

Introduction

“Traveller women neglected their health for long enough, we need to start taking care of ourselves, it isn’t right that we live 10 years less than settled women.”

Nancy McDonnell, CHW participant on the Women’s Health Initiative.

The Primary Health Care for Travellers project, which is a partnership programme between Pavee Point and the Eastern Health Board, developed a Traveller Women’s Health Initiative to respond to the low uptake and utilisation of women’s health services by Travellers. This initiative was funded by the Women’s Health programme in the Eastern Health Board and included three main actions as follows:

- Research on Traveller women’s health needs.
- A women’s health training course.
- The production of a women’s health video based on the main issues identified in the research and through the women’s health training course.

The Traveller community health workers (CHW’s), through the women’s health training course and the results of the research, identified the main topics they wanted included in the video as follows: Screening; Family Planning; Antenatal and Postnatal Care and the Menopause. They felt existing health education videos on these topics

were too medically orientated. They decided the main messages they would like to get across were: Why? When? Where? and How? you can access these women's health services.

We decided that the video needed to be supported by additional factual information, to answer detailed questions that may arise. We found excellent quality leaflets and information booklets were available from the Department of Health and Children, the Eastern Health Board, the Irish Cancer Society and the Irish Family Planning Association. It was just a matter of pulling all this information together and putting it in a 'Question and Answer format'.

This video and information booklet are targeted at Traveller organisations and Health Board personnel who are running training courses or health education sessions with Traveller women around the country to respond to this need. The booklet provides all the detailed information needed to prepare a training/education session with a list of addresses to contact for information on services provided in local areas. When you are preparing a session we would recommend that you contact your local health board and get relevant health education leaflets, which you can distribute to trainees after each session (we found the Black and White Guides produced by the Eastern Health Board and the Irish Family Planning Association were very useful) and a list of local contacts for doctors and family planning clinics in your area

We would like to thank everyone who contributed and participated in the research, the women's health training course, the production and editing of the video and preparation of the booklet.

Brigid Quirke

Health Co-ordinator, Pavee Point

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Section 1

Screening for Cancer

*More cancers will be cured
if detected early*

Cervical cancer

Cervical cancer occurs at the cervix which is the opening to the womb. Around 70 Irish women die from cervical cancer every year. Most of these have not had a smear test carried out which could detect the disease, at a pre-cancerous and completely curable stage.

Those most at risk from cancer of the cervix are women

- who smoke
- who have had more than one sexual partner
- whose partner has had more than one sexual partner
- who have been infected with HPV (a sexually transmitted virus which causes genital warts)
- who had sex at an early age and have never had a cervical smear.

What is the Cervical Smear Test?

The cervical smear test is a simple procedure which shows if there are any changes in the cells of the cervix (neck of the womb) which might develop into cancer. It can also detect cancerous cells when cancer has actually developed so that early treatment can be given to halt its spread.

Who should have the test?

Cervical cancer screening should be offered at least every five years to women between the ages of 25 and 60 years. If a woman has never had a smear, she should have an initial smear which should be repeated in twelve months. If both of these smears are normal a 5 yearly screening interval is then recommended.

Where can I have a Cervical Smear Test?

The cervical smear test is available from family doctors, maternity hospitals, family planning and well woman centres and some health board clinics.

If you have recently had a baby you will be advised to have a smear test 3 months after the birth.

How is a Cervical Smear Test done?

The smear test is a very simple procedure taking less than five minutes. It can be slightly uncomfortable but is not painful.

Once you are lying comfortably on the couch the doctor or nurse will gently insert an instrument called a speculum into the vagina to hold the vagina walls open.

A small wooden spatula is then used to take a sample of cells from the cervix.

This is sent to a laboratory and your test results will be returned to your doctor.

Remember

- Most women with an abnormal smear do not have cancer of the cervix.
- The earlier a change is found the easier it is to treat.

Breast Cancer

Over 600 Irish women die of breast cancer every year. For this reason women should be alert to any signs they may have breast cancer such as

- lump in the breast
- a recent change in the appearance of your breasts
- changes in the nipple positions
- change in the colour of your breasts, nipples
- any signs of a discharge

If you are at all worried talk to your GP as early as possible.

