# How Your OB History Shapes Your Health After Menopause Transcript

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## Podcast Introduction and Guest Background

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Have you made it past menopause or are you going through it now? I'm Dr. Pat McShane and on the Women's Health Span Voices podcast, I'll guide you through the health challenges of the menopausal years and beyond, guiding the way to thriving in this powerful era of your womanhood.

Hello and welcome to Women's Health Span. I'm delighted to have as my guest today, Diane Ryan, who is a recently retired obstetrician gynecologist. Diane is a friend and a colleague, and I'll ask her to tell us a little bit more about her own history as a gynecologist.

Hi, Pat. Thanks for having me on your show. I've really enjoyed your previous episodes. I think they've been very informative. So I am a board certified OBGYN.

I did general practice, meaning both obstetrics and gynecology and surgical gynecology for four years with the military and then over 26 years in Colorado Springs.

So I had the privilege of taking care of women through really their whole lifespan. And that was just a great experience for me. I learned a lot. And so hopefully we can pass on a little bit of that information today.

And I understand you delivered almost 5,000 babies, which is pretty remarkable to help women bring their children into this world. Yes, that was great.

So you may wonder why are we talking about OB-GYN since this channel is for our postmenopausal health concerns.

## Pregnancy as a Long-Term Health Stress Test

And over the last few months, Diane and I have been talking our shop talk about OB-GYN. And we came up with the notion that people need to pay more attention to their OB-GYN history.

And it really does matter for their later life health issues as well. And I know most of us are very happy to put our reproductive life behind us after 40 years, perhaps, of drama about periods and bleeding and pregnancy, trying to get pregnant, trying to not get pregnant, and so on.

So hopefully this won't be too painful to go back and look at our reproductive life story and see how that fits in with our senior health issues. So Diane, you mentioned that you would think of pregnancy as a stress test for the body, and I thought that was an interesting concept.

So maybe tell us a little bit more about that. Right. So what we've come to realize over the past many years is that pregnancy can kind of be a predictor of some health problems later in life.

And so I think the whole idea of this is not to worry and become fearful because you had a pregnancy complication, but just to know that it might affect your risks later in life and really empower you to be proactive.

about some of your health issues. The biggest things with pregnancy are high blood pressure and diabetes and how those can affect your risk later in life.

Could you give us just a couple of sentences about either of those two diagnoses and what it might mean for senior

women? Sure.

## High Blood Pressure in Pregnancy and Later Risk

So with hypertension, you might have heard the words in your pregnancy, High blood pressure, pregnancy-induced hypertension, gestational hypertension, preeclampsia, toxemia, these are all words that have been used over the past many decades.

And that might've been something to describe a condition if you had new onset of high blood pressure in pregnancy. And what we've come to realize is that women who had that complication of pregnancy are at a significant risk for chronic hypertension later in life.

They're also at risk, whether they have hypertension or not, of heart disease, cardiovascular disease, heart failure, and stroke. And it seems to be that the more severe your hypertension was in pregnancy, the greater the risk was.

So if you needed to be on medications or you needed to be hospitalized or delivered early, then that means that your risk is going to be higher. Yeah, I recall reading that even women in their 40s and early 50s sometimes will have issues related to their preeclampsia risk.

But that risk carries on into our 60s, 70s and 80s as well, I suspect. Right. So you have not only that risk, but then you have your age as an additional risk.

So I think the question comes up of what can you do about it? And one thing is to get your blood pressure checked regularly, to think about managing your weight, managing diabetes, and certainly avoiding smoking, because you don't need anything that will increase your risk on top of what you already have.

Absolutely. That's good advice for all of us. And tell us a little bit more about women who had diabetes in their pregnancy. So here we're talking about women that had a new onset of diabetes in pregnancy and that might have been just controlled by a specific eating plan or it might have required medications such as oral medications or insulin.

## Gestational Diabetes and Future Diabetes Risk

And what we know is that some women continue to have diabetes right after their pregnancy. Some of them might be missed if they've stopped seeing their OB-GYN after their six-week checkup.

Their primary care doc might not have known to check up for diabetes. So some people have it continually and some people have it later in life. And the statistics are that if you had diabetes in your pregnancy, you are at seven times increased risk compared to someone who did not have that condition for having type 2 diabetes.

That's an enormous increase and it's such a huge problem now in the United States and it's the diabetes leads to cardiovascular disease complications as well.

Correct. And kidney disease and. Yeah, all sorts of complications. And as we're seeing, like with COVID, an increased risk of serious infection. So what can you do about that?

Again, it comes down to screening regularly with your primary care doctor and look at weight management, healthy diets, good physical activity. Those things can all help decrease your risk of diabetes later in life.

Yeah. Physical activity seems to come up in every single episode that we do. Health promoting activity. And in fact, a little side note, Diane and I spend quite a lot of our time hiking or meeting up sometimes at the rec center for a class or a little bit of skiing every now and then.

What about women's obstetrical history and the number and size of the children that they have born? How might that impact on their issues and concerns as senior women?

So that's a good question. We do know that women who've had lots of babies, usually we say more than three or four, or big babies, are at risk for what is called pelvic organ prolapse.

