

# Why Is Your Gynecologist Asking You *That*?

*If your doctor's ultra-personal questions make you cringe in your paper-thin gown, know this: A smart gyno doesn't just examine your reproductive parts. She should poke around in your private life, too. Find out what she really wants to know, and make the whole process a lot more comfortable.*

A successful gynecologist visit “is a two-way street,” says Jennifer Ashton, M.D., an ob-gyn and ABC News senior medical contributor. Ideally, your doctor asks the right questions and you feel okay answering them—or you bring them up yourself. But too often in real life, there’s awkwardness on both sides of the stirrups.

It could be because some of her questions seem too prying or oddly irrelevant. You may shut down or send signals you’re offended, so she backs off from topics like libido and mood, says Mary Jane Minkin, M.D., a clinical professor of obstetrics, gynecology, and reproductive sciences at Yale School of Medicine.

Those conversation gaps can lead to gaps in your health care. Here, we cover the vital, but sometimes uncomfortable, questions your doctor should be asking at your next visit. And yes, we’ll help you find the words to answer them honestly.

Welcome to your new, embarrassment-free gynecologist appointment.

BY ABBY SAJID  
PHOTOGRAPHED BY JEFF HARRIS

## THE DOC ASKS

**How many partners have you had?**

## YOU THINK

*Can I lie a little?*

## WHY SHE WANTS TO KNOW

She's not looking for an exact number over your lifetime. She's asking so she can assess your risk for sexually transmitted infections (STIs). A higher number of lifetime partners is associated with a higher chance of STIs.

Don't assume you need to be a 20-something to get one of these infections. The truth is that genital herpes is more common in women (and men) in their 40s than in younger people. Regardless of your age, if you're on the Pill, have an IUD, or have had your tubes tied, you might be less concerned about using a condom with a new partner, putting yourself at risk, Ashton explains. As you age, you are more vulnerable to STIs because vaginal tissue becomes more fragile and prone to infection.

"Most doctors aren't going to run tests for these infections for women who seem to be in monogamous relationships, so you need to raise it if there's a chance you might have picked something up," Minkin says. Ideally, anytime you have a new relationship (or think your partner might not be monogamous), you should mention it so your doctor can order the appropriate tests. Or leave out the details and simply say, "I'd like to be tested for STIs."

## THE DOC ASKS

**Are you using your birth control?**

## YOU THINK

*Am I going to get a lecture?*

## WHY SHE WANTS TO KNOW

Her goal is to set you up with the contraceptive that best fits with your body and life. Otherwise, it's too easy to lapse, and "winging it" isn't an effective method.

After reports about fertility nose-diving in your mid-30s, women may assume they can relax a bit about birth control. Not true. In the U.S., women 35 and older have higher rates of unintended pregnancies than women in their early 30s.

If you skip doses, tell your doctor what might be a factor. Maybe you work different shifts and forget to take your pill or don't like your method's side effects. This info can help her suggest options like an IUD, which protects you for up to five or 10 years (depending on the type), no pill popping or other maintenance needed.

## THE DOC ASKS

**Is your sex life what you want it to be?**

## YOU THINK

*My friends don't even ask that.*

## WHY SHE WANTS TO KNOW

If sex is painful or your sex drive has gone missing (or both, as often happens), your gynecologist can help. The intimacy buster she sees most: vaginal dryness and the "ouch" sex that comes with it. Your doctor may notice it in an exam—your vaginal walls won't be their usual pink color and won't have a moist sheen. But you have to let her know that it interferes with your sex life, Minkin says. Left untreated, it only gets worse.

She'll often start off by recommending that you use over-the-counter lubricants (K-Y is a popular one) and longer-acting vaginal moisturizers (such as Replens). And since dryness is usually associated with a loss of estrogen, she may suggest hormone therapy in the form of pills, vaginal tablets, rings, or creams.

More comfortable sex might help you get back in the mood again, but there could be emotional factors at play too. Exhaustion and stress—piled on from demanding bosses, cranky teens, and aging parents, for example—certainly don't help get things going in the bedroom. You may not think that your family and relationship worries are your doctor's problem, but she can often help you identify the issues, and in some cases refer you to a therapist who can help you sort them out.

## THE DOC ASKS

**Do you ever leak a little urine?**

## YOU THINK

*Embarrassing! Can we just skip to the next question?*

## WHY SHE WANTS TO KNOW

Women wait an average of about six years before they bring up bladder issues with their doc. That's six years too long. Tell your doctor if you leak a little pee when you cough, sneeze, or have sex, or if you sometimes have an urge to go and just can't hold it. Trust us, she's hearing this from lots of patients—35% of women between ages 45 and 64 have some form of urinary incontinence, and so do roughly 10% of women under age 45.

She'll probably advise Kegel exercises and should coach you in how to do them right. Losing weight can be effective as well. A study from the University of California at San Francisco found that overweight women who dropped just three pounds of excess weight reduced incontinence by 28%, and those who lost more fared even better. If those steps don't help, your doctor may recommend prescription meds and even Botox injections for your bladder. She may also refer you to a specialist, and there's surgery, too, but that's generally a last resort.

## THE DOC ASKS

**Do you enjoy life as much as you used to?**

## YOU THINK

*Hmm...is this small talk? Should I ask her about her kids now?*

## WHY SHE WANTS TO KNOW

In women, depression is most common between ages 40 and 59, and one study found that gynecologists diagnose an average of four new cases every month. So let her in on how you're feeling, whether she asks or not.

If it turns out you need an antidepressant, that may change what she prescribes for other problems. For example, in some midlife women, selective serotonin reuptake inhibitors (SSRIs), the most commonly prescribed antidepressants, work better when they're taken alongside low-dose estrogen therapy. And when you hit menopause, SSRIs can be used to treat hot flashes, so they could be a better option than hormone therapy if you're also feeling blue.

## THE DOC ASKS

**Do you feel safe at home?**

## YOU THINK

*What the heck is she digging for?*

## WHY SHE WANTS TO KNOW

Since 2011, ob-gyns have been encouraged to ask women about domestic abuse. This may be the only doctor you see regularly, without your partner in the room, which means she might be the easiest professional to talk about it with.

So don't be surprised when she brings up this topic, says Ashton, and let her know if you feel abused, bullied, or constantly belittled, even if there's no physical violence involved. Emotional and verbal abuse has been associated with chronic pelvic pain (and living in that kind of situation isn't good for the rest of your health and well-being, either). Your doctor can point you to resources that may help you deal with the situation you're in, or leave it entirely.