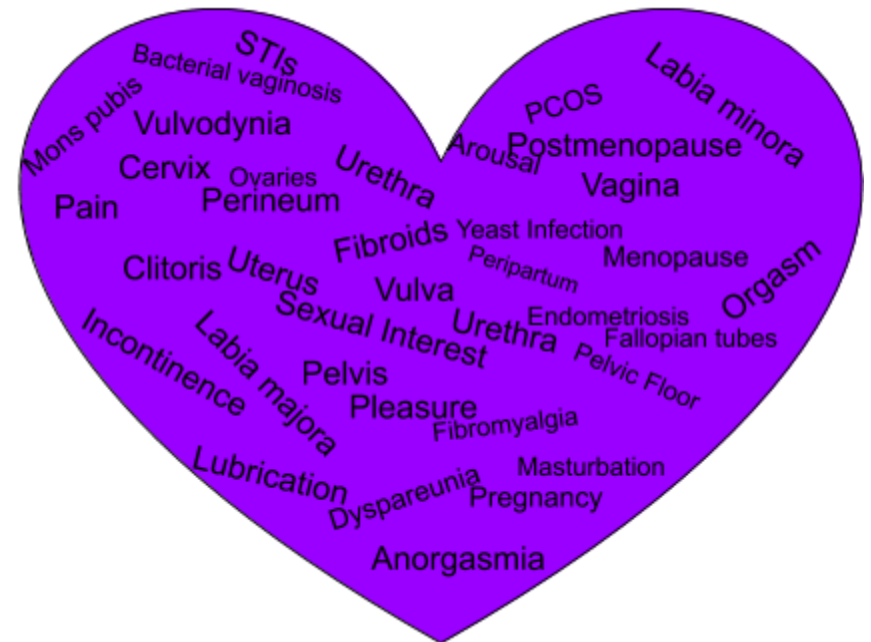


LET'S CALL IT A VULVA

Have you

seen IT?



What is a vulva?

The *vulva* is the external female genitalia. It includes the mons pubis, labia majora, labia minora, clitoral hood, glans clitoris, and vagina or vestibule.



The Infamous Hymen

The hymen is a membrane that partially covers the vaginal entrance. It is capable of being torn or stretched by intercourse, tampon use, sports activities, medical activities, or injury. All female born individuals do not have a hymen.

Presence/Absence \neq Virginity

Vaginal Protection and Infection

Discharge & Odor

Puberty is the beginning of sexual maturity. For African American females it begins around age 8. For White females it is closer to age 11. Some start as early as 6 years old. With the beginning of puberty the vagina begins to produce normal discharge. This is a clear to white odorless fluid. It helps to keep the vagina clean and healthy. Discharge amount and characteristics can change with menarche. Odor can be normal but should not be noticeable or strong. Yeast may also be present in a healthy vagina. It is also

found in the mouth, large intestine, and on the skin. In addition, estrogen helps a bacteria called, lactobacilli, grow in the vagina. The yeast and bacteria that naturally exists helps to kill harmful bacteria or organisms in the vagina. The vagina is protected by the natural acidity created by bacteria.

Yeast Infection

A yeast infection is overgrowth of yeast in the vagina usually caused by some health imbalance in general health or in the vagina. Causes include:

- Use of lubricants or spermicides
- Pregnancy
- Post menstrual cycle
- Use of antibiotics
- Diabetes
- Changes in hormones
- Intercourse
- Diet

Bacterial Vaginosis

Bacterial Vaginosis is an overgrowth of bacteria that naturally inhabit the vagina. Both yeast infections and bacterial vaginosis can cause discomfort, itching, and smelly mucus discharge from the vagina.

