What Nurses Need to Know When Caring for Women with Genital Piercings

Cathy Young, DNSc, APRN, BC

Myrna L. Armstrong, EdD, RN, FAAN

Objectives

Upon completion of this activity, the learner will be able to:

1. List the reasons why women may decide to obtain genital piercings.
2. Describe the anatomic and physiologic issues related to genital piercings in women who present for obstetric or gynecologic care.
3. Identify self-care techniques for women with genital piercings.

Continuing Nursing Education (CNE) Credit

A total of 2 contact hours may be earned as CNE credit for reading "What Nurses Need to Know When Caring for Women with Genital Piercings" and for completing an online post-test and participant feedback form.

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Cathy Young, DNSc, APRN, BC, is an associate professor in the School of Nursing, Texas Tech University Health Sciences Center, Lubbock, TX. Myrna L. Armstrong, EdD, RN, FAAN, is a professor in the School of Nursing, Texas Tech University Health Sciences Center at Highland Lakes, Marble Falls, TX. The authors report no conflicts of interest or financial relationships relevant to this article. Address correspondence to: cathy.young@ttuhsc.edu.

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BACKGROUND ON BODY PIERCINGS

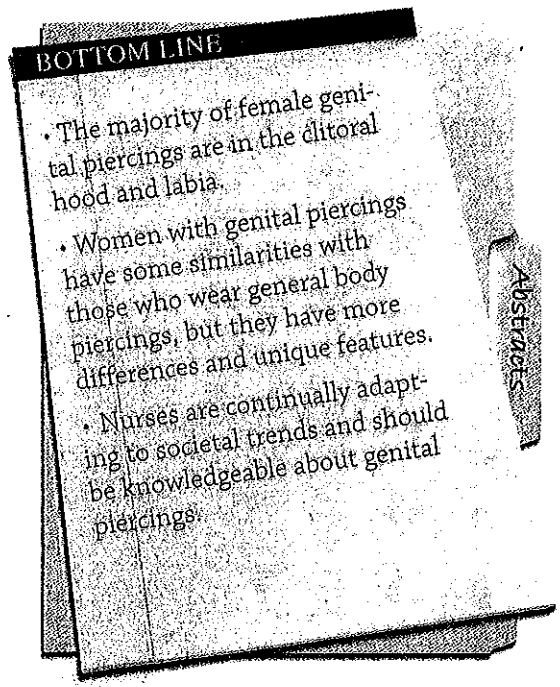
Body piercings can and do appear everywhere. Popular since the mid 1990s, general body piercings are now mainstream. Stirn (2003) adeptly calls body piercings "a social reality" (p. 1208). Current prevalence rates of body piercings range between 30 percent and 50 percent in young adults ages 18 to 23; these rates exclude male and female ear lobe piercings (Armstrong, Roberts, Owen, & Koch, 2004). Today, there is more creativity with sites of the pierced body (cheek, spine, neck, chest), as well as items inserted in the pierced openings (wood, plastic, steel balls).

Piercings are usually divided into visible sites (e.g., face or ears) or semi-visible sites (e.g., tongue or navel). Each piercing site has its own set of physical complications. Piercing sites are skin fistulas, and during healing the piercing is an open wound; afterward, there is the potential for induced trauma (pulled jewelry) and the site can be a reservoir for bacterial debris. The site remains a portal for infection as long as it is open.

GENITAL PIERCINGS

Genital and nipple piercings are referred to as "intimate piercings." Men have more anatomical space for genital piercings (Anderson, Summerton, Sharma, & Holmes, 2003; Armstrong, Caliendo, & Roberts, 2006a), have at least eight different types of named piercings, and usually wear heavier gauge jewelry. Studies confirm the increased rates of genital piercings in men (Caliendo, Armstrong, & Roberts, 2005).

Although men have more sites, women report more overall general body piercings, perhaps due to the naturalness of wearing jewelry inherent with this type of body art. Thus, it should be no surprise that women are also wearing genital piercings. The majority of female genital piercings are located in the labia and clitoral hood areas, although new creative sites continue to surface.