Who is at risk?

Every woman is at potential risk. If your mother, sister or close relative had breast cancer you should be extra vigilant.

What kind of checks should I carry out?

You should try to know your breasts. The best time to examine them is a few days after your period starts when they are soft.

- Stand in front of a mirror and look for a change in size, unusual dimpling or puckering, unusually prominent veins or previously normal nipples now turning inwards.
- Raise your arms above your head and turn from side to side to check for any dimpling.
- Gently squeeze each nipple to check for any bleeding or discharge.
- With the flat of your fingers gently feel each section of the breast and armpit using circular movements.
- Do so standing up and lying down.

Any lump should always be checked by your doctor.

Can breast cancer be diagnosed early?

A mammogram can diagnose breast cancer early and this improves the chances of surviving the cancer.

What is a mammogram?

This is an x-ray of the breast which shows very small cancers. This type of x-ray works better in women over 50 years. In younger women breast tissue is more dense and cancers are harder to detect. Mammograms are available in a number of Dublin hospitals. You must be referred by a GP. Urgent cases are seen as soon as possible.

A new screening programme is planned where every woman between the ages of 50 and 65 years will be invited to come and have a mammogram free of charge on a regular basis. Such screening will save many lives. Every woman should attend for screening when invited.

The earlier a cancer is diagnosed and treated, the greater the opportunity of a cure. Early detection also permits less radical surgery and provides an opportunity for a better quality of life.

Where to go with breast cancer?

The Irish Cancer Society provides a help line freefone 1800 200 700 which provides confidential information, support and guidance for patients and families or anyone concerned about cancer. It is a five day week service 9am-4.30pm

It also runs the Reach to Recovery group where patients who themselves have had the disease provide practical help and emotional support.

For further information contact:

Irish Cancer Society,
5 Northumberland Road,
Dublin 4.

Phone: (01) 6681855

Fax: (01) 6681855

or Freephone the Cancer Helpline on:

1 800 200 700

Section 2

Family Planning

Choosing contraception

There are many different contraceptive methods available, and different methods suit different people at different times of their lives. A GP or Family Planning Clinic will help you to choose the one that is best for you and your partner.

Choosing a method you like and feel comfortable with means you will be able to relax and enjoy sex more, without the worry of an unplanned pregnancy.

This gives you an idea of all the methods available. You can ask your GP or Family Planning Clinic for more information on any method you are interested in. Feel free to ask any questions about contraception, your sexual relationship or safer sex.

If your GP does not provide all the methods he/she should be able to tell you the nearest Family Planning Clinic that does.

If you would prefer not to see your own GP about contraception you can go to another GP or a Family Planning Clinic for contraception only.

You can buy male condoms, female condoms and spermicides from some shops and most chemists without going to a doctor or clinic.

Spermicides on their own are not recommended as a reliable contraceptive.

Contraception for the older woman

As you get older you may notice changes in the pattern of your periods. When periods finally stop you have reached the menopause. However, contraception should continue to be used until you have not had a period or any bleeding for two years if aged under 50 and for one year if over 50. A doctor or family planning clinic will be able to advise you on contraception until then.

After you have had a baby

Not all contraceptive methods can be used straight after birth. Consult your family planning doctor or clinic.

Use your contraceptive method carefully

To prevent a pregnancy any contraceptive method has to be used carefully. Many unplanned pregnancies happen because a contraceptive method has not been used carefully or consistently.

The Pill

The pill is the most popular contraceptive among women because it is easy to take and is highly effective. It is available only on prescription from a GP or doctor at the family planning clinic or maternity hospital.

There are two types of pill.

The Combined Pill

This pill is 97%–99% effective. It contains two hormones, oestrogen and progesterone, which act to prevent a pregnancy. Long-term use will not affect your ability to have a baby later on. It can also help regulate periods, making them less heavy and can reduce pre-menstrual syndrome symptoms.

Your doctor should take a full medical history before giving you the pill because in rare cases it can increase a person's chance of blood clotting. It may not be suitable for women with certain medical conditions or those who smoke and are over 35 years.

