type: none"> • Blood test for thyroid-stimulating hormone (TSH)
Graves' Disease (overactive thyroid)	<ul style="list-style-type: none"> • Insomnia (not able to sleep) • Irritability • Weight loss without dieting • Heat sensitivity • Sweating • Fine brittle hair • Weakness in your muscles • Light menstrual periods • Bulging eyes • Shaky hands <p>You may have no symptoms.</p>	<ul style="list-style-type: none"> • Blood test for thyroid-stimulating hormone (TSH)

Disease	Symptoms	Tests
Lupus	<ul style="list-style-type: none"> • Swelling and damage to the joints, skin, kidneys, heart, lungs, blood vessels, and brain • “Butterfly” rash across the nose and cheeks • Rashes on other parts of the body • Painful and swollen joints • Sensitivity to the sun 	<ul style="list-style-type: none"> • An exam of your body • Lab tests (antinuclear antibody [ANA] test, blood tests, and urine tests)
Multiple Sclerosis (MS)	<ul style="list-style-type: none"> • Weakness and trouble with coordination, balance, speaking, and walking • Paralysis • Tremors • Numbness and a tingling feeling in arms, legs, hands, and feet 	<ul style="list-style-type: none"> • An exam of your body • An exam of your brain, spinal cord, and nerves (a neurologic exam) • X-ray tests (magnetic resonance imaging [MRI] and magnetic resonance spectroscopy [MRS]) • Other tests on the brain and spinal cord fluid
Rheumatoid Arthritis	<ul style="list-style-type: none"> • Inflammation begins in the tissue that lines your joints. It then spreads to the whole joint. Hand joints are the most common site, but the disease can affect most joints in the body. • Muscle pain • Deformed joints • Weakness • Fatigue • Loss of appetite • Weight loss • In severe cases, becoming confined to bed 	<ul style="list-style-type: none"> • Blood tests may show that you have anemia, which is when your body does not have enough red blood cells. The tests may also show that you have an antibody called rheumatoid factor (RF). However, some people with RF never get this disease. Other people who do have the disease never have this antibody.



Your doctor(s) will talk to you about which medicines might work best for you. The type of medicine you take depends on which disease you have and what your symptoms are. Some people can take over-the-counter drugs, such as aspirin and ibuprofen for pain. Others with more severe symptoms may have to take certain prescription drugs to help with pain, swelling, depression, anxiety, sleep problems, fatigue, or rashes. You might also be able to take medicine to help slow the progress of your disease. New treatments for autoimmune diseases are being studied all the time.

Living with an Autoimmune Disease

You can learn to treat your symptoms and manage your disease. Women with autoimmune diseases lead full, active lives. Your life goals should not have to change. Seeing a doctor who specializes in these types of diseases is important.

Symptoms can come and go, be better or worse on different days, or they can all go away for a while. (Your symptoms can be in remission). Flare-ups, or the sudden and severe onset of symptoms, can also happen. Work closely and often with your doctor and other members of your health care team to manage your illness. If you do have a flare-up, first call your doctor. Don't try a "cure" you heard about from a friend or relative.





What You Can Do to Feel Better

- ◆ **Eat a healthy diet.** Keep your immune system as healthy as it can be! The list of nutrients you need for a healthy immune system is long. But don't try to overload on vitamins because that could be worse for your health. Eat balanced meals with foods from all of the food groups. Include yummy fruit and vegetables and whole grains. Also eat calcium-rich foods, such as fat-free milk, low-fat milk, fat-free yogurt, or low-fat yogurt. Avoid fatty foods.
- ◆ **Get regular exercise.** (But be careful not to overdo it.) Thirty minutes of physical activity most days of the week is best. But first talk with your doctor about what types of exercise you can do. A gradual

You have some power to lessen your pain! Try using *imagery* for 15 minutes, two or three times each day.

1. Put on your favorite calming music.
2. Lie back on your favorite chair or sofa. Or if you are at work, sit back and relax in your chair.
3. Close your eyes.
4. Imagine your pain or discomfort.
5. Imagine something that confronts this pain and watch it "destroy" the pain.

and gentle exercise program often works well for people with long-lasting muscle and joint pain. Some types of yoga or tai chi exercises may be helpful.





◆ **Get enough rest.** Rest allows your body tissues and joints the time they need to repair. Sleeping is a great way you can help your body and your mind. If you don't get enough sleep, your stress level and symptoms could get worse. You also can't fight off sickness as well when you sleep poorly. With enough sleep, you can tackle your problems better, and you can lower your risk for illness. Try to get at least seven hours of sleep every night.

◆ **Reduce stress and try to “self” manage your pain.** See the *Stress* chapter starting on page 120 for helpful hints on reducing stress in your life. You might be able to lessen your pain or muscle spasms if you try meditation or self-hypnosis. They may also help you deal with other aspects of living with your disease. You can learn about these practices by reading self-help books, listening to audiotapes, or working with an instructor. You also can use imagery, which is using the power of your thoughts to “destroy” your pain. You can also distract yourself from your pain by doing a hobby or something else you enjoy.





A Health Care Team Can Help

Juggling your health care needs among different doctors and other types of health care providers can be hard. But visiting other types of health care workers, along with your main doctor, may help you manage some symptoms of your disease. If you are visiting many types of health care workers, make sure you have a supportive main doctor to help you. Your family doctor may help coordinate your care.

What kind of health care team might help me?

- ◆ **Nephrologist.** A doctor who will look at how well your kidneys are working. Kidneys are organs that clean the blood and produce urine. *See page 6 to see where your kidneys are located.*
- ◆ **Rheumatologist.** A doctor who specializes in arthritis and other diseases.

- ◆ **Endocrinologist.** A doctor who specializes in diseases that affect your glands, which are organs in your body that make hormones. Glands help control the body's reproduction, energy levels, weight, food and waste production, and growth and development.
- ◆ **Physical therapist.** A health care worker who can help you with stiffness, weakness, and restricted body movement. He or she will work with you to find the proper level of exercise for your body.
- ◆ **Occupational therapist.** A health care worker who can help improve your ability to perform day-to-day activities, despite your pain and other health problems. They can recommend special equipment and devices that can help you adapt better to your environment. He or she may also make changes in your home or workplace.
- ◆ **Speech therapist.** A health care worker who can help people with multiple sclerosis (MS) and other illnesses who have speech problems.



- ◆ **Vocational therapist.** A health care worker who offers job training for people who cannot do their current jobs because of their illness or other health problems. You can find a vocational therapist through both public and private agencies.
- ◆ **Counselor for emotional support.** A health care worker who is specially trained to help you to find ways to cope with your illness. You can work through your feelings of anger, fear, denial, and frustration in a safe environment.
- ◆ **Support groups.** Some women find support and kinship by talking with others who have the same health problems. It can help them find new ways of coping with their illness.
- ◆ **Chiropractor.** A type of doctor who may help relieve some of your symptoms, such

as muscle spasms and backaches. If you are thinking of seeing a chiropractor, talk with your main doctor first. Don't visit a chiropractor *instead* of your regular autoimmune disease doctor.

Then and Now

Multiple sclerosis (MS) develops when the body's immune cells mistakenly attack the nerves in the brain and spinal cord. In the past, MS was thought to occur just in adults. Now researchers in the United States and Canada report seeing more children with the disease. Why is this number rising? Researchers think that more doctors now recognize the symptoms of MS and diagnose them correctly.

Chronic Fatigue Syndrome and Fibromyalgia

Chronic fatigue syndrome (CFS) and fibromyalgia (FM) are *not* autoimmune diseases. But they often have symptoms similar to some autoimmune diseases and other illnesses. Just two of these symptoms are being tired all the time and being in pain.

- Chronic fatigue syndrome is a complex disorder that can cause you to be very tired, have trouble concentrating, feel weak, and have muscle pain. Symptoms of CFS can come and go. We don't know what causes CFS.
- Fibromyalgia is a disorder that has symptoms of widespread muscle pain, fatigue (feeling tired and having low energy), and multiple tender points. Tender points are located in the neck, spine, shoulders, hips, and knees. These areas are painful when pressure is applied to them. FM occurs mostly in women of childbearing age. But children, the elderly, and men are sometimes diagnosed with FM. We don't know what causes FM.

Taking Care of Your Smile

Having a healthy smile means so much more than having healthy teeth. It means living free of oral problems and diseases. The word “oral” refers to the mouth, which includes the teeth, gums, and supporting tissues. It is easy to take your oral health for granted. But good oral health is key to living comfortably each day. The tissues in your mouth allow you to speak, smile, sigh, kiss, smell, taste, chew, and swallow. They also let you show a world of feelings through your expressions. Taking good care of these tissues can prevent disease in them and throughout your body.

Oral Health and Your Body

How are the tissues in your mouth linked to health problems in other places in your body?

- ◆ Did you ever hear the phrase, “the mouth is a mirror?” The health of your mouth can be a sign of your overall health. Many serious diseases, such as diabetes, HIV, and some eating disorders, show their first symptoms in the mouth. For that reason and others, it is very important for you to get complete, regular oral exams.
- ◆ Most of us think of problems with the mouth in terms of cavities, toothaches, and crooked or stained teeth. Not having healthy teeth and gums can influence how



we look, but it also affects the health of our bodies. For example:

- If you have gum disease, you may be more likely to get heart disease.
- If you having missing teeth, you may not feel as good about yourself as you could.
- If you have diabetes, you may be more likely to get gum disease.
- Studies show that if you have both diabetes and gum disease, you can have more problems controlling your blood glucose levels.

The Most Common Oral Health Problems: Cavities and Gum Disease

Dental cavities

Everyone is at risk of getting cavities throughout their lives. By the time most

people are adults, 85 percent of people will have had a cavity!

How do we get cavities?

- ◆ You naturally have bacteria (germs) in your mouth.
- ◆ The bacteria mix with your saliva and bits of food in your mouth to form a coating (dental plaque) that sticks to your teeth.
- ◆ Acids in the plaque wear away the teeth.
- ◆ These acids can get inside the teeth and create holes, or cavities.

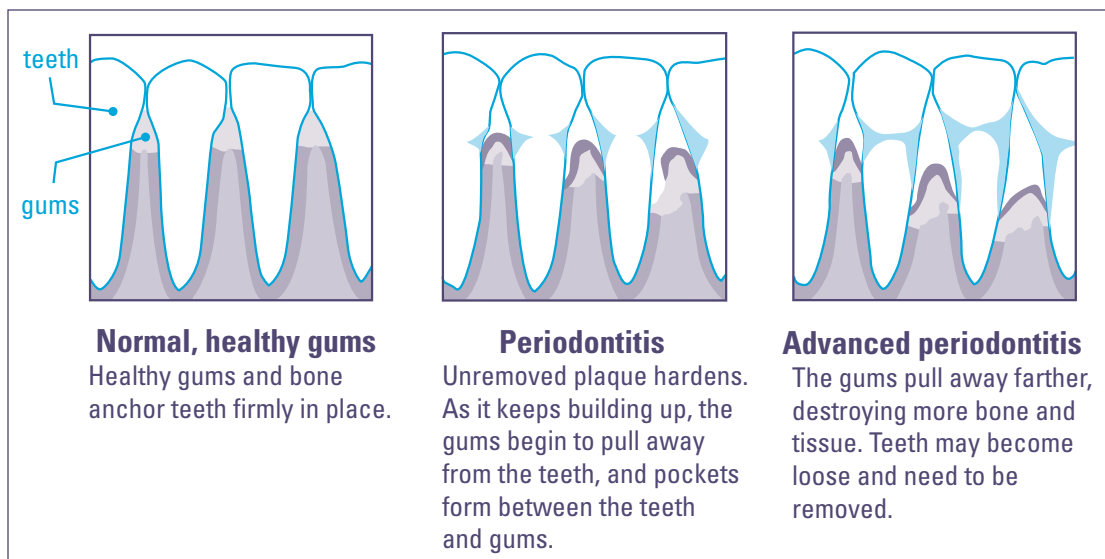
Gum diseases

Gum diseases become more common as we age. Most people show signs of them by their mid-30s. Gum disease is caused by infection or plaque around your teeth. They are the most common reason we lose our teeth after the age of 35.

