

10. Contraception and Sexual Health

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Task / Activity	Self-Assessment / Date	Competency Assessed Y / N	Competency Achieved	Signed off by Clinical Assessor / Date
<p>Knowledge and Understanding</p> <ul style="list-style-type: none"> • Demonstrate an understanding of the holistic care of a patient with contraceptive and sexual health needs. • Demonstrate an understanding of the anatomy and physiology of the male and female reproductive system. • Demonstrate an understanding of the pathophysiology of pelvic, endocrine and reproductive disorders and how these may impact on contraception choices. • Demonstrate an understanding of the pathophysiology of sexually transmitted infections (STI), their prevalence and management.^{78 79} • Demonstrate an understanding of consent and history taking in the context of sexual health and contraception.^{80 81} • Demonstrate an understanding of safeguarding, the law and child protection in relation to contraception and sexual health.⁸² • Demonstrate an understanding of the types of Female Genital Mutilation and the law and safeguarding principles surrounding this.⁸³ • Demonstrate an understanding of the different contraceptive choices⁸⁴ available, their modes of action, interactions and contraindications:⁸⁵ <ul style="list-style-type: none"> ○ Combined Hormonal Contraception.⁸⁶ 				

⁷⁸ https://portal.e-lfh.org.uk/Catalogue/Index?HierarchyId=0_44791&programmeld=44791

⁷⁹ <https://bashh.org/guidelines>

⁸⁰ <file:///C:/Users/ClinicalUser/Downloads/fsrh-service-standards-on-obtaining-valid-consent-in-srh-services-2018.pdf>

⁸¹ <https://www.nice.org.uk/guidance/qs178/chapter/Quality-statement-1-Asking-people-about-their-sexual-history>

⁸² <file:///C:/Users/ClinicalUser/Downloads/fsrh-guideline-contraception-young-people-may-2019.pdf>

⁸³ <https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack/female-genital-mutilation-resource-pack>

⁸⁴ <https://www.contraceptionchoices.org/>

⁸⁵ <http://ukmec.pagelizard.com/2016#sectionc>

⁸⁶ <https://www.fsrh.org/standards-and-guidance/documents/combined-hormonal-contraception/>

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<ul style="list-style-type: none"> ○ Oral Progesterone only contraception.⁸⁷ ○ Long-acting reversible contraception (LARC).⁸⁸ ○ Barrier methods.⁸⁹ ○ Male and female sterilisation.⁹⁰ ○ Fertility awareness method.⁹¹ ● Demonstrate an understanding of the management of contraceptive side effects and complications (see contraceptive specific footnotes above). ● Demonstrate an understanding of the association of contraception with medical conditions.⁹² ● Demonstrate an understanding of the contraceptive needs of specific groups including but not limited to:⁹³ <ul style="list-style-type: none"> ○ Patients who are overweight or obese. ○ Patients with inflammatory bowel disease. ○ Young people. ○ Patients over 40. ○ Patients with cardiac disease. ○ Patients with an eating disorder. ○ Patients taking teratogenic drugs. ○ Patients who identify as trans or non-binary. ○ Patients post-pregnancy. ○ Patients taking anticoagulant drugs. ○ Patients with a learning disability. ○ Patients with communication needs. ● Demonstrate an understanding of the indications for, types, side effects, contraindications and limitations of emergency contraception.⁹⁴ ● Demonstrate an understanding of pre-conception and pregnancy planning including: <ul style="list-style-type: none"> ○ What information to share with women of child-bearing age. 				

⁸⁷ <https://www.fsrh.org/documents/cec-guideline-pop/>

⁸⁸ <https://www.nice.org.uk/guidance/cg30/chapter/Recommendations>

⁸⁹ <https://www.fsrh.org/standards-and-guidance/documents/ceuguidancebarriermethodscontraceptionsdi/>

⁹⁰ <https://www.fsrh.org/standards-and-guidance/documents/cec-ceu-guidance-sterilisation-cpd-sep-2014/>

⁹¹ <https://www.fsrh.org/standards-and-guidance/documents/ceuguidancefertilityawarenessmethods/>

⁹² <https://www.fsrh.org/standards-and-guidance/fsrh-guidelines-and-statements/association-of-contraception-with-medical-conditions/>

