



First Nations Health Authority  
Health through wellness



Perinatal Services BC  
Provincial Health Services Authority

## A SHARED DECISION-MAKING GUIDE AND FORM

# Informed Consent for Contraception

**This document can be used as a guide to having a conversation with a patient about methods of birth control. Its purpose is to help prevent decisions about contraception being made in an acute setting (that is, just before, during or after giving birth) and to ensure the patient's voice is heard and understood.**

The form can be used a checklist for ensuring that consent to a contraception method is informed and has been given freely and prior to the acute setting. **Note:** This form cannot be used in place of surgical or procedural consent. Surgeries and procedures require a separate consent form as well.

## INFORMED CONSENT GUIDE

### CULTURAL SAFETY AND HUMILITY

In a healthcare provider—patient relationship, the patient's interests always come first. Cultural humility and safety must be the backbone of care, and care must be provided in a way suitable to and in line the patient wishes.

- **Cultural Safety** is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.
- **Cultural Humility** is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.

The quality of the care provided will be measured not just by medical skill but by communication. Communication with the patient must be culturally safe (respectful and non-racist). It must also allow the patient time to think about everything in order to make their own decisions, which may require multiple visits.

### PATIENT'S CHOICE

When it comes to birth control, it is the patient's choice, and the patient's choice alone, which method of birth control they want or whether to use birth control at all.

Where the patient is a part of a group that has been discriminated against, such as First Nations, Métis and Inuit people, the requirements of consent are even greater.

Replacement decision-making (healthcare providers or others making decisions for patients), is unethical with respect to methods of birth control.

### SHARED DECISION-MAKING

Seeking consent for any form of birth control (including tubal ligation) while a patient is in the peripartum period (just before, during and after giving birth) is medically negligent and unethical.

The healthcare provider must explain the risks and benefits of the birth control method chosen to the patient before the patient goes into labour and delivery. The patient must be given time to consider their options and genuine desires before this period (this is called shared decision-making over time).

Consent cannot be obtained when a patient is under pressure, is under the influence of pain medications or sedation, or has suffered a traumatic delivery.

A patient may withdraw consent at any time.

# INFORMED CONSENT FORM

## DISCUSSION INITIATION

Has the contraception discussion been initiated by the  HEALTHCARE PROVIDER or the  PATIENT?

## PATIENT INFORMATION

*Ask the patient these questions or have the patient fill out the form themselves:*

1. What is your name?

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2. What is your preferred language?

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3. Do you want an interpreter, spiritual guide, cultural support, knowledge keeper or other support person to be involved in this conversation to help you understand the questions I will ask you? If so, who?

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4. How are you feeling?

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5. Are you feeling stressed or not up to discussing this at this time? Do you feel like talking about contraception options today or would you prefer another time?

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6. What is your date of birth?

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7. What is your Personal Health Card Number?

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8. What is your phone number?

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## HOME COMMUNITY

*Ask the patient:*

1. Where are you coming to the hospital from?

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2. How far is it from the hospital?

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3. How easy or hard is it to get here?

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4. What method of transport do you use to get to hospital from your home community?

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5. What social supports are available at home?

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## MANAGING CONTRACEPTION

1. Life commitments can have an impact on how contraception is managed. Is there anything you'd like to talk about that can help us support you?

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2. Is there anything we can do to help support you in managing your contraception (for example, storing your medications for you)?

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3. What health care resources do you have in your home community (Options for Sexual Health (OPT) clinic? FNHA nursing station? band healthcare station? medical doctor? nurse practitioner? other?)

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4. What are your goals for contraception? (How long would you like to use it for? Short or long term?)

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5. Have you used contraception methods in the past? If so, how did these work for you?

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6. Most methods of contraception are covered by FNHA Health Benefits, although some brands might not be covered. For more information, please contact FNHA Health Benefits directly: phone (toll-free): 1-855-550-5454; email: [healthbenefits@fnha.ca](mailto:healthbenefits@fnha.ca)

## MEDICAL RISKS OF CONTRACEPTION

*Review the medical risks and contraindications of the various methods with the patient.*

1. Discuss the risks of contraception

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2. Discuss the patient's options

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3. Discuss the side effects. Ask the patient if they have any concerns (for example, about milk production or future fertility) and discuss their concerns with them

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## SOCIAL RISKS OF CONTRACEPTION

*Review the social risks of the various methods with the patient:*

1. Discuss whether the various methods are reversible

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2. Discuss whether the various methods can be stopped or reversed by the patient. If not, ask the patient if there is someone in the home community who can help stop or reverse the method if the patient decides to do so. If the patient does not have someone who can help, talk with them about their options and what to do if the situation does arise

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3. List the methods discussed with the patient. If tubal ligation or procedural contraception was discussed, see the surgical consent form.

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4. Record the method chosen by the patient

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5. Discuss the follow-up plan at the home community with the patient

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**SIGNATURES**

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PATIENT SIGNATURE

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WITNESS SIGNATURE

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HEALTH CARE PROVIDER SIGNATURE

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DATE OF FIRST DISCUSSION

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DATE AT WHICH CONSENT GIVEN

*NOTE: If consent is given at the time of delivery, the choice of contraception method must be confirmed to have been discussed during the antenatal period and must be documented in the patient's antenatal record.*

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HEALTH CARE SITE AT WHICH CONSENT GIVEN

**NOTES**

*Please record last minute conversations, concerns, changes in decision or in medical state impacting decision, and any further concerns or comments:*

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