Gingivitis [jin-ji-vie-tus] is the most common type of gum disease. In its first stage, gingivitis irritates the gums and causes them to bleed and swell. Periodontitis [pear-ee-o-don-tie-tus] is a more serious type of gum disease. If it is not treated, periodontitis gets worse because pockets of infection form between the teeth and gums. Then the gums grow away from teeth and lose supporting bone. If your teeth can't be supported, they could fall out.

This disease is caused by bacteria in your mouth. You may be more likely to be infected with these bacteria if

- ◆ someone else in your family has periodontitis
- ◆ you smoke
- ◆ you have a disease such as diabetes or HIV



Some other problems of the mouth include

Cold sores (herpes simplex virus type 1 [HSV-1] infections)

If you've ever had a cold sore, you're not alone. A half million people get one every year. Once you're exposed to this virus, it can hide in the body for years. The virus can cause tiredness, muscle aches, a sore throat, enlarged and tender lymph nodes, and cold sores. These sores or blisters are very contagious. They usually form on the lips. Sometimes the sores appear under the nose or under the chin. The sores heal in about 7 to 10 days without scarring.

What can trigger the virus?

- Getting too much sun
- Having mild fevers when you get a cold
- Being under stress

What can help you feel better?

- You can buy medicines at the drug store or grocery store to put on the cold sore. They will help to numb the area and relieve the pain.
- If cold sores are a problem for you, talk with your doctor or dentist about getting a prescription for an antiviral drug. It could help lower your chances of getting these kinds of viral infections.

Canker sores

These common, but mostly harmless, sores appear inside your mouth as ulcers. They have a white or gray base and a red border. Canker sores tend to be tiny. They usually heal by themselves in one to three weeks.

They occur in women more often than men, usually during women's periods. We don't know why they appear. But some experts believe that problems with the immune system—the system in our bodies that fights disease—may be involved. Bacteria or viruses could also be involved.

What can increase your chances of getting canker sores?

- Feeling tired
- Feeling stressed
- Having allergies
- Having a cut inside your cheek or on your tongue

What can help you feel better?

- If you get a large sore (about ½ inch in size), you may need to be treated with medicine.
- Stay away from hot and spicy foods.
- Use mild mouthwashes or salt water rinses.
- Dab the sore with a mixture of hydrogen peroxide and water, or milk of magnesia.

We don't know how to prevent canker sores. But if you get them often, tell your doctor, nurse, or dentist what might be irritating your mouth.

Oral fungal or yeast infections (candidiasis [can-di-die-uh-sis])

These infections appear as red or white lesions, flat or slightly raised, in the mouth. They are common among denture wearers. They occur most often in people who are

very young, elderly, or who have a problem with their immune system (the system in our bodies that fights disease). People who have dry mouth syndrome are also very likely to get oral yeast infections.

What can prevent these infections?

- These infections can be prevented with good oral hygiene.
- If you wear dentures, clean them and remove them at bedtime.

Talk with your doctor or dentist about medicines that may be helpful if you have a problem with these infections.

Dry mouth syndrome

This condition is common in many adults, especially as they age. It may make it hard to eat, swallow, taste, and speak. It happens when your salivary glands don't work right, often as a side effect from medicines or from other health problems. If left untreated, this lack of saliva can lead to cavities. It is saliva that helps get rid of bits of food in your mouth. Saliva also helps stop acid from forming plaque on your teeth.

Oral cancer

This cancer usually develops in people who are older than 40. It is often found when the cancer is in its late stages, when it is harder to

treat. Oral cancer is not usually painful, so you may not know you have it. And many people do not visit their dentists often enough to find the cancer early.

Oral cancer often starts as a tiny, unnoticed white or red spot or sore anywhere in the mouth. The most common places it develops are on the tongue, the lips, and the floor of the mouth. Using tobacco, especially with drinking alcohol, is the main cause of oral cancer.

What are the signs of oral cancer?

- A sore that bleeds easily or does not heal
- A change in color of the tissues in your mouth
- A lump, thickening, rough spot, crust, or small eroded area
- Pain, tenderness, or numbness anywhere in the mouth or on the lips
- Problems chewing, swallowing, speaking, or moving the jaw or tongue
- A change in the way your teeth fit together

Oral problems from cancer therapies.

Treatments such as chemotherapy or radiation to the head and neck can cause dry mouth, tooth decay, painful mouth sores, and cracked, peeling lips.

Oral Health and Women

You need to have good oral hygiene at all stages of your life. As a woman, your changing hormone levels during puberty, menstruation (your monthly period), and menopause cause changes in your mouth.

Hormone changes can cause

- ◆ frequent cold sores and canker sores
- ◆ gingivitis during puberty
- ◆ dry mouth (often also linked to using certain medicines)

Visit the National Women's Health Information Center web site www.womenshealth.gov

- ◆ changes in sensation or taste
- ◆ increased risk of gum disease
- ◆ bone weakness before, during, and after menopause

Oral Health and Pregnancy

If you are pregnant, you have special oral health needs.

Try to have a complete oral exam done before you become pregnant or very early in your pregnancy. All dental work that you



need should be done before the pregnancy or between the fourth and sixth month of pregnancy. You can get treatment for an urgent problem during pregnancy, but it can present risks to your baby. Treatments are most dangerous during the first three months of a pregnancy. If you are in the last three months of pregnancy, you may get dental treatment. You may find the dental chair uncomfortable, though.

Some pregnant women get gum disease, a problem called pregnancy gingivitis. It increases their chances for getting more serious gum disease. This condition can be caused by poor oral hygiene and increased hormone levels during pregnancy. It may make you less likely to brush your teeth and floss the right way or as much as you should. Pregnant women with gum diseases are much more likely to have premature babies of low birth weight.

To control your risk for inflammation of your gums and oral disease,

- ◆ Start practicing good oral hygiene, if you haven't already.
- ◆ Eat a healthy diet.
- ◆ Be thorough when brushing your teeth daily.
- ◆ Floss your teeth and gums daily.

Oral Health and New Mothers

What should you know?

- ◆ Don't put your baby's toys, spoons, pacifiers, and other items in your mouth. The



same germs that cause tooth decay in your mouth can be passed onto your baby.

- ◆ Wipe your baby's teeth and gums with a soft cloth or a baby's toothbrush after each nursing and feeding. That quick action can help remove the sugars found in milk, which can cause tooth decay.
- ◆ If you bottle-feed your baby, stop by age one.
- ◆ Never put your baby to bed with a bottle of milk or juice.
- ◆ Never place a pacifier covered with honey or sugar in your baby's mouth when he or she sleeps.
- ◆ Sucking on a bottle when lying down can destroy your baby's teeth. It can cause years of tooth pain and problems with eating.

Pediatricians and pediatric dentists suggest that all babies have an oral exam between one and two years old. This exam checks your baby for any problems in the mouth and with the way you might be feeding him or her. You also can learn how to properly care for your child's teeth and mouth.

Toothpastes and Mouthwashes

You can choose from so many types of toothpastes these days. Some say they're made for whitening your teeth. Others say they reduce gingivitis and plaque. Others suggest they're made just for people with sensitive teeth.

What should you know?

- ◆ As long as the toothpaste contains fluoride and its box shows the American Dental Association's (ADA) seal of acceptance, the toothpaste is good for your oral health. If your toothpaste meets those two conditions, then it's just a personal choice which brand and type to use.
- ◆ Mouthwashes claim to freshen your breath. But they really only mask bad odors in your mouth for a few hours. If you use a breath freshener regularly to hide bad mouth odor, see your dentist.
- ◆ If you need extra help controlling plaque, your dentist might suggest using an anti-septic mouth rinse. Many of these products are accepted by the ADA because they





reduce plaque and gum disease. They also help kill the germs that cause bad breath.

- ◆ You also may want to use a fluoride mouth rinse, along with brushing and flossing, to help prevent tooth decay.

Tooth Whitening or Bleaching

You might want to whiten your teeth more than is possible through regular brushing, flossing, and dental checkups. You have several options. They vary in price and in how well they work.

What should you know?

- ◆ **Chairside bleaching or “power bleaching.”** In your dentist’s office, he or she applies a gel or a rubber shield to protect your gums and oral tissues. Then a bleach is put on your teeth. Ask your dentist if the bleaching agents have the ADA seal of acceptance. A special light or a laser may be used to help the bleach work better.

But no products that use lasers are accepted right now by the ADA. If you and your dentist use this method, you may have to visit your dentist more than once. You will see results right away, usually your teeth will be about five shades brighter. It works well on different types of stains on your teeth.

- ◆ **Professionally dispensed bleaching solutions.** You get these products from your dentist, but you use them at home. They contain peroxide(s), which actually bleach the tooth enamel. Most of these solutions are in gel form. The solution is then placed in a mouth guard or tray that fits inside your mouth around your teeth. How long you use them depends on what results you’re looking for and if you are sensitive to the bleach. Some products are made to be used about twice a day for two weeks. Others are used overnight for one to two weeks. They work well on many types of stains on your teeth. You can get your teeth about six shades brighter with long-lasting results.



- ◆ **Over-the-counter, TV, and Internet products.** You can buy these products through many different sources and use them at home. They include whitening strips, paint-on products, and gels and trays. They have a low amount of peroxide. You wear some of these products during the day. With other products, you apply them at night before bedtime. They have limited results if you use them before you have a professional remove the stains. But they can help prolong the results you get from this earlier treatment. They can help with stains that result from age and certain foods. You can get about two shades brighter for up to six months. None of these gels and trays are accepted by the ADA.
- ◆ **Whitening toothpastes.** All toothpastes help remove surface staining of your teeth through their mild abrasives. “Whitening” toothpastes with the ADA seal have special polishing agents that remove even more stains. Unlike bleaches, these products do not change the actual color of

Talk with your dentist *before* you use any whitening products. Your dentist can help you decide which method is best for the type of stains on your teeth. Not all products will work on all people. The options offered by your dentist can be expensive. Be certain to ask what results you can really expect. Remember: whitening your teeth alone does not make your mouth any healthier.



your teeth. They help with slight surface stains only. You get temporary results of perhaps one to two shades brighter.

Keep Smiling! Steps You Can Take to Keep Your Mouth Healthy

1. Brush your teeth at least twice each day, first thing in the morning and before going to bed. Once a day, use floss or an interdental cleaner to clean between teeth to remove food that your toothbrush missed.

- ◆ Drink fluoridated water and use fluoride toothpaste. Fluoride protects teeth against dental decay at any age. You also may want to use a fluoride mouth rinse, along with brushing and flossing, to help prevent tooth decay.

- ◆ Gently brush all sides of your teeth with a soft-bristled brush and a fluoride toothpaste. Use circular and short back-and-forth strokes.
- ◆ Take time to brush along the gum line. Lightly brush your tongue to help remove plaque and food debris.
- ◆ Ask your dentist to show you the best way to floss your teeth.
- ◆ Change your toothbrush at least every three months or earlier if the toothbrush looks worn. A new toothbrush can remove more plaque than a toothbrush that's more than three months old.
- ◆ If you wear dentures, be sure to remove them at night. Clean them before putting them back in your mouth the next morning.