Prevention:

- Choose natural fabrics
- Change your underwear daily
- Periodically buy new underwear and throw the old ones out
- Allow vagina to air out after bathing
- Sleep without underwear to allow moisture to air out
- Use moisture wicking underwear for exercising
- Do not douche
- Wash contaminated underwear and towels separately

- Consider hypoallergenic detergent
- Bathe after intercourse or sexual activity
- Change out old towels for new towels

While taking preventative measures is important also understand that sometimes infections are the result of being ill, flu, taking antibiotics—in other words, you can't completely control this

Treatment:

Be sure to check with your provider on how to use and how often to administer the medication

- Intravaginal
- Oral

Pay attention to your vulva

If you notice any of the following you should follow-up with your gynecologist

- Changes in skin color
- Burning
- Moles
- Itching
- New bumps
- Odor
- Changes in discharge
- Swelling
- Pain
- No menstrual bleeding

Caring for your vulva

Always check with your medical provider

★ Shaving

There is no medical reason/hygienic reason to shave your vulva. Some creams used to do so can contribute to vaginal infections.

★ Moisturizing & Stretching

The vagina is built to naturally care for itself. As women age the amount of blood flow and estrogen to the vagina decreases. This decrease can lead to vaginal dryness, thinning of the vaginal wall tissue, reduction of the labia and clitoris, as well as closing of the vaginal opening. Moisturizing and stretching the vagina can help manage the transition as you age. Moisturizing should be done on a regular basis and can be followed by stretching. An optimal time to stretch your vagina is after exercise. Stretching can be done in the shower.

★ Lubricating

The vagina has the ability to naturally lubricate in most women. Proper lubrication is necessary for positive sexual activity and any prolonged sexual activity. Helps protect the vagina from tearing. Can help prevent or reduce pain and is helpful if experiencing vaginal dryness.

Types:

1)Water based 2)Silicone based 3)Water and Silicone blend 4)Oil

- The majority of lubricants impair sperms motility
- Silicone based lube cannot be used with silicone toys. Also it does not dry up, is slippery, and needs to be cleaned away after activity
- Silicone lube is not recommended if prone to yeast infections
- Glycerin is found in many lube products and can further irritate the vagina or contribute to yeast infections
- Oil lubes or natural lubes like olive oil, egg whites, or coconut oil should be used with caution; especially if prone to UTI's or yeast infections.

★ *Being Sexual*

Being sexual is good self-care. Sexual activity serves the following purposes:

- Pleasure
- Intimacy and sensorimotor connection
- Tension reduction
- Self-esteem
- Reproduction

Intercourse can help maintain the health of the vagina and blood flow to the vulva. So whether it is self stimulation, partnered sex, or regular vulva care to include massages, stretching, and moisturizing, self care “down there” is necessary.

Birth Control, psychotropics, and other medications

Birth control is used to help prevent conception or pregnancy in women. It can also be used to manage the menstrual cycle and ovarian cysts. There are different forms of both hormonal and non-hormonal. Hormonal options generally prevent pregnancy by increasing cervical mucus viscosity, this creates a spermicidal environment. Many also inhibit ovulation and cause endometrial atrophy.

Hormonal options

- ★ Oral Contraceptive Pills (OCP)
 - generally combined
 - progestin and estrogen
 - progestin only

Progestin only pills must be taken at the same time each day

- ★ Intrauterine device (IUD)
 - progestin only
- ★ Implants

- progestin only

★ Injections progestin only

- progestin only

Hormonal interventions are contraindicated and require further consult with your doctor with a history of:

- ★ Migraines w/aura
- ★ Hormone-sensitive cancer
- ★ Venous thromboembolism
- ★ Cardiovascular disease
- ★ Impaired liver functioning
- ★ Smoking at age 35+

Some women have reported changes to their libido after starting birth control. The majority of women saw no change. If you experience a change in desire or arousal, after starting OCPs, see your gynecologist immediately as use of some newer OCPs have been associated with female sexual interest arousal disorder (FSIAD).

Non-hormonal options

- ★ Copper IUD
- ★ Diaphragm
- ★ Tubal ligation
- ★ Male condom

- Condoms

Condoms are used to help prevent unwanted pregnancy and the transmission of STIs or HIV. Condoms are available in a variety of choices including sensitive, non-latex, lubricated, non-lubricated, latex, climax control, colored, flavored, temperature based, and texturized.

