



# Wisconsin RHPF

## Reproductive Health Family Planning Program

RHPF Triannual Newsletter

Edition 3, Spring/Summer 2021

### Highlights

- Program Update—RHPF has a new supervisor, two public health nurses-advanced (PHN), and an epidemiologist (epi). Welcome Stephanie, Laura, Melissa, and Alexa!
- Clinic Spotlight—January COVID 19 Poll Results
- Partner News—Introduction to American Society for Colposcopy and Cervical Pathology (ASCCP)
- Self Care—Resilient Wisconsin

### PURPOSE

The RHPF newsletters are designed to share project updates, resources, and data with RHPF-funded organizations as well as any community partners invested in reproductive health in Wisconsin.

### Program Update

#### Who’s Who—Welcome to the new RHPF Program Supervisor, PHNs, and Epi!

**Supervisor:** Stephanie Mock started her new position on February 1.

Stephanie was formerly the victim resource center manager at the Wisconsin Department of Justice. She comes to her career with a social work and social justice background. She uses trauma-informed leadership to support and advocate for crime victims, collaborates with a number of diverse statewide partners, and ensures victims have access to support and resources. In her previous role, she worked with diverse stakeholders such as nurses, physicians, attorneys, advocates, victim service professionals, and law enforcement. Her experience managing the Victims of Crime Act (VOCA) grant and reporting requirements positions her well to provide leadership for Title X and the adolescent health programs. Stephanie regularly provided training and technical assistance to staff and program partners and fostered strong relationships with diverse stakeholders. Stephanie has an extensive background both volunteering and working for rape crisis centers and she has provided crisis response support and reproductive health coordination for survivors of sexual assault.

**Public Health Nurse (PHN) – Advanced:** Laura Wiederhoeft started her new position on February 15.

Laura was a labor and delivery nurse with Duke Regional Hospital in Durham, North Carolina. She was also an instructor at Duke University School of Nursing, teaching maternity and wellness across the lifespan to bachelor of science in nursing (BSN) students. In addition to being a board certified inpatient obstetric registered nurse, Laura is also certified as a doula with Doulas of North America (DONA) International.

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### CLINIC

#### SPOTLIGHT

January 2021 LC poll results—13 responses

- 69% of participants say that COVID has caused no change in clients seen in the past month.
- Less than 7% of clinics due to COVID are unable to provide cytology and long acting reversible contraceptive services 46% say that expansion efforts have stalled or slowed down during the pandemic.
- 100% say that there have been no furloughs or layoffs during the pandemic.



## Who's Who—Welcome to RHFP (continued)

**Public Health Nurse (PHN) – Advanced:** Melissa Geach starts her new position on March 29.

Melissa has worked as the lead public health nurse for the reproductive health program at the Iron County Health Department since 2016. She began her career by moving from the Twin Cities to Northern Wisconsin to work as a project coordinator for a diabetes education project at the Bad River Tribe. Her degree in health education from the University of Wisconsin-LaCrosse provided the skills and education necessary to implement the five-year Indian Health Service demonstration project aimed at reducing diabetes and cardiovascular disease among American Indians and Alaska Natives. In 2010, she returned to college as a non-traditional student to complete her degree at the College of St. Scholastica as a bachelor's prepared registered nurse. For four years she worked as a registered nurse on the medical-surgical unit at Howard Young Medical Center in Minocqua, Wisconsin. During her time at the hospital, she thoroughly enjoyed being a preceptor and orienting both new and seasoned nurses to the medical surgical unit. Outside of work hours she spends most of her time with her husband, four kids, two dogs and a cat. They enjoy getting outdoors and the winter has been filled with plenty of downhill skiing. As spring turns into summer, you can find her spending evenings and weekends in her flower gardens.

**Epidemiologist (epi):** Alexa DeBoth started her new position on February 15.

Alexa comes from the University of Wisconsin Prevention Research Center where she coordinated grant activities, developed evaluation plans and database tracking systems, and analyzed public health data through various software systems to improve health outcomes for women, infants, and children in Wisconsin. Alexa brings experience linking complex datasets to conduct epidemiological modeling and analysis to look for risk factors and other characteristics.

## Partner News

### **American Society for Colposcopy and Cervical Pathology (ASCCP)**

The most consequential change to the ASCCP Risk-Based Management Consensus Guidelines is that recommendations for follow up are based on patient risk of cervical intraepithelial neoplasia (CIN 3+) as opposed to the algorithm that really only considered age and recent results. This means after receiving new results, clinicians must put that information into an application along with patient age, risk factors, and previous history to calculate this risk. Suggestions for follow up are generated based on all of that information. A [free web app](#) that will do this for you is available. There is also an Android/Apple app which is a bit more user friendly but costs \$9.99. This major change will eventually make it impossible for the lab to provide recommendations on paper. We can continue to assist in patient management, but there is no good way to automatically generate recommendations without totally rebuilding our reporting software.

Another major change is that human papillomavirus (HPV) testing is generally weighed the heaviest when calculating risk. Co-testing is still on the list of available screening tests, but many clinics may consider HPV primary testing. HPV primary testing will be an option on our requisition in the near future.

There are several other good changes, including a preference for observation of all CIN I lesions, the option to defer colposcopy for low-grade squamous intraepithelial lesion (LSIL) +HPV results, expanded definitions for expedited treatment, and the insistence that all positive HPV cases reflex to a PAP. It is important to remember that these are guidelines and recommendations may not always fit your clinical judgement. The lab is always here to help interpret difficult cases and explain results that may not fit into the ASCCP application. More information on this transition to the new guidelines is forthcoming. Thank you for all you do!



## Self Care

### [Resilient Wisconsin](#)

The Resilient Wisconsin webpage provides practical tools and sources of support that can help you strengthen your resilience during times of stress, so you can take care of yourself and those around you during COVID-19 and beyond.



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