

## **What consultation resources are available to support delivery of integrated sexual and reproductive health services? A scoping review**

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	Author	Date	Source	Resource objectives	Resource type	Setting	Summary of content	Findings
1	World Health Organisation (WHO)  <i>Peer reviewed paper</i>	2005	<a href="https://www.who.int/reproductivehealth/publications/family_planning/9241593229index/en/">World Health Organization. WHO Library Cataloguing-in-Publication Data Decision-making tool for family planning clients and providers. 2005 https://www.who.int/reproductivehealth/publications/family_planning/9241593229index/en/</a>	A technical adaptation guide for the generic WHO DMT to enable it to be used in all countries.	Tool - used by client and provider during consultation	Global	A double sided decision making tool - developed for global adaptation. One page faces the client (with simple information on key issues for the client to consider) and a corresponding page faces the provider (with key points and detailed reference information). Health-care providers can use it step-by-step to help clients make informed choices that suit their needs. The Kim et al.(2005)and Johnston et al. (2010)papers are evaluations of this tool.	N/A
2	Kim et al.  <i>Peer reviewed paper</i>	2005	Kim YM, Kols A, Martin A, Silva D, Rinehart W, Prammawat S, Johnson S CK. Promoting Informed Choice: Evaluating A Decision-Making Tool for Family Planning Clients And Providers in Mexico. International Family Planning Perspectives 2005; 31(4): 162-171;Dec;162–71. <a href="https://www.guttmacher.org/sites/default/files/pdfs/pubs/journals/3116205.pdf">https://www.guttmacher.org/sites/default/files/pdfs/pubs/journals/3116205.pdf</a>	To evaluate use of the WHO contraceptive Decision-Making Tool (DMT) in a Mexican setting	(Evaluation of) Tool - used by client and provider during consultation	Mexico	Reports the testing of the WHO decision making tool in a Mexican setting. Method of evaluation involved videotaping consultations pre and post use of tool and carrying out exit interviews with clients. Measured outcomes were 'active client participation' and 'facilitative provider communication'. The decision making processes during the consultation were also evaluated.	Clients using tool spoke more and participated more actively in consultations; Facilitative provider communication increased; Length of counselling sessions increased; Clients participated more actively in decision making and providers facilitated this better post-intervention; A shift from provider-dominated to shared decision-making occurred with use of tool and the amount of information given by providers to clients increased.
3	Johnson, Kim, & Church.  <i>Peer reviewed paper</i>	2010	Johnson SL, Kim YM, Church K. Towards client-centered counselling: Development and testing of the WHO Decision-Making Tool. Patient Education & Counselling 2010;81:355–61. doi:10.1016/j.pec.2010.10.011	To explain how the WHO DMT works and how it can be used to support contraceptive consultations. Reports findings from evaluation in three countries - Mexico, Indonesia and Nicaragua.	(Evaluation of) Tool - used by client and provider during consultation	Global	This paper explains the effects of the WHO decision-making tool where provider may not have adequate knowledge. The tool is designed to ensure that the client receives full information on what to expect when using the method, including side effects. Guidance is also provided for discussions with returning clients. The tool enables the provider to offer support for the continuing client, including for switching methods when the client desires.	Advantages are: Tool facilitates evidence-based best practice in counselling; The client is more likely to receive the method that she or he has in mind; The provider offers information that is tailored, well-structured, and concise; The tool facilitates client-centred counselling processes. Summary of results from 3 countries found that ; providers tended to engage clients more; providers gave more information; the information was more tailored to the specific client. But training was necessary, and lack of time and reverting to usual practice were problems.

4	Dehlendorf et al.  <i>Peer reviewed paper</i>	2017	Dehlendorf C, Fitzpatrick J, Steinauer J, et al. Development and field testing of a decision support tool to facilitate shared decision making in contraceptive counselling. Patient Education & Counselling 2017;100:1374–81. doi:10.1016/j.pec.2017.02.009	To develop and formatively evaluate a tablet-based decision support tool for use by women prior to a contraceptive counselling visit to help them engage in shared decision making regarding method selection	Tool - used by client pre-consultation	US	Describes the field testing of a decision support tool ('My Birth Control') to facilitate shared decision making in contraceptive counselling. This is a tablet based decision aid to be used by women prior to their contraceptive counselling visit. Tool provides information about the aspects of contraception that are most important to the women, reflecting the preference sensitive nature of a contraceptive consultation.	In women using the tool there were trends towards greater satisfaction, and greater knowledge of LARC and IUC.
