

Sexual and reproductive health (SRH) Basics

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Community Sexual and Reproductive Health ST2

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Intended Learning Outcomes

By the end of this session you will be able to:

- Describe the symptoms of different **STIs**
- State at least 5 methods of **contraception** and 2 methods of emergency contraception
- Identify patients who need **further support** with their sexual and reproductive health
- Describe **where patients can get more advice** about contraception, pregnancy decision-making, abortion and sexual health

What we won't cover

- Tests and treatments for specific STIs
- How to start, insert or switch contraception
- How to start PrEP or PEP

...This is what SRH clinics are for!

Contents

- STIs
- Contraception
- How to start the conversation
- Referral pathways

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- **STIs**
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- How to start the conversation
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STIs

How many STIs can you think of?

Shout them out / pop them in the chat / tell the person next to you!

STIs

Gonorrhoea

Hepatitis B & C

Chlamydia

Genital warts

Syphilis

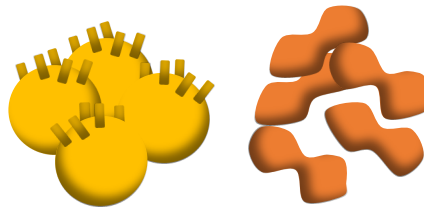
HIV

Pubic lice

Trichomonas

Herpes

Monkeypox



Thrush, BV & Balantitis → may present similarly but not STIs

More info:

<https://www.sexwise.org.uk/>

STIs - symptoms

STIs

Itch

Vaginal bleeding

Lesions:

Lumps/bumps
Ulcers
Blisters

Discharge:

Vagina
Penis
Anus

Non-specific

Abdominal pain

Rashes

Dysuria*

No symptoms!

Rectal bleeding

*Passing urine
more often and/or
at night, pain when
passing urine

More info:

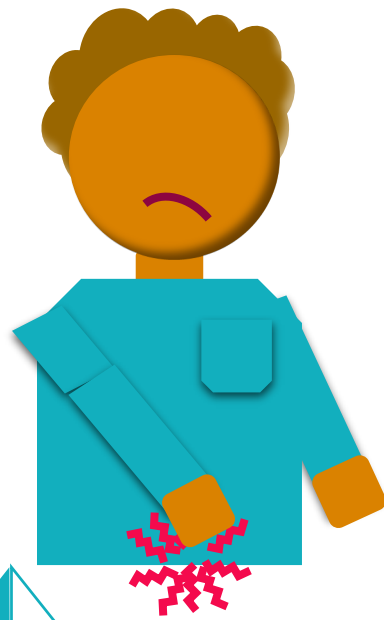
<https://www.sexwise.org.uk/>

STIs

What do you test for routinely? (BBV)

Routine screening

Name	Symptoms
Chlamydia	None / discharge / dysuria / abdominal pain / vaginal bleeding
Gonorrhoea	None / discharge / dysuria / abdominal pain / vaginal bleeding
Syphilis	None / ulcer / rash / neurological
HIV	None / flu-like / rash / other infections
Trichomonas	None / discharge / dysuria / abdominal pain / vaginal bleeding
Herpes	Tingling / blisters / dysuria
Genital warts (HPV)	Painless lumps
Monkeypox	Blisters / ulcers / dysuria / rash
Pubic lice	Itch / rash / visible lice/eggs
Hepatitis B / C	None / flu-like / abdominal pain



More info:
<https://www.sexwise.org.uk/>

STIs

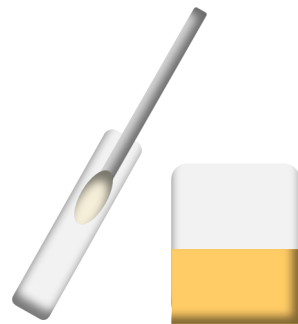
How to identify an STI?

Swabs (self-taken)

Urine test

Blood test

Microscopy



More info:

<https://www.sexwise.org.uk/>

STIs

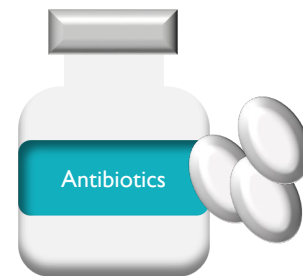
How to treat an STI?

