Let’s Talk About Sex
Effectively & Sensitivey
Communicating about Sexual Health

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Objectives

• List at least two reasons sexual health is a challenging topic for health care providers to discuss with clients.
• Explain using evidence from the literature.
• Identify at least one evidence-based approach to discussing sexual health with clients either during preconception, pregnancy, and/or postpartum.

Case Study
You have been seeing Corry & Jon throughout their pregnancy. Corry is now 30 weeks gestation. Their singleton pregnancy has progressed well.

Case Study continued…
Corry, “I’m so uncomfortable. It’s hard to find a position that feels good and I’m not sure it’s safe. Will it make me go into labor?”
Jon, “I want to feel close to Corry but I’m worried about hurting the baby. Plus, it’s kinda weird, can’t they feel it?”
How do you address their concerns?

Case Study
What might Corry and Jon say if you asked about their sexual relationship?

Sexual Health
WHO’s Definition

“...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”
**Sexual Health**

**DOH’s Definition**

“Sexual health is an important part of physical and mental health. It is a key part of our identity as human beings, together with the fundamental human rights to privacy, a family life and living free from discrimination. Essential elements of good sexual health are equitable relationships and sexual fulfilment with access to information and services to avoid the risk of unintended pregnancy, illness or disease.”

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**Poor Sexual Health**

- Physical, Emotional, Psychological, & Social effects
  - STD’s
    - Morbidities: Reproductive Organ Damage, Infertility, etc.
  - Sexual Dysfunction
    - Underlying Disease, Issues w/ Identity, Relationship Problems, etc.
  - Unplanned, Unwanted Pregnancy
  - Health Disparities/Inequities
    - LGBTQ, Physically/Mentally Otherly-abled, Adolescents, Folks of Color, Elderly...

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**Providers’ Perspectives**

- Sexuality is the least discussed topic with female patients for 50% of HCPs.
- HCP’s discuss sexual health issues with only 39% of their female patients.
- 74% of HCPs rely on their patients to initiate discussions about sexual health.

**Patients’ Perspectives**

- 43% of women had a sexual health issue but only 10% sought an HCP’s input for it.
- 70% of women experienced sexual dysfunction, 22% were very/extremely concerned about it, only 18% asked an HCP about it.
- 72% of women would be comfortable talking with their HCP about sexual health but 73% wanted the HCP to bring it up.

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**Why the Disconnect?**

Factors that may influence HCPs limited discussion of sexual health with patients:

- Lack of training/education/skills
- Lack of treatment options
- Concern for offending patients
- Underestimating prevalence of sexual health issues

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**Continued...**

- Belief that sexual health isn’t relevant to chief complaint
- Time limitations
- Personal discomfort
- Biases, Assumptions, etc.
  - Age, gender/sexual identification, pregnancy/postpartum, etc.

Others??
Self-Awareness

• Is it difficult for you to discuss sex? If so, consider why
• How do you express your own sexuality
• Do you make assumptions about your patients’ sexuality? Majority of HCPs assume heterosexuality!
• Do you make assumptions about how your patients behave sexually? For example, do you think that because they are 2 weeks postpartum they are not interested in expressing their sexuality or in having sexual contact with their partner?
• Do you currently consider your patients’ sexuality and/or sexual health needs; if so, how?

Start The Conversation

Normalize

“Sexual health is an important aspect of our overall health so I routinely discuss it with folks. I’d like to ask you some specific questions, would that be ok?”

Sexual Health History

• Are you in a sexual relationship currently?
• How do you identify sexually?
• How do you define “sex” or “sexual relationship?”
• Are your sexual partners men, women, both, or other?
• Do you want to become pregnant within the next year?
• Do you have any sexual concerns you’d like to discuss?

Sexual Health History

• Have you ever had any sexually transmitted infections?
• Are you concerned about sexually transmitted infections?
• What are you doing to avoid STI’s?
• What are you doing to avoid pregnancy?
• Are you satisfied with your sexual health?

PLISSIT Model

(John Anon 1976)

Step-wise approach to addressing Sexual Health

Permission
Limited Information
Specific Suggestions
Intensive Therapy

PLISSIT

• Permission
  Give patient permission to discuss sexuality, concerns etc. by asking open ended questions and offering reassurance, normalcy, & acceptance.
  “Tell me about any sexual concerns you would like to discuss”
  “How does this concern effect your life and relationships?”
  “What are your goals for your sexual health?”
PLISSIT

• Limited Information
  – In limited time of visit address topics by providing appropriate information: anatomy/physiology, sexual response, underlying health issues, medication side-effects, etc.
  – Provide hand-outs, resources, etc.
  – Consider a follow-up visit to address sexual health in more depth.

PLISSIT

• Specific Suggestions
  – Provide specific suggestions to treat the issue.
  – Co-morbid condition management
    • Depression, Hypertension, Diabetes, etc.
  – Position Changes, Lubrication, Fore-play, communication, etc.
  – Preconception, Pregnancy, & Postpartum

PLISSIT

• Intensive Therapy
  – Refer for appropriate treatment/therapy beyond your scope or skill
    • Behavioral Therapists, Couples Counselors, Sex Therapists, Physical Therapists, Psychiatrists, Gynecologists, Urologists, Endocrinologists, etc.

Holistic Approach

Consider sexual health as an integral part of a person’s whole health picture. Sexual health has the potential to effect and be effected by all aspects of a person’s health; mind, body, spirit, environment, social, etc.

Preconception, Pregnancy, Birth & Postpartum are likely to bring up issues of sexuality.

Case Study

Revisiting Corry & Jon
Would you ask them about their sexual relationship now?
How may your approach to their sexual health concerns be different?

Resources

• Association of Reproductive Health Professionals (ARHP) Sex and Sexuality Reproductive Health Topic Area (www.arhp.org/Topics/Sex-and-Sexuality)
• International Society for the Study of Women’s Sexual Health (www.isswsh.org)
• Sex and a Healthier You website (www.sexandahealthieryou.org)
• Sex etc., (www.sexetc.org)
• Sex Therapy for Non-Sex Therapists (http://www.arhp.org/publications-and-resources/clinical-fact-sheets/shf-therapy)
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References