# Columbus County Health Department Policy and Procedure
## Protocol for Patients Wanting Permanent Sterilization

<table>
<thead>
<tr>
<th><strong>Policy Title:</strong></th>
<th>Protocol for Patients Wanting Permanent Sterilization</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Area:</strong></td>
<td>Maternity, Family Planning, OB Case Manager</td>
</tr>
<tr>
<td><strong>Policy Identifier:</strong> (optional)</td>
<td></td>
</tr>
<tr>
<td><strong>Effective Date:</strong></td>
<td>March 1st 2004</td>
</tr>
<tr>
<td><strong>Approval Date:</strong></td>
<td>6/1/2009</td>
</tr>
<tr>
<td><strong>Revision Date(s):</strong></td>
<td>6/1/2009, 7/20/2010, 8/30/10, 11/21/2014</td>
</tr>
<tr>
<td><strong>Approve by:</strong></td>
<td>Kim Smith RN, BSN, MSHCA Director</td>
</tr>
</tbody>
</table>
| **Approved by:** | Hilda Memory RN, BS, MSHA  
Cathy Mann, Nurse Practitioner |

**Purpose:**

To facilitate clients choice of bilateral tubal ligation

**Definitions:**

Columbus County Health Department (CCHD) will assist patients in obtaining a bilateral tubal ligation.

**Responsibilities:**

OB/GYN Nurse Practitioners, OB Case Manager, Public Health Nurse (PHN)

**Procedures:**

### Medicaid Clients

1. All patients interested in permanent sterilization will be referred to the OB Case Manager. [Consent for Sterilization](#) if they are a current OBCM patient. Nursing staff will review all other sterilization information with all other patients. Nursing staff may request OBCM take the form(s) to OB Physician’s office.
2. All Medicaid patients interested in permanent sterilization will be given all the information and assisted with sterilization consent form(s).
3. All patients are counseled on methods of birth control and referred to a desired source of service (private, health department clinics or other clinics). Patients may consider IUD, or Implanon insertion verses permanent sterilization.
4. The OB Case Manager will assist the OB Case Management patient, in filling the out appropriate forms at 27-28 weeks gestation (or earlier if high risk), give the patient a copy, and then take the original to the supervising OB Physician’s office (Baldwin Woods OBGYN) within 30 days.
5. Documentation will be completed in patient’s medical record in CMIS or **CureMD**
electronic medical records.

6. If no Title X or Medicaid/Title XIX or other Federal Funds available for this procedure the patient may be put on a waiting list or referred to DSS for evaluation for the Be Smart Program which covers both Tubal Ligation for females (age 19-55) and a Vasectomy for males (age 19-60) if they met all the criteria.

7. The term “perform” means to pay for or directly provide the medical procedure itself. “Arrange for” means to make arrangements (other than mere referral of an individual to, or the mere making of an appointment for him or her with another health care provider) for the sterilization of an eligible individual by a health care provider other than the local agency. “Arrange for” also applies when the local agency is actively involved in the planning and/or setting up of the sterilization procedures itself. NOTE: Local agencies (DSS) that provide sterilization services as part of the Be Smart Program, must report the procedures. In this case the DHHS Form 3059 will be used. Local agencies that neither “perform” nor “arrange for” sterilizations supported with federal funds, must submit annually by August 15th, a letter requesting a waiver from the annual reporting requirement for sterilization services. The letter may state the local agency does not, nor does it plan to engage in performing or arranging for sterilizations during the year. Form PHS – 6044 (revised), and the waiver letter request should be sent to:

Women’s Health Branch
1929 Mail Service Center
Raleigh, NC 27699-1929
Attn: Family Planning Program Consultant
Fax: 919-870-4827

8. Patients may consider IUD, or Implanon verses permanent sterilization.

9. If CCHD staff “Performs” or “Arranges for” sterilizations the Maternity Coordinator (Nurse Practitioner) will send a report of all sterilizations (Federal Title X, Medicaid/Title XIX or other Federal Fund), including vasectomies to the Central Office, 1929 Mail Service Center, Raleigh, Attention: Family Planning Program Consultant N.C. 27699-1928 by January each year.

Non Medicaid Clients: (Grant approved money-State funding)

1. Clients may come to the Family Planning Clinic for assistance and information regarding permanent sterilization.

2. The patient will make arrangements for the permanent sterilization procedure with a physician of their choice.

3. Information will be given to patients who desire permanent sterilization entitled: Information for Women Your Sterilization Operation and/or Information for Men Your Sterilization Operation.

4. The client will be instructed to take the signed consent form to their physician of choice that will be performing the procedure. (Prior agreement with the physician will have been made to work out the details of the procedure)

5. Consent form for permanent sterilization will be signed by the client (same as Medicaid clients) as well as a release of medical record form to obtain medical records from Columbus County Health Department and both will be taken to physician of choice that will be performing the procedure.
6. Documentation of the above will be noted in the nurse’s notes.
10. If the patient has insurance or is self pay for procedure, the patient will sign consent and payment agreement in Physician’s office and the office will arrange details.

**Note:** No staff may coerce or endeavor to coerce any person to receive a permanent sterilization procedure and anyone who would do so is subject to prosecution under Federal Law

<table>
<thead>
<tr>
<th>Laws and Rules:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title X Agreement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reference(s):</th>
</tr>
</thead>
</table>