Antibiotics –
Tablet or injection

Antivirals

Long term
treatment

Need for
test of cure



More info:

<https://www.sexwise.org.uk/>

STIs other genital issues

How to treat bacterial
vaginosis/thrush/balantitis?

Antibiotics

Antifungals

Creams

More info:

<https://www.sexwise.org.uk/>

PEP / PrEP

PEP (post-exposure prophylaxis*)

- Up to 72 hours **after** sex
- Risk assessment
- Reduces risk of contracting HIV
- 1 month
- Can start PrEP immediately after

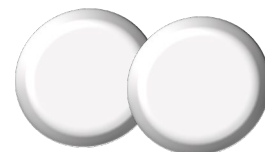
Liaise with Bethlem pharmacy
Sexual health clinic (SHRINE)
(A&E / HIV clinic)

<https://www.tht.org.uk/hiv-and-sexual-health/pep-post-exposure-prophylaxis-hiv>

PrEP (pre-exposure prophylaxis*)

- Daily or event-based **before** sex
- Reduces risk of contracting HIV
- 3 monthly HIV test
- Blood tests
- Sexual health clinic (SHRINE)

<https://i-base.info/guides/prep>



*treatment given to prevent disease

STIs - key points

- ✓ STIs can be asymptomatic
- ✓ Mostly easy to treat
- ✓ Screening after every new partner
- ✓ PEP if at risk via A&E or sexual health clinic
- ✓ PrEP if at risk via sexual health clinic

Contents

- STIs
- **Contraception**
- How to start the conversation
- Referral pathways

Contents

- STIs
- **Contraception – QUIZ! (3 questions)**
- How to start the conversation
- Referral pathways

True or false?

1. There are more than 10 types of contraception

True or false?

1. There are more than 10 types of contraception

TRUE

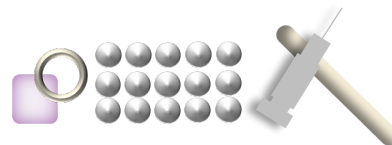
Contraception

LARC
Long-
Acting
Reversible
Contraception

1. Contraceptive Injection
2. Implant
3. Intrauterine System (IUS) 'hormonal coil'
4. Intrauterine Device (IUD) 'copper coil'
5. Female Sterilisation (tubal occlusion)
6. Male Sterilisation (vasectomy)
7. Combined vaginal Ring
8. Combined Patch
9. Combined Pill (COC / CHC)
10. Progestogen-only Pill
11. External ('male') Condom
12. Internal ('female') Condom
13. Diaphragm
14. Cervical Cap
15. Sponge
16. Spermicides
17. Natural Family Planning
18. Lactational Amenorrhoea Method (LAM)

More info:

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



HOW WELL DOES BIRTH CONTROL WORK?

What is your chance of getting pregnant?

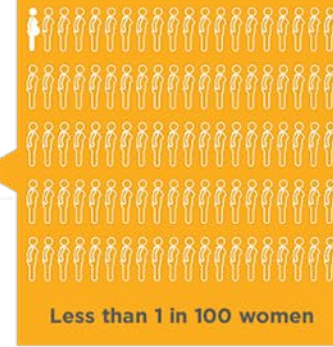


Really, really well

				
The Implant (Nexplanon)	IUD (Skyla)	IUD (Mirena)	IUD (ParaGard)	Sterilization, for men and women
3 years	3 years	5 years	12 years	Forever

No hormones

Works, hassle-free, for up to...



Okay

			
The Pill	The Patch	The Ring	The Shot (Depo-Provera)
Every. Single. Day.	Every week	Every month	Every 3 months

For it to work best, use it...

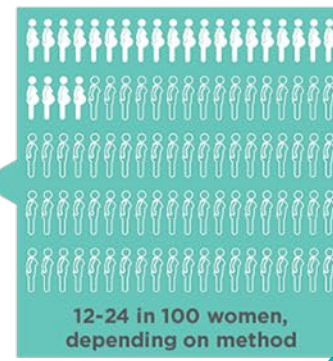


Not so well

			
Withdrawal	Diaphragm	Fertility Awareness	Condoms, for men and women

Needed for STI protection
Use with any other method

For each of these methods to work, you or your partner have to use it every single time you have sex.