2. Have a healthy lifestyle.

- ◆ Eat healthy meals. Brush your teeth, gums, and tongue after meals to lessen your chances of tooth decay. Don't snack on sugary or starchy foods between meals.
- ◆ Don't smoke. Smoking raises your risk of getting gum disease, oral and throat cancers, and oral fungal infections.
- ◆ If you drink alcohol, only drink it in moderation. For women, that means no more than one drink per day. For men, that means no more than two drinks per day. Heavy alcohol use increases your risk of getting oral and throat cancers. When alcohol and tobacco are used together, your risk of oral cancer is even greater than if you only drank or only smoked.



3. Get regular checkups.

- ◆ Have an oral exam twice a year, so your dentist can find any signs of problems early. During regular checkups, dentists and other types of dental providers can find signs of nutritional deficiencies, diseases, infections, immune disorders, injuries, and some cancers.
- ◆ Make an appointment right away if you have any of these problems:
 - Your gums bleed often.
 - You see any red or white patches on the gums or tongue.

Other Types of Dental Providers

- Dental hygienists. They work as part of your dentist's staff. They clean patient's gums and teeth. They instruct patients on the ways they can prevent oral disease and maintain their oral health.
- Periodontists. These dentists treat gum disease and place dental implants, or artificial teeth, to replace lost teeth.
- Oral surgeons. These dentists can perform biopsies, which means taking a sample of tissue from your mouth so they can look at it under a microscope. They can also perform surgery on your mouth and supporting tissues if you have a serious problem.

- You have pain in your mouth or jaw pain that won't go away.
- You have sores in your mouth that do not heal within two weeks.
- You have problems swallowing or chewing.

4. Follow your dentist's advice.

Your dentist may suggest more ways that you can keep your mouth healthy. He or she can teach you how to properly floss or brush, and how often. He or she might suggest preventive steps or treatments to keep your mouth healthy.

5. If you have another health problem, it may affect your oral health.

- ◆ If you take medicines that give you a dry mouth, ask your doctor or nurse if there's another medication you can use instead. Consider using a saliva substitute.
- ◆ Have an oral exam before beginning cancer treatment to help prevent or limit other oral problems or tissue damage.
- ◆ If you have diabetes, practice good oral hygiene to prevent gum disease. Ask your dentist about the best way to brush and floss. Tell your dentist about your condition. Try to schedule your dental appointments for the mornings, when your blood glucose levels are likely to be the most stable. On the morning of your office visit, eat a light, healthy breakfast.

Then and Now

In 1945, fluoride was introduced into community water systems in the United States. Today, most Americans are exposed to fluoride from different sources, such as water, toothpaste, mouth rinses, and some foods. For years now, water fluoridation has reduced pain and suffering related to tooth decay. It has reduced tooth loss. It has reduced time lost from school and work to care for teeth problems. It has also reduced the amount of money that Americans spend on dental care. Fluoridation has been a major reason why tooth decay has been declining in this country.

Coping with Stress

Feeling stressed out? It's hard to stay calm and relaxed in our hectic lives. Our day-to-day tasks can feel overwhelming. On top of that, many of us are coping with serious illnesses in our families and dealing with other problems. As women, we have many roles: spouse, partner, mother, caregiver, friend, employee, boss. With all we have going on in our lives, it seems almost impossible to find ways to de-stress. But it's important to find those ways. Your health depends on it.

How Women React to Stress

We all deal with stressful things like traffic, arguments with spouses, and problems on the job. Some researchers think that women handle stress in a unique way: we *tend* and *befriend*.

- ◆ **Tend:** Women protect and care for their children.
- ◆ **Befriend:** Women seek out and get social support.

Women's bodies make chemicals that are believed to contribute to these responses to stress. One of these chemicals is oxytocin [ahk-see-toe-sin], which has a calming effect during stress. This same chemical is released during childbirth. It is also found at higher levels in breastfeeding mothers, who are believed to be calmer than women



who don't breastfeed. Women also have the hormone estrogen, which boosts the effects of oxytocin. Men, however, have high levels of testosterone during stress. This hormone blocks the calming effects of oxytocin and causes hostility, withdrawal, and anger.

Stress Affects Your Entire Body

Everyone experiences stressful events at times. We have short-term stress, such as getting lost while driving or missing the bus. Even everyday events, such as planning a meal or making time for errands, can be stressful. This kind of stress can make us feel worried or anxious.

Other times, we face long-term stress, such as a life-threatening illness, chronic disease, disability, divorce, or the death of a loved one. Women often have to deal with all

Common Effects of Stress on Your Health

- Trouble sleeping
- Headaches
- Constipation
- Diarrhea
- Irritability
- Lack of energy
- Lack of concentration
- Eating too much or not at all
- Anger
- Sadness
- Higher risk of asthma and arthritis flare-ups
- Tension
- Stomach cramping
- Stomach bloating
- Skin problems, like hives
- Depression
- Anxiety
- Weight gain or loss
- Heart problems
- High blood pressure
- Irritable bowel syndrome
- Diabetes
- Neck pain, back pain, or both
- Less sexual desire
- Harder to get pregnant

aspects of a loved one passing away, especially if it is a parent or child. These stressful events also affect your health on many levels. Long-term stress can increase your risk for some health problems, like depression.

Both short-term and long-term stress can have negative effects on your body. Research is starting to identify how our bodies respond to stress. Stress triggers changes in our bodies and makes us more likely to get sick. It can also worsen some of the health problems we already have.

Don't Let Stress Make You Sick

As women, we tend to carry a higher burden of stress than we should. Many times we're not even aware of our stress levels. Listen to your body, so you know when stress is affecting your health.

Tips: How To Lessen Your Stress

- ◆ **Relax.** It's important to unwind. Every person has her own way to relax. Some ways include deep breathing, yoga, meditation, and massage therapy. You can also take a few minutes to sit, listen to soothing music, or read a book.
- ◆ **Make time for yourself.** It's important to care for yourself. Remember, you matter. You are worthy of your own care. No matter how busy you are, try to set aside at least 15 to 30 minutes each day to take a walk, work in your garden, play with your children. Maybe taking a bubble bath or calling a friend is your way to fight stress.
- ◆ **Sleep.** Sleeping is a great way to help both your body and mind. Your stress could get worse if you don't get enough sleep. You also can't fight off sickness as well when

you sleep poorly. When you get enough sleep, you can tackle your problems better, and you lower your risk of illness. Try to get seven to nine hours of sleep every night.

- ◆ **Eat healthy.** Fuel up with fruit, vegetables, and whole-grain foods, such as whole-grain crackers and breads. Don't be fooled by the jolt you get from caffeine or sugar. That boost of energy you may feel will wear off.
- ◆ **Get moving.** Believe it or not, getting physical activity helps relieve your tense muscles. Moving also improves your mood, too! Your body makes certain chemicals, called endorphins, after you're active. These chemicals help relieve stress and improve your mood. *See the Eating Healthy and Being Active chapter starting on page 36.*
- ◆ **Talk to friends.** Talk to your friends to help you work through your stress. Friends are good listeners. Finding someone who will let you talk freely about your



Most Stressful Life Events

Any change in our lives can be stressful. Even some of our happiest times can produce stress, such as having a baby or getting a new job. Here are some of the most stressful events in our lives.

- Death of a spouse
- Divorce
- Marital separation
- Spending time in jail
- Death of a close family member
- Personal illness or injury
- Marriage
- Pregnancy
- Retirement

Mental Health: A Report of the Surgeon General (1999)

problems and feelings without judging you does a world of good. It also helps to hear a different point of view. Friends will remind you that you're not alone.

- ◆ **Get help from a professional if you need it.** Talk to a therapist. A therapist can help you work through stressful times. He or she can help you find better ways to deal with your problems.
- ◆ **Compromise.** Sometimes, it's not always worth the stress to argue. Give in once in awhile.
- ◆ **Write down your thoughts.** Have you ever typed an e-mail to a friend about your lousy day and felt better afterward?

Deep Breathing: A Guide

Deep breathing is a good way to relax. Try it a few times every day.

1. Lie down or sit in a chair.
2. Rest your hands on your abdomen.
3. Slowly count to four and inhale through your nose. Feel your abdomen rise. Hold it for a second.
4. Slowly count to four while you exhale through your mouth. To control how fast you exhale, purse your lips like you're going to whistle. Your abdomen will slowly fall.
5. Repeat 5 to 10 times.

Why not grab a pen and paper and write down what's going on in your life. Or type your thoughts. Keeping a journal of any kind can be a great way to get things off your mind and work through issues. Later, you can go back and read through your journal and see how you've made progress!

- ◆ **Help others.** Helping someone else can help you. Help your neighbor, or volunteer in your community.
- ◆ **Get a hobby.** Find something you enjoy doing. Be sure to give yourself time to explore your interests. Is it reading? Painting? Swimming?
- ◆ **Set limits.** When it comes to work and family, figure out what you can reasonably do. You only have so many hours in a single day. Set limits with yourself

and others. Don't be afraid to say NO to requests for your time and energy.

- ◆ **Plan your time.** Think ahead about how you're going to spend your time. Write a to-do list. Figure out what's the most important task to get done that day.
- ◆ **Don't deal with your stress in unhealthy ways.** Don't drink too much alcohol. Don't use illicit drugs. Don't smoke. Don't overeat.

Then and Now

Among this group, who is the most likely to get an ulcer?

- a. High school teacher
- b. Police officer
- c. Medical resident
- d. Stockbroker
- e. Reporter
- f. Waiter
- g. Mother

They all have the same chance of getting an ulcer! Doctors used to think that ulcers were caused by stress and spicy foods. Now we know that stress doesn't cause ulcers—it just irritates them. Ulcers are actually caused by a germ called *Helicobacter pylori*. Researchers don't know for sure how people get this germ. It might be through food or water. Ulcers are treated with a combination of antibiotics and other drugs.

Protecting Yourself from Violence and Abuse



Violence and abuse affect all kinds of people every day. It doesn't matter what race or culture you come from, how much money you have, or if you have a disability. It is most common among women between ages 15 and 54, but it can happen at any age. Learn more about how to recognize the signs of violence and abuse. Learn how to stay safe. If you are being abused or have a loved one who is abused, or *think* there is abuse, get help as soon as you can. Remember, abuse can be physical, mental, and emotional.

The Most Common Forms of Violence

Domestic violence and abuse. It is also called intimate partner violence, partner abuse, spouse abuse, or battering. It occurs when one person uses force to inflict injury — either emotional or physical — on another person they have, or had, a relationship with. It occurs between spouses and partners, parents and children, children and grandparents, and brothers and sisters. Victims can be any age, race, or gender.

Often, the violent person is a husband, former husband, boyfriend, or ex-boyfriend. But sometimes the abuser is female. Domestic violence and abuse are common and must be taken *very seriously*.

Forms of domestic violence and abuse include

- ◆ physical abuse
- ◆ psychological or emotional abuse
- ◆ sexual assault
- ◆ isolation
- ◆ controlling all of the victim's money, shelter, time, food, etc.

Sexual assault and abuse. It is any type of sexual activity that you do not agree to. Sexual assault can be verbal, visual, or anything that forces a person to join in unwanted sexual contact or attention. Rape is a common form of sexual assault. It is committed in many situations—on a date, by a friend or an acquaintance, or by a stranger.