You normally take one pill a day over 21 days with a seven day break when you don't take any. It needs to be taken at the same time each day as it is not reliable if taken more than 12 hours late.

If you miss a pill or have vomiting or diarrhoea, or are prescribed Antibiotics, it is important to use extra protection such as a condom during this time and for 7 days after completion. Consult the leaflet that comes with your box of pills or discuss with your chemist or doctor if you are unsure what to do.

The prescription is renewed every six months when your blood pressure, breasts, weight and urine are checked.

The Progestogen only Pill

This pill is also called the mini pill. It contains only one hormone, progestogen. It is suitable for women who cannot take the combined pill, those aged over 40, smokers and breast feeding mothers.

You take the pill every day with no break between courses. Used carefully it is 99% effective. If you miss a pill or have vomiting or diarrhoea, or are over 3 hours late taking the pill, it is important to use extra protection such as a condom. Consult the leaflet that comes with your box of pills or discuss with your chemist or doctor if you are unsure what to do.

Injectable Contraception

The hormone progesterone is given by injection every 12 weeks. It is over 99% effective. It is most suitable for women whose priority is an effective, simple to use method. After the last injection there may be a delay in the return of regular periods and your fertility.

Latest Developments

Implants - these are small tubes placed under the skin which release the hormone progesterone into the bloodstream. It can last for up to five years. It is inserted by a GP or family planning clinic. Periods may become irregular or heavy and removal of the implant may be difficult. It is reported to be highly reliable. These are not available in Ireland at the time of writing.

Emergency Contraception

It is still possible to prevent pregnancy after unprotected sex. The emergency pill or the morning after pill as it is more commonly known can be taken up to 72 hours after intercourse and it is over 95% reliable. Side effects may include nausea. It can be obtained from a GP or family planning clinic.

The Male Condom

Many couples use condoms which are now available in pharmacies, department stores and vending machines around Ireland. They can offer effective

contraception and some protection against sexually transmitted diseases, including HIV infection. If you have more than one partner or have sex with a stranger or suspect your partner may be abusing drugs it is advisable to use condoms as a protection, even if you are taking the pill.

The male condom is made of thin but strong rubber and is designed to fit over the man's erect penis. The condom needs to be carefully used because, if it splits or breaks, sperm can enter the woman's vagina and lead to pregnancy.

If you have an accident with a condom see your doctor as soon as possible. The doctor can prescribe the morning after pill to help prevent pregnancy.

The condom is 85%-98% effective in preventing pregnancy. Effectiveness is higher with careful use and if spermicide is used.

Warning: Babyoil and certain other lubricants can damage the condom and stop it working. Only spermicide and water based lubricants such as KY jelly should be used with a condom.

How do you use a male condom?

If you get your male condoms from your family doctor or a family planning clinic, you may be told how to use them or you can ask.

Instructions are also given on the pack or in a leaflet inside the pack. The man can put the condom on himself, or his partner can do it.

- 1 Use a new condom each time you have sex. Always check the expiry date on the packet and that there is a BSK quality mark.
- 2 Always put the male condom on as soon as the penis is erect but before there is any contact with the woman's genital area. This is important because fluid, which may contain sperm, can seep from the penis early during sex.
- 3 Take your condom out of the packet carefully, making sure that you don't damage it with your fingernails or jewellery.
- 4 Gently squeeze the last centimetre of the closed end between your finger and thumb, to expel any trapped air and make space for the man's semen.
- 5 Keeping the end of the condom 'air free', hold the condom at the tip of the erect penis.
- 6 With the flat part of your fingers, roll the

condom carefully over the penis. It is now safe for the penis to enter the woman's vagina or touch her genital area.

- 7 After the man has ejaculated but before his erection is completely lost, hold the condom rim firmly around the penis while the penis is withdrawn. This makes sure that the condom doesn't slip, accidentally spilling semen in or around the woman's vagina.

