

# Postpartum Sterilization



**S**terilization is a surgical procedure that is done to prevent a woman from getting pregnant. It is very effective. Almost one half of women who choose sterilization have it after the birth of a baby. This pamphlet will explain:

- How postpartum sterilization is performed
- Benefits of the procedure
- Risks of the procedure



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The decision to have postpartum sterilization needs to be made well before the birth of your baby.



## The Female Reproductive System

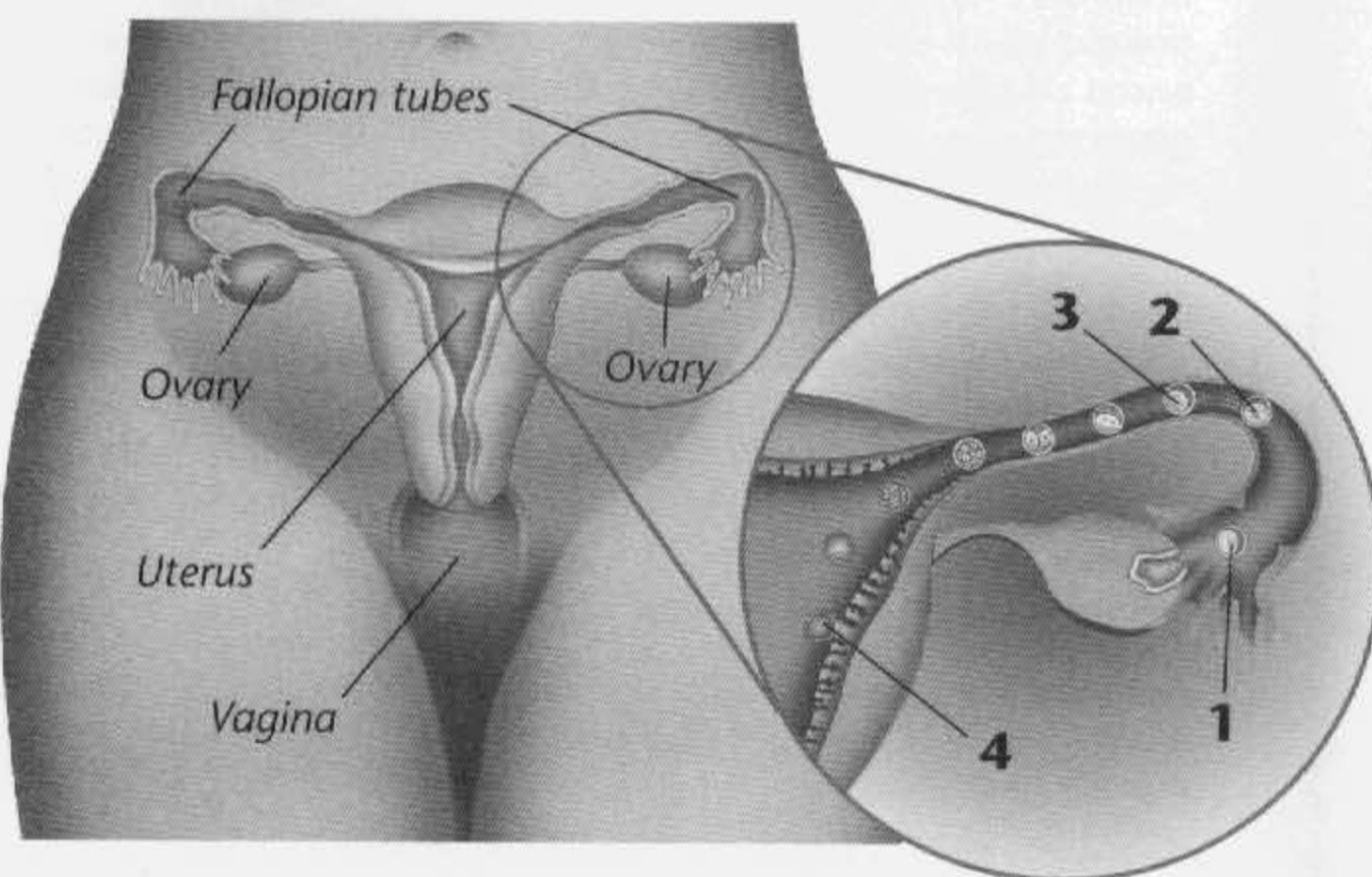
Most of a woman's reproductive system is inside her pelvis. The uterus, which is in the lower pelvis, opens into the vagina. A woman has two ovaries, one on each side of the uterus. Each month, one of the ovaries releases an egg into a fallopian tube. This release of an egg is called ovulation (see figure below). In a woman with a regular menstrual cycle, ovulation occurs 12–14 days before the start of her next period.