FYI, without birth control, over 90 in 100 young women get pregnant in a year.

True or false?

2. All methods of contraception contain hormones

More info:

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

True or false?

2. All methods of contraception contain hormones

FALSE

*Remember:
we all have hormones in our bodies already!*

More info:

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



NCCMH

True or false?

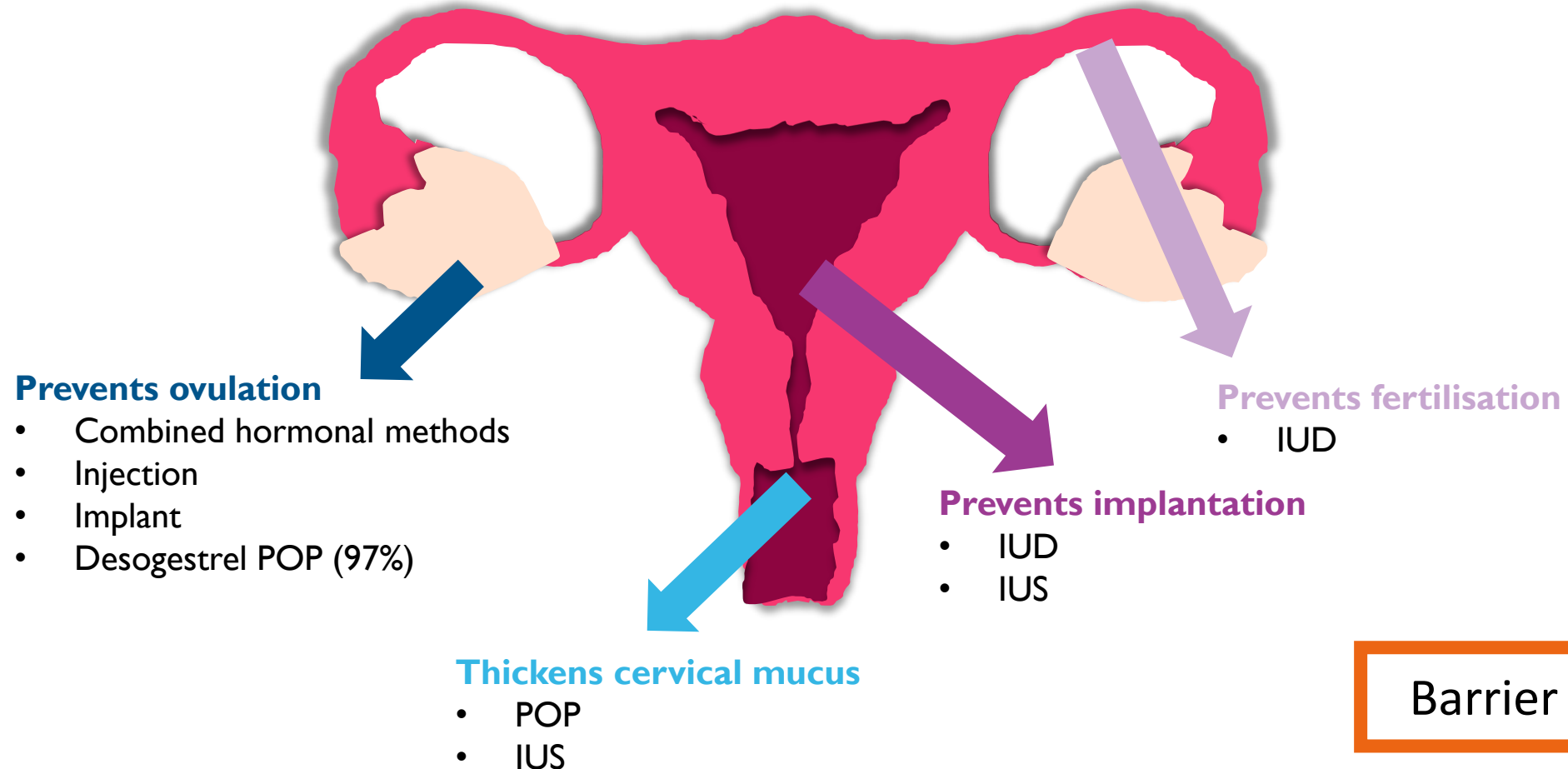
Non-hormonal methods of contraception

- Intrauterine Device (IUD) 'copper coil'
- External ('male') Condom
- Internal ('female') Condom
- Diaphragm
- Cervical Cap
- Sponge
- Spermicides
- Natural Family Planning
- Lactational Amenorrhea Method (LAM)
- Female Sterilisation (tubal occlusion)
- Male Sterilisation (vasectomy)

More info:

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

How does contraception work?



True or false?

3. LARC (the most effective methods) are the best type of contraception

True or false?

