

Women's Health & FSHD

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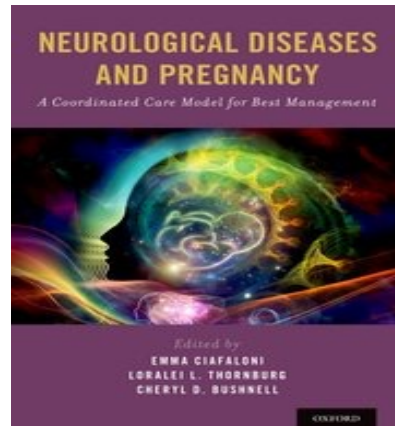
University of Rochester Medical school

Rochester, NY



Disclosures

- ***CPO educational software company***
 - Aloe digital solutions
- (theoretic) royalties from book on neurology in pregnancy



- Ask me anything!
- No topic “off” limits



Objectives- FSHD across the Reproductive Continuum

- GYN care:
 - New Pap guidelines
 - Getting the most of your gyn exam
 - Considering pregnancy
- Immobility/limited mobility:
 - OCP& HRT
 - Bone health in immobility, the role of hormone management
- Sexual health
 - Reproductive Continuum
 - Contraception
- Healthy Pregnancy



The plan....

- GYN care
 - How to make it suck less
- Paps
 - Do I have to?
- Menstruation
 - To do, or not to do
- Sexuality
 - How to talk to your teen about sex
 - How to avoid pregnancy
- Pregnancy
 - How to avoid
 - How to prepare for it
 - Fertility & early loss
 - Getting thru, getting out,
 - Parenting
- Aging GYN
 - Menopause & HRT
 - Incontinence/Pelvic floor health

Defining Health in Women/People with Disabilities (WWD/PWD)

Challenge to the paradigm

Disability ≠ sickness

- Medical definitions of health
- Perception of personal health among WWD
- WHO definition of health

WHO Definition of Health

“Health is the state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”

Source: United Nations World Health Organization⁵

Limited data

- Pregnancy and people of pregnancy potential often excluded from trials
- Data in pregnancy limited for most interventions & therapies
- Much of data is retrospective or extrapolated



****YOU ARE THE EXPERT ON YOU****

**STEPPING OUT INTO THE
UNKNOWN**



I CAN DO IT!

makeameme.org



Getting the most out of your GYN care...

Gynecology care

- Annual physical examination
 - Breast & Pelvic
- Cervical cancer screening
 - Every 3y between 21-65 yo
 - Every 5y if HPV+Pap & > 30 yo
- Additional screening
 - STI
 - Osteoporosis screening
 - Mental health & DV
- Primary care

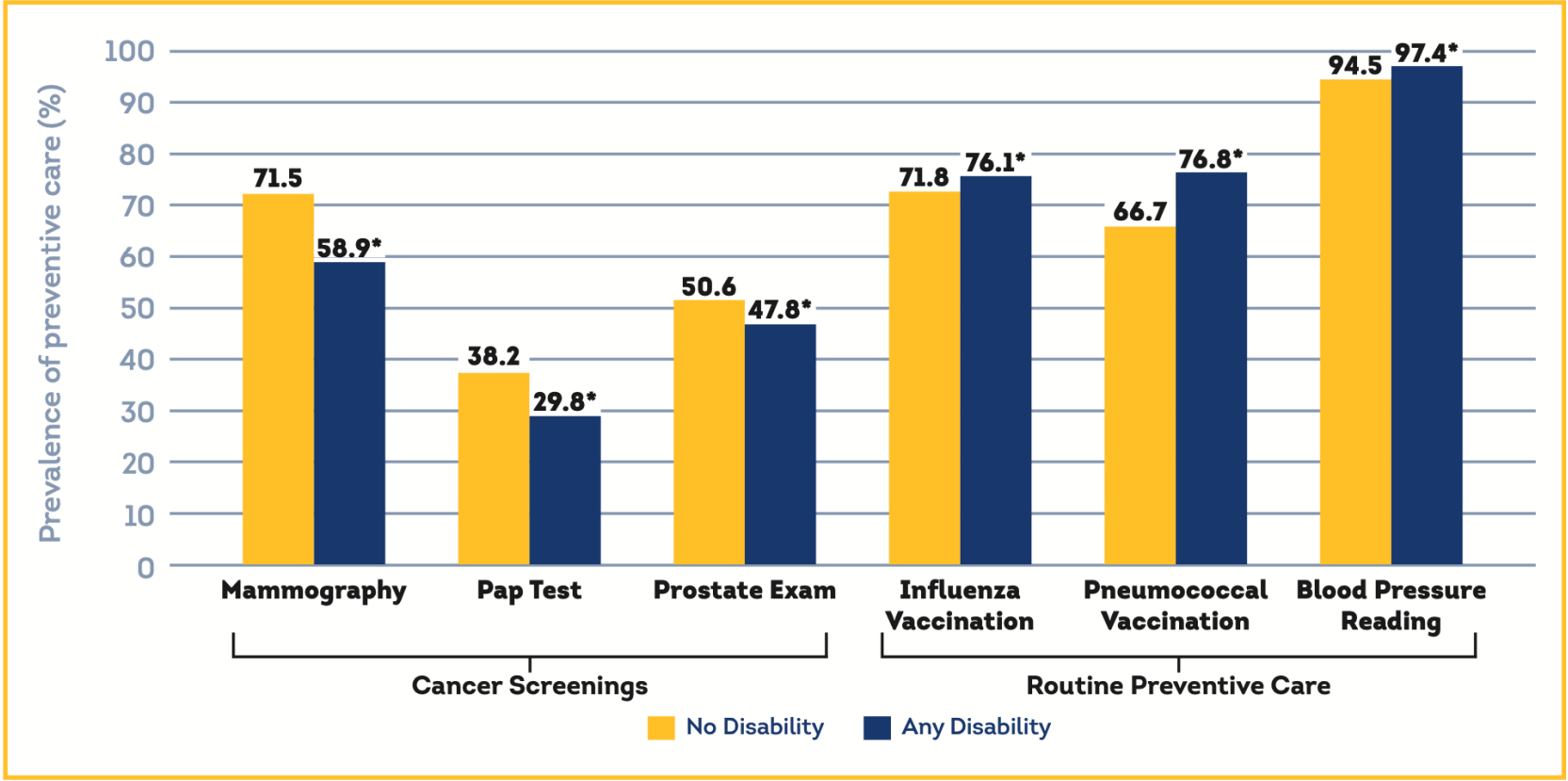


Differentiate between preventative & problem-visit.

Help your team care for you.

W/PWD are underscreened for gender specific care...

Figure 2. Percent of community-dwelling Medicare beneficiaries ages 65 and older reporting receipt of preventive services, by type of disability, 2013



SOURCE: Medicare Current Beneficiary Survey, 2013 Access to Care

NOTE: Survey data collected from community-dwelling beneficiaries ever enrolled in Medicare in 2013. Wald chi-squared tests make separate comparisons between the reference group (no disability) and beneficiaries with each type of disability. For each screening or preventive service, the test contains only beneficiaries reporting no disability and beneficiaries reporting any type of disability. *p < 0.05

Doctors lack training...

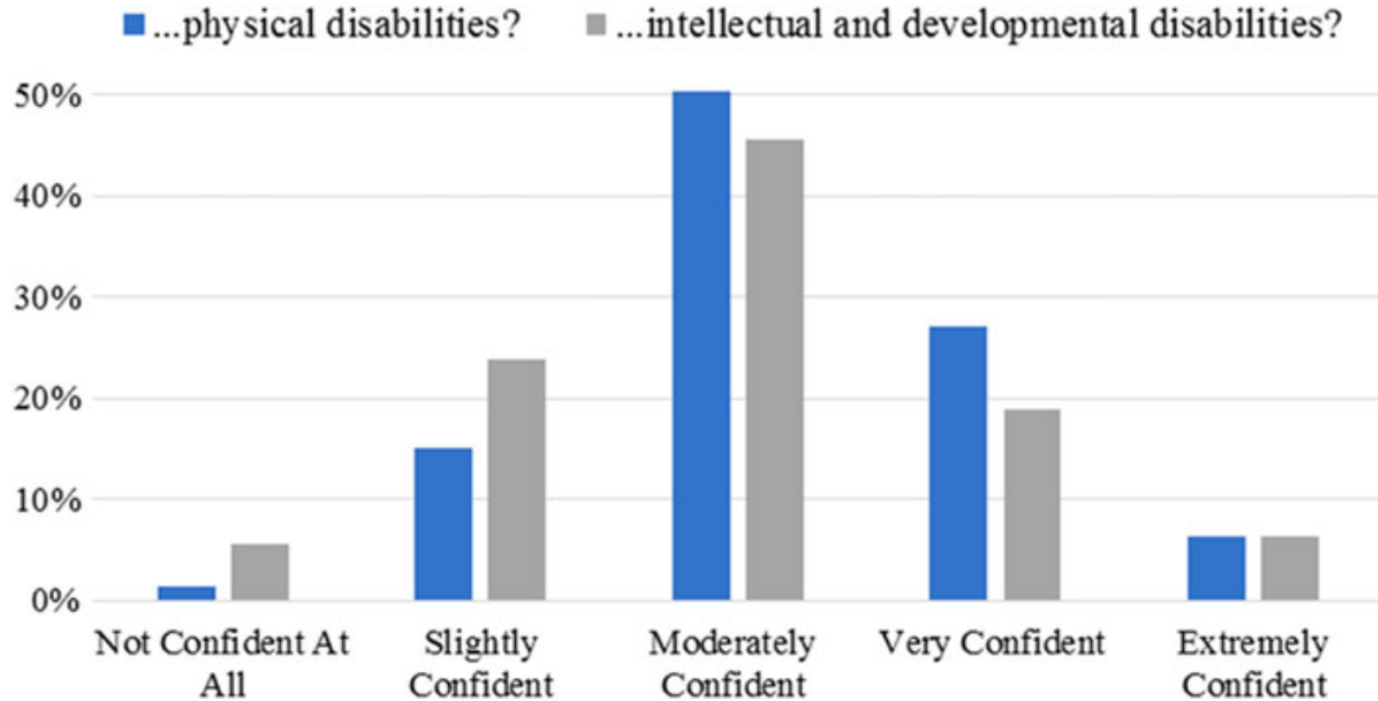


FIG. 1. Confidence in ability to provide care to women with disabilities. Responses to, “how confident are you in your ability to provide appropriate healthcare for women with... [(1) physical disabilities; (2) intellectual and developmental disabilities],” were rated on a scale from “not confident at all” to “extremely confident” ($N=304$).