Examples of sexual assault and abuse include

- ◆ inappropriate touching
- ◆ vaginal, anal, or oral penetration
- ◆ sexual intercourse that you say “NO” to
- ◆ rape
- ◆ attempted rape
- ◆ child molestation
- ◆ voyeurism, when someone watches private sexual acts
- ◆ exhibitionism, when someone exposes himself or herself in public
- ◆ incest, which is sexual contact between family members
- ◆ sexual harassment, whether it occurs by a stranger, in the workplace, on a date, or in the home by someone you know

Educate yourself on “date rape” drugs. They can be slipped into a drink when you’re not looking. Never leave your drink unattend-

ed—no matter where you are. Always be aware of your surroundings. Date rape drugs make a person unable to resist assault and have memory loss of the event.

Signs You Are Being Abused

If someone you love, live with, or had a relationship with does any of these things to you, it’s time to get help.

- Monitors what you’re doing all the time.
- Criticizes you for little things.
- Constantly accuses you of being unfaithful.
- Prevents or discourages you from seeing friends or family, or going to work or school.
- Gets angry when he or she is drinking alcohol or using drugs.
- Controls how you spend your money.
- Controls your use of medicines you need.
- Humiliates you in front of others.
- Destroys your property or things that you care about.
- Threatens to hurt you, the children, or pets.
- Causes harm by hitting, beating, pushing, shoving, punching, slapping, kicking, or biting.
- Uses or threatens to use a weapon against you.
- Forces you to have sex against your will.
- Blames you for his or her violent outbursts.

Elder abuse. This abuse occurs when a caregiver, family member, or others use power and control to inflict physical, sexual, emotional, or financial injury or harm on vulnerable adults in their care. Many victims are people who are older and frail and depend on others to meet their needs. It can happen to women and men. It can affect people of all ethnic backgrounds and social status. Family members of the victim are responsible for most cases of elder abuse.



Types of elder abuse are

- ◆ physical abuse
- ◆ emotional abuse

- ◆ sexual abuse
- ◆ exploitation
- ◆ neglect
- ◆ abandonment

Signs of Elder Abuse

Type of Elder Abuse	Signs and Symptoms Include, But Are Not Limited To, the Following:
<p>Physical abuse: Inflicting, or threatening to inflict, physical pain or injury on a vulnerable elder, or depriving them of a basic need</p>	<ul style="list-style-type: none"> • Bruises, black eyes, welts, lacerations, and rope marks from being restrained • Bone fractures, broken bones, and skull fractures • Open wounds, cuts, punctures, and untreated injuries • Sprains, dislocations, internal injuries, and internal bleeding • Broken eyeglasses or frames, or physical signs of being subjected to punishment • Laboratory findings of medication overdose or the under-use of prescribed medications • An elder’s report of being hit, slapped, kicked, or mistreated • An elder’s sudden change in behavior • An elder who does not want to be alone with caregiver • The caregiver’s refusal to allow visitors to see an elder alone • Changes in speaking, breathing, or swallowing that may be the result of strangulation

Type of Elder Abuse	Signs and Symptoms Include, But Are Not Limited To, the Following:
<p>Sexual abuse: Any sexual contact that is not agreed to by the elder, like unwanted touching and all types of sexual assault</p>	<ul style="list-style-type: none"> • Bruises around the breasts or genital area • Unexplained sexually transmitted diseases (STDs) or genital infections • Unexplained vaginal or anal bleeding • Torn, stained, or bloody underclothing • An elder’s report of being sexually assaulted or raped
<p>Emotional abuse: Inflicting mental pain, anguish, or distress on an elder person through verbal or nonverbal acts</p>	<ul style="list-style-type: none"> • Being emotionally upset or agitated • Being extremely withdrawn and non-communicative or non-responsive • Unusual behavior, usually thought to be caused by dementia (for example, sucking, biting, rocking) • An elder’s report of being verbally or emotionally mistreated • Isolation: Family members and friends may be cut off from the victim because the abuser refuses to allow contact with the elder or relay information to the elder. • Psychological abuse is a strong indicator that other forms of abuse are also occurring.
<p>Exploitation: Illegal taking, misuse, or concealment of funds, property, or assets of a vulnerable elder</p>	<ul style="list-style-type: none"> • Sudden changes in bank account or banking practice • Unexplained withdrawal of large sums of money by a person accompanying the elder • Including additional names on an elder’s bank signature card • Abrupt changes in a will or other financial documents • Unexplained disappearance of funds or valuable possessions • Substandard care being provided or bills unpaid despite adequate financial resources • Discovery of an elder’s signature being forged • An elder’s report of financial exploitation

Type of Elder Abuse	Signs and Symptoms Include, But Are Not Limited To, the Following:
<p>Neglect: Refusal or failure by those responsible to provide food, shelter, health care, financial care, or protection for a vulnerable elder</p>	<ul style="list-style-type: none"> • Dehydration, malnutrition, untreated bed sores, and poor personal hygiene • Unattended or untreated health problems • Hazardous or unsafe living conditions: improper wiring, no heat, or no running water • Unsanitary and unclean living conditions: dirt, fleas or lice on the person, soiled bedding, fecal and urine smells, inadequate clothing • An elder’s report of being mistreated
<p>Abandonment: The desertion of a vulnerable elder by anyone who has assumed the responsibility for care or custody of that person</p>	<ul style="list-style-type: none"> • The desertion of an elder at a hospital, a nursing facility, a shopping center, or other public place • An elder’s own report of being abandoned

Steps to Get Help for Elder Abuse

Each one of us has a responsibility to keep vulnerable elders safe from harm. Every case of elder abuse should be reported.

Legislators in all 50 states have passed some form of laws on the issue of elder abuse. These laws vary greatly from state to state. But all states have set up reporting systems. Adult Protective Services (APS) agencies receive and investigate reports of suspected elder abuse. They screen calls for potential seriousness. It keeps all information confi-

dential. If the agency decides the situation might be violating the state’s laws, it assigns a caseworker to conduct an investigation (in cases of an emergency, usually within 24 hours). If the victim needs crisis intervention, services are available.

- ◆ Call the police or 911 immediately if someone you know is in immediate, life-threatening danger!
- ◆ If the danger is not immediate, but you suspect that abuse has occurred or is occurring, report your suspicions to the local APS agency.



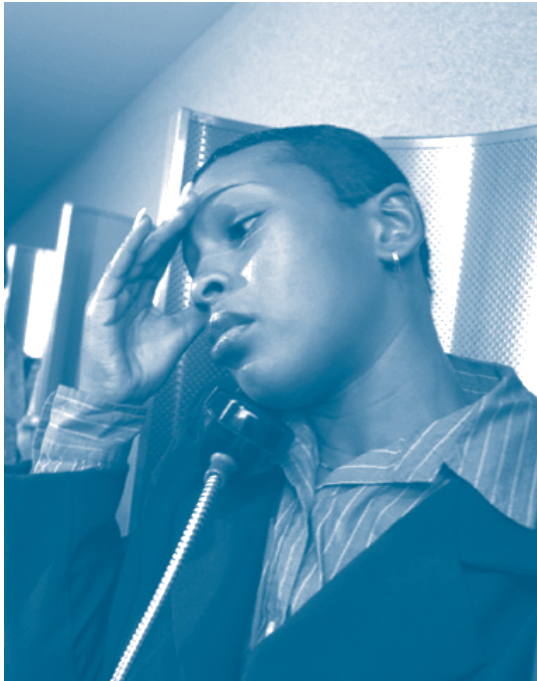
- ◆ If you cannot find the telephone number for your state's Adult Protective Services hotline, **call the Eldercare Locator helpline at 1-800-677-1116**. Specially trained operators will refer you to a local agency that can help you. The helpline is open Mondays–Fridays, 9 a.m.–8 p.m., Eastern Standard Time.
- ◆ To report elder abuse, call Adult Protective Services through your state's hotline. For a state-by-state listing of statewide toll-free telephone numbers, go to the web site of the National Center on Elder Abuse at **www.elderabusecenter.org/default.cfm?p=statehotlines.cfm**.
- ◆ If the suspected incident of elder abuse involves an older person living in an insti-

tutional setting, call the office of the local long-term care (LTC) ombudsman. Go to the web site of the National Center on Elder Abuse at www.elderabusecenter.org/default.cfm?p=nursinghomeabuse.cfm. You'll find a directory of state hotlines for reporting abuse in nursing homes, assisted living, or board and care homes. You'll also find many other resources there to help you report suspected abuse.

Steps to Get Help for Domestic Violence and Abuse

You're not alone. Many women are victims of domestic abuse.

- ◆ If you are abused or have a loved one who is abused, get help.
- ◆ **Call a crisis hotline or the National Domestic Violence Hotline at 1-800-799-SAFE (7233) or TDD 1-800-787-3224.** This hotline is available 24 hours a day, 365 days a year, in English, Spanish, and other languages. It can give you the phone numbers of local hotlines and other resources.
- ◆ Call the police or leave if you or your children are in danger!
- ◆ Don't ignore it. The abuse won't go away. Learn how to lower your risk of being a victim before you find yourself in an uncomfortable or threatening situation.
- ◆ Don't keep it to yourself. Talk with someone you trust: a family member, friend, colleague, or faith counselor.



- ◆ If you've been hurt, get medical attention. Go to a doctor or an emergency room and report what happened to you. Ask that they document your visit.
- ◆ Call the police. Abuse is a crime and you have rights.
- ◆ Find out about local battered women's shelters before you have to use them during a crisis. A crisis hotline or the police can help you find one.
- ◆ Plan for how you and your children will escape if you're attacked again. Identify a safe place for them, like a friend's house, where they can go for help.

- ◆ Put aside emergency money as you can. Or ask friends or family members to hold money for you.
- ◆ If you decide to leave, you'll be prepared. Put important papers—marriage license, birth certificates, regularly needed medications, credit cards, checkbooks, insurance information, and other papers—in a place where you can get them quickly.
- ◆ Contact your family court for information about getting a civil protection order. Call a domestic violence court, if one is offered by your state.
- ◆ To find a state-by-state list of places to get help, go to www.womenshealth.gov/violence/state.

Steps to Get Help for Sexual Assault

Take action right away if you've been sexually assaulted.

- ◆ Get away from the attacker to a safe place as fast as you can. Then call 911 or the police.
- ◆ Call a crisis center or a hotline to talk with a counselor. **One hotline is the National Sexual Assault Hotline at 1-800-656-HOPE (4673).**
- ◆ Feelings of shame, guilt, fear, and shock are normal. Get counseling from a trusted professional.
- ◆ Call a friend or family member you trust. If you are that trusted someone, you can help by listening and offering comfort. Go

with her or him to the police, the hospital, or to counseling. Reinforce the message that she or he is not at fault and that it is natural to feel angry and ashamed.

- ◆ Do not wash, comb, or clean any part of your body. Do not change clothes if possible, so the hospital staff can collect evidence. Do not touch or change anything at the scene of the assault.
- ◆ Go to your nearest hospital emergency room as soon as possible. You need to be examined, treated for any injuries, and screened for possible sexually transmitted diseases (STDs) or pregnancy. The doctor will collect evidence using a rape kit for fibers, hairs, saliva, semen, or clothing that the attacker may have left behind.
- ◆ You or the hospital staff can call the police from the emergency room to file a report.
- ◆ Ask the hospital staff about possible support groups you can attend right away.

Steps to Get Help for Elder Abuse

- ◆ When an elder is in immediate danger, call 911 or the local police.
- ◆ For help with locating elder care services, call toll-free to the Eldercare Locator at 1-800-677-1116.
- ◆ Protect your loved ones from abuse. Make sure they get the care and services they need.
- ◆ Every case of elder abuse should be reported to the local authority in your area.

