

Sterilisation at the time of Caesarean Section?

As you approach the time of your planned caesarean section, you may be contemplating the option of sterilisation for subsequent contraception. This leaflet is intended to help you make an informed choice.

Firstly it is important for you to realise that this is a **permanent** form of contraception. You must have decided that you do not want more children even with a new partner in the future. Pregnancy is often a time of mixed emotions and if you are in any way ambivalent about your decision it is important not to go ahead. Reversal of sterilisation is often impossible and it is usually not available as an NHS treatment. There are **alternatives** (please see below).

There are other reasons for deferring sterilisation for a few months after your caesarean. The 'regret rate' is particularly high in women who proceed to sterilisation at the time of caesarean section. The **failure rate** of the procedure is also thought to be increased. At the time of caesarean section your fallopian tubes are swollen in response to the normal pregnancy changes. Any form of sterilisation will involve blocking off the fallopian tubes. Overall the failure rate for female sterilisation is 1:200 over the rest of your life but it is probably higher if done at the time of caesarean section. This is because of the possibility of re-joining of the swollen ends of tube. In the event of a failure, there is an increased chance of a pregnancy in your tube (**ectopic pregnancy**) which can be serious to your health.

There are a number of different methods of sterilisation at the time of caesarean section. Some are easier to reverse than others. Different surgeons may have a preferred method of sterilisation at caesarean section. You should specifically raise the subject of 'sterilisation technique' on the day of surgery if it is important to you.

You should meet with your hospital doctor as early as possible in the pregnancy to discuss these issues and be given this information leaflet. Generally we advise a second visit to confirm your firm intentions. When you come into hospital you will be given two consent forms to sign, one for caesarean section and the other for sterilisation

Long acting alternatives to female sterilisation:

1. Male vasectomy (1:2000 lifetime failure risk) – safer and more effective than female sterilisation.
2. Copper IUCD – may need to be replaced after 5-10yr.
3. Mirena IUCD – will need to be replaced after 5yr.
4. Contraceptive implants (Explanon) - just under skin in upper arm; lasts for 3 yr.

Options 2-4 are comparably effective to sterilisation (implants being the most effective) but are **reversible** if you decide you want further children.

For further information refer to 'Sterilisation for women and men: What you need to know'.

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Page 1 of 2

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Page 2 of 2