
POSITION STATEMENT



Sexual and Reproductive Health

Effective Date: March 7, 2022
Status: Position Statement
Adopted by: ANA Board of Directors

Purpose

The purpose of this Position Statement is to guide ANA’s advocacy and policy engagement on issues related to nursing and sexual and reproductive health (SRH), as defined below. SRH issues include respect for a person’s reproductive choices; sex education; access to contraception; access to abortion care; ensuring equity in reproductive health, access, and care delivery; and matters of conscience for nurses in SRH care.

Background

The term SRH encompasses sexual health as an aspect of reproductive health. Sexual health is a “state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.” (WHO)¹

The World Health Organization (WHO) discusses the broader term reproductive health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.” Further, “reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability

¹ WHO. Sexual Health. Web content accessed January 19, 2022. https://www.who.int/health-topics/sexual-health#tab=tab_2

to reproduce and the freedom to decide if, when and how often to do so.”² (WHO)

This Position Statement also encompasses principles of reproductive justice, which are related to reproductive health in ways that could have implications for nursing. Reproductive justice is “the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.”³

The right to seek and receive reproductive health care in the United States has often been contested in the law and debated in public policy at the state and federal levels. For instance, access to contraception was not constitutionally protected until 1965 when the Supreme Court ruled in *Griswold versus Connecticut* (381 U.S. 479 (1965)). In 1973, the Supreme Court issued *Roe versus Wade* (410 U.S. 113 (1973)), which recognized a constitutional right to abortion during the first trimester of pregnancy. Since 1973, states and courts have refined abortion law and clarified the restrictive powers of state legislatures to regulate abortion care. Advocates in favor of and opposed to abortion rights have repeatedly sought judicial rulings to support their positions. In 2021, the Supreme Court agreed to reconsider *Roe versus Wade*.⁴

The Code of Ethics for Nurses acknowledges that patients under the care of a nurse have the moral and legal right to self-determination. Nurses have a duty to respect the decisions of their patients, including those decisions that are related to sexual health and pregnancy. Respect for patient decisions does not mean that the nurse must agree or support the decision. The Code of Ethics for Nurses requires nurses to provide their patients with “accurate, complete and understandable information in a manner that facilitates an informed decision.” Nurses should assist patients with weighing benefits, burdens, and available options, including the choice of no treatment, when discussing sexual health issues and pregnancy. ANA believes that nurses should be aware of the history of misogyny, racism, sexism and other forms of discrimination that has led to the existing inequities, inequalities and limited access to SRH care for certain populations. Nurses who provide SRH care should deliver care that promotes reproductive justice and sexual health within their scope of practice, such as care coordination that supports a patient’s decision not to have children, or to safely have and raise children in a just society.

Statement of ANA Position

ANA affirms:

- Everyone has the right to privacy and the right to make decisions about SRH based on full information and without coercion.

² See World Health Organization (WHO). Reproductive Health Indicators. Guidelines for their generation, interpretation and analysis for global monitoring. 2006.

³ SisterSong. Reproductive Justice. Web content accessed January 19, 2022.

<https://www.sistersong.net/reproductive-justice>

⁴ See Center for Reproductive Rights. Beyond Abortion: Roe and Other Rights. Web content accessed January 19, 2022. <https://reproductiverights.org/beyond-abortion-roe-and-other-rights/>

- Nurses are obligated to share with their patients in an unbiased manner all relevant information about SRH choices that are available and to support that patient regardless of the decisions that patient makes.
- Abortion is a reproductive health alternative that nurses and other providers can discuss when counseling patients.
- SRH care should be widely available, accessible, and affordable for all.
- Nurses have the right to refuse to participate in SRH care based on ethical grounds, as long as patient safety is assured, and alternative sources of care have been arranged.

Policy and Practice Recommendations

- Public programs that fund SRH care should:
 - Provide access to the full range of SRH care consistent with patient choice and other principles such as privacy and fully informed consent.
 - Promote care delivery models that include care coordination for the health of the whole person, including the need for SRH and supportive services.
 - Allow and support SRH care delivery by nurses practicing to full extent of their education, training, and licensing. Policies must not interfere with an SRH provider's ethical obligations, including the obligation to provide complete and accurate information about SRH and SRH care options.
 - Be administered with provisions that guard against patient coercion in treatment decisions, and ensure that the rights of minors to choose and access SRH care are protected consistent with their rights to choose and access non-SRH care.
- To the extent that federal and state laws regulate the provision of SRH, providers must not be subject to judicial process when they act within their scope of practice and ethical boundaries. Similarly, any such regulation must not be enforced against patients based on their exercise of choice in receiving SRH care.
- Health insurance plans should be accountable for providing access to the full range of services for SRH care. Provider networks should ensure adequate access to SRH care providers, including advanced practice registered nurses who are authorized to provide SRH care.
- Nurses should be knowledgeable about principles of reproductive justice as they relate to nursing care, health equity, and equitable access to care.
- Nurses providing SRH care should strive to create a non-judgmental atmosphere of shared decision making based on mutual respect, adequate factual information, and freedom from bias

or discrimination for the persons in their care and their families.

- Nurses who have concerns about the provision of specific SRH services have an obligation to notify potential employers and patients of those concerns, and to assist in referral to an alternative source of care.

Previous Position Statements

In 2010, the ANA Board of Directors adopted a Position Statement on Reproductive Health. This 2010 Position Statement required revision and updating in 2022 to enable ANA to speak to SRH issues as they are presented in contemporary terms. For instance, the 2010 Position Statement asserted ANA's belief that "abortion is a symptom of social failure." In this superseding Position Statement, ANA unequivocally disavows this perspective, and declines to express any social, professional, or personal judgment regarding abortion.

Further, the 2010 Position Statement did not acknowledge principles of reproductive justice. The 2022 Position Statement was updated accordingly to recognize a person's right to have children, not have children, and to parent children in safety; and further to set expectations for nurses to be familiar with this approach, as it relates to their provision of SRH care.

In other respects, this superseding Position Statement remains consistent with core statements in the 2010 document. For example, ANA retains the view, as expressed in the 2010 Position Statement: "ANA believes that the health care client has the right to privacy and the right to make decisions about personal health based on full information and without coercion. It is the obligation of the health care provider to share with the client all relevant information about health choices that are legal and to support that client regardless of the decision the client makes. ... If the state limits the provision of such information to the client, an unethical and inappropriate restraint will be imposed on the provider and the provider-client relationship will be jeopardized."

Retired statement:

- [Reproductive Health](#)

References

Note: This section includes sources that informed development of this statement even if not quoted directly.

American Nurses Association (ANA). Code of ethics for nurses with interpretive statements. 2015.

ANA. Letter to Secretary of Health and Human Services Xavier Becerra, supporting repeal of 2019 final Title X rule.

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