Every office- SHOULD be able to do care

- Tips for optimizing:
 - First visit in AM
 - First visit in PM
- Scheduling: Let the team know what you need!
 - Extra time, help, visitors
 - Transfer help
 - Motorized room
 - Weight services
 - Getting 2 services? See if they can combine in single site!

Common issues

- UTIs
- Pelvic examination limitations
- Mammograms
- Contraception
- Sexuality

• PAPER ≠ PELVIC

- Pelvic exam and assessment still recommended annually
- GYN care is more than just pap smears

Do I need a pap???

- <21– NO PAP
- 21-29
 - Consider for most every 3 years
 - Can do HPV alone 25-29
- 30-65
 - Pap & HPV every 5 years
 - Pap along every 3 years
 - HPV ONLY every 5 years
- >65
 - Never any abnormalities– DONE
 - No abnormalities over last 2-3 – DONE

Exceptions

- HIV
- Immunosuppressed
- History of cervical CA
- h/o DES exposure (born before 1971)

HPV testing

- MOST people have been or will be exposed to HPV
 - PLEASE get vaccinated!!
- Done with blind swab or from pap
- Can be self-collected
- Should be done EVEN if vaccinated!

“Blind” paps

- Recent pilot on this
- Satisfactory results with “blind” pap
 - Only 50% of had transformation zone
 - If no “TZ” recommend to repeat annually (vs. every 3 yrs)
- May be a good option for those
 - Poorly tolerant of speculum exams AND
 - LOW risk for cervical CA

Pelvic exams – the good, bad & ugly



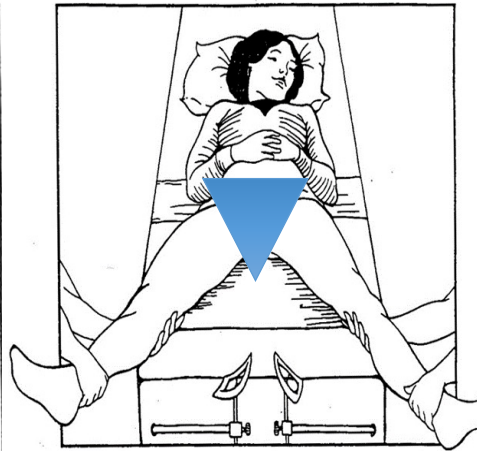
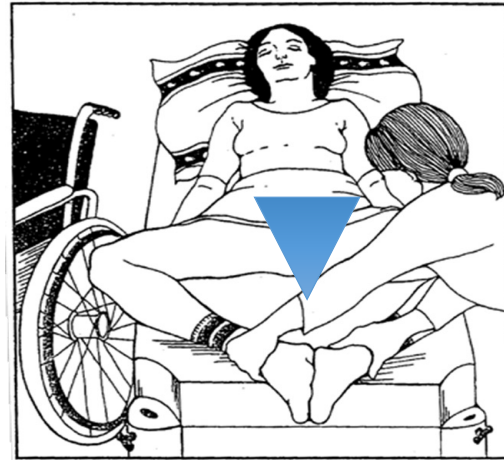
Gyn Exam Basics Care with mobility limitations

- Gyn Exam Essentials:
 - Discuss plan for visit FIRST!
 - Consider what is most comfortable for OTHER peri-care
- Team work (Provider, Patient, Staff, Aids, family, etc.)
 - for teens, adults: AVOID having family as aid unless discussed with patient FIRST alone
 - parents: don't be offended if they don't want you there. OFFER to step out.
- Use the right equipment/set up:
 - Empty Bladder
 - Equipment: Exam Bed with Adjustable Height, Leg Supports optional
 - Patient Lift / Transfer equipment
 - Speculum(s): Graves vs Pederson

Gyn Exam Basics Care with mobility limitations



Gyn Exam Basics Care with mobility limitations



Hormone management & Contraception...

More than just pregnancy prevention!

Hormonal menstrual management

Hormone replacement

Doctors fail to offer contraception...

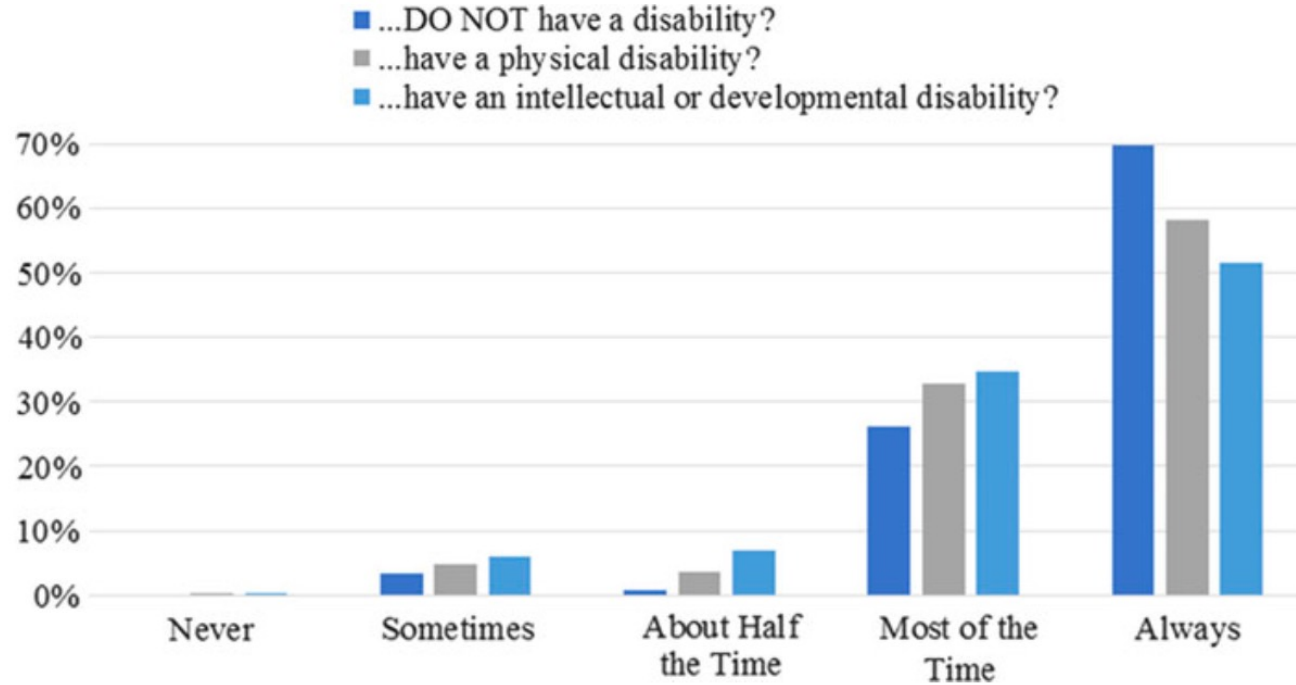


FIG. 2. Frequency of initiating contraceptive counseling. Responses to, “in your current practice, how often do you initiate contraceptive counseling with women of reproductive age who...[(1) do not have a disability; (2) have a physical disability; (3) have an intellectual or developmental disability],” were rated on a scale from “never” to “always.” Items were answered by full-length survey respondents who provided contraceptive counseling ($N=244$).

Doctors offer DIFFERENT contraception...

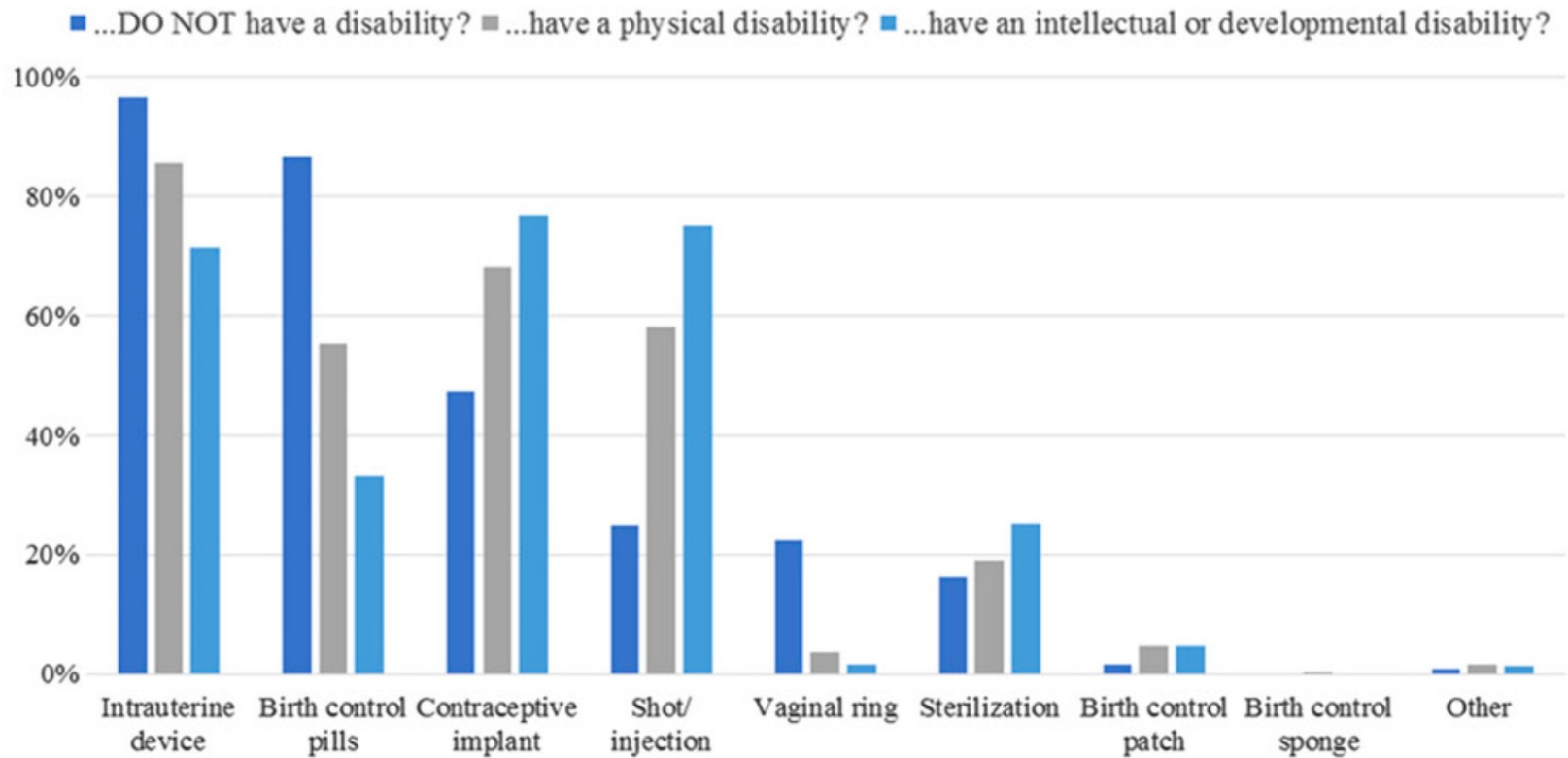


FIG. 3. Top three contraception recommendations. Responses to, “please rank the top three types of contraception that you most often recommend for patients who...[(1) do not have a disability; (2) have a physical disability; (3) have an intellectual or developmental disability]. Items were answered by full-length survey respondents who provided contraceptive counseling ($N=241$). Since many respondents did not provide numbered rankings (e.g., writing #2 next to their second choice), responses were recoded to reflect options that were selected as top three recommendations.

