Provider Adherence to Sexual Behavior Risk Reduction Guidelines
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Abstract
Sexual behavior assessment and human papillomavirus (HPV) vaccination reduction sexually transmitted infections (STIs) and pregnancy among adolescents. A retrospective chart review conducted at a women’s health clinic assessed current provider practice associated with established guidelines for sexual risk behavior assessment and HPV vaccination evaluation. The aim of this study was to identify performance gaps in provider compliance with established American Congress of Obstetricians and Gynecologist (ACOG) as well as The Centers for Disease Control and Prevention (CDC) guidelines regarding HPV vaccination uptake and sexual behavior risk evaluation guidelines. Results of this study provide quality improvement measures for early adolescent gynecological visits for providers and health-care systems.

Keywords: HPV vaccination, sexual activity screening, STI/pregnancy prevention, practice guidelines, initial adolescent gynecology visit

Introduction
Fragmentation in coordination of care of adolescents receiving SRH services from health care providers has led to negative impacts on their sexual health.

Despite high rates of unintended pregnancies and STIs in this population health care providers neglect to ask about sexual behavior, assess STI risk, and provide risk reduction counseling.

Providers non-adherence HPV vaccination and STI/sexual behavior risk reduction recommendations

Purpose/Aim

Identity performance gaps in provider adherence with HPV and sexual behavior risk assessment guidelines to provide quality improvement measures for early adolescent gynecological visits

Assess HPV vaccine recommendation/uptake and sexual behavior evaluation

Methods

Retrospective chart review analysis– April 2013 to April 2016

Internal review board (IRB) approval

Providers (n=103) patients' initial reproductive health visit

180,000 teenagers 15-19 years old pregnant in US every year

Adolescents account for 50% all new sexually transmitted infections (STIs)

Sexual Reproductive Health (SRH) services reduce risks

Comprehensive sex education not received in school

Women’s health providers provide majority of SRH services to adolescents

HIV infection and sexual behavior risk provider assessment form

Age:
Date of Birth:
Description of Illness:

1. HPV vaccination status evaluated:
2. HPV vaccination series completed:
3. HPV vaccination recommended:
4. HPV vaccination initiated:
5. Sexual behavior risk evaluated:
6. Is the patient sexually active:
7. Number of partners documented:

HPV vaccination and sexual behavior risk

13-15 age (n=54)
16-18 age (n=49)
Total (n=103)

HPV vaccination status:
52.9% 76.8% 68.9%
HPV vaccination completed:
23.5% 44.9% 37.9%
HPV vaccination recommended:
29.4% 33.3% 32.4%
HPV vaccination initiated:
14.7% 15.9% 15.5%
Sexual behavior risk evaluated:
97.1% 98.6% 98.1%
Sexually active:
44.1% 65.2% 58.3%
Number of partners:
8.8% 21.7% 17.5%
Sexual practices (genital, anal, oral):
0 2.9% 1.9%
Protection from STIs (condom use):
23.5% 40.6% 35.1%
Past history of STI:
5.9% 20.3% 15.5%

Total 2,124 patient charts, 4.5% non inclusion criteria:

1. Human Papilloma Virus and Sexual Behavior Risk Reduction Assessment, Mean (n=103)

References


Implications for Future Practice

Unintended teenage pregnancy along with sexually transmitted infections (STIs) is a major public health concern.

- Implement quality improvement strategies for early adolescent gynecology visits
- Encourage primary care and pediatric providers to refer at recommended age
- Women’s health providers optimize assessment and evaluation approaches
- Evaluating/recommending HPV vaccination at initial visits
- Identifying risky sexual behavior
- Encouraging early entry for adolescents to establish care

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