Holistic Continuity of Care: The Missing Piece in Women's Journey to Relief in Vulvar Pain

Women and Vulvodynia

Vulvodynia is a chronic vulvar pain of at least three months duration with no clear identifiable cause. The condition is very often diagnosed in delay, which makes women cope with unexplained pain for long periods of time.

Pain in an area so intrinsically related to sex and sexuality, has negative emotional and social consequences that put women under tremendous psychological distress.

Process and Methods

The five main phases of the design process:

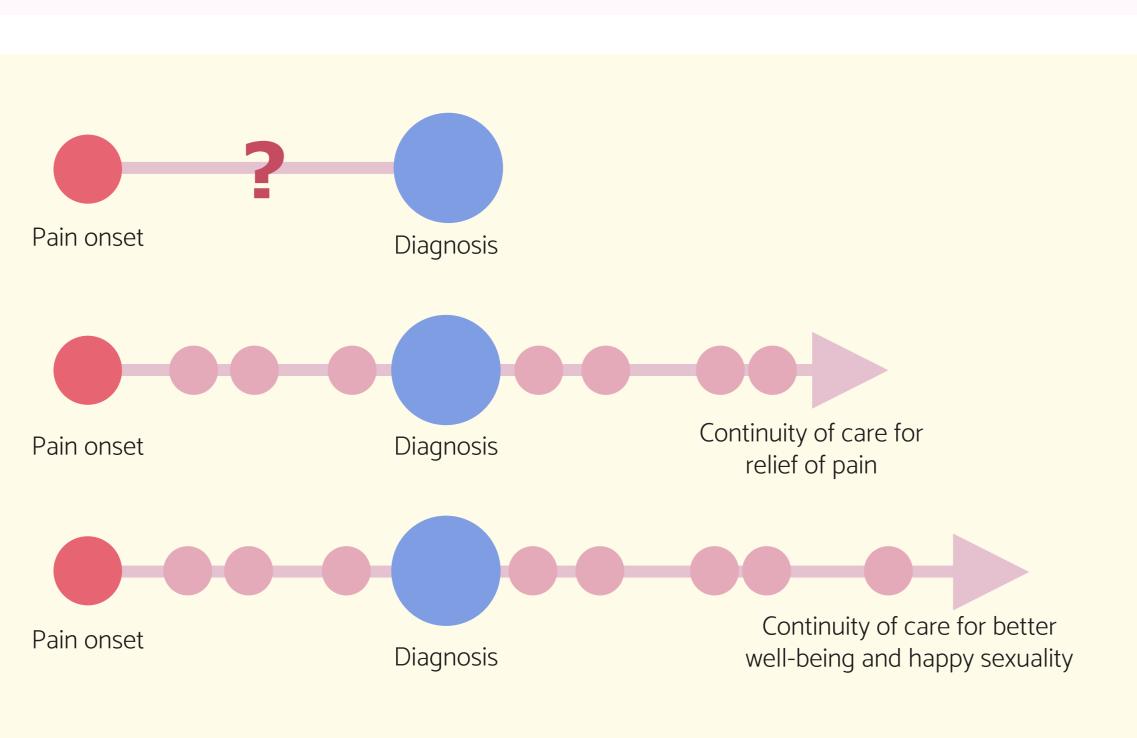
1. Exploration 1.0: literature review and primary research based on interviews with an expert, three gynecologists and five women who cope with vulvodynia.



The research started with a focus on understanding the barriers and facilitators for receiving a diagnosis. However, it later identified a need to consider the full journey women aspire to go through, from the onset of pain, to diagnosis, to relief in pain, happy sexuality, and better well-being.

It recognized a need to adopt a wide view of the woman in pain, and consider emotional and social consequences of the condition.

Hence, the research aims to promote holistic continuity of care, for relief in vulvar pain and better well-being of women with vulvodynia.