Selective Serotonin Reuptake Inhibitors (SSRIs)

SSRIs increase serotonin availability. SSRIs can delay or inhibit orgasm. This can lead to decreased libido and arousal.

Fluoxetine (Prozac)	Paroxetine (Paxil)
Citalopram (Celexa)	Escitalopram (Lexapro)
Sertraline (Zoloft)	Fluvoxamine (Luvox)

Norepinephrine and Dopamine Reuptake inhibitors (NDRIs)

NDRIs increase norepinephrine and dopamine availability. Can boost or help support libido.

Bupropion (Wellbutrin)

Noradrenergic and specific serotonergic antidepressants (NaSSAs)

NaSSAs enhance the actions of noradrenaline and serotonin. Can decrease libido, arousal, and lower ability or inhibit orgasm, although less commonly reported.

Mirtazapine(Remeron)

Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs)

SNRIs increase serotonin and norepinephrine availability. Can decrease libido, arousal, and lower ability or inhibit orgasm.

Venlafaxine (Effexor XR)	Duloxetine (Cymbalta)
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This list is not exhaustive and provides information on the most commonly prescribed medications. Always check with your doctor.

Some blood pressure medications have also been known to reduce libido and affect ability to orgasm. A greater number of affects are normally seen in men.

Pregnancy

During pregnancy there is increased blood flow to the vaginal area. Estrogen and progesterone hormones also increase. During this time the vulva can look swollen, have an increase in vaginal discharge, and may be more prone to vaginal infections. Color of the skin of the vulvar may also appear darker. Hemorrhoids are also common during pregnancy.

Sex is generally safe during pregnancy. Because of the increased blood flow to the area some women experience more intense orgasms. Your doctor or midwife will let you know if you are 'high risk' and/or should not be sexually active during your pregnancy.

Most couples are able to continue being sexually active throughout pregnancy. Others may experience:

- ★ Low libido
- ★ Painful intercourse
- ★ Orgasm difficulty
- ★ Vaginal dryness

Labor and Delivery

- ★ Vaginal discharge increases as due date nears
- ★ Some women experience vaginal lacerations during labor. Most commonly in the perineum.
- ★ Scar tissue
- ★ Pelvic floor muscles can spasm
- ★ Incontinence

Be sure to follow-up with your doctor if you experience the complications above. Some women require a referral to a physical therapist with expertise in pelvic floor therapy.

Some women require a medical induction. There are also ways to naturally induce. Check with your doctor or midwife about these options and if they are safe for you.

Post pregnancy

Some women have reported experiencing:

- ★ Low libido
- ★ Painful intercourse
- ★ Orgasm difficulty
- ★ Vaginal dryness
- ★ Changes in vaginal tonicity
- ★ Bleeding post-intercourse

Lubricants, estrogen therapy, and learning to expand the definition of sex and intimacy can be helpful

Breastfeeding

Breastfeeding has many positive effects on baby and mom. It can contribute to bonding, health of the baby, and decrease some health risks. Not every mom can breastfeed and that is ok. Some moms pump and bottle feed baby. Some mothers use formula, and other use breast milk from another mom or milk bank. No matter what you choose it is ok.

In addition to all the wonderful benefits these are things to note about breastfeeding:

- ★ can contribute to vaginal dryness
- ★ can contribute to decreased estrogen
- ★ can contribute to depression
- ★ can contribute to UI
- ★ can contribute to ligamentous hypermobility

The good outweighs what is listed, in addition there are ways to manage the above symptoms if they should occur.