After you have ovulated, the egg moves through one of the fallopian tubes to your uterus. If it isn't fertilized by a man's sperm, the egg dissolves. The levels of **hormones** then decrease. This signals the lining of the uterus to shed. This shedding is your monthly period.

If a woman has sex near the time of ovulation, the egg may be fertilized by the sperm, which travel up through the cervix, through the uterus, and out into the tubes. The fertilized egg then moves into the uterus and becomes attached on the wall to grow into a fetus.

## About Sterilization

Nearly 1 of every 4 women in the United States relies on sterilization (of herself or her partner) for birth control. It is a permanent method of birth



Each month during ovulation an egg is released (1) and moves into one of the fallopian tubes (2). If a woman has sex around this time, an egg may meet a sperm in the fallopian tube, and the two will join (3). This is called fertilization. The fertilized egg then moves through the fallopian tube into the uterus and becomes attached there to grow during pregnancy (4).

control that for most women is safe and free from problems.

With postpartum sterilization, both fallopian tubes are closed by being tied or sealed with a ring, clip, or electric current. The egg then cannot move down the tube and the sperm cannot reach the egg. This kind of sterilization is called tubal sterilization. It is sometimes also called "tying the tubes."

The surgery does not affect either partner's ability to have or enjoy sex. Many couples say that sex improves after sterilization because there is no need to use another method of birth control.

Sterilization does not protect against **sexually transmitted diseases (STDs)**. If you are at risk for getting an STD you still need to protect yourself by using condoms.

## Making the Decision

Sterilization is an important decision. Although there is a slight chance that pregnancy can occur after the procedure, it should be thought of as permanent. You should be certain that you do not want any more children—now or in the future. If there is any chance that you may want to have children in the future, think about reversible forms of birth control.

Before choosing sterilization, you should know the risks, benefits, and other options. You also should know the length of hospital stay, cost, and time away from normal activities. Overall, **vasec-tomy** for the man is easier and less risky than most methods of female sterilization.

The decision should be discussed with your partner. However, the final choice is yours, and the consent of others is not needed. Avoid making this choice during times of stress—such as during a divorce or after a difficult pregnancy—and never under pressure from a partner or others.

Talk with your doctor about it well ahead of time if you think you want to be sterilized after giving birth to your baby. Before the procedure, you must comply with any legal requirements, including waiting periods. Discuss the rules and laws that apply in your case with your doctor during your pregnancy.

## What If I Change My Mind?

Sterilization is an elective procedure. This means that it is your choice whether to have it done. If you



have doubts at any time—even after you’ve given consent—let your doctor know so that your doubts can be discussed. If you wish, the operation can be canceled.

Some people find that they regret their decision to have sterilization. Women younger than 30 years are more likely than older women to have regrets. Others who have regrets may have made the decision when they were having marital problems or when they felt pressured by someone else to have the procedure. People often have a desire for sterilization reversal when they have a new partner.

If you change your mind after the operation, attempts to reverse it may not work. The success of reversal depends on several factors:

- The type of procedure
- Your age
- The length of the remaining tube

Reversing the procedure is expensive. It requires major surgery and rarely is covered by insurance.

After tubal sterilization is reversed, rates of pregnancy vary widely. Also, the risk of problems, such as *ectopic pregnancy*, is increased.