Common body piercing jewelry may either be a captive bead or straight/curved barbell.

This article will address common nursing questions about genital piercings; anatomical and physiologic issues; the different types of female genital piercings; suggestions for applicable care; and educational material for women with genital piercings. Areas for further research will also be suggested to establish better evidence for applicable care.

PATIENT ENCOUNTERS

Suzanne presents to the clinic with mild abdominal pain. Your questioning focuses on details about her menses and sexual activities. During that conversation she reveals that she has a clitoral hood piercing.

Twilla arrives for her first prenatal visit, 5 months pregnant. When asked if she has any questions, she wonders whether she'll have to remove her navel jewelry soon and if you'll require her to remove her labia piercing during delivery.

Patient encounters like these are becoming increasingly common. Yet there are few resources for patient care situations in the medical or nursing literature. Most information comes from piercing web sites.

Health care providers have assumptions about both men and women presenting with genital piercings (Armstrong et al., 2006a; Caliendo et al., 2005). Nurses have told us that when women with genital piercings present to the clinical area, the nurses are often reluctant to discuss their patients' piercings and the presence of the piercing is often never acknowledged.

Nurses need to know about genital piercings for a number of reasons. First, these women deserve complete, non-judgmental health care (Armstrong, Caliendo, & Roberts, 2006b). Williams (2001) described "unconscious discrimination" as the act of a person who has negative feelings about someone or some group while providing care for such individuals. Providing care that is biased may result in substandard care, demonstrated by a lack of physical and/or verbal interaction. Compounding this, our fast-paced clinical settings create more pressure, and demand complex and quick decisions that may intensify stereotypical responses. Additionally, the presentation of a woman with a genital piercing may produce "unknowns" to the nurse, leading to assumptions that generate negative attitudes; these negative perspectives can lead to negative overt behavior (Stuppy, Armstrong, & Casals-Ariet, 1998).

Second, nurses need essential knowledge about genital piercings, whether for piercing-related care, or for other problems requiring treatment related to the genital area. People with genital piercings historically do not seek out traditional health care providers for piercing-related care, because these providers often have limited knowledge of piercing, and sometimes display judgmental attitudes. Instead, they use the Internet, friends or their piercers as resources (Armstrong et al., 2006a, 2006b; Caliendo et al., 2005). These situations do not lend themselves to "best practices."

REASONS FOR PIERCINGS

The most common question from nurses is: Why do women seek and obtain these piercings? Current literature describes a variety of reasons why women seek genital piercings. Those who are anorgasmic seek piercing to increase their ability to have an orgasm (Miller & Edenholm, 1999). Stirn (2003, p. 1206) hypothesized that genital piercing procurement is "therapeutic." The piercing may be a way for women to recall positive events (birthday or anniversary) or to overcome traumatic events, such as divorce, rape or sexual abuse, by "reclaiming their body parts [which] they psychologically separated from themselves" during the traumatic event (Caliendo et al., 2005; Meyer, 2000). Another reason cited is that genital piercings help to "guard their body from further intrusion"; this can occur with deliberate placement to control sexual functions (Stirn). Aesthetics, or a sense of feeling more attractive with the genital jewelry, is another reason offered by these women (Caliendo et al.; Willmott, 2001).

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While body ownership did not surface in the Caliendo et al. (2005) study, three other purposes for genital piercings were documented: (1) sexual expression, (2) sexual pleasure (Miller & Edenholm, 1999), and (3) a feeling of uniqueness. Increasing sexual desire may also be a reason (Millner, Eichold, Sharpe, & Lynn, 2005). Women studied by Caliendo et al. had taken almost two years in deciding to get a piercing and they remained satisfied with their genital piercings. As those with general body piercings, these women admitted to being risk-takers and cited uniqueness as a major piercing purpose (Armstrong et al., 2004; Armstrong, Roberts, Koch, Saunders, & Owen, 2007).

