NICE GUIDANCE ON PREVENTION OF STIs AND TEENAGE PREGNANCIES

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NICE has published new public health intervention guidance to halt the rising numbers of sexually transmitted infections, including HIV, and to prevent conceptions in under-18s. This article outlines nurses’ roles in implementation.

The new NICE (2007) guidance focuses on one-to-one interventions that aim to address the personal factors influencing sexual behaviour in order to cut sexually transmitted infections and teenage pregnancies, especially among vulnerable and at-risk groups. It is aimed at practice nurses, sexual health nurses, community nurses, community contraceptive services, school nurses, and midwives and health visitors who provide antenatal, post-natal and child development services.

The guidelines explain that sexual health in the UK has deteriorated in the past 12 years, with large increases in many STIs. The diagnosis of chlamydia in GUM clinics has risen by more than 300% and gonorrhoea by more than 200% between 1995 and 2004. The incidence of HIV has increased from 2,500 cases diagnosed in 1995 to just over 7,000 in 2005.

The guidance outlines that risky sexual behaviour may be influenced by:

- Low self-esteem;
- Lack of skills (for example in the use of condoms);
- Lack of negotiation skills (for example to say ‘no’ to sex without condoms);
- Lack of knowledge about the risks of different sexual behaviours;
- Availability of resources, such as condoms or sexual health services;
- Peer pressure;
- Attitudes (and prejudices) of society that may affect access to services.

Since the introduction of the government’s teenage pregnancy strategy in 1998, the under-18 and under-16 conception rates in England have fallen by 11.1% and 15.2% respectively. While rates are now at their lowest level for 20 years (Teenage Pregnancy Unit, 2006) the UK still has the highest rate of teenage pregnancy in western Europe. In 2004 there were 39,545 under-18 conceptions in England and 41% ended in terminations. In the same year there were 7,179 under-16 conceptions and 57.6% ended in terminations (NICE, 2007). The teenage pregnancy strategy (DfES, 2006) has highlighted the following risk factors that increase the likelihood of teenage pregnancy:

- Early onset of sexual activity;
- Poor contraceptive use;
- A mental health problem, a conduct disorder and/or involvement in crime;
- Alcohol and substance misuse;
- Already a teenage mother or had a termination.

Education-related factors include:

- Low educational attainment or no qualifications;
- Disengagement from school.

Family/background factors include:

- Living in care;
- Daughter of a teenage mother;
- Daughter of a mother who has low educational aspirations for her;
- Belonging to a particular ethnic group (outlined in the guidance).

The risk of an STI or unintended pregnancy is associated with:

- High numbers of partners;
- High rate of partner change;
- Unsafe sexual activity.

PREVENTING STIs/HIV

The guidance makes four key recommendations that focus on reducing transmission of STIs (NICE, 2007).
with STIs should be helped to ensure their partners are tested and treated (partner notification) when necessary, and this support needs to meet the patient’s individual needs. Patients should be referred to a specialist with responsibility for partner notification, if necessary. Patients and their partners should also be provided with infection-specific information, including reinfection advice. For chlamydia, patients could be provided with a home sampling kit.

The fourth recommendation instructs PCT commissioners to ensure that sexual health services are in place to meet local needs, including contraceptive and pregnancy termination services. It specifies that all services should include arrangements for the notification, testing, treatment and follow-up of partners of people who have an STI (partner notification).

**PREVENTING TEENAGE PREGNANCIES**

Two recommendations focus on the prevention of unwanted pregnancies and improving sexual health in under-18s.

The guidance recommends that nurses and healthcare professionals should, where appropriate, provide one-to-one sexual health advice to vulnerable young people on the following issues:

- How to prevent and/or be tested for STIs and how to prevent unwanted pregnancies;
- All methods of reversible contraception;
- How to obtain and use emergency contraception;
- Other reproductive issues and concerns. They should also provide supporting information on these issues in an appropriate format.

The patients who should be targeted for this advice may include young people:

- From disadvantaged backgrounds;
- Who are in, or leaving, care;
- Who have low educational attainment.

The guidance also recommends that midwives and health visitors should regularly visit vulnerable women under 18 who are pregnant or who are already mothers. They should discuss with them and their partner (where appropriate) how to prevent or be tested for STIs and how to prevent unwanted pregnancies. They should also offer advice on health promotion and advise on opportunities for returning to education, training and employment in the future.

Midwives and health visitors should also provide supporting information in an appropriate format and, where appropriate, refer the young woman to the relevant agencies, including services relating to reintegration into education and work.

**CONCLUSION**

This guidance outlines the various interventions that can be used to change patterns of sexual behaviour in at-risk groups, as well as the role nurses, midwives and health visitors can play in helping to prevent teenage pregnancies and improve sexual health in vulnerable young women.

### NICE RECOMMENDATIONS

- Nurses should opportunistically identify patients at high risk of contracting sexually transmitted infections using their sexual history.
- Patients with STIs should be helped to ensure their partners are tested and treated (partner notification), if necessary.
- Healthcare professionals should have one-to-one structured discussions with those at high risk of STIs (if trained in sexual health) or arrange for these to take place with a trained practitioner. These should be structured on the basis of behaviour change theories.
- PCT commissioners should ensure that sexual health services are in place to meet local needs, including arrangements for partner notification.
- Vulnerable young people under 18 should be given one-to-one sexual health advice on issues including prevention and testing for STIs, preventing unwanted pregnancies, all methods of reversible contraception and emergency contraception.
- Midwives and health visitors should regularly visit vulnerable women under 18 who are pregnant or already mothers to discuss sexual health issues including preventing unwanted pregnancies, health promotion advice and opportunities for returning to education, training and work.