The Intervention

The intervention suggests a new design of a care process, integrating a case manager, for women with vulvodynia. The service is provided in community clinics of health maintenance organizations (HMOs).

The new care process includes several phases. Each phase gives details about the desirable interactions during medical encounters, to provide optimal care for women. It suggests follow-up meetings and routine revision of care plans. Finally, it has the potential to increase efficient use of healthcare resources. Hence, it also provides HMOs with a cost-effective intervention.

Conclusion

Chronic conditions require long-term care. The sensitive case of vulvar pain is prone to mistakes that hinder continuity of care. To promote continuity of care, general gynecologists need to be aware of vulvar pain conditions and communicate with women in a respectful and sensitive way.

2. Analysis: analysis of the findings and establishment of a new problem definition.

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3. Ideation: co-design session with five women who cope with vulvar pain, sharing the established insights and ideating new interventions together.

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4. Exploration 2.0:

literature review about case management in healthcare and conversations with relevant professionals about it.

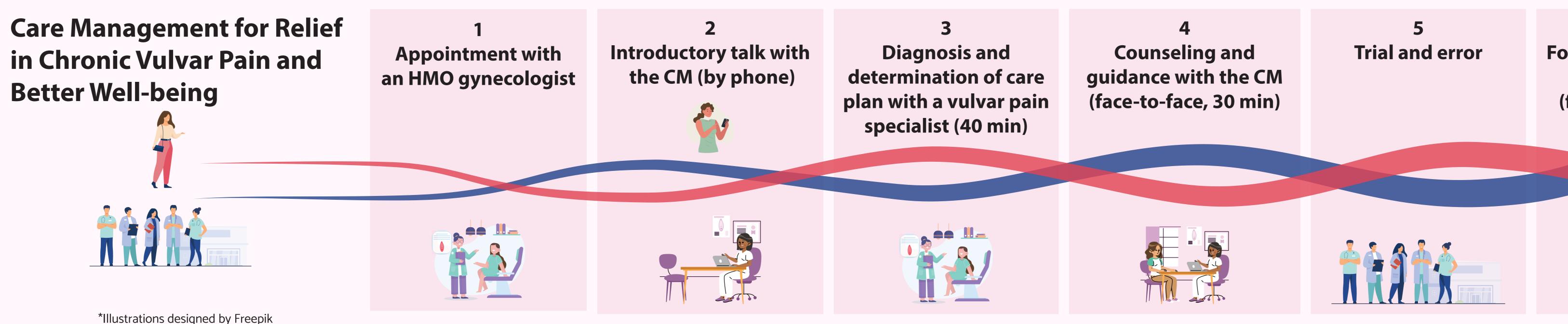


The Case Manager Role Responsibilities

The case managers are responsible for promoting effective continuity of care.

They coordinate multidisciplinary care, and ease the progress of diagnosis, referrals and treatment. They build a relationship of trust with women, and become key contact persons during the care process.

Moreover, case managers are a source of information and education for their colleagues. Hence, they can influence the healthcare providers' conduct during medical encounters by improving their communication skills and raising their awareness of vulvar pain conditions.



The care needs to be holistic, and consider physical symptoms as well as societal and emotional consequences of vulvar pain. Hence, the care process requires a multidisciplinary team.

Case managers can promote holistic continuity of care by providing continued education for healthcare providers, supporting women and orchestrating their care plans.

