



ReproNet Frequently Asked Questions

ReproNet Q&A

Introduction

This handout intends to serve as a resource for the facilitators leading ReproNet group sessions. Specifically designed to aid facilitators in anticipating and addressing a range of topics, the compiled Q&A sheet includes questions that have been asked by refugee women participants during prior ReproNet group sessions and were beyond the content covered within the training sessions. Thus, this *ReproNet Q&A* offers insights into potential issues and concerns that may arise during future discussions. It provides responses to commonly anticipated questions as well as those less considered. By equipping facilitators with this comprehensive guide, we aim to enhance the effectiveness of reproductive health sessions, ensuring a well-prepared and responsive approach to the diverse inquiries that may emerge.

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Cervical cancer

Cervical Cancer and HPV

What is a tumor?

A tumor is an abnormal mass of cells that may be cancerous or non-cancerous.

What causes cancer?

Cancer is generally caused by uncontrolled and abnormal cell growth in the body.

I was told that my cysts will turn into tumors over time. Is this true?

If a cyst is not treated, will it turn into cancer?

In general, most ovarian cysts are benign among women of reproductive age and do not require surgical intervention. In these cases, management is reserved for treating symptoms and complications, such as pelvic pain, cyst rupture, blood loss, and ovarian torsion. Certain types of cysts, specifically mixed cystic and solid and completely solid ovarian lesions, are associated with an increased rate of malignancy compared to simple cysts. Age is the most important risk factor regarding malignancy. As a result, it is generally recommended that post-menopausal women with any type of cyst be properly worked up and treated by their provider (Mobeen et al, 2023).

How do you get cervical cancer?

Cervical cancer is most commonly (>99%) caused by persistent infection by human papillomavirus (HPV). There are over 130 known types of HPV, commonly categorized as low-risk and high-risk for a type of HPV's potential to progress to cervical cancer. Of the known types, 20 types are identified as cancer related. Approximately >75% of cervical cancer occur due to high-risk HPV types 16 and 18. That said, cervical cancer is a preventable disease with primary prevention via HPV vaccination and available screening (Fowler et al, 2023).

How do you get HPV and how does it progress?

HPV is a sexually transmitted virus that affects nearly all sexually active individuals within a few years of becoming sexually active (NCI). There are rare cases of HPV transmission without sexual intercourse by skin-to-skin contact or skin-to-mucosa contact (e.g. fingers, mouth, skin contact; transmission during childbirth) (Petca et al, 2020). High-risk HPV strains can infect cervical cells, and if the cells remain infected and continue to grow, then this may form an area of precancerous cells (cervical intraepithelial neoplasia) that can become cancer if not properly treated (NCI).

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What are symptoms of HPV?

Low-risk HPV infections may cause genital or oral warts. High-risk HPV infection typically doesn't present with symptoms. Prolonged persistence of high-risk HPV infection may eventually lead to symptoms such as lumps, bleeding, and pain, indicating the development of precancers or cancers (NCI).

What are symptoms of cervical cancer?

Cervical cancer is typically asymptomatic during the early stages. Cervical cancer may cause signs and symptoms as it progresses. This includes, but is not limited to, the following: vaginal bleeding after intercourse, changes in menstrual bleeding (e.g. heavier, longer periods), vaginal bleeding between periods, pelvic pain, or pain during intercourse (Mayo Clinic).

Why does smoking increase the risk of cervical cancer?

Tobacco can suppress the immune system from forming a response to fight HPV. Therefore, cigarette smoking increases a person's susceptibility to HPV infection. Additionally, researchers have found tobacco byproducts in the cervical cells of women who smoke, and there is belief that these substances may damage cervical cells and contribute to the development of cervical cancer (ACS, 2020).

Pap Smears

How often should I be getting cervical cancer screenings (Pap smears)?

Women between the ages of 21 and 29 are generally recommended to receive a Pap smear every 3 years. Women between the ages of 30 and 65 are recommended to follow one of the following options: (1) Pap smear alone every 3 years, (2) a Pap smear with HPV testing (co-testing) every 5 years, or (3) HPV testing alone every 5 years (ACOG, 2021).

Why did my doctor tell me to get a Pap smear every 6 months?

Your doctor may have specific reasons for recommending a shorter interval Pap smear based on your medical history, risk factors, or any recent changes in your health. You should discuss this recommendation with your doctor to understand the rationale behind this testing frequency.

My previous Pap smears have all shown normal results. Is it a waste of time for me to get the Pap smear?

