



POSITION STATEMENT

Expedited Partner Therapy to Treat Sexually Transmitted Infections

The American College of Nurse-Midwives (ACNM) affirms the following:

- Expedited partner therapy should be used to treat sexually transmitted infections (STIs) based on the current clinical guidelines from the Centers for Disease Control and Prevention.¹
- The provision of expedited partner therapy to treat STIs is within the core competencies for midwifery care and the scope of clinical midwifery practice, whereas general care for men is not.²
- ACNM members should advocate for the legalization of expedited partner therapy in all states to improve access to care and reduce the incidence of STIs.

Background

Sexually transmitted infections present a substantial public health challenge. Rates of STIs have been steadily increasing for the past 3 years.¹ From 2015 to 2016, there was an increase in all 3 reportable STIs: 4.7% increase in cases of chlamydia, 18.5% increase in cases of gonorrhea, and 17.5% increase in cases of syphilis. Women are more significantly affected than men, and when left untreated in women, STIs can lead to infertility, life-threatening ectopic pregnancy, and an increased risk for HIV transmission and infection.¹ Certain infections can be transmitted from the pregnant woman to the fetus, which may result in congenital anomalies, neonatal morbidity, spontaneous abortion, or fetal demise.

Comprehensive care for women with STIs includes treatment of partners to decrease the risk of reinfection. Through expedited partner therapy (EPT), a woman is given medications or prescriptions for her sexual partner(s), who does not need to be examined by a health care provider.³ Evidence indicates that patients whose partners received EPT were 29% less likely to be reinfected than those who were simply told their partners needed to visit health care providers for treatment.³

Regulations for EPT vary from state to state, and the practice is currently legal in 41 states, potentially allowable in 7 states, and prohibited in 2 states. In states in which EPT is legal, treatment rates are higher than in states where it is not.³ Advocacy efforts to increase the number of states that allow EPT have the potential to reduce the disease burden for the community and morbidity rates related to untreated STIs for adults, adolescents, and newborns.

Midwives should assess for the risk of intimate partner violence, and EPT may not be appropriate if the midwife suspects intimate partner violence at the time of diagnosis of a STI. Certain STIs must be reported to the local department of public health, which reports de-identified data to the Centers for Disease Control and Prevention. Local public health officials may contact individuals to ensure that they are correctly treated. Midwives must disclose to patients that they are required to report STIs to officials who may contact them.

REFERENCES

1. Centers for Disease Control and Prevention. Sexually transmitted disease surveillance 2016. https://www.cdc.gov/std/stats16/CDC_2016_STDS_Report-for508WebSep21_2017_1644.pdf. Published September 2017. Accessed July 18, 2018.
2. American College of Nurse-Midwives. Core competencies for basic midwifery practice. <http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000050/Core%20Comptencies%20Dec%202012.pdf>. Published December 2012. Accessed July 18, 2018.
3. Cramer R, Leichliter J, Stenger M, Loosier P, Silve L. The legal aspects of expedited partner therapy practice: do state laws really matter? *Sex Transm Dis*. 2013;40(8):657–662. doi: 10.1097/01.OLQ.0000431358.18959.d4.

Note. Midwifery as used throughout this document refers to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American College of Nurse-Midwives (ACNM) or the American Midwifery Certification Board (AMCB).

Source: Clinical Documents Section of the Division of Standards and Practice
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