

My Decision: A Decision Aid for Tubal Sterilization

Problem

Prior research has shown that among women who underwent tubal sterilization:

- Nearly half incorrectly believed that sterilization reversal could easily restore fertility
- Over a third incorrectly believed the fallopian tubes will grow back together or unblock themselves
- Over a quarter didn't know there are equally effective but reversible contraceptive methods
- Inadequate pre-sterilization counseling is linked with post-sterilization regret

"I wanted to know exactly what I was going to have done. I had a hard time finding out. That's what I wanted to know, was I gonna get cut? Was I gonna get tied? Really what was going to happen to me?"

- Needs Assessment Participant

Context

Individuals from marginalized communities, including people living on lower incomes, have been subjected to historical and ongoing coercive sterilization. This underscores the critical need to ensure informed and voluntary consent for permanent contraception in these communities.

➔ These data indicate that provider counseling is suboptimal, therefore precluding people from making informed decisions about tubal sterilization.

We developed a novel patient-facing decision aid to support evidence-based and value-concordant decision making about tubal sterilization among people living on Medicaid insurance.

Development

My Decision/Mi Decisión was developed using human-centered design principles and a systematic process that involved:

- Needs assessment with low-income people who had considered tubal sterilization
- Input from providers who perform tubal sterilization
- Collaboration with a multidisciplinary steering committee, including reproductive justice advocates, ethicists, decision scientists, providers, and people with lived experience
- Cognitive interviews and beta testing with potential end users



Testing

My Decision/Mi Decisión is being tested in a randomized control trial (decision aid versus usual care) with 350 pregnant people in Pennsylvania, California, and Tennessee who were considering tubal sterilization and have Medicaid insurance.

*Data collection for primary outcomes is complete, and we are still collecting longitudinal data for secondary outcomes; † Results were adjusted for study site; § Decisional conflict measures certainty in one's decision: the scale runs 0-100 where 0 is lowest conflict/highest certainty

This decision aid significantly increases tubal sterilization knowledge and significantly decreases decision conflict.

Results

