PATIENT EDUCATION

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Contraception • EP052

Postpartum Sterilization

Postpartum sterilization is sterilization performed after the birth of a baby. Sterilization is a permanent method of birth control. It is a very effective way to prevent pregnancy and is the most popular form of birth control worldwide.

There are many advantages of postpartum sterilization: It avoids a second hospital visit, provides immediate birth control after childbirth, and is easy to perform.

This pamphlet explains

- *sterilization for women*
- *when postpartum sterilization is performed*
- *how the procedure is performed*
- *risks, recovery, and follow-up care*
- *making the decision*

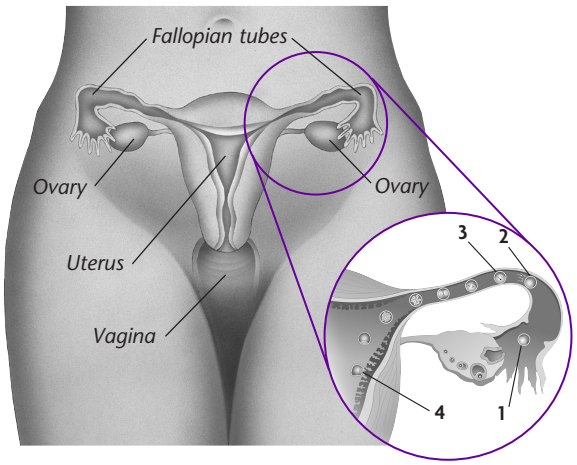
Sterilization for Women

Sterilization for women is called tubal sterilization. In tubal sterilization, the ***fallopian tubes*** are closed off or removed. Tubal sterilization prevents the egg from moving down the fallopian tube to the uterus and keeps the sperm from reaching the egg.

There are several ways that tubal sterilization can be done. For women who have had a vaginal delivery, a small incision is made in the abdomen (a procedure called ***minilaparotomy***). For women who have had a ***cesarean delivery***, postpartum sterilization is done right after the baby is born through the same abdominal incision that was made for delivery of the baby.

Postpartum tubal sterilization is a highly effective method of birth control. It is effective right away, meaning that other birth control methods are no longer needed. Eight women out of 1,000 will become pregnant within 10 years of having the procedure. In women who have had the procedure and get pregnant, about 20% are ***ectopic pregnancies***. Sterilization does not protect against ***sexually transmitted infections***, including ***human immunodeficiency virus (HIV)***.

How Pregnancy Occurs



Each month during ovulation, an egg is released (1) *and moves into one of the fallopian tubes. If a woman has sex around this time, and an egg and sperm meet in the fallopian tube* (2)*, the two may join. If they join* (3)*, the fertilized egg then moves through the fallopian tube into the uterus and attaches there to grow during pregnancy* (4)*. In tubal sterilization, the fallopian tubes are closed off, preventing the egg from moving down the tube and blocking sperm from reaching the egg.*

When Postpartum Sterilization Is Performed

After a woman gives birth, the fallopian tubes and the still-enlarged uterus are located just under the abdominal wall below the navel. Postpartum sterilization ideally is done before the uterus returns to its normal location, usually within a few hours or days following delivery.

Your health will be checked immediately after birth to make sure that you can have the surgery. If you had complications during your pregnancy or problems after childbirth, the procedure may be postponed until you are healthy.

How Postpartum Sterilization Is Performed

Postpartum sterilization is performed under ***anesthesia***. The type of anesthesia used depends on your medical history, choice, and the advice of your health care provider. If sterilization is being done immediately after childbirth, the same type of anesthesia used for the delivery sometimes can be used for the sterilization procedure.

Regional anesthesia blocks out feeling to a region of the body. Types of regional anesthesia used to decrease labor pain include the ***epidural block***, ***spinal block***, and combined spinal–epidural block. These same methods can be used for the sterilization procedure. You may be awake during the operation but will not feel any pain.

General anesthesia also may be used for postpartum tubal ligation. With this type of anesthesia, you will not be awake during the operation.

Another option is ***local anesthesia***. If local anesthesia is used, you also will be given a drug that makes you drowsy. You will be awake during the operation.