To get immediate help and support,

- Call the National Domestic Violence Hotline at 1-800-799-SAFE (7233) or TDD 1-800-787-3224.
 - Call the National Sexual Assault Hotline at 1-800-656-4673.
 - Call the Eldercare Locator at 1-800-677-1116 for help with locating elder care services.
- ◆ Reporting procedures differ in each state. Look in your area phone book for numbers of the Adult Protective Services (APS) agency, or a Department on Aging, an Agency on Aging, or the Department of Social Services.
 - ◆ Many states have 24-hour toll-free numbers that take calls for reporting elder abuse. You can get more information on elder abuse from the National Center on Elder Abuse at www.elderabusecenter.org.

Then and Now

In the past, employers didn't get involved if an employee suffered from violence at home. In the 1990s, people began to realize that the abuse would happen at work as well. Abusive partners would harrass the victims at work. Some employers and state governments have started to take steps to address this growing problem.

Understanding Menopause and Its Challenges



Menopause

Menopause is a normal change in your life that usually happens when you are in your late 40s to mid-50s and your period stops. That's why some people call menopause "the change of life." During perimenopause, your body begins making less of the hormones estrogen and progesterone. (Perimenopause is the years leading up to menopause and one year after your final menstrual period.) You have reached menopause when you have not had a period for 12 months in a row (and you are not pregnant or breastfeeding

and you have no other disease-related causes for this change). As you near menopause, you may have symptoms from the hormone changes in your body. Many women wonder if these changes are normal. Many women are confused about how to treat their symptoms. It may help you feel better to learn all you can about menopause and to talk with your doctor about your health and your symptoms. If you want to treat your symptoms, your doctor or nurse can teach you more about your options and help you make the best treatment choices.

Symptoms of Perimenopause

Some women may not have any symptoms around the time of menopause. Other women may have these symptoms:

- ◆ Changes in your period: The time between periods and the flow from month to month may be different.
- ◆ Abnormal bleeding or "spotting": Common as you near menopause. But if your periods have stopped for 12 months in a row and you still have "spotting," you should report this symptom to your doctor to rule out serious causes, such as cancer.
- ◆ Hot flashes ("hot flushes"): Getting warm and possibly sweaty in the face, neck, and chest.
- ◆ Night sweats and sleeping problems: These symptoms may lead to feeling tired, stressed, or tense.

- ◆ Vaginal changes: The vagina may become dry and thin, and sex and vaginal exams may be painful. You also might get more vaginal infections.
- ◆ Weakening of your bones: This may increase your chances of bone breaks (osteoporosis) and loss of height. *See the Getting Strong Bones chapter, starting on page 42, for information on osteoporosis.*

These changes may also happen around the time of menopause, but are not necessarily caused by hormone changes:

- ◆ mood changes, such as mood swings, depression, and irritability
- ◆ urinary problems, such as leaking urine when sneezing, coughing, or laughing; or burning or pain when urinating
- ◆ problems with concentration or memory
- ◆ less interest in sex and changes in sexual response



Who Should NOT Take Hormone Therapy for Menopause?

Women who

- think they are pregnant
- have had certain kinds of cancers (such as breast cancer and uterine cancer)
- have had a stroke or heart attack
- have had blood clots
- have liver disease

- ◆ weight gain or increase in body fat around your waist
- ◆ hair thinning or loss

Treatment for Menopause

Should you seek treatment for the symptoms of menopause? Many of your menopause symptoms will go away over time without treatment. Some women will choose treatment for their symptoms or to prevent bone loss that can happen around the time of menopause. Treatments may include prescription drugs that contain types of hormones that your ovaries stop making around the time of menopause. Menopausal hormone therapy can contain the hormone estrogen alone, for a woman who does not have a uterus or womb, as a result of a hysterectomy or surgical removal. Menopausal hormone therapy can also contain estrogen with the hormone progesterone, for a woman who still has her uterus. Estrogen therapy usually is taken by pill or skin patch,



as a cream or gel, or using a vaginal ring or tablet. How estrogen is taken can depend on its purpose. For instance, a vaginal ring or cream can ease vaginal dryness, but it may not relieve hot flashes. If you only want to prevent bone loss, you also should talk with your doctor about medicines other than menopausal hormone therapy that can help your bones.

Risks and Benefits of Menopausal Hormone Therapy

Benefits. Menopausal hormone therapy can help with menopause by

- ◆ reducing hot flashes
- ◆ treating vaginal dryness
- ◆ slowing bone loss

What Have We Learned About Taking Menopausal Hormone Therapy?

We know that menopausal hormone therapy may be an effective way to help with symptoms of menopause. Hormones do NOT help prevent heart disease, stroke, memory loss, or Alzheimer's disease. **If you decide to use hormones, use them at the lowest dose that helps and for the shortest time needed. Check with your doctor regularly to see if you still need them.**

Because both benefits and risks are linked to taking them, every woman should think about these in regard to her own health. She should also discuss these issues with her doctor. We are still trying to learn more about the long- and short-term effects of hormone therapies on women's health.

DO NOT use hormone therapy to prevent heart attacks, strokes, memory loss, or Alzheimer's disease. And remember, there are other medicines that can help your bones. Talk with your doctor to identify what will work best for you.

Risks. For some women, menopausal hormone therapy may increase their chance of getting

- ◆ blood clots
- ◆ heart attacks
- ◆ strokes
- ◆ breast cancer
- ◆ gallbladder disease



If you decide to use hormones, use them at the lowest dose that helps and for the shortest time needed. Check with your doctor regularly to see if you still need them.

For a woman with a uterus, taking estrogen alone, without progesterone, increases her chance of getting endometrial cancer (cancer of the lining of the uterus). Adding progesterone to the estrogen therapy lowers this risk.

Menopausal hormone therapy also may cause these side effects:

- ◆ vaginal bleeding (like having a period)
- ◆ bloating
- ◆ breast enlargement or tenderness
- ◆ headaches
- ◆ mood changes
- ◆ nausea

Natural Treatments

Some women decide to take herbal, natural, or plant-based products to help their symptoms. Some of the most common products include the following.

- ◆ **Soy.** Soy contains *phytoestrogens* (estrogen-like substances from a plant). But there is no proof that soy—or other sources of phytoestrogens—really do relieve hot flashes. Any risks of taking soy,



especially the pills and powders, are not known. You can get soy from foods, too. Soy food products include tofu, tempeh, soy milk, and soy nuts.

- ◆ **Bioidentical hormone therapy.** Some women are interested in menopausal symptom therapies marketed as “bioidentical hormone therapy.” Every product is custom compounded, so the mixture of hormones and other substances can vary from patient to patient, from bottle to bottle. Although some products are labeled as “natural” and containing plant products, they are not necessarily safer or more effective than prescription hormone products. Before using these therapies, you should discuss them with your doctor. You should also tell your doctor about all the medications you are taking, both prescription drugs and the over-the-counter products, including herbal products. Some herbal products can interact with drugs.



Other Ways to Help Your Symptoms

- ◆ **Hot flashes.** A hot environment; eating or drinking hot or spicy foods, alcohol, or caffeine; and stress can bring on hot flashes. Try to avoid these triggers. Dress in layers and keep a fan in your home or workplace. Regular exercise might also bring relief from hot flashes and other symptoms. Ask your doctor about taking an antidepressant medicine. There is proof that these medicines can be helpful for some women.
- ◆ **Vaginal dryness.** Use an over-the-counter, water-based vaginal lubricant. Your doctor might also give you prescription estrogen creams or tablets. If you have spotting or bleeding while using estrogen creams, tell your doctor.
- ◆ **Problems sleeping.** One of the best ways to get a good night’s sleep is to get at least 30 minutes of physical activity on most days of the week. But avoid a lot of exercise close to bedtime. Also avoid alcohol, caffeine, large meals, and napping near bedtime. You might want to drink something warm, such as herb tea





or warm milk, before you go to bed. Try to keep your bedroom at a comfortable temperature. Try to go to bed and get up at the same times every day.

- ◆ **Memory problems.** Keep an active mind. Read, work crossword or other puzzles, or learn something new. Try to get enough sleep and be physically active.
- ◆ **Mood swings.** Try to get enough sleep and be physically active. Think about going to a support group for women who are going through the same thing as you are. Or think about getting counseling to talk through your problems and fears. Antidepressant medicines may also help in some cases. Ask your doctor whether these medicines are right for you.

Improve Your Health Whether You Use Hormones or Not

You have many ways to stay healthy during this time in your life.

- ◆ Be active and get plenty of exercise. Try to get at least 30 minutes of physical activity on most days of the week. Try weight-bearing exercises, like walking, running, or dancing.
- ◆ If you smoke, quit. Ask your doctor for help.
- ◆ Eat healthy.
 - Eat lots of whole-grain products, vegetables, and fruit.
 - Choose foods low in fat and cholesterol.



- Get enough calcium and vitamin D to keep your bones strong. Women older than 50 need 1200 mg of calcium per day. You also need 400 IU of vitamin D from ages 51 to 70. You need 600 IU of vitamin D after age 70.
- ◆ If you drink alcohol, limit it to no more than one drink per day. “One drink” is defined as one 12-ounce bottle of beer or wine cooler, one 5-ounce glass of wine, or 1.5 ounces of 80-proof distilled spirits.
- ◆ Control your weight. Ask your doctor what a healthy weight is for you.
- ◆ Talk with your doctor and get regular checkups.
- ◆ Discuss bone health. Ask if you’re getting enough calcium and vitamin D. Get a bone density test if you’re older than 65, or if your doctor says you have a high chance of getting osteoporosis. Ask about taking medicine to help preserve bone and slow down bone loss.
- ◆ Have your blood pressure, cholesterol, and blood glucose checked regularly.
- ◆ Have regular breast exams, breast x-rays (a mammogram), and Pap tests.



Then and Now

Researchers used to think that thin women have worse menopausal symptoms. But researchers are now finding that the opposite is true. The heavier the woman, the worse some menopausal symptoms, such as hot flashes or night sweats, actually are. Our knowledge about the symptoms of menopause is growing. New information continues to emerge.

Use this chart to keep track of menopausal symptoms that bother you. Take it with you when you visit your doctor, so you both can figure out the best way to handle them.

Date	Symptoms	Things I've tried to help them	Questions to ask my doctor	New things to try

January 2007

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 New Year's Day	2 	3 	4 	5 	6
7 	8 	9 	10 	11 	12 	13
14 	15 Martin Luther King Jr. Day	16 	17 	18 	19 	20
21 	22 	23 	24 	25 	26 	27
28 	29 	30 	31 			

January 2007

Featured health observance: National Cervical Health Awareness Month

- ◆ A new vaccine called Gardasil can prevent cervical cancer, precancerous genital lesions, and genital warts caused by human papillomavirus (HPV). Ask your doctor or nurse about Gardasil!
- ◆ Make sure to get a Pap test to screen for cervical cancer every 1 to 3 years.
- ◆ Ask your doctor or nurse if you should get screened for this cancer more often.