5	Marshall et al.  <i>Peer reviewed paper</i>	2017	Marshall C, Nuru-Jeter A, Guendelman S, et al. Patient perceptions of a decision support tool to assist with young women's contraceptive choice. Patient Education & Counselling 2017;100:343–8. doi:10.1016/j.pec.2016.08.022	Development and evaluation of the 'Birth Control Navigator' tool for contraceptive decision making	Tool - used by client pre-consultation	US	Describes the decision-making tool Birth Control Navigator' ( <a href="https://mydoctor.kaiserpermanente.org/ncal/birthcontrol/#">https://mydoctor.kaiserpermanente.org/ncal/birthcontrol/#</a> ) The paper reports patient perceptions of the value of this decision support tool (DST) for contraceptive decision-making. Research objectives were: 1) to identify and describe the perceived value of the DST for women's contraceptive decision-making, and 2) to determine patients' preferences for using the tool in clinical settings. Tool is designed to be used online.	Participants found that the tool was 1. Informative;- both in terms of types of contraception and details about specific contraception but cited various 'missing' information such as e.g. effect on sexual pleasure.; 2. Helped to narrow down options and deal with 'information overload'; 3. Less biased and more comprehensive than a doctor; 4. Mostly seen as useful pre-consultation - in terms of narrowing options, and knowing what questions to ask.
6	French et al.  <i>Peer reviewed paper</i>	2014	French RS, Cowan FM, Wellings K, et al. The development of a multi-criteria decision analysis aid to help with contraceptive choices: My Contraception Tool. J Fam Plan Reprod Heal Care 2014;40:96. doi:10.1136/jfprhc-2013-100699	Describes the development of the decision-making tool, 'My Contraception Tool' and how it works	Tool - used by client pre-consultation	UK	The paper describes the development of My Contraception Tool (MCT) to facilitate the choice of contraceptive method. MCT applies to the choice of contraceptive method the principles of multi-criteria decision analysis (MCDA), a method of breaking down complex problems or questions into manageable components, and combining them to rate the various options and produce an opinion as to the best course of action. MCT is designed for use by men and women of any age who want to use contraception or to find out about different contraceptive options. This paper does not provide data on user acceptability or consultation outcomes, nor on provider experience.	N/A
7	Martyn et al.  <i>Peer reviewed paper</i>	2006	Martyn, K. K., Reifsnider, E. and Murray, A. (2006) 'Improving Adolescent Sexual Risk Assessment With Event History Calendars: A Feasibility Study', Journal of Pediatric Health Care. Mosby, 20(1), pp. 19–26. doi:10.1016/j.pedhc.2005.07.013	Description of Event History Calendar (EHC) and report of a feasibility study piloting the tool to assess sexual risk with 30 adolescents and 2 HCPs	Tool - used by clients pre-consultation	US	This paper describes the use by adolescents of EHCs, which are highly structured but flexible approaches to interviewing that facilitate recall of past events by using the individual's own past experiences as cues to remembering. The adolescent risk EHC was designed to be self administered and to collect: (a) 6- to 10-year sexual history data (starting at 10 years of age) including partners (male or female), sexual activity, contraceptive use, sexually transmitted diseases, and pregnancy and (b) contextual data including other risk behaviours (e.g., substance use and violence), and risk and	Completing EHC took 15 minutes prior to consultation and 2 minutes to review during consultation. Adolescents found it easy to use, and helpful for remembering and discussing their health history. EHCs were perceived as time efficient and useful to identify and help with disclosure of risks.

							protective factors (e.g., family, friends, role models, school and church attendance, extracurricular activities and sports).	
8	Martyn KK, Saftner MA, Darling-Fisher CS, Schell MC.  <i>Peer reviewed paper</i>	2013	Martyn KK, Saftner MA, Darling-Fisher CS, et al. Sexual Risk Assessment Using Event History Calendars With Male and Female Adolescents. Journal of Pediatric Health Care 2013;27:460–9. doi:10.1016/j.pedhc.2012.05.002	To explore male and female adolescents' experiences of using the Event History Calendar (EHC) tool	Tool - used by clients pre-consultation	US	This paper describes the EHC, which is a grid with four vertical time columns labelled with four sequential years across the top of the page. Down the left side of the page are nine horizontal history categories that ask about (a) life context, including age, grade level, friends and family members involved in the adolescent's life, activities, and positive events (e.g., awards) and negative events (e.g., losses and violence), (b) sexual risk behaviours, and (c) other risk behaviours (e.g., drugs, alcohol, and cigarette use).	Participants spent 10-15 mins spent completing the EHC prior to the consultation and 5 reviewing it with HCP during the consultation. Male and female adolescents used the EHC slightly differently but both reported it helped them talk about (male) or think about (female) their sexual risk.