THE IMPACT OF UNIQUENESS

The concept of seeking uniqueness is new to nursing and currently most research and literature about uniqueness is found in consumer marketing. The application to nursing applies to our holistic approach to patient care. Every individual seems to ascribe to seeking a certain amount of "differentness," but the degree of this uniqueness depends on how much one wants to be distinctive from others (and from societal norms) (Lynn & Snyder, 2002). While nurses, in general, tend to want people to conform to standard health practices, women with genital

piercings tend to be adventuresome (Halliday, 2005). Building this individuality comes with some risk-taking behavior. Aspired uniqueness can be exhibited with body art, with an increased number of piercings, or with piercings placed in a creative location. Although many may perceive this action as "deviant" behavior, genital piercings may instead be viewed as a positive action. The risk-taking behavior associated with getting a genital piercing may be viewed by a sexual abuse victim or by a newly divorced woman as a means of "taking control," and of choosing to be a survivor rather than a victim (Stirn, 2003). Women might want to improve their self-esteem by adding genital jewelry, or they might be encouraged to do so by a sexual partner. Those who want to control or "lock up" sexual activity might select "sexual negation" (infibulation), where the ring piercings of the labia majora are hooked together.

All of these examples may be evidence of women's attempts to "step outside the box" and set themselves apart. Additionally, when trying to achieve their perspective of uniqueness, they also build their self-identity. This search for self-identity has been frequently mentioned as another major purpose of body art. Further research on this whole relationship of expressing one's own uniqueness (in this situation through body art), risk-taking as a positive trait, the building of self-identity, and the implications for nursing (Armstrong et al., 2007) is needed.

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ANATOMY OF GENITAL PIERCINGS

The external female genitalia begin with the mons pubis, a fat pad that lies over the symphysis pubis. Two larger folds of skin comprise the labia majora, which are composed of adipose tissues, sebaceous glands and sweat glands; these sweep backward toward the opening of the vagina. The clitoris is a cylindrical mass of erectile tissue and nerves, composed of a visible glans and the corpus, and the crura which are internal. Beneath the larger folds of the labia majora lie the labia minora, formed by a thin pink fold of darker colored, hairless tissue extending posteriorly from the clitoris. A thin sheath of tissue covers the clitoris and is referred to as the prepuce or the clitoral hood. Posteriorly, the two folds of the labia minora join to form the fourchette (Bickley, 2007).

TYPES OF FEMALE GENITAL PIERCINGS

Placement of genital piercings are chosen based on the available female anatomical tissue and individual build to accommodate the jewelry, as well as the expected physiologic changes related to sexual arousal, which are sometimes intended to enhance sexual response. In one study, 15 women with genital piercing reported clitoral hood (n=7), labia (n=2) and a combination (n=6) of genital piercings (Caliendo et al., 2005).

Clitoral Hood

The large concentration of nerves in the small amount of visible female clitoral tissue makes a direct clitoral piercing rare and very painful. Thus, when the client tells you of her "clit" or clitoral piercing, she is often discussing a piercing that has been placed in the surrounding areas of the clitoris.

A clitoral hood piercing is most often placed vertically through the prepuce or the hood. After placement, the jewelry rests under the prepuce and touches the clitoris directly. During arousal this piercing stimulates the clitoris as it swells and becomes erect, and then retracts under the hood.

Labia Majora and Minora

Sensation from single or multiple piercings of the labia majora or minora will be affected by the size and swelling changes of the labia during arousal, but often this stimulation is dependent on the placement of the piercing. If the placement on the labia is adjacent to the vaginal opening, the vasocongestion of the labia produces greater stimulation for the partner; but if the piercing is placed closer to the clitoral area, more pressure may be felt on the clitoris, thus increasing the sexual sensation for the female. Depending on the anatomical tissue, some women wear heavier gauge jewelry with this site.

Horizontal Hood

Some female genital piercings are more anatomically dependent, and thus are less common. Horizontal hood piercings are most often the ones illustrated as clitoral hood piercings, but they are highly tissue-dependent. The result of this type of piercing will produce a very stimulating response if performed correctly. The piercing may also be done for aesthetic purposes only.

