

Sterilisation

Introduction

General Comments and Directions

- These criteria assume that the couple/patient is having intercourse or would be in the near future. If they were not then they would not be eligible for publicly-funded long-term contraception.
- These criteria are intended to determine the priority of the couple for publicly funded long-term contraception (i.e., female sterilisation, male sterilisation and Mirena IUS). The specific treatment will be determined subsequently after informed discussion with the couple. (See *Modality of Treatment* below.)
- The score should be calculated during the consultation, and the patient informed whether they will be accepted for publicly funded treatment.
- If there is a conflict between generally accepted clinical practice and the decision made by comparing a patient's criteria score to the threshold, then generally accepted clinical practice should prevail. If there are exceptional factors in a particular case which are outside those covered in the criteria, the booking status may be overridden and the reason for the exception provided.

Consideration of Regret

Once eligibility for a publicly-funded procedure has been determined, the particular treatment is considered with the patient / couple. In considering the most appropriate form of treatment, risk of regret is a very important factor to consider. Factors associated with an increased risk of regret are:

- Age < 30 years
- Either party giving reasons for long-term contraception other than enough children
- Time since last pregnancy – particularly if < 1 year
- Risk of relationship breakdown
- Inadequate consideration of alternative options
- Emotional instability.

If any of these factors are present then Mirena IUS may well be the preferred option.

Prioritisation

Long Term Contraception

Impact on Life - Family

Adverse effects on the family (including mother and baby) of another child.

The criterion refers to adverse psycho-social consequences of another child, including socio-economic hardship, effect on the family members (including the mother and new child).

The criterion **excludes** risks to the mother occurring **during** the pregnancy and reflects the impact of another child coming into this family.

Low impact on life

- No significant financial hardship.
- Care of the other children not compromised.
- Degree of impact to the mother = minor inconvenience.

Moderate impact on life

- Some financial hardship, e.g. unable to return to work and struggle to pay the mortgage.
- Destabilisation of the family.
- Compromise to some aspects of the other children's care.

High impact on life

- Sufficient financial hardship to seek dependency on outside agencies.
- High risk of destabilisation of the family (child at risk of adoption, partner likely to leave).
- Significant risk to the health and welfare of this child (infanticide, child abuse) or to other children.
- High risk of long-term post partum depression.
- This includes risk (>5%) of having a child with a major handicap/disability.

- Low impact on life
- Moderate impact on life
- High impact on life

Impact on Life - Health risk to the mother during another pregnancy

- No risks above background risk of pregnancy
- Risk of reversible disabling disorder during pregnancy (e.g. severe hyperemesis, severe symphyseal pain.)
- Increased risk (<1%) of death or long-term disability (Previous caesarean section, previous ectopic pregnancy, previous 3rd degree tear.)
- Increased risk (1–5%) of death or long-term disability (In best opinion of the clinician; recognising lack of good data.)
- Increased risk (>5%) of death or long-term disability (In best opinion of the clinician; recognising lack of good data.)

Impact on Life - Adverse effect of the best alternative forms of contraception

This criterion refers to the best alternative other than female sterilisation, male sterilisation or Mirena IUS. This criterion is focused on the side-effects of, and contra-indications to, the next best alternative for this patient. This criterion excludes irregularity of contraceptive use, which is covered in Likelihood of Future Unintended Pregnancy.

Low Impact on Life

- Patient preference (pure patient preference vs actual experience).
- Minor nuisance symptoms (e.g. nausea from COCP).
- Occasional dysmenorrhoea (e.g. from IUCD), but controlled by pain relief.
- Occasional intermittent bleeding (e.g. from Depo-Provera).

High Impact on Life

- Major patient concern, leading to a risk of stopping contraception.
- Risk of medical problems, e.g. vascular disease, thromboembolism, anaemia.
- Disabling symptoms secondary to contraception.

- Low impact on Life
- High impact on life

Likelihood of future unintended pregnancy

- Using contraception effectively
- Occasionally not using contraception effectively
- Frequently not using contraception effectively (This includes not using contraception at all.)