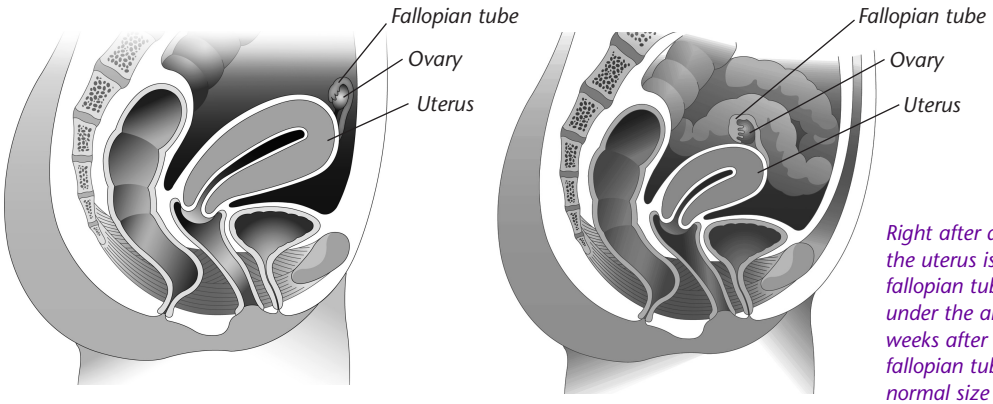
A small, 0.5- to 1-inch incision is made below the navel. If you had a cesarean delivery, tubal sterilization is done through the incision that has already been made. The fallopian tubes are brought up through the incision. The tubes are cut and closed with special thread, or they can be removed completely. The incision below the navel is closed with stitches and a bandage.

The operation takes about 30 minutes. Having it done soon after childbirth usually does not make your hospital stay any longer.

Risks

In general, tubal sterilization is a safe form of birth control. It has a low risk of death and complications.

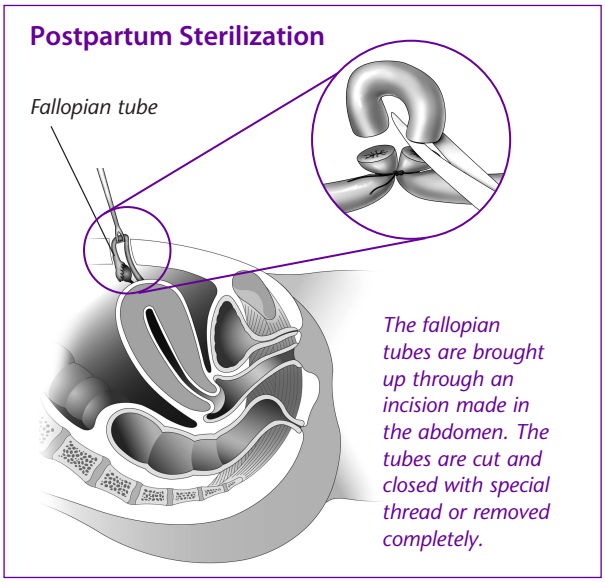
Location of the Uterus After Birth



Just After Delivery

6 Weeks Postpartum

Right after a woman gives birth, the uterus is still enlarged and the fallopian tubes are located just under the abdominal wall. Several weeks after birth, the uterus and fallopian tubes return to their normal size and position.



The most common complications are those that are related to general anesthesia. Other risks include bleeding and infection.

Recovery

Side effects after surgery vary and may depend on the type of anesthesia used and the way the surgery is performed. You likely will have some pain in your abdomen and feel tired. The following side effects also can occur but are not as common:

- Dizziness
- Nausea
- Shoulder pain
- Abdominal cramps
- Gassy or bloated feeling
- Sore throat (from the breathing tube if general anesthesia was used)

Most or all of these symptoms usually go away within 1–3 days. Discomfort can be relieved with pain medication. If you have abdominal pain that does not go away after a few days, if your pain is severe, or if you have a fever, contact your health care professional or other member of your health care team.

Follow-up Care

After the surgery, you should return to your health care professional for a postpartum exam. You still need to see your obstetrician–gynecologist yearly for a routine exam.

Choosing a Sterilization Method

Deciding on a method of sterilization involves considering the following factors:

- Personal choice
- Physical factors, such as weight
- Medical history

Sometimes previous surgery, obesity, or other conditions may affect which method can be used. You should be fully aware of the risks, benefits, and other options before making a choice.