9	Monasterio, Combs, Warner, Larsen-Fleming, & St. Andrews  <i>Non-peer reviewed</i>	2010	Monasterio E, Combs N, Warner L, et al. Sexual Health: An Adolescent Provider Toolkit. San Francisco: : Adolescent health Working Group 2010. www.ahwg.org	Comprehensive 80 page toolkit for providers of sexual and contraceptive health care to young people.	Toolkit - for providers of adolescent care	US	This is a comprehensive, 80 page guide to many aspects of delivering sexual health care to adolescents. It includes sections on Practice Readiness, covering communication, consent, and adolescent development; Screening, Assessment and Referrals, covering STIs, pregnancy, sexual assault, sexual violence and sexual dysfunction; and Resources for providers giving information on types of contraception, sexual functional and pleasure and specific sections on safer sex, HPV and paternity rights. The sexual history taking template is comprehensive with suggested questions listed, and tips on communication style and relevant issues. The toolkit also provides guidance and handouts for young people, and guidance for parents.	N/A
10	Rogstad & Johnston  <i>Non-peer reviewed</i>	2014	Rogstad K, Johnston G. A national proforma for identifying risk of child sexual exploitation in sexual health services SPOTTING THE SIGNS. Published Online First: 2014. <a href="https://www.brook.org.uk/attachments/Spotting-the-signs-CSE-_a_national_proforma_April_2014_online.pdf">https://www.brook.org.uk/attachments/Spotting-the-signs-CSE-_a_national_proforma_April_2014_online.pdf</a>	Booklet reporting the background and context for development of national 'Spotting the Signs' proforma, providing a copy of the proforma, recommendations of how to use the proforma and how to train staff, and the evidence base for the development of the proforma	Proforma - used by providers during consultation with children and adolescents	UK	The booklet provides an introduction to a proforma designed to help identify children at risk of child sexual abuse, a copy of the proforma itself, recommendations of how to use the proforma and how to train staff, and the evidence base for the development of the proforma.	N/A

11	Ashby, Rogstad, Forsyth & Wilkinson  <i>Peer reviewed paper</i>	2015	Ashby J, Rogstad K, Forsyth S, et al. Spotting the Signs : a national toolkit to help identify young people at risk of child sexual exploitation. Sexually Transmitted Infections 2015;91:231–231. doi:10.1136/sextrans-2014-051972	A summary of progress in developing a toolkit to support use of the 'Spotting the Signs' proforma'	Toolkit - for providers using the Spotting the Signs proforma	UK	This paper describes the development of a toolkit specifically designed to help health professionals spot child sexual exploitation. It advises on confidentiality, epidemiology and law and provides a template for areas to cover in history taking with a young person. It gives some advice on what language to use and how to ask questions, as well as what to ask. It is a development of the Spotting the Signs proforma.	N/A
12	Holt et al.  <i>Peer reviewed paper</i>	2017	Holt K, Dehlendorf C, Langer A. Defining quality in contraceptive counselling to improve measurement of individuals' experiences and enable service delivery improvement. Contraception 2017;96:133–7. doi:10.1016/j.contraception.2017.06.005	To synthesise concepts from family planning, broader health care and health communication fields with concepts from human rights guidance related to contraceptive services to create a new quality in contraceptive counselling framework.	Framework - for consultation	US	This paper focuses on improving patient experience in a contraceptive consultation. A framework for quality in consultations is provided in figure form. The framework has three stages - (1)Needs assessment,(2) Decision-making support, (3)Method choice & Follow up, with underpinning Foundational Relationship Building elements. The emphasis is on 'shared decision making' rather than pure 'informed choice'	N/A
13	Faculty of Sexual and Reproductive Health (FRSH)  <i>Webpage</i>	2015	Faculty of Sexual & Reproductive Healthcare. FSRH Service Standards Consultations in Sexual & Reproductive Health 2015 - Faculty of Sexual and Reproductive Healthcare. 2015;;1–14. <a href="https://www.fsrh.org/standards-and-guidance/documents/service-standardsconsultations/">https://www.fsrh.org/standards-and-guidance/documents/service-standardsconsultations/</a>	Practically focussed framework document for providing high quality sexual and contraceptive health services	Service standards framework	UK	This document outlines quality standards for the sexual health and contraceptive consultation which include standards for confidentiality, the clinical environment (privacy & dignity), verbal and non-verbal communication skills, use of a chaperone, needs of special groups (incl. safeguarding) and child sexual exploitation	N/A