The American College of Obstetricians and Gynecologists (ACOG) recommends that every woman between ages 21 and 65 receive cervical cancer screening as appropriate for their age and health history and regardless of their sexual activity, as HPV can spread via non-sexual (skin-to-skin, skin-to-mucosa) transmission (ACOG, 2021). Additionally, the World Health Organization (WHO) reports that it typically takes 15-20 years for abnormal cervical cells to progress into cancer and approximately 5-10 years for women with weakened immune systems

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(WHO, 2023). As such, it is important that these cellular changes be regularly monitored even with prior Pap smears showing normal results.

Should a woman over the age of 21 get a Pap smear if she was never sexually active?

In general, doctors recommend that women should get tested as early as 21 years of age regardless of sexual history (Mayo Clinic, 2022). While the likelihood to have HPV without sexual intercourse is much lower, there is still a risk of developing abnormal cancer cells that should be monitored. HPV transmission can occur by non-sexual skin-to-skin and skin-to-mucosa contact (e.g. fingers, mouth, skin contact; transmission during childbirth) (Petca et al, 2020). Additionally, there are other causes and risk factors that affect an individual's risk for getting HPV and developing cervical cancer, including smoking and HIV infection (ACOG, 2021). Each woman should speak with her doctor about her health history and risk factors for developing cervical cancer, the risks and benefits of undergoing a Pap test, and her options and preferences with regard to potential damage of the hymen.

Will the Pap smear affect my virginity?

In our culture, virginity is very important, and women may not want to risk their hymen breaking. If you are over 21 years old and are still a virgin, how long can you wait to get your first Pap smear?

There is not one clear answer for this, but a few things can be considered. In short, the Pap smear does not necessarily affect an individual's virginity. The definition, value, and complexity of virginity may vary among women, and it is important that each woman consider the differences in damage to the hymen by non-sexual means (e.g. Pap smear, tampon) and their personal and cultural understanding regarding preservation of their virginity. Damage or breakage of the hymen alone does not necessarily constitute losing one's virginity (Abboud et al, 2015). Additionally, patients can ask their doctor to try and avoid breaking the hymen during examination. Speculums come in different sizes, and a smaller-sized speculum could better avoid breaking the hymen (Lee, 2019). However, there remains the possibility that damage or breakage of the hymen can occur during the pelvic examination, and each person should speak with their doctor about their preferences regarding obtaining a Pap smear. In general, doctors recommend that women should get tested as early as 21 years of age regardless of sexual history (Mayo Clinic, 2019).

Can a Pap smear affect your pregnancy? Menstrual cycle?

It is safe to receive a Pap smear during pregnancy and is considered a routine part of prenatal care without associated risk to the fetus (APA).

Does medical insurance cover Pap smears?

Most health insurances should cover preventive exams, screening tests, and vaccines in accordance with the Affordable Care Act (ACA). This includes Pap smears (WebMD, 2022).

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HPV Vaccine

Can I still get the HPV vaccine if I am above the age of 26?

While the HPV vaccine is recommended for people through the age of 26, adults of the ages 27 through 45 who have not already been vaccinated can still receive it. It is considered less effective after age 26 as many would have acquired HPV by that point, but you can speak with your doctor on the risks and benefits of receiving the vaccine (CDC, 2021).

If the HPV vaccine prevents cervical cancer, why should my male partner/spouse get vaccinated?

How can we speak with our male partners/spouses to encourage them to consider getting the HPV vaccine as well?

Vaccinating boys and men help to prevent the spread of HPV. The HPV vaccine is safe and effective, including for men. Although the risk of HPV progressing into other types of cancers (e.g. penile, anal, and mouth/throat cancer) are less common than cervical cancer, receiving the vaccine is preventive for these cancers and can additionally protect men against warts (CDC, 2022).

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Maternal health/Postpartum care

Women's Health

What are (uterine) fibroids?

Fibroids are noncancerous growths of the uterus that are made of muscle cells and fibrous tissue, and they are estimated to occur in up to 70-80% of women by the age 50. They can vary in size greatly. Many women with fibroids do not experience any symptoms. Women who do have symptoms may experience heavier menstrual bleeding, prolonged periods, pelvic pain or pressure, frequent urination, constipation, and backache (Barjon et al, 2023).

Postpartum

I've been experiencing vaginal bleeding for several months after delivery. Is this normal?

Prolonged vaginal bleeding after delivery is not typical and should be evaluated by your OB/GYN or primary care physician. Some bleeding is expected in the days and weeks following delivery – this is called “lochia” and typically continues about 4-6 weeks postpartum. After this period, bleeding should stop or reduce significantly.

I have been experiencing feelings of sadness, anger, upsettendness, or stress most of the time after giving birth. What could be the reason?