What do you want from “birth control”?

Birth control is good for more than just “baby” prevention!

- Cycle control?
- Fertility control?
- Hormonal suppression?
- Hormone replacement?

Choose your contraception correctly!



- Heavy periods? Weight issues?
- Migraines?
- Clotting history?
- Breastfeeding?
- STD risk?
- Timeline for future pregnancy?

• Medical Eligibility Criteria

Condition	Sub-Condition	Cu-IUD		LNG-IUD		Implant	DMPA	POP	CHC
Solid organ transplantation [†]	a) Complicated	3	2	3	2	2	2	2	4
	b) Uncomplicated	2	2	2	2	2	2	2	2*
Stroke [‡]	History of cerebrovascular accident	1	2	2	3	3	2	3	4
Superficial venous disorders	a) Varicose veins	1	1	1	1	1	1	1	1
	b) Superficial venous thrombosis (acute or history)	1	1	1	1	1	1	1	3*

Condition	Sub-Condition	CHC	POP	Injective	Implant	LNG-IUD	Cu-IUD
Generally contraindicated (CHC)	• Current or past cervical or uterine cancer	1	1	1	1	4	2*
	• Current or past breast cancer	1	1	1	1	2	2
	• Current or past endometrial cancer	1	1	1	1	2	2
	• Current or past ovarian cancer	1	1	1	1	2	2
Smoking	• Age < 35	2	1	1	1	1	1
	• Age 35-44 (10 cigarettes or more per day)	3	1	1	1	1	1
Solid organ transplantation [†]	• Uncomplicated	2	2	2	2	2	2
	• Complicated	3	2	2	2	2	2
Stroke [‡]	• History of cerebrovascular accident	1	2	2	3	3	2
	• History of transient ischemic attack	1	2	2	3	3	2
Superficial venous disorders	• Varicose veins	1	1	1	1	1	1
	• Superficial venous thrombosis (acute or history)	1	1	1	1	1	1
Systemic lupus erythematosus [§]	• Active or untreated	4	3	3	3	3	3
	• Stable	2	2	2	2	2	2
	• History of thrombotic events	3	2	2	2	2	2
	• History of renal insufficiency	2	2	2	2	2	2
Hypertension	• Systolic > 160 mmHg	4*	2*	2*	2*	2*	2*
	• Systolic 140-160 mmHg	2	2	2	2	2	2
	• Systolic < 140 mmHg	2	2	2	2	2	2
	• Diastolic > 95 mmHg	2	2	2	2	2	2
Diabetes	• Type 1	2	2	2	2	2	2
	• Type 2	2	2	2	2	2	2
Liver disease	• Acute	3*	3*	3*	3*	3*	3*
	• Chronic	2	2	2	2	2	2
Unintentional weight loss	• > 10% in 6 months	2*	2*	2*	2*	2*	2*
	• > 15% in 1 year	3*	3*	3*	3*	3*	3*
Migraine	• With aura	3	1	1	1	1	1
	• Without aura	2	1	1	1	1	1
Regular bleeding patterns	• Irregular pattern without heavy bleeding	1	2	2	2	1	1
	• Heavy or prolonged bleeding	1*	2*	2*	2*	1*	1*
HIV Infection	• Acute or chronic	1-4*	2	2	2	2	2
	• Asymptomatic	1	1	1	1	1	1
Drug Interactions	• Anticoagulant therapy	1*	1	1	1	2*	2*
	• Antiplatelet therapy	2*	2*	1	2*	2*	2*
	• Enzyme-inducing antiepileptics	3*	3*	1	2*	2*	2*
	• Enzyme-inducing antibiotics	3*	3*	1	2*	2*	2*
Hormonal therapy	• Breast cancer	1	1	1	1	1	1
	• Cervical cancer	1	1	1	1	1	1
	• Endometrial cancer	1	1	1	1	1	1
	• Ovarian cancer	1	1	1	1	1	1



Comparing pros/cons:

BEDSIDER

We've got you covered

COMPARE METHODS /

[View full comparison chart](#)

[Compare side-by-side](#)



	<i>method #1</i>	<i>method #2</i>	<i>method #3</i>
<i>effectiveness</i>	Choose a method to compare.	Choose a method to compare.	Choose a method to compare.
<i>side effects</i>			
<i>do me now</i>			
<i>STI prevention</i>			
<i>hormone-free</i>			
<i>easy to hide</i>			
<i>easy to get</i>			
<i>mistake-proof</i>			
<i>cost</i>			
<i>effort</i>			
<i>health benefits</i>			
<i>reduces periods</i>			

Choosing birth control in immobility

BEDSIDER
We've got you covered

es

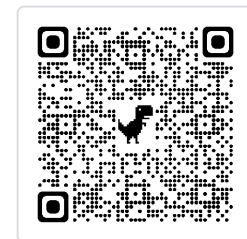
- Consider total risk profile
- Consider “other” risks besides immobility
- Consider what you need your BC to do for you and how often you want to think about it!!
 - Pregnancy prevention
 - Menstrual regulation
 - PMS management

Birth control ›

What you should know about birth control when you have a disability

Have a disability and looking for birth control? Here are tips to help you find a method that works with your unique body.

Apr 04, 2017



Birth control...

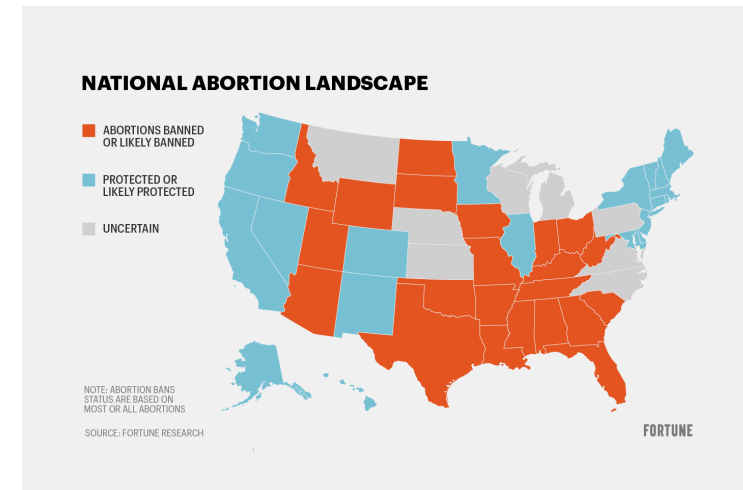
- IUDs:
 - Most common contraception for female physicians
 - Low risk profile
 - High safety profile
 - A “1” in the MEC chart for almost every underlying medical condition!
- Placement can be a challenge
 - Consider if can be done “with” another procedure



Family Planning



- Pregnancy for some may be more than they are able to/want to take on
- Reproductive planning
 - Know your state's laws
 - Advocate for your rights
 - Have back-up plans



AbortionFinder.org
<https://www.guttmacher.org>

Cycle control/menstrual suppression?

- A monthly “period” is NOT healthy or a requirement for health!
- More than 75% of people experience “PMS” with associated discomforts and challenges.
 - Can also affect GI system
- External menstrual care can be challenging in immobility

https://www.naspag.org/assets/docs/menstrual_suppression_disabi.pdf

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6365059/>

Periods— rarely talked about, rarely studied

- VERY limited data on how this affects people & their caregivers
 - Most data related to intellectual disabilities
- Menstrual care cited in literature as a “task” with high degree of caregiver discomfort
- Both menstruation and disability are stigmatized, and make the combination particularly difficult for some people/families to discuss or get nursing/aid help with

https://www.naspag.org/assets/docs/menstrual_suppression_disabi.pdf

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6365059/>

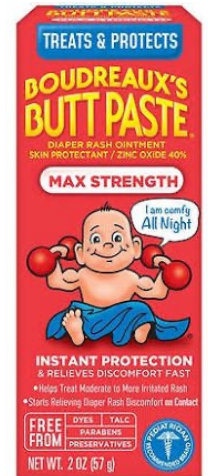
Menstrual management

- Survey research of WWD:
 - Most struggled with pad positioning for absorption
 - Increased difficulty with catheters and urinary management
- Menstrual cups, tampons may be challenging with upper extremity weakness/limited fine motor skills
- Limited access in restrooms, faculties
- High costs of supplies



Menstrual management

- Improved supplies
 - Incontinence diapers > pads with heavy flow and sitting positions
- Skin care is CRITICAL
- Frequent pad/barrier changes
- “dry” times if at all possible
- Barrier Cream– for more than just for cute baby butts!
 - Use whatever works, avoid those with steroid
 - (pics of some of my favs)
- Super sensitive skin or area of breakdown?- consider lanolin



“Therapeutic amenorrhea”

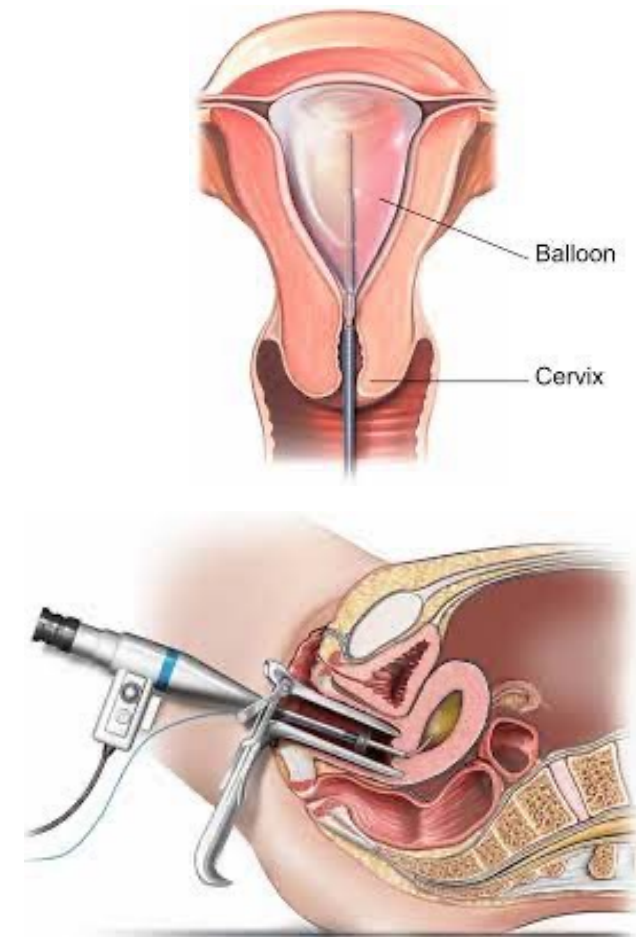
- Started in 1960s for people with bleeding disorders
- Has expanded in usage.
 - Military/female athletes
 - Medical conditions increased by cycling
- **Studies find:**
 - improved compliance,
 - greater satisfaction,
 - fewer menstrual symptoms
 - less menstruation-related absenteeism from work or school

Menstrual strategies: Suppression

- IUD with progesterone (20-50% by 1 year)
- Implants (about 30% at 1 year)
- Depo: 55% by 1 year; 65% by 2 years
 - High rates of “break thru” bleeding (BTB)
- Continuous OCPs or ring
 - Skip last week/“off” week and start a new pack
 - Allowing a period every 3-4 months can reduce spotting (BTB)
- GnRH (Lupron)
 - Shuts down ovary/testis completely
 - Increases bone loss, hot flashes, etc.