The Female Condom

This is sold in pharmacies under the name Femidom. It is one of the newest types of contraceptive. It is used by the woman. It can be put in place before sex and is inserted in the vagina until a small ring at one end reaches the neck of the womb. Using a spermicide as well increases effectiveness.

One of the disadvantages is that it is relatively expensive. If used incorrectly the penis can slip between the condom and the vaginal wall, leaving you unprotected.

Diaphragms and Caps

Many women opt for one of these two types of contraception because they can be used only when needed. Both the diaphragm and the

cervical cap are made of soft rubber. They work by providing a barrier at the entrance to the womb and can be inserted before sex but should not be removed for at least six hours afterwards.

You must be fitted for a diaphragm/cap by a doctor or nurse who will show you how to put it in. It should feel comfortable when in place. You will also be given a spermicide to use. Not all doctors are trained in fitting diaphragms/caps and so you may need to be referred to one who is.

The diaphragm should be checked if your weight goes up or down by about 7lbs or after a pregnancy.

It is 95% effective when used carefully and with a spermicide.

Spermicide

Spermicide is a chemical which destroys sperm. It is available as a cream, jelly, foam or pessary. Spermicide is not effective as a contraceptive method on its own. Some male condoms are lubricated with spermicide, but it is strongly recommended that you use extra spermicide as well as the condom.

Spermicide gives extra protection against pregnancy and some sexually transmitted diseases.

Spermicide is applied as near as possible to the cervix before intercourse. Pessaries are inserted with your finger, while jelly, cream and foam are inserted with an applicator.

The IUD (Coil)

The IUD or coil is a small plastic device which is fitted inside the womb by a doctor and lasts for about five years. It is most suitable for women who have had children. It is not recommended as the first choice for young women. It is not suitable for women who have a history of pelvic infection, previous ectopic pregnancy (outside the womb) or abnormalities of the uterus. It may also be inadvisable for women with multiple partners or whose partner has multiple partners.

It is very effective but can occasionally become misplaced. The doctor will show you how to feel the threads attached to the IUD to make sure it is still in place.

Some women get heavier, more painful periods while using an IUD. It is possible to become pregnant while the IUD is in place, so if you miss a period you should have a pregnancy test. If you are pregnant the IUD should be removed as if it remains in place there is a risk of miscarriage.

Not all doctors are trained to fit IUDs so you

may have to be referred to another doctor or family planning clinic. It is 95%–99% effective and again spermicide improves efficiency.

Sponge

This is a polyurethane foam sponge which contains spermicide. It is inserted into the vagina, covering the entrance to the womb and is effective for 24 hours. It must be left in place for 6 hours after intercourse.

It has a high failure rate and some women may be allergic to the spermicide. It must be removed after 30 hours.

Natural Family Planning

This method involves looking at what days of the month you are most fertile. You observe and record the various natural signs and symptoms that occur during the menstrual cycle and avoid sex when you are most fertile.

There are various ways a woman learns to recognise her fertile time. You could use a combination of basic body temperature and cervical mucus (Billings method) with other signs. The most important signs include the position, softness and firmness of the cervix. Training is available from family planning clinics and GPs as well as voluntary organisations, Accord and Naomi - see list.

This method has no side effects but can be difficult to learn.

Female Sterilisation

This is an increasingly popular form of contraception in Ireland, particularly for couples who are sure they have completed their family. It is a permanent form of contraception and is for people who are sure they do not want any more children. Careful consideration should be given before a decision is taken.

Sterilisation involves a woman's Fallopian tubes being cut or sealed. It is virtually 100% effective but there are very occasional failures when the tubes rejoin.

Male Sterilisation - Vasectomy

Male sterilisation, known as vasectomy is a minor operation in which the two vas deferens (one on each side) which carry the sperm from the testicles to the penis are cut and blocked.

The operation is carried out under local anaesthetic and in total takes about 10 minutes.

Again it is virtually 100% effective but there are very occasional failures when the tubes rejoin. As with female sterilisation the opera-

tion is regarded as final and careful consideration should be given before a decision is taken to opt for a vasectomy.

Infertility

How long does it take a couple to conceive a baby?

Most couples will achieve a pregnancy within a year of starting to have unprotected sex. A small number of couples will get pregnant in the second year.