Menopause

- ★ Menopause is noted as having no menstrual periods for a time of at least one year.
- ★ Perimenopause is defined as a time before menopause in which changes are noted in menstrual cycling, hormonal levels, sleep, mood, and sensory perception. This begins as early as mid to late 30s. If experiencing these changes, see your medical provider
- ★ Women with PCOS may have more regular menstrual cycles
- ★ Women with endometriosis may have decreased pain with menstrual cycles

Estrogen levels and blood flow to the vulvovaginal area decreases. This may cause:

- ★ Vaginal atrophy
- ★ Decrease elasticity of the vagina
- ★ Vaginal dryness
- ★ Shrinking of the labias
- ★ Decrease in the circumference of the vagina
- ★ Genitourinary Syndrome of Menopause (GSM)
 - ❑ Vaginal burning
 - ❑ Bleeding post-intercourse
 - ❑ Vaginal itching
 - ❑ Increase in urination frequency
 - ❑ Increase in vaginal infections
 - ❑ Increase in urinary tract infections
 - ❑ Irritation

All of these signs and symptoms can lead to sexual dissatisfaction and/or dysfunction.

Vaginal moisturizers, vaginal stretching, and lubricants can be helpful as well as estrogen therapy. See www.salliefoley.com for info: “Taking care of your vulvovaginal health”.

Polycystic Ovarian Syndrome (PCOS)

1 in 10 women experience PCOS. It causes changes to the ovaries and cysts on the outer edges of the ovaries. It is one of the common causes of infertility in women.

What happens?

- Hormonal imbalance
- Metabolism changes
- The eggs that are produced in the ovaries are either not developed or not released during ovulation
- Missed or Irregular menstrual cycles
- Increased facial hair growth
- Thinning hair
- Skin tags
- Weight changes
- Acne
- Darkening skin

How is it diagnosed?

Tracking your menstrual cycle and physical changes can be helpful. Medical providers may complete:

- Physical exam
- Diagnostic imaging such as an ultrasound
- Pelvic exam
- Blood test to check your androgens
- Medical history

Is it treatable?

Yes. Some women also are able to have successful pregnancies.

Complication in pregnancy

- Preeclampsia
- Gestational Diabetes
- Miscarriage

Treatments:

Some medical providers may recommend the following:

- Weight loss
- Medication to reduce or inhibit hair growth
- Birth control
- Metformin
- Anti-androgen medication
- Folic acid if pregnant

Comorbid condition

While it is not clear whether PCOS is the cause or the result of these conditions there are links.

- Cholesterol concerns
- High blood pressure
- Diabetes or Prediabetes
- Depression
- Anxiety
- Sleep Apnea
- Endometrial Cancer

Endometriosis

Endometriosis occurs when a tissue that is similar to that of what lines the uterus grows outside the uterus. The growth swells and

bleeds similar to what happens inside the uterus monthly, however, this causes pain because the growth generally happens in or on a place that does not allow the blood created by that tissue to easily exit the body.

It can be found:

- on the ovaries
- on the fallopian tubes
- on the tissues that keep the uterus in place
- outer part of the uterus
- in the vagina
- on the vulva
- on the cervix
- on the bladder
- on the bowel
- in the rectum

What happens?

- Painful menstrual cramps
- Pain in the vagina during or after intercourse (this does not include pain experienced at the vaginal introitus)
- Pain in the lower back and pelvis
- Intestinal pain
- Pain during urination or bowel excretion during menstrual cycle
- Blood in stool or urine
- Gastrointestinal problems
- Inflammation
- Bleeding between menstrual cycles
- Infertility
- Cysts
- Scar tissue

How is it diagnosed?

Tracking your menstrual cycle and physical changes can be helpful. Medical providers may complete:

- Physical exam
- Pelvic Exam
- Diagnostic imaging such as an ultrasound or MRI
- Laparoscopy
- Medical history

Is it treatable?

Yes. Some women also are able to have successful pregnancies.