3. LARC (the most effective methods) are the best type of contraception

FALSE

True or false?



The 'best' method is what is right for the individual patient.

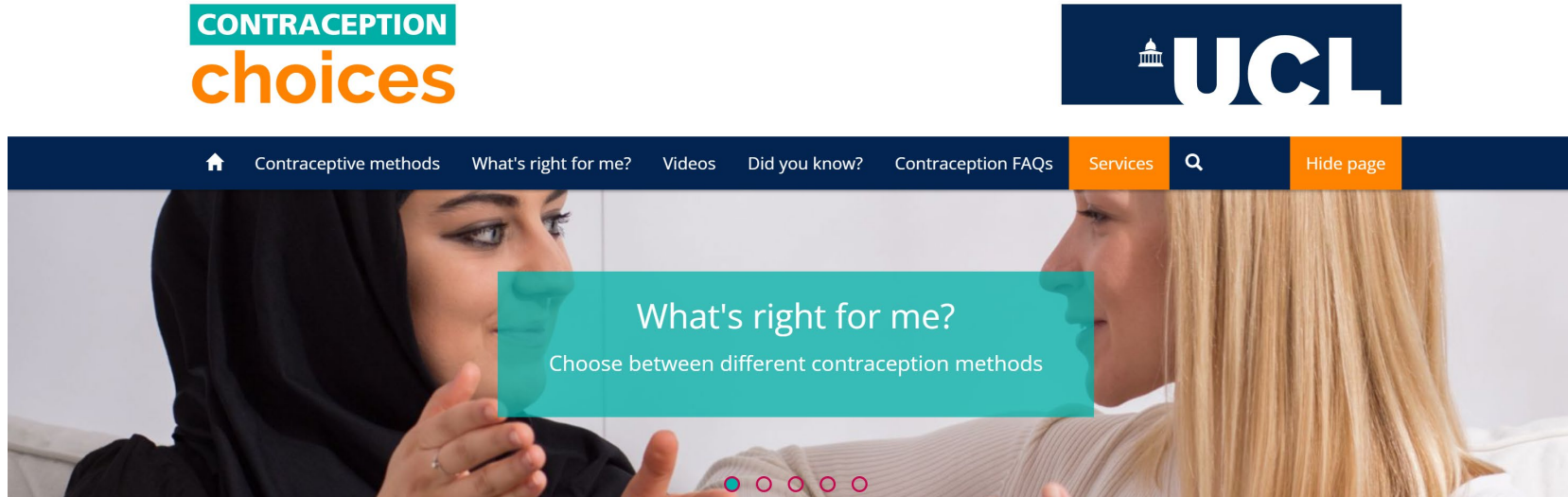
A contraceptive choices discussion may consider:

- Effectiveness
- How methods work
- Side effects
(such as bleeding, hormonal side effects) / risks
- Contraindications
(such as heart disease, blood clots, breast cancer)

Contraception - key points

- ✓ Many methods other than the pill and condoms
- ✓ All methods are safe, some are more reliable than others
- ✓ Some methods you need to remember to take and others you can forget about once they are in (LARCs)
- ✓ The most effective methods are implants and IUDs (coils) and you can have them taken out at any time
- ✓ Give it a try, if you don't like it you can easily change!

Contraception Choices



There are many types of contraception available and none are perfect. The Contraception Choices website provides honest information to help weigh up the pros and cons.

