

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 based on the current clinical guidelines from the Centers for Disease Control and Prevention.¹
- The provision of EPT to treat STIs is within the core competencies for midwifery care and the scope of clinical midwifery practice.²

Background

Sexually transmitted infections (STIs) are a substantial public health challenge. Rates of STIs have increased steadily over the past three years, with the exception of chlamydia, which, according to recent data has decreased by 4.7%.¹ The reported cases of syphilis have increased by 27.7%, and alarmingly, congenital syphilis cases have recently increased by 24%.¹ The number of cases of drug-resistant gonorrhea has increased steadily, with a 30% increase in the past twenty years.¹

Expedited Partner Therapy (EPT) is the clinical practice of treating sex partners of patients diagnosed with STIs, especially male partners of females with chlamydia and or gonorrhea, by providing prescriptions or medications to the patient to take to their partner without the health care provider first examining the partner.³

Effective clinical management of patients with treatable STIs requires treatment of the patients' current sex partners to prevent reinfection and curtail further transmission. Provider-assisted referral is considered the optimal strategy for partner treatment but is not available to many patients with STIs due to resource limitations. The alternative to EPT is to advise patients to refer their partners for treatment.

According to the CDC, EPT is permissible in forty-six states and potentially allowable in four states; there are no states where this practice is prohibited.⁴ Ongoing investigation is needed for the best use of EPT and for solutions to make EPT allowable in all states and territories. Additionally, due to a recent change in gonorrhea treatment, the current recommendation for EPT is for intramuscular (IM) antibiotic treatment; in this case, partners can be treated with oral antibiotics if EPT with IM therapy is not possible.⁵

A study from 2022 noted that only 70% of providers thought EPT was legal, and only 37% of those who thought it was legal offered EPT. Barriers to EPT included concerns about safety, the liability of prescribing without a medical examination, administrative concerns, and patient acceptance.⁶

Midwives should assess the risk of violence that may be associated with EPT, as EPT may not be appropriate in cases where the patient may be harmed. Certain STIs must be reported to the local department of public health, which reports de-identified data to the CDC. In some situations, public health officials may contact people to ensure they have received treatment. Midwives should advise patients about the possibility of partner contact from public health officials.

REFERENCES

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4. Centers for Disease Control and Prevention. Legal status of expedited partner therapy. Sexually Transmitted Diseases (STDs). Published April 19, 2021. Accessed September 26, 2023. <https://www.cdc.gov/std/ept/legal/default.htm>.
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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 Midwifery Certification Board (AMCB).

*Source: Clinical Documents and Standards Committee
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