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ALABAMA AT BIRMINGHAM.

Welcome to the Taking a Sexual History

Meghan Whitfield, DNP (she/her)

Executive Summary

Introduction

- NP at UAB SH
- Educator with PTC
- ID specialty with focus on sex health and gender affirming care

Self reflection: Please spend time thinking to yourself how you or your clinic can incorporate suggestions made

Objectives:

- 1. List rationale for taking a thorough sex health history**
- 2. Describe using 5Ps approach to taking a sex health history**
- 3. Identify recommendations for unique populations**

Why?

- Sex health is linked to overall health
- Sex health discussion can propel a patient to engage in preventive measures
- Increases patient satisfaction with visit
- Untreated infections can have major consequences
- Can you claim a dedication to patient wellness without addressing sex health?



Why?

- Historically high levels of sexually transmitted infections (STIs)
 - Chlamydia in women =
 - GC in men ↑
 - Syphilis for women and men ↑
- 70% of providers reports “almost always” taking a sex history FOR FEMALES
- Per visit
 - Abdominal complaint: 55% had a sex history taken
 - GU complaint: 19% had a sex history taken

Preliminary 2021 STD Surveillance Data
<https://www.cdc.gov/std/statistics/2021/default.htm>



Why... would we not take a sex history on everyone?

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- Time constraints
- Assumption (by provider or patient) that sex history is not indicated
- Bias
- Lack of understanding regarding importance
- Comfort level
 - Trauma

Please check yourself

Bias assessment

<https://www.aasect.org/continuing-education>

Trauma informed care

<https://www.aafp.org/patient-care/social-determinants-of-health/everyone-project.html>

Personal suggestion: get comfortable incorporating sex positive discussions in everyday conversations as appropriate. Advocate for patients presenting to your practice. Sometimes open ended questions work best, sometimes giving options or a range are helpful. Just be open to the conversation and working with the patient.

Do's and Dont's

✓ DO

- ✓ Provide a welcoming environment
- ✓ Normalize discussion
- ✓ Use inclusive terms, sensitive tone
- ✓ Define terms: “number of sex partners” instead of “are you monogamous”

✗ DON'T

- ✗ ASSUME!!
- ✗ Use dead names
- ✗ Use complicated language
- ✗ Force discussion or questions on patients

How? 5 Ps

1. Partners
2. Practices
3. Protection
4. Past
5. Pregnancy

How? 5 Ps

1. Partners

Are you sexually active?

Inquire regarding gender of partner, number of partners over the past year.

Examples:

Do you usually have sex with women, men or both?

What are the genders of your partners?

How many people have you had sex with in the past year?

Do you ever feel forced or coerced into sexual activity?

How? 5 Ps

1. Partners

2. Practices

When is the last time you had sex?

Do you participate in oral, genital or anal sex?

OR:

When you have sex, is your _____ exposed?

Do you have sex with anonymous partners? Do you or your partner use IV drugs? Do you have sex in exchange for money or drugs?

How? 5 Ps

1. Partners
2. Practices
3. Protection

What percentage of the time do you think you use condoms/dental dams?

How? 5 Ps

1. Partners
2. Practices
3. Protection
4. Past

When was the last time you had STI testing?

Have you ever been treated before for an STI?

Did you receive the HPV vaccine series?

How? 5 Ps

1. Partners
2. Practices
3. Protection
4. Past
5. Pregnancy

What are your plans for pregnancy?

Are you happy with your current contraceptive choice?

Please don't overlook this discussion with your transmen – testosterone and amenorrhea ~~≠~~ infertility



How?

- Increased risk can change recommendations
 - PrEP
 - PEP
 - Hep B or C screening
- May identify a sexual assault survivor
- Can change recommended interval for screening
- Consent discussion

5 Ps

1. Partners
2. Practices
3. Protection
4. Past
5. Pregnancy

Let's practice!

Barriers:

Time?

Attitudes?

Cost of sex health testing?

Bias or Assumptions?



Suggestions/Summary

Sex history

- Conduct with most pelvic/GU complaints
- Respect how patient wants to answer
- Be efficient
- Address personal bias or assumptions, re-assess this periodically

Considerations

- Search or partner with organizations to provide lower cost or free testing
- Link patients to services such as PrEP, gender care, gynecology, counseling

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Thank you!
mwhitfield@uabmc.edu