⁹³ <https://www.fsrh.org/standards-and-guidance/fsrh-guidelines-and-statements/contraception-for-specific-populations/>

⁹⁴ <file:///C:/Users/ClinicalUser/Downloads/fsrh-guideline-emergency-contraception03dec2020.pdf>

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<ul style="list-style-type: none"> ○ How the needs of women taking certain medications and with certain medical conditions may have differ.⁹⁵ ● Demonstrate an understanding of the available choices following unintended pregnancy – refer to local guidance for services in your area. <p>Initial Consultation Under the supervision of a Registered Nurse:</p> <ul style="list-style-type: none"> ● Be able to present a full contraceptive, reproductive and medical history⁹⁶ to a Registered Nurse for risk assessment. ● Be able to provide information about contraception choices – including their side effects, how they are used and the contraindications^{97 98 99} and refer on to suitable senior clinician for ongoing assessment and discussion. ● Be able to ensure the patient has been provided with clear instructions on how to take chosen method of contraception^{100 101}, its red flags and missed dose advice from a suitable senior clinician. ● Be able to signpost patient to a suitable prescribing clinician to commence their chose method of contraception. ● For LARC's only – be able to refer patient to suitable service to have chosen LARC inserted. ● Following the assessment by a senior clinician be able to administer LARC. ● Be able to advise on the use of condoms to protect against sexually transmitted infections.¹⁰² ● Be able to present the patients full sexual health history ^{103 104} to a Registered Nurse for risk assessment. ● Be able to advise, based on a thorough risk assessment by a Registered Nurse, what Sexual Health screening may be needed – Providing information about risk, windows for testing and how to obtain results.¹⁰⁵ 				

⁹⁵ <https://cks.nice.org.uk/topics/pre-conception-advice-management/>

⁹⁶ <file:///C:/Users/ClinicalUser/Downloads/2service-standards-for-consultations-2020.pdf>

⁹⁷ <https://www.contraceptionchoices.org/>

⁹⁸ <http://ukmec.pagelizard.com/2016#sectionc>

⁹⁹ <https://cks.nice.org.uk/topics/contraception-assessment/>

¹⁰⁰ <https://www.contraceptionchoices.org/>

¹⁰¹ <https://www.sexwise.org.uk/contraception/which-method-contraception-right-me>

¹⁰² <https://www.sexwise.org.uk/contraception/condoms-external>

¹⁰³ <https://www.nice.org.uk/guidance/qs178/chapter/Quality-statement-1-Asking-people-about-their-sexual-history>

¹⁰⁴ <https://www.bashhguidelines.org/media/1241/sh-guidelines-2019-ijsa.pdf>

¹⁰⁵ <https://bashh.org/guidelines>

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<ul style="list-style-type: none"> • Be able to direct patient to other local services to access sexual health testing, where not available on site.¹⁰⁶ • Be able to set up a review appointment with an appropriate clinician to discuss screening results and next steps, in accordance with local and national guidance.¹⁰⁷ • Be able to recognise when emergency contraception may be needed and refer patient on to suitable senior clinician for further discussion.¹⁰⁸ • Be able to sign post patient to appropriate services to support them with decision making about unintended pregnancy – as per local available services. <p>On Review</p> <ul style="list-style-type: none"> • Be able to carry out a contraceptive review appointment ensuring the following are included: <ul style="list-style-type: none"> ○ Blood pressure monitoring (where appropriate). ○ Weight measurement. ○ Revisit needs of the woman and plans for future pregnancy. ○ Present updated medical history to Registered Nurse to enable review of suitability of chosen method of contraception.¹⁰⁹ • Be able ensure patient has had a discussion with a suitable senior clinician to reiterate side effects, red flags and missed dose advice. • Be able to recognise when patients need exceeds competence and refer on as appropriate. 				

¹⁰⁶ <https://www.shl.uk/>

¹⁰⁷ <https://www.nice.org.uk/guidance/ng221>

¹⁰⁸ <https://www.fsrh.org/standards-and-guidance/documents/ceu-clinical-guidance-emergency-contraception-march-2017/>

¹⁰⁹ <http://ukmec.pagelizard.com/2016#sectionb>