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Pathways to Competence in Sexual and Reproductive Health Care for Advanced Practice Nurses

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ABSTRACT

Sexual and reproductive health (SRH) care is often overlooked in advanced practice nursing educational programs, but advanced practice registered nurses are expected to provide care in this sensitive area. Competencies for SRH care were developed by the World Health Organization, and individual countries including the United States have adapted them to their unique health systems and populations. In this article, we discuss extant and future pathways for advanced practice registered nurses to develop competence in SRH care.

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Sexual and reproductive health (SRH) has been widely recognized as essential to the health and well-being of individuals, families, and communities, and a well-trained health workforce is critical to ensure access to these services (World Health Organization [WHO], 2011a). In the United States and around the world, advanced practice registered nurses (APRNs) are important members of the health care teams who provide SRH care, which is increasingly situated within primary health care. In this article, we provide background on the population needs for SRH care in the United States, describe the current status of SRH competencies and extant educational pathways for primary care APRNs, and suggest strategies to further expand the capacity of this sector of the health care workforce.

Background

Definitions

Sexual and reproductive health (SRH). The WHO defines reproductive health as the following:

> Reproductive health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its function and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capacity to reproduce and the freedom to decide if, when and how often to do so. (WHO, 2011a, p. viii)

This definition extends beyond a narrow focus on maternal–child health to include reproductive health of men and women throughout the life cycle. It is grounded in an understanding of SRH as a human right and a social justice issue.

Sexual and reproductive health care. Building on this definition, SRH care is described as

> The constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. This also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases. (WHO, 2011a, p. ix)

Within this framework, a minimal set of SRH services that should be accessible to all people is identified as preconception, contraception, pregnancy and unplanned pregnancy care,

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Currently the United States lags behind most other developed nations on outcome indicators for sexual and reproductive health, including teen pregnancy and rates of sexually transmitted infections.

including abortion; women's health/common gynecologic care; genitourinary conditions of men; assessment of specialty gynecologic problems, including infertility; sexual health promotion; and coordination with public health and primary care services. An approach that is inclusive and patient centered should be used to deliver these services (Auerbach et al., 2012; WHO, 2011a).

Reproductive justice. The concept of *reproductive justice* was first articulated by Ross (2006), a U.S.-based scholar and cofounder of the organization SisterSong. This concept has contributed to greater acknowledgment of social determinants of health, such as income inequality, racism, and other forms of oppression, as germane to SRH. In the three core principles of reproductive justice, every woman has

> …the human right to: i) decide if and when she will have a baby and the conditions under which she will give birth; ii) decide if she will not have a baby and her options for preventing or ending a pregnancy; iii) parent the children she already has with the necessary social supports in safe environments and healthy communities, and without fear of violence from individuals or the government. (Ross, 2011)

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Reproductive justice offers a framework that goes beyond the paradigms of health equity and patient-centered care currently articulated by the WHO and many U.S. health care agencies.

Competencies. The U.S. Department of Education (2002) identified competencies as the domain or body of knowledge and skills that define a profession; guide training programs; shape employer expectations; and drive performance standards for credentialing institutions, certifying agencies, and accrediting organizations. Clinical competencies define nursing practice and form the basis for curriculum development, measurement of student and program outcomes, and program accreditation (Hewitt & Cappiello, 2015).

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SRH Service Delivery in the United States: Current and Projected Trends

Approximately 70% of the 67 million women of reproductive age (13–44 years) and 12% of men ages 15 to 44 in the United States access sexual and reproductive health services each year (Auerbach et al., 2012; Chabot, Lewis, de Bocanegra, & Darney, 2011; Frost, Frowirth, & Zolna, 2015). Demand for SRH services is predicted to rise in the future (Auerbach et al., 2012). The United States lags behind most other developed nations on outcome indicators of SRH, including rates of infant and maternal morbidity and mortality, teen pregnancy, and sexually transmitted infections (Centers for Disease Control and Prevention, 2015; MacDorman, Mathews, Mohannon, & Zeitlin, 2014). Racial, ethnic, and socioeconomic disparities are evident in most, if not all, areas of SRH in the United States (Haider, Stoffel, Donenberg, & Geller, 2013; James et al., 2009).

Although most people currently access SRH care via private health centers, a growing number receive these services through community health centers, public health departments, or free-standing clinics, many of which rely on funding from Title X of the Public Health Services Act (Auerbach et al., 2012; Crissman et al., 2016; Frost, 2013). These sites are critical in the provision of SRH care to poor and low-income women: 40% of women report that this is their only source of care, and 60% report it as their main source of health care (Crissman et al., 2016; Frost, 2013). With the implementation of the Affordable Care Act, there has been a mounting effort to address more patient health concerns, including SRH, in primary care settings (Berg, Taylor, & Woods, 2013; Taylor, Levi, & Simmonds, 2010). Because the mandate of Title X is to provide family planning and related preventive health services, not comprehensive primary care, the future of these SRH-focused delivery sites is uncertain. This has been further complicated by political challenges to government involvement in the delivery of SRH care. Regardless of the ultimate outcome of these policy battles, preparations and support for providers in all settings to deliver high-quality SRH care remain important.

APRNs as Providers of SRH Care

Historically, APRNs have played a major role in the delivery of SRH care in community-based settings, such as the Title X–funded sites