"Triangle"

A "triangle" involves placing the piercing jewelry under the nerve bundle of the clitoris at the base of the hood, a placement requiring expert knowledge and palpation to feel the nerve bundle. The bundle feels like a piece of cord running under the tissue. Stimulation occurs from behind the clitoris and is considered to be the most stimulating of genital piercings (Anderson et al., 2003). Two women with anorgasmia reported

an increased ability to achieve multiple climaxes following their triangle piercings (Miller & Edenholm, 1999).

Fourchette

A fourchette piercing is named for the location of genital tissue. This vertical piercing is usually positioned between the vagina and anus. It provides stimulation for the male partner during intercourse, yet does little to stimulate the female during intercourse. If a previous episiotomy has been done at the site, scar tissue will interfere with healing. Some report pain during intercourse due to the piercing being pulled into the vaginal canal (Pokorney & Berg, 1999).

"Christina"

The "Christina" is also known as a surface piercing, and is done more for aesthetic purposes; the placement (junction of the outer labia below the mons pubis) does not enhance the female sexual response. This piercing presents a greater risk of infection due to the location and difficulty protecting the site during sexual intercourse.

"Princess Albertina"

Countering the common "Prince Albert" male piercing (jewelry enters the urethra and exits out the ventral surface), there is a female version called the "Princess Albertina." While uncommon, the jewelry enters the lower portion of the urethra to just above or inside the vagina (Halliday, 2005; Pokorney & Berg, 1999). As the female urethra is shorter, the pierced woman must be continually aware of potential urinary tract infections.

PIERCINGS AND SEXUAL AROUSAL

Sexual arousal is subjective, may arise from various physical or mental stimuli, and is often pursued without the expectation of an orgasm (Millner et al., 2005). Clitoral hood piercings are deliberately sought and placed to promote stimulation of the clitoris; thus women with genital piercings report a variety of sexual responses. Some say they were usually unaware of their piercings with no continual arousal (Miller & Edenholm, 1999), while others report hypersensitivity (Caliendo et al., 2005). Millner et al. found a strong association with women with genital piercings wearing "vertical clitoral hood piercings and their desire, frequency of intercourse, and arousal" (p. 675).

Piercers tell us that hypersensitivity is often predominant during the healing phase, as the body is adjusting to the foreign object. Desensitization is more a return to normal than a true reduction in sensation. They suggest that if clitoral desensitization occurs, changing the type or size of jewelry, or even leaving the piercing site empty for a short time enhances "re-sensitization."

PAIN

While genital piercings are often assumed to be one of the most painful types of body piercing, the actual piercing procedure is similar to general body piercings, producing a quick sharp, stabbing pain, and then resolution. The larger thickness of the labia majora is more difficult and uncomfortable to pierce than the thinner fold of the labia minora. Some women report feeling an endorphin "rush" during the piercing. Piercers are not allowed to administer any anesthetics, so the essential concern is having a "Master" piercer, one who has served a genital piercing apprenticeship, places piercings in anatomically correct ways, and performs swift and smooth procedures.

APPROPRIATE AGE

Genital piercings are not recommended for anyone under 18 years of age, even with parental consent, due to the anatomical changes that occur during adolescence. The Association of Professional Piercers (APP) states that a reputable piercer will not pierce the genital area of an adolescent. Physiologically, the tissue is affected by the amount of estrogen in the body. The tissue of the vagina and surrounding area are drier; the labia are flat; and the clitoris is small.

STATE REGULATIONS

While 36 states in the last 10 years have reviewed their tattooing and body piercing regulations (Armstrong, 2005), the quality and standardization of legislation still varies widely; virtually no state mentions specific regulations for genital piercings.

HEALING

General body piercings heal within 6 weeks to 6 months depending on the site. All piercing sites can take almost a year for the skin opening to epithelialize or "toughen up." If the body jewelry moves within the piercing tract there are no concerns, but rotating the jewelry deliberately is not recommended. This may tear the collagen fibroblasts that assist in the epithelialization and skin regeneration, prolonging the healing process (Halliday, 2005).

