

Taking a sexual health history

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Essential Access Health...

- Champions and promotes quality sexual + reproductive health care for all
- We achieve our mission through an umbrella of services including clinic support initiatives, provider training, advanced clinical research, advocacy and consumer awareness
- Title X grantee for California, serving one million patients annually at 61 agencies, operating 374 health centers



Objectives

- Explain the importance of taking a sexual history.
- Describe the areas to be covered when taking a sexual history.
- Demonstrate how to apply the 5 Ps tool when taking a sexual history.

Why take a sexual history?

Taking a sexual history can lead to:

- Screening + testing for STDs / HIV
- Determine need for Emergency Contraception
- Quick-start on-going contraceptive method
- Inclusive language
- Confidentiality discussion
- Rapport building with patient

Why aren't we already doing this?

- **Myth:** “The patient will just bring it up”
 - Patients want to discuss
 - Providers nervous about asking
 - I will if you will: if the providers start, the patient will follow
- **Myth:** “The patient will self-disclose...”
 - Contraceptive needs and STD concerns
 - Any risky sexual behaviors

Screening tools

The Five P's

Partners

Sexual **P**ractices

Pregnancy Plans/Prevention

Protection from STDs

Past history of STDs + Testing



Start with 3 screening questions

- Have you been sexually active in the last year?
- Do you have sex with men only, women only, or both? (If both, ask the next question twice—once for male partners, and once for female partners.)
- How many people have you had sex with in the past six months?

Free
downloadable
resource



TAKING ROUTINE HISTORIES OF SEXUAL HEALTH: A System-Wide Approach for Health Centers

New Edition: November 2015

Taking partner + STD histories

- Sexual Practices and Risk (current, last 3 months, last year)
 - Number of current of partners (gender of partner)
 - Type of sex and when (if unprotected vaginal sex in last 5 days and risk of unintended pregnancy, offer and provide EC options)
 - condom or barrier use during sex
- STD History
 - Type and when (ever, last 12 months)
 - Test history and outcomes (HIV, STD, Pap)
 - Vaccination History (include HPV, Hep A, Hep B)

Confidentiality / Mandatory Reporter Statement (example)

“Before we begin, I’d like to let you know that everything we discuss here will be kept between us (and your health care team), unless you tell me:

1. someone is hurting you,
2. you are hurting someone else, or
3. you are hurting yourself.

Then I will need to share that with someone else to get you help or support that you may need.”



Sexual history case studies

Patient #1: Megan

- 33, female, one 10 yr old son, married, works full-time (sales, travels for work), 1st visit to new clinic (new insurance)
- Sexually active; does not want more kids
- Husband had vasectomy

Sexual history case studies

Patient #2: Ginger

- 17, female, college in fall on full sports scholarship, annual physical
- Sexually active; does not want kids for 10 years or more (if at all)
- Uses condoms “most of the time”

Sexual history case studies

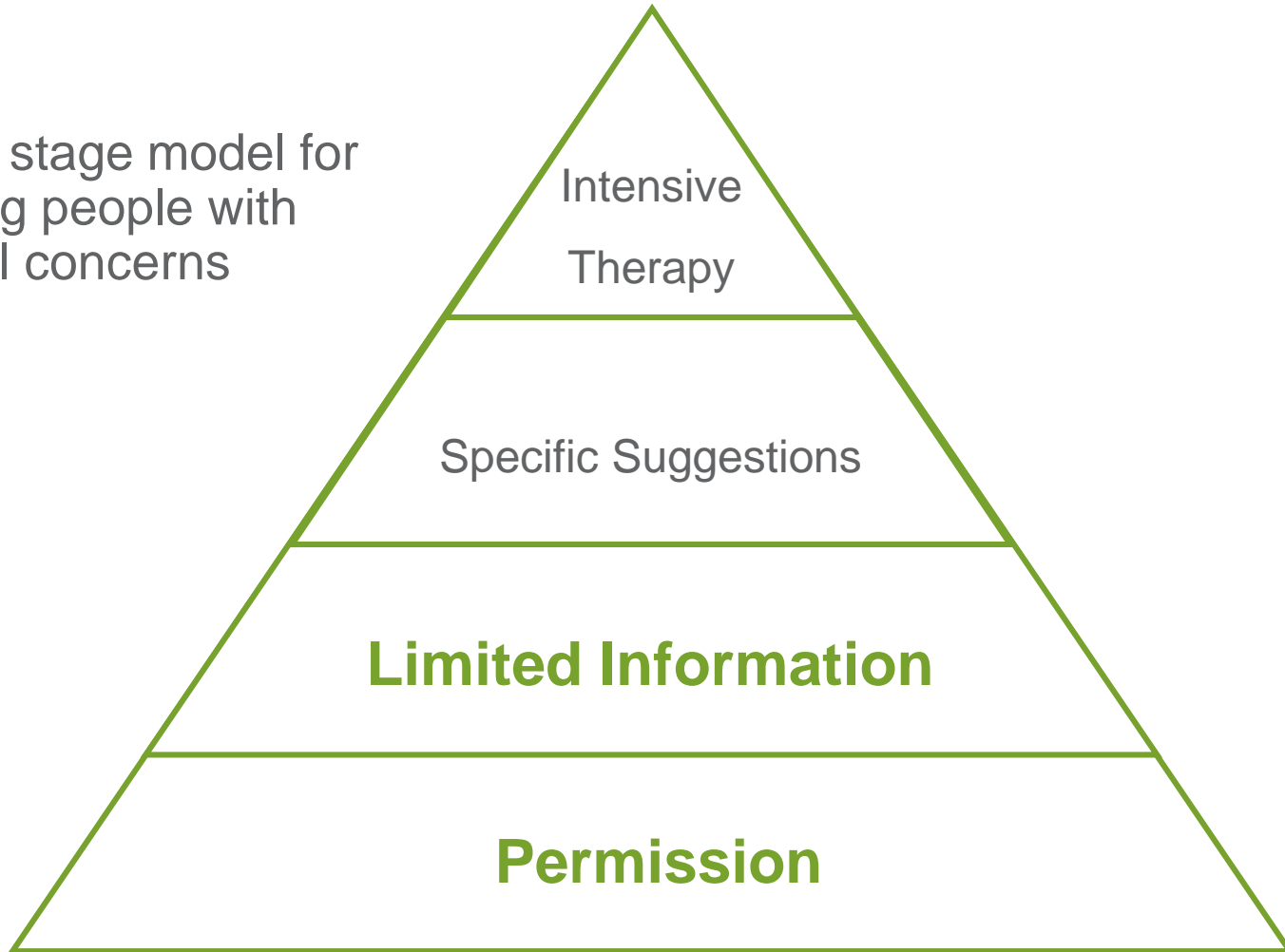
Patient #3: Bob

- 48, male, soon to be grandfather, divorced
- Reason for PC visit: cholesterol and BP check-up; has HBP (been on blood pressure medication for 6 months)
- Sexually active; does not want more kids

Responding to sexual health issues

P-LI-SS-IT

A four stage model for helping people with sexual concerns



Food for thought

- Preventive reproductive health should be part of the standards that define high-quality primary care.
- Sexual history and pregnancy intention should be asked at every patient visit and “charted” in EHRs. Consider alternative ways to gather this data.
- **All staff** should be trained in conducting sexual history taking in a manner that is LGBTQ friendly / inclusive.