Most new moms experience “baby blues” after childbirth. This typically includes symptoms such as mood swings, anxiety, difficulty sleeping, appetite changes, concentration issues, irritability, and crying spells and may last up to 2 weeks. Some moms experience postpartum depression, which may begin as early as during pregnancy and continue after childbirth. This includes symptoms such as the following: depressed mood, severe mood swings, excessive crying, difficulty bonding with baby, withdrawing from friends and family, decreased or increased appetite, sleep changes, less interest and pleasure in activities you usually enjoy, intense irritability and anger (Mayo Clinic, 2022).

What could be the cause for hand pain during pregnancy?

It is relatively common to encounter hand and wrist issues during pregnancy. The most common reasons for this include carpal tunnel syndrome and De Quervain disease. Additional reasons include exacerbation of existing arthritis of the wrist/hand, arthralgias, and other pregnancy-related changes (Afshar et al, 2021).

What risks are associated with short-interval pregnancies?

Short-interval pregnancies are considered as conception of new pregnancy occurring <18 months from the preceding live birth. ACOG advises that women avoid interpregnancy intervals

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<6 months. Observational studies within the United States suggest a modest risk of adverse outcomes associated with pregnancy intervals <18 months and more significant risk associated with intervals <6 months (ACOG, 2018). These outcomes include the following: premature birth, placental abruption, low birth weight, congenital disorders, maternal anemia (Mayo Clinic, 2022).

Breast Health

I am not able to supply my baby with enough breastmilk. My baby is also having difficulty with sucking/latching on easily. What should I do?

Mothers can express breast milk into a bottle as instructed by their healthcare provider. Alternative feeding methods and breastfeeding devices can also be used to supply additional nutrition to the baby. Devices include a nipple shield or feeding tube system. Alternative feeding methods include bottle-, cup-, syringe-, spoon-, or dropper-feeding (John Hopkins Medicine).

I've noticed small lumps on my breast while breastfeeding. What is the cause for this? Should I be concerned for breast cancer?

The presence of small lumps on your breast is relatively common during the breastfeeding period and is often due to the presence of a clogged milk duct (galactocele) or inflammation due to mastitis. Galactoceles are milk retention cysts that are more common in the presence of surrounding breast inflammation or edema that contributes to increased external pressure of surrounding tissue, thus blocking the milk ducts. They are characteristically cystic, typically painless, and may occur during pregnancy, lactation, and after weaning. In the setting of lactational mastitis, the breast typically becomes painful, swollen, and red and is most common in the first 3 months of breastfeeding. If left untreated, this may develop into a breast abscess (UptoDate), which is a painful collection of pus that is usually caused by infection in the breast and often occurs during a time of breastfeeding but may also occur outside of this period (NHS, 2023)

What is the cause of breast pain during the breastfeeding period?

Breast pain during the breastfeeding period may be due to various causes, including breast engorgement, galactoceles, mastitis, breast abscess, or thrush (NHS, 2013).

Do you get breast cancer from the mother's or father's side of the family?

Genetic inheritance of breast cancer can come from either the mother's or father's side of the family. Nevertheless, having a first-degree relative (mother, daughter, sister) with breast cancer doubles a woman's risk of developing breast cancer, and having two first-degree relatives increases the risk approximately 3-fold. Women with a father or brother who has had breast cancer are also at increased risk (ACS, 2021).

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At what age can I get breast cancer? Can young women get it?

Breast cancer can occur at any age. While the risk of breast cancer increases with age, it can affect people of all ages, including young women. Approximately 9% of all new cases in the United States occur in women <45 years old. (CDC, 2023)

Is breast cancer painful? What are the symptoms of breast cancer?

Do rashes or pimples on my breasts mean I have breast cancer?

Breast cancer is most commonly asymptomatic during the early stages. It is usually discovered during mammography, and as the cancer progresses and increases in size, a woman may incidentally find it as a lump. Breast cancer is not usually painful and occurs 5% of the time (Alkabban et al, 2022). If symptoms do arise, they typically include presence of a lump in the breast or underarm, thickening or swelling of part of the breast, skin irritation, skin dimpling, skin redness or flakiness in the nipple region, new nipple discharge or blood, changes in size or shape of the breast (CDC, 2018).

I had breast pain after my mammogram. Does this mean I have breast cancer?

Pain after a mammogram is typically due to the compression of the breast tissue during the mammogram and does not necessarily mean you have breast cancer.

WIC Program

Is it possible for Women, Infants, and Children (WIC) program to offer whole milk instead of 1% skim milk?