How soon should I seek help if I am not getting pregnant?

If you are in your teens or twenties you have plenty of time and should try for a baby for two years. If you are over 35 years of age you should seek help sooner ie after one year as fertility declines with age (in women, not in men).

Where can I get help?

Your GP will discuss this problem with you and advise you on the best time in your cycle to get pregnant ie the early part after your period and up to mid cycle. Your doctor may do a blood test on you and a semen analysis or sperm count on your partner or may refer you to a gynaecology clinic in your local hospital.

How do I find a family planning doctor or clinic?

- Phone your Health Board and ask for a list of local clinics and GP's who provide Family Planning services.
- GP's and Family Planning Clinics are listed under "Family Planning" in the Golden Pages.
- If you have any difficulty you can ask at your local library or you can contact:
 - Irish Family Planning Association (IFPA)
Unity Building,
16/17 Lr. O'Connell St., Dublin 1.
Tel: 01-878 0366.
1850 495051
1850 425262
e-mail ifpa@iol.ie
 - Irish College of General Practitioners
Corrigan House,
Fenian St., Dublin 2.
Tel: 01-661 0083
 - Well Woman Group of Centres
67 Pembroke Road, Dublin 4..
Tel: 01-661 0083.

Natural Family Planning

Instruction, advice and counselling are available from the following organisations

- Accord, All Hallows, Grace Park Road, Drumcondra D9. Tel. 837 1151
(They also have centres in Phibsboro, Blanchardstown, Newbridge, Dun Laoghaire, Wicklow, Templeogue, Clondalkin, Marino and Swords.)
- NAOMI (National Association Ovulation Method, Ireland), North Great Georges Street, Dublin 1, Tel. 878 6156

Section 3

Ante-Natal Care

Pregnancy

There is no need for any woman to be without help and advice during pregnancy whether the baby is planned or unplanned. Nowadays there are a lot of services available in the Eastern Health Board region.

The following pages contain some of the most common questions we are asked.

I'm thinking of getting pregnant

- what should I do to prepare myself?

It is a good idea to let your GP know of your plans for a baby. If you have diabetes, high blood pressure or heart problems you or the baby may be at increased risk. Likewise tell the doctor if you are on medication and discuss any family history of illness. Your GP will also check that you are immune to Rubella (German Measles).

Should I do anything special as regards diet?

You can do your baby a big favour by eating a well balanced diet. This generally means eating a wide range of foods and not filling your-

self up with biscuits and sweets.

Increase your calcium intake through drinking milk or eating cheese.

Avoid soft cheeses as these may contain a bacteria called listeria which can cause stillbirth, miscarriage or meningitis.

You should also avoid vitamin supplements and medicines that contain Vitamin A and food such as liver and fish liver oil (cod liver oil, halibut liver oil).

Vitamins

Should I take folic acid?

Why is folic acid important?

If you are planning to have a baby you are advised to increase your intake of folic acid for 3 months before pregnancy or if there is any possibility of you becoming pregnant take every day and continue for first 3 months of pregnancy. Available from GP on medical card. This cuts the chances of your baby being born with spina bifida, a serious birth defect affecting the spine and nerves.

Taking extra folic acid can prevent between 50% - 75% of these defects, This must be done

prior to the closure of the neural tube, a time when most women do not realise they are pregnant.

The best method of increasing folic acid intake is to take folic acid tablets 0.4mg daily starting before conception and continuing until the end of the first trimester of pregnancy.

It is available free to women with a medical card. If you have a medical card you will need to get a prescription from your GP.

You need to take the folic acid from the time you stop using contraception and during the first 12 weeks of pregnancy.

Can I smoke or drink?

The general advice is that you avoid alcohol during pregnancy. Large regular amounts can lead to stunted growth and mental retardation of your baby.

Smoking is also bad for baby and increases your chances of having a miscarriage or having a premature or underweight baby.

What about taking tablets?

Before taking any medicine including headache tablets, cough mixture etc. you should discuss it with your Chemist or GP.

