Female sterilization

Referral Criteria

Referrals for sterilization will generally be accepted if the woman meets the first 4 criteria plus either of the criteria five, six or seven.

1. Is the woman certain that her family is complete or that she never wants children in the future and is she aware that the procedure is permanent but has a failure rate, has information on the success rate for reversal and that reversal is not routinely funded on the NHS?

2. Has the woman received counselling about other options including consideration of all other contraceptive options including LARC?

3. Is the woman of sound mental capacity? (See RCOG UK National sterilization guidelines 2004) If there is any question of a person not having the mental capacity to consent to a procedure that will permanently remove their fertility, the case should be referred to the courts for judgment.

4. Both vasectomy and tubal occlusion should be discussed with all men and women requesting sterilization and women are informed that vasectomy carries a lower failure rate in terms of post-procedure pregnancies and that there is less risk related to the procedure.

5. Has LARC been used in a flexible 12 month trial* and found it unsuitable?

6. There is an absolute medical contraindication to pregnancy

7. The woman has an absolute clinical contraindication to LARC or has severe side effects to the use of LARC or declines a trial of LARC after counseling from a healthcare professional experienced in fitting these devices.

Additional care must be taken when counselling people under 30 years of age or people without children who request sterilization.

* Flexible 12 month trial - The woman will undertake a flexible trial of a 12 month LARC method unless it has adverse effects (side effects affecting the patient’s quality of life). In these circumstances, a clinical judgment may be undertaken to reduce the trial duration.

In addition patients with a BMI of 30 and above should receive advice and support to aid weight loss prior to admission for sterilization in order to reduce anaesthetic and post-operative complications.

Where sterilization is to take place at the time of another procedure such as caesarean section (counselling and consent should have been given at least one week prior to the procedure).

Tubal occlusion should be performed after an appropriate interval following pregnancy wherever possible. Should tubal occlusion be requested in association with pregnancy (either postpartum
or post-abortion), the woman should be made aware of the increased regret rate and the possible increased failure rate. Women should be informed that, if tubal occlusion fails, the resulting pregnancy may be ectopic.

**Exceptions to these recommendations include the following:**

- Where the history reveals a medical condition that would benefit from an alternative form of contraception. E.g. Menorrhagia would benefit from an alternative form of contraception such as an LNG-IUS; it would reduce the menorrhagia and also provide long-term contraception. A hysterectomy may be an alternative if significant gynaecological pathology, such as large fibroids or a prolapse, is present.