The WIC program allows individuals to purchase one (1) gallon size, pasteurized or unpasteurized milk, including the following: 1% lowfat and nonfat. The following are allowable for purchase if printed on the check or included in an individual's WIC Food Balance: half gallons, whole milk, lactose-free milk, evaporated milk in 12oz cans, powdered dry milk in 9.6oz or 25.6oz containers, 2% reduced fat milk (WIC). Guidelines regarding WIC food coverage can be found here: <https://myfamily.wic.ca.gov/WAFL/Home#Index>.

Our refugee friends that have arrived don't have immigration status. Can they enroll in the WIC program?

Yes. Immigration status does not affect an individual's eligibility to receive benefits from the WIC program (USDA, 2023).

Can I get free diapers for my child through WIC?

WIC does not provide free diapers (WIC).

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After a woman gives birth, how many months will she be supported through WIC?

Women are eligible for WIC while they are pregnant, up to 6 months after giving birth, or up to 1 year after giving birth if they are still breastfeeding. Children qualify for WIC until they turn 5 years old (USDA, 2023).

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Family planning

General Contraception

Is tubal ligation temporary or permanent?

Tubal ligation is permanent. This refers to a surgical procedure that permanently blocks or cuts a woman's fallopian tubes which prevents her eggs from traveling from the ovaries to the uterus, where they can be fertilized by sperm.

Can I get pregnant while using condoms?

When you use condoms correctly, this greatly decreases the chances of getting pregnant – but it is still possible. Condoms that go on the penis have been shown to be about 85% effective (Planned Parenthood, 2020).

Contraception Side Effects

Ever since I started contraception, my period has disappeared. Is this normal?

Certain types of contraception may introduce hormones into your system which may affect your menstrual cycle. This includes the contraceptive injection, birth control implant, hormonal IUDs, and certain types of birth control pills. Some women experience lighter bleeding or skip their periods altogether.

Can cysts cause irregular periods?

Ovarian cysts affect a person's menstrual cycle and may cause heavy or irregular periods as well as spotting. This typically happens if the cyst is of the type which produces sex hormones that cause the uterine lining to grow more (IQWiG, 2006).

Antepartum

In Afghanistan, the blood infection (brucellosis) is very common, and we are instructed by the doctor to avoid red meat and dairy products. Is that true in the U.S. as well? What are safe foods and what are foods to avoid?

In the U.S., it is generally considered safe to consume properly cooked red meat and pasteurized dairy products. The Centers for Disease Control and Prevention (CDC) makes the following general recommendations as safe food choices: poultry and meat cooked to a safe internal temperature, washed vegetables and fruits (safest if cooked), pasteurized juice, pasteurized milk and dairy products, eggs cooked until the yolks and whites are firm, cooked egg dishes, fish cooked to a safe internal temperature or until flesh is opaque. The CDC considers the following as riskier food choices: raw/undercooked poultry or meat, unwashed

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fruits and vegetables, unpasteurized juice, unpasteurized milk and dairy products made from raw milk, raw or undercooked/runny eggs, raw or undercooked fish. More specific recommendations can be found here:

<https://www.cdc.gov/foodsafety/communication/pregnant-people.html> (CDC, 2023).

Miscarriage

I heard that consumption of saffron during pregnancy causes miscarriage. Is this true? Is there a safe amount I can consume during pregnancy?

It is generally considered that moderate consumption of saffron after the first trimester of pregnancy is relatively safe. It is believed that saffron can harm the fetus during the period of organogenesis in the first trimester. However, moderate consumption (0.5-2g/day) after the first trimester may be safe, promote elasticity of uterine tissue, and facilitate labor (Sadi et al, 2016).

What are causes for recurrent stillbirths/miscarriages?

Several possible contributors and causes to stillbirth have been identified, while the cause in many cases remains unknown. Possible causes of stillbirth in the United States include the following: pregnancy and labor complications, placental problems, fetal genetic problems and birth defects, infection, problems with the umbilical cord, high blood pressure disorders, medical problems in the pregnant person (NICHD).

Can lifting heavy objects cause miscarriage?

Recurrent physical demands may increase an individual's chances of miscarriage, preterm birth, or injury during pregnancy. This includes prolonged or regular lifting of heavy objects, long periods of standing, or repeated bending at the waist. Thus, it is recommended that these activities are reduced or avoided, and pregnant individuals can benefit from sitting down during breaks. Nevertheless, everyday physical activities, such as moderate exercise, during pregnancy are encouraged as they can help promote a healthy pregnancy (NIOSH).

Is marrying close relatives like first cousins associated with an increased risk of miscarriage or having children with disabilities?

