Sterilisation at the time of Caesarean birth

This leaflet is for women considering a permanent method of family planning / birth control.

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 *Implanon* or the *Mirena* coil;
- The combined oral contraceptive pill, in addition to other less reliable methods, such as the 'mini pill', condoms and diaphragms.

Many couples consider surgical methods, such as female sterilisation (where the fallopian tubes are cut) 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 six to twelve months after the birth and have it done laparoscopically (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.

The main advantage of sterilisation immediately after a Caesarean birth is that it only takes an extra five minutes to do, and there is no extra stay in hospital. In addition, there is no need to worry about other contraception or pregnancy risk once you have recovered from the birth.

The main disadvantage of immediate sterilisation is that the baby is less than five minutes old when its mother has the fallopian tubes cut and about 1cm removed. If it is found later that the baby has a serious, possibly life-threatening condition, there is no turning back the clock. We would not 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 woman in 300 sterilised at the time of a baby's birth will become pregnant within the next year. (This is similar to the contraceptive pill in effectiveness/ failure. The chance of a pregnancy if condoms are used

is at least 5 per 500 -15 times less effective.) The pregnancy is more likely, probably 1 in 30 compared to 1 in 100, to be an ectopic one (in the fallopian tube) if there has been no surgery to the tube in the past, sterilisation or otherwise. Pregnancies in the tube can be life-threatening if the tube ruptures as there can be heavy internal bleeding. If you have signs or symptoms to make you wonder about a pregnancy, we advise getting a pregnancy test done promptly and your GP contacting the Early Pregnancy Clinic for advice / appointments to be arranged.

In the past, there have been issues about funding sterilisations from the Care Commissioning Groups (CGC) budgets. The CGC do not always regard sterilisation as a 'high priority' for NHS funding (compared say to treating patients with cancer) and have temporarily (for up to six months) stopped us from doing sterilisations in years gone by. In these circumstances, we are usually funded to sterilise women at the same time as the Caesarean birth. We will not perform a Caesarean birth simply because the patient wants to be sterilised under any circumstances.

Your GP and not the hospital has to apply for funding for sterilisation from the local PCT / Health Authority.

Further information

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

The FPA (formerly the family planning association) also provide information and advice. FPA's helpline: 0845 310 1334 or visit their website www.fpa.org.uk

This document can be made available in other languages and formats upon request.

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