Treatments:

Some medical providers may recommend the following:

- Weight loss
- Birth control (if not trying to conceive)
- Gonadotropin-releasing hormone (GnRH) agonist (if trying to conceive)
- Pain medication
- Acupuncture
- Yoga
- Chiropractic services
- Thiamine
- Cinnamon twig
- Licorice root
- Magnesium
- Omega-3 fatty acids

- Avoiding alcohol
- Avoiding caffeinated drinks
- Regular exercise
- Healthy diet
- Hysterectomy

Comorbid condition

Connections between endometriosis and other health conditions have been found.

- Chronic fatigue syndrome
- Fibromyalgia
- Breast cancer
- Autoimmune diseases
- Ovarian cancer
- Allergies
- Asthma

Hysterectomy

A hysterectomy is surgical removal of the uterus. Some doctors recommend this for treatment of endometriosis, pelvic inflammatory disease, fibroids, heavy menstrual cycles, adenomyosis, uterine prolapse, and/or cancer.

There are several different surgeries:

- **Vaginal hysterectomy**-uterus removed through vaginal opening
- **Abdominal hysterectomy**- uterus removed through abdomen
- **Laparoscopic hysterectomy**- uterus removed using laparoscopic technology. Can be through vagina or stomach

- **Partial Hysterectomy**- uterus removed and cervix is not
- **Total Hysterectomy**-uterus and cervix is removed
- **Oophorectomy**-ovaries removed post hysterectomy
- **Hysterectomy with Bilateral Salpingo-Oophorectomy**-all reproductive organs are removed
- **Vaginectomy**- removal of the vagina either all or in part (generally used for treatment of vaginal cancer)

Depending on what is removed orgasm can be affected.

Female Sexual Interest/Arousal

Some women never experience spontaneous desire and that is normal. Some experience responsive desire and that is normal as well. Arousal and turn ons can change with age and circumstances.

- Arousal for women happens in the brain
- Some women have increased desire when feeling low or stressed
- Some women flatline when feeling depressed or stressed
- Low sexual interest or arousal can be multicausal, multidimensional, and has multiple effects
- Some medications can affect libido
- It can be general or situational

If there has been a lack or significant reduction in your sexual arousal/interest consulting with your physician and/or a sexual health professional could help.

Pain

Intercourse is not meant to cause pain to the vulvovaginal area. One thing that is helpful is proper lubrication. It takes the vagina approximately 20-30 minutes to lubricate in most cases. Adding lubrication is also helpful.

If you experience pain or anxiety:

- with sexual arousal
- with penetration
- with penetration attempts
- with anticipation of penetration

This can be at the introitus of the vagina, the pelvic floor, or pain with deep penetration.

Infections, spasms, and other biological issues can cause pelvic and penetrative pain. For some trauma, anxiety, and or depression can contribute to this experience.

Initial consultation is necessary with your gynecologist and/or a sexual health professional to determine if a further referral is necessary for more specialized care. If you have pain, you should follow-up with your health care provider. Pain may be successfully treated through pelvic floor muscle therapy which requires a referral to a specialist.

Orgasms

Approximately 30% of women can reliably orgasm with intercourse. Which means 70% of women either never or rarely get to orgasm with intercourse.

Orgasm most commonly is reached by clitoral stimulation. The clitoris only has one job: sensation. It extends far beyond what you

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can see into the vulva. It has 2xs more nerve endings than the glans penis. 8,000 to be exact. Orgasm can be reached digitally, orally, with dildos or vibrators, toe sucking, breast or nipple stimulation, clitoral toys, and so on.

If at least 75% of the time you experience:

- ★ Delayed orgasm
- ★ Inability to orgasm
- ★ Infrequent orgasm
- ★ Reduced intensity of orgasm

Initial consultation is necessary with your gynecologist and/or a sexual health professional to determine if a further referral is necessary for more specialized care and/or counseling.

Toys and play

- ★ Womanizer
- ★ Fiera
- ★ Eros
- ★ Vesper
- ★ We-Vibe Sync
- ★ Dilators
- ★ Ohnut

This list is neither a recommendation nor exhaustive.

