

Commissioning Policy

Female Sterilisation

Criteria Based Access (CBA)

Date adopted: 10 December 2024

Version: V4

Authorisation and document control

Name of policy:	Female Sterilisation
Job title of author:	Senior Commissioning Programme Manager
Name of sign off group:	Commissioning Policy Review Group (CPRG)

Equality and Engagement Impact Assessment	
Date Equality and Engagement Impact Assessment was completed:	

Consultation	
Name of group	Date considered
GHFT Interface Lead	November 2024
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Authorisation	
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To be reviewed by (Job Title)	Commissioning Manager (Planned Care)

Version control				
Version number	Date	Summary of changes	Author/Editor	Approved by
V1	08.12.2017			
V2	01.02.202	Minor word adjustment; 'single' removed before permanent partner. [3b]. Review date changed to January 2023	IFR Manager	Effective Clinical Commissioning Policies Group (ECCP)
V3	21.03.2023	Wording added to Note box regarding coercion from family/friends.	IFR Manager	Effective Clinical Commissioning Policies Group (ECCP)

		Link to British Association for Sexual Health and HIV guidance for responding to domestic abuse in sexual health settings in the Evidence Base box. Ratified by Executive Directors 30.03.23. Review date changed to March 2026		
V4	10.12.2024	Changes to move policy to CBA from CBA+PA. Policy moved to new template.	Senior Commissioning Programme Manager	Commissioning Policy Review Group (CPRG)

1.0 Background

Sterilisation is a procedure that permanently removes an individual's fertility. Sterilisation can be carried out on a male (vasectomy) or female (normally by tubal occlusion).

This policy is intended to ensure sterilisation is only carried out after appropriate discussion of alternatives. Sterilisation should only be considered after full counselling on complications, failure rates and all alternative contraceptive methods.

Patients must be well informed about the permanent nature of the procedure and that reversals will not be routinely funded on the NHS. Patients must be advised that Long-Acting Reversible Contraception [LARC] or Vasectomy are the routinely commissioned treatment for patients seeking contraception advice.

Vasectomy has a low failure rate, is a less invasive procedure and has fewer complications compared to procedures for female sterilisation.

2.0 Policy statement

Policy category	Policy details
CBA	<p>Funding approval for surgical treatment will only be funded by the ICB as a standalone procedure or during a caesarean section in women who meet all of the following criteria:</p> <p>The patient has received counselling about all other forms of contraceptives. Long-acting reversible contraception has been discussed, tried, refused, or deemed unsuitable.</p> <p>AND</p> <p>She is certain her family is complete.</p> <p>AND</p> <p>a) Vasectomy of the male partner is the preferred option and has been discussed but is unwanted or impractical. OR b) The female does not have a permanent partner</p> <p>AND</p> <p>She understands that the sterilisation procedure is irreversible, and the reversal of sterilisation operation would not be routinely funded by the ICB.</p> <p>AND</p> <p>She understands that she will be required to avoid sex or use effective contraception until the menstrual period following the operation and that sterilisation does not prevent against the risk of sexually transmitted infections.</p>

	<p>NOTE: Female sterilisation will be routinely funded in women who have a medical condition making pregnancy dangerous and where LARC is contra-indicated or inappropriate.</p> <p>Clinicians should be aware that some patients maybe under coercion from partners and / or family members for this procedure to be undertaken.</p>
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3.0 Patients who are not eligible for treatment under this policy

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Individual cases will be reviewed at the ICB's Individual Funding Request Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

4.0 Connected policies

None

5.0 References

This policy has been developed with the aid of the following references:

Faculty of Sexual and Reproductive Healthcare. (2014). FSRH Clinical Guidance: Male and Female Sterilisation Summary of Recommendations. Retrieved from FSRH.org:

www.fsrh.org/standards-and-guidance/documents/cec-ceu-guidance-sterilisation-cpd-sep-2014/

Loof S., D. B. (2014). Perioperative complications in smokers and the impact of smoking cessation interventions [Dutch]. Tijdschrift voor Geneeskunde, vol./is. 70/4(187-192).

Thelwall, S. P. (2015). Impact of obesity on the risk of wound infection following surgery: results from a nationwide prospective multicentre cohort study in England. Clinical microbiology and infection: the official publication of the European Society of Clinical Microbiology and Infectious Diseases, , vol. 21, no. 11, p. 1008.e1.

British Association for Sexual Health and HIV guidance for responding to domestic abuse in sexual health settings:<https://www.bashhguidelines.org/media/1085/responding-to-domestic-abuse-in-sexual-health-settings-feb-2016-final.pdf> P.22 lists "Perpetrator asserting contraceptive control" as a risk factor for domestic abuse.