Menstrual strategies: “DONE”

- Only for those
 - completed child bearing
 - Healthy enough for surgery
- Hysterectomy
 - Can reduce/eliminate endometrial cancer, cervical cancer risks
 - Can include ovaries or not (choice)
 - Recovery is improved with minimally invasive techniques
- Endometrial ablation



[Hillard. Int J Womens Health. 2014; 6: 631–637. PMID: 25018654](#)

[Lan-Ping Lin, 2012, PMID: 22502822](#)

Menopause

I DON'T HAVE HOT FLASHES...



I HAVE SHORT, PRIVATE VACATIONS
IN TROPICAL-LIKE CONDITIONS!

To replace or not to replace

Benefits

- Hot flash management
- Cardiac disease
- Bone health
- Skin integrity
- Urinary tract health

Risks

- Clotting
- Breast CA
- CV improvement only with early replacement
- May continue cycles/bleeding
- Underlying Liver disease/HTN

Hormone replacement in immobility

- “Individualized decision” – ACOG 2003
- Benefits to HRT:
 - Bone health:
 - WWD enter menopause with decreased weight bearing
 - Higher risk for osteoporosis
 - CV disease protection:
 - Concern for CV disease risk with reduced exercise
 - Temp flux of hot flashes
 - Skin breakdown, UTI risks increase after menopause
- Risks to HRT:
 - Clotting risk
 - CV improvement likely only with early (vs. late) replacement

Menopause/Aging

- HRT:
 - Best within first 10 years after menopause and before age 60
 - Need a progestin w/ estrogen replacement if still have a uterus.
- Avoid:
 - h/o breast CA, hypertension, active liver disease, blood clots
 - “immobilization”
- Vaginal symptoms
 - Topical estrogen replacement
- Delivery methods:
 - Creams, vaginal suppositories/rings have lower hepatic impact

Bladder symptoms



Urinary Incontinence

around 30-40% for all humans (higher in older adults)



Stress Urinary Incontinence
(Cough, Sneeze, Exercise)

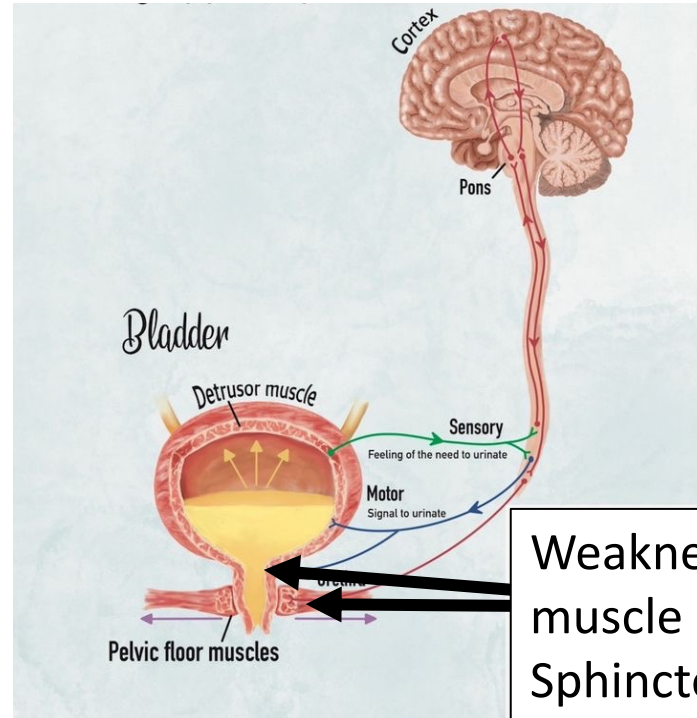


Urge Urinary Incontinence
(Gotta Go, Can't Hold It)

Muscular disorders & Urinary Incontinence



Stress Urinary Incontinence
(Cough, Sneeze, Exercise)



Weakness of skeletal muscle of the Urethral Sphincter & Pelvic Floor

Potential treatment options for older children & adults:

- Behavioral changes & pelvic floor physical therapy
- Pessaries for women
- Surgery: slings, bulking agent injections

Urinary Incontinence



Urge Urinary Incontinence
(Gotta Go, Can't Hold It)



Functional Incontinence

- Factors such as physical impairment that prevent a person from getting to the bathroom in time when they need to urinate

Potential treatment options for older children & adults:

- Behavioral changes & pelvic floor physical therapy
- Medication
- Nerve stimulation treatments or Botox injections in the bladder



Poise Impressa Bladder Supports - Sizing Kit

[Visit the Poise Store](#)

3.4 ★★★★★ ▼ 337 ratings



RING PESSARY



GELLHORN PESSARY





Always one for keeping fit, Jill did her regular pelvic floor exercises.

<https://www.voicesforpfd.org/find-a-provider/>

Voices for **PFD**

[About](#) [Pelvic Organ Prolapse](#) [Bladder Control](#) [Bowel Control](#) [Painful Bladder Syndrome](#) [Mesh](#) [Information for New Moms](#)

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Results at this time will only show providers practicing in the United States and Canada.

Find a provider

Within



Patient Education

Articles, handouts, and infographics to help increase awareness about PT.

Search

Search News

Patient Education



Patient Education

Proper Toileting Posture

When having a bowel movement, it is helpful to po
toilet so that poop can leave easily. Typically, sittin
supported or seated squat position) is best, but it \

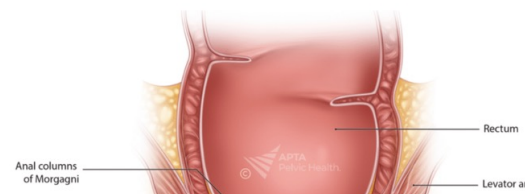
[Continue Reading](#)

05/1/2023

<https://www.aptapelvichealth.org/info/patient-education>

<https://pelvicrehab.com>

<https://www.aptapelvichealth.org/ptlocator>



Patient Education

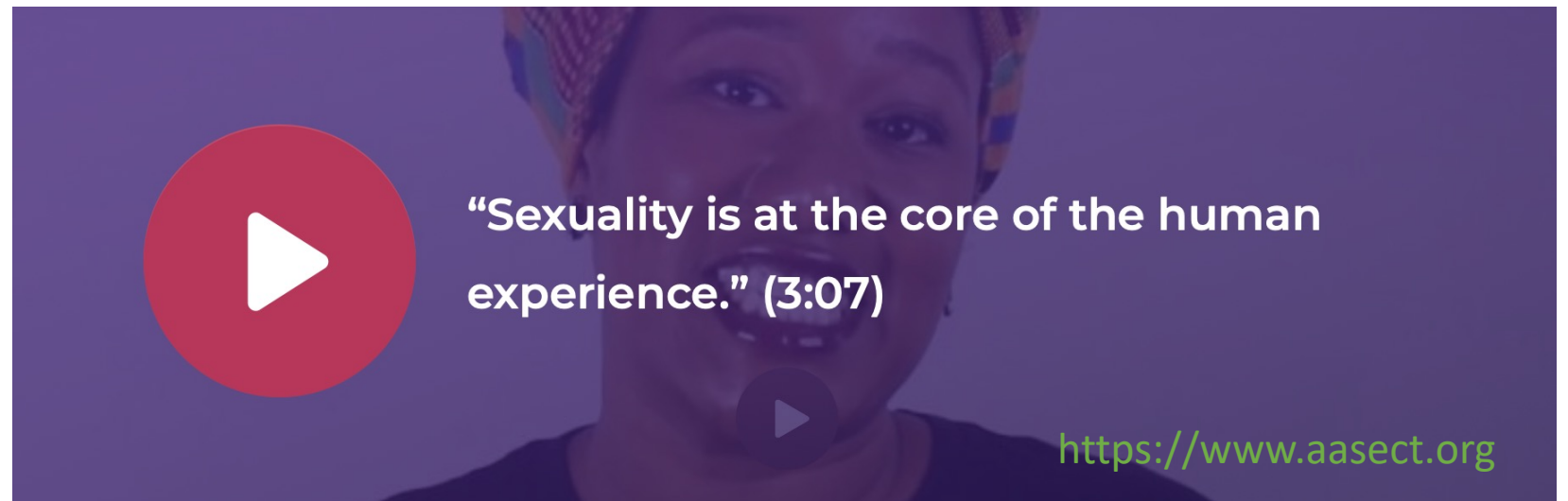
Rectal Pain

Pain in the anus or rectum is often called rectal pa
types of rectal pain. Functional rectal pain syndror
spasms of the muscle around the rectum. This mu

Healthy Sexuality...

Healthy, adult sexuality at any mobility status

Sexuality is an inherent, essential, & beneficial dimension of being human.



” Sexual health is a state of **physical, mental and social well-being** in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the opportunity to have sexual experiences that are pleasurable and safe, free from coercion, discrimination and violence ” (WHO, 2019)

“

**Not just a
physical act!**

Despite the fact that 60% of health professionals believe that sexual difficulties should be addressed, only 6% initiate the discussion on a frequent basis (Dyer, 2013)

“

But why?

Not often brought up with patients...