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Monday

New Year's Day

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Tuesday

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Wednesday

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Thursday

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Friday

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Saturday

January

January 2007

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Sunday

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Saturday



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7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

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Sunday

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Monday

Martin Luther King Jr. Day

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Tuesday

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Wednesday

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Thursday

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Friday

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Saturday

January

January 2007

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Sunday

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January

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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

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Sunday

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Monday

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Tuesday

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Wednesday

Notes

January

February 2007

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
					Groundhog Day	
4	5	6	7	8	9	10
11	12	13	14	15	16	17
			Valentine's Day			
18	19	20	21	22	23	24
	President's Day		Ash Wednesday			
25	26	27	28			

February 2007

Featured health observance: Heart Month

Know the signs of a heart attack. During a heart attack, women often have one or more of these symptoms:

- ◆ pain, discomfort, or pressure in the center of the chest
- ◆ pain or discomfort in other areas of the upper body, including the arms, back, neck, jaw, or stomach
- ◆ shortness of breath (trouble breathing)
- ◆ breaking out in a cold sweat
- ◆ nausea or an upset stomach
- ◆ dizziness

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Thursday

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Groundhog Day

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February 2007

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February

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Valentine's Day

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February

February 2007

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Sunday

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President's Day

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Ash Wednesday

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February

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11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

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Notes

February

March 2007

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	6	7	8	9	10
						National Women and Girls HIV/AIDS Awareness Day
11	12	13	14	15	16	17
Daylight Saving Time starts						St. Patrick's Day
18	19	20	21	22	23	24
			Spring begins			
25	26	27	28	29	30	31

March

March 2007

Featured health observance: National Colorectal Cancer Awareness Month

Cancer of the colon or rectum is often called colorectal cancer. The colon and rectum are part of the large intestine, which is part of the digestive system.

- ◆ Your risk of getting colorectal cancer may increase if you aren't physically active, especially if your diet is high in fat. Another great reason to get moving!
- ◆ If you are 50 years of age or older, get a colonoscopy every 10 years.
- ◆ Ask your doctor or nurse if you should get screened for this cancer more often or at a younger age.

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Friday	_____
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Saturday	_____



March 2007

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National Women and Girls HIV/AIDS Awareness Day

March

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Daylight Saving Time starts

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St. Patrick's Day

March

March 2007

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Spring begins

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March

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March

April 2007

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
Palm Sunday		First day of Passover			Good Friday	
8	9	10	11	12	13	14
Easter		Last day of Passover				
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

April

April 2007

Featured health observance: Sexual Assault Awareness Month

- ◆ Find a safe environment, anywhere away from your attacker. Then call 911 or the police.
- ◆ Talk with a counselor at the National Sexual Assault Hotline at 1-800-656-HOPE (4673).

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Sunday

Palm Sunday

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Monday

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Tuesday

First day of Passover

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Wednesday

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Thursday

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Friday

Good Friday

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Saturday

April

April 2007

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Sunday

Easter

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Monday

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Tuesday

Last day of Passover

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Wednesday

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Thursday

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Friday

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Saturday



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22	23	24	25	26	27	28
29	30					

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April

April 2007

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Saturday



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8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

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Sunday

30
Monday

Notes

April

May 2007

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
						Cinco de Mayo
6	7	8	9	10	11	12
13	14	15	16	17	18	19
Celebrate National Women's Health Week (May 13-19). Get a checkup!						
Mother's Day						
20	21	22	23	24	25	26
27	28	29	30	31		
	Memorial Day					

May

May 2007

Featured health observance: National Osteoporosis Awareness and Prevention Month

Osteoporosis means that your bones get weak and brittle. Then you're more likely to break a bone.

- ◆ If you are 65 years old or older, get a bone density test.
- ◆ Get a bone density test *before* age 65 if you are between the ages of 60 and 64, weigh fewer than 154 pounds, and don't take estrogen.
- ◆ Quit smoking today! Smoking raises your risk of getting osteoporosis by damaging bones and lowering the amount of estrogen in the body, a hormone that slows the loss of bone.

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Tuesday

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Friday

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Saturday

Cinco de Mayo

May

May 2007

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Saturday



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20	21	22	23	24	25	26
27	28	29	30	31		

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Mother's Day

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May

May 2007

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Memorial Day

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May

June 2007

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
Father's Day				Summer begins		
24	25	26	27	28	29	30

June

June 2007

Featured health observance: Home Safety Month

You can take some simple steps to create a safer home environment. The most common causes of accidents in the home are falls, fires and burns, and poisonings.

- ◆ Post the National Poison Control Hotline phone number next to every phone in your home. You can call them at 1-800-222-1222.
- ◆ Make a first-aid kit. Store it where family members can get to it.
- ◆ Make sure everyone in your home knows to “Stop, Drop, and Roll” if their clothes catch fire.
- ◆ Prepare a basic disaster supplies kit that is easy to carry in case you have to evacuate your home.

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June 2007

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June

June 2007

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Father's Day

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Summer begins

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June

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June

July 2007

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
			Independence Day			
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

July

July 2007

Featured health observance: **UV (ultraviolet) Safety Month**

- ◆ Sunglasses protect your eyes from too much exposure to ultraviolet (UV) rays, an invisible form of radiation that can damage your eyes.
- ◆ UV rays are strongest between 10 a.m. and 4 p.m., so sunglasses are especially important during those hours. Buy sunglasses that block 99 to 100 percent of UV rays.

1

Sunday

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Monday

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Tuesday

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Wednesday

Independence Day

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Thursday

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Friday

7

Saturday

July

July 2007

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Sunday

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Monday

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Tuesday

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Wednesday

12

Thursday

13

Friday

14

Saturday



S	M	T	W	T	F	S
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8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

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Sunday

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Monday

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Tuesday

18
Wednesday

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Thursday

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Friday

21
Saturday

July

July 2007

22

Sunday

23

Monday

24

Tuesday

25

Wednesday

26

Thursday

27

Friday

28

Saturday



S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

29
Sunday

30
Monday

31
Tuesday

Notes

July

August 2007

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
Women's Equality Day						

August

August 2007

Featured health observance: World Breastfeeding Week (August 1–7)

- ◆ Are you a breastfeeding mom with questions? Call the breastfeeding helpline at the National Women’s Health Information Center at 1-800-994-9662 or TDD 1-888-220-5446.
- ◆ Are you looking for more help with breastfeeding? Consider calling on a lactation consultant. They are specialized health care professionals dedicated to helping you with all aspects of breastfeeding your baby. To find a certified lactation consultant in your area, visit <http://gotwww.net/ilca>.

1	_____
Wednesday	_____
2	_____
Thursday	_____
3	_____
Friday	_____
4	_____
Saturday	_____



August 2007

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Tuesday

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Wednesday

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Thursday

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Friday

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Saturday

August

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

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Sunday

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Monday

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Tuesday

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Wednesday

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Thursday

17
Friday

18
Saturday

August

August 2007

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Sunday

20

Monday

21

Tuesday

22

Wednesday

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Thursday

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Friday

25

Saturday

August

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

26
Sunday
Women's Equality Day

27
Monday

28
Tuesday

29
Wednesday

30
Thursday

31
Friday

August

September 2007

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	5	6	7	8
	Labor Day					
9	10	11	12	13	14	15
		Patriot Day		Ramandan begins Rosh Hashana		
16	17	18	19	20	21	22
						Yom Kippur
23	24	25	26	27	28	29
Autumn begins						
30						

September

September 2007

Featured health observance: National Cholesterol Education Month

Cholesterol is a waxy, fat-like substance found in all cells of the body. Your body makes all the cholesterol it needs. Too much cholesterol in the blood, or high blood cholesterol, can be serious.

- ◆ Everyone age 20 and older should have their blood cholesterol measured at least once every 5 years.
- ◆ If family members have high cholesterol (above 200), ask your doctor or nurse if you should get your cholesterol checked at a younger age or more often.
- ◆ If your cholesterol is high, learn what you *can* change in your lifestyle to lower your risk.

Notes

1

Saturday

September

September 2007

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Sunday

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Monday

Labor Day

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Tuesday

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Wednesday

6

Thursday

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Friday

8

Saturday

September

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
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Sunday

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Monday

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Tuesday

Patriot Day

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Wednesday

13
Thursday

Ramandan begins, Rosh Hashana

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Friday

15
Saturday

September

September 2007

16

Sunday

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Monday

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Tuesday

19

Wednesday

20

Thursday

21

Friday

22

Saturday

Yom Kippur

September

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

23
Sunday
Autumn begins

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Monday

25
Tuesday

26
Wednesday

27
Thursday

28
Friday

29
Saturday

30
Sunday

September

October 2007

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10	11	12	13
	Columbus Day					
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			
			Halloween			

October

October 2007

Featured health observance: National Mammography Day (October 19)

- ◆ Starting at age 40, every woman should get a mammogram every 1 to 2 years.
- ◆ Make an appointment with your doctor. Remind friends and family members to do the same.
- ◆ If you have a family history of breast cancer, ask your doctor if you need to start yearly mammograms at a younger age or more often.

1 _____
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Wednesday _____

4 _____
Thursday _____

5 _____
Friday _____

6 _____
Saturday _____

October

October 2007

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Sunday

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Monday

Columbus Day

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Tuesday

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Wednesday

11

Thursday

12

Friday

13

Saturday

October

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

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Sunday

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Monday

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Tuesday

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Wednesday

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Thursday

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Friday

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Saturday

October

October 2007

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Sunday

22

Monday

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Tuesday

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Wednesday

25

Thursday

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Friday

27

Saturday

October

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

28
Sunday

29
Monday

30
Tuesday

31
Wednesday

Halloween

Notes

October

November 2007

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	6	7	8	9	10
Daylight Saving Time ends						
11	12	13	14	15	16	17
Veterans Day				Great American Smokeout		
18	19	20	21	22	23	24
				Thanksgiving Day		
25	26	27	28	29	30	

November

November 2007

Featured health observance: Lung Cancer Awareness Month

You can help lower your risk of lung cancer, the leading cause of cancer deaths among women.

- ◆ If you smoke, quit today.
- ◆ If you are a non-smoker, learn how to protect yourself and your family from secondhand smoke.
- ◆ Test your home for radon, a cancer-causing gas that can get into the air you breathe. You can't see it, smell it, or taste it!
- ◆ If you are exposed to dust and fumes where you work, ask your employer how you can be protected.

1	_____
Thursday	_____
2	_____
Friday	_____
3	_____
Saturday	_____



November 2007

4

Sunday

Daylight Saving Time ends

5

Monday

6

Tuesday

7

Wednesday

8

Thursday

9

Friday

10

Saturday

November

S	M	T	W	T	F	S
					1	2
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

11
Sunday
Veterans Day

12
Monday

13
Tuesday

14
Wednesday

15
Thursday
Great American Smokeout

16
Friday

17
Saturday

November

November 2007

18

Sunday

19

Monday

20

Tuesday

21

Wednesday

22

Thursday

Thanksgiving Day

23

Friday

24

Saturday

November

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

25
Sunday

26
Monday

27
Tuesday

28
Wednesday

29
Thursday

30
Friday

November

December 2007

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	5	6	7	8
			First day of Chanukah			
9	10	11	12	13	14	15
			Last day of Chanukah			
16	17	18	19	20	21	22
						Winter begins
23	24	25	26	27	28	29
30	31					
	New Year's Eve	Christmas Day	Kwanzaa			

December

December 2007

Featured health observance: World AIDS Day (December 1)

The best way to protect your body is to know the “ABCs” of STDs. If you choose *not* to follow A, B, or C, you could get a sexually transmitted disease (STD), including HIV, the virus that causes AIDS.

A = Abstinence. Not having sex of any kind (vaginal, anal, or oral sex) is the only 100% effective way to avoid getting STDs.

B = Be faithful. Being in a sexual relationship with only one partner who is free of an STD and who is also faithful to you limits the chance of infections.

C = Condoms. If you fail to follow “A” or “B,” use a latex condom. Latex condoms have been proven to reduce the risk of HIV infection and infection by many STDs, if used correctly and consistently every time you have sex.