14	Brook et al.  <i>Peer reviewed paper</i>	2014	Brook G, Bacon L, Evans C, et al. 2013 UK national guideline for consultations requiring sexual history taking. Clinical Effectiveness Group British Association for Sexual Health and HIV. International Journal of STD & AIDS 2014;25:391–404. doi:10.1177/0956462413512807	Clinically focussed guideline for best practice in consultations requiring sexual history taking	Clinical guideline - for providers	UK	This guideline contains both content and process. It primarily follows the medical model of consultation. The guideline addresses confidentiality, environment, communication and content of sexual history taking - with a minimum set of questions for each gender. An additional (minimal) questions for an integrated consultation including some on contraception use and problems encountered are included. Includes advice on opening and closing the consultation and a brief section on under-16 s.	N/A

15	Radcliffe et al.  <i>Peer reviewed paper</i>	2012	Radcliffe KW, Flew S, Poder A, et al. European guideline for the organization of a consultation for sexually transmitted infections, 2012. International Journal of STD & AIDS 2012;23:609–12. doi:10.1258/ijsa.2012.012115	Intended as a framework for consultation for those working in any location where STIs are managed	Clinical guideline - for providers	Europe	This guideline provides a framework for the content and process of an STI consultation. It addresses confidentiality and dignity, consent and chaperones. It lists the content of sexual history-taking for men and for women, following the medical model style of fact finding. Sections also cover examination, investigations, results and treatment, partner notification and follow up in brief list format. It does not include contraception or an approach to the process of contraceptive consultation.	N/A
16	Faculty of Sexual and Reproductive Health (FSRH)  <i>Webpage</i>	2010	Faculty of Sexual and reproductive Healthcare. FSRH Clinical Guidance: Contraceptive Choices for Young People (Updated May 2019) - Faculty of Sexual and Reproductive Healthcare. 2019;:1–33. <a href="https://www.fsrh.org/standards-and-guidance/documents/cecc-ue-guidance-young-people-mar-2010/">https://www.fsrh.org/standards-and-guidance/documents/cecc-ue-guidance-young-people-mar-2010/</a>	Clinical guidance for healthcare professionals providing contraceptive consultations for young people	Clinical Guidance	UK	The guidelines address legal and ethical frameworks for providing contraceptive care to young people, issues of confidentiality and consent, provides guidance on how to address young people's health concerns, risks regarding various contraceptive methods, and use of condoms to prevent STI transmission and STI testing. Brief guidance is also given on the conduct of the consultation process with regard to informing young people about confidentiality, creating a welcoming environment and avoiding barriers to communication.	N/A
17	Rogstad et al.	2010	Rogstad K, Thomas A, Williams O, et al. UK National Guideline on the Management of Sexually Transmitted Infections and Related Conditions in Children and Young People (2009). Int J STD AIDS 2010;21:229–41. doi:10.1258/ijsa.2009.009353	Guidance for services providing sexual health advice, management or treatment to young people in the UK. Focus is on detecting and managing child sexual exploitation, and on the medical diagnosis and management of STIs	Clinical guideline - for providers	UK	The guidance provides the principles that apply wherever young people are seen for sexual health care or where there are concerns about child sexual abuse (CSA) or where a sexually transmitted infection (STI) has been detected. Emphasis is on the detection and management of CSA with other sections minimal and often referring to other guidance e.g. NICE guidelines on the 'Prevention of STIs and under 18 conceptions'. The guideline covers consent, confidentiality and child protection, and also content of sexual history, screening and testing for STIs, risk assessment for pregnancy, contraceptive advice, health education/promotion, psychological well-being and management of specific groups. It also contains a section on significance of certain infections in pre-pubertal children and appendices covering treatment protocols, risk assessment and the legal context. This guidance is comprehensive with regard to STIs in young people, and on CSA. It recognises the need for holistic practice, and includes a brief section on contraceptive advice in the context of pregnancy risk. It does not provide a framework for a truly integrated consultation, since the emphasis is on STIs and CSE.	N/A