And this is where you start to have a relaxation of the connective tissue, the supportive tissue in the pelvis. So there may be symptoms like bladder symptoms, urinary urgency or frequency or difficulty controlling urination.

There may be vaginal pressure symptoms from the uterus actually starting to descend into the vagina.

## Childbirth History and Pelvic Organ Prolapse

These are conditions that all older women may experience, but what's good to know is there are things that can be done about this. So if you think you're having problems with pelvic organ prolapse, see your gynecologist.

There are things like behavioral modifications, pelvic floor, physical therapy, and even surgery that can help so that you have that good quality of life as you're getting older.

That's great information. Thank you. And I've put a little reference to pelvic organ prolapse in the show notes below this broadcast line on your YouTube screen.

So why don't we move over to the history that women have had about their periods, specifically women who have been told that they have polycystic ovary syndrome.

So polycystic ovary syndrome or what may just be called chronic anovulation is when women have had irregular or absent periods due to a hormone imbalance.

So we know that women with this condition are at an increased risk later in life for metabolic syndrome. And that's a combination of high cholesterol, diabetes, and hypertension.

And we've already touched on some of these issues. So the things you can do are the same things that we've mentioned as far as diet, exercise, and screening.

Screening is important. Especially with weight management, which is always a tough subject and one we will be revisiting. How about people who may be on the other end of the weight spectrum, underweight or athletic women who don't get their period for that reason?

## PCOS, Low Estrogen, and Bone Health

Right, so those women, instead of having so much of a hormone imbalance, they have low estrogen, chronically low estrogen. And that might be the things we've heard about, women who exercise a lot, kind of the elite athletes, the dancers that may be working to keep down their weight, women who suffer from anorexia or just stress and they stop having periods.

So those women over long term of their life have had low estrogen levels and that can put you at risk for osteoporosis or thinning of the bones, which puts you at a greater risk for fractures later in life.

So things to do for that are to make sure that you have adequate calcium and vitamin D levels. And you might want to get your vitamin D level checked when you get your other screening labs done.

And there are specific bone density tests that can be done if one hasn't had those as a routine with one's primary doc. but certainly telling your primary doctor, well, I had no periods for five or 10 years of my life might move things in the right direction.

One issue that comes up regularly is when to stop having pap smears. And some of us are so conditioned to just keep going in for those pap smears. And we may be surprised when our obstetrician gynecologist says, no, you don't need that anymore.

Or maybe we've read that we don't need it, but our GYN is still wanting us to have them. Would you weigh in on that a little bit? Yeah, that's a good question.

So the current recommendation, which is supported by a lot of scientific data, is that for the majority of women, they can stop having pap smears at age 65.

But there's some very important caveats with that, and that is that you've had what we call adequate negative screening.

## When to Stop Pap Smears and Knowing Surgical History

which means in the previous 10 years before age 65, you've had two pap smears with HPV tests that are negative, or you've had three regular pap smears that are negative, and you've had no previous history of severe dysplasia, which is a condition where the cells of the cervix are becoming abnormal.

So to stop doing PAP scenarios at age 65, it's important that you know, do you fit those criteria? Is it safe for you to stop doing PAPs? The reason you would want to stop doing them is because it's unnecessary testing, because there can be false alarms that lead to further testing.

So in general, it's a good recommendation, I think, but you need to make sure that it fits for you. And a lot of women maybe aren't seeing their OB-GYN after age 65. They may be seeing an internist or a family physician.

So if you're not sure, and especially if you think, gosh, yeah, I remember I had to go back for some additional tests, maybe get in touch with your GYN or schedule a visit just to make sure that you meet those criteria to stop testing.

Your comments remind me of the general idea of knowing our gynecologic history, and you had some comments about that as women go into their senior years.

Right. So it's important to know just in general if you've had surgical history do you have your uterus still in and do you have both ovaries? Because a lot of people use the term hysterectomy and it gets kind of conflated with removing the uterus, removing the ovaries with it or not, and all you may know is that you've stopped having periods.

And the reason this could be important is if you start having issues, pelvic or abdominal pain or perhaps something seen on an imaging study, it could be really helpful to know for your doctor to figure out what's going on if you have your ovaries in or not.

So again, just another easy piece of information you can get from your gynecologist either through medical records or a quick visit. That's all great information.

Diane, this is a culmination of discussions that you and I have been having for a year or two, maybe. At least, yeah. And I presume we will continue to have discussions like this around keeping ourselves healthy.

And I hope that our listeners today will find some things of value. And I usually end our programs with a little to-do.

## Closing Advice and Podcast Sign-Off

And my to-do would be to know your GYN history if you have had any pelvic surgery, and to know your OB history if you think, well, yeah, I was delivered early, but I don't really remember why.

check it out and just try to figure out was it because my blood pressure was going up or my diabetes and they thought the baby would weigh more than 10 pounds you know there's lots of things that can happen that see all are coming in a big rush when you're young and a little bit fearful so thank you so so much this has been great information it's been a real pleasure to talk with you today thanks pat we'll see you outside Thanks for listening to the Women's Health Span Voices podcast.

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