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Because of the vascularization of the genital area, healing for genital piercing is generally 4 to 10 weeks; some women report a small amount of procedural bleeding for a few days after the piercing (Caliendo et al., 2005). During that time, sexual activity may continue, but it is recommended that a barrier be used, even with oral sex, to prevent contamination of the site

through contact with any type of body fluid. Additionally, if there is pain associated with the sexual activities, a longer waiting period for further healing is advised.

SEXUALLY TRANSMITTED INFECTIONS

Longitudinal studies are needed to challenge present assumptions that those with genital piercings have increased rates of sexually transmitted infections (STIs) (Willmott, 2001). Willmott included those with genital piercings when he examined the relationship of those with body piercings with the occurrence of STIs; he found that the piercings were not an indicator of increased STI prevalence

SEXUAL ABUSE

Further research is needed about the relationship between sexual abuse and genital piercings, particularly the association between a traumatic event, such as childhood sexual abuse, and the use of genital piercings to help "reclaim the body" (Stirn, 2003). One study assessed a correlation between risk behaviors and body piercing (Carroll, Riffenburgh, Roberts, & Hyhre, 2002). This correlates closely with known effects of childhood sexual abuse and suicide attempts of two times greater in abuse victims versus those without a history of child sexual abuse (Dube et al, 2005). If an adult sexual assault has occurred to a woman with a genital piercing, the site including around the jewelry should be considered as a site for evidence collection.

PREGNANCY

The American Pregnancy Association and the APP agree that general body piercings (such as navel) may be left in during pregnancy as long as the piercing is completely healed and it does not cause discomfort. However, both organizations recommend that women refrain from obtaining new piercings during pregnancy. Body changes associated with pregnancy may prevent healing, resulting in greater susceptibility to infection (American Pregnancy Association, 2007).

When a nurse acknowledges a woman's piercing and discusses it with her, she demonstrates that she is accepting and caring.

Also of concern is that the expanding abdomen may result in a greater size of the piercing tract, which decreases the aesthetic benefits of body piercing. If a piercing is too tight due to the changing size of the abdomen during pregnancy, it may be removed and replaced with a bendable polytetrafluoroethylene (PTFE) belly ring specifically made for pregnancy (see www.maternitypiercings.com), which allows for expansion and greater comfort.

Controversy is still present about the removal of genital piercings during delivery. Some women successfully deliver with genital jewelry in place (Caliendo et al., 2005). If a cesarean section is planned, traditional genital piercing should be able to remain in place; with the placement of a Foley catheter, careful perineal care will be important.

BOX 1 REMOVAL OF GENITAL PIERCINGS DURING PATIENT CARE

Some procedures require removal of genital piercings, and some do not:

Vaginal examinations: These can be performed without removal of the piercings.

Urinary catheterization: Only one uncommon genital piercing (Princess Albertina) passes through the urethral meatus. A smaller size urinary catheter could be used to bypass the piercing (Halliday, 2005; Meyer 2000).

Radiologic procedures: Simple radiographs are not affected by body piercings. The magnetic fields of a MRI are problematic; jewelry attraction and artifacts are possible, so health care providers must ensure that patients understand the reason for the request for removal of genital jewelry and also that care providers know about the existence of the piercing (DeBoer, Amundson, & Angel, 2006).

Electrocautery: Whether genital jewelry needs to be removed is dependent on the surgical site and procedure. Just as taping down a wedding band is done for the operating room, perhaps it's possible that piercings could also be taped down. The rule is that no electrocautery equipment should physically touch the jewelry (DeBoer et al., 2006).

