

# Sterilisation at time of Caesarean birth

**This leaflet is for women considering a permanent method of family planning/birth control. You can also discuss with your GP or practice nurse.**

## Options to consider

Many couples begin to consider long-term effective contraception once their final baby is on its way.

There are several options to consider:

- Male vasectomy;
- Female sterilisation;
- Female long-acting hormonal methods such as the implant Nexplanon or a hormonal intra-uterine system (IUS) – e.g. Mirena / Kyleena coils;
- Copper intra-uterine device (IUD);
- Oral contraceptive pills (combine or progestogen only);
- Patches / vaginal ring;
- Less reliable, non-hormonal options: condoms and diaphragms.

Many couples consider surgical methods, such as female sterilisation (where the fallopian tubes are cut and tied or removed completely) for effective, long term (and permanent) family planning because they are convenient and non-hormonal. This procedure can be done immediately after the Caesarean birth of your baby, or it may be preferable to wait 6 to 12 months after the birth and have it done laparoscopically (by keyhole surgery) as a day case operation.

Whenever and however the procedure is done, it has to be seen as permanent. Reversal operations or IVF are extremely unlikely to be covered by the NHS, and privately will cost several thousand pounds with no guarantee of a future baby.

## Advantages

- It only takes a few extra minutes to do, and there is no extra stay in hospital.
- There is no need to worry about other contraception or pregnancy risk once you have recovered from the birth.
- Avoid the risks associated with hormonal contraception.

## Disadvantages

- The baby is less than five minutes old when its mother has the procedure done. If it is found later that the baby has a serious, possibly life-threatening condition, there is no turning back the clock. We would therefore not normally recommend sterilisation after a premature delivery, or if there is any concern about the baby's health.
- There is a small chance of pregnancy after sterilisation; about 1:300 women sterilised at the time of a baby's birth will become pregnant within the next year.

- In the event of a pregnancy occurring, it is more likely to be an ectopic one (in the fallopian tube) around 1:30. Pregnancies in the tube can be life-threatening if the tube ruptures as there can be heavy internal bleeding, so your GP would refer you for early assessment in the event that you conceived.

## Other considerations

There are issues about funding sterilisations from the Care Commissioning Groups (CCG) budgets. The CCG do not always regard sterilisation as a 'high priority' for NHS funding (compared say to treating patients with cancer). We are usually funded to sterilise women at the same time as the Caesarean birth, however funding needs to be requested at least 6 weeks before to procedure. There normally needs to be clear reasons why you would not prefer a long-acting reversible contraceptive (LARC). Funding is sometimes rejected if there is no contraindication to LARCs especially as a number of women will later regret their decision. We will not perform a Caesarean birth simply because the patient wants to be sterilised under any circumstances.

## Further information

Your GP and practice nurse are good sources of information if you have any queries.

Alternatively, you may also like to visit the following site from NHS Berkshire Sexual Health Services: <https://www.safesexberkshire.nhs.uk/sexual-health-matters/contraception/>

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

C Marsh, Consultant O&G, February 2003

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