## When Is It Done?

In general, postpartum sterilization is done within 1–2 days of birth. Many factors affect the exact time to perform a postpartum tubal sterilization:

- Health of the woman just after the birth
- Health of the baby
- Time and personnel available for the procedure

## The Procedure

On the day of your surgery, an IV (intravenous) line will be started. The IV allows your body to receive fluids and medicines during the procedure.

You will be given **anesthesia**. The type of anesthesia used depends on your medical history, choice, and the advice of your doctors. In some cases, the procedure can be done a few minutes after the birth, with the same anesthesia (pain relief) used for the delivery. If a local or regional anesthesia is used, you may be given medication to

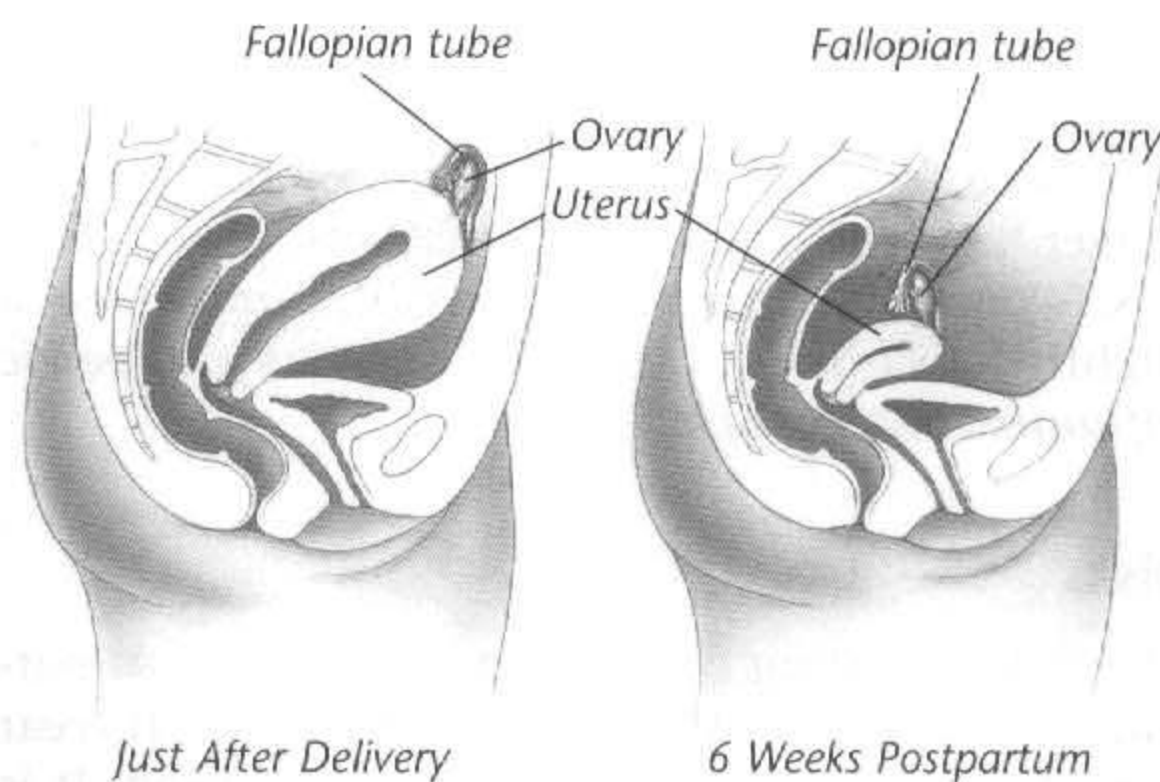
help you relax before it is given. With epidural or spinal block anesthesia, an injection is given in the lower back, and the lower half of the body is numbed. You may be awake during the operation but will not feel any pain.

When general anesthesia is used, a tube may be placed down the throat to aid in breathing during the operation. If this type of anesthesia is used, you will not be awake during the operation.

