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OBSTETRICS GUIDELINES

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**SUBJECT: POSTPARTUM TUBAL LIGATION**

**Overview**

**Procedure:** Postpartum Tubal Ligation

**Indication:** Undesired Fertility

**Confirmation of Indication:** Patient request Sterilization

**Prior to Procedure:**

A. Informed Consent

Determined that patient is capable of giving and has given informed consent for the procedure.

B. Option for discussion with patient

1. Alternative form of contraception
2. Male sterilization
3. Possible psychological reaction

C. Documentation

1. The specific operative procedure to used (ex.: modified pomeroy: tying and cutting tubes)
2. Failure rate of the procedure (ex.: modified pomeroy: 1-3%) and the failures may result in either intrauterine or ectopic pregnancies.
3. Intended permanence of the procedure and the fact that reversal involves much more extensive and expensive procedure that is not always successful.
4. if applicable, copy of the IDPA Tubal Ligation form on chart.
5. If applicable, verify that the IDPA papers were signed  $\geq 30$  days and  $< 180$  days prior to term vaginal delivery or  $\geq 72$  hours prior to preterm delivery (**delivery prior to 37 weeks gestation**).
6. If applicable, attending physician should sign and staple the IDPA consent form to the billing form and place in the box in Labor and Delivery.

D. IDPA [Medicaid] Patients: If and IDPA consent form has not been signed with the appropriate interval, a tubal ligation will not be performed. The patient will be informed of her option for an interval tubal ligation and the form signed prior to discharge from the hospital. A preoperative visit will be offered at the time of discharge.

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E. Procedure:

1. Identify patients who desire a postpartum Tubal Ligation on admission.
2. Notify charge nurse of patient's desires.
3. Patients are to remain NPO 8 hours prior to surgery
4. Obtain Hematocrit if applicable
5. Obtain anesthesia pre-op consultation intrapartum or immediately postpartum.
6. Timing of procedure: The procedure can be performed shortly after delivery if the patient has a working epidural catheter in labor (anesthesia will check function of catheter prior to moving patient to the operating room).

The procedure can be performed 6-8 hours after delivery or the following day if the patient does not have a working epidural catheter postpartum or never received an epidural catheter.

7. Conditions necessary for proceeding:
  - a. Patient hemodynamically stable. If Hct. < 24 mg/dl notify attending OB and anesthesia.
  - b. EBL vaginal delivery < 750cc.
  - c. Patient afebrile.
  - d. No other contraindication to "ELECTIVE" surgery.
  - e. Appropriate staff available.
    1. Anesthesia: Anesthesia staff will be available to cover Tubal Ligations following delivery from 7:00 am to 5:00 pm, provided that there are no other operative obstetrical cases on Labor and Delivery. Patients requesting an epidural in labor will be given precedent to patients undergoing Tubal Ligations. Every effort will be made to provide anesthesia for these cases as soon as possible. After 5:00 pm and on weekends or holidays, Tubal Ligations may be postponed until the following morning at the discretion of the OB attending, anesthesiologist or the charge nurse.
    2. Obstetrical Nursing: The charge nurse will determine whether there is sufficient nursing staff to cover Tubal Ligation. This decision will be based on volume, acuity and experience. For all cases that are postponed secondary to nursing shortage, the nursing management will be available to review the decision.
    3. Physicians: An attending physician must be available to perform Tubal Ligation.

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If Postpartum Tubal postponed due to staffing shortages, the tubal will be performed as soon as the personnel is available. If patient chooses to eat or postpone the Tubal Ligation for any reason, she is to be referred for an interval Tubal Ligation.

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Isabelle Wilkins, MD  
Director, Maternal Fetal Medicine  
Professor, Obstetrics & Gynecology

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Date

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Diana Tirol, RN, BSN  
Nurse Manager  
Mother/Baby / APSD / Labor & Delivery  
Women's & Family Health Services

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Date

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Maripat Zeschke, RN, MSN  
Clinical Practice Specialist  
Mother/Baby / APSD / Labor & Delivery  
Women's & Family Health Services

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Date

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Beena Peters, MS, RN  
Associate Director – Nursing  
Women's & Family Health Services

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Date