It is very important not to take any illegal drugs such as heroin. Your child may be seriously damaged and born addicted to the drug. If you are on any medication discuss this with your doctor.

What about morning Sickness?

Morning sickness - self help measures include

- eating small regular meals
- sucking boiled sweets
- avoiding greasy foods
- not going too long without eating
- having a piece of dry toast before getting out of bed

I'm a little confused about ante natal care during pregnancy - what does it involve?

Your Doctor will carry out a pregnancy test. If you are pregnant you can then choose your maternity hospital. Make your booking at the hospital and arrange your first visit to the doctor before you are 12 weeks pregnant. For the rest of your pregnancy you have the choice of attending the GP or maternity hospital or both.

At each visit your health and the health of your baby will be checked. Make sure to discuss choices of pain relief in labour with your doctor during your final antenatal visit.

In the final months of pregnancy there will be ante natal classes at the hospital or your local health centre. The areas covered include advice on staying healthy during your pregnancy, what to expect in labour and caring for your baby.

What are Ante-natal Classes?

These are run by midwives and physiotherapists. During the classes you will learn what is happening inside your body as the baby grows. You will also be told about labour and the birth of your baby. You will be taught simple relaxation and breathing exercises that will help you control your pain during labour. You will also learn about caring for your baby, feeding, changing, bathing etc. These classes are good fun and a “must” for first time mothers (and fathers)

You will have lots of questions during pregnancy, whether it is your first or not. Always feel free to ask your doctor or nurse about any worries or queries you have. They are there to help.

Once the baby is born what happens then?

You will probably stay in hospital for a few days. During this time you will be shown how to look after your baby.

The public health nurse is told of the birth of your baby by the hospital and will visit you in your home soon after the birth.

All Health Board nurses carry identification.

If you have any problems you should contact the public health nurse or the hospital.

The public health nurse can be contacted at your local health centre in the mornings between 9am-10am as she is likely to be at clinics or doing home visits for the rest of the day.

The public health nurse will provide you with support and advice on all aspects of taking care of your baby and will answer any questions you have about feeding, sleeping, vaccinations or any problems.

She will also provide a listening ear for any difficulties you yourself may be facing at this time.

After six weeks you and your baby should have a check up. This is free regardless of your income if you are a public patient.

Where can I get advice on breastfeeding?

The nursing staff at the hospital will advise you about breast feeding. Your public health nurse will also help if you have any worries no matter how small.

There are various breast feeding support groups organised in health centres. Your public health nurse will know what's available in your area.

The La Leche League (see address list) also has local volunteers to give advice.

Ante Natal classes

Classes are organised at local Maternity Hospitals at various times, and are also provided in a number of local centres run by the Health Boards.

You can check where your nearest Ante Natal class is held by ringing the Health Board numbers at the back of this book.

Breast Feeding

A number of local health centres run breast feeding support groups. Your public health nurse will inform you of the nearest group. Maternity hospitals also organise support groups - see address list.

The La Leche League

- an organisation which helps mothers who want to breastfeed, providing local support groups and individual counsellors. Tel. 01 282 9638 or 01 835 4469 for details of local services.

Irish Childbirth Trust

Tel. 01 285 6263.

- provides education for parenthood, breastfeeding, counselling, ante-natal classes and post natal support.

Post Natal Depression

What is Post Natal Depression?

Post Natal Depression (PND) affects around 10-15% of women in the weeks after giving birth. Although it is a common disorder, only half of those affected seek help. The sufferer frequently presents with a low mood, but a mixture of changing low and “high” moods or elation is also common. These intense and prolonged mood changes are not to be confused with the joyous experience of birth, or the mild short “baby blues”. However, “baby blues” lasting longer than a few days may be an indication of a more serious health problem.

What causes Post Natal Depression?

The causes of Post Natal Depression are not fully clear, but women appear to be psychologically more vulnerable to such problems in the weeks and months after the birth of a baby. Women who are in an unplanned pregnancy, those with poor social supports, or from a one-parent family, are more at risk. These factors alone may increase the likelihood of depression, and the pregnancy and birth may act as additional stressors. In addition, women with

previous psychological health problems are more at risk.