- Healthcare providers are uncomfortable (Dyer 2013)
- Lack of training (Gianotten 2006)
- Subject not addressed by other healthcare providers (Gianotten 2006)
- Absence of a sexologist in the healthcare team
- Fear of opening a Pandora's box

“Of course, but not my role?”

“It does not exist!”



Your team should be there to support you.

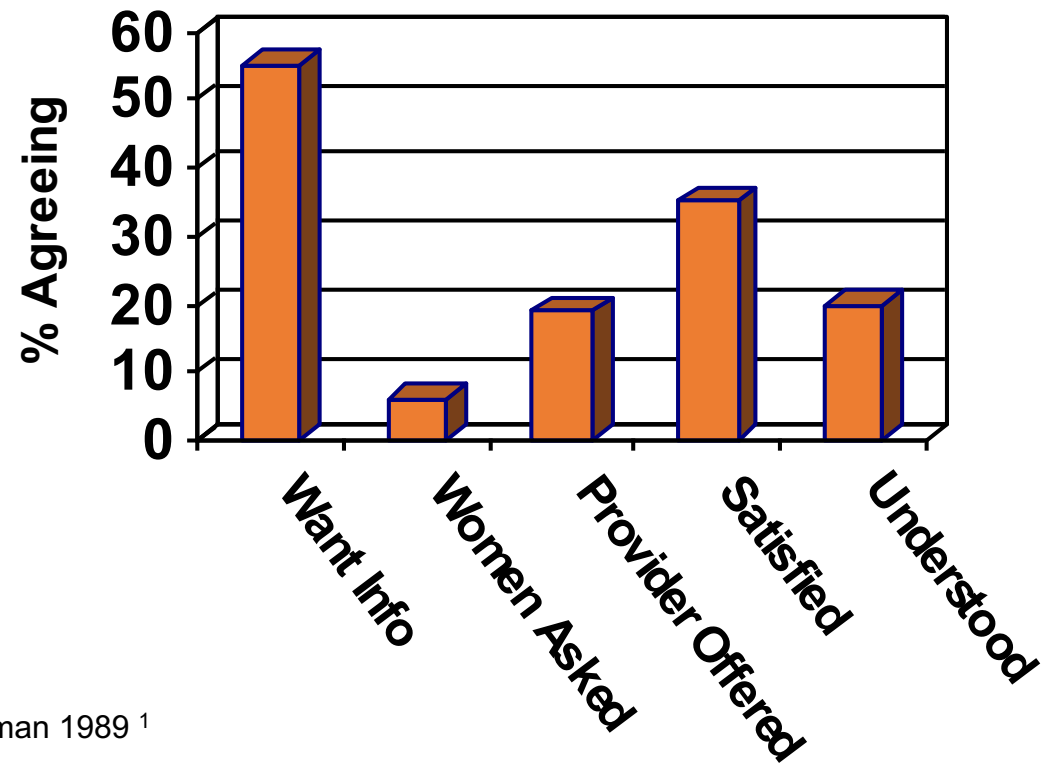
If they don't know the answers, or are uncomfortable, ask for referral to someone who is!

ASK your QUESTION(s)...



Doctors stink at asking about this...

Information About Sexuality Offered to Women with Disabilities



Source: Beckman 1989 ¹

Health care providers (HCPs) may be reluctant to discuss sexual health in WWD because:

- Uncomfortable introducing the subject of sexual health
 - WITH EVERYONE (and themselves)
- Unaware of how to address sexual concerns in WWD
- Inquiry about sexual functioning is neglected due to the complexity of the patient's underlying condition(s)
- WWD are reluctant to bring up sexual concerns without HCP prompting
- HCP has a negative stereotyping of WWD

Your job: advocate for how we can help



<https://www.cedars-sinai.org/blog/embarrassing-health-questions.html>

I assure you, if it is an ob/gyn office—
you cannot offend or shock us

we have HEARD IT ALL!



How to talk to your doc about uncomfortable subjects

- Build a rapport & develop a therapeutic alliance
- Use priming phrases to let your doc know you are nervous and serious!
 - “I've never shared this with anyone before”
- Write it down
 - Include questions, diary of symptoms or triggers
- Get comfortable with discussing your health
 - Docs can only address issues they know about
- Doc's office should be a zone of safety
 - If not, you need a new doc



How to talk to your doc about uncomfortable subjects

- Don't "let it go"
- Many offices will ask that "problems" be addressed in visits outside of annual exam.
- If its more than can be addressed in a single visit, or in a well visit, schedule a follow up



Female Sexual Health

Biological

- Age
- Menopause
- Physical health
- Hormones

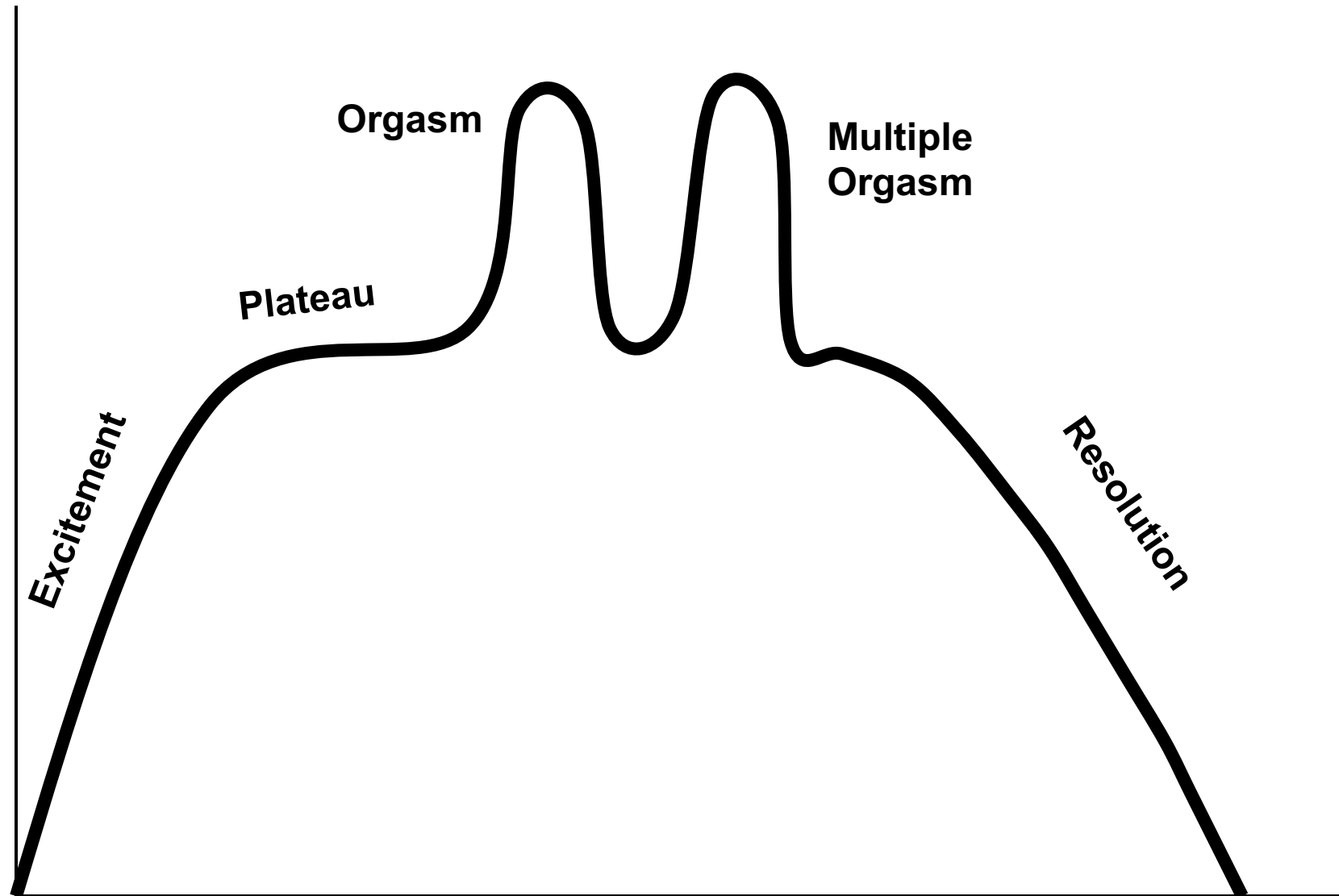
Psychological

- Mental health
- Personality
- Life satisfaction
- Self-esteem

Social

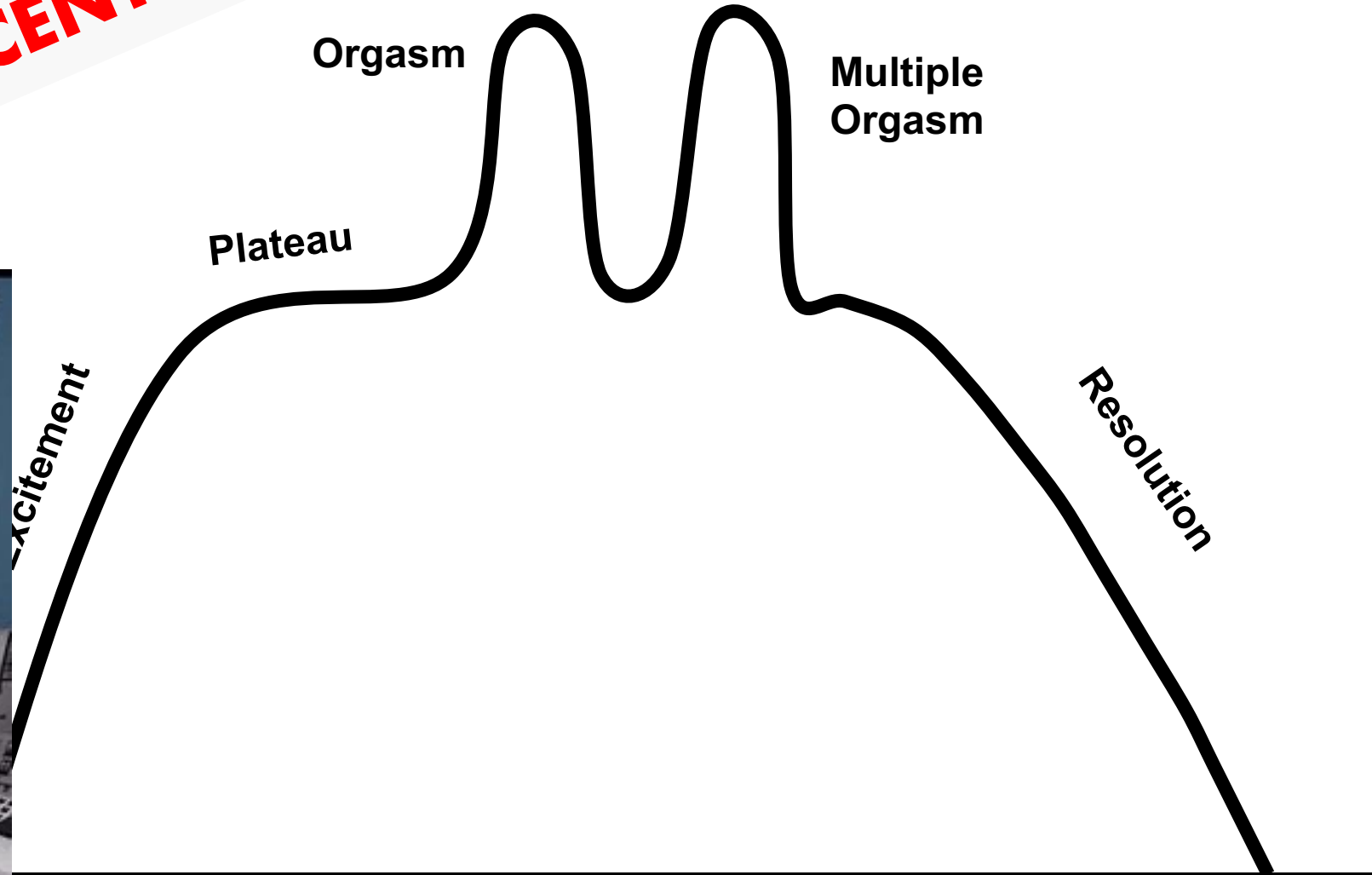
- Partner
- Relationship
- Social support

