OB•GYN
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Postpartum Sterilization

What is sterilization?

Sterilization is a permanent method of birth control. Sterilization for women is called tubal sterilization. In tubal sterilization, the ***fallopian tubes*** are closed off. Tubal sterilization prevents the egg from moving down the fallopian tube to the uterus and keeps the sperm from reaching the egg (see the FAQ Sterilization for Women and Men).

What is postpartum sterilization?

Postpartum sterilization is sterilization performed after the birth of a baby.

What is the most common method of postpartum sterilization?

The method used most often for postpartum sterilization is called tubal ligation. 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 tubal ligation can be done through the same abdominal incision that was made for delivery of the baby.

When is postpartum sterilization 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 tubal ligation ideally is done before the uterus returns to its normal location, usually within a few hours or days following delivery.

How is postpartum sterilization performed?

Postpartum sterilization is performed with ***regional anesthesia***, ***general anesthesia***, or ***local anesthesia***. A small incision is made below the navel. If you had a cesarean delivery, tubal ligation is done through the incision that has already been made. The fallopian tubes are brought up through the incision. They then are cut and closed with special thread or closed off with bands

or clips. After the tubes are closed off, the incision below the navel is closed with stitches and a bandage.

How long does postpartum sterilization take?

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

Are there risks associated with postpartum sterilization?

In general, tubal sterilization is a safe form of birth control. It has a low risk of death and complications. The most common complications are those that are related to general anesthesia. Other risks include bleeding and infection.

What are the side effects of postpartum sterilization?

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)

What should I consider when 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.

Glossary

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

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.

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 certain areas of the body.

If you have further questions, contact your obstetrician–gynecologist.

construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.