

**1.4 SEXUAL HEALTH ASSESSMENT – NEW PROTOCOL**

TITLE	DESCRIPTION
DEFINITION:	A sexual health assessment is an assessment that considers the client’s sexual practice, partners, past sexually transmitted infection (STI history), protection for STIs, and pregnancy prevention. The sexual health assessment <u>must</u> be done at visits related to contraceptive services, achieving pregnancy, preconception health, basic infertility services, and STI services. A sexual health assessment may be conducted during the pregnancy counseling and testing visit based on client’s needs and medical history. Questions related to the sexual health assessment are integrated into the comprehensive health history form (See Comprehensive Health History Form). See Section 10.0 Sexually Transmitted & Other Infections for clients who screen positive for a STI or other Infection.
SUBJECTIVE:	<p><b>Should Include (5Ps of Sexual Health Assessment):</b></p> <ol style="list-style-type: none"> <li>1. <b>Practices:</b> Assess the type of sexual activity in which the client engages (e.g. vaginal, anal and/or oral sex). Topics such as monogamy and abstinence also can be discussed.</li> <li>2. <b>Pregnancy Prevention:</b> Determine current and future contraceptive options. Ask about current and previous use of methods, use of contraception at last intercourse, difficulties with contraception, and whether the client has a particular method in mind.</li> <li>3. <b>Partners:</b> Ask questions to determine the number, gender (men, women, or both), and concurrency of the client’s sex partners (if partner had sex with another partner while still in a sexual relationship with the client). It might be necessary to define the term “partner” to the client, or use other relevant terminology.</li> <li>4. <b>Protection for STIs:</b> Ask about condom use, with whom they do or do not use condoms, and situations that make it harder or easier to use condoms.</li> <li>5. <b>Past STI History:</b> Ask about any history of STIs, including whether their partners have ever had a STI. Explain that the likelihood of a STI is higher with a past history of a STI.</li> </ol>
OBJECTIVE:	<p><b>May Include:</b></p> <ol style="list-style-type: none"> <li>1. Height, weight, BMI, and blood pressure. (Must include BP for CHCs and Preconception).</li> <li>2. Age appropriate physical exam.</li> <li>3. Immunizations.</li> </ol>
LABORATORY:	<p><b>May Include (as appropriate):</b></p> <ol style="list-style-type: none"> <li>1. STI screening.</li> <li>2. UA.</li> <li>3. Wet mount.</li> <li>4. Pap smear.</li> </ol>
ASSESSMENT:	5Ps of Sexual Health Assessment (see subjective section).

TITLE	DESCRIPTION
PLAN:	<ol style="list-style-type: none"> <li>1. Examine and screen for STIs and HIV as appropriate.</li> <li>2. Treat according to regimens recommended by the current CDC STD Treatment guidelines.</li> <li>3. Recent and current partners should receive treatment.</li> <li>4. Provide a broad range of birth control methods, as appropriate, including condoms.</li> <li>5. Assist with achieving an optimal pregnancy.</li> <li>6. The sexual health assessment and recommendations for follow-up must be documented in the client's medical record.</li> </ol>
EDUCATION:	<ol style="list-style-type: none"> <li>1. Discuss correct and consistent condom use for those at risk for STIs. Clients using methods other than condoms should be advised that these methods do not protect against STIs.</li> <li>2. Encourage risk reduction by providing prevention counseling. Review safer sex education, as appropriate. This may include providing the client a handout from the approved education materials on STIs.</li> <li>3. If receiving STI treatment, provide counseling and treatment recommendations according to current CDC STD Treatment guidelines.</li> <li>4. Immunization schedule.</li> </ol>
REFERRAL TO MEDICAL PROVIDER:	<ol style="list-style-type: none"> <li>1. Substance abuse.</li> <li>2. Interpersonal violence.</li> <li>3. Infertility referral.</li> </ol> <p>See Section 10.0 Sexually Transmitted &amp; Other Infections for indications to refer to medical provider by condition.</p>
REFERENCES:	<ol style="list-style-type: none"> <li>1. <a href="https://www.cdc.gov/std/tg2015/tg-2015-print.pdf">Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2015.</a> (<a href="https://www.cdc.gov/std/tg2015/tg-2015-print.pdf">https://www.cdc.gov/std/tg2015/tg-2015-print.pdf</a>).</li> <li>2. <a href="https://www.cdc.gov/std/tg2015/clinical.htm">CDC Clinical Prevention Guidance</a> (<a href="https://www.cdc.gov/std/tg2015/clinical.htm">https://www.cdc.gov/std/tg2015/clinical.htm</a>). 2017.</li> <li>3. Gavin, L., Moskosky, S., Carter, M., et al. <a href="#">Providing Quality Family Planning Services</a> Recommendations of CDC and the U.S. Office of Population Affairs. MMWR 2014;63 (No.RR-4). (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf</a>).</li> </ol>