Sexual and Mental Health

Experiencing sexual health disturbances can affect your mental health

Edited by Sallie Foley

Psychological changes:

- ↓ self esteem
- ↑ depression
- disturbed attachment
- preoccupation
- ↓ focus or attention
- changes in sexual desire
- ↑ anxiety
- ↓ ability to learn from exp.
- preoccupation w/ stressor(s)
- ↓ concentration
- feelings of shame/self-blame

Emotional changes:

- ↑ worry
- ↑ feelings of worthlessness
- ↑ sadness
- changes in sexual arousal
- ↑ feeling of loss
- ↑ guilt

Behavioral changes:

- poor communication
- Self-soothing (may be maladaptive)
- poor diet
- ↑ or ↓ sexual behavior
- substance abuse
- social withdrawal

Useful skills

Breathing: Why learning how to breath matters

Breathing activates the ANS. If we are breathing quickly or not breathing due to panic we know we are operating within the SNS and therefore unable to engage in top-down processing. If you slow your breathing down it will activate and get the attention of the vagus nerve. The vagus nerve controls the heart, lungs, and digestive system and connects the brainstem to the body. This will help to activate the PSNS and help to regulate the brain and the body responses to a real or perceived stressor or danger.

Types of Breathing

- Three part breath-Incorporates lungs, chest, and belly
- Nadi shodhana (alternating nostril breathing) 90-90-60
- Box Breathing(4-4-4-4)
- Ujjayi-Deep throat breath
- Channel Cleaning Breath (alternating nostril breathing)
- Cleansing Breath
- Top ten- natural breaths

Mindfulness (As described by Brad Waters, MSW)

- ★ Awareness
- ★ Being Present
- ★ A quieting of the mind
- ★ Openness
- ★ Mental Contemplation or Cultivation
- ★ Noticing
- ★ “Being” rather than “Doing”
- ★ Stillness
- ★ Attentiveness

Jon Kabat-Zinn says that the components of mindfulness are acceptance, non-striving, and non-judging. Striving for awareness not relaxation.

Types of Functional Mindfulness

Waking	Showering
Eating	Driving
In Office	End of day
Visualization	Meditation

Affirmation/Chants

- “Today I will honor myself by being myself”
- “Today I will breath”
- “Today I will notice the good”
- “Today I will be kind to myself and to others”
- “Today I will be okay”
- “Today I am alone and I am not afraid”
- “Today I love myself”
- “Today I will let the clouds pass”

Benefits to mindfulness:

Physical pain reduction; emotional pain reduction

Improved concentration and clarity

Coping or prevention of depression and anxiety

Improved psychological relapse prevention

Increased relaxation and sleep

Regulation of respiration, heart rate, and blood pressure

Improved sexual functioning

Seek Treatment

- ★ Talk to your doctor
- ★ Ask questions
- ★ Certified sex therapist, counselors, and educators can be found on www.aasect.org
- ★ www.salliefoley.com
- ★ www.jessicaljross.com
- ★ www.acog.org - Vulvovaginal health
- ★ www.womenshealth.gov
- ★ WSU Physicians Group Sexual Health Team
<http://www.wsupgdocs.org/women's-health/WayneStateContentPage.aspx?nd=1780>
- ★ U of M Center for Sexual Health
<https://www.uofmhealth.org/conditions-treatments/sexual-health>

Books, Videos, and Websites

- Come as you are by Emily Nagoski Ph.D
- Sex Matter for Women by Foley, Kope, Sugrue
- Reclaiming your sexual self by Kathryn Hall
- She comes first by Ian Kerner
- Becoming Orgasmic by Julie Heiman and Joseph Lopiccolo, PhD
- When sex hurts by Andrew Goldstein and Caroline Pukall
- www.goodvibes.com
- www.uandmetime.com
- www.sexualityresources.com
- www.dameproducts.com
- www.kinkacademy.com
- www.salliefoley.com
- www.jessicaljross.com
- <https://suicidepreventionlifeline.org/> 1800.273.8255

This list is not exhaustive