Consanguinity increases fetal risk for recessive disorders, which includes inborn errors of metabolism, common variable immune deficiency, certain types of deafness, and congenital abnormalities with a complex etiology. There is increased risk for stillbirth and perinatal mortality (UptoDate, 2023).

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COVID-19

COVID-19 Virus/Disease

Does COVID-19 cause miscarriages?

As of September 2023, available studies on COVID-19 infections during pregnancy have not suggested an increased risk of miscarriage compared to the general population (MotherToBaby, 2023).

Does COVID-19 affect female reproductive organs?

As of March 2023, most available evidence has suggested that COVID-19 does not infect the female reproductive system. However, the virus may indirectly affect the female reproductive system function through multiple mechanisms, including influence of sex hormones. It is generally recommended that women of childbearing age receive the COVID-19 vaccine (Li et al, 2023).

Side Effects of COVID-19 Vaccine

The first time I had the COVID-19 vaccine, I was asymptomatic. However, I experienced bad symptoms with subsequent doses. Does the COVID-19 booster weaken the immune system?

The COVID-19 booster does not weaken the immune system but helps the body build immunity. The booster further stimulates your immune system (lymphocytes) to produce a stronger and longer-lasting immune response when it comes into contact with the SARS-CoV-2 virus (CDC, 2023).

Many different companies provide the COVID-19 vaccine. Which version of the vaccine is the most beneficial and effective?

The CDC recommends the 2023–2024 updated COVID-19 vaccines, which are made by Pfizer-BioNTech, Moderna, or Novavax, to protect against serious illness from COVID-19. None of these updated vaccines are preferred over the other (CDC, 2023).

Can the COVID-19 vaccine affect my menstrual period?

People who menstruate may observe small, temporary changes in menstruation after receiving the COVID-19 vaccination. This is because the body is focused on responding to the COVID-19 vaccine than on having a menstrual period. These changes could manifest as longer menstrual periods, shorter intervals between periods, and/or heavier bleeding than usual. Despite this, there is no evidence to suggest that the COVID-19 vaccines cause fertility problems (CDC).

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I usually have high blood pressures. Will the vaccine make this worse?

It is considered safe to get the COVID-19 vaccine in the setting of hypertension. Receiving the vaccine may help avoid serious illness from COVID-19 (AHA, 2023).

I noticed that I got a body rash after receiving the COVID-19 vaccine. Could this be the cause?

Rashes that are red, itchy, swollen, or painful where an individual got a COVID-19 shot is known as “COVID arm” and can start a few days to >1 week after their shot and may grow to be quite large. Itchiness can be treated with an antihistamine while pain can be treated with acetaminophen or a non-steroidal anti-inflammatory drug (NSAID) (CDC, 2022).

COVID-19 Vaccine and Pregnancy/Fertility

Is it safe to get the COVID-19 vaccine while pregnant? Does it cause miscarriages?

My doctor recommended against the COVID-19 vaccine during my pregnancy. What should I do?

If I get the COVID-19 vaccine/booster while pregnant, will it harm my baby?

I received the COVID-19 vaccine while pregnant. Will my baby be okay?

I am breastfeeding. Will the vaccine affect my baby?

Will the COVID-19 vaccine affect my fertility?

The CDC declares that it is safe, effective, and beneficial to receive the COVID-19 vaccination before and during pregnancy. Studies that have included 100,000s people around the world have demonstrated that the vaccine does not cause COVID-19 infection in either the mother or the baby, the vaccines are effective and reduce the risk of severe illness from COVID-19 for pregnant individuals, the vaccine may help prevent stillbirths and preterm delivery, antibodies that develop from the vaccine can also help protect the baby, and receiving the vaccine during pregnancy can help protect babies <6mos in age from hospitalization due to COVID-19 (CDC).

Which trimester should I get the COVID-19 vaccine?

Pregnant people can receive a COVID-19 vaccine during any trimester of pregnancy (ACOG).

COVID-19 Vaccine and Children

Is it safe for my child to receive the COVID-19 vaccine?

The COVID-19 vaccine is safe for children. As of September 12, 2023, the CDC recommends that everyone aged 5 years and older should get 1 dose of an updated COVID-19 vaccine, while children aged 6 months to 4 years should receive multiple doses of COVID-19 vaccines, including at least 1 dose of the updated vaccine, to be up to date (CDC, 2023).

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Is there a different COVID-19 vaccine for kids?

COVID mRNA vaccines from Pfizer-BioNTech and Moderna are available for kids age 6 months and older. If your child is at least 12 years old and cannot receive the mRNA vaccines, they may be eligible for the updated protein subunit COVID vaccine from Novavax (CDC, 2023).

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