THE FHVSS: The Feminine Hygiene and Vulvovaginal Symptom Survey
A Performance Improvement Measure to Qualify Patient’s Understanding of Feminine Hygiene
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BACKGROUND

Feminine Hygiene is a general term that encompasses the practices that one may incorporate to maintain optimal vaginal health1–5. This term has evolved to include the use of periodic over-the-counter intravaginal products that advertise the enhancement of vaginal pH. Intravaginal practices and periodic usage of intravaginal products is common among women in the United States5. Research demonstrates an increased risk of bacterial vaginosis and candidiasis with continual incorporation of intravaginal practices2; Bacterial vaginosis and candidiasis have been estimated to incur five to ten million clinic visits annually in the United States with a corresponding health care cost of over $1 billion every year6

Patients’ understanding of feminine hygiene and intravaginal practices are typically limited to online resources and previous exposure to educational classes during primary education.

METHODS

The FHVSS and Feminine Hygiene Pamphlets were approved by the Evans Army Community Hospital Performance Improvement Department, Ivy Clinic, and Women’s Health Clinic.

Staff received education on the objectives of the Performance Improvement Project. Staff also received sample prints of the FHVSS and Feminine Hygiene Pamphlet.

For a period of two weeks Female patients >18 y/o pretesting at each clinic were provided the FHVSS and Feminine Hygiene Pamphlet.

RESULTS

Six (6) women completed the FHVSS and Six (6) women received the Feminine Hygiene pamphlet.

The mean age was 46.1 years and ages ranged from 37 to 52 years.

71% reported having at least one of the five vulvovaginal symptoms in the last two weeks (Figure 2).

33% of women misidentified the urethra on the anatomical vulva diagram.

Project Overview

In 2019, The Feminine Hygiene and VulvoVaginal Symptom Survey (FHVSS) was finalized and adapted for clinical use.

In 2019, the Feminine Hygiene Pamphlet was curated and finalized for clinical use.

Objective

To understand patients’ understanding of feminine hygiene and vulvovaginal symptoms. To provide feminine hygiene education to patients.

Recommendation

Intravaginal practices are common among women. Clinics that provide Obstetrics and Gynecological services should screen patients’ vulvovaginal symptoms and provide corresponding Feminine Hygiene educational tools.

Future Direction

Complete a second round of data collection to increase the sample size and obtain a representative sample of clinic population.

Incorporate questionnaire in the Electronic Medical Record.

Formulate a Post survey to qualify the efficacy of the feminine hygiene handouts. Through a follow-up phone conversation or through an online format (Relay).

Discussion

Recommendation

Intravaginal practices are common among women. Clinics that provide Obstetrics and Gynecological services should screen patients’ vulvovaginal symptoms and provide corresponding Feminine Hygiene educational tools.

CONCLUSION

Feminine Hygiene education is commonly acquired from family, friends, and online mediums. The healthcare clinic can serve as an outlet to provide best practices for feminine hygiene. Accurate guidance could decrease the incidence of intravaginal practices that lead to bacterial vaginosis.

REFERENCES


Figure 1: Example of Feminine Hygiene Pamphlet.

Figure 2: Vulvovaginal symptoms reported by women (n=6).

Table 1: 60% of women incorrectly identified intravaginal practices as a ‘best method’ for vaginal care.

Figure 3: Self Reported knowledge acquisition of current feminine hygiene routine.

CONCLUSION

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