Public Health England

Protecting and improving the nation's health

A consensus statement

Reproductive health is a public health issue

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Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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Contents

Consensus stakeholders

- NHS England (NHS-E)
- Department of Health and Social Care (DHSC)
- Association of Directors of Public Health (ADPH)
- Local Government Authority (LGA)
- Faculty of Sexual and Reproductive Healthcare (FSRH)
- British Association of Sexual Health and HIV (BASHH)
- British HIV association (BHIVA)
- Royal College of Obstetricians and Gynecologists (RCOG)
- Royal College of General Practitioners (RCGP)
- English Sexual Health Commissioners
- Royal College of Midwives (RCM)
- Association of Health Visitors (AHV)
- British Pregnancy Advisory Service (BPAS)
- Marie Stopes International (MSI)
- Family Planning Association (FPA)
- Brook
- LGBT Consortium (NAZ)
- Society for Stillbirths and Neonatal Deaths (SANDS)
- Hands Inc
- Public Health England User Panel
- Members of the PHE External Advisory Group for Sexual and Reproductive Health and HIV

Introduction

Background

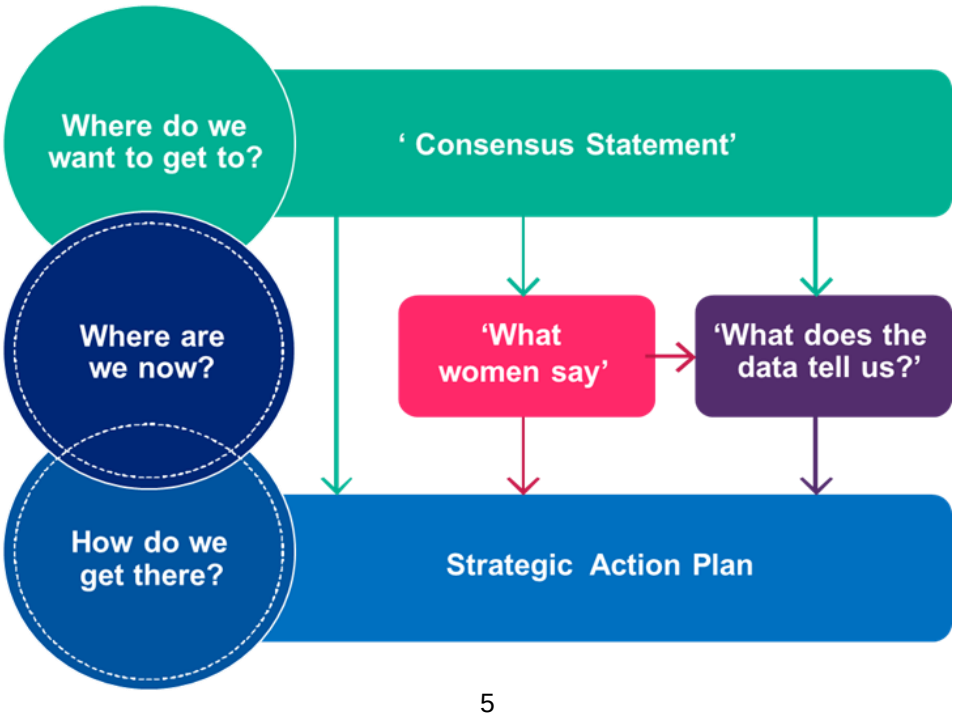
Views about what reproductive health means, its breadth, and key target populations vary widely between individual users, stakeholders and organisations. This consensus process has brought the different stakeholders together with the ambition to reach an agreed scope and vision for reproductive health. This is expressed as a set of shared values and on which to base future models of care that works for the user across the whole reproductive life-course.

It is one of 3 documents that also includes "What do women say?" - an analysis of womens' experiences of reproductive health and healthcare and "What does the data tell us?" a baseline assessment of the reproductive health of the population through data. Together these will from the basis of PHE strategy for improving reproductive health of the population.

The documents are intended to:

- introduce reproductive health as a public health issue
- inform local prioritisation and planning
- provide a baseline for the upcoming reproductive health action plan

Figure 1: A diagram to illustrate how the suite of documents 'Reproductive health is a public health issue' will feed into the development of the reproductive health action plan due to be published in 2019



Public health impacts of reproductive health

A widely accepted definition of **Reproductive Health** is "A state of **physical, mental, and social well-being** in all matters relating to the **reproductive system**. It addresses the **reproductive processes, functions and system** at all stages of life and implies that people are able to have a **satisfying and safe sex life**, and that they have the **capability to reproduce** and the freedom to decide **if, when, and how often to do so**." (ICPD 1994)

Reproductive Health, sexual health and HIV relationships

Reproductive health, sexual health and HIV are areas that have both overlapping features and features that are unique from one another. The scope of each area is broad, reaching across many other sectors such as mental health and obesity. A common understanding of the boundaries and inter-dependancies of this complex picture is needed.