Traditional Model of Sexual Response



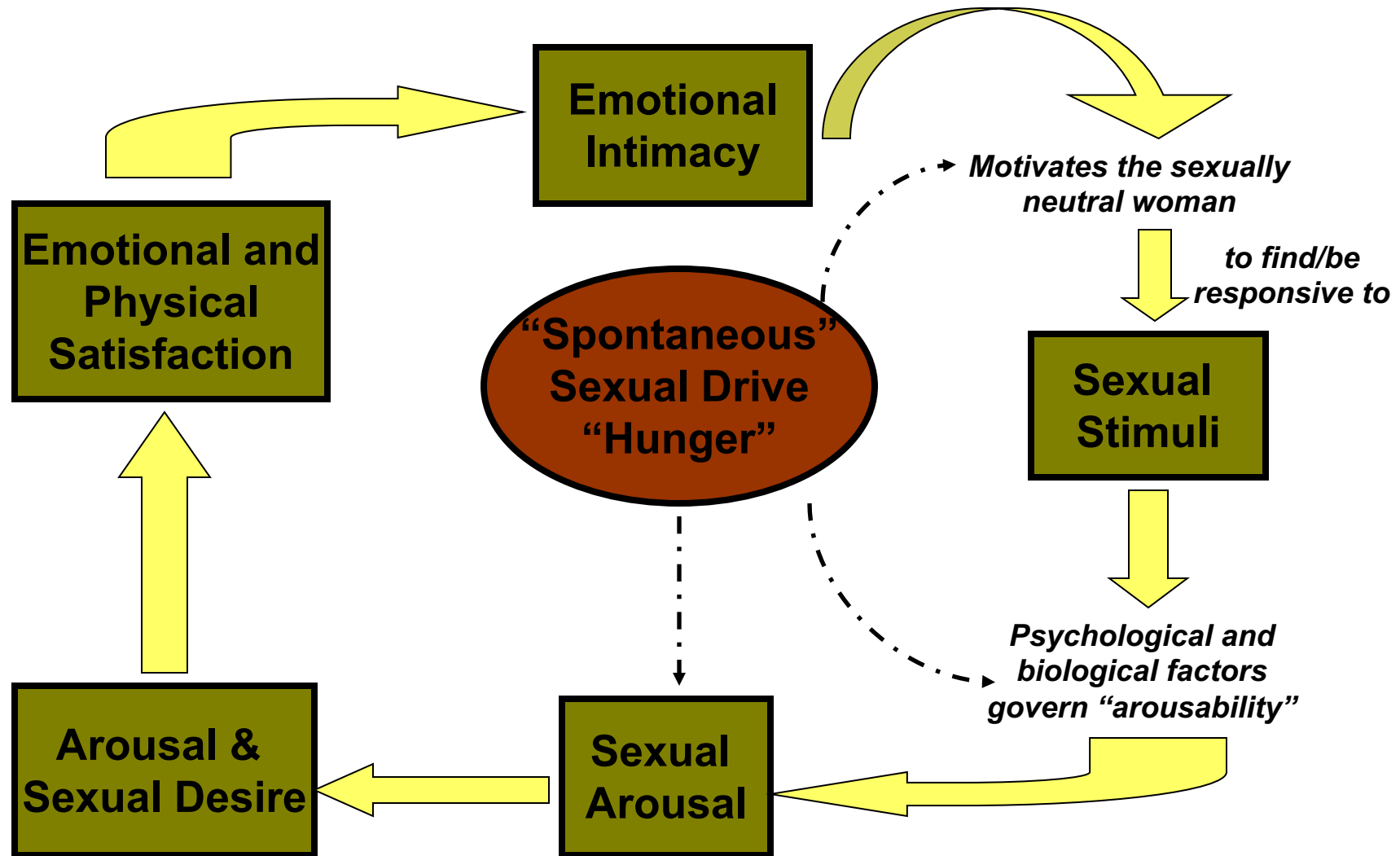
Traditional Model of Sexual Response

**MALE
CENTRIC**

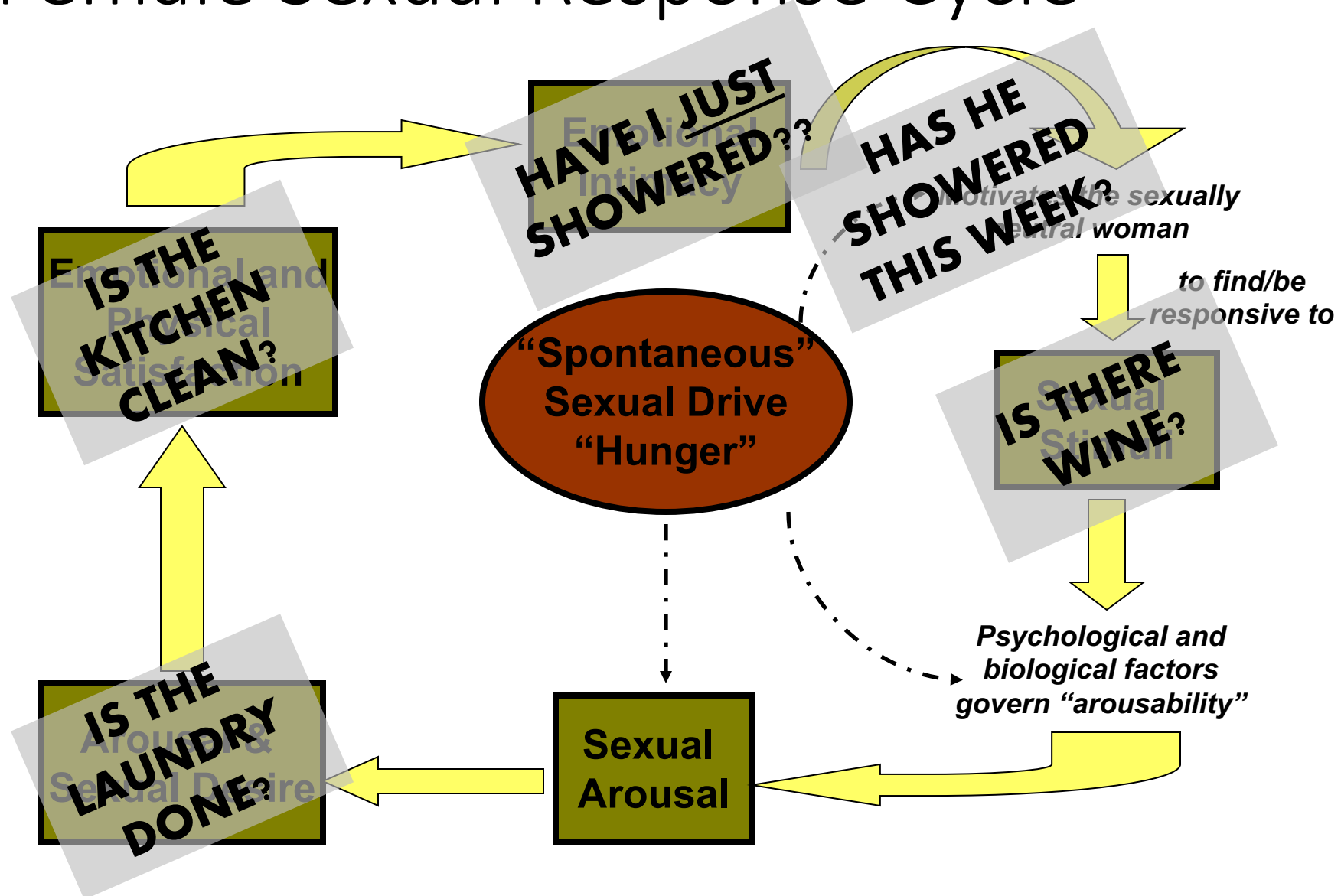


& Johnson 1966³

Female Sexual Response Cycle



Female Sexual Response Cycle



Sexual Health

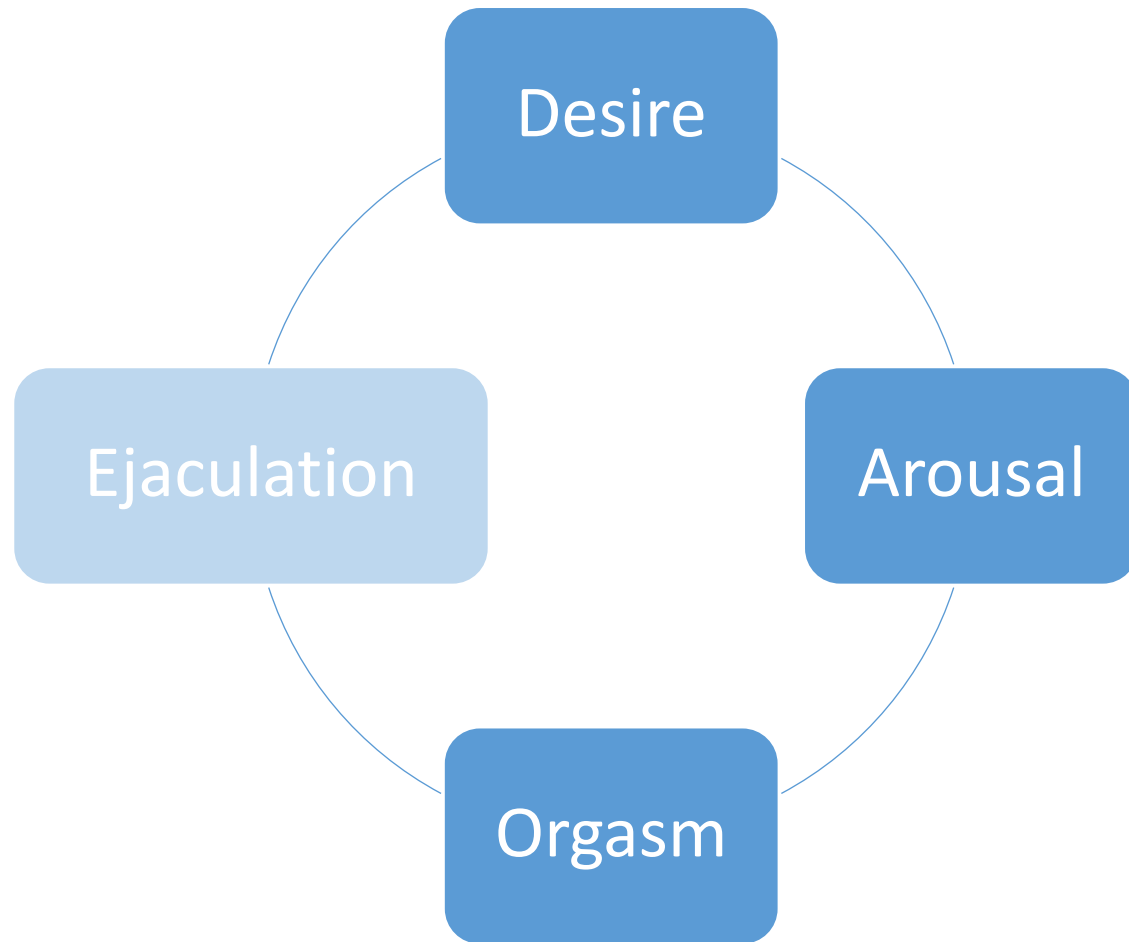


Table – DSM-5 sexual dysfunction diagnoses

Male	Female
<ul style="list-style-type: none">• Hypoactive sexual desire disorder• Erectile disorder• Premature (early) ejaculation• Delayed ejaculation• Substance/medication-induced sexual dysfunction	<ul style="list-style-type: none">• Sexual interest arousal disorder• Orgasmic disorder• Genito-pelvic pain/penetration disorder• Substance/medication-induced sexual dysfunction

Approach and management to patients with neurological disorders reporting sexual dysfunction



Claire Hentzen, Stefania Musco, Gérard Amarenco, Giulio Del Popolo, Jalesh N Panicker

Sexual difficulties are common in patients with neurological disorders, and different domains of sexual function—desire, arousal, orgasm, and ejaculation—can be affected. Advances in the past 7 years in structural and functional neuroimaging have contributed to a greater understanding of the neural pathways involved in the regulation of

Lancet Neurol 2022; 21: 551–62

Published Online
April 8, 2022

Seek care!

THE LANCET
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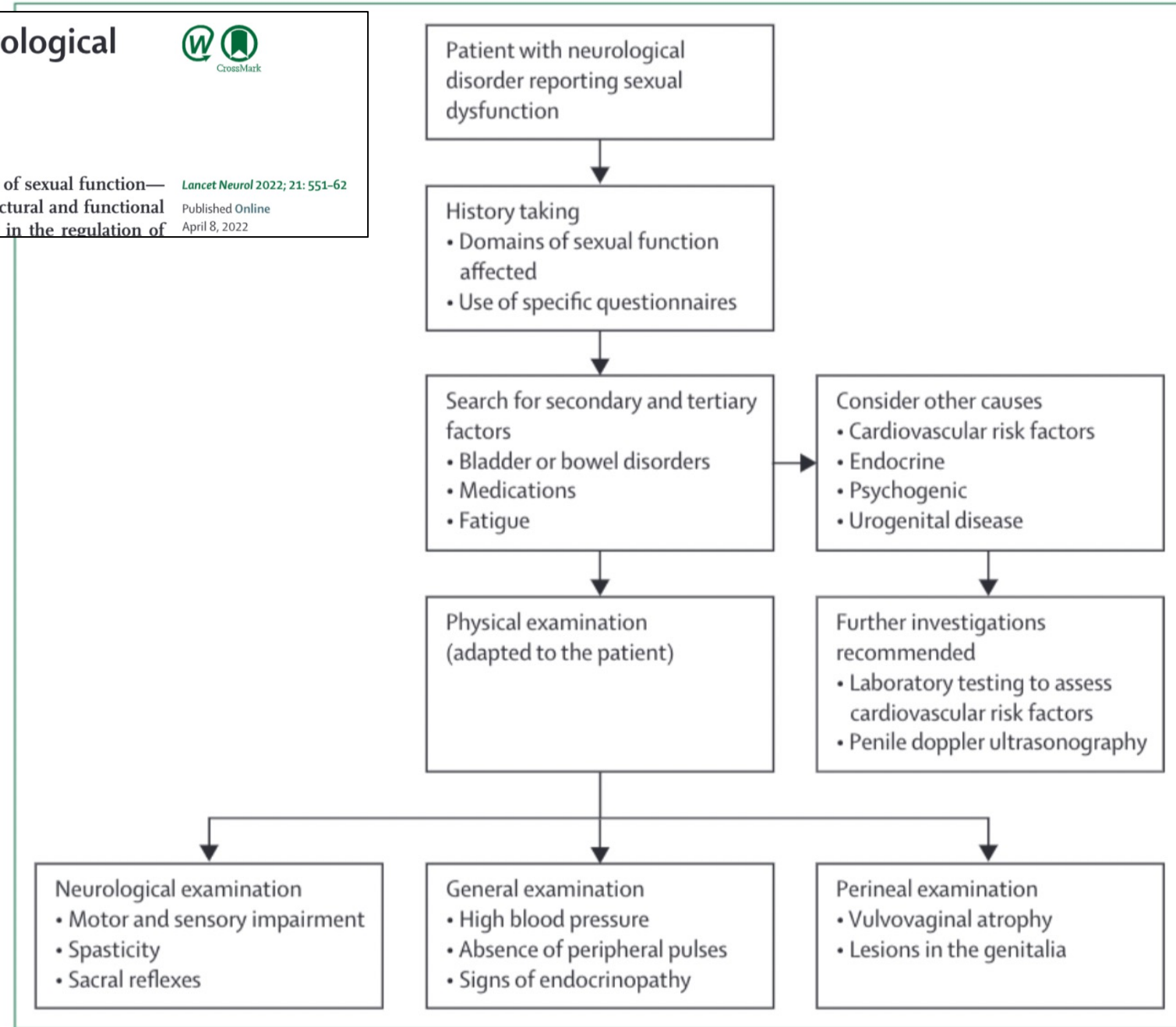


Figure 2: Suggested approach to assessment of sexual dysfunction in patients with neurological disease^{67,71}

Factors Affecting Sexual Function in WWD

- Physiologic or mechanical limitations
- Misconceptions and social stereotypes about ability to have and enjoy sex
- Fear of the safety of having sexual relations
- Concerns about body-image, self-esteem, self-concept
- Depression, stress and anxiety
- Fatigue
- Pain
- Life experiences (i.e. abuse)

Sexual Physiology

- Sexual response mediated by nerve roots T10-L2 and S2-S4
- Vaginal lubrication involves S2-S4
- Up to 50% of women with spinal cord injury (SCI) can experience orgasm²
- Most information is generalized based on more thorough studies among men with disabilities

Sources of Sexual Dysfunction

- *Primary*: impairment of sexual feelings or response such as those that may arise as a result of the disability
- *Secondary*: nonsexual impairment that affects sexuality such as emotional response
