

She deserves every option, even his.

When a couple's family is complete, the path to permanent contraception too often falls on her. You're not being asked to replace that conversation, only to make sure it includes him.

1 in 2

Women seeking postpartum permanent contraception reported being counseled about vasectomy.

Larkin et al., *Contraception*

Hers, not his

Most plans must cover female sterilization without cost sharing. There is no federal requirement for vasectomy

ACA preventive services rules; KFF

How the options compare

Every method has a place. The difference is who carries it, and for how long.

	Vasectomy	Tubal sterilization	Hormonal IUD	Copper IUD	The pill
Who carries it	Him, once	Her, once	Her, for years	Her, for years	Her, every day
Hormones	None	None	Progestin	None	Estrogen and/or progestin
Upkeep	One semen test at about 3 months	None	Replace every 3–8 years	Replace every 10+ years	Daily pill, refills, regular visits
Pregnancies per 100 couples in a year (typical use)	0.15	0.5	0.1–0.4	0.8	7
Procedure	Office visit, local anesthesia; effective once testing confirms	Surgery, usually under general anesthesia	In-office insertion; can be painful	In-office insertion; can be painful	None
Common effects	Brief soreness; rare chronic pain	Surgical recovery and risks	Irregular spotting; often lighter periods	Heavier periods and cramps	Spotting, nausea, mood changes; estrogen raises clot risk for some
Reversible	Meant to be permanent	Meant to be permanent	Yes	Yes	Yes

The question

“Have you and your partner considered **vasectomy**?”

Not a recommendation over any other method. Just a consistent question, so it's considered every time.

Three moments to ask

- 01 A patient is considering tubal sterilization
- 02 An IUD or implant is being removed or replaced and the family is complete
- 03 Any “we’re done having kids” conversation

Figures are summarized for patient-counseling context; individual outcomes vary. Sources: Larkin et al., *Contraception*; ACA preventive services coverage rules; KFF; CDC, Effectiveness of Family Planning Methods; ACOG and AUA guidance on sterilization and vasectomy.

NOT ALL VASECTOMIES ARE CREATED EUQAL.

Referring with Confidence.

Patient experience varies widely with technique and provider. When you refer, look for a provider who offers the following.

What a good vasectomy looks like

- ✓ **Minimally invasive, no-scalpel technique.** A single small opening, with less bleeding, pain and infection risk than conventional incisions.
- ✓ **Guideline-based occlusion.** Mucosal cautery with fascial interposition, consistent with AUA vasectomy guidance.
- ✓ **Comfort-focused anesthesia.** A needle-free local anesthesia option for men worried about pain.
- ✓ **An experienced, high-volume provider.** Repetition makes the procedure quicker and gentler.
- ✓ **Semen analysis built in.** Post-vasectomy testing at a CLIA-certified lab at about 12 weeks, with clear results.
- ✓ **Direct physician follow-up.** Easy access to the physician in the days after the procedure.
- ✓ **Timely, simple access.** Appointments in weeks, not months, ideally with consultation and procedure on the same day.
- ✓ **Transparent pricing.** One clear price that includes consultation, procedure and testing.

Key counseling points

- **Not effective right away.** Use backup contraception until semen analysis confirms clearance.
- **No hormonal effects.** Testosterone, erections, ejaculation and sexual sensation are unchanged.
- **Meant to be permanent.** Reversal is possible but not guaranteed; best for completed families.
- **Rare risks.** Bruising, swelling and infection are uncommon; a small percentage of men experience chronic scrotal pain.
- **No STI protection.** Neither vasectomy nor tubal sterilization protects against STIs.
- **Her methods still have a role.** She can keep a method that helps her health, such as a hormonal IUD for heavy bleeding.

Make it routine

Add this to your EHR as a smart phrase:

"Discussed permanent contraception options, including partner vasectomy. Patient given the Why Not Him? conversation guide."

For your team: MAs and front-desk staff can ask the question too, and hand patients the conversation guide.

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This guide is for clinician education and is not a substitute for clinical judgment. Technique and testing recommendations summarized from American Urological Association vasectomy guidance.

Why Not Him?

A movement for shared responsibility in family planning. Because Vasectomy deserves a place in the conversation.



An initiative from
His Choice Health