The consensus process set out to clarify both the breadth of reproductive health and its interrelationships with other sectors including sexual health and HIV, but also education, health promotion and health services. The 6 pillars of reproductive health that are the result of the consensus process, provide a basis for a vision, initially of women's reproductive health. In the longer term, following similar scope-defining exercises in sexual health and HIV, the combined vision will provide the road map for the provision of holistic care across these areas of health.

Aims of the consensus

- Clarify the meaning and scope of reproductive health from a public health and population perspective.
- Agree a shared purpose amongst participating stakeholders for promoting and supporting good reproductive health and undertake to be the stewards of this collective approach.
- Provide the basis for organisational action to deliver needs based integrated reproductive health for the population across the life-course.

The consensus statement – 6 pillars of reproductive health

Reproductive health is relevant for all populations regardless of gender, ethnicity, socioeconomic group or sexual preference. The consensus represents an approach which is one of reproductive wellbeing respecting individual choices about pregnancy and child-rearing. It requires a flexible and continuum of care approach across the following life stages:

- Young people at the start of their sexual and reproductive lives
- Reproductive health and wellbeing of adults
- Health at the end of the reproductive lifespan

Our aim is for the population to have the ability and freedom to make choices about the aspects of their reproductive lives that they have reason to value, regardless of age, ethnicity, gender and sexuality. This can be divided into 6 pillars of reproductive health.

1. Positive approach: The opportunity for reproductive health and access to reproductive healthcare, to be free from stigma and embarrassment.

2. Knowledge and Resilience: The ability to make informed choices and exercise freedom of expression in all aspects of reproductive health.

3. Free from violence and coercion: The ability to form enjoyable relationships whilst not fearing or experiencing any form of power imbalance or intimidation.

4. Proportionate universalism: The ability to optimize reproductive health, and social and psychological well-being through support and care that is proportionate to need.

5. User-centred: The ability to participate effectively and at every level in decisions that affect reproductive lives.

6. Wider determinants: The opportunity to experience good reproductive health and ability to access to reproductive healthcare when needed free from the wider factors that directly and indirectly impact on reproductive well-being.

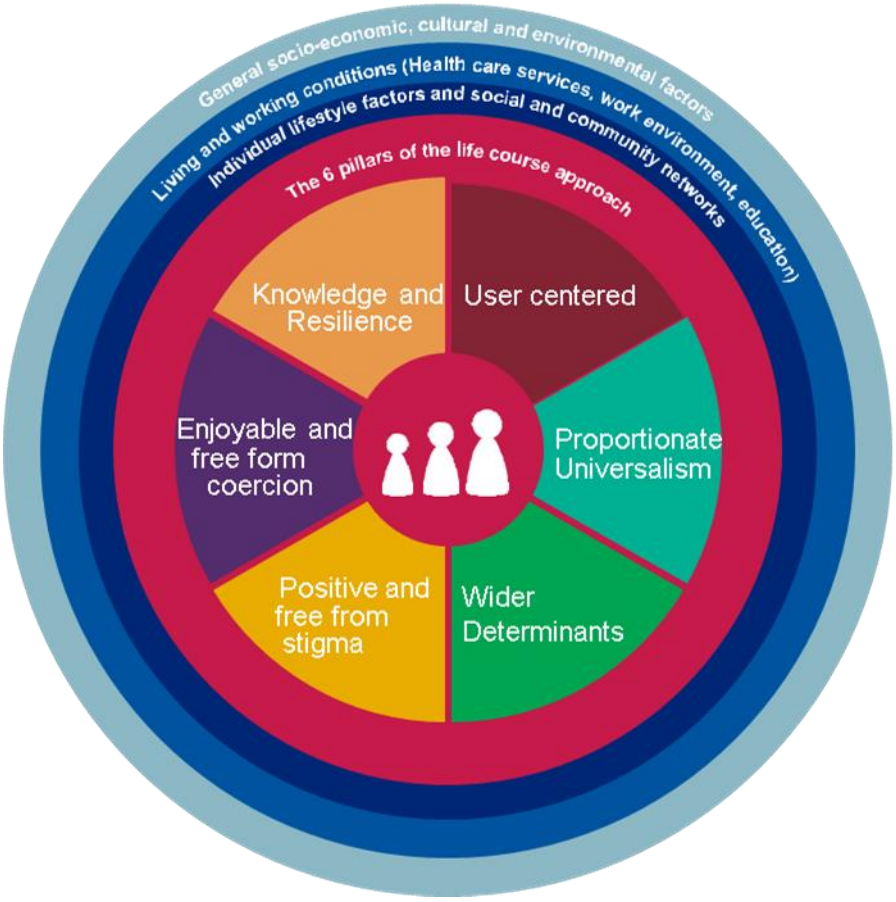


Figure 2: The 6 Pillars of reproductive health are conceptualised as surrounding women to illustrate a person centred approach across the life course; and being encased within, and influenced by, the wider determinants of health.