- *Tertiary*: psychosocial or cultural issues that interfere with sexual experience such as gender role expectations.

Women's Sexual Health

Barriers to Knowledge

- Research in female sexual function and dysfunction has lagged tremendously due to:
 - Inadequate funding of basic science research
 - Lack of basic science models of sexual response in female animals
- Limited research on sexuality and WWD
- Professional training in sexual health remains limited

Sexuality and Aging in Women With and Without Disabilities

- Common changes experienced by menopausal women
 - Delayed orgasm
 - Vaginal dryness from vulvovaginal atrophy
- Unique factors affecting sexual function in women with disabilities
 - Fatigue
 - Joint stiffness
 - Medication use

Medications Affecting Sexual Function

- Anti-hypertensives
- Lipid-lowering agents
- Diuretics
- Antidepressants
- Immunosuppressive agents
- Anticonvulsants
- Anticholinergics
- Antispasmodics
- Oncologic agents
- Psychotropics
- Sedative-hypnotics
- Stimulants
- Anti-androgens
- Decongestants
- Antivirals
- Antiarrhythmics

Strategies to Optimize Sexual Functioning in WWD: meds

- Use analgesics (if needed) approximately 30 minutes before sexual activity
- Reduce or switch to alternative medications that may not have as negative an impact on sexual functioning
- Try muscle relaxants if hip or lower extremity spasticity interfere with enjoyment and/or performance
- Treat underlying depression
- Use a water-based personal lubricant to relieve vaginal dryness during sexual activity

Strategies to Optimize Sexual Functioning in WWD: Psychologic:

- Keep a healthy attitude. A positive perspective is an important aspect of maintaining sexual health
- Enhance sexual expression through use of the senses
- Maximize use of nonsexual intimate touching
- Communicate likes, dislikes, and needs to partner
- Use self-stimulation as needed to reduce anxiety, help with sleep, and provide general pleasure

Multi-disciplinary Approach is *KEY*:

***don't be afraid to ask your PCP/GYN for referrals!

- Primary Health Care Provider and/or clinician with expertise in Female Sexual Dysfunction
- Psychiatrist
- Sex Therapist
- Physical Therapist
- Social Worker
- Urologist (Male partner Sexual Dysfunction)
- Fertility specialists (as needed/desired)

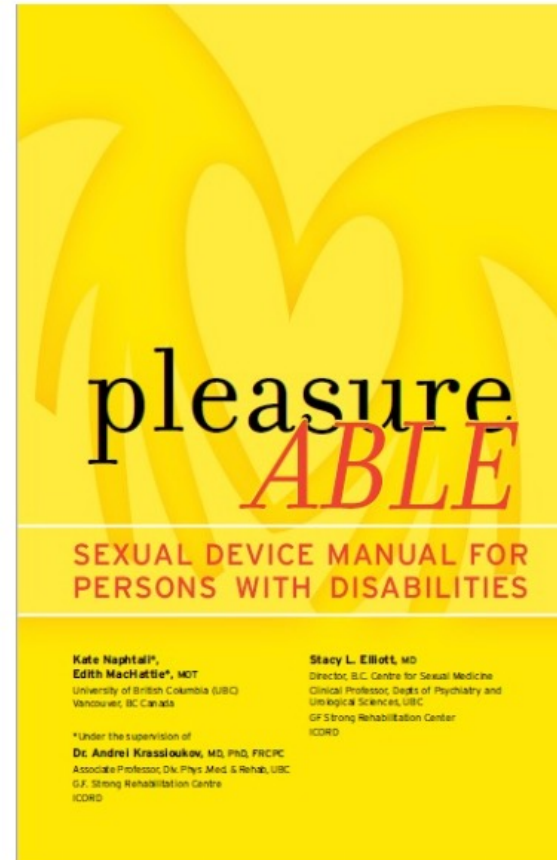
Resources....