What are the symptoms of Post Natal Depression?

The symptoms are varied, but sleeplessness, loss of appetite, anxiety, panic attacks and either marked over-activity or under-activity, are common. The mother may feel distressed or guilty, and may express unusual concerns about herself or her baby. In all, the mother can become so disorganised that she cannot properly care for herself or her baby.

How and where can I get help?

It is important that prolonged “baby blues” and distressing symptoms (as described above) are reported to the family GP. Women should always attend for their six week clinical check-up and report to their hospital doctor on how they are coping.

What are the treatments available for Post Natal Depression?

Mild symptoms may clear up spontaneously within days but treatments will be required for more severe symptoms, which may involve

counselling and medication, The medication usually takes the form of non-addictive antidepressant tablets which are taken for a few weeks or months. A very small number of women will need a brief hospital stay for more intensive treatment.

Practical support: If you feel you cannot cope, do not feel afraid to tell family and friends, your doctor or Community Health Nurse, that you need some help. Arranging a baby-sitter for a few hours, which would enable you to have a few hours rest, may be invaluable. Try not to let housework take over your days and nights. Ask your husband/partner, family or a friend to help out. Your health and well-being is very important. You should try to eat a balanced diet, little and often, and drink plenty of fluids, especially if you are breast-feeding.

If I had Post Natal Depression after my last baby could it happen again?

If you had PND after your last baby, there will be a 1:5 chance of recurrence after the birth of your next baby. Being informed and knowing what help and treatments are available, helps with early identification and speedy resolution.

Enjoying Motherhood

Although the first weeks following the birth may be tiring, it is very important that a mother has time to enjoy her baby. Asking for and expecting practical help from your husband/partner, family and friends is not a sign of weakness.

Birth and the weeks following it are a very special time for mother and family.

Section 4

The Menopause

The Menopause

What is the Menopause?

The Menopause, or “the change of life” as it is often called, means the end of a women’s monthly periods. It is not an illness but rather a natural part of every woman’s life cycle.

What causes the Menopause?

A natural menopause happens when the body decides that the woman’s reproductive life should be wound down. The ovaries which have produced an egg every month during the woman’s adult life stop working. The amount of the hormone oestrogen (ee-stro-gen) made by the ovary also drops and this results in menopausal symptoms.

A surgical, or artificial, menopause happens if a woman has her ovaries removed.

When does it happen?

The average age of the menopause is about 50 but it can happen before or after that time. Many women will have symptoms of the menopause before their periods finally stop.

Do all women experience unpleasant symptoms?

No. About one in three of all women pass through the menopause without having any problems.

What symptoms might I expect?

- Before the periods finally stop they can become irregular or heavier.
- Hot flushes are one of the commonest symptoms of the menopause. They are harmless but can be a nuisance. They are a sudden hot feeling with reddening of the face, neck and upper body.
- Night sweats can also occur and these can be particularly annoying as they can disturb sleep.
- Sex can become difficult or sore due to dryness of the vagina.
- Sometimes the urethra (the passage through which you pass urine) may also become dry and sore and this may cause burning and frequency (you may need to ‘go’ more often). There is also an increased risk of urinary tract infections.
- Some women feel unusually tired.

- Women can sometimes feel more emotional than usual. They may find their concentration is poor and they are more forgetful. They may feel anxious or develop panic attacks.

What can I do about unpleasant symptoms?

As all of the symptoms of the menopause are caused by a lack of oestrogen they can be relieved by taking Hormone Replacement Therapy (H.R.T.). However some women have symptoms which they associate with the menopause but are really due to other things happening in their lives around this time. These symptoms will not be helped by H.R.T.

What is H.R.T.?

H.R.T. consists of taking the hormone oestrogen to replace the body's own oestrogen. Women who have had their womb removed (hysterectomy) need to take only oestrogen. Women who have not had a hysterectomy will require oestrogen and another hormone, progesterone, as it is essential that they have a monthly period.

Will H.T.R. mean the return of periods if they have stopped?