Essential components of a system wide response

The consensus process also surfaced the ways in which the public health system can support delivery of the 6 pillars of reproductive health.

Positive approach

- Promote reproductive health as meaning **positive choices and control** as opposed to absence of disease or poor outcomes.
- Agree **an ethical framework** that takes account of the issues that drive stigma and shame at institutional and individual level across all aspects of reproductive health and at all stages of life.
- Ensure that services are inclusive of the population's needs by providing information and care which correspond and is responsive to the **diverse characteristics** that influence reproductive wellbeing.
- Promote education and deliver campaigns that **challenge stereotypes and taboos** about reproduction and reproductive health and promote a positive body image and healthy relationships.

Knowledge and resiliance

- Increase **user awareness and knowledge** about reproductive health over the life course, how to remain healthy, have positive fulfilling relationships and access care when needed.
- Facilitate access to **sex and relationships education throughout the life-course**, intergenerational learning and ensuring that reproductive health is part of wider public health messaging.

Enjoyable and free from coercion

- Oversee a multiagency **public health response for survivors** of sexual assault in the acute and longer term outside of the criminal justice response.
- Ensure that staff in reproductive health services are appropriately trained and that networks of professionals exist to support the **identification of violence** in reproductive healthcare services and facilitate ongoing care.
- Prevention emphasises positive sexuality and takes a **positive approach to the delivery of services.**

Proportionate universalism

Provide **proportionate universal rapid access** to consistent high quality reproductive healthcare services that reflect need according to the following principles:

- A service model that promotes reproductive wellbeing and mirrors the **user journey**.
- **Opportunistic access** to basic level care in healthcare and non-healthcare settings recognising “gateway” opportunities for improving reproductive health such as pregnancy, abortion and menopause.
- **Universal access** to full range of **contraception choices, pregnancy planning and preconception, and reproductive health screening** at the point of entry, regardless of service type or geographical location across all sectors including voluntary sector, community, primary care and specialist services.
- Empowerment of individuals to **identify and self-manage** reproductive morbidities but to identify and reach support elsewhere if needed.
- Joined up and **integrated care pathways** enabling individuals to rapidly and equitably receive comprehensive and more complex care such as for psychosexual disorders, cervical abnormalities, abortion and debilitating reproductive symptoms.
- Take a **systems-based approach** across pathways of care including maternity, primary care, gynaecology and sexual health, **harnessing learning** from the features of an approach that delivers success such as the teenage pregnancy strategy.
- Implement interventions known to be **effective** in improving reproductive wellbeing.
- **Provide an outcome driven** service so that interventions are designed and impact is measured through appropriate metrics that genuinely reflect reproductive well-being (as defined by users) through the 6 pillars, with shared accountabilities for joint delivery.
- **Support an appropriately trained workforce** of health and non healthcare professionals able to raise and discuss sensitive issues, be technically competent, be working to nationally accepted standards and guidelines and be embedded in a wider network of providers across the system and specialties.
- **Target prevention at the marginalised** who are at greater risk of poor outcomes and/or for whom the consequences of poor sexual and reproductive health are magnified. Ensure a renewed focus on proportionate universalism.
- Address **disparities in access and outcomes** in reproductive health such as unintended pregnancies in Black Minority Ethnic (BAME) groups, and sub-optimal contraceptive provision within some age groups.

User-centred

- Ensure and be able to demonstrate that all actions at policy, decision making and provision for reproductive public health going forward are **directly informed by and tested through womens’s voices.**

Wider determinants

- Take a **bio-psycho-social perspective** on provision of care recognizing and giving equal weight to these aspects within models of reproductive healthcare.
- Address environmental factors such as the workplace and society that impact on reproductive health to **positively support** women enabling them to function effectively and free from discrimination.
- Acknowledge **wider influences on reproductive health** outcomes including individual factors, social and community networks and socio-economic, cultural and environmental factors.

Appendix

Consensus process methodology

A modified Delphi methodology was used to account for the multiple perspectives, maintain objectivity and enable stakeholders to reach consensus. A paper-based questionnaire was circulated to purposively selected stakeholders across the sector. This was followed by a face-to-face consensus meeting and then further structured consultation. Sampling techniques were employed that maximized representation from providers, commissioners and policymakers across the whole range of the reproductive sector and at national, regional and local levels. The consensus part A and part B are developed through a systematic analysis of the data generated by this process.

Follow up to consensus

The preliminary work will be used to develop an action plan building on the work being done at regional level and ensuring that national and local PHE strategies and implementation are aligned. The action plan will be directly related to the agreed elements of good reproductive healthcare through consensus. It will also be mindful of the objectives of related bodies both internally and externally such as the PHE Maternity prevention board, PHE Strategy board, the Faculty of Sexual and Reproductive Health Vision and the work of the RCGP Sexual Health strategy. A draft menu of possible actions will be refined in further consultation with stakeholders and with regard to the state of the nation and user report to be published later in the year

A similar process for sexual health and HIV will be scoped to consider the need and how these might be delivered at a later date.

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