THE ULTIMATE GUIDE TO SEX AND DISABILITY

For all of us who live with disabilities,
chronic pain & illness

by Miriam Kaufman, M.D., Cory Silverberg, and Fran Odette

Book



<https://facingdisability.com/resource/pleasure-able-sexual-device-manual-for-persons-with-disabilities>



This site addresses themes related to sexuality and includes a section for the physically disabled. There is also information on various sexual aids
<http://www.comeasyouare.com>

Reference on Sexuality for Women with Disabilities

- Kroll K, Levy EL. Enabling romance: a guide to love, sex and relationships for the disabled (and the people who care about them). New York: Harmony Books, 1992.
- Journal of Sexuality and Disabilities – quarterly journal published by Springerlink.
<http://www.springerlink.com/content/104972/>
- www.sexualhealth.com

Web References on Sexual Health for Health Care Providers

- American Association of Sex Educators, Counselors, and Therapists www.aasect.org
- Educational resource on Female Sexual Dysfunction for health professionals: <http://www.femalesexualdysfunctiononline.org>
- Society for the Scientific Study of Sexuality www.sexscience.org
- International Society for the Study of Women's Sexual Health www.isswsh.org
- International Academy of Sex Research www.iasr.org

Therapist finder

- Find someone near you.



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Referral Directory

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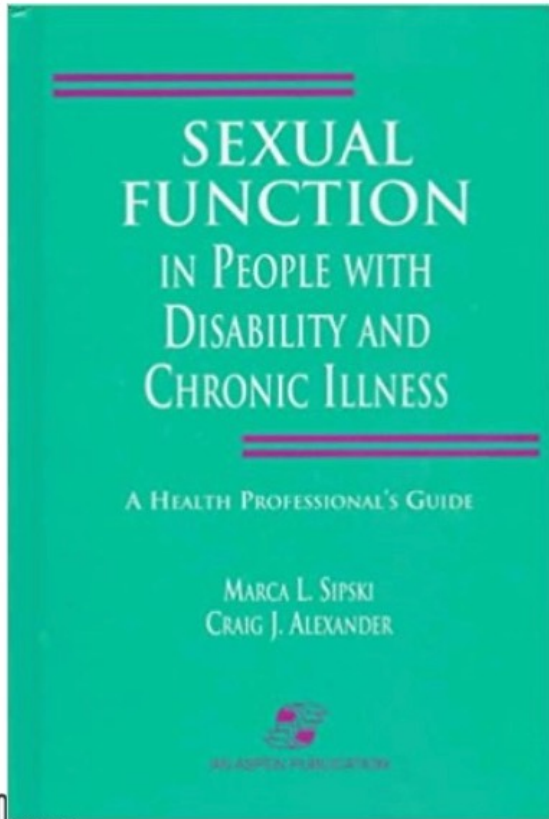
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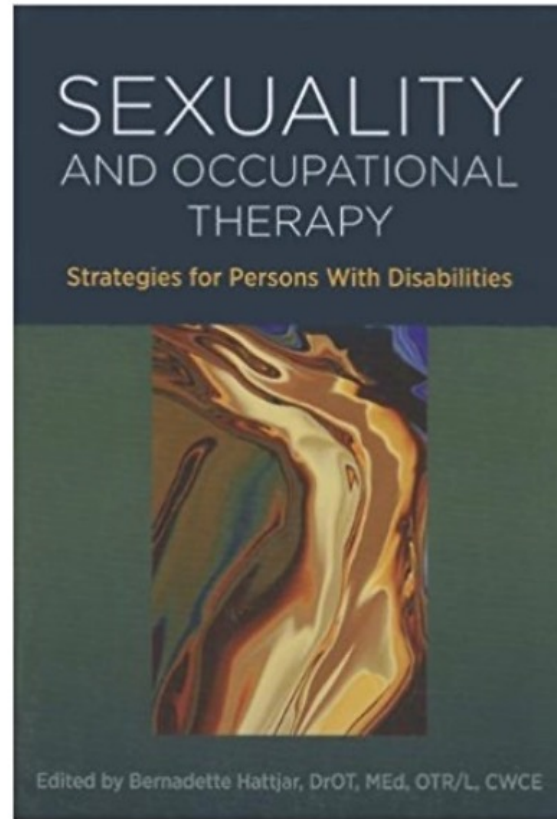
Therapists Counselors Educators

Search

OT focused resources....



Book



Book



O.T. practice guideline



PT/OT may be able to advocate with insurance for assistive devices

“Official DME”



Ridermate



Intimate Rider

© Samar Muslema



Liberator Wedge

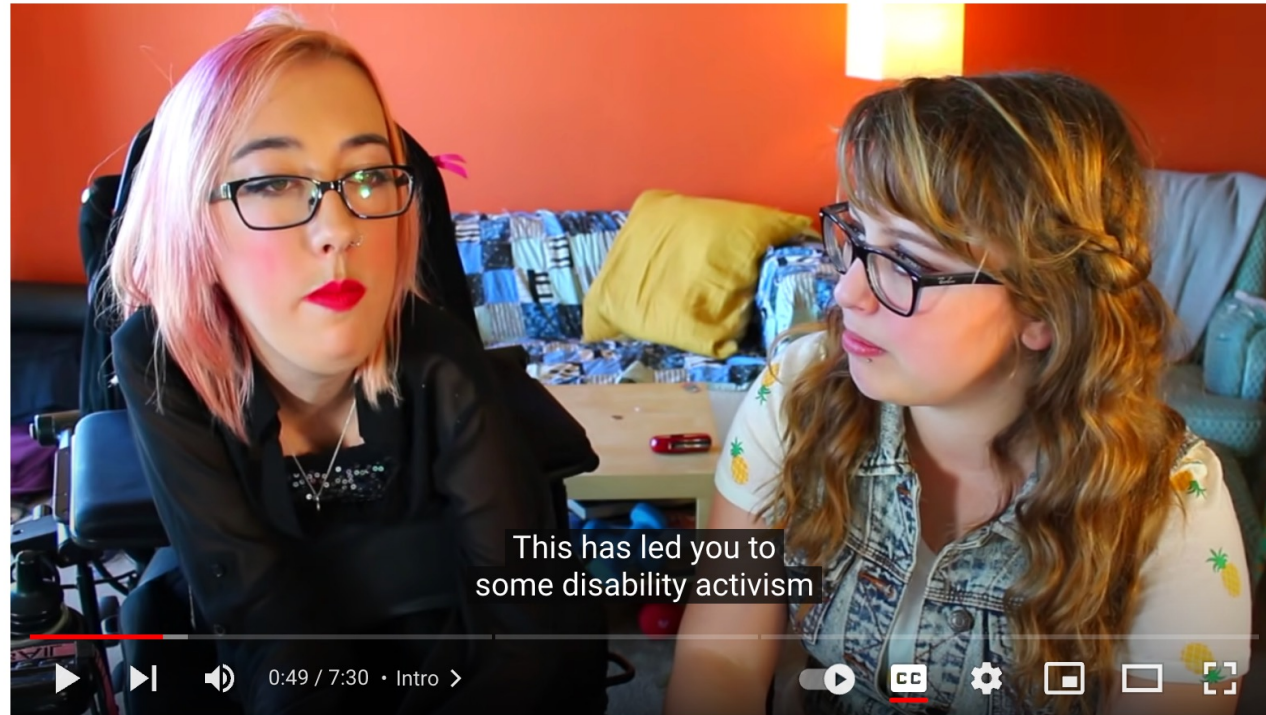
Unofficial...

Price and other details may vary based on p



Bed Wedge Pillow – 2 Separate Memory Foam Incline Cushions, System for Legs, Knees and Back Support Pillow | Acid Reflux, An...

Peer advocate focused resources



Laci Green and student disability activist Olivia delve into the world of disability and sexuality.

- Part 1: Olivia's disabilities, ableist language, and stereotypes about people with disabilities.
- Part 2: Olivia's successes challenges with dating
- Part 3: Various disabilities and how they are accommodated during sex with the help of things like medication, wedges, attendants, and even a wheelchair itself.

SEX WITH DISABILITIES?



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Other great resources

FURTHER READING N STUFF:

Sex and Cerebral Palsy <http://www.scarleteen.com/article/adv...>

The Girl in the Pink Wheelchair (advice by and for pwd) <http://thegirlinthepinkwheelchair.tum...>

How to hit on someone in a wheelchair <http://www.themobilityresource.com/ho...>

On Seeing A Sex Surrogate <http://thesunmagazine.org/issues/174/...>

Sexability Shop <http://shop.sexability.org>

10 Basic Rules to Dating with Chronic Illness <http://letsfeelbetter.com/the-ten-bas...>

Dating with a Disability <http://www.spinalpedia.com/blog/2013/...>

10 Awesome Date Ideas for Wheelchair Users <http://www.themobilityresource.com/10...>

The Sessions (Movie) <http://m.imdb.com/title/tt1866249/>

Love and Other Drugs (Movie) <http://m.imdb.com/title/tt0758752/>

Aimee Mullins, Revolutionary Character <http://models.com/oftheminute/?p=23674>

My Life After Injury <http://disabilityhorizons.com/2013/02...>

Strange Sex: Surrogate Penis [_____](#) • [Video](#)

Sex, Sexuality, and the Autism Spectrum <http://www.amazon.com/gp/aw/d/1843102846>

Sexuality and Individuals with Down Syndrome <http://www.theupsideofdowns.org/down-...>

Huge list of further resources:

