Annex A – Overview of the Singapore Guidelines on Sexual Health for Women of Reproductive Age

1. Screening	**1.1 Recognise the importance of sexual health** • Sexual health is integral to overall health. A crucial aspect is sexual function, encompassing desire, arousal, orgasm, and satisfaction. • Women should be made to feel comfortable as much as possible when discussing sexual health, including sexual functioning, with healthcare professionals (HCPs). **1.2 Initiate the conversation** • Many women expect HCPs to initiate discussions when appropriate about sexual health. • Incorporate questions about sexual activity, contraception, sexually transmitted infections (STIs), pregnancy planning, and sexual concerns into routine history-taking when appropriate. **1.3 Identify appropriate healthcare providers** • Acknowledge that women may consult various HCPs regarding sexual health, including doctors (especially gynaecologists), primary care providers, nurses, physiotherapists specialising in women's health and mental health professionals. **1.4 Legitimise sexual health in clinical care** • HCPs should view the identification and management of sexual health issues as essential components of patient care.

2. Assessment	**2.1 Differentiate between concerns and dysfunction**
	
	• Distinguish between temporary sexual concerns/difficulties and persistent dysfunction requiring intervention.
	
	2.2 Use validated tools
	
	• Utilise brief questionnaires for assessing female sexual dysfunction (FSD), such as the Female Sexual Function Index-6 (FSFI-6)
	
	2.3 Apply the PLISSIT model
	
	• Use the **PLISSIT** (Permission, Limited Information, Specific Suggestions, Intensive Therapy) model for preliminary screening and intervention:
	
	  • **Permission**: Encourage patients to express sexual concerns.
	  • **Limited information**: Educate on how changes (e.g., menstrual cycle) can affect sexual function.
	  • **Specific suggestions**: Recommend practical solutions (e.g., lubricants, new intimacy methods).
	  • **Intensive therapy**: Refer for specialised treatment if necessary.

	2.4 Consider medical and psychological factors • Be aware of medical conditions, medications, psychological and social issues that may affect sexual function (bio-psycho-social). **2.5 Consider the role of the partner** • Involve the woman's partner when assessing sexual concerns, as sexual function can be influenced by both partners' health and communication.
3. Education	**3.1 Provide information on normal sexual response and function** • Educate patients about normal fluctuations in sexual function response due to factors like the menstrual cycle, stress, or relationship dynamics. **3.2 Address patient concerns** • Offer treatment options if concerns in sexual function are linked to significant distress and the patient desires intervention. **3.3 Promote safe sexual practices** • Encourage consistent barrier methods use and preventive measures against STIs.
4. Optimisation	**4.1 Manage health conditions affecting sexual function** • Manage sexual health issues such as vulva pain with appropriate treatments. • Address medical conditions (e.g., high blood pressure, diabetes, thyroid disorders) and their treatments that may impact sexual health. **4.2 Address gynaecological conditions** • Early diagnosis and multidisciplinary management of conditions like endometriosis and adenomyosis can prevent impairment of sexual quality of life. **4.3 Promote physical health** • Recommend regular physical exercise to enhance overall well-being and sexual function. Optimise pelvic floor health and provide referrals to pelvic floor physiotherapy as needed. **4.4 Support psychological well-being** • Screen for stress, mental health conditions, and relationship factors that may impact sexual function. • Provide referrals to counselling or psychological services when appropriate. **4.5 Consider partner's sexual health**

	• Assess and address any sexual dysfunction in male partners, as it can affect the woman's sexual function. **4.6 Monitor contraceptive impact** • Be aware that oral contraceptives may affect sexual function; monitor and adjust contraceptive methods as needed. **4.7 Refer when necessary** • Establish a network of clinical sexual health resources for referrals when first-line interventions are insufficient. • Consider a multi-disciplinary approach in managing sexual issues.
5. Preconception considerations	Women trying to conceive may experience increased stress, which can negatively impact sexual function. Infertility itself is associated with distress and can negatively impact sexual function. **Assessment** • Use validated questionnaires to assess sexual concerns. • Screen for infertility, defined as failure to conceive after 12 months of regular unprotected intercourse (or six months if over the age of 35). **Education** **5.1 Provide preconception counselling** • Advise on optimal frequency and timing of intercourse to increase reproductive efficiency. • Inform that coital position and post coital routines such as remaining supine after intercourse have not been shown to affect conception rates. **5.2 Address lubricant use** • Reassure that while some lubricants may affect sperm in vitro, their use does not significantly impact fertility in practice. **5.3 Discuss sexual function during conception efforts** • Acknowledge that trying to conceive can affect sexual routines and increase stress. • Offer support and resources for managing sexual concerns and stress during this time. **Optimisation** • Apply holistic approaches to optimise medical, psychological, and relationship factors affecting sexual health.
6. Antenatal considerations	Pregnancy introduces biological, psychological, and social changes that may alter sexual function.

	Screening • Incorporate questions about sexual well-being during antenatal visits in all trimesters if appropriate. • Use the PLISSIT model for preliminary screening. **Education** **6.1 Initiate discussions early** • Proactively inform patients that HCPs are available to address concerns about sex during pregnancy. **6.2 Inform about common changes** • Educate on typical changes in sexual function and frequency throughout pregnancy due to factors like physical and body image changes, fatigue, and hormonal shifts. **6.3 Provide reassurance** • If no medical or obstetric complications are present, reassure couples that sexual activity can continue safely if desired. **6.4 Offer practical advice** • Suggest adaptations for coital positions to accommodate physical changes. • Address sexual concerns such as dyspareunia with lubricants. **Assessment** • Utilise tools like the FSFI-6 to assess sexual function. • Evaluate for sexual dysfunctions, including Genito-Pelvic Pain/Penetration Disorder (GPPPD), which may affect delivery and persist postpartum. **Optimisation** • Refer to sexual health practitioners (section **4.7**) for conditions like GPPPD. • Screen for and address antenatal depression and anxiety, which can adversely affect sexual function.
7. Postnatal considerations	Postpartum women often experience significant changes in sexual function. **Screening** • Address sexual function during postpartum medical reviews. • Use the PLISSIT model to facilitate discussions. **Assessment** • Use tools such as FSFI-6 to assess for sexual dysfunction.

	• Evaluate healing of perineal injuries and address any bladder or bowel difficulties. **Education** **7.1 Advise on resumption of sexual activity** • Recommend waiting at least four to six weeks postpartum for healing and readiness before resuming sexual activity. **7.2 Discuss postpartum changes** • Educate on how hormonal changes, breastfeeding, contraception, and fatigue can affect sexual desire and function. **Optimisation** • Consider a multi-disciplinary approach in managing sexual issues. • Refer to pelvic health physiotherapy for management of perineal trauma and pelvic floor rehabilitation. • Address lifestyle factors to alleviate stress and fatigue. • Screen for postnatal depression and anxiety, providing referrals as needed.
8. Special considerations	**8.1 Abuse and trauma** • Recognise that a history of physical, emotional, or sexual abuse can negatively impact sexual function. • Consider referrals to specialised services that can provide trauma-focused support services, when appropriate. **8.2 Lesbian, Gay, Bisexual, Trans, Queer or Questioning+ (LGBTQ+) individuals** • Be inclusive and sensitive to the needs of LGBTQ+ individuals, acknowledging that they may face unique sexual health concerns. **8.3 Cancer survivors** • Address the specific sexual health challenges faced by women who have undergone cancer treatments. • Provide specialised support and referrals as needed. **8.4 Special populations** • Recognise that there are women who have unique sexual health concerns associated with specific physical, cognitive and/or medical challenges. • Provide specialised support and referrals as needed.

To access the Guidelines, please visit www.for.sg/sexual-health-guidelines.