

# 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.)