Contraception choices



More info:

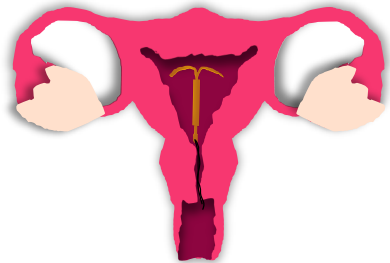
<https://www.contraceptionchoices.org/>

Emergency contraception

The sooner the better
(more effective)!

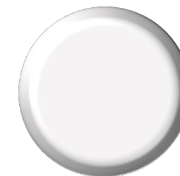
IUD (copper coil)

- Up to 5 days after sex or up to 5 days after earliest predicted ovulation
- Camberwell Sexual health clinic
- Most effective
- Can use as ongoing contraception



Emergency Contraceptive Pill

- Up to 3 days or 5 days after sex (if no contraindication)
- Liaise with Bethlem Pharmacy



More info:

<https://www.sexwise.org.uk/contraception/emergency-contraception>

Pregnancy

Patients of any gender on leave from ward – may become pregnant or cause someone else to become pregnant...

Options:

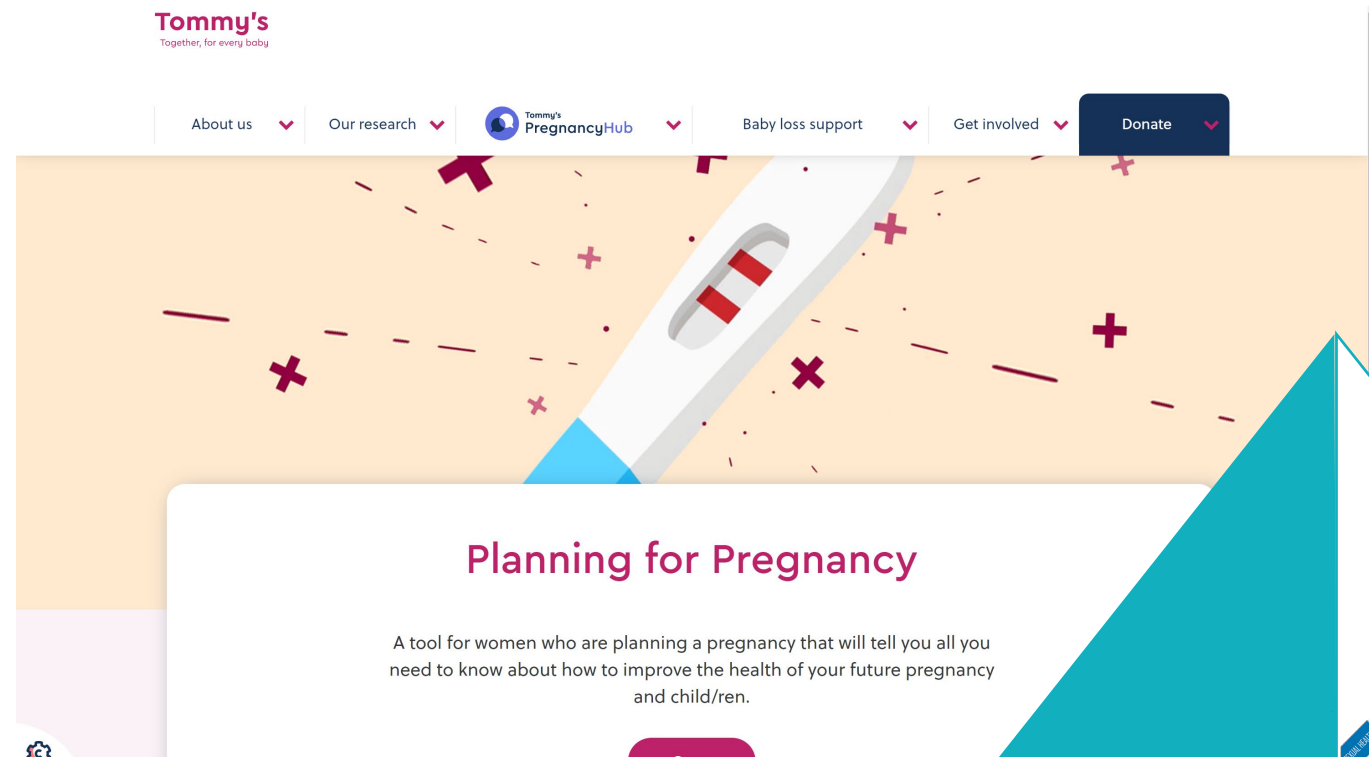
- Continue the pregnancy
- End the pregnancy