Notes

1

Saturday

December

December 2007

2

Sunday

3

Monday

4

Tuesday

5

Wednesday

First day of Chanukah

6

Thursday

7

Friday

8

Saturday

December

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

9
Sunday

10
Monday

11
Tuesday

12
Wednesday

Last day of Chanukah

13
Thursday

14
Friday

15
Saturday

December

December 2007

16

Sunday

17

Monday

18

Tuesday

19

Wednesday

20

Thursday

21

Friday

22

Saturday

Winter begins

December

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

23
Sunday

24
Monday

25
Tuesday

Christmas Day

26
Wednesday

Kwanzaa

27
Thursday

28
Friday

30
Sunday

29
Saturday

31
Monday

New Year's Eve

December

2007 Calendar

January 2007

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February 2007

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

March 2007

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

April 2007

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May 2007

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

June 2007

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

July 2007

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

August 2007

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

September 2007

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
²³ / ₃₀	24	25	26	27	28	29

October 2007

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

November 2007

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

December 2007

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
²³ / ₃₀	²⁴ / ₃₁	25	26	27	28	29

2007 At-a-Glance

2008 Calendar

January 2008

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

February 2008

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	

March 2008

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30	24/31	25	26	27	28	29

April 2008

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

May 2008

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

June 2008

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

July 2008

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

August 2008

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24/31	25	26	27	28	29	30

September 2008

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

October 2008

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

November 2007

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30	24	25	26	27	28	29

December 2007

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Health Resources for Men

General Health

National Women's Health Information Center (NWHIC)

What About Men's Health?

Phone: 1-800-994-9662; TDD 1-888-220-5446

Internet: www.womenshealth.gov/mens

U.S. Department of Health and Human Services (HHS)

Internet: www.hhs.gov/specificpopulations

Healthfinder®

Internet: www.healthfinder.gov/justforyou

U.S. National Library of Medicine National Institutes of Health

MedlinePlus

Internet: www.nlm.nih.gov/medlineplus/healthtopics.html

Men Shoot for 9

National Cancer Institute

Internet: www.5aday.gov/9aday

Fatherhood Initiative

U.S. Department of Health and Human Services

Internet: <http://fatherhood.hhs.gov/index.shtml>

Centers for Disease Control and Prevention (CDC)

Men's Health

Phone: 1-800-311-3435

Internet: www.cdc.gov/men

Centers for Disease Control and Prevention (CDC)

HIV/AIDS

Phone: 1-800-CDC-INFO

Internet: www.cdc.gov/hiv

Agency for Healthcare Research and Quality (AHRQ)

Internet: www.ahrq.gov/path/menpath.htm

Heart Health

National Heart, Lung, and Blood Institute (NHLBI)

Internet: www.nhlbi.nih.gov

American Heart Association

Phone: 1-800-AHA-USA-1

Internet: www.americanheart.org

Cancer

National Cancer Institute

Phone: 1-800-4-CANCER

Internet: www.cancer.gov

American Cancer Society

Phone: 1-800-ACS-2345

Internet: www.cancer.org

Mental Health

National Institute of Mental Health (NIMH)

Phone: 1-866-615-6464

Internet: www.nimh.nih.gov

**Substance Abuse and Mental Health
Services Administration (SAMHSA)
Mental Health Information Center**

Phone: 1-800-789-2647;

TDD 1-866-889-2647

Internet:

www.mentalhealth.samhsa.gov

**Substance Abuse and Mental Health
Services Administration (SAMHSA)
National Clearinghouse for Alcohol and
Drug Information**

Phone: 1-800-729-6686;

TDD 1-800-487-4889;

En Español: 1-877-767-8432

Internet: <http://ncadi.samhsa.gov>

**Urologic and Reproductive
Health**

**National Kidney and Urologic Diseases
Information Clearinghouse**

Phone: 1-800-891-5390

Internet: <http://kidney.niddk.nih.gov>

**American Foundation for Urologic
Diseases**

Phone: 1-866-RING-AUA

Internet: www.afud.org

Health Resources for Children

General Health

National Women's Health Information Center (NWHIC)

Girls Health

Phone: 1-800-994-9662; TDD 1-888-220-5446

Internet: www.girlshealth.gov

U.S. Department of Health and Human Services (HHS)

Internet: www.hhs.gov/specificpopulations

U.S. National Library of Medicine National Institutes of Health MedlinePlus

Internet: www.nlm.nih.gov/medlineplus/healthtopics.html

Food and Drug Administration (FDA) FDA Kid's Page

Phone: 1-800-216-7331

Internet: www.fda.gov/oc/opacom/kids/default.htm

Centers for Disease Control and Prevention (CDC)

VERB™ It's What You Do

Phone: 1-800-CDC-INFO

Internet: www.cdc.gov/youthcampaign

Internet: www.verbnow.com

Centers for Disease Control and Prevention (CDC)

Raising Safe and Healthy Kids

Internet: www.cdc.gov/women/owh/kids

National Institute on Deafness and Other Communication Disorders (NIDCD)

WISE EARS!® Hearing Matters

Phone: 1-800-241-1044;

TTY 1-800-241-1055

Internet: www.nidcd.nih.gov/health/wise

American Academy of Pediatrics

Internet: www.aap.org

Substance Abuse and Mental Health Services Administration (SAMHSA) Building Blocks for a Healthy Future

Phone: 1-800-273-8255;

TTY 1-800-779-4889

Internet: www.bblocks.samhsa.gov

Internet: www.samhsa.gov

Substance Abuse and Mental Health Services Administration (SAMHSA) Family Guide to Keeping Youth Mentally Healthy and Drug-free

Phone: 1-800-273-8255;

TTY 1-800-779-4889

Internet: www.family.samhsa.gov

Internet: www.samhsa.gov

Kidshealth.org

Internet: www.kidshealth.org

Kids Growth

Internet: <http://kidsgrowth.com>

Agency for Healthcare Research and Quality (AHRQ)

Internet: www.ahrq.gov/child

Girl Power! Campaign

Internet: www.girlpower.gov

Health Resources and Services Administration (HRSA)

My Bright Future: Physical Activity and Healthy Eating Tools for Young Women

Internet: www.hrsa.gov/womenshealth/mybrightfuture/menu.html

Child Abuse

Prevent Child Abuse America

Phone: (312) 663-3520

Internet: www.preventchildabuse.org

Cancer

National Cancer Institute

Phone: 1-800-4-CANCER

Internet: www.cancer.gov

Childhood Asthma

American Lung Association

Phone: 1-800-LUNGUSA

Internet: www.lungusa.org

Childhood Diabetes

National Diabetes Information Clearinghouse

Phone: 1-800-860-8747

Internet: <http://diabetes.niddk.nih.gov>

American Diabetes Association

Phone: 1-800-DIABETES

Internet: www.diabetes.org

Immunizations

Centers for Disease Control and Prevention (CDC)

National Immunization Program

Phone: 1-800-CDC-INFO;

TTY 1-888-232-6348

Internet: www.cdc.gov/nip

American Academy of Pediatrics Immunizations Initiatives

Internet: www.cispimmunize.org

Immunization Action Coalition

Internet: www.immunize.org

Child Nutrition

Powerful Bones. Powerful Girls.

The National Bone Health Campaign

Internet: www.cdc.gov/powerfulbones

U.S. Department of Agriculture

Food and Nutrition Service

Child Nutrition Division

Internet: www.fns.usda.gov/cnd

Safety and Injury Prevention

Health Resources and Services Administration (HRSA)

Maternal and Child Health Bureau

Stop Bullying Now Campaign

Internet: <http://stopbullyingnow.hrsa.gov>

Centers for Disease Control and Prevention (CDC)

National Center for Injury Prevention and Control

Phone: 1-800-CDC-INFO

Internet: www.cdc.gov/ncipc

National SAFE KIDS Campaign

Phone: (202) 662-0600

Internet: www.safekids.org

National Highway Traffic Safety Administration

Car Seat Safety and Installation

Phone: 1-888-327-4236

Internet: www.nhtsa.dot.gov

Consumer Product Safety Commission

Keep Your Child's Playground Safe

Phone: 1-800-638-2772;

TTY 1-800-638-8270

Internet: www.cpsc.gov/cpscpub/pubs/playpubs.html

American Heart Association

CPR and Basic Life Support Skills for Children

Phone: 1-800-AHA-USA-1

Internet: www.americanheart.org

National Child Identification Program

Internet: www.childidprogram.com

U.S. Pharmacopeia

Children and Medicines

Phone: 1-800-227-8772

Internet: www.usp.org/druginformation/children

Visit **healthfinder®** for information just for you

www.healthfinder.gov/justforyou

Resources for Health Insurance



Each year, more American families find themselves without health insurance. In 2004, more than 45 million Americans didn't have health insurance. Sixteen million of them were women. These programs and resources may be able to help you and your family.

Government Resources That Can Help

The Centers for Medicare and Medicaid Services (CMS), a federal government agency, administers health insurance programs such as Medicare, Medicaid, and the State Children's Health Insurance Program.

Medicare

Medicare is a health insurance program funded by the U.S. government. To qualify

for these benefits, you must be 65 years old or older, or younger than 65 with certain disabilities, or a person of any age who has end-stage renal disease. (A person who has end-stage renal disease has permanent kidney failure that requires dialysis or a kidney transplant.)

Medicare has several parts. Your coverage depends on which parts of Medicare you have. Medicare Part A typically pays for your inpatient hospital expenses. Medicare Part B typically pays for your outpatient healthcare expenses, including doctor fees. You usually have to pay a monthly premium to be covered by Medicare Part B.

Beginning January 1, 2006, everyone who has Medicare is now eligible for prescription drug coverage through the new Medicare Part D. This coverage is available regardless of your income and resources, your health status, or how much your prescriptions cost. It covers both brand-name and generic prescription drugs at participating pharmacies in your area. Medicare prescription drug coverage provides protection for people who have very high drug costs.

For general information, 24 hours a day, 7 days a week,

- ◆ Call toll-free at 1-800-MEDICARE (1-800-633-4227) or TTY 1-877-486-2048.
- ◆ Internet: www.cms.hhs.gov/home/medicare.asp

- ◆ Internet: The Official U.S. Government Site for People with Medicare: www.medicare.gov

If you have a limited income and resources, you may be eligible for extra help with your prescription drug costs. Almost 1 in 3 people with Medicare qualify for having almost all of their prescription drug costs paid for by the program. To find out if you are eligible for extra help, contact the Social Security Administration.

- ◆ Call the U.S. Social Security Administration toll-free at 1-800-772-1213 (TTY 1-800-325-0778).
- ◆ Internet: www.socialsecurity.gov

Medicaid

Medicaid is a health insurance program jointly funded by states, counties, and the U.S. government. Medicaid provides medical benefits to groups of low-income people that meet certain age, income, and resource requirements. People who have certain medical conditions such as blindness or who are pregnant may also qualify. Whether a person is eligible for Medicaid depends on the state where he or she lives.

In general, you should apply for Medicaid if your income is low and you or someone in your family needs health care. A qualified caseworker in your state can give you guidance about your situation. Your child may be eligible for coverage, even if you are not.

To find out more about Medicaid in your state,

- ◆ Call the toll-free number for your state. A list of toll-free numbers can be reached through the CMS web site at www.cms.hhs.gov/medicaid/consumer.asp.

State Children's Health Insurance Program (SCHIP)

Like Medicaid, the State Children's Health Insurance Program (SCHIP) is a partnership between the federal government and the states. SCHIP is designed to provide health insurance coverage to specific groups of low-income children. Families who earn too much money to be eligible for Medicaid but not enough money to purchase private health insurance may be eligible to get health insurance for their children.