If you are considering postpartum sterilization, keep in mind that ***vasectomy*** generally is considered to be safer than tubal sterilization because it is not as invasive and requires only local anesthesia. Also, there is no increased risk of ectopic pregnancy if the vasectomy fails. The effectiveness of vasectomy and tubal sterilization in preventing pregnancy is similar.

Making the Decision

Choosing to have postpartum sterilization is a major decision. Sterilization should be thought of as permanent. Before having the procedure, you must be certain that you do not want children in the future. If you change your mind after the operation, attempts to reverse it may not work. After tubal sterilization is reversed, many women are still not able to get pregnant. Also, the risk of problems such as ectopic pregnancy is increased. Some women who have been sterilized choose to undergo ***in vitro fertilization*** instead of having the procedure reversed.

You should not make this choice under pressure from a partner or others. Research has shown that women younger than 30 years are more likely than older women to regret having the procedure. You should consider other factors as well. If there are serious problems or complications with the baby, you may want to think about postponing the procedure. If your baby is sick or does not survive or if your child develops problems later on, you may feel differently about having another baby in the future. If you have had depression or other mental health problems, you and your health care professional should discuss your decision carefully and review all of your birth control options in addition to sterilization.

There are a number of long-acting, effective birth control methods that allow you to become pregnant when you stop using them. For example, the ***intrauterine device*** and the birth control implant are about as effective in preventing pregnancy as tubal sterilization and last for several years.

If you are certain that you want postpartum sterilization, check a few months in advance that it is offered at the hospital where you are planning to give birth to your baby. Not all hospitals offer postpartum tubal sterilization. It is best to know in advance so that you can either locate a hospital that offers the procedure or plan for birth control after the baby is born until you can have the operation elsewhere.

Finally…

Postpartum sterilization is a permanent form of birth control. Having sterilization after the birth of a baby has several advantages. It is an important decision that

should be carefully considered. If anything about the procedure is not clear to you or if you have any concerns, talk with your health care professional.

Glossary

Anesthesia: Relief of pain by loss of sensation.

Cesarean Delivery: Delivery of a baby through surgical incisions made in the mother's abdomen and uterus.

Ectopic Pregnancy: A pregnancy in which the fertilized egg begins to grow in a place other than inside the uterus, usually in the fallopian tubes.

Epidural Block: A type of regional anesthesia or analgesia in which pain medications are given through a tube placed in the space at the base of the spine.

Fallopian Tubes: Tubes through which an egg travels from the ovary to the uterus.

General Anesthesia: The use of drugs that produce a sleep-like state to prevent pain during surgery.

Human Immunodeficiency Virus (HIV): A virus that attacks certain cells of the body's immune system and causes acquired immunodeficiency syndrome (AIDS).

In Vitro Fertilization: A procedure in which an egg is removed from a woman's ovary, fertilized in a dish in a laboratory with the man's sperm, and then reintroduced into the woman's uterus to achieve a pregnancy.

Intrauterine Device: A small device that is inserted and left inside the uterus to prevent pregnancy.

Local Anesthesia: The use of drugs that prevent pain in a part of the body.

Minilaparotomy: A small abdominal incision used for a sterilization procedure in which the fallopian tubes are closed off.

Postpartum Sterilization: A permanent procedure that prevents a woman from becoming pregnant, performed soon after the birth of a child.

Regional Anesthesia: The use of drugs to block sensation in a region of the body.

Sexually Transmitted Infections: Infections that are spread by sexual contact, including chlamydia, gonorrhea, human papillomavirus, herpes, syphilis, and human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

Spinal Block: A type of regional anesthesia or analgesia in which pain medications are administered into the spinal fluid.

Vasectomy: A method of male sterilization in which a portion of the vas deferens is removed.

This Patient Education Pamphlet was developed by the American College of Obstetricians and Gynecologists. Designed as an aid to patients, it sets forth current information and opinions on subjects related to women's health. The average readability level of the series, based on the Fry formula, is grade 6–8. The Suitability Assessment of Materials (SAM) instrument rates the pamphlets as "superior." To ensure the information is current and accurate, the pamphlets are reviewed every 18 months. The information in this pamphlet does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

ISSN 1074-8601

To order print copies of Patient Education Pamphlets, please call 800-762-2264 or order online at sales.acog.org.

The American College of Obstetricians and Gynecologists
409 12th Street, SW
PO Box 96920
Washington, DC 20090-6920