Pregnancy

Plans to continue the pregnancy

- Preconception care: Folic Acid, Vitamin D, medication, optimise BP, smoking/alcohol, BMI. Book pregnancy.

<https://www.tommys.org/pregnancy-information/planning-pregnancy/planning-for-pregnancy-tool>



The screenshot shows the Tommy's PregnancyHub website. The header includes the Tommy's logo with the tagline 'Together, for every baby' and a navigation menu with links for 'About us', 'Our research', 'Tommy's PregnancyHub', 'Baby loss support', 'Get involved', and 'Donate'. The main content area features a large illustration of a white pregnancy test with a red stripe, set against a background of orange and blue with scattered red plus signs. Below the illustration, the text reads: 'Planning for Pregnancy' followed by 'A tool for women who are planning a pregnancy that will tell you all you need to know about how to improve the health of your future pregnancy and child/ren.' A 'Start' button is visible at the bottom of the tool description.



NCCMH

Capacity – requires close discussion with MH team / safeguarding maternity team

Pregnancy

Plans to end the pregnancy – abortion or termination of pregnancy

Safe to take place at home for most



<10 weeks

Medical abortion

≥10 weeks

Takes place in a clinical facility

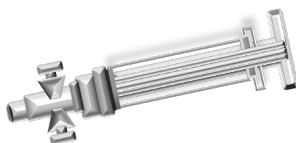


<14 weeks

Surgical abortion

≥14 weeks

Manual or electric aspiration (MVA or EVA)



Dilatation & evacuation (D&E)



Key facts:

- Generally very safe.
- The earlier in pregnancy, the safer.
- Available until 24w, unless risk to health or fetal anomaly.

In 2021:

- **87%** of abortions were **medical abortions**
- 89% of abortions under 10 weeks

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Staff survey

“?”

23%

of staff do not feel confident discussing SRH with patients

67%

lack experience of providing SRH health promotion

50%

never initiate SRH conversations with patients

37%

Initiate SRH conversations with patients monthly or less

- 30 staff responses

Asking questions



- Take a moment to reflect, or speak to the person next to you

Considering what we've discussed so far, what do we need to know to help our patients?

Asking questions

“?”

What do we need to know to help our patients?

- Are they having sex?

Asking questions



What do we need to know to help our patients?

- Are they having sex?
 - Are they at risk of an infection?
 - Are they planning for a pregnancy?
 - Do they want to avoid pregnancy?

- Are they having symptoms which could be diagnosed/treated in an SRH clinic?

Asking questions



When to ask?

- Contextualise within physical health assessment / past medical history. → signpost
- If specific symptom is mentioned (e.g. abdominal pain or dysuria).
- When asking about issues with medication.

Asking questions

“?”

When to ask?

- Contextualise within physical health assessment / past medical history. → signpost
- If specific symptom is mentioned (e.g. abdominal pain or pain when passing urine/passing urine more frequently).
- When asking about issues with medication.

Any thoughts, experiences or reflections?

What do you ask?

Asking questions



Respectful care, avoiding presumptions

- Are you sexually active at the moment? I'm wondering if you're up to date with screening for sexually transmitted infections, have you had sex?
- Some patients have infections and don't have any symptoms. Are you up to date with tests for sexually transmitted infections?
- Some patients I speak to have difficulties with sex due to medication or past experience. Do you have difficulties with sex?
- Are you planning for a pregnancy? If not, are you using any contraception?
- Would you like to discuss this further with a sexual health doctor?