Each state determines how its program is designed, who is eligible, what the benefits are, how costs are shared, and other features. For little or no cost, this insurance pays for children's doctor visits, immunizations, hospitalizations, and emergency room visits.

For more information about SCHIP, go to their website at www.cms.hhs.gov/home/schip.asp.

To learn whom you should contact in your state or to read specific information about eligibility in your state, go to Insure Kids Now at www.insurekidsnow.gov.

Other Government Programs and Benefits

To learn about the government benefits you may be entitled to,

- ◆ Call toll-free at 1-800-FED-INFO (1-800-333-4636). Calls are answered Monday through Friday, 8 a.m. to 8 p.m., Eastern Standard Time.
- ◆ Internet: www.govbenefits.gov

Other Public Government and Private Resources That Can Help

For women who make too much money to qualify for these federal and state programs but who can't afford to pay for health insurance or costly health services, the choices are limited and difficult. Public and private resources may be able to help.

- ◆ **“Safety-net”** facilities. Community health centers, public hospitals, school-based centers, public housing primary care, and special need facilities. Contact your local or state health department for more information or go to <http://ask.hrsa.gov/pc>.
- ◆ **Free clinics.** Free clinics provide health-care services for the uninsured. To find a free clinic, go on the Internet to www.freeclinic.net or call (540) 344-8242.
- ◆ **Prescription drug assistance.** Some states provide prescription drug assistance to women who cannot get Medicaid. Many drug companies will work with your doctor to provide free medicines to those

in need. A list of resources can be found on the Internet at www.disabilityresources.org/RX.html.

- ◆ **Women with cancer.** Women with cancer can find help through a variety of government-sponsored and volunteer organizations. For accurate, up-to-date information on cancer and resources for people dealing with cancer, go to the web site of the National Cancer Institute (www.cancer.gov). You can also visit the Cancer Information Service of the National Cancer Institute on the Internet (<http://cis.nci.nih.gov>). To get answers to specific questions about cancer, call them at 1-800-4-CANCER (1-800-422-6237), Monday through Friday, 9:00 a.m. to 4:30 p.m. You can speak with a Cancer Information specialist. Deaf and hard of hearing callers with TTY equipment can call 1-800-332-8615.
- ◆ **Women with HIV.** The federal Ryan White CARE Act funds healthcare services for women with HIV/AIDS who do not have health insurance or the financial resources to pay for care. To locate a CARE provider, contact your local or state health department or call 1-800-994-9662.
- ◆ **Group health insurance.** Some states and localities, labor unions, professional clubs, associations, and organizations offer low-cost group health insurance to its members. These plans usually cost less than individual insurance and can be worth considering.

- ◆ **Temporary insurance.** Some individuals who have been denied health insurance because of a medical condition may be able to obtain coverage through their state's "risk pools." More than 30 states provide this temporary insurance assistance. For more information, go to the web site of HealthInsurance.org at www.healthinsurance.org/riskpoolinfo.html.

Protect Your Health Insurance Coverage

If you have health insurance, you should know how to protect that insurance coverage. If you are losing your health insurance because you have lost your job, have reduced hours at work, have gotten a divorce, or have had your spouse die, you have certain rights and protections. These rights are described in the Health Insurance Portability and Accountability Act of 1996, or HIPAA.

Tips: What To Do

- ◆ Obtain proof that you had previous health insurance coverage from your employer.
- ◆ Apply for COBRA, which stands for the Consolidated Omnibus Budget Reconciliation Act of 1985. COBRA requires most employers that have 20 or more employees to allow you to continue your health insurance for 18 months, but you must pay the full premium cost of the insurance. Ask your employer's human resources office about when and how you should apply for these benefits.
- ◆ Consider your health insurance situation carefully before agreeing to certain terms and conditions. It is especially important to think about your healthcare needs when you are separated from your spouse, divorced, or are a retiree with annuities.
- ◆ In a legal separation or divorce proceeding, you can get a court order to provide your children with health insurance under the health plan of the noncustodial parent. This act is called a qualified medical child support order.
- ◆ Act quickly to get the right information to protect you and your family. File any required forms promptly. Strict time limits often apply.

For more information about HIPAA,

- ◆ Call 1-866-627-7748.
- ◆ Internet: www.cms.hhs.gov/HIPAAGenInfo

For more information on health insurance choices, go to the web site of the Agency for Healthcare Research and Quality at www.ahrq.gov/consumer.

Regional Women's Health Coordinators

In addition to its office in Washington, DC, the Office on Women's Health supports the work of ten Regional Women's Health Coordinators (RWHCs). They are based in the ten regions of the U.S. Public Health Service, within the U.S. Department of Health and Human Services. They promote the health of women and girls at regional, state, and local levels. Wherever you live in this country, you can call, write, or e-mail your nearest Regional Women's Health Coordinator to learn about events, education programs, and resources in your area.

Region I - CT, MA, ME, NH, RI, VT

Laurie Robinson, MTS

Boston, MA

Phone: (617) 565-1071

E-mail: Laurie.Robinson@hhs.gov

Region VI - AR, LA, NM, OK, TX

Charlotte Gish, CNM, MSN

Dallas, TX

Phone: (214) 767-3523

E-mail: Charlotte.Gish@hhs.gov

Region II - NJ, NY, PR, Virgin Islands

Sandra Estepa, MS, CSW

New York, NY

Phone: (212) 264-4628

E-mail: Sandra.Estepa@hhs.gov

Region VII - IA, KS, MO, NE

Joyce Townser, RN, MSA

Kansas City, MO

Phone: (816) 426-2926

E-mail: Joyce.Townser@hhs.gov

Region III - DC, DE, MD, PA, VA, WV

Rosa F. Myers, ARNP, MSN

Philadelphia, PA

Phone: (215) 861-4637

E-mail: Rosa.Myers@hhs.gov

Region VIII - CO, MT, ND, SD, UT, WY

Laurie Konsella, MPA

Denver, CO

Phone: (303) 844-7854

E-mail: Laurie.Konsella@hhs.gov

Region IV - AL, FL, GA, KY, MS, NC, SC, TN

Annie Brayboy Fair, MPH, MSW

Atlanta, GA

Phone: (404) 562-7904

E-mail: Annie.Fair@hhs.gov

Region IX - AZ, CA, HI, NV, American Samoa, Guam, Marshall Islands, Micronesia, Northern Mariana Islands, Palau

Kay A. Strawder, JD, MSW

San Francisco, CA

Phone: (415) 437-8119

E-mail: Kay.Stawder@hhs.gov

Region V - IL, IN, MI, MN, OH, WI

Michelle Hoersch, MS

Chicago, IL

Phone: (312) 353-8122

E-mail: Michelle.Hoersch@hhs.gov

Region X - AK, ID, OR, WA

Marian Mehegan, DDS, MPH

Seattle, WA

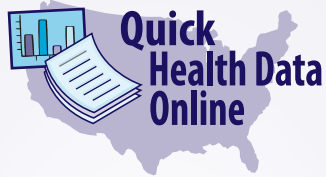
Phone: (206) 615-2024

E-mail: Marian.Mehegan@hhs.gov

Quick Health Data Online



Do you need health statistics for your area?



Try Quick Health Data Online at:
www.womenshealth.gov/quickhealthdata

The National Women's Health Indicators Database, recently renamed Quick Health Data Online, provides county, state, regional, and national health statistics. This free database includes comprehensive data for both women and men, from 1998 to 2004 on a variety of health-related topics.

What is Quick Health Data Online?

- A national database of key health indicators
- County, state, national, and territory data
- Data available by gender, race, and, in some cases, age
- Data available for 2000, 2001, 2002, and when available 2003 and 2004
- *Healthy People 2010* targets and associated data
- Counts, rates, age-adjusted rates; single-year and three-year averages

With Quick Health Data Online you can easily:

- Compare your locality with others across the country
- View data by county type (e.g., border county, rural/urban status, frontier)
- Examine data trends over time
- Map data at the county, state, and national levels
- Create charts and reports
- Export data to other applications

Data in the system are organized into the following major categories:

- Codes and Status
- Mortality
- Infectious/Chronic Disease
- Maternal Health
- Violence and Abuse
- *Healthy People 2010*
- Demographics
- Access to Care
- Reproductive Health
- Mental Health
- Prevention

Quick Health Data Online contains more than 1,400 unique variables with details available by gender, race, and year.



A project of the U.S. Department
of Health and Human Services'
Office on Women's Health



womenshealth.gov

1-800-994-9662

TDD: 1-888-220-5446

NWHIC's Web Site on Girls Health

It's hard enough getting your kids to talk to you.

What do you say to them once they do?

Turn to girlshealth.gov for information that will help you talk to the young women in your life about bullying, drugs, alcohol and smoking, stress, relationships, and more.

Our Parents and Caregivers page has tools that can help make the important issues easy to talk about. Visit www.girlshealth.gov/parents.

The mission of girlshealth.gov is to promote healthy, positive behaviors in girls between the ages of 10 and 16. We have the most up-to-date, non-commercial, and reliable girls' health information around.



*A project of the U.S. Department of
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Visit
girlshealth.gov or
call 1-800-994-9662 today for
FREE posters, brochures,
and postcards for
the girls you
care about.

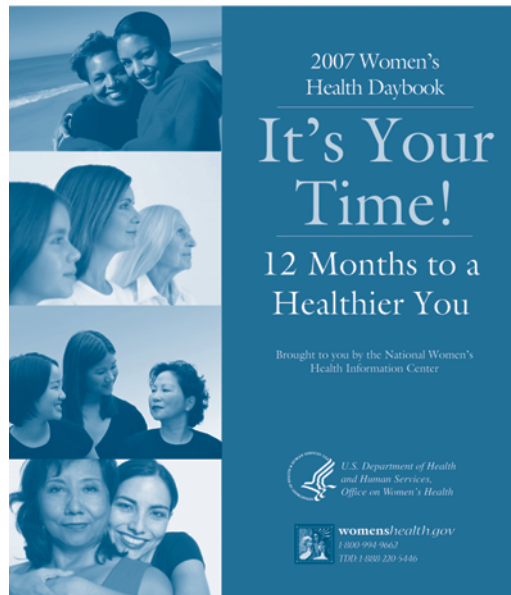


girlshealth.gov

You are the Rhythm of the Universe! Mind, Body and Spirit!

NWHIC's Web Site on Girls Health

Acknowledgments



It's Your Time: 12 Months to a Healthier You

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8270 Willow Oaks Corporate Drive
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Name _____
Address _____
Phone _____ E-mail _____

Emergency Medical Information

Blood Type _____
Allergies _____
Hospital Preference _____
Address _____
Phone _____
My Doctor _____
Address _____
Phone _____
Current Medications _____

Nearest relative or friend to call (listed in the order I would like them to be called)

Name _____
Phone _____
Address _____
Name _____
Phone _____
Address _____

I have designated Durable Power of Attorney for Health Care (someone who makes health care decisions for you if you become unable to do it yourself)

My Health Care Agent _____
Phone _____
Living Will _____

I have designated Financial Power of Attorney (someone who controls your finances and assets if you become physically or mentally unable to do it yourself)

My Attorney _____
My Court-Appointed Guardian _____

Insurance Information

Primary Insurance _____
Contacts _____
Customer Service
Phone Number _____
Identification # _____
Secondary Insurance _____
Contacts _____
Customer Service
Phone Number _____
Identification # _____
Medicare Number _____
Medicaid Numbers _____

Notes _____



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