

**The State of Women Veterans' Health Research: Results of a Systematic Literature Review
Evidence Tables**

Table 8. Gynecological					
Author	Sample characteristics	Sample size [N]	Design	Main measures	Description
Kang, 2000 (173)	National sample of female Vietnam-era veterans, comparing those who served in Vietnam with those who did not	3392 Vietnam women; 3038 women who did not serve in Vietnam	Observ. Study- Assess risk or prognosis	Demographic characteristics; health questionnaire including pregnancy history and outcomes and exposures; medical record review of reported birth defects	Evaluated for any association between military service in Vietnam and birth defects. There were no significant differences between the groups in terms of risk of miscarriage or still birth, low birth weight, pre-term delivery or infant death. Veterans who served in Vietnam were more likely to report moderate-to-severe birth defects than women who did not serve in Vietnam
Kang, 2001 (177)	National sample of Gulf War era veterans, men and women, comparing those deployed to the Gulf and those deployed elsewhere	Gulf veterans: 636 women and 2761 men Non-Gulf veterans: 695 women and 1951 men	Observ. Study- Assess risk or prognosis	Demographic characteristics; pregnancies and pregnancy outcomes	Evaluated pregnancy outcomes for Gulf War era veterans, comparing those who were deployed to the Gulf and those deployed elsewhere. Male Gulf veterans reported a significantly higher rate of miscarriage (OR = 1.62). Female miscarriage rates were not statistically different. Men and women deployed to the Gulf reported significantly more birth defects “moderate to severe” birth defects being 1.78 times as likely for men and 2.8 times as likely for women. There were no differences in rates of stillbirths, pre-term deliveries or infant mortality.

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Araneta, 2004 (172)	National sample of Gulf War era female veterans with pregnancy histories	409 nondeployed veterans' conception; 409 Gulf War-exposed conceptions; 292 Gulf War veteran postwar conceptions	Observ. Study- Assess risk or prognosis	Deployment history; reproductive outcomes	Evaluated reproductive outcomes among women during the Gulf War era comparing GW-exposed pregnancies with postwar conceptions of women deployed to the Gulf and conceptions of women not deployed to the Gulf. Compared with non-deployed conceptions, there were no significant differences in rates of spontaneous abortion or ectopic pregnancy for Gulf War-exposed conceptions but Gulf War postwar conceptions were 2.92 times as likely to result in spontaneous abortion and 7.7 times as likely to result in ectopic pregnancy.
Dalessandri, 1998 (168)	Sample of women from the VA Palo Alto Health Care System who earned less than \$22,000/year	717 women veterans; 366 in the intervention group and 351 in the control group	Experimental Study	Demographic characteristics; receiving a mammogram	Evaluated the impact of an intervention to improve mammography screening rates in "underserved" women. All women received a letter requesting she schedule a mammogram or visit to the breast clinic. Women in the intervention group received a follow-up phone call by a nurse that included individualized explanations and discussion of transportation needs. Women in the intervention group were more than 5 times as likely to have a mammogram.

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Woloshin, 1999 (141)	Random sample of women veterans from the White River Junction VA Medical Center registry, excluding those with a personal history of breast cancer; 12/95	201 women veterans	All Other Observational	Reported estimates of personal risk of breast cancer; risk-factor data for breast cancer	Evaluated how women estimate the risk of getting breast cancer. 98% of women overestimated their risk for breast cancer but only 10% thought their risk was higher than that of the average woman. Perceived “___ in 1,000” risk was not related to actual risks but women’s comparative perceptions of being at low, average or high risk were related to actual risks.
Frommelt, 2000 (169)	National sample of pap smears from Gulf War era Air Force women, deployed and non-deployed	1446 pap smears from deployed women; 5226 pap smears from non-deployed women	Observ. Study- Assess risk or prognosis	Demographic characteristics; pap smear results	Evaluated for differences in cervical pathology between women deployed and women not deployed to the Persian Gulf. Overall, there were no differences in abnormal pap smear results between women deployed or not deployed. However, in the 26-30 year group, women deployed to the Gulf were more likely to have a diagnosis of “other than within normal limits” than women of the same age not deployed to the Gulf.