Asking questions



Respectful care, avoiding presumptions

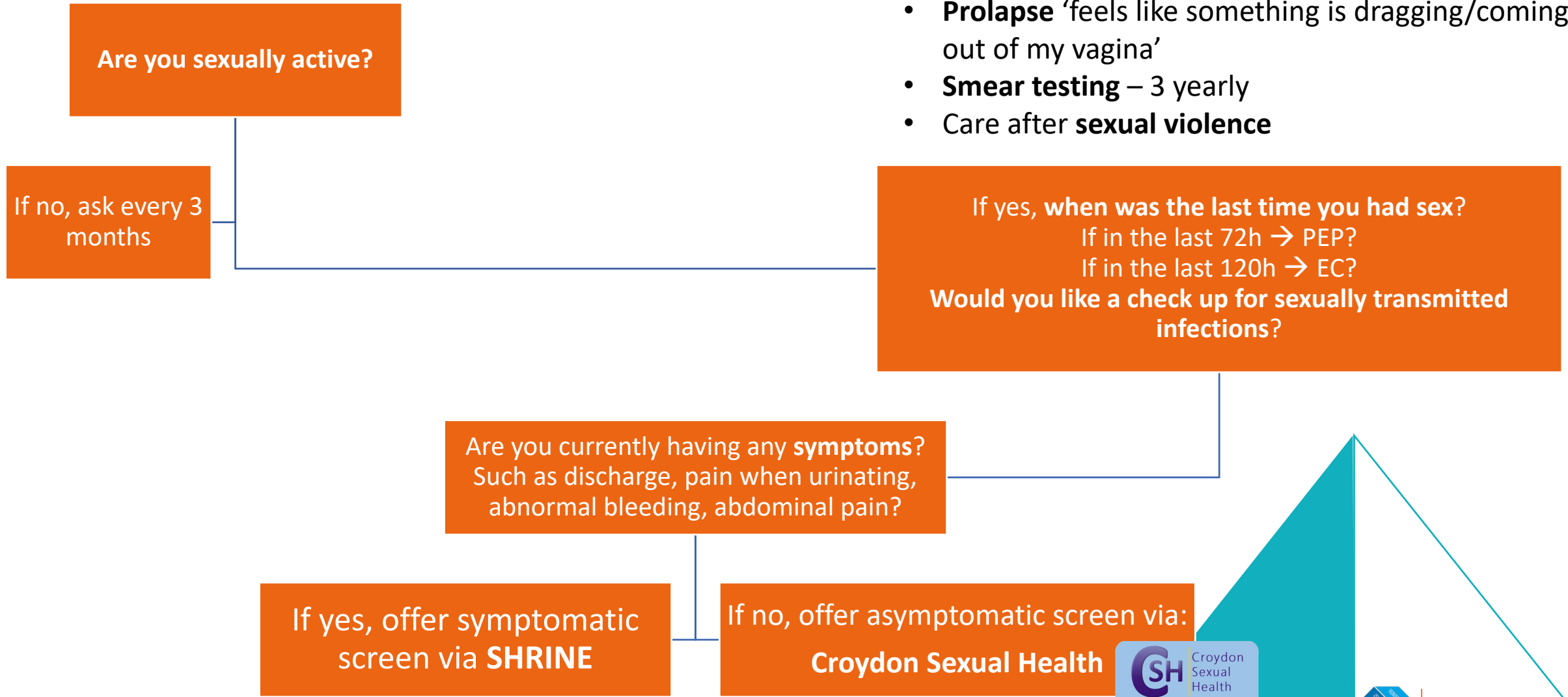
If pregnant:

- How did you feel when you saw/were told the pregnancy test is positive? How do you feel now?
- Are you in a sexual relationship at the moment? Is this the person you got pregnant with?
- Do they know about the pregnancy?
- How do they feel? Are they supportive?