After a woman gives birth, the still-enlarged uterus pushes the fallopian tubes up, just under the abdominal wall below the navel. In most cases, a small, ½- to 1-inch incision through the relaxed abdominal wall is all that is needed to bring the tubes into the doctor’s view for the operation. If you are having a cesarean birth, sterilization may be performed through the incision already made.

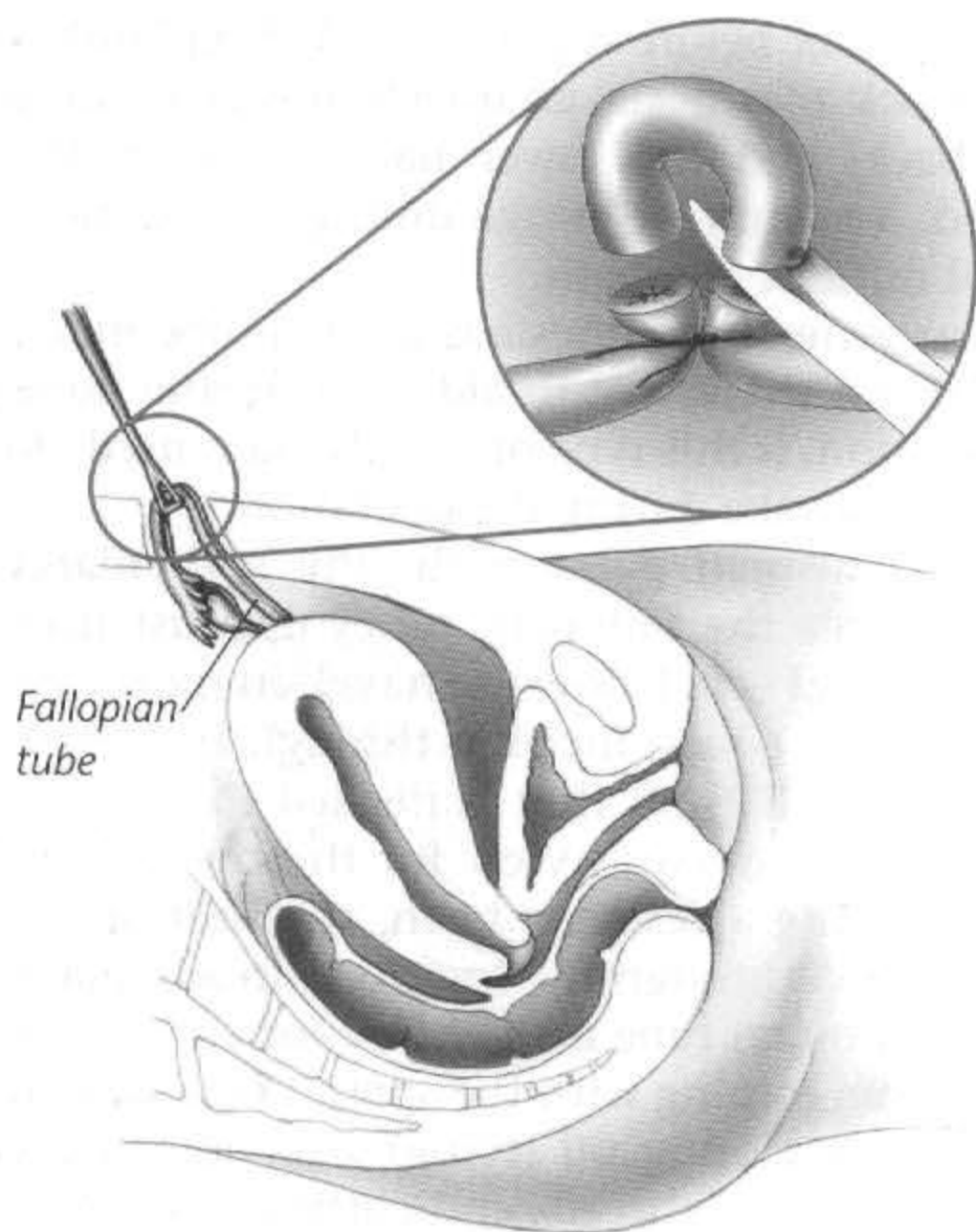
Each fallopian tube is then tied (or cut) to keep the egg from joining with the sperm. One way this is done is by closing off (tying) a section of each tube with surgical threads and cutting out the section between the ties. After the tubes are “tied” and the section between the ties is removed, the 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.



