

Sterilisation at the time of Caesarean Section?

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

What is female sterilisation?

Sterilisation is a permanent form of contraception. You must have decided that you do not want more children even if your circumstances were to change in the future, for example having a new partner. Pregnancy is often a time of mixed emotions and if you are in any way unsure, 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 several different methods of sterilisation at the time of caesarean section including removal of part or all of each fallopian tube or less commonly the application of tubal clips. Some methods are easier to reverse than others. A number of factors affect which technique can be performed. You should specifically raise the subject of 'sterilisation technique' with your surgeon on the day of surgery if it is important to you.

When do I need to consider sterilisation?

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. You will be a consent form to sign that includes information outlining the risks of both caesarean section and sterilisation.

What are the risks of sterilisation?

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 performed 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.

What are the long-acting alternatives to female sterilisation?

There are **alternative** forms of contraception:

1. Male vasectomy (1:2000 lifetime failure risk) – safer and more effective than female

sterilisation.

2. Copper IUCD – may need to be replaced after 5-10 years.
3. Mirena IUCD – will need to be replaced after 5 years.
4. Contraceptive implants (Nexplanon) - just under skin in upper arm; lasts for 3 years.

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

Where can I get further information from?

For further information refer to <https://www.sexwise.org.uk/contraception/sterilisation> as signposted by the Royal College of Obstetricians and Gynaecologists.

