

Screening Checklist for Female Sterilization

All women can have female sterilization. No medical conditions prevent a woman from using female sterilization. This **checklist** asks the client about known medical conditions that may limit when, where, or how the female sterilization procedure should be performed. Ask the client the questions below. If she answers "**no**" to all of the questions, then the female sterilization procedure can be performed in a **routine setting** without delay. If she answers "**yes**" to a question, follow the instructions, which recommend **caution, delay, or special arrangements**.

In the checklist below:

Caution means the procedure can be performed in a routine setting but with extra preparation and precautions, depending on the condition.

Delay means postpone female sterilization. These conditions must be treated and resolved before female sterilization can be performed. Give the client another method to use until the procedure can be performed.

Special means special arrangements should be made to perform the procedure in a setting with an experienced surgeon and staff, equipment to provide general anesthesia, and other backup medical support. For these conditions, the capacity to decide on the most appropriate procedure and anesthesia regimen also is needed. Give the client another method to use until the procedure can be performed.

1. Do you have any current or past female conditions or problems (gynecologic or obstetric conditions or problems), such as infection or cancer? If so, what problems?

___ NO ___ YES If she has any of the following, use *caution*:

- Past pelvic inflammatory disease since last pregnancy
- Breast cancer
- Uterine fibroids
- Previous abdominal or pelvic surgery

➤ If she has any of the following, *delay* female sterilization:

- Current pregnancy
- 7–42 days postpartum
- Postpartum after a pregnancy with severe pre-eclampsia or eclampsia
- Serious postpartum or post-abortion complications (such as infection, hemorrhage, or trauma) except uterine rupture or perforation (*special*; [see below](#))

- A large collection of blood in the uterus
- Unexplained vaginal bleeding that suggests an underlying medical condition
- Pelvic inflammatory disease
- Purulent cervicitis, chlamydia, or gonorrhea
- Pelvic cancers (treatment may make her sterile in any case)
- Malignant trophoblast disease

➤ If she has any of the following, make *special* arrangements:

- AIDS (see Female Sterilization for Women With HIV)
- Fixed uterus due to previous surgery or infection
- Endometriosis
- Hernia (abdominal wall or umbilical)
- Postpartum or postabortion uterine rupture or perforation

2. Do you have any cardiovascular conditions, such as heart problems, stroke, high blood pressure, or complications of diabetes? If so, what?

___NO ___YES If she has any of the following, use *caution*:

- Controlled high blood pressure
- Mild high blood pressure (140/90 to 159/99 mm Hg)
- Past stroke or heart disease without complications

➤ If she has any of the following, *delay* female sterilization:

- Heart disease due to blocked or narrowed arteries
- Blood clots in deep veins of legs or lungs

➤ If she has any of the following, make *special* arrangements:

- Several conditions together that increase chances of heart disease or stroke, such as older age, smoking, high blood pressure, or diabetes
- Moderately high or severely high blood pressure (160/100 mm Hg or higher)
- Diabetes for more than 20 years *or* damage to arteries, vision, kidneys, or nervous system caused by diabetes
- Complicated valvular heart disease

3. Do you have any lingering, long-term diseases or any other conditions? If so, what?

___NO ___YES If she has any of the following, use *caution*:

- Epilepsy
- Diabetes without damage to arteries, vision, kidneys, or nervous system
- Hypothyroidism
- Mild cirrhosis of the liver, liver tumors (Are her eyes or skin unusually yellow?), or schistosomiasis with liver fibrosis
- Moderate iron-deficiency anemia (hemoglobin 7–10 g/dl)
- Sickle cell disease
- Inherited anemia (thalassemia)
- Kidney disease
- Diaphragmatic hernia
- Severe lack of nutrition (Is she extremely thin?)
- Obesity (Is she extremely overweight?)
- Elective abdominal surgery at time sterilization is desired
- Depression
- Young age
- Uncomplicated lupus

➤ If she has any of the following, *delay* female sterilization:

- Gallbladder disease with symptoms
- Active viral hepatitis
- Severe iron-deficiency anemia (hemoglobin less than 7 g/dl)
- Lung disease (bronchitis or pneumonia)
- Systemic infection or significant gastroenteritis
- Abdominal skin infection
- Undergoing abdominal surgery for emergency or infection, or major surgery with prolonged immobilization

➤ If she has any of the following, make *special* arrangements:

- Severe cirrhosis of the liver
- Hyperthyroidism
- Coagulation disorders (blood does not clot)
- Chronic lung disease (asthma, bronchitis, emphysema, lung infection)
- Pelvic tuberculosis
- Lupus with positive (or unknown) antiphospholipid antibodies, with severe thrombocytopenia, or on immunosuppressive treatment

Source: *WHO Family Planning: A Global Handbook for Providers, 2011*

Roleplay Observation Checklist

Case: _____ Provider: _____ Client: _____ Observer: _____ Date: _____							
Overall: Communicate Effectively and Maintain Rapport Shows respect and avoids judging client Maintains relaxed, friendly and attentive body postures and eye contact Uses simple, clear language Uses open-ended and probing questions correctly Listens carefully to client (paraphrases and reflects) Asks client about feelings (and shows empathy) Encourages client participation Explains what will occur during visit and procedures Ensures client understanding and corrects misunderstandings Uses job aids appropriately Offers to involve client's partner Records data according to protocols..... Establish Rapport and Assess Client's Needs and Concerns Greets client appropriately Ensures confidentiality and privacy and that client is comfortable Asks about reason for visit Asks about client's partner(s), children, family, sexual behavior, health Asks about plans to have children, desire for FP (e.g., spacing, limiting) ... Explores STI risk and what client does to avoid STIs Identifies areas to evaluate during physical exam (if indicated)	Yes	No	N/A	Help Client Make an Informed Decision or Address a Problem Asks client if he or she has any questions about methods of interest Asks client to choose a method Uses screening checklist to determine if client can use the method Agrees on decision or plan in partnership with client Provide Assistance to Support Client's Decision Gives contraceptive method and condoms for dual-method use, if needed Explains and/or demonstrates correct use Asks client to explain or demonstrate correct use, and reinforces client's understanding and/or corrects client's demonstration Reminds client about side effects and reasons for returning Gives treatment, supplies, medications (as indicated) Role plays or rehearses negotiation skills and helps client plan approach Arranges follow-up, resupply, and referral to other services, as needed ... Case-Specific Observations or Questions:	Yes	No	N/A

Provide Information and Options Related to Client's Concerns Advises on preventing STIs (i.e., abstain, fewer partners, use condoms) Advises on achieving desired pregnancy as safely as possible..... Explains benefits of FP and healthy spacing..... Helps client identify FP methods suited to her or his needs..... Gives information on FP methods of interest Responds to other client questions or concerns			
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