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Weaver, 2001 (113)	All women who had hysterectomies in VA from 10/91 through 9/97	1722 women with hysterectomies	Descriptive Study	Demographic characteristics; indications for surgery; surgical characteristics; complications; length of stay	Describes the indications and surgical morbidity for women veterans undergoing hysterectomies in VA. 74% of operations were abdominal, 22% vaginal and 4% laparoscopic. The most common indications were leiomyomas, bleeding and endometriosis. Length of stay was about 2 days longer for abdominal surgeries. The overall complication rate within 30 days was 9%.
Kang, 2000 (171)	National sample of Vietnam-era women veterans, comparing those who served in Vietnam to those who did not	3392 women veterans deployed to Vietnam; 3038 not deployed to Vietnam	Observ. Study- Assess risk or prognosis	Demographic characteristics; self-reported health history and report of gynecologic cancer (breast, ovaries, uterus, cervix)	Evaluated for an increased risk of gynecologic cancer in women who served in Vietnam. There were no statistically significant differences in the rates of gynecologic cancers between those who served in Vietnam and those who served during the Vietnam era.

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Pierce, 1999 (87)	Sample of Gulf War women veterans stratified for component, deployment location and parental status	525 active duty, reserve, guard or veteran women	Observ. Study- Assess risk or prognosis	Demographic variables; gender-specific problems; health care utilization rates; satisfaction with military and civilian life	Evaluated the prevalence of various health problems and health care utilization rates for a sample of Gulf War military women. 79% of women had at least one gender-specific condition for which they sought care. 76% used military health care for treatment of at least one gender-specific condition during their military career and 41% used civilian health care. Active duty military were more likely to use military health care. Symptoms were more common in enlisted women as compared to officers. Satisfaction ratings were higher for civilian care.
Haskell, 2004 (175)	Sample of women from the VA Connecticut Healthcaer System who had a prescription for hormone replacement therapy	48 women veterans	Descriptive Study	Questionnaire related to use of hormone replacement therapy	Evaluated the response of patients taking hormone replacement therapy to the results of the Women's Health Initiative. Women were mailed an informational letter about the WHI and a few months later received the questionnaire. 77% of women stopped taking HRT after receiving the letter. Women continuing on HRT were slightly younger and were more likely to be taking HRT for menopausal symptoms.

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Barnard, 2003 (170)	Nationally representative sample of women veterans who made at least one outpatient visit to the VA between July 1, 1994 and June 30, 1995 (VA Women's Health Project)	1736 women veterans; 574 without menstrual symptoms and 1162 with menstrual symptoms	Observ. Study- Assess risk or prognosis	Demographic characteristics; SF-36; menstrual symptoms; psychosocial characteristics	Evaluated whether there was a difference in health status between women reporting menstrual symptoms and those without menstrual symptoms. Women with menstrual symptoms had significantly lower health status in every domain of the SF-36 except energy/vitality with the greatest difference seen in physical role functioning.
Gilhooly, 2001(21)	Sample of female Gulf War veterans from the northeastern US who had symptoms consistent with chronic fatigue syndrome (CFS)	26 women with CFS symptoms; 22 controls	Observ. Study- Assess risk or prognosis	Demographic characteristics; psychiatric diagnoses; genitourinary symptoms; sexual functioning	Evaluated the association of sexual dysfunction with fatiguing symptoms. Women with symptoms of CFS were significantly more likely to have difficulty with sexual functioning and decreased libido. Women with CFS were also more likely to have vaginal irritation and urinary frequency. There were no differences in sexual dysfunction between women with CFS who had or did not have psychiatric diagnoses.