PIERCING REMOVAL DURING PATIENT CARE

Health care providers may have a desire to clear everything "foreign" out of an intended patient care "work" area. But patients with piercings may be very reluctant to remove their piercings because of concerns about the site opening becoming closed, especially in the genital area. Not all procedures require piercing removal (see Box 1). It's important to consider the anatomical structures where the piercing is located and the intent of the health care intervention or diagnostic procedure, as well as well as safety and infection concerns. Nurses should ask themselves if the piercing *really* needs to be removed, or if they'd simply *prefer* that it be removed. If it does need to be

removed, the following can be considered as jewelry substitutes: Tygon surgical grade tubing, nonmetallic sterile intravenous catheter tubing, or clean thick, but soft fishing line (Armstrong et al., 2006b).

If the jewelry must be removed, the best approach is to ask the patient to remove it (Meyer, 2000) Even established genital pierced sites of over a year will shrink, then close quickly, especially the clitoral hood and outer labia piercings. Reinsertion can be difficult due to the anatomical closeness of genital structures, requiring the assistance of a piercer and special tools called "insertion tapers" to stretch the piercing back to its previous size.

Planning for temporary jewelry placement to maintain patency even for short procedures (1–2 hours) should help to alleviate a woman's fear of site closure. Although piercings may need to be removed, women with genital piercings, as well as those with general body piercings, often will seek re-insertion or procure another piercing later (Armstrong et al., 2004).

When genital piercings need to be removed at the time of any obstetric or gynecologic emergency, care should be taken to remove the jewelry without causing further trauma to the area. Extensive skin damage, predisposing the area to further infectious risks, can result when ring or bolt cutters are used to remove the jewelry.

NURSING IMPLICATIONS

We have found that women with genital piercings (and even those with general body piercings) like to talk about their piercings. When a nurse acknowledges a woman's piercing and discusses it with her, she demonstrates that she is accepting and caring. Nurses can draw these women into a conversation, perhaps by inquiring about how long they've had their piercings, and how they care for them.

If you're caring for a woman with a genital piercing for the first time, be honest with her about this and encourage her talk to you about her piercing, why she got it, and how she takes care of it. After building that rapport, you will often find yourself serving as an effective patient advocate against the more subtle and blatant forms of judgmental care that women with genital piercings often encounter in the traditional health care setting.

Effective non-judgmental care includes providing applicable education to women with genital piercings, so that they can successfully care for themselves. But we first must establish ourselves as knowledgeable health care providers for those with general, as well as genital, piercings. See Box 2 for a patient education information, which is based on APP guidelines. More widespread use of these APP guidelines will hopefully result in greater standardization of care, which may help to decrease confusion on the part of health care professionals and to increase patient compliance with suggested care. Inherent in all patient education for women with genital piercings should be advice about good hygiene, hand washing, and the use of barriers for sexual activity.

CONCLUSIONS

Seeking out opportunities to learn more about women with genital piercings will help nurses and other health care professionals become better informed about these piercings, including the reasons behind them and how they affect women's health and daily lives. It's important to remember that even within this subgroup of women, there will be considerable diversity. As always, nurses and other health care professionals need to individualize treatment and care and tailor it to each patient. **NWH**

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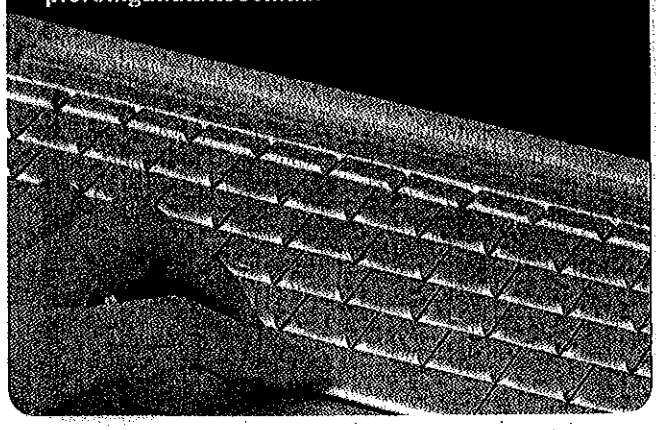
American Pregnancy Association
http://www.americanpregnancy.org/pregnancyhealth/bodypiercingduring.htm

Association of Professional Piercers
http://www.safepiercing.org

Medline Plus: Piercing and Tattoos
http://www.nlm.nih.gov/medlineplus/piercingandtattoos.html



BOX 2 SELF CARE FOR WOMEN WITH GENITAL PIERCINGS

Note: The following information applies to women with clitoral hood and labia genital piercings and is based on the industry-specific guidelines of the Association of Professional Piercers.

