

Determining whether to consent to contraception, menstrual regulation or menstrual suppression

This policy relates to the use of pharmacological products, which inhibit ovulation or otherwise control a woman's fertility and menstrual cycle, and the use of invasive non-pharmacological medical products for the purposes of contraception.

This policy excludes any treatment carried out for the purpose of terminating pregnancy and any treatment in the nature of tubal occlusion.

RELEVANT LEGISLATION

NSW Guardianship Act 1987 Section 4 General Principles

NSW Guardianship Act 1987 Part 5

NSW Guardianship Regulations 1989 Part 2

Note: The Guardianship Regulations 1989 state that:

- menstrual regulation is a minor medical treatment;
- menstrual suppression is a major medical treatment;
- contraception (depending on the product used) can be either a minor or major medical treatment.

As contraception and the regulation or suppression of menstruation can be achieved with the same range of pharmacological products the intent of the treatment must be clearly identified before consent will be given. All applications to the Public Guardian for consent to the use of contraceptives, menstrual suppressants and menstrual regulants must be in writing.

POSITION STATEMENT

The Public Guardian believes that people with a disability should be given opportunities and assistance to develop the skills necessary to achieve autonomy in every aspect of their life. A person with a disability has the same right of access to a range of methods of contraception as any member of the community. Where people require support in the area of sexual health, the nature and level of support should be given in ways that best meets their individual needs. The Public Guardian supports the right of a person who has a disability to have freedom of choice and to exercise the least restrictive option in relation to the management of their menstruation and/or contraception.

Contraception

While the Public Guardian recognises that women with a disability have the right to be protected from sexual abuse and exploitation, consent will not be given to contraception as the sole strategy to minimise the potential risk of harm in these situations. The Public Guardian considers that necessary resources should be provided to women with a disability to protect them, as far as possible, from abuse. Consent to a contraceptive treatment in situations of potential abuse will only be given in cases where issues of the person's freedom of action and exposure to risk have been considered, and it is necessary to protect the woman from unwanted pregnancy.

The Public Guardian supports women with a disability having access to appropriately trained family planning professionals for counselling regarding the need for, and method of, contraception treatment prior to its use.

The Public Guardian will not consent to a contraceptive treatment on the basis of a woman's disability alone.

In considering applications for consent to contraceptives, menstrual suppressants or menstrual regulants the Public Guardian will require evidence and advice (provided through medical and/or gynaecological assessment) which address the risks and benefits to the woman of the proposed treatment.

Menstrual regulation and suppression

Menstrual regulation or suppression may be an appropriate treatment to:

- treat specific medical conditions;
- prevent ongoing serious pain or distress associated with menstruation;
- assist where severe behavioural disturbances preclude the woman from being able to manage her own menstruation;

or

- where continued menstruation places the woman's health is at serious risk.

Applications for consent to menstrual regulation or suppression must clearly identify the intent of the treatment. In all cases the intent to control the women's menstrual cycle must be demonstrated to be clearly in her interests. Where it is proposed that menstruation is to be suppressed rather than regulated there must be evidence that there is a need for this more restrictive form of treatment.

In all applications for consent to menstrual control, the Public Guardian will consider what opportunities the woman has had to develop the self-management of her menstruation.

FACTORS CONSIDERED BY THE PUBLIC GUARDIAN BEFORE MAKING A DECISION.

Views available

- What is the understanding and the view of the woman regarding the proposed treatment?
- What are the views of the woman's spouse/partner (if any)?
- What are the views of the woman's family and others important in her life?

Information from service providers concerning whether:

- a gynaecological assessment is needed;
- further assessments are needed;
- information has been provided regarding prior treatment;
- there are any specific contra-indications or risk for the woman;
- any physical or emotional side-effects of the medication are expected;
- there is a plan to review the medication and the time frame proposed for this review.

Other relevant issues

- Are there cultural or religious issues which need to be considered?
- What opportunities and support are there for the woman to develop the skills and understanding necessary to achieve maximum choice and control in the area of women's health?

Contraception

- Is the intention of the contraception treatment solely to prevent pregnancy?
- Is the woman, or is she likely to be, sexually active and has she had appropriate and adequate education about sexual intercourse and relationships?
- What are the pregnancy risk factors for the woman?
- Is contraception being sought to address risk associated with potential sexual abuse of the woman?

Menstrual regulation

- What is the woman's menstrual history?
- What are the benefits to the woman of menstrual regulation?
- Is the medication being proposed for reasons other than, or in addition to, predictability of menstruation?

Menstrual suppression

- What is the woman's menstrual history?
- What are the benefits to the woman of menstrual suppression?
- What menstrual management techniques have been trialled and what were the results?
- What is the potential for the woman to develop new skills to assist her with the management of her menstruation?
- Does menstruation pose a health risk for the woman or for others?
- Is the woman's pre-menopausal status known, and has it been considered?
- Is the medication being proposed for reasons other than, or in addition to, the suppression of menstruation?

OTHER RELATED OPG POSITION STATEMENTS

Determining whether to consent to proposed medical or dental treatment

Valuing the cultural, linguistic and religious background of the person under guardianship