Just after birth, the uterus is still enlarged and the ovaries and fallopian tubes are pushed up just under the surface of the abdomen (left). This gives the doctor easier access to the tubes than it would several weeks after delivery (right).





*The fallopian tube is pulled through a small incision below the navel. A section of the tube is then closed off, and the section between the ties removed.*

## Benefits

Sterilization offers a number of benefits. A woman no longer needs to use other methods of birth control. This procedure does not affect a woman's sexual activity or menstrual cycle. However, women who used to use hormonal contraception will no longer have the benefit of shorter and lighter periods. Women who have been sterilized may have a slightly lower risk of cancer of the ovary and **pelvic inflammatory disease**.

## Risks

The risk of getting pregnant after having postpartum sterilization is about 1 in 100 over a 10-year period. If you get pregnant after sterilization, it is more likely to be an ectopic pregnancy. It may rupture the tube and cause abdominal bleeding that may require emergency surgery. See your doctor if you miss a menstrual period after the procedure and think you might be pregnant.

All surgeries have some degree of risk, but serious problems are rare with sterilization. Each of the following problems occurs in less than 1% (1 in 100) of women who have this operation:

- Bleeding from the incisions made in the skin
- Bleeding inside the abdomen
- Infection
- Major side effects from the anesthesia
- Bowel or bladder injury
- Burn injuries to skin or bowel

Some women are at increased risk of problems with sterilization (see box).

## Follow-up Care

After surgery, you may feel some discomfort or have other symptoms that last a few days:

- Pain in the incision
- Mild nausea from the medications or the procedure
- Shoulder pain
- A scratchy throat (if a breathing tube was placed in your throat during general anesthesia)
- Cramps
- Feeling tired or achy
- Dizziness

Most symptoms usually go away within 1–3 days. After that time you may feel tired later in the day,

## Women at Increased Risk of Problems with Sterilization

You are at an increased risk of complications if you:

- Have diabetes
- Have a history of abdominal or pelvic surgery
- Have lung disease
- Have a history of pelvic inflammatory disease
- Are obese (excessively overweight)



have slight soreness over the incision, and have minor changes in bowel movements. Your discomfort often can be relieved with pain medication.

Contact your doctor right away if you have a fever or severe pain in your abdomen. These could be signs of infection.

The incision should be kept dry for a few days to promote healing. A bruise around the incision, if present, will fade soon. If the incision appears red or swollen or if the tenderness lasts longer than a few days, your doctor should check to make sure there is no infection. After the incision has healed, a slight scar will remain.

After the surgery, you should return to the doctor for a postpartum exam. Keep in mind, you still need to see your doctor yearly for a routine exam.

## Finally . . .

The decision to have postpartum sterilization needs to be made well before the birth of your baby. If anything about the procedure is not clear to you or if you have any concerns, talk with your doctor. You should feel that all your questions have been answered fully. You should feel you have made the right choice.

## Glossary

**Anesthesia:** The use of drugs to prevent pain during surgery.

**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.

**Hormones:** Substances produced by the body to control the functions of various organs.

**Pelvic Inflammatory Disease:** An infection of the uterus, fallopian tubes, and nearby pelvic structures.

**Sexually Transmitted Diseases (STDs):** Diseases that are spread by sexual contact, including chlamydial infection, gonorrhea, genital warts, herpes, syphilis, and infection with human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

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

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The American College of Obstetricians and Gynecologists  
409 12th Street, SW  
PO Box 96920  
Washington, DC 20090-6920  
12345/76543