HYGIENE

If your piercing is "fresh," follow the directions of your piercer about daily cleansing of the piercing site. This routine should be done twice a day, but if you can only clean it once a day, do it before bed. For additional information, especially if your piercing is just starting to heal, visit http://safepiercing.org/bodyAftercare.html.

Once your piercing is healed, conscientious care is essential as you have an open piercing tract. Remember, both under or over cleaning will irritate the piercing.

Always wash your hands prior to cleaning or touching on or near the piercing site.

When showering, first go through your normal shower routine and wash the rest of the body. Then wash the piercing site last, to remove any other soaps or hygiene products, such as body washes, shaving cream, etc.

On the piercing, use a mild, liquid antibacterial soap. Lather the soap in the palm of your hand and apply it with our fingertip or a clean cotton swab. Gently wash around either side of the piercing in small circular motions.

Rinse the soap well away from the piercing and blot the piercing dry with a disposable paper product. Do not towel dry it, because cloth towels can harbor bacteria and catch on piercings, causing injury.

If your piercing becomes irritated, apply a saline compress at least once a day (twice a day is preferred): Dilute 1/4 teaspoon of fine-grain, non-iodized sea salt in 1 cup (8 oz) warm water. Soak a clean paper towel or tampon in the solution, squeeze out excess and hold the compress to the piercing for 10–15 minutes.

If you would rather soak the piercing than use a compress, use a disposable paper or plastic cup to soak the piercing in the saline solution.

Always wear something clean to bed and change your sheets frequently.

MOVEMENT OF YOUR PIERCING

If your jewelry moves on its own within the piercing tract, that is fine. If it doesn't, avoid rotating the jewelry yourself; instead, allow the skin within the piercing tract to re-grow or "toughen up." This helps the healing process and avoids irritation.

MENSTRUATION

There are no contraindications to using tampons with genital piercings. If insertion or wearing of tampons causes discomfort, allow more time for healing.

Be aware that any piercing can be affected by your hormonal changes (ear piercings can even become irritated if you're sensitive to body and skin changes). Piercings may produce fluid or be supersensitive during your monthly cycles.

DOUCHING AND SEX

Douching following sex is not recommended. A barrier is recommended during sexual activity until healing occurs. If the site becomes contaminated with body fluid during sexual activity, clean the site promptly.

REMOVING JEWELRY

If your jewelry has been in place for more than a year, inner labia piercings may remain open for a short time, whereas outer labia openings tend to shrink and may

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close. Clitoral hood piercing openings shrink and close quickly, even after the tract is fully established. If the jewelry will be out for any length of time, you may want to maintain the site by inserting a clean, pliable, soft nylon fishing line or Tygon surgical grade tubing, or replacement jewelry from your piercer. Be as proactive as possible to prevent the site from closing.

ROUTINE MEDICAL PROCEDURES

If you're having a regularly scheduled procedure, plan to discuss your piercings with your health team. Plan accordingly regarding the outcome of your discussion. Be sure to "declare" the piercings if you are asked to complete a medical history for a hospital stay or diagnostic procedure (x-rays, etc). Don't try to sneak in with your piercings, thinking no one will notice them. When unrealistic images appear, or unexpected metal shows, wrong treatment and care plans can result.

EMERGENCY MEDICAL PROCEDURES

When medical personnel are trying to save your life, they're not thinking about saving your piercing. Even if they know about body piercings, they will do whatever is necessary to quickly treat your condition, even if it requires removing the piercing.

PREGNANCY

If you're pregnant, as your abdominal size increases, super bendable polytetrafluoroethylene (PTFE) belly ring jewelry specifically made for pregnancy allow for expansion and greater comfort.