Contents

- STIs
- Contraception
- Recognising risk
- **Referral pathways**

Referral pathways



- **Difficulties with sex** – erectile dysfunction, pain with penetration
- **Non-specific genital symptoms** e.g. itch, discharge, skin problems
- **Prolapse** ‘feels like something is dragging/coming out of my vagina’
- **Smear testing** – 3 yearly
- Care after **sexual violence**



Referral to SHRINE



SHRINE Referral Form From Bethlem Hospital

REFERRER DETAILS

Date of Referral:			
Staff Name:		Staff Job Title	
Ward Name and Contact Details		Phone:	
		Email:	

PATIENT DETAILS

Does the person consent to being contacted by:			
Letter:	YES / NO	Phone:	YES / NO
		Text Message:	YES / NO
Person's Name:			
Date of Birth:	[DD/MM/YEAR]		
Person's Contact Details: Address incl postcode/Contact No.:			
NHS Number		ICD-10 code	
Gender		Sexual Orientation	
Ethnicity		Interpreter required? Language?	

Reason for Referral (tick/highlight more than one concern if required)

STI testing	<input type="checkbox"/>	Contraception	<input type="checkbox"/>	Hormones and mood	<input type="checkbox"/>
Fertility issues	<input type="checkbox"/>	Pain in the pelvis	<input type="checkbox"/>	Pain with sex	<input type="checkbox"/>
Period Problems	<input type="checkbox"/>	Pregnancy planning	<input type="checkbox"/>	Prolapse	<input type="checkbox"/>
Sexual dysfunction	<input type="checkbox"/>	Skin problems around the vagina	<input type="checkbox"/>	Smear testing	<input type="checkbox"/>
STI treatment	<input type="checkbox"/>	Vaginal Discharge	<input type="checkbox"/>	Post-sexual violence care	<input type="checkbox"/>
Urinary issues	<input type="checkbox"/>				

DETAILS OF VULNERABILITY)

List of Current Medication:

Allergies:

What does the person expect from this referral?

Consent to contact in the future (i.e. 3, 6, 9 or 12 months) to ask how they are getting on with their chosen method of contraception? YES/NO



Croydon Sexual Health self-test kit

<https://www.croydonsexualhealth.nhs.uk/order-a-self-test-kit/>



Maternity services

Most self-referral, local unit, safeguarding team

The screenshot shows the NHS website interface. At the top, there is a search bar with the text "Enter a search term" and a magnifying glass icon. Below the search bar, there are navigation links: "Health A-Z", "Live Well", "Mental health", "Care and support", "Pregnancy", and "NHS services". The main content area displays search results for "Maternity services in BR3 3BX". It includes a search bar with "Narrow search or start new search", a "Showing 1-10 of 42 results" indicator, and a "Shortlist (0)" button. A blue information banner states: "Please check travel times before starting your journey. Distances are given in a straight line and may not be the quickest to travel to". Below this, there are filters for "Topics" (Care during labour, Skin to skin contact with baby, Being left alone when worried, Involvement in decisions) and "Sort by" (Nearest). An "Update results" button is visible. The results list includes "Croydon University Hospital" with contact details (Tel: 020 8401 3000, 530 London Road, Thornton Heath, Surrey, CR7 7YE, 3.5 miles away) and a table of performance metrics. The table has four columns: "Care during labour" (Worse than expected - 8.45 out of 10), "Skin to skin contact with baby" (As expected - 6.75 in patient survey), "Being left alone when worried" (As expected - 6.75 in patient survey), and "Involvement in decisions" (As expected - 8.32 in patient survey). There are also icons for accessibility (P, wheelchair, NHS) and an "Add to shortlist" checkbox.

Maternity Triage

CROYDON
www.croydon.gov.uk

Telephone: 020 8401 3853

Monday to Sunday, 8am to 6pm

slm-tr.croydonperinatalteam@nhs.net

Abortion services

Decision-making should be in conjunction with the psychiatry team.
BPAS, MSI or NUPAS are the main independent providers (NHS funded).



03457 30 40 30
Bpas.org



0333 004 6666
Nupas.co.uk



0345 300 8090
MSIchoices.org.uk

Take home message

- ✓ Keep it simple!
- ✓ Ask if they are having sex
- ✓ Identify if they are taking sexual risks that we should be concerned about
- ✓ Make a referral or signpost to SHRINE, use the Croydon Sexual Health free STI test kit or signpost to Beckenham Beacon run by King's

Thank you!

Dr Polly Cohen

Community Sexual and Reproductive Health ST2

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