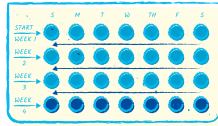


Sexual and reproductive well-being means having the freedom, knowledge, and resources to make decisions about one's body in an informed and supported environment. **Sexual and reproductive health affects everybody - let's normalize the conversation!** Screening for contraceptive needs and desires alongside STI and HIV screening and prevention helps to de-silo and de-stigmatize these services as basic primary and perinatal care and connect clients to:



Preconception, family building, management of chronic conditions



Contraception for pregnancy prevention, spacing, or managing health conditions



STI and HIV screening and prevention (PEP, PrEP, and vaccines)

When discussing sexual and reproductive health (SRH), what you ask is just as important as *how you ask*. Have **TRUER** sexual and reproductive health conversations with clients by being:

## Trauma-Informed

- Help clients feel comfortable by establishing rapport before asking personal questions.
- Ask permission, note signs of distress, and ensure privacy and confidentiality to build trust.

## Respectful

- Start with open-ended questions & confirm understanding with statements like “What I’m hearing you say is”.
- Use affirming language and show empathy and neutrality to client responses.

## Unconscious-bias checked

- Avoid assumptions based on client age, gender, race/ethnicity, sexuality, # of children, marital status, etc.
- Use non-gendered language like “partner” and confirm/use preferred pronouns/names.

## Evidence Based

- Provide information based on research/science instead of personal preferences, beliefs or experiences.
- Connect clients to reliable information and services and combat mis/disinformation.

## Reproductive and sexual well-being centered

- Personalize care across the lifespan with shared decision-making driven by what is important to the client.
- Normalize SRH services across the pediatric, maternal, and primary care continuum by integrating routine screening for contraceptive needs and desires alongside STI and HIV screening and prevention.

Access trainings, job aids, and birth control/ STI patient handouts in multiple languages, and find a low- or no-cost provider near you.



## 5 P's to Capturing Sexual Health History

*Adopted from the CDC 5 P's framework.*

### Partners

Are you currently having sex? In recent months, how many partners have you had? What is your partner(s) gender?

### Practices

What kinds of sexual contact do you have, or have you had? What parts of your body are involved when you have sex?

### Protection from STIs

Do you and your partner(s) discuss STI prevention? How often do you use condoms? Have you heard about PrEP/PEP/DoxyPEP?

### Past History of STIs

Have you ever been tested for STIs or HIV? Would you like to be tested while you're here today?

### Pregnancy Intention

Understand client's contraceptive needs and desires through a question like:



#### One Key Question (OKQ)

Would you like to become pregnant within the next year?



#### Self-Identified Need for Contraception (SINC)

Do you want to talk about contraception or pregnancy prevention during your visit today?



#### Parenting/Pregnancy Attitudes, Timing & How Important (PATH)

Q1: Do you think you might like to have (more) children at some point?

Q2: When do you think that might be?

Q3: How important is it to you to prevent pregnancy (until then)?

Q4: What else is important to you in your birth control method?

- Confidential/private
- Helps with heavy periods
- Helps with bad cramps
- Start/stop on my own
- Protection from STIs/HIV
- Stops/decreases monthly bleeding
- Helps with medical condition
- Hassle-free (no daily/weekly reminder)
- No hormones



Barrier methods/condoms are the only method of birth control that decreases the risk of STIs and HIV.