Yes. However if a women has not had a period for 11/2 - 2 years before starting H.R.T. it may be possible for her to take a type of H.R.T. which does not bring back her periods.

How do I take H.R.T.?

H.R.T. is available in tablet form, as patches or as a skin cream. It is also sometimes given as an implant under the skin.

What are the advantages of H.R.T.?

- It relieves the menopausal symptoms like hot flushes and night sweats very quickly.
- It restores moisture to the vagina and may improve your sex life.
- It protects against osteoporosis (see next question).
- It may help urinary symptoms like wanting to go to the toilet very often.
- It reduces the risk of heart disease.
- It may help with anxiety and depression.
- New research suggests that it may delay

the onset of or prevent Alzheimer's disease.

What is osteoporosis?

Osteoporosis or brittle bones is a condition caused by loss of calcium in the bones in both men and women as they get older.

In women the process of bone loss gets worse after the menopause. It can be a cause of fractures especially of the hip and spine in the older women.

Women most at risk of osteoporosis are:

- those with a family history of the disease
- heavy smokers
- women who have a diet low in calcium
- women who do not regularly exercise
- those who require frequent treatment with steroid tablets.

What are the side effects of H.R.T.?

- When you start H.R.T. you may have temporary breast tenderness.
- There may be a slight increase in weight.

- While there is no increase in breast cancer for women who take H.R.T. for up to five years, long term use may be associated with a slight increase of the disease.

Who should not take H.R.T.?

- Women who think they may be pregnant.
- Women who have had cancer of the breast.
- Women who have had recent cancer of the womb.
- Women who have undiagnosed bleeding between periods.
- If you have a history of high blood pressure or blood clots you should take the advice of your doctor before starting H.R.T..

Can women with high blood pressure take H.R.T.?

Yes. Women with high blood pressure may benefit from H.R.T.?

Where can I get H.R.T.?

You can get H.R.T. from your family doctor or from a Family Planning Clinic and Well Women Centres.

Is H.R.T. a contraceptive?

H.R.T. is not a contraceptive. If your periods stop before the age of 50 you must use contraception for 2 years. If your periods stop after the age of 50 contraception is needed for 1 year.

If I do not want to or cannot take H.R.T. what else can I do to stay healthy?

- It is important that you take good general care of your health.
- You should have plenty of calcium rich foods to protect your bones. Try to reduce the amount of fat and sugar in your diet and eat lots of fruit and vegetables to stay at a healthy weight.
- Stop smoking.
- Take alcohol only in moderation.

- Take adequate exercise. Going for regular walks can be both enjoyable and good for you.
- Have regular medical check ups including blood pressure, breast examinations and smear tests.
- If you are having hot flushes, night sweats or mood changes you may be helped by complementary therapies like relaxation, aromatherapy or acupuncture.

List of Health Boards to contact for information on Womens health services in your area

Eastern Regional
Health Authority
(01) 679 0700

Northern Area Health
Board
(01) 840 7059

South Western Health
Board
045 875 772

East Coast Health
Board
(01) 276 5682

Freephone
1800 520 520

Midland Health Board.
Arden Road,
Tullamore,
Co. Offaly.
(0506) 21868

Mid-Western Health
Board.
31-33 Catherine Street,
Limerick.
(061) 316655

North-Eastern Health
Board
Navan Road,
Kells,
Co. Meath.
(046) 40341

North-Western Health
Board.
Manorhamilton,
Co. Leitrim.
(072) 55123

South-Eastern Health
Board.
Lacken,
Dublin Road,
Kilkenny.
(056) 51702
(056) 20400

Southern Health Board.
Cork Farm Centre,
Dennehy's Cross,
Wilton Road,
Cork.
(021) 545011

Western Health Board.
Merlin Park Regional
Hospital,
Galway.
(091) 751131

Department of Health
Hawkins House,
Dublin 2.
(01) 671 4711

A final word

This booklet and video can only give basic information about womens health issues. The information is based on evidence and medical opinion available at the time of publication. You may come across conflicting advice on certain points. If you are unsure about anything ask your doctor. Don't forget - ring or visit the clinic or your doctor if you are worried or unsure about anything.