LABOR AND DELIVERY

Before delivery, talk to your health care providers about their policies; if they're in agreement with you about retaining the piercings during delivery, have them sign a permission statement about the agreement. Be sure to take the permission statement to your delivery. Normally, clitoral hood piercings should not be a problem. If you leave the jewelry in place, wear a size that avoids catching or interference, but large enough to accommodate any engorgement or local swelling. Genital jewelry may be able to remain in place if a cesarean section is planned. With labia piercings, it is wise to remove all genital piercings prior to childbirth, to avoid the possibility of tearing the tissue or causing harm to the baby during birth.

CLOTHING

Lace or mesh undergarments can snag on jewelry, causing discomfort or injury.

WARNING SIGN CHECKLIST

Notify your health care provider immediately if you experience any of the following:

Heavy bleeding from the vagina (blood is bright-red and soaks a sanitary pad in an hour or less)

Vaginal discharge that has a bad odor

Temperature over 100.4°F (38°C), or you feel cold and have the "chills"

Urination that is painful, difficult, or too frequent

Localized infection (green, foul-smelling pus, drainage, pain, redness) in or around the piercing. Clean the site more often and leave the jewelry in as it acts as a "wick" for the drainage. If it doesn't resolve in 2–3 days, see your health care provider.

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Post-Test Questions

Instructions: *To receive contact hours for this learning activity, please complete the online post-test and participant feedback form at* ***http://JournalsCNE.awhonn.org****. CNE for this activity is available* ***online only****; written tests submitted to AWHONN* ***will not*** *be accepted.*

1. Current prevalence rates of body piercings in adults ages 18 to 23 are:
   a. 10 to 30 percent
   b. 20 to 40 percent
   c. 30 to 50 percent

2. Of the following, which source is a woman with a genital piercing most likely to consult for health information related to her piercing?
   a. her doctor
   b. her nurse
   c. the body piercer

3. Which is not a reason commonly cited for female genital piercings?
   a. conformity
   b. control
   c. uniqueness

4. The most commonly reported site for genital piercing is the:
   a. clitoral hood
   b. clitoris
   c. urethra

5. Which genital piercing placement is likely to result in greater sexual stimulation for the pierced woman?
   a. near the anus
   b. near the clitoris
   c. near the vaginal opening

6. Which of the following types of female genital piercings is considered the most sexually stimulating for the pierced woman?
   a. the "Christina"
   b. the "Princess Albertina"
   c. the "Triangle"

7. Which of the following female genital piercings is most likely to be associated with urinary tract infections in the pierced woman?
   a. the "Christina"
   b. the "Princess Albertina"
   c. the "Triangle"

8. Genital piercings are not recommended for which age group?
   a. under 18
   b. under 21
   c. over 35

9. In general, how long is the healing period for genital piercings?
   a. 2 to 6 weeks
   b. 4 to 10 weeks
   c. 6 to 12 weeks

10. Which is recommended regarding body piercings and pregnancy?
    a. new piercings should not be placed during pregnancy
    b. piercings should be removed after the first trimester of pregnancy
    c. ring or bolt cutters should be used to remove all piercings at first visit

11. A nurse caring for a woman with a genital piercing for the first time should do what?
    a. provide a comprehensive exam, but do not mention the piercing to the woman
    b. talk to the patient about the piercing and ask her questions about it
    c. tell the patient that genital piercing is a form of deviant behavior

12. Which of the following procedures requires removal of a genital piercing?
    a. MRI
    b. vaginal exam
    c. x-ray

13. How often should a new genital piercing be cleaned?
    a. 2 times a day
    b. 4 times a day
    c. 6 times a day

14. After a year, which of the following types of piercings is most likely to shrink and close quickly if the jewelry is removed?
    a. clitoral hood
    b. inner labia
    c. outer labia

15. If a genital piercing becomes irritated:
    a. apply saline compresses at least once a day
    b. douche with a saline solution after sexual activity
    c. rotate the jewelry within the piercing track