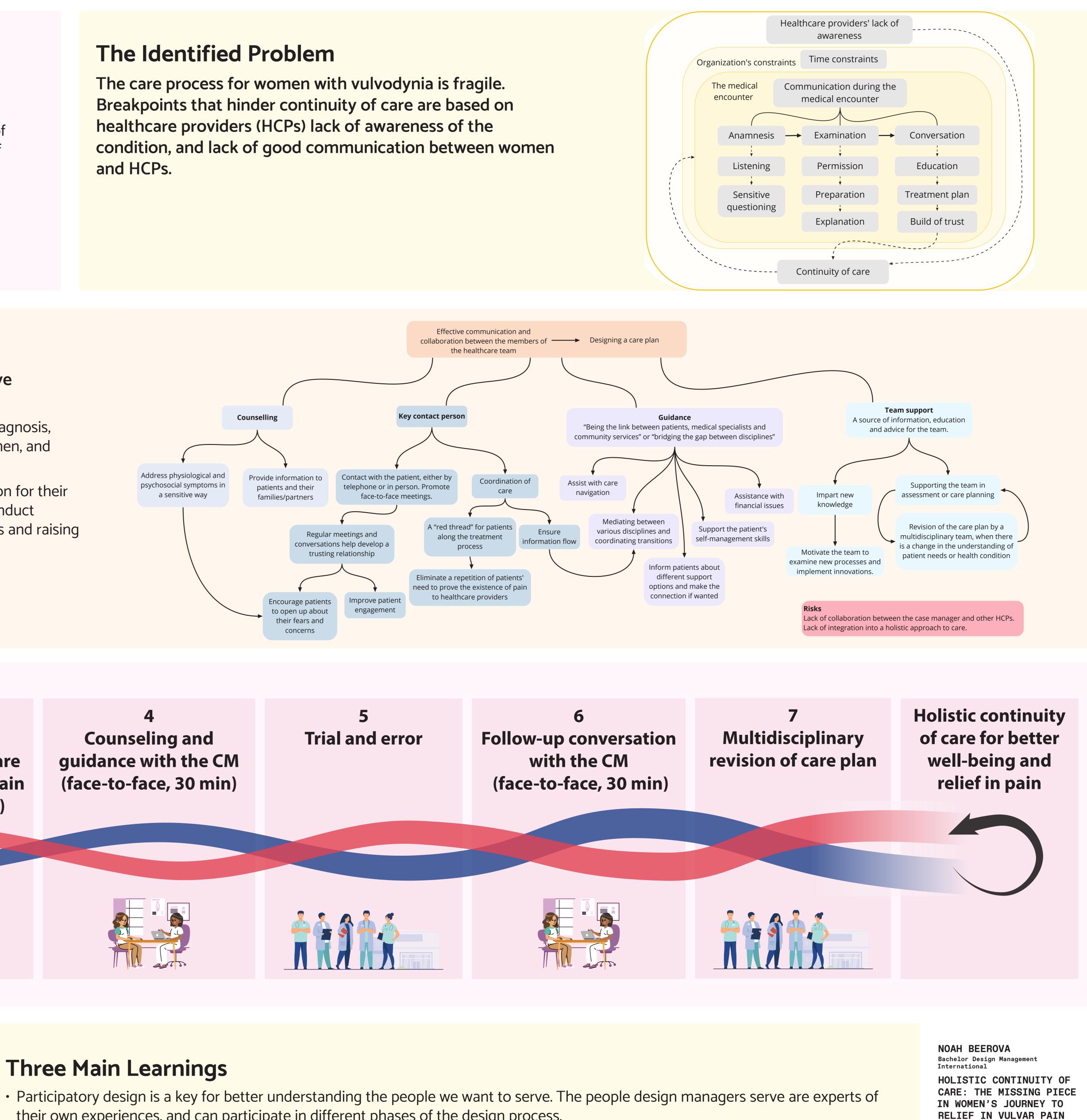
5. Prototyping and

Testing: three iterations of prototyping and testing of the intervention.

The Identified Problem

The care process for women with vulvodynia is fragile. Breakpoints that hinder continuity of care are based on healthcare providers (HCPs) lack of awareness of the and HCPs.





Three Main Learnings

- their own experiences, and can participate in different phases of the design process.
- When providing healthcare to people, overmedicalization of their condition can be harmful. Societal and emotional factors should be considered, especially when the patient copes with a chronic condition.
- Sex should be pain-free. No one should engage in intercourse if it causes them discomfort.

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