



Postpartum Sterilization

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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 or removed. Tubal sterilization prevents the egg from moving down the fallopian tube to the uterus and keeps the sperm from reaching the egg (see the FAQ011 “Sterilization for Women and Men”).

What is postpartum sterilization?

Postpartum sterilization is sterilization performed after the birth of a baby. After a woman gives birth, the fallopian tubes and the still-enlarged uterus are located just under the abdominal wall below the navel. Postpartum sterilization ideally is done before the uterus returns to its normal location, usually within a few hours or days following delivery. For women who have had a cesarean delivery, it is done right after the baby is born.

How is postpartum sterilization performed?

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 sterilization can be done through the same abdominal incision that was made for delivery of the baby. The fallopian tubes are brought up through the incision. The tubes are cut and closed with special thread or removed completely. The incision below the navel is closed with stitches and a bandage.

What kind of anesthesia is used for postpartum sterilization?

Often, the type of **anesthesia** used for the delivery can be used for postpartum sterilization. Types of anesthesia used include **regional anesthesia**, **general anesthesia**, or **local anesthesia**.

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, 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)

If you have abdominal pain that does not go away after a few days, if pain is severe, or if you have a fever, contact your health care provider right away.

When should sterilization be avoided?

You should avoid making this choice during times of stress (such as during a divorce). You also should not make this choice under pressure from a partner or others. Research shows that women younger than 30 years are more likely than older women to regret having the procedure. If there are serious problems or complications with the baby, you may want to think about postponing postpartum sterilization.

What if I decide I want to become pregnant after sterilization?

If you choose to have sterilization and you change your mind after the operation, attempts to reverse it may not work. After tubal sterilization is reversed, many women still are not able to get pregnant. Also, the risk of problems, such as **ectopic pregnancy**, is increased.

What are some alternatives to postpartum sterilization?

Long-acting reversible contraception, such as the **intrauterine device** or implant, last for several years. They are about as effective at preventing pregnancy as sterilization. They can be removed at any time if you want to become pregnant.

Glossary

Anesthesia: Relief of pain by loss of sensation.

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

Ectopic Pregnancy: A pregnancy in which the fertilized egg begins to grow in a place other than inside the uterus, usually in one of the fallopian tubes.

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.

Intrauterine Device (IUD): A small device that is inserted and left inside the uterus to prevent pregnancy.

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.

FAQ052: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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